July 25, 2019

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Re: Appeal to Board of Supervisors of Contra Costa County File #LP 18-2020 ("**Appeal**"); Applicant: Gregory Braverman/National Walnut Creek, LLC ("**Applicant**"); Project: Conversion of an existing elder residence to a Short-Term Crisis Residential Treatment Program ("**Project**"); Location: 2181 Tice Valley Blvd, Walnut Creek ("**Subject Property**")

Hon. Chair, Vice Chair and Supervisors,

This office represents appellant Amy Majors ("**Appellant**") in regards to the Appeal of the decision made by the Contra Costa Planning Commission on May 22, 2019. This correspondence sets for the Appellant's position concerning the pending Appeal.

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Although Appellant seeks the reversal of the Project as inconsistent with the local neighborhood and applicable zoning, her objections are not borne out of prejudice against persons with mental disorders or disabilities. Appellant's own daughter was born with developmental disabilities and she provides home care to her daily, so she understands the challenges faced by persons with disabilities. Rather, Appellant's objections are based on the firm conviction that a project of this size, nature and magnitude is neither consistent with the General Plan, authorized by the Zoning Ordinance nor suitable for a SL "Low Density" residential neighborhood.

I. EXECUTIVE SUMMARY

Appellant has appealed the original decision of the Zoning Administrator and later determination by the Planning Commission of this project to "convert"[1] an existing "residential care facility for the elderly," currently operating under Land Use Permit #LP01-2045, to a "Short-Term Crisis Residential Treatment Program" (hereinafter the "**Project**"), which will provide treatment, counseling and residences for up to sixteen (16) patients[2] suffering severe mental psychological disorders, including schizophrenia, bipolar, and post-traumatic stress disorder. According to the Applicant, the Project will not provide any housing for the homeless. (**Exh. B** [Letter of Intent, p. 1]) Rather, the Program is designed for those persons who have been removed from their existing living arrangements because of an acute "crisis" or hospitalization. The Program and Service Description provided by the Applicant shows that the proposed Project would provide "therapeutic" and "psychological rehabilitation services" to patients with a "primary diagnosis of a mental illness," who will be treated in "24-hour residential programs as an alternative to psychiatric hospitalization," in order to encourage "behavior management skills" and "skills to sustain sobriety." (**Exh. C** ["Program and Service Description"

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[1] The Application "requests approval of a Land Use Permit to amend land use permit #LP01-2045 to allow the conversion of an existing elderly care facility to an adult residential care facility for 16 ambulatory adults with no proposed improvements to the existing facility." (**Exh. A** [Application]) In reality, there is no "conversion" of a "residential care facility for the elderly" to a "Short-Term Crisis Residential Treatment Program" because each type of facility is licensed by different agencies and the licenses are non-transferrable.

[2] As the 5/22/19 Staff Report reflects, "the applicant's request was to allow for the treatment of up to 16 clients at the facility at any given time, where the current land use permit only allows for the treatment of 12 elderly patients." (**Exh. D** [5/22/19 Staff Report]) However, the Conditions of Approval, Condition #1, issued October 1, 2018, by the Zoning Administrator approve a facility for "up to 12 clients, ages 18-59." This condition temporarily limits the number of "patients" to 12 beds, but then goes on to state that the Application "may request" that the "facility be allowed to treat up to 16 client" after one year of operation and, the Zoning Administrator may approve the request "without public hearing" if no objections are received.

produced by the National Psychiatric Care and Rehabilitation Services ("**NPCRS**"), p. 3]). As the Applicant's own records show, some of the patients will be referred to the Program as the result of a Welf. & Inst. Code §5150 "hold" because their condition presents a "danger to others, or to himself or herself."[3]

However, as explained more fully below, the Subject Property is located within a residential neighborhood and is zoned as a "Low Density" Single Family Residential District or "R-20." The Project is incompatible with the R-20 zoning and neither the Zoning Administrator nor the Planning Commission had the authority to approve a project of this nature within a residential community. Although R-20 Districts do allow for a "residential care facility for the elderly," the permissible use is limited so that "not more than six persons reside or receive care." (Ord. 84-14.402(6)) Furthermore, the proposed Project represents a far more extensive and intensive use than an "residential care facility" in that the Project will involve psychiatric treatment of individuals who may have been previously involuntarily hospitalized due to schizophrenia and disorders such as schizoaffective disorder, bipolar, panic anxiety, post-traumatic stress, major depressive, adjustment disorder, obsessive compulsive disorders and other personality disorders. By contrast, "residential care facilities" are essentially "housing arrangements" for the elderly and infirm who do not necessarily require 24/7 medical or psychiatric interventions.

This the first time that the Department of Conservation and Development ("**DCD**") has ever processed a request for a psychiatric medical facility. The underlying administrative decision of the Zoning Administrator and the appellate decision of the Planning Commission erred in approving and reaffirming that decision. The underlying decisions stemmed from an erroneous Staff Report, which confused and conflated unrelated housing elements of the General Plan and inapplicable permitted uses of the Zoning Code, as explained more fully below. Even the imposition of "mitigating" Conditions of Approval by the Zoning Administrator and the addition of additional conditions by the Planning Commission illustrate that the Project presents a specific risk to the community. The attempt to "shoe horn" the Project into this community reflects a lack of precision in applying both the local land use law as well as state homeless mandates.

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[3] Welf. & Inst. Code §5150(a) provides that "when a person, as a result of a mental health disorder, is a danger to others, or to himself or herself . . . a peace officer . . . may, upon probable cause, take, or cause to be taken, the person into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment in a facility designated by the county for evaluation and treatment and approved by the State Department of Health Care Services." "Crisis intervention, as defined in subdivision (e) of Section 5008, may be provided concurrently with assessment, evaluation, or any other service."

Furthermore, the administrative decision was made without any requirement that the Applicant provide any data about the level of risk to the community associated with a psychiatric treatment center within a residential community. Therefore, the Zoning Administrator and Planning Commission had no real way of determining whether the Conditions of Approval were adequate. Several significant cases of extreme violence and death have been reported in the news media, evidencing that such treatment centers are not without risk to public health and safety. Moreover, there is evidence that such programs may have a high failure rate, resulting in relapses of patients, a substantial percentage of whom will again be involuntarily re-hospitalized due to the potential dangers their conditions represent to themselves and others.

Short-Term Crisis Residential Treatment Programs may provide valuable alternatives to hospitalization, but projects of this size and intensity of use simply are not appropriate in this residential community. Under the General Plan and Zoning Ordinances, this Project should be only allowed in zoning districts where the nature and intensity of the use is compatible with the surrounding uses. The administrative decisions of the Zoning Administrator and Planning Commission must be reversed.

II. DISCUSSION

1. THE PROPOSED SHORT-TERM CRISIS RESIDENTIAL TREATMENT PROGRAM IS NOT "SIMILAR IN INTENSITY AND LAND USE" WITH THE EXISTING RESIDENTIAL CARE FACILITY FOR THE ELDERLY

The 5/22/19 Staff Report[4] asserts that "the proposed Social Rehabilitation Facility will be *similar in intensity and in land use* as the former residential elderly care facility located at the site." (**Exh. D** [Staff Report, p. 8]) While it is true that the R-20 District zoning allows for "residential care facility for the elderly" ("**Elderly Care Facility**") the differences between the existing use and a Short-Term Crisis Residential Treatment Program are significant and substantial.

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[4] Appellant has been informed that no Staff Report for the pending Appeal will be available for review prior to 4:00 p.m. on Thursday, July 25, 2019, just two business days before the hearing of the Appeal. Because it is the only document presently available to Appellant, this letter refers to the Staff Report prepared in connection with the May 22, 2019 appeal hearing to the Planning Commission.

A. A Residential Care Facility For the Elderly Is A Housing Arrangement

The 5/22/19 Staff Report misleadingly states that "the current land use permit allows for *treatment* of up to 12 elderly *patients.*" (**Exh. D** [5/22/19 Staff Report, p. 2]) However, a "residential care facility for the elderly" is not a medical facility and provides no "*treatment*" to "*patients*." Rather, it is a housing arrangement for persons age sixty (60) or older.

Contra Costa County Ord. 84-14.402 allows R-20 zoned properties to be used, among other things, as "*a residential care facility for the elderly*, operated by a person with all required state and local agency approvals or licenses, *where not more than six persons reside or receive care*, not including the licensee or members of the licensee's family or persons employed as facility staff." (Ord. 84-14.402(4)) State law defines a "residential care facility for the elderly" as "a *housing arrangement chosen voluntarily* by persons 60 years of age or over, or their authorized representative, where varying levels and intensities of care and supervision, protective supervision, personal care, or health-related services are provided." (Health & Safety Code § 1569.2) Because an Elderly Care Facility primarily provides "housing," there is little turnover among the residents.

An Elderly Care Facility operates virtually without significant regulation. Their purpose is to provide residential housing to allow "older persons to remain as independent as possible." (Cal. Health & Safety Code § 1569.1) Although Elder Care Facilities must be licensed [Health & Safety Code § 1569.10], the licensing requirements are minimal. An applicant must provide "evidence satisfactory to the department that the applicant is of reputable and responsible character" and provide a "admission agreement" that provides a "comprehensive description of any items and services provided under a single fee, such as a monthly fee for room, board, and other items and services." (Health & Safety Code §§ 1569.884 and 1569.15) They are not required to be staffed by medical professionals.[5]

Significantly, the Applicant seeks to remove the requirement that only elderly clients be served at the Subject Property. Appellant's Letter of Intent states that "since the current land use permit for the Walnut Creek facility is limited to elderly clients only, National Psychiatric Care and Rehabilitation Services, Inc., is respectively asking to remove the restriction . . . ." (**Exh. B** [Letter of Intent, p. 1]) Thus, the Program will seek to provide

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[5] The "Administrator" for an Elderly Care Facilities need only hold a "high school diploma or equivalent, such as a General Education Development (GED) certificate," have "knowledge of the requirements for providing care and supervision appropriate to the residents," and have the ability to "maintain or supervise the maintenance of financial and other records." (22 Cal. Code Regs. ("CCR") § 87405)

"treatment" for a younger, more ambulatory "patients" suffering from mental disorders who pose a potentially greater risk to the community.

B. By Contrast, The Short-Term Crisis Residential Treatment Program Provides "Crisis" Intervention And Treatment For Those With "Acute" Psychiatric Conditions

A "Short-Term Crisis Residential Treatment Program" is a program not aimed at the elderly or infirm, but rather persons aged eighteen (18) to fifty-nine (59) who require treatment for a psychological "crisis." Such programs are licensed by the California Department of Health Care Services "as an *alternate to hospitalization* for individuals experiencing an *acute psychiatric episode or crisis*." (9 Cal. Code Regs. § 531; *see also* Welf. & Inst. Code §4090 and Health & Safety Code §§1501 and 1502(7)(a)) "Crisis intervention" consists of an interview conducted by psychiatrists "to alleviate personal or family situations which present a *serious and imminent threat to the health or stability of the person or the family*." (Welf. & Inst. Code § 5008(e)) Consequently, a "Short-Term Crisis Residential Treatment Program" is described as:

> A program for a short-term crisis residential alternative to hospitalization for individuals experiencing an acute episode or crisis *requiring temporary removal from their home environment*. The program should be available for admissions 24 hours a day, seven days a week. *The primary focus of this program should be on reduction of the crisis, on stabilization, and on a diagnostic assessment of the person's existing support system, including recommendations for referrals upon discharge.*

(Welf. & Inst. Code § 5671)

The Applicant's own website describes one of conditions they treat -- schizophrenia – as "one of the most debilitating forms of mental illness," with symptoms that include "delusions, paranoia, catatonia, hallucinations, and extreme anxiety." (https://www.npcrs.com/conditions-treated/) Among other things, each patient's mental disorder must be evaluated for its historical course "when it has a direct bearing on the determination of whether the person is a danger to others, or to himself or herself." (Welf. & Inst. Code § 5008.2) The Applicant's Program Description states that "all clients receive a formal comprehensive bio-psychosocial assessment, which includes a diagnosis based on DSM 5."[6] **(Exh. C** [Program Description, p. 11])

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[6] "DSM 5" refers to a diagnostic tool for "major depressive disorder" or "clinical depression," which is "*associated with high mortality*, much of which is accounted for by *suicide*," and may include "irritability, brooding, and obsessive rumination, and report anxiety, phobias, excessive

The length of stay in the Program is comparatively short term, until the "crisis" has been "stabilized." The Applicant advises that the usual length of stay is a mere eighteen (18) days. Thus, in a typical year, approximately 243 different patients would receive treatment at the facility in the first year (with a 12 bed authorization) and 324 patients per year if and when the facility is approved for 16 beds. Thus, the Program is a revolving door of new patients with little or no connection to the local community. This increases exponentially the risk to the community.

The 5/22/19 Staff Report argues that the Project is consistent with the General Plan because the "Single-Family Residential-Low Density (SL)" land use designation allows "small residential care facilities" as a "secondary use." (**Exh. D** [Staff Report, p. 8]) However, the analysis of the Staff Report erroneously confuses and conflates several conflicting provisions of the General Plan and Zoning Ordinances.

As the 5/22/19 Staff Report states, the SL designation of the General Plan is specifically designed for "Low Density" housing, which expressly "allows a range of 1.0 and 2.9 single family units per net acre" with an "average of 2.5 persons per household," or "population densities" that "would normally range from about two to about 7.5 persons per acre." Yet, the Project proposes 16 patients plus staff in a 22,215 square foot parcel (which is about ½ acre). Furthermore, the SL designation provides for "primary land uses" as "detached single family homes and accessory structures," it does allow "secondary uses" that are "generally considered to be *compatible with low density homes* may be allowed, including home occupations, *small residential care* and childcare facilities, churches and other similar places of worship, secondary dwelling units, and other uses and structures incidental to the primary uses." Although it is true, as the 5/22/19 Staff Report points out, that the term "small residential care" facility is "not defined" by the SL designation, simple common sense would indicate that a "small" residential facility would not allow residential care densities greater than 7.5 persons per acre. Moreover, Zoning Ordinance for an R-20 District provides the definition lacking in the SL designation because it specifically states that Residential Care Facilities are "for the elderly" where "not more than six persons reside or receive care." (Ord. 84-14.402(6))

The 5/22/19 Staff Report ignores this obvious analysis and instead incorrectly interprets a "small residential facility" as one equivalent to supportive and transitional housing, "where 7 or more persons reside with a land use permit." However, the Project does not

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worry over physical health." (https://www.psycom.net/depression-definition-dsm-5-diagnostic-criteria/)

involve either "Supportive" or "Transitional" housing. Government Code Section 65582 and Ord. 84-14.404(12) define "supportive housing" as "housing with *no limit on length of stay*." Government Code Section 65582 and Ord. 82-4.326 define "transitional housing" as "buildings configured as rental housing developments, but operated under program requirements that require the termination of assistance . . . *no less* than six months from the beginning of the assistance." Clearly, "Supporting Housing" and "Transitional Housing" are fundamentally *housing* programs, not psychiatric care facilities, so any reference to these programs is completely misplaced. Simply put, the proposed Project does not propose either "Supportive Housing" and "Transitional Housing" and the 5/22/19 Staff Reports erroneously recommends approval based upon this fundamentally flawed analysis.

Obviously, the number of "patients" served at the Project will affect both the intensity and land use, which combined with the types of drug "treatment" being offered, will pose a certain risk to health and safety in the neighboring community. Yet, the 5/22/19 Staff Report recommends a finding of "consistency" despite the clear and specific density limitations of the SL designation of the General Plan and the obvious error in interpretation of a "small residential facility." Simply put, a facility with 12 or 16 mental ill patients is *not* consistent with the General Plan or Zoning Ordinances and a facility with a higher density of seriously ill patients is a greater intensity of land use and risk to the community.

Additionally, it should be noted that patients enrolled in the Program are treated with psychotropic drugs -- such as lithium, librium and lamictal – as a means of stabilizing the patients. Applicable State law requires that the Program have "medical and psychiatric policies and practices" that include "monitoring of medications," "screening for medical complications which may contribute to disability," maintain records of "all prescribed and non-prescribed medications," and "central storage of medication when necessary." (9 CCR § 532.1) "Urine drug screens are done during clients (SIC) stay if indicated, and residents who choose to consume alcohol or illicit drugs while in the program will be assisted to find a more appropriate placement." (**Exh. C** [Program Description, p. 9])

Because of the inherent risks involved in dealing with such a population of patients, the Program is required to be staffed by trained and license psychiatric professionals as well as security personnel. The Program is required to staff the facility with professionals who can provide "specific diagnostic and treatment needs of the clients." (9 CCR § 532.6) The Program plans to be staffed by a Medical Doctor Psychiatrist, a Director of Nursing (RN/LVN) who is "on-call" twenty four (24) hours a day, seven (7) days a week to supervise "nursing and medication management," a vocational nurse (LVN), Mental Health Works and a Consulting Pharmacist. (**Exh. C** [Program Description, p. 8]) Significantly, three (3) trained license staff are "on duty" during the night shift and "all three remain awake throughout the shift." (**Exh. C** [Program Description, p. 10])

THESE NIGHT SHIFT EMPLOYEES PLAINLY PROVIDE SECURITY DURING THE NIGHT IN THE EVENT THAT A RELAPSE OR INCIDENT OCCURS AND IT IS NECESSARY TO SUBDUE OR RESTRAIN ONE OR MORE PATIENTS.

The 5/22/19 Staff Report states that "clients admitted to the facility must have a primary diagnosis of mental illness that can be expected to improve significantly through a residential psychological rehabilitation program." While the Program aims to improve patient's conditions, no program is 100% successful all of the time. Thus, the Program Description states that among the Applicant's goals is to facilitate "transitions to more secure settings" when "more restrictive treatment is needed." (**Exh. C** [Program Description, p. 6]) And the risk of "relapse" for persons with these types of disorders is a very real risk. A 2016 quantitative study shows that patients suffering from these disorders are frequently compelled to be "readmitted" into hospitals after "treatment" has failed. Although "rehospitalization" is viewed clinically as a "poor outcome," the Study found that in California "readmission" to state hospitals averaged 3.9 occurrences within thirty (30) days of release and 11.2 occurrences within six months (180 days) of release. (**Exh. E** [Fuller, Sinclair and Snook, *Release, Relapsed and Rehospitalized: Length of Stay and Readmission Rates in State Hospitals*, p. 8 (2016 Treatment Advocacy Center))

Moreover, the Fuller Study found that "schizophrenia and mood disorders, including bipolar, account for more readmissions of Medicaid patients than any other medical conditions." (Fuller, *supra*, *Release, Relapsed and Rehospitalized*, p. 8) The Study concluded that "a diagnosis of schizophrenia, the most disabling mental illness, increases the risk of readmission." (*Id. at p. 2)* Because there is a significant risk that "treatment" at the Project may be unsuccessful (while in treatment or after release), there is an equally significant risk to the community that unsuccessfully treated patients may pose a risk of harm.

Finally, the licensing and certification is completely different between Elder Care Facility and a Social Rehabilitation Facility. While Elder Care Facilities are regulated by the Department of Social Services, the Program is administered by the Department of Health Care Services, which adopts and applies comprehensive regulatory standards. (Welf. & Inst. Code §4090) The regulatory oversight and intervention is much greater for projects like the Program because of the inherent risks posed by the "crisis" treatment provided to seriously ill patients. Furthermore, a facility cannot be licensed as both a Elder Care Facility and a Short Term Crisis Residential Treatment Program.

2. **THERE ARE KNOWN RISKS TO PUBLIC HEALTH AND SAFETY FROM THE PROGRAM, BUT THE ADMINISTRATIVE DECISION FAILED TO REQUIRE ANY DATA RELATED TO SUCH RISKS PRIOR TO APPROVAL**

Despite several objections and comments from interested persons that the Project posses as risk to the community, the Applicant was not required to provide any data about the dangers to the community of the Project, the number of Police service calls for other facilities operated by the Applicant or other clinics, or the general impacts that the Project may pose. Instead, the 5/22/19 Staff Report merely notes that the "applicant maintains that clients admitted to the facility are not dangerous and do not have substance or alcohol use disorders as a primary diagnosis." (**Exh. D** [Staff Report, p. 7]) Yet, there are public reports of specific incidents involving projects like the one presented.

For example, on March 9, 2018, a 36 year old PTSD patient used a semi-automatic weapon committed a a murder-suicide at The Pathway Home, a residential treatment facility in Yountville, CA, in which the staff psychologist and the two clinic executive directors were murdered. (**Exh. F**) One of the persons murdered was pregnant with an unborn child. The perpetrator, Albert Wong, had been a patient in the program. "After the shootings, The Pathway Home suspended operations indefinitely and its clients were placed with other programs." Survivors of the victims are now suing the Veterans Administration. Similarly, on November 5, 2018 – the same day that the Zoning Administrator issued her approval of this Project -- a shooting took place at the Helen Vine Recovery Center in San Rafael, in which the LA Times reported that a 37 year old boyfriend of a patient of the program opened fire and murdered one person and wounded two others. (**Exh. G**) On November 17, 2016, the Associated Press reported that a gunman, Tevin McDonald,who had been a patient receiving treatment at a mental health facility known as the Ridge Mental Health Facility located on Smyrna, GA, opened gunfire inside the facility after he had "argued with staff members" because "McDonald didn't want to remain in the facility." (**Exh. H**) After the shooting, McDonald "ran into a nearby neighborhood, causing Griffin Middle School and King Springs Elementary to go on lockdown."

In a May 15, 2016 article published in the Clinical Psychiatry News, Dr. Michael Knable reported on mental health worker's efforts to guard against patient violence. "About half of all mental health professional at all levels and in all practice settings can expect to be threatened by a patient at some point in the career, with as many as 40% sustaining a patient-inflicted injury." (**Exh. I**) Such reports represent an ongoing concern because, as was stated in the article entitled "*Mental Health Relapses Happen*," by Dr. Boris Vaisman, a Doctor of family medicine and addiction specialist, "*as is the case with treating addiction there is no permanent "cure" when someone is diagnosed with a mental illness and relapse is always a possibility.*" (**Exh. J**)

Yet, the Application presents no historical data concerning the risks to the community from psychiatric treatment centers with respect to public safety. Thus, the administrative decision did not require sufficient information from which to determinate whether the imposed Conditions of Approval are adequate.

In addition, the Program's use of psychotropic drugs for treatment presents a serious concern. Psychotropic drugs, such as antidepressants, antipsychotics, mood stabilizers and anti-anxiety agents, affect the mind, emotions and behaviors of the patients being treated with them. Doctors cannot predict what adverse side effects a patient might experience and according to medical studies done, these drugs can double the risk of suicide. Common and well documented side effects include mania, psychosis, hallucinations, suicidal ideations, depersonalization, heart attack, stroke and sudden death. Yet, the Food and Drug Administration admits that probably only one to ten percent of all adverse drug effects are actually reported by patients or physicians.

The Staff Report neglected to even mention any of these issues even though they were raised in Appellant's appeal letter. Had the Staff Report addressed these issues, it would have completely undermined their argument that the proposed facility is "similar" in intensity and use to the existing Elder Care Facility and highlighted the risks to both the patients and their surroundings of these "treatments" at an acute psychiatric care facility.

Despite the plain health and safety risks posed by the Project, both the Application and the Staff Report contain absolutely no data whatsoever about the nature and extent of any risks to the immediate community. Thus, there is insufficient data upon which to base any determination of the risks inherent in such a project. Nor is there any data made available concerning the efficacy of the imposed Conditions of Approval as a means of "mitigating" those risks.

3. THE APPROVED CONDITIONS OF APPROVAL ARE INSUFFICIENT TO "MITIGATE" THE RISKS OF A SHORT-TERM CRISIS RESIDENTIAL TREATMENT PROGRAM

Both the Zoning Administrator and Planning Commission each imposed Conditions of Approval purportedly to "mitigate" the impacts of the Project upon the community, but these Conditions of Approval demonstrate the distinctions between the proposed use and the R-20 allowed land use. They are also, as a practical matter, completely inadequate to effectively mitigate the risks created for the community by this Project.

The 5/22/19 Staff Report reflects that in response to objections from property owners, including Appellant, "the Zoning Administrator had included conditions to the land use permit approval to ensure the safety and wellbeing of the surrounding community." Those conditions included closed circuit cameras on all exists, improved fencing, and

requiring that all "facility clients" be accompanied by staff when leaving the premises. (*Ibid.*) In addition, the Staff Report for the appeal recommended as "additional conditions" further reporting requirements and a neighborhood complaint policy.

However, the Conditions of Approval imposed are grossly inadequate to address the neighborhood concerns. Firstly, the new "fencing" required by the Conditions of Approval was simply to "repair and maintain the existing fencing at the facility." (**Exh. K** [Conditions of Approval, Condition #11) The recommended Neighbor Complaint Policy merely requires the Applicant to "personally investigate" any complaint, but does not assure that any corrective action or compensation will be paid to affected neighbors or that any action will be taken by the Applicant (or anyone else) if such an investigation identifies a specific risk or injury to the community.

Similarly, Condition #2 requires "quarterly reports" to the DCD of any "incidents" or "complaints" and the 5/22/19 Staff Report claims that:

> In the event that the facility is not operated in compliance with the conditions of approval, the matter will be referred to the Code Enforcement Division. Violations of conditions of approval may result in fines, revocation of the land use permit, or any other remedy authorized under the County Ordinance Code.

(**Exh. B** [5/22//19 Staff Report, p. 10)

This statement is simply untrue and misleading. The Conditions of Approval provides ***no regulatory authority to the DCD*** to act on any such reports if threats to the community are identified or injuries occur. Specifically, the Conditions of Approval impose no specific conditions that could result in either "fines" or "revocation" of the Use Permit. In fact, so long as the Applicant complies with the reporting requirements, the Conditions of Approval impose no conditions that would allow the DCD to revoke the Use Permit no matter how serious the incident or series of incidents. In reality, these reports are simply meant to appease the community since DCD's jurisdiction to act on any reports is ***non-existent***. In fact, once the Use Permit is issued, the Applicant will have "vested rights" to maintain the facility indefinitely in its approved condition without many any improvements to security or otherwise as a result of such incidents. DCD has no jurisdiction to impose further conditions even if they should prove necessary to protect the public health and safety.

Yet, the imposition of these Conditions of Approval reflect that a higher level of risk will exist connected with mentally ill patients with possible histories of hostility, aggression, and violence toward themselves and/or others.

4. ADDITIONAL CONDITIONS OF APPROVAL SHOULD BE IMPOSED TO ADDRESS THE INADEQUACIES OF THE PROJECT

Appellant believes that the proposed Project should be denied, but should the Board of Supervisors determine that it must be approved, the proposed additional Conditions of Approval set forth in **Exhibit L** should be imposed as additional conditions.

Among other things, the additional Conditions of Approval should include the following:

A. LIMIT THE NUMBER OF BEDS TO SIX (6)

As mentioned, Contra Costa County Ord. 84-14.402 permits "a residential care facility for the elderly" where "not more than six persons reside or receive care." (Ord. 84-14.402(4)) Similarly, State law mandates uniform approval of facilities "for the care of six or fewer persons with mental health disorders" within residential zoning areas. (Welf. & Inst. Code §5115(b)) These laws reflect the state policy that smaller facilities strike the appropriate balance between such health facilities and residential uses. Yet, the Applicant seeks to exploit the fact that a prior owner obtained Land Use Permit #LP01-2045, which allowed the Subject Property to serve up to twelve (12) "elderly patients." However, because the Application seeks to make a fundamental change in the intensity of the use, i.e., from housing for the elderly to a mental health facility, the limitations of existing law should be applied. The Conditions of Approval should limit the number of beds to six (6) in order to conform with the standards established by Ord. 84-14.402(4) and Welf. & Inst. Code §5115(b). No part of the Zoning Ordinance allows the Applicant too obtain a 16-bed facility within a residential neighborhood.

B. SECURED FENCING AROUND THE ENTIRE PERIMETER SUBJECT PROPERTY

The approved Conditions of Approval call for repairs to the existing fence, but do not require perimeter fencing that would entirely secure the Subject Property during the evening and night time hours. Access to and from the Subject Property and the community should be completely secured by a perimeter fence that locks from both the inside and outside. Visitors and/or patients should be prevented from leaving the facility during evening and night time hours.

C. FACILITY LOCKED DOWN AT NIGHT

The facility should be "locked down" at night in order to prevent patients from leaving their rooms or the common areas.

D. No Use Of Psychotropic Drugs And Treatments

In light of the risks of psychotropic drug therapy, the Conditions of Approval should prohibit the use or administration of such drugs within the facility and allow only patients whose conditions are "stable" without the use of such drugs to be admitted to the Program.

E. On Premises Security

The Program should be required to provide armed security guards on site during the evening and night time hours.

F. Police Patrols And Impact Fees

Because the Program will undoubtedly place a burden on police and first protection services, impact fees should be imposed sufficient to fund one additional police officer position and patrol vehicle for the local Police Department or substation for a period of at least two years with a third year provided, if warranted.

G. General Liability Insurance Naming Doctors, Nurses And Patients As "Additional Insureds"

In order to protect and indemnify members of the community or general public who may be impacted or injured by the Program, it should be required to maintain general liability insurance equal to twenty ($20) million dollars a year per occurrence and fifty ($50) million dollars a year in the aggregate and to make each patient of the Program an additional insured.

5. The Staff Recommendation That The Project Is "Categorically Exemption" From CEQA Is Erroneous Where There Is A Substantial Proposed Change Of Use Contemplated For The Project

The 5/22/19 Staff Report on the appeal to the Planning Commission stated that the Project was categorically exempt under CEQA Guidelines Class 1, Section 15301 as an "existing facility." However, that exemption is not available where, as here, there is an actual change in the use of the facility.

This has been highlighted earlier in this letter—the intensities and uses at this site as an eldercare facility versus what would be manifest as a psychiatric facility — there is a demonstrable difference. Therefore, a false equivalency is being applied to allow this exemption and the county should prepare a full initial study under CEQA and any further environmental review as required by the initial study.

III. CONCLUSION

For the foregoing reasons, the Appellant respectfully requests that the Board of Supervisors reverse the decisions of the Planning Commission and Zoning Administrator and deny the Use Permit for this Project. The proposed Project is out of character with the residential nature of the community and constitutes a much more intense and impactful "use" than the existing residential care facility for the elderly. The 5/22/19 Staff Report inadequately addressed the significance in the change of use and required that no data be provided by the Applicant concerning the risks to the community. The imposed Conditions of Approval are plainly inadequate to address the known risks and are really tantamount to an effort to only appease the objectors without adding meaningful protections for the community.

If the Board of Supervisors determines that the the appeal does not result in reversal, then Appellant requests that additional terms and conditions be imposed in the form attached hereto as Exhibit L. At a minimum, the additional Conditions of Approval discussed above should be adopted and imposed in order to mitigate the impacts of the Project on the local community.

Very truly yours,

MOLLICA LAW

By _____
Terry J. Mollica
Attorneys for Appellant Amy Majors

Encls.
Cc: clients

CONTRA COSTA COUNTY
Department of Conservation & Development
Community Development Division

LAND USE PERMIT APPLICATION

TO BE COMPLETED BY OWNER OR APPLICANT

OWNER	APPLICANT
Name Hannam Homes, Inc.	Name GREGORY BRAVERMAN
Address 3385 Deer Hollow Drive	Address
City, State/Zip Danville, CA 94506	City, State/Zip
Phone email	Phone
By signing below, owner agrees to pay all costs, including any accrued interest, if the applicant does not pay costs. ☒ Check here if billings are to be sent to applicant rather than owner. Owner's Signature See attached	By signing below, applicant agrees to pay all costs for processing this application plus any accrued interest if the costs are not paid within 30 days of invoicing. Applicant's Signature
CONTACT PERSON (optional)	**PROJECT DATA**
Name	Total Parcel Size: 0.65 acres
Address	Proposed Number of Units:
City, State/Zip	Proposed Square Footage: 5605
Phone email	Estimated Project Value: 2,300,000

Project description (attach supplemental statement if necessary): We are applying for Adult Residential care facility for 16 Ambulatory Adults

FOR OFFICE USE ONLY **FOR OFFICE USE ONLY** **FOR OFFICE USE ONLY**

Project description:

The applicant requests approval of a Land Use Permit to amend land use permit #LP01-2045 to allow the conversion of an existing elderly care facility to an adult residential care facility for 16 ambulatory adults with no proposed improvements to the existing facility.

Property description: A 0.51 acre lot as a portion of Rancho San Ramon.

Ordinance Ref.:	TYPE OF FEE	FEE	CODE	Assessor's #: 188-040-001
Area: Walnut Creek	*Base Fee/Deposit	$2700.00	S-	Site Address: 2181 Tice Valley Blvd
Fire District: Contra Costa Fire	Late Filing Penalty (+50% of above if applicable)		S-066	Zoning District: R-20
Sphere of Influence: Walnut Creek	½% est. value over $100,000		S-029	Census Tract: 334200
Flood Zone: X / B	#Units ____ x $195.00 Sq. Ft. x $0.20		S-014	Atlas Page: P-14 & Q-13
Panel Number:	Notification Fee	15.00 / 30.00	S-052	General Plan: SL
x-ref Files:	Fish & Game Posting (if not CEQA exempt)	75.00	S-048	LP/DP Combination: YES ☐ NO ☒
LP01-2045	Environmental Health Dept.	57.00	5884	Supervisorial District: 2
	Other:			Received by: Syd Waymon
Concurrent Files:	TOTAL	$2787.00		Date Filed: 07/05/2018
	Receipt	# 80008699		File #LP 18 - 2020
	*Additional fees based on time and materials will be charged if staff costs exceed base fee.			

INSTRUCTIONS ON REVERSE

BMITTING YOUR APPLICATION

1. PREPARE a plot (site) plan, floor plans and building elevations clearly and legibly drawn to a commonly used scale with the following information, and verify (by initialing) that the information is included on the plans:

Applicant's Initials

Plot (site) Plan

_____ a. All existing property lines labeled and fully dimensioned.
_____ b. All public and private roads, easements and drainage installations adjacent to the subject parcel(s).
_____ c. All existing and proposed improvements (including drainage) with distances to all property lines.
_____ d. Distance from property lines to existing improvements on parcels adjoining the subject parcel(s).
_____ e. Names of adjoining property owner(s).
_____ f. Topographic contours labeled with elevation, known geologic hazards, creeks/streams and drainage ditches.
_____ g. Location, species, drip lines and trunk diameters of all trees with a diameter of 6 inches or greater, measured 4½ feet above ground whose trunks lie within 50 feet of any proposed improvements. This shall include all such trees on the subject property as well as trees on adjoining properties whose canopy extends onto the subject property. Number the trees for identification purposes and indicate if they are to be removed or altered in any way.
_____ h. North arrow and scale.
_____ i. Existing and proposed parking layouts, driveways and landscaped areas (all fully dimensioned).
_____ j. Computations of lot coverage, gross floor area and landscaped areas (all indicated in square feet).
_____ k. Area of the subject parcel(s) officially mapped within the boundary of a Special Flood Hazard Area (if applicable).
_____ l. A vicinity map showing sufficient information such as streets, highways, railroad tracks, water bodies, landmarks etc. to locate the subject parcel(s).

Floor Plans

_____ m. All rooms, hallways and other common areas with their dimensions and use (i.e. bedroom, kitchen, etc.).
_____ n. Locations of doorways, stairways and landings, windows, permanent fixtures (sinks, toilets, showers, etc.) and major mechanical equipment (hot water heaters, furnaces, etc.).

Building Elevations

_____ o. Exterior dimensions (height, width, depth) of all proposed improvements. Height is measured at the point within the building footprint that has the greatest distance between the ground and the top of the building directly above.
_____ p. Proposed exterior ornamentation such as shutters, planting boxes, window trim, cornices, signs, railings, etc.
_____ q. Proposed exterior materials (i.e. wood siding, stucco, stone veneer, concrete tile roof, etc.).

2. HAND DELIVER (do not mail) the following to the Contra Costa County Application & Permit Center:

_____ r. Three (3) full size sets of plans (24" x 36") and twelve (12) reduced sets (11" x 17"). All sets must be folded to approximately 8½" x 11". **Rolled plans will not be accepted.**
_____ s. Completed application form (reverse side of this sheet).
_____ t. "Important Notice to Applicants" signed and dated.
_____ u. *Required deposit and miscellaneous fees. Checks may be made payable to Contra Costa County.

*** Please note that the fees described on this form are related only to the Contra Costa County Department of Conservation and Development and Public Works Department [(925) 313-2000] costs for processing your application. Additional fees and requirements may be imposed by federal, state and local agencies that may be involved in reviewing your project. It is the applicant's responsibility to investigate whether additional fees and requirements will be imposed.**

APPLICANT VERIFICATION

I verify that all of the information submitted as indicated by my initials is complete and accurate to the best of my knowledge and further acknowledge that should it be found that any of the information is incorrect or incomplete it may result in increased processing time and/or costs. I acknowledge that all staff costs are borne by the applicant and if necessary, additional deposits will be required. I also acknowledge that I have completely read this form and understand all of the information stated herein.

Signature _____ Name (print) GREGORY BRAVERMAN Date 07/05/18

Contra Costa County Department of Conservation & Development
Community Development Division
Application & Permit Center
30 Muir Rd.,
Martinez, CA 94553
(925) 674-7200

IMPORTANT NOTICE TO APPLICANTS & PROPERTY OWNERS

The purpose of this notice is to alert you to various issues which may affect your proposed project development. You are encouraged to research these requirements *before* submitting an application for development.

MUNICIPAL ADVISORY COUNCILS (MAC): MAC's have been formed for the communities of Alamo, Bay Point, Bethel Island, Byron, Contra Costa Centre, Diablo, Discovery Bay, El Sobrante, Kensington, Knightsen, North Richmond, Pacheco and Rodeo. They will receive a copy of your application for their review and approval. You may wish to contact them independently in advance of submitting your application.

DISCLOSING PROJECT IMPACT ON TREES: ***Prior to accepting a development permit (e.g., subdivision, land use permit, development plan or variance) application as complete,*** the County will require the following project and tree survey information on a site plan. (Except where no exterior improvements or alterations are proposed.)

The site (grading and development) plan shall *accurately and fully disclose* the location, species, tree dripline, and trunk circumference of all trees with a trunk circumference of 20 inches *(50.8* cm; approximately 6½ inches in diameter) or greater, measured 4½ feet (1.37 m) above the ground whose tree trunks lie within 50 feet (15 m) of proposed grading, trenching, or other proposed improvements. The site plan shall include any multi-stemmed tree, the sum of whose circumferences measures 40-inches or more, measured 4½ feet from ground level.

- Trees Along Property Lines - The site plan shall include any qualifying trees whose trunks lie on adjoining property but whose canopy (dripline) extends onto the subject property.

- Numbering of Trees for Identification Purposes - If the proposed development is in proximity to two or more qualifying trees, then each tree shall be assigned a number for identification purposes (e.g., #3, #5, etc.). (Trees whose trunks are more than 50 feet removed from the proposed ground disturbance need be only denoted by the outline of the aggregate tree canopy.)

- ***Identification of Project Impact on Individual Trees*** ***-The site plan shall also specifically and clearly indicate whether individual trees are proposed to be (1) removed, or (2) altered***[1] or otherwise affected[2]. The plan shall identify any proposed drainage ditches, sewer or water mains, drainage lines or other utility improvements which would result in trenching.

  If mature trees are not shown on the site plan as proposed to be removed or altered, the County may assume that those trees are intended to be preserved without alteration, and a County development permit may be so conditioned. ***Applicants and property owners should be aware that a subsequent ministerial permit (grading or building permits, or approval of improvement plans) by the County cannot be cleared unless it is consistent with the Tree Ordinance and any applicable development or tree permit.***

- Tally of Trees to be Removed - The site plan shall contain a tally of the total number of trees proposed to be removed, and their respective aggregate trunk circumference sizes

- Project Construction Activity Near Trees - The site plan (or version thereof) shall disclose the location of any stockpiling, paving, compaction (which may be caused by maneuvering of construction vehicles), parking or storing of vehicles, equipment, machinery or construction materials, or construction trailers, or dumping of oils or chemicals which is proposed within the dripline of any above-described tree.[3]

- No Trees Near Development - If there are no qualifying trees on site (including along the site perimeter) or within 50 feet of proposed development, then that site condition shall be expressly noted on the site plan. In this circumstance, other project details specified in this form may not be needed.

- Identification of Designated Heritage Trees - Any tree that has been designated by the Board of Supervisors for "heritage" status shall be so labeled on the site plan.

Failure to fully and accurately disclose information about trees and project impacts that can reasonably be anticipated (trenching for utility lines, drainage ditches, grading, etc.) may result in:

A. ***staff determining that the application is not complete, in which case the project will not be scheduled for hearing; and/or***

B. ***subsequent interruption of development activity until such time as there is compliance with applicable tree ordinances.***

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[1] For purposes of the Tree Ordinance, "alteration" does not necessarily mean removal of a tree branch or pruning. However, "alteration" does include any proposed trenching, grading, filling, paving, structural development, change in ground elevation within the dripline of a protected tree. Alteration also includes trim by topping (i.e., removal of the upper 25% or more of a protected tree's trunk or primary leader.)

[2] Though not required, an applicant or property owner may also choose to identify on the site plan a third classification of trees - (3) trees to be preserved (without alteration). However, any tree designated on an approved site plan for preservation, or so designated by condition of approval, automatically becomes a "protected" tree under the ordinance. No removal or (unauthorized) alteration of a protected tree is allowed without first obtaining a Tree Permit from the County.

[3] These constructionrelated activities are normally prohibited by the Tree Ordinance.

(OVER)

IMPORTANT NOTICE TO APPLICANTS & PROPERTY OWNERS

The purpose of this notice is to alert you to various issues which may affect your proposed project development. You are encouraged to research these requirements *before* submitting an application for development.

FLOODPLAIN: Your project must satisfy the requirements of the County's Floodplain Management Ordinance. If a site lies within or partially within a floodplain, flood zone information *must* be shown on the site plan. Before a development permit application within any area of Special Flood Hazards can be accepted as complete, the applicant or must provide verification from the Floodplain Administrator that the required Flood Zone, Base Flood Elevation and minimum finished floor elevation have been determined, Contact the Public Works Department at *925-646-1623* to determine the flood zone of your property.

DRAINAGE IMPROVEMENTS AND ROAD IMPROVEMENTS: Your parcel may require major drainage or road improvements under County ordinances and policies. Contact the Public Works Department at *925-313-2000* as soon as possible to determine the scope of required drainage improvements and road improvements for your project. The counter at the Public Works Department is open from 7:00 am. to Noon and 12:30 - 5:00 p.m. Monday through Thursday, and is located at 255 Glacier Dr., Martinez.

PROPOSED COMMERCIAL OR INDUSTRIAL USES: **Disclosure of Hazardous Materials** - Applications for development permits involving commercial and industrial projects, and uses where hazardous materials will be handled (in accordance with Sec. *65850.2* of the Government Code). To reduce the possibility that your application will be deemed incomplete, you are encouraged to follow the steps listed below:

- Complete a Hazardous Material Questionnaire form **and submit it to the Health Services Department, Hazardous Materials Section,** 4333 Pacheco Blvd., Martinez, CA 94553, 925-646-2286; FAX 925-646-2073. Forms may be obtained from the Application and Permit Center, Building Inspection Division, or Hazardous Materials Office They can assist you with any questions and additional materials for submittal with your development application.

Notice to Bay Area Air Quality Management District (BAAQMD) - The air permit requirements apply to all types of commercial and industrial projects, which generate direct sources of air pollution. For information regarding air permit requirements, Contact BAAQMD at 415-749-5000 or visit their website: http://www.baaqmd.gov/

Requirement for Business License - The approval of a development permit for a commercial or industrial operation ***neither satisfies nor replaces*** any County requirement to obtain a business license for the proposed use. Applicants and property owners may need to separately obtain a business license for their use. Questions on any County requirement for a business license should be directed to the County Treasurer/Tax Collector located at 625 Court Street, Martinez (925-954-5280).

FEES: **Development Application Fees** - The Community Development Division application fee schedule is structured to generally require sufficient filing fees to cover the cost of processing development applications. Where the application review costs exceed the initial deposit, applicants will be required to submit additional deposits. ***Please note that the applicant or owner is responsible for paying all application fees, whether or not the application is approved.*** For additional information about application fees or for a copy of the Application Fee Schedule, contact a Community Development representative at the Application and Permit Center 925-674-7200.

Staff Costs for Processing an Appeal are Borne by the Applicant - If an interested party files an appeal, the appeal must be accompanied by a filing fee of $125. However, please note that the County fee schedule requires the applicant to pay fees for all staff costs of processing the appeal, even if the appeal is filed by a party that opposes the project. This would include any appeal of an administrative decision.

California Department of Fish & Game Fees - An additional fee may be due at the time of posting the environmental document and prior to project decision and before permits are issued. Additional fees are based on California Department of Fish and Game Code Section 713, **updated annually, and effective January 1, 2018** fees are as follows:

Categorically Exempt:	**No Additional Fee**
Negative Declaration:	**$2,280.75**
Mitigated Negative Declaration:	**2,280.75**
Environmental Impact Report:	**3,168.00**
Certified Regulatory Program	**1,077.00**
County Clerk Processing Fee (may apply)	**Contact your Local County Clerk's Office**

Post-Approval Fees - Once a development permit is approved, most development still requires issuance of other types of ministerial permits (e.g., building permits, grading permits, parcel maps, etc.). Development fees and additional processing fees are normally payable at the time of the issuance of those permits. Development fees are often required for such area-wide infrastructure improvements as traffic improvements, park dedication, and child care. An estimate for many of the post-approval fees which will apply to your project may be obtained by contacting the Building Inspection Division at 925-674-7200.

APPLICANT & PROPERTY OWNER(S) VERIFICATION

I/We have read and understand the statements on this entire form; and I/we have contacted the above departments as suggested.

Applicant Signature _____ **Name** GREGORY BRAVERMAN **Date** 07/05/18

Owner(s) Signature(s) _____ **Name:** _____ **Date** _____

Office Use Only

Application File Number: LP18-2020

REVISED 02/01/17

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(OVER)

National Psychiatric Care and Rehabilitation Services Inc.
650 South 5th Street
San Jose, CA 95112
408-688-4737

Letter of Intent

ATTN: Contra Costa County Community Development Division

Facility Address: 2181 Tice Valley Boulevard, Walnut Creek, CA 94595

Date: July 24, 2018

National Psychiatric Care and Rehabilitation Services Inc. is in the process of purchasing the existing facility at the above address, which has the existing Use Permit No LP012045 to operate a residential care facility for the elderly.

In its existing programs in very similar facilities in the cities of San Jose and Sacramento, National Psychiatric Care and Rehabilitation Services Inc., under the state license, provides care for clients age 18 y/o and older. Since the current land use permit for the Walnut Creek facility is limited to elderly clients only, National Psychiatric Care and Rehabilitation Services Inc. is respectively asking to remove this restriction or make an equivalent determination to allow the program to accommodate adult and elderly clients. In all other operational aspects, the facility is not any different from the residential care programs that have run at this property for the last 30 years. The use is totally consistent with the County General Plan and Zoning for this area. **We are planning to accommodate 16 clients. Facility has 8 single bedrooms and 4 double bedrooms**

National Psychiatric Care and Rehabilitation Services Inc. is under contract with Kaiser Permanente Walnut Creek Medical Center and have been serving clients from Contra Costa County in its San Jose and Sacramento facilities over the last several years.

Demand for our services from the Contra Costa County cliental exceeds the capacities of our San Jose and Sacramento facilities. Furthermore, transportation and long distances complicate integration of our clients into the care program. This necessitates that a local facility be established to better serve clients residing in Contra Costa County. The existing building at 2181 Tice Valley Blvd in Walnut Creek is the only facility currently available to address this need.

Consistent with the current use permit, the new facility will be staffed by four licensed staff members during the day and evening shifts and 2 licensed staff at night.

The company provides transportation when needed and our clients are not allowed to have their vehicles on the premises. Our residential care facility will provide a much higher professional level of care than the previous facility at this location and will be an excellent partner in the community. ,,

Program Description;

Our Adult Residential facility will provide a 24-hour a day nonmedical care and supervision in a group setting to clients recovering from emotional crises who temporarily need assistance, guidance, or counseling.

The services in this program include, but are not limited to, counseling and ongoing assessment, development of support systems in the community, a day program, which encourages numerous types of interaction, and an activity program that encourages and promotes socialization skills.

The program will be administered and managed by the program director who will be supervising two licensed marriage and family therapists, licensed nursing staff and a licensed social worker.

Four staff members will be working during daytime and two staff members during evening and nighttime. **We are not licensed to provide care to clients with substance and alcohol use disorders.** We are not contracted with Medical and MediCare and **we are not proving services to severely mentally ill clients.**

We are not admitting homeless clients who will need further disposition and housing.

All clients have to meet the fallowing admission criteria.

Admission Criteria:

a. Clients are admitted on voluntary status. Client will understand and acknowledge the discharge procedures applicable to voluntary admission status.
b. Clients understand that they must give 24 hour notice in writing if they desire to be discharged. During this 24 hour period the treatment team will prepare discharge plan providing a follow up appointment with the client's outpatient provider.
1. **Clients admitted to our program must have a condition that can be expected to improve significantly through a residential rehabilitation program.**

2. **Clients with primary diagnosis of substance use disorder cannot be admitted.**
3. Reason for admission as stated by the client and/or others significantly involved must be clearly documented
4. Clients must be **medically cleared** before they are admitted. This may be accomplished by referring physician or by contracting with the facility Medical urgent care clinic. **Client must not have active psychiatric symptoms requiring higher level of care**

5. Client's blood glucose lab level must be less than 250.
6. Client shell not have significantly abnormal vital signs.
7. Clients must not require respiratory isolation.
8. Clients must not have a fragile/unstable medical condition that requires intensive medical evaluation and management and /or intensive nursing interventions.

Kind Regards,

Gregory Braverman, MD
Diplomat of American Board of Psychiatry and Neurology
President of National Psychiatric Care and Rehabilitation Services.

National Psychiatric Care and Rehabilitation Services

Building new beginnings

Program and Service Description

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Program description:

Adult Residential Social Rehabilitation Program

National Psychiatric Care and Rehabilitation Services (NPCRS) is licensed by the California Department of Social Services' Community Care Licensing division as a Residential Social Rehabilitation Program for Adults. This facility provides comprehensive care for those suffering from primary psychiatric disorders including:

- Schizophrenia
- Schizoaffective Disorder
- Bipolar Disorder
- Panic Disorder
- Generalized Anxiety Disorder
- Post-traumatic Stress Disorder
- Major Depressive Disorder
- Adjustment Disorder
- Personality Disorders
- Obsessive Compulsive Disorder

The program is focused on providing rehabilitation services in a comfortable residential setting with a low client: staff ratio. **NPCRS provides therapeutic, psychosocial rehabilitation in a 24-hour residential treatment program as an alternative to psychiatric hospitalization for individuals who voluntarily choose to be rehabilitated in residential setting.** The goal is to reintegrate the client back into the community by focusing on

interpersonal and independent living skills, behavior management skills, and skills to sustain sobriety.

NPCRS is staffed 24 hours a day, seven days a week. The program's psychiatrists, Administrator/Program Director and Director of Nursing are available on-call to provide support for staff in the facility at any time of the day or night.

Our program includes five group sessions per day, Monday through Saturday, leaving the weekend less structured(three group sessions per day) to allow for time with family and community reintegrating activities.

Group are organized around topics such as:

- Recovery strategies
- Practical facts about mental illness
- How stress combines with biological vulnerability to make managing emotions challenging
- Building social support
- Effective use of medications
- Drug and alcohol abuse
- Strategies for reducing relapses
- Coping skills for stress and persistent symptoms
- Self-advocacy and getting one's needs met in the mental health system
- Maintaining a healthy physical and emotional lifestyle

Residents are assisted using a variety of approaches, including Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Motivational Interviewing (MI), Wellness Recovery Action Planning (WRAP), and Illness Management and Recovery (IMR), as well as 12-step activities in the

community and in-house via Dual Recovery Anonymous education sessions.

Facility

Our clients reside in a beautiful renovated 6000 sf home in Walnut Creek, California.

- The house consists of 12 very spacious bedrooms and 7 bathrooms.
- Our bedrooms are finished with natural materials and are filled with light.
- Much like a charming boutique hotel, rooms are furnished with beds with premium mattresses, built-in closets, nightstands with reading lamps, and comfortable chairs. Some bedrooms feature a desk, bookcase or a walk-in closet. All rooms are comfortable, quiet and offer privacy to residents.
- The kitchen features top-of-the-line appliances and ample space for cooking and dining.
- Clients may use exercise equipment, games, computers with internet access and a large flat-screen t.v. with DVD for leisure activities when groups are not in session. Wi-fi and phone are available for residents' use
- Private therapy rooms are ideal for individual, couple and family sessions.
- Large, newly remodeled therapy room with comfortable furniture.

- Backyard features a water fountain and shaded seating areas for socializing and visiting with family and friends.
- A beautifully landscaped front entrance welcomes residents and guests with a variety of blooming roses.

Philosophy

Our services are client-centered and strengths-based and tailored to the unique needs of each resident and their families/ caretakers.

- Least restrictive environment: The NPCRS program is structured to provide services to mentally ill clients in the least restrictive and most normative environment appropriate to their needs.
- When more restrictive treatment is needed, transitions to more secure settings are facilitated with appropriate attention to client safety.
- Family participation: Our program recognizes that families are often strong advocates for our residents, therefore regularly-scheduled family education groups and family counseling are available to support residents' recovery.

Goals:

- To provide a safe, comfortable and structured environment for recovery, with effective therapeutic interventions and appropriate supervision twenty-four hours a day.
- To reduce the need for inpatient hospitalization by offering a safe alternative for those in crisis.
- To provide accurate psychosocial and psychiatric

assessments.

- To provide medication evaluation and management.
- To provide collaborative case management which links residents to community resources for aftercare outpatient treatment.
- To provide stabilizing, supportive interventions to individuals who are not able to be safe in a less restrictive environment.
- To foster an environment which supports the family's or caretaker's involvement in treatment planning and transition to the community, when appropriate.
- To provide rehabilitation programming which assists clients in developing an awareness of the interpersonal and behavioral skills that can be used to address future mental health challenges.
- To assist individuals in successfully returning to their families, homes, careers and leisure activities following a psychiatric crisis.

Admission Criteria

Individuals appropriate for services at NPCRS have a primary diagnosis of a mental illness and experience symptoms and behavioral patterns which indicate a deterioration from previous level of functioning and which cannot be treated outside of a 24-hour residential facility. The Individual's social environment is characterized by temporary stressors or limitations that would undermine outpatient treatment and therefore treatment can most effectively be delivered in a residential facility.

There is a reasonable expectation that the illness, condition and level of functioning will be stabilized and improved and that short-term residential crisis interventions will mitigate behaviors and symptoms that required this level of care, and that an Individual will quickly be able to return to outpatient treatment.

Staff Resources

- The Residential Rehabilitation facility is staffed by multi- disciplinary team consisting of:

- Psychiatrist MD- is monitoring resident patients for a combined total of 25 hours a week, with 24/7 on call availability

- Program Director/Administrator- employed 40 hours a week; with 24/7 on call availability.

- Director of Nursing- an RN/LVN employed 40 hours a week with 24/7 on-call availability supervises nursing and medication management and coordinates admissions and aftercare.

- Licensed Vocational Nurse or Licensed Psychiatric Technician on duty during waking hours, 16 hrs/day.

- Mental Health Workers, some with backgrounds in peer counseling, support residents in the milieu by providing in-vivo behavioral coaching, prompts and encouragement.

- Marriage and Family Therapists- employed 7 days a week to facilitate groups, conduct psychosocial assessments, plan clinical treatment and provide individual, couple and family counseling as needed. These interns receive their required clinical supervision from a licensed therapist who is the Program Director/Administrator

- Consulting pharmacist - coordinates, reviews, and supervises the pharmaceutical services quarterly.

All members of this team participate in service planning and/or provision.

Intensity of Service

- Our residential rehabilitation program takes place in a structured facility-based setting with an average daily client census of up to 12 patients age 18 to 59 years old who do not have major physical disabilities or medical conditions that require immediate attention. All clients are ambulatory. **The average length of stay is approximately 18 days not exceeding 30 days, unless circumstances require a longer stay to ensure successful completion of the treatment plan and appropriate referral.** The service needs are reviewed with the client or an authorized representative prior to admission.
- Structured day and evening services are provided 7 days a week including: Individual and group counseling, development of community support systems, family counseling, development of self-advocacy skills; crisis intervention is provided promptly when necessary.
- Urine drug screens are done during clients stay if indicated, and residents who choose to consume alcohol or illicit drugs while in the program will be assisted to find a more appropriate placement. All clients are required to be screened for tuberculosis prior to admission. A tuberculosis screening may not be required if there is satisfactory written evidence provided that a negative tuberculosis screening occurred within 90 days of the date of admission to the facility.

- A psychiatrist evaluates clients **within 24 hours of admission. Psychiatrists see their resident patients at least two times a week during their stay, and are available on-call 24 hours a day, 7 days a week.**
- **A skilled nursing professional (RN/LVN or LPT) completes a nursing assessment and coordinates the medical/psychiatric care of residents in the program.** They monitor vital signs, medication response, and address any laboratory or medical needs. RN/LVN/LPT is available on-site for 24 hours a day, covering day and evening shifts. During the night shift, three trained licensed staff are on duty, and all three remains awake throughout the shift.
- **Group and individual psychotherapy is provided by Masters-level clinicians and is centered on the development of skills necessary to effectively communicate emotional issues and promote healthy behavioral and verbal expressions of feeling.** Therapy and rehabilitation counseling is provided in group daily for approximately five hours. Individual, couple and family therapy is provided if indicated to support recovery.
- Clinical service delivery approaches include Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Illness Management and Recovery, Wellness Recovery Action Planning (WRAP) and 12-step education. Sessions are specifically designed for those with mental illness or mental illness and a co-occurring substance use disorder.
- Client care is coordinated with other service providers, such as outpatient psychiatrist, therapist, primary care physician and case manager.
- Unless contraindicated, family members are invited to participate in family psychoeducation groups and family counseling focused on supporting client's recovery within the family.

Delivery of Services

- The referral assessment is conducted by a trained clinician.
- This includes an interview of the client and family if possible as well as gathering collateral information. Once it is determined that the client appropriate for the level of care requested as well as the milieu, then the admission is scheduled. The clinician then conducts a thorough clinical assessment and establishes initial treatment goal.
- When the client arrives at NPCRS, the staff orients the client and family to the facility. The client receives a copy of the program schedule and client rights, house rules and grievance procedures are explained. Client or responsible party (i.e. conservator) signs admission agreement and consent for treatment.
- Procedures for calls and visits are explained.
- At the time of admission, all clients receive a formal comprehensive bio-psychosocial assessment, which includes a diagnosis based on DSM 5. Collateral information, information gained via client interview and observation, and available reports from prior treatment environments will be interrelated into a comprehensive summary, which will be used in formulating recovery goals. Discharge goals and plans are also addressed at intake.

Treatment Planning

- **Within 72 hours of admission, a patient centered, individualized/rehabilitation plan is completed,** specifying goals and objectives and staff and clients'

specific responsibilities for their achievement. The plan addresses clients' psychiatric (behavior, affect, cognition), relationship, social, family and substance recovery needs. Clients are involved in an ongoing review of progress towards reaching established goals and objectives. The plan is reviewed by staff and client weekly.

Readiness for Discharge

The client has achieved the goals of recovery that were identified upon admission and can safely be treated in a less restrictive environment.

An alternate plan has been developed which addresses ongoing treatment needs.

The client has received maximum benefit from the stay in the program.

A client may be discharged administratively upon the recommendation of the clinical team in consultation with the Medical Director.

- Our team recognizes that a successful transition from residential care to home and outpatient treatment requires both preparation and planning.
- Therefore, we ensure development of a detailed aftercare plan prior to discharge.
- A discharge plan that identifies outpatient providers, residence arrangements and ongoing course of treatment is developed collaboratively with client (and family where appropriate) and clinical team. Immediate aftercare appointments are scheduled for clients before they are discharged to ensure a smooth transition and continuity of care.

An Overview of Illness Management and Recovery Topics

These topics are the foundation of NPCRS' group therapy program, and the handouts that accompany each topic, or "module" give clients a comprehensive reference guide to recovery to take with them when they are discharged. Illness Management and Recovery (IMR) is a thoroughly researched program proven to support recovery in both inpatient and outpatient settings.

- Recovery strategies
    - This topic includes a discussion of how different people define recovery and encourages people to develop their own definition of recovery. Pursuing goals is an important part of the recovery process. This group helps clients set recovery goals and choose strategies to pursue these goals.
- Practical facts on mental illness
    - This topic provides information about mental illnesses, including facts about how diagnoses are made, what the symptoms are, how common they are, and the possible courses of the disorders.
- Stress-Vulnerability Model and treatment strategies
    - This topic focuses on the nature of psychiatric disorders, including factors that can influence the course of these disorders. According to the Stress-Vulnerability Model, psychiatric illnesses have a biological basis. This biological basis or vulnerability can be worsened by stress and substance use, but it can be improved by medication and by leading a

healthy lifestyle.

- Building social support
    - This topic concentrates on increasing social support. Having social support means feeling connected to and cared for by other people. This is especially important to help clients reduce stress and relapses.
- Using medication effectively
    - This topic reviews medications for psychiatric disorders. Information about the effects of medications, including advantages and disadvantages, as well as strategies for getting the most out of medication is provided.
- Drug and alcohol use
    - This topic focuses on the effects of drug and alcohol use on mental illnesses and other parts of life and suggests strategies for reducing these effects.
- Reducing relapses
    - This topic introduces strategies for reducing relapses of symptoms and for minimizing the severity of any relapses that may occur and encourages development of an individual relapse prevention plan.
- Coping with stress
    - This topic describes different ways of coping effectively with stress and offers specific strategies for dealing with stress such as using relaxation techniques, talking with others, exercising, and using creative forms of expression.
- Coping with problems and persistent symptoms
    - This topic presents strategies for coping with common problems and persistent symptoms. Coping strategies can be effective at reducing symptoms or distress

related to symptoms.

- Getting one's needs met in the mental health system
    - This topic provides an overview of the mental health system, including the services and programs available through mental health service providers in the community. It includes information to help clients evaluate what programs they might like to participate in to further their own recovery. It also includes strategies to help clients advocate effectively for themselves when encountering a problem in the mental health system.

NATIONAL PSYCHIATRIC CARE AND REHABILITATION SERVICES

Program Description addendum **Added 12/12/18**

- Our residential rehabilitation program takes place in a structured facility-based setting with an average daily client census of up to 12 patients age 18 to 59 years old who do not have major physical disabilities or medical conditions that require immediate attention. **The average length of stay is approximately 18 days not exceeding 30 days.**
- Structured day and evening services are provided 7 days a week including: Individual and group counseling, development of community support systems, family counseling, and development of self-advocacy skills
- Group and individual psychotherapy is provided by Masters-level clinicians and is centered on the development of skills necessary to effectively communicate emotional issues and promote healthy behavioral and verbal expressions of feeling. Therapy and rehabilitation counseling is provided in group daily for approximately four hours. Individual, couple and family therapy is provided to support recovery.
- **Individual care is coordinated with other service providers, such as outpatient psychiatrist, therapist, primary care physician and case manager.**
- **Family members are invited to participate in family psychoeducation groups as well as family counseling.**
- **Connections to prevocational and vocational programs is provided**
- **Continuation of care and evaluation and establishing clients support system is a priority of our program; Follow up appointments will be coordinated with clients case managers. Clients will not be discharged without follow up appointment with their outpatient mental health professionals if they have one. Outpatient follow up will be arranged if patient does not have a provider.**

Department of Conservation and Development

County Planning Commission

Wednesday, May 22, 2019 – 7:00 .P.M.

STAFF REPORT **Agenda Item #____**

Project Title:	Appeal of the Approval of Proposed Social Rehabilitation Facility
County File(s):	LP18-2020
Applicant:	Gregory Braverman
Appellants:	Amy Majors and Tim Nykoluk
Owner:	National Walnut Creek LLC
Zoning	Single-Family Residential District (R-20)
General Plan:	Single-Family Residential-Low Density (SL)
Site Address/Location:	2181 Tice Valley Boulevard, in the Walnut Creek area in unincorporated Contra Costa County (APN: 188-040-001)
California Environmental Quality Act (CEQA) Status:	Categorically Exempt under CEQA Guidelines Class 1, Section 15301(a) – Existing Facilities
Project Planner:	Michael Hart, Planner I (925) 674-7867
Staff Recommendation:	Approve the project with modified conditions (See Section II for Full Recommendation)

I. PROJECT SUMMARY

This is an appeal of the Zoning Administrator's approval of Land Use Permit #LP18-2020 to modify current Land Use Permit #LP01-2045 to allow the conversion of an existing elderly care facility to a Social Rehabilitation Facility operating a Short-Term Crisis Residential Treatment Program for adults, ages 18-59. The appealed land use permit would initially allow the facility to provide treatment for up to 12 clients at a

given time. After one year of operation, the applicant would be able to request that the facility be allowed to treat 16 clients at a given time. The current land use permit allows for the treatment of up to 12 elderly patients. The facility will consist of three existing buildings, two of which will house clients, and one small office building. The front, main building will have six bedrooms with nine beds, and the rear building will have six bedrooms with seven beds. The services provided in this facility would be for the temporary supervision, counseling, and support of clients recovering from emotional crises and mental illness.

II. RECOMMENDATION

Staff recommends that the Planning Commission:

1. OPEN the public hearing on the appeal of the Zoning Administrator's approval allowing the establishment of a Social Rehabilitation Facility at 2181 Tice Valley Boulevard, in the unincorporated Walnut Creek area (#LP18-2020), RECEIVE testimony, and CLOSE the public hearing.
2. DENY the appeals of Amy Majors and Tim Nykoluk and uphold the Zoning Administrator's decision, in part.
3. APPROVE County File #LP18-2020 allowing the establishment of a Social Rehabilitation Facility at 2181 Tice Valley Boulevard, in the unincorporated Walnut Creek area.
4. ADOPT the attached findings as revised by Staff.
5. APPROVE the attached conditions of approval as revised by Staff.

III. BACKGROUND

This application was submitted on July 5, 2018. On October 1, 2018, this application was considered by the Zoning Administrator at a public hearing. After taking testimony on the project, the Zoning Administrator continued the item to October 15, 2018 in order to consider the testimony provided. During the October 15, 2018 open public hearing, the Zoning Administrator took additional testimony, closed the public hearing, and continued the item to November 5, 2018 to consider the additional testimony presented. After considering the testimony heard at the previous two hearings regarding safety in the surrounding community, the Zoning Administrator approved the project with modified findings, modified conditions of approval ("COA" or "conditions"), and added new conditions to address the concerns brought up during the public hearings.

The Zoning Administrator added several conditions to ensure that the community and the clients will be in a safe environment. These additional conditions include requiring the installation of closed circuit cameras, providing improved fencing, and limiting the hours clients are allowed to leave the facility. The Zoning Administrator also conditioned the project to require quarterly reports by the facility, which will include any incidents involving the operation of the facility and complaints that may arise from members of the community, and steps the facility operator took to address them. The Zoning Administrator also conditioned the project to require that the facility operator disclose all public documents related to reportable incidents or licensing review, as well as disclose information related to medical clearance of each client in order to assure that the clients do not have psychiatric symptoms requiring higher level of care (assuming that this information does not compromise patient confidentiality). Additionally, the Zoning Administrator reduced the number of clients that the facility may treat at a given time from 16 to 12, with the ability for the applicant to seek approval to treat up to 16 clients, either administratively or through public hearing, at the discretion of the Zoning Administrator, after the first year of the facility's operation. On November 14, 2018, the approval decision was appealed to the Planning Commission by Amy Majors and Tim Nykoluk. On February 27, 2019, the project went before the County Planning Commission, and was continued to the April 10, 2019. On April 10, 2019, the County Planning Commission continued the matter to May 8, 2019. The matter was further continued to May 22, 2019.

IV. GENERAL INFORMATION

A. General Plan: The property has a Single-Family Residential-Low Density (SL) General Plan Land Use designation.

B. Zoning: The subject property is located within the (R-20) Single-Family Residential District.

C. California Environmental Quality Act (CEQA) Compliance: This project is categorically exempt under CEQA Guidelines Class 1, Section 15301 – Existing Facilities. Section 15301 exempts projects that involve interior or exterior alterations of an existing structure and that involve negligible or no expansion of existing or former use.

D. Other Regulatory Concerns:

1. 60 dB Noise Contour: The site is located within a 60-decibel noise contour. Since

no new residential development is proposed, no noise control requirements need to be implemented.

2. Active Fault Zone: The site is not located within an active fault zone as designated by the Alquist-Priolo Earthquake Fault Zoning Act.

3. Flood Hazard Area: The property is not located within a flood hazard area.

E. Previous Applications:

1. LP90-2060: This Land Use Permit allowed for the construction of a residential second unit with a variance to the rear yard setback (10-feet approved, 15-feet required) and was approved on February 7, 1991.

2. LP01-2045: This Land Use Permit allowed for an elderly care facility to provide living arrangements for a maximum twelve (12) elderly residents, and was approved on September 24, 2001.

V. SITE/AREA DESCRIPTION

The 22,215 square foot subject parcel is located on Tice Valley Boulevard in the area of unincorporated Walnut Creek. There are three buildings on this property that consist of two residential units as well as an accessory "cottage" that is not permitted for independent living. In the front of the property there is a large paved area that provides seven (7) parking spaces. The main residence sits on the front of the property and meets the required minimum setbacks. The residential second unit, approved under County File #LP90-2060, sits approximately 117 feet from the front property line and was approved with a variance to the required side yard (10-feet approved, 15-feet required). Additionally, there is a 451 square-foot office building that was approved by the building inspection department in 1989 (permit #155737).

Much of the surrounding area is populated by single-family homes in an R-20 zoning district. Most of the lots host ranch-style homes on half-acre parcels. The structures on the subject site appear residential in nature so they blend in well with the surrounding neighborhood. To the west of the subject property is a residential project currently under development within the City of Walnut Creek's jurisdiction.

VI. PROJECT DESCRIPTION

The applicant requests approval of Land Use Permit #LP18-2020 to modify current Land Use Permit #LP01-2045 to allow the conversion of an existing elderly care facility to a Social Rehabilitation Facility operating a Short-Term Crisis Residential Treatment Program for adults, ages 18 to 59. The applicant's request was to allow for the treatment of up to 16 clients at the facility at any given time, where the current land use permit only allows for the treatment of 12 elderly patients.

Social Rehabilitation Facilities are licensed and regulated by the California Department of Social Services. A Short-Term Crisis Residential Treatment Program, like that proposed by the applicant, is certified and reviewed annually by the Department of Health Care services. Standards for licensing and certification include medical requirements, treatment/rehabilitation plans and documentation, admission and discharge criteria, physical environment requirements, staff qualifications and duties, and administrative policies and procedures. The State conducts unannounced annual inspections to ensure compliance with State requirements. Additional inspections may be conducted for case management purposes. The applicant will be required to maintain its State license and certificate at all times, and to report to the County any citations or notices of violations issued by the State.

The proposed Social Rehabilitation Facility will provide a Short-Term Crisis Residential Treatment Program with 24-hour nonmedical care and supervision to clients recovering from emotional crises and mental illnesses. Care and supervision will occur in a group setting and include counseling and ongoing assessment, development of support systems in the community, a day program that encourages various types of interactions, and an activity program to encourage and promote socialization skills.

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.

Under State regulations, a client's length of stay at the facility will be in accordance with the client's assessed needs, but not to exceed 30 days, unless circumstances require a longer length of stay to ensure successful completion of the treatment plan and appropriate referral. 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.

Clients admitted to the facility must have a primary diagnosis of mental illness that can be expected to improve significantly through a residential psychiatric rehabilitation program. Under the applicant's admission criteria required by the State for licensing and certification, the facility will not admit clients actively using alcohol or other illicit drugs or clients with a primary diagnosis of substance abuse disorder. Additionally, client's must be medically cleared by the referring medical unit and must not have a fragile or unstable medical condition that requires intensive nursing intervention or medical evaluation or management.

Facility clients will not be allowed to have personal vehicles on the premises. Transportation will be provided by the facility operator via a company van or through a taxi/ride share service. All meals will be catered daily, limiting the use of the existing kitchens at the facility.

VII. AGENCY COMMENTS

A. Building Inspection Division: On July 23, 2018 and September 11, 2018, the Building Inspection Division reviewed the project plans to determine compliance with applicable building codes based on the occupancy types related to the proposed use, and returned the Agency Comment Request form accordingly.

B. Contra Costa County Floodplain Technician: On August 2, 2018, the Contra Costa County Floodplain Technician returned the Agency Comment Request form with no comments on the project.

C. Contra Costa County Health Services Department, Environmental Health Division: On August 6, 2018, the Health Services Department, Environmental Health Division sent a letter with standard comments pertaining to soil boring, water and septic service, construction debris requirements, and for food preparation and safety. The letter recommends the applicant undergo the Environmental Health Division's plan check and approval process prior to issuance of building permits.

D. Contra Costa County Fire Protection District: In an email dated July 24, 2018, the Contra Costa County Fire Protection District indicated that they had no comments on the project.

medical evaluation or management.

APPEAL POINT (2): THE PROJECT WILL HAVE A NEGATIVE IMPACT ON PROPERTY VALUES

Staff Response: Amy Majors' appeal asserts that approval of the facility will have a negative impact on property values due to potential buyers shunning the community due to the mental health facility.

No evidence has been provided that as conditioned the proposed facility will adversely affect the property values of the neighborhood. The proposed Social Rehabilitation Facility will be similar in intensity and in land use as the former residential elderly care facility located at the site.

APPEAL POINT (3): APPROVAL OF THE FACILITY WOULD BE INCONSISTENT WITH COUNTY GENERAL PLAN

Staff Response: Both appeal letters point out that the Land Use Element of the County's General Plan states that only small residential care facilities would be considered as a secondary use in the Single-Family Residential-Low Density (SL) land use designation, and that the site should therefore be limited to a maximum of six beds.

The SL designation of the General Plan provides that a small residential care facility is a secondary use generally considered compatible with low density homes, but does not define the number of beds that constitute a small residential facility. However, the R-20 residential zoning district—which is consistent with the SL land use designation—specifically allows for residential facilities where 7 or more persons reside with a land use permit. See County Ordinance Code, Section 84-14.404(1), referring to Sections 84-4.404(12) (Supportive Housing) and 84-4.404(12) (Transitional Housing). The proposed facility, consisting of twelve beds, is not considered inordinately large for the site, as evidenced by the previous residential elderly care facility permitted at the site.

Moreover, the Housing Element of the County's General Plan calls for a greater commitment and increase in the supply of housing for special needs populations. Goal 4 of the Housing Element is to "increase the supply of appropriate and supportive housing for special needs populations." Permitting the proposed facility is consistent

E. Contra Costa County Central Sanitary District (CCCSD): On July 24, 2018, the Sanitary District submitted comments citing sanitary sewer and fee requirements for projects that generate added wastewater capacity.

F. East Bay Municipal Utility District: In a letter dated July 17, 2018, EBMUD advised that the standard procedures for requesting additional water service be observed.

G. Contra Costa Mosquito & Vector Control District: On July 9, 2018, the Vector Control District returned the Agency Comment Request form with no comments.

H. City of Walnut Creek: No response to the agency comment form was received. The comment request was sent on July 5, 2018.

VIII. STAFF RESPONSES TO APPEAL ARGUMENTS RECEIVED ON 11/14/2018:

On November 14, 2018, two separate appeals of the Zoning Administrator's approval of County File #LP18-2020 were filed by Amy Majors and by Tim Nykoluk, for the reasons set forth in their letters of appeal (see attachment #2). The appeal points presented in both letters are summarized below and followed by Staff Responses.

APPEAL POINT (1): THE PROJECT WILL HAVE A NEGATIVE IMPACT ON PROPERTY RIGHTS AND SAFETY IN THE COMMUNITY

Staff Response: Both Ms. Majors and Mr. Nykoluk assert that the approval of this land use permit would violate their property rights. The appellants state that they have a reasonable expectation that their neighborhood will be a safe and secure environment, and that there is insufficient evidence that demonstrates the safety and wellbeing of the neighborhood will be preserved.

In response to similar concerns, the Zoning Administrator had included conditions to the land use permit approval to ensure the safety and wellbeing of the surrounding community. These added conditions included requiring the installation of closed circuit cameras at all exits, improving the fencing at the facility, and requiring that facility clients be accompanied by facility staff when leaving the facility property. Staff is also recommending additional conditions to address these concerns including additional reporting requirements and a neighbor complaint policy to address neighbor concerns. Additionally, the applicant maintains that clients admitted to the facility are not dangerous and do not have substance or alcohol use disorders as a primary diagnosis. Based on the applicant's admission policy, clients will not have a fragile or unstable medical condition that requires intensive nursing intervention or

with this General Plan goal.

APPEAL POINT (4): THE DISCLOSURE AND AUDITING CONDITIONS IMPOSED BY THE ZONING ADMINISTRATOR ARE INADEQUATE

Staff Response: Ms. Majors attests that the Zoning Administrator's condition to require the applicant to disclose patient information related to the medical clearance of each individual is flawed because the community will not be able to have access to relevant patient data due to privacy laws.

This condition was added to ensure that the applicant adheres to its admission policy, including that each client must be medically cleared by the referring medical unit and that the client must not have a fragile or unstable medical condition that requires intensive nursing intervention or medical evaluation or management. Staff has determined that a condition requiring the applicant to disclose an individual's medical information is unenforceable due to Federal and State privacy laws. However, the facility will be licensed and regulated by the Department of Social Services, Community Care Licensing Division, and will be certified by the Department of Health Care Services. Both departments conduct initial and unannounced annual inspections to ensure compliance with State regulations. Facilities licensed by the Department of Social Services are also subject to periodic unannounced inspections by the Department of Social Services at any time. The results of these inspections are publicly available on the Community Care Licensing Division website. Accordingly, the State's regulatory function with respect to the licensed facility will ensure the facility's compliance with the admission policy. Staff recommends that the condition requiring the applicant to disclose evidence of client medical clearance be deleted.

The Zoning Administrator also added a condition requiring the applicant to submit to DCD quarterly reports of the facility's operation. The applicant is required to report to DCD any incidents involving the operation of the facility and any complaints that arise from members of the community, and the steps the facility operator took to address the incidents or complaints. The facility operator is required to produce a similar report to the Department of Social Services and the Department of Health Care Services.

APPEAL POINT (5): IT IS NOT CLEAR HOW THE FAIR HOUSING ACT RELATES TO APPROVAL OF THE PROJECT

Staff Response: Mr. Nykoluk's appeal letter says that there needs to be a clearer articulation on the grounds of approval for the facility. Particularly, in terms of why the Fair Housing Act was cited as a reason of approval.

The Fair Housing Act prohibits discrimination on the basis of disability in all types of housing transactions, including permitting by a local agency. Staff's recommendation to approve County File #LP18-2020 and the attached findings and conditions of approval as revised by Staff is based on the findings and justification contained in this staff report. Staff has determined that invoking the protections afforded by the Fair Housing Act is not necessary in making its recommendation.

APPEAL POINT (6): THE REPORTING AND AUDITING REQUIREMENTS NEED TO BE MORE CLEARLY DEFINED

Staff Response: Mr. Nykoluk's appeal letter asserts that there has been inconsistencies between the permit approval, the applicant's comments, and National Psychiatric Care & Rehabilitation Services' website, and that there needs to be greater clarity and compliance auditing. Additionally, the appeal states that the county was not clear on reporting compliance requirements, auditing responsibilities, and consequences for non-compliance with any of the conditions.

In addition to the monitoring described above conducted by the Department of Social Services and the Department of Health Care Services, The conditions would require the applicant to submit to DCD quarterly reports of the facility's operation. . The applicant is required to report to DCD any incidents involving the operation of the facility and any complaints that arise from members of the community, and the steps the facility operator took to address the incidents or complaints. DCD staff will conduct an on-going review of the applicant and facility's compliance with the approved conditions of approval, including review of the quarterly reports submitted by the applicant.

In the event that the facility is not operated in compliance with the conditions of approval, the matter will be referred to the Code Enforcement Division. Violations of conditions of approval may result in fines, revocation of the land use permit, or any other remedy authorized under the County Ordinance Code.

APPEAL POINT (7): THE TRAFFIC ASSESSMENT FOR THE FACILITY IS INADEQUATE

Staff Response: Mr. Nykoluk's appeal letter states that the traffic assessment for the facility was incomplete, and that there was a failure to provide proper evidence that the facility will not have a major impact on traffic, given that the assessment failed to include service providers such as catering, laundry, etc.

Implementation Measure 4-c of the Growth Management Performance Standards of the General Plan requires a traffic impact analysis if a project is anticipated to generate more than 100 AM or PM peak hour trips. Facility clients will not be allowed to have their own vehicles at the site. Staff for the facility will have their own vehicles, and family members of clients are able to visit the clients during lunch (11:30am – 1:00pm) and dinner (6:30pm – 8:00pm) visiting hours. Meals will be catered resulting in additional trips generated by the caterers. Nevertheless, staff has determined that these traffic impacts will be below the 100 AM or PM peak hour trips required to trigger a traffic impact analysis.

The site currently includes seven existing parking spaces from the previous residential senior care facility approved under Land Use Permit #LP01-2060. For the proposed use, the County's Off-Street Parking Ordinance (Chapter 82-16.406(a)(24)) requires one space for every three beds. Accordingly, the proposed 12-bed facility must provide four off-street parking spaces. If increased to a 16-bed facility, the Ordinance requires the facility to provide five off-street parking spaces. The applicant does not propose to remove any of the existing off-street parking spaces at the site. Thus, the seven existing spaces meet and exceed the off-street parking requirement for the facility.

APPEAL POINT (8): THE SCOPE OF CONSTRUCTION AND FACILITY IMPROVEMENTS IS UNCLEAR

Mr. Nykoluk's appeal states that there is a lack of clarity in the requirements regarding the facility's physical improvements and the facility's obligation to complete the improvements prior to operation.

The subject property previously hosted an elderly care facility. Minimal physical improvements are needed to convert the facility to accommodate the proposed Social Rehabilitation Facility. No additional structures or additions to the existing residence is needed or proposed under this permit. Improvements or changes necessary to

establish the use will be interior conversions, such as the removal of an unpermitted kitchen in the office building and various ADA upgrades that may be required. Compliance with ADA will be addressed under any required building permit review, and the required building inspections will ensure that any improvements are built to current building code standards.

The only exterior change required for the project is the construction of updated fencing and the installation of 24-hour closed circuit TV cameras at all facility exits. Throughout the hearing process, many of the public comments expressed concerns about the state of the fencing surrounding the facility. The Zoning Administrator added a condition to require the applicant to submit a fencing plan to the Department of Conservation and Development prior to operation of the facility.

IX. STAFF ANALYSIS

A. General Plan Consistency: The Social Rehabilitation Facility will replace an existing 12-bed elderly care facility within the Single-Family Residential, Low Density (SL) General Plan land use designation. The (SL) designation allows for single-family homes and accessory buildings and structures. Secondary uses considered compatible with this designation include small residential care facilities. In the Housing Element of the General Plan, Goal 4 calls for an increase in the supply of appropriate and supportive housing for special needs populations. The proposed use will increase the supply of appropriate and supportive housing for individuals recovering from a mental illness, a special needs population. The proposed Social Rehabilitation Facility will not conflict with the underlying Single-Family Residential, Low Density (SL) General Plan land use designation and will help the County meet Goal 4 of the Housing Element.

B. Zoning Compliance: The subject property is located within the Single Family Residential Zoning District (R-20). The R-20 district allows for the establishment of a convalescent home with the approval of a land use permit. A "convalescent home" is any institution for the care of patients recovering health and strength gradually after sickness or weakness. Accordingly, the proposed use is consistent with the intent and purpose of the R-20 Zoning District and is an appropriate use for this site.

C. Off-street Parking and Traffic: Contra Costa County's Off-Street Parking Ordinance (Chapter 82-16) requires one space per every three beds for convalescent homes,

rest homes, and nursing homes. Accordingly, four spaces are required for the proposed 12-bed facility, and five spaces are required if the facility is increased to 16 beds. The site currently includes seven existing parking spaces from the previous residential senior care facility approved under Land Use Permit #LP01-2060. The applicant does not propose to remove any of the existing off-street parking spaces at the site. Thus, the seven existing spaces meet and exceed the off-street parking requirement for the facility.

X. DESCRIPTION OF STAFF RECOMMENDED REVISIONS TO CONDITIONS OF APPROVAL

In previous staff reports for this project, the facility was referred to as an Adult Residential Facility or a residential ambulatory care facility for adults. This was changed to Social Rehabilitation Facility operating a Short Term Crises Residential Treatment Program to be more in line with the State licenses that would be obtained by the facility and to make it more clear the type of facility that is proposed for this location. This type of facility would be considered similar in intensity and use as a convalescent home, which is consistent with the R-20 zoning district. The project findings and conditions of approval have been updated to reflect this distinction. Changes were also made to the conditions of approval that were put in place by the Zoning Administrator. The condition requiring disclosure of patient information (originally COA #9) was removed, as it was determined by Staff to be inconsistent with patient confidentiality laws. Staff also recommends adding a condition requiring a neighborhood complaint policy for the facility. Additionally, Staff recommends removal of the limitation on walking hours, but still recommends facility staff accompanying patients on walks outside the facility grounds. Other conditions were re-written for clarification, and some of the project findings were strengthened and re-worded for clarity.

XI. CONCLUSION

Approving Land Use Permit #LP18-2020 to allow the establishment of a Social Rehabilitation Facility would not significantly intensify the existing use of the property. Current Land Use Permit #LP01-2045 allows for a 12-bed residential elderly care facility at the site, and the proposed use would be similar in intensity. The proposed use is consistent with the (SL) General Plan land use designation and with the intent and purpose of the R-20 Zoning District. Therefore, Staff recommends that the Planning Commission deny the appeal, uphold the Zoning Administrator's approval of County File #LP18-2020, in part, and approve the project based on the attached

findings and conditions of approval as revised by Staff.

Attachments:

1. Findings and Conditions of Approval
2. Appeal Letters
3. July 24, 2018 Letter of Intent
4. April 16, 2019 Program and Service Description
5. February 27, 2019 Conditions of Approval Document
6. Public Comments Received since February 27, 2019
7. Maps
8. Agency Comments
9. ZA Staff Report
10. Plans

Released, Relapsed, Rehospitalized

Length of Stay and Readmission Rates in State Hospitals

A Comparative State Survey

November 2016

A REPORT FROM THE
OFFICE OF RESEARCH & PUBLIC AFFAIRS

TREATMENT ADVOCACY CENTER

www.TreatmentAdvocacyCenter.org/released-relapsed-rehospitalized

Released, Relapsed, Rehospitalized

LENGTH OF STAY AND READMISSION RATES IN STATE HOSPITALS

A COMPARATIVE STATE SURVEY

Doris A. Fuller
Chief of Research and Public Affairs
Treatment Advocacy Center

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Research Assistant
Treatment Advocacy Center

John Snook
Executive Director
Treatment Advocacy Center

Online at www.TreatmentAdvocacyCenter.org/released-relapsed-rehospitalized

EXECUTIVE SUMMARY

Psychiatric hospitalization remains an essential element in the continuum of mental health care for patients in psychiatric crisis.[1,2,3,4] At a minimum, intensive care in a psychiatric bed allows time for stabilization of acute psychiatric symptoms, much as intensive care in a cardiac bed promotes stabilization of acute cardiac symptoms.[5]

In the era of state mental hospital closures that began in the mid-1900s and has continued without pause through today, the number of state psychiatric beds for such care has plunged more than 96%. In 1955, the peak of state hospitalization, there were 560,000 beds available for an estimated 3.3 million American adults living with serious mental illness and other disabilities. By early 2016, there were slightly fewer than 38,000 beds for 8.1 million people with the same conditions.[6,7,8,9]

"Reduction in LOS has resulted in a concern about 'quicker but sicker' with regard to psychiatric patients' continuing acute symptoms and need for intensive nursing services at hospital discharge."

J.S. Lyons et al.
Predicting readmission to the psychiatric hospital in a managed care environment: Implications for quality indicators.
American Journal of Psychiatry (1997)

The difference between the number of people who need intensive care to begin recovery and the number of beds available to serve them is more chasm than gap — a bed shortage of unparalleled proportions. Those without access to a bed often end up waiting for hospital admission in emergency rooms, or in jail cells following arrest, or never receiving hospital care at all.[10] At the same time, families, communities, taxpayers and public agencies are affected by common consequences of untreated serious mental illness such as increased risk for homelessness, incarceration, violence and others.

Releasing patients faster creates more bed capacity without requiring new beds. Unsurprisingly, given widespread psychiatric bed shortages and pressure on hospitals to reduce hospitalization costs, length of stay (LOS) has been shrinking for decades. In 1980, the median LOS for an acute episode of schizophrenia was 42 days.[11] By 2013, it was an estimated seven days.[12]

At the same time, the rate at which psychiatric patients are readmitted following discharge has been rising.[13,14,15] In short, ever more people are competing for an ever-smaller number of inpatient beds. Once admitted, they stay ever-shorter periods of time. And, after discharge, they are ever more likely to relapse and be readmitted within weeks or a few months.

Rehospitalization is viewed clinically as a "poor outcome." Psychiatric patients who are rehospitalized experience reduced continuity of care and quality of life compared with those who are not. Their caretakers are often demoralized.[16]

Rehospitalization is also costly, and rehospitalization for serious mental illness is especially costly. Schizophrenia and mood disorders, including bipolar, account for more readmissions of Medicaid patients than any other medical conditions.[17] Schizophrenia hospitalization alone cost $11.5 billion in 2013, of which $646 million resulted from readmission within 30 days of discharge.[18,19] The Centers for Medicare & Medicaid Services (CMS) Hospital Readmissions Reduction Program has already begun penalizing hospitals for "excess" Medicare readmissions for some conditions. There is no reason to believe similar sanctions will not be forthcoming for "excess" Medicaid rehospitalization.

> **"It is especially important to examine the quality of care provided in hospitals with short vs long LOS. If hospitals achieve shorter LOS by discharging patients too early, it is quite possible that those hospitals have higher readmission rates."**
>
> J. S. Harman et al.
> Profiling hospitals for length of stay for treatment of psychiatric disorders.
> *Journal of Behavioral Health Services and Research* (2004)

Any number of factors impact hospital readmission, many of them unrelated to clinical aspects of hospitalization.[20,21] For example, a diagnosis of schizophrenia, the most disabling mental illness, increases the risk of readmission.[22] Inadequate bed supplies or restrictive bed-access policies reduce readmissions simply by rendering beds unavailable, irrespective of clinical circumstances. Meanwhile, access to robust outpatient and other services following discharge is reported to lower the risk of rapid rehospitalization.[23,24]

One clinical factor that has been subjected to repeated academic examination for its possible role in hospital readmission is the question of what role psychiatric length of stay plays in hospital readmission: Does reducing LOS increase the rate of rehospitalization by releasing patients at risk for relapse because they are not fully stabilized?

To date, no consensus or evidence-based guidance has emerged. Studies of the association typically have been limited to individual patients in single hospitals or regional systems, rather than populations. Since the turn of the century, research has rarely considered the experience of public hospitals, where the most severely ill patients are treated at public expense. Resulting findings and conclusions have been inconclusive or contradictory.

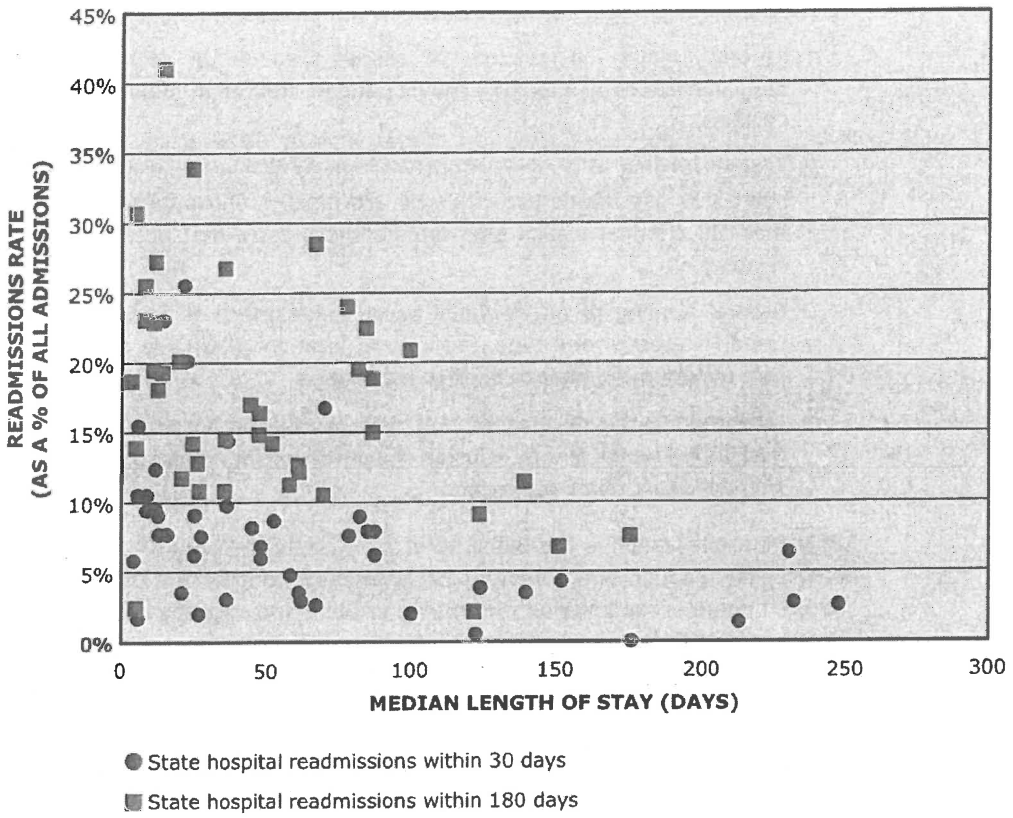
To analyze psychiatric LOS and rehospitalization rates in a large population of patients being discharged from comparable facilities, the authors performed a novel comparative analysis of state hospital data for fiscal year 2015. The data were reported to the Substance Abuse and Mental Health Services Administration (SAMHSA) as a condition of receiving federal block grant funds.[25] They included LOS for discharged adult patients in 45 states and the District of Columbia and 30- and 180-day readmission rates in the same states.

The analysis found a statistically significant association between shorter hospital stays and rapid rehospitalization across the states. Among the findings:

- Patients in states with the shortest LOS were nearly three times more likely to be readmitted into a state hospital within 30 days or 180 days of discharge than patients in states with the longest LOS.
- Eleven states had a median LOS of two weeks or less. In those states, 1 in 10 patients (10.8%) was rehospitalized within 30 days of discharge, and slightly more than two in 10 patients (22%) were readmitted within 180 days.
- Nine states had a median LOS of four months or more. In those states, 2.8% (fewer than three in 100) patients were readmitted within 30 days of discharge, and 7.9% (fewer than eight in 100) were readmitted within 180 days.

Figure 1 illustrates the pattern. Each point on the graph represents an individual state's readmission rate at 30 and 180 days as a correlate of the median LOS in its state hospital system.

Figure 1. 2015 state hospital length of stay and readmission rates by state



Because state hospitals are the facilities of last resort and serve only individuals with the most severe and dangerous symptoms, the association between LOS and rehospitalization may not be replicated in community and private hospitals, where patients typically have milder symptoms and may self-admit. However, precisely because state hospitals are legally obligated to serve their patients at public expense and treat the patients who are most severely compromised by serious mental illness, the association of LOS and readmission is a matter in which both patients and the general public have a considerable stake.

Ultimately, reducing length of hospital stay is a tactic for reducing the cost of serious mental illness by providing inpatient treatment to more people without providing more beds. With no apparent end in sight to the elimination of psychiatric beds and no clear guidance on safe minimum bed numbers, a clearer understanding of the clinical and economic impacts of this trend is needed to inform public policy and practice. Patients who are readmitted to state hospitals do so only after they have relapsed and deteriorated sufficiently to meet civil commitment standards. Often, they recycle through emergency rooms and the criminal justice and other public systems on the way back to the hospital, to their personal detriment and at enormous public cost.

RECOMMENDATIONS

The magnitude and impact of these public health issues demand the following actions:

1. Federal funding of research to assess the role of reduced length of stay in rehospitalization risk for psychiatric patients treated in public and private psychiatric facilities
2. Federal funding of a comprehensive analysis of the public service costs incurred by short-stay psychiatric patients who are rapidly rehospitalized, including emergency medical, criminal justice and homelessness costs that occur in the course of their relapses
3. Federal funding of an evidence-based assessment of psychiatric bed need in the United States by bed type, facility and location to provide guidance for supplying a safe minimum number of beds to meet need
4. Incentivizing the development of new psychiatric hospital beds through measures such as full repeal of the exclusion of institutions for mental diseases ("IMD Exclusion") from Medicaid reimbursement.

Rapid rehospitalization is the outcome of many factors. Given its impact on mental health recovery and its high public health cost, identifying contributors that might be mitigated to reduce the rate of readmission is humane, prudent and urgently needed. Length of stay is a leading candidate for such consideration.

BACKGROUND

Hospitalization is expensive, and psychiatric hospitalization is very expensive — the single greatest direct cost of serious mental illness and the source of more US hospital days than any other medical condition.[26] The federal government's "national bill" for mood disorders and schizophrenia in 2013 (the most recent year reported) was $28 billion. Schizophrenia hospitalization alone cost $11.5 billion, of which $646 million resulted from readmission within 30 days of discharge.[27,28] Combined, mood disorders and schizophrenia cost Medicaid more than twice what respiratory failure or heart attack did.[29] They are also the diseases most likely to be treated in state hospitals.

In this context, it may not have been inevitable — but certainly is not surprising — that reducing psychiatric hospitalization is a long-standing target of state mental health departments, private service providers and the health insurance industry.

The most visible result of this effort has been the near extinction of state psychiatric hospitals and mental health beds within other hospitals. The 340 psychiatric beds per 100,000 people that were occupied at the peak of state hospitalization in 1955 are no longer necessary because medication breakthroughs at that time made it possible for more people with serious mental illness to live safely and successfully in their communities. However, with few pharmaceutical advances since then and the failure of the mental health system to replace state hospital beds with suitable facilities in communities, the present number of fewer than 12 beds per 100,000 people is widely considered to be grossly inadequate.[30]

> **"Length of stay is still an unsettled issue in psychiatric practice. The parameters for both lower and upper limits of hospital stay need to be determined, as well as the relationships of these parameters to specific patient groups."**
>
> L. Appleby et al.
> Length of inpatient stay and recidivism among patients with schizophrenia.
> *Psychiatric Services* (1996)

A significant but less visible result has been shortening psychiatric hospital stay duration. Reducing LOS reduces hospitalization cost per patient and increases the number of people who can be treated with the same number of beds. The metric has been shrinking for decades.[31,32] In 1993, Appleby and colleagues reported that median public hospital stay had fallen by almost half from 1970 to 1980 and dropped further to 28 days by 1986.[33,34] By 2013, LOS for schizophrenia and other psychotic diagnosis in the United States had fallen further still, to seven days — exactly one-quarter of the duration Appleby reported 20 years earlier.[35]

Beyond the numbers, the dwindling length of psychiatric hospital stays can be seen in the evolution of how researchers have described LOS over the years. A 1996 report on LOS and readmission around Chicago called 43 days a "long stay" and 22 days a "short stay."[36] By 2016, an Australian study called 12 days "prolonged," although it was barely more than half of what qualified as a "short stay" only 20 years earlier.[37] Stays of fewer than 10 days are now common; they are called "ultrashort" stays.[38]

To test the hypothesis that declining lengths of stay are associated with rising psychiatric hospital readmissions in state hospital systems, the authors analyzed state hospitalization data the federal government collects annually. The resulting report represents the largest and first known comparative analysis of the association in the states. The finding that states with shorter median psychiatric hospital stays have significantly higher hospital readmission rates than states with longer median stays supports the hypothesis.

METHODOLOGY

State hospital LOS for discharged adult patients and 30-day and 180-day readmission rates were collected from the Uniform Reporting System (URS) tables published by the Substance Abuse and Mental Health Services Administration (SAMHSA) on its Drug and Alcohol Services Information System (DASIS) website. The state-specific URS tables are a component of SAMHSA's Mental Health National Outcome Measures (NOMs) reporting system that operates to create "an accurate and current national picture of substance misuse and mental health services."[39] Data are developed and reported annually from state mental health department reports required as a condition of SAMHSA's Mental Health Block Grant program.

State hospital median LOS (in days) for all discharged clients from the fiscal year ending June 30, 2015, was taken from URS Table 6. The URS tables were released on a series of dates in the summer of 2016 and include hospitalization data for 137,956 state hospital patients nationwide. A "client" is defined by the reporting requirements as any person served by the state mental health authority, a definition that captures all patients served by state hospitals. Median, rather than mean (average), LOS was used to analyze the correlation because LOS is not normally distributed; the majority of patients are discharged after a short period of time, and a smaller number of patients stay for a long period of time.

Readmissions of civil patients to state hospitals within 30 days and 180 days of discharge from the same hospitals were taken from URS Table 20. Forensic patient readmission rates were excluded from the analysis because the hospitalization of individuals referred by the criminal justice system is confounded by court orders, the regulation of LOS by statute in some states and other factors.

Kansas, Maryland and Michigan did not report complete data to SAMHSA and were excluded from the analysis for this reason. Hawaii and Arizona were excluded because of unique characteristics in their data. Hawaii reported an LOS of 201 days, with 20% of patients readmitted within 30 days of discharge and 60% readmitted within 180 days.[40] However, virtually all of Hawaii's state hospital beds are occupied by forensic patients, leaving too few civil patients to produce accurate statistics.[41] Arizona reported a median LOS of 469 days, with 0% readmissions. The 0% rehospitalization rate is explained by the median LOS in excess of a year. The state's *average* length of stay (990 days or nearly three years) suggests that the few extremely long-stay patients are rendering the median statistic unrepresentative.

Spearman's rank correlation coefficient was used to assess statistical significance of the correlation between median LOS, 30-day and 180-day readmission rates and state hospital beds per capita. The resulting r coefficient was transformed into a Z score, and a p-value was determined. Statistical significance was reported at a 5% ($p < 0.05$) confidence level based on a two-tailed analysis.

FINDINGS

The average of state median LOS reported in the federal URS tables was 75 days, with an average readmission rate of 8.2% within 30 days and 18.5% within 180 days. This average is considerably higher than median LOS for all psychiatric patients in facilities reported elsewhere, likely because the population that state hospitals serve is limited by law to individuals with the most severe diagnoses and symptoms and includes many individuals who require extended stays to stabilize.

Analysis of the relevant URS data found statistically significant negative correlations between state hospital LOS and readmission rates at both 30 ($r = -0.49$, $p < 0.001$) and 180 days ($r = -0.47$, $p < 0.001$) (see Table 1). Among the findings:

- Eleven states reported median LOS of two weeks or less (in rank order from shortest LOS): Wisconsin, Alaska, Nevada, Tennessee, Kentucky, New Hampshire, Illinois, South Dakota, Ohio, Georgia and North Dakota
- Nine states reported LOS of six weeks or more (in rank order from longest): Oregon, California, Utah, Nebraska, Florida, Indiana, Missouri, Pennsylvania and Louisiana
- Fourteen states reported higher median LOS than average and 30-day readmission rates that were lower than average (in rank order from longest LOS): Louisiana, Pennsylvania, Missouri, Indiana, Florida, Nebraska, Utah, California, Oregon, Rhode Island, New Jersey, Alabama, New York and Connecticut
- Eleven of these states continued to report lower rehospitalization rates at 180 days (in rank order from longest LOS): Louisiana, Pennsylvania, Missouri, Indiana, Florida, Nebraska, Utah, California, Oregon, Rhode Island and Alabama
- Eleven states reported lower median LOS than average and 30-day readmission rates that were higher than average (in rank order from shortest LOS): Alaska, Tennessee, Kentucky, New Hampshire, Illinois, South Dakota, Ohio, Iowa, Minnesota, North Carolina and Massachusetts
- Ten states reported median LOS that was lower than average along with 180-day readmission rates that were higher than average (in rank order from shortest LOS): Alaska, Tennessee, Kentucky, New Hampshire, Illinois, South Dakota, Georgia, Texas, Minnesota and Wyoming.

Table 1. State hospital median length of stay and 30- and 180-day readmission rates

STATE	MEDIAN STATE HOSPITAL LENGTH OF STAY (DAYS)	STATE HOSPITAL READMISSIONS WITHIN 30 DAYS*	STATE HOSPITAL READMISSIONS WITHIN 180 DAYS*
Wisconsin	4	5.9	13.7
Alaska	5	15.5	30.5
Nevada	5	1.7	2.3
Tennessee	5	10.5	22.9
Kentucky	8	9.4	25.3
New Hampshire	8	10.5	22.8
Illinois	11	12.4	19.3
South Dakota	11	9.6	27.1
Ohio	12	9.1	18.0
Georgia	13	7.7	19.1
North Dakota	14	23.0	40.9
Texas	15	7.7	20.0
South Carolina	20	3.5	11.6
New Mexico	21	25.5	45.6

* as a percentage of all admissions
\+ excluded from correlation analysis
$p < 0.001$ at both 30 and 180 days

Table 1. State hospital median length of stay and 30- and 180-day readmission rates, continued

STATE	MEDIAN STATE HOSPITAL LENGTH OF STAY (DAYS)	STATE HOSPITAL READMISSIONS WITHIN 30 DAYS*	STATE HOSPITAL READMISSIONS WITHIN 180 DAYS*
West Virgina	22	20.1	33.7
Iowa	25	9.1	14.1
Virginia	25	6.2	12.6
Mississippi	26	2.0	10.6
Delaware	27	7.6	10.6
Idaho	36	3.1	14.3
Minnesota	36	14.4	26.6
North Carolina	36	9.7	16.8
Arkansas	45	8.1	16.3
Colorado	48	6.7	14.7
Montana	48	6.0	14.1
Massachusetts	52	8.7	11.1
District of Columbia	58	4.7	12.5
Oklahoma	61	3.5	12.0
Wyoming	62	2.9	28.3
Washington	67	2.6	10.4
Vermont	70	16.7	23.8
Connecticut	78	7.5	19.4
Maine	82	8.9	22.2
New York	85	7.9	18.7
Alabama	87	6.2	14.8
New Jersey	87	7.8	20.8
Rhode Island	100	2.0	2.0
Oregon	122	0.4	9.0
California	124	3.9	11.2
Utah	139	3.5	6.6
Nebraska	151	4.3	7.4
Florida	176	0.0	0.0
Hawaii+	201	20.0	60.0
Indiana	213	1.4	5.9
Missouri	231	6.3	14.7
Pennsylvania	232	2.8	7.1
Louisiana	248	2.6	8.8
Arizona+	469	0.0	0.0
Maryland+	x	3.1	9.3
Kansas+	x	10.5	26.5
Michigan+	x	x	x

* as a percentage of all admissions
\+ excluded from correlation analysis
$p < 0.001$ at both 30 and 180 days
x incomplete data

The relationship between psychiatric LOS and readmission rates is multifaceted, which means that LOS does not necessarily predict an individual state's rehospitalization rate. Factors such as state criteria regulating hospital access, the number of beds available to patients who are not criminal offenders, hospital discharge practices and the availability of community resources after discharge, among others, are likely to influence readmission. For example, Minnesota, North Carolina and Idaho all have median LOS of 36 days. However, Minnesota's readmission rate was 14.4% within 30 days and 26.6% at 180 days, while North Carolina's rate was significantly lower, at 9.7% and 16.8% at the same points post-discharge. Idaho's was lower yet: 3.1% and 14.3% at 30 days and 180 days, respectively.[42,43,44] Interestingly, in the Treatment Advocacy Center's 2014 grading of the quality of inpatient commitment laws, Minnesota, North Carolina and Idaho received grades of C-, A- and A+, respectively.[45]

The association between shorter LOS and rehospitalization is statistically significant in the system-wide analysis. Variation between individual states and identification of patterns within subsets of the patient population (e.g., patients with schizophrenia, bipolar disorder, other affective disorders) were outside the scope of this analysis but merit further study.

LIMITATIONS

The findings of this analysis are based exclusively on LOS and rehospitalization data reported by the states and Washington, DC, to SAMHSA's NOMs reporting system for fiscal year 2015. The consistency and completeness of the underlying state data were not verifiable within the scope of this study, which may reduce the comparability of data in some cases. Five states were eliminated from the study: Michigan, Kansas and Maryland because of failure to submit complete data; Hawaii and Arizona because of the data distortions resulting from circumstances unique to them. Additionally, because NOMs collects only state hospital data, and comparable data are not publicly available for community and private hospitals nationwide, the analysis does not include the entire universe of US psychiatric hospitalizations and may not be representative of it.

A further limitation of the study is the methodology used by NOMs and nearly all the academic literature to define hospital readmission. Typically, rehospitalization statistics are developed as a measure of readmission to the same hospital that has discharged the patient or, at most, to the same hospital system where the patient was hospitalized. Thus, for example, the rehospitalization of a patient discharged by a state hospital and subsequently admitted to a different psychiatric facility or to a state hospital in another state is not reflected in the data. As a result, the findings likely understate the rate at which psychiatric patients return to inpatient care within a 30- or 180-day period by a factor that cannot be determined from public data.[46]

Beyond these limitations to data analysis, the scarcity and quality of much of the literature examining LOS and hospital readmission deprives the topic of a solid evidence base within which to consider the findings of this analysis.

DISCUSSION

The question of whether shortening psychiatric stay increases the likelihood of readmission has been debated for decades and remains contentious, as are most topics related to psychiatric beds. Study of the topic is widely characterized by inconsistent definitions and parameters; data that are decades old and/or incomplete, poor in quality, difficult to interpret or otherwise of little usefulness[47]; selection bias[48]; and other flaws.

> **"Managed care has reduced the mean length of stay for psychiatric hospitalizations, which has resulted in decreased costs and has raised concerns about the quality of care."**
>
> R. Figueroa et al.
> Use of claims data to examine the impact of length of inpatient psychiatric stay on readmission rate.
> *Psychiatric Services* (2004)

Findings and conclusions in the resulting body of literature tend to be incomparable and/or contradictory.[49] Zhang, Harvey and Andrew looked at an acute inpatient clinic in Australia to conclude that "risk of readmission is not associated with LOS."[50] Auffarth and colleagues studied comparable private and university hospitals in the United States and Germany to conclude, "Short inpatient stays lead to a higher risk of re-admission and other negative effects, like extended number of suicides and subjective feeling of not having time to recover."[51] Lee, Rothbard and Noll analyzed more than 45,000 psychiatric discharges from 106 community hospitals in Pennsylvania in 2006 to arrive at "an unexpected finding that hospitals with longer stays had higher rates of readmission."[52] However, patterns in state hospitals — with their vastly more compromised patient population — are not reported in any of them.

A final conclusion that "there is a need for further discussion"[53] may be the most common denominator in the relatively slight body of literature on the correlation of these two variables.

Any study of shrinking psychiatric hospital stays and their human and economic costs is additionally handicapped by the absence of research into the clinical processes and outcomes from hospitalization in general and consensus regarding optimal length of hospital stay in particular.[54,55,56] Allison and colleagues in 2016 cite evidence that an "adequate trial" of medication to stabilize psychotic symptoms is at least six weeks but note that in Australia — as in the United States — typical acute stays are not nearly that long.[57] Figueroa, Haman and Engberg in a 2004 study flatly declare, "There are no commonly accepted length-of-stay guidelines for inpatient care of psychiatric conditions,"[58] although health care insurers produce them for virtually every other medical condition. Zhang, Harvey and Andrew in 2016 consider the literature on LOS and rehospitalization and report that "available studies were poorly designed, outdated or only looking into variables that are unlikely to be changed...."[59] Also in 2016, Lamb and Weinberger bemoan the scant attention paid to the roles of protection, safety, security, social support and removal from stress that state hospitals once supplied and that may affect the outcomes of patients they serve.[60]

What *is* well established is that the ever-shrinking psychiatric hospital stay is fundamentally driven by economics.[61,62,63,64,65] In the United States, where the bed shortage is dire by international standards,[66] states without enough beds create capacity to handle more patients by discharging the patients they serve faster.[67] Insurance companies use a combination of "gatekeeping and utilization review" to motivate hospitals to shorten hospital stay, and "under some managed care plans, a case-based reimbursement mechanism has generated *incentives* for hospitals to shorten stays" (our emphasis).[68] As long ago as 2004, it was reported that "the hope (of managed behavioral health organizations) is that hospital-specific measures of performance can be used to evaluate facilities at the time of credentialing or

contracting with the goal of influencing hospitals with very brief or long stays."[69] The response of state hospitals faced with reduced budget from their legislatures and private hospitals faced with penalties and incentives from insurers has been to reduce psychiatric stays.

Inherently, the immediate cost of a shorter hospital stay is less than that of a longer stay. However, defining "cost" as the immediate savings of discharging patients sooner without consideration of the administrative and clinical costs associated with readmission and the secondary costs that may result from their rapid readmission produces an artificial and incomplete construct. A comprehensive analysis of the cost of short and ultrashort psychiatric hospitalization would also consider the role and costs of short psychiatric hospitalization in hospital emergency room usage, where unstable or decompensating patients are first seen; in law enforcement and jails, where behaviors associated with untreated mental illness lead to criminal justice involvement; and in other negative outcomes, including homelessness, victimization, suicide and acts of violence.

Given the stakes for patients, communities and taxpayers, such an analysis is overdue. What cannot be overlooked in parsing the numbers, however, is the role of psychiatric bed supplies in the equation. Ultimately, reducing length of hospital stay is a tactic for providing inpatient treatment to more people without providing more beds. Reducing rehospitalization rates might reduce bed demand, but increasing hospital stays would reduce bed capacity.

As long as bed shortages persist, the options for addressing these issues or any whose resolution depends on an adequate supply of psychiatric beds will remain limited and the benefits of such reforms beyond reach.

RECOMMENDATIONS

Given the magnitude and impact of public health issues associated with psychiatric relapse and rehospitalization, Congress must:

1. **Fund research to assess the role of reduced length of stay in rehospitalization risk for psychiatric patients treated in public and private psychiatric facilities.**
   Academic studies of whether short psychiatric hospital stays increase rehospitalization risk generally have been limited in scope and/or of poor quality. Unsurprisingly, their conclusions have been contradictory. The analysis reported in this study is unique in comparing the experiences of a large population consisting of state hospital patients. It found a sufficiently significant association between the two factors to warrant analysis at the national level to address the question of whether diminishing psychiatric hospital stays are increasing hospital readmission rates, a matter of patient and public welfare and taxpayer cost.

2. **Fund a comprehensive analysis of the public service costs incurred by short-stay psychiatric patients who are rapidly rehospitalized, including emergency medical, criminal justice and homelessness costs that occur in the course of their relapses.**
   Short psychiatric hospital stays are a cost-containment mechanism. However, cost analyses that capture only immediate, direct costs (e.g., the cost of a 3-day hospital stay versus a 10-day stay) are incomplete and thus inadequate to determine the actual cost impact of short hospital stays. If it is found that shorter LOS is associated with higher rates of relapse and rehospitalization, the costs that result from those events must be recognized in cost assessments and considered in policies and practices producing short hospital stays.

3. **Fund an evidence-based assessment of psychiatric bed need in the United States by bed type, facility and location to provide guidance for supplying a safe minimum number of beds to meet need.**

   Short psychiatric hospital stays are an adaptation and reflection of the nation's dire psychiatric bed shortage. Despite widespread consensus that "more beds are needed," neither the United States nor its individual states have conducted research to provide guidance on safe minimum bed numbers needed to meet demand. Given the continued closure of psychiatric beds nationwide and the significant individual and societal consequences resulting from it, comprehensive assessment of bed need by bed and facility type and region to guide states in maintaining safe minimum numbers is imperative.

4. **Incentivize the development of new psychiatric hospital beds through measures such as full repeal of the exclusion of institutions for mental diseases ("IMD Exclusion") from Medicaid reimbursement.**

   Psychiatric bed access — in which length of stay is one factor — is exceptionally sensitive to economic incentives. Since the mid-1900s, incentives have overwhelmingly been directed at reducing the number of mental health beds in America. Mitigating the widespread psychiatric bed shortages that have resulted from these policies requires reevaluating those incentives that erect barriers to creating sufficient beds to meet need.

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The Treatment Advocacy Center is a national nonprofit organization dedicated exclusively to eliminating barriers to the timely and effective treatment of severe mental illness. The organization promotes laws, policies and practices for the delivery of psychiatric care and supports the development of innovative treatments for and research into the causes of severe and persistent psychiatric illnesses, such as schizophrenia and bipolar disorder.

Yountville shooting

On March 9, 2018, a murder–suicide shooting took place at a Veterans Home in Yountville, California.[1] The Pathway Home (http://thepathwayhome.org/) is a residential treatment program meant to help post-9/11 veterans struggling with PTSD and TBIs reintegrate into society.[2] The shooter, Albert Wong, had attended the program until the home's executive director, Christine Loeber, dismissed him earlier in the week.[3]

Yountville shooting	
Location	California Veterans' Home, Yountville
Date	10:20 a.m. - 6:00 p.m. (PST); March 9, 2018
Attack type	Mass shooting, false imprisonment
Deaths	5 (including the perpetrator and an unborn child)
Perpetrator	Albert Wong

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Location

The Pathway Home, was a treatment program run by a non-profit that leased part of a campus of the state-run Veterans Home of California-Yountville. The facility was secured by roaming unarmed 24-hour security personnel for the entire campus, with security cameras installed at The Pathway Homes front door, and hallways as well as a sign in desk.[4] The program worked with veterans of the Iraq and Afghanistan wars with PTSD.[5]

During the incident residents of the nearby veterans home were locked down after reports of an active shooter, and teenagers who were visiting the grounds were evacuated shortly after 2:30 pm.[5]

Incident

A stand-off started at around 10:30 am when a gunman, later identified as Albert Wong, a 36-year-old U.S. Army veteran of the War in Afghanistan, entered the facility during a going away party.[6] The first 911 call of the incident was received around 10:20 am, and by 10:22 am the dispatcher had named Wong as the perpetrator and that he was armed with a semi-automatic weapon and large quantities of ammunition.[7] Wong initially released veterans and other staff members, holding only Jennifer Gonzales Shushereba, a psychologist, Jennifer Golick and Christine Lobber, the clinical and executive directors of Pathway Home respectively.[6][8]

Napa County deputies were some of the first to respond to the scene.[9] At about 10 minutes after the initial 911 call[7] Wong exchanged gunfire with Napa County Sheriff's Department Senior Deputy Steve Lombardi and then retreated into The Pathway Home building.[10] After the shootout there was no further contact with Wong or any of the hostages, although three hostage-negotiation teams were on site.[5] At around 6:00 pm, after negotiators from several agencies failed to contact him, California Highway Patrol officers entered the room and found everyone in it shot to death. [1] His cell phone was later discovered in his parked car.[11]

Wong was found dead of a self-inflicted shotgun wound in the second floor room where he had killed the three female staffers.[10] The Napa County Sheriff's Coroner determined that Gonzales Shushereba was 26 weeks pregnant at the time of the incident and that her "unborn baby died due to lack of oxygenated blood caused by her mother's death."[8][12] State Senator Bill Dodd reported that it was reasonable to believe that the three hostages were killed during or shortly after the initial exchange of gunfire with officers.[9]

Perpetrator

Albert Wong (36) had been struggling to readjust to civilian life in California after returning from a tour of duty in Afghanistan in 2013. During his service Wong was awarded an Army Commendation Medal, an Army Good Conduct Medal, and campaign stars for fighting global terrorism and for marksmanship. He had held a professional licenses as a security guard and security trainer, and a firearms permit through the Bureau of Security and Investigative Services from 2008.[13]

He was a resident of The Pathway House, for nearly a year of residential treatment for post-traumatic stress disorder (PTSD) until he was expelled for unspecified concerns about threatening behavior.[14] A family member told reporters that Wong had reportedly told them that he was angry at staff members and wanted to get back at them after he had been found with knives at the facility and told to leave. Wong reported "wanted to get back at them, talk to them, yell at them, not to kill them".[7]

A family member of one of the victims, claimed "People were notified he was violent. Nothing was done. All the proper people were notified...the sheriffs department, the vets' health. Everybody knew."[4]

Aftermath

The Pathway Home is the subject of the 2014 documentary film, *Of Men and War*.[15] After the shootings, The Pathway Home suspended operations indefinitely and its clients were placed with other programs.[16][17] On August 31 its board members told reporters that the nonprofit plan to terminate the lease, as there was little belief they could effectively aid veterans in the location.[18]

The *Three Brave Women* fund was established and been used to distribute monetary aid to the families of the victims.[19]

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CALIFORNIA

Suspect in custody in shooting at detox treatment facility in Northern California that left 1 dead

By JACLYN COSGROVE
STAFF WRITER

NOV. 5, 2018
9:40 PM

Detectives have a suspect in custody and are interviewing the person about a shooting that killed one and injured two others at a detox facility in Marin County, officials said Monday.

Authorities identified the suspect as Davance Lamar Reed, a 37-year-old transient who was dating one of the victims, according to the Marin County Sheriff's Office. Reed made statem

The Sheriff's Office said authorities received a call at 1:33 a.m. from the Helen Vine Detox Center in San Rafael reporting that staff members had been shot.

Deputies arrived to find three people with gunshot wounds.

One man, whose identity has not been released, died at the scene. Another man and a woman — identified as facility employee Anthony Dominguez Mansapit, 32, and Brittney Kehaulani McCann, 30 — were taken to Marin General Hospital after the shooting and are in the intensive care unit, authorities said. Authorities said McCann was dating the suspect.

The Helen Vine Recovery Center, at 301 Smith Ranch Road in San Rafael, is a licensed 26-bed coed facility that offers both detox and residential substance use disorder treatment. Clients can stay up to 30 days for detox and up to 90 days for residential treatment. Last year, the staff at Helen Vine saw more than 900 patients.

Buckelew Programs
@BuckelewProgram

Our hearts are with the staff,clients and families affected at Helen Vine Recovery Center. We will post updates here as they become available.

9 11:07 AM - Nov 5, 2018

See Buckelew Programs's other Tweets

The center is run by Buckelew Programs, the largest provider of community-based mental health and support services in the North Bay. The organization sees almost 10,000 people in Marin, Sonoma, Napa, Mendocino and Lake counties. It also runs the North Bay Suicide Prevention Hotline.

"While it is unimaginable to think that such a horrific event occurred at one of our facilities, it's important to remember that Buckelew Programs has been providing safe and effective services for decades; improving the lives of tens of thousands of people," Tamara Player, Buckelew's chief executive, said in an email.

Times staff writer Alene Tchekmedyian contributed to this report.

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UPDATES:

9:35 p.m.: This article was updated with the suspect's identity.

1:45 p.m.: This article was updated with the news that a suspect is in custody, and with information about the treatment center and its parent company.

12:30 p.m.: This article was updated with additional information from police.

This article was originally published at 10:20 a.m.

Jaclyn Cosgrove

Twitter Instagram Email Facebook

Jaclyn Cosgrove is a Metro reporter at the Los Angeles Times.

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November 17, 2016

RELATED TOPICS

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SMYRNA, Ga. (AP) — Police have identified a man accused of opening gunfire inside a mental health facility in suburban Atlanta.

Smyrna Police spokesman Louis Defense tells local news media 24-year-old Tevin McDonald argued with staff members before the shooting at the Ridgeview Mental Health Facility on Wednesday afternoon. Defense says McDonald didn't want to remain in the facility.

Police say no one was injured.

Police say McDonald ran into a nearby neighborhood, causing Griffin Middle School and King Springs Elementary to go on lockdown. He was arrested within 30 minutes.

McDonald is being held at the Cobb County Jail without bond. He is charged with aggravated assault and criminal damage to property, discharge of firearms on property of another and possession of a firearm during the commission of a felony.

It's unclear if McDonald has an attorney.

Trending on AP News

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No charges in Georgia lawmaker grocery store dispute

MDedge Psychiatry

NEWS

Mental health workers urged to guard against the possibility of patient violence

Publish date: May 15, 2016

By Whitney McKnight

Clinical Psychiatry News

EXPERT ANALYSIS FROM THE APA ANNUAL MEETING

ATLANTA – About half of all mental health professionals at all levels and in all practice settings can expect to be threatened by a patient at some point in their career, with as many as 40% sustaining a patient-inflicted injury, according to a researcher.

Despite these numbers, there exist few formal protocols for mental health personnel to learn how to protect themselves against the risk of being harmed by a patient.

Dr. Michael Knable

Why this is, and what can be done to fill this void, has become an area of deep interest for Dr. Michael Knable <http://www.clearviewcommunities.org/staff/dr-michael-knable-dfapa-medical-director/> , the executive director of the Sylvan C. Herman Foundation <http://www.clearviewcommunities.org/about/sylvan-c-herman-foundation/> in Frederick, Md., a major underwriter for Clearview Communities' residential treatment facilities for persons with mental illness, where Dr. Knable is also the medical director."I really only got interested in this because of these two friends of mine who were killed [by

patients]," Dr. Knable said in an interview at the annual meeting of the American Psychiatric Association.

His two friends were Dr. Wayne Fenton and Dr. Mark Lawrence, two Washington-based psychiatrists killed in their private offices by patients in 2006 and 2011, respectively.

"It's true that the seriously mentally ill are more likely to be victimized than to be the victimizers, but it's also true that, especially in acute settings like emergency rooms and hospitals, that they can be very violent," Dr. Knable said in the interview.

Based on his research, Dr. Knable said the risks to practitioners include being physically threatened, stalked, sued, stabbed, and even shot to death, among other injuries. According to statistics from the Department of Justice <http://www.bjs.gov/content/pub/pdf/wv09.pdf> , between 2004 and 2009, mental health workers were second only to law enforcement officers in sustaining on-the-job violence: 38 victims per 1,000 mental health workers, compared with 48 per 1,000 law enforcement officers.

Dr. Knable conducted a literature review of all published surveys of mental health professionals ranging from those with 4-year degrees, to social workers, to psychiatrists. He found that the typical profile of a mental health provider murdered by a patient is a female case worker in her 30s who has been shot to death. The typical patient perpetrator is a male, also in his 30s, who has a form of schizophrenia, a history of violence, and non-adherence to medication. More than half of these individuals also have a history of involuntary hospitalization.

"Our field attracts a lot of idealistic people who want to help others," said Dr. Knable. "But until they've experienced [violence], they simply don't evaluate the risks carefully enough."

The National Institute of Mental Health's Clinical Antipsychotic Treatment Intervention Effectiveness (CATIE) trial <https://clinicaltrials.gov/ct/show/NCT00014001> found that 19.1% of 1,410 patients with schizophrenia had a violent episode in the prior six months.

A meta-analysis <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0055942> of 110 studies of more than 45,000 patients with schizophrenia also found that nearly 20% had a history of violence, and review <http://www.ncbi.nlm.nih.gov/pubmed/24816046> of registry data from Sweden showed that in 82,647 patients with schizophrenia, 6.5% of men and 1.4% of women had been convicted of a violent crime when not taking their medication. When they were taking their prescribed medications, crime rates fell by 45% in the cohort taking antipsychotics and 24% in those taking mood stabilizers.

Given these data, when asked why there are not more mandatory personal security training programs for mental health personnel, Dr. Knable said it comes down to a mix of naiveté and politics.

"The perception is that if you worry about this, you are stigmatizing the patient, and, to a certain extent, you are. But my desire is to be factual and to know what we're really dealing with," Dr. Knable said. Those in his profession most likely to underestimate the seriousness are those in private practice who "aren't on the front lines" treating persons with serious mental illnesses like schizophrenia.

The national debate over gun control in the context of persons with mental illness also clouds the issue, he said. "People are afraid it will be stigmatizing and keep people out of treatment to say it, but if you have had an involuntary hospitalization, you should not be allowed to have a gun."

In addition to taking a danger assessment of a patient in the pre-screening interview, Dr. Knable recommended clinicians set up their office so that there is a desk between them and the patient, and more importantly, that the patient is not between the clinician and the exit. Have an established escape route and consider installing cameras in the waiting area so you can see patients before they enter your office. Be aware of solo meetings such as after hours or on weekends. Above all, he said it was best to see potentially violent patients only in tandem with a member of that person's family, a colleague, or even a security officer."Before my friends were killed, I was just like everybody else. I just went to work and thought, 'Well, you just have to be careful.' I thought I had good instincts. But now, I think there is a lot of room for study and training on this issue."

▼ References

MENTAL HEALTH RELAPSES HAPPEN

In Mental Health (https://seasonsmalibu.com/mental-health/) April 9th, 2018 No Comments (https://seasonsmalibu.com/mental-health-relapses-happen/#respond)

While most people associate the term "relapse (https://seasonsmalibu.com/3-signs-might-relapse/)" with addiction, it is a problem that can occur with many other types of illnesses. Unfortunately people that have been through recovery for a mental illness can also experience a relapse in which their strongest symptoms return. As is the case with treating addiction there is no permanent "cure" when someone is diagnosed with a mental illness and relapse is always a possibility.

People who struggle with mental illness need to learn how to recognize the signs of a possible relapse as do their loved ones. Believing that a relapse won't ever happen means that you won't be prepared if it should occur. Learning more about mental health relapses can help you both prevent and catch early warning signs so that you can get help.

It is important to understand that relapse does not mean that the person has to start over from square one. Once they have done with work in their mental health recovery it is possible for them to get back on track. However, it is always a good idea to seek professional help from a therapist or a treatment center when a relapse occurs.

What Causes Mental Health Relapse?

It can be difficult to predict when and why a person will relapse but typically mental health relapses (https://seasonsmalibu.com/treatment-programs/mental-health-treatment/) happen in response to triggers. Someone who has had minimal symptoms for a period of months or even years may have a sudden recurrence of their symptoms when a stressful event occurs. It can be much easier to cope with a mental illness in times of stability but when stress becomes overwhelming a person can easily experience a relapse.

Any changes to a person's routine can also trigger a relapse. If they suddenly change their treatment plan or engage in different behavior they are putting themselves at risk for relapse. These are some of the most common causes of mental health relapse.

- Stopping medication suddenly or not taking it as prescribed
- Engaging in substance abuse by using drugs or alcohol
- Conflict in relationships including a break up or divorce
- Being under stress at work or losing a job
- Illness or death of a loved one
- Financial difficulties including losing your home

Whenever someone has a mental illness they need to have coping strategies that they use to deal with stress. However, sometimes a very stressful event can be so overwhelming that they are not able to handle their symptoms. When a relapse is triggered by a painful for stressful event the person may need to return to treatment.

Recognizing Symptoms of Relapse

In order to minimize the damage caused by mental health relapse it can be helpful to learn more about the warning signs and symptoms associated with it. The symptoms that a person has during relapse may not always be the same as what they experienced when they first recognized that they had a disorder. They may have a different reaction based on the type of trigger that has caused their symptoms to return.

These are some of the common warning signs that someone may experience a relapse-

- Sleep problems including too much or too little sleep
- Feeling tense, nervous or hostile
- Isolation or social withdrawal
- Confusing or nonsensical speech
- Noticeable appetite or weight changes
- Increase in paranoia or hallucinations
- Risk taking behaviors (https://seasonsmalibu.com/poor-impulse-management/)

The type of warning signs that a person exhibits will depend strongly on their specific mental illness but any kind of noticeable change in a person's behavior or mood could indicate an oncoming relapse. It is important that if someone is experiencing a return to very intense symptoms of mental illness that they seek medical and psychological help.

Rebounding from a Mental Illness Relapse

There is no need to view a relapse as a failure because many times it can be a natural response to stressful circumstances. In order to rebound and get back on track after a relapse it is crucial to get back into a healthy routine. The first step is quitting any alcohol or drugs that could have triggered the relapse and maintaining sobriety for the best mental health.

It is also important to start taking medication again regularly and follow the recommendation of a psychiatrist regarding dosage. Eating healthy (https://seasonsmalibu.com/diets-that-can-reduce-depression/) and getting enough sleep can also be crucial in establishing a good mental health routine when you are recovering from a relapse. Your number one priority however should be focusing on therapy and talking to a professional about the symptoms you have been experiencing.

In regular therapy or in a treatment center you can receive guidance on how you can recover from a relapse and quickly get back to a more stable place. Making sure that you have support and professional care can prevent a relapse from seriously interfering with your health and your life.

FINDINGS AND CONDITIONS OF APPROVAL FOR COUNTY FILE #LP18-2020, GREGORY BRAVERMAN (APPLICANT) AND HANNAM HOMES, INC. AS APPROVED BY THE COUNTY ZONING ADMINISTRATOR ON NOVEMBER 5, 2018 AND REVISED BY STAFF FOR MAY 22, 2019 COUNTY PLANNING COMMISSION.

FINDINGS

A. Growth Management Performance Standards

1. **Traffic:** Implementation Measure 4-c of the Growth Management Element of the General Plan requires a traffic impact analysis if a project will generate more than 100 AM or PM peak hour trips. Since the clients of the social rehabilitation facility are not allowed to have personal vehicles, it is reasonable to assume that the project will not generate more than 100 peak hour trips, and in all likelihood will be less. Therefore, a traffic impact analysis was not required. The facility will have four staff members during the day and two during night hours. The existing parking area will be sufficient to accommodate all vehicles expected to be at the facility. As such, the project will not adversely affect traffic levels in the area.

2. **Water:** The subject property currently obtains water service from the East Bay Municipal Utility District (EBMUD). The institution of a social rehabilitation facility at the site of a previous elder care facility will not incrementally increase the use of water at the site or substantially increase the demand for water service at the property. Any change to water service at the project site will be reviewed and approved by EBMUD.

3. **Sanitary Sewer:** The subject property currently receives sanitary sewer service from the Central Contra Costa Sanitary District (CCSD). The proposed change is not expected to produce an unmanageable added capacity demand on the wastewater system, nor interfere with existing facilities. However, comments from CCSD state that the existing sanitary sewer lateral is not large enough to meet CCSD's requirements for commercial properties. In addition, capital improvement fees are required for added wastewater capacity demand. Prior to submitting a building permit application, the applicant is responsible for submitting plans to the Sanitary District and receiving its stamped approval.

4. **Fire Protection:** The project site is in the service area of the Contra Costa County Fire Protection District. . The applicant is required to obtain building permits for

any necessary ADA upgrades or improvements needed for the facility. The Fire District will inspect the facility prior to occupancy to confirm that the facility meets the required fire protection elements for its occupancy type. Prior to submitting a building permit application, the applicant is responsible for submitting plans to the Fire District and receiving its stamped approval.

5. **Public Protection:** The proposed project will not require any increase in public protection services. The proposed facility will not create new housing, provide previously unavailable services, nor will it provide substantial amounts of new business opportunities within the County that would result in a significant population increase. Therefore, 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.

6. **Parks and Recreation:** The project will not create any housing units, and therefore, will not increase the demand for parks or recreational facilities.

7. **Flood Control and Drainage:** The project site is not located within a flood-prone area as determined by FEMA, the Federal Emergency Management Agency. The proposed project will utilize the existing facilities from the former residential elderly care facility and is not proposing any new structures. Therefore, the project will not create a hazard associated with any existing flood hazard condition.

B. **Land Use Permit Findings**

The following are required findings for the approval of a land use permit.

1. ***The proposed project shall not be detrimental to the health, safety and general welfare of the county.***

Project Finding: The proposed social rehabilitation facility will be licensed and regulated by the California Department of Social Services. The short-term crisis residential treatment program proposed by the applicant will be certified and reviewed annually by the Department of Health Care services. Standards for licensing and certification include medical requirements, treatment/rehabilitation plans and documentation, admission and discharge criteria, physical environment requirements, staff qualifications and duties, and administrative policies and

procedures. The State conducts unannounced annual inspections to ensure compliance with State requirements. Additional inspections may be conducted for case management purposes. The applicant will be required to maintain its State license and certificate at all times, and to report to the County any citations or notices of violations issued by the State.

Clients admitted to the proposed facility must have a primary diagnosis of mental illness that can be expected to improve significantly through a residential psychiatric rehabilitation program. Under the applicant's admission criteria required by the State for licensing and certification, the facility will not admit clients actively using alcohol or other illicit drugs or clients with a primary diagnosis of substance abuse disorder. Additionally, client's must be medically cleared by the referring medical unit and must not have a fragile or unstable medical condition that requires intensive nursing intervention or medical evaluation or management.

Additional conditions imposed to ensure that the project will not present health and safety risks to the public include 24-hour video surveillance, onsite security staff, fencing improvements, no unaccompanied clients when leaving the facility property, and a neighbor complaint policy intended to foster open communication between neighbors and the facility operator and timely resolutions to any complaints. The project is also conditioned to obtain approval from the water and sanitary utilities, and the fire department, prior to the issuance of any building permit or operation of the facility, whichever occurs first.

As conditioned, the proposed social rehabilitation facility will not be detrimental to the health, safety, and general welfare of the County.

2. ***The proposed project shall not adversely affect the orderly development within the County or the community.***

Project Finding: Allowing the establishment of a social rehabilitation facility within the former elderly care facility will not require any additional development or expansion of the existing buildings. The project is conditioned to comply with all the requirements of the regulatory and utility agencies prior to operation of the facility. Accordingly, the propose project will not adversely affect the orderly development in the County or the community.

3. ***The proposed project shall not adversely affect the preservation of property values and the protection of the tax base within the county.***

   Project Finding: The proposed adult care facility is similar in use and intensity to the former residential elderly care facility operated at the site. The proposed facility operating within existing buildings already equipped to serve its proposed function will have no negative effects on property values. The proposed project will not adversely affect the preservation of property values and the protection of the tax base within the County.

4. ***The proposed project shall not adversely affect the policy and goals as set by the General Plan.***

   Project Finding: The General Plan allows small residential care facilities as a secondary use in the Single-Family Residential, Low Density (SL) district. This facility will replace an existing residential elderly care facility on the same parcel. Therefore, the establishment of a residential ambulatory care facility for adults will not adversely affect the policy and goals as set by the general plan, as the site already supports a similar use. Approval of this facility will be consistent with and promote the Contra Costa County Housing Element, Goal #4, which calls for an increase the supply of appropriate and supportive housing for special needs populations.

5. ***The proposed project shall not create a nuisance and/or enforcement problem within the neighborhood or community.***

   Project Finding: 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. Pursuant to its State license and certification, this facility is not authorized to admit clients with a primary diagnosis of substance use disorder or clients that have a fragile or unstable medical condition that requires intensive nursing intervention or medical evaluation or management. 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. The proposed project will not create a nuisance or enforcement problem within the neighborhood or

community.

6. ***The proposed project shall not encourage marginal development within the neighborhood.***

   Project Finding: The establishment of a social rehabilitation facility within the existing buildings of a residential elderly care facility will not encourage marginal development within the community. Some internal construction and remodeling will be required, such as the removal of the unpermitted kitchen in the small office building. However, establishment of the proposed facility does not require any additional development or expansion to the buildings. Thus, the proposed project will not encourage marginal development within the neighborhood.

7. ***That special conditions or unique characteristics of the subject property and its location or surroundings are established.***

   Project Finding: The existing residential elderly care facility at this site is already equipped with the bedrooms required to house the proposed number of clients for the proposed facility and is therefore ideal for the proposed use. No additional development or expansion of the existing buildings will be required to accommodate the proposed social rehabilitation facility. In addition, the existing seven parking spaces will accommodate the required parking for the proposed facility. Finally, the proposed short-term crisis residential program operated by the proposed facility is intended to assist clients in the acquisition, testing, and/or refinement of community living and interpersonal skill in a residential environment. The existing facilities located in the surrounding residential community furthers the proposed social rehabilitation facility's treatment goals.

CONDITIONS OF APPROVAL FOR COUNTY FILE #LP18-2020

Land Use Permit Approval

1. A Land Use Permit is APPROVED to modify County File #LP01-2045 for the conversion of an existing elderly care facility to a social rehabilitation facility for up to 12 adult clients, ages 18-59. After 12 consecutive months of facility operation, the applicant may request that the facility be allowed to treat up to 16 clients. If the applicant submits a request, DCD will provide written notice of the request to all owners of real property within 300 feet of the facility. The notice shall state the

last day to request a public hearing on the request. If no request for a public hearing is received by DCD by the last day stated in the notice, the Zoning Administrator may, without public hearing, approve or deny the applicant's request. If a request for a public hearing is received by DCD by the last day stated in the notice, DCD will schedule and notice a public hearing on the request for consideration by the Zoning Administrator.

This approval is based on the following documents received by the Department of Conservation and Development, Community Development Division (CDD):

- Application and materials received on July 5, 2018
- Program description received July 24, 2018
- Revised plans received August 10, 2018
- Program and Service Description received April 16, 2019
- Admission Policy received April 16, 2019

Any deviation from the approved plans or any expansion beyond the limits of this land use permit shall require the review and approval of the CDD and may require approval of a new Land Use Permit.

2. The applicant shall provide a quarterly report to DCD on January 15th, April 15th, July 15th, and October 15th during each year the facility is operated. The applicant shall submit the first quarterly report within 90 days after the facility has commenced operating. The quarterly report will include any incidents involving the operation of the facility, any complaints submitted by any member of the community, and the steps the facility operator took to address the incidents and complaints. With the first quarterly report, the applicant shall submit a time and material fee deposit of $500 for DCD staff's on-going review of project condition compliance, including the monitoring of quarterly reports submitted by the applicant. After 5 consecutive years of facility operation, the applicant may request a land use permit amendment to eliminate the on-going compliance review.

3. The applicant shall install closed circuit cameras at all exits of the facility with video screen monitoring and ensure monitoring by 24-hour security staff.

4. The applicant shall ensure that a facility staff member accompanies any admitted facility client that leaves the facility property.

Application Costs

5. The Land Use Permit application was subject to an initial deposit of $2,700.00 that was paid with the application submittal, plus time and material costs if the application review expenses exceed the initial deposit. Any additional fee due must be paid prior to submittal of a building permit, or 60 days of the effective date of this permit, whichever occurs first. The fees include costs through permit issuance and final file preparation. Pursuant to Contra Costa County Board of Supervisors Resolution Number 2013/340, where a fee payment is over 60 days past due, the application shall be charged interest at a rate of ten percent (10%) from the date of approval. The applicant may obtain current costs by contacting the project planner. A bill will be mailed to the applicant shortly after permit issuance

Signage:

6. Any proposed signage shall be reviewed and approved by DCD prior to sign construction or placement.

Licenses

7. Prior to operation of the facility, the applicant shall provide to DCD copies of all federal, state, and county permits. licenses, and certificates required to operate a social rehabilitation facility and short-term crisis residential treatment program. The applicant shall maintain as current and valid all such permits, license, and certificates while the facility is in operation. The applicant shall submit to DCD annually any annual renewals of such permits, license, and certificates. The applicant shall report to DCD any citation or notice of violation issued in connection with such permits, license, and certificates within 48 hours of the issuance of the citation or notice of violation.

8. The applicant shall disclose all public documents related to reportable incidents or State licensing review, including the annual State license review, upon request by any member of the community.

Neighbor Complaint Policy

9. Prior to operation of the facility, the applicant shall submit to DCD a neighbor complaint policy that shall provide a procedure for immediate response to

incidents and complaints and includes, at a minimum, the following:

a. The applicant, facility operator, or person designated by the applicant or facility operator is notified of the incident.
b. The applicant, facility operator, or person designated by the applicant or facility operator personally investigates the matter.
c. The person making the complaint or reporting the incident receives a written response of action taken or a reason why no action needs to be taken.
d. In order to assure the opportunity for complaints to be made directly to the applicant, facility operator, or person designated by the applicant or facility operator, and to provide the opportunity for applicant, facility operator, or person designated by the applicant or facility operator to meet residents and learn of problems in the neighborhood, the policy shall establish a fixed time on a weekly basis when the applicant, facility operator, or person designated by the applicant or facility operator will be present.

Exterior lighting

10. Prior to installing any exterior lighting, the applicant shall submit an exterior lighting plan for review and approval of DCD to ensure glare does not create an impact on adjoining residential properties.

Fencing

11. The applicant shall repair and maintain the existing fencing at the facility to be compatible with the surrounding community. Prior to the operation of the facility, the applicant shall provide to DCD evidence that the fencing has been adequately repaired.

Construction Restrictions

12. All construction activity shall comply with the following restrictions. These restrictions shall be included on the construction drawings:

    a. Prior to the operation of the facility, the applicant is required to obtain a building permit for the removal of the unpermitted kitchen located in the office building. The applicant must obtain approvals from the Fire District, Sanitary District, and Environmental Health Division (if applicable), prior to

submittal of the building permit application.

b. The applicant shall make a good faith effort to minimize project-related disruptions to adjacent properties, and to uses on the site. This shall be communicated to all project-related contractors.

c. The applicant shall require their contractors and subcontractors to fit all internal combustion engines with mufflers which are in good condition and shall locate stationary noise-generating equipment such as air compressors as far away from existing residences as possible.

d. The site shall be maintained in an orderly fashion. Following the cessation of construction activity, all construction debris shall be removed from the site.

e. Large trucks and heavy equipment shall be subject to the same restrictions that are imposed on construction activities, except that the hours are limited to 9:00 AM to 4:00 PM.

f. All construction activities shall be limited to the hours of 8:00 AM to 5:00 PM, Monday through Friday, and are prohibited on state and federal holidays on the calendar dates that these holidays are observed by the state or federal government as listed below:

New Year's Day (State and Federal)
Birthday of Martin Luther King, Jr. (State and Federal)
Washington's Birthday (Federal)
Lincoln's Birthday (State)
President's Day (State and Federal)
Cesar Chavez Day (State)
Memorial Day (State and Federal)
Independence Day (State and Federal)
Labor Day (State and Federal)
Columbus Day (State and Federal)
Veterans Day (State and Federal)
Thanksgiving Day (State and Federal)
Day after Thanksgiving (State)
Christmas Day (State and Federal)

For specific details on the actual day the State and Federal holidays occur,

please visit the following websites:

Federal Holidays:
http://www.opm.gov/fedhol

California Holidays
http://www.edd.ca.gov/payroll_taxes/State_Holidays.htm

ADVISORY NOTES

ADVISORY NOTES ARE NOT CONDITIONS OF APPROVAL; THEY ARE PROVIDED TO ALERT THE APPLICANT TO ADDITIONAL ORDINANCES, STATUTES, AND LEGAL REQUIREMENTS OF THE COUNTY AND OTHER PUBLIC AGENCIES THAT MAY BE APPLICABLE TO THIS PROJECT.

A. NOTICE OF OPPORTUNITY TO PROTEST FEES, ASSESSMENTS, DEDICATIONS, RESERVATIONS OR OTHER EXACTIONS PERTAINING TO THE APPROVAL OF THIS PERMIT.

Pursuant to California Government Code Section 66000, et seq., the applicant has the opportunity to protest fees, dedications, reservations or exactions required as part of this project approval. To be valid, a protest must be in writing pursuant to Government Code Section 66020 and must be delivered to the Community Development Division within a 90-day period that begins on the date that this project is approved. If the 90th day falls on a day that the Community Development Division is closed, then the protest must be submitted by the end of the next business day.

B. Additional requirements may be imposed by the following agencies:

- Department of Conservation and Development, Building Inspection Division
- Health Services Department, Environmental Health Division
- Contra Costa County Fire Protection District
- Central Contra Costa Sanitary District
- East Bay Municipal Utility District
- California Department of Health Care Services

The Applicant is strongly encouraged to review these agencies' requirements prior to continuing with the project.

EXHIBIT L
PROPOSED ADDITIONAL
CONDITIONS OF APPROVAL

1. Occupancy Limits

a. Once the facility reaches occupancy of six (6) clients, the Applicant shall immediately provide written notification to the DCD that the 6-client threshold has been met. At the conclusion of one year, if the Zoning Administrator determines that the facility has been operating in substantial conformance with all applicable conditions or approval and any other applicable legal requirements, the facility shall be allowed to increase occupancy to twelve (12) clients. If the DCD determines that the facility has not been operating in substantial compliance will all applicable conditions of approval and any other legal requirements, the facility shall be required to maintain occupancy at not more that 6 clients.

b. The facility's client occupancy capacity may not exceed six (6) clients without an amendment to the Use Permit.

c. If, *at any time*, the Zoning Administrator determines that the facility is not operating in substantial conformance with the conditions of approval of this Use Permit or any other applicable law, the Zoning Administrator may restrict admission of any new clients until an acceptable action plan or other alternative solution is submitted by the Applicant resolving any outstanding concerns and the Zoning Administrator is satisfied that the concerns have been fully addressed.

2. Overnight Staffing Levels

Upon commencement of operations at the facility, overnight staffing shall consist of three (3) qualified staff persons and one (1) armed security guard between the hours of 10:00 p.m. and 8:00 a.m. daily. The overnight staff shall be responsible for facility monitoring, security, enforcement of facility rules, client assistance and shall be available as a facility liaison with the City Police Department during no overnight operations.

3. Client Screening

Prior to commencement of operations at the facility, the following shall be included and approved by the Zoning Administrator regarding the client screening procedures:

a. Drug testing Shelby conducted in compliance and in accordance with accepted industry standards for testing period drug testing for all proposed clients of the facility shall be completed by a qualified independent 3rd party and test results verified by the Applicant prior to admission. If the results are positive for any

unlawful substance or alcohol, admission shall be denied. Any reconsideration for admission shall not occur until at least 7 days after the prior Doug had trust was administered and shall include a letter from a qualified health care professional attesting that medical detoxification is not required period those with urine drug test positive only for drugs known to require a prolong time for elimination after you shall be evaluated clinically by facility staff for signs of current usage. These clients, if admitted, shall be tested regularly by a qualified independent 3rd party, as specified by facility staff, to accurately document the time frame for clearance of such drugs from the client's urine.

b. The Applicant shall not admit any client that:
    i. has a conviction for a misdemeanor or felony involving a crime of violence or any sexual offence;
    ii. his own parole or probation as a result of conviction of a misdemeanor or felony involving a crime of violence or any sexual offence;
    iii. is required involuntarily by court order to attend a drug or alcohol treatment or recovery facility;
    iv. has within the previous year, been known to the Applicant to have had two or more instances of aggressive and violent behavior or within the past six months been known to the Applicant to have had at least one instance of aggressive and violent behavior;
    v. Has a history of violence, physical assault or abusive behavior at a previous outpatient or residential treatment program or facility;
    vi. has not successfully completed a state license detoxification program or equivalent prior to admission;

If any of these criteria are found to apply to a client after being accepted into the facility, the client shall be immediately expelled from the facility.

4. Third Party Screening

Prior to commencement of operations at the facility, the Applicant of the facility shall contract with an independent firm specializing in performing background investigations to screen potential clients for conformance with all of the applicable facility restrictions and client screening criteria imposed by this Use Permit or applicable law. The Applicant shall always be required to maintain adequate records to document to the satisfaction of the Zoning Administrator that client screening is occurring as required by this Use Permit. The qualifications and experience of the third-party firm shall be subject to review and approval by the Chief of Police and County Counsel prior to commencement of operations.

5. Residential Admission Agreement and Good Neighbor Policy

Prior to commencement of operations at the facility, the Applicant shall amend the Residential Admission Agreement and Good Neighbor Policy to state the following:

a. On-going, random illegal substance testing shall be done by a qualified independent third party at a minimum of once a month and the results submitted to facility staff. Any client who tests positive for an unlawful substance shall be immediately expelled. Refusal by any client to submit to subset testing shall result in immediate expulsion. Adequate record shall be maintained by the applicant to confirm compliance with this requirement to the satisfaction of the Zoning Administrator;
b. Any client in possession of weapons, drugs or alcoholic substances shall be immediately expelled;
c. Any client who commits a physical or sexual abuse or assault against any other person shall be immediately expelled;
d. Any client who leaves the facility without approval shall be immediately expelled;
e. Any client who receives unauthorized visitations at the site shall be immediately expelled, incidental visits for justified purposes shall be allowed on an occasional basis;
f. Any client who violates any component of the Residential Admission Agreement in Good Neighbor Policy other than the items noted above more than 3 times within any 12-month period shall be immediately expelled;
g. The operator shall ensure that any client removed from the Program or facility has the resources necessary to return home;
h. The Applicant shall not tolerate lewd speech, lewd behavior, abusive speech or behavior or profanity at the subject property nor shall the Applicant tolerate such actions by staff or clients at levels audible to neighboring residents on adjacent properties. The Applicant shall strictly enforce house rules and the good neighbor policies relating to prohibiting such behavior through appropriate disciplinary action as specified in the house rules;
i. Noise regulations consistent with conditions of approval shall be included in the Good Neighbor Policy;

The Applicant shall revise the Residential Admission Agreement and Good Neighbor Policy to incorporate the changes noted. The revised documents shall be submitted to the Zoning Administrator for review and approval prior to commencement of operations at the facility. And the subsequent changes to these documents must be submitted to the Zoning Administrator in advance for review and approval to ensure that the changes are consistent with their quart requirements for this use permit. If the Zoning Administrator determines that a proposed change may be inconsistent with the requirements of this use permit, the Zoning Administrator shall refer the proposed changes to the Planning Commission for consideration that in noticed public hearing. Minor modifications deemed acceptable to the Zoning Administrator shall not require an amendment to the conditional use permit

6. **Facility Locked Down At Night**

   The facility should be "locked down" at night in order to prevent patients from leaving their rooms, the common areas or the facility.

7. **No Use Of Psychotropic Drugs And Treatments**

   Considering the risks of psychotropic drug therapy, the Conditions of Approval should prohibit the use or administration of such drugs within the facility and allow only patients whose conditions are "stable" without the use of such drugs to be admitted to the Program.

8. **On Premises Security**

   The Program should be required to provide armed security guards on site during the evening and nighttime hours.

9. **Posting of Rules**

   Prior to commencement of operations, the Applicant shall enforce at all times the Good Neighbor Policy adopted by the facility and approved with this use permit by posting on site the requirement in several conspicuous locations.

10. **Violation Log**

    A log of all violations of the Residential Admission Agreement and Good Neighbor Policy shall be kept and maintained by the Applicant and be made available for review by City staff at anytime. Components for log shall include date in time of violation, violation description, name of violator, and action or resolution.

11. **Visitor Log**

    A log of all visitors onsite and offsite shall be kept and maintained by the facility and made available for review by the City staff at anytime. Components of the log shall include name, date, time of Visitation, and purpose of visit.

12. **Neighborhood Liaison**

    Prior to commencement of operations come of the Applicant shall designate an on-site staff Neighborhood Liaison who will be available to respond to any community concerns regarding issues related to the facility that may arise. The contact information for the Neighborhood Liaison shall be prominently displayed at the facility, on its website, and in any written materials, newsletters or similar informational pamphlets provided to the community and submitted to the Zoning Administrator. The Neighborhood Liaison shall respond to any complaints or inquiries received within 24 hours of receipt. The log of all

complaints and inquiries received and the method in time frame for resolution shall be maintained by the Neighborhood Liaison for review by the City upon request.

13. Bed Checks

Overnight bed checks shall be completed by the Applicant at least once per night to ensure that clients are in their rooms at the facility. A log of all bed check shall be maintained on site by the Applicant and shall always be available for review by the City . The Applicant shall not assign more than two clients in one bedroom.

14. Non-Resident Facility Use

Persons who are not clients residing at the facility may not receive treatment or recovery services, counseling, training attend unauthorized meetings, or engage in any similar activities at the facility. Neither the building or any portion of the exterior ground sale be used by anyone other than the employees of the facility, a client residing at the facility, or a volunteer authorized by the Applicant , for any purpose unless part of a special event approved by this Zoning Administrator through a temporary use permit, except as necessary to provide repair, maintenance and or deliveries to the facility.

15. Medical Waste

Any and all medical waste generated through the operation of the facility shall be disposed of by the Applicant in accordance with the counties applicable codes and all other applicable laws and best industry standards and practices.

16. Noise

To minimize noise impacts to adjacent properties in the neighborhood and to be in compliance with all applicable laws, the project shall incorporate improvements and additional good neighbor policies that include the following:

a. Radios, television sets, stereos and other similar sound amplification devices shall not be operated within the residents in such a manner as to disturb the peace, quiet, or comfort of the neighboring inhabitants were to do so with a louder volume and is necessary for convenient hearing for persons in the room, vehicle or chamber in which the devices operated. In addition, the operation of any such device between the hours of 9:00 PM and 7:30 AM in such a manner has to be plainly audible at any adjoining come common property boundary shall not be allowed.
b. Loud talk by staff or clients that is plainly audible at any adjoining common property boundary shall be prohibited between the hours of 9:00 o'clock PM and 7:30 AM.
c. Amplified sound outdoors shall be prohibited.
d. Deliveries to the facility shall occur between the hours of 9:00 o'clock AM and 6:00 o'clock PM, Monday through Friday only.

e. Prior to the commencement of operation of the facility, a solid 10-foot-tall noise barrier fence slash wall shall be constructed on the perimeter of the Subject Property. The new noise barrier shall be constructed over the entire surface and at the base of the barrier with no openings or gaps print suitable materials for barrier construction shall have a minimum surface weight of 3 lbs./foot (such as thick would, masonry block, concrete, or metal).
f. The Applicant shall insurance facility strictly adheres to the counties noise ordinance.

17. Impact on Police Services

Applicant shall provide funding for one full time police officer and one patrol vehicle for a period of two years commencing occupancy of the facility with the possibility of an additional year of funding to be determined by the City manager or his or her designee during the second year of funding. The police officer shall be assigned to a beat including the facility and to the extent possible, shall be on duty during hours when passes are issued to consumers.

18. Screening

The applicant shall use all best efforts not to admit any mental health patient to the facility who is: 1) a registered sex offender as defined in Penal Code section 2900, *et seq.*; 2) a person committed to the custody of the state as a "mentally disordered sex offender" as referenced by the Welfare And Institutions Code section in 6300, *et seq.,* or any related successor legislation; 3) a person who has been adjudged to be a sexually violent predator is defined by Welfare And Institutions Code section 6600, *et seq.,*; 4) a person who has been convicted of a felony involving physical abusive or assaulted behavior, whether sexual or nonsexual, as determined by the County, that results in serious physical harm to another; 5) a person who has exhibited two or more instances of aggressive and violent behavior when date within the previous one year Results in physical harm to others including sexual or nonsexual harm and no instances of aggressive and violent behavior within the previous six month period that results in physical harm to others including sexual or nonsexual harm; 6) a person who the County determines has abused alcohol or controlled substance substances within the previous 3 months period; 7) a person who has a primary diagnosis of alcohol or controlled substances abuse. For purposes of this condition, quote physical harm" shall be determined by the County.

Any mental health consumer that fails the drug or alcohol screening, or who is found to be using, abusing or selling controlled steps substances or alcohol, or providing alcohol to minors will be promptly expelled from the facility.

19. Motion Lighting & Alarm System

Prior to commencement of operations, all entrances and gates shall be secured and monitored by the Applicant so that visitors maybe properly identified an authorized by facility staff prior to entry. Motion-activated lighting shall be installed at all entrances to the building and premises in an alarm system shall be installed that will allow the on site staff to monitor all doors.

20. Smoking

The Applicant has designated the facilities and non-smoking facility and therefore, indoor or outdoor smoking at the facility shall be prohibited.

21. On-Site Visitation

The Applicant shall not allow on-site visits by family or friends of clients residing at the facility due to a lack of available onsite parking. Incidental visits and visits preapproved by the facility management shall be allowed but shall be limited in duration and scope and shall be conducted in a manner that does not result in parking overflow beyond the boundaries facility or street frontage.

22. Insurance

The Applicant shall at all times procure and maintain in full force and effect a policy of general liability insurance equal to twenty ($20) million dollars a year per occurrence and fifty ($50) million dollars a year in the aggregate and shall make each patient admitted to the Program an additional insured under the Policy.