

Exhibit #	Date Recd.	Name
272	3/31/2021 at 5:48 p.m.	Andy Hubner
273	3/31/2021 at 8:24 p.m.	Zach Goodman
274	4/7/2021	Kenric Thompson, RN, BSN
275	4/7/2021	Brenna Esch
276	4/7/2021	Brian Lewallen on behalf of Dorothy Fox Safety Alliance (Note: Letter from Kirby-Smith as Exhibit 277 was also submitted with Exhibit 276)
277	4/6/2021	Marcy Kirby-Smith
278	4/7/2021	Dacey Thompson
279	4/7/2021	Heather Gulling
280	4/7/2021	Kristen Maxwell
281	4/6/2021	Nels Walther
282	4/6/2021	Ricardo Reyes
283	4/7/2021	Nikesh Patel, Perkins Coie for the Applicant
284	4/7/21 at 5:58 p.m.	Reno Warren

From: Andy Hubner <Andy.Hubner@hunterdouglas.com>
Sent: Wednesday, March 31, 2021 5:48 PM
To: Sarah Fox
Subject: Submittal

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In the City's hearing we were asked to focus on the conditional use application and relevant code pursuant to CMC 18.43.050.

The applicant must demonstrate compliance and has failed to meet the requirement.

The proposed use **WILL** be materially detrimental to the public welfare and injurious to the property in the vicinity of the proposed use.

1. The submitted police reports on the applicants existing facility clearly demonstrates a condition that would create undue risk to public safety.
2. The nature of the applicant's business as a voluntary Rehabilitation facility does not meet the definition as a Convalescent home.
3. The stated requirement by the applicant is to provide limited fencing to prevent access of patients to the city part or into the existing school grounds.
4. The applicant lacked a comprehensive and independently verified security plan.
5. The applicant also stated publicly that their only obligation is to provide off site. That is either into a residential neighborhood, a public school, a public park or a church.

Again, the applicant has failed to demonstrate compliance with 18.43.050. The only reasonable action is to decline this application.

Andy and Terri Hubner
1739 NW Rolling Hills Dr.
Camas, WA 98607

--

Andy Hubner
Vice President of Sales - Retail Channel
Hunter Douglas Fabrication Division

Pearl River, NY
T: 1-800-365-3399 ext. 818972

[Instagram](#) • [Facebook](#) • [Houzz](#) • [LinkedIn](#) • [YouTube](#) • [Pinterest](#)

From: Zach Goodman <zbgood23@yahoo.com>
Sent: Wednesday, March 31, 2021 8:24 PM
To: Sarah Fox
Subject: Don't permit the detox center

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Hi Sarah,

I am Zach Goodman and I live at 1535 NW 34th Ave in Camas.

Thanks for being willing to be the messenger of all the emails you are receiving.

There are numerous reasons that permitting discovery recovery should not be allowed.

- 1.) There is an increase amount of crime that occurs Adjacent to these facilities. The increased amount of crime would be occurring next door to an Elementary school, a park and a church. It seems like the city of Camas would be liable for the consequences of increased crime if this permit is granted.
- 2.) These facilities are unregulated and have an 80% failure rate. Residents can come and go and there's no accountability. This industry, in general, is a lucrative one and has little regulation.
3. We've already heard testimony To the fact that resident can leave, go get their "fix" (go get high on their drug) and come back and there's no recourse. How does that fit in with city if Camas values?
- 4.) The increased amount of drugs in the area (Due to number 3 above) will inevitably end up in the wrong hands, like someone's child. Have you ever seen a child who has Accidentally overdosed on fentanyl or heroin? I have, and I hope that I never have to again. Allowing this facility to Operate NEXT DOOR! to a school in our family friendly community increases the chances of this happening to someone's child.

There are not enough minutes in the day for me to describe all the reasons why discovery recovery Should not be allowed in our community.

Thanks for your time!

Respectfully

Zach

Sent from my iPhone

From: Kenric Thompson <kenric.thompson@gmail.com>
Sent: Wednesday, April 7, 2021 4:59 PM
To: Sarah Fox
Cc: Heather Gulling; Dacey Thompson
Subject: Rebuttal for Discover Recovery for submission
Attachments: Discover Recovery Clinical Rebuttal 4_07_21.docx

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Ms. Fox,
Please see attached letter to be submitted as a rebuttal against Discover Recovery and to be entered for review.
Thank you
Kenric

--
Kenric Thompson RN, BSN
Executive Director
Washington State Rapid Response Team
c: 360-513-0992

April 7, 2021

Letter to be submitted for rebuttal against: Lorrie Brinkerhoff- Discover Recovery

To Whom It May Concern,

I wanted to address a response from Lori Brinkerhoff who is the Executive Director at Discover Recovery. Below is a response she sent on behalf of Discover Recovery related to operations of their programs.

My name is Lorrie Brinkerhoff, and I am the Executive Director of Discover Recovery. I want to introduce a brief response to some concerns that have been expressed surrounding the operation of our program.

Discover Recovery prides itself on the management of our patients, especially during times of high acuity when an individual might want to leave treatment against treatment advice (ATA). Our counselors, therapists and support staff are adept at deescalating patients, and in the event that an individual is unwilling to follow treatment recommendations, we collaboratively work with the patient to identify another treatment provider, a safe destination for discharge or appropriate transfer. We work closely with other facilities and if we recognize we may not be the best fit, or if any issue presents that requires transfer, we utilize our strong professional relationships to ensure continuity of care. There have, however, been a few isolated instances of patients walking off of the property despite intervention attempts.

I first want to point out that Ms. Brinkerhoff is NOT a clinician and has no clinical background as executive director for this facility. Ms. Brinkerhoff's language in the response demonstrates she does not understand the definition of "high acuity" and its proper terms as it relates to patients/clients. Her statement actually contradicts everything that Discover Recovery has submitted regarding acute care services provided by the organization.

Patient acuity is used in healthcare settings to communicate and designate the degree of severity of a client's or patient's condition. Variable attributes of acuity have been identified using adult-based acuity measurement tools. For the purposes of this letter, Brennan and Daly's definition of acuity is used, which incorporates both a severity of illness attribute, reflecting the physical and psychological status of the patient, and an intensity attribute, reflecting the nursing care needs and corresponding workload and complexity of care required by a patient or group of patients (Brennan & Daly, 2009). Patients bearing different acuity levels tend to require different amount of care, depending on their health status and treatment protocols (Liang & Turkcan, 2016). In client-centered care, each patient need must be prioritized in each shift to achieve the individualization of care, previous literatures reported that individualized patient care can be implemented more effectively by applying the concept of patient acuity and by using the patients' acuity tool to classify each patients need and achieve balanced nursing workload acuity. Patient-related acuity refers to individual attributes including onset and severity of illness, while provider-associated acuity includes tracking nurse staffing needs, workload, and care complexity. Without this system, patients may not receive the amount of care that their current health status demands.

A **high acuity** patient as Ms. Brinkerhoff states above in her letter refers to patients often presenting challenging medical conditions, and they often have significant, unpredictable needs. High-acuity patients need frequent observation to ensure that they improve or remain stable. Since these patients can decline quickly, nurses must check on them regularly. As a result, high-acuity units and facilities

must maintain higher staffing levels. Nurse managers often use acuity scales to decide how many nurses they need for particular shifts.

A particularly high-acuity patient may need a nurse dedicated solely to their care, while low acuity patients may share their nurses with many other patients. In other words, nurse staffing ratios can change dramatically depending on the level of care each patient needs. Patients with complex care requiring attention from an RN will create different staffing needs than patients who need only the attention of nursing assistants, for example.

Different patient health characteristics can influence acuity levels, such as pain management needs, oxygen therapy, blood pressure issues, condition stability, family issues and other characteristics. Mental health and overall patient health also play key roles.

In general, patients requiring a greater degree of observation and intervention from nurses receive a higher acuity rating. While high-acuity patients are typically sicker, other factors can change a patient's acuity ranking. Even medically stable patients can receive a higher acuity rating if special circumstances are present, such as difficult family visitors, significant mental health condition, or other challenges.

High-acuity patients and nursing is an essential aspect of **acute** healthcare. Most high-acuity patients are seriously ill, but other significant issues may affect their acuity ratings.

As you can see from the literature and facts presented above, Discover Recovery is providing care to HIGH acuity patients which may require rapid and quick intervention and this places this facility as an **ACUTE** services provider. This falls outside of the definition of a convalescent home under City of Camas code and the conditional use permit should be denied.

Kenric Thompson RN, BSN

Executive Director- Washington State Rapid Response Team

From: Brenna Esch <brenna.lindsay@yahoo.com>
Sent: Wednesday, April 7, 2021 3:07 PM
To: Sarah Fox
Subject: Rebuttal letter

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Sarah Fox,

My name is Brenna Esch and am a Speech-Language Pathologist who has worked exclusively in convalescent homes/nursing homes my entire career. I am submitting this letter in response to exhibit 268; a letter which was written by Lorrie Brinkerhoff, the Executive Director of Discovery Recovery. Discovery Recovery's program does not meet the City of Camas' definition of convalescent home which states, "an establishment which provides full-time care for three or more chronically ill or infirm persons. Such care [SHALL NOT] include surgical, obstetrical, or [ACUTE] illness services." -- CMC18.03.030

The Executive Director of Discovery Recovery stated, "Discovery Recovery prides itself on the management of our patients, especially during times of [HIGH ACUITY] when an individual might want to leave against treatment advice (ATA)." The Executive Director, herself, states that there are patients who are presenting with ACUTE medical episodes, resulting in providing acute services.

It is important to note that acuity is a synonym for acute. According to Taber's Medical Dictionary, acuity is defined as "In emergency and critical care medicine, the severity of a hospitalized patient's illness and the level of attention or services he or she will need from professional staff." (tabers.com) The Farlex Medical Dictionary defines acuity as "Acuteness; the level of severity of an illness. This is one of the parameters considered in patient classification systems that are designed to serve as guidelines for allocation of nursing state, to justify staffing decisions, and to aid in long-range projection of staffing and budget." (<http://medical-dictionary.thefreedictionary.com/Acuity>). These definitions indicate that the services provided by a facility need to match the needs of the patient. High-acuity patients require more attention and staffing than what the applicant has stated will be present in the facility. According to Arkansas State University, "High-acuity patients often present challenging medical conditions, and they often have significant, unpredictable needs." Arkansas State University also states, "High-acuity patients need frequent observation to ensure that they improve or remain stable. These patients can decline quickly, nurses must check on them regularly. As a result, high-acuity units and facilities must maintain higher staffing levels. Nurse managers often use acuity scales to decide how many nurses they need for particular shifts." They go on to state "a particularly high-acuity patient may need a nurse dedicated solely to their care." (<http://degree.astate.edu/articles/nursing/high-acuity-nursing.aspx>)

As you can see, the Executive Director indicated that the facility will be providing acute services to high-acuity patients, which is not in compliance with the code CMC 18.03.030.

Thank you,
Brenna Esch MS CCC-SLP

Sarah Fox,

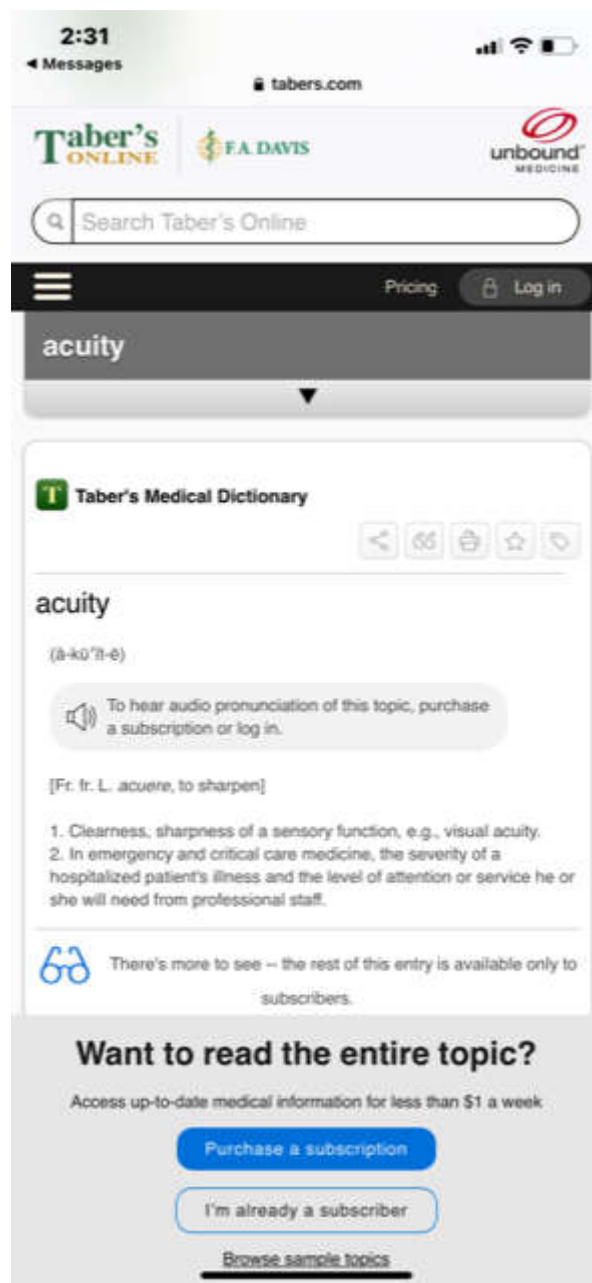
My name is Brenna Esch and am a Speech-Language Pathologist who has worked exclusively in convalescent homes/nursing homes my entire career. I am submitting this letter in response to exhibit 268; a letter which was written by Lorrie Brinkerhoff, the Executive Director of Discovery Recovery. Discovery Recovery's program does not meet the City of Camas' definition of convalescent home which states, "an establishment which provides full-time care for three or more chronically ill or infirm persons. Such care [SHALL NOT] include surgical, obstetrical, or [ACUTE] illness services." -- CMC18.03.030

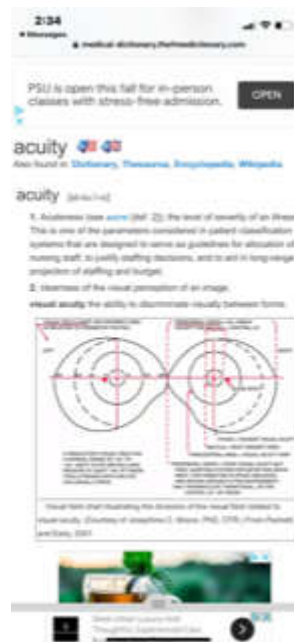
The Executive Director of Discovery Recovery stated, "Discovery Recovery prides itself on the management of our patients, especially during times of [HIGH ACUITY] when an individual might want to leave against treatment advice (ATA)." The Executive Director, herself, states that there are patients who are presenting with ACUTE medical episodes, resulting in providing acute services.

It is important to note that acuity is a synonym for acute. According to Taber's Medical Dictionary, acuity is defined as "In emergency and critical care medicine, the severity of a hospitalized patient's illness and the level of attention or services he or she will need from professional staff." (tabers.com) The Farlex Medical Dictionary defines acuity as "Acuteness; the level of severity of an illness. This is one of the parameters considered in patient classification systems that are designed to serve as guidelines for allocation of nursing state, to justify staffing decisions, and to aid in long-range projection of staffing and budget." (<http://medical-dictionary.thefreedictionary.com/Acuity>). These definitions indicate that the services provided by a facility need to match the needs of the patient. High-acuity patients require more attention and staffing than what the applicant has stated will be present in the facility. According to Arkansas State University, "High-acuity patients often present challenging medical conditions, and they often have significant, unpredictable needs." Arkansas State University also states, "High-acuity patients need frequent observation to ensure that they improve or remain stable. These patients can decline quickly, nurses must check on them regularly. As a result, high-acuity units and facilities must maintain higher staffing levels. Nurse managers often use acuity scales to decide how many nurses they need for particular shifts." They go on to state "a particularly high-acuity patient may need a nurse dedicated solely to their care." (<http://degree.astate.edu/articles/nursing/high-acuity-nursing.aspx>)

As you can see, the Executive Director indicated that the facility will be providing acute services to high-acuity patients, which is not in compliance with the code CMC 18.03.030.

Thank you,
Brenna Esch MS CCC-SLP





9:01 | @igpms-actixio-actix

What Is High-Acuity Nursing?

Published On: February 06, 2017

A nurse may serve as a dedicated caregiver to a single high-acuity patient or a number of low-acuity patients.

Acuity levels help nurse managers and appropriate staffing levels in acute care, long-term care and other treatment and rehabilitation settings. Without this system, patients may not receive the amount of care their health status demands. This is particularly important when working with limited staff. Patients who are severely ill receive higher acuity ratings, while patients with better health receive lower ratings. In practice, this means stable patients with more predictable outcomes receive less frequent or less intensive nursing care.

High-acuity patients often present challenging medical conditions, and they often have significant, unpredictable

APPLY NOW **800-421-5006**

9:01 | @igpms-actixio-actix

High-acuity patients often present challenging medical conditions, and they often have significant, unpredictable needs. In response, high-acuity nurses provide compassionate, knowledgeable care that is both prompt and professional. Understanding what acuity means and how to treat high-acuity patients is key to managing multiple patients with different acuity ratings.

ACUITY AND NURSES

High-acuity patients need frequent observation to ensure that they improve or remain stable. Since these patients can decline quickly, nurses must check on them regularly. As a result, high-acuity units and facilities must maintain higher staffing levels. Nurse managers often use acuity scales to decide how many nurses they need for particular shifts.

A particularly high-acuity patient may need a nurse dedicated solely to their care, while low-acuity patients may share their nurses with many other patients. In other words, nurse staffing ratios can change dramatically depending on the level of care each patient needs. Patients with complex care requiring attention from an RN will create different staffing needs than patients who need only the attention of nursing assistants, for example.

UNDERSTANDING ACUITY

There is no universal acuity scale, as many facilities and departments develop their own. Different patient health characteristics can influence acuity levels, such as pain management needs, oxygen therapy, blood pressure issues, condition existing, family issues, and other characteristics. Mental health and overall patient health also play key roles.

In general, patients requiring a greater degree of observation and intervention from nurses receive a higher acuity rating. While high-acuity patients are typically sicker, other factors can change a patient's acuity ranking. Even medically stable patients can receive a higher acuity rating if special circumstances are present, such as difficult family visitors, significant mental health conditions, or other challenges.

APPLY NOW **800-421-5006**

From: Brian Lewallen <lewallen55@yahoo.com>
Sent: Wednesday, April 7, 2021 4:57 PM
To: Sarah Fox
Subject: 3rd Supplemental Comments
Attachments: 3rd supp comments.docx; WA DOH - Convalescent Home.docx; Acuity Letter #2.pdf

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on behalf of the Dorothy Fox Safety Alliance. One attachment has both the DOH email and support on our acuity argument.

Exhibit B - Drug Detoxification Facilities Are Not Convalescent Homes in Camas**A. Washington Department of Health Position:**

We asked the Washington Dept. of Health whether a drug detoxification center would be considered a convalescent home per their regulations. WA DOH responded that, "Convalescent homes are typically another name for a nursing home or assisted living facility..." And, that they have "not hear[d] of a drug rehab facility being referred to as a convalescent home." See WA DOH email attached.

B. The "Legal" Analysis in the City of Long Beach Memo is Nonsensical, But More Importantly, It Is Distinguishable From the Camas Municipal Code.

The one and a half page "legal" memo used to support opening Discover Recovery's drug detoxification center in Long Beach has little to no legal analysis. It really boils down to the last paragraph where, essentially, the lawyer states "It could be this AND it could be that" by analyzing the words "infirmary" and "illness". He stated that Discover Recovery could be a Nursing Home if addicts suffer from an infirmity AND that Discover Recovery could also qualify as a Convalescent Center if addicts suffer from an illness. But, is simply not possible under Long Beach Code to qualify both as a Convalescent Home and Convalescent Center. In Long Beach Code, Nursing Homes are precluded from providing acute illness care. Convalescent centers can provide temporary acute illness care. By Code definition, they are mutually exclusive uses. This basic and obvious flaw in the memo's legal analysis shows exactly how much weight it should be given in our case – zero.

More importantly, the memo shows exactly why Discover Recovery can operate as a Convalescent Center in Long Beach and why it cannot in Camas. The definition of Convalescent Center in Long Beach is:

"A facility that provides short term, primarily in-patient care, treatment, and/or rehabilitation services for persons recovering from illness or injury who do not require continued hospitalization. Such facility may be combined with a nursing home or similar long term care facility."

There is no distinction between acute illness, sub-acute illness, or chronic illness. The definition simply states that these centers can provide treatment services to patients recovering from illness.

However, in Camas, the definition is significantly different. It states:

"Nursing, rest or convalescent home" means an establishment which provides full-time care for three or more chronically ill or infirm persons. Such care shall not include surgical, obstetrical or acute illness services."

Nursing and convalescent homes CANNOT provide acute illness services. As we have stated in the record many times, Discover Recovery is providing acute illness services. Their own letter from their director states that their patients have "high acuity" issues. See attachment for medical professional opinions regarding "high acuity" and acute illness services provided by Discover Recovery.

So, it makes sense why Discover Recovery can operate in Long Beach per their Code. But it is as equally sensical why Discovery Recovery cannot operate as a convalescent center in Camas.

Begin forwarded message:

From: DOH Information <DOH.Information@doh.wa.gov>
Date: April 6, 2021 at 10:29:41 AM MDT
To: Esch0035@gmail.com
Subject: Department of Health

Hello,

Thank you for contacting the Department of Health.

Convalescent homes are typically another name for a nursing home or assisted living facility which would be DSHS. I've not hear[d] of a drug rehab facility being referred to as a convalescent home.

You may contact your local DSHS residential care service office for further questions about convalescent homes: <https://www.dshs.wa.gov/altsa/residential-care-services/residential-care-services-offices>

Best regards,

Nathan Thai

Customer Service Specialist
Center for Public Affairs
Washington State Department of Health
DOH.Information@doh.wa.gov
1-800-525-0127 | www.doh.wa.gov

From: Marcy Kirby-Smith <marcy.lynn.rn@gmail.com>
Sent: Tuesday, April 6, 2021 10:52 PM
To: Sarah Fox
Subject: Discover Recovery Detox Letter
Attachments: Detox Letter #2.pdf

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Hi Sarah,

Please find attached a letter I have written for the rebuttal against the Discover Recovery Detox facility. I hope this helps as my personal and professional testimony and how they are in violation of Camas Municipal Code 18.03.030 in regards to high acuity detox patients and how inappropriate this is for the Prune Hill neighborhood.

Thank you,

Marcy Kirby-Smith, RN, BSN

April 6, 2021

Sarah Fox
City of Camas

Dear Sarah,

In reviewing the letter from Lorrie Brinkerhoff, Executive Director for Discover Recovery, dated March 30, 2021, I would like to bring a few things to your attention.

Lorrie talks about detox patients wanting to "Leave against treatment advice" during times of "high acuity". High acuity settings are the Emergency Department, the ICU, and other hospital units equipped to manage these types of high risk patients, not a residential treatment center in a neighborhood with limited resources. The higher the acuity the higher risk the patient is. It is my understanding that according to the Camas Municipal Code 18.03.030, a convalescent home may NOT include acute illness services. Lorrie states in her letter herself that there are indeed times where they are dealing with "high acuity" situations. High acuity includes both medical emergencies such as withdrawal seizures, delirium tremens, and acute psychosis, as well as behavioral emergencies such as suicide attempts, homicidal ideation, violent and combative outbursts, and physical and verbal aggression towards others, as well as mental health crisis.

I have a lot of experience with high acuity patients as I work in a high acuity setting. I have been an emergency room nurse for nearly 10 years. I have cared for countless detox patients, including those who have left their rehab facility AMA, those who have had such severe medical or behavioral problems that the detox facility could not manage them so 911 was called. These patients are not safe in a suburban neighborhood treatment center with minimal security staff and resources. They require so much more. The hospital is where they can be more closely monitored, better medicated, and where restraints and security officers and multiple staff members are available to protect each other. The hospital has access to intravenous medications to properly sedate if needed, detox does not have this option.

Please consider these points for your rebuttal.

Respectfully,

Marcy Kirby-Smith, RN, BSN

1735 NW 33rd Way
Camas, WA 98607
Marcy.Lynn.RN@gmail.com

From: thompson5837@comcast.net
Sent: Wednesday, April 7, 2021 4:59 PM
To: Sarah Fox
Cc: lewallen55@yahoo.com
Subject: Discover Recovery Appraisal info
Attachments: Screenshot (16)_LI.jpg; Screenshot (17)_LI.jpg

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Hi Sarah,

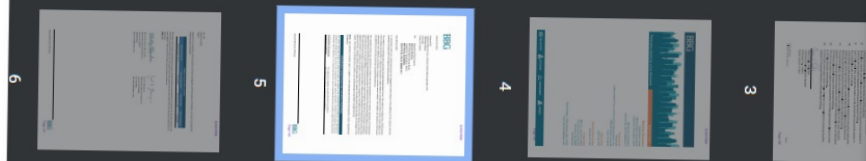
In review of Discover Recovery appraisals that were provided. It has been my experience that an appraisal has at least 40 pages, and a commercial property can have many more pages. There seems to be many pages missing from the appraisals. It also appears to me that there is at least one page that has been edited. The color of the banner does not match the following page and it looks like it has been cut and pasted to this page. See attached.

In my experience as a realtor I have never seen a property triple in value in two years. I have also never experienced a seller willing to sell a property below market value. It also seems strange to me that the seller would sell **January of 2020** for 247K less than tax assessed value and that Discover Recovery would be able to have an appraisal completed on **December 2019 for 790K**. It seems that Discover Recovery is not being transparent at all.

Dacey Thompson

ITEM-Attachment-001-50d43c37dfcd497491b39dd4ada90b1.pdf

5 / 6 | - 67% + | [] []



March 10, 2021

Richard OH
 Calvert Bank & Trust, a division of Zions Bancorporation, N.A.
 1800 Main Street
 Suite 200
 Irvine, CA 92614

Re: Appraisal of Real Property
 800 Washington Avenue North
 Long Beach, Washington 98531
 BBG File No. 011001851
 Client File No. CMC-21-000054-01.1

Dear Richard OH:

In accordance with your authorization (per the engagement letter found in the addenda of this report), we have prepared an Appraisal of the above-referenced property.

The subject is an existing, single-story, 40-bed Rehabilitation Center. The subject is a single-story, 11,182 square foot building constructed in 1964 and renovated in 2000. The building includes four doctor rooms, seven offices, two classrooms, one cafeteria, one kitchen, one gym, and one nurse station. The subject also consists of 0.21 acres (53,284 SF) and currently owned by Tranquility Partners LLC.

This appraisal report was prepared to conform with the requirements of the Uniform Standards of Professional Appraisal Practice (USPAP), which are set forth in the XI of the Financial Institutions Reform, Recovery, and Enforcement Act of 1989 (FIRREA), and the Department of Housing and Urban Development's (HUD) Appraisal Institute. In addition, this report is intended to be in compliance with additional requirements of California Bank and Trust, a division of Zions Bancorporation, N.A. (Client). No other party may rely upon the findings in this report. This report is intended to be used for loan underwriting and portfolio management use.

Note: Our estimate of market value is subject to the following *Extraordinary Assumptions and/or Hypothetical Conditions*:

EXTRAORDINARY ASSUMPTION(S) AND HYPOTHETICAL CONDITION(S)
 The values presented within this appraisal report are subject to the extraordinary assumptions and hypothetical conditions that are stated in this report. It is noted that the use of any extraordinary assumptions might have affected the value of the property. The use of any extraordinary assumptions might have affected the value of the property.

Extraordinary Assumption(s) This appraisal employs no extraordinary assumptions.

Hypothetical Condition(s) This appraisal employs no hypothetical conditions.

DISCOVER RECOVERY APPRAISAL

 Page 140

ITEM-Attachment-001-50d43c37dfcd497491fb39dd4ada90b1.pdf

6 / 6 — 67% + | [] []

Exhibit #288

Mr. Ohi
March 10, 2021
Page 2

Based on our inspection of the property and the investigation and the analysis undertaken, we have concluded the following:

MARKET VALUE CONCLUSIONS			
Appraised Premise	Interest Appraised	Date of Value	Value Conclusion
Market Value - As Is	Fee Simple	February 17, 2021	\$1,500,000

This letter must remain attached to the report, which should be transmitted in its entirety for the value opinion set forth to be considered valid. Our firm appreciates the opportunity to have performed this appraisal assignment on your behalf. If we may be of further service, please contact us.

BBG, Inc.

Phillip Hanhew
Phillip Hanhew, MA, AI-CES
WA Certified General Appraiser
License # 1302331
360-980-8242
phanhew@bbgins.com

Joel H. Thompson
Joel H. Thompson
WA Certified General Appraiser
License # 2013434
971-346-4605
jthompson@bbgins.com

DDC

From: Heather Gulling <heathergullingdesign@outlook.com>
Sent: Wednesday, April 7, 2021 2:01 PM
To: Sarah Fox
Subject: rebuttal letter April 7
Attachments: DiscoverRecoveryLetterApril7.pdf

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Hello Ms. Fox - please find my rebuttal letter in the matter of Discover Recovery.

Please confirm receipt. Thank you!

Heather Gulling Design
941-586-1235

Sarah Fox

Senior Planner, City of Camas

RE: Rebuttal to evidence from Discover Recovery 4/7/21

This letter is in rebuttal to evidence brought forth by Discover Recovery on 3/31/21.

Executive Director of Discover Recovery, Long Beach Lorrie Brinkeroff's Letter

Ms. Brinkeroff writes "Discover Recovery prides itself on the management of our patients, especially during times of high acuity when an individual might want to leave treatment against treatment advice (ATA)."

With an MBA in Healthcare Administration, surely Ms. Brinkeroff realizes that "high acuity" in medical terms is acute care? Thus, NOT allowable under the Camas Municipal Code.

Evidence:

BOOKS ON HIGH ACUITY NURSING:

High Acuity Nursing

7th Edition 2019 by Kathleen Wagner, Kathleen Dorman CS MSN Wagner RN, Kathleen CS MSN Wagner RN, Melanie

Hardin-Pierce Darlene Welsh Karen

Johnson Darlene CCRN PhD Welsh RN Karen CCRN PhD Johnson RN

For courses in critical care, acute care nursing, and as a supplemental text in advanced medical-surgical nursing.

Complete guide to high-acuity nursing in all care settings


High-Acuity Nursing provides a comprehensive knowledge set needed to care for adult patients with complex, unpredictable conditions across settings, from high-skill, long-term facilities to critical care units. Focusing on the relationship between pathophysiology and the nursing process, the text encourages students to think critically to reach optimal clinical decisions for high-acuity patients. All chapters in the 7th edition have been updated and many have been reorganized and expanded. A new chapter focuses on palliative care and end-of-life issues, and new features address quality and safety, along with genetic considerations.

High-Acuity Nursing, 7th Edition, is also available via Pearson eText, a simple-to-use, mobile, personalized reading experience that lets instructors connect with and motivate students â€” right in their eTextbook.

HIGH ACUITY NURSING COLLEGE PROGRAMS:

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ONLINE PROGRAMS GETTING STARTED RESOURCE

Acuity levels help nurse managers set appropriate staffing levels in acute care, long-term care and other treatment and rehabilitation settings. Without this system, patients may not receive the amount of care their health status demands. This is particularly important when working with limited staff. Patients who are severely ill receive higher acuity ratings, while patients with better health receive lower ratings. In practice, this means stable patients with more predictable outcomes receive less frequent or less intensive nursing care.

High-acuity patients often present challenging medical conditions, and they often have significant, unpredictable needs. In response, high-acuity nurses provide compassionate, knowledgeable care that is both prompt and professional. Understanding what acuity means and how to treat high-acuity patients is key to managing multiple patients with different acuity ratings.

ACUITY AND NURSES

High-acuity patients need frequent observation to ensure that they improve or remain stable. Since these patients can decline quickly, nurses must check on them regularly. As a result, high-acuity units and facilities must maintain higher staffing levels. Nurse managers often use acuity scales to decide how many nurses they need for particular shifts.

A particularly high-acuity patient may need a nurse dedicated solely to their care, while low acuity patients may share their nurses with many other patients. In other words, nurse staffing ratios can change dramatically depending on the level of care each patient needs. Patients with complex care requiring attention from an RN will create different staffing needs than patients who need only the attention of nursing assistants, for example.

UNDERSTANDING ACUITY

There is no universal acuity scale, so many facilities and departments develop their own. Different patient health characteristics can influence acuity levels, such as pain management needs, oxygen therapy, blood pressure issues, condition stability, family issues and other characteristics. Mental health and overall patient health also play key roles.

In general, patients requiring a greater degree of observation and intervention from nurses receive a higher acuity rating. While high-acuity patients are typically sicker, other factors can change a patient's acuity ranking. Even medically stable patients can receive a higher acuity rating if special circumstances are present, such as difficult family visitors, significant mental health condition, or other challenges.

HIGH-ACUITY NURSING


Prioritizing patients based on medical need gets each patient the attention they require. Nurse managers use a variety of different scales and strategies to measure these needs. The use of these scales started in medical-surgical settings, but later on, the acuity scale concept moved to other types of treatment and rehabilitation facilities.

As patients' conditions stabilize, worsen or otherwise change, nurses can change their acuity levels accordingly. It is important to rate patients accurately to ensure they receive the care they need. When used properly, these ratings can help maximize nursing resources.

High-acuity nursing is an essential aspect of acute healthcare. As a nurse, you need to learn how your facility or department uses acuity scales and how to care for high-acuity patients. Most high-acuity patients are seriously ill, but other significant issues may affect their acuity ratings. While high-acuity care can be very stressful, the reward is significant.

Learn more about the [A-State online RN to BSN program.](#)

A nurse may serve as a dedicated caregiver to a single high-acuity patient or a number of low-acuity patients.



First Name*

Last Name*

Email*

Phone*

How did you

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OR CALL

By submitting I digital signature University (A-St me regardin telephone an automated tex message at the t above. I unde condition to alter other

READY TO

Begin you

A

Page 2

acuity [ah-kuˈtē]

1. Acuteness (see [ACUTE](#) [def. 2]); the level of severity of an illness. This is one of the parameters considered in patient classification systems that are designed to serve as guidelines for allocation of nursing staff, to justify staffing decisions, and to aid in long-range projection of staffing and budget.



acuity

(ă-kūˈtē-ē)

To hear audio pronunciation of this topic, purchase a subscription or log in.

[Fr. fr. L. *acuere*, to sharpen]

1. Clearness, sharpness of a sensory function, e.g., visual acuity.
2. In emergency and critical care medicine, the severity of a hospitalized patient's illness and the level of attention or service he or she will need from professional staff.

How the high acuity unit changes mortality in the intensive care unit: a retrospective before-and-after study

Anish R Mitra ^{1 2 3}, Donald E G Griesdale ^{4 5}, Gregory Haljan ^{6 4}, Ashley O'Donoghue ⁷, Jennifer P Stevens ^{7 8}

Affiliations [+ expand](#)

PMID: 32748188 DOI: [10.1007/s12630-020-01775-5](https://doi.org/10.1007/s12630-020-01775-5)

Abstract in English, [French](#)

Purpose: High acuity units (HAU) are hospital units that provide patients with more acute care and closer monitoring than a general hospital ward but are not as resource intensive as an intensive care unit (ICU). Nevertheless, the impact of opening a HAU on ICU patient outcomes remains poorly defined. We investigated how the creation of a HAU impacted patient outcomes in the ICU.

De-escalation

Ms. Brinkeroff then states:

“Our counselors, therapists and support staff are adept at **deescalating patients**, and in the event that an individual is unwilling to follow treatment recommendations, we collaboratively work with the patient to identify another treatment provider, a safe destination for discharge or appropriate transfer.”

According to their own traffic report, from 7pm-7am, ONLY ONE nurse is scheduled. No other staff is listed – although Discover Recovery is telling us that they will have two staff members on duty at all times. Does this ONE NURSE have the ability/time to de-escalate a patient, while taking care of 14 other detoxing/rehabing patients, work to find another treatment provider and safely discharge/transfer a patient? Who is the other person that is promised to be watching the 24 hour camera surveillance?

According to their traffic report NO executives, counselors, therapists or medical clinicians are on staff after 6pm. The only times Medical Doctors are on the premises is 3 days a week for 2 hours at a time.

And what do they mean by de-escalation? Are they referring to their admittance (<https://discoverrecovery.com>) that: “Alcohol consumption is associated with aggressiveness, impulsiveness, mood changes, and impaired thinking,” or “Some of the most common health problems noted in people who come to a meth addiction treatment center Washington include: Anxiety, Insomnia, Mood disturbances, Aggressive or violent behavior, Increased blood pressure and/or irregular heartbeat. In addition to these physical symptoms, meth addicts often experience a range of psychological symptoms, including: Hallucinations, Paranoia, Delusions. The clinical team at a meth addiction treatment center Washington often notes that the drug has unpredictable and potentially lethal effects.”

Clearly, this shows Materially Detrimental with regard to safety and thus a permit should not be granted.

Thank you for your time,
Heather Gulling
Camas resident since 2013

Additional Rebuttal to Ms. Brinkeroff's letter

"Isolated" Instances of Patients leaving ATA

Ms. Brinkeroff states in her letter: "There have, however, been a few isolated instances of patients walking off of the property despite intervention attempts."

Per audio 911 calls, we have evidence that patients leave more frequently than the nine 911 ATA calls that have been logged. Recorded on the 911 call #201217071 is a Discover Recovery employee stating: "Hi my name is XXXX XXX and I'm a registered nurse at Discover Recovery Treatment Center here in Long Beach. We have a client that just left about 20 or 30 minutes ago. **We don't typically call when they AMA (leave against medical advice) but she has a known history**, a mental health history and a history of harming herself and so we wanted at least the police department to be aware. And if they can, I don't know, if they pick her up or she won't come back here if they take her in to be evaluated."

Public Safety

Ms. Brinkeroff states in her letter: "In the few instances where patients have left, and chosen not [to] return, none of these issues have ever resulted in a crime or event that has impacted public safety. As a professional courtesy, and loyalty to our local community we have, in the past, informed law enforcement of clients walking off. To this day, none of our patients have ever been responsible for any major crimes, nor have any of our patients been arrested after leaving treatment ATA in Long Beach. We make an effort to work with the local community, as safety is our top priority."

It appears that most of the cases are referred (correctly) to mental health professionals, not arrests.

In rebuttal:

Call #200211031, AMA patient taken to jail for trespassing

Call #200121013, patient having a psychotic break outside, getting violent, want to Ocean Beach Hospital to speak with crisis support

Call #190526050, patient cutting himself with scissors, went to Ocean Beach Hospital

Call #201007087, patient left AMA, drinking, trespassing, welfare check, taken to Ocean Beach Hospital

Call #2010012060, female breaking things, walking around facility, push rp. In custody, taken to the hospital?

Washington Dept of Health Case 2019-10201: A client allegedly held a staff member hostage in the kitchen at respondent facility. There are concerns about inadequate staffing for safety, and accepting clients with serious mental health issues.

Long Beach Police: Call 20-0558: Partial owner of above facility Thomas Feldman wanted to thank LBPD for all the hard work they do, he found out that one of their ex-patients broke into a neighbors shed.

Long Beach Police: Call 20-6171: "breaking things in her room and walking around the facility. RP stated that she pushed him as well. RP did not want XXXX or Assault charges pressed. I made contact with XXXXX who kept stating "just take me to jail," "What do I have to do for you to take me to jail?" XXXX went back into her room and started breaking the dressers and I ITA'd her for Danger to Property. I stayed at OBH since XXXX kept cussing at the ER staff and kept trying walk around the facility. I stayed until her family decided to take her back to the treatment center since MHP stated they would not evaluate her until she was sober."

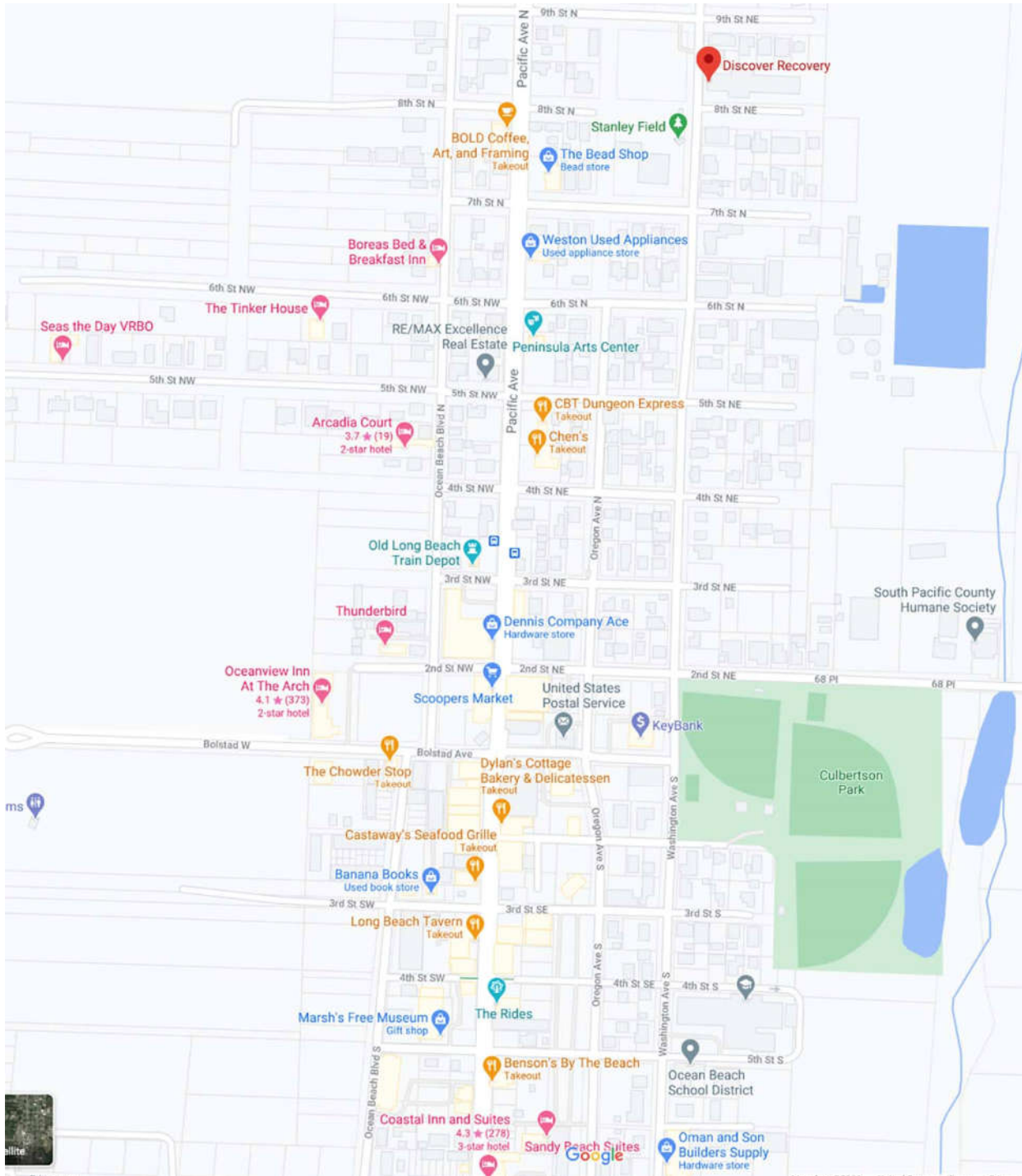
Long Beach Location and Amenities

Ms. Brinkeroff states in her letter: "I also feel compelled to mention that Long Beach, Washington is a rural setting. There are no taxi services here, nor any ride share apps available on the peninsula. There is one bus off the peninsula, so in the event of a patient leaving ATA and refusing recommendations they are presented with some challenges that would not exist in a more densely populated area."

Their location in Long Beach is NOT rural. In fact, many more businesses populate the area than would near the Camas location. A simple google maps shows that they are near their towns main center and close to lodging. See map next page.

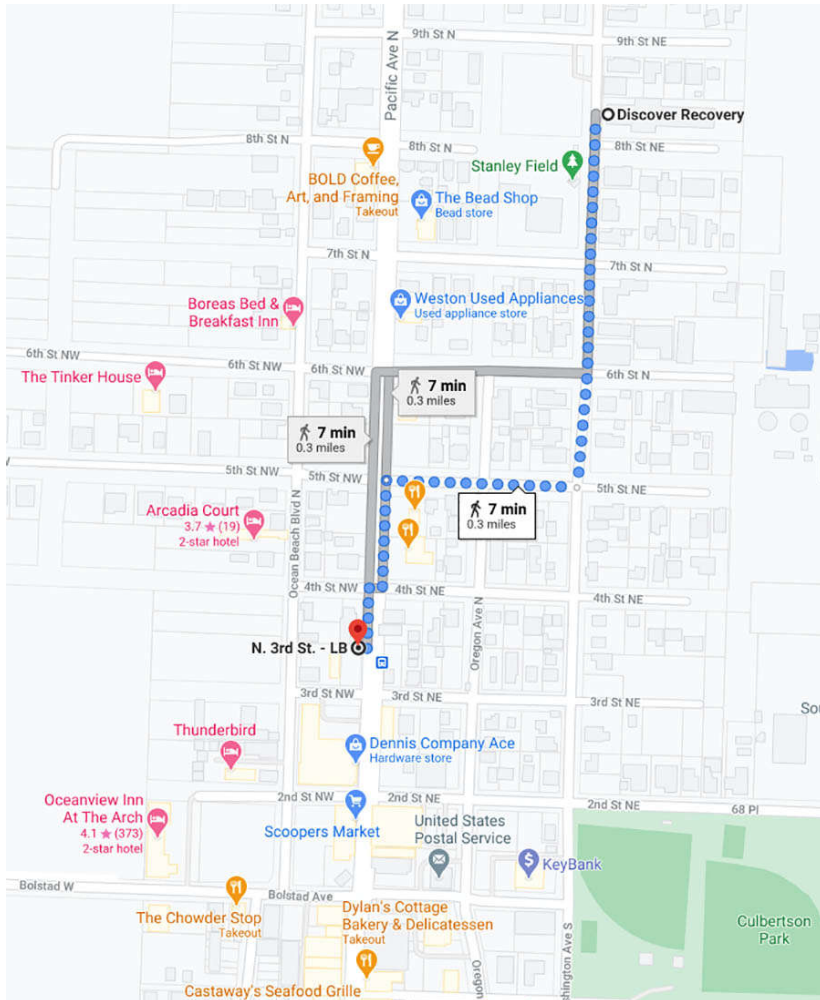
Location to Amenities CAMAS

Highly residential – nothing for miles except a labyrinth of residential roads (except one small gas station and a veterinarian clinic). Almost 1 hour to get to lodging. Takes stamina to make it down the hill and knowledge of the directions. Much further from any businesses than the Long Beach location.



Long Beach Transit

Bus Stop: .3 miles away from Discover Recovery – a 7 minute walk



They absolutely have ride share options in Long Beach

Uber: \$7.98 from Discover Recovery to Best Western Long Beach – the hotel mentioned by the patient who left AMA.
 Note: the motel the same distance from Discover Recovery as the elementary school is.

Uber price estimator

● 800 Washington Ave N, Long Beach, ... ✕

■ Best Western Long Beach Inn, 500 Oc... ✕

Your options

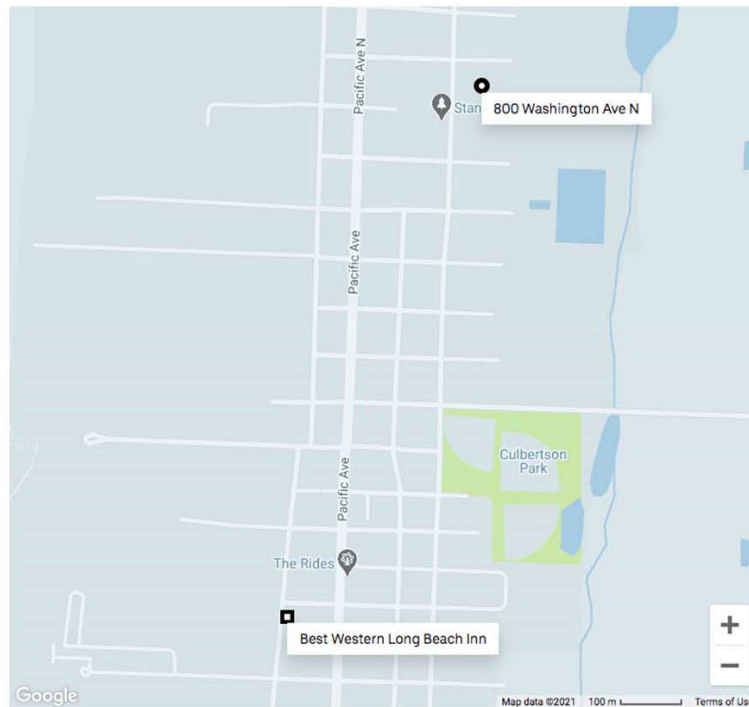
- ☒ **UberX** \$7.98 ⓘ
- ☐ **UberXL** \$9.66 ⓘ

Request now

Schedule for later

Sign up to ride

Sample rider prices are estimates only and do not reflect variations due to discounts, geography, traffic delays, or other factors. Flat rates and minimum fees may apply. Actual prices for rides and scheduled rides may vary.



Taxi Service: A new taxi service opened in Long Beach in 2020. https://www.chinookobserver.com/news/new-cab-service-comes-to-the-peninsula/article_36f53192-5fc9-11ea-a8ad-bbb75ecb44e8.html

Checker Taxi: <https://acchecker.com/about-us>

A Word about Long Beach and Camas Schools

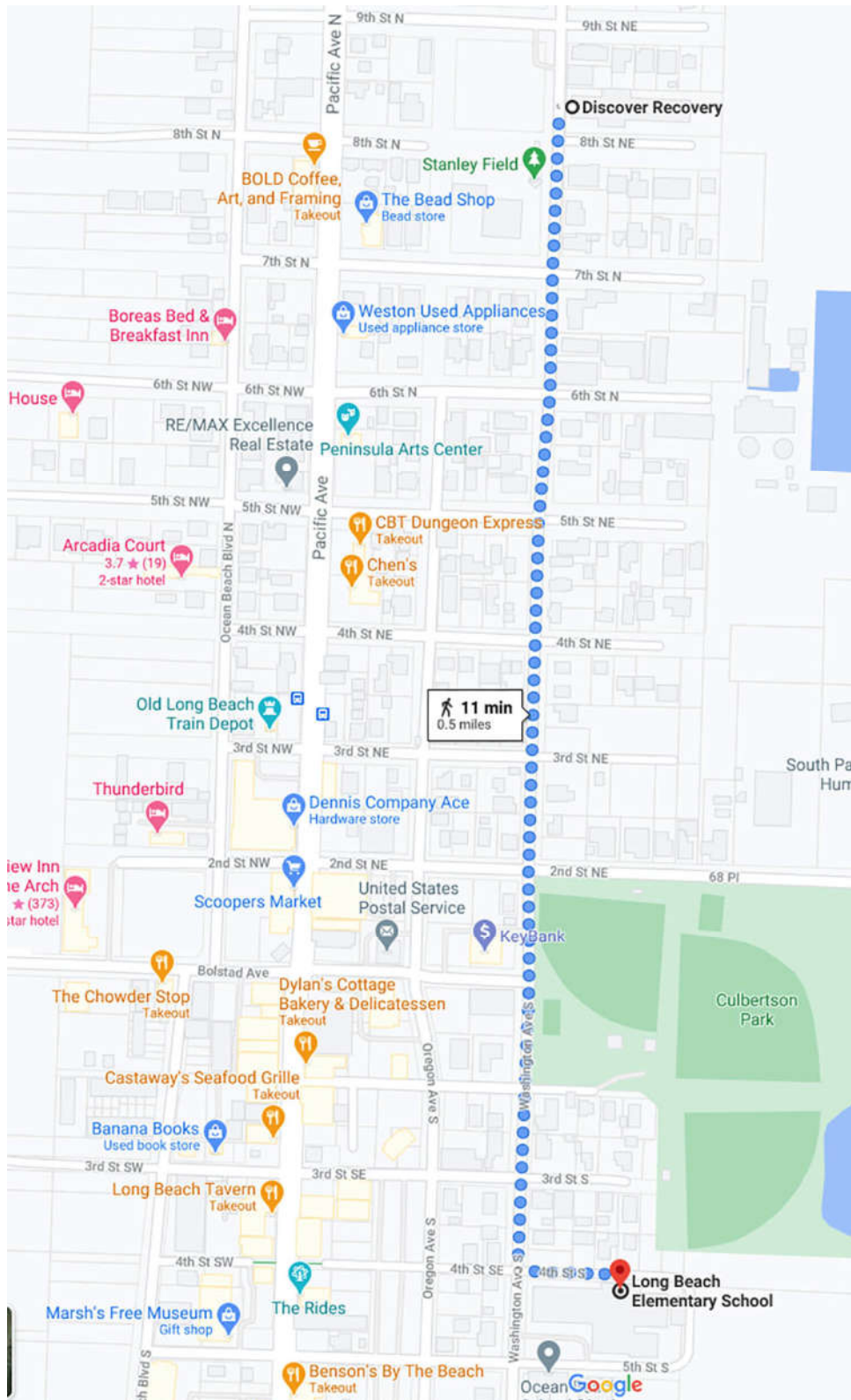
Long Beach Elementary – .5 miles away, 11 minute walk from Discover Recovery.

Rating on Greatschools.org = **3/10**

In the category of Student Progress: 2/10 Students at this school are making far less academic progress given where they were last year, compared to similar students in the state.

<https://www.greatschools.org/washington/long-beach/1265-Long-Beach-Elementary-School/>

Camas Dorothy Fox Elementary – 0 miles away, sharing a fence line.



Ocean Park Elementary – 9.2 miles away/ 3 hour walk from Discover Recovery.

Statistics from WA State Percentile are all over the place:

2016 ranked 1022

2017 ranked 814

2018 ranked 988

2019 ranked 1011

Rating on Greatschools.org = **2/10**

In the category of Student Progress: 2/10 Students at this school are making far less academic progress given where they were last year, compared to similar students in the state. Very low progress with low test scores means students are starting at a low point and falling even farther behind their peers.

According to <https://www.schooldigger.com/>

Camas School District is ranked **#11/247** in the state

Long Beach's Ocean Beach School District is ranked **#189/247**

People specifically move to Camas, WA for the school district – the same cannot be said of Long Beach. Thus the equivalency made to real estate pricing will be measured very differently with an effect felt much more measurably in Camas.

From: Kristen Maxwell <kristenpmaxwell@gmail.com>
Sent: Wednesday, April 7, 2021 4:41 PM
To: Sarah Fox
Subject: File No. CUP 21-01 Kristen Maxwell Letter to Hearing Examiner
Attachments: Letter to Hearing Examiner April 7 2021 - Kristen Maxwell.pdf

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Hi Sarah,

Please submit the attached letter to the Hearing Examiner today. Please confirm that you are in receipt of it.

Thank you,
Kristen Maxwell

Dear Mr. Turner,

I'm writing due to my concern with the applicant's comments regarding the impact to crime and safety in the community. The applicant's comments were as follows:

"Exhibit C - Samuel R. Bondurant, Substance Abuse Treatment Centers and Local Crime, National Bureau of Economic Research (Sept. 2016). The study estimated the effects of expanding access to substance-abuse treatment on local crime. The results indicate that substance-abuse-treatment facilities reduce both violent and financially motivated crimes in an area, and particularly for relatively serious crimes."

As you read through Exhibit C, you may notice how outdated it is, and evident that it is not "like for like". The authors of the study admit that their data is 90% based on outpatient studies, and just 10% on residential studies. This is barely relevant to the situation at hand!

Additionally, the study suggests that crime existed in these communities prior to the existence of the Substance Abuse Treatment (SAT) facilities. Whereas, the area surrounding the Fairgate Estate currently has very little crime, also making this study irrelevant.

Moreover, the facilities in the studied areas took patients from the immediate surrounding areas and placed them into SAT facilities, this is quite different from the intent of Discover Recovery, who would be taking people from the Pacific Northwest, as a whole, not the immediate community. Therefore, if using the study's logic, the only areas benefiting from a reduction in crime are the communities in which the patients originated, thus, the study's conclusions are not indicative of the subject matter and are not relevant. In fact, I believe that the area surrounding the Fairgate Estate would be at an increased risk for **additional crime** in the community.

The study mentions "SAT could be expected to reduce violence by: (i) reducing the use of drugs that lead to aggressive behavior (**though there may be some offsetting effects caused by withdrawal**)". (***Section 1- Introduction***). The last part of this sentence is disturbing, as a patient will be in the "withdrawal" phase while residing in our community. The potential for aggressiveness or violence could put the community at risk if the patient decides to exit treatment early, therefore leaving an aggressive or violent patient in close proximity to the school, park, and neighborhoods.

Additionally, "Afflicted individuals may act out in violent and reckless ways and turn to illegal activities to procure funds to purchase substances. **Many individuals with a SUD (Substance Use Disorder) have co-occurring mental illness** (Grant, Stinson, Dawson, Chou, Dufour, et al. 2004; Grant, Stinson, Dawson, Chou, Ruan, et al. 2004), which plausibly exacerbates substance-related problems." (***Section 2- Background, page 11 of study***). It could be materially detrimental to the community if someone with a "co-occurring mental illness" is left unattended and exits treatment facility prematurely. Admitting patients with mental illnesses left untreated is not only dangerous for the patient, but also for the surrounding area.

The Study also indicates that more serious substance-abuse problems are treated at residential treatment centers, versus an outpatient platform. This again, draws concern for the level of patient care that is needed at the prospective location. Will the staff be adequately equipped to handle a patient

requiring such care? According to a LinkedIn job posting, Discover Recovery in Long Beach, WA only requires **one year** of experience for a nurse. The role of a nurse, paired with many other critical responsibilities as listed in the job description, is quite a tall task. One would imagine that more experience would be required.

[WA - Indeed.com](#) Registered Nurse (RN) - Contractor/Full Time/Per Diem - Long Beach,

Registered Nurse (RN) - Contractor/Full Time/Per Diem

Discover Recovery Treatment Center

Long Beach, WA

Employer actively reviewed candidates 11 days ago

substance abuse.

- Must have an understanding of and sensitivity toward working with multi-cultural populations, as well as an understanding and appreciation of cultural diversity

Experience:

- 1+ years medical experience as RN
- 1+ Supervisory/management experience
- Prior experience in detox/rehab/psychiatric environment recommended

Job Type: Contractor/Per Diem/ Part Time/Full-Time

Compensation: Hourly or Day Rate: \$45.00 - \$55.00 per hour (50k - 80k a year)

Benefits: Health Insurance, Paid time off, Sick Pay, Vacation, Retirement, Professional Assistance etc.

Lastly, the study mentions that a “third of all treatment admissions are court-ordered, **often as an alternative to incarceration**. While the applicant stated that there will be no “court ordered” patients, would this change if they were not at maximum capacity? What if the background check isn’t thorough enough? If court-ordered patients were allowed, the staff would be caring for patients that **should be incarcerated but** have been ordered by the court to seek residential treatment instead. If these patients ever exited the facility and ended up in the surrounding neighborhoods, or worse entering the elementary school grounds, this would put the community at risk.

Thank you again for your time. I hope you can take the abovementioned concerns into consideration as the study is not relevant to this situation but does bring about additional concerns for having a detox facility in the neighborhood surrounding a park and elementary school.

Kristen Maxwell

2225 NW Sierra Way

Camas, WA 98607

From: Nels Walther <nelswalther@gmail.com>
Sent: Tuesday, April 6, 2021 10:16 PM
To: Sarah Fox
Subject: Discover Recovery: Letter of Concern
Attachments: Dicover Recovery Acute Care.pdf

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Hello,

Please find an additional letter of concern addressing the issue of Acute Care Services as it relates to the proposed Discover Recovery Program.

Thank you

Aleksandra Cherednichenko, BSN RN
Nels H. Walther, DMD
2509 NW 22nd Ave Camas, WA 98607
541-908-5341
nelswalther@gmail.com

Subject: Proposed Discovery Recovery Facility at the Fairgate Location

To whom it may concern,

My name is Aleksandra and I work as an ICU Nurse with Legacy Good Samaritan. My husband, Nels Walther, is a hospital dentist at the Vancouver Department of Veteran Affairs. It has been brought to our attention that, per Camas Municipal Code 18.03.030, a Convalescent Home may not include surgical, obstetrical or acute illness services. A detoxification and drug rehabilitation center such as Discover Recovery provides, by definition, acute illness services.

The Substance Abuse and Mental Health Services Administration and the Washington Circle Group, a body of experts organized to improve the quality and effectiveness of substance abuse prevention and treatment, define detoxification as a “set of interventions aimed at managing acute intoxication and withdrawal ... detoxification seeks to minimize the physical harm caused by the abuse of substances.”

The process of withdrawal is in itself acute. Depending on the substance that a patient is withdrawing from symptoms range from hallucinations, nausea, vomiting, diarrhea, sweating, tachycardia, hypertension to seizures and death. During the process of withdrawal patients oftentimes want to leave their treatment facility because of how poorly they are feeling. As an ICU nurse I have taken care of numerous patients that had to be hospitalized because facilities such as Discover Recovery were not able to provide the adequate staff, medication, and environment to keep these patients safe.

In addition to acute physical complications a person can experience during drug detoxification and rehabilitation, their mental health often can deteriorate into an acute situation. This is a safety concern for the staff at the facility, other patients, and the community that surrounds them. I have experienced this first hand as an ICU nurse; with patients making physical and verbal assault attempts. My husband has witnessed this first hand through his work at the VA Campus where Clark County Drug Rehab and Detoxification Services are located. Multiple times police have had to be called to address violent outbreaks and he and his staff have been harassed and threatened by patients at this facility. In a letter dated 3/30/2021 the executive director of Discover Recovery, Lorrie Brinkerhoff, acknowledged herself that their company has to manage patients “during times of high acuity when an individual might want to leave treatment against medical advice.”

Given the potential for acute medical and mental health scenarios, the proposed location for this facility is inappropriate; being located in the middle of a residential neighborhood, next to a children’s park, and only a block away from an elementary school. It poses a risk to the public welfare and safety of the neighborhood, and in this case the elementary aged children, in the direct vicinity.

Thank you for your time and consideration,

Aleksandra Cherednichenko and Nels Walther

From: Ricardo <ricardo.reyes@me.com>

Sent: Tuesday, April 6, 2021 1:41 PM

To: Sarah Fox <SFox@cityofcamas.us>

Cc: lewallen55@yahoo.com

Subject: Followup for Examiner Regarding Discovery Recovery in Camas, WA

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Hey Sarah,

I hope this email finds you well. I wanted to address an article included in the materials packet received during comment period. Specifically, the research study is on page 379 (Exhibit #268 - SUBSTANCE ABUSE TREATMENT CENTERS AND LOCAL CRIME).

Here are big takeaways from me:

1) The authors of this paper combine inpatient and outpatient services into their analysis but point out that 90% of the data might be outpatient specific. This limits the study's ability to make inferences about Discovery Recovery, a predominantly inpatient facility. A strong example of why this can be misleading: imagine we open 10 methadone outpatient clinics in 10 areas where heroin addicts are exhibiting troublesome withdrawal behaviors. You could reason that those 10 areas **might** see a decrease in the withdrawal related symptoms (like homicide). If 90% percent of all admissions data in the study was outpatient specific we should have no confidence in extrapolating how an inpatient facility next to a elementary school will perform.

2) Despite the data not being representative of the situation next to Dorothy Fox, the authors were only able to detect a small but statistically significant decrease in two type of crimes. First, let me address the statistical elephant in the room. Authors love using the term "statistically significant" because it leads people to believe that the results are meaningful (significant). All it means is that there was enough data points to conclude that the effect was very likely not due to statistical chance. Why does this matter? The decrease in homicide being reported is less than 1% (.14 percent). But ok, let's for the sake of argument assume that a .14 percent decrease in homicide attributed to mostly inpatient facilities is meaningful: the authors were not able to find that effect on assault, burglary, larceny or sexual assaults! So is the conclusion that our children are ever so slightly less likely to be murdered but we're not sure about sexual assault? Leveraging this study as proof of anything in this situation would be irresponsible at best.

3) This is why the study I reference demonstrating crime rates based on proximity to a drug abuse rehab center is relevant. The current Bondurant study says that having [mostly outpatient] drug establishments can have a negligible but statistically detectable effect on SOME crime types IN A COUNTY as a whole. The study says nothing about location. The proximity to center article by Furr-Holden et. al. should be leveraged instead and demonstrates that the closer you are to a rehab facility the more likely you are to become a victim of criminal activity. Every 100 yards closer to the center was a measurable increase in potential for crime. A study referring to crime in a county as a whole does nothing to support that the center should be located next to an elementary school. Furr-Holden et. al demonstrates with actual meaningful results that it is a bad idea (a 3.2% decrease in the average predicted count of violent crimes for each 100-foot increase in distance away from the drug treatment center).

To summarize, the data is not at all representative of the situation being decided on and it would be irresponsible to leverage the study as proof of anything in this case. 90% of the data leveraged was outpatient specific. Additionally, the study found that there was a miniscule effect on some crimes but did not find an effect for other crimes; is it OK if murders go down in Clark County as a whole but the possibility of sexual assault near an elementary school remains? Finally, data that actually addresses the matter at hand has been included and shown to demonstrate that crime does rise the closer you are to a facility. Opening 10 methadone outpatient clinics in a heroin-infested downtown neighborhood and seeing your murder rate go down .14 percent has nothing to do with this situation.

For the record, I am a Quantitative Psychologist with a Master's degree from a top 20 university and have been working in the data analytics field for well over 10 years. Currently, I work at a Fortune 50 company helping decision makers leverage **relevant** data to make mission critical data-driven decisions. I consider this situation mission critical.

1.

2.Furr-Holden

3.CD, Milam AJ, Nesoff ED, Johnson RM, Fakunle DO, Jennings JM, Thorpe RJ Jr. Not in My Back Yard: A Comparative

Analysis of Crime Around Publicly Funded Drug Treatment Centers, Liquor Stores, Convenience Stores, and CornerStores in One Mid-Atlantic City. J

4.Stud Alcohol Drugs. 2016 Jan;77(1):17-24.

From: Patel, Nikesh (Perkins Coie) <NikeshPatel@perkinscoie.com>
Sent: Wednesday, April 7, 2021 5:01 PM
To: Sarah Fox
Cc: Thomas Feldman; Wilson, Kristine (Perkins Coie)
Subject: Discover Recovery - Applicant's Submittal in Response to New Open Record Materials (File No. CUP21-01)
Attachments: 20210407 Lt J. Turner, City of Camas re Discover Recovery's Submittal in Response to New Open Record Materials (File No. CUP21-01).pdf

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Dear Ms. Fox:

Attached please find our submittal in response to new open record materials on behalf of applicant, Discover Recovery, for the above-referenced case file.

Best regards,

Nikesh Patel | Perkins Coie LLP

ASSOCIATE

1120 N.W. Couch Street Tenth Floor

Portland, OR 97209-4128

D. +1.503.727.2286

F. +1.503.346.2286

E. NikeshPatel@perkinscoie.com



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PerkinsCoie.com

April 7, 2021

Kristine R. Wilson
KRWilson@perkinscoie.com
D. +1.425.635.1426
F. +1.425.635.2426

VIA EMAIL

Joe Turner
City of Camas Land Use Hearing Examiner
c/o Sarah Fox, Senior Planner
City of Camas Planning Division
616 NE 4th Avenue
Camas, WA 98607
sfox@cityofcamas.us

**Re: Discover Recovery's Submittal in Response to New Open Record Materials
(File No. CUP21-01)**

Dear Examiner Turner:

We represent Discover Recovery ("Applicant"), the applicant requesting approval of a conditional use permit application for a convalescent home use at the site zoned R-12 located at 2213 NW 23rd Avenue, in the City of Camas, Washington (the "Application"). This letter and its enclosures constitute Applicant's submittal in response to new information submitted during the open record period for the Application.

Enclosed please find the following materials:

- Exhibit A - Response Regarding Acute Services from Discover Recovery. The letter provides the services that will be provided at Applicant's proposed facility and explains that Applicant will not provide care for "acute care" services.
- Exhibit B - Response Regarding Professional Staff from Discover Recovery. The letter provides the qualified training and credentials of Applicant's professional staff.
- Exhibit C - Discover Recovery's Policies Regarding Professional Staff Training and Supervision. The document provides Applicant's internal policies regarding professional staff training and supervision.

Applicant will offer additional legal argument based upon this evidence before the close of the local record. Please consider these materials, together with Applicant's other submittals to date, before making a decision on the Application. Applicant reserves the right to submit a final argument in this matter consistent with the open record schedule established by the Hearings Examiner.

Camas Land Use Hearing Examiner
April 7, 2021
Page 2

Thank you for your careful review of this information.

Very truly yours,



Kristine R. Wilson

cc: Sarah Fox
Tom Feldman

Response Regarding Discover Recovery's Services
Proposed Convalescent Home Use in Camas, WA (File No. CUP21-01)

What is the Definition of Addiction?¹

Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.

Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.

Discover Recovery Services:

Discover Recovery offers sub-acute detoxification services. This is reflected by the ASAM criteria we fall under. At present, sub-acute detoxification services are provided at an ASAM level of 3.7, and residential services are provided at ASAM 3.5.

Below is a description of services provided at ASAM 4.0, a level of care we do not provide.

ASAM Level 4:

Called Medically Managed Intensive Inpatient Services for adolescents and adults, this level of care offers 24-hour nursing care and daily physician care for severe, unstable problems in ASAM Dimensions 1, 2 or 3. Level 4 program services may be offered in any appropriately licensed acute care setting that offers addiction treatment services in concert with intensive biomedical and/or psychiatric services (*The ASAM Criteria*, p. 281).

At Discover Recovery, we do not admit any patient that has severe or unstable problems in ASAM Dimensions 1, 2 or 3. The pre-admission process assesses severity of symptoms, any indication of acute services needed are referred out to an appropriate provider, usually a hospital or agency with ASAM 4.0 level of care. As defined by ASAM, the only level of care where acute services are provided is at 4.0, therefore, the only withdrawal management services provided by Discover Recovery are subacute.

Further, please see below, as we have provided a description of the levels of care we will provide as defined by the ASAM. No acute services will be provided at the proposed facility. The definitions offered by ASAM, along with evidence of the current ASAM levels of care provided by Discover Recovery, confirm that no acute care services will ever be provided at the Camas location. Acute services as they relate to SUD treatment, can only be provided in facilities that have a hospital license. Discover Recovery will not apply for such a license in Camas. The

¹ The text in response includes the definition of "addiction" in accordance with the American Society of Addiction Medicine ("ASAM"). The definition of "addiction" does not describe addiction as an "acute condition." It also identifies addiction as a "treatable, chronic medical disease." See *Definition of Addiction*, American Society of Addiction Medicine, <https://www.asam.org/for-the-public/definition-of-addiction>.

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fairgate property is not a hospital. There is no ICU, therefore it cannot meet criteria for ASAM 4.0, nor can it provide acute care as defined by ASAM.

ASAM Level 3.7:

Called the Medically Monitored High-Intensity Inpatient Services for adolescents and Medically Monitored Intensive Inpatient Services Withdrawal Management for adults, this level of care provides 24-hour nursing care with a physician's availability for significant problems in Dimensions 1, 2, or 3. Patients in this level of care require medication and have a recent history of withdrawal management at a less intensive level of care, marked by past and current inability to complete withdrawal management and enter into continuing addiction treatment. This is the appropriate setting for patients with subacute biomedical and emotional, behavioral, or cognitive problems that are so severe that they require inpatient treatment. Level 3 encompasses residential services that are described as co-occurring capable, co-occurring enhanced, and complexity capable services, which are staffed by designated addiction treatment, mental health, and general medical personnel who provide a range of services in a 24-hour treatment setting.

Level 3.7 programs are appropriate for patients whose subacute biomedical and emotional, behavioral, or cognitive problems are so severe that they require inpatient treatment, but who do not need the full resources of an acute care general hospital or a medically managed inpatient treatment program. (The ASAM Criteria, p. 265) This level, characterized as subacute, provides services and supervision not available at lower levels. Level 3.7 programs provide a planned and structured regimen of 24-hour professionally directed evaluation, observation, medical monitoring, and addiction treatment in an inpatient setting.

At Discover Recovery, we only provide subacute detoxification services, in accordance with ASAM 3.7 level of Care. Please note, that the ASAM defines the services provided at ASAM 3.7 as subacute. Nowhere in their literature does it reference acute care at the 3.7 Level of care.

ASAM Level 3.5:

Called Clinically Managed Medium-Intensity Residential Services for adolescents and Clinically Managed High-Intensity Residential Services for adults, this level of care provides 24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Patients in this level are able to tolerate and use full active milieu or therapeutic communities. Level 3 encompasses residential services that are described as co-occurring capable, co-occurring enhanced, and complexity capable services, which are staffed by designated addiction treatment, mental health, and general medical personnel who provide a range of services in a 24-hour treatment setting.

The Level 3.5 offers 24-hour supportive treatment in a contained, safe, and structured environment to help patients initiate or continue a recovery process that has failed to progress. Experience teaches that new skills are required for a successful transition from active addiction to a stable, recovery-positive lifestyle. The residential setting provides structure, supervision, and support in this effort. Level 3.5 programs may be found in freestanding facilities.

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Lastly, Discover Recovery is in the process of obtaining ASAM accreditation for levels 3.7 and 3.5. This accreditation will be in addition to our CARF International and Joint Commission accreditation. The only ASAM level that can provide acute care is 4.0, which we will not pursue, as we are not a hospital.

Response Regarding Professional Staff Training and Qualifications
Proposed Convalescent Home Use in Camas, WA (File No. CUP21-01)

All staff at Discover Recovery who provide professional services have the necessary and appropriate credentials in accordance with Washington's department of health.

All therapists have current licenses which are in good standing with the state. All staff who provide therapy have a Masters Level Certification. These certifications can include but not be limited to: Licensed clinical social workers, Licensed mental health counselors, Licensed marriage and family therapists.

All nurses have current licenses which are in good standing with the state. Nurses are either Registered Nurses or Licensed Practical Nurses.

All counselors have valid certifications through the state, and are Substance Use Disorder Professionals. In the event that an SUDPt were to be hired, we also have a clinical supervisor who has completed necessary CEU's required to offer supervision services.

Our medical director is an M.D. and also has a board certification in addictionology, the highest specialization in addiction treatment medicine. Our physician is also an M.D.

Psychiatric Services are provided by either a psychiatrist or psychiatric nurse practitioner.

Prior to hiring, all credentials are verified by HR, and each staff member must have an active and valid form of licensure, and be in good standing with the licensing board.

Any support staff that does not require a license for his/her position must undergo rigorous training. Training takes two weeks of full time work, and is approximately 80 hours of on the job training. Training resources include written tests covering the scope of the job, and educational materials provided through Accreditation Now, Relias Learning, and other forms of educational software. Supervisor must sign off on each area of training, verifying knowledge of the job as well as proficiency. A non-credentialed staff member cannot work without supervision until training has been completed.

Discover Recovery's Internal Policies Regarding Professional Staff Training and Supervision
Proposed Convalescent Home Use in Camas, WA (File No. CUP21-01)

Discover Recovery	
Subject:	Clinical Supervision
Revised:	7-19-19
Reference:	
Approved:	<u>Lorrie Brinkerhoff</u>

I. POLICY:

- A. It is the policy of Discover Recovery to maintain a well-structured clinical supervision system, designed and maintained in a manner that enhances the skills and abilities of the supervised employees, and results in an increase in the quality of services provided. In addition, it is the policy of Discover Recovery to utilize the supervision process, along with the corporate compliance program, to ensure that all ethical and confidentiality policies and procedures are being met consistent with all legal, regulatory, and accreditation guidelines. A variety of methods will be utilized to maintain a well-structured supervisory system that includes direct observation, individual meetings, chart reviews, performance evaluations, and facilitation of a peer review process.

II. PROCEDURE:

- A. *The Discover Recovery supervisory system will be configured as follows:*

- 1) The direct supervision of the clinic's counselors will be the responsibility of the designated Discover Recovery Counseling Supervisor.
- 2) The Counseling Supervisor will be supervised by, and report directly to Executive Director.
- 3) The Counseling Supervisor will carry a reduced direct care caseload to ensure all supervisory duties are completed in a timely manner, and there is ample time to provide quality supervision of benefit to the employee, and also ultimately benefiting the care of the patient and the organization's performance.

- B. The components of the counseling supervision process are as follows:

- 1) **Direct Observation:** All observed behavior and interactions involving the counseling staff within their roles and responsibilities are utilized in the supervisory process. Interactions with other staff, persons served, family members, and visitors that are observed by the Counseling Supervisor serve as information sources that can be used within the individual supervisory process. Such things as tone of voice, language use, and non-verbal behaviors are observed and serve as potential indicators of skills and abilities for supervisory discussion, feedback, and possible counselor performance improvement.

- 2) **Individual Supervision:** Individual supervision occurs on a monthly basis, with the Counseling Supervisor meeting individually with each counselor for a one-hour supervision session on a regularly scheduled day of the month. The individual supervision sessions contain one or more of the following activities:
 - a. **Review of Caseload:** Review of the counselor's caseload, the caseload mix, and any specific issues regarding the size and mix of the caseload that either party deems important to discuss to support patient care.
 - b. **Case Review:** Review of an individual person served and case record to discuss assessments, treatment planning, interventions, progress, counseling interventions, and to generate ideas for alternative approaches or an increase or decrease in a particular method or approach to counseling.
 - c. **Performance Evaluation:** Review and discussion of the counselor's annual performance evaluation, at the time of required annual completion, or when referencing during the evaluation year for assessing the level goals and objectives listed on the evaluation are being met.
 - d. **Miscellaneous and/or Acute Issues:** Review of both acute patient related situations that can support the counselor in their job performance and/or review of acute counselor performance related issues that may detract from the quality of patient care.

- 3) **Group Supervision:** Components of the group supervision process are as follows:
 - a. **Clinical Staff Meetings:** Meetings with the counseling staff will occur every other week on a regular scheduled day, at a regularly scheduled time. The purpose of the meeting is to utilize a team approach to care through the discussion of policy, procedures, and clinical approaches, in-service "counselor specific" training, and review and discussion of individual patient's program status in a manner that supports the care of the patient.
 - b. **Peer Patient Record Review:** Counselors will meet on a quarterly basis to participate in a review of patient records. The Counseling Supervisor will facilitate the review by providing an agenda, guidance in the components of the review and each person's responsibility in participation, and education and training consistent with the outcome of the case reviews. Procedures for this process are contained in the Discover Recovery: Peer Record Review Policy)

C. The components of the Counseling Supervisor's responsibilities are as follows:

- 1) **Scheduling, Conducting, and Documenting Individual Supervision Sessions:** Documentation of the supervisory meetings will be contained on the Discover Recovery Individual Supervision Form. The form will contain the following information resulting from the session:
 - a. The date of the session.

Discover Recovery's Internal Policies Regarding Professional Staff Training and Supervision
Proposed Convalescent Home Use in Camas, WA (File No. CUP21-01)

- b. The time of the session.
 - c. The name of the supervisee.
 - d. A description of the topics, issues, and process.
 - e. Any new expectations of performance to be met that resulted from the discussion of acute events and behavior.
 - f. Any information related to progress with meeting the goals and objectives noted on an individual's performance evaluation.
- 2) **Review of Individual Case Records:** Prior to meeting with an individual, the Counseling Supervisor may review one or more files to determine the current level of the quality of documentation in a chart, and/or to assist a supervisee with managing a challenging set of circumstances related to a patient's needs and preferences.
- 3) **Completion of The Annual Performance Evaluation and Review With Employee:** This process will involve:
 - a. Completing the evaluation form by scoring the specific indicators of performance related to the employee's job duties.
 - b. Meeting with the employee to determine and negotiate job performance goals and objectives based on specific job duty areas needing improvement.
 - c. Reviewing the previous year's goals and objectives to determine the level in which they were met.
 - d. Determining specific training and supervision methods to support the noted performance goals and objectives.
 - e. Obtaining the employee's signature, signing the form, and ensuring that the human resource designee gets the form and places it in the employee's personnel file.
- 4) **Facilitation of the Peer Record Review Meeting and Process:** The Counseling Supervisor will conduct the quarterly Peer Record Review meeting and process according to the procedures contained within Discover Recovery's established policy for the review.
- 5) **Communication of Counseling Supervision Information to The Executive Director:** The Counseling Supervisor meets on a monthly basis with the Executive Director (or designated supervisor) and provides the following information within the meeting:
 - a. Caseload levels and mix.
 - b. Information related to counselor staffing levels and needs.
 - c. Recommendations for creating, revising, or eliminating policy, procedures, and practice guidelines.
 - d. Level of counselor performance, consistent with performance evaluation results.

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- e. Other information related to counseling services and direct patient care that may impact the quality of care and/or the risk of loss exposure to the organization.
- f. Recommendations for new hires.

6) **Dissemination of Information at The Management Team Meeting:** The Counseling Supervisor is responsible for reporting all information related counseling services that may be relevant in the ongoing management of the organization. Information can include, but not limited to:

- a. Caseload levels and mix
- b. Staffing levels and needs
- c. Counseling and clinical policy and procedure revisions
- d. Implementation of new practices, results of the peer review process
- e. Results of performance improvement related to direct patient care in the areas of effectiveness of treatment and satisfaction of patient's with services.
- f. Critical Incidents or situations impacting patient care and risk of loss exposure.
- g. Coordination of clinical services with other disciplines.

Discover Recovery	
Subject:	Performance Evaluation Policy
Revised:	7-19-19
Reference:	1.1.8
Approved:	_____

I. POLICY:

- A. It is the policy of Discover Recovery to utilize an employee performance evaluation process that supports improvement of employee performance through a comprehensive competency-based assessment of responsibilities and skills required to support the mission of the organization.
- B. The employee performance evaluation process is designed to support employees in skill development, require accountability from both the organization's leadership and employees, and serve as a database for organizational performance improvement.

II. PROCEDURE:

- A. Timelines for Employee Performance Evaluations:

- 1. 90-Days After Date of Employment:

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- a. Each new employee will receive a job description during new employee orientation, which will outline the job duties and responsibilities of the position.
- b. The job description will be signed and dated by the employee, indicating their understanding of their job duties and responsibilities, with a copy given to the employee and the original placed in the employee's personnel file.
- c. The performance evaluation form for the employee's specific job position will be reviewed with new employees to acclimate them to the individual performance evaluation process.
- d. Within 14 days prior to each new employee's 90-day probationary period, the designated supervisor of the employee will conduct a performance evaluation using the Discover Recovery's standardized evaluation form and format.
- e. The performance evaluation results will be utilized as one of several measures to determine if the employee is granted permanent employment status.

2. Annual Performance Evaluations:

- a. All employees will participate in an annual performance evaluation process on an annual basis.
- b. The performance evaluation will occur within 14 days of their employment anniversary date.
- c. Supervisors are responsible for conducting employee performance evaluations through completing the standardized evaluation format, reviewing the results with the supervisee, and working with the supervisee to establish goals and measurable objectives for the next year to support improved performance of the employee.

B. Components of the Performance Evaluation Process:

- 1. Review of Goals From the Previous Evaluation: Goals and objectives that were established on the last performance evaluation are reviewed to determine the status with regard to being met or unmet. Goals and/or objectives that are determined to

be unmet can be carried over to the next evaluation period or eliminated if they are no longer relevant.

2. Review of Specific Job Functions and Competency Requirements: The employee's supervisor will complete the ratings for each of the noted job functions on the form, which are consistent with the position's job description. The ratings will be discussed with the employee to assist in understanding specific job behaviors associated with the level of the rating.
3. Review of Organizational Work Expectations: The employee's supervisor will complete the ratings for each of the noted work expectations on the form. The work expectations are general in nature and apply to all employees. The ratings will be discussed with the employee to assist in understanding specific job behaviors associated with the level of rating.
4. Development of Goals and Objectives Established for the Next Evaluation Period: Based on the results of the level of ratings and discussion between the supervisor and employee, goals and specific measurable objectives will be determined and noted on the evaluation form. These will be used to assist employees with increased education and skill development over the next year, and will be a major component of the ongoing day-to-day supervision process.
5. Employee Disagreement With the Evaluation Results: Should an employee disagree with their supervisor's evaluation of their performance, they will be directed to the employee grievance policy in the employee handbook to guide their appeal of the results.

C. Administrative Flow and Storage of Performance Evaluations

1. Determination of Required Review Dates: The HR Coordinator is responsible for informing each supervisor of the due date of the required 90-day or annual evaluation, through a tracking system of all employee start/evaluation dates. This information is provided to the supervisor at least 30 days in advance of the 14-day window the supervisor is given to complete the evaluation.
2. Distribution of Past and Current Evaluation Forms: The HR Coordinator will provide each supervisor with the employee's past evaluation, and a form for the completion of the current evaluation. The past evaluation will be used to assist in the review of the goals and objectives for the past year.
3. Evaluation Completion and Signatures: Each employee and their supervisor will sign the evaluation form at the end of meeting in which it is completed. The form (along

with last year's form) will be returned to the HR Coordinator, who will review the current evaluation form for thoroughness and sign it. The form will then be forwarded, for review and signature, to the Executive Director. Following the review and signing by all participants, the HR Coordinator will file the form (along with last year's form) in the employee's personnel file.

(HRM.01.01.01)

Policy: All Positions Have a Written Job Description

All positions held at Discover Recovery have a comprehensive job description that has been approved by Governance and kept in their individual employee file.

Procedure:

- Each position has a written job description or contract that contains the following aspects:
 - o The minimum qualifications of that position
 - o The lines of supervision
 - o The competencies expected, including minimum skills, knowledge, and experience required.
 - o The duties and responsibilities are expected to hold the position.
- The job description will be given to the employee, and a copy kept in their file.
- Whenever an employee's position changes, an updated job description will be placed in their file and a copy offered to them.

(HRM.01.01.03)

Policy: Staff will function within the organization according to their job description

Employees will be assigned titles and duties based on their qualifications and license, certification, or registration.

Procedure:

- All staff who provide clinical care, treatment, or services will have a valid credential by law and regulation to perform these duties.
- Any staff who have a license, certification, or are registered by a certifying body will only perform services within their scope of practice.
- Any staff member, regardless of their credentials, will only perform within the scope of their job description as deemed appropriate by the facility.

(HRM.01.02.01)

Policy: All staff qualifications will be verified

All claims of qualifications required for a position at Discover Recovery by the employee will be verified through primary source verification. Staff will be evaluated on their qualifications to ensure the quality of care.

Procedure:

- All staff hired on a position must provide proof of proper qualifications for the position, as stated in the job description of the position applied for.
- All credentials required for a position will be verified by the hiring party or human resources manager at the primary source.
 - o Licenses or certification agencies with online databases will be queried for verification of valid credentials or active registration.
- Educational institutions or past employers will be called to verify claims of time or credentials held when required for the position. This action will be documented in the employee file.
- The highest credential or most pertinent for their position will be verified.
- As part of the primary source verification process, a valid photo identification card issued by a state or federal agency will be kept in their file to verify the individual is whom they are claiming to be.
- Criminal background checks for direct care staff will be obtained and kept in their employee file.
- Any physician hired by the facility will have a query on them in the National Practitioner Data Bank (NPDB) at hire and no less than every two years thereafter. This query will be kept in their human resources file.
- An individual's employment will be discussed based on their qualifications, verification of credentials, background check, and any limitations or infractions found.

(HRM.01.03.01)

Policy: Staff Orientation

All staff will be oriented to the Discover Recovery facility upon hire.

Procedure:

Staff will be oriented on the facility's key safety aspects before providing care, treatment, or services to residents. These aspects include, but are not limited to:

- o Evacuation procedures
- o Health and Safety Initiatives
- o Emergency procedures and where to find protocols

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- Emergency numbers
- Incident reporting
- Lines of supervision for issues or complaints
- Staff will be oriented to the following aspects of resident care as expected by the facility:
 - The specific job duties and responsibilities as laid out in their job description
 - The policies and procedures related to their duties and responsibilities
 - Cultural sensitivity is based on their interactions with residents, staff, families, and visitors.
 - The rights of the individual served
 - Ethical aspects and expectations of treatment
 - Employee code of conduct
- All orientations will be documented in the employee's HR file.

(HRM.01.04.01)

Policy: Staff Supervision

Discover Recovery is the policy to ensure all staff required by their credential or scope of practice to have supervision are properly supervised.

Procedure:

- The degree of supervision required of a staff member will be based on their duties and responsibilities to the residents.
 - Employees who are interns or who are training to become licensed clinicians operating clinically to the residents will be required to participate in supervision by a licensed clinician or per their educational institution.
 - The supervision given to clinical staff will be from someone familiar with the residents' milieu and the clinical services being provided by the employee.
 - Staff who are monitoring residents will be supervised by a senior staff member as outlined in their job description.
 - Monitoring activities will take place to ensure adherence to all policies relevant to staff positions.
 - Clinical meetings will be held for the clinical team to consult with the progress and processes the residents are being provided.
 - Staff meetings and training will take place as needed based on supervisory actions.
- If their educational institution is supervising a staff member and adequately verified, the facility's supervision will not be required.
- All supervisory activities taken by the facility will be documented.

(HRM.01.05.01)

Policy: Staff participate in education and training

All Discover Recovery staff will participate in education and training to ensure continued competency and ability to fulfill their duties.

Procedure:

- Staff will participate in education and training in areas applicable to the expectations of their position.
 - o These training and education will be used to both maintain and increase their competency in the areas addressed.
 - o These training and educational efforts will apply to their position and change based on any changes in their job duties and expectations.
 - o These training and educational efforts will apply to our residents' and organizations' needs and updates as appropriate.
- All training and education participated in by staff will be documented in their employee records.
- Specific training and education on pain screening will be given to all staff expected to screen residents for pain. Documentation of these training will be kept in their HR file.

(HRM.01.06.01)

Policy: Staff will be competent to carry out their job duties and responsibilities

The facility will ensure that staff is competent to perform their duties and carry out their responsibilities as described in their job descriptions.

Procedure:

- Based on the services expected to be provided by a position, competencies are outlined in their job description that the employee is expected to meet.
- The competencies required of a position are based on the expectations and services they are expected to provide.
- The assessment of competence in an area will be administered by a staff who has the appropriate educational background, experience, or knowledge, as verified by the facility, to do so.
 - o If there is no one at the facility which is found to be qualified to assess these competencies, then an external source will be found by the facility and properly verified to do so.
- Upon hire, an assessment of staff competence, as related to their position, will be documented in their file before providing care, treatment, and services to the residents.

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Proposed Convalescent Home Use in Camas, WA (File No. CUP21-01)

- Assessments will occur whenever duties or expectations change in a position, when staff changes positions, if they do not meet the expectation of an assessment (after retraining), and no longer than every three years after hire.
- If an employee does not pass a competency assessment based on their performance, retraining will occur, and another assessment will be given.
 - o If a staff member continually fails to demonstrate competency in their duties and responsibilities, a position change may occur, or relief of duty may be necessary.

(HRM.01.06.03)

Policy: Staff will be assessed for Addiction Treatment competence

All staff members who perform assessments on residents will be trained and assessed for addiction treatment competence.

Procedure:

- Staff who participate in clinical services including, but not limited to, assessments, treatment planning, clinical groups/sessions will be competent to do so.
- Staff members who participate in clinical activities will demonstrate through certifications and an Addiction Treatment Competency exam their competence in providing these services.
- The Addiction Treatment Competency exam will be completed by all staff members and reviewed by the Human Resources Manager to ensure that all staff appropriately demonstrate the level of their knowledge to perform these activities.
- Along with their credential and the Addiction Treatment Competency exam, staff will be evaluated on their effectiveness through performance evaluations conducted at least triennially.

(HRM.01.07.01)

Policy: Staff performance is evaluated

All staff will be given expectations as outlined in their job descriptions of what is expected of them. These expectations will be relayed to them regularly by their supervisor. Reviews of staff performance will take place when appropriate and no less than every three years.

Procedure:

- Staff will be informed of the expectations the company has in their performance. This will be done in the job description they receive as well as regularly by their supervisor.

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Staff members will be given a performance evaluation at least every three years to provide feedback to the staff member and keep in their file for review by the administration.

- As part of the evaluation process, any performance improvement efforts that the staff member was expected to take part in or any improvement initiatives the staff member took will be considered.

The performance evaluation will look at if the staff member is meeting performance expectations and their adherence to general employee policies and code of conduct.

Tranquility Partners LLC, Dba Discover Recovery			
Subject:	Supervision	Section:	P5
Revised:	2-8-2020	Page:	1 of 1
Reference:	WAC 246-341-0500 (5)		
Approved:	_____		

POLICY

Supervision by qualified staff will be provided to assist program staff and volunteers to increase their skills, and improve quality of services to individuals and families, which may include such opportunities as on-the-job training, in-house workshops, and seminars sponsored by other agencies or organizations. See also Section on Staff Training.

PROCEDURE

- A. The Administrator or designee will document training and staff development needs during staff credentialing and performance evaluations. Performance evaluations and training reviews will be signed by both the supervisor and employee. Training needs may include reference materials as appropriate. This information will be used by the Administrator or designee to identify training programs and to ensure that agency training resources are utilized in the most effective manner. This needs review will occur at least annually.
- B. Training will be documented by the Administrator or designee in a staff training file.

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Proposed Convalescent Home Use in Camas, WA (File No. CUP21-01)

Tranquility Partners LLC, Dba Discover Recovery	
Subject: Staff Training	Section: P6
Revised: 2-8-2020	Page: 1 of 1
Reference: WAC 246-341-0500 (6) and WAC 246-337-050 (5)	
Approved: _____	

POLICY

Tranquility Partners LLC, Dba Discover Recovery will provide training to increase an employee's skill, knowledge and abilities directly related to employment, to obtain or maintain required licenses and certifications, increase quality and safety of individuals receiving services and to develop staff resources. See also Section on Supervision. Trainings will be done in the facility by either a CDP, Administration, through Accreditation Now online, or outside sources.

PROCEDURE

A. Tranquility Partners LLC, Dba Discover Recovery will provide training within thirty days of an employee's hire date and annually thereafter. Tranquility Partners LLC, Dba Discover Recovery The licensee will document that staff receive the following training as applicable:

1. Initial orientation and ongoing training to address the safety and health care needs of the residents served for all staff;
2. Bloodborne pathogen training inclusive of HIV/AIDS training for staff involved in direct resident care or potential for having contact with blood or body fluids;
3. Current basic first aid and age appropriate cardiopulmonary resuscitation for staff required to provide first aid or CPR.

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B. Training will be documented by the Administrator or designee in a staff training file. Trainings will occur annually to keep all employees up to date.

Tranquility Partners LLC, Dba Discover Recovery			
Subject:	Supervision of Trainees, Interns, Volunteers, and Students	Section:	P10
Revised:	2-8-2020	Page:	1 of 2
Reference:	WAC 246-341-0520		
Approved:	_____		

POLICY

A. Tranquility Partners LLC, Dba Discover Recovery will ensure that the following supervision requirements are met for trainees, interns, volunteers, and students:

1. Each trainee, intern, volunteer, and student passes a background check.
2. Each trainee and intern, volunteer, and student who receives training at an agency must be assigned a supervisor who has been approved by the agency administrator or designee.
3. The assigned supervisor:
 - a. Must be credentialed by the Department of Health for their scope of practice;
 - b. Is responsible for all individuals assigned to the trainee or intern they supervise; and
 - c. Must review clinical documentation with the trainee or intern as part of the supervision process.
4. Tranquility Partners LLC, Dba Discover Recovery will obtain and retain a confidentiality statement signed by the trainee, intern, volunteer, and student and the person's academic supervisor, if applicable.

PROCEDURE

- A. Approved supervisors will provide direct supervision and tutoring and document all required activities for each trainee or intern. Approved supervisors are responsible for each patient assigned to a trainee, intern, volunteer, or student. Approved supervisors will:
 - 1. Review, sign, and date all assessments, treatment plans, treatment plan reviews, progress notes, discharge plans, discharge summaries, and other documentation entered in each patient's record by trainee, intern, volunteer, or student.
 - 2. Assist the trainee, intern, volunteer, or student in preparing and maintaining:
 - a. An individualized chemical dependency education and training plan; and
 - b. A plan to include a date for completion of course work and experience requirements.
 - 3. Once each three months, or more often when needed, document the progress of the trainee or intern toward achieving goals in the education and training plan;

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Tranquility Partners LLC, Dba Discover Recovery			
Subject:	Supervision of Trainees, Interns, Volunteers, and Students	Section:	P10
Revised:	2-8-2020	Page:	2 of 2
Reference:	WAC 246-341-0520		

4. Directly supervise and document observations of the trainee, intern, volunteer, or student in all clinical activities, including:
 - a. Patient assessments;
 - b. Individual and group counseling;
 - c. Family counseling;
 - d. Crisis intervention;
 - e. Relapse prevention;
 - f. Referral;
 - g. Continuing care after discharge; and
 - h. Individual record maintenance.
5. Provide the trainee, intern, volunteer, or student with case consultation.

From: James and Hannah R. <emailjandh@gmail.com>
Sent: Wednesday, April 7, 2021 5:58 PM
To: Sarah Fox
Subject: Fwd: Property Values

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Hello Ms. Fox,

We realize this will reach you after the 5pm time frame today, but we wanted to send on in hopes that it can be included. Our realtor sent earlier to us , but we are very busy with jobs and little children and all this research and work is on top of those responsibilities. I hope you can understand and be able to accept this reply regarding property value affects etc.

Thank you,
Hannah Rogers

Sent from my iPhone

Begin forwarded message:

From: Reno Warren <renowarren@kw.com>
Date: April 7, 2021 at 12:42:51 PM PDT
To: James & Hannah <emailjandh@gmail.com>
Subject: Property Values

Hello Mr. and Mrs. Rogers,

In regards to property values with the Substance Abuse Disorder Treatment Centers (SADTC) it would be advisable to observe the following considerations:

1. County Assessed property values are typically not a reliable estimate on what a property can actually sell for at a given time. County values are determined on a once per year basis early on in the year and establish a tax basis for a given property that is set for the length of that year. This is a different metric than the recommended sales comparison approach, where several similar properties within a specific locale are considered to ascertain what real market value is for a given property.
2. Days on Market (DOM) is a leading indicator in analyzing how receptive the market is to a given price and should be considered in home evaluations. This metric only comes into play after the fact, so it remains to be seen until the SADTC is approved and operating, with homes subsequently coming on market and the data gathered after those sales become officially recorded in the county records. Certainly it will have more of a negative affect as opposed to a positive one.
3. Price Reductions normally occur after 2-3 weeks of not getting a sufficient offer and lead to a decelerating final sales price. Price reductions can come from either pricing too high to begin with, or they can be a reflection of a price that cannot be sustained due to flaws in the home, oddities in the land, or surrounding factors that make it unattractive to potential homeowners, of which SADTC's falls into this category.

4. Concerns from a nearby SADTC can affect the buyer's decision making with regard to child safety, neighborhood safety, traffic concerns and can lead to fewer offers or eventually having to accept a lower price to compensate for the nuisance of disrupting the flow and desirability of a normal residential neighborhood.

Thank you,

Reno Warren
Keller Williams

Reno Warren / Real Estate Broker
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