

| Exhibit # | Date Recd. | Name |
|-----------|-----------------------|--|
| 155 | 3/29/2021 | John & Pamela Meiling |
| 156 | 3/24 3/25 and 3/26 | Eliot Esch |
| 157 | 3/29/2021 | Alan Koch |
| 158 | 3/28/2021 | Allison Holden |
| 159 | 3/28/2021 | Andy Cerotsky |
| 160 | 3/29/2021 | Anne Mattheisen |
| 161 | 3/28/2021 | Carla Torquato |
| 162 | 3/28/2021 | Donald George |
| 163 | 3/25/2021 | Ed Lonsway |
| 164 | 3/25/2021 | Greg Lougen |
| 165 | 3/28/2021 | Jeff Brent |
| 166 | 3/29/2021 | Jennifer Grosman |
| 167 | 3/25/2021 | Jennifer Hanson |
| 168 | 3/28/2021 | Jennifer Yin |
| 169 | 3/27/2021 | Joyce Fournier |
| 170 | 3/29/2021 | Julia Melton |
| 171 | 3/25/2021 | Katrin Crum |
| 172 | 3/27/2021 | Kimberly Abell |
| 173 | 3/29/2021 | Laura Guerrieri |
| 174 | 3/29/2021 | Laurell Davidson |
| 175 | 3/28/2021 | Lee Gil |
| 176 | 3/29/2021 | Lisandro Toquato |
| 177 | 3/28/2021 | Lucy Zhang He |
| 178 | 3/24/2021 | Mark Smith |
| 179 | 3/25/2021 | Patrick Whalen |
| 180 | 3/27/2021 | Paula Muller and Brendan Romtvedt |
| 181 | 3/29/2021 | Rita MacQuarrie |
| 182 | 3/24/2021 | Robert Ball |
| 183 | 3/29/2021 | Ruth McRaven |
| 184 | 3/27/2021 | Ryan Luikens |
| 185 | 3/29/2021 | Scott Duer |
| 186 | 3/28/2021 | Shavin & Sevani Pinto |
| 187 | 3/25/2021 | Sheila Schmid |
| 188 | 3/28/2021 | Steve Campbell |
| 189 | 3/29/2021 | Trevor Schoonover |
| 190 | 3/29/2021 | Tec L. Han |
| 191 | 3/29/2021 | Tec L. Han |
| 192 | 3/29/2021 | Tim Turnbull |
| 193 | 3/28/2021 | Yasu Fuke |
| 194 | 3/24/2021 | Kim Yu |
| 195 | 3/25/2021 | Yun Liang |
| 196 | 3/30/2021 | Jennifer Hanson |
| 197 | 3/29/2021 | Heidi Rosenberg, Camas School District |
| 198 | 3/29/2021 | Joanna Southwick |
| 199 | 3/29/2021 | David Bye |
| 200 | 3/29/2021 | Mary Beth Cozza 7 Gary Casabona |

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|-----|-----------|---------------------------|
| 201 | 3/29/2021 | Bryce Payton |
| 202 | 3/29/2021 | Ross Kobrzycki |
| 203 | 3/29/2021 | Ricardo Reyes |
| 204 | 3/29/2021 | Elizabeth Sullivan |
| 205 | 3/29/2021 | Sandra Phillips |
| 206 | 3/29/2021 | Greg Phillips |
| 207 | 3/29/2021 | Debbie Langendoerfer |
| 208 | 3/29/2021 | Justin Wimer |
| 209 | 3/29/2021 | Judy & Bill Hooper |
| 210 | 3/29/2021 | Jason Fournier |
| 211 | 3/29/2021 | Brett Nelson |
| 212 | 3/29/2021 | Todd Landwehr |
| 213 | 3/30/2021 | Aleksandra Cherednichenko |
| 214 | 3/30/2021 | Gang Liu |
| 215 | 3/30/2021 | Dorothy Bart |
| 216 | 3/30/2021 | Charles Roth |
| 217 | 3/30/2021 | Russ Goff |
| 218 | 3/30/2021 | Amy Bowman |
| 219 | 3/30/2021 | Kyle and Mallary Olson |
| 220 | 3/30/2021 | Stuart Maxwell |
| 221 | 3/30/2021 | Ike Liao |
| 222 | 3/30/2021 | Yuko Beuhler |
| 223 | 3/30/2021 | Tam Vuong |
| 224 | 3/30/2021 | Jay Chester |
| 225 | 3/31/2021 | Bashar Alkinj |
| 226 | 3/31/2021 | Jesse Cirillo |
| 227 | 3/31/2021 | Elsbeth Morita |
| 228 | 3/31/2021 | Kelly Alvord |
| 229 | 3/31/2021 | Sarah Yabui |
| 230 | 3/31/2021 | Tony Tsai |
| 231 | 3/31/2021 | Ward Kellogg |
| 232 | 3/31/2021 | Rui Meng |
| 233 | 3/31/2021 | Erin McClanahan |
| 234 | 3/31/2021 | Nels Walther |
| 235 | 3/31/2021 | Amy Pickens |
| 236 | 3/31/2021 | Rich Vargo |
| 237 | 3/31/2021 | Andrea McNickle |
| 238 | 3/31/2021 | Lin Kellogg |
| 239 | 3/31/2021 | Brenna Esch |
| 240 | 3/31/2021 | Jamie Kobrzycki |
| 241 | 3/31/2021 | Janis Williams |
| 242 | 3/31/2021 | Eliot Esch |
| 243 | 3/31/2021 | Jamie Viengkham |
| 244 | 3/31/2021 | Matthew Lass |
| 245 | 3/31/2021 | Craig Yabui |
| 246 | 3/31/2021 | Jamie Kobrzycki |
| 247 | 3/31/2021 | Peter Lu |

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|-----|-----------|--|
| 248 | 3/31/2021 | Tim Stephenson |
| 249 | 3/31/2021 | Bryce Davidson |
| 250 | 3/31/2021 | Corrine Lowder |
| 251 | 3/31/2021 | Yan Ni |
| 252 | 3/31/2021 | Wronda Gustafson |
| 253 | 3/31/2021 | Ian McNickle |
| 254 | 3/31/2021 | Nissa Buchanan |
| 255 | 3/31/2021 | Yuanyuan Shen |
| 256 | 3/31/2021 | Jennifer Hanson |
| 257 | 3/31/2021 | Heather Gulling |
| 258 | 3/31/2021 | Kenric Thompson |
| 259 | 3/31/2021 | Stuart Maxwell |
| 260 | 3/31/2021 | Kristen Maxwell |
| 261 | 3/31/2021 | Marcy Kirby-Smith |
| 262 | 3/31/2021 | Brian Lewallen for Dorothy Fox Safety Alliance |
| 263 | 3/31/2021 | Hannah Rogers |
| 264 | 3/31/2021 | Megan Chyterbok |
| 265 | 3/31/2021 | Kat Tarr |
| 266 | 3/31/2021 | Brian Cavill |
| 267 | 3/31/2021 | Dan Pain |
| 268 | 3/31/2021 | Kristine Wilson, Perkins Coie on behalf of the Applicant |
| 269 | 3/24/2021 | Brian Wiklem |
| 270 | 3/24/2021 | James Rogers |
| 271 | 3/31/2021 | Erica Torres |

From: JS Meiling <jsmeiling@yahoo.com>
Sent: Monday, March 29, 2021 9:07 AM
To: Sarah Fox
Cc: dorothyfoxsafetyalliance@gmail.com
Subject: Resident opposed to Discover Recovery drug detox near Dorothy Fox Elementary School
Attachments: Medical facilities in Camas WA.JPG; Police facilities in Camas WA.JPG

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Sarah Fox,
City of Camas,

As residents of Camas on Prune Hill, we are **strongly opposed** to Discover Recovery locating a drug detox facility next to Dorothy Fox Elementary School, or near any public school or in any residential neighborhood in Camas zoned for Single-family Residential or Residential housing. This makes no sense, other than to disrupt and aggravate our peaceful community.

This proposal poses potential risk to children from adult drug addicts leaving mid treatment, would require additional police presence 24/7 at the facility and in the surrounding residential neighborhood, will result in additional 911 calls from residents for any suspicious activity, and could result in the additional purchase of firearms by neighborhood residents who now feel threatened and need to protect themselves and their property. This proposed location of Discover Recovery:

- puts children at risk
- threatens our community
- will decrease property values, and therefore decrease city income from property taxes
- will increase cost to the city for additional police patrols and protection, and additional 911 calls
- could increase the number of firearms in the City of Camas

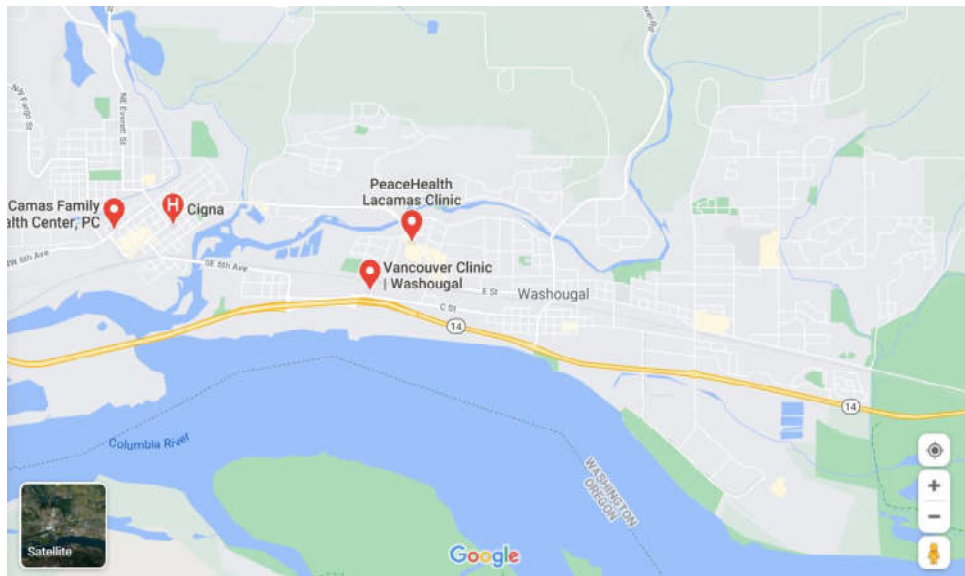
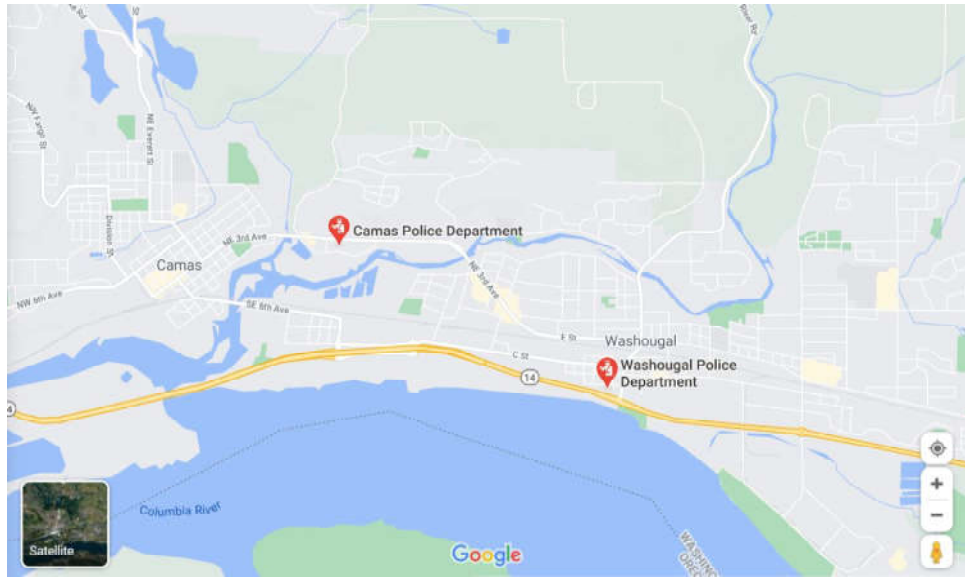
On the other hand, there are NO benefits to the City of Camas of permitting an Assisted Living facility to be converted to a Drug Detox facility.

Such drug detox services are "medical services" and should be located in a District zoned for medical facilities, like Commercial or Business Districts, near hospital or police station. There are plenty of other more appropriate locations in the area, possibly in Camas (or neighboring Vancouver, or Clark County, or Oregon) which would not put children at risk and disrupt a Residential District of tax payers, community volunteers, and voters.

Please **DO NOT PERMIT** Discover Recovery to open a drug detox facility next to Dorothy Fox Elementary School, or within 2 miles of any public school in a Residential District.

Thank you,

John & Pamela Meiling
2051 NW 33rd Way
Camas, WA



From: Elliot Esch <esch0035@gmail.com>
Sent: Wednesday, March 24, 2021 8:25 PM
To: Sarah Fox
Subject: Definition of Convalescent home

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Hi Sarah,

My name is Elliot Esch at 1525 NW 34th ave. Camas, 98607. I am emailing you to reiterate the point that I was attempting to make on the Zoom Call this evening that; In looking for a definition of a Convalescent home, it is important to note that 1) the City of Camas does not include "drug rehab facility" in the proper definition. 2) To the Applicants Lawyers point of the definition of convalescent home being referenced from "Websters Dictionary", because based on the fact that Websters is "generally" looked upon and referred to for "common definitions". I would argue that you could use other sources as "generally" looked upon for "common definitions"... such as the source LawInsider.com. Again it's a loose interpretation that we have to look at the "common definition" and only look at one source, aka "Websters dictionary", because it suits their case.

At Lawinsider.com there are 23 different definitions for Convalescent home provided, and of the 23 I would consider all of them "common definitions" and could argue that all the definitions at Lawinsider.com hold as much perceived generality as Websters dictionary. Two of these common definitions specifically state they do not include: "drug addicts, or persons with mental or contagious diseases or afflictions". These two common definitions hold just as much power as a Websters dictionary definition and clearly exclude this facility in a residential R12 zone.

I have copied and pasted the two definitions I am referencing:

Convalescent home means a licensed facility which provides bed and ambulatory care for patients with post-operative convalescent, chronic illness and persons unable to care for themselves; but not including alcoholics, drug addicts or persons with mental or contagious diseases or afflictions. (Includes "Nursing Home" and "Rest Home").

Convalescent home means a facility licensed by the State Department of Public Health, the State Department of Social Welfare, or the County of Orange, which provides bed and ambulatory care for patients with postoperative convalescent, chronically ill or dietary problems, and persons aged or infirmed unable to care for themselves; but not including alcoholics, drug addicts, or persons with mental or contagious diseases or affliction.

I believe that allowing them to sneak into a community based of the interpretation of one source's definition of convalescent home would be irresponsible.

Here is the link to all 23 definitions for review:

<https://www.lawinsider.com/dictionary/convalescent-home?cursor=ClwSVmoVc35sYXdpbNpZGVyY29udHJhY3Rzcj0LEh1EZWZpbml0aW9uU25pcHBldEgyb3VwX3YxOV9lbilaY29udmFsZXNjZW50LW9hbnVUjMDAwMDAwMGEMGAAGAA%3D%3Dand>

Thank you for considering my points,

Elliot Esch

From: Elliot Esch <esch0035@gmail.com>
Sent: Friday, March 26, 2021 12:10 PM
To: Sarah Fox
Subject: Discovery Recovery - Threatening safety and security of our community

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Hi Sarah,

Please provide this information to the examiner for consideration when determining to allow Discovery Recovery to operate in the residential camas zone:

Mariam Webster's dictionary (the applicants preferred source for generally common definitions) defines security as:

Definition of *security*

1: the quality or state of being secure: such as

a: freedom from danger : SAFETY

b: freedom from fear or anxiety

[Security | Definition of Security by Merriam-Webster \(merriam-webster.com\)](https://www.merriam-webster.com/dictionary/security)

During the hearing on Wednesday March 24th, there were many times where the examiner dismissed residents voicing their opinions, thoughts, and personal experiences with drug rehab facilities. These were dismissed due to the fact that they were not addressing the 2 main points of consideration the examiner was looking at;

- 1) does discovery recovery fit the Camas definition of convalescent home.
- 2) does discovery recovery pose a threat to the security of our community.

I would like to submit for consideration, based on the definition provided above that while many attendees were voicing unsubstantiated facts to be used in his ruling, every single person who spoke against this applicant was exhibiting an overwhelming amount of newly created fear. Fear (as defined above by the applicants preferred source for definitions) in and of itself lowers and decreases the security of our community. Just the thought of a drug rehab facility has already lowered the security and threatened our community and that was extremely evident by many testimonies during Wednesday nights hearing. This is proof that while nothing physically damaging has happened yet, just the presence of fear is enough to revoke the application for discovery recovery to operate based on the threat to security in our community.

Thank you for considering this very important point,

Elliot Esch

From: Elliot Esch <esch0035@gmail.com>
Sent: Thursday, March 25, 2021 8:02 AM
To: Sarah Fox
Subject: Discovery Rehab - Convalescent home
Attachments: Top 10 pages bing search - convalescent home.pdf; Top 10 pgs GOOGLE search - convalescent home.pptx

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Hi Sarah,

Please provide the below information to the examiner, along with my previously sent email from last night.

To further define "convalescent home" I believe it is appropriate to look at the industry itself and how other drug rehab facilities market themselves to the public and how they themselves pay to classify their business designation.

In today's economy every business markets on the information highway or "the world wide web". Businesses pay for key words to be used in their marketing on the world wide web in order to maintain their past, present, and most importantly future customers. I have attached the first 10 pages and hundreds of results that are shown when a simple Google and Bing search is made for "convalescent home". As you can see by the information provided in the attached documents, NOT ONCE is a drug rehab facility, marketed, directed, or even shown on any of the 50+ pages of internet searches I am providing, let alone Discovery Recovery itself. Not only does that prove the point that our greater Society does not classify a "convalescent home" as a drug rehab facility, but they themselves and their competitive peers in the industry across the country DO NOT classify themselves as "convalescent home". Please take this information seriously into consideration when interpreting and re-writing the city of Camas definition of "convalescent home",

I also would implore you to do this search yourself and see if you can find the definition by the greater society as well as peers in the industry to prove that they do consider themselves a "convalescent home". ONE mention in the first 10 pages of results might hold a little steam, but I have been searching pages upon pages all night and still do not see a mention of "discovery recovery drug rehab". If you present this information to the lawyer, know how quickly and cheaply businesses can buy up key words through their google my business web page. They might, in an attempt to deceive the city, make swift key strokes and changes to their marketing strategy, so it is important that the documents I provide remain as proof of this consideration.

I am going to continue to research and provide you with different ways that we all know "Convalescent homes" are NOT referencing drug rehab facilities. I am not a lawyer, I am a simple Jiffy Lube employee. It should also be noted that if I can make a compelling argument with no law background, no experience in this space, and no real comprehensive understanding or experience with this process (until last night) it only furthers the point that drug rehab facilities are NOT convalescent homes.

Thank you for considering this information stay tuned for more,

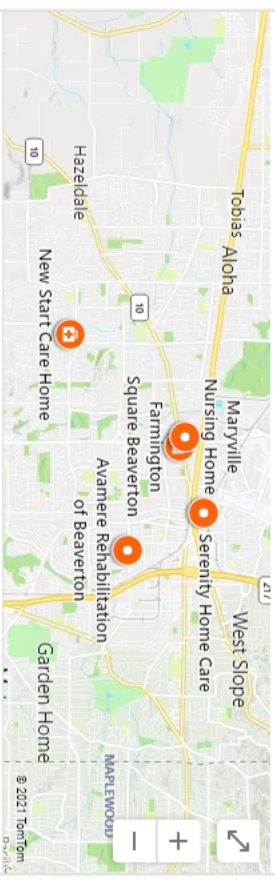
Elliot Esch
1525 NW 34th Ave. Camas, WA 98607

convalescent home

- ALL
- WORK
- MAPS
- IMAGES
- VIDEOS
- NEWS
- SHOPPING

701,000,000 Results Any time Results near Five Oaks-Triple Creek, Oregon Change Open links in new tab

Convalescent Home



COVID-19 Hours or services may vary

Maryville Nursing Home

Facebook (29) · Assisted Living Facility, Nursing School
14645 SW Farmington Rd, Beaverton · (503) 643-8626
Closed · Opens 9 AM

Serenity Home Care

Facebook (3) · Assisted Living Facility, Nursing School
12725 SW Millikan Way Ste 300, Beaverton · (503) 520-9400
Closed · Opens 8:30 AM

Avamere Rehabilitation of Beaverton

Facebook (15) · Assisted Living Facility, Nursing School
11850 SW Allen Blvd, Beaverton · (503) 646-7164
Closed · Opens 9 AM

Farmington Square Beaverton

Facebook (9) · Assisted Living Facility
14420 SW Farmington Rd, Beaverton · (971) 238-7570
Open 24 hours

Related searches

- convalescent homes near by
- convalescent facility care
- nursing and convalescent home
- convalescent homes near me
- lutheran convalescent home
- nursing home vs convalescent home
- home convalescent aids
- convalescent hospitals near me

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| PEOPLE ALSO ASK |
| What is a convalescent home? |
| Are convalescent homes the same as nursing homes? |
| What are the different types of convalescent care? |
| Does Medicare cover convalescent care? |

Feedback

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/Ad Search Local Nursing Home Facilities by Location, Rating & More. Take the Guesswork Out of Senior Care with the Free Research Advisors at Caring.com The Better Way to Find The Right Nursing Home. Get Prices. Compare Options. caring.com has been visited by 10K+ users in the past month Services: Personalized Support, Budget Review, Needs Assessment, Caring Family A... Compare Cost & Options - Local Assisted Living - Quickly Compare Options - Senior Housing Costs

Assisted Living in Portland Or | Fieldstone Cornell Landing

<https://www.fieldstonecommunities.com>

/Ad Exceptional care in a beautiful environment that is designed to meet your needs. Vibrant and joyful assisted living with fine dining, social events & luxurious amenities The first floor of Cornell Landing is designed especially for the comfort and care ... Schedule a Virtual Tour - Contact Us Types: Assisted Living, Memory Care, Dementia Care

View Reviews, Pricing & Photos | Find Nursing Homes Near You

https://www.aplaceformom.com/nursing_home

/Ad Nursing Homes Near You. Compare Ratings, Reviews, & Costs Today. You know your family. We know senior living near you. Together we'll get it right.

Related searches for convalescent home

convalescent homes near by

convalescent facility care

nursing and convalescent home

convalescent homes near me

lutheran convalescent home

nursing home vs convalescent home

176d811848-118301-20210319b

x

file:///C:/Users/Elliott/AppD

x

convalescent home - Bing

x

+

176d811848-118301-20210319b

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file:///C:/Users/Elliott/AppD

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convalescent home - Bing

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176d811848-118301-20210319b

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convalescent home - Bing

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176d811848-118301-20210319b

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file:///C:/Users/Elliott/AppD

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convalescent home - Bing

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https://www.bing.com/search?q=convalescent+home&qsl=LS&pq=convale&sk=LS3EP1&sc=6-7&cvid=4C76198250284410A30FBF32DAC16FE1&sp=5&first=5&FORM=PERE

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Not syncing

Microsoft Bing

convalescent home

🔍

ALL

WORK

MAPS

IMAGES

VIDEOS

NEWS

SHOPPING

5-18 Of 701,000,000 Results

Any time ▾

Open links in new tab ☒

Shell

See work results for convalescent home >

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https://www.fieldstonecommunities.com ▶ 4,700+ followers on Facebook

/Ad An engaging environment with fine dining, beautiful amenities and a fitness studio.

Resources: Moving Checklist · Financial Information · Before Your Visit

Assisted Living For Seniors | A Portland Community

https://info.seniorlifestyle.com/assisted-living/portland ▶ 3,800+ followers on Facebook

/Ad Hawthorne Gardens Has Care That's Always There. Live The Good Life. Assisted Living In Portland Oregon. Schedule A Virtual Visit!

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https://my.caring.com/nursing-homes/costs ▶ 64,800+ followers on Facebook

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Search Nearby Listings · Time-Saving Service · Find the Best Care · Your Questions Answered

Links: Assisted Living · Memory Care · Best Senior Living · Home Care

Nursing Homes | Our Service Is Free | Helping Hands For Seniors

https://helpinghandspdx.com/referral_agency ▶

/Ad Expert Advice Regarding Assisted Living, Memory Care, Adult Care Homes & Nursing Homes. Don't Wait For Great Long Term Care Services. We Are Here To Help Every Step Of The Way.

Safe · Simple Transition · Nurturing Home

Assisted Living & Senior Care | Find Facilities Nearest To You

https://find.seniorhomes.com/assisted-living/costs ▶ 1,600+ followers on Facebook

/Ad Research Nearby Assisted Living Facilities by Price, Location, and Ranking. Making The Right Assisted Living Decision with Free Research from SeniorHomes.com

Videos of Convalescent home

bing.com/videos

Related searches

convalescent homes near by

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Elliott Esch@shell.com

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☰

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<https://www.bing.com/search?q=convalescent+home&qsl=LS&pq=convale&sk=LS3EP1&sc=6-7&cvid=4C76198250284410A30FBF32DAC16FE1&sp=5&first=5&FORM=PERE>

<https://www.assistedliving-portland.com>

Ad Assisted living community provides additional care for seniors in safe & secure setting. Experts create customized plans, medication management, housekeeping + more. Get info now!

A Helping Hand · Health & Wellness Focus · Companionship & Activity · Ease of Daily Living

Find In-Home Caregivers | Care.com® Nursing Care | care.com

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Ad View Profiles & Background Checks Options. Search by Rates. Get Started for Free Today!

In-depth profiles · Reviews and references · Free job listings · Background check options

Beaverton, OR Respite Care | Respite Care Near You

www.senioradvisor.com/respice/facilities

Ad Browse Our Free Directory of Reviews & Costs. Find The Best Care For Those You Love Today! Get Free Personalized Local Living Options For Respite Care. Learn More Now.

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Local Nursing Homes

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Find Assisted Living Options

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Resources: Moving Checklist · Financial Information · Before Your Visit

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- convalescent homes near by
- convalescent facility care
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- nursing home vs convalescent home
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- convalescent hospitals near me

Testimonials. My grandmother had an amazing experience here at Country Villa and thanks to them, she...

<https://www.bing.com/search?q=convalescent+home&q=LS&pq=convale&sk=LS3EP1&sc=6-7&cvid=4C76198250284410A30FBF32DAC16FE1&sp=5&first=19&FORM=PERE1>

Kearny Mesa – Generations Healthcare – Skilled Nursing ...

<https://www.lifegen.net/kearny/index.html> ▶

Kearny Mesa Nursing Center Presidential Award Winner admin 2016-08-11T12:03:32+00:00 Kearny Mesa congratulates Marilou M. De Luna, R.N.A., as the 2015 Presidential Caring for a Lifetime award winner.

20 Best convalescent homes jobs (Hiring Now!) | SimplyHired

<https://www.simplyhired.com/search?q=convalescent+homes> ▶

375 convalescent homes jobs available. See salaries, compare reviews, easily apply, and get hired. New convalescent homes careers are added daily on SimplyHired.com. The low-stress way to find your next...

Nursing Homes | CMS

<https://www.cms.gov/Medicare/Provider-Enrollment...> ▶

Feb 24, 2021 · This page provides basic information about being certified as a Medicare and/or Medicaid nursing home provider and includes links to applicable laws, regulations, and compliance information....

When California's Medi-Cal Will Pay for a Nursing Home ...

<https://www.nolo.com/legal-encyclopedia/when...> ▶

Jan 21, 2020 · Medi-Cal for Nursing Home Residents. Skilled nursing facilities are residential facilities that offer round-the-clock, skilled nursing care in addition to other supportive services. These nursing...

Convalescent Home vs. Assisted Living Facility | The Inn ...

<https://www.theinnatbeldenvillage.com/canton-ohio-convalescent-home> ▶

Convalescent homes, commonly called Inpatient Rehabilitation Facilities, are designed to provide care for senior patients who are recovering from surgeries or long-term illnesses. While some patients return...

What is another word for "convalescent home"?

https://www.wordhippo.com/what-is/another-word-for/convalescent_home.html ▶

Synonyms for convalescent home include nursing home, assisted living, children's home, eldercare, Elderhostel, establishment, home, hospice, institution and residence. Find more similar words at ...

30 CT Nursing Homes Receive Lowest Rating From Federal Gov ...

<https://patch.com/connecticut/milford/30-ct...> ▶

May 15, 2019 · Nursing homes provide round-the-clock care to people who can't be cared for at home and staffing has the "greatest impact" on the quality of care, the federal agency said — more staff, better ...

Florida rescinds nursing home visitation orders

<https://www.clickorlando.com/news/local/2021/03/24...> ▶

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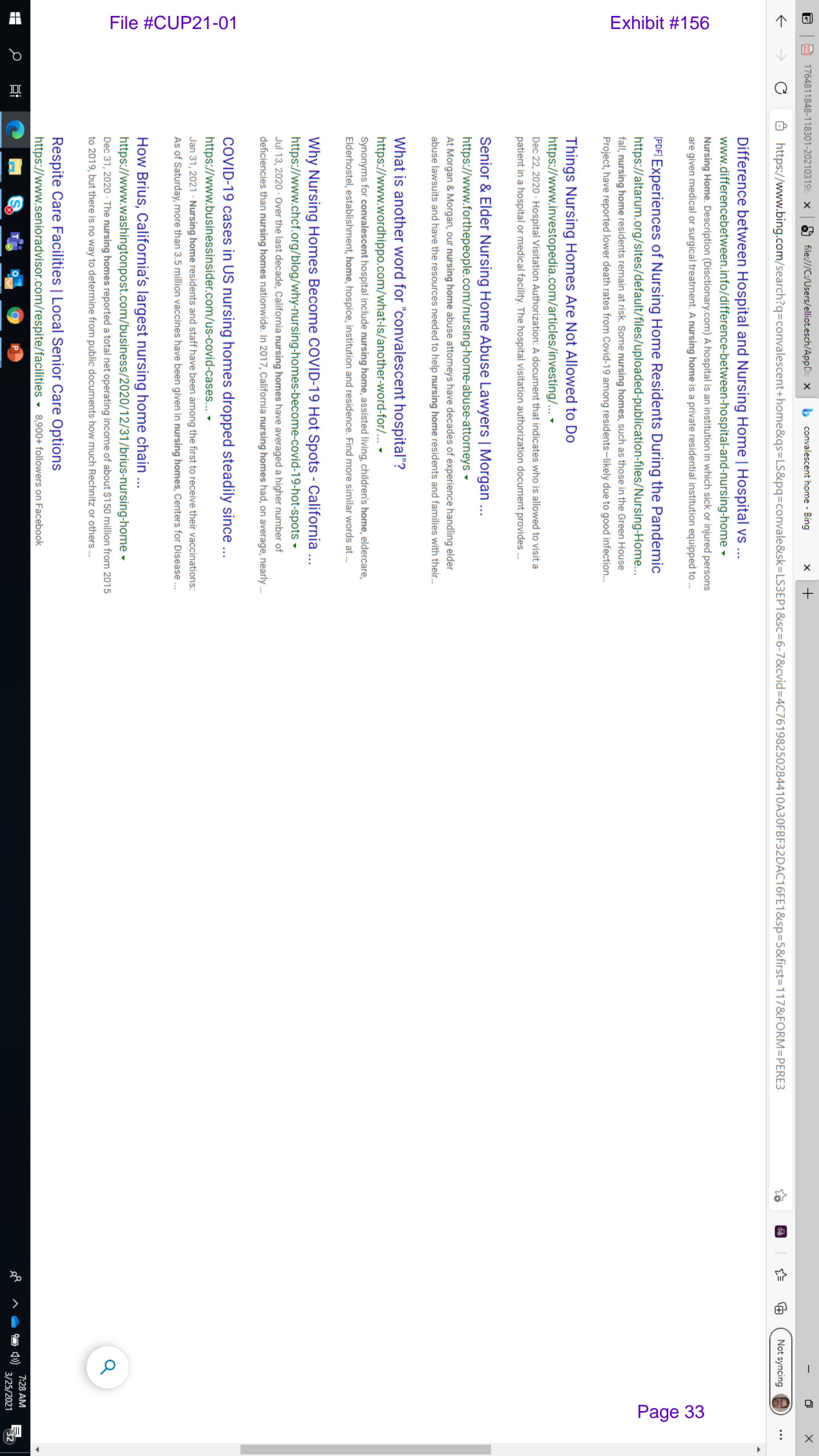
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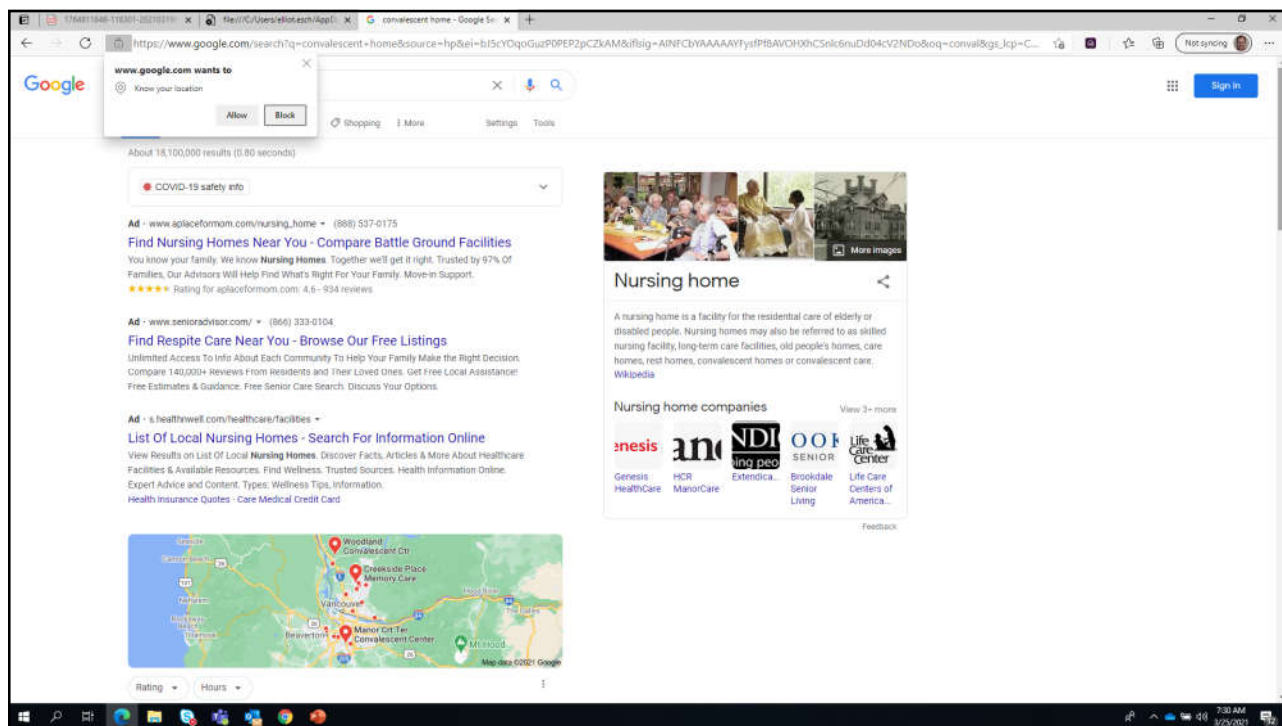
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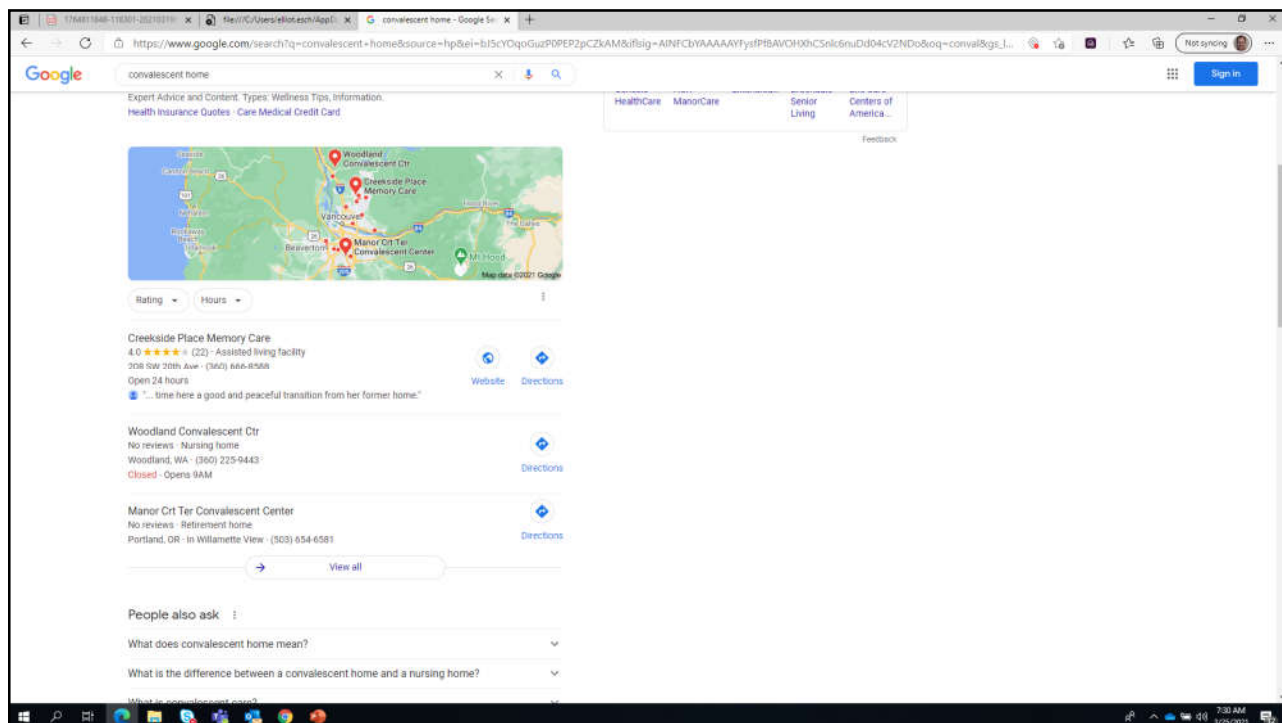
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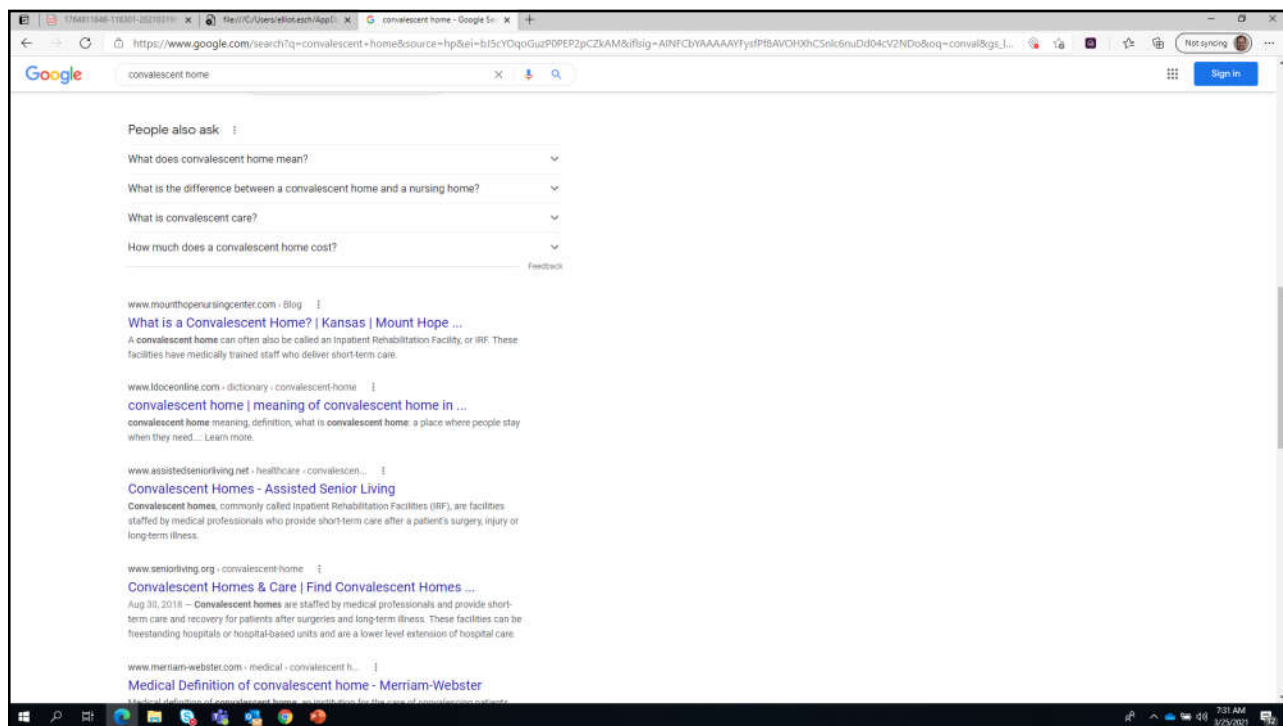




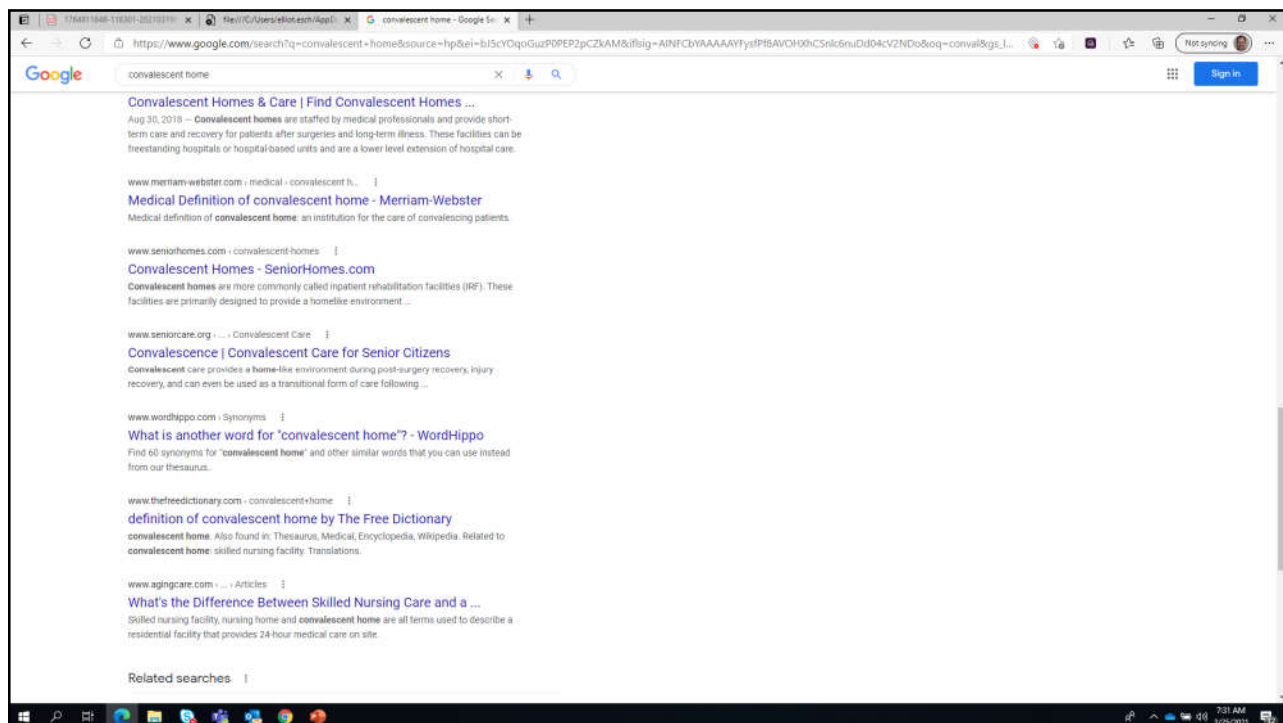
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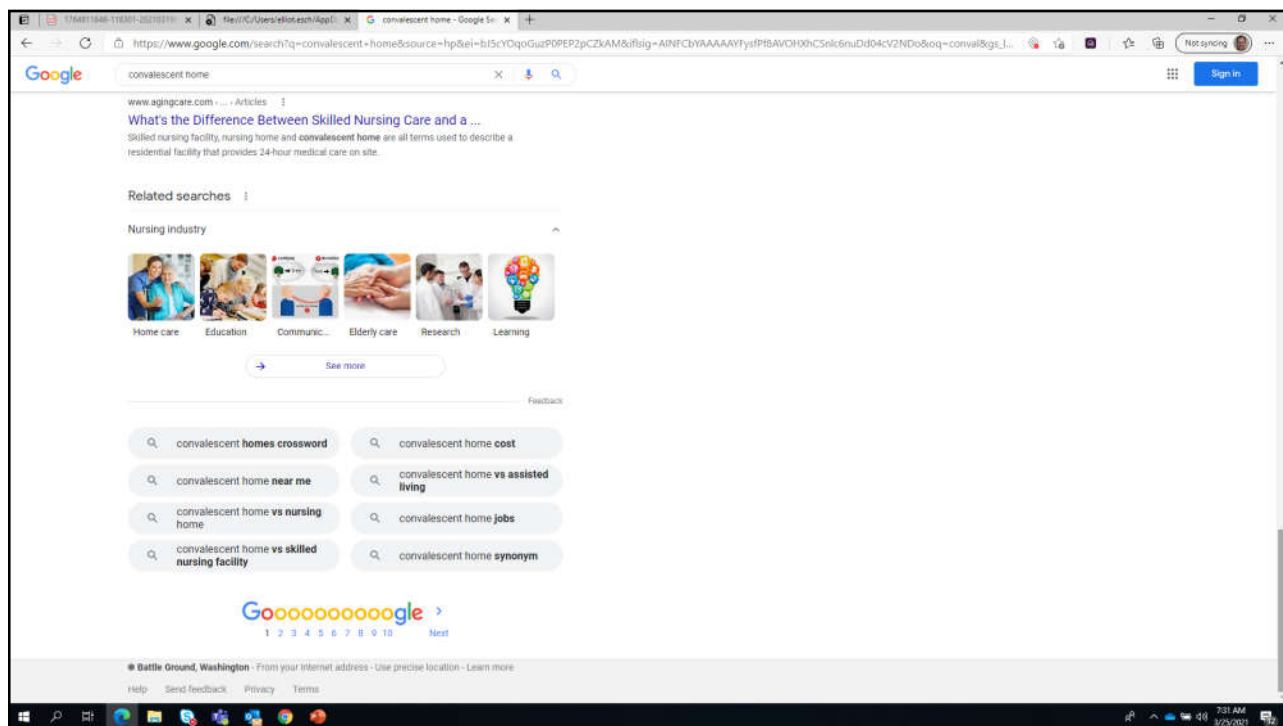
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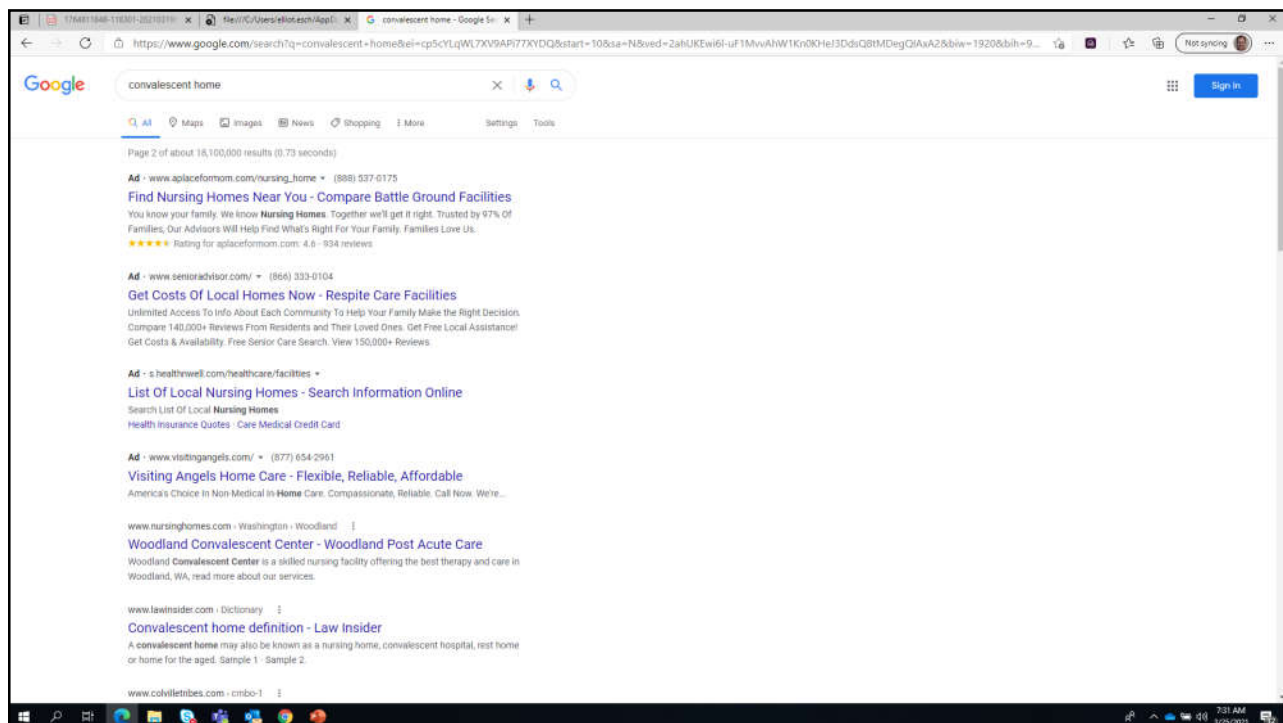
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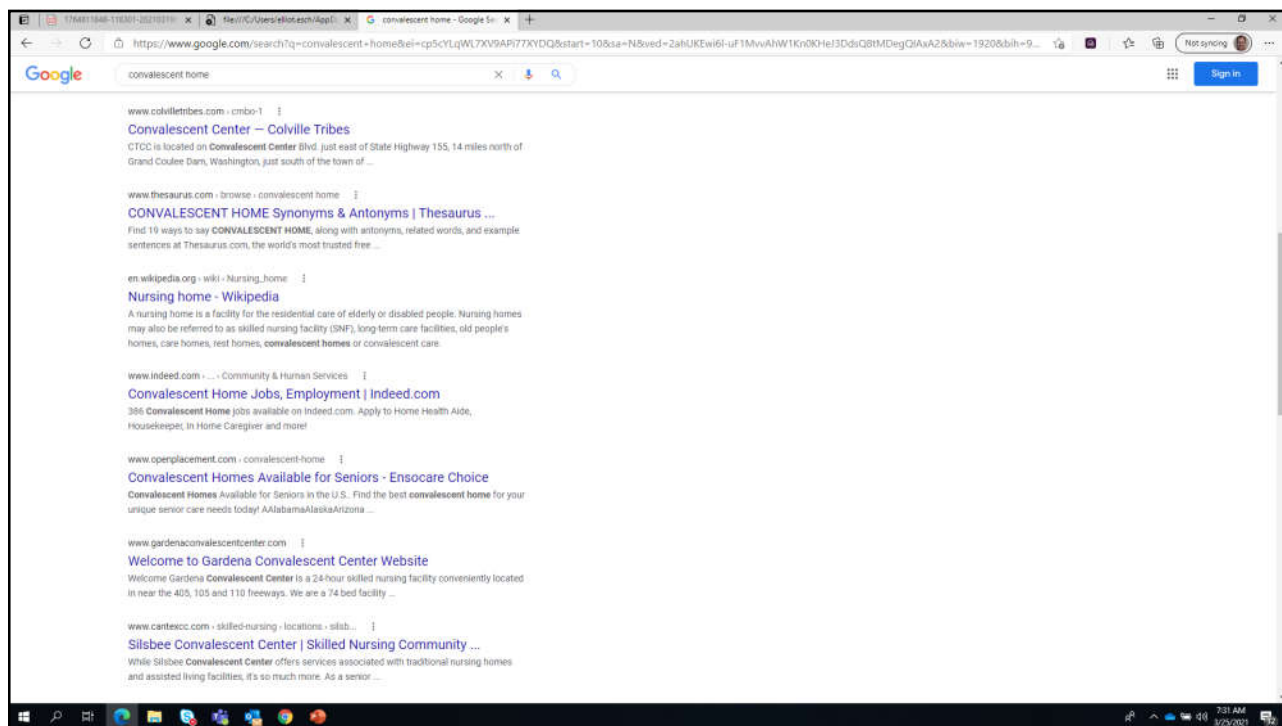
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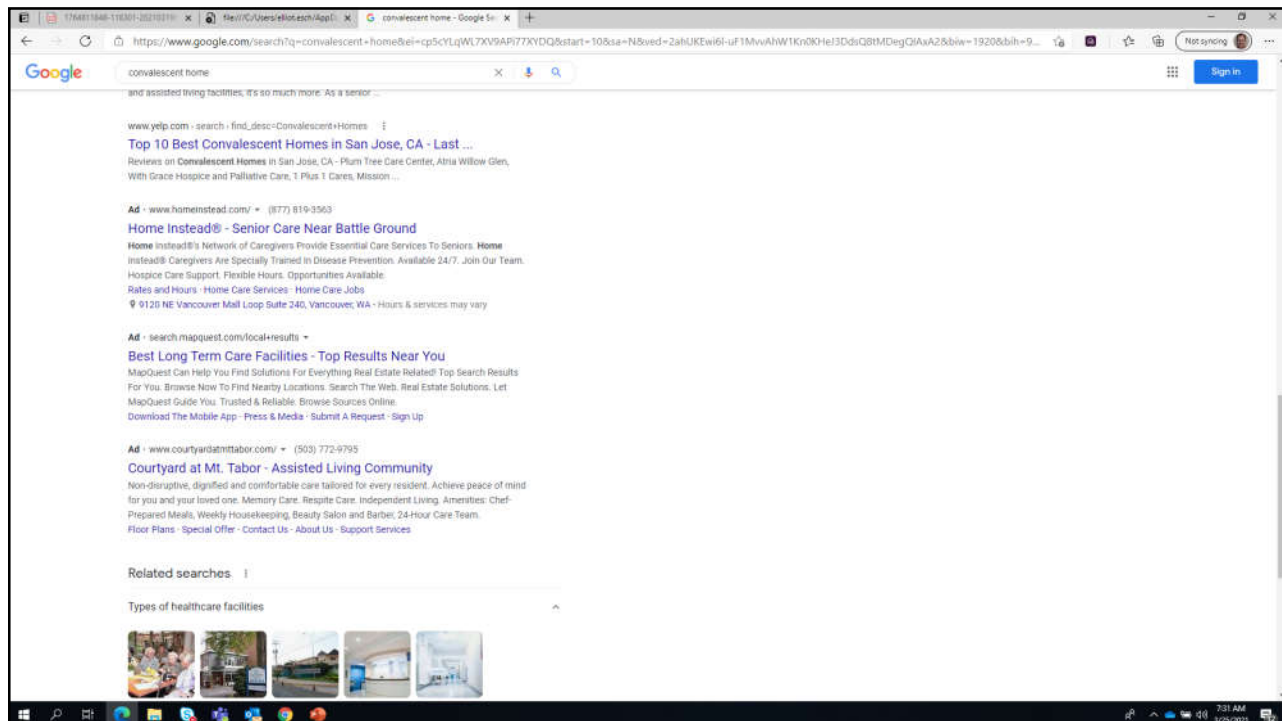
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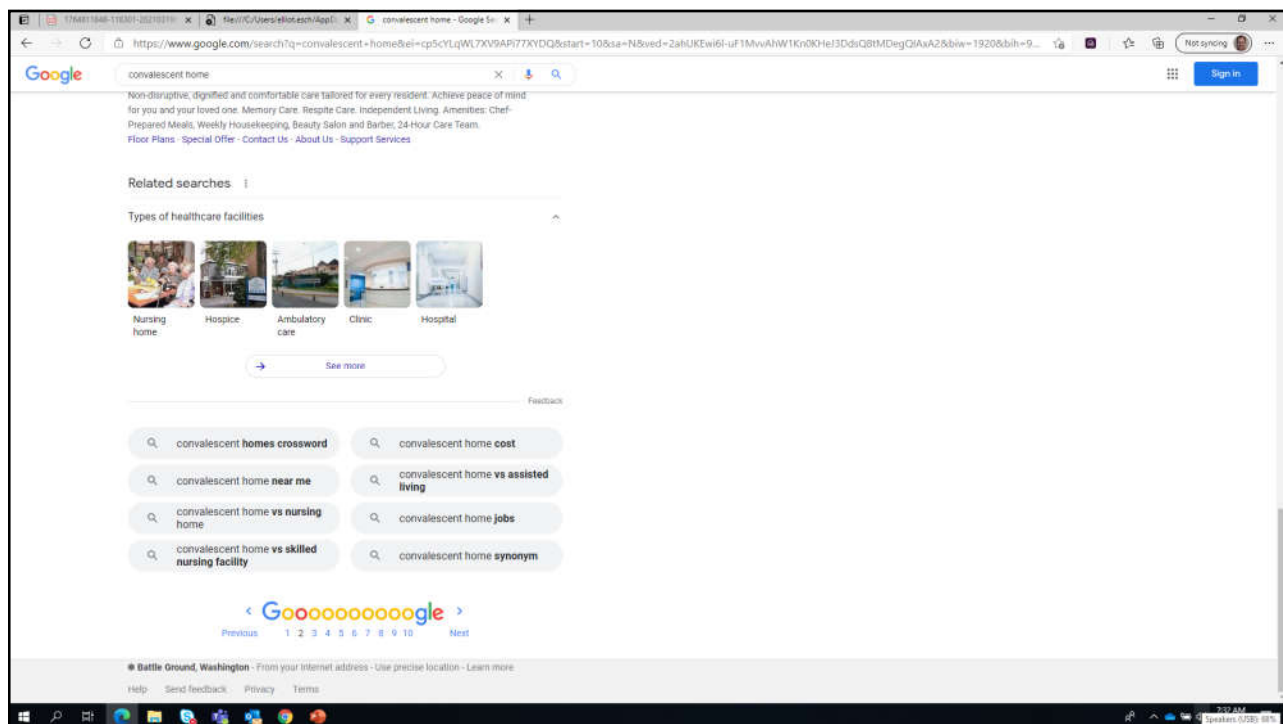
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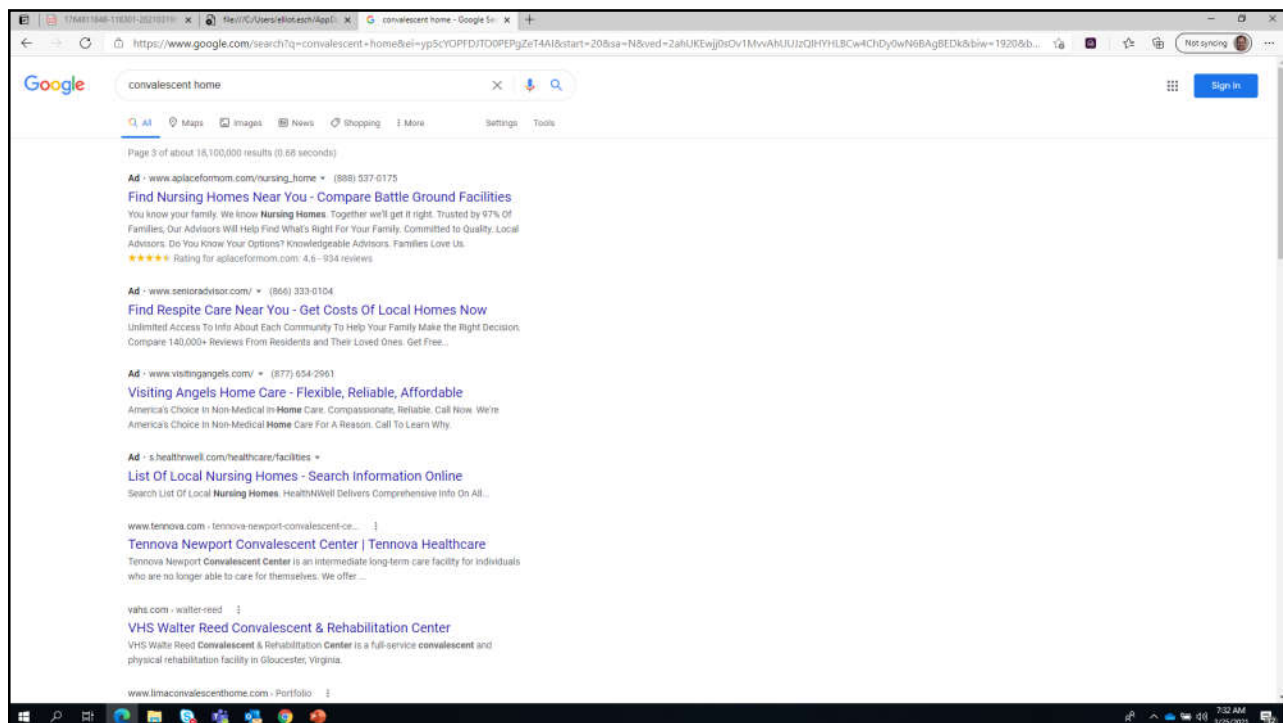
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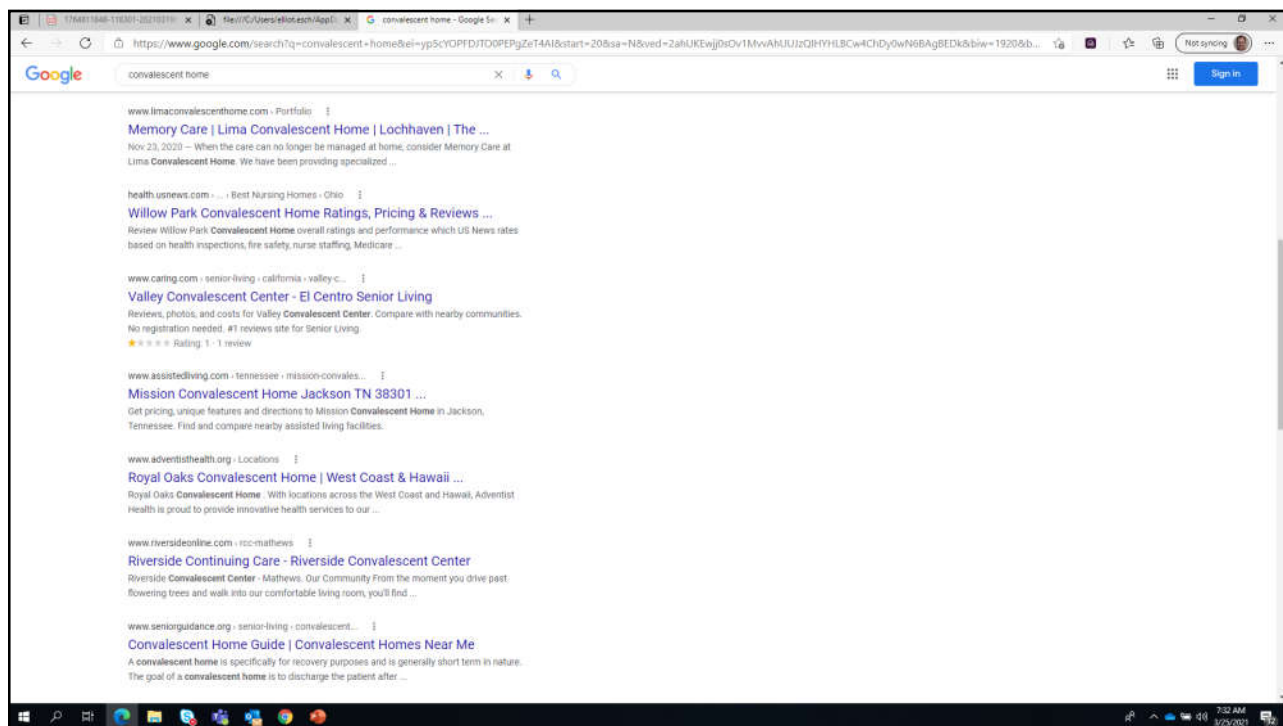
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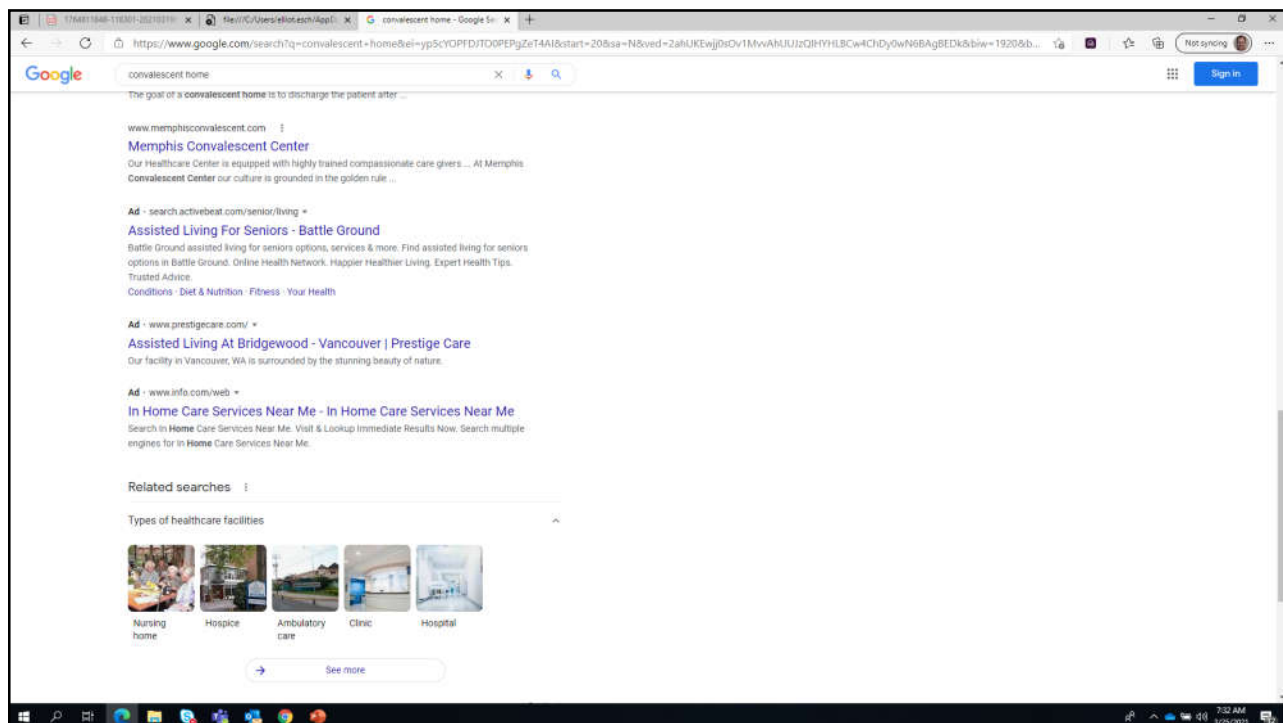
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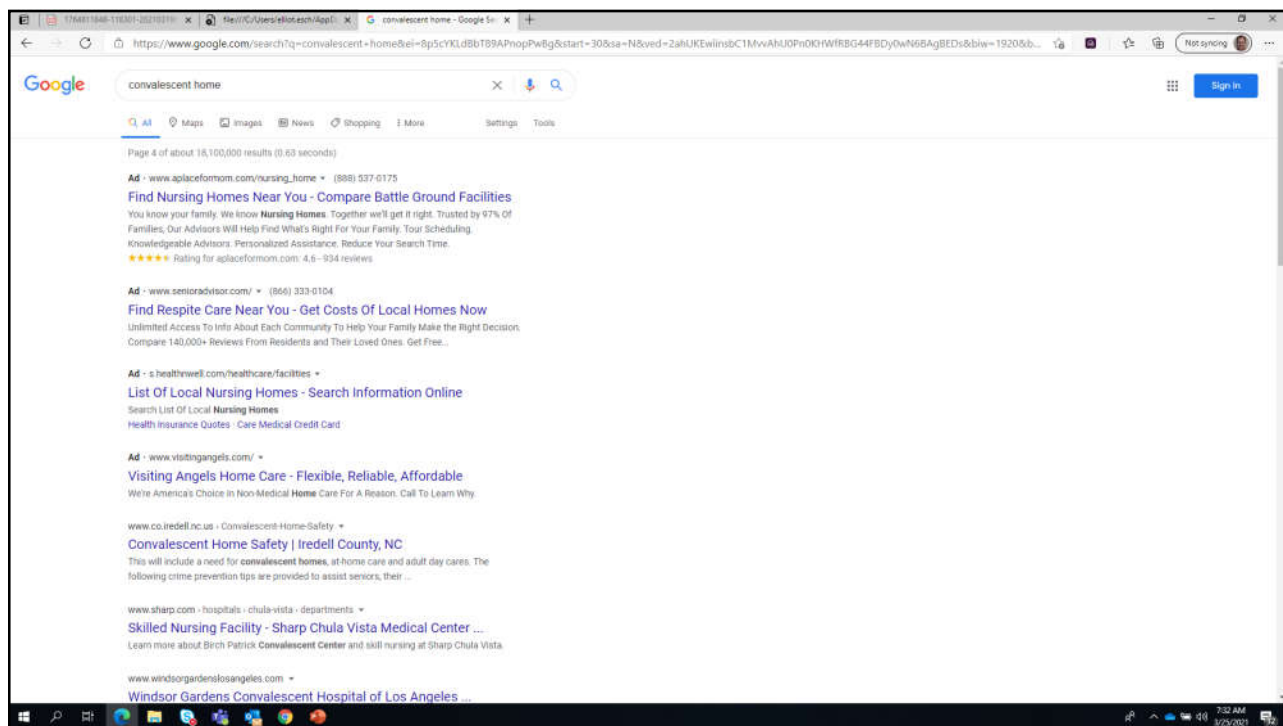
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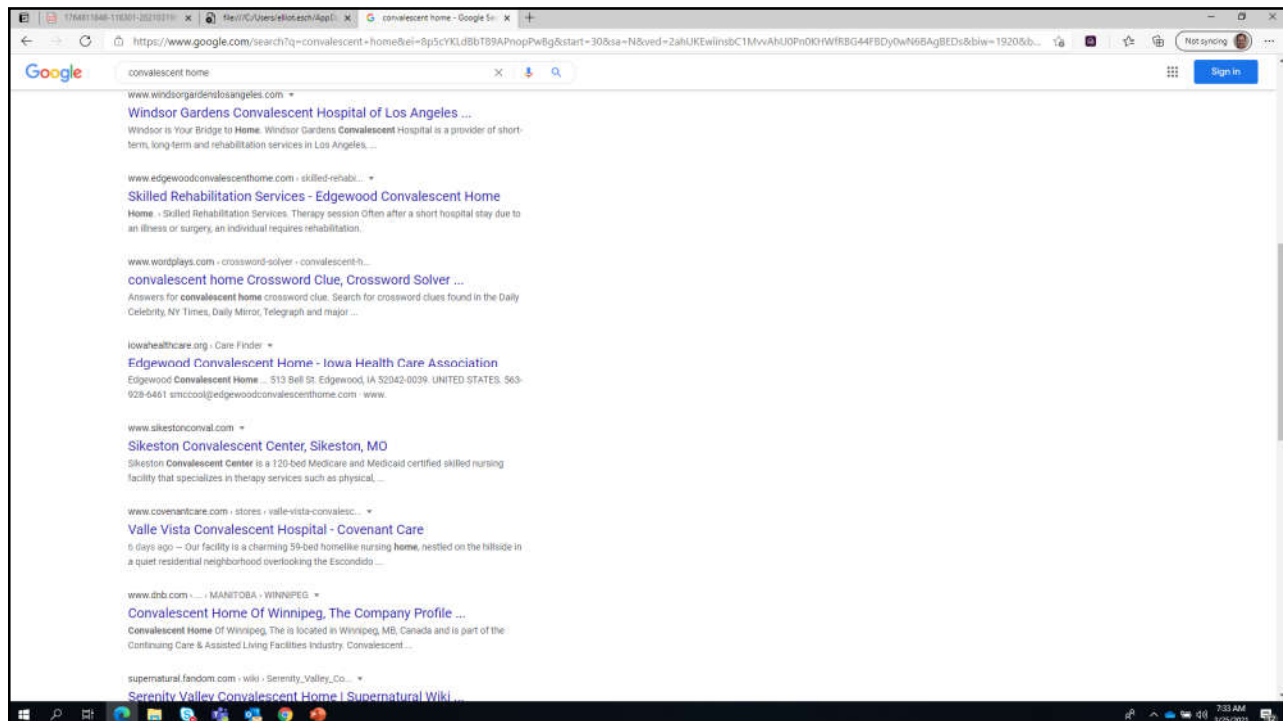
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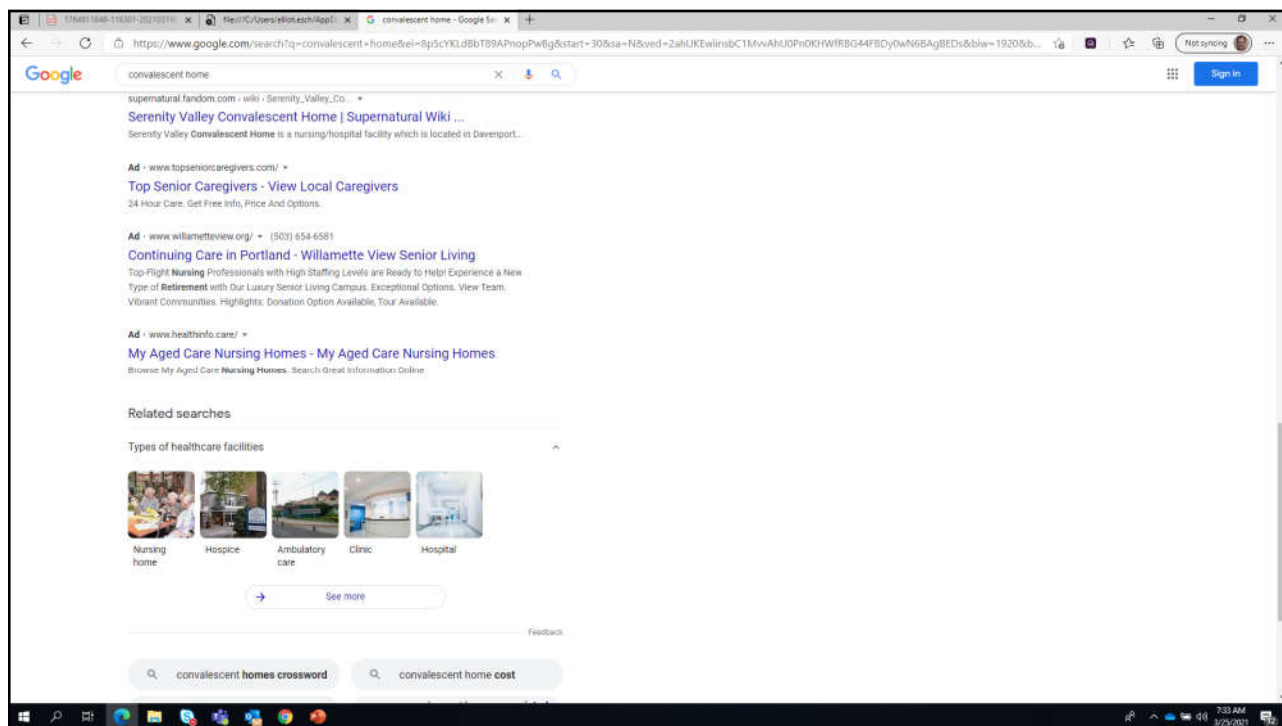
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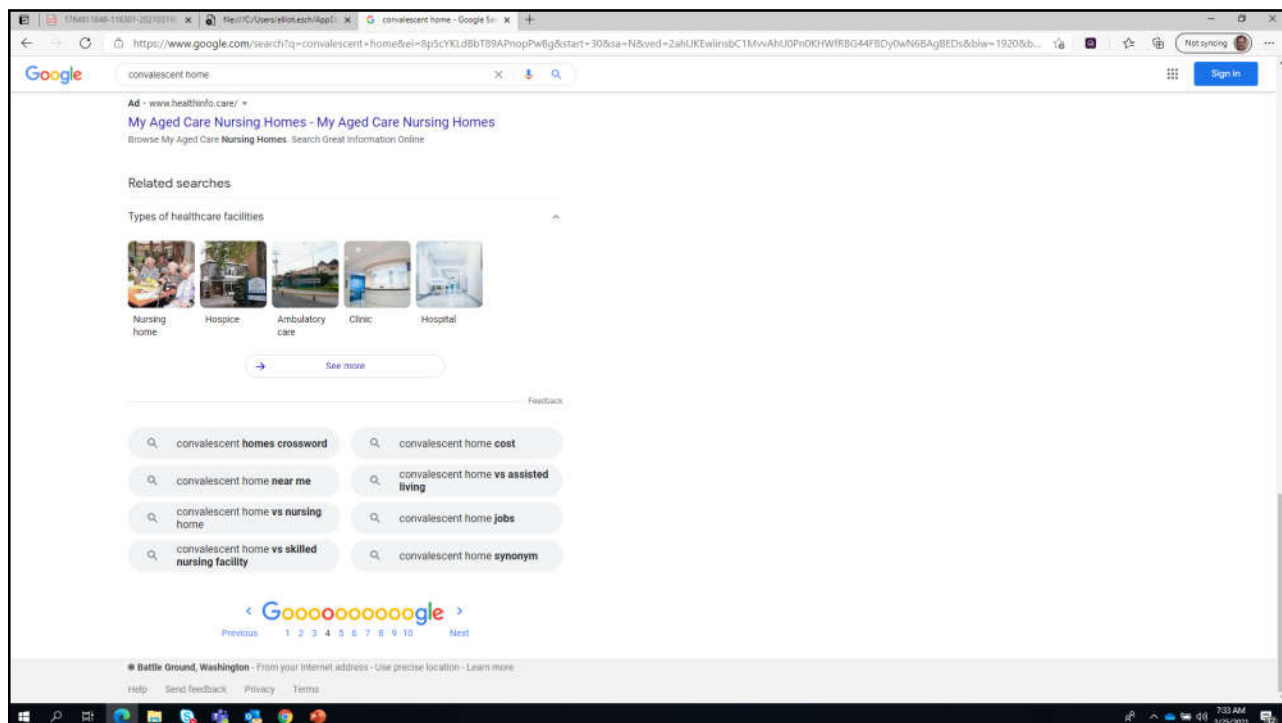
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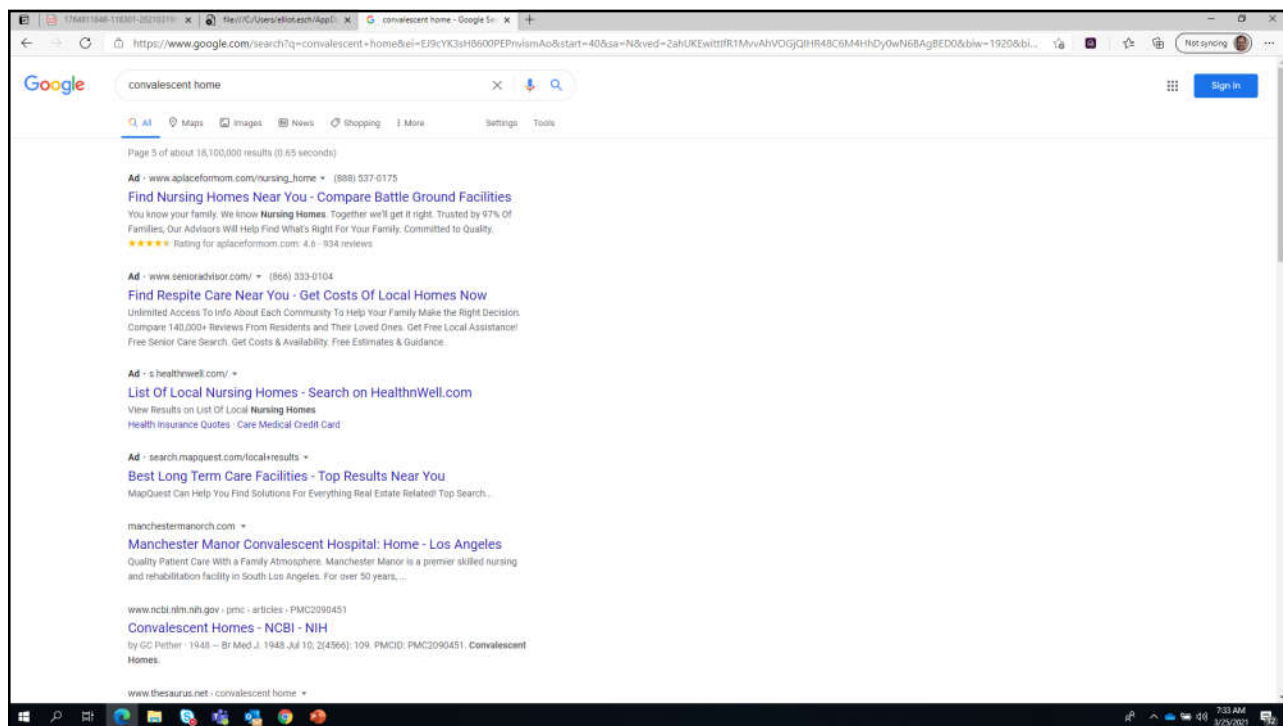
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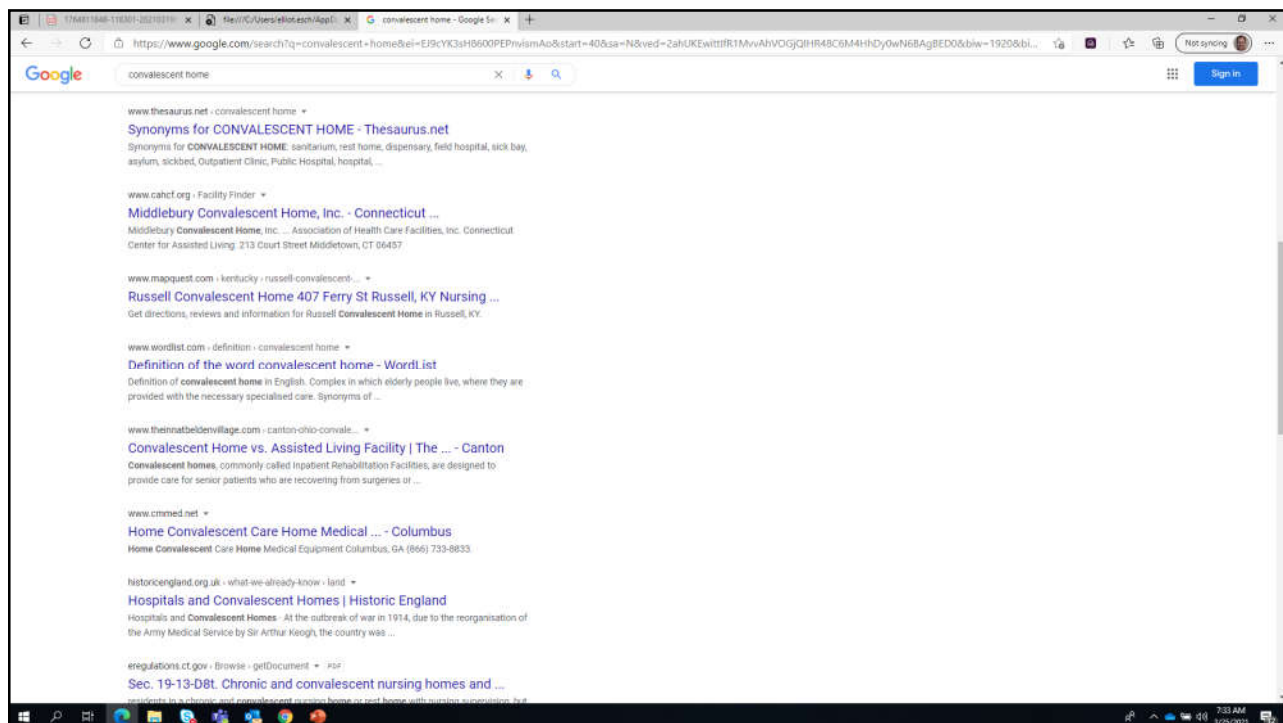
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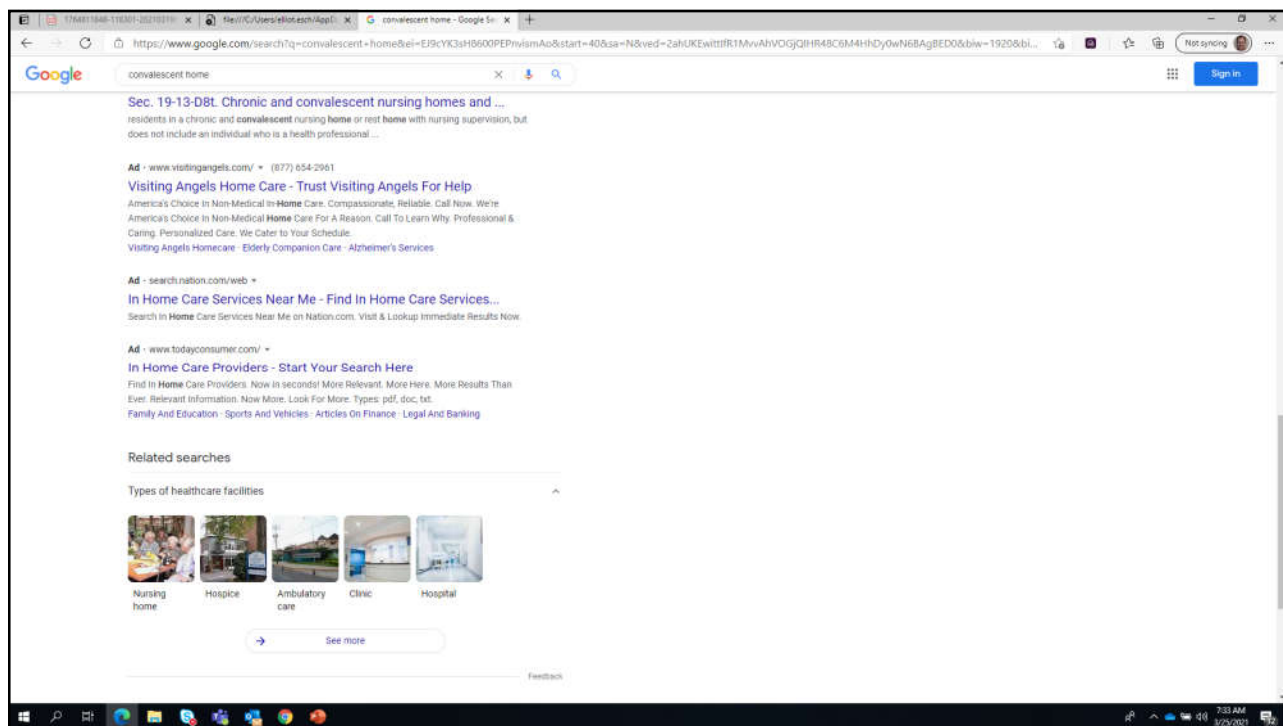
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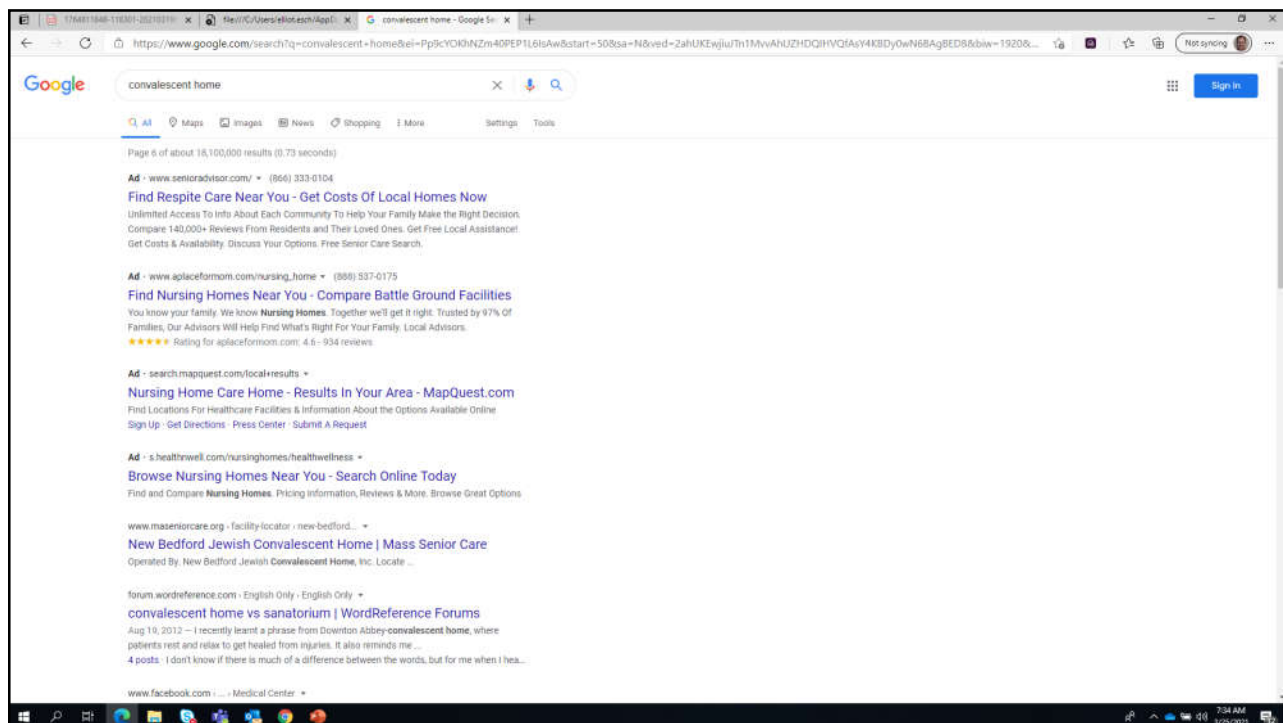
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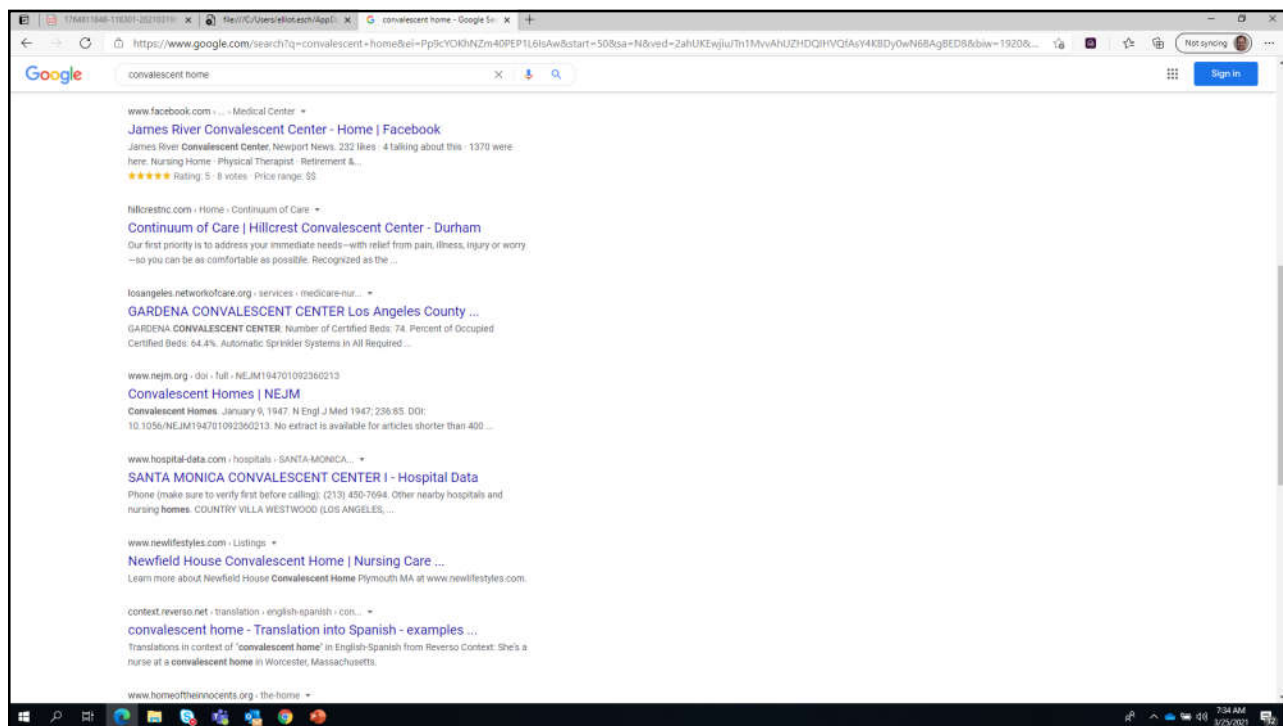
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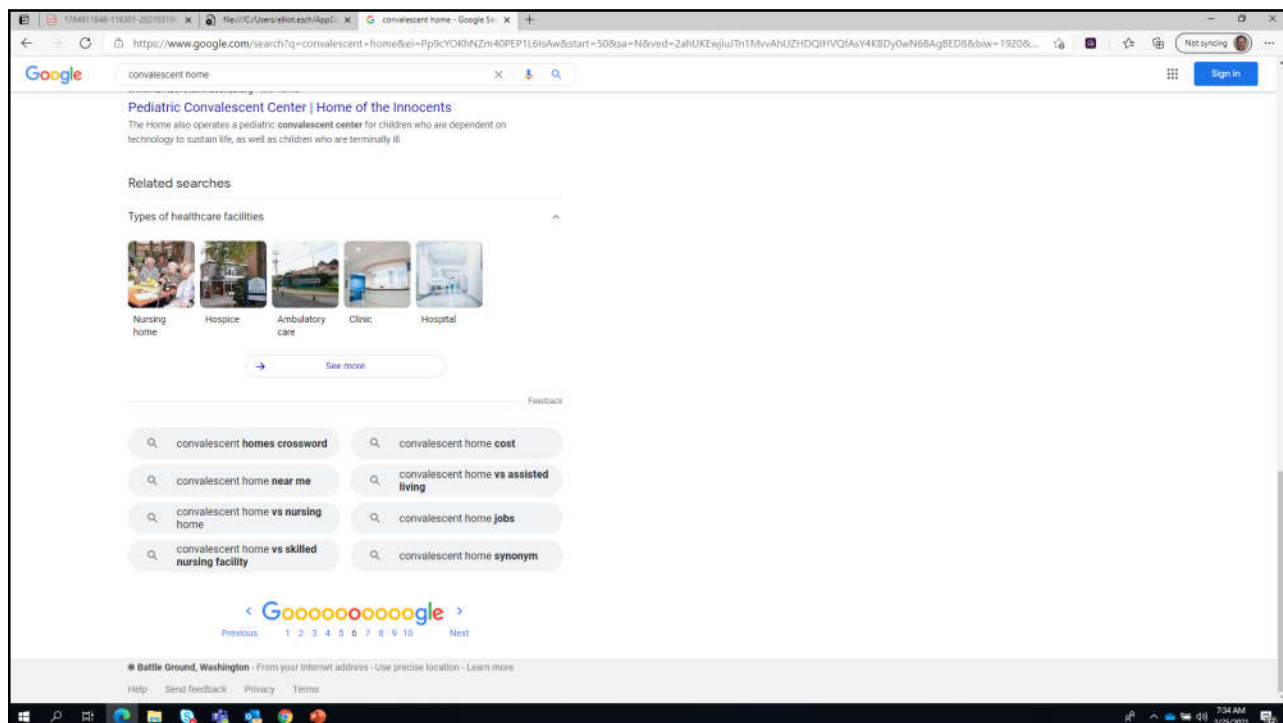
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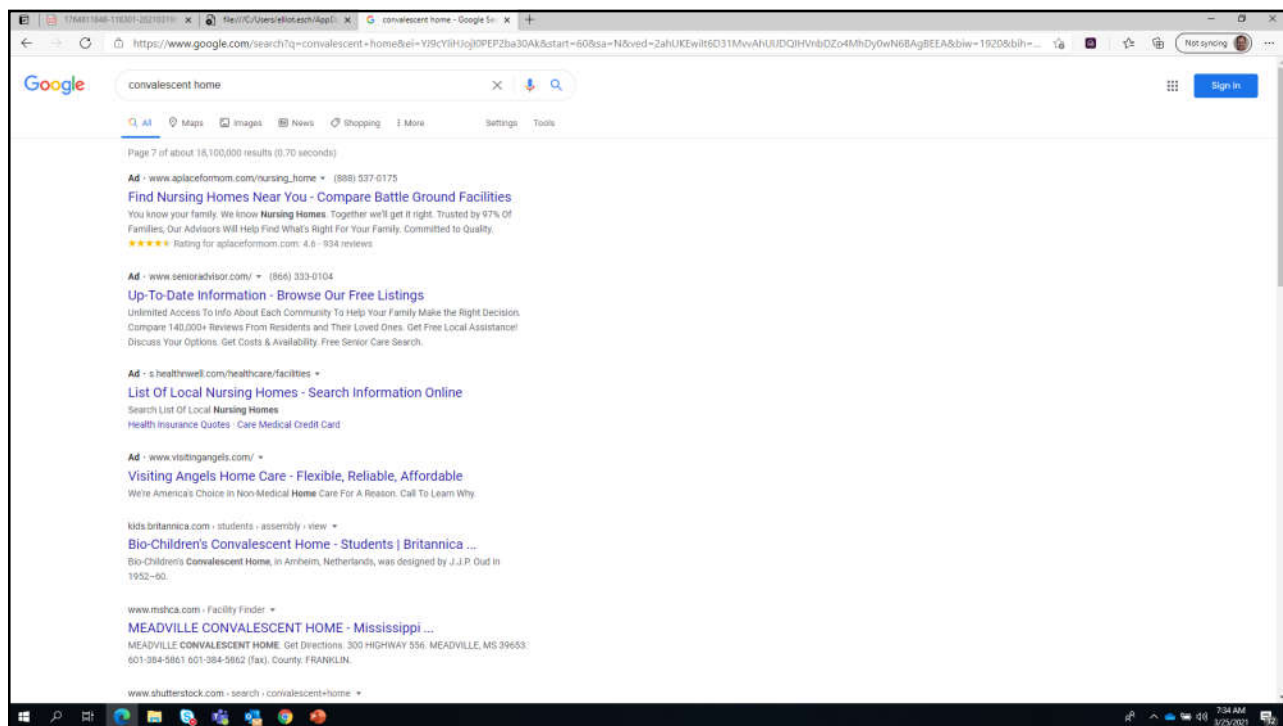
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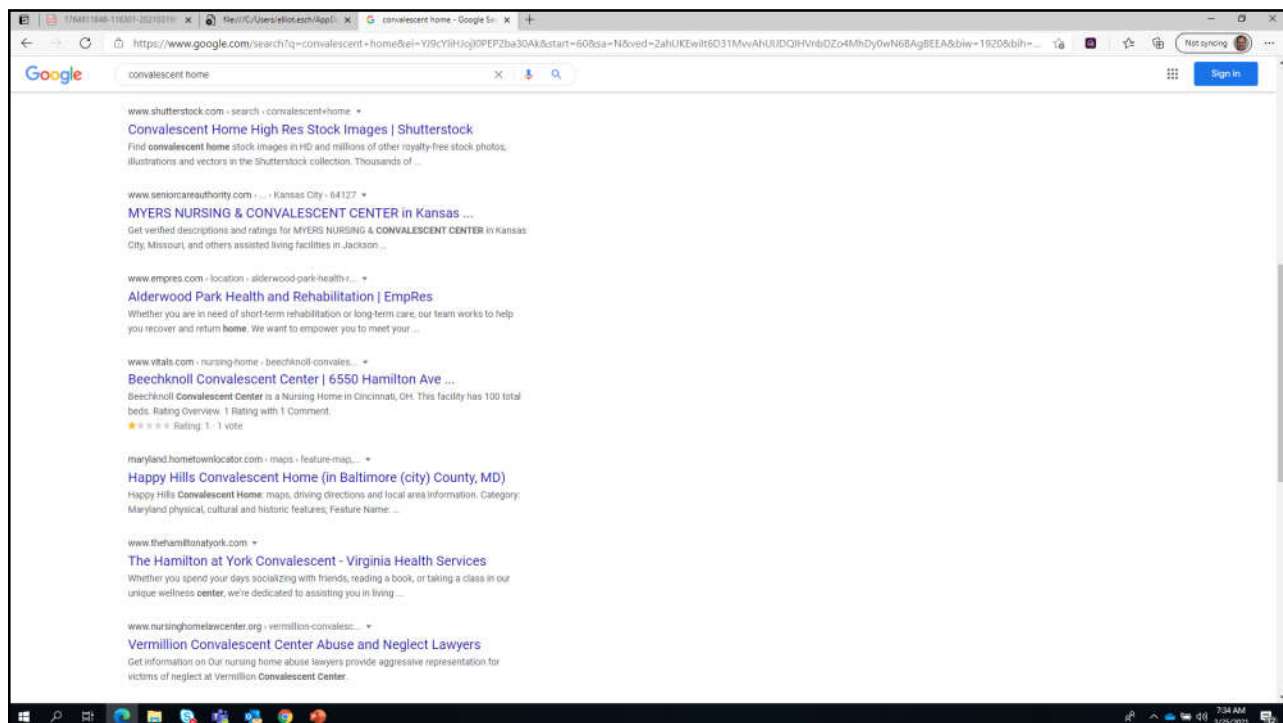
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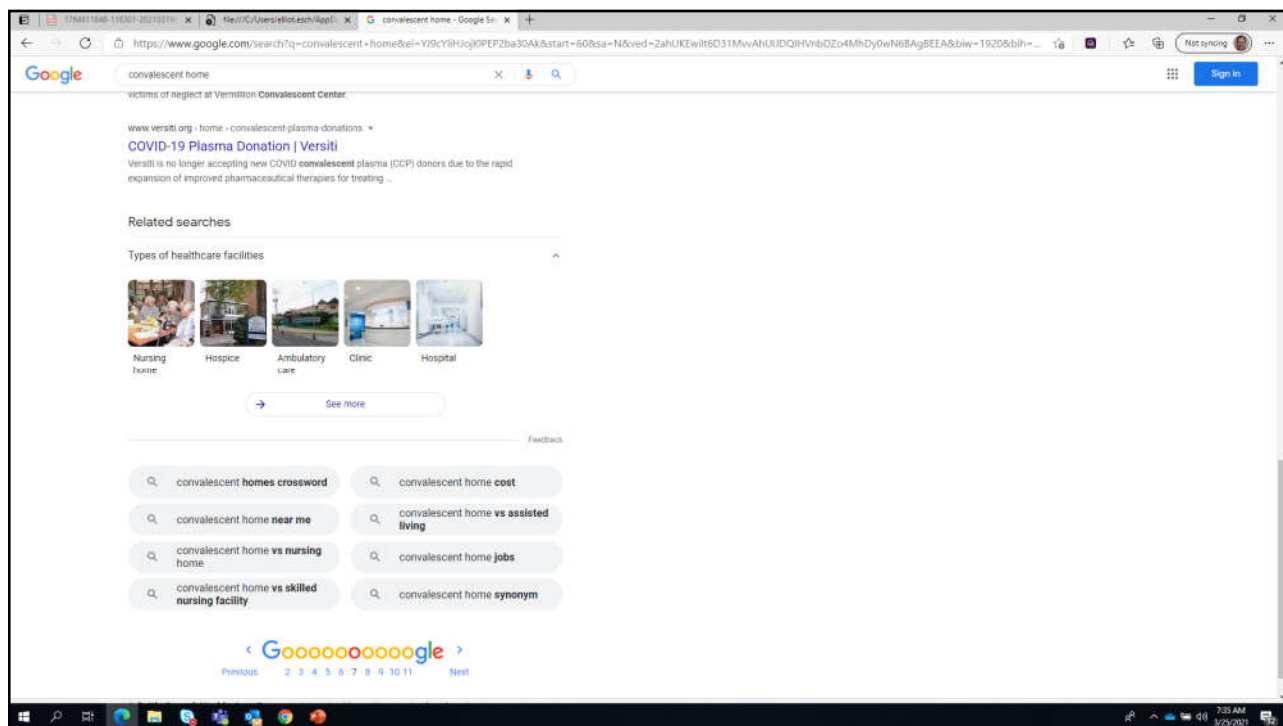
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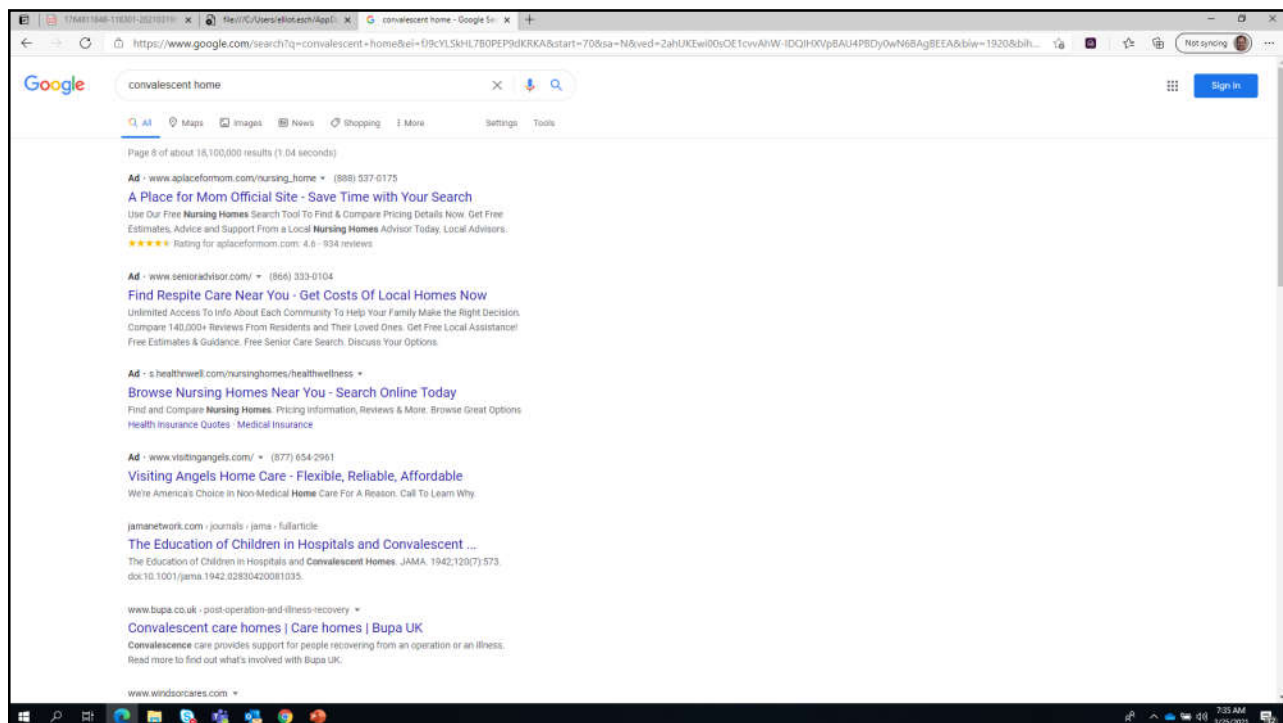
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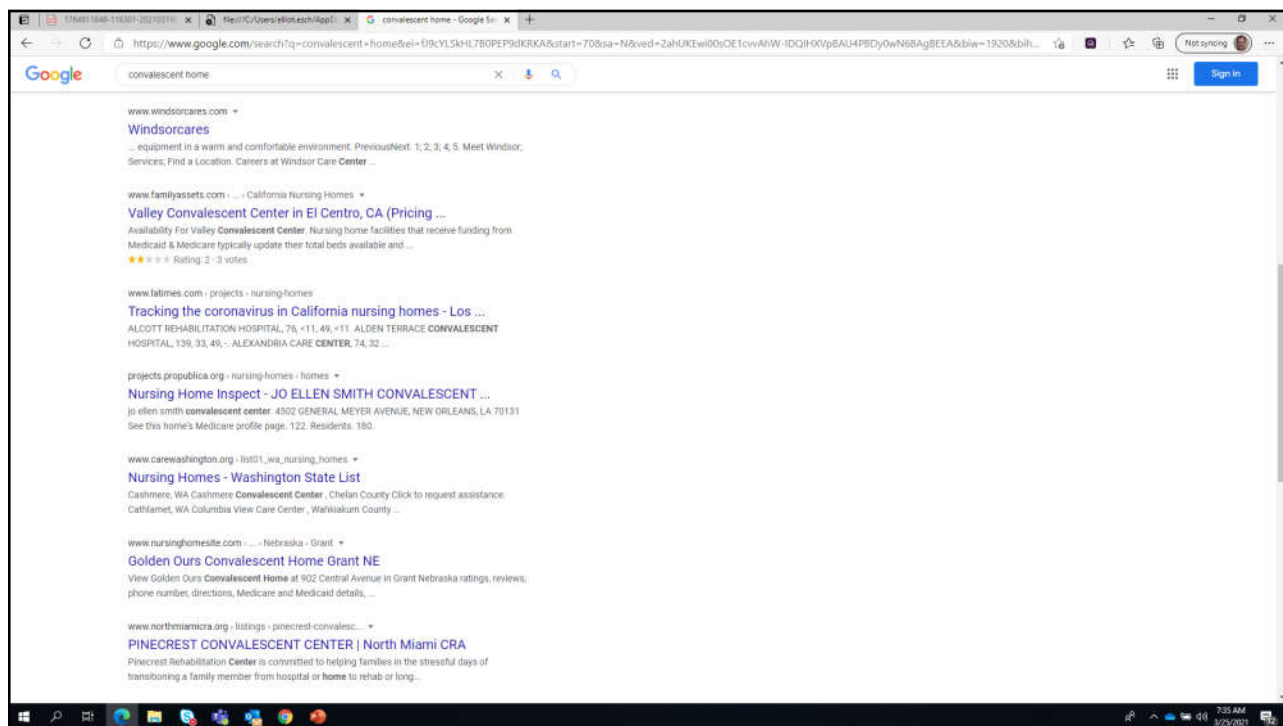
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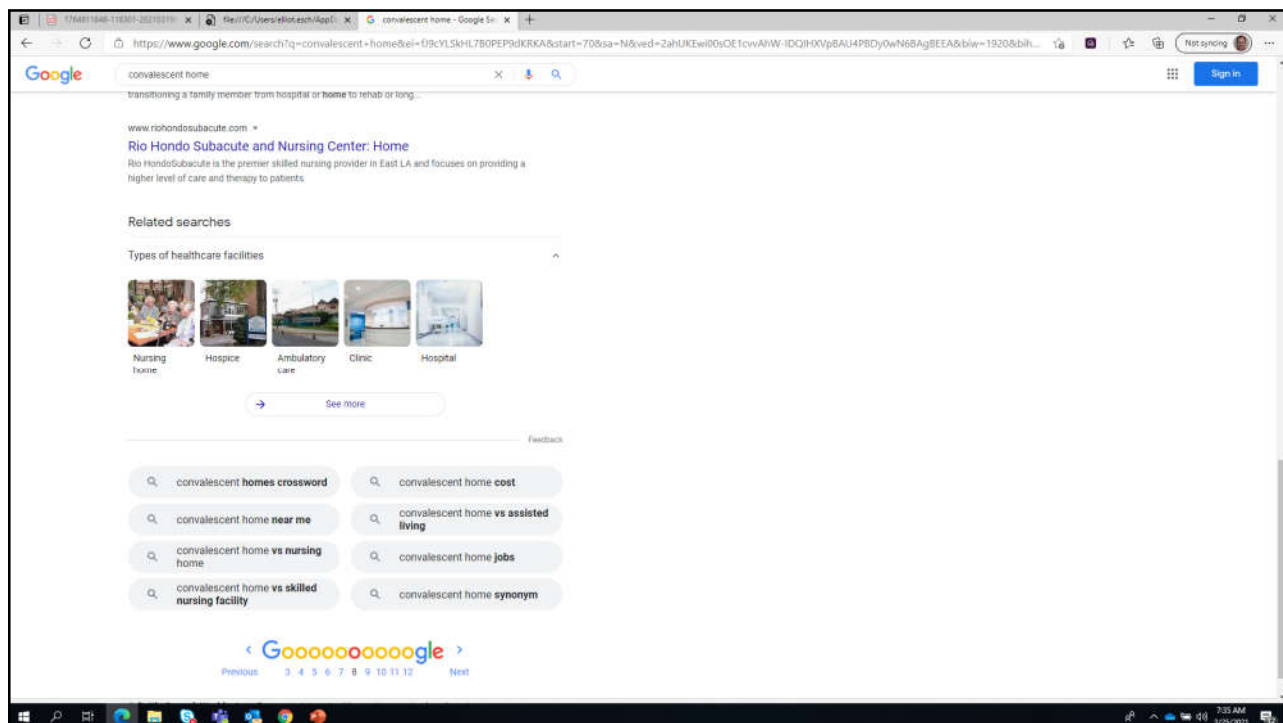
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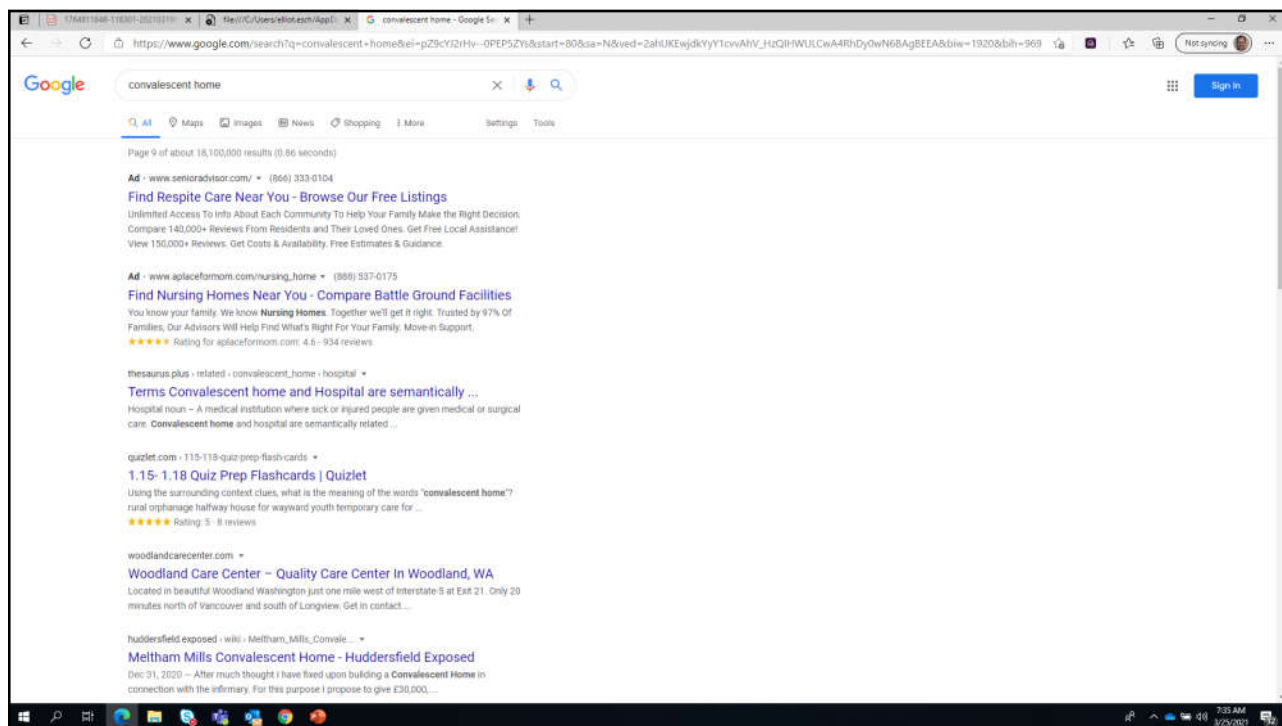
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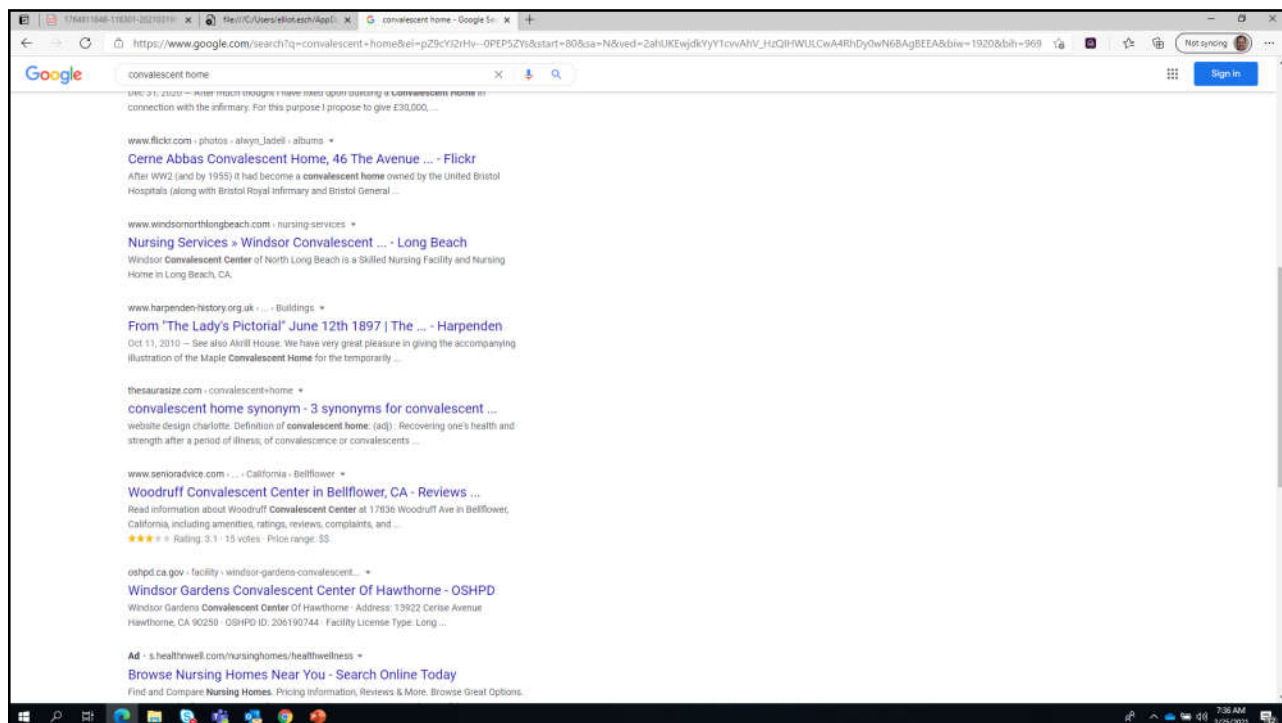
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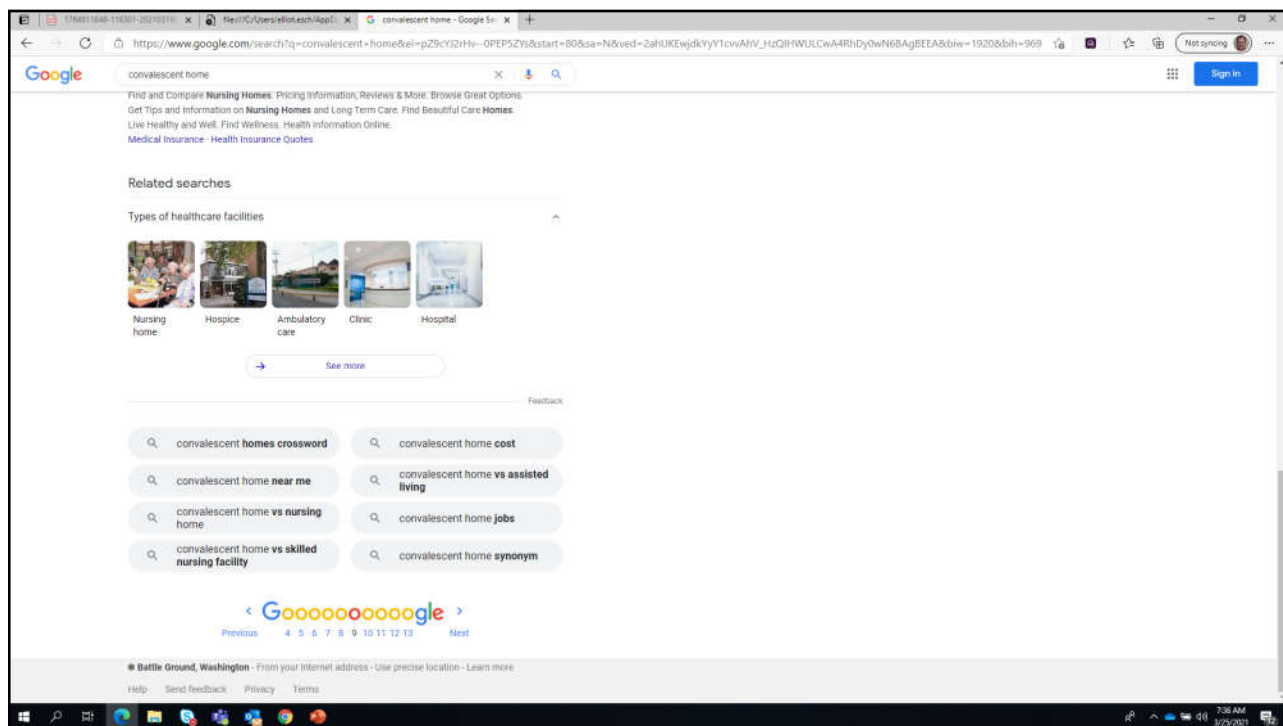
28



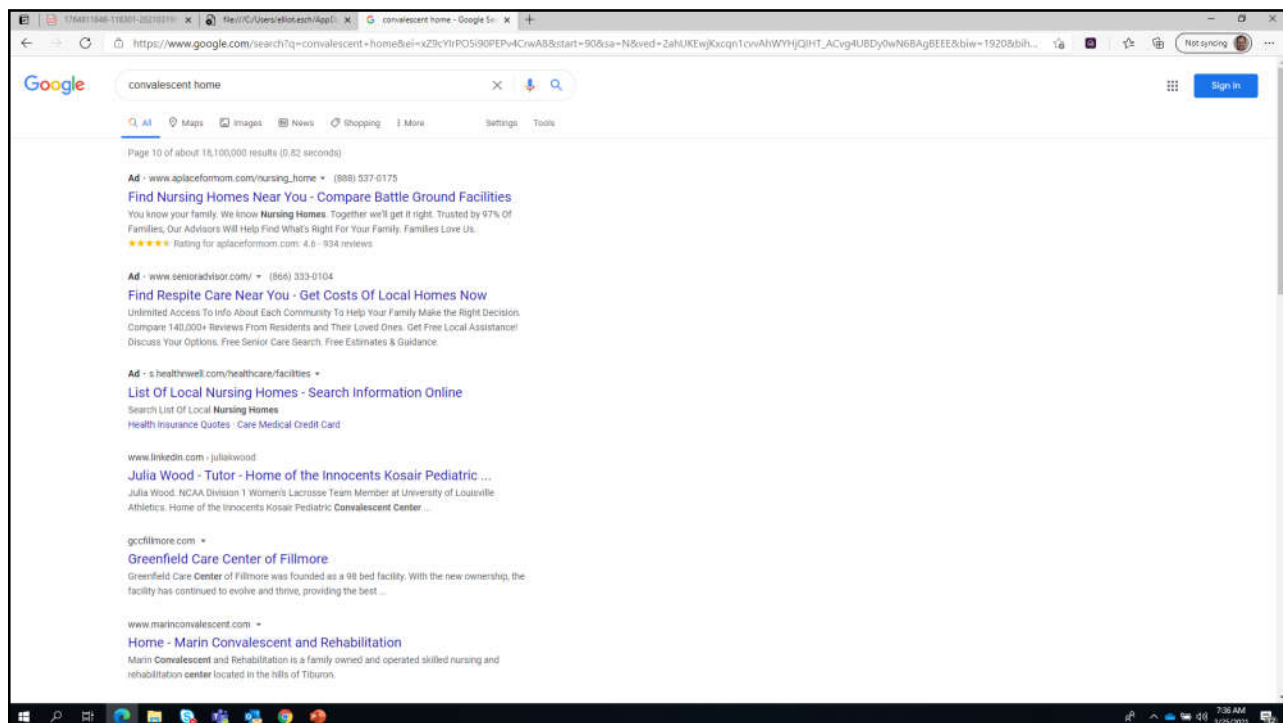
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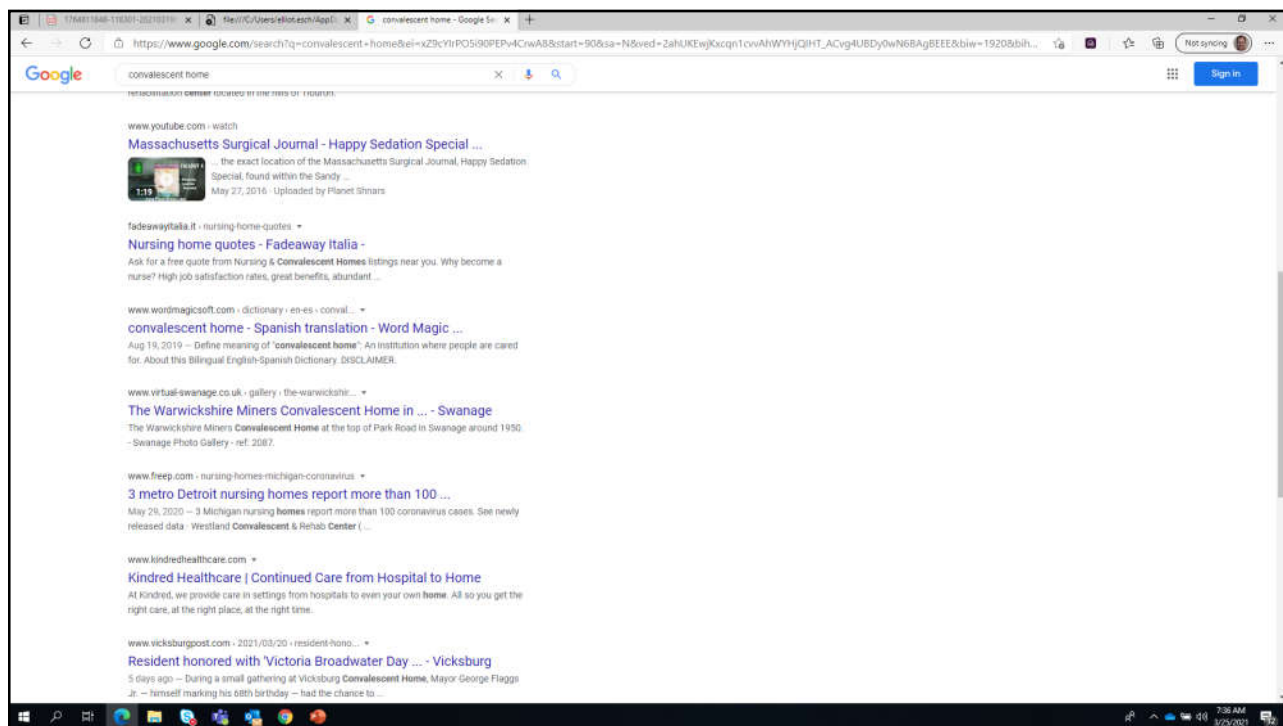
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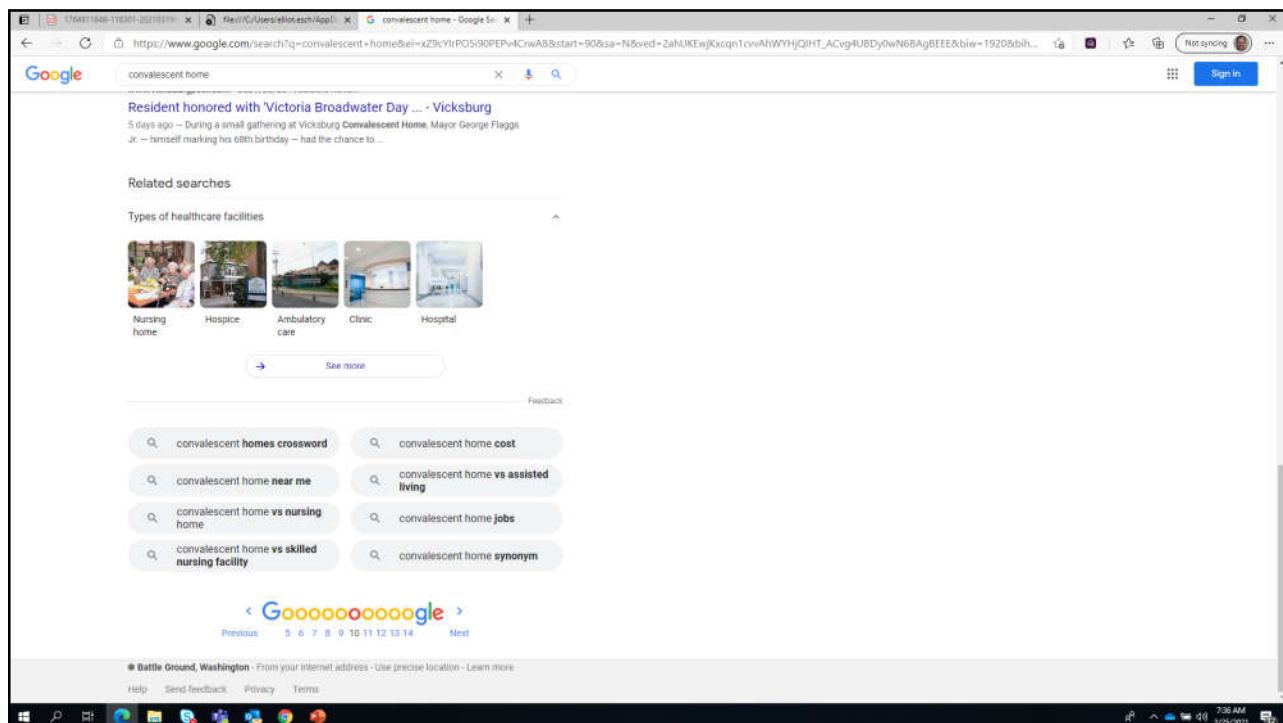
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34

From: Elliot Esch <esch0035@gmail.com>
Sent: Friday, March 26, 2021 11:52 AM
To: Sarah Fox
Subject: Discovery Recovery - Convalescent home

WARNING: This message originated outside the City of Camas Mail system. DO NOT CLICK on links or open attachments unless you recognize the sender and are expecting the content. If you are unsure, click the Phish Alert button to redirect the email for ITD review.

Hi Sarah,

In doing some more research I would like to provide more evidence to the examiner that Discovery Recovery, and other Drug Rehab facilities are not considered Convalescent homes.

The Camas Definition: Nursing, rest or convalescent homes 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.

I did a comprehensive word search of what I could; their website:

[Discover Recovery | Washington Addiction Treatment Center](#)

In looking at their website I was unable to find any mention of the words; Convalescent, Chronically ill, or infirm. Again bringing me to the same point in my previous email, that if they don't define or describe their service and patients the same as the Cama's definition for convalescent home. Why are we considering their business to be a convalescent home? The answer is; they are not a convalescent home and we should not be considering them a convalescent home when they themselves do not. The application should be revoked based on this simple fact.

I would gladly provide any documents needed to show you that this indeed the fact, but moreover i would challenge the applicant to prove using previously drafted documents prior to this application that:

- 1) They market their business to their patients using the definition and description provided in the Camas definition for convalescent homes, including the word "convalescent" specifically.
- 2) They refer to their business internally on any internal documents, referencing the Camas definition for convalescent home, including the word "convalescent" specifically.
- 3) They have future plans and proof that they will continue to market and internally refer to their patients, services, and business strategy consistent with their convalescent home peers in the convalescent home industry. As well as referencing the Camas definition for convalescent home, including the word "convalescent" specifically.

I appreciate you considering this very important point.

Thank you,

Elliot Esch

From: Alan Koch <ajk3626@gmail.com>
Sent: Monday, March 29, 2021 9:34 AM
To: Sarah Fox
Subject: Permit for Discover Recovery

WARNING: This message originated outside the City of Camas Mail system. DO NOT CLICK on links or open attachments unless you recognize the sender and are expecting the content. If you are unsure, click the Phish Alert button to redirect the email for ITD review.

Dear Ms. Fox,

I am concerned about a proposal to locate a drug rehabilitation facility on NW 23rd Avenue in Camas. My big concern is that Discover Recovery, the proposed rehab facility, will be located next to Dorothy Fox Elementary School. It makes no sense to put the facility next door to children.

I oppose granting an approval of the permit.

Sincerely,

Alan Koch
1638 NW Redwood Lane
Camas WA 98607

From: Allison Holden <allison.s.holden@gmail.com>
Sent: Sunday, March 28, 2021 8:56 AM
To: Sarah Fox
Subject: Please Don't Approve Drug Rehab by Fox Elementary

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Dear Ms. Fox,

I am writing to add my voice to those pleading with the city of Camas to not grant permission for the opening of a drug rehab center next to Dorothy Fox Elementary. My family moved to Camas, this past year because it is a family-friendly community with wonderful schools. Many people make Camas their home for these reasons, and I don't see how it could be in the best interest of the city and the community to approve this facility and go against the wishes of the citizens and the city's goals and reputation. Please do not compromise the safety and well-being of our children by placing them right next to those struggling to overcome substance abuse. Of course these people need and deserve assistance, but there is no reason it has to be at this location. I plead with the city to act according to our values and the desires of the citizens and not to be swayed by whatever money or other incentives/pressure the drug rehab owners may be offering up.

Thank you,
Allison Holden
Mother of 2 Fox Students

File #CUP21-01
Sarah Fox

From: Andy Hotmail <andy_cerotsky@hotmail.com>
Sent: Sunday, March 28, 2021 6:23 PM
To: Sarah Fox
Subject: Discover Recover Facility at Fairgate

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Dear Hearing Examiner

I wanted to voice my strong opposition for the Discover Recovery drug detox center at the Fairgate location next to Dorothy Fox Elementary School. As a resident in the surrounding neighborhood as well as a husband to a teacher at Dorothy Fox and Parent to a middle and high school student in the Camas district I cannot begin to understand how anyone would believe placing this facility in the neighborhood and next to the school is a good idea. Any bit of common sense says it does not sit right... in addition it is in direct violation with code 18.43.050 section A and will have a significant increase in the safety risk to both the children attending Dorothy Fox as well as the surrounding communities who pass by the facility on a daily basis while walking through the area during early and late night hours.

While I do believe facilities like this are important for the greater public health and also believe that everyone deserves a second chance, where I fail to get on board is the location of this facility to what is society most vulnerable population young kids! As much as I would like to believe nothing bad would ever come from this recipe that is being considered (drug rehab facility less than a couple yards from a elementary school) the risk far out weighs the benefit... it will only take one incident for this community as well as the City to regret granting this permit if that is the decision that is eventually reached.

Please do the right thing and don't allow this permit to proceed.

Thanks,
Andy Cerotsky
1919 NW Sierra Way
Camas Wa 98607.

From: Anne Mattheisen <anne.mattheisen@gmail.com>
Sent: Monday, March 29, 2021 9:29 AM
To: Sarah Fox
Subject: Discover Recovery Facility

WARNING: This message originated outside the City of Camas Mail system. DO NOT CLICK on links or open attachments unless you recognize the sender and are expecting the content. If you are unsure, click the Phish Alert button to redirect the email for ITD review.

Please accept our written concerns for public safety reference the proposed Discover Recovery Facility here in Camas. Our community is deeply vested in its schools and wants to keep them a safe haven dedicated to education. It has become more highly developed over the last few years, but totally residential.

This is not the proper setting for a residential drug rehabilitation center. There is no public transport nearby for residents or employees. There is no confidence supplied to the community as to security provided at such a business. A wait and see approach will be too late if we find multiple calls for lock downs at home and school. What measures could be put in place to minimize possible adverse affects?

I hope they can find a better use for the facility, one that may be an asset to the community and not a detriment.

Thanks you very much,

Anne Mattheisen
1824 NW 21st Ct., Camas, WA 98607

From: Carla Torquato <ctorquato14@gmail.com>
Sent: Sunday, March 28, 2021 8:42 PM
To: Sarah Fox; Torquato Lisandro; Carla Torquato
Subject: Deep Concerns on Discover Recovery's Facility in Camas

WARNING: This message originated outside the City of Camas Mail system. DO NOT CLICK on links or open attachments unless you recognize the sender and are expecting the content. If you are unsure, click the Phish Alert button to redirect the email for ITD review.

Dear City of Camas Hearing Examiner,

I herein want to express my deepest concerns about the proposed establishment of the Discovery Recovery facility in Camas.

Our community has been developed around the sense of friendship and good faith, but also mostly around the family sense and the education of our children. My family and I moved to Camas about 2 1/2 years ago from the east coast, and our choice to come to this community was exactly that sense of family, union, similar goals and responsibilities. I chose Camas because I can allow my children to walk to school, ride a bike, go play with their friends and feel safe that they're enjoying the type of childhood I was able to have, where people simply care.

This rehab center is a terrible concern and quite honestly, not just for the nature of it, but I can't even understand the reasoning on allowing people that are struggling with their own lives and choices to come to a community that they don't care about. I don't think this is a match for what Camas stands for and there are solid reasons and proof for that.

The history of their similar institution in Long Beach is extremely concerning. Several police calls, patients wandering around or simply leaving or quitting the treatment. This facility sharing a fence with an elementary school is detrimental to the welfare of our children. How we can all be sure that nothing will happen to them, that patients that are going through hard times will not potentially harm other people, and potentially the most defenseless ones, our kids.

Yes, we are concerned about our welfare, our children's welfare, about potential damage to properties, about having people that really don't care about us.

Please, we ask you to reconsider this project and not allow a Drug Rehab facility to establish in our beloved Camas.

Thank you for your consideration,

Carla Torquato
1910 NW Sierra Way
Camas, WA 98607
ctorquato14@gmail.com

From: Donald George <dpmgeorge@gmail.com>
Sent: Sunday, March 28, 2021 5:04 PM
To: Sarah Fox
Subject: Drug Detox/Rehab Center

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Hello Sarah,

We JUST moved into the neighborhood a month ago. We live a block or so from Dorothy Fox Elementary. It's a beautiful neighborhood and we are happy to be here.

The notion of a drug detox/rehab center makes perfect sense. We clearly need many more than we currently have. However, the notion of placing one next to an elementary school is absurd on its face!

I think you will find the folks here support drug rehabilitation **but** with a modicum of common sense, please. If you were to go forward with this proposal and something were to happen – you would never forgive yourself, nor would your neighbors ever forget or forgive you or the county government for such a blatant oversight.

Do us a favor, do the county a favor, and look for a different location for this needed facility.

With respect,

Don and Babs George

1822 NW. 21st Pl., Camas, WA.

--

Donald George

From: Barry McDonnell
Sent: Thursday, March 25, 2021 8:03 AM
To: Sarah Fox
Subject: FW: Discovery Recovery

-----Original Message-----

From: Edward Lonsway <edtlonsway@gmail.com>
Sent: Wednesday, March 24, 2021 6:58 PM
To: Barry McDonnell <BMcDonnell@cityofcamas.us>
Subject: Discovery Recovery

WARNING: This message originated outside the City of Camas Mail system. DO NOT CLICK on links or open attachments unless you recognize the sender and are expecting the content. If you are unsure, click the Phish Alert button to redirect the email for ITD review.

Mayor McDonnell,

Good evening, I hope this email finds you well. I am writing to ask for your help in preventing Discovery Recovery from taking over the Fairgate Estate senior care home property. There is simply too much risk to the residents, and more critically, the students and staff of Dorthy Fox to allow this facility into this location. There will be an impact to property values as well which will directly impact your community.

If you attended the public hearing (which I hope you did) there was literally one resident who voiced support for this site vs. the hour plus of testimony against it. As I heard my neighbors testify (Parents of Dorthory Fox Students, nurses, firefighters to Veterans recovering from substance abuse) it is clear this location cannot be allowed to house Discovery Recovery due to the detrimental effect on the community.

I implore you to take action and prevent Discovery Recovery from taking over the Fairgate site. It is the right thing for the Prune Hill community.

Thank you,

Ed Lonsway

From: Gregory Lougen <glougen@me.com>
Sent: Thursday, March 25, 2021 6:23 PM
To: Sarah Fox
Subject: Re: Detox center conditions of permit

Thank you!!

Sent from my iPhone

> On Mar 25, 2021, at 3:57 PM, Sarah Fox <SFox@cityofcamas.us> wrote:

>

> Mr. Lougen,

> Attached is the Staff Report that includes the criteria of approval for a conditional use permit.

>

>

>

> Sarah Fox, AICP (She/Her)

> Senior Planner

> Desk 360-817-7269

> Cell 360-513-2729

> www.cityofcamas.us | sfox@cityofcamas.us

>

>

>

>

> -----Original Message-----

> From: Gregory Lougen <glougen@me.com>

> Sent: Wednesday, March 24, 2021 9:13 PM

> To: Sarah Fox <SFox@cityofcamas.us>

> Subject: Detox center conditions of permit

>

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>

>

> Sarah if it's not too much trouble could you provide me the conditions of the permit for the detox center or point me to the url?

> Thanks in advanced!

>

> Greg Lougen- camas resident

>

> Sent from my iPhone

>

>

> NOTICE OF PUBLIC DISCLOSURE: This e-mail account is public domain. Any correspondence from or to this e-mail account may be a public record. Accordingly, this e-mail, in whole or in part may be subject to disclosure pursuant to RCW 42.56, regardless of any claim of confidentiality or privilege asserted by an external party.

> <CUP21-01 Staff Report.pdf>

From: Jeff Brent <vtjbrent@yahoo.com>
Sent: Sunday, March 28, 2021 8:33 PM
To: Sarah Fox
Cc: kaitlin mccabe
Subject: Drug Detox facility

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Hi,

I wanted to provide my input and thoughts in regards to the proposed drug rehab facility located next to Dorothy Fox Elementary school.

I am a Camas resident and also a physician who practiced emergency medicine for 11 years. I am well acquainted with drug addiction and the rehab process. I am fully on board with rehab facilities. I think they are needed, however, I don't think it's wise to put one next to a elementary school.

Drug addiction is a chronic disease that lasts a lifetime, even if one remains sober the rest of their life. Relapse, unfortunately, is part of recovery. While the type of people that enter and exit a rehab facility are in theory sober, there is still bound to be much drama surrounding the facility. Having potential visible and audible drama of this type near an elementary school is unwise in my opinion.

Also, just the optics on having a drug detox center next to an elementary school is bad. Dorothy Fox, one of the states highest rated elementary schools, next to a drug treatment facility? Whether the rehab facility area is safe or not, I'd be surprised if parents would be excited to send their kids to a school next to a drug rehab facility.

Surely there must be other options?

Thank you for your time,

Jeff Brent, MD

From: Jennifer Grosman <jengrosman@gmail.com>
Sent: Monday, March 29, 2021 1:32 PM
To: Sarah Fox
Subject: File No. CUP21-01: Opposition Testimony

WARNING: This message originated outside the City of Camas Mail system. DO NOT CLICK on links or open attachments unless you recognize the sender and are expecting the content. If you are unsure, click the Phish Alert button to redirect the email for ITD review.

Hi Sarah,
 The letter below is intended for the Hearing Examiner reviewing the permit application for the Discover Recovery Center on NW 22nd Ave (File No. CUP21-01)
 Thank you so much for forwarding it his way
 Best,
 Jen

Hello Mr. Turner,
 First, I would like to thank you for holding the hearing open for an additional week.
 I watched the hearing on March 24th, which allowed me to best understand the applicant's position as well as those in opposition.
 After reviewing all of the submitted material, I ask that you please deny permit application File No. CUP21-01 (Discover Recovery Center)

Included below is my original letter addressed to Sarah Fox & the Discover Recovery Applicants voicing my initial concerns regarding this permit (submitted on February 8th).
 Since then, I have learned a great deal regarding the drug rehabilitation industry as well as the applicant's other existing facility in Long Beach, WA. It was my hope to better understand the need for such facilities and the industry as a whole.

Unfortunately, my concerns still hold about safety in the area and are even more so after listening to the March 24th hearing. It appears that this permit is in violation of Section A of 18.43.050:

<https://library.municode.com/wa/camas/codes/code_of_ordinances?nodeId=TIT18ZO_CH18.43COUSPE_18.43.050CR>

The hearings examiner shall be guided by all of the following criteria in granting or denying a conditional use permit:

A.

The proposed use will not be materially detrimental to the public welfare, or injurious to the property or improvements in the vicinity of the proposed use, or in the district in which the subject property is situated;

If this facility converts to a convalescent home for drug detox, it will materially be detrimental to our public welfare. This facility sits directly on the walk zone of Dorothy Fox Elementary, Harvest Community Church, and the neighboring community park.
 Children walk to/from these areas from dawn until dusk whether it be for school, church activities, play dates, or recreational sport.
 The risk of a patient leaving this facility during a detox poses an inherent safety risk to the entire community, most importantly our children.
 Having a convalescent/drug detox facility located directly on the walk zone intended for the children of our community is a direct violation of public welfare and should be denied.

Thank you for your time and review Jennifer Grosman
 1966 NW Willow DR
 Camas, WA 98607

From: Jennifer Hanson <jen.anne.hanson@gmail.com>
Sent: Thursday, March 25, 2021 10:35 AM
To: Sarah Fox
Subject: Drug rehab centers provide acute care

WARNING: This message originated outside the City of Camas Mail system. DO NOT CLICK on links or open attachments unless you recognize the sender and are expecting the content. If you are unsure, click the Phish Alert button to redirect the email for ITD review.

Hello,

The National Institute of Drug Abuse (NIH) provides the following explanation or description of the detoxification at rehab centers as: "Detoxification, the process by which the body clears itself of drugs, is designed to manage the **acute** and potentially dangerous physiological effects of stopping drug use."

Under Camas city code convalescent homes are not providing acute care. If the symptoms are acute then the care would be considered acute to treat Discover Recovery's application should not be approved based on the fact that they will be providing acute care.

<https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/drug-addiction-treatment-in-united-states/types-treatment-programs>

Furthermore, the World Health Organization (WHO) defines acute care below:

Defining acute care

Clear definitions of health systems and services are required to create a common language to encourage discussion and help focus system development efforts. Health systems include all organizations, institutions and resources "whose primary purpose is to promote, restore and/or maintain health".¹ Health services are "aimed at contributing to improved health or to the diagnosis, treatment and rehabilitation of sick people", and they can be viewed from several perspectives: (i) as actions to organize the inputs necessary for the provision of effective interventions; (ii) as inclusive of promotion, prevention, cure, **rehabilitation and palliation efforts**, and (iii) as oriented towards either individuals or populations.^{1,2}

Acute care must also be clearly defined. Standard medical definitions for acuity emphasize the singular attribute of time pressure.³ Acute services therefore include all promotive, preventive, curative, rehabilitative or palliative actions, whether oriented towards individuals or populations, whose primary purpose is to improve health and whose effectiveness largely depends on time-sensitive and, frequently, rapid intervention.

Many individually-oriented services have optimal delivery times. As a group, acute curative services are the most time-sensitive, regardless of disease entity. However, to date, acute care has been poorly defined and inadequately supported in most developing health systems. A reasonable working definition of acute care would include the most time-sensitive, individually-oriented diagnostic and curative actions whose primary purpose is to improve health. A proposed definition of acute care includes the health system components, or care delivery platforms, used to treat sudden, often unexpected, urgent or emergent episodes of injury and illness that can lead to death or disability without rapid intervention. The term *acute care* encompasses a range of clinical health-care functions, including emergency medicine, trauma care, pre-hospital emergency care, acute care surgery, critical care, **urgent care and short-term inpatient stabilization** (Fig. 1).

<https://www.who.int/bulletin/volumes/91/5/12-112664/en/>

I would argue that Discover Recovery and drug rehab centers in general meet all three criteria as providing acute care from the WHO's definition in paragraph one. Traditional convalescent homes, for which Camas city code was written for, generally provide longer term care. Their primary purpose is to promote, restore, and/or maintain health (just like the WHO's definition of acute care) but the care provided does not have the time sensitive nature of acute care facilities. Discover Recovery's treatment of withdrawal symptoms is time sensitive in nature. Discover Recovery is providing acute rehabilitation and palliation care for the acute symptoms associated with stopping drug use. Conditional use should not be approved.

Jennifer Hanson

2167 NW 22nd Ave, Camas, WA 98607

From: Jennifer Yin <jennifer.fan.yin@gmail.com>
Sent: Sunday, March 28, 2021 6:27 PM
To: Sarah Fox
Subject: Drug Detox and Rehab Facility

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Hi,

I am Camas resident and object that the facility is to be built next to a school.

Thanks

Jennifer Yin

--

Kind Regards

Jennifer | cell: 503-778-0898

*** Please consider the environment before printing this email

From: Fournier Family <jjd4nier@comcast.net>
Sent: Saturday, March 27, 2021 12:47 PM
To: Sarah Fox
Subject: NO to Discover Recovery next to Dorothy Fox

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To the Hearings Examiner:

I am writing specifically regarding Criteria A for the granting of a Conditional Use Permit to Discovery Recovery at the former Fairgate Estate:

18.43.050 - Criteria.

The hearings examiner shall be guided by all of the following criteria in granting or denying a conditional use permit:

A. The proposed use will not be materially detrimental to the public welfare, or injurious to the property or improvements in the vicinity of the proposed use, or in the district in which the subject property is situated;

As to the first part, I believe a drug treatment center will absolutely be detrimental to the welfare of the children in the adjoining playground and elementary school. It is a voluntary center, so there is nothing to stop fed-up patients from just leaving the property and menacing local residents. There are stories coming from Discovery Recovery's Long Beach WA facility of clients socializing outside where profanity is loudly expressed. This is not appropriate in the vicinity of school children. Lastly, drug treatment often involves the distribution of other controlled substances, such as methadone, which should not be distributed near an elementary school.

As to the second part, the stigma of a drug treatment facility will be materially injurious to property values in the surrounding neighborhood. I am new to Camas, and specifically chose the Belz Place neighborhood for the family friendly environment. I am delighted to see people of all ages enjoying the outdoors, jogging, and walking their dogs. Our property values are strong due to being walking distance to a highly rated elementary school. The existence of this drug rehab center will inhibit such outdoor activity. Eventually it will cause the high earning residents to move out. We will take the loss on the home sale because we are so eager to leave, so eventually all property values will plummet. Our beautiful neighborhood will eventually fall into disrepair.

Please evaluate the evidence given by others regarding the detrimental effects similar drug treatment facilities have had on surrounding neighborhoods and consider whether it's worth the risk to have similar loss of property value in the Dorothy Fox district. Surely a more appropriate location for Discovery Recovery can be found elsewhere in Camas away from schools and playgrounds.

Sincerely,

Joyce A. Fournier

1624 NW Redwood Lane

Camas, WA 98607

Sarah Fox
Camas Senior Planner
sfox@cityofcamas.us

Re: FILE NO. CUP21-01

Dear Ms. Fox,

I am reaching out regarding CUP21-01.

Per the 18.43.050 section 'f', the applicant must meet the following criteria: any special conditions and criteria established for the proposed use has been satisfied.

I believe the applicant has not satisfied this criterion because it does not meet the requirements set forth in Camas ordinance 18.03.030 defined as follows:

"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.

Applicant is describing their facility as a sub-acute treatment center; however, the application and evidence clearly illustrate acute illness services will be provided, which squarely fall into the type of facility not permitted in this zoning.

Evidence of acute illness services at proposed Discover Recovery:

Definitions of sub-acute and acute detox from the Washington State Department of Health & Human Services [bold added for emphasis]:

ASAM 3.2-WM – Sub-acute Detox: Clinically Managed Residential Facilities are considered sub-acute detox. They have limited medical coverage by staff and counselors who monitor patients and generally, any treatment medications are self-administered. These facilities are regulated by DOH and are DBHR certified.

*ASAM 3.7-WM – **Acute Detox: Medically Monitored Inpatient Programs are considered acute detox.** They have medical coverage by nurses with physician's on-call 24/7 for consultation. They have "standing orders" and available medications to help with withdrawal symptoms. They are not hospitals but have referral relationships. These facilities are regulated by DOH and are DBHR certified.*

<https://www.dshs.wa.gov/sites/default/files/BHSA/dbh/Fact%20Sheets/WithdrawalManagement.pdf>

Applicant describes the program as a 24 facility: *"The proposed use will provide 24-hour care and treatment for individuals seeking to recover from substance use disorders from drugs, alcohol, and other substances."* <https://www.discoverrecovery-camas.com/>

Applicant describes this program as medically staffed: *"The facility will employ a team of highly qualified and skilled specialists including psychiatrists, nurses, medical doctors, and licensed therapists."* *"The facility will be staffed with 24 [hour] nursing [...] medical doctors onsite during the day to provide treatment services."* <https://www.discoverrecovery-camas.com/>

Included screenshots below.

^ Why type of clinical or medical staff will the facility have?

The facility will be staffed with 24 nursing (RN or LPN) along with 24-hour support staff. In addition, we will have licensed therapists and medical doctors on site during the day to provide treatment services.

Taken from www.discoverrecovery-camas.com

Discover Recovery's expansion into Camas will provide a facility that helps solve this problem by serving individuals who otherwise would seek help outside the state due to the lack of local resources. The Camas location will be a small treatment center offering individualized treatment targeted at professionals with high levels of motivation for recovery. The facility will employ a team of highly qualified and skilled specialists including psychiatrists, nurses, medical doctors, and licensed therapists. The facility would be a maximum of 15 beds and provide a safe, comfortable, and home-like experience for those who seek treatment. The average length of treatment would range from 30 to 90 days based upon the recovery plan developed by the team.

Taken from www.discoverrecovery-camas.com

According to American Addiction Centers, *"In the first days and weeks following cessation of drug and alcohol use, individuals may experience **acute withdrawal symptoms**, which can be more severe for some than others and will vary depending upon the drug of choice among other factors."*

<https://americanaddictioncenters.org/withdrawal-timelines-treatments/post-acute-withdrawal-syndrome>

According to the National Institute on drug abuse, withdrawal symptoms can last days to weeks. <https://www.drugabuse.gov/about-nida/frequently-asked-questions> This means that Discover Recovery could be providing acute illness services over the course of a patient's stay.

Furthermore, at Discovery Recovery's current location in Long Beach, WA – they offer acute illness services even though they self-describe as a sub-acute facility. They are referring to the Camas program as an expansion of the current program, which is why this information is pertinent. From the Discovery Recovery website for Long Beach location:

- *"Without this **intensive medical management**, clients are at risk of dangerous, even life-threatening complications."*
- *"During detox, our nurse practitioners and **registered nurses will monitor you 24x7.**"*
- *"And once you have completed detoxification, you can proceed **to the next step of rehab, which includes counseling, behavioral therapies, group support, and numerous holistic treatment approaches.** Many of our clients at Discover Recovery **complete inpatient detox** and move forward to our residential rehab program with an intensive curriculum of 30 days or more."*
- Source: <https://discoverrecovery.com/programs/medical-detox-program/drug-detox/>
- *"Detoxification **or detox is typically the first step in treatment** for substance use disorders like alcoholism or drug addiction. This phase of addiction treatment at detox centers in Washington consists of withdrawal management, i.e., **providing medical care** and psychological support to*

clients who are experiencing withdrawal symptoms after they stop using drugs and alcohol. Once the client has been stabilized and is completely off drugs and alcohol, they are progressed to the next stage of recovery, which consists of behavioral therapies and medication management.”

- “During detox at home, various medical complications can occur, such as severe withdrawal symptoms. For example, a life-threatening condition called delirium tremens can occur in recovering alcoholics. **Without medical supervision and intensive care from doctors and nurses, these symptoms can be potentially fatal.** Even symptoms that do not appear serious can lead to major health complications. For instance, diarrhea and vomiting can lead to severe dehydration and low sodium levels. **In a supervised medical setting, such as the Discover Recovery inpatient detox in Washington, any complications that occur during detox can be managed by the medical team.**”
- Source: <https://discoverrecovery.com/addiction-treatment-services-washington/inpatient-detox-programs-near-seattle/>

Reference to Camas location as an expansion of Discovery Recovery:

Discover Recovery’s expansion into Camas will provide a facility that helps solve this problem by serving individuals who otherwise would seek help outside the state due to the lack of local resources. The Camas

Discover Recovery also describes in detail on its own website the drugs that require medical detox and these are the same drugs that the Camas location will offer detox from: “*who needs medical detox treatment? [...]The substances for which medical detox treatment is considered necessary include: opioids (e.g. heroin, prescription painkillers, fentanyl), benzodiazepines (e.g. Xanax, Klonopin, Valium), [and] alcohol.*

Screenshot and url provided below:

Who Needs Medical Detox Treatment?

There are certain substances that can be dangerous to stop taking abruptly. When addicted to one of these substances, medical detox treatment is strongly advised since this type of care provides round-the-clock medical supervision. This means the patient can detox safely without putting his or her well-being at risk.

The substances for which medical detox treatment is considered necessary include:

- **Opioids** (e.g. heroin, prescription painkillers, fentanyl) • **Benzodiazepines** (e.g. Xanax, Klonopin, Valium) • **Alcohol**

<https://discoverrecovery.com/programs/medical-detox-program/>

Additional resources defining sub-acute detox from acute detox:

“Sub-acute care is for people in good mental and medical health, who are generally more physically stable, committed to a recovery program and who don’t necessarily require medical care or monitoring around the clock.” <https://www.therecoveryvillage.com/treatment-program/drug-detox/related/sub-acute-detox/>

*“What is Medical Detoxification? The sustained use of certain substances causes adaptations within the body. Once the use of those substances is discontinued, those adaptations can result in discomfort, pain and sometime life-threatening complications. These are known **as acute withdrawal symptoms** and may include anxiety, restlessness, joint pain, stomach cramps, nausea, insomnia, and others. The goal of Medical detoxification is to provide a safe, comfortable withdrawal from these substances with the support of medical and clinical. Medical staff will help to provide control of acute withdrawal symptoms through supportive care, 24/7 nurse monitoring, medications and client education.”*

<https://depaultreatmentcenters.org/wp-content/uploads/Adult-Detox-FAQ-2.09.2021.pdf>

*“So if addiction is a chronic condition, how do you know **when an acute treatment like detox** is necessary? How do you know who needs medical detox?”*

<https://www.therecoveryvillage.com/treatment-program/medical-detox/>

*“**Acute medical detox** provides the support and care needed to safely and comfortably eliminated toxins and substances from your system. The medical support staff monitors your symptoms and progress throughout the night and day.”* <https://detoxto rehab.com/acute-medical-detox-treatment-program>

Thank you for your consideration of this information.

Julie Melton
1500 NW Redwood Ct
Camas, WA 98607

From: Kat Crum <katc@elitegroupepre.com>
Sent: Thursday, March 25, 2021 10:57 AM
To: Sarah Fox
Subject: Drug Rehab facility next to Dorothy Fox school

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Hi Sarah,

My name is Katrin Crum and I'm a local realtor and I do quite a lot of real estate work in Camas.

One of my clients are in the process of purchasing a lot and building a \$2.0 million dollar custom home in Camas near Dorothy Fox Elementary School and now they are VERY concerned about the proposed drug rehab facility next to Dorothy Fox Elementary School.

Do you know when the City will be making a decision about if this drug rehab facility will be allowed to be built next to the school? They have decided to hold off on moving forward with their home build until a decision is made because they fear this drug rehab facility right next to the school will have a negative impact on property values in the surrounding area.

Any information you can provide regarding a decision timeframe will be most appreciated.

Thanks!

Katrin

--

Katrin Crum
Owner/Designated Broker
Elite Real Estate Group, LLC.
katc@elitegroupepre.com
www.elitegroupepre.com
360-909-9203 cell
877-668-5028 fax

From: Kim <kimmykat23@gmail.com>
Sent: Saturday, March 27, 2021 10:58 AM
To: Sarah Fox
Subject: Re: Please stop a heroin rehab center from opening next to a school

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May I confirm this scientific study and conclusion on home value drops around drug treatment centers that include heroin addiction treatment, has been sent for consideration? I watched the meeting.

Also may I please confirm the applicants are trying to use plain language but attempted to define what the plain language was and therefore I would propose as a neighbor that the plain language please be the definitions of convalescent that exclude rehabs as the definition as stated at the public hearing? The applicant legally does not have the right to define terms more than the impacted residents. I live at 2736 nw 23rd Ave camas wa 98607. My name is Kimberly Abell.

I would like to confirm if and how the applicants will determine if someone is a sex offender before admitting a patient to this facility? If there is no background check, then having a possible sex offender living next door to an elementary school is a problem with the safety and impact code requirement for the conditional use permit. What are the specific steps the applicants take to determine if someone is a sex offender? What are the specific steps the applicant will take to determine if a patient has any legal requirements to stay within a certain area away from children rich sites? If those are not clear, the neighborhood will be detrimentally affected.

Kindly,
Kim

From: Laura Guerrieri <lo.guerrieri@gmail.com>
Sent: Monday, March 29, 2021 10:12 AM
To: Sarah Fox
Cc: Anthony Gmail
Subject: Citizen Concerns - NO to drug Rehab center next to Dorothy Fox

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To whom it may concern at the Clark County Examiner,

As residents of Camas within walking distance of Dorothy Fox school with children ages 5, 3 and 1 - we are writing to express our grave concerns over the proposed drug rehabilitation center at the Fairgate Estate.

As homeowners, tax payers and very involved Camas residents and town supporters - our many concerns primarily involve the safety of our children. This facility will be materially detrimental to public welfare, or injurious to the property or improvements in the vicinity and directly conflicts with the goals and policies expressed in the Camas comprehensive plan. There is precedent and valid data for these concerns - look no further than the existing facility in Long Beach, WA and the police records, sheriff's reports and 911 calls related to patients voluntarily leaving the facility mid-treatment. Are you willing to expose Camas children to this dangerous activity?

We implore you to deny the permit request in accordance with Camas Municipal Code 18.43.050.

Please reach out with any questions.

Laura and Anthony Guerrieri
1810 NW 21st Court
Camas, WA 98607
(908) 295-2449

From: Laurell Davidson <laurell.davidson@gmail.com>
Sent: Monday, March 29, 2021 2:16 PM
To: Sarah Fox
Subject: Opposition of Drug Rehab

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Sarah,

I'm writing to express my concern for the Discovery Rehab facility that is proposed near Dorothy Fox Elementary School.

Reviewing the conditional use codes, **section 18.43.050** explicitly states *"The proposed use will not be materially detrimental to the public welfare, or injurious to the property or improvements in the vicinity of the proposed use, or in the district in which the subject property is situated;"*.

I don't understand how a Drug Rehab next to an elementary school is not materially detrimental to the public welfare. After listening to the public hearing, it is clear the owners of this proposed facility have not taken adequate considerations for the public in the current community they serve based upon the public police records and reports.

We have also not received a clear answer to how they will manage and notify the community of residents with a sex offender status. How will they ensure residents are not interacting with our children?

There are far too many unanswered questions as to how we would keep our children and community safe and one misstep could be catastrophic.

Please take this into serious consideration as you make your final decisions.

Thank you,

Laurell Davidson
Resident of 1814 NW 21st Ct

From: LEE GIL <glfoodllc@hotmail.com>
Sent: Sunday, March 28, 2021 4:54 PM
To: Sarah Fox
Subject: A drug Detox/ Rehab center next to an Elementary school?

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Hello,

I am really nervous about increased crime with children.

No drug Detox/ Rehab center next to an Dorothy fox elementary school

Thank you,

Sent from myMail for iOS

From: Torquato Lisandro <lisandro.torquato@volvo.com>
Sent: Monday, March 29, 2021 8:04 AM
To: Sarah Fox
Subject: Extreme Concerns on Discover Recovery's Facility in Camas

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Dear City of Camas Hearing Examiner,

I herein want to express my deepest concerns about the proposed establishment of the Discovery Recovery facility in Camas.

Our community has been developed around the sense of friendship and good faith, but also mostly around the family sense and the education of our children. My family and I moved to Camas about 2 1/2 years ago from the east coast, and our choice to come to this community was exactly that sense of family, union, similar goals and responsibilities. I chose Camas because I can allow my children to walk to school, ride a bike, go play with their friends and feel safe that they're enjoying the type of childhood I was able to have, where people simply care.

This rehab center is a terrible concern and quite honestly, not just for the nature of it, but I can't even understand the reasoning on allowing people that are struggling with their own lives and choices to come to a community that they don't care about. I don't think this is a match for what Camas stands for and there are solid reasons and proof for that.

The history of their similar institution in Long Beach is extremely concerning. Several police calls, patients wandering around or simply leaving or quitting the treatment. This facility sharing a fence with an elementary school is detrimental to the welfare of our children. How we can all be sure that nothing will happen to them, that patients that are going through hard times will not potentially harm other people, and potentially the most defenseless ones, our kids.

Yes, we are concerned about our welfare, our children's welfare, about potential damage to properties, about having people that really don't care about us.

Please, we ask you to reconsider this project and not allow a Drug Rehab facility to establish in our beloved Camas.

Thank you for your consideration,

Lisandro Torquato
1910 NW Sierra Way
Camas-WA
336 686-4727

This email message (including its attachments) is confidential and may contain privileged information and is intended solely for the use of the individual and/or entity to whom it is addressed. If you are not the intended recipient of this e-mail you may not disseminate, distribute or copy this e-mail (including its attachments), or any part thereof. If this e-mail is received in error, please notify the sender immediately by return e-mail and make sure that this e-mail (including its attachments), and all copies thereof, are immediately deleted from your system. Please further note that when you communicate with us via email or visit our website we process your personal data. See our privacy policy for more information about how we process it: <https://www.volvogroup.com/en-en/privacy.html>

From: Lucy Zhang He <lucyizhang@yahoo.com>
Sent: Sunday, March 28, 2021 11:29 PM
To: Sarah Fox
Subject: Strongly Oppose Having a Substance Abuse Treatment Center in Camas!

WARNING: This message originated outside the City of Camas Mail system. **DO NOT CLICK** on links or open attachments unless you recognize the sender and are expecting the content. If you are unsure, click the Phish Alert button to redirect the email for ITD review.

Dear Sarah,

We have just learned that there will be a substance abuse treatment center proposed in Camas next to Dorothy Fox Elementary School. As parents of young children, we are very concerned about the location of this facility and not in support of it at all.

There are a lot of kids in the neighborhood, and it will be scary to have them outside playing so close to a rehab there. We have seen places like that at other areas. There are people passing out on the street because they need their drugs during treatment. It is just not safe to have a rehab center next to a school surrounded by residential neighborhood. We don't think it is an appropriate and safe place for that type of facility.

If the city approve this, many parents include ourselves will consider having their children dropping out of school for home schooling or transferring them to another school in different places. The enrollment rate of neighboring schools will decrease, putting burdens and resource pressures on other nearby schools. If things go on like that, it will definitely affect the local school's rating and the reputation of the Camas school district. This will affect the housing prices of the community and the city's property taxation.

We strongly oppose the proposal of setting up a substance abuse treatment center in Camas. Hope you can reconsider it and make a sensible decision that is good for this neighborhood and the city of Camas.

Sincerely yours,
Lucy and John He
Residents at Holy Hills Estate, Camas, WA

From: Ellen Burton
Sent: Friday, March 26, 2021 1:31 PM
To: Mark Smith
Cc: Don Chaney; Sarah Fox
Subject: Re: Rehab facility

Hi Mr. Smith,

Thank you for your email with suggestions about revising the City of Camas zoning code and establishing accountability for the proposed Discovery Rehabilitation Center. I'm responding on behalf of Council Member Chaney and myself. Since the public hearing for the Discovery Conditional Use Permit has not yet concluded, we are not legally permitted to comment. However, I have copied Sarah Fox so she can add your suggestions to the public record.

Thanks,
Ellen

Ellen L. Burton
Camas City Council Member I Ward 3

> On Mar 24, 2021, at 7:49 PM, Mark Smith <msmith537@comcast.net> wrote:

>

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>

>

> Hi Ellen and Don,

> I wanted to make a couple of suggestions related to the drug rehab center. I think we're all in a difficult situation where the city has to approve the application for this rehab based on current zoning. If this is true please make expedited efforts to prevent this from happening again. Clarify the language, intent, and strengthen the codes so these loopholes are eliminated. Second, please attach financial penalties for lack of performance. If these operators are going to be good neighbors then have them put their money at risk as proof. Multiple mandatory cameras on all entries and around the property need to be required. All video recordings must be kept for 4 months and reviewed upon request by the city. Form a committee of volunteer citizens and the responsible council member for that area that reviews the videos, police reports and neighborhood concerns quarterly with the operators of the facility. We shouldn't give approval and walk away. First violation of agreed upon procedures is fined \$1000, second violation \$5000 etc on an escalating basis until adequate compliance is obtained. This forces the operators to be engaged and make sure there is adequate staffing and enforcement or else financial penalties apply. Trust but verify with accountability and financial responsibility.

> Thank you,

> Mark Smith

> 3009 NW 29th Ave

> Camas, WA 98607

From: Ellen Burton
Sent: Thursday, March 25, 2021 2:52 PM
To: pat.whalen@sbcglobal.net
Cc: Sarah Fox
Subject: Fw: No detox facility at Dorothy Fox

Hi Mr. Whalen,

Thank you for emailing about the about the proposed detox facility. Please scroll down for my response. I hope you were able to attend the public hearing last night, March 24. The comment period is open for another week. If you have additional comments please send them to Sarah Fox, Sfox@cityofcamas.us. She will make sure the hearings administrator receives them.

Apparently, sbcglobal.net had blocked the city domain so until it was fixed today, I wasn't able to successfully respond to your email of March 15, 2021.

Thanks,
Ellen

From: Ellen Burton
Sent: Monday, March 22, 2021 9:22 AM
To: pat.whalen@sbcglobal.net
Subject: Fw: No detox facility at Dorothy Fox

Hi Mr. Whalen,

Thank you for writing to express your views about the proposed rehabilitation center next to Dorothy Fox school. For some reason my emails to you aren't going through at sbcglobal.net. The public hearing is scheduled for Mar. 24, 2021 at 5 pm. Due to state and local laws, a hearings examiner will determined the outcome after reviewing the case. Neither the city council nor the mayor are involved.

<https://www.cityofcamas.us/com-dev/page/march-24-2021-public-hearing-discover-recovery-hearing-examiner-meeting>

Thanks,
Ellen

From: Pat Whalen <pat.whalen@sbcglobal.net>
Sent: Monday, March 15, 2021 4:47 PM
To: Sarah Fox
Cc: Barry McDonnell; Greg Anderson; Ellen Burton; Bonnie Carter; Don Chaney; Steve Hogan; Shannon Roberts; Melissa Smith
Subject: No detox facility at Dorothy Fox

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Ms. Fox:

I am writing as a new Camas resident to express my extreme opposition to approving a conditional use permit allowing a drug detox facility right next to an elementary school. Even writing those words seems crazy, as such an idea should be seen by anyone as obviously unreasonable. Children aged 5 to 12 would literally share a fence with a facility housing people who could leave the facility at any time.

While it may be appropriate to have some sort of rehab facility in Camas, this location is singularly inappropriate.

I have heard that there is some concern that the city could be subject to suit if the permit is denied. Has the city thought about the liability it may have if anyone is ever injured by someone at the facility? Has the city considered the loss in tax revenue that might come with inevitably depressed property values? Most importantly, has the city considered whether this type of facility is properly located IN THIS PARTICULAR NEIGHBORHOOD? Is there is a need for this type of facility, is there really nowhere else in Camas that would be more appropriate? Nowhere else that would present less of a danger to children?

Patrick Whalen
2149 NW 28th Avenue
Camas WA 98607

From: Paula Muller <runner1490@yahoo.com>
Sent: Saturday, March 27, 2021 10:29 AM
To: Sarah Fox
Subject: Discover Recovery Detox Facility - Letter in Opposition

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Good Morning,

We are writing this letter in opposition to the Camas Discover Recovery detox facility conditional permit request.

My concerns called out below tie directly to the Section A code that is considered when making a decision:

Criteria for consideration:

The proposed use will not be materially detrimental to the public welfare, or injurious to the property or improvements in the vicinity of the proposed use, or in the district in which the subject property is situated;

This facility is adjacent to a neighborhood park, an elementary school and in the middle of a large residential area. **We are extremely concerned with safety**, increased crime, patients interacting with the children, patients leaving the facility and entering our neighborhood, or forced lockdowns at the school. **The Long Beach, WA Discover Facility has a history of patients leaving and multiple police calls to the facility.** This is an obvious safety concern to the community and the children in the area. Based on this, we are asking the condition permit be denied.

Thank you.

Paula Muller
Brendan Romtvedt
1610 NW Rolling Hills Drive

From: Rita MacQuarrie <jeritamac@gmail.com>
Sent: Monday, March 29, 2021 10:16 AM
To: Sarah Fox
Subject: Drug Detox/Rehab Center

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What are you thinking. I strongly oppose this petition. We do not need this right by an Elementary School! Not do we need it in our neighborhood, we have been a low crime area and want to keep it that way. I do realize we need these type of facilities, but there are better areas to put them, ie hospital area, industrial area of other non-residential family areas.

Sarah Fox

From: Robert Ball <ball7881@outlook.com>
Sent: Wednesday, March 24, 2021 7:49 PM
To: Sarah Fox
Subject: Re: Conditional Use Permit Information

Categories: Follow-up

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The bathrooms are not on timers or they don't work

Sent from my Verizon, Samsung Galaxy smartphone
Get [Outlook for Android](#)

From: Robert Ball <ball7881@outlook.com>
Sent: Wednesday, March 24, 2021 7:48:21 PM
To: Sarah Fox <SFox@cityofcamas.us>
Subject: Re: Conditional Use Permit Information

My bedroom over looks it

Sent from my Verizon, Samsung Galaxy smartphone
Get [Outlook for Android](#)

From: Robert Ball <ball7881@outlook.com>
Sent: Wednesday, March 24, 2021 7:48:11 PM
To: Sarah Fox <SFox@cityofcamas.us>
Subject: Re: Conditional Use Permit Information

I have used it at 3am I see the police use it all thru out the night

Sent from my Verizon, Samsung Galaxy smartphone
Get [Outlook for Android](#)

From: Robert Ball <ball7881@outlook.com>
Sent: Wednesday, March 24, 2021 7:47:37 PM
To: Sarah Fox <SFox@cityofcamas.us>
Subject: Re: Conditional Use Permit Information

Mam you are wrong its always open 24 7 days a week

Sent from my Verizon, Samsung Galaxy smartphone
Get [Outlook for Android](#)

From: Sarah Fox
Sent: Monday, March 29, 2021 8:38 AM
To: 'Ruth McRaven'
Subject: RE: Public Hearing CUP21-01

Ms. McRaven,

Members of the public who are interested in submitting additional comments and/or evidence to the record concerning the proposed Discover Recovery located at 2213 NW 23rd Ave., will have one week to submit their information. Following the close of that first week, the public will then have one additional week to respond to "the record."

The official timeline is as follows:

- Record open for new information until 5 p.m., March 31 – Received comments will be available on city's website the next day.
- Record open for responses to the record until 5 p.m., April 7 (no new information allowed)
- The deadline for applicant's final arguments is 5 p.m., April 14.



Sarah Fox, AICP (She/Her)

Senior Planner

Desk 360-817-7269

Cell 360-513-2729

www.cityofcamas.us | sfox@cityofcamas.us

From: Ruth McRaven <ramcraven@comcast.net>
Sent: Friday, March 26, 2021 6:48 PM
To: Sarah Fox <SFox@cityofcamas.us>
Subject: Re: Public Hearing CUP21-01

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Sarah

I must have gotten confused, as I wrote the hearing down for Thurs, not Wed - so I missed it. Can you tell me what the outcome of the hearing was or when a decision will be rendered?

Thanks
Ruth McRaven

From: Ryan Luikens <ryan.luikens@gmail.com>
Sent: Saturday, March 27, 2021 7:34 PM
To: Sarah Fox
Subject: RE: drug detox near d/fox

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Years ago I lived in Denver, CO and worked for the [Colorado Coalition for the Homeless](#) in their high-intensity treatment team. This group dealt with people experiencing homelessness who also suffered from severe addiction to various narcotics.

While we want the best for people, and those suffering deserve help, my experience aligns with data and sentiment that placing a treatment center in proximity to an elementary school is a poor choice. There is too much uncertainty to justify the risk of exposing vulnerable, impressionable children to mid-treatment patients.

Moving forward with the proposal would not only decrease home values and increase petitions for student choice transfers but will also potentially put children who attend Dorothy Fox in danger.

Ryan Luikens & Natalie Kim
Camas WA Residents

--

Ryan

From: Sarah Fox
Sent: Monday, March 29, 2021 8:46 AM
To: 'SCOTT DUER'
Subject: RE: Submission for Hearing for Discover Recovery detox center

Mr. Duer,
Your comments have been added to the record.



Sarah Fox, AICP (She/Her)
Senior Planner
Desk 360-817-7269
Cell 360-513-2729
www.cityofcamas.us | sfox@cityofcamas.us

From: SCOTT DUER <knsduer@comcast.net>
Sent: Sunday, March 28, 2021 10:20 AM
To: Sarah Fox <Sfox@cityofcamas.us>
Subject: Submission for Hearing for Discover Recovery detox center

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Miss Fox,

Please forward this email to the hearings examiner, Joe Turner, in regards to the application for a conditional use permit related to Discover Recovery on Prune Hill in Camas.

Mr. Turner,

Thank you for continuing the hearing to allow folks an opportunity to get on record if they weren't able to participate in the zoom hearing of March 24th, 2021. I apologize if some or all of these points were already made by others.

I understand your decision has to be weighed upon the facts and legal requirements surrounding the application and that any emotional distress brought upon the community does not have an impact. This is a sad fact of current local government in America. I don't necessarily like it, but I understand your position.

I believe I heard in your remarks two of the things you are able to consider are whether the operation of the facility would be "materially detrimental to public welfare" or "injurious to the district." I believe that the burden also exists on the applicant to mitigate negative impact on the neighborhood.

To the point of whether this facility can truly be considered a convalescent facility. This apparently is not defined by the city of Camas so we can legally look to the common definition of the word. Definitions of words in language change over time. In the minds of the average citizen of Camas a drug detox facility does not fit the definition of a convalescent center. Beyond that here is a link to the Merriam-Webster definition found on line: [Convalescence Medical Definition | Merriam-Webster Medical Dictionary \(merriam-webster.com\)](https://www.merriam-webster.com/dictionary/convalescence) The second entry is "the time between the subsidence of a disease and complete restoration to health." By definition an addict entering a detox facility or treatment center does not fit this definition.

Their disease has very much not subsided. They are very much in the middle of their disease. Also, in general convalescent care means the patient is moving from full time care, such as at a hospital, to partial and decreasing care as they progress back to complete self care. Miss Wilson made the comment that the patients at the facility would require and be getting full time care while they are at the facility. Again this does not meet the definition of a convalescent center.

To the point of being material detrimental - I did not search to find if the city of Camas defined the word detrimental. If not we can again look at the common definition. We find - [Detrimental | Definition of Detrimental by Merriam-Webster \(merriam-webster.com\)](#) This definition includes "an undesirable or harmful person or thing". You mentioned more than once that this application is not a popularity contest. I think it is fair to say that the overwhelming majority of the neighborhood finds this facility to be "an undesirable thing."

Further, you were provided with a number of official police reports related to the sister facility located in Long Beach, WA. None of these actions could be described as anything other than materially detrimental to the neighborhood. A 6 foot fence is not capable of stopping a patient in psychosis wishing to leave the facility. We know this will happen. Like many of the folks who testified at the hearing I am also in the medical field. I am a pharmacist at Legacy Salmon Creek Medical Center. I challenge anyone to find a drug addiction treatment facility that has not had a single patient have a psychotic episode during treatment. So we know it will happen. That is materially detrimental to the neighborhood and will certainly be injurious - either mentally or physically - to the non medical persons that patient comes into contact with, whether they be at the church on the one side or - heaven forbid - to some young children in the playground of the park next door or the schoolyard adjacent to the property. The people of Camas, and perhaps especially on Prune Hill highly value safety. Here is a link on the city's website showing that it is important for the city to tout as well: <https://www.cityofcamas.us/communications/page/camas-ranks-top-3-safest-cities-washington>

We know from all other similar facilities that the facility is unable to stop these patients from leaving. They even have a plan for when a patient wishes to leave "Against Treatment Advice" - but then admit they cannot stop them from leaving. This means that they admit they are unable to mitigate this negative impact to the neighborhood. Additionally the foul language often heard at these facilities is too easily overlooked these days. This is another known aspect of all such facilities and also another known aspect that is highly undesirable to both church one side and the parents of the hundreds of kids that play in the schoolyard on the other side.

I hope that by these comments and by a host of other more significant points brought up by others you will see this application needs to be denied. Not because the facility is unpopular, but because of it not being able to meet the requirements of the CUP, especially with regard to being materially detrimental to the neighborhood.

Sincerely,
Scott Duer
2445 NW Cascade Street
Camas, WA 98607

IN OPPOSITION OF DISCOVER RECOVERY'S FACILITY AT THE FAIRGATE LOCATION

March 28, 2021

City of Camas
Community Development Department
612 NE 4th Ave
Camas, WA 98607

To the attention of the hearing examiner

We are writing this letter to express our concern and opposition for the proposed development by Discover Recovery for a convalescent home - A substance abuse recovery center.

Though there is definitely a need for such facilities, we want to express our concerns how it may be harmful to the surrounding community to grant permission for such a center in the proposed location. The location of this facility will be in very close proximity to Dorothy Fox primary school, Dorothy Fox public park and Harvest Community Church. In addition to these buildings, the recovery center will be situated in the center of a large residential zone.

Considering the neighborhood that will be surrounding the recovery center and also the presence of a primary school, a public park and a community church - the area naturally has a lot of foot traffic and the presence of children.

We believe that the location chosen for the recover center is in clear violation of the following criteria

18.43.050 - Criteria.

A. The proposed use will not be materially detrimental to the public welfare, or injurious to the property or improvements in the vicinity of the proposed use, or in the district in which the subject property is situated;

During the public hearing, evidence was presented to show multiple cases of Discover's long beach WA facility where patients had simply left the recovery center in a disturbed state of mind without permission or supervision. In addition to unsuitability of the location, there is also evidence to lack of attention to security by the discover group. For these reasons we kindly urge you to consider the safety and wellbeing of people and children in the neighborhood and deny a conditional use permit for the proposed development by Discover

Sincerely,

Shavīn & Sevani Pinto

From: Sarah Fox
Sent: Thursday, March 25, 2021 5:16 PM
To: 'Sheila C. Schmid'
Subject: RE: Public Hearing CUP21-01

It is not too late. You will have one week to submit your comments.

The Hearings Examiner provided the following timeline at the close of the hearing:

- Record open for new information until 5 p.m., March 31 (Received comments will be available on city's website the next day)
- Record open for responses to the record until 5 p.m., April 7 (No new information allowed)
- The deadline for applicant's final arguments is 5 p.m., April 14.

From: Sheila C. Schmid <schmid@gorge.net>
Sent: Thursday, March 25, 2021 5:07 PM
To: Sarah Fox <SFox@cityofcamas.us>
Subject: Re: Public Hearing CUP21-01

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Hi Sarah,

I did not make it on Wed. Is it too late to submit a letter?

Thank you,
Sheila

~ pray for profound harmlessness, and god's point of view ~

Sheila Schmid, MA, Ed.S., NCC

w: Insidejobyoga.com
p: 541.490.3607
e: schmid@gorge.net

From: STEPHEN CAMPBELL <issaquah2@aol.com>
Sent: Sunday, March 28, 2021 11:32 AM
To: Sarah Fox
Subject: Discover Recovery Facility

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Dear Ms. Fox and Members of the Camas City Council;

The purpose of this letter is to document my displeasure and disagreement with the permit request for the Discover Recovery facility in Camas, WA. My statements focus on my personal experience and thoughts, and my professional experience.

I have a family member with addictions, and I have lived with the difficulties and experiences associated with this. I have interacted with the facility and staff where my family member was in treatment. I know the reason for facilities, and the hope and recovery they bring to those with addictions, and their loved ones trying to assist in the best ways possible.

The facilities I have been to with my family member have always been situated away from residential neighborhoods. They have been in a downtown urban environment, or in a country rural setting. Both allowed for residents and outpatients the opportunity to experience change and guidance, away from distraction and opportunities that participants need to be successful in treatment.

My professional experience comes from 28 years in law enforcement, and assignments that allowed me to interact with treatment options and facilities that offered addiction services. I managed a team that worked with law enforcement professionals and civilian counselors in the treatment of young offenders. The experiences were life changing, and gifts for those with addictions and the family members and friends that loved them. I know what environments put those in counseling most at risk, and what should be done to best secure the safety of those nearby.

My experiences taught me that counselors need compassion, commitment, and backgrounds that understand they will be tested by those with whom they work. Deception and denial are aspects of the problem and what counselors need to deal with to be successful. I say this, as I know safety for those in treatment, those who assist those in treatment, and those in the community is paramount. Allowing a facility in a residential neighborhood, adjacent to a school and park, and next to restroom facilities where drug and narcotic transactions can and do take place, out of the sight of the facility staff members and in the same area as children and family members, is a high risk to all and unacceptable for the community. This is reality. I understand there will be 2 staff on site at all times, but this does not allow for addressing more than 1 issue at a time, as 2 persons are needed for addressing many issues.

I support this type of facility. However, I do not think this type of use for the current site is in the best interest of those who need the assistance, nor those who deserve protection and safeguards associated with facilities that treat patients with addictions.

This isn't a "not in my backyard" statement. It is a true depiction of what is real, and what we as a community need to do to ensure success of those in treatment, and those who support them.

Sincerely,

Steve Campbell
1709 NW Redwood Lane
Camas, WA 98607

Steve Campbell
(425) 985-7338

Sarah Fox

From: Sarah Fox
Sent: Monday, March 29, 2021 8:43 AM
To: 'T Schoon'
Subject: RE: Discover Recovery Permit

Mr. Schoon,

Your comments and questions have been added to the record. The hearings examiner will respond with the decision that is rendered. All materials to include a staff report and applicant's submittal are online at the city's "Meetings" webpage:

<https://meetings.municode.com/adaHtmlDocument/index?cc=CAMASWA&me=6b315d6fcf5c43839d4cb6251c5a30e3&ip=True>



Sarah Fox, AICP (She/Her)

Senior Planner

Desk 360-817-7269

Cell 360-513-2729

www.cityofcamas.us | sfox@cityofcamas.us

From: T Schoon <tschoono@gmail.com>
Sent: Sunday, March 28, 2021 8:21 AM
To: Sarah Fox <Sfox@cityofcamas.us>
Subject: Fwd: Discover Recovery Permit

Sarah Fox,

Mayor McDonnell advised that we should contact you with questions in regards to the Discover Recovery permit request at Fairgate Estate. Included below, you will find a few questions that we would like answered:

Camas Municipal Code 18.43.050.A - The proposed use will not be materially detrimental to the public welfare, or injurious to the property or improvements in the vicinity of the proposed use, or in the district in which the subject property is situated;

-How would a detox facility NOT affect the public welfare near Fairgate Estate? (Detox Facility would cause Decreased Property Values, Increased Crime, Dorothy Fox School Lockdowns)

-What current staffing does Camas have for Police and Fire for the Fairgate Estate area? (Increased calls due to a Detox Facility would strain our EMS)

Camas Municipal Code 18.43.050.C - The proposed use shall be compatible with the surrounding land uses in terms of traffic and pedestrian circulation, density, building, and site design;

-How would a detox facility be compatible with the surrounding area due to the increase in traffic when residents choose to no longer walk their children to/from Dorothy Fox Elementary School? (Increased vehicular traffic and reduced pedestrian circulation due to the fear of having such a facility near Dorothy Fox Elementary School, a public park, and neighborhood)

Please let us know how Discover Recovery will benefit our community at this proposed location. These facilities are definitely needed in Camas, but not at this location. There are plenty of other locations in the city that would be a much better fit for Discover Recovery. Please view our comments to the Mayor below and provide this statement and answers to the Public Record.

Sincerely,

Captain Trevor Schoonover and Family

1732 NW 33rd Way
Camas, WA 98607

Begin forwarded message:

From: Barry McDonnell <BMcDonnell@cityofcamas.us>
Subject: RE: Discover Recovery Permit
Date: March 26, 2021 at 4:27:07 PM PDT
To: T Schoon <tschoono@gmail.com>

Trevor,

I received your email and have read your concerns. Your email will be added to the public record for this case.

To clarify, the decision for this proposed project is not made or influenced by the City's Administration (myself) or the City Council.

If you have specific questions about the proposed project, they should be directed to Senior Planner, Sarah Fox at sfox@cityofcamas.us.

Regards.



Barry McDonnell

Mayor

Desk 360-834-6864

www.cityofcamas.us | bmcdonnell@cityofcamas.us

-----Original Message-----

From: T Schoon <tschoono@gmail.com>

Sent: Friday, March 26, 2021 8:39 AM

To: Barry McDonnell <BMcDonnell@cityofcamas.us>

Subject: Discover Recovery Permit

Dear Mayor McDonnell,

Our family would like to express our concern for the proposed permit for a Detox facility at the Fairgate Estate property on Prune Hill. We have recently moved to Camas from Hawaii to be involved Community Members, enjoy the small town feel, and provide our children a safe place to grow up/attend school. We believe that the intended property will decrease property values, increase crime, and make our community an undesirable place to live.

We understand that the proposed permit is in the hands of the Hearing Examiner. Can you please use anything in your power to seriously consider how damaging a Detox facility would be to the community in this location? We know that these facilities are necessary, but not next to an Elementary School, a Community Park and homes. It is amazing to currently see how many people exercise and walk to/from school in the area around the proposed facility. We believe this would change if such a facility was approved.

A couple of years ago, our family of 4 experienced a school lockdown at a private school our oldest child attended in Hawaii. It was the last day of school and we were enjoying the festivities surrounding this day. We can't even explain the fear seen in the children's eyes during this experience. This kind of event would be a common threat to Dorothy Fox Elementary School with such a facility next-door and these events would cause everlasting damage to the students/families of the school.

In closing, our family would urge you to please use any power available to deny this permit to Discover Recovery. Our community and especially our children depend on our elected officials to keep everyone safe!

Sincerely,

Captain Trevor Schoonover and Family

1732 NW 33rd Way
Camas, WA 98607

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From: Tec L Han <than03@gmail.com>
Sent: Monday, March 29, 2021 8:50 AM
To: Administration Email; Sarah Fox; Barry McDonnell
Cc: Amy Lin
Subject: Dorothy Fox & the proposed Discovery Recovery center

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Good morning Sarah Fox, Mayor Barry McDonnell,
Apologies for the tardiness for this email. I understand that the Hearings Examiner Meeting was held last week, which I was unable to attend. I am formally writing to you to express that my family opposes the proposed Discovery Recovery center location next to Dorothy Fox park, Dorothy Fox Elementary school and the Harvest Community Center. We have two young children, one of whom will be attending kindergarten at Dorothy Fox Elementary this fall. Prior to the pandemic, we were part of the indoor playground co-op hosted at Harvest Community Church. And we frequent the Dorothy Fox public park almost on a weekly basis, rain or shine.

We live at 2711 NW 28th Cir, right where NW Cascade St intersects with NW 28th Ave and NW 28th Cir. While our location is not in the immediate vicinity included in the "Buffer Selection" in Exhibit A of the Hearings Examiner Agenda packet, we are within two blocks of the location. I believe the two co-founders of Discovery Recovery have good intentions in their business pursuits, but this addiction rehabilitation facility near our home, our elementary school, our park, and our community brings a lot of anxiety to our family. We are even reconsidering our thoughts on sending our kids to Dorothy Fox elementary school should Discovery Recovery center be approved and opened this June.

I am not a part of NextDoor social media platform but from speaking with neighbors, I understand that I am not alone in my thoughts. Please heed the concerns expressed by Camas residents, my neighbors, and your constituents when examining Discovery's application.

Respectfully,
The Han family.

--

- [503.683.2076](tel:503.683.2076)

From: Tec L Han <than03@gmail.com>
Sent: Monday, March 29, 2021 12:30 PM
To: Administration Email; Sarah Fox; Barry McDonnell
Cc: Amy Lin
Subject: Re: Dorothy Fox & the proposed Discovery Recovery center

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Just want to add:

The proposed use will be materially detrimental to the property in the vicinity of the proposed use. The real estate value in the area will be lower than comparable properties farther away. A 2014 article posted by the National Association of Realtors found that homes near a residential treatment center are associated with an 8% reduction in home prices. For an average home price of \$600k, that's a 48k loss in value to home owners. The 8% reduction in home prices is further confirmed by an academic report published in The Journal of Sustainable Real Estate by La Roche, Waaller and Wentland. The discount is magnified for treatment centers that treat opiate addiction (as much as 17%). A reduction of 17% in home price on an average price of \$600k will equate \$102k in value! For many, this can lead to underwater mortgages, less equity to fund future retirement, and a less desirable community.

From: Turnbull, Tim <tturnbull@burnsmcd.com>
Sent: Monday, March 29, 2021 8:47 AM
To: Sarah Fox
Subject: Opposition of Discover Recovery's Facility

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Sarah, I am writing you this email regarding my personal concern of the planned Recovery Facility located at the Fairgate Estate in Camas. My family lives in Belz Place located just around the corner from the Fairgate Estate. We have young children and I am concerned for their safety should the Recovery Facility get approved. My concern is specifically centered around municipal code 18.43.050 section A. I believe the proposed use of the facility will be detrimental to the public welfare and does not line up with the goals expressed in the Camas Comprehensive Plan. Thanks for your time...

Tim Turnbull
1510 NW Rolling Hills Dr.
Camas, WA. 98607

Yasu Fuke
1835 NW Rolling Hills Dr.
Camas, WA 98607

March 28, 2021

Sarah Fox
Planning Division Staff
City of Camas
616 NE 4th Avenue
Camas, WA 98607

Dear Ms. Fox:

I write this letter to voice my concern to the proposed development of the former Fairgate Estates assisted-living facility into a residential drug and alcohol rehab facility.

Discover Recovery is proposing a maximum 15-bed 'convalescent home' through conditional use to provide 24-hour care and treatment for individuals seeking to recover from substance abuse disorders. The Camas Municipal Code 18.03.030 defines a convalescent home to mean "an establishment which provides full-time care for three or more chronically ill or infirm persons. Such care shall not include surgical, obstetric or acute illness services." In my opinion as a physician that deals with acute drug withdrawal issues frequently, drug and alcohol detoxification is an acute illness and process. Such patients must be monitored very carefully and, in a time-sensitive manner, treated expeditiously. It is at such times these individuals have the most erratic and combative behavior and are a danger to themselves as well as others. In my experience, these individuals often get violent. At the hospital, we at times need multiple trained security personnel and sometimes law enforcement assistance to help safeguard, medical staff and community members. The definition of what an 'acute illness' can be debated, but in my opinion, drug detox is an acute illness simply by the time-sensitive nature by which treatment must occur. In a voluntary facility that Discover Recovery proposes at the former Fairgate Estates assisted-living facility, there is a potential risk to Dorothy Fox Elementary students and the general surrounding community just by the nature of substance abuse disorders during the period of detoxification. Discover Recovery cannot hold their clients there against their will given the voluntary nature of their stay. My understanding is that Discover Recovery intends to treat patients for acute detox and that they have a license for use of buprenorphine (Suboxone) and chlordiazepoxide (Librium) for detox. This would go against CMC 18.03.030 ordinance.

I kindly ask the Clark County examiner, in accordance to CMC 18.43.050, section A, to strongly consider denying the conditional permit request. My analogy would be if there is a confirmed drunk driver with an elevated blood alcohol level on the road, law enforcement would remove the individual from driving to prevent the perceived danger to the public. Having individuals needing acute treatment for drug and alcohol in a

residential area right next to an elementary school can be materially detrimental to the public welfare and needs to be prevented even though the danger is just perceived. I ask that the examiner to thoroughly go over with Discover Recovery what type of treatment they intend to do and to determine if they are treating acute illnesses or not, specifically acute drug and alcohol detoxification. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Yasu Fuke'. The signature is written in a cursive, flowing style.

Yasu Fuke, M.D.

From: Yu Kim <mylikecoco@hotmail.com>
Sent: Wednesday, March 24, 2021 8:08 PM
To: Sarah Fox
Subject: Camas Conditional Use Permit Public Hearing

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Hi Sarah and Mr. Turner,

My name is Kim Yu. Address is 1835 NW Rolling Hills Dr. Camas.
I would like to make one comment.

As we know the hearings examiner shall be guided by all of the criteria in granting or denying a conditional use permit:

Criteria F. - Any special conditions and criteria established for the proposed use have been satisfied. In granting a conditional use permit the hearings examiner may stipulate additional requirements to carry out the intent of the **Camas Municipal Code and comprehensive plan.**

Within the Camas Municipal Code, title 16, Environment, Under the Washington State Environment Protection Act checklist, section 15, it asks: a. Would the project or the new business result in an increased need for public services (for example: fire protection, police protection, public transit, health care, schools, other)? If so, generally describe.
b. Proposed measures to reduce or control direct impacts on public services, if any.

With the cases we've heard earlier from other testimonies how discover recovery is run in long beach, a drug rehab bordered with an elementary school, in the middle of a clustered residential homes, will result in increased police protection, fire protection and health care, around the school area. Within the proposal provided by Discover Recovery, I don't see how this impact will be mitigated.

Thank you for your time.

Kim Yu

From: yun liang <yunliangy@gmail.com>
Sent: Thursday, March 25, 2021 12:10 PM
To: Sarah Fox
Subject: Detox center nearby Dorothy Fox

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Hello, Dear Sara Fox,

My name is Yun Liang. We moved to the City of Camas last year just because of the city' peace and high quality education. We plan to do some investments in Camas house. But we heard that the drug detox center is under application just nearby Dorothy fox school. We are really concerned about potential safety and crime issue in the lovely area. We also hope these people with drug can be treated and rehabbed well in other vacant area instead of next by school . Please consider our parents request and positive potential investment in high end house market request too.

Thank you and have a great day !

Yun

From: Jennifer Hanson <jen.anne.hanson@gmail.com>
Sent: Tuesday, March 30, 2021 8:55 AM
To: Sarah Fox
Subject: Medical Detox is acute care
Attachments: CARF 2021 BH Program Descriptions.pdf

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Hello,

More evidence that the “Medical Detox” program Discover Recovery is running is providing acute care.

From their own website, Discover Recovery has their CARF Certification:

- CARF Certification

Discover Recovery is certified in *Detoxification/Withdrawal Management – Residential*, which is defined by CARF as “A detoxification/withdrawal management program is a time-limited program designed to assist the persons served with the physiological and psychological effects of acute withdrawal from alcohol and other drugs. Based on current best practices in the field, the program’s purpose is to provide a medically safe, professional and supportive withdrawal experience for the persons served while preparing and motivating them to continue treatment after discharge from the program and progress toward a full and complete recovery.”

(See attachment, CARF 2021 BH Program Descriptions)

- Detoxification IS Acute Care according to the National Institute on Drug Abuse – and even the definition on Discover Recovery’s website reads in a very similar way, just substituting Sub-Acute for Acute. <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/drug-addiction-treatment-in-united-states/types-treatment-programs>
- Detox care is acute according to the Massachusetts Dept of Public Health in their quote in the Orange County Register article.

“Any program in the state that does detox is considered an acute care facility and is required to have medical oversight,” said Ann Scales, spokeswoman for the Massachusetts Department of Public Health.”

<https://www.ocregister.com/2017/12/17/detox-can-end-in-death-at-some-non-medical-southern-california-rehabs/>

- According to leading Addiction experts at Hazelden Betty Ford ““Detox is a really, really dangerous time for a patient,” said Hazelden’s Mishek. “The number of seizures during detox – particularly from alcohol or benzodiazepines (drugs such as Valium and Xanax) – means you have to have really good nurses and doctors to monitor withdrawal.””

<https://www.hazelden.org/>

- From Detox to Rehab, an explanation of the differentiation of the two very different services provided by drug rehab centers offering detox services.

“Many people who need detox support are considered acute detox clients. Acute detox means that the individual is experiencing severe withdrawal symptoms, some of which may prove life-threatening. Alcohol and Benzodiazepines typically require acute medical detox programs to ensure the client’s safety during the detox process.

Acute medical detox provides the support and care needed to safely and comfortably eliminated toxins and substances from your system. The medical support staff monitors your symptoms and progress throughout the night and day.

Medical detox facilities are equipped to handle severe withdrawal symptoms and acute care clients. Acute care clients require a little more monitoring and rehabilitation than others. Perhaps the individual has used for an extended period, presents with abscesses, infection or other complications that threatens his or her overall health.

The length of stay in acute detox varies by person. On average, plan to spend at least 3-5 days in this stage of treatment. You may move down to another level of treatment if the acute medical detox you attend is a part of a larger rehab program."

<https://detoxrehab.com/acute-medical-detox-treatment-program?result=3>

The phone calls to 911 from the Long Beach Facility are proof that Discover Recovery is providing acute care. They allowed a man detoxing from opiates to vomit for two days straight (call # 210122010). Also, call # 210212032 where the patient (or client as they like to refer to individuals in their care) was 7 days into alcohol detox and had been experiencing confusion for that entire time frame. These are acute symptoms of detox. Discover Recovery is providing acute detox services.

- Sub-acute is not the correct definition for Discover Recovery's medical detox program, evidenced below:

"In the medical field, the word "acute" describes conditions that are critical and sometimes life-threatening. Patients with severe addictions will likely need acute (or full) detox.

These patients may have a high risk of seizures, respiratory failure, or other fatal side effects. Full detox calls for inpatient care, in which the patient is monitored and supported by medical professionals 24/7.

Depending on the abused substance(s) and the overall health of the person, this level of care may not be necessary. In these circumstances, the individual may need sub-acute detox, which can be completed in an out-patient setting with limited medical attention.

Sub-acute detox patients may still experience withdrawal symptoms, but on a less severe scale. They will be provided with necessary medications, support, and monitoring, but 24/7 care isn't necessary."

<https://theshoresrecovery.com/difference-sub-acute-full-detox/>

- From the American Addictions Centers website :

"According to the Substance Abuse and Mental Health Services Administration (SAMHSA), there are two types of withdrawal: acute withdrawal and protracted withdrawal.

Acute withdrawal is the initial emergence of symptoms after suddenly discontinuing the use of a substance. These symptoms tend to be opposite of the effects of the substance, making them different between substances.

SAMHSA's article "Protracted Withdrawal" from the publication Substance Abuse Treatment Advisory lists the length of the acute withdrawal period for various substances:

Alcohol: 5-7 days

Benzodiazepines: 1-4 weeks, or 3-5 weeks if reducing dosage gradually

Cannabis: 5 days

Nicotine: 2-4 weeks

Opioids: 4-10 days; methadone may be 14-21 days

Stimulants: 1-2 weeks

Symptoms that last beyond this period, or reappear after this period, are then labeled as protracted withdrawal (commonly known as post-acute withdrawal, chronic withdrawal, or extended withdrawal). Protracted withdrawal is the lesser studied of the two types of withdrawal, but it can often be a major factor in the incidence of relapse."

<https://americanaddictioncenters.org/withdrawal-timelines-treatments/dangers>

Discover Recovery's list from their website:

As a general guideline, the following list indicates the usual detox duration for various drugs:

Heroin: 5-10 days

Methadone: 15-20 days

Xanax and Valium: 4-8 weeks

Methamphetamine: Up to 5 days

Cocaine: 3-5 days

Alcohol: 7-10 days

Marijuana: 7-14 days

<https://discoverrecovery.com/addiction-treatment-services-washington/inpatient-detox-programs-near-seattle/>

The only discrepancy is benzodiazepines or xanax valium in which Discover Recovery actually lists a more tapered withdrawal than the acute withdrawal timeline stated by SAMHSA.

Discover Recovery's medical detox program is providing acute care to patients. The symptoms experienced by patients are acute as demonstrated by the 911 calls on record originating from Discover Recovery's Long Beach facility. Many nationally or globally recognized entities including the WHO (provided in previous email) and NIH support the assertion that acute care is provided during drug and alcohol detox. There needs to be a recognized differentiation between detox and rehabilitation. Rehabilitation, which is arguably not acute care (in general), can not take place until after detox has occurred.

Thank you for your review of this matter,

Jennifer Hanson

2167 NW 22nd Ave

2021 BEHAVIORAL HEALTH PROGRAM DESCRIPTIONS

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Program/Service Structure

A fundamental responsibility of the organization is to provide a comprehensive program structure. The staffing is designed to maximize opportunities for the persons served to obtain and participate in the services provided.

Screening and Access to Services

The process of screening and assessment is designed to determine a person's eligibility for services and the organization's ability to provide those services. A person-centered assessment process helps to maximize opportunities for the persons served to gain access to the organization's programs and services. Each person served is actively involved in, and has a significant role in, the assessment process. Assessments are conducted in a manner that identifies the historical and current information of the person served as well as the person's strengths, needs, abilities, and preferences. Assessment data may be gathered through various means including face-to-face contact, telehealth, or written material; and from various sources including the person served, family or significant others, or from external resources.

Person-Centered Plan

Each person served is actively involved in and has a significant role in the person-centered planning process and determining the direction of the plan. The person-centered plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the person served, as well as identified challenges and potential solutions. The planning process is person-directed and person-centered. The person-centered plan may also be referred to as an individual service plan, treatment plan, or plan of care. In a family-centered program, the plan may be for the family and identified as a family-centered plan.

Transition/Discharge

Transition, continuing care, or discharge planning assists the persons served to move from one level of care to another within the organization or to obtain services that are needed but are not available within the organization. The transition process is planned with the active participation of each person served. Transition may include planned discharge, placement on inactive status, movement to a different level of service or intensity of contact, or a re-entry program in a criminal justice system.

The transition plan is a document developed with and for the person served and other interested participants to guide the person served in activities following transition/discharge to support the gains made during program participation. It is prepared with the active

participation of the person served when transitioning to another level of care, after-care program, or community-based services. The transition plan is meant to be a plan that the person served uses to identify the support that is needed to prevent a recurrence of symptoms or reduction in functioning. It is expected that the person served receives a copy of the transition plan.

A discharge summary is a clinical document written by the program personnel who are involved in the services provided to the person served and is completed when the person leaves the organization (planned or unplanned). It is a document that is intended for the record of the person served and released, with appropriate authorization, to describe the course of services that the organization provided and the response by the person served.

Just as the assessment is critical to the success of treatment, the transition services are critical for the support of the individual's ongoing recovery or well-being. The organization proactively attempts to connect the persons served with the receiving service provider and contact the persons served after formal transition or discharge to gather needed information related to their post-discharge status. Discharge information is reviewed to determine the effectiveness of its services and whether additional services were needed.

Transition planning may be included as part of the person-centered plan. The transition plan and/or discharge summary may be a combined document or part of the plan for the person served as long as it is clear whether the information relates to transition or pre-discharge planning or identifies the person's discharge or departure from the program.

Medication Use

Medication use is the practice of controlling, administering, and/or prescribing medications to persons served in response to specific symptoms, behaviors, or conditions for which the use of medications is indicated and deemed efficacious. The use of medication is one component of treatment directed toward maximizing the functioning of the persons served while reducing their specific symptoms. Prior to the use of medications other therapeutic interventions should be considered, except in circumstances that call for a more urgent intervention.

Medication use includes all prescribed medications, whether or not the program is involved in prescribing, and may include over-the-counter or alternative medications. Alternative medications can include herbal or mineral supplements, vitamins, homeopathic remedies, hormone therapy, or culturally specific treatments.

Medication control is identified as the process of physically controlling, storing, transporting, and disposing of medications, including those self-administered by the person served.

Medication administration is the preparing and giving of prescription and nonprescription medications by authorized and trained personnel to the person served. Self-administration is the application of a medication (whether by oral ingestion, injection, inhalation, or other means) by the person served to the individual's own body. This may include the program storing the medication for the person served, personnel handing the bottle or prepackaged medication dose to the person served, instructing or verbally prompting the person served to take the medication, coaching the person served through the steps to ensure proper adherence, and/or closely observing the person served self-administering the medication.

Prescribing is the result of an evaluation that determines if there is a need for medication and

what medication is to be used in the treatment of the person served. Prior to providing a prescription for medication, the prescriber obtains the informed consent of the individual authorized to consent to treatment and, if applicable, the assent of the person served. Prescription orders may be verbal or written and detail what medication should be given to whom, in what formulation and dose, by what route, when, how frequently, and for what length of time.

Note: *CARF has determined that the use of Narcan/Naloxone should be handled as a first-aid supply and not a medication. Therefore, the Medication Use standards are not applicable when these medications are used as a life-saving measure. CARF expects that the medications are secured, but readily accessible when needed, and at least some program personnel are trained on their use and administration.*

Promoting Nonviolent Practices

CARF-accredited programs strive to create learning environments for the persons served and to support the development of skills that build and strengthen resiliency and well-being. The establishment of quality relationships between personnel and the persons served provides the foundation for a safe and nurturing environment. Providers are mindful of creating an environment that cultivates:

- Engagement.
- Partnership.
- Holistic approaches.
- Nurturance.
- Respect.
- Hope.
- Self-direction.

It is recognized that persons served may require support to fully benefit from their services. This may include, but is not limited to, praise and encouragement, verbal prompts, written expectations, clarity of rules and expectations, or environmental supports.

Even with support there are times when persons served may demonstrate signs of fear, anger, or pain that could lead to unsafe behaviors. Personnel are trained to recognize and respond to these behaviors through various interventions, such as changes to the physical environment, sensory-based calming strategies, engagement in meaningful activities, redirection, active listening, approaches that have been effective for the individual in the past, etc. When these interventions are not effective in de-escalating a situation and there is imminent risk to the person served or others, seclusion or restraint may be used to ensure safety. Seclusion and restraint are never considered treatment interventions; they are always considered actions of last resort.

As the use of seclusion or restraint creates potential physical and psychological risks to the persons subject to the interventions, to the personnel who administer them, and to those who

witness the practice, an organization that utilizes seclusion or restraint should have the elimination thereof as its goal.

Seclusion refers to restriction of the person served to a segregated room or space with the person's freedom to leave physically restricted. Voluntary time out is not considered seclusion, even though the voluntary time out may occur in response to verbal direction; the person served is considered in seclusion only if freedom to leave the segregated room or space is denied.

Restraint is the use of physical force or mechanical means to temporarily limit a person's freedom of movement; chemical restraint is the involuntary emergency administration of medication as an immediate response to a dangerous behavior. The following are *not* considered restraints for the purposes of this section of standards:

- Assistive devices used for persons with physical or medical needs.
- Briefly holding a person served, without undue force, for the purpose of comforting the individual or to prevent self-injurious behavior or injury to others.
- Holding a person's hand or arm to safely guide the individual from one area to another or away from another person.
- Security doors designed to prevent elopement or wandering.
- Security measures for forensic purposes, such as the use of handcuffs instituted by law enforcement personnel. When permissible, consideration is given to removal of physical restraints while the person is receiving services in the behavioral healthcare setting.

- In a correctional setting, the use of seclusion or restraint for purposes of security.

Seclusion or restraint by trained and competent personnel is used only when other, less restrictive measures have been ineffective to protect the person served or others from unsafe behavior. Peer restraint is not an acceptable alternative to restraint by personnel. Seclusion or restraint is not used as a means of coercion, discipline, convenience, or retaliation or in lieu of adequate programming or staffing.

Records of the Persons Served

A complete and accurate record is developed to ensure that all appropriate individuals have access to relevant clinical and other information regarding each person served.

Quality Records Management

The organization implements systems and procedures that provide for the ongoing monitoring of the quality, appropriateness, and utilization of the services provided. This is largely accomplished through a systematic review of the records of the persons served. The review assists the organization in improving the quality of services provided to each person served.

Core Treatment Program Standards

Assertive Community Treatment (ACT)

Assertive Community Treatment (ACT) is a multidisciplinary team approach that assumes responsibility for directly providing acute, active, and ongoing community-based psychiatric treatment, assertive outreach, rehabilitation, and support. The program team provides assistance to individuals to maximize their recovery, ensure consumer-directed goal setting, assist the persons served to gain hope and a sense of empowerment, and provide assistance in helping the persons served become respected and valued members of their community. The program provides psychosocial services directed primarily to adults with severe and persistent mental illness who often have co-occurring problems, such as substance abuse, or are homeless or involved with the judicial system.

The team is the single point of clinical responsibility and is accountable for assisting the persons served to meet their needs and to achieve their goals for recovery. Multiple members of the team are familiar with each person served to ensure the timely and continuous provision of services. Services are provided on a long-term care basis with continuity of caregivers over time. The majority of services are provided directly by ACT team members, with minimal referral to outside providers, in the natural environment of the person served and are available 24 hours a day, 7 days per week. Services are comprehensive and highly individualized and are modified as needed through an ongoing assessment and treatment planning process. Services vary in intensity based on the needs of the persons served.

Assertive Community Treatment has been identified as an effective model for providing community-based services for persons whose needs and goals have not been met through traditional office-based treatment and rehabilitation services. Desired outcomes specific to ACT services may include positive change in the following areas: community tenure, independent living, quality of life, consumer satisfaction of the person served, functioning in work and social domains, community integration, psychological condition, subjective well-being, and the ability of the persons served to manage their own healthcare.

In certain geographic areas, Assertive Community Treatment programs may be called Community Support programs, Intensive Community Treatment programs, Mobile Community Treatment Teams, or Assertive Outreach Teams.

Case Management/Services Coordination (CM)

Case management/services coordination programs provide goal-oriented and individualized supports focusing on improved self-sufficiency for the persons served through assessment, planning, linkage, advocacy, coordination, and monitoring activities. Successful service coordination results in community opportunities and increased independence for the persons served. Programs may provide occasional supportive counseling and crisis intervention services, when allowed by regulatory or funding authorities.

Case management/services coordination may be provided by an organization as part of its person-centered planning and delivery, by a department or division within the organization that works with individuals who are internal and/or external to the organization, or by an

organization with the sole purpose of providing case management/services coordination. Such programs are typically provided by qualified case managers/coordinators or by case management teams.

Organizations performing case management/services coordination as a routine function of other services or programs are not required to apply these standards unless they are specifically seeking accreditation for this program.

Community Integration (COI)

Community integration is designed to help persons to optimize their personal, social, and vocational competency in order to live successfully in the community. Activities are determined by the needs of the persons served. The persons served are active partners in all aspects of these programs. Therefore, the settings can be informal in order to reduce barriers between staff members and program participants. In addition to services provided in the home or community, this program may include a psychosocial clubhouse, a drop-in center, an activity center, or a day program.

Community integration provides opportunities for the community participation of the persons served. The organization defines the scope of these services based on the identified needs and desires of the persons served. A person may participate in a variety of community life experiences that may include, but are not limited to:

- Leisure or recreational activities.
- Communication activities.
- Spiritual activities.
- Cultural activities.
- Vocational pursuits.
- Development of work attitudes.
- Employment activities.
- Volunteerism.
- Educational and training activities.
- Development of living skills.
- Health and wellness promotion.
- Orientation, mobility, and destination training.
- Access and utilization of public transportation.

Note: *The use of the term persons served in Community Integration may include members, attendees, or participants.*

Court Treatment (CT)

Court Treatment programs provide comprehensive, integrated behavioral health services that work in conjunction with the judicial system. The purpose of court treatment programs is to appropriately respond to the abuse of alcohol and/or other drugs, mental illness, post traumatic stress disorder, family problems, or other concerns and their related criminal and/or civil judicial actions, in order to reduce recidivism and further involvement in the criminal justice system. Court treatment includes services provided to persons referred through various types of problem-solving courts including drug, mental health, veterans, family dependency, tribal, re-entry, and others.

The treatment team works in collaboration with judges, prosecutors, defense counsel, probation authorities, law enforcement, pretrial services, treatment programs, evaluators, and an array of local service providers. Treatment is usually multi-phased and is typically divided into a stabilization phase, an intensive phase, and a transition phase. During each phase, the treatment team is responsible for assessing the behavioral health needs of the person served within the parameters of the legal sanctions imposed by the court. The treatment team either directly provides or arranges for the provision of screening and assessment, case management, detoxification/withdrawal support, intensive outpatient treatment, outpatient, residential treatment, medication use, self-help and advocacy, recovery, health and wellness, relapse prevention, and education regarding factors contributing to the person's court involvement. A court treatment program may be a judicial or law enforcement organization that provides or contracts for the identified services or may be a direct treatment provider working as part of the court treatment team.

Crisis Intervention (CI)

Crisis intervention programs offer services aimed at the assessment and immediate stabilization of acute symptoms of mental illness, alcohol and other drug abuse, and emotional distress or in response to acts of domestic violence or abuse/neglect. Crisis intervention services consist of mobile response, walk-in centers, or other means of face-to-face assessments and telephone interventions.

Crisis Stabilization (CS)

Crisis stabilization programs are short-term programs organized to respond to the needs of persons experiencing acute emotional, mental health, and/or substance use crises that cannot be effectively managed in other less intensive programs. These programs operate 24 hours a day, 7 days a week and can quickly triage the needs of persons served to engage them safely into care. Utilizing a person-centered approach and a collaborative decision-making process, a crisis stabilization plan is developed for each person served with the goal of stabilizing the acute crisis and managing effective transition to appropriate programs/services following discharge. A variety of treatment services and structured therapeutic activities is available to meet the individual needs of persons served. Through various observation and monitoring activities the program ensures the safety of the environment for the persons served and personnel. Crisis stabilization programs offer a calm, welcoming environment that maintains

the dignity of the persons served.

Day Treatment (DT)

Day treatment programs offer person-centered, culturally and linguistically appropriate, comprehensive, coordinated, and structured treatment services and activities. A day treatment program consists of a scheduled series of structured, face-to-face therapeutic sessions organized at various levels of intensity and frequency in order to assist the persons served in achieving the goals identified in their person-centered plans. Day treatment programs are offered four or more days per week, typically with support available in the evenings and on weekends. A day treatment program may prevent or minimize the need for a more intensive level of treatment. It may also function as a step-down from inpatient care or partial hospitalization or as transitional care following an inpatient or partial hospitalization stay to facilitate return to the community.

Detoxification/Withdrawal Management (DTX)

A detoxification/withdrawal management program is a time-limited program designed to assist the persons served with the physiological and psychological effects of acute withdrawal from alcohol and other drugs. Based on current best practices in the field, the program's purpose is to provide a medically safe, professional and supportive withdrawal experience for the persons served while preparing and motivating them to continue treatment after discharge from the program and progress toward a full and complete recovery. The program is staffed to ensure adequate biomedical and psychosocial assessment, observation and care, and referrals to meet the individual needs of the persons served. Additionally, the program develops and maintains a rich network of treatment providers for referrals after completion of the program to ensure the best possible match for the persons served to ongoing treatment services. A

detoxification/withdrawal management program may be provided in the following settings:

- **Inpatient:** This setting is distinguished by services provided in a safe, secure facility-based setting with 24-hour nursing coverage and ready access to medical care. This is for persons served who need round-the-clock supervision in order to successfully manage withdrawal symptoms or when there are additional complications or risk factors that warrant medical supervision, such as co-occurring psychiatric or other medical conditions.
- **Residential:** This setting is distinguished by services provided in a safe facility with 24-hour coverage by qualified personnel. Persons served need the supervision and structure provided by a 24-hour program but do not have risk factors present that warrant an inpatient setting. It may also be appropriate for persons who lack motivation or whose living situation is not conducive to remaining sober.
- **Ambulatory:** This setting is distinguished by services provided in an outpatient environment with the persons served residing in their own homes, a sober living environment or other supportive community settings. Persons served in ambulatory settings typically have adequate social supports to remain sober, family involvement in

care planning, the ability to maintain regular appointments for ongoing assessment and observation, and the ability to successfully self-manage prescription medications. Persons served in ambulatory settings are concurrently enrolled in or actively linked to a treatment program.

Health Home (HH)

A health home is a healthcare delivery approach that focuses on the whole person and integrates and coordinates primary care, behavioral health, other healthcare, and community and social support services. A health home allows for individual choice and is capable of assessing the various physical and behavioral health needs of persons served. The program demonstrates the capacity to address, either directly or through linkage with or referral to external resources, behavioral health conditions, such as mental illness and substance use disorders, and physical health conditions. Programs may also serve persons who have intellectual or other developmental disabilities and physical health needs or those who are at risk for or exhibiting behavioral disorders. Care is coordinated over time across providers, functions, activities, and sites to maximize the value and effectiveness of services delivered to persons served.

A health home provides comprehensive care management, care coordination, health promotion, comprehensive transitional care, individual and family/support services, and linkage and referral to community and social support services. Services are designed to support overall health and wellness and:

- Embody a recovery-focused model of care that respects and promotes independence and responsibility.
- Promote healthy lifestyles and provide prevention and education services that focus on wellness and self-care.
- Ensure access to and coordination of care across prevention, primary care (including ensuring that persons served have a primary care physician), and specialty healthcare services.
- Monitor critical health indicators.
- Support individuals in the self-management of chronic health conditions.
- Coordinate/monitor emergency room visits and hospitalizations, including participation in transition/discharge planning and follow up.

A health home collects, aggregates, and analyzes individual healthcare data across the population of persons served by the program and uses that data and analysis to manage and improve outcomes for the persons served. If the health home is not the actual provider of a particular healthcare service, it remains responsible for supporting and facilitating improved outcomes by providing disease management supports and care coordination with other providers.

Inpatient Treatment (IT)

Inpatient treatment programs provide interdisciplinary, coordinated, integrated, medically supervised services in freestanding or hospital settings. Inpatient treatment programs include a comprehensive, biopsychosocial approach to service delivery in a managed milieu that is recovery focused and trauma informed. There are daily therapeutic and other activities in which the persons served participate. Inpatient treatment is provided 24 hours a day, 7 days a week. The goal of inpatient treatment is to provide a protective environment that includes medical stabilization, support, treatment for psychiatric and/or addictive disorders, supervision, wellness, and transition to ongoing services. Such programs operate in designated space that allows for appropriate medical treatment and engagement.

Integrated Behavioral Health/Primary Care (IBHPC)

Integrated Behavioral Health/Primary Care programs have an identified level of medical supervision and are supported by an “any door is a good door” philosophy. These programs allow for choice and are capable of assessing the various medical and behavioral needs of persons served in an integrated manner. Programs demonstrate competency to identify and treat behavioral health concerns, such as mental illness and substance use disorders, and general medical or physical concerns in an integrated manner. Integration is the extent to which care is coordinated across persons, functions, activities, and sites over time to maximize the value of services delivered to persons served. Programs may also serve persons who have intellectual or other developmental disabilities and medical needs, or those who are at risk for or exhibiting behavioral disorders.

Models may include, but are not limited to, the following: contractual, where two separate, legal entities enter into an agreement to staff and operate a single program either at a location specifically identified for the provision of integrated care or located within another institution (such as a school-based health center); a distinct, integrated program located within a larger entity such as a Veterans Health Administration campus; the colocating of complementary disciplines such as the placement of behavioral staff in a primary care setting (as in a federally qualified health center) or primary care staff in a community mental health center; or a single organization that incorporates both behavioral health and primary care services into an integrated model. Although most integrated models focus on primary care, the standards could also be applied to an integrated system located in specialty care settings such as Ob-Gyn and HIV.

Intensive Family-Based Services (IFB)

These intensive services are provided in a supportive and interactive manner and directed toward maintaining or restoring a positive family relationship. The services are time limited and are initially intensive, based on the needs of the family. The services demonstrate a multisystemic approach to treatment and have a goal of keeping families together. The services may include wraparound and family preservation programs. The program may also provide services directed toward family restoration when a child has been in an out-of-home placement.

Intensive Outpatient Treatment (IOP)

Intensive outpatient treatment programs are clearly identified as separate and distinct programs that provide culturally and linguistically appropriate services. The intensive outpatient program consists of a scheduled series of sessions appropriate to the person-centered plans of the persons served. These may include services provided during evenings and on weekends and/or interventions delivered by a variety of service providers in the community. The program may function as a step-down program from partial hospitalization, detoxification/withdrawal support, or residential services; may be used to prevent or minimize the need for a more intensive level of treatment; and is considered to be more intensive than traditional outpatient services.

Office-Based Opioid Treatment Program (OBOT)

Office-based opioid treatment (OBOT) programs are medically managed programs that provide treatment services to persons with opioid use disorders. Central to treatment are medications, typically buprenorphine or naltrexone, which are provided in concert with other medical and psychosocial interventions designed to realize a person's highest achievable recovery. Based on the needs of the persons served, these programs provide or arrange for a comprehensive array of treatment services that includes counseling/therapy, medication supports, social supports, education and training, care coordination, and other recovery-enhancing services.

OBOT programs provide services under the supervision of a physician and are guided by written treatment procedures and protocols that address the routine needs of persons with opioid use disorders, including the needs of special populations. From induction to stabilization and into maintenance, OBOT programs provide ongoing care to persons served to support their recovery.

Note: These services may also be known as medication-assisted treatment (MAT).

Outpatient Treatment (OT)

Outpatient treatment programs provide culturally and linguistically appropriate services that include, but are not limited to, individual, group, and family counseling and education on wellness, recovery, and resiliency. These programs offer comprehensive, coordinated, and defined services that may vary in level of intensity. Outpatient programs may address a variety of needs, including, but not limited to, situational stressors, family relations, interpersonal relationships, mental health issues, life span issues, psychiatric illnesses, and substance use disorders and other addictive behaviors.

Partial Hospitalization (PH)

Partial hospitalization programs are time limited, medically supervised programs that offer comprehensive, therapeutically intensive, coordinated, and structured clinical services. Partial hospitalization programs are available at least five days per week but may also offer half-day, weekend, or evening hours. Partial hospitalization programs may be freestanding or part of a broader system but should be identifiable as a distinct program or service line.

A partial hospitalization program consists of a series of structured, face-to-face therapeutic sessions organized at various levels of intensity and frequency. Partial hospitalization programs are typically designed for persons who are experiencing increased symptomatology, disturbances in behavior, or other conditions that negatively impact the mental or behavioral health of the person served. The program must be able to address the presenting problems in a setting that is not residential or inpatient. Given this, the persons served in partial hospitalization do not pose an immediate risk to themselves or others. Services are provided for the purpose of diagnostic evaluation; active treatment of a person's condition; or to prevent relapse, hospitalization, or incarceration. Such a program functions as an alternative to inpatient care, as transitional care following an inpatient stay in lieu of continued hospitalization, as a step-down service, or when the severity of symptoms is such that success in a less acute level of care is tenuous.

Residential Treatment (RT)

Residential treatment programs are organized and staffed to provide both general and specialized nonhospital-based interdisciplinary services 24 hours a day, 7 days a week for persons with behavioral health or co-occurring needs, including intellectual or developmental disabilities. Residential treatment programs provide environments in which the persons served reside and receive services from personnel who are trained in the delivery of services for persons with behavioral health disorders or related problems. These services are provided in a safe, trauma-informed, recovery-focused milieu designed to integrate the person served back into the community and living independently whenever possible. The program involves the family or other supports in services whenever possible.

Residential treatment programs may include domestic violence treatment homes, nonhospital addiction treatment centers, intermediate care facilities, psychiatric treatment centers, or other nonmedical settings.

Specialized or Treatment Foster Care (STFC)

Specialized or treatment foster care programs use a community-based treatment approach for children/youth with emotional and/or behavioral issues. Children/youth who participate in the program may also have documented reports of maltreatment, involvement with juvenile justice, and/or co-occurring disorders. Intensive, clinically based treatment that is child/youth centered and family focused is delivered through an integrated team approach that individualizes services for each child/youth. Treatment foster parents are trained, supervised, and supported by program personnel and they fulfill a primary role in therapeutic interventions. Program personnel monitor the child's/youth's progress in treatment and provide adjunctive services in accordance with the individualized plan and program design. The program's goal is to provide clinically effective treatment to children/youth so they may return to their family or alternative community placement and avoid being removed from a community setting or placed in an inpatient or residential treatment setting.

The program may also be called intensive foster care, therapeutic family services, or therapeutic foster care.

Student Counseling (SC)

Student counseling programs serve as the primary behavioral health resource for higher education campus communities and their students. Services are designed to provide students with an opportunity to develop personal insight, identify and solve problems, and implement positive strategies to better manage their lives both academically and personally. Services include individual, family, and/or group counseling, prevention, education, and outreach. In addition to working directly with students, program goals are realized through outreach, partnerships, and consultation initiatives with faculty, staff, parents, students' internships sites, or other educational entities or community partners.

Therapeutic Communities (TC)

Therapeutic communities are highly structured residential environments or continuums of care in which the primary goals are the treatment of substance abuse or other behavioral health needs and the fostering of personal growth leading to personal accountability. The program addresses the broad range of needs identified by the person served. The therapeutic community employs community-imposed consequences and earned privileges as part of the recovery and growth process. In addition to daily seminars, group counseling, and individual activities, the persons served are assigned responsibilities within the therapeutic community setting. Participants and staff members act as facilitators, emphasizing personal responsibility for one's own life and self-improvement. The therapeutic community emphasizes the integration of an individual within the person's community, and progress is measured within the context of that therapeutic community's expectation.

Core Support Program Standards

Assessment and Referral (AR)

Assessment and referral programs provide a variety of activities, including prescreening, screening, psychosocial assessment, determination of need, and referral to appropriate level of care. The provision of information on available resources is not considered a full assessment and referral program. An adequate assessment must be conducted to provide more informed referrals.

Such programs may be separate, freestanding programs, an independent program within a larger organization, or a specifically identified activity within a system of care. Organizations performing assessment and referral as a routine function of entrance into other core programs, such as their outpatient treatment, case management, or residential programs, are not required to apply these standards unless they are specifically seeking accreditation for assessment and referral.

Call Centers (CC)

Crisis and information call centers respond to a variety of immediate requests identified by the persons served and may include crisis response, information and referral, or response to other identified human service needs.

Community Housing (CH)

Community housing addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of the persons served, regardless of the home in which they live and/or the scope, duration, and intensity of the services they receive. The residences in which services are provided may be owned, rented, leased or operated directly by the organization, or a third party, such as a governmental entity. Providers exercise control over these sites.

Community housing is provided in partnership with individuals. These services are designed to assist the persons served to achieve success in and satisfaction with community living. They may be temporary or long term in nature. The services are focused on home and community integration and engagement in productive activities. Community housing enhances the independence, dignity, personal choice, and privacy of the persons served. For persons in alcohol and other drug programs, these services are focused on providing sober living environments to increase the likelihood of sobriety and abstinence and to decrease the potential for relapse.

Community housing programs may be referred to as recovery homes, transitional housing, sober housing, domestic violence or homeless shelters, safe houses, group homes, or supervised independent living. These programs may be located in rural or urban settings and in houses, apartments, townhouses, or other residential settings owned, rented, leased, or operated by the organization. They may include congregate living facilities and clustered homes/apartments in multiple-unit settings. These residences are often physically integrated into the community, and every effort is made to ensure that they approximate other homes in their neighborhoods in terms of size and number of residents.

Community housing may include either or both of the following:

- Transitional living that provides interim supports and services for persons who are at risk of institutional placement, persons transitioning from institutional settings, or persons who are homeless. Transitional living can be offered in apartments or homes, or in congregate settings that may be larger than residences typically found in the community.
- Long-term housing that provides stable, supported community living or assists the persons served to obtain and maintain safe, affordable, accessible, and stable housing.

The residences at which community housing services are provided must be identified in the survey application. These sites will be visited during the survey process and identified in the survey report and accreditation outcome as a site at which the organization provides a Community Housing program.

Comprehensive Suicide Prevention Program (CSPP)

Comprehensive suicide prevention programs are designed to reduce the incidence and impact of suicide events and promote hope and healing in the population served. Suicide prevention programs work to reduce risk factors and increase protective factors through the implementation of universal, selected, and indicated strategies that address the needs and reflect the culture and environment of the population served. They take a strategic approach to the design and implementation of activities that will be accessible to and have the greatest

impact on persons served and their families/support systems, personnel, and partners and other stakeholders in the community.

Personnel in a comprehensive suicide prevention program receive competency-based training on suicide prevention, intervention, and postvention. Suicide prevention activities must be integrated into numerous community and clinical environments to be successful. To that end, comprehensive suicide prevention programs engage with stakeholders, including persons with lived experience, regarding capacity building; communication and messaging; and outreach, education, and training to increase awareness and expertise related to evidence-informed suicide prevention practices.

The program collects and analyzes data to measure its performance, inform capacity building to address gaps in resources and services, and further reduce risks and build resilience in the population served.

Diversion/Intervention (DVN)

Diversion/Intervention programs may include programs traditionally thought of as intervention that focus on changing outcomes for persons served and targeting antecedents of the problem.

Diversion/Intervention programs utilize strategies designed to intervene with at-risk or identified individuals to reduce or eliminate identified concerns. Within the child welfare field, examples include alternative response, differential response, or multiple response systems.

Diversion/Intervention programs may serve persons on a voluntary and/or involuntary basis.

Programs that serve persons on an involuntary basis are designed to implement special strategies for engaging this population.

Diversion programs may include programs such as juvenile justice/court diversion, substance abuse diversion, truancy diversion, DUI/OWI classes, report centers, home monitoring, after-school tracking, anger management, and building healthy relationships.

Intervention programs target persons who are exhibiting early signs of identified problems and are at risk for continued or increased problems.

Employee Assistance (EA)

Employee assistance programs are work site focused programs designed to assist:

- Work organizations in addressing productivity issues.
- Employee clients in identifying and resolving personal concerns (including, but not limited to, health, marital, family, financial, alcohol, drug, legal, emotional, stress, or other personal issues) that may affect job performance.

Employee Assistance Program Services (EAP Services) may include, but are not limited to, the following:

- Consultation with, training of, and assistance to work organization leadership (managers, supervisors, and union stewards) seeking to manage the troubled employee, enhance the work environment, and improve employee job performance and outreach to and education of employees and their family members about availability of EAP services.

- Confidential and timely problem identification and/or assessment services for clients with personal concerns that may affect job performance.
- Use of constructive confrontation, motivation, and short-term intervention with employee clients to address problems that affect job performance.
- Referral of employee clients for diagnosis, treatment, and assistance, plus case monitoring and follow-up services.
- Assistance to work organizations in managing provider contracts and in establishing and maintaining relations with service providers, managed care organizations, insurers, and other third-party payers.
- Assistance to work organizations in providing support for employee health benefits covering medical and behavioral problems, including, but not limited to, alcoholism, drug abuse, and mental and emotional behaviors.
- Identification of the effects of EAP services on the work organization and individual job performance.

Prevention (P)

Prevention programs are proactive and evidence-based/evidence-informed, striving to reduce individual, family, and environmental risk factors, increase resiliency, enhance protective factors, and achieve individual and comprehensive community wellness through a team or collaborative approach. Prevention programs utilize strategies designed to keep individuals, families, groups, and communities healthy and free from the problems related to alcohol or other drug use, mental health disorders, physical illness, parent/child conflict, abuse or neglect, exposure to or experience of violence in the home and community; to inform the general public of problems associated with those issues, thereby raising awareness; or to intervene with at-risk individuals to reduce or eliminate identified concerns. Programs may be provided in the community, school, home, workplace, or other settings.

Organizations may provide one or more of the following types of prevention programs, categorized according to the population for which they are designed:

- *Universal* programs target the general population and seek to increase overall well-being and reduce the overall prevalence of problem behaviors, and include comprehensive, well-coordinated components for individuals, families, schools, communities, and organizations. Universal prevention programs promote positive behavior and include social marketing and other public information efforts.
- *Selected* programs target groups that are exposed to factors that place them at a greater than average risk for the problem. These programs are tailored to reduce identified risk factors and strengthen protective factors.
Examples of prevention programs include pregnancy prevention, drop-out prevention, Strengthening Families, substance abuse prevention, violence prevention, HIV prevention, tobacco use prevention, child abuse prevention, and suicide prevention.

- *Training* programs provide curriculum-based instruction to active or future personnel in human service programs.
Examples of training programs include caseworker training, child welfare supervisory training, foster parent training, leadership training, guardian/guardian ad-litem training, and childcare assistant training.

Supported Living (SL)

Supported living addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of persons living in their own homes (apartments, townhouses, or other residential settings). Supported living services are generally long term in nature, but may change in scope, duration, intensity, or location as the needs and preferences of individuals change over time. Supported living refers to the support services provided to the person served, not the residence in which these services are provided. A sample of these sites will be visited as part of the interview process of the person served. Although the residence will generally be owned, rented, or leased by the person who lives there, the organization may occasionally rent or lease an apartment when the person served is unable to do so. Typically, in this situation the organization would co-sign or in other ways guarantee the lease or rental agreement; however, the person served would be identified as the tenant. The home or individual apartment of the person served, even when the organization holds the lease or rental agreement on behalf of the person served, is not included in the survey application or identified as a site on the accreditation outcome.

Note: *The term home is used in the following standards to refer to the dwelling of the person served; however, CARF accreditation is based on the services provided. This is not intended to be certification, licensing, or inspection of a site.*

Specific Population Designation Standards

Adults with Autism Spectrum Disorder (ASD:A)

Supports for adults with autism spectrum disorder (ASD:A) enhance accessibility and community membership opportunities for adults with ASD. Education, employment, residential, social, and recreational opportunities; identification from research of successful techniques to apply to service provision including treatment and intervention research; and lifelong planning are means to achieve full inclusion and participation.

Standards for ASD services and supports present a roadmap for successful outcomes in the lives of persons with ASD by encouraging organizational values that focus on individualized, person-centered services for persons to achieve full inclusion and participation as desired in their communities. Services involve families, networks of resources, and education and support communities for older adolescents transitioning to adulthood and adult persons with ASD.

The standards in this section focus on planning for transitions and development of supports as needed for persons with ASD, with the outcomes of employment, further education, community living, and life planning.

Some of the quality results (outcomes) desired by the different stakeholders of ASD services

may include:

- Creating and supporting lifelong self-advocacy skills.
- Developing supports and community resources for persons and families.
- Enhancing quality of life by increasing social contacts and support communities.
- Encouraging service provider capacity building by networking with governmental, educational, business/employer, and other community resources.
- Recognizing and sharing reliable evidence-based knowledge, innovations, interventions, and therapies with proven, research-based, and peer-reviewed track records of getting results.
- Planning for transition from school to successful employment and community living supports.
- Individualized, comprehensive life planning that is transferred to other service providers to ensure continuity of service planning and supports.
- Persons served moving toward:
 - Optimal use of natural supports.
 - A social supports network.
 - Self-help.
 - Greater self-sufficiency.
 - Greater ability to make appropriate choices.
 - Greater control of their lives.
 - Increased participation in the community.
 - Employment and/or continued education.

Note: *The Specific Population Designation of Adults with Autism Spectrum Disorder (ASD:A) is typically applied if the population served is at the age of majority or older.*

If the population served is individuals from birth to the age of majority, the standards in Section 5.B. Children/Adolescents with Autism Spectrum Disorder (ASD:C) typically would be applied.

CARF allows that there may be services provided to adolescents and adult persons who are technically in transition range from one category to the other and does not require strict adherence to these age cutoffs. This would be identified in the program's scope of services.

Children/Adolescents with Autism Spectrum Disorder (ASD:C)

Early identification, intervention, treatment planning, and educational strategies for children with autism spectrum disorder (ASD) remain a challenge for families, their physicians, community supports, and educational systems. Early recognition of the condition allows

families to receive advice and support to help them adjust to the child's learning and development challenges and to mobilize resources to provide the best early intervention services for the child.

Services for children and adolescents with ASD are designed to provide to the child/adolescent and family a variety of resources that reflect sound research. The family will have access to results-oriented therapies, education, advocacy, and supports for their child's optimal progress and to establish a lifetime of positive learning and behaviors. Services involve families, networks of resources, and education and support communities for adolescents transitioning to adulthood. Individuals served under this designation may range from birth to the age of majority, although sometimes services for adolescents transitioning to adulthood are provided by programs that also serve adults. Ages served would be identified in a program's scope of services.

Organizations with accredited services/supports for children with ASD are a resource for families, community services, and education. With the focus on continuous learning about ASD, the organization can assist parents with:

- Obtaining early intervention screening.
- Obtaining early intervention services.
- Obtaining an evaluation by clinicians experienced in evaluating children with ASD to improve treatment and outcomes.
- Navigating the multiple and complex systems that families need to coordinate, including medical, educational, mental health, disability, and community services.
- Connecting to resources to identify and treat medical or other conditions associated with ASD, as they are needed, to improve independence, family well-being, and adaptive behavior.
- Gaining understanding of the core features of ASD and associated conditions.
- Adjusting and adapting to the challenges of raising a child with ASD.
- Understanding the future opportunities, services, and challenges that lay before them as they raise their child.
- Planning for transition to/from school and life planning.
- Building linkages within segments of school systems and across school systems to facilitate successful transitions between placements.
- Providing outcomes information to schools to enhance individualized education plans and employment transition planning.
- Connecting with mentors and parent-to-parent support groups or contacts.
- Connecting with community organizations and support groups dedicated to people with ASD.
- Becoming an advocate for policy changes, as desired.

Note: *The Specific Population Designation of Children/Adolescents with Autism Spectrum Disorder (ASD:C) is typically applied if the population served is individuals from birth to the age of majority.*

If the population served is individuals at the age of majority or older, the standards in Section 5.A. Adults with Autism Spectrum Disorder (ASD:A) typically would be applied.

CARF allows that there may be services provided to adolescents and adult persons who are technically in transition range from one category to the other and does not require strict adherence to these age cutoffs. This would be identified in the program's scope of services.

Children and Adolescents (CA)

Programs for children and adolescents consist of an array of behavioral health services designed specifically to address the treatment needs of children and adolescents. Such programs tailor their services to the particular needs and preferences of children and adolescents and are provided in a setting that is both relevant to and comfortable for this population.

Consumer-Run (CR)

Improvement of the quality of an individual's situation requires a focus on the person served and the person's identified strengths, abilities, needs, and preferences. The program is designed around the identified needs and desires of the persons served, is responsive to their expectations, and is relevant to their maximum participation in the environments of their choice.

The person served participates in decision making and planning that affects the person's life. Efforts to include the person served in the direction of the program or delivery of applicable services are evident. The service environment reflects identified cultural needs and diversity. The person served is given information about the purposes of the program.

Criminal Justice (CJ)

Criminal justice programs serve special populations comprised of accused or adjudicated individuals referred from within the criminal justice system who are experiencing behavioral health needs, including alcohol or other drug abuse or addiction, or psychiatric disabilities or disorders. Services can be provided through courts, through probation and parole agencies, in community-based or institutional settings, or in sex offender programs. Institutional settings may include jails, prisons, and detention centers. The services are designed to maximize the person's ability to function effectively in the community. The criminal justice mandates include community safety needs in all judicial decisions and require that behavioral health programs are aware of the safety requirements of not only the individual, program staff members, and peers, but also the community at large.

Criminal justice educational programs may include either community-based or institution-based educational and training services. Such programs may include personal and interpersonal skills training, conflict resolution, anger management, DUI/DWI education, mental health education, education about alcohol and other drugs, information on criminal thinking patterns,

or traditional academic education.

Eating Disorders (ED)

Standards for eating disorder programs apply to residential, inpatient, and partial hospitalization programs that offer treatment to patients under the supervision of a licensed healthcare professional who has access to a licensed physician. Patients served in these programs have been diagnosed with eating disorders according to the current DSM, ICD-9 or ICD-10, including Anorexia Nervosa, Bulimia Nervosa, and Eating Disorders Not Otherwise Specified. Symptom management and interruption requires an intensity of service delivery that is beyond an outpatient a level of care.

The standards consider the individual's biopsychosocial needs and strengths as well as the needs and strengths of family members. Services maximize the person's ability to function effectively within the family, school, and community environment and to achieve and maintain an optimal state of health to enhance quality of life. Services provided also consider any culturally specific issues relevant to the individual and family/caregivers as appropriate. Services to persons with eating disorders can be provided in a variety of settings and are not necessarily exclusive programs that serve only this particular population. However, programs serving persons with eating disorders within larger general medical or psychiatric units, similar to exclusive programs, must demonstrate programming that is specialty- and evidence-based and demonstrate that staff are specialty-trained and competent to provide eating disorder treatment. Exclusive programs and programs within larger general psychiatric or medical units must also demonstrate that services are designed based on the needs and expectations of the persons served and their legal guardians/caregivers. For example, they can be informed by the World Wide Charter on Action for Eating Disorders

(www.aedweb.org/source/charter/documents/WWCharter4.pdf). The charter describes the following rights of persons with eating disorders and carers:

- Right to communication and partnership with healthcare professionals
- Right to comprehensive assessment and treatment planning
- Right to accessible, high-quality, fully funded specialized care
- Right to respectful, fully informed, age-appropriate, safe levels of care
- Right of carer(s) to be informed, valued, and respected as a treatment resource
- Right of carer(s) to accessible, appropriate support and education resources

Some examples of the quality results desired by different stakeholders of these services include:

- Replacing the person's connection with the eating disorder with satisfying, supportive and meaningful relationships and the use of healthy coping strategies.
- Effective transitions between levels of care or transition to community living.

- Development of an effective and efficient network of community support services including access to therapies, medical supports, and other school, work, and community-based resources.
- Achievement of goals in health, education, work, and activities of daily living.
- Personal and family development.
- Maintenance of recovery and improved functioning.

Juvenile Justice (JJ)

Juvenile justice programs serve special populations comprised of accused or adjudicated juveniles referred from within the juvenile justice system who are experiencing behavioral health needs including alcohol or other drug abuse or addiction or psychiatric disabilities or disorders. Services can be provided through courts, through probation and parole agencies, or in community-based or institutional settings. Institutional settings may include juvenile detention centers, jails, prisons, or other delinquency-focused settings. The services are designed to maximize the person's ability to function effectively in the community. The juvenile justice mandates include community safety needs in all judicial decisions and require that behavioral health programs are aware of the safety requirements of not only the individual, program staff members, and peers, but also the community at large.

Juvenile justice educational programs may include either community-based or institution-based educational and training services. Such programs may include personal and interpersonal skills training, conflict resolution, anger management, DUI/OWI education, mental health education, education about alcohol and other drugs, information on criminal thinking patterns, or traditional academic education.

Medically Complex (MC)

Medically complex standards are applied to programs that serve a specific population of persons who have a serious ongoing illness or a chronic condition that meets at least one of the following criteria:

- Has lasted or is anticipated to last at least twelve months.
- Has required at least one month of hospitalization.
- Requires daily ongoing medical treatments and monitoring by appropriately trained personnel, which may include parents or other family members.
- Requires the routine use of a medical device or the use of assistive technology to compensate for the loss of usefulness of a body function needed to participate in activities of daily living.
- The medically complex condition of the person served presents an ongoing threat to the person's health status.

These standards consider the individual's overall medical condition, including acuity, stability, impairments, activity limitations, participation restrictions, psychological status, behavioral

status, placement, and long-term outcomes expectations. Appropriate medical consultation occurs specific to each person served in addition to medical consultation related to policies and procedures.

Services to persons with medically complex conditions can be provided in a variety of settings and are not necessarily exclusive programs that serve only this particular population. The services within the program are designed based on the needs, desires, and expectations of the persons served and their legal guardian/caregivers to maximize the ability to function effectively within their family (or placement), school, and/or community environments and to achieve and maintain an optimal state of health to enhance their quality of life. The services provided also consider any culturally specific issues relevant to the individual and family/caregivers as appropriate. The service plan supports all transitions in the person's life and is changed as necessary to meet the person's identified needs as well as the needs of the family/caregivers.

Some examples of the quality results desired by the different stakeholders of these services include:

- Development of an effective and efficient network of community support services including access to therapies, medical supports, and guidance.
- Satisfying and meaningful relationships.
- Achievement of goals in health, education, and activities of daily living.
- Being able to choose and pursue meaningful activities in the least restrictive environment possible to achieve personal satisfaction in life activities.
- Maintenance of health and well-being.
- Restored or improved functioning.
- Enhanced quality of life.
- Personal and family development.
- Transitions between levels of care or transition to independence.
- End-of-life services and supports for the person, family/caregiver, legal guardian, and/or other significant persons in the individual's life to assist with meaningful closures.

Older Adults (OA)

Programs for older adults consist of an array of services designed specifically to address the behavioral health needs of this population. Such programs tailor their services to the particular needs and preferences of older adults and their families/support systems. Services are provided in environments appropriate to their needs. Personnel are trained to effectively address the complex needs of older adults.

From: Robert Maul
Sent: Monday, March 29, 2021 5:04 PM
To: Sarah Fox
Subject: Fwd: FYI - from Googling

Begin forwarded message:

From: Robert Maul <RMaul@cityofcamas.us>
Date: March 29, 2021 at 3:09:00 PM PDT
To: "Rosenberg, Heidi L." <Heidi.Rosenberg@camas.wednet.edu>
Subject: RE: FYI - from Googling

Thx. I left a vm for Mitch. He will call me back soon.

From: Rosenberg, Heidi L. [mailto:Heidi.Rosenberg@camas.wednet.edu]
Sent: Monday, March 29, 2021 3:09 PM
To: Robert Maul <RMaul@cityofcamas.us>
Subject: FYI - from Googling

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Washington Association of Sheriffs and Police Chiefs Webpage:

Do offenders have restrictions on where they can live? It depends on whether the offender is under supervision by the Department of Corrections, Juvenile Rehabilitation or county probation. If offenders are **under supervision** they have certain limitations or restrictions placed on them by the Department of Corrections (DOC) or the sentencing court upon their release from incarceration. These may include: residency restrictions, not being around children, having a curfew, or not drinking alcohol or taking drugs. If they are found to be in violation of their restrictions, they may be sent back to jail or to prison. **Offenders who have completed their time under supervision can live where they choose without restrictions.** You can contact [your local DOC](#) office to inquire if an individual is still under supervision. [RCW 9.94A.8554](#) covers Community Protection Zones. In 2014 the Sex Offender Policy Board conducted a study on the policies [related to the release and housing of sex offenders](#).

City of Vancouver Police Department Webpage:

The Vancouver Police Department has no legal authority to direct where sex offenders may or may not live. Currently in Washington State, there is no law or statute regarding where sex offenders may or may not reside; unless court-ordered restrictions exist, the offender is constitutionally free to live wherever they choose.

If a sex offender is on active probation through the Washington State Department of Corrections, they can have restrictions on where they live and where they can go (such as parks, malls, etc.) and who they can have contact with, i.e. minors; however those restrictions are lifted once the sex offender has completed his community custody. For more information about sex offenders and probation please visit the Department of Corrections website at <http://www.doc.wa.gov/corrections/>.

FYI.

Heidi

Heidi L Rosenberg
Director, Capital Programs
Camas School District
841 NE 22nd Ave. / Camas, WA 98607
Phone: 360.833.5593

heidi.rosenberg@camas.wednet.edu

From: Sarah Fox
Sent: Monday, March 29, 2021 5:06 PM
To: 'Rosenberg, Heidi L.'
Subject: RE: NOTICE OF APPLICATION AND PUBLIC HEARING DISCOVER RECOVERY (F I L E N O . C U P 2 1 -0 1)

Heidi,

It is not our agency's responsibility to track sex offenders. If the police department is made aware of a potential violation then they will investigate.



Sarah Fox, AICP (She/Her)
Senior Planner
Desk 360-817-7269
Cell 360-513-2729
www.cityofcamas.us | sfox@cityofcamas.us

From: Rosenberg, Heidi L. <Heidi.Rosenberg@camas.wednet.edu>
Sent: Monday, March 29, 2021 4:54 PM
To: Sarah Fox <SFox@cityofcamas.us>
Cc: Kristen Maxwell <kristenpmaxwell@gmail.com>
Subject: FW: NOTICE OF APPLICATION AND PUBLIC HEARING DISCOVER RECOVERY (F I L E N O . C U P 2 1 -0 1)

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Hi Sarah –

Please note the concern below from Kristen Maxwell regarding the potential for sex offenders to reside in the proposed Discover Recovery facility. Would you please verify what the law requires regarding the adjacency of housing for sex offenders to schools?

Regards,

Heidi

Heidi L Rosenberg
Director, Capital Programs
Camas School District
841 NE 22nd Ave. / Camas, WA 98607
Phone: 360.833.5593

heidi.rosenberg@camas.wednet.edu

From: Kristen Maxwell <kristenpmaxwell@gmail.com>
Sent: Monday, March 29, 2021 11:44 AM
To: Rosenberg, Heidi L. <Heidi.Rosenberg@camas.wednet.edu>; Stuart Maxwell <stuartmaxwell82@gmail.com>
Subject: Re: NOTICE OF APPLICATION AND PUBLIC HEARING DISCOVERY RECOVERY (F I L E N O . C U P 2 1 -0 1)

Hi Heidi,

I just wanted to check in on this as we still have not heard anything regarding this issue from the school district or Dorothy Fox. Were you aware that Discovery Recovery has inconsistent information on their FAQ section concerning the admittance of sex offenders to their facility? In one statement they claim that "they do not expect to admit sex offenders" and in another statement they say that "sex offenders will not be admitted". This brings great concern considering the proposed facility will be less than 1,000 feet from Dorothy Fox elementary. The Washington law states that sex offenders can not live or loiter within 1,000 feet of a school. If this cannot be guaranteed, and Washington state does not require background checks for patients, it seems foolish to rely on their "word" that they will conduct a background check and put the children at risk. [Discover Recovery Camas – Information for residents of Camas. \(discoverrecovery-camas.com\)](#)

Please let me know if the district is aware of this inconsistent information and hopefully a bigger stance will be taken to protect the community's children and staff at Dorothy Fox.

Thank you,
Kristen Maxwell
Concerned Prune Hill Resident

On Wed, Mar 24, 2021 at 3:46 PM Rosenberg, Heidi L. <Heidi.Rosenberg@camas.wednet.edu> wrote:

Hi Kristen –

The school district will be represented at the meeting this evening. The school district is not the authority having jurisdiction regarding land use applications. The public hearing this evening held by the City of Camas is managed by a hearings examiner who determines whether the proposed use is legally authorized under the current code.

The school district takes the safety of students and staff very seriously. Should the proposed facility be authorized, as with any new business, we will work with them to coordinate our safety efforts.

Regards,

Heidi

Heidi L Rosenberg

Director, Capital Programs

Camas School District

841 NE 22nd Ave. / Camas, WA 98607

Phone: 360.833.5593

From: Kristen Maxwell <kristenpmaxwell@gmail.com>
Sent: Wednesday, March 24, 2021 9:16 AM
To: Rosenberg, Heidi L. <Heidi.Rosenberg@camas.wednet.edu>
Cc: Stuart Maxwell <stuartmaxwell82@gmail.com>
Subject:

Good morning Heidi,

I was wondering if you will be attending the hearing this evening and if the school district intends to take a position and speak out for/or against the Drug Detox Center? If not, can you provide some detail on the district's position? I may have missed it but I feel like the district has been very quiet about this considering the potential impact to the children and staff's safety at Dorothy Fox if this facility is approved.

Looking forward to hearing from you and the position that the district is taking.

Thank you,

Kristen Maxwell

Concerned Prune Hill Resident.

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From: jo jsruss <jo05pdx@yahoo.com>
Sent: Monday, March 29, 2021 3:05 PM
To: Sarah Fox
Subject: Discovery Recovery Treatment Cetner in R12 zone

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To Whom It May Concern,

I listened to the hearing and talked with several employees at that work for the City of Long beach, and understand that they were able to pen the detox treatment in Long Beach as they also purchased that business as a nursing home and received approval to convert this business to a treatment center for severe addiction.

Many who testified were challenging the definition of convalescent home, and since 'drug treatment or recovery center' is not defined in Camas municipal codes, it is legal to interpret the definition in the way they feel is appropriate (legally).

The definition of "convalescent home" at Camas Municipal Code(CMC) Section 18.03.030 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."

Tranquility Partners, LLC testified that their program provides 24 hour monitoring, seven days a week. By Definition of Detox as it relates to Drug Treatment or Rehab Centers, this is ACUTE CARE. Further, if it is an on-patient care facility, that is also the definition of ACUTE DETOX; which is an ACUTE ILLNESS.

www.Northstartransitions.com

ACUTE DETOX

The medical definition of acute describes life-threatening or critical conditions. Therefore, acute detox is for those that have a severe addiction. This detox must be monitored twenty-four hours a day, seven days a week, at an in-patient care facility. This is because there is a higher risk of fatal side effects, respiratory failure, and seizures.

SUB-ACUTE DETOX

Sub-acute detox is for those undergoing recovery with less severe withdrawal symptoms in comparison to full detox. This usually occurs with less medical supervision in an out-patient setting. This could be an urgent care center, doctor's office, intensive outpatient program, or residential detox facility. If manageable, it can be done at home with occasional visits to the doctor to monitor progress. Sub-acute detox is for those that are in an overall better state of health who used less harmful substances. While it can still take hours, days, or weeks, sub-acute detox allows the patient more freedom than acute detox.

Many people who need detox support are considered acute detox clients. Acute detox means that the individual is experiencing severe withdrawal symptoms, some of which may prove life-threatening. Alcohol and Benzodiazepines typically require acute medical detox programs to ensure the client's safety during the detox process.

Acute medical detox provides the support and care needed to safely and comfortably eliminated toxins and substances from your system. The medical support staff monitors your symptoms and progress throughout the night and day.

Medical detox facilities are equipped to handle severe withdrawal symptoms and acute care clients. Acute care clients require a little more monitoring and rehabilitation than others. Perhaps the individual has used for an extended period, presents with abscesses, infection or other complications that threatens his or her overall health

Therefore, based on the CMC definitions, this facility that manages ACUTE ILLNESS should not be allowed to operate in a R-12 Residential Zone.

Please confirm receipt of testimony as I am not sure if this is the correct contact.

Thank you,

Joanna Southwick

2135 NW 17th Avenue

Camas WA 98607

From: Sarah Fox
Sent: Monday, March 29, 2021 5:44 PM
To: 'David Bye'
Subject: RE: City of Camas - Convalescent Home Definition

Mr. Bye,
Your email has been added to the record.

Washington state law is available [online](#) along with the city's code. Both the online resources provide a history of amendments. The city's code history can be found at:

https://library.municode.com/wa/camas/codes/code_of_ordinances?nodeId=SUHITA

In response to your other questions, an agency must provide access to existing public records in its possession, but is not required to create a record not existing at the time of the request.



Sarah Fox, AICP (She/Her)
Senior Planner
Desk 360-817-7269
Cell 360-513-2729
www.cityofcamas.us | sfox@cityofcamas.us

From: David Bye <dbye@esigroupusa.com>
Sent: Monday, March 29, 2021 3:42 PM
To: Sarah Fox <SFox@cityofcamas.us>
Subject: City of Camas - Convalescent Home Definition

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Good Afternoon Sara:

Would you please call me. I left you a vm message.

1. Would you provide me with a copy of the City of Camas's definition of a Convalescent Home/Facility.
2. Can you also provide me with a copy of the State of Washington's definition of a Convalescent Home/Facility. Both of these definitions were part of the staff report regarding Discovery Recovery CUP.
3. Can you also advise when the City of Camas adopted its current definition for a Convalescent Home/Facility.
4. Lastly, can you advise at the time the City of Camas adopted the current definition for a Convalescent Home/Facility, was it the intention of the Camas City Council to mirror the State of Washington's definition for a Convalescent Home/Facility or did the City purposely modify the State of Washington definition's at the time Camas adopted its current definition?

Respectfully,

David P. Bye

ESI Constructors, Inc.
1605 NW 6th Avenue
Unit E, Box 301
Camas, WA. 98607
Mobile: 262-391-5384
E-mail: dbye@esigroupusa.com
Website: www.esigroupusa.com

From: Mary Beth Cozza <mbcoco@comcast.net>
Sent: Monday, March 29, 2021 4:07 PM
To: Sarah Fox
Cc: Cozza Mary Beth
Subject: Opposition of Discover Recovery's Facility at the Fairgate Location

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Hello Sarah,

My husband and I are residents of Belz Place in Camas WA and live at 1851 NW Sierra Way. I'm writing to voice our concerns of bringing a detox center into the neighborhood. What is being proposed brings worry and concern by many in the neighborhoods surrounding the proposed site. It's location is right next to Dorothy Fox elementary school and neighborhood park where children, dogs and families congregate and play daily. We run the risk of accidents due to ambulances driving in and out of the facility and residents escaping-or lingering around the building and facility grounds. I know there needs to be rehab facilities to help those in need I just don't think having one near a elementary school, local park and many residential neighborhoods makes sense. There has to be a more commercial location where this facility can be better placed.

Please consider the safety of our neighborhood and especially our children when making your final decision.

Thank you.

Regards,
Mary Beth Cozza and Gary Casabona

From: Bryce Payton <bpayton58@hotmail.com>
Sent: Monday, March 29, 2021 4:20 PM
To: Sarah Fox
Subject: Dorthy Fox School , church and residential Safety and compatible to surrounding properties.

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Would like to add my concern to the proposed drug rehab center. Will stick to the facts and to Code 18.43.050

1. Public Welfare and materialy detrimental and major concerns around safety of residents most importantly students and youth church patrons l, both of which play in adjacent lots to the west and east of the subject property. This property is requesting to open as a drug rehab which touches a school, a church and our residential properties. Public welfare impacts children going to this park, walking the track, playing soccer, basketball, restrooms, without limited supervision and also easy access for these temp residents to jump, cut or crawl under the fence attached to the soccer fields, school, church, homes, and public restroom. This rehab facility does not creates a safe environment and hearing from fire fighters and hearing police reports there will be more law enforcement and fire department activity because of this business. This is another public safety concern with taking these city workers away fr other in rodents and are already understaffed. Public safety in the form of cigarette and E-cig smoking which we have heard from the other site in Long Beach Wa would be a concern from those short term inhabitants and the only logical place for that to be done is in the back of property where our children play and walk around the school track. We do not fully understand second gand smoke from e-cigarettes as well and that close to kids. The concern of rehab patients escaping is large, all be it voluntary with this limited security facility is a major concern with drug relapse issues, lack of thought control, suicide concerns, drug dealers, friends, and wandering around the church, neighborhood, school or public park/restroom is a major concern. Based on police reports from Long Beach and saying no clue where they left to and now puts the school on lock down which continues to terrify young children, put the residences and church on lock down too. These thoughts are with all parents and children always as we already worry about active shooters now we have worry about a Heroin/meth/etc addict jumping a fence and gaining access to the school. They have no way to control any of these patients and from police reports it has happened multiple times. There is no plan or concern of this based on police reports which is also concerning. It appears they do not have any protocols for this situation, unacceptable. They can't control what these voluntary inhabitants do and that then falls on our law enforcement, schools, churches and residence to ensure their own safety.

2. Compatible to the surrounding properties? Absolutely not. A church, a public park, a public restroom, soccer fields, school and private use homes do not make this Rehab compatible with the anything surrounding in this area. This is not an acceptable use for what is surrounding this property. This is not acceptable property to consider for the proposed usage. This needs to be rejected and move forward with something else or put property back on market for better use. Assisted living and bed and breakfast does not translate in drug rehab.

Thank you

Bryce Payton
3161 NW QUARTZ PLACE
CAMAS WA 98607

Hello Sarah,

My name is Ross Kobrzycki. I reside at 2242 NW Tanner Street in Camas Wa. I am writing to you today to voice my concern and opposition to the proposed Drug detox center at the current Fairgate Estates. Allowing a facility to operate in this location would, in my opinion, be materially detrimental to the public welfare of the surrounding neighborhood.

As you are aware the facility backs up to Dorothy Fox Elementary, and Dorothy Fox Park. Kids walk to and from school daily. Many kids would be walking directly past this facility. After school, and on weekend's kids and family use the park and the field for practices, playing, dog walking etc.

NW 23rd Ave is a main arterial to and from this neighborhood. My house sits directly off this street and across the street from the park. I can attest to the current neighborhood traffic sometimes running the stop signs, and speeding past this park far exceeding the 25 mph posted limit. The noise from the passing cars in the early morning and at night is often enough to keep us awake. Additional traffic to and from this facility will only add to the existing problem on NW 23rd. Not to mention a good deal of this traffic would be from employees, and patients who live outside the Prune Hill neighborhood. The area has no accommodation for quick response of fire or medical should an emergency present itself with a patient. Many of the people traveling to and from the facility would have no vested interest in the neighborhood. I've witnessed cars stopped at the bathrooms by the park late at night playing music loudly and doing what I can only imagine isn't legal. Visitors coming to this facility some with the wrong intentions would only make this worse.

When the City of Camas approved Belz Place they required improvements to Dorothy Fox park as well as portions of NW 23rd Ave. Keeping with the 2035 plan outlined by the City of Camas. The current owners of this facility, to my knowledge, have only tentatively agreed to a fence on one side of the building. What will be done to address the additional traffic influence, and the safety aspect of patients potentially leaving the facility into the surrounding area with no transportation out? Patients could be allowed to wander through the surrounding neighborhoods waiting for someone to pick them up? Possibly wait at the park, in the bathroom that remains unlocked all hours of the day? I shudder to think of the potential harm this could have should one of the leaving patients be under the influence of any type of psychotic drug, or in withdrawals.

Resources:

- Camas-Washougal Post-Record, Heather Acheson, May 3, 2016.
- Report for City of Camas Traffic Impact Fee Update, DKS Associates, May 2012.

From: Ricardo <ricardo.reyes@me.com>
Sent: Monday, March 29, 2021 6:27 PM
To: Sarah Fox; sarah.fox@cityofvancouver.us
Subject: Additional Letter for Examiner Regarding Discovery Recovery in Camas, WA

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Dear Sara and Examiner,

As a Camas resident concerned about our neighborhood's welfare I wanted to send over some research on the subject. During the public hearing, it was mentioned that we need to factually prove that the material welfare of the community can be affected with the opening of Discovery Recovery at its proposed site. As I mentioned in an earlier email, I am a trained Quantitative Psychologist and think that looking at this through the lens of quantifiable and seminal research in the field, we can make the argument that the center **will** likely negatively effect our welfare. I've included all my references below which are all from notable and peer reviewed studies in the field of addiction research. In summary, drop out and relapse rates are high and drug detox centers are accompanied by an increase in violence closest to the actual facility (which in this case is an elementary school).

First, it makes a lot of sense to look at dropout rates since they have regularly been shown to correlate strongly with treatment effectiveness (1,2,3).

A recent large scale study addresses this in the scientific journal of *Addiction*. In a comprehensive 2020 meta-analysis of in-person substance abuse treatment dropout rates, Sara N. Lappen et al. found that the average dropout rate of these treatments is around 30.4% (4). This should be concerning enough for us in the Dorothy Fox community; 1 in 3 individuals potentially relapsing near our school children is unacceptable. This 30.4% number includes every drug treatment type and includes those being treated for tobacco who are less likely to drop out. If we remove cigarette addicts and look closer it's worse. **Treatment dropout rates were statistically found to be much higher in those admitted to these programs for harder drugs like cocaine and methamphetamines. Drop out rates for these two drugs were 48.7% and 53.5% respectively. So about half of patients being treated drop out (4).**

There were also some statistical differences in the dropout rates based on therapy types and not all programs will be created equal. Something as trivial as how a center identifies substance codependence can lead to a detectable and real difference in the programs' retention (4).

To add to that, other studies referenced below show that major stimulants like cocaine and methamphetamine have the greatest dependence potential and impair mental functioning the most (5). Major stimulants have also been found to be more strongly associated with risky sexual behavior and potential impulsivity (6). Another study of over 25,000 individuals undergoing community corrections supervision found that cocaine use was the strongest cause of supervision failure (7). Needless to say, placing a detox center knowing all of the above and that **relapse rates can be as high as 86% (2)** for some drug users is a bad idea.

Finally, it makes sense to examine criminal activity potential as well (it's our kids we are talking about). So far we know that drop out rates can be high for these programs and that drug relapse is fairly common. Combined with impaired mental functioning and increase in impulsivity, this might be enough to suggest putting this next to our children is a recipe for potential disaster. By looking at the scientific literature, we found very interesting and statistically significant data in the *Journal of Studies on Alcohol and Drugs* (8). The closer you are to a drug treatment center, the higher likelihood of experiencing a violent crime. More specifically, after scientific researchers controlled for neighborhood

type there was 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 (8)! **If crime has been shown to rise the closer you are to a drug detox center why would we build one right next to our most vulnerable and impressionable population?**

In my opinion, this data-driven, empirical and widely cited body of research demonstrates that there will be a quantifiable increase in the chance of undesirable behavior [like crime] if the center is allowed to open. Studies conclude time and time again that opening a detox center in the wrong location is statistically tied to increased crime rates just like it is when a liquor store opens in the wrong location (8). Moving forward with this plan is an invitation for our city to possibly become another statistic for research; more importantly, for anyone directly effected by a center-related mishap it would be much much worse.

Thank you so much for your time and consideration.

Best,
-Ricardo

---References---

- 1.
2. United
3. Nations Office on Drugs and Crime. World Drug Report 2016 (United Nations publication, Sales no. E.16.XI.7) 2016.
- 4.
5. Brandon
6. T., Irvin Vidrine J., Litvin E. Relapse and relapse prevention. Annu Rev Clin Psychol 2007; 3: 257–84.
- 7.
8. Carroll
9. K. M. Enhancing retention in clinical trials of psychosocial treatments: psychosocial treatments: practical strategies. NIDA Res Monogr 1997; 165: 4–24.
- 10.
11. Lappan
12. S. N., Brown A. W., Hendricks P. S. Dropout rates of in-person psychosocial substance use disorder treatments: a systematic review and metaanalysis. Addiction. 2020 Feb;115(2):201-217.
- 13.
14. Nutt
15. D. J., King L. A., Phillips L. D. Drug harms in the UK: a multicriteria decision analysis. Lancet 2010; 376: 1558-65
- 16.
17. Berry
18. M. S., Johnson M. W. Does being drunk or high cause HIV sexual risk behavior? A systematic review of drug administration studies. Pharmacol Biochem Behav 2018; 164: 125–38.
- 19.
20. Hendricks
21. P. S., Clark C. B., Johnson M. W., Fontaine K. R., Cropsey K. L. Hallucinogen use predicts reduced recidivism among substance-involved offenders under community corrections supervision. J Psychopharmacol 2014; 28: 62–6.
- 22.
23. Furr-Holden
24. 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 Corner Stores in One Mid-Atlantic City. J
25. Stud Alcohol Drugs. 2016 Jan;77(1):17-24.

From: Elizabeth Sullivan <privateportland@gmail.com>
Sent: Monday, March 29, 2021 6:52 PM
To: Sarah Fox
Subject: NO TO A Drug and Detox/Rehab Center Next to an Elementary School

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Good evening,

I am a very concerned parent wondering how it could possibly be a safe idea to put a drug detox/rehab center next to an elementary school???? How would this be a safe choice to put a facility such as this next to an elementary school??? I am worried about the safety of such young children walking to and from school who might come into contact with someone who could potentially do them harm based on their being on drugs or coming off of drugs and exhibiting erratic behavior and an innocent child becomes a target to them. I am concerned for a rise in crime rate, drug addicts stopping their treatment and leaving the facility and what might happen if they are wandering around the neighborhood at night, but the most important issue with this facility being located next to an elementary school seems of the highest priority to NOT have this facility granted a permit for the safety of all the children who attend the school and live in this neighborhood.

What can be done to make sure that this location is not granted a permit for this facility? There are people signing petitions, canvassing the neighborhood asking for support to try to stop this from happening before something terrible happens in the future to an innocent child. There must be more that can be done before it is too late. Please let me know what the next step is to try to stop this from happening.

Thank you,
Elizabeth Sullivan

From: Sandra Phillips <noelsassychevymarie@gmail.com>
Sent: Monday, March 29, 2021 6:42 PM
To: Sarah Fox
Subject: Detox/Rehab Center next to Dorothy Fox

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Dear Ms. Fox,

I am writing to you as a concerned Camas resident. I walk my dog nearly every day in front of the proposed Rehab/Detox Center and through the city park adjacent to this site. I often see youth from the area gathering in this park as well as youth sports teams practicing in the field next to this site. Not to mention Dorothy Fox Elementary School also being right next to this site. I don't understand how there can be anything appropriate about putting this kind of business next to this area where so many children could be put at risk. This would compromise the safety of so many children. Please speak up for us and do not allow this site to become a Drug Detox/Rehab Center.

Sincerely,

Sandra Phillips

Concerned Camas Resident

Sent from my iPhone

Sarah Fox

From: Sandy Phillips <tacomaphillips@comcast.net>
Sent: Monday, March 29, 2021 6:52 PM
To: Sarah Fox
Subject: Drug Detox/Rehab Center

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Dear Ms. Fox,

I have lived in this community for 16 years. A Drug Detox/Rehab Center is not the right kind of business for this area. It makes no sense to put a Drug Detox/ Rehab Center next our Elementary School and our city park. Children would be put at risk unnecessarily. Please stand up for us and say "No" to this proposal.

Greg Phillips

Concerned Camas Resident

Sent from my iPhone

From: DEBBIE LANGENDOERFER <debbielangendoerfer@comcast.net>
Sent: Monday, March 29, 2021 6:58 PM
To: Sarah Fox
Subject: Discovery Recovery

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Hello Sarah,

I am emailing you to let you know that I oppose the proposed location of the Discovery Recovery location. I live walking distance from the proposed site and feel this recovery center is too close to a school as well as family homes. These types of facilities should not be in neighborhoods or anywhere near a school! Please consider the Police, Sheriff's and 911 reports from the facility in Longview! If this facility is allowed to move forward and obtain this property, mass chaos will happen in our once peaceful and quiet community.

Respectfully submitted,
Debbie Langendoerfer

Sarah Fox

From: Justin Wimer <wimer461@gmail.com>
Sent: Tuesday, March 30, 2021 12:35 PM
To: Sarah Fox
Subject: Discover Recovery Opposition Letter

WARNING: This message originated outside the City of Camas Mail system. DO NOT CLICK on links or open attachments unless you recognize the sender and are expecting the content. If you are unsure, click the Phish Alert button to redirect the email for ITD review.

Good afternoon,

I am submitting the below letter in opposition to Discover Recovery being allowed to open a drug rehabilitation center at the Fairgate Estate in Camas. It would be greatly appreciated if you could please pass this letter onto the Hearing Examiner to consider my family's concerns. Thank you.

Justin Wimer
wimer461@gmail.com

30 March 2021

Dear Hearing Examiner,

My name is Justin Wimer and I am a resident of the Belz Place housing development located on Prune Hill in Camas. I am writing you to express my deep concerns and opposition in regards to Discover Recovery potentially being allowed to open and operate a drug rehabilitation facility out of the nearby Fairgate Estate.

I respectfully request you consider the below concerns I have about the opening of such a facility in our community. The main concerns revolve around possible harm to children in our community, severe decline in nearby property values, and the overall degradation of the Camas School District (CSD).

Located immediately next door to the Fairgate Estate is Dorthy Fox Elementary School and Dorthy Fox Park. Nearly every single day there are children present at the school and the park, to include my own children. I know and completely understand residents of the rehab center would typically remain in the facility, however as it is voluntary for them to be there, they are also able to leave at any time they please to include just walking out the door to the adjacent park. As a result, someone going through the Discover Recovery program could potentially interact with a child at the park. Any interaction with someone who is having any form of drug related withdrawal symptoms could be potentially psychologically harmful to a young child. It is for such reasons I do not believe this is a suitable location for any form of detox facility.

The location of such a facility is also more than likely guaranteed to devalue the property values in the surrounding area. This devaluation would of course lead to a reduction in revenue in the form of lower property taxes. As property taxes are extremely pivotal in providing necessary funding for local infrastructure, improvements, to include vital resources for CSD. As a result the significant loss in property taxes would end up being a disservice to the entire city of Camas and not only the residents located on Prune Hill.

Additionally, since there would be a reduction in property taxes to help fund CSD schools, there is a strong possibility that CSD would begin to decline as a whole. It is public knowledge that CSD is not only one of the best school districts in the county, but also the entire state of Washington. Also, from my own personal experience of serving in the Air Force for 23 years and living in various locations, CSD is one of the best I have seen in the entire nation. The great school system attracts families to Camas and is a significant factor for families to decide to make it their home. As long as the attraction to the school district remains, so does the demand for housing. This of course sustains and even increases the values of homes throughout the city and enables Camas to continue to thrive.

I truly believe facilities such as Discover Recovery are extremely important and have helped numerous people and will continue to help many more. These organizations are needed to provide the necessary and specialized assistance required for individuals who are dealing with addiction. However, the location of such a facility should not be located adjacent to an elementary school or a public park. I have been past the Fairgate Estate many times and understand its appeal to Discover Recovery. At the same time, I know there are many other great locations within Clark County that would alleviate the concerns of children potentially being put in danger, property values plummeting, and the decline of the fantastic school system Camas takes so much pride in. I thank you for taking the time to read my concerns and hope that you will strongly consider them when making your final decision.

Sincerely,

Justin Wimer

From: Judy Hooper <peanutbutternjudy@gmail.com>
Sent: Monday, March 29, 2021 7:54 PM
To: Sarah Fox
Subject: Re: Drug Detox at Dorothy Fox

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Judy and Bill Hooper
2316 NW 26th Ave, Camas, WA 98607
360-450-9997

Forgot to include our addresses, sorry.

Dear Commissioners,

I live across the church property adjacent to the Fairgate Estate. I had no idea this was the proposal when I heard about a change of use for the property.

When this building was in the design phase, I recall how many homeowners were concerned about it being a bed and breakfast/wedding venue. I wonder if any neighbors would approve a similar project today, knowing that down the road, it could be sold to become a drug rehab facility. If the company had proposed putting in an unsecured, drug-detox facility 10 years ago, in a neighborhood adjacent to a church and an elementary school, I'm sure it would have been turned down.

This is inconsistent with the intent of the property, will harm the neighborhood by increasing crime and traffic, and is a change to what we approved when the property was allowed to be built.

Please deny this change.

Sincerely,

Judy & Bill Hooper

On Mon, Mar 29, 2021 at 7:44 PM Judy Hooper <peanutbutternjudy@gmail.com> wrote:

Dear Commissioners,

I live across the church property adjacent to the Fairgate Estate. I had no idea this was the proposal when I heard about a change of use for the property.

When this building was in the design phase, I recall how many homeowners were concerned about it being a bed and breakfast/wedding venue. I wonder if any neighbors would approve a similar project today, knowing that down the road, it could be sold to become a drug rehab facility. If the company had proposed putting in an unsecured, drug-detox facility 10 years ago, in a neighborhood adjacent to a church and an elementary school, I'm sure it would have been turned down.

This is inconsistent with the intent of the property, will harm the neighborhood by increasing crime and traffic, and is a change to what we approved when the property was allowed to be built.

Please deny this change.

Sincerely,

Judy & Bill Hooper

From: Jason Fournier <jxfournier@gmail.com>
Sent: Monday, March 29, 2021 9:06 PM
To: Sarah Fox
Subject: Discover Recovery Proposal

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To:
Clark County Hearing Examiner and whom it may concern
From:
Jason Fournier
1624 NW Redwood Lane
Camas, WA 98607

In reviewing the Camas Municipal Code 18.43.050, please note the following concerns inherent in the proposed Discovery Recovery facility:

1. There is a very high likelihood that the proposed facility will be detrimental to the public welfare. A majority of parents polled will not allow their children and adolescents to use the public playground adjacent to the facility without close supervision. This is even before any potential security incident at the facility. Families move to this neighborhood for the great schools and welcoming community and the public welfare will be harmed due to the intended use - full stop.
2. There is a very high likelihood that the proposed use will be injurious to the property in the vicinity. The likely injury is to property values. Location, location, location is the old real estate mantra. Never in the history of residential real estate has an agent marketed a home for being adjacent to a substance abuse facility.
3. The code criteria makes mention that 'appropriate measures have been taken to minimize the possible adverse impacts...' It seems to me that the onus is upon you to render judgment of the likely effectiveness of whatever appropriate measures are proposed. But will the City of Camas be prepared to make property owners whole should those measures prove insufficient and property values suffer? Or what other assurances will be given to the community should there be an unfortunate incident involving a patient and member of the community or school student. This 'appropriate measures' clause is a bit of a red herring and shouldn't reasonably be relied upon to mitigate the obvious adverse impact to the community.

In closing, please know that most reasonable citizens will quickly acknowledge the need for such treatment facilities. And most will agree that there should be room in our fine city for Discover Recovery. But it's so obvious that location should not be adjacent to an elementary school and playground. This is a headline waiting to happen. Please stand on principle and on the side of a fair and practical interpretation of the Code.

I'm not a lawyer, just a business person and concerned citizen. The business rationale for Discover Recovery's proposal is one of opportunism and economics. Given a blank sheet of paper, they wouldn't have chosen this site. Given their line of business, they're used to the 'not in my backyard' initial reaction, but even they know this is pushing the envelope. They just got a good deal on a facility that suites their purpose, and are willing to muscle it through a 'small town bureaucracy'. Stand up for your Code and welcome them to do a bit more legwork to find a more appropriate site. Almost anywhere else in Camas will be less controversial.

Sincerely,
Jason Fournier

From: Brett Nelson <allvespa@gmail.com>
Sent: Tuesday, March 30, 2021 5:31 AM
To: Sarah Fox
Subject: Recovery Facility Letter Opposition

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Hi,

I would like to voice my strong opposition to this based on the following criteria.

A. The proposed use will not be materially detrimental to the public welfare, or injurious to the property or improvements in the vicinity of the proposed use, or in the district in which the subject property is situated;

The facility is also providing public data informing local citizens of the "safety" features from their website public notice - <https://www.discoverrecovery-camas.com/> .

- Residents at the facility are not allowed to use, park, or otherwise operate vehicles (whether their personal property or Discover Recovery's vehicles) at the property during their occupancy.
- Visitation by family and friends of the residents is not allowed at the facility at any time.
- We will have cameras installed throughout the center. Those camera feeds are monitored 24 hours a day.

" seeking to recover from substance use disorders from drugs, alcohol, and other substances. "

This public statement from the facility is " just" reason enough for citizens to cite the 18.43.050, A - as "normal" safe operating facilities don't have such stringent requirements unless the residents themselves pose a risk. If residents used drugs that are illegal, you have residents who have **broken the law** being housed next to an elementary.

Recovering from pain killers is one thing, but the scope is larger to include "drugs". The facility is within 25ft (next door) to an elementary.

Regards,
Brett

1574 NW Rolling Hills Dr
Camas, WA 98607

From: todd@landwehr.us
Sent: Tuesday, March 30, 2021 7:28 AM
To: Sarah Fox
Subject: FW: Discover Recovery

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From: todd@landwehr.us <todd@landwehr.us>
Sent: Monday, March 29, 2021 8:52 PM
To: 'sfox@ciyofcamas.us' <sfox@ciyofcamas.us>
Subject: Discover Recovery

Ms Fox,

I am shocked to hear that a drug detox center is being placed next to a park and an Elementary School. This is not the place for this type of business. I would expect more from our city officials than to allow this to be snuck in in the middle of the night.

I am opposed to this request as it doesn't fit the qualities of this area.

Todd Landwehr
2626 NW Sunset Ct
Camas, WA 98607

From: Aleksandra Cherednichenko <cherednichenkoaleksandra@gmail.com>
Sent: Tuesday, March 30, 2021 9:01 AM
To: Sarah Fox
Subject: Drug Detox Facility Shouldn't be located across from a school

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To Sarah Fox,

I am a parent, a nurse and a recent transplant from Portland to the area. My husband and I moved here with our three children because of the great schools and a slower pace of life. As a healthcare professional, the need for mental health and rehabilitation facilities isn't lost on me. In fact, I worked in an outpatient psychiatric clinic at the beginning of my nursing career. It was a locked facility for children who were experiencing an acute psychiatric event or who needed help dealing with their substance abuse issues. I'm familiar with how these types of facilities function and what concerns me about this proposed drug rehabilitation facility is that it is not locked and will not be adequately staffed to prevent a resident from leaving mid-treatment.

This poses a particularly big concern for the surrounding school and neighborhood. Residents seeking treatment would not be stopped from leaving the facility premises and wandering over to the nearby elementary school or church. In addition, I'm confident that Discovery Rehab isn't running background checks on their residents, so while unlikely, it is possible that individuals with history of felonies, sex offenses and other crimes would be residing directly across an elementary school. I urge you to deny this proposal because this is would a safety issue and would be detrimental to the public welfare of the surrounding area. Thank you for your time

Sincerely,
Aleksandra Cherednichenko BSN, RN

From: Gang Liu <gliuru@gmail.com>
Sent: Tuesday, March 30, 2021 10:09 AM
To: Sarah Fox
Cc: rui meng
Subject: Additional Comments Concerning Discover Recovery

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PROPERTY INFORMATION CENTER record shows that TRANQUILITY PARTNERS LLC bought the 2213 NW 23RD AVE, CAMAS, WA 98607 property from FOYT JACK L SR, FOYT CHRISTINE I, on Feb 02, 2021 for \$2,300,000.00.

<https://gis.clark.wa.gov/gishome/property/?pid=FindSN&account=124783000#>

The carf website shows that Tranquility Partners, LLC dba (Doing Business As) Discover Recovery.

<http://www.carf.org/providerProfile.aspx?cid=315155>

Concerning their existing property at 800 Washington Ave N, Long Beach, WA 98631.

Record shows on 01/02/20 TRANQUILITY PARTNERS LLC bought it from LONG BEACH RETIREMENT & ASSIST'D for \$385,000.

<https://pacificwa-taxsifter.publicaccessnow.com/Assessor.aspx?keyId=534180&parcelNumber=73011055003&typeID=1>

Why would Discover Recovery claim they have 3 years experience in long beach?

And if we take it that they started business since 2018, the nearby Long Beach Elementary School was terribly affected.

With available data, their Avg Standard Score drops sharply from 64.05 in 2018 to 52.25 in 2019, that's close to 20% degradation.

And their ranking in WA drops from 382nd in 2018 down to 555th, 45% drop!

<https://www.schooldigger.com/go/WA/schools/0606000912/school.aspx>

It will have a terribly materially detrimental impact to our excellent dorothy fox school.

Gang Liu

From: Dot Bart <dotbart@hotmail.com>
Sent: Tuesday, March 30, 2021 10:10 AM
To: Sarah Fox
Subject: Discover Recovery's Facility

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To Whom It May Concern,

I believe it is a bad idea to allow a Drug Recovery in the area of Dorothy Fox Elementary School for fear that patients will interact with the kids. Not only that, but what about the increase of crime in our community.

If you allow Discovery Recovery then every other adult care facility in Camas will want to add a drug detox program. I see this as opening a big can of worms for our community. Ask yourself, do you want a drug facility in your community?

Respectfully

Dorothy

From: Charles Roth <chuckandramona@hotmail.com>
Sent: Tuesday, March 30, 2021 10:44 AM
To: Sarah Fox
Subject: Discover Recovery

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Here are our concerns about allowing this facility to move into our neighborhood.

The facility is "For Profit ". Services could/would change if profits don't meet their expectations. Cuts could/would be made to the security or services offered to ensure that profits expected are realized.

It appears there are close to a dozen drug rehabilitation facilities in this area. Is there really a need or demand for another one?

The proposed facility is located on a residential street. There is only one way to get to and leave the facility. We are concerned about the increase in traffic on that street and in the area. Kids walk to and from school on this street. School Buses drop kids off right across the street from this proposed facility.

We purchased our home two years ago. We chose Camas because of its reputation as a friendly, small town city and the almost rural atmosphere. We would never have bought the house we are in if not because there was a drug rehabilitation facility within walking distance. This is not a big selling point for attracting families to move in and will definitely affect the future value of our home.

Discover Recovery made no effort to reach out to this neighborhood to listen to our concerns.

Discover Recovery says all the right things to impress people. They say they donate to children's organizations and help pay for some community needs but does nothing to address the concerns of the immediate neighborhood.

Can they really prevent the residents from leaving the facility and accessing the park that is next to the facility? Can they really limit the number of visitors and the times such visits happen? It is not a locked down facility as far as we can see. And the groups of people that are attracted to a facility such as this may not have the best of intentions when it comes to interacting within the surrounding area, our neighborhood.

Finally, a reminder that the Camas City Council should consider the concerns of the people that will be directly affected if you allow this proposed facility to locate here. You represent all of us, not just the businesses you hope will add money to the city's coffers. We pay taxes and we vote!!

Chuck and Ramona Roth
1402 NW Redwood Ln
Camas, Wa.

Sent from my iPhone

From: russ goff <russ636@hotmail.com>
Sent: Tuesday, March 30, 2021 12:08 PM
To: Sarah Fox
Subject: Elementary School Detox?

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To whom it may concern,

I am a resident of the Belz Place community near Dorothy Fox Elementary and the proposed location for the detox center. Three years ago I made the decision to move to Camas because the community offered top ranked schools and safety and security for my family. I accepted the much higher income tax ranges over the other communities that I explored specifically for the great schools and safe community.

I see the need for this type of facility in the area however I am appalled that the city would grant the ability to place a detox center next door to a public park and top rated grade school. There are numerous opportunities to place this treatment center outside of a residential area and away from an elementary school and park. If the city of Camas approved this location they are making the decision to destroy the same community that has become a safe and attractive location for families in the area. I challenge the city officials to spend some time at the school or the park in the morning as kids go to school or in the afternoons when the kids gather and play safely at the park. This safe space for our children is what we stand to lose if this detox center opens in our community.

The facts show that treatment centers of this kind don't just attract those needing services. They attract a sub culture of addicts that drive crime rates in the surrounding areas.

Imagine your grade school child walking home from school on a normal day and being exposed to activity related to addiction and crime? Would you accept that risk for you children? I certainly will not.

As a parent I will do all in my power to protect my children and the safe spaces that they learn and recreate in.

I am prepared to make my voice heard loud and clear through the elections of the city officials that are tasked with keeping the best interests of my family at the forefront of their decision making. I am also prepared to sell my home and leave the city of Camas if this facility is approved in this location. This is a case of the right facility in the wrong location as demonstrated by the statistics attributed to other detox centers around the region.

Please support my family and our quality of life by denying this facility in this location. It is absurd that my public officials are even considering a drug treatment center that shares a property line with an elementary school and public park.

Thank you,

Russ Goff
Registered voter and resident of the City of Camas.
Get [Outlook for iOS](#)

From: Amy Bowman <amyjbowman@hotmail.com>
Sent: Tuesday, March 30, 2021 12:13 PM
To: Sarah Fox
Subject: Drug detox rehab center

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I am highly apposed to Discover Recovery going into Fairgate Estate.

The facility is far too close to a grade school. This is a neighborhood with a lot of children. There is opportunity for patients to interact with children which is not safe. Patients entering neighborhoods where women and children are at walking, running and playing.

My best friends daughter worked at a high end rehab in Maui. Patients were given many liberties that often resulted in acquiring street drugs and using them in and out of the facility.

This type of organization belongs to in a city, industrial area and not an established neighborhood with no for profit businesses let alone a detox facility for hard drug users.

Regards,

Amy J Bowman

Sent from my Verizon, Samsung Galaxy smartphone
Get [Outlook for Android](#)

From: Kyle Olson <kyleolson1159@gmail.com>
Sent: Tuesday, March 30, 2021 2:16 PM
To: Sarah Fox
Cc: MAL
Subject: Drug Rehab Center next to Dorothy Fox Park / School

WARNING: This message originated outside the City of Camas Mail system. DO NOT CLICK on links or open attachments unless you recognize the sender and are expecting the content. If you are unsure, click the Phish Alert button to redirect the email for ITD review.

Hello, I am writing to express my concerns over the possibility of a Drug Rehab center moving in next door to a school and park in our neighborhood. I live at 2510 NW 23rd Ave, within view of this property. Both my kids have gone to Dorothy Fox Elementary as well as everyday still plays at the Dorothy Fox park/soccer fields directly next door to this facility. I am absolutely shocked that the City of Camas would even consider approving this proposed rehab center to move in. With the City of Camas municipal code referencing 18.43.050 Section A stating "The proposed use will not be materially detrimental to the public welfare or injurious to the property of improvements to the vicinity of the proposed use, or in the district in which the subject property is situated." Section A speaks to the safety of the children and families in this neighborhood and must be supported. There is a huge uproar with this, as research has been done on another location for profit rehab center in Long Beach, WA this same business manages. The research shows the police reports, complaints, and dangerous activity that this occupancy brings. This literally couldn't be a worse location for a drug rehab center. My kids have played on sports teams that practiced at the Dorothy Fox soccer field and knowing that people may leave the facility at anytime in a severe drug detoxing state and show up in the middle of soccer practice or worse on the playground of Dorothy Fox Elementary during school hours is sickening to think about!!! The support of the City for our community to shut this plan down immediately is essential. Choosing to allow a money making drug rehab center to move in with a huge opposition to this plan would be tragic to our community and the credibility for the city officials making these decisions. I am hopeful this will be an obvious choice to shut down this request and maintain the school community safety. Dorothy Fox Elementary would be in lockdown monthly and the crime rate would skyrocket with people leaving rehab early and roaming the streets of our neighborhood in a drug detoxing state of mind. There is currently a loud voice opposing this with the Dorothy Fox Safety Alliance which I'm am not affiliated with, but 100% in support of. The local news and social media are already buzzing about this, so let's do the right thing and oppose this request. I walk everyday around this neighborhood and the sidewalks and streets are full of kids and families!!! Please help!!! If there is a petition to sign or an official way to oppose this, please let me know. We need to be heard and supported!!!

Thanks

Kyle and Mallary Olson
2510 NW 23rd Ave
Camas, WA 98607

From: Stuart Maxwell <stuartmaxwell82@gmail.com>
Sent: Monday, March 29, 2021 9:48 PM
To: Barry McDonnell <BMcDonnell@cityofcamas.us>
Subject: Discover Recovery Drug Detox Facility

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Mayor McDonnell,

I'm writing to you again on this matter.

Following last weeks' hearing, I am even more deeply concerned that the City is planning to approve a permit to convert an ex wedding venue / assisted living facility into a drug rehab facility next to a busy elementary school next to a number of suburban neighborhoods and recreation areas.

I wanted to highlight a couple of things you have spoken about previously.

<https://www.clarkcountytoday.com/news/camas-mayor-barry-mcdonnell-offers-thoughts-of-his-six-month-tenure/>

"Now, as Mayor, I recognize there needs to be a place for citizens to publicly interact with their elected officials"

"Ultimately, I feel like it's important to have an actual dialogue with citizens and that creating a separate place for that is the way to go. At the same time, we need a better way of communicating questions and answers in a more streamlined fashion."

<https://www.camaspstrecord.com/news/2020/oct/08/camas-mayors-166m-budget-focuses-on-land-people-honesty/>

"The mayor's "People" initiative incorporates "a special focus on children and older adults," McDonnell stated. "In addition to enhancements for parks, library, street safety and essential resources such as clean water, you will find funding for improvements (such as) accessible sidewalks and ramps."

"Under the "Honesty" initiative, the mayor has laid out a plan for a "full communications program built on transparency, engagement, accessibility and ease" as well as plans for new technology "to better connect with our citizens, council, staff and stakeholders," and growing the city's work around equity and "being fair and impartial."

I'm very concerned about the City of Camas' handling of this very serious issue, particularly around the communication associated with it. From the quotes above and my general following of your successful write in campaign, I'd expected A LOT more communication and discussion between elected representatives and Camas residents on this matter. I understand the topic is sensitive, but that does not mean that our elected officials shouldn't be able to communicate and listen to their residents and voters on this matter and provide us with an idea of where each official stands on this issue.

As the residents of Camas have had NO opportunity to interact and communicate with elected representatives, we have had to use the zoom hearing and letters to the City planner & hearing examiner to communicate. All of said communication has been one way communication and does not reflect the "transparency, engagement, accessibility and ease" that you spoke of above. I also believe a (poorly configured) zoom hearing is not an effective way for the city to canvas opinion on this matter due to it's limited nature in terms of meeting scope, time allotted and audience interaction (seriously, the "hand up" function did not work on certain devices - some folks I've spoken to were unable to put their hand up to testify, there was no other function on the zoom meeting to notify the administrator to allow for it).

As a result, some fellow neighbors took it upon ourselves to print out hundreds of flyers and go door to door. Over the last 3 days, we have have spoken to approximately 312 neighbors on this matter to encourage letters / emails to be sent because this is the only form of voice we have (despite your quotes above).

For what it's worth, 303 of those 312 folks that were actually spoken to were not in favor of this location for a drug rehab facility. Whilst I don't expect 303 new letters to arrive as a result of this activity, I do feel very confident in the assertion that the residents of Camas do not believe locating a drug rehab center next to an elementary school is a wise, safe or smart decision.

I encourage you and your fellow elected officials to consider your position on this facility permitting landmine and figure out what you plan to say and do about it. One incident is too much....whether something happens to a child, a resident, a teacher, a police officer or firefighter - the narrative will be that this whole saga could have been entirely avoided by listening to residents' safety concerns and applying basic common sense / logic / risk management as opposed to decision on the basis of how city planners and lawyers interpret and dissect what a section of code is or isn't.

Regards,

Stuart Maxwell
2225 NW Sierra Way, Camas, WA, 98607

From: Ike Liao <iliao888@gmail.com>
Sent: Tuesday, March 30, 2021 5:16 PM
To: Sarah Fox
Subject: No to Drug Detox/Rehab Center next to school

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Hello Sarah,

As a long time resident on Prune Hill, the proposed development of a drug detox center right next to Dorothy Elementary School and a public park concerns me greatly. Reasons for my concerns are 3 folds:

1. It will create additional risks to our kids' safety. Kids and children walk or bike to school and play at the park each day. They would be easy target by any visitor or patient from the facility. Can anyone provide assurance that our kids will not be harassed or worse, harmed by a patient there? The answer is likely a no so why take on the extra risk?
2. It will reduce neighborhood property value. Traffic around the proposed facility will likely spike creating parking as well as potential littering issues. Is this fair to the folks who live nearby or next to the facility? There are more suitable sites in the county that will not unfairly penalize the neighborhood.
3. It will lessen the quality of life on Prune Hill. The population density on the hill is already fast becoming saturated. The additional traffic around the detox center will bound to increase as well as the flow of the patients. The proposed detox center will degrade the current living conditions in the neighborhood.

It is my hope the county hearing examiner will thoroughly review the impact this application will have on our homes, but more importantly, the danger it will bring to our kids. Let's avoid a potential tragic event by denying the permit and keep our kids safe!

Thank you for your time,

Ike Liao

Sarah Fox

From: Yuko Beuhler <yukobeuhler@gmail.com>
Sent: Tuesday, March 30, 2021 6:39 PM
To: Sarah Fox
Subject: Discover Recovery at Camas

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Hello,

I'm writing this email regarding Discover Recovery at Camas.

This substance abuse treatment center is targeting professionals such as doctors and attorneys. However, when a person is addicted to drugs or alcohol, they cannot control themselves. They could sneak out from the facility and harm small kids in the neighborhood. This is my biggest concern. Even these people are fine people originally, once influenced by drugs and alcohol, they could do something to harm other people.

<Requests>

1. Please install the front door that can be opened only by someone of the facility management, not patients. Please don't let the front door unattended at any time.
2. Please install visual screens either with fence or trees around the property. We want clear separation between the facility and the school and church.
3. Please refrain from letting patients going out around 8:00am and 2:30pm when schools kids are walking to school and back from school.

Thank you,

Yuko Beuhler
1702 NW Redwood Ln
Camas, WA 98607
310-871-3300

Sarah Fox

From: Tam Vuong <tamvuong@gmail.com>
Sent: Tuesday, March 30, 2021 11:40 PM
To: Sarah Fox
Subject: Discovery Recovery

WARNING: This message originated outside the City of Camas Mail system. DO NOT CLICK on links or open attachments unless you recognize the sender and are expecting the content. If you are unsure, click the Phish Alert button to redirect the email for ITD review.

Dear Sarah Fox:

My name is Dr. Tam Vuong and I am an emergency department physician at Legacy Salmon Creek Hospital. I am writing to you in regards to the drug detox facility that is set to open adjacent to Dorothy Fox elementary school. I am a local resident in that neighborhood and am writing to you to express my medical expert opinion as an emergency department physician regarding concerns of a drug detox center that plans to open adjacent to the elementary school. As an emergency department physician I deal with patients who are detoxing from alcohol and drugs on a daily basis and feel that I have qualification in regards to these matters.

I agree that people need detox and to get help for their drug and alcohol addiction. However the concern is safety for the nearby neighborhoods as well as the children at the adjacent elementary school. Addiction is a chronic condition however the care these people are receiving is acute as they have significant withdrawal symptoms and medical conditions that need to be treated immediately by medical professionals. Majorities patient's are often in the hospital and in the emergency department/ICU to help manage these cases. Patients that are detoxing are very unpredictable. These people are violent with hospital staff and this occurs daily in the emergency department. Patients are often confused and delirious. They have no control of the mind and body. Many require four-point restraints to the hospital gurney and intramuscular sedation medications to sedate them so they don't hurt others. Many nurses and doctors in the emergency department and ICU have had assaults and injuries from patients that are detoxing on a frequent basis. Therefore these patients should not be around a neighborhood where there are young children that cannot defend themselves. These patients are often confused and leave the detox center in the middle of their treatment. These homes are not able to hold these patients against their will therefore if they choose to leave they are able to walk away from the treatment program at any time. Once these facilities open they start buying properties nearby to make a sharehouse for their patients. These people often relapse and start using drugs in these homes that are purchased nearby, so that patients are able to return into the treatment center and is an ongoing cycle. My previous home in Vancouver Washington was 5 houses from a drug recovery center and there were police on a weekly basis visiting the center/home. There were crimes and illegal activity taking place in the facility. People have their property stolen from people staying in the facility when they leave so they can buy more drugs.

Bottom line is that detox centers treat acute illness requiring acute medical treatment and are not safe to be around children, especially adjacent to an elementary school. This is against the Camas municipal code and therefore the city of Camas should not grant Discovery Recovery permits to open adjacent to an elementary school.

Sincerely,

Tam Vuong, MD
Legacy Salmon Creek Emergency Department Physician.
3233 NW Valley St.
Camas, WA 98607

From: Jay Chester <jaychester79@gmail.com>
Sent: Tuesday, March 30, 2021 11:45 PM
To: Sarah Fox
Cc: Laura Chester; Jay Chester
Subject: Proposed Discovery Recovery Facility at Fairgate Estate

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Ms. Fox,

I would like to express my concern for our community and especially our children's safety and wellbeing in the area with the use of the Fairgate Estate by the Discovery Recovery Co. as a drug detox facility. It is my understanding that the facility will be a "voluntary" facility where residents may come and leave at will.

Under municode 18.43.050 Criteria A is "The proposed use will not be materially detrimental to the public welfare, or injurious to the property or improvements in the vicinity of the proposed use, or in the district in which the subject property is situated."

As you know the Fairgate Estate is bordered by Dorothy Fox School to the NE and public park on the east and Harvest Community Church and Preschool on the west. Today (March 30th) I drove over to the area and saw a youth football team practicing on the Harvest property and on the Dorothy Fox Park area there were several families utilizing the park, also the park has been used as a practice field for youth soccer teams in the past. Of course there is Dorothy Fox Elementary school playground, which abuts the Fairgate Estate,

So my concern is with the residents allowed to move freely in and out of the facility there is a very good chance that the youth utilizing any of the areas around Fairgate Estate may have an unplanned or unsupervised interaction with a resident or anyone visiting the facility.

If you look at the Fairgate Estate there is very little area outside the actual building for the residents to walk or exercise. Any resident "wandering" outside the Fairgate Estate will more than likely come in close proximity to anyone using either the Harvest Community area or Dorothy Fox School playgrounds or park. Again with a high probability of an unplanned or unsupervised interaction.

I think Camas could use a drug detox/rehab facility but the facility should be located in an area that is more suited to this type of facility and use. Camas is growing fast enough that there should be a place that is better suited for the needs of residents at a detox facility.

Thank you for your consideration.

Jay Chester
2040 NW Artz Ct
Camas WA 98607

Sent: Wednesday, March 31, 2021 6:22 AM
To: Sarah Fox <SFox@cityofcamas.us>
Subject: Re: Regarding discovery recovery facility in Camas WA

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From:

Bashar Alkinj
2216 NW Sierra way
Camas, WA, 98607

Dear Mrs. Fox and city examiner,

I hope you are doing well. I am writing today in regards to the detox center named discovery recovery center at 2213 NW 23rd Avenue in Camas, next to Dorothy fox elementary. First of all, any one who is seeking to recover from substance use disorders is a patient, like any other patient, he/she does require attention and treatment. and I am in full support of that. However, we have to be careful deciding where this treatment should take place. I do not believe a center next to an elementary school, in a residential area, is the right place to do so.

I am a pulmonologist and critical care physician, I am not an expert in detoxification in any way, and my concerns raised below should not be considered an expert opinion, however, I do treat different types of withdrawal, including substances and alcohol, through my work in intensive care unit for years, I do witness severe withdrawal cases, and I know how patients with acute withdrawal could be harmful to themselves and others during those episodes

My first concern is about safety

I have deep concerns about the safety of the neighborhood and specifically the elementary school students safety if you allow the discovery Recovery center to operate as projected. This center will provide care and treatment services for individuals seeking to recover from the abuse of drugs, alcohol and other substances.

Individuals who are seeking detoxication are under risk of different and wide type of withdrawal symptoms, for example, alcohol withdrawal symptoms might include anxiety, agitation, restlessness, insomnia, tremor, diaphoresis, palpitations, headache, and alcohol craving. This might get worse and patients might have hallucination, seizure and delirium tremor. Under drug or alcohol graving, patient might request to leave the program, to the best of my knowledge, admission to such a center is voluntary, that means the detox center can not prevent patients from leaving if they decide to quit the program. They might offer them a transportation but they can not force them to do so, am I right? If any patient decides to leave on his/her own, they will be in the neighborhood, in an acute withdrawal status, just next to elementary school students. I do not believe anyone will argue that this scenario will not put our kids at risk on their way from/to the school or during playing in the school backyard. Those episodes won't happen frequently, and the detox center staff are likely to be able to handle it through an acute interventions for the majority of the incidents, however, only one accident is enough to create a disastrous outcome on one of our kids. Our kids, like all the kids, deserve a safe environment to learn, play, and create childhood memories. Please protect the safe environment for our kids.

My second concern is about terminology, is this center a Convalescent home? Do they provide an acute illness services or not?

The owners have written a letter to the neighbors to introduce themselves and their proposal, they mentioned the following: "The facility will offer in-patient sub-acute detoxification services and in-patient residential services". That means this center won't only offer inpatient residential services. They will offer detoxification services as well. They will provide services to support the needs of individuals struggling with substance abuse disorders and to treat withdrawal.

A definition of Detoxification can be found at the National Center for Biotechnology Information "Detoxification is a set of interventions aimed at managing acute intoxication and withdrawal.

Matching patients with alcohol or drug use disorders to the appropriate level of care based on their needs is critical, this is called patient placement. The American Society of Addiction Medicine (ASAM) criteria are widely used to match patients to appropriate levels of care based on a thorough clinical assessment, I did review those criteria, I could not find anything called "sub-acute". Depending on the severity of the case and the risk of withdrawal symptoms, patients will enroll in one of the following standard levels of care which include inpatient, residential, partial hospital, intensive outpatient, and outpatient care. (please see attached file for further details)

I do not agree with the term sub acute to describe the detoxification services which the Discover Recovery is advertising to provide for their patients. Those patients who get admitted to residential level require 24/7 supervision, acute interventions are needed to help with the withdrawal symptoms, and they are only one step away from the highest level as per ASAM criteria mentioned above which is the inpatient level.

If we do agree that the services provided at such a detoxification centers are in fact, "acute", the discovery recovery center does not qualify as a Convalescent Home under current zoning codes.

Please accept this letter in opposition to the detox center next to Dorothy Fox Elementary. Again, those individuals deserve the best treatment possible to get back to their societies and families after recovery but we have to be careful while choosing locations for such a treatment centers so we do not put others safety under risk. Only one incident might carry a disastrous outcome on one of our kids for the rest of his/her life. Nobody wants that.

Thank you and have a nice day

Bashar Alkinj

3/31/2021

From: Jesse Cirillo <cirjesse@gmail.com>
Sent: Wednesday, March 31, 2021 8:45 AM
To: Sarah Fox
Subject: Discover Recovery

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Sarah,

Good afternoon! I have been watching the conversation around Discover Recovery opening a treatment facility on Prune hill. What I have come to understand about the conversation is that it is focused around permits and codes. I have no real understanding of either, so I do not wish to speak to that. I would, however, like to share my personal experience with you and the Hearing commissioner to offer an alternative perspective.

I am a recovering addict and have been clean for 8 years. I have lived on Prune Hill for 20 years. I personally have attended a few different treatment facilities. From what I can tell, the main objection to the facility coming to Prune Hill is "The safety of our children".

A lot of addicts in treatment have their own kids that they have neglected and do not get to see because of their use of drugs. Seeing kids at school, may even be a motivator to continue on that path to recover. The reality is that addicts are parents, brothers, sisters, and our children. No one is exempt from the horrors of addiction.

Now if someone were to leave the facility, coming from experience, the first thing they would do is find a way out of town. They would not be interested in staying in camas to try to find drugs, especially in a suburban neighborhood. For every instance of someone leaving a treatment facility, there is a story of someone who successfully graduated and found a way to live clean and free from the use of drugs.

The safety of our children- mine included- is of the utmost importance. I do not feel that the presence of addicts seeking recovery is a threat to our kids safety. What is terrifying to me is that there seems to be this impression that we do not have drugs here in Camas. . I think this thinking is both flawed and harmful. As a community that has rallied so hard against the prospect of a treatment facility, I would argue that our community is the best type to come alongside recovering addicts and help them succeed at a new way of life.

If you questions about addiction or recovery and would like some first hand experience, you are welcome to reach out to me anytime.

Thank you for taking the time to read this,

Jesse Cirillo

From: Elsbeth Morita <elsbethmorita@gmail.com>
Sent: Wednesday, March 31, 2021 9:01 AM
To: Sarah Fox
Subject: Opposition Letter - proposed Discover Recovery Substance Abuse Treatment Facility at Fairgate Location on Prune Hill

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Dear Mrs. Fox,

We live close to Dorothy Fox Elementary school and to the proposed location for the Discover Recovery Substance Abuse treatment facility. I am writing to express our concern and opposition of this facility at that location. Section 18.43.050 A of the municipal code states that the proposed use will not be materially detrimental to the public welfare. This location is immediately adjacent to Harvest Community Church which houses a pre-school, Dorothy Fox Park and Dorothy Fox Elementary school. On the Wednesday, March 24th public hearing we heard from a person who had been a patient in a drug treatment facility. We also heard examples of police reports from incidents that occurred at the Long Beach Discover Recovery facility. And we heard from Thomas Feldman, Co-Founder of Discover Recovery regarding how situations are handled when patients chose to leave treatment against medical advice. Everything we heard from the citizen who spoke, Mr. Feldman, and the evidence shared from the Long Beach incident reports, is clear evidence that this location is not a good location for such a facility and poses safety issues for the youngest and most vulnerable members of our community, our pre-school and school age children.

My greatest concern is truly around safety. Allowing this treatment center in this location will be detrimental to the public welfare. Families will have to take added safety measures. Children will not be able to play freely outside like they do today without the worry that they might encounter a patient that has left the facility. We heard on the last call about how patients suffer while experiencing withdrawal from substance abuse and for some, the pain so intolerable they would do anything to get a fix. This may result in forced lockdowns at the school, or potentially worse. We also heard from Mr. Feldman that they cannot make a patient stay and the process he described for how Discover Recovery assists patients who chose to leave treatment was not well defined at all and indicated Discover Recovery was not responsible once patients leave their property. How can we feel safe when this is the case. How is this not detrimental to the public welfare?

I urge you to put the safety of our children as the highest priority. I know we have members of our community in need of these important services and my hope is an alternate location can be found that is not immediately adjacent to two schools and a playground.

Thank you for your consideration.

Sincerely,

Elsbeth Morita
1915 NW Sierra Way, Camas WA 98607

From: Kelly Alvord <kellyann.alvord@gmail.com>
Sent: Wednesday, March 31, 2021 9:06 AM
To: Sarah Fox
Subject: Drug Detox Center near Dorothy Fox

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Good morning,

I am writing this email to express my feelings about the proposed drug detox center near Dorothy Fox Elementary. This is my second email to you. The more I have thought about it the more concerned I have become.

I am a widow who lives alone. I chose to buy a home in the Belz Place subdivision in Camas due to the safe living conditions of the area. Also due to the positive resale of the home when it becomes necessary. I feel that the placement of the proposed detox center will jeopardize not only the neighborhood in terms of safety but also the ability to resell my home.

I have had a family member in a detox center, I know first hand what can, and does happen. The idea of this center being so close to an elementary school, not to mention my home, is terrifying to me. I have seen patients breakout when unsupervised. Telling us that patients will never be unsupervised is ridiculous. Patients that are in a detox center, usually will have mental health issues as well. This is just not the place for such a center.

Please, do not allow this to occur. There are many other locations that would be more appropriate.

Thank you for taking the time to read this.

Kelly Alvord
Belz Place

From: Sarah Yabui <splashmontana@yahoo.com>
Sent: Wednesday, March 31, 2021 9:29 AM
To: Sarah Fox
Subject: No to Drug Rehab near Dorothy Fox school

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Hi,

There are many reasons to stop the Drug rehab center from being next to do Dorothy Fox school.

According to municipal code 18.43.050

A. "Proposed use will not be materially detrimental to public welfare" - I am very concerned about the safety of my children.

They are at an age where they can walk to a friend's house by themselves or ride their bike to school. I am concerned they would not be safe doing that around this facility. There have been many police calls to their similar facility in Long Beach. People will be near the school, smoking and swearing. We had such a lovely nursing home there, the children would visit and sing songs for them. This completely changes the safety and zoning in our neighborhood. These two facilities are not the same. I had a close family member that attended rehab, at the facility he was at they had several suicides during their years in business. (We found this out later.) If people are experiencing trauma and the difficulty disease of addiction, this place puts them in a more at risk state, suicide or harm to other people can happen. Please don't allow this facility in a neighborhood and close to a school and church.

B. "Exceeds the developmental..zoning district". When it was allowed to have convalescent home, people thought it would be a nursing home. Not this type of facility. They are not using the terms/zoning as it was intended.

D "appropriate measures taken to minimize impact to the area" - this has not been met. They will have very minimal staffing and minimal medical personnel that only come on a weekly or 2x weekly basis. What happens when a patient is having trouble at night time? The police will be called. We don't want that in a neighborhood.

Please, please look to the safety of our children and don't allow this for-profit facility in a neighborhood, so close to a school.

Thank you,

Sarah Yabui
2543 Nw Cascade st
Camas, WA

[Sent from Yahoo Mail for iPhone](#)

From: Tony Tsai <tony.tsai2@gmail.com>
Sent: Wednesday, March 31, 2021 9:46 AM
To: Sarah Fox
Subject: Drug rehab

WARNING: This message originated outside the City of Camas Mail system. **DO NOT CLICK on links or open attachments** unless you recognize the sender and are expecting the content. If you are unsure, click the Phish Alert button to redirect the email for ITD review.

Sarah,

After listening to the town hall meeting, researching this history of the Long Beach facility and the issues it caused there, I realize that its also a different clientele there. That said, I realize this is focused for high end clients, but the issue of drug use still is present. Though I feel this is a good initiative and they do need the help, I strongly disagree with the location next to an elementary where 70%+ students walk to school.

I support the motion to **DENY** the permit request for this facility.

--

-Tony Tsai

From: Ward Kellogg <wardkellogg@hotmail.com>
Sent: Wednesday, March 31, 2021 10:13 AM
To: Sarah Fox
Subject: Drug Detox facility

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Hi Sarah,

Like many in my community, I find citing a drug detox facility within such close proximity to Dorothy Fox Elementary to be a poor idea.

There are literally thousands of better choices than the Fairgate facility.

Please deny the application based on proximity to the children if nothing else.

Thanks,
Ward Kellogg

From: Rui Meng <rmeng930@gmail.com>
Sent: Wednesday, March 31, 2021 10:28 AM
To: Sarah Fox
Subject: Drug detox

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Hi,

A drug detox should not be next to an elementary school.

I'm a mom of three kids, all of my kids are in Dorothy Fox Elementary school now, we really love this school and our community, but if the permit for the drug detox passed, it is not safe for my children, and may have very bad influence to them. So first I will transfer all of them to Grass Valley Elementary school, then we will move out of Camas.

Best Regards
Rui

Sent from my iPhone

From: McClanahan, Erin <Erin@Sause.com>
Sent: Wednesday, March 31, 2021 10:38 AM
To: Sarah Fox
Subject: Discover Recovery

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Good morning,

I am writing to officially voice my opposition to the Discover Recovery facility in Camas.

We moved into this neighborhood 14 years ago because Camas had the wellbeing of its community as a top priority. And we were correct in making that move!

It would be extremely disappointing to have to move out of Camas because our city lost sight of this and made a decision to allow this facility in our front yard.

Simple common sense would see that putting this facility in a neighborhood, next to a park and school is a terrible idea. It also seems to go against our very Mission Statement. Particularly "enhancing a high quality of life for all its citizens" and "preserving a healthful environment".

If the hypocrisy of allowing this facility in light of our Mission Statement has no bearing then please consider the financial impact of an exodus by citizens like myself. I have no children "burdening" the education system or "eating" up tax dollars yet I continue to pay taxes and support school bonds. With me goes this support and "additional" revenue.

Thank you for your time.

Erin

Erin McClanahan
VP, Sales & Marketing
Sause Bros.
3710 NW Front Ave
Portland, OR 97210
503-222-1811 (W)
503-956-1618 (C)
erinm@sause.com



From: Nels Walther <nelswalther@gmail.com>
Sent: Tuesday, March 30, 2021 8:59 PM
To: Sarah Fox
Subject: Proposed Discover Recovery Facility
Attachments: Discovery Recovery Center.pdf

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Hello,

Please see my attached letter in opposition to the proposed Discovery Recovery Facility at Fairgate Location. I feel this facility is inappropriate based on the following criteria

18.43.050 Criteria

- A. The proposed use will not be materially detrimental to the public welfare, or injurious to the property or improvement in the vicinity of the proposed use, or in the district in which the subject property is situated.
- D. Appropriate measures have been taken to minimize the possible adverse impacts that the proposed use may have on the area in which it is located.
- E. The proposed use is consistent with the goals and policies expressed in the comprehensive plan.

Thank you for the opportunity to participate.

Nels

Nels H. Walther
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,

Hello and thank you for taking the time to hear my concerns with the proposed location for the Discovery Recovery Facility. I support the need to have these types of facilities to serve the community. Drug addiction is a real issue our society faces. My concern with this facility is the location. This facility is being proposed directly next to a park where children play and only a block away from an elementary school. It is also directly in the middle of a residential neighborhood. This is not an appropriate location for a facility of this type. It is detrimental to the public welfare of the neighborhood and the safety of the children in the direct vicinity.

I am a healthcare provider for the Department of Veteran Affairs and a portion of my patients struggle with drug use/abuse. Across the street from my clinic (on the same campus) is the Clark County Health Building with drug addiction/rehabilitation services. Much like the proposed center, these are not lock-down facilities. As such the residents of the facilities are able to come/go and drug sales in the nearby vicinity are not uncommon. My staff, and myself, have been harassed and threatened by the residents of these programs on numerous occasions as we walk to our car at the end of the day. I have seen residents leave the facility to purchase drugs next to campus from people who prey upon these individual's addiction. I have seen the police need to be called to de-escalate situations or intervene in violent activity taking place outside of the building and around our campus as the individuals stray away. Multiple times over the last few years our facility has been put into lockdown because of one of these events

My wife and I moved here last year with our toddler son and now one-year old twin daughters from Portland, OR to live in a safer child-friendly neighborhood. This facility is not an appropriate to have in the proposed location. I understand the convenience it likely poses to Discovery Recovery (the building is already constructed, it has the correct layout, etc.). But convenience cannot and should not take precedence over what is appropriate and safe. My children play in the park next door. My children will walk past this facility, which is located only 3 blocks from my home, to get to their school. And unfortunately, I know what types of events can and will happen with a facility of this nature.

I urge you to reconsider against this proposed site. There are other areas in our county and even within Camas itself which would serve as a more appropriate site. This type of facility has no place being located within a residential neighborhood. And it especially has no place next to a playground/park and elementary school. Please imagine if this facility were located next to your home and children.

Sincerely,
Nels Walther DMD

From: Amy Pickens <amy.pickens2@gmail.com>
Sent: Wednesday, March 31, 2021 10:59 AM
To: Sarah Fox
Subject: Letter in opposition to proposed rehab facility

WARNING: This message originated outside the City of Camas Mail system. DO NOT CLICK on links or open attachments unless you recognize the sender and are expecting the content. If you are unsure, click the Phish Alert button to redirect the email for ITD review.

To Sara Fox and the City of Camas,

I am writing as a concerned parent in opposition to the rehab facility proposed by Dorothy Fox Elementary School. As a parent of two young girls that currently attend the school, I am adamantly opposed to the location of this facility and am concerned about the risk that this would cause our children and others in the surrounding community. Whether it's an interaction with a person at the facility or patients leaving the facility and wandering the neighborhood, the opportunities for our children to encounter a patient puts their safety and security at significant risk and are risks we are not willing to take.

We moved here 5 years ago because we found Camas to be such a desirable town to raise our children and we have purchased a business in Clark County. We have been very pleased with our life here, but if a rehab facility were to move into this location, that would significantly impact our sense of security in the community.

While we have empathy for those facing this challenging illness, we do not agree that a rehab facility belongs at the heart of our community, and at such significant risk to our children.

Regards,
Amy Pickens

From: RICH VARGO <richvargo@comcast.net>
Sent: Wednesday, March 31, 2021 11:55 AM
To: Sarah Fox
Subject: Discover Recovery (File No. CUP21-01)

WARNING: This message originated outside the City of Camas Mail system. DO NOT CLICK on links or open attachments unless you recognize the sender and are expecting the content. If you are unsure, click the Phish Alert button to redirect the email for ITD review.

Good Morning Sarah,

Our family moved into our home on SE 23rd Ave (see address below) almost 15 years ago and one of the primary attractors to this home was it's proximity to the Dorothy Fox Park as our son who is special needs loves to be outdoors as much as he can "shooting hoops" and the park has a prime place for him to do this. When the park is not an option, he will utilize the basketball area that is near the volleyball courts at Harvest Community Church. He spends no less than 5 hours a week at one of these locations and as the weather improves each spring/summer the number of hours he plays increases to at least 10 hours a week if not more. He also utilizes the church parking lot to ride his bike (another form of exertion exercise that helps him manage his disability), and today my wife and I do not think twice about him being by himself playing at the church or with his younger sister at the park.

In reviewing the code for the conditional use permit Discovery Recovery is asking for, the criteria that glaringly stands out to our family is the statement of "The proposed use will not be **materially detrimental** to the public welfare, or injurious to the property or improvements in the in the vicinity of the proposed use, or in the district in which the subject property is situated:

If the city approves the Discovery Recovery's permit, this decision will have a direct and adverse impact on our family (and many other families) use and enjoyment of the public park as place for young children and families to enjoy the outdoor area that is right here in our own neighborhood. In addition to the city park, the church basketball hoop will also become a place that our son will not be able to enjoy the use of as this is actually closer in proximity to the Discovery Recovery area that they plan to use for "recreation area".

I appreciate you taking the time to hear the concerns of the community and look forward to hearing your decision.

Sincerely,

Rich Vargo
2422 NW 23rd Ave
Camas, WA 98607
503-781-7397

From: Andrea McNickle <andreamcnickle6@gmail.com>
Sent: Wednesday, March 31, 2021 12:04 PM
To: Sarah Fox
Subject: Drug rehab center

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Good Morning,

Just wanted to send you an email regarding the decision on the proposed drug rehab center that could go in on Prune Hill right next to Dorothy Fox.

I am extremely concerned that there will be an increase in crime at the Dorothy Fox park. I am terrified of the patients interacting with my kids when they are playing at the park or on their way to or from school as we have to walk right by the facility. I am also very concerned about lock downs at the school. I think that with covid our educators have had enough issues without them having to deal with lockdowns because there is a drug rehab center next to the school.

I hope that the permit is denied and Camas decides to keep its children safe.

Andrea McNickle
Sent from my iPhone

From: Lin Kellogg <linlukellogg@gmail.com>
Sent: Wednesday, March 31, 2021 12:34 PM
To: Sarah Fox
Subject: Drug Detox/Rehab Center

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Dear Sarah,

My name is Lin Kellogg and I live on NW 26th Ave. & Astor in Camas.

My family & I have lived here for just over 22 years now. It's a fantastic neighborhood & very safe.

We are so fortunate to have both our daughters start and finish school in Camas.

Because we live so close to Dorothy Fox Elementary, our girls were able to walk to school once they were old enough to walk themselves.

Upon hearing that a drug/rehab center is going to be near us, I was not happy about it.

We feel bad for our neighbors/friends who have elementary kids close by this center. I wouldn't feel safe for them.

Please consider NOT to approve this center for our neighborhood!!!!

Thanks for your time!!!

Sincerely,

Lin Kellogg
360-921-3300

From: Elliot Esch <esch0035@gmail.com>
Sent: Wednesday, March 31, 2021 12:53 PM
To: Sarah Fox
Cc: brenna.lindsay@yahoo.com
Subject: Opposition to Discovery Recovery detox

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Hi Sarah,

I am submitting the below on behalf of my wife, Brenna Esch. Please provide to the Examiner for consideration with his decision on Discovery Recovery Detox being considered a convalescent home.

Thank you,

Elliot Esch

From: Brenna Lindsay <brenna.lindsay@yahoo.com>
Date: March 29, 2021 at 4:06:38 PM PDT
To: Brenna Esch <BRENNA.LINDSAY@yahoo.com>
Subject: detox

Hi, my name is Brenna Esch. I am opposed to the proposed treatment facility that will be located adjacent to Dorothy Fox elementary. I am a Speech-Language Pathologist who worked in skilled nursing facilities. I am concerned with the facility considering themselves a convalescent home.

The City of Camas defines convalescent home as "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."

Discovery Recovery has stated that they will be running a Medical Detox Program out of Fairgate Estate. According to The Washington Circle Group (WCG), the definition of detoxification is "a medical intervention that manages an individual safely through the process of acute withdrawal." (<http://www.ncbi.nlm.nih.gov/books/NBK64119/>) It is important to note that withdrawal symptoms are ACUTE. According to [Addictioncenters.org](http://www.addictioncenters.org), "The first stage of detox, acute withdrawal, is primarily physical withdrawal symptoms that can last from a few days and up to two weeks. Acute withdrawal symptoms are the immediate or initial withdrawal symptoms that occur upon sudden cessation or rapid reduction of these substances, including alcohol." (<http://www.addictioncenter.com/treatment/post-acute-withdrawal-syndrome-paws/>) Acute conditions, according to [Medlineplus.com](http://medlineplus.gov/ency/imagepages/18126.htm), are "severe and sudden onset." (<http://medlineplus.gov/ency/imagepages/18126.htm>) Alcohol withdrawal symptoms can begin within hours after immediate disuse, as well as opioids. Benzodiazepine withdrawal symptoms can begin rapidly, all according to [Footprintsrecovery.com](http://footprintsrecovery.com) (<http://footprintsrecovery.com/withdrawal-effects-length-factors/>). According to several

sources, including other drug rehabilitation/detox facilities, drug withdrawal symptoms are classified as ACUTE.

Americanadditioncenters.org

Caron.org

footprintstorecovery.com

teenchallengeusa.org

The applicants will be treating patients presenting with ACUTE symptoms that are a result of a chronic illness. Due to this fact that they will be treating acute episodes, the program they are proposing does not fit the Camas definition of convalescent home, which again 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." The applicants are proposing a Drug Detox Center, which is NOT a convalescent home.

From: jamie viengkham <jviengkham@yahoo.com>
Sent: Wednesday, March 31, 2021 1:05 PM
To: Sarah Fox
Subject: CUP for Discovery Recovery Detox

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To: Hearing Examiner,

The Discovery Recovery Detox conditional use permit should not be approved. The facility has no standard or protocol in place to alert the school & police if one of their patients should leave the facility against medical advice during schools hours. They are not even required to alert the police as has demonstrated with their Long Beach facility. A Staffer called the police, so they could just keep an eye out for a mentally unstable client. Unacceptable. This type of facility without strict guidelines around patient release or patience leaving against medical advice would be a detriment to the adjacent elementary school & the residents surrounding it. The city only required Discovery Recovery Detox to contact the homes within 300' of them, that is an embarrassment as it will clearly affect many residents beyond that 300'.

Outside of school hours, there are many children by themselves & families walking through the front driveway of that facility, at the adjacent church, & directly across the street. Kids ride their bikes at the adjacent church parking lot, teenagers are also playing volleyball there on many evenings. Myself & 2 young children have walked through the facilities front & side driveway many of times on our evening walks. There have been no measure taken to protect them from or keep them distanced from the Detox facility. No one will take their kids Harvest Church & let them play on their own playground & volleyball courts any more. Patients of the facility will be in the courtyard of their property, smoking, talking, whatever. There is nothing to buffer the kids at the park or at the church from hearing profanity & more than likely an excessive amount of smoke. This will have an adverse & damaging impact on anyone walking or playing near by. Reading the police & sheriff's log & complaint letters from their Long Beach neighbors, these owners took 2 years to put up a fence. That is not working with your community.

We moved here because of the wonderful schools & the family oriented community. Our kids walk & ride freely to the park & to friend's homes close by now but this will all change if the Discovery Recovery Detox center begins operation. Unfortunately we'll have to make a change as well & likely move from here, a neighborhood that we love.

Thank you for your time,

Jamie Kobrzycki
Parent to a 2nd & 5th grader at Dorothy Fox
2242 NW Tanner St.
Camas, Wa 98607

From: Janis Williams <jdub98607@icloud.com>
Sent: Wednesday, March 31, 2021 1:07 PM
To: Sarah Fox
Subject: Letter of Opposition on Proposed Drug Detox Rehab Ctr near Dorothy Fox

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Clark County Hearing Examiner –

Please deny the permit request to the proposed utilization of Fairgate Estate as a for-profit detox/rehab center. I am concerned for the safety and wellbeing of my family. My teenage daughter walks our dog in front of that location and surrounding areas every day. I am terrified of patients leaving the facility and entering my neighborhood.

My concern ties to code 18.43.050 section A: the proposed use will not be materially detrimental to the public welfare, or injurious to the property or improvements in the vicinity of the proposed use, or in the district in which the subject property is situated.

Sincerely,
Janis Williams
2309 NW 22nd Ave
Camas, WA 98607

From: Elliot Esch <esch0035@gmail.com>
Sent: Wednesday, March 31, 2021 1:23 PM
To: Sarah Fox
Subject: Fwd: Discovery Recovery

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Hi Sarah,

Please submit the below testimony as part of the greater camas community evidence that the security threats realized at the Discovery Recovery Long Beach location are valid.

Mr. Examiner,

My name is Elliot Esch I live at 1525 NW 34th Ave. Camas, 98607. I am an MBA graduate from the University of St. Thomas an accredited brick and mortar institution in Minneapolis and St. Paul, Minnesota. I am an expert in business operations and I currently advise small business owners across over 100 different American cities. All of the owners I work with operate multiple locations in multiple cities. I am submitting to you expert testimony to validate the safety threat that Discovery Recovery Rehab poses to the residential Camas community based on the previously submitted examples (which the greater Camas community has provided) of threats realized at the Long Beach location. I think more than enough evidence has been presented proving that Discovery Recovery is not a convalescent home, however the information below will validate the security threat to the community.

Owner-operators of business are responsible for managing many different aspects of their businesses. This includes but is not limited to; purchasing the location, equipment, and relevant supplies necessary to operate a business. It also includes managing their staff, outlining policy and procedures, and providing training within the guidelines of their industry training criteria. Most importantly the owner-operators are responsible for building a culture among their staff and businesses.

Labor is the largest expense for any business and is the biggest factor in affecting the bottom line profit. Managing labor is among one of, if not the, most difficult tasks any business has across all industries. Like all operators, guaranteeing any certain amount of labor at all times is a promise that will never be completely fulfilled. The only way this can be guaranteed is if there is governmental intervention and/or regulations with sufficient oversight. Right now there is very little in the detoxification business, let alone any guaranteed oversight (other than themselves) of the proposed detox facility in their application. That being said it is important to note that employees get sick, hurt, forget about their shifts, and have unexpected life events. Discovery Recovery is committing to the city that it will have on site at least 2 trained staff at all times. While they might see this as a great commitment and possibly written in their policy and procedures, it is a very light amount of staff to deal with 15 people going through detoxification. Not only is it a light amount of people it is also a commitment that cannot be guaranteed to be fulfilled. In a facility that is dealing with acute reactions to drug detoxification, the risk that is posed to the surrounding residential community when the facility is not properly staffed is far to great to allow. I can attest to the fact that when labor is stretched thin, mistakes happen. In a community with a preschool and an elementary school immediately next door to a detox facility, that risk is far to great to take. Like their Long Beach location has exhibited, there will be significant threats to the community and most importantly, the children nearby.

I can testify that all the owner-operators I have exposure to in my career (many hundreds) have issues that are consistent in nature across all their specific locations and all the different cities they operate in. The culture that is built within a company, the objectives of that company, the specific training consistent across organizations, and the way resources are managed by the owners prove this to be the case. Due to these facts all of the

evidence of threats which have been presented by the community members to you showing safety issues in the Discovery Recovery Long Beach location, will inevitably make their way into the Camas residential community. I, as an expert in this field, can testify to these points.

Thank you for considering these very important points.

From: jamie viengkham <jviengkham@yahoo.com>

Sent: Wednesday, March 31, 2021 1:15 PM

To: Ellen Burton; Bonnie Carter; Don Chaney; Greg Anderson; Steve Hogan; Shannon Roberts; Melissa Smith

Cc: Ross Kob

Subject: Discovery Recovery Detox conditional use permit

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Dear City Council men & women,

I understand that the city can not comment until after the hearing examiner's decision.

The Discovery Recovery Detox conditional use permit should not be approved. The facility has no standard or protocol in place to alert the school & police if one of their patients should leave the facility against medical advice during schools hours. They are not even required to alert the police as demonstrated with their Long Beach facility. A staffer called the police, so they could just keep an eye out for a mentally unstable client. Unacceptable. This type of facility without strict guidelines around patient release or patience leaving against medical advice would be a detriment to the adjacent elementary school & the residents surrounding it. The city only required Discovery Recovery Detox to contact the homes within 300' of them, that is an embarrassment as it will clearly affect many residents beyond that 300'.

Please take the time & read all the police & sheriff's log about their other facility. Addiction & the rehab of addiction is not pretty & we are setting up our kids for a front row seat.

2 years ago the kids at Dorothy Fox had to go on a lock down because there was a carjacker on the loose on Prune Hill. With a Detox center becoming their neighbor, Dorothy Fox kids are going to see many many more lockdown activities. It's not a drill this time kids. This is heartbreaking.

Outside of school hours, there are many children by themselves & families walking through the front driveway of that facility, at the adjacent church, & directly across the street. Kids ride their bikes at the adjacent church parking lot, teenagers are also playing volleyball there on many evenings. Myself & 2 young children have walked through the facilities front & side driveway many of times on our evening walks. There have been no measure taken to protect them from or keep them distanced from the Detox facility. No one will take their kids Harvest Church & let them play on their own playground & volleyball courts any more. Patients of the facility will be in the courtyard of their property, smoking, talking, whatever. There is nothing to buffer the kids at the park or at the church from hearing profanity & more than likely an excessive amount of smoke. This will have an adverse & damaging impact on anyone walking or playing near by. Reading the police & sheriff's log & complaint letters from their Long Beach neighbors, these owners took 2 years to put up a fence. That is not working with your community.

We moved here because of the wonderful schools & the family oriented community. Our kids walk & ride freely to the park & to friend's homes close by now but this will all change if the Discovery Recovery Detox center begins operation. Unfortunately we'll have to make a change as well & likely move from here, a neighborhood that we love.

Thank you for your time,

Jamie & Ross Kobrzycki
Parents to a 2nd & 5th grader at Dorothy Fox
2242 NW Tanner St.
Camas, Wa 98607

From: Zpeedy Z <zpeedyz@gmail.com>
Sent: Wednesday, March 31, 2021 1:36 PM
To: Sarah Fox
Subject: RE: Discovery Recovery permit at Fairgate

WARNING: This message originated outside the City of Camas Mail system. DO NOT CLICK on links or open attachments unless you recognize the sender and are expecting the content. If you are unsure, click the Phish Alert button to redirect the email for ITD review.

To whom it may concern,

My name is Matthew Lass, and I moved to Camas in late 2018 to be able to provide a safe community for my young children to grow up in, along with the opportunity to attend a highly rated elementary school that we can walk to. I strongly feel that my and my fellow community members' concerns about the Discovery Recovery facility that is proposed at the Fairgate location is a valid enough reason to decline the request to open a drug detoxification center immediately adjacent to a park for young children, and an elementary school next to that. I believe nearly everyone can see the benefits that a facility like this provides, but the location next to a park and school is among one of the worst possible locations I can imagine.

While there are many concerns about the Discovery Recovery facility in its proposed location, ultimately safety is the largest and most important. Given the examples of situations that have occurred at another Discovery Recovery facility and inaction or poor response by staff, there is no reason not to believe that similar situations would arise at this facility, if not worse. The severity of the historical examples recurring at this proposed this would be immeasurably worse due to the proximity to many children at all times of the year. If the Discovery Recovery facility is approved for the proposed location, I know that I will immediately stop allowing my children to walk to school or play at the park adjacent to the facility, which are two of the main features that attracted me to my current home. I would probably seek to leave the community, as much of the attractiveness will have been lost by this drug rehabilitation facility ruining the very features I moved here for.

Regarding code section 18.43.050 - Criteria A: I firmly believe that the proposed use will be materially detrimental to the public welfare, while only specifically beneficial to Discovery Recovery. The material damage will be in just that, our welfare. It will be affected by recovering drug users not following facility guidelines and leaving the site, and with only homes, a park, a church, and an elementary school in the immediate vicinity, one or more people in one or more of those locations will be negatively impacted by any interaction. A person attending the facility for rehabilitation is not supposed to leave, but decides to leave anyway is no longer acting in their best interest, and may behave in ways that are mentally or physically detrimental to any community member in the area, again with many children possibly around. I cannot think that anyone in good conscience would think that a drug rehabilitation facility immediately next to a school, park, and church would not have some negative affect on people and the community as a whole.

Regarding code section 18.43.050 - Criteria D: It appears that without strict enforcement or a secured perimeter fence, Discovery Recovery will not be in compliance with this criteria. The criteria states, "Appropriate measures have been taken to minimize the possible adverse impacts that the proposed use may have on the area in which it is located," but it appears that no measures are actually in place to address, let alone minimize, adverse impacts to the area. While a fence or strict enforcement against clients leaving the facility, may reduce the impact, it will not completely alleviate it, nor would I consider it 'minimized,' as a fence does not prevent interactions with the people attending the facility and any community members, especially inquisitive children.

Thank you for taking the time to hear the combined voice of the community, which I hope holds a lot of weight in decisions made regarding community safety.

Matthew Lass

From: Craig Yabui <craig.yabui@gmail.com>
Sent: Wednesday, March 31, 2021 2:22 PM
To: Sarah Fox
Subject: Discover Recovery -- Objection

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Dear Ms. Fox:

I write to object to Discover Recovery's application to locate its facility next to Dorothy Fox Elementary School. Locating this facility adjacent to an elementary school in the middle of a residential neighborhood, in a community that quite frankly enjoys its current economic prosperity based on its schools and image as family-friendly, is unimaginable. This facility belongs in a proper setting closer to ancillary services such as medical treatment and other services that will help Discover Recovery's residents in their recovery.

Please deny Discover Recovery's application.

Craig Yabui

From: jamie viengkham <jviengkham@yahoo.com>
Sent: Wednesday, March 31, 2021 1:09 PM
To: Barry McDonnell <BMcDonnell@cityofcamas.us>
Subject: Discovery Recovery Detox conditional use permit should not be approved

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Dear Mayor McDonnell,

I hope you can take action & make a stand against this Drug Detox going into a property adjacent to an elementary school. I understand that the city can not comment until after the hearing examiner's decision.

The Discovery Recovery Detox conditional use permit should not be approved. The facility has no standard or protocol in place to alert the school & police if one of their patients should leave the facility against medical advice during schools hours. They are not even required to alert the police as has demonstrated with their Long Beach facility. A Staffer called the police, so they could just keep an eye out for a mentally unstable client. Unacceptable. This type of facility without strict guidelines around patient release or patience leaving against medical advice would be a detriment to the adjacent elementary school & the residents surrounding it. The city only required Discovery Recovery Detox to contact the homes within 300' of them, that is an embarrassment as it will clearly affect many residents beyond that 300'. Please take the time & read all the police & sherriff's log about their other facility, it's not pretty.

Outside of school hours, there are many children by themselves & families walking through the front driveway of that facility, at the adjacent church, & directly across the street. Kids ride their bikes at the adjacent church parking log, teenagers are also playing volleyball there on many evenings. Myself & 2 young children have walked through the facilities front & side driveway many of times on our evening walks. There have been no measure taken to protect them from or keep them distanced from the Detox facility. No one will take their kids Harvest Church & let them play on their own playground & volleyball courts any more. Patients of the facility will be in the courtyard of their property, smoking, talking, whatever. There is nothing to buffer the kids at the park or at the church from hearing profanity & more than likely an excessive amount of smoke. This will have an adverse & damaging impact on anyone walking or playing near by. Reading the police & sheriff's log & complaint letters from their Long Beach neighbors, these owners took 2 years to put up a fence. That is not working with your community.

We moved here because of the wonderful schools & the family oriented community. Our kids walk & ride freely to the park & to friend's homes close by now but this will all change if the Discovery Recovery Detox center begins operation. Unfortunately we'll have to make a change as well & likely move from here, a neighborhood that we love.

Thank you for your time,

Jamie & Ross Kobrzycki
Parents to a 2nd & 5th grader at Dorothy Fox
2242 NW Tanner St.
Camas, Wa 98607

From: Peter Lu <peterlu@gmail.com>
Sent: Wednesday, March 31, 2021 2:45 PM
To: Sarah Fox
Subject: Comments on Discover Recovery

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Please direct this to the Hearing Examiner who would be considering this application.

Again, I would like to strongly state that this should not be moving forward based on the following reasons:

First of all, per the Camas code 18.55.100: "The applicant has the burden of demonstrating, with evidence, that all applicable approval criteria are or can be met."

-also-

"the applicant is responsible for the completeness and accuracy of the application and all of the supporting documentation"

The burden of proof or demonstration is not from the neighbors, it's on the applicants.

The proposed use will not be **materially detrimental** to the **public welfare**, or injurious to the property or improvements in the vicinity of the proposed use, or in the district in which the subject property is situated;

Again, this is the most key point where it is materially detrimental to the public welfare and public interest. With over [1.4k+ people against](#) the initiative and highly concerned about the welfare of their family, their livelihood, and their neighborhood, even though this is not a popularity contest, by the very definition of public welfare, it simply creates critical concerns for the neighborhood and for the city.

As to their lawyer's comment constantly talking about how the concerns are **speculative**, the evidence [offered](#) from the police/sheriff's logs, in addition to the WA State Department of Health Complaints summaries, all are concrete evidence which have been obtained through public requests. These are not speculative, they are real and recent, and the track record of Discover Recovery.

And any examples of these concrete events, when happened in this location, would have caused the school to go to lockdown, police/firefighting resources being called, and neighborhood extremely concerned for their overall safety (hence material detrimental to the public welfare).

Lastly, as you have seen in your question to Discover Recovery of where they would drive the patient to if they are voluntary and want to leave and have no one to pick them up during the hearing, that their non-answer of 'it depends' means that they don't have any processes and consideration in place (not even one single place was provided). And this is shown very much from the police record that people are just left to their own and out in the community which causes serious neighborhood safety risk and concerns.

Thanks,
Peter

From: Tim Stephenson <tds3230@gmail.com>
Sent: Wednesday, March 31, 2021 2:46 PM
To: Sarah Fox
Subject: Drug Detox/Rehab Center on 23rd Ave.

WARNING: This message originated outside the City of Camas Mail system. DO NOT CLICK on links or open attachments unless you recognize the sender and are expecting the content. If you are unsure, click the Phish Alert button to redirect the email for ITD review.

Dear Ms. Fox,

As a resident of Camas that is directly across the street on Astor Street from Harvest Community Church and looks out onto the proposed drug rehabilitation center I have many concerns.

This type of conditional use permit for the property is not in keeping with the original building permit as a residential home and/or the permit that was granted when the home was converted into an ambulatory care facility for the elderly.

As you are aware, the area is an extremely robust family friendly neighborhood where children are allowed to move freely in relative safety. The park immediately adjacent to the proposed site is busy whenever weather permits with children and families of all ages, and the traffic to and from Dorothy Fox Elementary bring additional youth into the area.

Walking by this property almost daily, the residents in the senior care facility were rarely if ever seen and never presented any challenges to the neighborhoods...there was little traffic generated and the family members of the residents were always friendly & polite. The care facility was also well maintained and continued to look like a large residence. Only the sign in front indicated it was something other than a personal home.

This type of treatment center does absolutely nothing to enhance the area and becomes a negative for people thinking about relocating in the surrounding areas with families. Because of this, property values in the area will be adversely affected.

I also worry because of the close proximity to our home of the type of traffic that will be created both from their customers/clientes, and those that might be drawn to the facility for various reasons.

There are no commercial businesses in this area...you literally have to drive down the hill to Camas or over to 192nd to find activity where this type of permit would be more appropriate. The only exceptions are the Shell Station and Summit Animal Clinic on 28th Ave.

This type of facility, if needed in the Camas area at all, is much better served in a more commercial area, away from family/child areas, and better supported by retail options.

I hope that you will consider the wishes of those that will be the most affected by your decision and respectfully decline the requested conditional use permit request.

--

Sincerely,
Tim Stephenson
2335 NW Astor St.
Camas, WA 98607

--

Best wishes,
Tim

From: Bryce Davidson <bdauidson@gmail.com>
Sent: Wednesday, March 31, 2021 2:55 PM
To: Sarah Fox
Subject: Objection to Discovery Recovery - this is not consistent with 18.43.050 Criteria

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Hello Hearing Examiner and Sarah,

As a parent, a resident of Camas and living 4 blocks from the proposed site of Discovery Recovery we know this usage of the property is not consistent with the core of our city and the intended use for the site. I know that the nature of the voluntary rehab facility means that residents can walk out at any moment against guidance and they will be left in the middle of our neighborhood. There is no public transportation or readily available taxi service. The proximity to the school (less than 1,000 ft) is the major issue. The inability to restrict patients will mean they can walk into the community and possible school grounds at anytime. This will disrupt the elementary students learning, cause the school to go into lock-down or worse a drug seeking resident could harm adults or children as they are walking home from school. While Discovery Recovery has stated they will try and not admit patients with sexual convictions they do not have a choice if the law/court requires the admission of a patient. The applicant already acknowledged that they currently admit court ordered patients and will continue to do so. When this occurs there will be a sexual predator living within 1,000 ft of the school. This situation will be "materially detrimental to the public welfare" of our most vulnerable elementary school students.

I have further called a Deputy Chief of the Long Beach Police Department (responding Police to current Discovery Recovery location) and was told the department gets calls from local residents complaining about Discovery Recovery patients walking out against medical advice and passing out in benches, in front yards and wandering the streets causing a public nuisance. There was one a few months ago. The proposed facility is located on a busy street and semi-conscious patients could be a danger to themselves as they could be hit by cars or are most likely to harass elementary school students on the way to home or to school. There is not a good buffer from traffic and kids. This site was never intended to have detox patients.

This proposed use of the facility was never intended to be a detox facility. There is an error in the city code for the location and it was never updated. Current city council members will be working to update the code once this case has been heard and closed. The city knows there was an untended error and there is for profit business trying to exploit the community. There is an out of town for-profit business trying to place money ahead of public welfare. Placing this facility at this location is materially detrimental to the public welfare and will injure children through trauma, possible violence, and would harm the future of this community.

A drug detox facility is not consistent with the goals and policies expressed in the comprehensive plan as alleged by Discovery Recovery. The future planning of the community does not include short-term rehab stays for out of town residents but the community plan is focused on long term senior residents. Please do not confuse the need for long term elder care facilities with court ordered drug or sexual felons staying within 1,000 feet of a school. There is a major difference.

Furthermore there will be additional burden placed on the Camas fire and police department responding to the Rehab patients. It was already submitted to the record about the increased volume of emergency calls to respond at the Discovery Rehab in Long Beach and other similar rehab facilities in SW Washington. We heard from a first responder on the hearing call. The proposed facility will place an unfunded bourden on the city resources for emergency responders. This means that policy or fire might be responding to a drug rehab issue instead of responding to another need of the community (house fire or traffic accident). Who should live and who should die; that is not a choice we should place on our first responders when they get conflicting calls for emergency resources. The appliclicant did not include how they are going to fund this additional burden placed on the community. This additional unfunded burden placed on fire and policy are "materially detrimental to the public welfare."

Thank you for your time and I hope you will consider this issue carefully as if you approve the applicant you will forever alter the community around the Dorothy Fox Elementary forever and not in a positive way. Please take care of us and our children that attend Dorothy Fox Elementary.

- Bryce Davidson

1814 NW 21st Ct

Camas WA 98607

From: Corrine Lowder <clowder22@gmail.com>
Sent: Wednesday, March 31, 2021 3:01 PM
To: Sarah Fox

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City of Camas ,

Per code of ordinances listed below , section A, we have great concerns related to the proposed treatment facility to be placed next to Dorothy Fox. As parents , and residents, who live within blocks of this proposed facility we have safety concerns for our children and the community as a whole .As a nurse , I understand how important these facilities are to patients suffering from drug addiction. Working in the medical field I also understand how deeply drugs effect these patients both physically and mentally. Detoxing from these drugs shock both the body and brain , and cause many disturbing lingering side effects. Patients recovering from drug addiction face a multitude of challenges and set backs . According to the National Institute on Drug Abuse (NIDA) , Medically, addiction is known to be a “chronic, relapsing disease” . According to a study published in 2000, relapse rates for addiction in the first year after stopping are between 40 and 60 percent.Many people addicted to drugs never win the battle against addiction. This is what I fear may impact our neighborhood. For example, a patient who chooses to leave on their own accord and exits the facility (as they have at the Long Beach location, could interact with neighborhood children or break into homes looking for medications or money). It can’t always be controlled, and the facility spokesperson are trying to tell us that it will. Police records indicate otherwise. Our community , children especially , deserve a safe place to call home. Please take extra consideration to all concerns that have been addressed related to this proposal .

18.43.050 - Criteria.

The hearings examiner shall be guided by all of the following criteria in granting or denying a conditional use permit:

A.

The proposed use will not be materially detrimental to the public welfare, or injurious to the property or improvements in the vicinity of the proposed use, or in the district in which the subject property is situated;

Regards,

Chris and Corrine Lowder
1472 Rolling Hills Dr
Camas WA 98607

--

Corrine Lowder

From: Yan Ni <tyintern@comcast.net>
Sent: Wednesday, March 31, 2021 3:05 PM
To: Sarah Fox
Subject: No drug rehab in Camas!!!

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To whom it may concern,

As a long time residence of Camas I strongly oppose the proposal to allow the drug rehab operating by Dorothy Fox elementary. Placing such business at this setting will result in a bad outcome.

Sincerely yours,
Yan Ni

Sent from my iPhone

From: WJ Gustafson <emailstuff88@gmail.com>
Sent: Wednesday, March 31, 2021 3:36 PM
To: Sarah Fox
Subject: Opposition of Discover Recovery facility by Dorothy Fox grade school

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Ms Fox,

I'm writing today to protest the placement of a drug rehab center in the center of the Prune Hill neighborhood, next door to a grade school. While a drug rehab center provides a necessary and vital function, there's no way to control the activities outside the walls. Having the Discover Recovery center in the middle of a neighborhood and next door to a grade school puts the community members at risk, especially the most vulnerable. Those receiving care within the center are more likely to have friends and family sympathetic to drug usage, may use themselves, and may participate in illegal activities like the selling of drugs, prostitution and theft. These behaviors would require additional policing and would have a detrimental impact on the value of homes in the neighborhood. I've personally lived in a community where I had to check the yard for used condoms and needles before letting my child outside to play. I moved to Prune Hill to get away from that experience and I don't want my neighbors to have that experience either.

Please close the door to the creation of this facility.

Thank you for your consideration of this request.

Sincerely,

Wronda Gustafson

Prune Hill, Camas

503-754-8444

From: Ian McNickle <ianmcnickle@gmail.com>
Sent: Wednesday, March 31, 2021 3:36 PM
To: Sarah Fox; Ian McNickle
Subject: Drug Detox center in Camas

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Hi Sarah,

I'm writing to express my serious concerns about the proposed Drug Detox / Rehab Center next to Dorothy Fox Elementary.

I have two children currently attending Dorothy Fox, and we walk right by this facility twice a day going to and from school. Plus children regularly play on the playground right next to this facility. I am very concerned about the safety of my kids and all of the other kids currently attending the school (as well as future students). These types of facilities will host a rotating roster of people with a high potential to cause problems in the nearby community. This has been the case with their other facility in Long Beach, WA. We do not want the same problems in the middle of a residential area, right next door to an elementary school. This is such an unbelievably bad idea I cannot even believe the City of Camas is considering it.

If their patients leave the facility without supervision which will happen it creates a potentially dangerous situation for the Dorothy Fox students and the surrounding neighborhoods like the one where I live.

I strongly urge the City of Camas to reject this proposed use and find a more suitable business to take its place.

Thank you.

Ian McNickle

2109 NW Beauchamp Ct, Camas, WA

From: Nissa Buchanan <nursenissa@live.com>
Sent: Wednesday, March 31, 2021 3:58 PM
To: Sarah Fox
Subject: Detox Center

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Hello,

I am writing on behalf of my immediate family, as well as my Camas and Dorothy Fox family, to urge the City of Camas to deny a change of use permit to the incoming detox center located at the existing Fairgate Estate. I am a registered nurse, currently working in the emergency department in our community. I have very strong feelings about a drug and/or alcohol detoxification center being located near an elementary school. I love my job and perform it consistently without bias. However, caring for those who are attempting to recover from substance abuse can be a very demanding task. These patients are often altered, angry, anxious, restless and can be physically and verbally assaultive. Their behavior can change quickly and without warning. Attempts to elope are common. Patients in this condition typically have co-existing mental health disorders that can increase their risk for unpredictable and violent behavior. Frequent police and medic activity should be expected at this location as well. I would love to see more centers and options for mental health and substance abuse recovery, but this is not the location to provide those services.

I hope my insight is helpful when you are considering this important decision. Please feel free to reach out with any questions. Thank you for your time, and for everything you do for our community.

Best Regards,
Nissa Buchanan

Sent from my iPhone

From: yuanyuan shen <yuanyuanshen82@gmail.com>
Sent: Wednesday, March 31, 2021 4:15 PM
To: Sarah Fox
Subject: Concerns about Rehab Detox facility next to Dorothy Fox elementary school

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Dear Mrs. Fox,

First of all, I'd like to express my support on helping people who have drug or alcohol addiction and thanks for the effort Discover Recovery made on **"has taken measures to address potential concerns and to minimize possible negative impacts on neighbors,"**

Here I'd like to list out several facts:

1. **Kids age at Dorothy Fox elementary school is from 5 to 12 years old, who need guardians with them all the time, because they're curious about everything and haven't built full ability to judge right or wrong, because they're too young to protect themselves from violence, especially for younger kids.**
2. **High drug abuse rate next to young kids.** Recent estimates from clinical treatment studies suggest that more than two-thirds of individuals relapse within weeks to months of initiating treatment source from the National Institute of Health (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3674771/>)
3. **Potential high violence rate next to young kids.** Drug and alcohol use are both linked to violence. Substance-related violent crime represents an enormous burden on society with the economic toll of violent crimes involving alcohol and drugs estimated to be more than 120 billion dollars per year in the United States alone. Source from American Psychological Association (<https://psycnet.apa.org/fulltext/2017-15654-001.html>)

I appreciated the actions Discover Recovery would take "including prohibiting residents from leaving the facility without a pre-approved, scheduled outing; not allowing family or friends of residents to visit the facility; installing cameras throughout the facility and monitoring those cameras "24 hours a day"." **Those words from them also confirmed that the negative impacts are possible. However, is there any measure on the welfare of this young group? Is there a measure on the impact to young kids by considering the age, the density in a school if a negative case happened?**

Your words (You don't have to be 100 percent of everything) encourages me when I am balancing work and life and criticizing myself. I won't be a perfect mom, however, it's not acceptable to put young kids in a risk environment even it's just possible. Parents' responsibility is to protect their kids which are required by social morality and law. Can teachers keep a close look at every kid when they're playing outside of the classroom? Who they would contact if I am just 2 minutes late when they're released from class? Anxiety brought by thinking about my kids when they're at school will be a huge impact on our work and life. We need help and support as well.

As a Mom, could you please reconsider the location of this rehab when thinking about young kids' welfare? **Is this location a "have-to"? Is there any good reason for us to take the chance of negative impacts on our next generation?**

This is Not a no to people who has an addiction problem, we understand they're human being impacted by drug or alcohol, they need help. **All we're asking is to pick another location.**

Sincerely,
Yuanyuan Shen

From: Jennifer Hanson <jen.anne.hanson@gmail.com>
Sent: Wednesday, March 31, 2021 4:00 PM
To: Sarah Fox
Subject: Incorrect information provided in "Narrative in Support of the Conditional Use Application" submitted by Discover Recovery

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For the record, amount of parking spaces at 2213 NW 23rd Ave Camas, WA is stated incorrectly on "Narrative in Support of the Conditional Use Application" No. PA20-48 on pages 6 and 7 as 75 parking spaces.

Jennifer Hanson
2167 NW 22nd Ave

From: Heather Gulling <heathergullingdesign@outlook.com>
Sent: Wednesday, March 31, 2021 2:13 PM
To: Sarah Fox
Subject: letter and supporting materials for Discover Recovery packet
Attachments: HearingsExaminerLetterMarch31.docx; DR911Calls.pdf; DRAudio911.zip

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Hello Ms. Fox - please find my letter and supporting materials for the Discover Recovery CUP.

Please confirm receipt.

Heather Gulling Design
941-586-1235

The following are links to audio files that were submitted by Heather Gulling on March 31, 2021.

| |
|---|
| http://local.cityofcamas.us/cup21-01_discover_recovery/Exhibit%20257%20-%20%20(1).wav |
| http://local.cityofcamas.us/cup21-01_discover_recovery/Exhibit%20257%20-%20%20(2).wav |
| http://local.cityofcamas.us/cup21-01_discover_recovery/Exhibit%20257%20-%20%20(3).wav |
| http://local.cityofcamas.us/cup21-01_discover_recovery/Exhibit%20257%20-%20%20(4).wav |
| http://local.cityofcamas.us/cup21-01_discover_recovery/Exhibit%20257%20-%20%20(5).wav |
| http://local.cityofcamas.us/cup21-01_discover_recovery/Exhibit%20257%20-%20%20(6).wav |
| http://local.cityofcamas.us/cup21-01_discover_recovery/Exhibit%20257%20-%20%20(7).wav |
| http://local.cityofcamas.us/cup21-01_discover_recovery/Exhibit%20257%20-%20%20(8).wav |
| http://local.cityofcamas.us/cup21-01_discover_recovery/Exhibit%20257%20-%20%20(9).wav |
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| http://local.cityofcamas.us/cup21-01_discover_recovery/Exhibit%20257%20-%20%20(17).wav |
| http://local.cityofcamas.us/cup21-01_discover_recovery/Exhibit%20257%20-%20%20(18).wav |
| http://local.cityofcamas.us/cup21-01_discover_recovery/Exhibit%20257%20-%20%20(19).wav |
| http://local.cityofcamas.us/cup21-01_discover_recovery/Exhibit%20257%20-%20%20(20).wav |
| http://local.cityofcamas.us/cup21-01_discover_recovery/Exhibit%20257%20-%20%20(21).wav |
| http://local.cityofcamas.us/cup21-01_discover_recovery/Exhibit%20257%20-%20%20(22).wav |

Dear Hearings Examiner:

Thank you for your patience and fairness at the public hearing last week – it was a long meeting for everyone. I have a few comments that I would like to present before the record is closed for us on this matter.

First of all – the question of whether Discover Recovery performs Acute or Sub-Acute care.

It looks as though they are operating in a gray area between Acute and Sub-Acute. Inevitably sometimes Sub-Acute patients can switch to Acute and vice versa. The detail in whether a facility is performing Acute care can fall back to what type of patient are they admitting in the first place. In the last six months, Discover Recovery’s Long Beach location has had numerous medical emergency calls to 911. Patients admitted to their Long Beach facility include patients that are clearly high health risk for acute treatment – including a 400-450lb man; a man in the midst of a meth psychosis on a 4 day run; a 65 year old man with high blood pressure; and a 68 year old man with a history of heart problems. If this facility was truly Sub-Acute, these patients would be deemed too high risk for medical complications and sent to an Acute center.

Is Discover Recovery is using a Sub-Acute category for zoning – but Acute for accepting patients? Medical emergencies at their Long Beach location include:

3/20/21 – 45 yom detoxing from alcohol, he went to OBH [Ocean Beach Hospital] last night and they gave him an iv, he is not in an altered mental state

2/12/21 – Trans to medix – female actively seizing, breathing/UNK, rep is getting pt updates

1/25/21 – Subject needs transported to the hospital male subject 65 y high blood pressure. Subject now having chest pains

1/22/21 – Trans to medix – req medical trans for 49 yom vomiting, detoxing from opiates

1/20/21 – 44 yof res w/chest pain, alert/breathing, ho hx, trans medix

1/14/21 – 30 yom w/chest pains, 400-450lbs

1/17/21 – 24 yo male, convulsions, semi-alert, making eye contact, unable to speak, blood near mouth, rapid breathing

10/13/20 – 68 y male subject chest pains shortness of breath clammy and cold sweats history of heart problems

5/30/20 – 33 yo male, uncon., breathing, pulse

1/21/20 – Thomas at discover recovery has a client needs an evaluation needs transport to er. Transfer to medix. Currently outside. Believe having psychotic break 25 year old male. Currently awake outside smoking is breathing. Getting to be violent is talking to himself. No access to weapons. Mobile crisis is responding approx.. 15-20 min.

12/26/19 – Patient needs to go to the ER – pain, hasn’t been able to sleep, gallstone, back hurts, unknown age

7/29/19 – 35 yof having a seizure. Breathing. Pink in color. Alcohol detox. One seizure.

6/19/20 – Male having abdominal pain at rehab facility, caller disconnected w/no other info at this time...female named XXXX called back advsd male client is having stomach pains, I advsd aid is on the way, she disconnected.

5/26/19 – Male cutting himself with scissors. There is a tech trying to talk to him but is a safe distance away.

5/20/19 – Client having a seizure. Male in his 20s. Waking up now. Breathing. Just on seizure. Not diabetic.

In accordance with all the other evidence presented by medical professionals on this matter, at some point – if it walks like a duck and quacks like a duck, it’s a duck. The burden of proof is on Discover Recovery to prove that their facility falls in line with Convalescent Care.

Can we take their word that they will not be admitting Acute level patients to this facility?

Can we trust their word after they assured their Long Beach neighbors that they would hold regular neighborhood meetings that have never transpired?

After a fence which took two years to build?

After repeated requests for simply some privacy bushes to be planted along the fence line that has yet to happen?

After assuring neighbors that it would be male only and now is co-ed?

After assuring neighbors that they would not accept court-ordered patients at their other location?

When at the Hearings Examiner Meeting last week the owner didn’t know what OSHA was?

Discover Recovery claimed at the Hearings Examiner Meeting last Wednesday that they think they have a good relationship with their neighbors, and in the NEXT sentence said the reason that they decided not to expand is because the city alerted them that they received numerous complaints from neighbors about their facility.

Discover Recovery also said they have a good relationship with the local Long Beach elementary school, and in the same breath said that school is 8 BLOCKS AWAY. I don’t even think I would be writing this note if my kids’ elementary school was 8 blocks away. Dorothy Fox playground is ZERO blocks away from Fairgate Estates. The preschool at Harvest Community Church is zero blocks. The family/pee wee sports park is zero blocks. They state many gross misinterpretations of their current situation/location and fail to acknowledge the potential risks they are willfully bringing to this sensitive location for a highly profitable center.

All of their actions appear to come from a place of what will be best for THEM, with very little regard about the community they are coming into. It’s all about trying to make an obviously square peg fit into a round hole for the convenience of a beautiful building relatively close to an airport, to market to transitory patients with no ties to the community.

In the article in the [Camas Post Record](#) dated 3/11/21 Thomas Feldman states ““Fairgate Estate is a beautiful place,” Feldman told the Post-Record in February. “We were looking for a site closer to a larger city like Seattle or Portland — where there are more resources — and we thought this property was perfect. It is the right size, **in a great location**, and since it has been used as an assisted living facility for a long period ... it won’t need any big improvements other than cosmetic changes.””

On the issue of safety, Mr. Feldman told the Camas Post Record on 3/18/21: “Feldman said the Discover Recovery **center will not allow patients to leave the facility** without a pre-approved, scheduled outing; install cameras throughout the facility and monitor those cameras “24 hours a day;” and make sure programing for Discover Recovery will not include activities at an adjacent park or on school property.”

This is simply not true, it is a voluntary facility, patients can leave at any time, for any reason. Patients leave AMA with some regularity at their other facility – and per the audio 911 provided by Pacific County Records – most of the time Discover Recovery doesn’t alert the police when this happens, unless they are very mentally ill.

AMA cases in Long Beach include:

2/23/21 – admitted client to facility from tribe in Arlington area, was in a meth psychosis, wasn’t dangerous/violent, just on 4 day run, has trust issues, was there from around 5 until now, took off running, is welcome to come back to facility, XXXXX XXXXX...headed south from facility.

12/17/20 – client left 20-30 ago known mental health history of harming herself. Wants Law aware that she is AMA...

10/07/20 – Had XXXX XXXXXX leave facility, said she wanted to go drink, one of the neighbors called and said female come into their property at 4th & Ocean Beach Blvd about an hour ago, walking around LB intoxicated, 20yof 5’2” 100lbs Asian female lsw dark gray discover recovery hoody/light gray sweats/blk flip flops, carrying blk bag, req check welfare, more than welcome to come back to facility, worried about her safety... req aid for female, highly intoxicated, just passed out. Subject sat up and provided a breath sample of point 198 aid still requested.

4/12/20 – Rp advsd 23 yo, white female, skinny, red/blonde hair, Wearing yellow crop top sweater, black leggings, left discover recovery walking unk[nown] direction, is not mandatory to stay there. If anyone has an encounter w/female to let rp know.

2/11/20 – Stuff being held hostage is at a place called discover recovery. They will not give back his id. Is in a voluntary program they think they can just keep his stuff and that is not true. In custody for trespassing need to book him in jail, let jail know. On scene waiting for confirmation from jail. Give him a ride up to his residence and release him at this point. Sited and released on subject courtesy transport. They are going to try one more thing with jail. Go north to pacific county jail will fax up.

1/02/20 – Female took off from discover recovery 3LI will be alt/welfare check

10/12/19 – rp is in Seattle WA, husband was in detox center Discover Recovery on Washington Ave North, he left against recommendation, was only there for 3 days, about 30 mintues ago he called rp and advised he wanted to go to the Best Western, Best Western wouldn’t let him stay because he doesn’t have id, rp called Discover Recovery, and they advised XXXXXX XXXX could pick up his belongs up after 4...Rp called back advs subject is possibly suicidal and wondering if there is anything law enforcement can do, rp still has not heard from XXXXX, rp advs she is unable to get him a hotel without having his id she is req to speak to officer again.

7/3/19 – Was in treatment facility and male subject left...took his items and went into office and checked himself out he was there voluntary, 25 yo male with history of drug addiction and suicidal ideations and attempts. He left last night and rp just found out he left las night...he does not have anyone on the area.

A Word About Enforcement

Per the Permit Enforcement section at the end of the City of Camas Staff Report “A. Review. Upon receiving a director’s recommendation for revocation of a permitor approval, the approval authority shall review the matter at a public hearing. Upon finding that the activity does not comply with the conditions of approval or the provisions of the development code, or **creates a nuisance or hazard, the approval authority may delete, modify or impose such conditions** on the permit or approval it deems sufficient to remedy deficiencies, **the permit or approval shall be revoked** and the activity allowed by the permit or approval shall cease.”

If limitations are placed on Discover Recovery – such as the obligation to alert police/neighbors/school if a patient leaves AMA, **what exactly is their incentive to follow through with this request as it could clearly get their permit revoked?** How and who would be enforcing this? Who is enforcing that Sex Offenders are not being placed at this facility? What type of background checks are exactly being done? What is an acceptable background threshold (ie if any crimes? Petty crimes only? Etc) for admittance?

Or are we just going to take their word for it? Or their employees who could lose their job?

On the Note about the Long Beach Location Getting More Calls as an Assisted Living Facility

In his statement at the hearings examiner meeting Mr. Feldman quoted the Camas Post Record and Long Beach Police Chief Flint Wright comment ““We’ve had calls over there, but it’s not been over the top,” Wright said of the Long Beach Discover Recovery center. “We’ll get a call that a client left against advice, or they’ll ask us to do a welfare check, but I wouldn’t classify it as a problem. It’s not something I wake up everyday worrying about.”

The Long Beach drug treatment and recovery facility is located in a residential neighborhood with a baseball field across the street, Wright said, adding: “It just hasn’t been a huge issue.”

In fact, Wright said, the Long Beach Police Department had more serious calls at the Discover Recovery address when it was a senior living facility.

“We’ve had less trouble with the drug rehab than we did with the retirement home,” he said.”

The calls we pulled from the Pacific County Sheriffs 911 Dispatch to Discover Recovery directly contradict that statement. Perhaps those calls are not something HE loses sleep over – as their location in Long Beach is only blocks away from their downtown, right across from a Long Beach Fire Station and close to public transportation – but in this isolated location on Prune Hill MILES from any public transportation, amenities (except one small gas station and a veterinarian clinic), hotels, etc. It is a VERY BIG concern. Once again – where are people who leave AMA from this location going to go? It takes miles, and a working knowledge of the streets and directions, to get to any amenities from the residential labyrinth on Prune Hill, not to mention physical stamina to make it down the large hill.

Records were pulled for their Long Beach address for a year before it became Discover Recovery, when it was an assisted living facility. And honestly there were a shocking number of calls to the facility. Many falls from bed, bed sores, and urinary tract infections. One instance of a man having hallucinations of a grenade, another incident of a man with dementia and a weapon, and one report of their cook having staph infection but continuing work. My reading into the reports indicate a facility that was poorly run and honestly, it’s probably good that it shut down. Again, health care in the country can be is abysmal. But this has no bearing on this location.

For these, and many other reasons, I feel that Discover Recovery has failed to meet their burden of proof required by our zoning requirements for 18.43.050 point A. in regard to safety, and the terminology of Convalescent in regard to the Camas code not allowing acute care.

City of Camas – we want and deserve a great facility for our local population suffering from addiction – especially our young people. Let’s all work together to find something appropriate.

Thank you for your time,

Heather Gulling, Camas resident since 2013

03/15/21
12:31

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

Page: 618
1

Call Number: 180327029

Nature: Alarm Fire
Reported: 13:06:43 03/27/18
Rcvd By: Rye A How Rcvd: T
Occ Btwn: 13:06:43 03/27/18 and 13:06:43 03/27/18
Type: f
Priority:

Address: 800 Washington Ave N; Long Beach Retirem
City: Long Beach

Alarm:

COMPLAINANT/CONTACT

Complainant: SMITH FIRE SYSTEMS, Name#: 95985
Race: Sex: DOB: **/**/**
Address: , LONG BEACH
Home Phone: (800)424-8276 Work Phone: () -

Contact: Breanna
Address: ref# 8980951
Phone: (877)206-9141

RADIO LOG

| Dispatcher | Time/Date | Unit | Code | Zone | Agnc | Description |
|------------|-------------------|------|------|------|------|--|
| Rye A | 13:09:33 03/27/18 | DLF | ASSG | LBFD | LBFD | incid#=180327001 Assigned to a Call call=25f |
| Harvill H | 13:10:44 03/27/18 | DLF | 43 | LBFD | LBFD | lb copied |
| Harvill H | 13:12:13 03/27/18 | 8885 | ENRT | LBFD | LBFD | incid#=180327001 Enroute call=25f |
| Harvill H | 13:12:20 03/27/18 | 8807 | ARRV | LBFD | LBFD | incid#=180327001 Arrived on Scene call=25f |
| Harvill H | 13:12:33 03/27/18 | 8807 | 43 | LBFD | LBFD | no smoke showing |
| Harvill H | 13:13:41 03/27/18 | 8807 | 43 | LBFD | LBFD | false alarm all lb units can standdown |
| Harvill H | 13:14:47 03/27/18 | 8807 | CMPL | LBFD | LBFD | incid#=180327001 false alar call=25f |
| Harvill H | 13:14:47 03/27/18 | 8885 | CMPL | LBFD | LBFD | incid#=180327001 false alar call=25f |
| Harvill H | 13:14:47 03/27/18 | DLF | CMPL | LBFD | LBFD | incid#=180327001 false alar call=25f |

COMMENTS

fire alarm activation, one trip laundry room detector, no contact w/business...

Tue Mar 27 13:10:23 PDT 2018 AR

3p5 adv fyi

13:12:21 03/27/2018 - Rye A

Lexi from alarm co recalled adv spoke w/Shawn Ryden #360-244-9000 adv false alarm, people working on it...

03/15/21
12:31

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

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2

UNIT HISTORY

| Unit | Time/Date | Code |
|------|-------------------|------|
| 8807 | 13:12:20 03/27/18 | ARRV |
| 8807 | 13:12:33 03/27/18 | 43 |
| 8807 | 13:13:41 03/27/18 | 43 |
| 8807 | 13:14:47 03/27/18 | CMPL |
| 8885 | 13:12:13 03/27/18 | ENRT |
| 8885 | 13:14:47 03/27/18 | CMPL |
| DLF | 13:09:33 03/27/18 | ASSG |
| DLF | 13:10:44 03/27/18 | 43 |
| DLF | 13:14:47 03/27/18 | CMPL |

RESPONDING OFFICERS

| Unit | Officer |
|------|---------|
| 8807 | 8807 |
| 8885 | 8885 |
| DLF | DLF |

INVOLVEMENTS

| Type | Record# | Date | Description | Relationship |
|------|-----------|----------|----------------------|------------------|
| NM | 95985 | 03/27/18 | SMITH FIRE SYSTEMS | LONG Complainant |
| FR | 180327001 | 03/27/18 | Alarm Fire 180327001 | Initiating Call |

03/15/21
12:43

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

Page: 618
1

Call Number: 180411018

Nature: Alarm Fire
Reported: 10:14:33 04/11/18
Rcvd By: Capps J How Rcvd: T
Occ Btwn: 10:14:33 04/11/18 and 10:14:33 04/11/18
Type: i
Priority:

Address: 800 Washington Ave N
City: Long Beach

Alarm:

COMPLAINANT/CONTACT

Complainant: MONITORING CENTER, Name#: 148572
Race: Sex: DOB: **/**/**
Address: ,
Home Phone: (800)443-8865 Work Phone: () -

Contact:
Address:
Phone: (877)206-9141

RADIO LOG

| Dispatcher | Time/Date | Unit | Code | Zone | Agnc | Description |
|------------|-----------|------|------|------|------|-------------|
| ----- | | | | | | |

COMMENTS

fire alarm activation, rp advised they received an inbound call stating fire alarm is being tested

UNIT HISTORY

| Unit | Time/Date | Code |
|-------|-----------|------|
| ----- | | |

RESPONDING OFFICERS

| Unit | Officer |
|-------|---------|
| ----- | |

INVOLVEMENTS

| Type | Record# | Date | Description | Relationship |
|-------|---------|----------|-------------------|-----------------|
| ----- | | | | |
| NM | 148572 | 04/11/18 | MONITORING CENTER | (80 Complainant |

03/15/21
12:30

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

Page: 618
1

Call Number: 180511028

Nature: Alarm Fire
Reported: 10:37:08 05/11/18
Rcvd By: Moseley J How Rcvd: T
Occ Btwn: 10:37:08 05/11/18 and 10:37:08 05/11/18
Type: i
Priority:

Address: 800 Washington Ave N; long beach retirem
City: Long Beach

Alarm:

COMPLAINANT/CONTACT

Complainant: MONITORING CENTER, Name#: 148572
Race: Sex: DOB: **/**/**
Address: ,
Home Phone: (800)443-8865 Work Phone: () -

Contact:
Address:
Phone: () -

RADIO LOG

| Dispatcher | Time/Date | Unit | Code | Zone | Agnc | Description |
|------------|-----------|------|------|------|------|-------------|
| ----- | | | | | | |

COMMENTS

zone 6 fire door smoke detector, while on the line dispatcher advised faulse alarm

UNIT HISTORY

| Unit | Time/Date | Code |
|-------|-----------|------|
| ----- | | |

RESPONDING OFFICERS

| Unit | Officer |
|-------|---------|
| ----- | |

INVOLVEMENTS

| Type | Record# | Date | Description | Relationship |
|-------|---------|----------|-------------------|-----------------|
| ----- | | | | |
| NM | 148572 | 05/11/18 | MONITORING CENTER | (80 Complainant |

03/15/21
12:43

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

Page: 618
1

Call Number: 181015042

Nature: 911 Hangup
Reported: 13:59:19 10/15/18
Rcvd By: Boggs J How Rcvd: 9
Occ Btwn: 13:55:33 10/15/18 and 13:59:19 10/15/18
Type: i
Priority:

Address: 800 Washington Ave N
City: Long Beach

Alarm:

COMPLAINANT/CONTACT

Complainant: LONG BEACH RETIREMENT AND ASSI, Name#: 70798
Race: Sex: DOB: **/**/**
Address: 800 WASHINGTON AVE N, LONG BEACH
Home Phone: (360) 642-2464 Work Phone: (360) 642-5510 fax

Contact: Rema
Address: 800 07 WASHINGTON AVE N
Phone: (857) 445-4530

RADIO LOG

| Dispatcher | Time/Date | Unit | Code | Zone | Agnc | Description |
|------------|-----------|------|------|------|------|-------------|
| ----- | | | | | | |

COMMENTS

911 hang up on call back female advised no emergency they have to dial 9 to get out
Mon Oct 15 14:00:56 PDT 2018 JB
advised 3p4, advised disregarding

UNIT HISTORY

| Unit | Time/Date | Code |
|-------|-----------|------|
| ----- | | |

RESPONDING OFFICERS

| Unit | Officer |
|-------|---------|
| ----- | |

INVOLVEMENTS

| Type | Record# | Date | Description | Relationship |
|-------|---------|----------|------------------------------|--------------|
| ----- | | | | |
| NM | 70798 | 10/15/18 | LONG BEACH RETIREMENT AND AS | Complainant |

03/15/21
12:42

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

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Call Number: 181218049

Nature: Court Violation
Reported: 14:54:16 12/18/18
Rcvd By: Mayfield C How Rcvd: T
Occ Btwn: 14:54:16 12/18/18 and 14:54:16 12/18/18
Type: 1
Priority:

Address: 800 WASHINGTON AVE N
City: Long Beach

Alarm:

COMPLAINANT/CONTACT

Complainant: ADAMSON, RYAN MATTHEW Name#: 173680
Race: W Sex: M DOB: 10/31/91
Address: 800 WASHINGTON AVE N, Long Beach
Home Phone: (360)244-4707 Work Phone: () -

Contact: Ryan M Adamson 103191
Address:
Phone: (360)244-4707

RADIO LOG

| Dispatcher | Time/Date | Unit | Code | Zone | Agnc | Description |
|------------|-------------------|------|------|------|------|--|
| Mayfield C | 14:59:37 12/18/18 | 3P4 | ASSG | LBPD | LBPD | incid#=18-3386L Assigned to a Call call=431 |
| Mayfield C | 14:59:42 12/18/18 | 3P4 | CMPL | LBPD | LBPD | incid#=18-3386L Reassigned to call 351, completed call 431 |
| Vanderpool | 15:08:37 12/18/18 | 3P4 | ENRT | LBPD | LBPD | incid#=18-3386L Enroute call=431 |
| Vanderpool | 15:37:28 12/18/18 | 3P4 | CMPL | LBPD | LBPD | |

COMMENTS

Rp has a protection order against Linda Henry, she isnt supposed to go to his FB profile and stalking his friends. Rp stating she changed the password to his FB and everything to it. He has been in treatment for awhile and rp's father advsd the female is getting on rp's FB, messaging her father.

CASE: 2018-30DV

UNIT HISTORY

| Unit | Time/Date | Code |
|------|-------------------|------|
| 3P4 | 14:59:37 12/18/18 | ASSG |
| 3P4 | 14:59:42 12/18/18 | CMPL |
| 3P4 | 15:08:37 12/18/18 | ENRT |

03/15/21
12:42

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

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3P4 15:37:28 12/18/18 CMPL

RESPONDING OFFICERS

Unit Officer

3P4 Mortenson T

INVOLVEMENTS

Type Record# Date Description Relationship

NM 173680 12/18/18 ADAMSON RYAN MATTHEW 800 WA Complainant
LW 1242 12/18/18 Court Violation 1242 80 Initiating Call
LW 18-3386L 12/18/18 Court Violation 18-3386L 80 Initiating Call

03/15/21
12:42

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

Page: 618
1

Call Number: 181221032

Nature: Court Violation
Reported: 12:30:16 12/21/18
Rcvd By: Harvill H How Rcvd: T
Occ Btwn: 12:30:16 12/21/18 and 12:30:16 12/21/18
Type: 1
Priority:

Address: 800 WASHINGTON AVE N
City: Long Beach

Alarm:

COMPLAINANT/CONTACT

Complainant: ADAMSON, RYAN MATTHEW Name#: 173680
Race: W Sex: M DOB: 10/31/91
Address: 800 WASHINGTON AVE N, Long Beach
Home Phone: (360)244-4707 Work Phone: () -

Contact: Ryan
Address:
Phone: (360)244-4707

RADIO LOG

| Dispatcher | Time/Date | Unit | Code | Zone | Agnc | Description |
|------------|-------------------|------|------|------|------|--|
| Harvill H | 12:35:04 12/21/18 | 3P5 | ASSG | LBDP | LBDP | incid#=18-3411L Assigned to a Call call=261 |
| Harvill H | 12:40:50 12/21/18 | 3P5 | CMPL | LBDP | LBDP | incid#=18-3411L Reassigned to call 221, completed call 261 |
| Souvenir J | 15:54:00 12/21/18 | 3P5 | CMPL | LBDP | LBDP | incid#=18-3411L Completed Call |

COMMENTS

has ro against Linda Henry she is using his fb and accounts

UNIT HISTORY

| Unit | Time/Date | Code |
|------|-------------------|------|
| 3P5 | 12:35:04 12/21/18 | ASSG |
| 3P5 | 12:40:50 12/21/18 | CMPL |
| 3P5 | 15:54:00 12/21/18 | CMPL |

RESPONDING OFFICERS

| Unit | Officer |
|------|-----------|
| 3P5 | Cutting J |

03/15/21
12:42

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

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INVOLVEMENTS

| Type | Record# | Date | Description | Relationship |
|------|----------|----------|-----------------------------|-----------------|
| NM | 173680 | 12/21/18 | ADAMSON RYAN MATTHEW 800 WA | Complainant |
| LW | 18-3411L | 12/21/18 | Court Violation 18-3411L 80 | Initiating Call |

03/15/21
12:41

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

Page: 618
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Call Number: 190317060

Nature: Alarm Fire
Reported: 20:22:19 03/17/19
Rcvd By: Boggs J How Rcvd: T
Occ Btwn: 20:22:19 03/17/19 and 20:22:19 03/17/19
Type: lf
Priority:

Address: 800 WASHINGTON AVE N
City: Long Beach

Alarm:

COMPLAINANT/CONTACT

Complainant: SMITH FIRE SYSTEMS, Name#: 95985
Race: Sex: DOB: **/**/**
Address: , LONG BEACH
Home Phone: (800)424-8276 Work Phone: () -

Contact: Smith Fire System
Address:
Phone: (877)206-9141

RADIO LOG

| Dispatcher | Time/Date | Unit | Code | Zone | Agnc | Description |
|------------|-------------------|------|------|------|------|---|
| Boggs J | 20:24:54 03/17/19 | DLF | ASSG | LBDP | LBFD | incid#=190317005 Assigned to a Call call=57f |
| Boggs J | 20:25:49 03/17/19 | 3L12 | ARRV | LBDP | LBDP | incid#=19-0751L Arrived on Scene call=571 |
| Boggs J | 20:25:49 03/17/19 | 3L2 | ARRV | LBDP | LBDP | incid#=19-0751L Arrived on Scene call=571 |
| Pulsifer R | 20:27:07 03/17/19 | 3L2 | 43 | LBDP | LBDP | adv unit 7 |
| Pulsifer R | 20:30:24 03/17/19 | 8821 | ARRV | LBDP | LBFD | incid#=190317005 Arrived on Scene call=57f |
| Pulsifer R | 20:31:47 03/17/19 | 8821 | 43 | LBDP | LBFD | out investigating est 8th st command |
| Pulsifer R | 20:32:59 03/17/19 | 8821 | 43 | LBDP | LBFD | 8th st command verified no fire no heat reset alarm all incoming units can stand + d down |
| Pulsifer R | 20:32:59 03/17/19 | 8821 | 43 | LBDP | LBFD | status both units be clear |
| Pulsifer R | 20:33:17 03/17/19 | 3L12 | 43 | LBDP | LBDP | status both units be clear |
| Pulsifer R | 20:33:17 03/17/19 | 3L2 | 43 | LBDP | LBDP | status both units be clear |
| Pulsifer R | 20:33:23 03/17/19 | 3L12 | CMPL | LBDP | LBDP | incid#=19-0751L Completed Call call=571 |
| Pulsifer R | 20:33:23 03/17/19 | 3L2 | CMPL | LBDP | LBDP | incid#=19-0751L Completed Call call=571 |
| Boggs J | 22:00:22 03/17/19 | 8821 | CMPL | LBDP | LBFD | incid#=190317005 Completed Call call=57f |
| Boggs J | 22:00:22 03/17/19 | DLF | CMPL | LBDP | LBFD | incid#=190317005 Completed Call call=57f |

03/15/21
12:41

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

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COMMENTS

fire alarm activation, 1 trip, unit 7 smoke detector, responsible Bob Rowe is
unable to contact
his number is 253 472 9027
ref 890951

UNIT HISTORY

Unit Time/Date Code

3L12 20:25:49 03/17/19 ARRIV
3L12 20:33:17 03/17/19 43
3L12 20:33:23 03/17/19 CMPL
3L2 20:25:49 03/17/19 ARRIV
3L2 20:27:07 03/17/19 43
3L2 20:33:17 03/17/19 43
3L2 20:33:23 03/17/19 CMPL
8821 20:30:24 03/17/19 ARRIV
8821 20:31:47 03/17/19 43
8821 20:32:59 03/17/19 43
8821 20:32:59 03/17/19 43
8821 22:00:22 03/17/19 CMPL
DLF 20:24:54 03/17/19 ASSG
DLF 22:00:22 03/17/19 CMPL

RESPONDING OFFICERS

Unit Officer

3L12 Eastham M
3L2 Meling C
8821 8821
DLF DLF

INVOLVEMENTS

Type Record# Date Description Relationship

NM 95985 03/17/19 SMITH FIRE SYSTEMS LONG Complainant
FR 190317005 03/17/19 Alarm Fire 190317005 Initiating Call
LW 19-0751L 03/17/19 Alarm Fire 19-0751L 800 WAS Initiating Call

03/15/21
12:27

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

618
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Call Number: 190322007

Nature: Mal Mischief
Reported: 08:03:32 03/22/19
Rcvd By: Capps J How Rcvd: T
Occ Btwn: 08:03:32 03/22/19 and 08:03:32 03/22/19
Type: 1
Priority:

Address: 800 WASHINGTON AVE N;Discover Recovery
City: Long Beach

Alarm:

COMPLAINANT/CONTACT

Complainant: ALLENBACK, ANN TONETTE Name#: 168929
Race: W Sex: F DOB: 03/31/62
Address: 1310 PACIFIC AVE S; #13, LONG BEACH
Home Phone: (360)849-9244 Work Phone: () -

Contact: Ann Allenback
Address:
Phone: (360)849-9244

RADIO LOG

| Dispatcher | Time/Date | Unit | Code | Zone | Agnc | Description |
|------------|-------------------|------|------|------|------|---|
| Capps J | 08:57:27 03/22/19 | 3L6 | ENRT | LBDP | LBDP | incid#=19-0785L Enroute call=61 |
| Capps J | 09:02:50 03/22/19 | 3L6 | ARRV | LBDP | LBDP | incid#=19-0785L Arrived on Scene call=61 |
| Capps J | 09:10:07 03/22/19 | 3L6 | CMPL | LBDP | LBDP | incid#=19-0785L Completed Call call=61 |

COMMENTS

rp's maroon 2005 dodge dakota C13871F, sometime since 6am it was keyed all the way on the passenger side
08:06:54 03/22/2019 - Capps J
311 advised hold for 316
08:59:55 03/22/2019 - Capps J
Address change from 800 WASHINGTON AVE N to 800 WASHINGTON AVE N;Discover Recov

UNIT HISTORY

| Unit | Time/Date | Code |
|------|-------------------|------|
| 3L6 | 08:57:27 03/22/19 | ENRT |
| 3L6 | 09:02:50 03/22/19 | ARRV |
| 3L6 | 09:10:07 03/22/19 | CMPL |

03/15/21
12:27

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

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RESPONDING OFFICERS

Unit Officer

3L6 Lefor J

INVOLVEMENTS

Type Record# Date Description Relationship

NM 168929 03/22/19 ALLENBACK ANN TONETTE 1310 Complainant
LW 19-0785L 03/22/19 Mal Mischief 19-0785L 800 W Initiating Call

03/15/21
12:41

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

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Call Number: 190520041

Nature: Convulsions
Reported: 16:54:54 05/20/19
Rcvd By: Ochoa C How Rcvd: 9
Occ Btwn: 16:54:50 05/20/19 and 16:54:54 05/20/19
Type: e
Priority:

Address: 800 WASHINGTON AVE N
City: Long Beach

Alarm:

COMPLAINANT/CONTACT

Complainant: LONG BEACH RETIREMENT AND ASSI, Name#: 70798
Race: Sex: DOB: **/**/**
Address: 800 WASHINGTON AVE N, LONG BEACH
Home Phone: (360) 642-2464 Work Phone: (360) 642-5510 fax

Contact: TRANQUILITY PARTNERS - 2407
Address: 800 07 WASHINGTON AVE N
Phone: (360) 244-4070

RADIO LOG

| Dispatcher | Time/Date | Unit | Code | Zone | Agnc | Description |
|------------|-------------------|-------|------|------|------|---|
| Ochoa C | 16:58:10 05/20/19 | DLA | ASSG | LBFD | LBA | Assigned to a Call call=38e |
| Ochoa C | 16:58:10 05/20/19 | MEDIX | ASSG | LBFD | LBDP | incid#=19052009 Assigned to a Call call=38e |
| Ochoa C | 18:06:35 05/20/19 | DLA | CMPL | LBFD | LBA | Completed Call disp:ACT clr:NA call=38e |
| Ochoa C | 18:06:35 05/20/19 | MEDIX | CMPL | LBFD | LBDP | incid#=19052009 Completed Call call=38e |

COMMENTS

Client having a seizure. Male in his 20s. Waking up now. Breathing. Just on seizure. Not diabetic.
Mon May 20 16:58:59 PDT 2019 Ochoa
313 adv

UNIT HISTORY

| Unit | Time/Date | Code |
|-------|-------------------|------|
| DLA | 16:58:10 05/20/19 | ASSG |
| DLA | 18:06:35 05/20/19 | CMPL |
| MEDIX | 16:58:10 05/20/19 | ASSG |
| MEDIX | 18:06:35 05/20/19 | CMPL |

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CALL DETAIL REPORT

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RESPONDING OFFICERS

Unit Officer

DLA DLA
MEDIX MEDIX

INVOLVEMENTS

| Type | Record# | Date | Description | Relationship |
|-------|----------|----------|------------------------------|-----------------|
| ----- | ----- | ----- | ----- | ----- |
| NM | 70798 | 05/20/19 | LONG BEACH RETIREMENT AND AS | Complainant |
| EM | 19052009 | 05/20/19 | Convulsions 19052009 | Initiating Call |

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Call Number: 190526050

Nature: Suicidal
Reported: 17:44:51 05/26/19
Rcvd By: Pulsifer R How Rcvd: 9
Occ Btwn: 17:44:48 05/26/19 and 17:44:51 05/26/19
Type: le
Priority:

Address: 800 WASHINGTON AVE N; Long Beach Care Ce
City: Long Beach

Alarm:

COMPLAINANT/CONTACT

Complainant: DISCOVER RECOVERY, Name#: 176258
Race: Sex: DOB: **/**/**
Address: 800 WASHINGTON AVE N, LONG BEACH
Home Phone: (707)474-3958 Work Phone: () -

Contact: Rachel discover recovery
Address: 800 07 WASHINGTON AVE N
Phone: (707)474-3958

RADIO LOG

| Dispatcher | Time/Date | Unit | Code | Zone | Agnc | Description |
|------------|-------------------|-------|------|------|------|--|
| Pulsifer R | 17:46:10 05/26/19 | 3L3 | ENRT | LBPD | LBPD | incid#=19-1319L Enroute call=481 |
| Pulsifer R | 17:46:26 05/26/19 | 3L3 | 43 | LBPD | LBPD | given details |
| Pulsifer R | 17:48:19 05/26/19 | 1S1 | ENRT | LBPD | PCSO | incid#=19-3495 Enroute call=481 |
| Pulsifer R | 17:49:58 05/26/19 | 3L3 | 43 | LBPD | LBPD | req aid stage about block away |
| Pulsifer R | 17:50:29 05/26/19 | 3L3 | 43 | LBPD | LBPD | stage for 1s1 |
| Pulsifer R | 17:50:47 05/26/19 | 3L3 | 43 | LBPD | LBPD | adv have scissors away from subject |
| Pulsifer R | 17:51:32 05/26/19 | MEDIX | ENRT | LBFD | LBPD | incid#=19052605 Enroute call=48e |
| Pulsifer R | 17:51:44 05/26/19 | 3L3 | ARRV | LBPD | LBPD | incid#=19-1319L Arrived on Scene time=17:51:44 05/26/19 call=481 |
| Pulsifer R | 17:51:52 05/26/19 | DLA | ENRT | LBFD | LBA | Enroute call=48e |
| Pulsifer R | 17:52:05 05/26/19 | 3L3 | 43 | LBPD | LBPD | send aid in |
| Pulsifer R | 17:53:16 05/26/19 | 1S1 | ARRV | LBPD | PCSO | incid#=19-3495 Arrived on Scene call=481 |
| Pulsifer R | 17:53:55 05/26/19 | 8886 | ENRT | LBFD | LBFD | incid#=19052606 Enroute call=48e |
| Pulsifer R | 17:59:07 05/26/19 | 1S1 | 43 | LBPD | PCSO | status |
| Pulsifer R | 17:59:07 05/26/19 | 3L3 | 43 | LBPD | LBPD | status |
| Pulsifer R | 17:59:55 05/26/19 | 3L3 | 43 | LBPD | LBPD | contact mhp have meet at obh |
| Ochoa C | 18:00:08 05/26/19 | 8886 | ARRV | LBFD | LBFD | incid#=19052606 Arrived on Scene call=48e |

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| | | | | | | | |
|------------|----------|----------|-------|------|------|------|--|
| Pulsifer R | 18:05:31 | 05/26/19 | 8886 | CMPL | LBFD | LBFD | incid#=19052606 Completed Call call=48e |
| Pulsifer R | 18:07:18 | 05/26/19 | 3L3 | 43 | LBPD | LBPD | patient super lacerations to arms notify obh |
| Pulsifer R | 18:08:28 | 05/26/19 | MEDIX | CMPL | LBFD | LBPD | incid#=19052605 Reassigned to call 52e, completed call 48e |
| Pulsifer R | 18:09:22 | 05/26/19 | 3L3 | 43 | LBPD | LBPD | barely any damage go to obh wait for mhp |
| Pulsifer R | 18:10:12 | 05/26/19 | 1S1 | CMPL | LBPD | PCSO | incid#=19-3495 Completed Call call=481 |
| Ochoa C | 18:11:55 | 05/26/19 | 3L2 | ARRV | LBPD | LBPD | incid#=19-1319L Arrived on Scene call=481 |
| Ochoa C | 18:12:00 | 05/26/19 | 3L3 | CMPL | LBPD | LBPD | incid#=19-1319L Completed Call call=481 |
| Ochoa C | 18:12:14 | 05/26/19 | 3L2 | ARRV | LBPD | LBPD | Assigned as Responsible Unit for call 190526050 |
| Pulsifer R | 18:14:59 | 05/26/19 | 3L2 | 43 | LBPD | LBPD | req eta for mhp adv when contacted dispatch center req they contact with eta |
| Pulsifer R | 18:16:30 | 05/26/19 | DLA | CMPL | LBFD | LBA | Completed Call call=48e |
| Pulsifer R | 18:16:31 | 05/26/19 | MEDIX | CMPL | LBFD | LBPD | incid#=19052605 Completed Call call=48e |
| Pulsifer R | 18:19:03 | 05/26/19 | 3L2 | ARRV | LBPD | LBPD | incid#=19-1319L obh call=481 |
| Pulsifer R | 18:38:21 | 05/26/19 | 3L2 | CMPL | LBPD | LBPD | incid#=19-1319L Completed Call call=481 |

COMMENTS

male cutting himself with scissors

there is a tech trying to talk to him but is a safe distance away

rp adv

scissors are away from subject at this time

17:53:11 05/26/2019 - Pulsifer R

medix adv send aid in

18:02:51 05/26/2019 - Pulsifer R

contacted wbh

18:08:01 05/26/2019 - Ochoa C

MHP adv eta 30 minutes

18:10:31 05/26/2019 - Pulsifer R

obh notified

UNIT HISTORY

| Unit | Time/Date | Code |
|------|-------------------|------|
| 1S1 | 17:48:19 05/26/19 | ENRT |
| 1S1 | 17:53:16 05/26/19 | ARRV |
| 1S1 | 17:59:07 05/26/19 | 43 |
| 1S1 | 18:10:12 05/26/19 | CMPL |
| 3L2 | 18:11:55 05/26/19 | ARRV |
| 3L2 | 18:12:14 05/26/19 | ARRV |
| 3L2 | 18:14:59 05/26/19 | 43 |
| 3L2 | 18:19:03 05/26/19 | ARRV |

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| | | | |
|-------|----------|----------|------|
| 3L2 | 18:38:21 | 05/26/19 | CMPL |
| 3L3 | 17:46:10 | 05/26/19 | ENRT |
| 3L3 | 17:46:26 | 05/26/19 | 43 |
| 3L3 | 17:49:58 | 05/26/19 | 43 |
| 3L3 | 17:50:29 | 05/26/19 | 43 |
| 3L3 | 17:50:47 | 05/26/19 | 43 |
| 3L3 | 17:51:44 | 05/26/19 | ARRV |
| 3L3 | 17:52:05 | 05/26/19 | 43 |
| 3L3 | 17:59:07 | 05/26/19 | 43 |
| 3L3 | 17:59:55 | 05/26/19 | 43 |
| 3L3 | 18:07:18 | 05/26/19 | 43 |
| 3L3 | 18:09:22 | 05/26/19 | 43 |
| 3L3 | 18:12:00 | 05/26/19 | CMPL |
| 8886 | 17:53:55 | 05/26/19 | ENRT |
| 8886 | 18:00:08 | 05/26/19 | ARRV |
| 8886 | 18:05:31 | 05/26/19 | CMPL |
| DLA | 17:51:52 | 05/26/19 | ENRT |
| DLA | 18:16:30 | 05/26/19 | CMPL |
| MEDIX | 17:51:32 | 05/26/19 | ENRT |
| MEDIX | 18:08:28 | 05/26/19 | CMPL |
| MEDIX | 18:16:31 | 05/26/19 | CMPL |

RESPONDING OFFICERS

Unit Officer

| | |
|-------|----------|
| 1S1 | Ray M |
| 3L2 | Meling C |
| 3L3 | Parker M |
| 8886 | 8886 |
| DLA | DLA |
| MEDIX | MEDIX |

INVOLVEMENTS

| Type | Record# | Date | Description | Relationship |
|-------|----------|----------|-----------------------------|-----------------|
| ----- | | | | |
| NM | 176258 | 05/26/19 | DISCOVER RECOVERY 800 WAS | Complainant |
| EM | 19052604 | 05/26/19 | Suicidal 19052604 | Initiating Call |
| EM | 19052605 | 05/26/19 | Suicidal 19052605 | Initiating Call |
| EM | 19052606 | 05/26/19 | Suicidal 19052606 | Initiating Call |
| LW | 19-3495 | 05/26/19 | Agency Assist 19-3495 800 | Initiating Call |
| LW | 19-1319L | 05/26/19 | Suicidal 19-1319L 800 WASHI | Initiating Call |

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Call Number: 190620069

Nature: Abdominal
Reported: 22:37:17 06/20/19
Rcvd By: Hardy M How Rcvd: 9
Occ Btwn: 22:37:12 06/20/19 and 22:37:17 06/20/19
Type: e
Priority:

Address: 800 WASHINGTON AVE N
City: Long Beach

Alarm:

COMPLAINANT/CONTACT

Complainant: DISCOVER RECOVERY, Name#: 176258
Race: Sex: DOB: **/**/**
Address: 800 WASHINGTON AVE N, LONG BEACH
Home Phone: (707)474-3958 Work Phone: () -

Contact: MALE CALLER
Address: 800 07 WASHINGTON AVE N
Phone: (707)655-4197

RADIO LOG

| Dispatcher | Time/Date | Unit | Code | Zone | Agnc | Description |
|------------|-------------------|-------|------|------|------|---|
| Hardy M | 22:43:02 06/20/19 | MEDIX | ASSG | MEDI | LBPD | incid#=19062014 Assigned to a Call call=60e |
| Hardy M | 22:43:10 06/20/19 | DLA | ASSG | MEDI | LBA | Assigned to a Call call=60e |
| Boggs J | 23:53:31 06/20/19 | DLA | CMPL | MEDI | LBA | Completed Call call=60e |
| Boggs J | 23:53:31 06/20/19 | MEDIX | CMPL | MEDI | LBPD | incid#=19062014 Completed Call call=60e |

COMMENTS

male having abdominal pain at rehab facility, caller disconnected w/no other info at this time...

Thu Jun 20 22:43:29 PDT 2019 mh
3112 was advsd fyi

Thu Jun 20 22:44:59 PDT 2019 mh
femaled named lisa called back advsd male client is having stomach pains, i advsd aid is on the way, she then diconnected.

UNIT HISTORY

| Unit | Time/Date | Code |
|-------|-------------------|------|
| DLA | 22:43:10 06/20/19 | ASSG |
| DLA | 23:53:31 06/20/19 | CMPL |
| MEDIX | 22:43:02 06/20/19 | ASSG |

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MEDIX 23:53:31 06/20/19 CMPL

RESPONDING OFFICERS

Unit Officer

DLA DLA
MEDIX MEDIX

INVOLVEMENTS

Type Record# Date Description Relationship

NM 176258 06/20/19 DISCOVER RECOVERY 800 WAS Complainant
EM 19062014 06/20/19 Abdominal 19062014 Initiating Call

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Call Number: 190703089

Nature: Missing Person
Reported: 19:04:29 07/03/19
Rcvd By: Vanderpool J How Rcvd: T
Occ Btwn: 19:04:29 07/03/19 and 19:04:29 07/03/19
Type: 1
Priority:

Address: 800 WASHINGTON AVE;discover recovery
City: Long Beach

Alarm:

COMPLAINANT/CONTACT

Complainant: MILLER, MICHELLE J Name#: 176925
Race: Sex: DOB: 02/18/63
Address: 5752 N ROBERTSON LANE, MOUNTAIN GREEN
Home Phone: () - Work Phone: () -

Contact: Michelle Miller
Address:
Phone: (612)296-5996

RADIO LOG

| Dispatcher | Time/Date | Unit | Code | Zone | Agnc | Description |
|------------|-------------------|------|------|------|------|--|
| Vanderpool | 19:14:58 07/03/19 | 3L6 | ENRT | LBDP | LBDP | incid#=19-1649L Enroute call=721 |
| Vanderpool | 19:16:03 07/03/19 | 3L6 | DLIN | LBDP | LBDP | last=miller first=devon mid=a* dob=10/10/93 sex=m state=ut |
| Samplawski | 19:19:29 07/03/19 | 3L6 | 81 | LBDP | LBDP | incid#=19-1649L Out at the Courthouse call=721 |
| Vanderpool | 19:47:14 07/03/19 | 3L6 | CMPL | LBDP | LBDP | incid#=19-1649L Reassigned to call 551, completed call 721 |
| Vanderpool | 20:20:29 07/03/19 | 3L6 | CMPL | LBDP | LBDP | incid#=19-1649L Completed Call |

COMMENTS

was in treatment facility and male subject left.. took his items and went into office and checked himself out he was there voluntary, 25 yo male with history of drug addiction and suicidal ideation's and attempts. He left last night and rp just found out he left last night.. he does not have anyone in the area...
Devon A Miller 10 10 1993
blonde hair blue eyes 5'7" 230 tattoos on arms

UNIT HISTORY

| Unit | Time/Date | Code |
|-------|-----------|------|
| ----- | ----- | ---- |

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| | | | |
|-----|----------|----------|------|
| 3L6 | 19:14:58 | 07/03/19 | ENRT |
| 3L6 | 19:16:03 | 07/03/19 | DLIN |
| 3L6 | 19:19:29 | 07/03/19 | 81 |
| 3L6 | 19:47:14 | 07/03/19 | CMPL |
| 3L6 | 20:20:29 | 07/03/19 | CMPL |

RESPONDING OFFICERS

Unit Officer

3L6 Lefor J

INVOLVEMENTS

Type Record# Date Description Relationship

NM 176925 07/03/19 MILLER MICHELLE J 5752 N RO Complainant
LW 19-1649L 07/03/19 Missing Person 19-1649L 800 Initiating Call

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12:22

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

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Call Number: 190726065

Nature: Fraud
Reported: 19:09:53 07/26/19
Rcvd By: Vanderpool J How Rcvd: T
Occ Btwn: 19:09:53 07/26/19 and 19:09:53 07/26/19
Type: 1
Priority:

Address: 800 WASHINGTON AVE; N
City: Long Beach

Alarm:

COMPLAINANT/CONTACT

Complainant: UNKNOWN, Name#: X
Race: Sex: DOB: **/**/**
Address: ,
Home Phone: () - Work Phone: () -

Contact: David sage
Address:
Phone: (971)347-4940

RADIO LOG

| Dispatcher | Time/Date | Unit | Code | Zone | Agnc | Description |
|------------|-------------------|------|------|------|------|----------------------------------|
| Vanderpool | 19:13:26 07/26/19 | 3L6 | ENRT | LBPD | LBPD | incid#=19-1930L Enroute call=531 |
| Lefor J | 20:10:15 07/26/19 | 3L6 | NMIN | LBPD | LBPD | MDC: name=CH*, AARON |
| Lefor J | 20:16:08 07/26/19 | 3L6 | 42 | LBPD | LBPD | (MDC) |
| Boggs J | 21:16:33 07/26/19 | 3L6 | CMPL | LBPD | LBPD | incid#=19-1930L Completed Call |

COMMENTS

wanting to speak to an officer. step daughter in LB at discovery recovery.. she has been getting ahold of rp's bank card and purchased over 3,000 online. police where he lives told him to report it here also..
Brianna Milne
RP said he went to visit her, she had an 8 hrs pass and he took her shopping, had lunch ect.... He thinks she stood over his shoulder and got his card number... he has been getting fraud report from banks from her ordering stuff online..

UNIT HISTORY

| Unit | Time/Date | Code |
|------|-------------------|------|
| 3L6 | 19:13:26 07/26/19 | ENRT |
| 3L6 | 20:10:15 07/26/19 | NMIN |
| 3L6 | 20:16:08 07/26/19 | 42 |
| 3L6 | 21:16:33 07/26/19 | CMPL |

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RESPONDING OFFICERS

Unit Officer

3L6 Lefor J

INVOLVEMENTS

| Type | Record# | Date | Description | Relationship |
|-------|----------|----------|-----------------------------|-----------------|
| ----- | ----- | ----- | ----- | ----- |
| NM | X | 07/26/19 | UNKNOWN () - (| Complainant |
| LW | 19-1930L | 07/26/19 | Fraud 19-1930L 800 WASHINGT | Initiating Call |

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12:40

PACIFIC COUNTY SHERIFF
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Call Number: 190729029

Nature: Convulsions
Reported: 12:30:20 07/29/19
Rcvd By: Ochoa C How Rcvd: 9
Occ Btwn: 12:30:15 07/29/19 and 12:30:20 07/29/19
Type: e
Priority:

Address: 800 WASHINGTON AVE N
City: Long Beach

Alarm:

COMPLAINANT/CONTACT

Complainant: DISCOVER RECOVERY, Name#: 176258
Race: Sex: DOB: **/**/**
Address: 800 WASHINGTON AVE N, LONG BEACH
Home Phone: (707)474-3958 Work Phone: () -

Contact: Laticia
Address:
Phone: (707)474-3958

RADIO LOG

| Dispatcher | Time/Date | Unit | Code | Zone | Agnc | Description |
|------------|-------------------|-------|------|------|------|--|
| Ochoa C | 12:34:08 07/29/19 | DLA | ASSG | MEDI | LBA | Assigned to a Call call=26e |
| Ochoa C | 12:34:08 07/29/19 | MEDIX | ASSG | MEDI | LBDP | incid#=19072906 Assigned to a Call call=26e |
| Ochoa C | 12:52:14 07/29/19 | DLF | ASSG | MEDI | LBFD | incid#=19072907 Assigned to a Call call=26e |
| Ochoa C | 12:53:53 07/29/19 | 8885 | ENRT | MEDI | LBFD | incid#=19072907 Enroute call=26e |
| Ochoa C | 12:55:04 07/29/19 | MEDIX | CMPL | MEDI | LBDP | incid#=19072906 Reassigned to call 29e, completed call 26e |
| Ochoa C | 13:03:33 07/29/19 | CMPLT | ENRT | MEDI | PCSO | incid#=19072909 Enroute call=26e |
| Ochoa C | 13:03:39 07/29/19 | 8885 | CMPL | MEDI | LBFD | incid#=19072907 Completed Call call=26e |
| Ochoa C | 13:03:39 07/29/19 | CMPLT | CMPL | MEDI | PCSO | incid#=19072909 Completed Call call=26e |
| Ochoa C | 13:03:39 07/29/19 | DLA | CMPL | MEDI | LBA | Completed Call disp:ACT clr:NA call=26e |
| Ochoa C | 13:03:39 07/29/19 | DLF | CMPL | MEDI | LBFD | incid#=19072907 Completed Call call=26e |

COMMENTS

35 yof having a seizure. Breathing. Pink in color. Alcohol detox. One seizure.
Mon Jul 29 12:34:24 PDT 2019 Ochoa
313 adv
12:53:13 07/29/2019 - Ochoa C

03/15/21
12:40

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medix 1 requesting tone long beach fire for assistance

UNIT HISTORY

| Unit | Time/Date | Code |
|-------|-------------------|------|
| 8885 | 12:53:53 07/29/19 | ENRT |
| 8885 | 13:03:39 07/29/19 | CMPL |
| CMPLT | 13:03:33 07/29/19 | ENRT |
| CMPLT | 13:03:39 07/29/19 | CMPL |
| DLA | 12:34:08 07/29/19 | ASSG |
| DLA | 13:03:39 07/29/19 | CMPL |
| DLF | 12:52:14 07/29/19 | ASSG |
| DLF | 13:03:39 07/29/19 | CMPL |
| MEDIX | 12:34:08 07/29/19 | ASSG |
| MEDIX | 12:55:04 07/29/19 | CMPL |

RESPONDING OFFICERS

| Unit | Officer |
|-------|---------|
| 8885 | 8885 |
| CMPLT | CMPLT |
| DLA | DLA |
| DLF | DLF |
| MEDIX | MEDIX |

INVOLVEMENTS

| Type | Record# | Date | Description | Relationship |
|------|----------|----------|---------------------------|-----------------|
| NM | 176258 | 07/29/19 | DISCOVER RECOVERY 800 WAS | Complainant |
| EM | 19072906 | 07/29/19 | Convulsions 19072906 | Initiating Call |
| EM | 19072907 | 07/29/19 | Convulsions 19072907 | Initiating Call |
| EM | 19072909 | 07/29/19 | Convulsions 19072909 | Initiating Call |

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Call Number: 191012023

Nature: Citizen Assist
Reported: 12:11:36 10/12/19
Rcvd By: Capps J How Rcvd: T
Occ Btwn: 12:11:36 10/12/19 and 12:11:36 10/12/19
Type: 1
Priority:

Address: 800 WASHINGTON AVE; Discover Recovery
City: Long Beach

Alarm:

COMPLAINANT/CONTACT

Complainant: UNKNOWN, Name#: X
Race: Sex: DOB: **/**/**
Address: ,
Home Phone: () - Work Phone: () -

Contact: Laura Hammer-Schoville
Address:
Phone: (203)506-9935

RADIO LOG

| Dispatcher | Time/Date | Unit | Code | Zone | Agnc | Description |
|------------|-------------------|------|------|------|------|--|
| Capps J | 12:18:16 10/12/19 | 3L3 | ASSG | LBPD | LBPD | incid#=19-2730L Assigned to a Call call=221 |
| Capps J | 12:18:35 10/12/19 | 3L3 | CMPL | LBPD | LBPD | incid#=19-2730L hes been to our office today, if seen will let him know call=221 |
| Harvill H | 17:03:03 10/12/19 | | | LBPD | LBPD | Call type 1 reopened and assigned call number 41 |
| Harvill H | 17:05:05 10/12/19 | 3L3 | ASSG | LBPD | LBPD | incid#=19-2730L Assigned to a Call call=411 |
| Parker M | 18:03:47 10/12/19 | 3L3 | ENRT | LBPD | LBPD | (MDC) Enroute incid#=19-2730L call=411 |
| Parker M | 18:03:48 10/12/19 | 3L3 | ARRV | LBPD | LBPD | (MDC) Arrived on Scene incid#=19-2730L call=411 |
| Parker M | 18:03:50 10/12/19 | 3L3 | CMPL | LBPD | LBPD | (MDC) Completed Call incid#=19-2730L call=411 |

COMMENTS

rp is in Seattle Wa, husband was in detox center Discover Recovery on Washington Ave North, he left against recommendation, was only there for 3 days, about 30 minutes ago he called rp and advised he wanted to go to the Best Western, Best Western wouldn't let him stay because he doesn't have id, rp called Discover Recovery and they advised James Schoville could pick his belongs up after 4, long hair, thin and about 5' 8", rp is asking that if contacted to advised he can pick up his items after 4
Sat Oct 12 17:01:36 PDT 2019 hh
rp calling back, advs subject is possibly suicidal and wondering if there is

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12:22

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anything law enforcement can do, rp still has not heard from Jim, rp advs she is unable to get him a hotel without him having his id she is req to speak to officer again 5'8 long drk 80's type hair 5'8 greenish eyes big roman nose, unsure what he is wearing slim build probably wearing jeans and sneakers
Call type 1 reopened by Harvill H at 17:03:03 10/12/19

UNIT HISTORY

| Unit | Time/Date | Code |
|------|-------------------|------|
| | 17:03:03 10/12/19 | |
| 3L3 | 12:18:16 10/12/19 | ASSG |
| 3L3 | 12:18:35 10/12/19 | CMPL |
| 3L3 | 17:05:05 10/12/19 | ASSG |
| 3L3 | 18:03:47 10/12/19 | ENRT |
| 3L3 | 18:03:48 10/12/19 | ARRV |
| 3L3 | 18:03:50 10/12/19 | CMPL |

RESPONDING OFFICERS

| Unit | Officer |
|------|----------|
| 3L3 | Parker M |

INVOLVEMENTS

| Type | Record# | Date | Description | Relationship |
|------|----------|----------|-----------------------------|-----------------|
| NM | X | 10/12/19 | UNKNOWN () - (| Complainant |
| LW | 19-2730L | 10/12/19 | Citizen Assist 19-2730L 800 | Initiating Call |

03/15/21
12:19

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

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Call Number: 191013009

Nature: Information
Reported: 07:51:42 10/13/19
Rcvd By: Pulsifer R How Rcvd: T
Occ Btwn: 07:51:42 10/13/19 and 07:51:42 10/13/19
Type: i
Priority:

Address: 800 WASHINGTON AVE;N discover recovery
City: Long Beach

Alarm:

COMPLAINANT/CONTACT

Complainant: UNKNOWN, Name#: X
Race: Sex: DOB: **/**/**
Address: ,
Home Phone: () - Work Phone: () -

Contact: Laura hammer-Schoville
Address:
Phone: (203)506-9935

RADIO LOG

| Dispatcher | Time/Date | Unit | Code | Zone | Agnc | Description |
|------------|-----------|------|------|------|------|-------------|
| ----- | | | | | | |

COMMENTS

husband left detox center left against advice has no money or means of transportation no id or anything yesterday morning is when he left

discover recovery at 800 washington ave n

husband is James h Schoville 10/19/63

he went into LBPD to use the phone to call rp this was about 10:00 or 11:00 am they told him he could come back between 8 to 10 to pick up his belongings (at discover recovery)

while on the phone with rp she said she was getting a call from Long Beach possibly the detox center

rp recalled said he was at the detox center and is going to be taking a bus back to her spoke with him and he is ok

gave 314 info

UNIT HISTORY

| Unit | Time/Date | Code |
|-------|-----------|------|
| ----- | | |

RESPONDING OFFICERS

| | |
|-------|---------|
| ----- | |
| Unit | Officer |
| ----- | |

INVOLVEMENTS

| | | | | |
|-------|---------|----------|-----------------|--------------|
| Type | Record# | Date | Description | Relationship |
| ----- | | | | |
| NM | X | 10/13/19 | UNKNOWN () - (| Complainant |

03/15/21
12:21

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

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Call Number: 191015055

Nature: Alarm Fire
Reported: 17:04:40 10/15/19
Rcvd By: Vanderpool J How Rcvd: T
Occ Btwn: 17:04:40 10/15/19 and 17:04:40 10/15/19
Type: lf
Priority:

Address: 800 WASHINGTON AVE; n DISCOVER RECOVERY
City: Long Beach

Alarm:

COMPLAINANT/CONTACT

Complainant: SMITH FIRE SYSTEMS, Name#: 95985
Race: Sex: DOB: **/**/**
Address: , LONG BEACH
Home Phone: (800)424-8276 Work Phone: () -

Contact: madison
Address: ref number 890951
Phone: (877)206-9141

RADIO LOG

| Dispatcher | Time/Date | Unit | Code | Zone | Agnc | Description |
|------------|-------------------|------|------|------|------|--|
| Vanderpool | 17:06:13 10/15/19 | DLF | ASSG | LBFD | LBFD | incid#=191015001 Assigned to a Call call=50f |
| Samplawski | 17:08:17 10/15/19 | 8805 | ARRV | LBFD | LBFD | incid#=191015001 Arrived on Scene call=50f |
| Samplawski | 17:08:45 10/15/19 | 8805 | 43 | LBFD | LBFD | single story wood structure nothing showing out invest |
| Samplawski | 17:09:10 10/15/19 | 3L2 | ARRV | LBFD | LBPD | incid#=191015002 Arrived on Scene call=50f |
| Samplawski | 17:09:13 10/15/19 | 3L2 | ARRV | LBPD | LBPD | incid#=19-2764L Arrived on Scene call=501 |
| Samplawski | 17:11:27 10/15/19 | 8805 | 43 | LBFD | LBFD | from LB base - do you need an engine response, no i don't think that neccessary |
| Samplawski | 17:11:27 10/15/19 | 8805 | 43 | LBFD | LBFD | + not much going on false alarm, received you have 4 standing by, i'll let you k |
| Samplawski | 17:11:27 10/15/19 | 8805 | 43 | LBFD | LBFD | + now in a little bit |
| Samplawski | 17:12:37 10/15/19 | 8805 | 43 | LBFD | LBFD | to LB base - yall can stand down going to reset, recieved stand down |
| Samplawski | 17:12:46 10/15/19 | 3L2 | CMPL | LBPD | LBPD | incid#=19-2764L Completed Call call=501 |
| Samplawski | 17:15:38 10/15/19 | 8805 | CMPL | LBFD | LBFD | incid#=191015001 all longbeach clear false alarm call=50f |

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12:21

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

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Samplawski 17:15:38 10/15/19 DLF CMPL LBFD LBFD incid#=191015001 all
longbeach clear false alarm
call=50f

COMMENTS

FIRE ALARM, ZONE 29 UNIT 3 SMOKE DETECTOR no resp

UNIT HISTORY

| Unit | Time/Date | Code |
|------|-------------------|------|
| 3L2 | 17:09:10 10/15/19 | ARRV |
| 3L2 | 17:09:13 10/15/19 | ARRV |
| 3L2 | 17:12:46 10/15/19 | CMPL |
| 8805 | 17:08:17 10/15/19 | ARRV |
| 8805 | 17:08:45 10/15/19 | 43 |
| 8805 | 17:11:27 10/15/19 | 43 |
| 8805 | 17:11:27 10/15/19 | 43 |
| 8805 | 17:11:27 10/15/19 | 43 |
| 8805 | 17:12:37 10/15/19 | 43 |
| 8805 | 17:15:38 10/15/19 | CMPL |
| DLF | 17:06:13 10/15/19 | ASSG |
| DLF | 17:15:38 10/15/19 | CMPL |

RESPONDING OFFICERS

| Unit | Officer |
|------|----------|
| 3L2 | Meling C |
| 3L2 | Meling C |
| 8805 | 8805 |
| DLF | DLF |

INVOLVEMENTS

| Type | Record# | Date | Description | Relationship |
|------|-----------|----------|-----------------------------|-----------------|
| NM | 95985 | 10/15/19 | SMITH FIRE SYSTEMS LONG | Complainant |
| FR | 191015001 | 10/15/19 | Alarm Fire 191015001 | Initiating Call |
| FR | 191015002 | 10/15/19 | Alarm Fire 191015002 | Initiating Call |
| LW | 19-2764L | 10/15/19 | Alarm Fire 19-2764L 800 WAS | Initiating Call |

03/15/21
12:30

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

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Call Number: 191027082

Nature: Citizen Assist
Reported: 18:07:20 10/27/19
Rcvd By: Hardy M How Rcvd: T
Occ Btwn: 18:07:20 10/27/19 and 18:07:20 10/27/19
Type: 1
Priority:

Address: 800 WASHINGTON AVE N; WASHINGTON AVE N
City: Long Beach

Alarm:

COMPLAINANT/CONTACT

Complainant: UNKNOWN, Name#: X
Race: Sex: DOB: **/**/**
Address: ,
Home Phone: () - Work Phone: () -

Contact: BEVERLY REDDEN
Address:
Phone: (630)257-1995

RADIO LOG

| Dispatcher | Time/Date | Unit | Code | Zone | Agnc | Description |
|------------|-------------------|------|------|------|------|---|
| Hardy M | 18:13:50 10/27/19 | 3L3 | ASSG | LBDP | LBDP | incid#=19-2878L Assigned to a Call call=771 |
| Rye A | 18:17:10 10/27/19 | 3L3 | CMPL | LBDP | LBDP | incid#=19-2878L made contact call=771 |

COMMENTS

ADVSD SHE IS CALLING FROM ILLINOIS ABOUT DISCOVER RECOVERY ALCOHOL TREATMENT CENTER IN LONG BEACH. WANTS TO TALK TO AN OFFICER ABOUT THIS BUSINESS AND IF THEY ARE LEGIT. WORRIED ABOUT A FRIEND.

UNIT HISTORY

| Unit | Time/Date | Code |
|------|-------------------|------|
| 3L3 | 18:13:50 10/27/19 | ASSG |
| 3L3 | 18:17:10 10/27/19 | CMPL |

RESPONDING OFFICERS

| Unit | Officer |
|------|---------|
| | |

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PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

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3L3 Parker M

INVOLVEMENTS

| Type | Record# | Date | Description | Relationship |
|------|----------|----------|-----------------------------|-----------------|
| NM | X | 10/27/19 | UNKNOWN () - (| Complainant |
| LW | 19-2878L | 10/27/19 | Citizen Assist 19-2878L 800 | Initiating Call |

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12:34

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

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Call Number: 191226001

Nature: Medical
Reported: 02:16:52 12/26/19
Rcvd By: Mayfield C How Rcvd: 9
Occ Btwn: 02:16:35 12/26/19 and 02:16:52 12/26/19
Type: e
Priority:

Address: 800 WASHINGTON AVE N; DISCOVERY RECOVERY;
City: Long Beach

Alarm:

COMPLAINANT/CONTACT

Complainant: UNKNOWN CALLER - 911, Name#: X911
Race: Sex: DOB: **/**/**
Address: ,
Home Phone: () - Work Phone: () -

Contact: DISCOVERY RECOVERY
Address: 800 07 WASHINGTON AVE N
Phone: (480)787-5892

RADIO LOG

| Dispatcher | Time/Date | Unit | Code | Zone | Agnc | Description |
|------------|-------------------|-------|------|------|------|--|
| Mayfield C | 02:19:55 12/26/19 | DLA | ASSG | MEDI | LBA | Assigned to a Call call=1e |
| Mayfield C | 02:19:55 12/26/19 | MEDIX | ASSG | MEDI | LBDP | incid#=19122602 Assigned to a Call call=1e |
| Mayfield C | 03:22:06 12/26/19 | DLA | CMPL | MEDI | LBA | Completed Call call=1e |
| Mayfield C | 03:22:06 12/26/19 | MEDIX | CMPL | MEDI | LBDP | incid#=19122602 Completed Call call=1e |

COMMENTS

PATIENT THAT NEEDS TO GO TO THE ER--

PAIN, HASN'T BEEN ABLE TO SLEEP, GULLSTONE, BACK HURTS, UNKNOWN AGE.

UNIT HISTORY

| Unit | Time/Date | Code |
|-------|-------------------|------|
| DLA | 02:19:55 12/26/19 | ASSG |
| DLA | 03:22:06 12/26/19 | CMPL |
| MEDIX | 02:19:55 12/26/19 | ASSG |
| MEDIX | 03:22:06 12/26/19 | CMPL |

RESPONDING OFFICERS

| Unit | Officer |
|------|---------|
| | |

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PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

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DLA DLA
MEDIX MEDIX

INVOLVEMENTS

| Type | Record# | Date | Description | Relationship |
|------|----------|----------|----------------------|-----------------|
| NM | X911 | 12/26/19 | UNKNOWN CALLER - 911 | Complainant |
| EM | 19122601 | 12/26/19 | Medical 19122601 | Initiating Call |
| EM | 19122602 | 12/26/19 | Medical 19122602 | Initiating Call |

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12:32

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

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Call Number: 200102028

Nature: Attempt-Locate
Reported: 10:39:30 01/02/20
Rcvd By: Pulsifer R How Rcvd: T
Occ Btwn: 10:39:30 01/02/20 and 10:39:30 01/02/20
Type: 1
Priority:

Address: 800 WASHINGTON AVE N; Discover Recovery
City: Long Beach

Alarm:

COMPLAINANT/CONTACT

Complainant: DISCOVER RECOVERY, Name#: 176258
Race: Sex: DOB: **/**/**
Address: 800 WASHINGTON AVE N, LONG BEACH
Home Phone: (707)474-3958 Work Phone: () -

Contact: Director Andrew
Address:
Phone: () -

RADIO LOG

| Dispatcher | Time/Date | Unit | Code | Zone | Agnc | Description |
|------------|-------------------|------|------|------|------|--|
| Pulsifer R | 10:40:56 01/02/20 | 3L1 | ENRT | LBPD | LBPD | incid#=20-0006L Enroute call=241 |
| Pulsifer R | 10:51:34 01/02/20 | 3L1 | CMPL | LBPD | LBPD | incid#=20-0006L utl call=241 |
| Pulsifer R | 10:59:43 01/02/20 | | | LBPD | LBPD | Call type 1 reopened and assigned call number 27 |
| Pulsifer R | 10:59:49 01/02/20 | 3L1 | ENRT | LBPD | LBPD | incid#=20-0006L Enroute call=271 |
| Pulsifer R | 10:59:57 01/02/20 | 3L1 | ARRV | LBPD | LBPD | incid#=20-0006L 16th n & 103 call=271 |
| Pulsifer R | 11:02:42 01/02/20 | 3L1 | 43 | LBPD | LBPD | subject is fine does not want any asisstance from anyone has a brother coming to |
| Pulsifer R | 11:02:42 01/02/20 | 3L1 | 43 | LBPD | LBPD | + o pick her up supposedly they are heading to Astoria |
| Pulsifer R | 11:02:50 01/02/20 | 3L1 | CMPL | LBPD | LBPD | incid#=20-0006L Completed Call call=271 |

COMMENTS

female took off from discover recovery 3L1 will be atl/welfare check
Call type 1 reopened by Pulsifer R at 10:59:43 01/02/20

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12:32

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

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UNIT HISTORY

| Unit | Time/Date | Code |
|------|-------------------|------|
| | 10:59:43 01/02/20 | |
| 3L1 | 10:40:56 01/02/20 | ENRT |
| 3L1 | 10:51:34 01/02/20 | CMPL |
| 3L1 | 10:59:49 01/02/20 | ENRT |
| 3L1 | 10:59:57 01/02/20 | ARRV |
| 3L1 | 11:02:42 01/02/20 | 43 |
| 3L1 | 11:02:42 01/02/20 | 43 |
| 3L1 | 11:02:50 01/02/20 | CMPL |

RESPONDING OFFICERS

| Unit | Officer |
|------|----------|
| 3L1 | Wright F |

INVOLVEMENTS

| Type | Record# | Date | Description | Relationship |
|------|----------|----------|-------------------|------------------------------|
| NM | 176258 | 01/02/20 | DISCOVER RECOVERY | 800 WAS Complainant |
| LW | 20-0006L | 01/02/20 | Attempt-Locate | 20-0006L 800 Initiating Call |

03/15/21
12:40

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

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Call Number: 200121013

Nature: Mental Subject
Reported: 09:33:33 01/21/20
Rcvd By: Pulsifer R How Rcvd: 9
Occ Btwn: 09:33:31 01/21/20 and 09:33:33 01/21/20
Type: 1e
Priority:

Address: 800 WASHINGTON AVE N
City: Long Beach

Alarm:

COMPLAINANT/CONTACT

Complainant: DISCOVER RECOVERY, Name#: 176258
Race: Sex: DOB: **/**/**
Address: 800 WASHINGTON AVE N, LONG BEACH
Home Phone: (707) 474-3958 Work Phone: () -

Contact: thomas 360-244-4707
Address: 800 07 WASHINGTON AVE N
Phone: (706) 622-6774

RADIO LOG

| Dispatcher | Time/Date | Unit | Code | Zone | Agnc | Description |
|------------|-------------------|-------|------|------|------|--|
| Pulsifer R | 09:36:12 01/21/20 | DLA | ENRT | | LBA | Enroute call=10e |
| Pulsifer R | 09:36:12 01/21/20 | MEDIX | ENRT | | LBP | Enroute call=10e |
| Pulsifer R | 09:38:03 01/21/20 | 3L4 | ENRT | LBP | LBP | incid#=20-0148L Enroute call=101 |
| Pulsifer R | 09:38:09 01/21/20 | 3L4 | 43 | LBP | LBP | adv medix requesting law |
| Pulsifer R | 09:39:06 01/21/20 | 3L1 | ENRT | LBP | LBP | incid#=20-0148L Enroute call=101 |
| Pulsifer R | 09:40:57 01/21/20 | 3L1 | ARRV | LBP | LBP | incid#=20-0148L Arrived on Scene call=101 |
| Pulsifer R | 09:41:00 01/21/20 | 3L4 | ARRV | LBP | LBP | incid#=20-0148L Arrived on Scene call=101 |
| Pulsifer R | 09:44:40 01/21/20 | 3L1 | 43 | LBP | LBP | get ahold of mobile crisis ask them to respond he will probably not be going to + hospital |
| Pulsifer R | 09:44:40 01/21/20 | 3L1 | 43 | LBP | LBP | + hospital |
| Pulsifer R | 09:47:57 01/21/20 | 3L4 | 43 | LBP | LBP | given details for suspicious call |
| Pulsifer R | 09:52:55 01/21/20 | 3L1 | 43 | LBP | LBP | status |
| Pulsifer R | 09:52:55 01/21/20 | 3L4 | 43 | LBP | LBP | status |
| Pulsifer R | 09:53:22 01/21/20 | 3L4 | 43 | LBP | LBP | mobile crisis eta 15 to 20 min eta |
| Pulsifer R | 10:00:03 01/21/20 | 3L4 | CMPL | LBP | LBP | incid#=20-0148L Completed Call call=101 |
| Pulsifer R | 10:05:05 01/21/20 | 3L1 | 43 | LBP | LBP | adv does not need medix to come to location |

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12:40

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

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Pulsifer R 10:08:07 01/21/20 3L1 43 LBPB LBPB giving courtesy transport to
obh with subject req mobile
crisis meet there
Pulsifer R 10:13:23 01/21/20 3L1 ENRT LBPB LBPB incid#=20-0148L obh call=101
Pulsifer R 10:15:39 01/21/20 3L1 ARRIV LBPB LBPB incid#=20-0148L Arrived on
Scene call=101
Pulsifer R 10:15:43 01/21/20 3L1 ARRIV LBPB LBPB obh, call=101
Pulsifer R 10:29:40 01/21/20 DLA CMPL MEDI LBA Completed Call call=10e
Pulsifer R 10:29:40 01/21/20 MEDIX CMPL MEDI LBPB Completed Call disp:ACT
clr:NA call=10e
Pulsifer R 10:34:47 01/21/20 3L1 43 LBPB LBPB clear obh subject will be
talking with crisis support
Pulsifer R 10:34:55 01/21/20 3L1 CMPL LBPB LBPB incid#=20-0148L Completed
Call call=101

COMMENTS

thomas at discover recovery has a client needs an evaluation needs transport to
er

transfer to medix

currently outside
believe having psychotic break 25 year old male
currently awake outside smoking is breathing
getting to be violent is talking to himself
no access to weapons
09:37:04 01/21/2020 - Pulsifer R
314 adv of call

Tue Jan 21 09:52:20 PST 2020 Pulsifer R
mobile crisis is responding approx 15-20 min eta

UNIT HISTORY

| Unit | Time/Date | Code |
|------|-------------------|------|
| 3L1 | 09:39:06 01/21/20 | ENRT |
| 3L1 | 09:40:57 01/21/20 | ARRV |
| 3L1 | 09:44:40 01/21/20 | 43 |
| 3L1 | 09:44:40 01/21/20 | 43 |
| 3L1 | 09:52:55 01/21/20 | 43 |
| 3L1 | 10:05:05 01/21/20 | 43 |
| 3L1 | 10:08:07 01/21/20 | 43 |
| 3L1 | 10:13:23 01/21/20 | ENRT |
| 3L1 | 10:15:39 01/21/20 | ARRV |
| 3L1 | 10:15:43 01/21/20 | ARRV |
| 3L1 | 10:34:47 01/21/20 | 43 |
| 3L1 | 10:34:55 01/21/20 | CMPL |
| 3L4 | 09:38:03 01/21/20 | ENRT |
| 3L4 | 09:38:09 01/21/20 | 43 |
| 3L4 | 09:41:00 01/21/20 | ARRV |
| 3L4 | 09:47:57 01/21/20 | 43 |
| 3L4 | 09:52:55 01/21/20 | 43 |
| 3L4 | 09:53:22 01/21/20 | 43 |

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12:40

PACIFIC COUNTY SHERIFF
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| | | | |
|-------|----------|----------|------|
| 3L4 | 10:00:03 | 01/21/20 | CMPL |
| DLA | 09:36:12 | 01/21/20 | ENRT |
| DLA | 10:29:40 | 01/21/20 | CMPL |
| MEDIX | 09:36:12 | 01/21/20 | ENRT |
| MEDIX | 10:29:40 | 01/21/20 | CMPL |

RESPONDING OFFICERS

Unit Officer

| | |
|-------|-------------|
| 3L1 | Wright F |
| 3L4 | Mortenson T |
| DLA | DLA |
| MEDIX | MEDIX |

INVOLVEMENTS

| Type | Record# | Date | Description | Relationship |
|-------|----------|----------|-----------------------------|-----------------|
| ----- | ----- | ----- | ----- | ----- |
| NM | 176258 | 01/21/20 | DISCOVER RECOVERY 800 WAS | Complainant |
| EM | 20012104 | 01/21/20 | Mental Subject 20012104 | Initiating Call |
| LW | 20-0413 | 01/21/20 | Mental Subject 20-0413 800 | Initiating Call |
| LW | 20-0148L | 01/21/20 | Mental Subject 20-0148L 800 | Initiating Call |

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12:33

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

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Call Number: 200211031

Nature: Citizen Dispute
Reported: 11:04:43 02/11/20
Rcvd By: Pulsifer R How Rcvd: 9
Occ Btwn: 11:04:41 02/11/20 and 11:04:43 02/11/20
Type: 1
Priority:

Address: 800 WASHINGTON AVE N; Discover Recovery
City: Long Beach

Alarm:

COMPLAINANT/CONTACT

Complainant: OXFORD, TIMOTHY CHARLES
Race: W Sex: M DOB: 08/05/93
Address: 20109 P PL, Ocean Park
Home Phone: (425)599-5822

Name#: 174044

Work Phone: () -

Contact: TRANQUILITY PARTNERS - 2407
Address: 800 07 WASHINGTON AVE N
Phone: (857)445-4538

RADIO LOG

| Dispatcher | Time/Date | Unit | Code | Zone | Agnc | Description |
|------------|-------------------|------|------|------|------|--|
| Pulsifer R | 11:08:30 02/11/20 | 3L4 | ENRT | LBPD | LBPD | incid#=20-0284L Enroute call=261 |
| Pulsifer R | 11:08:43 02/11/20 | 3L4 | 43 | LBPD | LBPD | adv rp is last of oxford showing officer safety |
| Pulsifer R | 11:08:57 02/11/20 | 3L1 | ENRT | LBPD | LBPD | incid#=20-0284L Enroute call=261 |
| Pulsifer R | 11:13:53 02/11/20 | 3L1 | 43 | LBPD | LBPD | clear of office |
| Pulsifer R | 11:18:19 02/11/20 | 3L1 | 43 | LBPD | LBPD | 311 to 314 adv 8th st south and washington |
| Pulsifer R | 11:18:19 02/11/20 | 3L4 | 43 | LBPD | LBPD | 311 to 314 adv 8th st south and washington |
| Pulsifer R | 11:19:30 02/11/20 | 3L1 | ARRV | LBPD | LBPD | incid#=20-0284L Arrived on Scene call=261 |
| Pulsifer R | 11:19:30 02/11/20 | 3L4 | ARRV | LBPD | LBPD | incid#=20-0284L Arrived on Scene call=261 |
| Pulsifer R | 11:25:04 02/11/20 | 3L1 | 43 | LBPD | LBPD | status |
| Pulsifer R | 11:25:04 02/11/20 | 3L4 | 43 | LBPD | LBPD | status |
| Pulsifer R | 11:30:39 02/11/20 | 3L1 | 43 | LBPD | LBPD | status one in custody for trespassing need to book him in jail let jail know |
| Pulsifer R | 11:30:39 02/11/20 | 3L4 | 43 | LBPD | LBPD | status one in custody for trespassing need to book him in jail let jail know |
| Pulsifer R | 11:33:34 02/11/20 | 3L1 | 43 | LBPD | LBPD | call either dispatch or jail |
| Pulsifer R | 11:39:35 02/11/20 | 3L1 | 43 | LBPD | LBPD | sstatus |
| Pulsifer R | 11:39:35 02/11/20 | 3L4 | 43 | LBPD | LBPD | sstatus |

| | | |
|-------------------|--|----------------|
| 03/15/21 12:33 | PACIFIC COUNTY SHERIFF CALL DETAIL REPORT | Page: 618 2 |
|-------------------|--|----------------|

| | | | |
|----------------------------------|------|-----------|--|
| Pulsifer R 11:45:30 02/11/20 3L1 | 43 | LBDP LBDP | 4 on scene waiting for confirmation from jail |
| Pulsifer R 11:47:26 02/11/20 3L1 | CMPL | LBDP LBDP | incid#=20-0284L Completed Call call=261 |
| Pulsifer R 11:51:11 02/11/20 3L4 | 43 | LBDP LBDP | 314 to 311 has undersheriff called you yet just called up there doesn't look lik |
| Pulsifer R 11:51:11 02/11/20 3L4 | 43 | LBDP LBDP | + e it is going to happen who did you talk to spoke with jail they adv undersher |
| Pulsifer R 11:51:11 02/11/20 3L4 | 43 | LBDP LBDP | + riff would call you |
| Pulsifer R 11:53:20 02/11/20 3L4 | 43 | LBDP LBDP | 311 to 314 still haven't got a phone call yet so just hang on |
| Pulsifer R 12:03:58 02/11/20 3L4 | 43 | LBDP LBDP | status by mdc |
| Pulsifer R 12:07:41 02/11/20 3L4 | 43 | LBDP LBDP | 311 to 314 give him a ride up to his residence and release him at this point 314 |
| Pulsifer R 12:07:41 02/11/20 3L4 | 43 | LBDP LBDP | + 4 received |
| Pulsifer R 12:09:57 02/11/20 3L4 | 43 | LBDP LBDP | sited and released on subject courtesy transport north beg mile 6573/8 |
| Pulsifer R 12:10:08 02/11/20 3L4 | ENRT | LBDP LBDP | incid#=20-0284L north subj residence call=261 |
| Pulsifer R 12:10:24 02/11/20 3L4 | 43 | LBDP LBDP | 311 to 314 hold on a minute 314 copies |
| Pulsifer R 12:11:45 02/11/20 3L4 | 43 | LBDP LBDP | 311 to 314 they are going to try one more thing with jail 314 would you like me |
| Pulsifer R 12:11:45 02/11/20 3L4 | 43 | LBDP LBDP | + to stand by 311 yea stand by |
| Pulsifer R 12:23:40 02/11/20 3L4 | 43 | LBDP LBDP | 311 to 314 go north to pacific county jail will fax up pc 314 received req meet |
| Pulsifer R 12:23:40 02/11/20 3L4 | 43 | LBDP LBDP | + t me at pd to secure |
| Pulsifer R 12:26:40 02/11/20 3L4 | 43 | LBDP LBDP | enrt beg 657513 |
| Pulsifer R 12:27:05 02/11/20 3L4 | ENRT | LBDP LBDP | incid#=20-0284L 81 call=261 |
| Capps J 13:13:44 02/11/20 3L4 | ARRV | LBDP LBDP | incid#=20-0284L 81 ending mileage 6617.0 call=261 |
| Vanderpool 14:19:42 02/11/20 3L4 | CMPL | LBDP LBDP | |

COMMENTS

stuff is being held hostage is at a place called discover recovery
 Timothy Oxford
 they will not give back his id

is in a voluntary program they think they can just keep his stuff and that is not true

11:08:51 02/11/2020 - Pulsifer R

311 copies officer safety

11:32:51 02/11/2020 - Pulsifer R

jail req call

03/15/21
12:33

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

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UNIT HISTORY

| Unit | Time/Date | Code |
|------|-------------------|------|
| 3L1 | 11:08:57 02/11/20 | ENRT |
| 3L1 | 11:13:53 02/11/20 | 43 |
| 3L1 | 11:18:19 02/11/20 | 43 |
| 3L1 | 11:19:30 02/11/20 | ARRV |
| 3L1 | 11:25:04 02/11/20 | 43 |
| 3L1 | 11:30:39 02/11/20 | 43 |
| 3L1 | 11:33:34 02/11/20 | 43 |
| 3L1 | 11:39:35 02/11/20 | 43 |
| 3L1 | 11:45:30 02/11/20 | 43 |
| 3L1 | 11:47:26 02/11/20 | CMPL |
| 3L4 | 11:08:30 02/11/20 | ENRT |
| 3L4 | 11:08:43 02/11/20 | 43 |
| 3L4 | 11:18:19 02/11/20 | 43 |
| 3L4 | 11:19:30 02/11/20 | ARRV |
| 3L4 | 11:25:04 02/11/20 | 43 |
| 3L4 | 11:30:39 02/11/20 | 43 |
| 3L4 | 11:39:35 02/11/20 | 43 |
| 3L4 | 11:51:11 02/11/20 | 43 |
| 3L4 | 11:51:11 02/11/20 | 43 |
| 3L4 | 11:51:11 02/11/20 | 43 |
| 3L4 | 11:53:20 02/11/20 | 43 |
| 3L4 | 12:03:58 02/11/20 | 43 |
| 3L4 | 12:07:41 02/11/20 | 43 |
| 3L4 | 12:07:41 02/11/20 | 43 |
| 3L4 | 12:09:57 02/11/20 | 43 |
| 3L4 | 12:10:08 02/11/20 | ENRT |
| 3L4 | 12:10:24 02/11/20 | 43 |
| 3L4 | 12:11:45 02/11/20 | 43 |
| 3L4 | 12:11:45 02/11/20 | 43 |
| 3L4 | 12:23:40 02/11/20 | 43 |
| 3L4 | 12:23:40 02/11/20 | 43 |
| 3L4 | 12:26:40 02/11/20 | 43 |
| 3L4 | 12:27:05 02/11/20 | ENRT |
| 3L4 | 13:13:44 02/11/20 | ARRV |
| 3L4 | 14:19:42 02/11/20 | CMPL |

RESPONDING OFFICERS

| Unit | Officer |
|------|-------------|
| 3L1 | Wright F |
| 3L4 | Mortenson T |

INVOLVEMENTS

| Type | Record# | Date | Description | Relationship |
|------|----------|----------|-----------------------------|-----------------|
| NM | 174044 | 02/11/20 | OXFORD TIMOTHY CHARLES 2010 | Complainant |
| LW | 20-0284L | 02/11/20 | Citizen Dispute 20-0284L 80 | Initiating Call |

03/15/21
12:39

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

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Call Number: 200412057

Nature: Information
Reported: 22:35:51 04/12/20
Rcvd By: Hardy M How Rcvd: 9
Occ Btwn: 22:35:48 04/12/20 and 22:35:51 04/12/20
Type: i
Priority:

Address: 800 WASHINGTON AVE N
City: Long Beach

Alarm:

COMPLAINANT/CONTACT

Complainant: DISCOVER RECOVERY, Name#: 176258
Race: Sex: DOB: **/**/**
Address: 800 WASHINGTON AVE N, LONG BEACH
Home Phone: (707)474-3958 Work Phone: () -

Contact: kayla wiest
Address: 318 2nd ST NE - N
Phone: (360)214-0236

RADIO LOG

| Dispatcher | Time/Date | Unit | Code | Zone | Agnc | Description |
|------------|-----------|------|------|------|------|-------------|
| ----- | | | | | | |

COMMENTS

rp advsd tia (unk last) 23 yo, white female, skinny, red/blonde hair.
wearing yellow crop top sweater, black leggings, left discover recovery walking,
unk direction, is not mandatory to stay there. If anyone has an encounter
w/female to let rp know.

UNIT HISTORY

| Unit | Time/Date | Code |
|-------|-----------|------|
| ----- | | |

RESPONDING OFFICERS

| Unit | Officer |
|-------|---------|
| ----- | |

INVOLVEMENTS

| Type | Record# | Date | Description | Relationship |
|-------|---------|----------|-------------------|---------------------|
| ----- | | | | |
| NM | 176258 | 04/12/20 | DISCOVER RECOVERY | 800 WAS Complainant |

03/15/21
12:27

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

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Call Number: 200508051

Nature: Alarm Fire
Reported: 14:52:09 05/08/20
Rcvd By: Vanderpool J How Rcvd: T
Occ Btwn: 14:52:09 05/08/20 and 14:52:09 05/08/20
Type: lf
Priority:

Address: 800 WASHINGTON AVE N;DISCOVER RECOVERY
City: Long Beach

Alarm:

COMPLAINANT/CONTACT

Complainant: SMITH FIRE SYSTEMS, Name#: 95985
Race: Sex: DOB: **/**/**
Address: , LONG BEACH
Home Phone: (800)424-8276 Work Phone: () -

Contact: TIMOTHY
Address: REF - 890951
Phone: (877)206-9141

RADIO LOG

| Dispatcher | Time/Date | Unit | Code | Zone | Agnc | Description |
|------------|-------------------|------|------|------|------|--|
| Vanderpool | 14:53:37 05/08/20 | 3L5 | ENRT | LBPD | LBPD | incid#=20-0895L Enroute call=47f |
| Vanderpool | 14:53:42 05/08/20 | DLF | ASSG | LBFD | LBFD | incid#=200508001 Assigned to a Call call=47f |
| Capps J | 14:58:17 05/08/20 | 8821 | ENRT | LBFD | LBFD | incid#=200508001 Enroute call=47f |
| Capps J | 14:58:33 05/08/20 | 8803 | ENRT | LBFD | LBPD | Enroute call=47f |
| Capps J | 14:58:48 05/08/20 | 8803 | ARRV | LBFD | LBPD | no smoke showing out investigating call=47f |
| Capps J | 15:06:47 05/08/20 | 8821 | CMPL | LBFD | LBFD | incid#=200508001 all long beach units clear call=47f |
| Capps J | 15:07:04 05/08/20 | 8803 | CMPL | LBFD | LBPD | Completed Call call=47f |
| Capps J | 15:07:04 05/08/20 | DLF | CMPL | LBFD | LBFD | incid#=200508001 Completed Call call=47f |
| Vanderpool | 15:08:09 05/08/20 | 3L5 | CMPL | LBPD | LBPD | |

COMMENTS

FIRE ALARM ZONE 18 UNIT 9 SMOKE DETECTOR

UNIT HISTORY

| Unit | Time/Date | Code |
|------|-------------------|------|
| 3L5 | 14:53:37 05/08/20 | ENRT |
| 3L5 | 15:08:09 05/08/20 | CMPL |

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12:27

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

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| | | | |
|------|----------|----------|------|
| 8803 | 14:58:33 | 05/08/20 | ENRT |
| 8803 | 14:58:48 | 05/08/20 | ARRV |
| 8803 | 15:07:04 | 05/08/20 | CMPL |
| 8821 | 14:58:17 | 05/08/20 | ENRT |
| 8821 | 15:06:47 | 05/08/20 | CMPL |
| DLF | 14:53:42 | 05/08/20 | ASSG |
| DLF | 15:07:04 | 05/08/20 | CMPL |

RESPONDING OFFICERS

Unit Officer

| | |
|------|-----------|
| 3L5 | Cutting J |
| 8803 | 8803 |
| 8821 | 8821 |
| DLF | DLF |

INVOLVEMENTS

| Type | Record# | Date | Description | Relationship |
|-------|-----------|----------|------------------------------|-----------------|
| ----- | | | | |
| NM | 95985 | 05/08/20 | SMITH FIRE SYSTEMS LONG | Complainant |
| FR | 200508001 | 05/08/20 | Alarm Fire 200508001 | Initiating Call |
| LW | 20-0895L | 05/08/20 | Alarm Fire 20-0895L 800 WAS | Initiating Call |

03/15/21
12:38PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT618
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Call Number: 200528004

Nature: Prowler
 Reported: 02:14:25 05/28/20
 Rcvd By: Rye A How Rcvd: T
 Occ Btwn: 02:14:25 05/28/20 and 02:14:25 05/28/20
 Type: 1
 Priority:

Address: 800 WASHINGTON AVE N
 City: Long Beach

Alarm:

COMPLAINANT/CONTACT

Complainant: LONG BEACH POLICE DEPT, Name#: LBPB
 Race: Sex: DOB: **/**/**
 Address: 212 PACIFIC AVE S; POB 795, LONG BEACH
 Home Phone: (360) 642-2911 Work Phone: (360) 642-5273 f

Contact: 312
 Address:
 Phone: () -

RADIO LOG

| Dispatcher | Time/Date | Unit | Code | Zone | Agnc | Description |
|------------|-------------------|------|------|------|------|--|
| Rye A | 02:14:54 05/28/20 | 3L2 | ENRT | LBPB | LBPB | incid#=20-1038L Enroute call=41 |
| Souvenir J | 02:18:35 05/28/20 | 3L2 | ARRV | LBPB | LBPB | incid#=20-1038L JUST NORTH OF 800 WASHINGTON AVE N call=41 |
| Souvenir J | 02:24:48 05/28/20 | 3L2 | 43 | LBPB | LBPB | STATUS |
| Meling C | 02:25:10 05/28/20 | 3L2 | NMIN | LBPB | LBPB | MDC: name=PLATO |
| Meling C | 02:29:29 05/28/20 | 3L2 | NMIN | LBPB | LBPB | MDC: name=TAYLOR, SAGE |
| Meling C | 02:30:56 05/28/20 | 3L2 | VHIN | LBPB | LBPB | MDC: pl=BRN6985 st=WA lptyp=PC |
| Meling C | 02:31:10 05/28/20 | 3L2 | NMIN | LBPB | LBPB | MDC: name=WEY*, HARLEY |
| Meling C | 02:31:21 05/28/20 | 3L2 | NMIN | LBPB | LBPB | MDC: name=WEYL, HARLEY EUGENE dob=08/20/1993 sex=M dl=1 - RCW 42.56.230(5)-DL state=WA |
| Souvenir J | 02:33:33 05/28/20 | 3L2 | CMPL | LBPB | LBPB | incid#=20-1038L Completed Call call=41 |

COMMENTS

adv enrt to area for report poss prowler...

UNIT HISTORY

| Unit | Time/Date | Code |
|------|-------------------|------|
| 3L2 | 02:14:54 05/28/20 | ENRT |

03/15/21
12:38

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

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| | | | |
|-----|----------|----------|------|
| 3L2 | 02:18:35 | 05/28/20 | ARRV |
| 3L2 | 02:24:48 | 05/28/20 | 43 |
| 3L2 | 02:25:10 | 05/28/20 | NMIN |
| 3L2 | 02:29:29 | 05/28/20 | NMIN |
| 3L2 | 02:30:56 | 05/28/20 | VHIN |
| 3L2 | 02:31:10 | 05/28/20 | NMIN |
| 3L2 | 02:31:21 | 05/28/20 | NMIN |
| 3L2 | 02:33:33 | 05/28/20 | CMPL |

RESPONDING OFFICERS

Unit Officer

3L2 Meling C

INVOLVEMENTS

| Type | Record# | Date | Description | Relationship |
|------|----------|----------|-----------------------------|-----------------|
| ---- | ----- | ----- | ----- | ----- |
| NM | LBPD | 05/28/20 | LONG BEACH POLICE DEPT | 21 Complainant |
| LW | 20-1038L | 05/28/20 | Prowler 20-1038L 800 WASHIN | Initiating Call |

Redaction Summary (1 redaction)

1 Privilege / Exemption reason used:

1 -- "RCW 42.56.230(5)-DL" (1 instance)

Reason descriptions:

RCW 42.56.230(5)-DL

Driver's license or permit numbers

Redacted pages:

Page 1, RCW 42.56.230(5)-DL, 1 instance

1-Applicable Exemption:

RCW 42.56.230(5); RCW 9.35.005(1)(c). Credit card numbers, debit card numbers, electronic check numbers, credit expiration dates, bank/other financial information as defined in RCW 9.35.005 including social security numbers are exempt except when disclosure is expressly required by or governed by other law

The cited exemption applies because the redacted/withheld information includes the following:

Driver's license or permit numbers

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12:38

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

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Call Number: 200530052

Nature: Unconsciousness
Reported: 22:13:17 05/30/20
Rcvd By: Hardy M How Rcvd: 9
Occ Btwn: 22:13:11 05/30/20 and 22:13:17 05/30/20
Type: e
Priority:

Address: 800 WASHINGTON AVE N
City: Long Beach

Alarm:

COMPLAINANT/CONTACT

Complainant: DISCOVER RECOVERY, Name#: 176258
Race: Sex: DOB: **/**/**
Address: 800 WASHINGTON AVE N, LONG BEACH
Home Phone: (707)474-3958 Work Phone: () -

Contact: employee
Address: 800 07 WASHINGTON AVE N
Phone: (707)474-3960

RADIO LOG

| Dispatcher | Time/Date | Unit | Code | Zone | Agnc | Description |
|------------|-------------------|-------|------|------|------|--|
| Hardy M | 22:17:00 05/30/20 | DLA | ASSG | MEDI | LBA | Assigned to a Call call=52e |
| Hardy M | 22:17:00 05/30/20 | MEDIX | ASSG | MEDI | LBDP | Assigned to a Call call=52e |
| Hardy M | 22:19:12 05/30/20 | 8886 | ENRT | MEDI | LBFD | incid#=20053011 Enroute call=52e |
| Hardy M | 22:19:12 05/30/20 | 8892 | ENRT | MEDI | LBFD | incid#=20053011 Enroute call=52e |
| Hardy M | 22:22:37 05/30/20 | 8886 | ARRV | MEDI | LBFD | on scene, call=52e |
| Hardy M | 22:22:37 05/30/20 | 8892 | ARRV | MEDI | LBFD | on scene, call=52e |
| Hardy M | 22:31:36 05/30/20 | 8886 | CMPL | MEDI | LBFD | incid#=20053011 Completed Call call=52e |
| Hardy M | 22:31:36 05/30/20 | 8892 | CMPL | MEDI | LBFD | incid#=20053011 Completed Call call=52e |
| Hardy M | 22:31:36 05/30/20 | DLA | CMPL | MEDI | LBA | Completed Call call=52e |
| Hardy M | 22:31:36 05/30/20 | MEDIX | CMPL | MEDI | LBDP | Completed Call disp:ACT clr:NA call=52e |

COMMENTS

33 yo male, uncon., breathing, pulse,

Sat May 30 22:17:05 PDT 2020 mh
318 advsd fyi

03/15/21
12:38

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

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UNIT HISTORY

| Unit | Time/Date | Code |
|-------|-------------------|------|
| 8886 | 22:19:12 05/30/20 | ENRT |
| 8886 | 22:22:37 05/30/20 | ARRV |
| 8886 | 22:31:36 05/30/20 | CMPL |
| 8892 | 22:19:12 05/30/20 | ENRT |
| 8892 | 22:22:37 05/30/20 | ARRV |
| 8892 | 22:31:36 05/30/20 | CMPL |
| DLA | 22:17:00 05/30/20 | ASSG |
| DLA | 22:31:36 05/30/20 | CMPL |
| MEDIX | 22:17:00 05/30/20 | ASSG |
| MEDIX | 22:31:36 05/30/20 | CMPL |

RESPONDING OFFICERS

| Unit | Officer |
|-------|---------|
| 8886 | 8886 |
| 8892 | 8892 |
| DLA | DLA |
| MEDIX | MEDIX |

INVOLVEMENTS

| Type | Record# | Date | Description | Relationship |
|------|----------|----------|---------------------------|-----------------|
| NM | 176258 | 05/30/20 | DISCOVER RECOVERY 800 WAS | Complainant |
| EM | 20053010 | 05/30/20 | Unconsciousness 20053010 | Initiating Call |
| EM | 20053011 | 05/30/20 | Unconsciousness 20053011 | Initiating Call |

03/15/21
12:33

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

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Call Number: 200701020

Nature: Alarm Fire
Reported: 09:36:49 07/01/20
Rcvd By: Capps J How Rcvd: T
Occ Btwn: 09:36:49 07/01/20 and 09:36:49 07/01/20
Type: f
Priority:

Address: 800 WASHINGTON AVE N; Discover Recovery
City: Long Beach

Alarm:

COMPLAINANT/CONTACT

Complainant: FIRE SYSTEMS WEST, Name#: 101007
Race: Sex: DOB: **/**/**
Address: ,
Home Phone: (800)752-2490 Work Phone: () -

Contact: Garret
Address:
Phone: (877)206-9141

RADIO LOG

| Dispatcher | Time/Date | Unit | Code | Zone | Agnc | Description |
|------------|-------------------|------|------|------|------|---|
| Capps J | 09:38:22 07/01/20 | DLF | ASSG | LBFD | LBFD | incid#=200701001 Assigned to a Call call=16f |
| Capps J | 09:43:23 07/01/20 | 8821 | ENRT | LBFD | LBFD | incid#=200701001 Enroute call=16f |
| Capps J | 09:43:28 07/01/20 | 8821 | 43 | LBFD | LBFD | w/3 |
| Skilling | 09:44:04 07/01/20 | 3L1 | ARRV | LBFD | LBPB | Arrived on Scene call=16f |
| Capps J | 09:45:15 07/01/20 | 8821 | 43 | LBFD | LBFD | stand down all incoming units, electrical fire that reporting party extinguished + d it |
| Capps J | 09:45:15 07/01/20 | 8821 | 43 | LBFD | LBFD | |
| Skilling | 09:50:50 07/01/20 | 3L1 | CMPL | LBFD | LBPB | |
| Souvenir J | 09:51:56 07/01/20 | DLF | CMPL | LBFD | LBFD | incid#=200701001 all units clear call=16f |
| Souvenir J | 09:51:57 07/01/20 | 8821 | CMPL | LBFD | LBFD | incid#=200701001 all units clear call=16f |

COMMENTS

commercial fire alarm activation, ref #890951

UNIT HISTORY

| Unit | Time/Date | Code |
|------|-------------------|------|
| 3L1 | 09:44:04 07/01/20 | ARRV |
| 3L1 | 09:50:50 07/01/20 | CMPL |

03/15/21
12:33

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

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| | | | |
|------|----------|----------|------|
| 8821 | 09:43:23 | 07/01/20 | ENRT |
| 8821 | 09:43:28 | 07/01/20 | 43 |
| 8821 | 09:45:15 | 07/01/20 | 43 |
| 8821 | 09:45:15 | 07/01/20 | 43 |
| 8821 | 09:51:57 | 07/01/20 | CMPL |
| DLF | 09:38:22 | 07/01/20 | ASSG |
| DLF | 09:51:56 | 07/01/20 | CMPL |

RESPONDING OFFICERS

Unit Officer

| | |
|------|----------|
| 3L1 | Wright F |
| 8821 | 8821 |
| DLF | DLF |

INVOLVEMENTS

| Type | Record# | Date | Description | Relationship |
|-------|-----------|----------|----------------------|-----------------|
| ----- | | | | |
| NM | 101007 | 07/01/20 | FIRE SYSTEMS WEST | (80 Complainant |
| FR | 200701001 | 07/01/20 | Alarm Fire 200701001 | Initiating Call |

03/29/21
10:19

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

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1

Call Number: 201007087

Nature: Welfare Check
Reported: 21:27:35 10/07/20
Rcvd By: Rye A How Rcvd: T
Occ Btwn: 21:27:35 10/07/20 and 21:27:35 10/07/20
Type: le
Priority:

Address: 800 WASHINGTON AVE N
City: Long Beach

Alarm:

COMPLAINANT/CONTACT

Complainant: DISCOVER RECOVERY, Name#: 176258
Race: Sex: DOB: **/**/**
Address: 800 WASHINGTON AVE N, LONG BEACH
Home Phone: (707)474-3958 Work Phone: () -

Contact: Cru Thompson
Address:
Phone: (503)298-0613

RADIO LOG

| Dispatcher | Time/Date | Unit | Code | Zone | Agnc | Description |
|------------|-------------------|------|------|------|------|---|
| Rye A | 21:32:18 10/07/20 | 3L6 | ASSG | LBDP | LBDP | incid#=20-2078L Assigned to a Call call=751 |
| Cowsert E | 21:43:26 10/07/20 | 3L6 | ENRT | LBDP | LBDP | (MDC) Enroute to a call |
| Rye A | 21:44:15 10/07/20 | 3L6 | ARRV | LBDP | LBDP | incid#=20-2078L call=751 in area call=751 |
| Rye A | 21:50:06 10/07/20 | 3L6 | 43 | LBDP | LBDP | status |
| Rye A | 21:57:53 10/07/20 | 3L6 | 43 | LBDP | LBDP | incid#=20-2078L female subject at 200 11ts st ne, working on getting her out of |
| Rye A | 21:57:53 10/07/20 | 3L6 | 43 | LBDP | LBDP | + house now, no problem call=751 |
| Rye A | 22:06:57 10/07/20 | 3L6 | 43 | LBDP | LBDP | will have female subject detained |
| Rye A | 22:13:04 10/07/20 | 3L6 | 43 | LBDP | LBDP | status |
| Rye A | 22:14:03 10/07/20 | 3L6 | ENRT | LBDP | LBDP | incid#=20-2078L discovery recovery w/one beg 21/4 call=751 |
| Rye A | 22:15:48 10/07/20 | 3L6 | ARRV | LBDP | LBDP | incid#=20-2078L end 21/7 call=751 |
| Rye A | 22:19:17 10/07/20 | 3L6 | CMPL | LBDP | LBDP | incid#=20-2078L subject released to discovery recovery call=751 |
| Rye A | 22:22:05 10/07/20 | | | LBDP | LBDP | Call type 1 reopened and assigned call number 81 |

| | | | | | |
|-------------------|--|--|--|--|-----------------|
| 03/29/21 10:19 | PACIFIC COUNTY SHERIFF CALL DETAIL REPORT | | | | Page: 1069 2 |
|-------------------|--|--|--|--|-----------------|

| | | | | | |
|------------|----------|----------|-------|----------------|--|
| Rye A | 22:22:21 | 10/07/20 | 3L6 | ARRV LBPD LBPD | incid#=20-2078L Arrived on Scene call=811 |
| Rye A | 22:22:31 | 10/07/20 | 3L6 | 43 LBPD LBPD | incid#=20-2078L req aid for female, highly intoxicated, just passed out call=811 |
| Rye A | 22:23:28 | 10/07/20 | DLA | ASSG LBME LBA | Assigned to a Call call=81e |
| Rye A | 22:23:55 | 10/07/20 | MEDIX | ASSG LBME LBPD | Assigned to a Call call=81e |
| Souvenir J | 22:26:42 | 10/07/20 | 3L6 | 43 LBPD LBPD | subject sat up and provided a breath sample of point 198 aid still requested |
| Rye A | 22:32:00 | 10/07/20 | 3L6 | 43 LBPD LBPD | status |
| Cowsert E | 22:37:43 | 10/07/20 | 3L6 | NMIN LBPD LBPD | MDC: name=HOUSE, MIRA dob=09/09/2000 sex=F state=OR |
| Cowsert E | 22:37:44 | 10/07/20 | 3L6 | DLIN LBPD LBPD | MDC: name=HOUSE, MIRA dob=09/09/2000 sex=F state=OR |
| Rye A | 22:39:37 | 10/07/20 | 3L6 | 43 LBPD LBPD | status |
| Rye A | 22:39:41 | 10/07/20 | 3L6 | CMPL LBPD LBPD | incid#=20-2078L Completed Call call=811 |
| Boggs J | 22:43:40 | 10/07/20 | | LBPD LBPD | Call type 1 reopened and assigned call number 81 |
| Boggs J | 22:44:16 | 10/07/20 | 3L6 | ARRV LBPD LBPD | incid#=20-2078L Arrived on Scene call=811 |
| Boggs J | 22:44:28 | 10/07/20 | 3L6 | ARRV LBPD LBPD | w/ female across from LBFD, call=811 |
| Boggs J | 22:49:52 | 10/07/20 | 3L6 | 43 LBPD LBPD | status |
| Rye A | 22:55:05 | 10/07/20 | 3L6 | 43 LBPD LBPD | status |
| Rye A | 23:00:23 | 10/07/20 | 3L6 | 43 LBPD LBPD | status |
| Rye A | 23:02:57 | 10/07/20 | 3L6 | ENRT LBPD LBPD | incid#=20-2078L following medix to obh call=811 |
| Cowsert E | 23:07:38 | 10/07/20 | 3L6 | ARVD LBPD LBPD | (MDC), call=811 |
| Rye A | 23:38:50 | 10/07/20 | 3L6 | CMPL LBPD LBPD | incid#=20-2078L Completed Call call=811 |
| Rye A | 23:38:58 | 10/07/20 | DLA | CMPL LBME LBA | Completed Call disp:ACT clr:NA call=81e |
| Rye A | 23:38:58 | 10/07/20 | MEDIX | CMPL LBME LBPD | Completed Call call=81e |

COMMENTS

had Mira House leave facility, said she wanted to go drink, one of the neighbor's called and said female came onto their property at 4th St & Ocean Beach Blvd about an hour ago, walking around LB intoxicated, 20yof 5'2" 100lbs Asian female lsw dark gray discover recovery hoody/light gray sweats/blk flip flops, carrying blk bag/purse, req check welfare, more than welcome to come back to facility, worried about her safety...

Call type 1 reopened by Rye A at 22:22:05 10/07/20

Call type 1 reopened by Boggs J at 22:43:40 10/07/20

22:43:51 10/07/2020 - Boggs J

MEDIX requesting law

UNIT HISTORY

| Unit | Time/Date | Code |
|-------|-------------------|------|
| ----- | ----- | ---- |
| | 22:22:05 10/07/20 | |

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10:19

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

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| | | | |
|-------|----------|----------|------|
| | 22:43:40 | 10/07/20 | |
| 3L6 | 21:32:18 | 10/07/20 | ASSG |
| 3L6 | 21:43:26 | 10/07/20 | ENRT |
| 3L6 | 21:44:15 | 10/07/20 | ARRV |
| 3L6 | 21:50:06 | 10/07/20 | 43 |
| 3L6 | 21:57:53 | 10/07/20 | 43 |
| 3L6 | 21:57:53 | 10/07/20 | 43 |
| 3L6 | 22:06:57 | 10/07/20 | 43 |
| 3L6 | 22:13:04 | 10/07/20 | 43 |
| 3L6 | 22:14:03 | 10/07/20 | ENRT |
| 3L6 | 22:15:48 | 10/07/20 | ARRV |
| 3L6 | 22:19:17 | 10/07/20 | CMPL |
| 3L6 | 22:22:21 | 10/07/20 | ARRV |
| 3L6 | 22:22:31 | 10/07/20 | 43 |
| 3L6 | 22:26:42 | 10/07/20 | 43 |
| 3L6 | 22:32:00 | 10/07/20 | 43 |
| 3L6 | 22:37:43 | 10/07/20 | NMIN |
| 3L6 | 22:37:44 | 10/07/20 | DLIN |
| 3L6 | 22:39:37 | 10/07/20 | 43 |
| 3L6 | 22:39:41 | 10/07/20 | CMPL |
| 3L6 | 22:44:16 | 10/07/20 | ARRV |
| 3L6 | 22:44:28 | 10/07/20 | ARRV |
| 3L6 | 22:49:52 | 10/07/20 | 43 |
| 3L6 | 22:55:05 | 10/07/20 | 43 |
| 3L6 | 23:00:23 | 10/07/20 | 43 |
| 3L6 | 23:02:57 | 10/07/20 | ENRT |
| 3L6 | 23:07:38 | 10/07/20 | ARVD |
| 3L6 | 23:38:50 | 10/07/20 | CMPL |
| DLA | 22:23:28 | 10/07/20 | ASSG |
| DLA | 23:38:58 | 10/07/20 | CMPL |
| MEDIX | 22:23:55 | 10/07/20 | ASSG |
| MEDIX | 23:38:58 | 10/07/20 | CMPL |

RESPONDING OFFICERS

Unit Officer

3L6 Cowsert E
DLA DLA
MEDIX MEDIX

INVOLVEMENTS

| Type | Record# | Date | Description | Relationship |
|------|----------|----------|----------------------------|-----------------|
| NM | 176258 | 10/07/20 | DISCOVER RECOVERY 800 WAS | Complainant |
| EM | 20100713 | 10/07/20 | Welfare Check 20100713 | Initiating Call |
| LW | 20-2078L | 10/07/20 | Welfare Check 20-2078L 800 | Initiating Call |

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10:09

PACIFIC COUNTY SHERIFF
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Call Number: 201012060

Nature: Disorderly
Reported: 18:01:55 10/12/20
Rcvd By: Rye A How Rcvd: 9
Occ Btwn: 18:01:52 10/12/20 and 18:01:55 10/12/20
Type: 1
Priority:

Address: 800 WASHINGTON AVE N
City: Long Beach

Alarm:

COMPLAINANT/CONTACT

Complainant: DISCOVER RECOVERY, Name#: 176258
Race: Sex: DOB: **/**/**
Address: 800 WASHINGTON AVE N, LONG BEACH
Home Phone: (707)474-3958 Work Phone: () -

Contact: Drew
Address: 318 2nd ST NE - N
Phone: (503)298-0613

RADIO LOG

| Dispatcher | Time/Date | Unit | Code | Zone | Agnc | Description |
|------------|-------------------|------|------|------|------|--|
| Rye A | 18:03:44 10/12/20 | 3L4 | ENRT | LBDP | LBDP | incid#=20-2113L Enroute call=531 |
| Pulsifer R | 18:07:51 10/12/20 | 3L4 | ARRV | LBDP | LBDP | incid#=20-2113L Arrived on Scene call=531 |
| Pulsifer R | 18:09:27 10/12/20 | 3L4 | 43 | LBDP | LBDP | 314 to 1p9 location up by okies |
| Pulsifer R | 18:10:11 10/12/20 | 3L4 | 43 | LBDP | LBDP | 314 to 1p9 you can stand down |
| Pulsifer R | 18:15:39 10/12/20 | 3L4 | 43 | LBDP | LBDP | status |
| Pulsifer R | 18:21:01 10/12/20 | 3L4 | 43 | LBDP | LBDP | status |
| Pulsifer R | 18:23:48 10/12/20 | 3L4 | 43 | LBDP | LBDP | one in custody ita |
| Pulsifer R | 18:27:05 10/12/20 | 3L4 | 43 | LBDP | LBDP | req mhp meet at hospital |
| Pulsifer R | 18:32:22 10/12/20 | 3L4 | 43 | LBDP | LBDP | enrt obh w/1 beg mile 12108/3 |
| Pulsifer R | 18:32:30 10/12/20 | 3L4 | ENRT | LBDP | LBDP | obh w/1, call=531 |
| Pulsifer R | 18:41:32 10/12/20 | 3L4 | ARRV | LBDP | LBDP | incid#=20-2113L obh end mile 12111/8 call=531 |
| Pulsifer R | 18:49:33 10/12/20 | 3L4 | 43 | LBDP | LBDP | mhp was adv was told to call back with eta have not heard back from them yet |
| Souvenir J | 20:04:24 10/12/20 | 3L4 | CMPL | LBDP | LBDP | incid#=20-2113L Completed Call call=531 |

COMMENTS

female just admitted breaking things, female walking around facility at this time, did push rp and broke some stuff...

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10:09

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UNIT HISTORY

| Unit | Time/Date | Code |
|------|-------------------|------|
| 3L4 | 18:03:44 10/12/20 | ENRT |
| 3L4 | 18:07:51 10/12/20 | ARRV |
| 3L4 | 18:09:27 10/12/20 | 43 |
| 3L4 | 18:10:11 10/12/20 | 43 |
| 3L4 | 18:15:39 10/12/20 | 43 |
| 3L4 | 18:21:01 10/12/20 | 43 |
| 3L4 | 18:23:48 10/12/20 | 43 |
| 3L4 | 18:27:05 10/12/20 | 43 |
| 3L4 | 18:32:22 10/12/20 | 43 |
| 3L4 | 18:32:30 10/12/20 | ENRT |
| 3L4 | 18:41:32 10/12/20 | ARRV |
| 3L4 | 18:49:33 10/12/20 | 43 |
| 3L4 | 20:04:24 10/12/20 | CMPL |

RESPONDING OFFICERS

| Unit | Officer |
|------|-----------|
| 3L4 | Estrada M |

INVOLVEMENTS

| Type | Record# | Date | Description | Relationship |
|------|----------|----------|-----------------------------|-----------------|
| NM | 176258 | 10/12/20 | DISCOVER RECOVERY 800 WAS | Complainant |
| LW | 20-2113L | 10/12/20 | Disorderly 20-2113L 800 WAS | Initiating Call |

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10:07

PACIFIC COUNTY SHERIFF
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Call Number: 201013019

Nature: Heart Problem
Reported: 08:06:33 10/13/20
Rcvd By: Moseley J How Rcvd: 9
Occ Btwn: 08:06:24 10/13/20 and 08:06:33 10/13/20
Type: e
Priority:

Address: 800 WASHINGTON AVE N
City: Long Beach

Alarm:

COMPLAINANT/CONTACT

Complainant: UNKNOWN, Name#: X
Race: Sex: DOB: **/**/**
Address: ,
Home Phone: () - Work Phone: () -

Contact: TRANQUILITY PARTNERS - 2407
Address: 800 07 WASHINGTON AVE N
Phone: (706)391-8425

RADIO LOG

| Dispatcher | Time/Date | Unit | Code | Zone | Agnc | Description |
|------------|-------------------|-------|------|------|------|--|
| Moseley J | 08:09:23 10/13/20 | DLA | ASSG | MEDI | LBA | Assigned to a Call call=16e |
| Moseley J | 08:09:23 10/13/20 | MEDIX | ASSG | MEDI | LBDP | Assigned to a Call call=16e |
| Moseley J | 09:00:36 10/13/20 | DLA | CMPL | MEDI | LBA | Completed Call disp:ACT clr:NA call=16e |
| Moseley J | 09:00:36 10/13/20 | MEDIX | CMPL | MEDI | LBDP | Completed Call call=16e |

COMMENTS

68 y male subject chest pains shortness of breath clammy and cold sweats history of heart problems

UNIT HISTORY

| Unit | Time/Date | Code |
|-------|-------------------|------|
| DLA | 08:09:23 10/13/20 | ASSG |
| DLA | 09:00:36 10/13/20 | CMPL |
| MEDIX | 08:09:23 10/13/20 | ASSG |
| MEDIX | 09:00:36 10/13/20 | CMPL |

RESPONDING OFFICERS

| Unit | Officer |
|-------|---------|
| DLA | DLA |
| MEDIX | MEDIX |

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10:07

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INVOLVEMENTS

| Type | Record# | Date | Description | Relationship |
|-------|----------|----------|------------------------|-----------------|
| ----- | ----- | ----- | ----- | ----- |
| NM | X | 10/13/20 | UNKNOWN () - (| Complainant |
| EM | 20101304 | 10/13/20 | Heart Problem 20101304 | Initiating Call |

03/15/21
12:37

PACIFIC COUNTY SHERIFF
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Call Number: 201217071

Nature: Information
Reported: 18:28:29 12/17/20
Rcvd By: Vanderpool J How Rcvd: T
Occ Btwn: 18:28:29 12/17/20 and 18:28:29 12/17/20
Type: i
Priority:

Address: 800 WASHINGTON AVE N
City: Long Beach

Alarm:

COMPLAINANT/CONTACT

Complainant: DISCOVER RECOVERY, Name#: 176258
Race: Sex: DOB: **/**/**
Address: 800 WASHINGTON AVE N, LONG BEACH
Home Phone: (707)474-3958 Work Phone: () -

Contact: ingrid
Address:
Phone: (360)244-4707

RADIO LOG

| Dispatcher | Time/Date | Unit | Code | Zone | Agnc | Description |
|------------|-----------|------|------|------|------|-------------|
| ----- | | | | | | |

COMMENTS

client left 20-30 ago known mental health history of harming herself. wants Law
aware that she is AMA ...
Amber Downing 05 31 1986 LSW Black pants black jacket black purse....
Thu Dec 17 18:37:32 PST 2020 JV
sent out message

UNIT HISTORY

| Unit | Time/Date | Code |
|-------|-----------|------|
| ----- | | |

RESPONDING OFFICERS

| Unit | Officer |
|-------|---------|
| ----- | |

INVOLVEMENTS

| Type | Record# | Date | Description | Relationship |
|-------|---------|----------|-------------------|---------------------|
| ----- | | | | |
| NM | 176258 | 12/17/20 | DISCOVER RECOVERY | 800 WAS Complainant |

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12:37

PACIFIC COUNTY SHERIFF
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Call Number: 210114029

Nature: Chest Pain
Reported: 13:32:21 01/14/21
Rcvd By: Capps J How Rcvd: 9
Occ Btwn: 13:32:16 01/14/21 and 13:32:21 01/14/21
Type: e
Priority:

Address: 800 WASHINGTON AVE N
City: Long Beach

Alarm:

COMPLAINANT/CONTACT

Complainant: DISCOVER RECOVERY, Name#: 176258
Race: Sex: DOB: **/**/**
Address: 800 WASHINGTON AVE N, LONG BEACH
Home Phone: (707)474-3958 Work Phone: () -

Contact: TRANQUILITY PARTNERS - 2407
Address: 800 07 WASHINGTON AVE N
Phone: (706)621-7868

RADIO LOG

| Dispatcher | Time/Date | Unit | Code | Zone | Agnc | Description |
|------------|-------------------|-------|------|------|------|--|
| Capps J | 13:33:16 01/14/21 | DLA | ASSG | MEDI | LBA | Assigned to a Call call=28e |
| Capps J | 13:36:29 01/14/21 | MEDIX | ENRT | MEDI | LBDP | Enroute call=28e |
| Vanderpool | 15:04:34 01/14/21 | DLA | CMPL | MEDI | LBA | Completed Call disp:ACT clr:NA call=28e |
| Vanderpool | 15:04:34 01/14/21 | MEDIX | CMPL | MEDI | LBDP | Completed Call call=28e |

COMMENTS

36 yom w/chest pains, 400 - 450 lbs
13:47:43 01/14/2021 - Capps J
medix request second tone for long beach aid for manpower
13:58:16 01/14/2021 - Capps J
medix advised we can stand down any incoming units

UNIT HISTORY

| Unit | Time/Date | Code |
|-------|-------------------|------|
| DLA | 13:33:16 01/14/21 | ASSG |
| DLA | 15:04:34 01/14/21 | CMPL |
| MEDIX | 13:36:29 01/14/21 | ENRT |
| MEDIX | 15:04:34 01/14/21 | CMPL |

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12:37

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RESPONDING OFFICERS

Unit Officer

DLA DLA
MEDIX MEDIX

INVOLVEMENTS

| Type | Record# | Date | Description | Relationship |
|------|----------|----------|---------------------|---------------------|
| NM | 176258 | 01/14/21 | DISCOVER RECOVERY | 800 WAS Complainant |
| EM | 21011407 | 01/14/21 | Chest Pain 21011407 | Initiating Call |

03/15/21
12:36

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CALL DETAIL REPORT

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Call Number: 210117004

Nature: Convulsions
Reported: 01:46:37 01/17/21
Rcvd By: Hardy M How Rcvd: 9
Occ Btwn: 01:46:32 01/17/21 and 01:46:37 01/17/21
Type: e
Priority:

Address: 800 WASHINGTON AVE N
City: Long Beach

Alarm:

COMPLAINANT/CONTACT

Complainant: DISCOVER RECOVERY, Name#: 176258
Race: Sex: DOB: **/**/**
Address: 800 WASHINGTON AVE N, LONG BEACH
Home Phone: (707)474-3958 Work Phone: () -

Contact: discover recovery
Address: 800 07 WASHINGTON AVE N
Phone: (480)498-4366

RADIO LOG

| Dispatcher | Time/Date | Unit | Code | Zone | Agnc | Description |
|------------|-------------------|-------|------|------|------|---|
| Hardy M | 01:50:39 01/17/21 | DLA | ASSG | MEDI | LBA | Assigned to a Call call=4e |
| Hardy M | 01:50:39 01/17/21 | MEDIX | ASSG | MEDI | LBDP | Assigned to a Call call=4e |
| Boggs J | 02:52:21 01/17/21 | DLA | CMPL | MEDI | LBA | Completed Call call=4e |
| Boggs J | 02:52:21 01/17/21 | MEDIX | CMPL | MEDI | LBDP | Completed Call disp:ACT clr:NA call=4e |

COMMENTS

24 yo male, convulsions, semi alert, making eye contact, unable to speak, blood near mouth, rapid breathing.
01:50:44 01/17/2021 - Hardy M
317 advsd fyi

UNIT HISTORY

| Unit | Time/Date | Code |
|-------|-------------------|------|
| DLA | 01:50:39 01/17/21 | ASSG |
| DLA | 02:52:21 01/17/21 | CMPL |
| MEDIX | 01:50:39 01/17/21 | ASSG |
| MEDIX | 02:52:21 01/17/21 | CMPL |

RESPONDING OFFICERS

| Unit | Officer |
|-------|---------|
| ----- | ----- |

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12:36

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DLA DLA
MEDIX MEDIX

INVOLVEMENTS

| Type | Record# | Date | Description | Relationship |
|------|----------|----------|---------------------------|-----------------|
| NM | 176258 | 01/17/21 | DISCOVER RECOVERY 800 WAS | Complainant |
| EM | 21011702 | 01/17/21 | Convulsions 21011702 | Initiating Call |

03/15/21
12:36

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

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Call Number: 210120046

Nature: Chest Pain
Reported: 19:22:21 01/20/21
Rcvd By: Rye A How Rcvd: 9
Occ Btwn: 19:22:15 01/20/21 and 19:22:21 01/20/21
Type: e
Priority:

Address: 800 WASHINGTON AVE N
City: Long Beach

Alarm:

COMPLAINANT/CONTACT

Complainant: DISCOVER RECOVERY, Name#: 176258
Race: Sex: DOB: **/**/**
Address: 800 WASHINGTON AVE N, LONG BEACH
Home Phone: (707)474-3958 Work Phone: () -

Contact: employee
Address: 800 07 WASHINGTON AVE N
Phone: (480)498-4325

RADIO LOG

| Dispatcher | Time/Date | Unit | Code | Zone | Agnc | Description |
|------------|-------------------|-------|------|------|------|--|
| Rye A | 19:24:10 01/20/21 | DLA | ASSG | LBME | LBA | Assigned to a Call call=33e |
| Rye A | 19:24:18 01/20/21 | MEDIX | ASSG | LBME | LBDP | Assigned to a Call call=33e |
| Rye A | 19:26:02 01/20/21 | 8862 | ENRT | LBME | FD1 | Enroute call=33e |
| Rye A | 19:26:07 01/20/21 | 8862 | ARRV | LBME | FD1 | Arrived on Scene disp:ACT clr:NA call=33e |
| Rye A | 19:47:13 01/20/21 | 8862 | CMPL | LBME | FD1 | 8862 in serv/returning, medix trans call=33e |
| Rye A | 19:47:13 01/20/21 | DLA | CMPL | LBME | LBA | 8862 in serv/returning, medix trans disp:ACT clr:NA call=33e |
| Rye A | 19:47:13 01/20/21 | MEDIX | CMPL | LBME | LBDP | 8862 in serv/returning, medix trans call=33e |

COMMENTS

44yof res w/chest pain, alert/breathing, no hx, trans Medix...

19:24:29 01/20/2021 - Rye A
316 adv fyi

UNIT HISTORY

| Unit | Time/Date | Code |
|------|-------------------|------|
| 8862 | 19:26:02 01/20/21 | ENRT |
| 8862 | 19:26:07 01/20/21 | ARRV |

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12:36

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| | | | |
|-------|----------|----------|------|
| 8862 | 19:47:13 | 01/20/21 | CMPL |
| DLA | 19:24:10 | 01/20/21 | ASSG |
| DLA | 19:47:13 | 01/20/21 | CMPL |
| MEDIX | 19:24:18 | 01/20/21 | ASSG |
| MEDIX | 19:47:13 | 01/20/21 | CMPL |

RESPONDING OFFICERS

Unit Officer

| | |
|-------|-------|
| 8862 | 8862 |
| DLA | DLA |
| MEDIX | MEDIX |

INVOLVEMENTS

| Type | Record# | Date | Description | Relationship |
|-------|----------|----------|---------------------|---------------------|
| ----- | | | | |
| NM | 176258 | 01/20/21 | DISCOVER RECOVERY | 800 WAS Complainant |
| EM | 21012007 | 01/20/21 | Chest Pain 21012007 | Initiating Call |

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12:35

PACIFIC COUNTY SHERIFF
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Call Number: 210122010

Nature: Medical
Reported: 10:22:23 01/22/21
Rcvd By: Samplawski V How Rcvd: 9
Occ Btwn: 10:22:18 01/22/21 and 10:22:23 01/22/21
Type: e
Priority:

Address: 800 WASHINGTON AVE N; 4
City: Long Beach

Alarm:

COMPLAINANT/CONTACT

Complainant: UNKNOWN, Name#: X
Race: Sex: DOB: **/**/**
Address: ,
Home Phone: () - Work Phone: () -

Contact: TRANQUILITY PARTNERS - 2407
Address: 800 07 WASHINGTON AVE N
Phone: (360)244-4707

RADIO LOG

| Dispatcher | Time/Date | Unit | Code | Zone | Agnc | Description |
|------------|-------------------|-------|------|------|------|----------------------------|
| Samplawski | 10:24:23 01/22/21 | MEDIX | ASSG | MEDI | LBPB | Assigned to a Call call=9e |
| Samplawski | 10:24:24 01/22/21 | DLA | ASSG | MEDI | LBA | Assigned to a Call call=9e |
| Samplawski | 11:27:22 01/22/21 | DLA | CMPL | MEDI | LBA | Completed Call call=9e |
| Samplawski | 11:27:22 01/22/21 | MEDIX | CMPL | MEDI | LBPB | Completed Call call=9e |

COMMENTS

trans to medix - req medical trans for 49 yom vomiting, detoxing from opiates.
10:25:07 01/22/2021 - Samplawski V
315 advs'd

UNIT HISTORY

| Unit | Time/Date | Code |
|-------|-------------------|------|
| DLA | 10:24:24 01/22/21 | ASSG |
| DLA | 11:27:22 01/22/21 | CMPL |
| MEDIX | 10:24:23 01/22/21 | ASSG |
| MEDIX | 11:27:22 01/22/21 | CMPL |

RESPONDING OFFICERS

| Unit | Officer |
|-------|---------|
| DLA | DLA |
| MEDIX | MEDIX |

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12:35

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INVOLVEMENTS

| Type | Record# | Date | Description | Relationship |
|------|----------|----------|------------------|-----------------|
| NM | X | 01/22/21 | UNKNOWN () - (| Complainant |
| EM | 21012206 | 01/22/21 | Medical 21012206 | Initiating Call |

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12:36

PACIFIC COUNTY SHERIFF
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Call Number: 210125013

Nature: Medical
Reported: 11:00:58 01/25/21
Rcvd By: Moseley J How Rcvd: 9
Occ Btwn: 11:00:53 01/25/21 and 11:00:58 01/25/21
Type: e
Priority:

Address: 800 WASHINGTON AVE N
City: Long Beach

Alarm:

COMPLAINANT/CONTACT

Complainant: DISCOVER RECOVERY, Name#: 176258
Race: Sex: DOB: **/**/**
Address: 800 WASHINGTON AVE N, LONG BEACH
Home Phone: (707)474-3958 Work Phone: () -

Contact: TRANQUILITY PARTNERS - 2407
Address: 800 07 WASHINGTON AVE N
Phone: (857)445-4550

RADIO LOG

| Dispatcher | Time/Date | Unit | Code | Zone | Agnc | Description |
|------------|-------------------|-------|------|------|------|--|
| Moseley J | 11:03:09 01/25/21 | DLA | ASSG | MEDI | LBA | Assigned to a Call call=11e |
| Moseley J | 11:03:26 01/25/21 | MEDIX | ENRT | MEDI | LBDP | Enroute call=11e |
| Moseley J | 12:20:00 01/25/21 | DLA | CMPL | MEDI | LBA | Completed Call disp:ACT clr:NA call=11e |
| Moseley J | 12:20:00 01/25/21 | MEDIX | CMPL | MEDI | LBDP | Completed Call call=11e |

COMMENTS

subject needs transported to the hosptial male subject 65 y high blood presser
162/98
11:09:41 01/25/2021 - Moseley J
subject is now having chest pains

UNIT HISTORY

| Unit | Time/Date | Code |
|-------|-------------------|------|
| DLA | 11:03:09 01/25/21 | ASSG |
| DLA | 12:20:00 01/25/21 | CMPL |
| MEDIX | 11:03:26 01/25/21 | ENRT |
| MEDIX | 12:20:00 01/25/21 | CMPL |

RESPONDING OFFICERS

| Unit | Officer |
|-------|---------|
| ----- | ----- |

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2

DLA DLA
MEDIX MEDIX

INVOLVEMENTS

| Type | Record# | Date | Description | Relationship |
|------|----------|----------|-------------------|---------------------|
| NM | 176258 | 01/25/21 | DISCOVER RECOVERY | 800 WAS Complainant |
| EM | 21012501 | 01/25/21 | Medical 21012501 | Initiating Call |

03/15/21
12:35

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

Page: 618
1

Call Number: 210212032

Nature: Convulsions
Reported: 10:03:59 02/12/21
Rcvd By: Samplawski V How Rcvd: 9
Occ Btwn: 10:03:56 02/12/21 and 10:03:59 02/12/21
Type: e
Priority:

Address: 800 WASHINGTON AVE N
City: Long Beach

Alarm:

COMPLAINANT/CONTACT

Complainant: DISCOVER RECOVERY, Name#: 176258
Race: Sex: DOB: **/**/**
Address: 800 WASHINGTON AVE N, LONG BEACH
Home Phone: (707)474-3958 Work Phone: () -

Contact: TRANQUILITY PARTNERS - 2407
Address: 800 07 WASHINGTON AVE N
Phone: (480)787-5906

RADIO LOG

| Dispatcher | Time/Date | Unit | Code | Zone | Agnc | Description |
|------------|-------------------|-------|------|------|------|---|
| Samplawski | 10:06:17 02/12/21 | DLA | ASSG | MEDI | LBA | Assigned to a Call call=28e |
| Samplawski | 10:06:18 02/12/21 | MEDIX | ASSG | MEDI | LBDP | Assigned to a Call call=28e |
| Samplawski | 11:37:04 02/12/21 | MEDIX | CMPL | MEDI | LBDP | Reassigned to call 24e, completed call 28e |
| Samplawski | 11:37:17 02/12/21 | DLA | CMPL | MEDI | LBA | Completed Call call=28e |
| Samplawski | 11:37:17 02/12/21 | MEDIX | CMPL | MEDI | LBDP | Completed Call call=28e |

COMMENTS

trans to medix - female actively seizing, breathing/UNK. rp is getting pt updates.
10:06:59 02/12/2021 - Samplawski V
311 advs'd
10:07:14 02/12/2021 - Samplawski V
enter far end of building

UNIT HISTORY

| Unit | Time/Date | Code |
|-------|-------------------|------|
| DLA | 10:06:17 02/12/21 | ASSG |
| DLA | 11:37:17 02/12/21 | CMPL |
| MEDIX | 10:06:18 02/12/21 | ASSG |
| MEDIX | 11:37:04 02/12/21 | CMPL |
| MEDIX | 11:37:17 02/12/21 | CMPL |

03/15/21
12:35

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

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RESPONDING OFFICERS

Unit Officer

DLA DLA
MEDIX MEDIX

INVOLVEMENTS

| Type | Record# | Date | Description | Relationship |
|------|----------|----------|---------------------------|-----------------|
| NM | 176258 | 02/12/21 | DISCOVER RECOVERY 800 WAS | Complainant |
| EM | 21021215 | 02/12/21 | Convulsions 21021215 | Initiating Call |

03/15/21
12:35

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

Page: 618
1

Call Number: 210223080

Nature: Information
Reported: 22:49:26 02/23/21
Rcvd By: Rye A How Rcvd: T
Occ Btwn: 22:49:26 02/23/21 and 22:49:26 02/23/21
Type: i
Priority:

Address: 800 WASHINGTON AVE N
City: Long Beach

Alarm:

COMPLAINANT/CONTACT

Complainant: DISCOVER RECOVERY, Name#: 176258
Race: Sex: DOB: **/**/**
Address: 800 WASHINGTON AVE N, LONG BEACH
Home Phone: (707)474-3958 Work Phone: () -

Contact: Drew Thompson
Address:
Phone: (503)298-0613

RADIO LOG

| Dispatcher | Time/Date | Unit | Code | Zone | Agnc | Description |
|------------|-----------|------|------|------|------|-------------|
| ----- | | | | | | |

COMMENTS

admitted client to facility from tribe in Arlington area, was in a meth psychosis, wasn't dangerous/violent, just on 4 day run, has trust issue, was there from around 5 until now, took of running, is welcome to come back to facility, Ryan Kempf 03/31/89, lsw black hoody w/red hoody underneath, blk sweats cutoff as short, blk shoes, 5'8" dark brown hair to shoulders, headed south from facility...

Tue Feb 23 22:55:23 PST 2021 AR
312 adv fyi

UNIT HISTORY

| Unit | Time/Date | Code |
|-------|-----------|------|
| ----- | | |

RESPONDING OFFICERS

| Unit | Officer |
|-------|---------|
| ----- | |

03/15/21
12:35

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

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2

INVOLVEMENTS

| Type | Record# | Date | Description | Relationship |
|------|---------|----------|-------------------|---------------------|
| NM | 176258 | 02/23/21 | DISCOVER RECOVERY | 800 WAS Complainant |

03/29/21
09:21

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

1069
Page: 1

Call Number: 210320039

Nature: Medical
Reported: 13:48:33 03/20/21
Rcvd By: Capps J How Rcvd: 9
Occ Btwn: 13:48:31 03/20/21 and 13:48:33 03/20/21
Type: e
Priority:

Address: 800 WASHINGTON AVE N; discover recovery
City: Long Beach

Alarm:

COMPLAINANT/CONTACT

Complainant: DISCOVER RECOVERY, Name#: 176258
Race: Sex: DOB: **/**/**
Address: 800 WASHINGTON AVE N, LONG BEACH
Home Phone: (707)474-3958 Work Phone: () -

Contact: Lauren
Address: 2904 PIONEER ROAD - SW Sect or
Phone: (305)772-3094

RADIO LOG

| Dispatcher | Time/Date | Unit | Code | Zone | Agnc | Description |
|------------|-------------------|-------|------|------|------|-----------------------------|
| Capps J | 13:51:53 03/20/21 | DLA | ASSG | MEDI | LBA | Assigned to a Call call=36e |
| Capps J | 13:51:56 03/20/21 | MEDIX | ENRT | MEDI | LBDP | Enroute call=36e |
| Capps J | 15:00:45 03/20/21 | DLA | CMPL | MEDI | LBA | Completed Call call=36e |
| Capps J | 15:00:45 03/20/21 | MEDIX | CMPL | MEDI | LBDP | Completed Call call=36e |

COMMENTS

45 yom detoxing from alcohol, he went to obh last night and they gave him iv, he is now in an altered mental state
13:54:43 03/20/2021 - Capps J
transferred failed to medix twice, called medix to advise of call

UNIT HISTORY

| Unit | Time/Date | Code |
|-------|-------------------|------|
| DLA | 13:51:53 03/20/21 | ASSG |
| DLA | 15:00:45 03/20/21 | CMPL |
| MEDIX | 13:51:56 03/20/21 | ENRT |
| MEDIX | 15:00:45 03/20/21 | CMPL |

RESPONDING OFFICERS

| Unit | Officer |
|------|---------|
| DLA | DLA |

03/29/21
09:21

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

1069
Page: 2

MEDIX MEDIX

INVOLVEMENTS

| Type | Record# | Date | Description | Relationship |
|------|----------|----------|-------------------|---------------------|
| NM | 176258 | 03/20/21 | DISCOVER RECOVERY | 800 WAS Complainant |
| EM | 21032005 | 03/20/21 | Medical 21032005 | Initiating Call |

03/29/21
09:20

PACIFIC COUNTY SHERIFF
CALL DETAIL REPORT

Page: 1069
1

Call Number: 210322030

Nature: Alarm Fire
Reported: 13:14:38 03/22/21
Rcvd By: Moseley J How Rcvd: T
Occ Btwn: 13:14:38 03/22/21 and 13:14:38 03/22/21
Type: i
Priority:

Address: 800 WASHINGTON AVE N; discover recovery
City: Long Beach

Alarm:

COMPLAINANT/CONTACT

Complainant: SMITH FIRE SYSTEMS, Name#: 95985
Race: Sex: DOB: **/**/**
Address: , LONG BEACH
Home Phone: (800)424-8276 Work Phone: () -

Contact: daisy
Address:
Phone: () -

RADIO LOG

| Dispatcher | Time/Date | Unit | Code | Zone | Agnc | Description |
|------------|-----------|------|------|------|------|-------------|
| ----- | | | | | | |

COMMENTS

unit 1 smoke detector, while on the phone there was a cancel for this call

UNIT HISTORY

| Unit | Time/Date | Code |
|-------|-----------|------|
| ----- | | |

RESPONDING OFFICERS

| Unit | Officer |
|-------|---------|
| ----- | |

INVOLVEMENTS

| Type | Record# | Date | Description | Relationship |
|-------|---------|----------|--------------------|------------------|
| ----- | | | | |
| NM | 95985 | 03/22/21 | SMITH FIRE SYSTEMS | LONG Complainant |

From: Kenric Thompson <kenric.thompson@gmail.com>
Sent: Wednesday, March 31, 2021 12:40 PM
To: Sarah Fox
Cc: Dacey Thompson
Subject: Discover Recovery Concern Letter from a Nurse
Attachments: Dangers of Substance Abuse Detoxification- Discover Recovery.docx

WARNING: This message originated outside the City of Camas Mail system. **DO NOT CLICK** on links or open attachments unless you recognize the sender and are expecting the content. If you are unsure, click the Phish Alert button to redirect the email for ITD review.

Ms. Fox,
I am a registered nurse with over 18 years of critical care experience inside the ICU, trauma, cardiosurgical, life flight, and service line development who has a serious concern about the proposed Discover Recovery detox right next to Dorothy Fox. I have attached a letter I would like to be considered and added for evidence. Please contact me with any questions.

Thanks!
Kenric

--

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

Dangers of Substance Abuse Detoxification

To Whom It May Concern,

This letter is an attempt to inform you of the dangers of alcohol and substance abuse disorders during the initial acute phase of detoxification. Discover Recovery is a licensed facility in Long Beach, Washington that is a substance abuse treatment center for young adult and adults suffering from alcoholism and drug addiction. Discover Recovery has applied for a conditional use permit to the City of Camas for a drug detox facility within the Fairgate Estates. As part of the conditional use permit, the client states that:

“Applicant will provide accommodations for up to 15 individuals and full-time care and treatment for individuals seeking to recover from disorders in the abuse of drugs, alcohol, and other substances.”

Discover Recovery states on their website that they provide detoxification for Alcohol, Cocaine, Heroin, Meth, and Opiates, along with Dual Diagnosis Treatment in an inpatient residential facility. They are an accredited facility by CARF International with the following programs: Detoxification/Withdrawal Management- Residential; and Residential Treatment (Behavioral Health). This information was obtained thru the website and lookup of Discover Recovery and can be found here:

<http://carf.org/providerProfile.aspx?cid=315155>

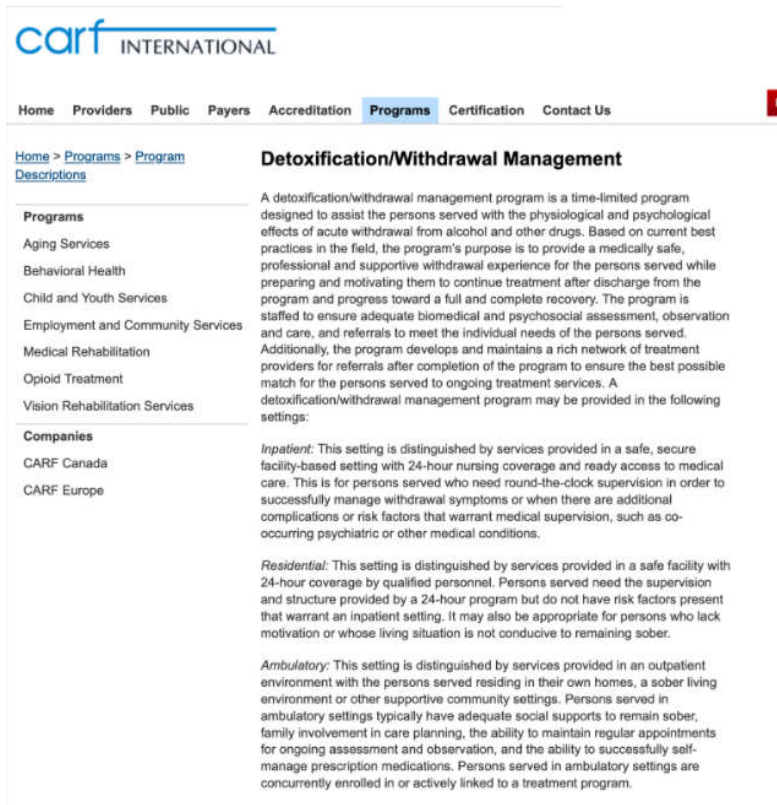
Of particular importance on this website is that the program description can be clicked on for further information regarding the CARF definition of programs. The Residential Treatment (BH) link works as advertised and brings you to this definition located here:

<http://carf.org/Programs/ProgramDescriptions/BH-Residential-Treatment/>

However, clicking on the “Detoxification/Withdrawal Management- Residential” goes to an error screen that can be accessed here: <http://carf.org/Programs/ProgramDescriptions/BH-Detoxification-Withdrawal-Management-Residential/>

Discover Recovery has purposely withheld information regarding this program and its definition as evidenced by the following note on the website which states: “Some information may not display at the request of the provider. If you would like contact or other public information about a provider, please [contact CARF](#).”

If there was any question about Discover Recovery and the services they provide, they seem to be hiding critical information **at their request** which brings into the validity of the “convalescent home” definition which they are arguing for. Below is an example of the CARF definitions.



The screenshot shows the CARF International website. The header includes the CARF International logo and a navigation menu with links: Home, Providers, Public, Payers, Accreditation, Programs (highlighted), Certification, and Contact Us. Below the navigation menu, there is a breadcrumb trail: Home > Programs > Program Descriptions. The main content area is titled "Detoxification/Withdrawal Management". It contains a detailed description of the program, which is a time-limited program designed to assist persons with acute withdrawal from alcohol and other drugs. The program's purpose is to provide a medically safe, professional, and supportive withdrawal experience. The program is staffed to ensure adequate biomedical and psychosocial assessment, observation, and care, and referrals to meet the individual needs of the persons served. Additionally, the program develops and maintains a rich network of treatment providers for referrals after completion of the program to ensure the best possible match for the persons served to ongoing treatment services. A detoxification/withdrawal management program may be provided in the following settings:

- Inpatient:** This setting is distinguished by services provided in a safe, secure facility-based setting with 24-hour nursing coverage and ready access to medical care. This is for persons served who need round-the-clock supervision in order to successfully manage withdrawal symptoms or when there are additional complications or risk factors that warrant medical supervision, such as co-occurring psychiatric or other medical conditions.
- Residential:** This setting is distinguished by services provided in a safe facility with 24-hour coverage by qualified personnel. Persons served need the supervision and structure provided by a 24-hour program but do not have risk factors present that warrant an inpatient setting. It may also be appropriate for persons who lack motivation or whose living situation is not conducive to remaining sober.
- Ambulatory:** This setting is distinguished by services provided in an outpatient environment with the persons served residing in their own homes, a sober living environment or other supportive community settings. Persons served in ambulatory settings typically have adequate social supports to remain sober, family involvement in care planning, the ability to maintain regular appointments for ongoing assessment and observation, and the ability to successfully self-manage prescription medications. Persons served in ambulatory settings are concurrently enrolled in or actively linked to a treatment program.

On the left side of the page, there are two sections: "Programs" and "Companies". The "Programs" section lists: Aging Services, Behavioral Health, Child and Youth Services, Employment and Community Services, Medical Rehabilitation, Opioid Treatment, and Vision Rehabilitation Services. The "Companies" section lists: CARF Canada and CARF Europe.

The ultimate question that needs to be answered is “what is the admission criteria for these patients?” Discover Recovery needs to provide us this answer. This will determine whether they provide acute services or sub-acute services as they claim on their website.

The first line of defense in substance abuse detoxification is treating the patient using medications to suppress or minimize the withdrawal symptoms that are exhibited by the patient. Discover Recovery is in fact treating an acute condition (withdrawal symptoms) as a result of the patient not abusing/stopping their substance anymore. According to their website, “Detoxification or detox is typically the first step in treatment for substance use disorders like alcoholism or drug addiction. This phase of addiction treatment at detox centers in Washington consists of withdrawal management, i.e., providing medical care and psychological support to clients who are experiencing withdrawal symptoms after they stop using drugs and alcohol.”

Withdrawal management consists of benzodiazepine, clonidine, buprenorphine, methadone, and other medications administered to patients via registered nurses. These patients should be monitored for vital signs and the side effects of some of these medications such as respiratory depression.

Another question that needs to be answered is **“#1 Are they going to provide a rapid or fast detox at this center and #2 do they currently provide this type of treatment at the Long Beach facility?”**

“Applicant’s proposed use on the Property constitutes a convalescent home. A nursing, rest or convalescent home is defined as: “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*.” CMC 18.03.030.”

Discover Recovery claims to not provide care including “surgical, obstetrical, or acute illness services” and as such we need to define what constitutes acute illness services. According to the WHO (<https://www.who.int/bulletin/volumes/91/5/12-112664/en/> ,

“Acute care must also be clearly defined. Standard medical definitions for acuity emphasize the singular attribute of time pressure.³ Acute services therefore include all promotive, preventive, curative, rehabilitative or palliative actions, whether oriented towards individuals or populations, whose primary purpose is to improve health and whose effectiveness largely depends on time-sensitive and, frequently, rapid intervention.

By the very definition of acute care, the purpose is to improve health and whose effectiveness largely depends on **time-sensitive** and **frequently rapid intervention**. Substance abuse detoxification and more specifically, alcohol detoxification can result in severe life threatening sudden clinical emergencies as a result of the withdrawal of the substance and if not treated immediately, can result in harm and/or death. Discover Recovery provides these types of services as stated by their website. They also state that the Residential Program helps clients overcome complex issues, including: disorientation, confusion, hallucinations, seizures, inhibited mental status, seizures, respiratory failure, and death.

Treating More Than Addiction

While in the Residential Program, clients work with our staff to identify and address the challenges in life beyond substance abuse. Through a number of *evidence-based practices*, we help clients overcome complex issues, including:

- Disorientation
- Hallucinations
- Seizures
- Death
- Confusion
- Inhibited mental status
- Respiratory failure

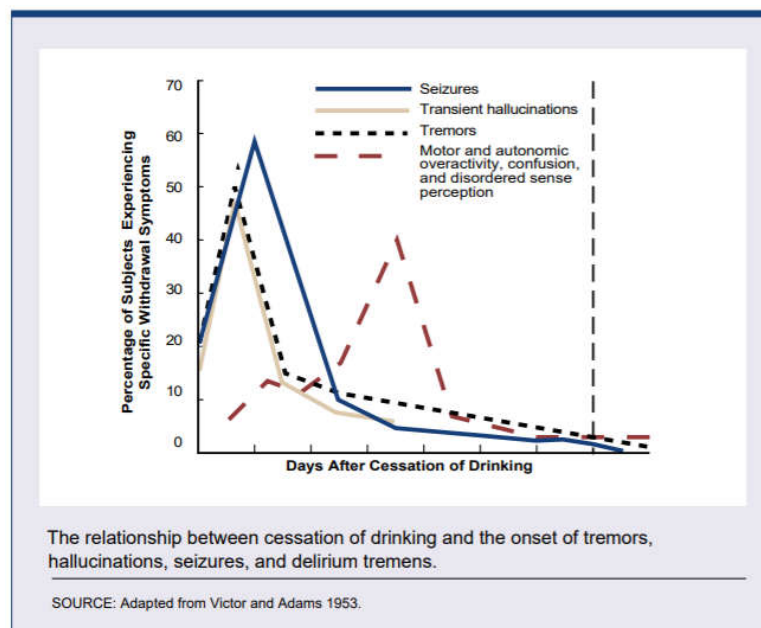
<https://discoverrecovery.com/programs/residential-program/>

Furthermore, Discovery Recovery states that their Medical Detox Program is “often the first stage of care at Discover Recovery, designed to treat **sub-acute** withdrawal stages **immediately following the cessation of alcohol or drug use**. Through detoxification, the client is stabilized in preparation for the **next phase of recovery**.” <https://discoverrecovery.com/programs/medical-detox-program/>

The above statement of sub-acute contradicts the “immediate cessation of alcohol or drug use.” Immediate cessation of alcohol and or substance abuse can result in life threatening withdrawal symptoms and requires intensive 24/7 treatment and medications from trained and licensed caregivers; usually in an inpatient setting where they can monitor them safely. The medical definition of acute describes life-threatening or critical conditions. Therefore acute detox can be described as treatment of withdrawal upon immediate cessation of alcohol or drug use and this type of detox must be monitored 24/7 at an inpatient care facility as there is a higher risk of fatal side effects, seizures, and respiratory

failure. As an example, Delirium Tremens occurs in chronic alcohol abusers who abruptly discontinue alcohol use, often as early as up to 48 hours. (Junghanns K, Wetterling T. [Alcohol withdrawal and its major complications]. Fortschr Neurol Psychiatr. 2017 Mar;85(3):163-177).

Alcohol withdrawal is a “distinctive clinical syndrome with potentially serious consequences” (American Psychiatric Association, 1994). According to researchers and the medical community, (<https://pubs.niaaa.nih.gov/publications/arh22-1/61-66.pdf>) “several symptoms can begin as early as 6 hours after the initial decline from peak intoxication. Initial symptoms include tremor, anxiety, insomnia, restlessness, and nausea. Particularly in mildly alcohol-dependent persons, these symptoms may comprise the entire syndrome and may subside without treatment after a few days. More serious withdrawal symptoms occur in approximately 10 percent of patients. These symptoms include a low-grade fever, rapid breathing, tremor, and profuse sweating. Seizures may occur in more than 5 percent of untreated patients in acute alcohol withdrawal. Another severe complication is delirium tremens (DT’s), which is characterized by hallucinations, mental confusion, and disorientation. The mortality rate among patients exhibiting DT’s is 5 to 25 percent.” Complications of alcohol withdrawal: pathophysiological insights. By: Trevisan LA, Boutros N, Petrakis IL, Krystal JH, Alcohol Health & Research World, 0090838X, 1998, Vol. 22, Issue 1



Delirium Tremens (DT’s) can be characterized by profound confusion, autonomic hyperactivity, and cardiovascular collapse and has an anticipated mortality of up to 37% without appropriate treatment. It is crucial to identify early signs of withdrawal because it can become fatal and requires prompt, emergent (acute) treatment.

The difference between acute and sub-acute detox are based on the severity of one’s addiction and medical history and other factors that are taken into consideration by a medical professional. Acute detox is for those who with a more severe substance abuse problem while sub-acute detox is for those that have less of a health risk. As per the evidence below, Discover Recovery has a pattern of inappropriate patient admissions that fall under the “acute withdrawal” phase of detox and would categorize the facility as providing acute care services.

If we looked thru the patient records of Discover Recovery, we would find evidence of seizures and delirium tremens in some patients throughout the years. In fact, there are several instances of seizures exhibited by patients who are receiving detox treatment at Discover Recovery:

1. Pacific County Sheriff Call Detail Report dated 01/17/21, a 24 year old male patient at Discover Recovery in Long Beach had a Grand Mal seizure for close to 7 minutes after receiving detox treatment.
2. A recent detailed call report on 02/12/21 demonstrates that a female patient had a Grand mal seizure during group therapy.
3. Evidence of another seizure, this one on 07/29/2019 where a 35 year old female is having a seizure and is receiving alcohol detox.
4. On 05/30/2020, a 911 call for a 33 year old male who is unconscious but breathing and most likely due to post seizure stage (postictal).
5. On 01/25/21, a 65 year old male patient who is "7 days into his alcohol detox" is having confusion and high blood pressure along with chest pain per the 911 report. This could be the beginnings of DT as these symptoms exhibited by the patient are within the window for motor and autonomic overactivity, confusion, and disordered sensory perception.

Treating (detoxification) patients who are dependent upon methamphetamine can result in other safety concerns. People who use large amounts of stimulants, particularly methamphetamine, can develop psychotic symptoms such as paranoia, disordered thoughts and hallucinations. The patient may be distressed and agitated. They may be a risk of harming themselves or others. A minority of patients withdrawing from stimulants may become significantly distressed or agitated, presenting a danger to themselves or others.

In the first instance, attempt **behavioral management strategies**. If this does not adequately calm the patient, it may be necessary to sedate him or her using diazepam. Provide 10-20mg of diazepam every 30 minutes until the patient is adequately sedated. No more than 120mg of diazepam should be given in a 24-hour period. The patient should be observed during sedation and no more diazepam given if signs of respiratory depression are observed (<https://www.ncbi.nlm.nih.gov/books/NBK310652/>)

In the example above, if the patient exhibits psychosis and staff are unable to effectively use behavioral management strategies, if Discover Recovery provides any medications such as diazepam to treat this acute psychosis, they are providing/treating an acute illness.

Below is an example of a recent patient who poses a threat to themselves or the community at large as a result of meth psychosis and or/detoxification:

1. Pacific County Sheriff report on 02/23/21 as called in by their Director of Operations Drew Thompson about a patient who was "admitted client to facility from tribe in Arlington area, was in a meth psychosis"
2. On 01/21/20, a 911 call for a 25 year old patient believed to be having a "psychotic break" and who is "getting to be violent" and is currently outside the facility.
3. On 05/26/2019, a male patient was reported to 911 as suicidal and "cutting himself with scissors."

Many of the examples above illustrate that Discover Recovery has a pattern of inappropriate admission for detoxification. Their own staff have made a complaint to the Washington State Department of Health (DOH). On 09/04/2019, staff filed a complaint regarding "The staff are admitting clients that are in need of hospital detox." This again illustrates a pattern that Discover Recovery is providing acute detoxification and treatment to patients and would not be in line within the "convalescent home" definition whereas they are not to provide acute illness services.

From: Stuart Maxwell <stuartmaxwell82@gmail.com>
Sent: Wednesday, March 31, 2021 2:53 PM
To: Sarah Fox
Subject: Public Hearing for Discover Recovery (File No. CUP21-01)
Attachments: Letter to Hearing Examiner Turner March 31st 2021.pdf

WARNING: This message originated outside the City of Camas Mail system. **DO NOT CLICK** on links or open attachments unless you recognize the sender and are expecting the content. If you are unsure, click the Phish Alert button to redirect the email for ITD review.

Sarah,

Please find letter attached for consideration following last week's hearing meeting on CUP21-01

Thank you

Stuart

Stuart Maxwell
2225 NW Sierra Way
Camas, WA
98607

31st March 2021

SUBJECT: Letter regarding Public Hearing for Discover Recovery (File No. CUP21-01)

Ms Fox & Mr Turner,

In light of the hearing last week, I am writing another letter to highlight some more details about my concerns on this proposed Discover Recovery rehabilitation facility at the current Fairgate estate Location in Camas WA.

The Hearing

I appreciate your efforts to chair and facilitate the meeting following this format. I'd like it to be on the record that I believe one solitary virtual Zoom hearing was probably not the most effective way for all City residents to voice their opinion on this matter due to it's limited nature in terms of notice, meeting scope, time allotted / available and audience interaction.

From a technical standpoint, the "hand up" function did not work on certain devices and there were some folks I spoke to who were frustrated that they were unable to put their "hand up" to testify. There was no other function on the zoom meeting to notify the administrator on how to testify.

I hope for future hearings that the City of Camas can establish a more effective way to communicate and conduct these hearings as per Mayor McDonnell's term promises.

Summary of my main concerns:

- Safety and security of pupils, residents, employees, first responders (this is the focus of my letter)
- This proposed use does not align with Camas 2035 Plan or anything the Mayor and The City of Camas has communicated to residents since they commenced their term in office.
- It's very clear that this loophole in the city code has been targeted very specifically and intentionally. This appears to be a very common tactic in the Rehab industry.
- I've spent the last 3-4 days engaging with neighbors. 100% of the people I've personally spoken to believe this to be materially detrimental to the public and 97% of the 312 people that our group have canvassed door to door confirmed this. I'm somewhat unclear as to how the applicant, their legal representatives, the Camas City planner and a loophole in a vague piece of code can define whether the majority of residents on Prune Hill are negatively impacted / feel safe better than said residents who have testified....

Assessing Safety and security of pupils, residents, employees, first responders (Section A & D of relevant Camas City Code).

The bottom line is that we can't afford a serious safety incident at this location.

My occupation is in Process Safety Management in Major Hazard Industries – our profession involves the technical evaluation of risk & hazards that may not be visible and making sure there are appropriate barriers and safeguards in place to either mitigate (Moderate & Significant impact) risk or completely remove (Severe / Catastrophic impact) risks or hazards. Our profession is about keeping things that shouldn't mix together, separated and isolated to avoid catastrophic events. If we don't understand and evaluate risk in a thorough, logical and accurate manner; events can (and do) happen where lives are lost,

Stuart Maxwell
2225 NW Sierra Way
Camas, WA
98607

people are injured, equipment is damaged, significant regulatory, legal and PR ramifications, stock prices are impacted or businesses sometimes never fully recover or even reopen. I believe the approaches and logic which my profession apply daily could be applied in this situation to more accurately assess the safety & wellbeing risks posed. See a basic 5x5 Risk Matrix below, anyone who evaluates and makes decisions upon Risk will typically use some similar format of this model.

| | | Impact → | | | | |
|--------------|---------------|------------|---------|----------|-------------|--------|
| | | Negligible | Minor | Moderate | Significant | Severe |
| Likelihood ↑ | Very Likely | Low Med | Medium | Med Hi | High | High |
| | Likely | Low | Low Med | Medium | Med Hi | High |
| | Possible | Low | Low Med | Medium | Med Hi | Med Hi |
| | Unlikely | Low | Low Med | Low Med | Medium | Med Hi |
| | Very Unlikely | Low | Low | Low Med | Medium | Medium |

The likelihood of ONE incident from a drug (and potentially dual diagnosis) rehab facility being next to an elementary school is entirely “possible” or “likely” and the impact is anywhere between “minor” (a patient who leaves the facility during a meth psychosis event comes into contact with a child) to “severe” (a member of the public or emergency services is hurt). I’d encourage you to conceptually evaluate the City’s Risk Acceptance Criteria position on this proposal when you are evaluating the safety risks associated with this location of a rehab center.

Other Patient Risks

Both Discover Recoverys’ website (see Appendix 1) and a well cited National Institutes of Health (NIH) National Institute on Drug Abuse article from April 2020 titled “*Common Comorbidities with Substance Use Disorders Research Report*” ([Link in Appendix 1](#)) claim that around half those in substance abuse disorders have a dual diagnosis with varying mental health issues. If 50% of patients at this proposed facility could be assumed to have a dual diagnosis, it presents a higher element of unpredictability around patient stability. Combine this with the ability of patients to leave the facility or program at any time (with no public transport nearby) and with the facility being located next to an elementary school, park and neighborhoods full of kids, I believe there is a heightened risk to the safety and wellbeing of the community during any incident that takes place. This potential risk does increase the chances of a scenario occurring where a patient with a psychotic episode could leave the facility and come into contact with, or

Stuart Maxwell
2225 NW Sierra Way
Camas, WA
98607

at worst cause harm to, a child, a resident, a teacher, a police officer or firefighter. Should this occur whether it's 2021 or 2024, the narrative will be that the unfortunate event and negative impacts could have been entirely avoided.

Due to the laws and lax regulation around Rehab facilities and the fact that Discover Recovery would simply lose a permit, be fined, wind the company up or go bankrupt etc., the ultimate responsibility and accountability for this will lie with the City of Camas for making such an irresponsible decision to approve this conditional use permit.

Events that are "Materially Detrimental to Public Welfare"

It appears as though the City Planning function has neglected to accurately evaluate the safety aspects of the code item "materially detrimental to the public welfare" in any level of detail or worse, was not scoped with this task. Given the proposed use and location of the facility, I was horrified to learn that the City did not complete an evaluation or consider Discover Recovery's Long Beach facility 911 callout records, or indeed that of other similar facilities in the Vancouver metro areas (if they did, I missed it during the hearing).

Example Situation for consideration

If any of the type of incidents that have happened at Long Beach and other suburban Rehab facilities in the country were to happen in this location, the Elementary School may be forced to initiate lockdown protocols. When consulted with on the matter, Dr Cathy Sork, Principal of Dorothy Fox Elementary has advised *"Students are monitored closely and we are trained to take immediate action if we were to see any adult near or approaching our fence line.....we also have a quick response time from the Camas Police Department if we noticed anything unusual. We do not hesitate to call for their help in any instance.....If we need to do an immediate lockdown of the playground, our recess staff carry special safety whistles on their lanyards. These sound different and get student's attention to stop - look to the adult - and follow their direction. We are able to pull kids off the playground and into the gym very quickly if that were ever needed"*. See Appendix 2 for copy of this note from Dr Cathy Sork to a fellow neighbor.

In a alternative evaluation to the matrix above, I'd encourage the examiner to revisit and extrapolate the data obtained from Pacific City Sheriff's office as outlined in CUP 21-01: Supplemental Comments Submitted on Behalf of the Dorothy Fox Safety Alliance Exhibit # 152 about the Long Beach Discover Recovery facility (that one is 8 blocks from the nearest school) and apply it to this application....

- Camas proposal has 15 rooms (at this point)
- Patient stays are anywhere from one day to 90 days stay over 365 days of the year, average stay of 30 days.
- There could be anywhere between 60 and 130 different patients coming through the facility each year, perhaps more.
- Over the next 3 years, that could be anywhere between 180 and 390 patients.

Does the examiner and the City believe that of potentially 180 – 390 patients in the next 3 years, the public welfare or local property is not going to be impacted negatively at least once based on what they have learned from the Long Beach location?

Stuart Maxwell
2225 NW Sierra Way
Camas, WA
98607

If you extrapolate the data from the 17 logged incidents from the Long Beach Discover Recovery facility with the Pacific County Sheriff Office between May 2019 and January 2021 (note, the facility was operating at much lesser capacity for the majority of this time and these were the incidents that they actually called in, if you read the transcripts, it would appear they don't typically call the Police if a patient leaves) and apply it here, the City could easily be looking at anywhere between 20 to 30 (or more) incidents over a 3 year period. *Note: this is also without considering that the Long Beach facility is 8 blocks from the nearest school, I'd expect that this Dorothy Fox location has more vigilant neighbors that will likely generate significantly more call traffic.*

Summary Considerations

- How many School or neighborhood lockdowns do you anticipate in the next 5 years? What are the impacts of those on the community?
- How many emergency callouts do you anticipate in the next 5 years? What are the impacts on those services and their other duties?
- How many incidents could take place where there is harm to a human? What are the mental and physical impacts of that?
- How many incidents where nearby property damage or other crimes takes place? What are the impacts of that? (Many publications on this matter exists, one of the more cited - per MEET packet - is the data contained in *"Not in My Backyard": The Effect of Substance Abuse Treatment Centers on Property Values* Journal of Sustainable Real Estate, La Roche, Waller & Wentland, 2014)

Whatever numbers you ascertain are likely to be "more" than before the facility was permitted and operated. If that isn't materially detrimental to the public welfare, I don't know what is.

Dorothy Fox staff, pupils, the community and the first responders such as Police and Firefighters do not need to be put in this position – this is entirely avoidable by applying some logic and common sense.

I'll finish here with a few further items:

- If you lived near this location, if your kids attended this elementary school, or used the parks to play or practice sports or if your family attended the Church – would you feel that your family and property is safe as it was when this venue was used as an assisted living facility?
- Are you comfortable with the fact that should any incidents take place that has negative impact on people, property or wellbeing in the area in general, it will be directly correlated to your decision on this hearing?
- Do you really believe that the positive aspect of the facility outweighs all of the negatives?
- Would you approve an application for a methadone clinic to be located at this facility if they made a tenuous argument to meet the Camas code?

Regards,



Stuart Maxwell

Appendix 1: Screenshot of Discover Recoverys Website as on 3/30/2021

Washington

Getting Help for Co-Occurring Disorders

Mental illness and substance abuse often occur together. About half of the people with substance use disorders will also have a mental illness; at some point in their lives, but the reverse is also true. When a person having addiction, such as alcohol use disorder or substance use disorder, also has a mental illness, such as depression, bipolar disorder, or PTSD (post-traumatic stress disorder), then the two conditions require dual diagnosis treatment. This is usually offered through a residential treatment program because the interaction between the two conditions can worsen both. If you or someone you love has a dual diagnosis, it's important to get treated at a drug rehab in Washington that provides integrated treatment for the co-occurring conditions. Read on to find out more about getting dual diagnosis treatment in Washington.

What is Dual Diagnosis?

As noted, dual diagnosis is the occurrence of substance abuse and mental disorders together. Although these disorders frequently occur together, it is not necessary that one caused the other. It can be challenging to figure out what came first. For example, in one individual depression could lead to alcoholism, while in another person drug use could result in anxiety. The picture is not always clear, but researchers believe there are three reasons why mental illnesses and substance use disorders occur together:

- Many risk factors for mental illness are also risk factors for substance abuse, such as stress, trauma, and genetics.
- People with mental disorders are at risk of drug use and addiction. For instance, someone with a mental disorder like PTSD (post-traumatic stress disorder) may use alcohol or drugs to self-medicate in an attempt to feel better.
- Substance abuse produces changes in the human brain, making it more likely for a person to develop mental illness. Long-term use of certain drugs leads to brain changes that can cause mental health issues like paranoia, hallucinations, aggression, and anxiety.

Compared to healthy individuals, people with drug addiction are twice as likely to suffer from anxiety and mood disorders. On the other anxiety.

Start Your Journey Today
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Addiction Treatment

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Anxiety Treatment Center
Depression Treatment Center
Holistic Drug Rehab
Inpatient Alcohol Rehab
Long Term Drug Rehab
Mens Addiction Treatment Center
Mens Alcohol Rehab Center
Residential Treatment Center
Womens Addiction Treatment
Womens Alcohol Rehab

Link to PDF publication highlighted. <https://www.drugabuse.gov/publications/research-reports/common-comorbidities-substance-use-disorders/part-1-connection-between-substance-use-disorders-mental-illness>

Appendix 2: Note from Principal of Dorothy Fox Elementary School sent to fellow neighbor - 3/29/21

File

Message

Help

Tell me what you want to do

Contact Support

Troubleshoot

Feedback

Suggest a Feature

Show Training

What's New

Support Tool

...

Fwd: New message from Cathy Sork in Dorothy Fox Elementary

JK

Jamie Kobrzycki <jamkob@me.com>

To

Stuart Maxwell

Kristen Maxwell

①

If there are problems with how this message is displayed, click here to view it in a web browser.

From: Cathy Sork via ParentsSquare <donotreply@parentsquare.com>

Date: March 29, 2021 at 2:15:53 PM PDT

To: jamkob@me.com

Subject: RE: New message from Cathy Sork in Dorothy Fox Elementary

Cathy Sork replied to your conversation.

Hello Mr. Kobrzycki

I am happy to share with you our procedures for locking down the school. Attached is the letter we sent in Foxy Tales in February that describes some of our procedures. In fact, we are scheduled to have a practice this week with the students.

Camas is being represented by our Director of Operations with the hearing process for the Discovery Recovery Project. Her name is Heidi Rosenberg. You are welcome to reach out to her if you wish. Let me know if you want me to provide her direct contact information. I know that the hearing process has begun for this application.

Unlike some of the schools in Camas, the Fox playground is fully enclosed by a 6' fence to create a safe playground perimeter. Students are monitored closely and we are trained to take immediate action if we were to see any adult near or approaching our fence line. We have neighbor homes that have lined our back fence for some time. We are effective at keeping our students away from the fence line to ensure safety. In my 15 years at Fox, we have found the fence to be a successful deterrent to any outside interference with our student's school day. We also have a quick response time from the Camas Police Department if we noticed anything unusual. We do not hesitate to call for their help in any instance.

If we need to do an immediate lockdown of the playground, our recess staff carry special safety whistles on their lanyards. These sound different and get student's attention to stop - look to the adult - and follow their direction. We are able to pull kids off the playground and into the gym very quickly if that were ever needed.

I feel confident in our procedures for monitoring our property and locking down the school if needed.

Can I answer further questions about this procedure? It is our mission to keep all students safe at Dorothy Fox and we take that job seriously.

↩ Reply

↩ Reply All

→ Forward

⋮

Mon 3/29/2021 3:00 PM

Thanks for reaching out!

Type here to search

11:42 AM

3/31/2021

22

File

Message

Help

Tell me what you want to do

Contact Support

Troubleshoot

Feedback

Suggest a Feature

Show Training

What's New

Support Tool

...

Fwd: New message from Cathy Sork in Dorothy Fox Elementary - Message (HTML)

JK

Jamie Kobrzycki <jamkob@me.com>

To

Stuart Maxwell

Kristen Maxwell

①

If there are problems with how this message is displayed, click here to view it in a web browser. also have a quick response time from the Carinas Police Department if we notice anything unusual. We do not hesitate to call for their help in any instance.

If we need to do an immediate lockdown of the playground, our recess staff carry special safety whistles on their lanyards. These sound different and get student's attention to stop - look to the adult - and follow their direction. We are able to pull kids off the playground and into the gym very quickly if that were ever needed.

I feel confident in our procedures for monitoring our property and locking down the school if needed.

Can I answer further questions about this procedure? It is our mission to keep all student's safe at Dorothy Fox and we take that job seriously.

Thanks for reaching out.

Cathy Sork, Principal

Message sent on Monday, Mar 29 at 2:19 PM to Jamie Kobrzycki

View or Reply

Please do not reply directly to this email. Click the "View or Reply" button to send a reply to Cathy Sork.

On Monday, Mar 29 at 9:30 AM, Jamie Kobrzycki wrote:

Hi Dr Sork, Hope you are well I was wondering if you can share the lockdown procedure for the school? For when there is a criminal activity/person loose near the school. Or is this posted in Camas school district website? With the potential of a drug detox going in at the old Fairgate assisted living building it is making me very nervous. It seems impossible that the city would approve this conditional use permit without considering it's extremely close proximity to our elementary school. Their location is not a good fit for the safety of our students. Thank you.

Jamie

Reply

Reply All

Forward

...

Mon 3/29/2021 3:00 PM

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Google Play Services

Google Play Protect

Google Play Books

Google Play Music

Google Play Movies & TV

Google Play Games

Google Play Newsstand

Google Play Store

Google Play Services

Google Play Protect

Google Play Books

Google Play Music

Google Play Movies & TV

Google Play Games

Google Play Newsstand

11:42 AM

3/21/2021

22

Page 8

File #CUP21-01

7

Hello Mr. Turner,

March 31, 2021

Thank you for your time last week during the public hearing regarding CUP 21-01. As you may recall, I referenced my concern for the safety and public welfare (Camas Municipal Code 18.43.050 – Criteria, Section A), when I spoke about Discover Recovery's inconsistent information around admitting a sex-offender to their facility. While Mr. Feldman stated that they would not admit sex offenders, I still find that the information posted (and obviously added to their website after the fact), is still inconsistent and worrisome. The fact that they went from “does not expect to admit any registered sex offenders...unless required by law”, to “will not allow sex offenders into the treatment program”, is quite confusing. You will notice in the excerpts from their website, (EXHIBIT A, attached) that both statements are still posted on their public website.

Additionally, stating that patients simply have to complete a “pre-admission assessment”, leads me to believe that this could be a simple form, with no true verification mechanism, as there is no indication that an official background check will take place. It's interesting that a background check is not mentioned, wouldn't that be stated as part of the process, if there was one? Furthermore, the website states that “as allowable by law”, an application can be rejected based on legal history, but is the legal history being checked for sex offences, and if so, how? If Discover Recovery has such an unclear approach to their admittance process for patients, specifically, sex offenders, and the City of Camas Planning division does not evaluate this as part of the application process, (per email, EXHIBIT B, from Sarah Fox (to Heidi Rosenberg) in response to my question about Discovery Recovery's proximity to Dorothy Fox Elementary); how can this possibly be considered? It is evident that there are minimal checkpoints in place to mitigate the risks that this imposes. It seems that the only true way to avoid an encounter with a sex offender at this facility and a member of the community is to not allow this in the first place. Please consider this when evaluating the material impact that this horrific offense could have on a community and a child's life. [Discover Recovery Camas – Information for residents of Camas. \(discoverrecovery-camas.com\)](https://discoverrecovery-camas.com)

Lastly, I would like to voice my concern around medical waste and potential drug paraphernalia that could be left at surrounding areas near this facility, specifically, at the park or in the park's restroom. This would be materially detrimental to the public welfare and would impact pedestrian circulation on many accounts (18.43.050 Criteria – Section A and C). For one, neighborhood children play at this park, both at the soccer field, playground, and the large hill in the park for winter sledding. As I was walking on NW 23rd St today, there were three different youth sport teams practicing in fields surrounding the Fairgate Estate. This is a bustling area for children's activities. We do not want a child to pick up a used needle or find a pill left on the ground, or in the restroom while visiting these areas. We have seen many reports that drug use activity increases when a detox center is located in a community and that patients often leave to “get a fix” before returning to the facility. The area could easily become a “hot spot” for drug deals. We cannot take the risk of our children encountering this activity or the potential paraphernalia left behind. I can guarantee that I will change my running/walking path to avoid NW 23rd St, and I'd imagine these children would relocate their practice activities. This would significantly impact the use of these areas and the sidewalks/roadway (NW 23rd) to get there. In

my opinion, this seems to be a clear impact to safety and pedestrian circulation as noted in Sections A & C of the Conditional Use Permit Application criteria.

Thank you again for your time and consideration of my concerns as you make a decision that will impact the lives of young children in this community.







Sincerely,

Kristen Maxwell

2225 NW Sierra Way

Camas, WA 98607

EXHIBIT A

  <https://www.discoverrecovery-camas.com>   |   Not syncing

^ What is the facility willing to do to make sure the community is safe?

We will be actively involved in the community the way we are in long beach. We want the community to know that we will be available and work with neighborhood to make sure everyone feels safe and heard. We plan to get involved in a number of local causes as well. The facility will provide much needed services to the area along with the creation of approximately 20 jobs. The main concern seems to be the proximity to the school. We look forward to working with Dorothy Fox Elementary School to discuss and address any concerns they may have about the new use.

In addition, Discover Recovery does not expect to admit any registered sex offenders to the proposed facility. Unless required by law, Discover Recovery will not admit any registered sex offenders at its facility.

^ How will DR ensure that sex offenders will not be allowed into the facility?

DR will not allow sex offenders into the treatment program. All new admissions are required to complete a pre-admission assessment. Part of the assessment process pertains to legal history, including whether the potential admission is a sex offender. It should also be noted that the legal assessment also looks into whether a potential admission is currently on probation. As allowable by law, legal history may serve as a cause for non-admission.

[Discover Recovery Camas – Information for residents of Camas. \(discoverrecovery-camas.com\)](https://www.discoverrecovery-camas.com)

March 31, 2021

Mr. Turner,

I would like to add to my other correspondence with additional opposition points, specifically around the City's Comprehensive Plan and more detail around the Municipal Code.

If the proposed use for the Fairgate Estate is approved, the potential "materially detrimental" impacts to the safety and welfare of the community (Municipal Code 18.43.50 - Conditional Use Permits – Criteria, Section A) would contradict the goals outlined in the City's Comprehensive 2035 Plan (the "**Comprehensive Plan**") <http://www.ci.camass.wa.us/images/CDEV/CompPlan2016.pdf>, as well as the Purpose Statement of the Camas Building Division, as stated on the City of Camas's website, (<https://www.cityofcamas.us/com-dev/page/building-division>).

- "The purpose of the Building Division is to promote the **general health, safety, and welfare** of the citizens of Camas. We are committed to assisting developers and builders in creating homes and businesses that provide a **safe and livable** environment. We ensure that state and local codes are followed in order to enhance the quality of life and preserve the natural environment for current and future generations."
 - The overall safety concern from the community, with an emphasis on the Applicant's existing operation in Long Beach, WA (letters and police logs) is not in alignment with the above-mentioned goal. Most of the community residents will not feel safe if this use is approved and it will greatly impact the openness and livability of our surroundings. As I canvassed the neighborhood to help bring awareness of this situation, I discovered that most residents moved here to be in a safe community with good schools. Many weren't aware of the potential change of use, and when made aware, were quite fearful of the outcome. I'd imagine this is because as a Senior Living Community, it posed no threat to the children or community members, but if it changed to a detox center, it could certainly bring about changes for the worst.
- "In the year 2035, **residents of Camas continue to appreciate their safe**, diverse and welcoming community. Those that were raised in Camas will return for family wage jobs, and to ultimately retire here".
 - If this is, in fact, an aspiration for the City of Camas, approval of this facility will not be in alignment with this goal. The City will experience the exit of current residents and I can guarantee that they will not return for retirement. Why would they return if the community is no longer safe and senior housing is not readily available, but instead being replaced by other uses?

In addition, the proposed use of this facility is not compatible with aspects of the Municipal Code 18.43.050, Section C, or the Neighborhood Goals and Policies as stated in Section LU-3 of the Comprehensive Plan, specifically, the surrounding land uses in terms of increased access to senior housing (LU-3.2), pedestrian circulation (LU-3.3) or decreased exclusivity (LU-3.4).

- The Comprehensive Plan's Neighborhood Policy LU-3.2 emphasizes the need for more senior housing. A change of use for the existing facility eliminates an option for senior housing which is contradictory to the Comprehensive Plan.

- Neighborhood Policy LU-3.4, the City of Camas discourages “exclusive neighborhoods, privacy walls, and gated communities.” A fence surrounding the proposed facility is critical for the safety of the community to avoid incidents and interactions with the patients. However, in doing so, this also directly contradicts the “small town ambiance and family friendliness” goal, as stated in the Comprehensive Plan. It would be impossible to adhere to both Municipal Code 18.43.050, Section A in regard to community safety by adding a fence around the premises *and* Neighborhood Policy LU-3.4, if the proposed use was approved.

Please consider the abovementioned information, as this use is not in alignment the Comprehensive Plan, or the Municipal Code.

Thank you for your time,

Kristen Maxwell

2225 NW Sierra Way

Camas, WA 98607

This e-mail, related attachments and/or any response may be subject to public disclosure under state and federal law.

Rosenberg, Heidi L. <Heidi.Rosenberg@camas.wednet.edu>
To: Kristen Maxwell <kristenpmaxwell@gmail.com>

Tue, Mar 30, 2021 at 9:33 AM

Good morning, Kristen – I couldn't see whether you were copied on the City's response, so am forwarding it to you, just in case. I did some googling regarding notification and housing for sex offenders and found this site helpful in understanding the Washington state law: <https://www.waspc.org/sex-offender-information>.

Regards,

Heidi

Heidi L Rosenberg

Director, Capital Programs

Camas School District

841 NE 22nd Ave. / Camas, WA 98607

Phone: 360.833.5593

heidi.rosenberg@camas.wednet.edu

From: Sarah Fox <SFox@cityofcamas.us>

Sent: Monday, March 29, 2021 5:06 PM

To: Rosenberg, Heidi L. <Heidi.Rosenberg@camas.wednet.edu>

Subject: RE: NOTICE OF APPLICATION AND PUBLIC HEARING DISCOVER RECOVERY (F I L E N O . C U P 2 1 -01)

Heidi,

It is not our agency's responsibility to track sex offenders. If the police department is made aware of a potential violation then they will investigate.



Sarah Fox, AICP (She/Her)
Senior Planner

Desk 360-817-7269



Cell 360-513-2729

www.cityofcamas.us | sfox@cityofcamas.us

From: Rosenberg, Heidi L. <Heidi.Rosenberg@camas.wednet.edu>

Sent: Monday, March 29, 2021 4:54 PM

To: Sarah Fox <SFox@cityofcamas.us>

Cc: Kristen Maxwell <kristenpmaxwell@gmail.com>

Subject: FW: NOTICE OF APPLICATION AND PUBLIC HEARING DISCOVER RECOVERY (F I L E N O . C U P 2 1 -01)

WARNING: This message originated outside the City of Camas Mail system. **DO NOT CLICK on links or open attachments** unless you recognize the sender and are expecting the content. If you are unsure, click the Phish Alert button to redirect the email for ITD review.

Hi Sarah –

Please note the concern below from Kristen Maxwell regarding the potential for sex offenders to reside in the proposed Discover Recovery facility. Would you please verify what the law requires regarding the adjacency of housing for sex offenders to schools?

Regards,

Heidi

Heidi L Rosenberg

Director, Capital Programs

Camas School District

841 NE 22nd Ave. / Camas, WA 98607

Phone: 360.833.5593

heidi.rosenberg@camas.wednet.edu

From: Kristen Maxwell <kristenpmaxwell@gmail.com>

Sent: Monday, March 29, 2021 11:44 AM

To: Rosenberg, Heidi L. <Heidi.Rosenberg@camas.wednet.edu>; Stuart Maxwell <stuartmaxwell82@gmail.com>

From: Marcy Kirby-Smith <marcy.lynn.rn@gmail.com>
Sent: Wednesday, March 31, 2021 10:45 AM
To: Sarah Fox
Subject: Detox letter
Attachments: Detox Letter.pdf

WARNING: This message originated outside the City of Camas Mail system. DO NOT CLICK on links or open attachments unless you recognize the sender and are expecting the content. If you are unsure, click the Phish Alert button to redirect the email for ITD review.

Hi Sarah,

Please find attached my written testimony and letter in regards to the Discover Recovery Facility proposed plan. Hope it helps.

Thank you,

Marcy Kirby-Smith

Sent from my iPhone

March 30, 2021

Sarah Fox,

This letter is in response to the Discover Recovery proposed plan in the Fairgate Estates building on Prune Hill. My name is Marcy Kirby-Smith and I work as an Emergency Room Nurse in a nearby hospital that services the Camas area as well as the City of Vancouver. This letter is to serve as my witness and testimony to treating the acutely ill detox patient. Here are a few examples of my first hand experiences with substance abuse patients:

I have been a nurse in the ER for nearly 10 years and have received patients from other nearby detox facilities every, single, shift. These patients are coming to the ER from detox in an unstable state and 911 is being called because the detox facility cannot handle the patients high acuity level. Whether it is medical or behavioral, the facilities are unable to properly medicate and keep their own staff safe so 911 is called and the patient arrives to the ER for stabilization. When I receive the patient they have often attempted suicide, have had a violent behavioral outburst, have overdosed, their withdrawal symptoms are so severe that they have gone into a mental psychosis and are a danger to themselves and others. Security is called, they are often restrained by all 4 extremities and then heavily sedated to keep them calm and safe. It's scary. Many of our nursing staff have been injured while caring for these patients. I have been hurt too. I have been scratched, punched, kicked, spit on, and assaulted by detoxing patients more times than I can count over the years.

I understand that Discover Recovery plans to be a facility that caters to the wealthier detoxing population. I'm here to tell you that money doesn't matter in these situations. Addiction is addiction. Just yesterday I helped a very successful man in his 50's, from detox, who was coming off of meth and alcohol after using for 20+ years and the detox facility could not handle his high acuity. He required so much sedating medication to prevent him from hurting me, to prevent seizures, and to keep him safe from himself, that the facility was forced to call 911 and have him transported to the ER. When I received him as my patient, he had deep cuts to his arms after trying to kill himself with a piece of glass he found in his room at the detox place. Doesn't matter how rich or poor you are, these behaviors are dangerous.

Substance abuse and mental health problems most often go hand in hand. Once the drug or alcohol problem is treated, there is still an underlying mental health issue to be addressed, making the detox patient even more complicated and dangerous. Some common mental health problems are depression, anxiety, PTSD, schizophrenia, suicidal ideation, and bipolar disorder. These conditions usually require medications. Medications, which may have adverse side effects or patient compliance issues. I agree that more mental health / detox / addiction & recovery facilities are needed to support our community, but Fairgate Estates is the most inappropriate and unsafe location for such a business.

Detox patients pose a very large risk to our community. It also goes further than just treating the patient and their withdrawal symptoms and acute detox. It's everything that comes along with addiction. The crowd they hang out with, their drug dealer friends who show up at detox facilities trying to smuggle in substances, the illegal activities they engage in because they are desperate for their next fix. Trading in one addiction for another. Many addicts trade in their drug or alcohol addiction for something else; gambling, child pornography, sex addiction, or other harmful habits. Having these behavior flaws so close to an elementary school is simply a danger to our children and our community. I've seen it in the hospital first hand. I don't want to see it on Prune Hill.

In regards to the Camas Municipal Code 18.43.050 (A): "The proposed use will not be materially detrimental to the public welfare, or injurious to the property or improvements in the

vicinity of the proposed use, or in the district in which the subject property is situated.” As I have described above, the proposed plan will be far more than detrimental to our community, our neighborhood, our nearby parks, schools, and churches. It will devastate our area to bring this patient population here. Our property values will go down, people will be more afraid to bring their children to a public school, increased crime, increased 911 calls, increased traffic, and increased fear in our community.

The Camas Municipal Code 18.03.030 states that a “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.” Discover Recovery would be in violation of this code based on the “acute illness” of the patients they plan to treat. Detox is absolutely an acute illness and can be very severe, evidenced by the amount of 911 calls and ER visits these patients have.

Please. From someone who sees this everyday, over and over again. Don’t allow this recovery center to move in to our neighborhood. It’s the wrong place for it.

Respectfully,

Marcy Kirby-Smith, RN, BSN

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

DATE: March 31, 2021

TO: Mr. Joseph Turner, Clark County Hearings Examiner
c/o Ms. Sarah Fox, City of Camas Senior Planner

FROM: Brian Lewallen, Counsel (*pro bono*) on behalf of the Dorothy Fox Safety Alliance, LLC and Prune Hill Partners

RE: CUP 21-01: Second Supplemental Comments Submitted on Behalf of The Dorothy Fox Safety Alliance

Dr. Mr. Turner:

On behalf of the Dorothy Fox Safety Alliance, LLC and Prune Hill Partners, the purpose of this correspondence is to respectfully submit its Second Supplemental Comments related to the Discovery Recovery "Convalescent Home" Conditional Use Permit (Project ID: CUP21-01) at 2213 NW 23rd Ave, Camas, WA 98607.

I. Discover Recovery is Not a "Convalescent Home", It Performs Acute Illness Services ("Detoxification" Services)

Applicants, without legal support or justification, suggest their proposed use in CUP21-01 is "characterized as a 'convalescent home' consistent with city code." See Narrative in Support of Conditional Use Permit, pg. 2. To justify this bold assertion, which involves an analysis of medically-related terms like acute, sub-acute, and detoxification, the Applicants simply relied upon Webster's Dictionary. Nothing else. Applicants' determination that its proposed use is "convalescent care" is completely unsupported.

A. Statutory Definition of Convalescent Care Excludes Acute Care Services

CMC 18.03.030 defines convalescent home as "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." However, contrary to their assertion otherwise, Discover Recovery does provide acute illness services (detoxification services), and therefore, cannot be a convalescent home by CMC definition. WAC 388-805-005, the provisions that regulate Chemical Dependency Services Providers, defines "Detoxification" or "Detox" as "care or treatment of a person while the person recovers from the transitory effects of **acute** or chronic intoxication or withdrawal from alcohol or other drugs." WAC 246-337, which regulates Residential Treatment Facilities, incorporates by reference the definition of Detox in WAC 388-805. By definition, detox services are acute illness services.

B. National Medical Authorities Define Detoxification as Acute Illness Services

Sources other than Websters' Dictionary clearly show that detoxification services are "acute illness" services. The National Institutes of Health (NIH), National Institute on Drug Abuse defines detox services as providing services to patients with acute illnesses.

“Detoxification, the process by which the body clears itself of drugs, is designed to manage the **acute** and potentially dangerous physiological effects of stopping drug use. See Attachment A. Further, NIH states that “Detoxification is a set of interventions aimed at managing **acute intoxication and withdrawal**.”

Additionally, NIH also refers to other expert bodies when defining detoxification as acute illness services.

“The Washington Circle Group (WCG), a body of experts organized to improve the quality and effectiveness of substance abuse prevention and treatment, **defines detoxification as “a medical intervention that manages an individual safely through the process of acute withdrawal.”** (McCorry F, Garnick D W, Bartlett J, Cotter F, Chalk M.; “Developing performance measures for alcohol and other drug services in managed care plans.” Washington Circle Group. Joint Commission Journal on Quality Improvement. 2000a, p. 9). The WCG makes an important distinction, however, in noting that “a detoxification program is not designed to resolve the long-standing psychological, social, and behavioral problems associated with alcohol and drug abuse.” (McCorry et al. 2000a, p. 9). The consensus panel supports this statement and has taken special care to note that detoxification is not substance abuse treatment and rehabilitation.”
(<https://www.ncbi.nlm.nih.gov/books/NBK64119/>). **Clearly, drug abuse “detoxification” is an acute medical management which is different from “treatment and rehabilitation.”**

See Attachment B, Letter from Dr. Shugang Ge, M.D. and Camas resident for 15 years.

It is critical for the Hearing Examiner to carefully review *Attachment B* which starts with Dr. Ge’s letter and the accompanying letters from other local doctors and medical providers that follow. These letters state convincingly that detoxification services are, in fact, acute illness services. Additionally, the letters also state that detox services near a school or residences is materially detrimental to the public welfare. Refer to Section II of these comments for more on the safety issue.

The National Institute on Drug Abuse also states:

“Most, however, start with detoxification and medically managed withdrawal, often considered the first stage of treatment.
Detoxification, the process by which the body clears itself of drugs, is designed to manage the acute and potentially dangerous physiological effects of stopping drug use.”

C. Discover Recovery Performs Detoxification Services

Discover Recovery is an acute treatment detoxification center. It might provide “treatment and rehabilitation,” for some patients, but it heavily promotes their detoxification services which is a form of acute illness services that is prohibited by our city code CMC18.03.030. **Excerpts from Discover Recovery’s own website shows this to be true:**

What Happens at a Drug Detox Center?

Addiction treatment in Washington typically starts with a detox program, which is customized to each patient’s unique needs. In most cases, three steps are performed during detoxification:

Health care providers at a drug detox center evaluate the client and obtain a thorough medical and drug use history. They perform a physical exam and order lab investigations. This is essential for treatment planning.

The next step in a Washington detox program is the withdrawal phase. The clinical team at Discover Recovery uses a variety of medications to stabilize the patient, ease withdrawal symptoms, and reduce cravings during this phase of detox.

The third step in affordable detox rehab is providing clients with the psychological support they need to prepare for lasting recovery.

Inpatient rehab is essential to ensure safe withdrawal from drugs and alcohol. At Discover Recovery, we provide 24x7 supervision for people undergoing detoxification. This is important to identify and treat any medical complications that arise during detox. Without this intensive medical management, clients are at risk of dangerous, even life-threatening complications. The staff at Discover Recovery Treatment Center are supportive, non-judgmental, and culturally sensitive. Their considerable experience in drug detox goes a long way in giving clients the best chance of sustainable recovery.

How Long Does Detox Take?

The duration of addiction treatment in Washington, specifically detox, depends on several factors, including the type of drug used, the severity of the addiction, and the method of use (injecting, smoking, snorting, swallowing). Moreover, each client is unique. How long it takes someone to come off drugs or alcohol depends on their genetic makeup, coexisting health conditions, mental illnesses, and psychosocial background.

Detox programs at Discover Recovery typically last a week. Withdrawal symptoms and detox programs for various drugs usually last for:

- Alcohol: 2-10 days
- Opioids (prescription pain pills and heroin): 4-10 days
- Benzodiazepines (Xanax and Valium): 2-6 weeks
- Stimulants (cocaine): 3-5 days

Further, the Long Beach Police logs and Pacific County Sheriff logs clearly show that patients at their location are under the influence of drugs and alcohol while at the location. One patient that ran away was suffering from a “meth psychosis”. Several times medics and ambulances were called to treat patients suffering from detoxification withdrawals and had to be hospitalized. Washington Department of Health records that were previously submitted showed that Discover Recovery was administering drugs prescribed to patients going through the drug and alcohol detoxification process (e.g., Librium). Librium is indicated for the management of anxiety disorders or for the short-term relief of symptoms of anxiety, **withdrawal symptoms of acute alcoholism**, and preoperative apprehension and anxiety.

Despite what Discover Recovery or Webster’s Dictionary may say, their proposed use is NOT a “convalescent home.” The record clearly shows that Discover Recovery provides 24-hour detoxification

services which is acute illness care. Therefore, by definition, Discovery Recovery is NOT a convalescent care provider and CUP21-01 must be denied on this ground.

II. Additional Comments as Evidence that CUP21-01 is Materially Detrimental to Public Welfare, as stated in CMC 18.43.050(A).

Additional Pacific County Sheriff 911 Dispatch Call summaries provided. See Attachment C. Also, interestingly, Applicants' own traffic study indicates that there will only be one night nurse on the night shift at the proposed Discovery Recovery in Camas. Only ONE nurse from 7:00pm to 7:00am every single day. How is that supposed to stop patients from leaving the facility at night? Police call logs already have indicated that one staff member could not physically stop a patient from leaving against medical advice. One nurse, security cameras, a fence and a gate will do little, if nothing, to prevent a patient from leaving the facility without or without notice during the evening hours – and Discover Recovery will have NO legal duty or obligation to notify anyone or to try and locate the patient to bring them back to the facility. See Attachment D.

Please also refer to *Attachment B*, letters from local medical doctors, that also suggest in their medical opinions that Discover Recovery at Fairgate Estates would be materially detrimental to the public welfare.

III. CUP21-01 is NOT compatible with Camas' 2035 Comprehensive Plan

A. Not Promoting General Health, Safety and Welfare

If CUP21-01 is approved, the materially detrimental impacts to the safety and welfare of the community (Municipal Code 18.43.50 - Conditional Use Permits – Criteria, Section A) would contradict the goals outlined in the City's Comprehensive 2035 Plan (the "**Comprehensive Plan**") <http://www.ci.cameras.wa.us/images/CDEV/CompPlan2016.pdf>, as well as the Purpose Statement of the Camas Building Division, as stated on the City of Camas's website, (<https://www.cityofcamas.us/com-dev/page/building-division>).

"The purpose of the Building Division is to promote the **general health, safety, and welfare** of the citizens of Camas. We are committed to assisting developers and builders in creating homes and businesses that provide a **safe and livable** environment. We ensure that state and local codes are followed in order to enhance the quality of life and preserve the natural environment for current and future generations."

The overall safety concern from the community, which is justified by comments already in the hearing record (e.g., Long Beach local police and Pacific County Sheriff logs) is not in alignment with the abovementioned goal.

B. Not Promoting Growth and Continuity

The 2035 Comprehensive Plan states, "In the year 2035, residents of Camas continue to appreciate their safe, diverse and welcoming community. **Those that were raised in Camas will return**

for family wage jobs, and to ultimately retire here." Approval of this facility at the Fairgate Estates property will cause current families to withdraw their children from Dorothy Fox Elementary, move away from Prune Hill and its surrounding areas, as well as discourage potential residents from moving to the community. As a result, property values will decline which will impact the desirability of the Prune Hill, and funding for the neighboring, Dorothy Fox Elementary school, which is the exact opposite effect of the 2035 Plan goals' for growth and continuity. (<https://magazine.realtor/daily-news/2014/10/17/treatment-centers-can-impact-home-prices>)

C. Not Consistent with Neighborhood Goals and Policies

The proposed use of this facility is not compatible with aspects of the Municipal Code 18.43.050, Section C, or the Neighborhood Goals and Policies as stated in Section LU-3 of the Comprehensive Plan. More specifically, the proposed use is not consistent with the goal of increased access to senior housing (LU-3.2), pedestrian circulation (LU-3.3) or decreased exclusivity (LU-3.4). This proposed use would also be conflicting with Sections 2.4 and 2.4.3 Goals and Policies – Senior and Special Needs Housing.

To illustrate:

- The Comprehensive Plan's Neighborhood Policy LU-3.2 emphasizes the need for more senior housing. Discover Recovery's proposed use for the existing facility eliminates an option for senior housing, and displaces seniors, contradicting to the Comprehensive Plan.
- Section 2.4 calls out the need for "goals and policies to address the particular needs of residents with special needs and seniors", with Section 2.4.3 - H-3.2., "encouraging social/health organizations that offer programs and facilities for persons with special needs remain in the community." According to Discover Recovery's FAQs outlined on their webpage, www.discoverrecovery-camas.com, "We want to help those in need in the Pacific Northwest." Quoting that "90% of all patients at the Long Beach facility come from Oregon or Washington. We expect to have similar admissions data in Camas, WA." The intent is clearly not to provide a facility for Camas, WA residents, but instead, residents from a wider geography, Oregon and Washington, or the Pacific Northwest, as a whole.
- Neighborhood Policy LU-3.4, the City of Camas discourages "exclusive neighborhoods, privacy walls, and gated communities." Applicants now say they will put a fence around the entire property and add a gate to avoid incidents and interactions with the patients. However, in doing so, this also directly contradicts the "small town ambiance and family friendliness" goal, which appears to promote openness. While the fence and gate will be wholly ineffective in keeping patients from leaving the facility at any time, it would be impossible to adhere to both Municipal Code 18.43.050, Section A in regard to community safety *and* Neighborhood Policy LU-3.4, if this proposed use was approved. The two simply do not comport with one another when applied to this specific location.
- Pedestrian circulation will change. The community is fearful of patient interaction with the community while attending the elementary school, visiting the park, the church (and pre-school) and utilizing the sidewalks surrounding the facility. As a result, community members will likely avoid NW 23rd Avenue for travel (which will also be used for ingress/egress to the facility). This avoidance makes the facility incompatible to the Municipal Code 18.43.050, Section C in regards

to pedestrian circulation, but also for usage that encourages pedestrian access and connectivity to the school and park via neighborhood sidewalks and streets (Neighborhood Policy LU-3.3). This is particularly detrimental for those that walk to school, or bike/jog on NW 23rd Avenue. The proposed use is not conducive to the overall Neighborhood Goal LU-3 of the Comprehensive Plan.

Attachment
A

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Drug Addiction Treatment in the United States /

Publications

Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition)

Types of Treatment Programs

Research studies on addiction treatment typically have classified programs into several general types or modalities. Treatment approaches and individual programs continue to evolve and diversify, and many programs today do not fit neatly into traditional drug addiction treatment classifications.

Most, however, start with detoxification and medically managed withdrawal, often considered the first stage of treatment. Detoxification, the process by which the body clears itself of drugs, is designed to manage the acute and potentially dangerous physiological effects of stopping drug use. As stated previously, detoxification alone does not address the psychological, social, and behavioral problems associated with addiction and therefore does not typically produce lasting behavioral changes necessary for recovery. Detoxification should thus be followed by a formal assessment and referral to drug addiction treatment.

Attachment
B

To: Hearing examiner Mr Joe Turner and Camas senior planner Mrs Sarah Fox

Ref: Opposition of Discover Recovery Detoxification proposal next to Dorothy Fox Elementary School.

Dear Mr. Turner and Mrs. Fox,

I am writing to you to express my opposition to the planned conditional approval of Discover Recovery detoxification center at the property next to Dorothy Fox Elementary School. My opposition is based on the following issues:

1. Discover Recovery is in fact, an acute detoxification facility that does not meet the Camas Municipal Code CMC18.03.030: “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.**” Discover Recovery indeed provides **acute illness services** as I will describe in detail below.
2. Discover Recovery detoxification will be materially detrimental to the public welfare, and will be injurious to the improvements in the vicinity of the proposed use. I will explain in detail below.

Part 1: Services provided by Discover Recovery are prohibited by the Camas Municipal Code

I have lived in Camas since 2006 and I am a physician who has been practicing medicine in Portland for over 15 years. After attending the hearing held on March 24, 2021, I have discussed several of my concerns among my friends and my colleagues including a practicing psychiatrist. We came to the conclusion that Discover Recover is a detoxification facility that treats acute illness related to detoxification and withdrawals, which contradicts our municipal code CMC18.03.030. We do not need to go any further than Discover Recovery’s own words, to find out that it is an acute detoxification facility, which is clearly illustrated and promoted on their websites where “detoxification” is one of their four columns and the word “detoxification” displayed numerous times.

(<https://discoverrecovery.com/addiction-treatment-services-washington/inpatient-detox-programs-near-seattle/>)

“Detoxification” is clearly defined by the National Institute of Health (NIH) on its website as the following: “Detoxification is a set of interventions aimed at managing **acute intoxication and withdrawal**. It denotes a clearing of toxins from the body of the patient who is

acutely intoxicated and/or dependent on substances of abuse. Detoxification seeks to minimize the physical harm caused by the abuse of substances. ”

Furthermore, NIH also states, “The Washington Circle Group (WCG), a body of experts organized to improve the quality and effectiveness of substance abuse prevention and treatment, defines detoxification as “a medical intervention that manages an individual safely through the process of acute withdrawal” ([McCorry et al. 2000a](#), p. 9). The WCG makes an important distinction, however, in noting that “a detoxification program is not designed to resolve the long-standing psychological, social, and behavioral problems associated with alcohol and drug abuse” ([McCorry et al. 2000a](#), p. 9). The consensus panel supports this statement and has taken special care to note that **detoxification is not substance abuse treatment and rehabilitation**” (<https://www.ncbi.nlm.nih.gov/books/NBK64119/>).

Clearly, drug abuse “**detoxification**” is an acute medical management which is different from “treatment and rehabilitation.” Discover Recovery *is* an acute treatment detoxification center. It might provide “treatment and rehabilitation,” but heavily promotes their detoxification services which is a form of **acute illness services** that is prohibited by our city code CMC18.03.030.

The Detoxification-Treatment-Rehabilitation process is a closely related series of stages in treatment Beginning with “detoxification” followed by “treatment and rehab.” Detoxification requires acute medication treatment in forms such as Librium for alcohol withdrawal, Hydroxyzine or Clonidine for opiates withdrawal, etc. Usually, detoxification services need a doctor on staff for prescribing and treatment of acute illness related to detoxification. On the other hand “treatment and rehab” is usually provided by counseling, group therapy, etc. and generally do not need medication. For that reason, most treatment and rehab facilities do not need a medical doctor on staff. Detoxification can be done at home, in a facility, or most commonly in hospital settings especially for alcohol detoxification which can be fatal.

We can look at where Discover Recovery’s patients are coming from. If its patients come from home or the community, then the first step of detoxification will take place in the first one or two weeks for acute illness related to withdrawals. In true “treatment and rehabilitation” facilities, their patients have completed the detoxification step in a hospital before being transferred to the “treatment and rehabilitation” center. To my understanding, Discover Recovery’s patients come from the community and not from the hospital. Discover Recovery provides “detoxification” services, a form of **acute illness service** which is prohibited by our city code: CMC18.03.030.

Overall, detoxification involves the management of acute illnesses. Such management usually requires a physician on staff, and routinely prescribed medication for acute detoxification including Clonidine and hydroxyzine for narcotic withdrawal and Librium for alcohol

withdrawal. During the hearing, applicant Mr. Feldman introduced a medical director on staff for this proposed facility. From other testimonies, I have learned that Discover Recovery was cited for code violation by the State of Washington Health Department related to the use/misuse of Librium. All evidence is directed to the fact that Discover Recovery is actively providing **acute illness service** in the form of “detoxification” for their residences which is prohibited by our city code CMC18.03.030.

Part 2: Discover Recovery detoxification will be detrimental to public welfare

Furthermore, the community has concerns regarding Discover Recovery’s plan for patient leave ATA (against treatment advice?), or AMA (against medical advice) as used in a hospital setting. When a patient decides to leave AMA or ATA, there is nothing anyone can do to stop the patient in a voluntary facility like that of Discover Recovery. The applicants promised to provide company vehicles, contact family or friends, or transfer patients to other facilities. However, these empty promises hold no value in the case of a patient walking out. In addition, the patient can *refuse all of these services* including the company vehicle, their family or friends, and a transfer to another facility. During the hearing, we heard testimonies from 911 EMS records of numerous incidents where Discover Recovery patients have walked out of their Long Beach facility with psychosis or withdrawal symptoms. Any patient walking out of this proposed facility while in psychosis or with withdrawal symptoms would pose a tremendous danger to the patient themselves *and* to the immediate neighbors including the Dorothy Fox Elementary School students and staff. I believe the presence of Discover Recovery detoxification next to our community church, residential neighbourhood, and Dorothy Fox Elementary will not only be materially detrimental to the public welfare, but also injurious to improvement in the vicinity of the proposed use.

I also would like to point out that in their slideshow presentation, the applicants presented their OSHA (Occupational Safety and Healthy Agency) certification as an honor of excellence when in fact, it is a minimal requirement by the law.

In summary, Discover Recovery disguises itself under the poorly defined term “convalescence” and practices in real time as a “detoxification” facility, which is prohibited by our city code CMC18.03.030, and is prospectively and materially detrimental to our local school and community.

Truly yours,

Shugang Ge, MD, resident of Camas for 15 years.

2536 NW 23rd Ave

Camas, WA 98607

shugangge@gmail.com

3/31/2021

Yahoo Mail - Discovery Rehab

Discovery Rehab

From: Tam Vuong (tamvuong@gmail.com)

To: lewallen55@yahoo.com

Date: Tuesday, March 30, 2021, 11:41 PM PDT

To Sarah Fox:

My name is Dr. Tam Vuong and an emergency department physician at Legacy Salmon Creek Hospital. I am writing to you in regards to the drug detox facility that is set to open adjacent to Dorothy Fox elementary school. I am a local resident in that neighborhood and am writing to you to express my medical expert opinion as an emergency department physician regarding concerns of a drug detox center that plans to open adjacent to the elementary school. As an emergency department physician I deal with patients who are detoxing from alcohol and drugs on a daily basis and feel that I have qualification in regards to these matters.

I agree that people need detox and to get help for their drug and alcohol addiction. However the concern is safety for the nearby neighborhoods as well as the children at the adjacent elementary school. Addiction is a chronic condition however the care these people are receiving is acute as they have significant withdrawal symptoms and medical conditions that need to be treated immediately by medical professionals. Majorities patient's are often in the hospital and in the emergency department/ICU to help manage these cases. Patients that are detoxing are very unpredictable. These people are violent with hospital staff and this occurs daily in the emergency department. Patients are often confused and delirious. They have no control of the mind and body. Many require four-point restraints to the hospital gurney and intramuscular sedation medications to sedate them so they don't hurt others. Many nurses and doctors in the emergency department and ICU have had assaults and injuries from patients that are detoxing on a frequent basis. Therefore these patients should not be around a neighborhood where there are young children that cannot defend themselves. These patients are often confused and leave the detox center in the middle of their treatment. These homes are not able to hold these patients against their will therefore if they choose to leave they are able to walk away from the treatment program at any time. Once these facilities open they start buying properties nearby to make a sharehouse for their patients. These people often relapse and start using drugs in these homes that are purchased nearby, so that patients are able to return into the treatment center and is an ongoing cycle. My previous home in Vancouver Washington was 5 houses from a drug recovery center and there were police on a weekly basis visiting the center/home. There were crimes and illegal activity taking place in the facility. People have their property stolen from people staying in the facility when they leave so they can buy more drugs.

Bottom line is that detox centers treat acute illness requiring acute medical treatment and are not safe to be around children, especially adjacent to an elementary school. This is against the Camas municipal code and therefore the city of Camas should not grant Discovery Recovery permits to open adjacent to an elementary school.

Sincerely,
Tam Vuong, MD
Legacy Salmon Creek Emergency Department Physician.

3/31/2021

Yahoo Mail - Discovery Rehab

3233 NW Valley St.
Camas, WA 98607

Yasu Fuke
1835 NW Rolling Hills Dr.
Camas, WA 98607

March 28, 2021

Sarah Fox
Planning Division Staff
City of Camas
616 NE 4th Avenue
Camas, WA 98607

Dear Ms. Fox:

I write this letter to voice my concern to the proposed development of the former Fairgate Estates assisted-living facility into a residential drug and alcohol rehab facility.

Discover Recovery is proposing a maximum 15-bed 'convalescent home' through conditional use to provide 24-hour care and treatment for individuals seeking to recover from substance abuse disorders. The Camas Municipal Code 18.03.030 defines a convalescent home to mean "an establishment which provides full-time care for three or more chronically ill or infirm persons. Such care shall not include surgical, obstetric or acute illness services." In my opinion as a physician that deals with acute drug withdrawal issues frequently, drug and alcohol detoxification is an acute illness and process. Such patients must be monitored very carefully and, in a time-sensitive manner, treated expeditiously. It is at such times these individuals have the most erratic and combative behavior and are a danger to themselves as well as others. In my experience, these individuals often get violent. At the hospital, we at times need multiple trained security personnel and sometimes law enforcement assistance to help safeguard, medical staff and community members. The definition of what an 'acute illness' can be debated, but in my opinion, drug detox is an acute illness simply by the time-sensitive nature by which treatment must occur. In a voluntary facility that Discover Recovery proposes at the former Fairgate Estates assisted-living facility, there is a potential risk to Dorothy Fox Elementary students and the general surrounding community just by the nature of substance abuse disorders during the period of detoxification. Discover Recovery cannot hold their clients there against their will given the voluntary nature of their stay. My understanding is that Discover Recovery intends to treat patients for acute detox and that they have a license for use of buprenorphine (Suboxone) and chlordiazepoxide (Librium) for detox. This would go against CMC 18.03.030 ordinance.

I kindly ask the Clark County examiner, in accordance to CMC 18.43.050, section A, to strongly consider denying the conditional permit request. My analogy would be if there is a confirmed drunk driver with an elevated blood alcohol level on the road, law enforcement would remove the individual from driving to prevent the perceived danger to the public. Having individuals needing acute treatment for drug and alcohol in a

residential area right next to an elementary school can be materially detrimental to the public welfare and needs to be prevented even though the danger is just perceived. I ask that the examiner to thoroughly go over with Discover Recovery what type of treatment they intend to do and to determine if they are treating acute illnesses or not, specifically acute drug and alcohol detoxification. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Yasu Fuke', written in a cursive style.

Yasu Fuke, M.D.

March 30, 2021

Sarah Fox,

This letter is in response to the Discover Recovery proposed plan in the Fairgate Estates building on Prune Hill. My name is Marcy Kirby-Smith and I work as an Emergency Room Nurse in a nearby hospital that services the Camas area as well as the City of Vancouver. This letter is to serve as my witness and testimony to treating the acutely ill detox patient. Here are a few examples of my first hand experiences with substance abuse patients:

I have been a nurse in the ER for nearly 10 years and have received patients from other nearby detox facilities every, single, shift. These patients are coming to the ER from detox in an unstable state and 911 is being called because the detox facility cannot handle the patients high acuity level. Whether it is medical or behavioral, the facilities are unable to properly medicate and keep their own staff safe so 911 is called and the patient arrives to the ER for stabilization. When I receive the patient they have often attempted suicide, have had a violent behavioral outburst, have overdosed, their withdrawal symptoms are so severe that they have gone into a mental psychosis and are a danger to themselves and others. Security is called, they are often restrained by all 4 extremities and then heavily sedated to keep them calm and safe. It's scary. Many of our nursing staff have been injured while caring for these patients. I have been hurt too. I have been scratched, punched, kicked, spit on, and assaulted by detoxing patients more times than I can count over the years.

I understand that Discover Recovery plans to be a facility that caters to the wealthier detoxing population. I'm here to tell you that money doesn't matter in these situations. Addiction is addiction. Just yesterday I helped a very successful man in his 50's, from detox, who was coming off of meth and alcohol after using for 20+ years and the detox facility could not handle his high acuity. He required so much sedating medication to prevent him from hurting me, to prevent seizures, and to keep him safe from himself, that the facility was forced to call 911 and have him transported to the ER. When I received him as my patient, he had deep cuts to his arms after trying to kill himself with a piece of glass he found in his room at the detox place. Doesn't matter how rich or poor you are, these behaviors are dangerous.

Substance abuse and mental health problems most often go hand in hand. Once the drug or alcohol problem is treated, there is still an underlying mental health issue to be addressed, making the detox patient even more complicated and dangerous. Some common mental health problems are depression, anxiety, PTSD, schizophrenia, suicidal ideation, and bipolar disorder. These conditions usually require medications. Medications, which may have adverse side effects or patient compliance issues. I agree that more mental health / detox / addiction & recovery facilities are needed to support our community, but Fairgate Estates is the most inappropriate and unsafe location for such a business.

Detox patients pose a very large risk to our community. It also goes further than just treating the patient and their withdrawal symptoms and acute detox. It's everything that comes along with addiction. The crowd they hang out with, their drug dealer friends who show up at detox facilities trying to smuggle in substances, the illegal activities they engage in because they are desperate for their next fix. Trading in one addiction for another. Many addicts trade in their drug or alcohol addiction for something else; gambling, child pornography, sex addiction, or other harmful habits. Having these behavior flaws so close to an elementary school is simply a danger to our children and our community. I've seen it in the hospital first hand. I don't want to see it on Prune Hill.

In regards to the Camas Municipal Code 18.43.050 (A): "The proposed use will not be materially detrimental to the public welfare, or injurious to the property or improvements in the

vicinity of the proposed use, or in the district in which the subject property is situated." As I have described above, the proposed plan will be far more than detrimental to our community, our neighborhood, our nearby parks, schools, and churches. It will devastate our area to bring this patient population here. Our property values will go down, people will be more afraid to bring their children to a public school, increased crime, increased 911 calls, increased traffic, and increased fear in our community.

The Camas Municipal Code 18.03.030 states that a "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." Discover Recovery would be in violation of this code based on the "acute illness" of the patients they plan to treat. Detox is absolutely an acute illness and can be very severe, evidenced by the amount of 911 calls and ER visits these patients have.

Please. From someone who sees this everyday, over and over again. Don't allow this recovery center to move in to our neighborhood. It's the wrong place for it.

Respectfully,

Marcy Kirby-Smith, RN, BSN

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

Dear Sarah Fox,

According to the Discovery Recovery submitted application for a change of use from assisted living use to convalescent home use for detox center, we do have some concerns about this plan.

We respect the people who need help and medical attending for detox. We hopeful everyone gets appropriately treatment and support from Camas community.

There are some questions that I think are very important for this specific application, please address these if possible:

1. What is the definition of the detox acute verse chronic condition by the medical and law? What is the definition of stable condition? Who will make this medical decision to state the person who will be admitted to the convalescent is stable? What if the "chronic stable" detox patient or person will be admitted to this convalescent home with acute or chronic diseases in addition to their addicted issues such COVID-19, influenza, tuberculosis... Who will take these responsibilities to these diseases transition/spread out in Camas community? Are there physicians on site to make this admission or is the physician making this admission without physically seeing this person? Does the physician virtually exam this person on the medical recorder without seeing the patient, will they do Zoom video visit? Is there any screen test for this new patient before admission such as COVID-19, Tuberculosis, HIV, Hepatitis B and C, CXR, ...?
2. According to the protocol on the page 27 of the application, there will be one nurse a shift on site for 15 detox residents. Can one nurse respond to all these medical needs including the admission, discharge, medical emergency? One physician will be on site 3 afternoons for 2 hours each. Is this appropriate staff for this facility medically? If there is a medical emergency, does the nurse have the medical privilege to give patient/person sedation medications? How can they provide appropriate care to these detox residents?
3. If there is an emergency situation such as acute psychological change, agitation, aggressive behavior that happens, what is the protocol to respond to this condition? Does this facility have the capacity and privilege to respond to an emergency such as CPR, AED/defibrillation, intubation, ACLS, oxygenation... will they call an on-call physician who is a few hours away, will they call police or EMS? Does the nurse have a medical license for ACLS, DEA?
4. Alcohol, meth, other drugs all can affect their heart, kidney, lung, brain, and patient condition can change acutely. They can be in acute heart failure from fluid overload after drinking extra water in a few days if they have congestive heart failure. They can go from calm, stable, friendly to very aggressive according to the drugs' level in the blood. Who will assess these medication changes according to their condition on daily basis? Will they check vital signs daily, twice a day, three times a day? Will they do daily weight and oxygen saturation? Will nurses give IV medications according to the medical


condition such as IV furosemide or Ativan for agitation? Will they provide drug screening?

5. The residents who are in this facility have the right to support by their family members. According to the policy by Discovery Recovery, visitation by family and friends of the residents is not allowed at the facility at any time. Community and family support are as the same important as the medication for detox people.
6. Does Discovery Recovery have the social workers who can find places to discharge the residents? Where should Discovery Recovery discharge residents? Do they discharge them go back to the street if they are homeless? Do they directly discharge residents to Camas community? Should we set up a shelter for them before the facility starts? How many shelters does Camas can provide?

Finally, how can Camas provide protection to current residents, families, especially our young kids who will be exposed to these society issues, drugs, used needles...

Sincerely,

Shenjing Li MD, PHD
Interventional cardiology



3.20.2021

ATTACHMENT
C

Pacific County Sheriff 911 Dispatch Calls to Discover Recovery, Long Beach
38 calls since March 27, 2018

Medical Emergency – 13 CALLS

Fire Alarm – 8 CALLS

Leaving AMA – 9 CALLS

Mental Health Emergency – 2 CALLS

Other – 6 CALLS

***NEW Calls

***Call #210322030 – FIRE ALARM

3/22/21

Unit 1 smoke detector, while on the phone there was a cancel for this call.

***Call #210320039 – MEDICAL EMERGENCY

3/20/21

45 yom detoxing from alcohol, he went to obh [Ocean Beach Hospital] last night and they gave him iv, he is now in an altered mental state.

Call #210223080 – LEAVING AMA

2/23/21

Admitted client to facility from tribe in Arlington area, was in a meth psychosis, wasn't dangerous/violent, just on 4 day run, has trust issue, was there from around 5 until now, took of running, is welcome to come back to facility, XXXXXX XXXXX...headed south from facility

Call #210212032 – MEDICAL EMERGENCY

2/12/21

Trans to medix – female actively seizing, breathing/UNK, rp is getting pt updates

Call #210125013 – MEDICAL EMERGENCY

1/25/21

Subject needs transported to the hospital male subject 65 y high blood pressure
Subject now having chest pain

Call #210122010 – MEDICAL EMERGENCY

1/22/21

Trans to medix – req medical trans for 49 yom vomiting, detoxing from opiates

Call #210120046 – MEDICAL EMERGENCY

1/20/21

44 yof res w/chest pain, alert/breathing, no hx, trans medix

Call #210114029 – MEDICAL EMERGENCY

1/14/21

30 yom w/chest pains, 400-450 lbs,

Call #210117004 – MEDICAL EMERGENCY

1/17/21

24 yo male, convulsions, semi alert, making eye contact, unable to speak, blood near mouth, rapid breathing

Call #201217071– LEAVING AMA

12/17/20

Client left 20-30 ago known mental health history of harming herself. Wants Law aware that she is AMA...

*****Call #201013019 – MEDICAL EMERGENCY**

10/13/20

68 y male subject chest pains shortness of breath clammy and cold sweats history of heart problems.

*****Call #201012060– OTHER/DISORDERLY**

10/12/20

Female just admitted breaking things, female walking around facility at this time, did push rp and broke some stuff...

*****Call #201007087– LEAVING AMA**

10/07/20

Had XXX XXXXXXXX leave facility, said she wanted to go drink, on of the neighbors called and said female come onto their property at 4th St & Ocean Beach Blvd about an hour ago, walking around LB intoxicated, 20yof 5'2" 100lbs Asian female lsw dark gray discover recovery hoody/light gray sweats/blk flip flops, carrying blk bag/purse, req check welfare, more than welcome to come back to facility, worried about her safety...

NOTES IN CALL: req aid for female, highly intoxicated, just passed out

Subject sat up and provided a breath sample of point 198 aid still requested.

Call #200701020 – FIRE ALARM

7/01/20

Commercial fire alarm activation, ref #890951

Call #200530052 – MEDICAL EMERGENCY

5/30/20

33 yo male, uncon., breathing, pulse

Call #200528004 – OTHER/PROWLER

5/28/20

Adv enrt to area for report poss prowler...

SPECIAL NOTE: NAME LISTED IN REPORT WAS ARRESTED for Rape of a child third-degree, community custody violation in 2014. Was he the man caught prowling? Was he a patient? Also on 9/3/20, same name was On Sept. 3 at 9:21 p.m. in Long Beach, Harley E. Weyl, 27, from Long Beach, was arrested and booked into Pacific County Jail for violation of a domestic violence restraining order and criminal trespass second-degree. According to the Chinook Observer.

Call #200508051– FIRE ALARM

5/08/20

Fire alarm zone 18 unit 9 smoke detector

Call #200412057– LEAVING AMA

04/12/20

Rp advsd tia 23 yo, white female, skinny, red/blonde hair. Wearing yellow crop top sweater, black leggings, left discover recovery walking unk direction, is not mandatory to stay there. If anyone has an encounter w/female to let rp know.

Call #200211031– LEAVING AMA/ARREST

02/11/20

Stuff is being held hostage is at a place called discover recovery

They will not give back his id

Is in a voluntary program they think they can just keep his stuff and that is not true.

Notes: in custody for trespassing need to book him in jail let jail know

On scene waiting for confirmation from jail

Give him a ride up to his residence and release him at this point

Sited and released on subject courtesy transport

They are going to try one more thing with jail

Go north to pacific county jail will fax up

Call #200121013 – MENTAL HEALTH EMERGENCY

1/21/20

Thomas at discover recovery has a client needs an evaluation needs transport to er

Transfer to medix

Currently outside

Believe having psychotic break 25 year old male

Currently awake outside smoking is breathing

Getting to be violent is talking to himself

No access to weapons

Mobile crisis is responding approx. 15-20 min eta.

Call #200102028– LEAVING AMA

1/02/20

Female took off from discover recovery 3LI will be alt/welfare check

Call #191226001 – MEDICAL EMERGENCY

12/26/19

Patient needs to go to the ER – pain, hasn't been able to sleep, gallstone, back hurts, unknown age

Call #191027082 – CONCERN

10/27/19

Advd she is calling from Illinois about Discover Recovery Alcohol Treatment Center in Long Beach. Wants to talk to an officer about this business and if they are legit. Worried about a friend

Call #191015055– FIRE ALARM

10/15/19

Fire alarm, zone 29 unit 3 smoke detector no resp
False alarm

Call #191013009 – LEAVING AMA

10/13/19

Husband left detox center against advice has no money or means of transportation no id or anything yesterday morning is when he left

He went into LBPd to use the phone to call rp this was about 10:00 or 11:00 am they told him he could come back between 8 to 10 to pick up his belongings (at discover recovery)

While on the phone with rp she said she was getting a call from Long Beach possibly the detox center

Rp recalled said he was at the detox center and is going to be taking a bus back to her spoke with him and he is ok

Call #191012023 – LEAVING AMA

10/12/19

Rp is in Seattle, Wa, husband was in detox center Discover Recovery on Washington Ave North, he left against recommendation, was only there for 3 days, about 30 minutes ago he called rp and advised he wanted to go to the Best Western, Best Western wouldn't let him stay because he doesn't have id, rp called Discover Recovery, and they advised XXXXXX XXXXXX could pick up his belongs up after 4, long hair, thin and about 5' 8", rp is asking that if contacted to advised he can pick up his items after 4.

Rp called back, advs subject is possibly suicidal and wondering if there is anything law enforcement can do, rp still has not heard from XXX, rp advs she is unable to get him a hotel without him having his id she is req to speak to officer again

Call #190729029 – MEDICAL EMERGENCY

7/29/19

35 yof having a seizure. Breathing. Pink in color. Alcohol detox. One seizure.

Call #190726065 – OTHER/CREDIT CARD FRAUD

7/26/19

Wanting to speak to an officer. Step daughter in LB at discovery recovery...she has been getting ahold of rp's bank card and purchased over 3,000 online. Police where he lives told him to report it here also...

RP said he went to visit her, she had an 8 hrs pass and he took her shopping, had lunch ect...he thinks she stood over his shoulder and got his card number...he has been getting fraud report from the banks form her ordering stuff online...

Call #190703089 – LEAVING AMA

7/03/19

Was in treatment facility and male subject left...took his items and went into office and checked himself out he was there voluntary, 25 yo male with history of drug addiction and suicidal ideation's and attempts. He left last night and rp just found out he left last night...he does not have anyone on the area.

Call #190620069 – MEDICAL EMERGENCY

6/20/19

Male having abdominal pain at rehab facility, caller disconnected w/no other info at this time... Female named lisa called back advsd male client is having stomach pains, l advsd aid is on the way, she then disconnected

Call #190526050 – MENTAL HEALTH EMERGENCY

5/26/19

Male cutting himself with scissors

There is a tech trying to talk to him but is a safe distance away

Call #190520041 – MEDICAL EMERGENCY

5/20/19

Client having a seizure. Male in his 20s. Waking up now. Breathing. Just on seizure. Not diabetic.

Call #190322007 – OTHER/CAR KEYED

3/22/19

Rp's maroon 2005 dodge Dakota XXXXXXXX, sometime since 6am it was keyed all the way on the passenger side

Call #190317060– FIRE ALARM

3/17/19

Fire alarm activation, 1 trip, unit 7 smoke detector, responsible XXX XXXX is unable to contact

Call #181015042 – OTHER/FALSE 911 CALL

10/15/18

911 hang up on call back female advised to emergency they have to dial 9 to get out

Call #180511028– FIRE ALARM

5/11/18

Zone 6 fire door smoke detector, while on the line dispatcher advised false alarm

Call #180411018– FIRE ALARM

4/11/18

Fire alarm activation, rp advised they received an inbound call stating fire alarm is being tested

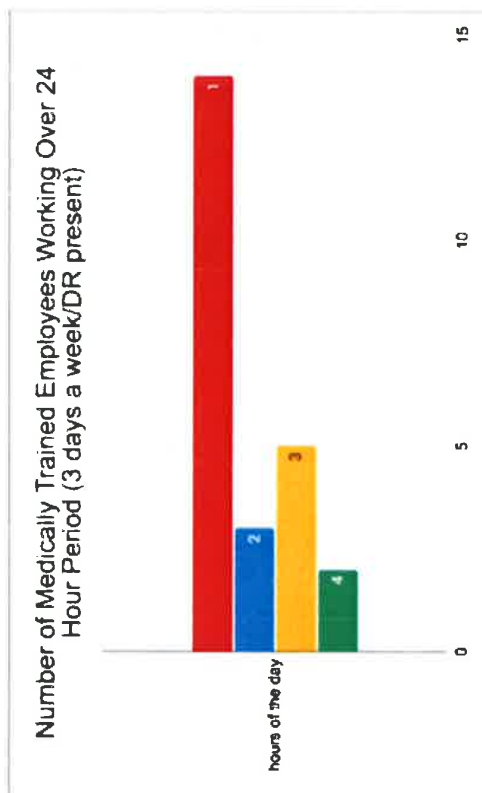
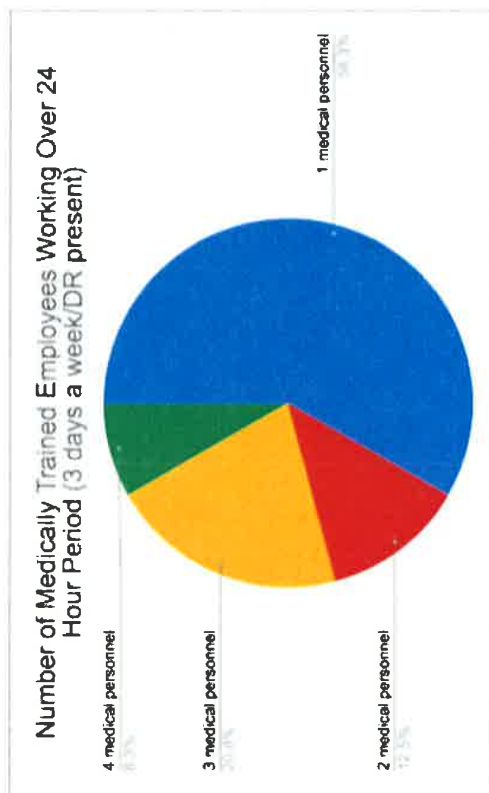
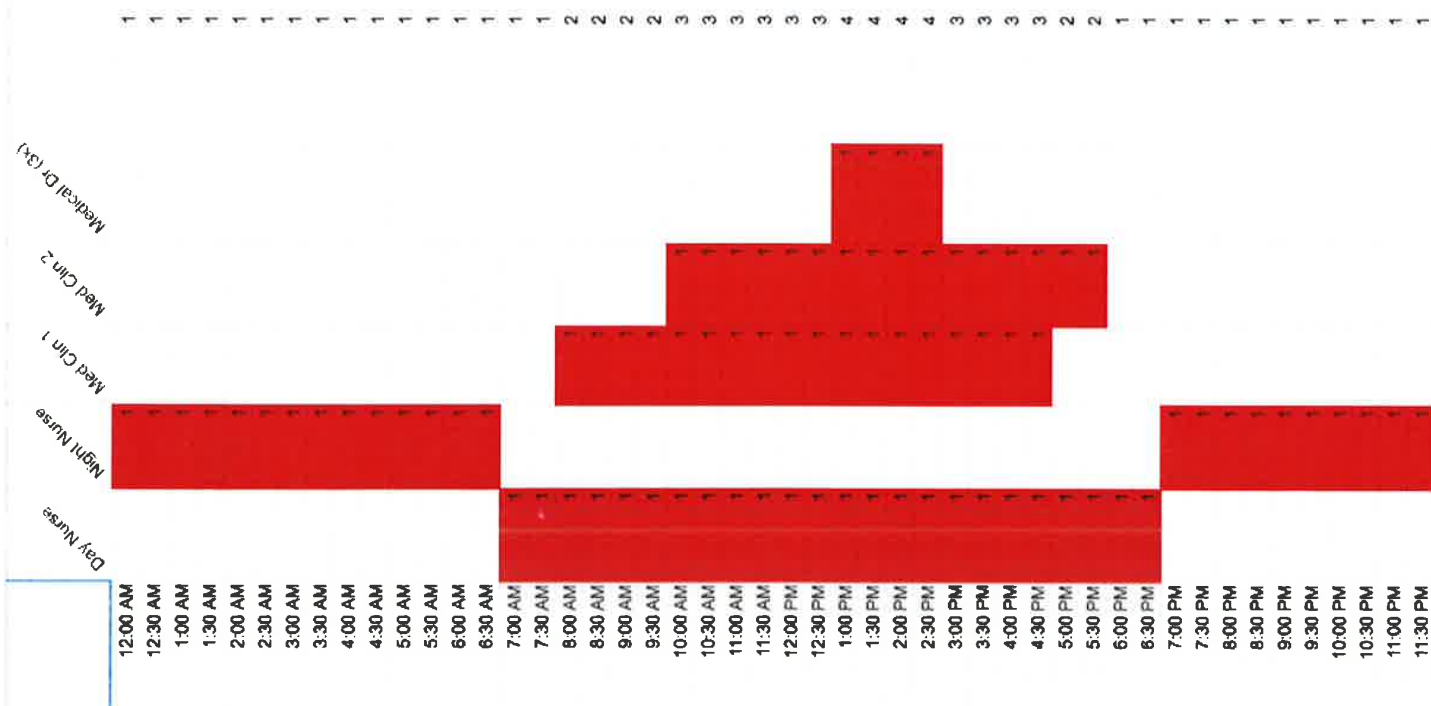
Call #180327029– FIRE ALARM

3/27/18

Fire alarm activation, one trip laundry room detector, no contact w/business

Lexi from alarm co recalled adv spoke w/XXXXX XXXXX adv false alarm, people working on it....

Attachment
D



From: James & Hannah <emailjandh@gmail.com>
Sent: Wednesday, March 31, 2021 4:59 PM
To: Sarah Fox
Subject: CUP File No. PA20-48

WARNING: This message originated outside the City of Camas Mail system. DO NOT CLICK on links or open attachments unless you recognize the sender and are expecting the content. If you are unsure, click the Phish Alert button to redirect the email for ITD review.

Dear Camas City Hearing Examiner,

I reside on the same block as Discover Recovery's proposed facility and have three young children. This letter is in objection to the CUP application by Discover Recovery (File No. PA20-48).

From the Camas Municipal Code to the Camas 2035 Comprehensive plan the city of Camas through its residents' input and desires places an emphasis of livable, stable, secure neighborhoods; excellent schools; and city parks. We have all of that right here in the neighborhoods surrounding Dorothy Fox Elementary. This is exactly why we moved our young and still growing family here from Vancouver three years ago. We were drawn to the safe walkable neighborhoods, to Dorothy Fox elementary school and nearby park.

I believe firmly that the Discover Recovery drug rehab facility will be detrimental to the public welfare of our neighborhood. While much supporting evidence to this claim has already been submitted to you, even if you only consider the police and sheriff's reports relating to Discover Recovery's, I'm sure you will find them not only most alarming, as did I, but a drastic change from the existing safe and walkable streets surrounding Dorothy Fox Elementary School. This departure would be in direct contradiction to the City of Camas' 2035 Comprehensive Plan:

"In 2035, residents of Camas continue to appreciate their safe, diverse, and welcoming community." (p.22)

"Camas continues to have an excellent school system, an asset that draws families to the community. Students and their families enjoy the city's parks, trails, community centers and other recreational opportunities." (p. 11)

Sample Evidence for Increased risk to Safety. There is ample evidence supporting that the proposed facility will increase the risk to the safety of the surrounding community residents. The following points of fact, among others, support this claim (sample references included):

1. Patients would be able to leave the facility at will and at any point during treatment.
 - a. Ref: Testimony at the public hearing on March 24th, 2021
 - b. Ref: Police Log dated 15 Mar 2021 (Call # 210223080) shows patient in "meth psychosis...took off running [from the facility], is welcome to come back to facility"
 - c. Ref: Submitted Police Log dated 28 Jan 2020 (Discover Recovery patient breaking/entering nearby private property)
2. Drug addiction is significantly correlated with sexual addiction, risky sexual behavior, and violence. Also, treating one concomitant addiction has been shown to increase the severity of a co-occurring addiction.
 - a. Ahmadi, et al. (2017), "Triangular relationship among risky sexual behavior, addiction, and aggression: A systematic review," <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5614302/>
 - b. "Sex Addiction and Substance Abuse," The Recovery Village, <https://www.therecoveryvillage.com/process-addiction/sex-addiction/substance-abuse/>
 - c. Diehl, et al. (2016), "Criminality and Sexual Behaviours in Substance Dependents Seeking Treatment," *Journal of Psychoactive Drugs*, Volume 48, 2016 - Issue 2, [Triangular relationship among risky sexual behavior, addiction, and aggression: A systematic review \(nih.gov\)](https://doi.org/10.1177/0022007316666666)

Therefore, it is unreasonable to think that injecting a high concentration of those suffering from drug addiction into a community would not significantly increase the safety risk to the adjacent elementary school and surrounding community.

Background checks and sex offender screening will not catch potentially dangerous disorders. Will Discover Recover even do background checks?

It is also unreasonable to assume that the level of crime and or public disturbances will be equal to or less than that brought about by the operations at Fairgate Estate assisted living facility experienced up until now. Furthermore, CMC 8.06 - Neighborhood Preservation, clearly lists the city's intent to preserve neighborhoods by promoting "the health, safety and welfare of the citizens of Camas, Washington, and to protect neighborhoods against hazards, blighting, and deteriorating influences or conditions that have a negative impact on families; encourage social disorder and crime; and decrease property values...." Therefore, approving this CUP would violate the purpose of CMC 8.06.020 as well as CMC 18.43.050.A.

Injury to Sense of Security. Any reasonable person would say the goal of maintaining public welfare is also maintaining a sense of security which, by definition, is freedom from fear. This facility is obviously causing fear...a fear that is completely founded and rational, as demonstrated above and by submitted evidence. Obviously, not all patients at the Long Beach facility cause safety concerns and neither would all here at this location but we cannot ignore the correlation of potentially dangerous behaviors and co-occurring disorders that can and will come up within the hundreds of patients that will cycle through our neighborhood annually. I'll quote the local firefighter who spoke at our related public hearing on March 24th, 2021, "it's not a matter of if but when" in reference his departments response to patients leaving such voluntary in-patient facilities. In Long Beach, the applicant has demonstrated an inability (or unwillingness) to protect the surrounding neighborhood from its patient's undesirable public activities as they obviously "...cause or permit or suffer to be done, or maintain any act or thing which shall be detrimental or injurious to public health or offensive to the senses or contrary to public decency or morality" (emphasis mine) per CMC 8.06.070.A.1 - Violations and enforcement, Neighborhood Preservation Section.

I am very scared as a mom with three young children at the idea of living a few hundred feet away from the proposed drug detoxification/rehabilitation facility. I am scared for the kids walking to and from school on 23rd Ave, for the kids playing sports in the adjacent park, for our kids playing on the playground at recess separated only by a fence line. But my greatest fear is that my children could witness or encounter a patient leaving the facility as in Long Beach. Our front yard is only a few hundred feet away.

Over 50 families signed a petition saying they would pull their kids from Dorothy Fox or move. The fact that we and others would plan to move in and of itself is not an argument to deny this permit, but what is compelling us to leave when we would otherwise prefer to stay must be considered as somehow injurious. This is due to an erosion of the sense of security and public welfare. I submit that this same sense of evidence-based, well-founded fear not just a popular position that made it possible for local concerned residents to procure over 1,400 petition signatures in opposition to this proposed facility.

I mentioned in the public hearing on March 24 the topography of the area and I invite you to walk around the area along 23rd Ave and down Utah Ct, there is no security fence high enough that would keep the front south facing windows from viewing children walking to and from school and to the park usually unaccompanied as well as all activities, coming and going on Utah Ct. including views into several children's bedroom windows. A Long Beach resident who wished to stay anonymous shared with my fellow neighbor that a patient would stare into their house all day as the topography of the area made the privacy moot. One does not need to be touched to feel violated and without a sense of security.

Discover Recovery's communications to Camas neighbors have not made us feel safe or heard:

The following are quotes taken from Discover Recovery's informational webpage to camas neighbors.
<https://www.discoverrecovery-camas.com/>

"What is the facility willing to do to make sure the community is safe?

We will be actively involved in the community the way we are in long beach. We want the community to know that we will be available and work with neighborhood to make sure everyone feels safe and heard..."

Taking years to put up a privacy fence, going back on promises such as promise to not be a co-ed facility, failing to put privacy film on windows, nearby neighbors having to keep managers cell phone handy to report issues and disturbances – all per comments from Long Beach residents, is not the type of community involvement I find acceptable in our neighborhood or theirs.

To date, we the do not feel safe about the proposed facility or heard by the owners of Discovery Recovery.

“What is the security protocol?”

At least two staff members will be on-site 24 hours a day including a nurse. We will have cameras installed through the center and they are monitored throughout the day...”

Cameras do not protect from physical breaches of facility from happening. 3 to 15 staff to patient ratio and cameras does not give me confidence or make me feel safe. Motivated individuals can work around cameras and testimony from other (Robert Ball from March 24 Public Hearing) has shone the their ineffectiveness. What is the staff to patient ratio in Long Beach? How are patients leaving why is no one stopping them? What good is a ratio when legally anyone can leave at any time?

“Whether residents will be allowed to spend time outside during their stay and be in close proximity to our children?”

While residents will be allowed to spend time outside during their treatment episodes with supervision, designated outdoor spaces will be on the north eastern side of the property, away from the shared property line with the Dorothy Fox Elementary School. Outdoor activities are monitored by staff. Residents will not have the ability to freely roam the property. As an added safeguard, Discover Recovery (DR) will also install fencing as a means to further enhance safety and privacy.”

During the March 24 Public Hearing the applicant was not clear on the areas patients would be able to spend time outdoors in. There really is no good outdoor space that can create more distance than a single fence time from children. The sound of voices and large amounts of smoke from groups smoking will not be stopped from reaching the playground and park by a single fence. Also, per Robert Ball’s testimony at the March 24 Public Hearing, it is all too easy for residents to hop a fence.

I could go on but I will stop there. But I want to say I can see all the elements of a good PR campaign by Discover Recovery with earned media in the Camas Post Record, nice websites and great sounding messaging and promises to the community, but I can also see signs of trying to make a business model work in an unconventional but convenient location, with a great building in beautiful area that needs minimal time and money to turn a profit. Showing eagerness to be a good community partner is great, but a good community partner would not put this business next to a school, especially when such a business has a history of being less than a good community partner and patients leaving their pre-existing facility mid-treatment at the Discover Recovery Long Beach location.

Please help protect the public welfare of our children and our neighborhood and deny the CUP application by Discover Recovery (File No. PA20-48).

Sincerely,

Hannah Rogers
Concerned Prune Hill Resident

From: Megan Chyterbok <maggierabe@yahoo.com>
Sent: Wednesday, March 31, 2021 4:59 PM
To: Sarah Fox
Subject: Conditional Use Permit Opposition

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To whom it may concern:

My name is Megan Chyterbok and I reside in 1812 NW. 21st Court in Camas, WA

I am in opposition to the conditional use permit being granted for the Fairgate Estate to be turned into a drug detox center.

My specific concerns are tied to section A of the code "The proposed use will not be materially detrimental to the public welfare, or injurious to the property or improvements in the vicinity of the proposed use, or in the district in which the subject property is situated.

I am gravely concerned about the following being materially detrimental to public welfare: increased crime, patients interacting with my children while attending their assigned public elementary school, patients leaving the facility and entering our neighborhood requiring forced, traumatizing lockdowns at Dorothy Fox Elementary school.

After attending the public hearing I also believe the applicant has not addressed section D of the code in providing appropriate measures to minimize possible adverse impacts.

Regards,
Megan Chyterbok

From: Kat Tarr <kat.tarr19@gmail.com>
Sent: Wednesday, March 31, 2021 4:52 PM
To: Sarah Fox
Subject: letter to hearing examiner-in regards to Camas detox facility

WARNING: This message originated outside the City of Camas Mail system. DO NOT CLICK on links or open attachments unless you recognize the sender and are expecting the content. If you are unsure, click the Phish Alert button to redirect the email for ITD review.

Hello,

My name is Katarina Tarr and I am a licensed broker in SW Washington. Although I have only been selling homes for the past four years, I am one of the top realtors in the area, selling a home a week, and number 20 in the United States in my company. I am also a third generation realtor, with my mother and father both selling real estate in my community since I was a child. This community is where I grew up, and it is very special because of the people that live and work here. I grew up with room to roam and play, with adults that supported healthy activities outdoors, and I actually was able to play professional soccer for 8 years, earning a full ride scholarship to a division 1 school, winning the schools only big 12 championship, and playing for 3 different professional clubs including the Portland Thorns. This is home to me and that is why I chose to go into real estate and support this community through finding and selling homes.

It has come to my attention that the city of Camas is proposing a drug detox facility near my clients home in Camas, WA. While I understand the need for such a facility, my father is in and out of drug detox facilities, I am not in agreement of the location. Not only is this facility next to my clients neighborhood, which has a community pool and community center that has naturally attracted mostly families with children, it is also next to Dorothy Fox Park and Elementary School. I have spent many days in this neighborhood and community, as I too have small children, and I have witnessed a community that walks their children to and from school, promotes active lifestyles by practicing soccer in the parks and giving the children a place to feel free to play and be children. I coach a children soccer team and we sometimes practice at Dorothy Fox. I am serious when I say that this Camas community is centered around outdoor living, it is not uncommon to see hundreds of people walking, biking, jogging, roller skating and playing outdoors, many of these people are our youth.

To have a drug detox facility next door to this community would negatively impact this. I have witnessed my father have seizures, escape his bed, hit his nurse, and almost lose his life more times than I can count because of his battle with alcohol addiction. He is no longer the man I remember, and while I absolutely know he needs help, NONE of the facilities that he has attended are near schools, parks or communities centered around children. I do NOT let my children around my sick father because I know the negative impact it can have on them, not only to witness someone so sick, but because it can be dangerous. I have also witnessed the other sick people that are taken to these facilities and what they are capable of. My husband is a nurse at Peachealth and works with patience with addiction daily. He cannot believe the city of camas is even considering this, as he, an adult man, fears what adults with addictions can do.

I thought about writing more on how this would impact the communities home values, but that is obvious. I also considered sending other options for detox centers in our community, but there are so many great areas not near schools. At this point, it is more about keeping our community safe. My dad is in the ICU right now because he fell and shattered his hip, and we are going to a facility for him to rehab the hip, and then rehab for the alcohol. Even as a family member of someone this sick, I would NEVER give my consent to have him be sent to a center near schools or children.

Please feel free to contact me with any follow up questions.

Sincerely,

Kat Tarr
360-784-1238
kat.tarr19@gmail.com
Owner: Kat Tarr Real Estate
Columbia River HS Varsity Soccer Coach

From: Brian Cavill <cavillfire@yahoo.com>
Sent: Wednesday, March 31, 2021 4:42 PM
To: Sarah Fox
Subject: Discover Recovery not meeting conditional code requirements

WARNING: This message originated outside the City of Camas Mail system. DO NOT CLICK on links or open attachments unless you recognize the sender and are expecting the content. If you are unsure, click the Phish Alert button to redirect the email for ITD review.

I retired from a career as a professional paramedic and firefighter and have many occasions to go to facilities treating patients from alcohol, opioid and benzodiazepine use as well as other drugs. We were frequently called to facilities for medical conditions that were also being treated at those facilities. Drug treatment is not a condition that should be treated without a multidisciplinary approach. There should be multiple Medical Professionals to help 24 hours and those professionals should have emergency training and experience. This facility does not seem to be equipped for that purpose with the minimal staff and training.

Detoxification is an acute illness which means there should be multiple trained medical personnel on scene. The Long Beach staff is listed to have 5 in the presentation with 40 occupants. How many will this facility have on site at a time, especially at night? A minimum of 2 staff is needed in an emergency which I would expect in facilities treating the detoxification population. Patients commonly experience delusions, tremors, seizures, nausea and vomiting as well as other symptoms. Those signs and symptoms must be managed for the detoxing patient and are different for each. Is there enough appropriately trained staff to mitigate those challenges? Other complications that occur in detox are irritability, combativeness, anger, suicidal and homicidal tendencies which must be managed carefully. According to the hearing the facility is not responsible for patient that go ATA. Mr. Feldman said that those persons would be driven off site by a company vehicle, but as heard from 911 reports, patients escape and are not driven anywhere. I believe that anyone that would place an employee in a vehicle with a patient leaving ATA is endangering their staff which leads to OSHA. Mr. Feldman was not familiar with the term OSHA during the meeting, so does he have the safety of his staff in mind. Are they just going to call the police and Emergency Services to mitigate the problem? If so, they are taking away from the limited resources in the area and has **not taken appropriate measures to minimize the possible adverse impacts that the proposed use may have on the area in which it is located. which is listed in the 18.43.050 section D of the conditional permit code.** When a taxpayer has to wait for an ambulance because it was responding to a medical emergency for non-residents at a facility the Camas Government allowed to locate furthest from the nearest help, who is to blame. Changes need to happen in the decision making process. Such an understaffed and potentially dangerous facility must be held to higher standards. The Fire Department, Police and Ambulance services are understaffed and have limited resources, so straining those already thin resources is not wise. I Believe it is a poor plan to have Discover Recovery locating a facility in that location instead of placing it closer to medical assistance. The history of treatment facilities requiring outside medical assistance should prompt the owners to locate firstly near first responders and further from a populated residential neighborhood, School, Church with daycare, and Public Park.

If a patient on drugs were to leave the facility ATA, the school would likely have to go into lockdown until the person was found and detained. Having the children in lockdown frequently would traumatize them. This problem would in my opinion create a **situation detrimental to the public welfare. listed in the 18.43.050 section A of the conditional permit code and has not taken appropriate measures to minimize the possible adverse impacts that the proposed use may have on the area in which it is located. which is listed in the 18.43.050 section D of the conditional permit code.**

One of my biggest concerns is that Discover facility patients are there voluntarily and not by court order so staff can not restrain them and must just let them out of the facility and out the gate otherwise they will be detaining them against their wishes. Since they say they are not treating acute illnesses the patients would be cognizant of their condition and be able to make their own decisions. Now there will be an individual that could not be contained in a resistant and possibly angry state in a populated residential area. That itself causes a real potential and high likelihood of **situations detrimental to the public**

welfare. listed in the 18.43.050 section A of the conditional permit code. Without the ability to detain the individuals the facility has **not taken appropriate measures to minimize the possible adverse impacts that the proposed use may have on the area in which it is located.** which is listed in the 18.43.050 section D of the conditional permit code

With my training I can say that the patients that Mr. Feldman is indicating will be on the grounds of the facility can be in an acute condition or sudden onset. NIH states by using the timeframe of 6 to 24 hours that Alcohol Detoxification is an acute condition. According the National institute of health “withdrawal response can occur within 6 to 24 hours after cessation of alcohol” <https://www.ncbi.nlm.nih.gov/books/NBK459239>. A rapid change or severe presentation in condition leads it to be acute. Chronic conditions are those long lasting and can have exacerbations, not change in condition and presentation of the condition altogether. The same article also says” Patients in alcohol withdrawal may have numerous potentially life-threatening medical problems.” With the lack of mentioned training of the staff, that appears to cause possible risk to the patients. Is the facility equipped to handle patients in an acute state and is the staff trained for medical emergencies. The article mentions that” besides a psychiatrist, other healthcare professionals that should be involved in the management of these patients include the internist, neurologist, pain specialist, intensivist, mental health nurse, pharmacist, and sometimes a cardiologist.” I would have expected Mr. Feldman to say, we have many medical professionals on staff 24 hours and they are highly trained. I did not hear any of that from Mr. Feldman when he described the training of the staff of Discover Recovery. What I have heard is that there will be a single nurse, not even specifically stating a RN vs a less trained LPN.

The Discover Recovery company is seeking to zone this as a Convalescent home. Does a convalescent home treat acute patients? Does a convalescent home house potentially Acute care patients? Discover Recovery should be instead considered a medical facility if they their occupants require 24 hour nursing, Doctor on staff and providing new care such as detoxification. Convalescent care is care after a procedure, surgery, or illness, not a new form of care such as detox. I do not believe R-12 applies to a commercial medical facility. They were seeking Joint Commission accreditation and that also leads the facility to be considered Medical, not Residential

Another source stating withdraw as being acute is Acute Opioid Withdrawal: Identification and Treatment Strategies https://www.dyansys.com/sites/default/files/acute_opioid_withdrawal_-_treatment_strategies.pdf This mentions the onset of withdraw from most drugs in hours not days. Detox from drugs frequently leads to withdraw, many times severe(acute) withdraw.

A separate NIH source Titled Clinical Guidelines for Withdrawal Management and Treatment of Drug Dependence in Closed Settings. <https://www.ncbi.nlm.nih.gov/books/NBK310652> states that “It is unrealistic to think that withdrawal management will lead to sustained abstinence. Rather, withdrawal management is an important first step before a patient commences psychosocial treatment.” This represents the evidence that the patients that may exit the facility may relapse and do so in the middle of a neighborhood full of kids next to a School, Church and City Park. Most patients I am sure will complete their program and may do fine, but all it takes is one to not follow the voluntary rules. Relapse is a real risk and having a susceptible population in close proximity to young and impressionable children is irresponsible. I believe a better location where there is not opportunity and temptation to just walk away into a residential area in close proximity to an Elementary School, City Park and Church daycare is warranted. This possibility also exhibits **situations detrimental to the public welfare** which is listed in the 18.43.050 section A of the conditional permit code.

The fact that Mr. Feldman said they would put up a 6 foot fence on the North West side to contain the occupants means at the time of the proposal **they did not take appropriate measures to minimize the possible adverse impacts that the proposed use may have on the area in which it is located.** listed in the 18.43.050 section D of the

conditional permit code. They chose to, after the submission of the document, add the fence due to community concerns.

As it applies to the concern of the unlocked City Park bathroom that sits at the corner of the property being used as a place to use and transfer drugs. The facility being a voluntary facility without means of containing the occupants and there not being a fence or means to keep subjects on the property leads to the condition that the proposed use shall be compatible with the surrounding land uses in terms of traffic and pedestrian circulation which is listed in the 18.43.050 section C of the conditional permit code has not to be met.

The following portions of the code have not been met according to my opinion and my interpretation of the Camas code. I believe the applicants have not met their required responsibilities to obtain a conditional permit at this location.

- A. The proposed use will not be materially detrimental to the public welfare, or injurious to the property or improvements in the vicinity of the proposed use, or in the district in which the subject property is situated;
- C. The proposed use shall be compatible with the surrounding land uses in terms of traffic and pedestrian circulation, density, building, and site design;
- D. Appropriate measures have been taken to minimize the possible adverse impacts that the proposed use may have on the area in which it is located;

Sent from [Mail](#) for Windows 10

From: Dan Pain <dpain@ecoluberecovery.com>
Sent: Wednesday, March 31, 2021 4:40 PM
To: Sarah Fox
Subject: Proposed Detox Center Project

WARNING: This message originated outside the City of Camas Mail system. DO NOT CLICK on links or open attachments unless you recognize the sender and are expecting the content. If you are unsure, click the Phish Alert button to redirect the email for ITD review.

Hello Sarah,

I just wanted to send you a quick e-mail expressing my concerns of granting authorization of the approval to open up a Detox Center in the Prune Hill community.

First of all, I appreciate the fact that offering help to individuals with addiction at a treatment center is extremely important to our society. However, I must adamantly disagree with authorizing such a facility to be approved based upon its geographical location. Why would you ever consider it OK to approve a facility that is located next to an award winning Elementary School which happens to be one of the finest Elementary Schools in the United States. Furthermore, there is also a public playground and sports field located directly next door.

I live a few blocks away from the proposed site and was absolutely shocked that the City of Camas would even consider authorizing this project. Again, not for authorizing the possibility of a treatment center itself, but to even consider it OK based on the location is astonishing.

If you have any additional questions, you may reach me on my cell phone at 503-422-2797.

Thank You.

Dan Pain



10885 NE Fourth Street
Suite 700
Bellevue, WA 98004-5579

T +1.425.635.1400
F +1.425.635.2400
PerkinsCoie.com

March 31, 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 Additional Submittal of 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 additional submittal of open record materials in support of the Application. Please consider these materials before making your final order for this matter.

Enclosed please find the following materials:

- Exhibit A - Pacific County, WA Assessor's Reports for Applicant's Facility in Long Beach, WA and Surrounding Adjacent Parcels. The Assessor's report provides a historic valuation of Applicant's parcel in Long Beach, WA and parcels immediately adjacent to the facility. Applicant commenced its lease and use of the property in January 2018 and acquired the property in January 2020. The historic valuation of Applicant's parcel and adjacent parcels demonstrates an increase in total valuation from 2017 to 2021.¹
- Exhibit B - Pre-application Change of Use Memorandum dated November 11, 2020. Applicant filed this memorandum as an attachment to its pre-application request for a

¹ In examining this valuation trend for adjacent parcels, it is important to consider the effect of development activities that occurred on jointly owned parcels 73011055010 and 73011055011 between 2018 and 2020. The building permit history reflects that valuation methods between these parcels changed to reflect construction of new improvements in that timeframe. See Ex. A, pp. 4-5 and Ex. A, pp. 16-17.

Camas Land Use Hearing Examiner
 March 31, 2021
 Page 2

change of use on November 11, 2020. The memorandum explains the Application's compliance with the definition of a convalescent home use under CMC 18.03.030.

- 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.
- Exhibit D - Brady P. Horn, Aakrit Joshi & Johanna Catherine Maclean, Substance Use Disorder Treatment Centers and Property Values, National Bureau of Economic Research Working Paper Series (Jan. 2019). In analyzing whether substance use treatment centers (SUDTCs) affect property values, the study acknowledges biased models that fail to account for the potential endogeneity of locational differences of SUDTCs located in different communities. The study points to deficiencies in the causation conclusions and assumptions underlying various studies. To mitigate biased estimates, the study applies a model to account for locational differences and found no evidence that SUDTCs affect property values.
- Exhibit E - Kelly Moyer, Not in Our Backyards: Prune Hill neighbors band together to fight drug rehabilitation center, Camas-Washougal Post-Record (March 18, 2021). The article provides that Applicant is in good standing with Washington State's Department of Health and addresses Long Beach Police Chief's experiences with Applicant's facility in Long Beach, WA.
- Exhibit F - Neighborhood Letters Regarding Applicant's Facility in Long Beach, WA. The neighborhood letters provide and share first-hand experiences by neighbors with Applicant's facility in Long Beach, WA.
- Exhibit G - 2020 and 2021 Appraisal Reports of Applicant's Facility in Long Beach, WA. The appraisal reports for 2020 and 2021 provide recent appraisal values of Applicant's property in Long Beach, WA. The 2020 report provides an appraisal value of \$790,000 and the 2021 report provides an appraisal value of \$1,500,000 for the property.
- Exhibit H - Letter Addressing Discharges Against Treatment Advice at Applicant's Long Beach, WA Facility dated March 30, 2021. A letter from Executive Director Lorrie Brinkerhoff provides additional information and context regarding how discharges are addressed at Applicant's facility in Long Beach, WA.

Camas Land Use Hearing Examiner
March 31, 2021
Page 3

Applicant will offer additional legal argument based upon this evidence before the close of the local record. Based upon the enclosed evidence and the additional evidence and argument in the whole record, the Hearings Examiner should enter an order approving the Application.

Applicant reserves the right to submit additional argument and rebuttal evidence in this matter consistent with the open record schedule established by the Hearings Examiner.

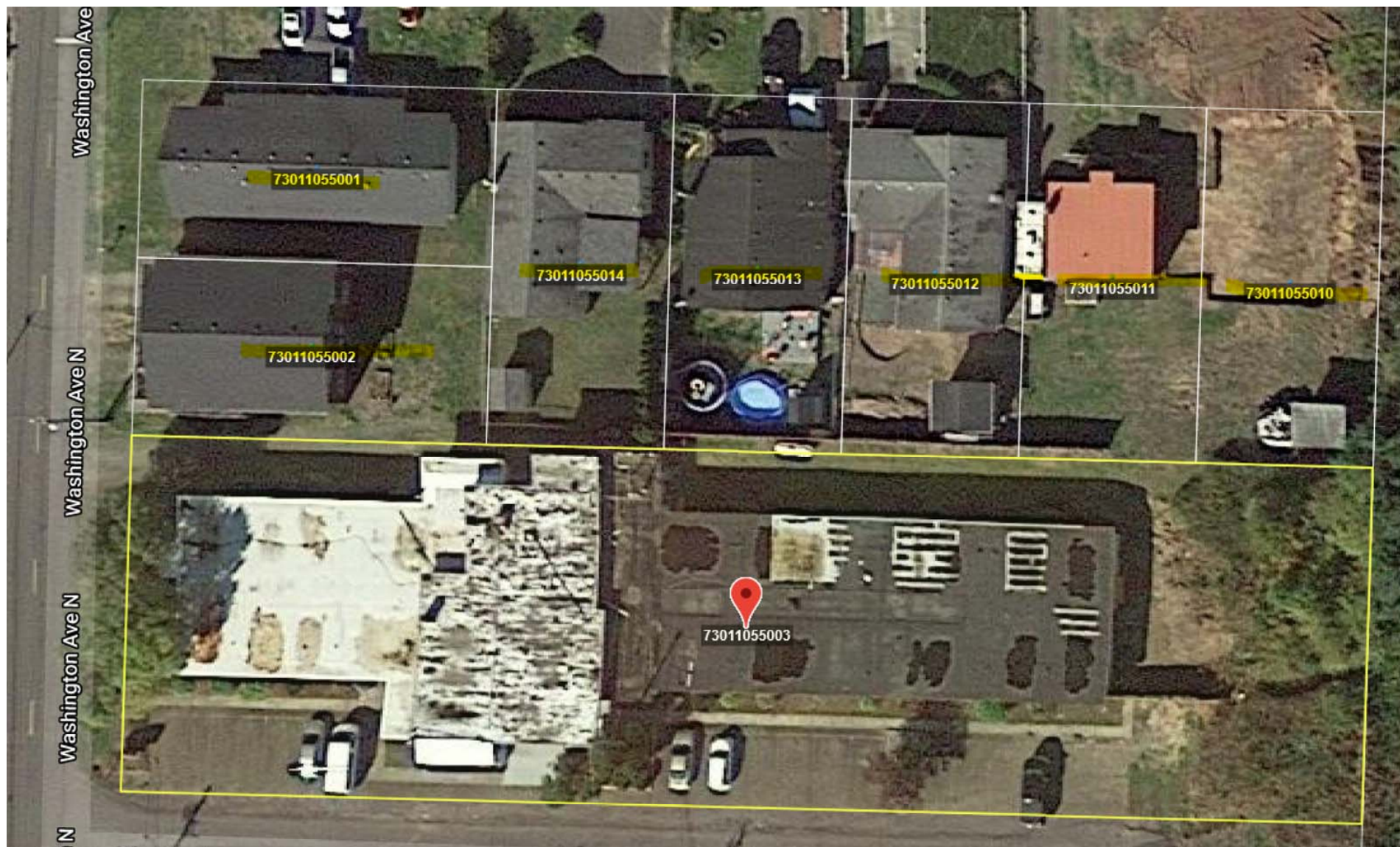
Thank you for your careful review of this information.

Very truly yours,



Kristine R. Wilson

cc: Sarah Fox
Tom Feldman





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Bruce Walker
PACIFIC County Assessor PO Box 86 South Bend, WA 98586

Assessor **Treasurer** **Appraisal** **MapSifter**

Parcel

Parcel#: 73011055003 **Owner Name:** TRANQUILITY PARTNERS LLC
DOR Code: 17 - Residential - Institutional lodging **Address1:**
Situs: 800 WASHINGTON AVE N **Address2:** 17003 SANDRIDGE RD
Map Number: LONG BCH 55 03 **City, State:** LONG BEACH WA
Status: **Zip:** 98631
Description: LONG BEACH EAST ADDITION, Lot 3-9, Block 55
Comment:

| 2021 Market Value | | 2021 Taxable Value | | 2021 Assessment Data | |
|-------------------|-----------|--------------------|-----------|----------------------|---------|
| Land: | \$175,000 | Land: | \$175,000 | District: | 34 - |
| Improvements: | \$526,800 | Improvements: | \$526,800 | Current Use/DFL: | No |
| Permanent Crop: | \$0 | Permanent Crop: | \$0 | | |
| Total | \$701,800 | Total | \$701,800 | Total Acres: | 0.81000 |

Ownership

| Owner's Name | Ownership % | Owner Type |
|--------------------------|-------------|------------|
| TRANQUILITY PARTNERS LLC | 100 % | Owner |

Sales History

| Sale Date | Sales Document | # Parcels | Excise # | Grantor | Grantee | Price |
|-----------|----------------|-----------|----------|----------------------------------|----------------------------------|-----------|
| 01/02/20 | 3191175 | 1 | 97225 | LONG BEACH RETIREMENT & ASSIST'D | TRANQUILITY PARTNERS LLC | \$385,000 |
| 08/29/02 | 3055566 | 1 | 63825 | DOEZIE, MICHAEL/TRUSTEE | LONG BEACH RETIREMENT & ASSIST'D | \$0 |

Building Permits

| Permit No. | Date | Description | Amount |
|------------|------------|-------------------------|-------------|
| LB-200413 | 4/1/2020 | STRUCTURAL REPAIR | \$80,000.00 |
| LB-170314 | 3/14/2017 | STRUCT REPAIR??? | \$999.00 |
| LB131017 | 10/17/2013 | RE ROOF REMOVE SKYLIGHT | \$7,500.00 |

Historical Valuation Info

| Year | Billed Owner | Land | Impr. | PermCrop Value | Total | Exempt | Taxable |
|------|----------------------------------|-----------|-----------|----------------|-----------|--------|-----------|
| 2021 | TRANQUILITY PARTNERS LLC | \$175,000 | \$526,800 | \$0 | \$701,800 | \$0 | \$701,800 |
| 2020 | TRANQUILITY PARTNERS LLC | \$175,000 | \$526,800 | \$0 | \$701,800 | \$0 | \$701,800 |
| 2019 | LONG BEACH RETIREMENT & ASSIST'D | \$175,000 | \$457,400 | \$0 | \$632,400 | \$0 | \$632,400 |
| 2018 | LONG BEACH RETIREMENT & ASSIST'D | \$175,000 | \$457,400 | \$0 | \$632,400 | \$0 | \$632,400 |
| 2017 | LONG BEACH RETIREMENT & ASSIST'D | \$175,000 | \$457,400 | \$0 | \$632,400 | \$0 | \$632,400 |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
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Parcel Comments

No Comments Available

Property Images

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Bruce Walker
PACIFIC County Assessor PO Box 86 South Bend, WA 98586

[Assessor](#) [Treasurer](#) [Appraisal](#) [MapSifter](#)

Parcel

Parcel#: 73011055010 **Owner Name:** JENSEN, LONA & SHEEHAN, COLLEEN
DOR Code: 11 - Residential - Single Family **Address1:**
Situs: 323 9TH ST NE **Address2:** 323 9TH ST NE
Map Number: LONG BCH 55 10 **City, State:** LONG BEACH WA
Status: **Zip:** 98631
Description: LONG BEACH EAST ADDITION, LOTS 10 & 11, BLOCK 55 (LOT CONSOLIDATION BLA BK-28 PG-269)
Comment: PREVIOUS DEEDS: 251-1; 178-127; 161-414

| 2021 Market Value | | 2021 Taxable Value | | 2021 Assessment Data | |
|-------------------|-----------|--------------------|-----------|----------------------|---------|
| Land: | \$69,000 | Land: | \$69,000 | District: | 34 - |
| Improvements: | \$306,100 | Improvements: | \$306,100 | Current Use/DFL: | No |
| Permanent Crop: | \$0 | Permanent Crop: | \$0 | | |
| Total | \$375,100 | Total | \$375,100 | Total Acres: | 0.23000 |

Ownership

| Owner's Name | Ownership % | Owner Type |
|---------------------------------|-------------|------------|
| JENSEN, LONA & SHEEHAN, COLLEEN | 100 % | Owner |

Sales History

| Sale Date | Sales Document | # Parcels | Excise # | Grantor | Grantee | Price |
|-----------|----------------|-----------|----------|----------------------------|---------------------------------|----------|
| 04/30/14 | 3152052 | 1 | 86357 | SPRANDO, GREG A & CHERIE G | JENSEN, LONA & SHEEHAN, COLLEEN | \$30,000 |

Building Permits

| Permit No. | Date | Description | Amount |
|------------|-----------|--|--------------|
| LB180411 | 7/28/2018 | 6/19 FRAMING ONLY; NEW DTG + DECK GOING UP | \$999.00 |
| LB180411 | 7/18/2018 | 6/19 DTG 50% COMPLETE (WILL BE VALUED ON LOT 10); ADDTN ON HOUSE (LOT 11) IS FRAMING ONLY; NEW DTG + DECK GOING UP | \$146,438.00 |

Historical Valuation Info

| Year | Billed Owner | Land | Impr. | PermCrop Value | Total | Exempt | Taxable |
|------|---------------------------------|----------|-----------|----------------|-----------|--------|-----------|
| 2021 | JENSEN, LONA & SHEEHAN, COLLEEN | \$69,000 | \$306,100 | \$0 | \$375,100 | \$0 | \$375,100 |
| 2020 | JENSEN, LONA & SHEEHAN, COLLEEN | \$15,000 | \$27,200 | \$0 | \$42,200 | \$0 | \$42,200 |
| 2019 | JENSEN, LONA & SHEEHAN, COLLEEN | \$72,000 | \$46,800 | \$0 | \$118,800 | \$0 | \$118,800 |
| 2017 | JENSEN, LONA & SHEEHAN, COLLEEN | \$20,000 | \$0 | \$0 | \$20,000 | \$0 | \$20,000 |

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Parcel Comments

| Date | Comment |
|----------|---|
| 06/11/04 | PREVIOUS DEEDS: 251-1; 178-127; 161-414 |

Property Images

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Bruce Walker
PACIFIC County Assessor PO Box 86 South Bend, WA 98586

[Assessor](#) [Treasurer](#) [Appraisal](#) [MapSifter](#)

Parcel

Parcel#: 73011055012 **Owner Name:** BARBEE, LARRY R
DOR Code: 11 - Residential - Single Family **Address1:**
Situs: 321 9TH ST NE **Address2:** 321 9TH STREET NE
Map Number: LONG BCH 55 12 **City, State:** LONG BEACH WA
Status: **Zip:** 98631-3571
Description: LONG BEACH EAST ADDITION, Lot 12, Block 55
Comment:

| 2021 Market Value | | 2021 Taxable Value | | 2021 Assessment Data | |
|-------------------|-----------|--------------------|-----------|----------------------|---------|
| Land: | \$51,800 | Land: | \$51,800 | District: | 34 - |
| Improvements: | \$175,300 | Improvements: | \$175,300 | Current Use/DFL: | No |
| Permanent Crop: | \$0 | Permanent Crop: | \$0 | | |
| Total | \$227,100 | Total | \$227,100 | Total Acres: | 0.11000 |

Ownership

| Owner's Name | Ownership % | Owner Type |
|-----------------|-------------|------------|
| BARBEE, LARRY R | 100 % | Owner |

Sales History

No Sales History

Building Permits

No Building Permits Available

Historical Valuation Info

| Year | Billed Owner | Land | Impr. | PermCrop Value | Total | Exempt | Taxable |
|------|-----------------|----------|-----------|----------------|-----------|--------|-----------|
| 2021 | BARBEE, LARRY R | \$51,800 | \$175,300 | \$0 | \$227,100 | \$0 | \$227,100 |
| 2020 | BARBEE, LARRY R | \$45,000 | \$152,400 | \$0 | \$197,400 | \$0 | \$197,400 |
| 2019 | BARBEE, LARRY R | \$48,000 | \$144,600 | \$0 | \$192,600 | \$0 | \$192,600 |
| 2018 | BARBEE, LARRY R | \$48,000 | \$126,600 | \$0 | \$174,600 | \$0 | \$174,600 |
| 2017 | BARBEE, LARRY R | \$40,000 | \$113,000 | \$0 | \$153,000 | \$0 | \$153,000 |

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Parcel Comments

No Comments Available

Property Images

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Bruce Walker
PACIFIC County Assessor PO Box 86 South Bend, WA 98586

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Parcel

Parcel#: 73011055013 **Owner Name:** MURRY, DELMA R
DOR Code: 11 - Residential - Single Family **Address1:**
Situs: 319 9TH ST NE **Address2:** 319 9TH ST NE
Map Number: LONG BCH 55 13 **City, State:** LONG BEAC H,
Status: **Zip:** 98631-3571
Description: LONG BEACH EAST ADDITION, Lot 13, Block 55
Comment:

| 2021 Market Value | | 2021 Taxable Value | | 2021 Assessment Data | |
|-------------------|-----------|--------------------|-----------|----------------------|---------|
| Land: | \$51,800 | Land: | \$51,800 | District: | 34 - |
| Improvements: | \$133,600 | Improvements: | \$133,600 | Current Use/DFL: | No |
| Permanent Crop: | \$0 | Permanent Crop: | \$0 | | |
| Total | \$185,400 | Total | \$185,400 | Total Acres: | 0.11000 |

Ownership

| Owner's Name | Ownership % | Owner Type |
|----------------|-------------|------------|
| MURRY, DELMA R | 100 % | Owner |

Sales History

No Sales History

Building Permits

No Building Permits Available

Historical Valuation Info

| Year | Billed Owner | Land | Impr. | PermCrop Value | Total | Exempt | Taxable |
|------|----------------|----------|-----------|----------------|-----------|--------|-----------|
| 2021 | MURRY, DELMA R | \$51,800 | \$133,600 | \$0 | \$185,400 | \$0 | \$185,400 |
| 2020 | MURRY, DELMA R | \$45,000 | \$116,200 | \$0 | \$161,200 | \$0 | \$161,200 |
| 2019 | MURRY, DELMA R | \$48,000 | \$101,400 | \$0 | \$149,400 | \$0 | \$149,400 |
| 2018 | MURRY, DELMA R | \$48,000 | \$88,800 | \$0 | \$136,800 | \$0 | \$136,800 |
| 2017 | MURRY, DELMA R | \$40,000 | \$79,300 | \$0 | \$119,300 | \$0 | \$119,300 |

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Parcel Comments

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Bruce Walker
PACIFIC County Assessor PO Box 86 South Bend, WA 98586

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Parcel

Parcel#: 73011055014 **Owner Name:** JACOBS, KARN JANA
DOR Code: 11 - Residential - Single Family **Address1:**
Situs: 315 9TH ST NE **Address2:** PO BOX 1222
Map Number: LONG BCH 55 14 **City, State:** LONG BEACH WA
Status: **Zip:** 98631
Description: LONG BEACH EAST ADDITION, Lot 14, Block 55
Comment:

| 2021 Market Value | | 2021 Taxable Value | | 2021 Assessment Data | |
|-------------------|-----------|--------------------|-----------|----------------------|---------|
| Land: | \$51,800 | Land: | \$51,800 | District: | 34 - |
| Improvements: | \$128,800 | Improvements: | \$128,800 | Current Use/DFL: | No |
| Permanent Crop: | \$0 | Permanent Crop: | \$0 | | |
| Total | \$180,600 | Total | \$180,600 | Total Acres: | 0.11000 |

Ownership

| Owner's Name | Ownership % | Owner Type |
|-------------------|-------------|------------|
| JACOBS, KARN JANA | 100 % | Owner |

Sales History

| Sale Date | Sales Document | # Parcels | Excise # | Grantor | Grantee | Price |
|-----------|----------------|-----------|----------|------------------|-------------------|-----------|
| 02/09/16 | 3164044 | 1 | 89641 | FIRTH, SHIRLEE A | JACOBS, KARN JANA | \$119,000 |

Building Permits

No Building Permits Available

Historical Valuation Info

| Year | Billed Owner | Land | Impr. | PermCrop Value | Total | Exempt | Taxable |
|------|-------------------|----------|-----------|----------------|-----------|--------|-----------|
| 2021 | JACOBS, KARN JANA | \$51,800 | \$128,800 | \$0 | \$180,600 | \$0 | \$180,600 |
| 2020 | JACOBS, KARN JANA | \$45,000 | \$112,000 | \$0 | \$157,000 | \$0 | \$157,000 |
| 2019 | JACOBS, KARN JANA | \$48,000 | \$105,900 | \$0 | \$153,900 | \$0 | \$153,900 |
| 2018 | JACOBS, KARN JANA | \$48,000 | \$92,700 | \$0 | \$140,700 | \$0 | \$140,700 |
| 2017 | JACOBS, KARN JANA | \$40,000 | \$82,800 | \$0 | \$122,800 | \$0 | \$122,800 |

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Parcel Comments

No Comments Available

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Bruce Walker
PACIFIC County Assessor PO Box 86 South Bend, WA 98586

[Assessor](#) [Treasurer](#) [Appraisal](#) [MapSifter](#)

Parcel

Parcel#: 73011055001 **Owner Name:** DYE, ROBERT WILLIAM II IRREVOCABLE TRUST
DOR Code: 12 - Residential - 2-4 Units **Address1:**
Situs: 301 9TH ST NE **Address2:** PO BOX 33710
Map Number: LONG BCH 55 01 **City, State:** SEATTLE WA
Status: **Zip:** 98133
Description: LONG BEACH EAST ADDITION, Lot 1, Block 55
Comment: BOE #20091580, SUSTAINED

| 2021 Market Value | | 2021 Taxable Value | | 2021 Assessment Data | |
|-------------------|-----------|--------------------|-----------|----------------------|---------|
| Land: | \$51,800 | Land: | \$51,800 | District: | 34 - |
| Improvements: | \$134,700 | Improvements: | \$134,700 | Current Use/DFL: | No |
| Permanent Crop: | \$0 | Permanent Crop: | \$0 | | |
| Total | \$186,500 | Total | \$186,500 | Total Acres: | 0.11000 |

Ownership

| Owner's Name | Ownership % | Owner Type |
|--|-------------|------------|
| DYE, ROBERT WILLIAM II IRREVOCABLE TRUST | 100 % | Owner |

Sales History

| Sale Date | Sales Document | # Parcels | Excise # | Grantor | Grantee | Price |
|-----------|----------------|-----------|----------|-------------------|--|-------|
| 02/17/12 | 3137154 | 1 | 82829 | DYE, ROBERT WM II | DYE, ROBERT WILLIAM II IRREVOCABLE TRUST | \$0 |
| 01/21/04 | 3069627 | 1 | 66900 | DYE, PATRICK L | DYE, ROBERT W II | \$0 |

Building Permits

No Building Permits Available

Historical Valuation Info

| Year | Billed Owner | Land | Impr. | PermCrop Value | Total | Exempt | Taxable |
|------|--|----------|-----------|----------------|-----------|--------|-----------|
| 2021 | DYE, ROBERT WILLIAM II IRREVOCABLE TRUST | \$51,800 | \$134,700 | \$0 | \$186,500 | \$0 | \$186,500 |
| 2020 | DYE, ROBERT WILLIAM II IRREVOCABLE TRUST | \$45,000 | \$117,100 | \$0 | \$162,100 | \$0 | \$162,100 |
| 2019 | DYE, ROBERT WILLIAM II IRREVOCABLE TRUST | \$40,000 | \$109,000 | \$0 | \$149,000 | \$0 | \$149,000 |
| 2018 | DYE, ROBERT WILLIAM II IRREVOCABLE TRUST | \$40,000 | \$68,100 | \$0 | \$108,100 | \$0 | \$108,100 |
| 2017 | DYE, ROBERT WILLIAM II IRREVOCABLE TRUST | \$40,000 | \$68,100 | \$0 | \$108,100 | \$0 | \$108,100 |

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Parcel Comments

| | |
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| Date | Comment |
|----------|---|
| 03/17/10 | BOE #20091580, SUSTAINED |
| 01/26/04 | PREVIOUS DEEDS: 9602-715; 9506-31; 8009-175; 8006-112,763; 7801-348 7903-125; 199-383; 137-84 |

Property Images

Click on an image to enlarge it.





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Bruce Walker
PACIFIC County Assessor PO Box 86 South Bend, WA 98586

Assessor **Treasurer** **Appraisal** **MapSifter**

Parcel

Parcel#: 73011055002 **Owner Name:** SNOW, ROBERT B ET UX
DOR Code: 12 - Residential - 2-4 Units **Address1:**
Situs: 808 WASHINGTON AVE N **Address2:** P O BOX 324
Map Number: LONG BCH 55 02 **City, State:** LONG BEACH WA
Status: **Zip:** 98631
Description: LONG BEACH EAST ADDITION, Lot 2, Block 55
Comment: BOE #20091190; SUSTAINED

| 2021 Market Value | | 2021 Taxable Value | | 2021 Assessment Data | |
|-------------------|-----------|--------------------|-----------|----------------------|---------|
| Land: | \$51,800 | Land: | \$51,800 | District: | 34 - |
| Improvements: | \$191,200 | Improvements: | \$191,200 | Current Use/DFL: | No |
| Permanent Crop: | \$0 | Permanent Crop: | \$0 | | |
| Total | \$243,000 | Total | \$243,000 | Total Acres: | 0.11000 |

Ownership

| Owner's Name | Ownership % | Owner Type |
|----------------------|-------------|------------|
| SNOW, ROBERT B ET UX | 100 % | Owner |

Sales History

No Sales History

Building Permits

No Building Permits Available

Historical Valuation Info

| Year | Billed Owner | Land | Impr. | PermCrop Value | Total | Exempt | Taxable |
|------|----------------------|----------|-----------|----------------|-----------|--------|-----------|
| 2021 | SNOW, ROBERT B ET UX | \$51,800 | \$191,200 | \$0 | \$243,000 | \$0 | \$243,000 |
| 2020 | SNOW, ROBERT B ET UX | \$45,000 | \$166,300 | \$0 | \$211,300 | \$0 | \$211,300 |
| 2019 | SNOW, ROBERT B ET UX | \$40,000 | \$177,300 | \$0 | \$217,300 | \$0 | \$217,300 |
| 2018 | SNOW, ROBERT B ET UX | \$40,000 | \$110,800 | \$0 | \$150,800 | \$0 | \$150,800 |
| 2017 | SNOW, ROBERT B ET UX | \$40,000 | \$110,800 | \$0 | \$150,800 | \$0 | \$150,800 |

[View Taxes](#)

Parcel Comments

| Date | Comment |
|----------|--------------------------|
| 02/11/10 | BOE #20091190; SUSTAINED |

Property Images

Click on an image to enlarge it.



1.0.7703.19672

Data current as of: 3/26/2021 2:07 PM

TX_RollYear_Search: 2021



PACIFIC COUNTY WASHINGTON



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[PAYMENT CART\(0\)](#)

Bruce Walker
PACIFIC County Assessor PO Box 86 South Bend, WA 98586

[Assessor](#) [Treasurer](#) [Appraisal](#) [MapSifter](#)

Parcel (Retired)

Parcel#: 73011055011 **Owner Name:** JENSEN, LONA & SHEEHAN, COLLEEN
DOR Code: 11 - Residential - Single Family **Address1:**
Situs: 323 9TH ST NE **Address2:** 323 9TH ST NE
Map Number: LONG BCH 55 11 **City, State:** LONG BEACH WA
Status: **Zip:** 98631
Description: LONG BEACH EAST ADDITION, LOT 11, BLOCK 55 (LOT CONSOLIDATION BLA BK-28 PG-269)
Comment: PREVIOUS DEEDS: 251-1; 178-127; 161-414

| 2021 Market Value | | 2021 Taxable Value | | 2021 Assessment Data | |
|-------------------|-----|--------------------|-----|----------------------|----|
| Land: | \$0 | Land: | \$0 | District: | |
| Improvements: | \$0 | Improvements: | \$0 | Current Use/DFL: | No |
| Permanent Crop: | \$0 | Permanent Crop: | \$0 | | |
| Total | \$0 | Total | \$0 | Total Acres: | |

Ownership

| Owner's Name | Ownership % | Owner Type |
|---------------------------------|-------------|------------|
| JENSEN, LONA & SHEEHAN, COLLEEN | 100 % | Owner |

Sales History

No Sales History

Building Permits

| Permit No. | Date | Description | Amount |
|------------|-----------|--|--------------|
| LB180411 | 7/18/2018 | 6/19 DTG 50% COMPLETE (WILL BE VALUED ON LOT 10); ADDTN ON HOUSE (LOT 11) IS FRAMING ONLY; NEW DTG + DECK GOING UP | \$146,438.00 |

Historical Valuation Info

| Year | Billed Owner | Land | Impr. | PermCrop Value | Total | Exempt | Taxable |
|------|--|----------|----------|----------------|-----------|--------|-----------|
| 2020 | JENSEN, LONA & SHEEHAN, COLLEEN | \$45,000 | \$56,600 | \$0 | \$101,600 | \$0 | \$101,600 |
| 2018 | JENSEN, LONA & SHEEHAN, COLLEEN | \$68,000 | \$41,700 | \$0 | \$109,700 | \$0 | \$109,700 |
| 2017 | JENSEN, LONA & SHEEHAN, COLLEEN & JENSEN, MARA | \$40,000 | \$31,600 | \$0 | \$71,600 | \$0 | \$71,600 |

[View Taxes](#)

Parcel Comments

| Date | Comment |
|----------|---|
| 06/11/04 | PREVIOUS DEEDS: 251-1; 178-127; 161-414 |

| | |
|----------|---|
| | |
| 06/11/04 | PREVIOUS DEEDS: 251-1; 178-127; 161-414 |

Property Images

Click on an image to enlarge it.



1.0.7703.19672

Data current as of: 3/26/2021 2:07 PM

TX_RollYear_Search: 2021



FROM: Kristine R. Wilson, Perkins Coie LLP
Nikesh J. Patel, Perkins Coie LLP

11, 2020

Discover Recovery (“Applicant”) submits this memorandum to supplement its pre-application request for a change of use from assisted living use to convalescent home use on land designated R-12 (“Application”). The subject property is located at 2213 NW 23rd Avenue, in the City of Camas (“City”), Washington (“Property”).

This memorandum summarizes our analysis of the Property, current use on the Property, the proposed use on Property, and potential impacts of the proposed use on Property. The purpose of the memorandum is to supplement Applicant’s Application and to provide relevant information to assist the City during its review of the Application under the applicable standards and review processes.

I. Executive Summary

Applicant’s proposed use at this site constitutes a convalescent home use, which is a conditional use under the applicable R-12 designation. Applicant will provide full-time care and treatment for individuals seeking to recover from disorders in the abuse of drugs, alcohol, and other substances. As explained below, by providing these full-time care and treatment services, the proposed convalescent home complies with the “nursing, rest or convalescent home” use as defined in CMC 18.03.030.

II. Basic Property Information

a. Description of Property

The Property is 2.39 acres in lot size and consists of a single parcel on developed land. The Property is currently in use as a 15-bed assisted living facility. The Property received approval for the current use with the following conditional use permit: CUP13-04. The proposal is to change the current use on the Property into a maximum 15-bedroom convalescent home use. A site plan of the Property showing existing and proposed improvements is attached to this Application as Exhibit A. The site plan specifically incorporates fencing along the exterior of the Property. *Id.* While some minor interior upgrades may be made (deferred maintenance, painting,

etc.), the change in use will not require any modifications to the exterior of the building or expansions to its footprint.

b. Applicable Base Zone and Additional Designations

The Property is located in the City and subject to City zoning and land use regulations. The Property is sited in the R-12 base zone. This zone is intended for single-family dwellings with densities of three to four dwelling units per acre. The zone is designated for areas with steep topography for greater flexibility in site layout, and where potential hazards do not exist. The average lot size is twelve thousand square feet. CMC 18.05.040. Further, the Property is not located within any City overlay zoning designation.

R-12 is a residential zone that permits many residential use designations including, but not limited to: adult family home, residential care facility, supported living arrangement, or housing for the disabled, assisted living, and a nursing, rest or convalescent home. CMC 18.07.040 - Table 2. In relevant part, in the R-12 zone, a nursing, rest or convalescent home is a conditional use, as is the current assisted living use. CMC 18.07.040 - Table 2.

c. Current Use of Property

As noted above, the Property is currently in use as an assisted living facility. Previously, the Property received approval for and was used as a bed and breakfast, under a conditional use permit, with 8 rooms and parking spaces for guests and events. *See* CUP98-06. Thereafter, the Property received approval with conditions to change from that bed and breakfast use to a 15-bed assisted living facility with 19 parking spaces for employees and residents. *See* CUP13-04.

III. Proposed Use

a. Convalescent Home Use

Applicant will provide full-time care and treatment for individuals seeking to recover from disorders in the abuse of drugs, alcohol, and other substances. By providing care and treatment services, Applicant's proposed use constitutes a convalescent home use.

A nursing, rest or convalescent home is defined as: "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." CMC 18.03.030. "Convalescent" is not defined by the Code, so its common meaning is used to guide interpretation of the term. As provided in Webster's dictionary, "convalescent" means "recovering from sickness or debility: partially restored to health or strength."¹ Further, the ordinary meaning of "convalesce" means

¹ "Convalescent," Webster's Dictionary, <https://www.merriam-webster.com/medical/convalescent#:~:text=1%20%3A%20recovering%20from%20sickness%20or,convalescent%20stages%20a%20convalescent%20ward.>

“recovering from sickness or debility.”² In sum, the goal of a convalescent home is to simply get a patient well enough to return home.

Applicant’s proposed use on the Property constitutes a convalescent home. Applicant will provide care and treatment services for up to 20 individuals seeking to recover from the abuse of drugs, alcohol, and other substances. Applicant’s care and treatment services do not include surgical, obstetrical, or acute illness services. Rather, as described in Applicant’s narrative description, Applicant specifically focuses on providing a therapeutically planned living and rehabilitative intervention environment for the treatment of individuals. Accordingly, the proposed use meets the plain meaning of “convalescent home” as defined in City code. y

Further, the City of Long Beach, Washington, approved a nearly identical request regarding Applicant’s drug and alcohol rehabilitation center as a nursing home use. A memorandum dated December 11, 2017 from the Long Beach City Attorney is provided for your reference, as Exhibit B. Like the proposed change of use in Camas, this Long Beach property was previously used as an assisted living facility.

b. Character of Surrounding Area of Property

The proposed convalescent home use is compatible with the uses in the surrounding area. The surrounding area is located inside the UGB and the neighboring area is illustrated in Exhibit C. Specifically, the established residential businesses in the surrounding area of the Property, include:

- Camas Hills Care Home (east of Property) - Assisted Living Facility
- Kent Place (east of Property) - Assisted Living Facility
- Julia’s Hands of Care (northeast of Property) - Massage Therapy

See Exhibit C. Further, north of the Property consists of single-family residences and approximately two miles southeast of the Property is Prestige Care & Rehabilitation—a skilled nursing center. *Id.* As a result, the surrounding area has developed with a range of similar residential uses as the proposed use.

The proposed use is therefore, compatible with the character of the surrounding area.

c. Potential Impacts of the Convalescent Home

The proposed use is not expected to have significant off-site impacts. Applicant’s proposed use will operate at acceptable levels and minimize potential traffic and noise impacts to the area. Functionally, the impacts of the convalescent home use will likely be equivalent to the existing assisted living use and substantially less than the prior bed and breakfast and events use.

² “Convalesce,” Webster’s Dictionary, <https://www.merriam-webster.com/dictionary/convalesce>.

i. Traffic Impacts

As explained in Exhibit D, the proposed convalescent home is anticipated to generate approximately 21 daily trips, with only about four trips in total from nursing staff from 7AM to 7PM and 7PM to 7AM and about 17 remaining trips during ordinary business hours (7AM to 5PM). Even when the proposed convalescent home is operating during overnight hours, the traffic study forecasts only two daily trips in total. The traffic study forecasts that nearby roadways will operate with acceptable levels of service during the morning and evening peak hours. Rules of operation will prevent residents at the facility from parking or using vehicles during their occupancy. Transportation to and from the facility and to and from certain off-site activities will be provided for the convalescent home residents.

ii. Noise Impacts

While the proposed convalescent home will operate 24 hours Monday through Sunday, noise impacts associated with the facility will be minimal and will be limited, as follows:

- a. only two daily trips are forecasted to occur during overnight operational hours;
- b. delivery services will be provided during limited operational hours;
- c. fencing along the exterior of the Property will be provided as depicted in the site plan. Exhibit A.

With limited daily trips during overnight operational hours, limited delivery services, and fencing to mitigate noise and enhance privacy, the proposed convalescent home minimizes and limits noise impacts.

IV. Conclusion

For these reasons, the proposed use is properly characterized as falling within the convalescent home regulations of the Code. The effects of the proposed use are similar to the existing assisted living use, and the convalescent home use should be approved subject to similar conditions of approval. The City should find that the proposed use satisfies applicable approval criteria in the CMC. Accordingly, the City should approve this change of use Application, and authorize the operation of the convalescent home use on the Property under a new conditional use permit.

EXHIBIT A

**SLATER
ARCHITECTURE**

8900 NE Livingston
Mtn Rd
Camas, WA 98607

Phone:
(360) 817-2737
Fax:
(360) 817-2733

SEAL:

SITE PLAN
PRE-APPLICATION SUBMITTAL FOR:
DISCOVER RECOVERY
CITY OF CAMAS
CAMAS, WASHINGTON

ISSUE DATE:
11-10-20
REVISION:

JOB NO: -

PRE-APPLICATION

THIS DOCUMENT, AS AN INSTRUMENT OF PROFESSIONAL SERVICE, IS THE PROPERTY OF SLATER ARCHITECTURE AND IS NOT TO BE REPRODUCED, COPIED, OR IN ANY MANNER USED FOR ANY OTHER PROJECT WITHOUT THE WRITTEN AUTHORIZATION OF SLATER ARCHITECTURE.

SHEET NO:

A-1

SITE
PLAN

| PROJECT INFORMATION | |
|------------------------------|--|
| OWNER: | THOMAS FELDMAN 2213 NW 23RD AVENUE CAMAS, WASHINGTON 98607 |
| ARCHITECT: | SLATER ARCHITECTURE - LISA SLATER 8900 NE LIVINGSTON MTN RD CAMAS, WASHINGTON 98607 (360) 817-2737 lisa@slaterarchitecture.com |
| SITE ADDRESS: | 2213 NW 23RD AVENUE CAMAS WASHINGTON 98607 |
| PARCEL NUMBER: | 124783000 |
| LOT SIZE: | 2.39 ACRES |
| EXISTING ZONING: | R-12 |
| SQUARE FOOTAGE CALCULATIONS: | EXISTING UPPER FLOOR - 4,256 SF EXISTING MAIN FLOOR - 6,927 SF EXISTING BASEMENT - 3,443 SF TOTAL BUILDING AREA - 14,626 SF |

PRE-APPLICATION SUBMITTAL FOR DISCOVER RECOVERY

CITY OF CAMAS

CAMAS, WASHINGTON

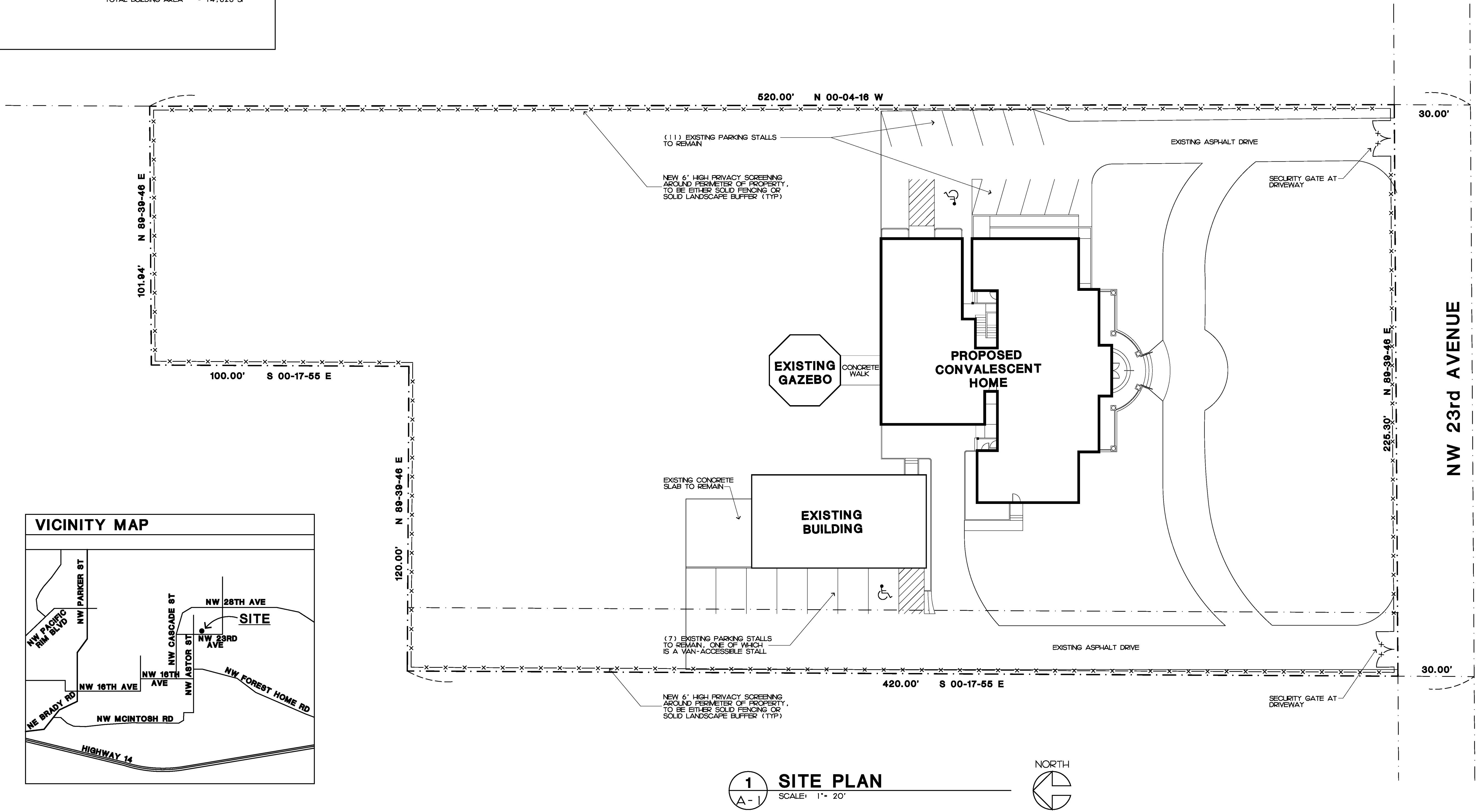


EXHIBIT B

Joel Penoyar, Attorney at Law
P. O. Box 425
South Bend, WA 98586

Penoyar Law Offices

Memo

To: City of Long Beach
From: Joel Penoyar
Date: December 11, 2017
Re: Drug/Alcohol Treatment Center as a Nursing Home

The City requested advice concerning an application to use a recently closed nursing home as a drug/alcohol treatment center. This memo assumes that the nursing home was grandfathered in to an R2 zone, has been closed less than a year and that patients at the treatment center are addicted to drugs and/or alcohol and will require care for more than 24 hours. Because the treatment center will apparently meet the Code definition of a "Nursing Home" it is a lawful use in the R-2 zone.

Under LBCC 12-16-3, "If a nonconforming use is changed, it shall be changed to a use conforming to the regulations of the zone in which it is located, and after change, it cannot be changed back again to any nonconforming use."

The questions then is whether a change in "use" as defined by the Code is being proposed. If the proposed use as a treatment center fits within the definition of a "Nursing Home" as defined by the Code then no actual change in "use" will have occurred since both operations are within the definition of the "Nursing Home".

The Code regulates activities on land as "uses". For instance, a "Hospital." is one kind of a "use" and an "Adult Family Home" is another. The mere fact that the activities on a parcel change does not mean that a change in the legal "use" on the parcel has occurred. In another for instance, if a hotel adds a swimming pool, it is still a "Hotel".

Applying the above standards here, if the new treatment center is still a "Nursing Home" under the Code, then the "use" has not changed. The Code defines a Nursing Home as follows:

NURSING HOME: Any home, place or institution that operates or maintains facilities providing convalescent or chronic care, or both, for a period in excess of twenty-four (24) consecutive hours for patients not related by blood or marriage to the operator, who by reason of illness or infirmity, are unable to properly care for themselves. Convalescent and

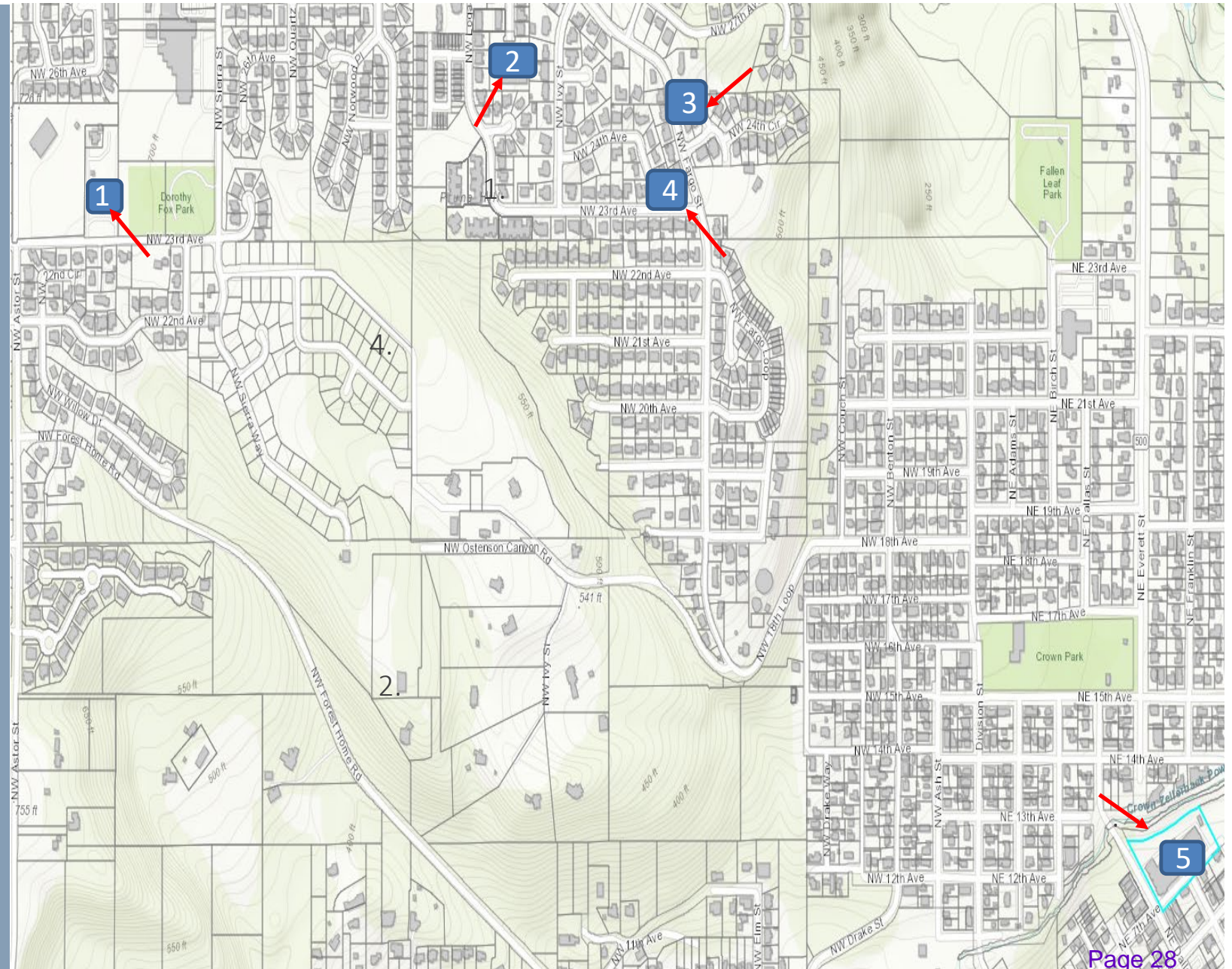
chronic care may include, but not be limited to, any or all procedures commonly employed in waiting on the sick, such as administration of medicines, preparation of special diets, giving of bedside nursing care, application of dressings and bandages, and carrying out treatment prescribed by a duly licensed practitioner of the healing arts. It may also include care of mentally incompetent persons. It may also include community based care. Nothing in this definition shall be construed to include general hospitals or other places which provide care and treatment for the acutely ill and maintain and operate facilities for major surgery or obstetrics, or both. Nothing in this definition shall be construed to include any boarding home, guest home, hotel or related institution which is held forth to the public as providing, and which is operated to give, only board, room and laundry to persons not in need of medical or nursing treatment or supervision except in the case of temporary acute illness. See also definition of Convalescent Center.

While there is some debate about whether alcohol or drug addicts suffer from an "illness", everyone would agree that they suffer from an "infirmity". A treatment center would provide "convalescent or chronic care for periods exceeding twenty-four consecutive hours". Thus, a drug and alcohol treatment center would appear to be a "Nursing Home" as defined by the Code. And if one accepts that alcoholism or drug addiction are an "illness", the treatment center would also qualify as a Convalescent Center, another form of a Nursing Home under the Code.

Finally, the treatment center would meet the one-year requirement of LBCC 12-16-1 and 12-16-2 if it is used as such by July 2018.

Thank you for this interesting issue. Let me know if you have any further questions.

1. FAIRGATE ESTATE LLC
2213 NW 23RD AVENUE
CAMAS,WA 98607
2. KENT PLACE
2647 NW KENT STREET
CAMAS, WA 98607
3. CAMAS HILLS CARE HOME
2432 NW FARGO ST
CAMAS,WA 98607
4. JULIE'S HANDS OF CARE
2308 NW GALAXY ST
CAMAS,WA 98607
5. PRESTIGE CARE & REHABILITATION
740 NE DALLAS STREET,
CAMAS,WA 98607





2213 NW 23RD AVENUE, CAMAS WA 98607



NBER WORKING PAPER SERIES

SUBSTANCE ABUSE TREATMENT CENTERS AND LOCAL CRIME

Samuel R. Bondurant
Jason M. Lindo
Isaac D. Swensen

Working Paper 22610
<http://www.nber.org/papers/w22610>

NATIONAL BUREAU OF ECONOMIC RESEARCH
1050 Massachusetts Avenue
Cambridge, MA 02138
September 2016

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Substance Abuse Treatment Centers and Local Crime
Samuel R. Bondurant, Jason M. Lindo, and Isaac D. Swensen
NBER Working Paper No. 22610
September 2016
JEL No. I12,K14,K42

ABSTRACT

In this paper we estimate the effects of expanding access to substance-abuse treatment on local crime. We do so using an identification strategy that leverages variation driven by substance-abuse-treatment facility openings and closings measured at the county level. The results indicate that substance-abuse-treatment facilities reduce both violent and financially motivated crimes in an area, and that the effects are particularly pronounced for relatively serious crimes. The effects on homicides are documented across three sources of homicide data.

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College Station, TX 77843
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jlindo@econmail.tamu.edu

1 Introduction

Drug-induced deaths in the United States have increased 280 percent since 1999 and now represent the largest major category of external causes of death by a wide margin: there were 47,055 deaths due to drug overdoses in 2014 compared to 32,675 due to motor vehicle accidents.¹ These facts underscore a growing need to understand how to reduce drug-related harms. Towards this end, a large body of work has shown that policies targeting the supply of drugs are rarely effective.² In contrast, recent work indicates that expanding access to substance-abuse treatment (SAT) facilities significantly reduces severe drug abuse, as measured by drug-induced mortality (Swensen, 2015). While this evidence highlights that investments in SAT can improve outcomes for some individuals, it does not necessarily reflect a broad-based benefit for communities that might be considering making such investments. In this paper we fill this important gap in the literature by estimating the effects of SAT facilities on local crime.

There are several mechanisms through which SAT facilities may affect local crime. As outlined in Goldstein's (1985) influential tripartite conceptual framework for the drugs-violence nexus, drugs may affect violence through psychopharmacological effects, economically compulsive effects, and systemic effects. In these terms, 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), (ii) by reducing conflicts associated with financially motivated crimes committed by addicts seeking funds to buy drugs, and (iii) by reducing violence among and against those associated with the drug trade.³ Moreover, drug-abuse treatment may reduce gun carrying through all three of these mechanisms, which could serve to reduce the amount—and intensity—of violence in communities. It is also important to keep in mind that a relatively large share of drug users have mental health problems that contribute to their addiction and to violent behaviors (Lavine, 1997; Hoaken and Stewart, 2003). As such, we could expect SAT to reduce violence because it can itself include—or can direct patients towards—treatment for underlying mental health problems that contribute to violence (Lavine, 1997; Marcotte and Markowitz, 2011). Finally, SAT treatment may reduce criminal activity through positive spillover effects on friends and family members of those receiving treatment.

¹See Rudd et al. (2016) and NCSA (2015).

²See for instance Dinardo (1993), Yuan and Caulkins (1998), Miron (2003), Cunningham and Liu (2003), Kuziemko and Levitt (2004), Dobkin and Nicosia (2009), Cunningham and Finlay (2013), and Dobkin, Nicosia, Weinberg (2014).

³Prior studies have documented causal effects of drug activity on community violence by exploiting variation in drug use induced by price shocks (Markowitz, 2001, 2005) and by exploiting variation in the timing with which specific drugs became available across different cities (Evans, et al., 2012; Fryer et al., 2013).

Although these mechanisms highlight how SAT facilities can reduce crime through their effect on drug abuse, there are other mechanisms through which we might expect SAT facilities to *increase* local crime. Featuring prominently in not-in-my-backyard arguments against SAT facilities is the notion that such facilities pose risks by drawing into the area individuals who have relatively high rates of crime perpetration (drug users). Going beyond the idea of shifting crime perpetration from one place to another, SAT facilities could increase crime by altering the social and environmental context faced by drug users. That is, by altering the types of people and places that they encounter and with which they interact.

In this study we contribute to this policy debate by quantifying the effects of SAT facilities on crime. Specifically, we use annual county-level data on the number of SAT facilities to evaluate the degree to which crime rates change when SAT facilities open and close. We consider various crime outcomes measured over time at the county and law-enforcement agency level, based on data from the National Center for Health Statistics and the FBI's Uniform Crime Reporting Program. These panel data allow us to include a rich set of fixed effects (county/agency and state-by-year) and control variables (demographics, various measures of economic conditions, and law enforcement presence) in our models, so the estimates are identified based on plausibly exogenous variation. Several ancillary analyses support the validity of this research design, including analyses that demonstrate that outcomes in an area change after but not before the number of facilities change.

Our approach shifts the focus from the effects of SAT on those who receive treatment to the effects of SAT facilities on the communities they serve. This allows us to make several contributions. First, we consider outcomes that tend to be beyond the scope of randomized control trials (RCTs), which are limited by small samples, short follow-up periods, and the potential for false reporting. In particular, our approach allows us to consider severe-but-infrequent outcomes (e.g., homicide) and behaviors that individuals are likely to conceal (e.g., sexual assault). Second, our estimates reflect the effects of SAT on patients and the spillover effects onto the broader community, inclusive of any spillover effects on nearby friends and family and on the market for illegal drugs. In so doing, our estimates will allow for more comprehensive cost-benefit considerations. Third, whereas the nature of RCTs tends to require the use of small localized samples, which may have limited external validity, our use of administrative data allows us to obtain estimates that reflect the effects of SAT facilities across the United States.

Our analysis reveals significant and robust evidence that expanding access to SAT through additional treatment facilities reduces local crime. The effects appear to be particularly pronounced

for relatively serious violent and financially motivated crimes: homicides, aggravated assaults, robbery, and motor vehicle theft. We do not find significant effects on more frequent but less serious crimes (simple assault, burglary, and larceny), nor do we find a significant effect on sexual assault. Overall, we find that an additional treatment facility reduces felony-type crimes by 0.10 percent annually. We show that the estimated effect on homicides is present across three different sources of homicide data.

Despite the various contributions of our research described above, there are some limitations that bear noting. First, our empirical approach, which focuses on county- and law-enforcement-agency-level aggregates, implies that we cannot separate the effects of SAT facilities on those who receive treatment from the effects of SAT facilities on the broader community. That said, we view this as a reasonable tradeoff in order to be able to speak to the effects on the community as a whole. Second, while there is significant variation across SAT facilities in the types of treatment that they offer, our estimates will reflect an average of the effects of these facilities. Finally, openings and closings of SAT facilities are not random. While this has the potential to compromise our ability to identify causal effects, our ancillary analyses, which are discussed in detail in subsequent sections, demonstrate that it is unlikely in light of our empirical strategy.

The remainder of the paper is structured as follows. Section 2 discusses relevant background on drug abuse and treatment in the United States, in addition to related studies that have considered the effects of SAT on crime. Sections 3 and 4 describe the data and our empirical approach in detail. Section 5 begins with a replication and extension of Swensen (2015) to show the effects of SAT facilities on severe drug abuse and then presents the results of our analyses that focus on crime. We offer concluding remarks in Section 6.

2 Background

2.1 Substance Abuse and Treatment

According to the National Survey of Drug Use and Health over 21.5 million people in the U.S. are classified as having a substance-use disorder (CBHSQ, 2015).⁴ A high incidence of substance abuse is also apparent in crime perpetration, with 40 percent of convicted violent criminals being under the influence of alcohol and nearly 60 percent of all arrestees testing positive for some illicit substance

⁴Based on criteria specified in the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV)

at the time of arrest.⁵ The annual societal costs of drug abuse solely in terms of drug-related crime are estimated at over 56 billion dollars.⁶

Though substance-abuse treatment is a promising avenue to reduce these costs, treatment rates for those in need remain very low. In 2014, 85 percent of those abusing or dependent on an illicit substance did not receive treatment and despite the prevalence of alcohol and drugs among arrestees, 70 percent of arrestees have never been in any form of drug or alcohol treatment (ONDCP, 2014). Notably, recent changes brought about by the Affordable Care Act are expected to increase coverage and take-up of treatment (Buck, 2011; Beronio, Glied, and Frank 2014).

In this context, the number of substance-abuse treatment facilities may be a particularly relevant policy parameter. In the United States, over 14,500 stand-alone treatment facilities are the primary setting for delivery of substance-abuse treatment, offering a wide range of drug-treatment programs and related services (SAMHSA, 2014). Local treatment centers most commonly offer outpatient care to deliver treatment programs such as detoxification, methadone maintenance, regular outpatient, adolescent outpatient, and drug-court programs (SAMHSA, 2014). For more serious substance-abuse problems, facilities provide residential treatment in which clients temporarily live at the treatment site (e.g. inpatient detoxification, chemical dependency programs, therapeutic communities). While treatment programs vary substantially and often target particular demographic groups or specific drug addictions, all treatment approaches share similar goals to mitigate the consequences of drug abuse and encourage healthier lifestyles.

More broadly, the substance-abuse treatment industry includes profit, non-profit, and public providers, the bulk of which (87 percent) are privately-owned facilities.⁷ Though the objective functions of facilities may differ somewhat by ownership status and treatment focus, the decision to open or close a treatment facility likely depends crucially on (i) a perceived need for treatment providers or opportunities to improve upon currently offered treatment services and (ii) the ability to secure funding for treatment services from either public or private third-party payers (SAMHSA 2011). Given the high need for addiction treatment and existing evidence of binding treatment capacity constraints and long wait lists, the availability of funds is particularly relevant when considering the predictors of facility openings and closings.⁸

⁵See <https://ncadd.org/about-addiction/alcohol-drugs-and-crime>.

⁶Estimates based on the 2011 National Drug Threat Assessment conducted by the National Drug Intelligence Center.

⁷According to the 2013 National Survey of Substance Abuse Treatment Services, 60 percent of facilities are nonprofit, 30 percent are for profit, and 10 percent are public.

⁸Evidence suggests that capacity concerns and being put on a wait list are important barriers to treatment enrollment (Appel et al., 2004; Friedmann et al., 2003; Pollini et al., 2006). Relatedly, Dave and Mukerjee (2011)

Unlike general health care, which relies on funding through insurance mechanisms, substance-abuse treatment relies primarily on public funding in the form of federal block grants and state subsidies. That said, recent mental health parity legislation and the rise of managed-care contracts have increased the importance of public and private insurance revenue to providers (Horgan and Merrick, 2001; Olmstead and Sindelar, 2004). Assuming these sources of financing generally increase with drug abuse and related problems, analyses of the effect of treatment provision on drug-related outcomes may understate the actual effect of treatment.

2.2 Related Literature on SAT and Crime

An extensive literature has evaluated the relationship between substance-abuse treatment programs and criminal activities, including some that use “the gold standard” for empirical research, randomized control trials (RCTs). In a widely-cited meta analysis, Pendergast et al. (2002) reviewed 78 studies of SAT, 60 percent of which used random or quasi-random assignment to treatment and 25 of which examined crime outcomes. The authors found an average 13 percent decline in criminal involvement as a result of treatment.⁹ More recent reviews of specific treatment approaches provide consistent evidence that criminal involvement declines during treatment and mixed evidence when considering longer-run crime outcomes (Amato et al., 2005; Holloway et al., 2006; Egli et al., 2009; Mattick et al., 2014).

The existing literature also adds insight into the efficacy of specific treatment settings in reducing drug-related crime. Some of the more convincing and consistent evidence comes from studies evaluating prison-based drug treatment. This is partly due to the relative ease of employing a randomized treatment design and the ability to consider recidivism rates rather than relying on self-reported criminal activity.¹⁰ Summarizing the literature, Mitchell et. al (2012) review 74 studies of prison-based treatment programs and conclude that substance-abuse treatment for inmates reduces recidivism by 15 percent. Existing evidence also suggests that court-mandated treatment programs, which account for a third of all treatment admissions, can be effective in reducing crime.¹¹ For instance, Wilson, Mitchell, and Mackenzie (2006) identify and review 55 quasi-experimental and

analyze the effect of state legislation that reduces out-of pocket costs for mental health and substance-abuse treatment and find a relatively small effect on treatment admissions. They argue that the effect on admissions is muted, in part, because of treatment capacity constraints suggested by limited growth in the number of treatment facilities and increasing treatment waiting periods.

⁹Crime outcomes included self-reported crimes and official records on arrest, conviction and incarceration. As such, this review includes evidence from crime outcomes during and after treatment.

¹⁰Treatment rates increased by 34 percent among state inmates and 90 percent among federal inmates from 1997-2004.

¹¹See SAMHSA (2014) for a breakdown of admissions by treatment referral source.

experimental evaluations of drug courts. They concluded that court-referred treatment does lower re-arrest rates though the estimated effects were notably smaller and less precise among evaluations that employed randomization. They also find consistent evidence of declines in re-offending both during and following court-referred treatment programs, however the estimated effects do decay over time.

Together, this literature provides consistent evidence that treatment programs can reduce crime. While these studies have made significant contributions to our knowledge, the merit of our study is predicated on the notion that some of the most important questions about the effects of SAT are only likely to be answered using alternative methods applied to observational data. In particular, our study shifts the focus from the effects of SAT on those who receive treatment to the effects of SAT facilities on the communities they serve and uses data that allows us to obtain estimates that reflect the effects of SAT facilities on local-area crime across the United States.

To our knowledge only one other recent working paper attempts to consider the effects of SAT on crime in such a comprehensive fashion. Wen, Hockenberry, and Cummings (2014) consider the effects of changes in SAT rates on property and violent crimes using data collected by the FBI that span the United States. Their instrumental variables approach relies on the assumption that state health insurance expansions (made possible through Health Insurance Flexibility and Accountability waivers) only relate to changes in crime through their impacts on SAT.¹² This assumption could be violated if, for example, expanding access to health insurance affects crime through its impact on treatment for mental health problems or through its impacts on overall health and well being. As all observational studies rely on fundamentally untestable assumptions, and as any body of evidence is more compelling when similar results are documented using approaches that rely on different assumptions, we view our work as an important contribution that complements this prior study, which reports that increases in substance-use-disorder treatment significantly reduces robbery, aggravated assault, and larceny.

3 Data

Following Swensen (2015), we identify county-level changes in the number of substance-abuse treatment facilities using data from the U.S. Census Bureau's County Business Patterns (CBP). The

¹²They also use as an instrumental variable state-level mandates requiring private group health plans to provide benefits for substance-use disorder treatment that are no more restrictive than the benefits for medical insurance parity mandates; however, it is always used in conjunction with the waiver expansion instrument, presumably due to a lack of independent power.

CBP data reports the annual number of substance-abuse treatment clinics (a single physical location) in each U.S. county for both outpatient and residential facilities from 1999-2012.¹³ Although classified separately in the CBP data, residential and outpatient establishments often offer both residential and outpatient treatment services with 90 percent of all admissions occurring in an outpatient setting (SAMHSA, 2014). Therefore, estimating the effects separately for outpatient and residential facilities would not be informative as residential and outpatient services are not distinctly identified. As such, we combine outpatient and residential classifications using the total count of establishments as an indicator for county-level provision of substance-abuse treatment.

We merge CBP data with several independent data sources for drug abuse and criminal activity. We first revisit the effect of SAT on drug abuse, as measured by drug-related deaths, using annual county-level mortality data from the National Center for Health Statistics (NCHS) Multiple Cause of Death Data. Drug-induced mortality is measured using causes of death with specific reference to drug-induced poisoning, identified by International Classification of Diseases (ICD) codes.¹⁴ To calculate mortality rates and to create county-by-year controls for demographic characteristics, we use population data from the National Cancer Institutes's Surveillance Epidemiology and End Results (Cancer-SEER) program.¹⁵

To estimate the effect of treatment facilities on local-area crime we use the NCHS mortality data, which provide a measure of homicides, and the Uniform Crime Reports (UCR) which are compilation of annual crime statistics reported by local law-enforcement agencies across the United States to the FBI.¹⁶ Specifically, we use the offenses known data from the Offenses Known and Cleared by Arrests UCR segment. These data, which we will refer to as UCR Offenses Known, include the most commonly reported violent and property crimes including criminal homicide, sexual assault, robbery, assault, burglary, larceny theft, and motor vehicle theft. We focus on known offenses in order to capture crimes that come to the attention of law enforcement, as opposed to alternative data sets that are available but are restricted to crimes that have been cleared by arrest. In addition, we use the UCR Supplementary Homicide Reports (SHR) to consider additional details of the victims, offenders, and circumstances associated with homicides. The SHR is an incident-

¹³The following six-digit NAICS codes identify treatment establishments: 621420 —“Outpatient mental health and substance abuse centers” and 623220—“Residential mental health and substance abuse facilities.”

¹⁴In particular, we use the following ICD-10 codes to measure drug-induced mortality: X40-X45, X60-X65, X85, Y10-Y15.

¹⁵As reported by Stevens et al. (2015), the Cancer-SEER population data are more accurate than data interpolated from the Census because they “are based on an algorithm that incorporates information from Vital statistics, IRS migration files, and the Social Security database.”

¹⁶NCHS homicides include deaths by another person with the intent to injure or kill. They do not include homicides due to legal intervention, operations of war, or homicides from the Sept. 11, 2001 attacks.

level dataset that includes detailed information on each homicide as voluntarily reported by agencies participating in the UCR program. For agencies that do report homicides in the SHR, we impute zeros by expanding the SHR to the same agency-years as our UCR Offenses Known sample. We link the UCR agency-level data with county-level CBP data using the primary county in which each municipality resides and calculate crime rates using the annual reported population covered by each municipal agency.

We restrict our analysis to U.S. counties with at least one treatment facility over the 1999-2012 time period and counties with available identifiers in the 48 contiguous states.¹⁷ The resulting data include treatment facility, mortality, and crime data in 48 states, spanning 14 years.¹⁸ In Table 1 we present summary statistics for our sample, weighted by the relevant populations. CBP data indicate that counties have a population-weighted average of 49.5 SAT facilities. Importantly, there is substantial variation in the number of facilities with the average county experiencing 5.8 net facility openings and 3.7 net closings from 1999 to 2012, where a net opening is an observed increase in the number of facilities from one year to the next and a net closing is defined similarly. For reference, Table 1 also shows summary statistics for each mortality and crime outcome used in our analysis.

4 Empirical Approach

We identify the effects of SAT facilities using year-to-year variation within counties driven by facility openings and closings, controlling for state-by-year shocks common to areas within a state in addition to time-varying county characteristics. As we analyze both county and agency-level outcomes, we operationalize this strategy using a regression model that includes either county or agency fixed effects in addition to state-by-year fixed effects and county-year covariates:

$$y_{ast} = \theta Facilities_{cs,t-1} + \alpha_{as} + \alpha_{st} + \beta X_{cst} + \epsilon_{ast},$$

¹⁷Specifically, we drop all counties in HI and AK and combine counties that experience boundary changes over time. This involves combining Adams, Broomfield, Boulder, Jefferson, and Weld in Colorado; Prince George's and Montgomery in Maryland; Gallatin and Yellowstone National Park in Montana; Craven and Carteret in North Carolina; Alleghany and Clifton Forge in Virginia; Augusta and Waynesboro in Virginia; Bedford and Bedford City in Virginia; Halifax and South Boston City in Virginia; Prince William and Manassas Park in Virginia; Southampton and Franklin in Virginia; and York and Newport News in Virginia.

¹⁸Over the same time-frame, the aggregate number of facilities increases from 12,428 to 16,959.

where y_{ast} represents outcomes in area a (either county or agency) in state s in year t . We use log rates to measure drug abuse and crime outcomes. We add one to all counts before constructing log rates to avoid dropping area-year observations for which the outcome would otherwise be undefined, but we show that results of all of our analyses are similar if we instead simply focus on areas that always have a positive count, with the sample being defined separately for each outcome considered. In support of using the log transformation, we have verified that Poisson models (where computationally feasible) yield very similar estimates. $Facilities_{cs,t-1}$ represents the number of SAT facilities in county c in state s in year $t-1$, α_{as} are area fixed effects, α_{st} are state-by-year fixed effects, and X_{cst} includes county unemployment rates, the number of firm births, number of law enforcement officers per 100,000, and the fraction of the county population that is: white, black, male, less than 10 years old, 10-19 years old, ... , 60-69 years old.¹⁹ Finally, ϵ_{ast} is a random error term that we allow to be correlated across time within a county and across all counties in any given year by estimating two-way standard errors following Cameron et al. (2011).²⁰ To be clear, our measure of facilities is a county-level measure even when we are considering crimes at the agency level. We also note that our main results are based on regressions that weight by the relevant population size in order to improve efficiency.

Our focus on within-area variation accounts for fixed characteristics of areas (both observable and unobservable) that may be correlated with the number of SAT facilities in the county and our outcomes of interest. For example, this approach will address the fact that there are inherent differences between urban and rural counties. The inclusion of state-by-year fixed effects account for aggregate time-varying shocks, such as aggregate economic conditions or changes in the national drug-control strategy. They also control for state-specific shocks such as changes in state funding for law enforcement services. The controls for unemployment rates and firm births account for the possibility that our outcomes of interest and treatment facilities may both be related to local economic conditions. The controls for demographics account for the possibility that compositional changes in a county's population may affect outcomes and investments in SAT facilities.

Our empirical approach closely follows Swensen (2015), who also conducts several ancillary analyses in support the validity of the research design. In particular, Swensen demonstrates that

¹⁹County unemployment rates are from the BLS Local Area Unemployment Statistics. Firm births include all county-level firm births reported by the U.S. Census Statistics of U.S. Businesses. The number of law-enforcement officers per 100,000 residents are calculated using the UCR agency-specific employment reports available in the Law Enforcement Officers Killed and Assaulted (LEOKA) database.

²⁰That is, we estimate two-way standard errors clustered on counties and years. This approach yields more conservative estimates than estimates that solely cluster on counties, reflecting that there are unobserved shocks to outcomes that span counties.

additional facilities lead to increases in treatment admissions and that the effects of additional facilities are greatest for causes of death that are most closely related to drug abuse.²¹ Importantly, a third of all treatment admission are court-ordered, often as an alternative to incarceration. As such, increases in admissions due to an additional SAT facility may correspond with more drug offenders in public, leading to estimates that understate any decreases in drug-related criminal activity.

To address concerns regarding reverse causality, Swensen plots drug-induced mortality rates leading up to and following changes in the number of facilities and finds no evidence of systematic deviations of drug-related mortality from expected levels prior to changes in the number of facilities. Furthermore, his estimates from models that consider additional lags and leads of treatment facilities show that the that previous- and current-year changes in the number of facilities is significantly related to drug-induced mortality, but that drug-induced mortality is not related to the number of facilities in future periods.²² In a similar fashion, we estimate a version of Eq. (1) that also considers the effect of the number of facilities in the current, previous and subsequent years on the outcomes that are the focus of this paper. The results of this analysis, discussed in more detail below, indicate that changes in the number of treatment facilities are also not driven by recent changes in drug abuse or crime. That said, we note that our estimates would understate the benefits of SAT facilities if they opened in response to recent increases in drug abuse and related crimes.

5 Results

5.1 Revisiting the Effects of SAT Facilities on Drug-Induced Mortality

We begin our analysis of the effects of SAT facilities by documenting their effects on serious drug abuse measured by drug-induced mortality rates at the county level. Specifically, we expand on Swensen's (2015) analysis by adding four additional years of restricted-use NCHS mortality data to bring it in line with the years of data used in our analysis of crime, which run through 2012.

²¹Swensen uses data on admissions into facilities receiving public funding to offer "proof of concept" that increases in treatment facilities leads to a change in an underlying factor associated with treatment. Notably, other mechanisms—including perceptions toward treatment or factors influencing the quality and accessibility treatment—may also contribute to declines in substance abuse as treatment services expand.

²²Swensen also estimates models using demand-side characteristics to predict treatment facility openings in order to offer insight into the degree to which treatment provision responds to changes in the demand for addictive substances. His results suggest that the number of treatment facilities varies directly with measures that proxy for the demand for addictive substances, he argues that not adequately accounting for these correlations would understate the effect of an additional treatment facility on drug-related mortality.

In Table 2, we show the results of this analysis, using logged drug-induced mortality rates as the outcome. Columns 1–5 report the estimates from increasingly flexible specifications: Column 1 shows estimates based on a model that only includes county and year fixed effects; Column 2 shows estimates that additionally control for state-by-year fixed effects; and Columns 3–5 show estimates that additionally control for county-level time-varying measures of demographics, economic conditions, and the size of the police force.²³ With the exception of the Column 1 estimate, which omits controls for state-by-year fixed effects, the estimates are precise and similar in magnitude across specifications. They indicate a 0.50 percent decline in drug-induced mortality rates associated with an additional SAT facility in a county.²⁴ This estimate is very similar to the estimated effect of 0.42 percent reported in Swensen (2015).

5.2 Estimated Effects on Crime

5.2.1 Homicides

Before turning to estimates that are based on Uniform Crime Reports data, we begin our analysis of crime by analyzing homicide deaths recorded in NCHS mortality data. Though these also include justified homicides, 94 percent are unjustified criminal homicides and, as such, they can shed light on the degree to which treatment interventions affect the most serious and costly form of criminal activity.²⁵ The results of this analysis, shown in the first panel of Table 3, provide causal evidence that county-level homicide rates are reduced by SAT facilities. Specifically, the estimates indicate a 0.24 percent decline in intentional homicide death rates associated with an additional SAT facility.

In the second and third panels of Table 3 we investigate the effects on homicide rates using law-enforcement-agency-level data from the UCR's Offenses Known and Supplemental Homicide Reports databases, respectively. We continue to estimate the same models when using these data, but use agency fixed effects instead of county fixed effects and use agency covered population as the denominator to construct homicide rates. Analyses of these data continue to indicate that SAT facilities significantly reduce homicides in areas covered by municipal law-enforcement agencies, though the estimates are somewhat smaller, indicating a 0.18 percent decline in intentional homicide death rates associated with an additional SAT facility.

²³Controls for county economic conditions are the unemployment rate and firm births; controls for demographics are the fraction of the population that is white, fraction black, fraction male, fraction 0–9 years old, fraction 10–19 years old, ... , fraction 60–69 years old.

²⁴Percent effects are calculated as $(e^{\beta} - 1) \times 100\%$.

²⁵For a breakdown of justified and unjustified homicides in 2013, see <https://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2013/crime-in-the-u.s.-2013/offenses-known-to-law-enforcement/expanded-homicide>

As described in Section 4, in all of our analyses we add one to outcome counts before constructing log rates to avoid dropping area-year observations for which the outcome would otherwise be undefined. We acknowledge that this transformation could introduce bias, especially for an outcome like the homicide rate which tends to be relatively low. Out of concern for this possibility, in Section 5.4 we will present estimates for each outcome based on an alternative approach in which we do not add one to outcome counts and we instead focus on areas for which outcome counts are positive in every year. These estimates are almost identical to our main results for nearly all of the outcomes we consider, including the overall homicide rate.

5.2.2 Homicides by Relationship

In Table 4, we report the results of analyses that exploit the details available in the SHR data to separately consider homicides involving different victim-offender relationships. In particular, we explore the degree to which the reduction in homicides associated with SAT facilities (reported in Table 3) are driven by reductions in homicides committed by individuals who were friends or acquaintances of the victim, homicides committed by strangers, homicides committed by family members, and/or homicides in which the victim-offender relationship was not established by law enforcement. Victim-offender relationships can provide useful information regarding the nature of homicide incidents. For instance, investigators were unable to establish victim-offender relationships in 43 percent of homicides in our sample. These “uncleared” incidents are more likely to be gang, drug-related, and stranger homicides.²⁶ When the victim-offender relationship is known, friend groups account for 44 percent, strangers for 29 percent, and family for 27 percent of homicides.

The results shown in Table 4 suggest that the effects of SAT facilities on homicides are concentrated among homicide incidents in which the relationship to the offender was unknown or in which the offender was a friend. Specifically, these estimates indicate that an additional treatment facility leads to a 0.14 percent decline in “uncleared” homicides and a 0.26 percent decline in homicides where the offender was a friend of the victim. There is no evidence of effects on homicides committed by family members.

²⁶The fraction of homicides with an “unknown” victim-offender relationship has steadily increased over the past several decades which has been attributed to the changing nature of homicides. Drug-related homicides in particular are less likely to be cleared (Riedel, 2008; Quinet and Nunn, 2014).

5.2.3 Violent Crimes More Broadly

Having established that SAT facilities reduce severe drug abuse and reduce the most costly of crimes (homicides), we next consider the degree to which treatment facilities affect other types of violent crimes. In Table 5 we show a detailed breakdown of the effects of SAT facilities on violent crimes based on analyses of the UCR Offenses Known data. While we focus our discussion below on the point estimates from models with the richest set of controls (Column 5), we note that the estimated effects are similar across specifications once state-by-year fixed effects and demographic controls are included as covariates. The estimates are not sensitive to the inclusion of other county-year control variables.

Across the first four panels of Table 5, we sequentially report the estimated effects on violent crimes of decreasing severity according to social cost estimates reported in McCollister, French and Fang (2010): homicides (\$9,881,198 per incident), sexual assault (\$264,854), aggravated assault (\$117,722), and simple assault.²⁷ We defer our consideration of robbery until the next section where we focus on financially motivated crimes. As mentioned above, the estimated effect on homicides indicates a significant reduction caused by SAT facilities. While the point estimate for the effect on sexual assault is also negative, suggesting that SAT facilities reduce sexual assault as well, it is not close to being statistically significant at conventional levels. The estimated effect on aggravated assaults also suggests a reduction in crime associated with SAT facilities, though this estimate is only marginally statistically significant. Finally, the estimates suggest no effect on simple assaults.

The mixed findings described above naturally raise the question of whether there is a “general effect” of SAT facilities on violent crime, or whether the significant effects we document are a result of random chance which becomes increasingly likely as one considers a larger set of outcomes. As described in Anderson (2008), this issue can be addressed through the analysis of summary indices that are invariant to the number of outcomes considered. We take this approach across the final three panels of Table 5 as we consider violent crimes in the aggregate. First, we estimate the effect on all violent crimes and do not find a significant effect. This is not surprising because we did not find evidence of effects on simple assaults, which represent 77 percent of the crimes considered. Second, we estimate the effect on all violent crimes that are typically considered felonies. This approach amounts to excluding simple assaults from the analysis, which encompass any attempted

²⁷Note that we have adjusted the cost estimates for inflation to put the amounts in 2016 dollars. McCollister, French and Fang (2010) do not include estimates for simple assault.

or completed physical contact with malicious intent that does not rise to the level of severity to constitute an aggravated assault. The results of this analysis indicate a statistically significant effect of SAT facilities on felony-type violent crimes.

Finally, we estimate the effects on overall violent crime weighted by the social cost estimates associated with each of the violent crimes considered. Specifically, we use the log of the inflation-adjusted cost estimates put into 2016 dollars from McCollister, French, and Fang (2010). As McCollister, French, and Fang (2010) do not estimate the social cost of simple assault, we calculate the cost of simple assaults as 20 percent of the cost of aggravated assaults, which is consistent with Cohen and Piquero (2009).²⁸ The estimates indicate a 0.15 percent decline in the social costs associated with violent crime (excluding robbery). A back-of-the-envelope calculation based on this estimate suggests that an additional treatment facility decreases social costs associated with these crimes by approximately \$615,000 annually.²⁹

5.2.4 Financially Motivated Crimes

Table 6 shows the estimated effects on financially motivated crimes. We again sequentially report the estimated effects on crimes of decreasing severity according to social cost estimates: robbery (\$46,541), motor vehicle theft (\$11,849), burglary (\$7,108), and larceny (\$3,885). As with the estimated effects on violent crimes, these estimates suggest more pronounced effects of SAT facilities on relatively serious crimes. The point estimates indicate that a SAT facility reduces robbery by 0.11 percent, motor vehicle theft by 0.12 percent, burglary by 0.05 percent, and larceny by 0.04 percent. The estimated effects on burglary and larceny are not statistically significant at conventional levels.

Our estimates of financially motivated crimes in the aggregate provide further evidence that SAT facilities reduce crime. The estimated effect on financially motivated crimes overall is almost the same as the estimated effect on larceny, which is not surprising since these crimes represent 65 percent of the crimes considered, and yields a p-value of 0.0720. Excluding larceny theft, which is often considered a misdemeanor offense, our estimates indicate that a SAT facility reduces financially motivated crimes by 0.08 percent (p-value = 0.0214). Finally and similar to our approach to violent crimes, we consider the log of the social costs of financially motivated crimes as a dependent variable. These estimates indicate that an additional SAT facility reduces social costs attributed

²⁸In Appendix Table A2, we show results that use a social cost of simple assault set at varying fractions of the social cost of aggravated assault. Appendix Table A1 shows the corresponding summary statistics.

²⁹This calculation is based on average annual social costs of violent crime totaling \$1,273,156 per 1,000 people each year in the average agency jurisdiction and an average population covered of 321,685.

to financially motivated crime by 0.07 percent annually. In dollar terms, this estimate suggests an approximate annual \$60,000 decline in the social costs of financially motivate crimes.³⁰

5.2.5 Analysis of All Crimes Combined

The estimates in Tables 5 and 6 provide evidence that county-level expansions in treatment facilities significantly reduce both violent and financially motivated crimes and that the effects are concentrated among more serious types of these crimes. In Table 7 we present estimates that pool violent and financially motivated crimes together so that the estimates reflect the effects on overall crime. The first panel shows the effect of SAT facilities on all crime including the less serious crimes of simple assault and larceny, which account for 68 percent of all crimes considered. The estimates suggest a marginally significant 0.004 percent decline in crime associated with an additional SAT facility. Considering all felony-type crimes in the second panel, which excludes simple assault and larceny, the estimates indicate an effect of 0.010 percent. In the third panel, we report the estimated effects on the log of the social costs of crime, which weights each crime by its estimated social cost estimate as before. These estimates indicate that an additional SAT facility reduces social costs attributed to all crime by 0.14 percent annually, which corresponds to approximately \$700,000.³¹

5.3 Assessing Endogeneity and Lag Structure

As discussed in Section 4, the main threat to the validity of our empirical strategy is the possibility that changes in the number of facilities in an area might be driven by trends in the outcomes we consider (or the correlates thereof) and/or recent shocks to the outcomes we consider (or the correlates thereof). To the degree to which such trends and/or shocks occur at the state level or relate to changing demographics, economic conditions, or the size of police forces, they should be captured by state-year fixed effects and the control variables included in our analysis. As this is fundamentally untestable, we propose a test of the validity of our identification strategy based on examining the lead and lag structure of the estimated effects. Specifically, we estimate versions of Eq. (1) that consider the link between our outcome variables and the number of SAT facilities in a county *in a future year*.

We also expand on Eq. (1) to consider contemporaneous versus lagged measures of SAT fa-

³⁰This calculation is based on average annual social costs of financially-motivated crime totaling \$278,382 per 1,000 people each year in the average agency jurisdiction and an average population covered of 321,685.

³¹This calculation is based on average annual social costs of crime totaling \$1,551,538 per 1,000 people each year in the average agency jurisdiction and an average population covered of 321,685.

cilities. We do so in order to evaluate our choice to focus on the number of facilities in the prior year as our main variable of interest, a choice we made to avoid attenuation bias that would likely be caused by the fact that newly opened (or closed) facilities would only affect counties for some fraction of the year.

Table 8 shows estimates of this type for all of the outcomes considered across Tables 2 through 7. Specifically, it shows estimates based on our richest model while additionally considering the number of facilities in the current year and in the future year. Across the 24 outcomes we consider, the estimated effects of the number of facilities one year in the future is *never* statistically significant. We interpret these results as evidence that reverse causality, or the possibility that changes in the number of SAT facilities may be driven by recent changes in drug abuse and related outcomes, is not a major concern. As such, these results provide support for a causal interpretation of our main results.

These results also provide support for our focus on the lagged measure of facilities. In particular, where we see significant effects on outcomes, it is always the case that the number of treatment facilities in the prior year has a stronger effect than the number of treatment facilities in a given year. Moreover, the estimated effects of the number of treatment facilities in the current year is usually not statistically significant.

Further results along these lines are presented in Appendix Tables A3 through A8. In these tables, we reproduce our main estimates in Column 1 for ease of comparison; in Column 2 we simultaneously consider the estimated effects of the number of SAT facilities in the preceding two years on current year outcomes; in Column 3 we simultaneously consider the estimated effects of the number of SAT facilities in the current year and the prior year on current year outcomes; and in Column 4, we simultaneously consider the estimated effects of the number of SAT facilities in the prior year, current year, and one year in the future, on current year outcomes (as in Table 8). The results of these analyses lead to the same conclusions as before. We also note that they sometimes indicate that the number of facilities two years prior is more strongly related to current year outcomes than the number of facilities on year prior, which suggests an important avenue for future work in exploring the effects of SAT facilities over time through alternative methodologies.

5.4 Alternative Empirical Approach

As an additional test of the robustness of our estimates, in Table 9 we show the estimated effects for each outcome based on the subset of areas for which the log outcome rate can be defined in each year

without adding one.³² For nearly all of the outcomes we consider, these estimates are virtually the same in both statistical and economic significance. The one exception is the homicide rate estimates by victim-offender relationship. For these outcomes, this approach produces estimated effects that are larger in magnitude for homicides in which the relationship is unknown and homicides committed by friends. As before, these are statistically significant while the estimated effects on homicides committed by strangers and family members are not.

6 Discussion and Conclusion

In the preceding sections, we document statistically and economically significant effects of SAT facilities on drug-related mortality and on several categories of crime. The updated estimates we provide for the effects on county-level drug-related mortality suggest that an additional SAT facility reduces drug-related mortality by 0.50 percent annually. Based on a value of 7 to 8 million dollars per expected life saved, the estimate implies a decline in a county's annual drug-related mortality costs by 4.2 to 4.8 million dollars.^{33,34} Our estimates of the effects on agency-level crime indicate that an additional facility in a county reduces municipal felony-type crimes by 0.10 percent annually. In conjunction with social-cost-of-crime estimates from McCollister, French, and Fang (2010), our estimates indicate that an additional SAT facility in a county reduces municipal crime costs by 0.14 percent annually, which corresponds to approximately \$700,000 per municipality. Given an average of 6 municipal governments in each county, this suggests a decline in annual costs of county-level crime by approximately 4.2 million dollars for each additional facility. In total, these cost calculations suggest that the county-level benefits of an additional facility—in terms of drug-related mortality and criminal activity—are between 8.4 and 9 million dollars.

To compare these benefits to the annual costs of treatment at each facility, we can consider the average number of annual treatment admissions (255) from the National Survey of Substance Abuse Treatment Services (N-SSATS), and treatment modality-specific cost estimates from French, Popovici, and Tapsell (2008).³⁵ A back-of-the-envelope calculation indicates that the annual costs

³²As such, the set of areas contributing to the estimates varies across outcomes, with fewer areas contributing to the estimates focusing on rarer outcomes such as homicides.

³³This estimate is based on 10.9 drug-related deaths per 100,000 and an average weighted county population of 1.09 million.

³⁴Kniesner et al. (2010) suggest a 7 to 8 million dollar value of a statistical life (VSL) for health and safety regulation cost-benefit analyses, which is consistent with median VSL estimates from meta analysis of existing VSL research (Viscusi and Aldy, 2003).

³⁵Estimates from French, Popovici, and Tapsell (2008) include all treatment delivery costs related to personnel, supplies and materials, contracted services, buildings and facilities, equipment, and miscellaneous items.

of treatment for a SAT facility are approximately 1.1 million dollars.³⁶ These calculations suggest that the benefits of expanding treatment facilities far outweigh the associated treatment costs.

While our data do not allow us to establish a direct link between substance-abuse treatment and incidents, the results of our analyses provide support for the idea that there are broad-based benefits of SAT facilities in terms of public safety. This evidence is in contrast to not-in-my-backyard arguments that have been used to hinder attempts to expand access to SAT through additional facilities. That said, an important limitation of our research design is that it identifies effects of having an additional SAT facility *in the county*, which could mask heterogeneous effects for areas in a county that are nearer versus farther from such a facility. Assessing whether such heterogeneity exists would seem to be an important avenue for future research.

³⁶We use the annual number of treatment admissions reported in Swensen (2015) based on the 2002-2008 N-SSATS data. More recent N-SSATS data do not include treatment admissions information. To calculate the total cost of treatment at a SAT facility, we use the median of the cost bands reported for each modality in French Popovici, and Tapsell weighted by the proportion of total admissions accounted for by each modality as reported in the 2013 N-SSATS reports.

References

- AMATO, L., M. DAVOLI, C. A. PERUCCI, M. FERRI, F. FAGGIANO, AND R. P. MATTICK (2005): “An Overview of Systematic Reviews of the Effectiveness of Opiate Maintenance Therapies: Available Evidence to Inform Clinical Practice and Research,” Journal of Substance Abuse Treatment, 28(4), 321–329.
- ANDERSON, M. L. (2008): “Multiple Inference and Gender Differences in the Effects of Early Intervention: A Revaluation of the Abecedarian, Perry Preschool, and Early Training Projects,” Journal of the American Statistical Association, 103(484), 1481–1495.
- APPEL, P. W., A. A. ELLISON, H. K. JANSKY, AND R. O. OLDAK (2004): “Barriers to Enrollment in Drug Abuse Treatment and Suggestions for Reducing Them: Opinions of Drug Injecting Street Outreach Clients and Other System Stakeholders,” American Journal of Drug and Alcohol Abuse, 30(1), 129–153.
- BERONIO, K., S. GLIED, AND R. FRANK (2014): “How the Affordable Care Act and Mental Health Parity and Addiction Equity Act Greatly Expand Coverage of Behavioral Health Care,” Journal of Behavioral Health Services & Research, 41(4), 410–428.
- BUCK, J. A. (2011): “The Looming Expansion and Transformation of Public Substance Abuse Treatment under the Affordable Care Act,” Health Affairs, 30(8), 1402–1410.
- CAMERON, A. C., J. B. GELBACH, AND D. L. MILLER (2011): “Robust Inference with Multi-Way Clustering,” Journal of Business and Economic Statistics, 29(2), 238–249.
- CENTER FOR BEHAVIORAL HEALTH STATISTICS AND QUALITY (CBHSQ) (2015): “Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health,” HHS Publication No. SMA 15-4927, NSDUH Series H-50.
- COHEN, M. A., AND A. R. PIQUERO (2009): “New Evidence on the Monetary Value of Saving a High-Risk Youth,” Journal of Quantitative Criminology, 25, 25–49.
- CUNNINGHAM, J. K., AND L. LIU (2003): “Impacts of Federal Ephedrine and Pseudoephedrine Regulations on Methamphetamine-related Hospital Admissions,” Addiction, 98(9), 1229–1237.
- CUNNINGHAM, S., AND K. FINLAY (2013): “Parental Substance Use and Foster Care: Evidence from Two Methamphetamine Supply Shocks,” Economic Inquiry, 51(1), 764–782.
- DAVE, D., AND S. MUKERJEE (2011): “Mental Health Parity Legislation, Cost-Sharing and Substance Abuse Treatment Admissions,” Health Economics, 20(2), 161–183.
- DINARDO, J. (1993): “Law Enforcement, the Price of Cocaine and Cocaine Use,” Mathematical and Computer Modelling, 17(2), 53–64.
- DOBKIN, C., AND N. NICOSIA (2009): “The War on Drugs: Methamphetamine, Public Health, and Crime,” The American Economic Review, 99(1), 324–349.
- DOBKIN, C., N. NICOSIA, AND M. WEINBERG (2014): “Are Supply-Side Drug Control Efforts Effective? Evaluating OTC Regulations Targeting Methamphetamine Precursors,” Journal of Public Economics, 120, 48–61.

- EGLI, N., M. PINA, P. S. CHRISTENSEN, M. AEBI, AND M. KILLIAS (2009): "Effects of Drug Substitution Programs on Offending Among Drug-Addicts," Campbell Systematic Reviews.
- EVANS, W. N., C. GARTHWAITE, AND T. J. MORRE (2012): "The White/Black Educational Gap, Stalled Progress, and the Long Term Consequences of the Emergence of Crack Cocaine Markets," NBER Working Paper #18437.
- FRENCH, M. T., I. POPOVICI, AND L. TAPSELL (2008): "The Economic Costs of Substance Abuse Treatment: Updated Estimates and Cost Bands for Program Assessment and Reimbursement," Journal of substance abuse treatment, 35(4), 462–469.
- FRIEDMANN, P. D., S. C. LEMON, M. D. STEIN, AND T. A. D'AUNNO (2003): "Accessibility of Addiction Treatment: Results from a National Survey of Outpatient Substance Abuse Treatment Organizations," Health Services Research, 38, 887–903.
- FRYER, R. G., P. S. HEATON, S. D. LEVITT, AND K. M. MURPHY (2013): "Measuring Crack Cocaine and its Impact," Economic Inquiry, 51(3), 1651–1681.
- GOLDSTEIN, P. J. (1985): "The Drugs/Violence Nexus: A Tripartite Conceptual Framework," Journal of Drug Issues, 39, 143–174.
- HOAKEN, P. N. S., AND S. H. STEWART (2003): "Drugs of Abuse and the Elicitation of Human Aggressive Behavior," Addictive Behaviors, 28(9), 1533–1554.
- HOLLOWAY, K. R., T. H. BENNETT, AND D. P. FARRINGTON (2006): "The Effectiveness of Drug Treatment Programs in Reducing Criminal Behavior: A Meta-Analysis," Psicothema, 18(3), 620–629.
- HORGAN, C. M., AND E. L. MERRICK (2001): "Financing of Substance Abuse Treatment Services," vol. 15 of Recent Developments in Alcoholism, chap. 10, pp. 229–252.
- KNIESNER, T. J., W. K. VISCUSI, AND J. P. ZILIAK (2010): "Policy Relevant Heterogeneity in the Value of Statistical Life: New Evidence from Panel Data Quantile Regressions," Journal of Risk and Uncertainty, 40(1), 15–31.
- KUZIEMKO, I., AND S. D. LEVITT (2004): "An Empirical Analysis of Imprisoning Drug Offenders," Journal of Public Economics, 88(9), 2043–2066.
- LAVINE, R. (1997): "Psychopharmacological Treatment of Aggression and Violence in the Substance Using Population," Journal of Psychoactive Drugs, 29(4), 320–329.
- MARCOTTE, D. M., AND S. J. MARKOWITZ (2011): "A Cure for Crime? Psycho-Pharmaceuticals and Crime Trends," Journal of Policy Analysis and Management, 30(1), 29–56.
- MARKOWITZ, S. (2001): "The Role of Alcohol and Drug Consumption in Determining Physical Violence and Weapon Carrying by Teenagers," Eastern Economic Journal, 27(4), 409–432.
- MARKOWITZ, S. (2005): "Alcohol, Drugs, and Violent Crime," International Review of Law and Economics, 25(1), 20–44.
- MATTICK, R. P., C. BREEN, J. KIMBER, AND M. DAVOLI (2014): "Buprenorphine Maintenance Versus Placebo or Methadone Maintenance for Opioid Dependence," The Cochrane Library.

- MCCOLLISTER, K. E., M. T. FRENCH, AND H. FANG (2010): “The Cost of Crime to Society: New Crime-Specific Estimates for Policy and Program Evaluation,” Drug Alcohol Dependence, 108(1–2), 98–109.
- MIRON, J. A. (2003): “The Effect of Drug Prohibition on Drug Prices: Evidence from the Markets for Cocaine and Heroin,” Review of Economics and Statistics, 85(3), 522–530.
- MITCHELL, O., D. B. WILSON, AND D. L. MACKENZIE (2012): “The Effectiveness of Incarceration-Based Drug Treatment on Criminal Behavior: A Systematic Review,” Campbell Systematic Reviews.
- NATIONAL CENTER FOR STATISTICS AND ANALYSIS (NCSA) (2015): “2014 Crash Data Key Findings,” Traffic Safety Facts Crash-Stats. Report No. DOT HS 812 219.
- OLMSTEAD, T., W. D. WHITE, AND J. SINDELAR (2004): “The Impact of Managed Care on Substance Abuse Treatment Services,” Health Services Research, 39(2), 319–344.
- OFFICE OF NATIONAL DRUG CONTROL POLICY (ONDCP) (2014): “National Drug Control Strategy 2014,” Washington D.C.: Office of National Drug Control Policy.
- POLLINI, R. A., L. MCCALL, S. H. MEHTA, D. VLAHOV, AND S. A. STRATHDEE (2006): “Non-fatal Overdose and Subsequent Drug Treatment Among Injection Drug Users,” Drug and Alcohol Dependence, 83(2), 104–110.
- PRENDERGAST, M. L., D. PODUS, E. CHANG, AND D. URADA (2002): “The Effectiveness of Drug Abuse Treatment: A Meta-Analysis of Comparison Group Studies,” Drug and Alcohol Dependence, 67(1), 53–72.
- QUINET, K., AND S. NUNN (2014): “Establishing the VictimOffender Relationship of Initially Unsolved Homicides Partner, Family, Acquaintance, or Stranger?,” Homicide Studies, 18(3), 271–297.
- RIEDEL, M. (2008): “Homicide Arrest Clearances: A Review of the Literature,” Sociology Compass, 2(4), 1145–1164.
- RUDD, R. A., N. ALESHIRE, J. E. ZIBBELL, AND R. M. GLADDEN (2016): “Increases in Drug and Opioid Overdose Deaths United States, 2000–2014,” Morbidity and Mortality Weekly Report, 64(50–51), 1378–1382.
- SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) (2011): “The N-SSATS Report: Acceptance of Private Health Insurance in Substance Abuse Treatment Facilities (January 6, 2011),” .
- SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) (2014): “National Survey of Substance Abuse Treatment Services (N-SSATS): 2013. Data on Substance Abuse Treatment Facilities,” BHSIS Series S-73, HHS Publication No. (SMA) 14-4890. Rockville, MD.
- STEVENS, A. H., D. L. MILLER, M. E. PAGE, AND M. FILIPSKI (2015): “The Best of Times, the Worst of Times: Understanding Pro-Cyclical Mortality,” American Economic Journals: Economic Policy, 7(4), 279–311.
- SWENSEN, I. D. (2015): “Substance-Abuse Treatment and Mortality,” Journal of Public Economics, 122, 13–30.

- VISCUSI, W. K., AND J. E. ALDY (2003): “The Value of a Statistical Life: A Critical Review of Market Estimates Throughout the World,” Journal of risk and uncertainty, 27(1), 5–76.
- WEN, H., J. HOCKENBERRY, AND J. CUMMINGS (2014): “The Effect of Substance Use Disorder Treatment Use on Crime: Evidence from Public Insurance Expansions and Health Insurance Parity Mandates,” NBER Working Paper #20537.
- WILSON, D. B., O. MITCHELL, AND D. L. MACKENZIE (2006): “A Systematic Review of Drug Court Effects on Recidivism,” Journal of Experimental Criminology, 2, 459–487.
- YUAN, Y., AND J. P. CAULKINS (1998): “The Effect of Variation in High-Level Domestic Drug Enforcement on Variation in Drug Prices,” Socio-Economic Planning Sciences, 32(4), 265–276.

Table 1
Summary Statistics

| | Mean | Std Dev |
|--|--------|---------|
| Substance Abuse Treatment Facilities (2,454 counties) | | |
| Total | 49.5 | 90.0 |
| Net Openings | 5.8 | 10.1 |
| Net Closings | 3.7 | 4.4 |
| Facilities per 100,000 | 5.0 | 3.6 |
| NCHS Mortality Files (2,454 counties) | | |
| Drug Deaths per 100,000 | 10.9 | 6.7 |
| Homicides per 100,000 | 5.9 | 5.2 |
| UCR Offenses Known Database (2,156 counties, 9,139 agencies) | | |
| Violent Crimes per 100,000 | 1461.8 | 1074.5 |
| Felony-Type Violent Crimes per 100,000 | 343.3 | 301.0 |
| Financially-Motivated Crimes per 100,000 | 3867.8 | 2196.3 |
| Felony-Type Financially-Motivated Crimes per 100,000 | 1343.1 | 992.4 |
| Homicides per 100,000 | 5.7 | 8.3 |
| Sexual Assaults per 100,000 | 31.9 | 26.6 |
| Aggravated Assaults per 100,000 | 232.5 | 421.8 |
| Robbery per 100,000 | 164.5 | 178.3 |
| Simple Assaults per 100,000 | 1118.6 | 872.9 |
| Burglary per 100,000 | 757.7 | 517.5 |
| Larceny per 100,000 | 2524.7 | 1450.7 |
| Motor Vehicle Theft per 100,000 | 420.9 | 456.4 |
| UCR Supplementary Homicide Reports (1,764 counties, 5,202 agencies) | | |
| Homicides per 100,000 | 6.2 | 8.7 |
| Homicides with unknown victim-perpetrator relationship per 100,000 | 2.6 | 5.3 |
| Homicides committed by friend groups per 100,000 | 1.5 | 2.8 |
| Homicides committed by strangers per 100,000 | 1.0 | 1.8 |
| Homicides committed by family members per 100,000 | 0.9 | 2.0 |

Notes: These data span 1999-2012. The means and standard deviations for the substance-abuse treatment facilities are derived from the NCHS Mortality sample. The reported facility statistics are similar when using the UCR Known Offenses sample and the UCR Supplementary Homicide Reports sample. The means and standard deviations from the NCHS Restricted Mortality Files represent rates per 100,000 residents in each county and are weighted by county population. The means and standard deviations for the UCR Offenses Known Database and UCR Supplementary Homicide Reports represent rates per 100,000 residents covered by the municipal law enforcement agency and are weighted by agency population coverage.

Table 2
Estimated Effects of SAT Facilities on Log Drug-Related Mortality Rates

| | (1) | (2) | (3) | (4) | (5) |
|-------------------------------|----------------------|------------------------|------------------------|------------------------|------------------------|
| Facilities Last Year | -0.0029* (0.0013) | -0.0051*** (0.0010) | -0.0051*** (0.0011) | -0.0050*** (0.0010) | -0.0050*** (0.0010) |
| County and Year Fixed Effects | Yes | Yes | Yes | Yes | Yes |
| State-by-year Fixed Effects | No | Yes | Yes | Yes | Yes |
| Demographic Controls | No | No | Yes | Yes | Yes |
| Economic Controls | No | No | No | Yes | Yes |
| Officer Rate per 1,000 | No | No | No | No | Yes |

Notes: Estimates are based on 31,882 county-year observations. Demographic control variables include the fraction of the population that are: white, black, male, ages 0–9, ages 10–19, ages 20–29, ages 30–39, ages 40–49, ages 50–59, and ages 60–69. Controls for economic conditions include the county unemployment rate and number of firm births. Robust standard errors two-way clustered at the county and year levels are shown in parentheses. The regressions are weighted by county population. *, **, and *** indicate statistical significance at the ten, five, and one percent levels, respectively.

Table 3
Estimated Effects of SAT Facilities on Log Homicide Rates

| | (1) | (2) | (3) | (4) | (5) |
|--|------------------------|------------------------|------------------------|------------------------|------------------------|
| Homicide Data: NCHS Restricted Mortality Files | | | | | |
| Facilities Last Year | -0.0025*** (0.0007) | -0.0031*** (0.0005) | -0.0026*** (0.0005) | -0.0024*** (0.0004) | -0.0024*** (0.0004) |
| Homicide Data: UCR Offenses Known Database | | | | | |
| Facilities Last Year | -0.0023*** (0.0005) | -0.0024*** (0.0005) | -0.0018*** (0.0004) | -0.0018*** (0.0004) | -0.0018*** (0.0004) |
| Homicide Data: UCR Supplementary Homicide Reports | | | | | |
| Facilities Last Year | -0.0023*** (0.0005) | -0.0024*** (0.0003) | -0.0018*** (0.0004) | -0.0017*** (0.0004) | -0.0018*** (0.0004) |
| County/Agency and Year Fixed Effects | Yes | Yes | Yes | Yes | Yes |
| State-by-year Fixed Effects | No | Yes | Yes | Yes | Yes |
| Demographic Controls | No | No | Yes | Yes | Yes |
| Economic Controls | No | No | No | Yes | Yes |
| Officer Rate per 1,000 | No | No | No | No | Yes |

Notes: Estimates are based on 31,882 county-year observations for the NCHS Restricted Mortality Files, 92,145 agency-year observations for the UCR Offenses Known Database, and 57,609 agency-year observations for the UCR Supplementary Homicide Reports. Demographic control variables include the fraction of the population that are: white, black, male, ages 0–9, ages 10–19, ages 20–29, ages 30–39, ages 40–49, ages 50–59, and ages 60–69. Controls for economic conditions include the county unemployment rate and number of firm births. Robust standard errors two-way clustered at the county and year levels are shown in parentheses. The regressions are weighted by county population when using the NCHS Mortality data and are weighted by agency population coverage when using the UCR Offenses Known data and the UCR Supplementary Homicide Reports.

*, **, and *** indicate statistical significance at the ten, five, and one percent levels, respectively.

Table 4
Estimated Effects of SAT Facilities on Log Homicide Rates by Relationship

| | (1) | (2) | (3) | (4) | (5) |
|--|------------------------|------------------------|------------------------|------------------------|------------------------|
| Unknown victim-perpetrator relationship | | | | | |
| Facilities Last Year | -0.0018*** (0.0005) | -0.0022*** (0.0006) | -0.0015** (0.0006) | -0.0014** (0.0006) | -0.0014** (0.0006) |
| Homicides committed by friend groups | | | | | |
| Facilities Last Year | -0.0028*** (0.0004) | -0.0031*** (0.0005) | -0.0024*** (0.0005) | -0.0025*** (0.0005) | -0.0026*** (0.0005) |
| Homicides committed by strangers | | | | | |
| Facilities Last Year | -0.0019*** (0.0005) | -0.0014** (0.0006) | -0.0009 (0.0006) | -0.0008 (0.0006) | -0.0009 (0.0006) |
| Homicides committed by family members | | | | | |
| Facilities Last Year | -0.0007 (0.0011) | -0.0004 (0.0005) | -0.0001 (0.0006) | -0.0000 (0.0006) | -0.0001 (0.0006) |
| Agency and Year Fixed Effects | Yes | Yes | Yes | Yes | Yes |
| State-by-year Fixed Effects | No | Yes | Yes | Yes | Yes |
| Demographic Controls | No | No | Yes | Yes | Yes |
| Economic Controls | No | No | No | Yes | Yes |
| Officer Rate per 1,000 | No | No | No | No | Yes |

Notes: Estimates are based on 57,609 agency-year observations. Demographic control variables include the fraction of the population that are: white, black, male, ages 0–9, ages 10–19, ages 20–29, ages 30–39, ages 40–49, ages 50–59, and ages 60–69. Controls for economic conditions include the county unemployment rate and number of firm births. Robust standard errors two-way clustered at the county and year levels are shown in parentheses. The regressions are weighted by agency population coverage.

*, **, and *** indicate statistical significance at the ten, five, and one percent levels, respectively.

Table 5
Estimated Effects of SAT Facilities on Log Violent Crime Rates

| | (1) | (2) | (3) | (4) | (5) |
|--|------------------------|------------------------|------------------------|------------------------|------------------------|
| Homicides | | | | | |
| Facilities Last Year | -0.0023*** (0.0005) | -0.0024*** (0.0005) | -0.0018*** (0.0004) | -0.0018*** (0.0004) | -0.0018*** (0.0004) |
| Sexual Assaults | | | | | |
| Facilities Last Year | -0.0011** (0.0004) | -0.0005 (0.0004) | -0.0005 (0.0005) | -0.0005 (0.0005) | -0.0006 (0.0005) |
| Aggravated Assaults | | | | | |
| Facilities Last Year | -0.0034*** (0.0009) | -0.0023*** (0.0007) | -0.0013* (0.0006) | -0.0013* (0.0006) | -0.0014* (0.0006) |
| Simple Assaults | | | | | |
| Facilities Last Year | -0.0004 (0.0005) | 0.0005 (0.0004) | 0.0001 (0.0004) | 0.0001 (0.0004) | 0.0000 (0.0004) |
| All Violent Crimes | | | | | |
| Facilities Last Year | -0.0015*** (0.0005) | -0.0006 (0.0004) | -0.0004 (0.0004) | -0.0004 (0.0004) | -0.0005 (0.0004) |
| Felony-type Violent Crimes | | | | | |
| Facilities Last Year | -0.0032*** (0.0008) | -0.0022*** (0.0007) | -0.0013** (0.0006) | -0.0013** (0.0006) | -0.0014** (0.0006) |
| Estimated Social Costs Associated with All Violent Crimes | | | | | |
| Facilities Last Year | -0.0025*** (0.0005) | -0.0020*** (0.0004) | -0.0015*** (0.0004) | -0.0015*** (0.0004) | -0.0015*** (0.0004) |
| Agency and Year Fixed Effects | Yes | Yes | Yes | Yes | Yes |
| State-by-year Fixed Effects | No | Yes | Yes | Yes | Yes |
| Demographic Controls | No | No | Yes | Yes | Yes |
| Economic Controls | No | No | No | Yes | Yes |
| Officer Rate per 1,000 | No | No | No | No | Yes |

Notes: Estimates are based on 92,145 agency-year observations. Social costs for homicides, sexual assault, and aggravated assault come from McCollister, French, and Fang (2010). We set the cost of simple assaults equivalent to 20% of the cost of aggravated assaults consistent with Cohen and Piquero (2009). Demographic control variables include the fraction of the population that are: white, black, male, ages 0–9, ages 10–19, ages 20–29, ages 30–39, ages 40–49, ages 50–59, and ages 60–69. Controls for economic conditions include the county unemployment rate and number of firm births. Robust standard errors two-way clustered at the county and year levels are shown in parentheses. The regressions are weighted by agency population coverage.

*, **, and *** indicate statistical significance at the ten, five, and one percent levels, respectively.

Table 6
Estimated Effects of SAT Facilities on Log Financially-Motivated Crime Rates

| | (1) | (2) | (3) | (4) | (5) |
|--|------------------------|------------------------|------------------------|------------------------|------------------------|
| Robbery Total | | | | | |
| Facilities Last Year | -0.0015*** (0.0003) | -0.0019*** (0.0003) | -0.0012*** (0.0003) | -0.0011*** (0.0002) | -0.0011*** (0.0002) |
| Motor Vehicle Theft | | | | | |
| Facilities Last Year | -0.0007 (0.0009) | -0.0020*** (0.0006) | -0.0013** (0.0005) | -0.0012** (0.0005) | -0.0012** (0.0005) |
| Burglary Total | | | | | |
| Facilities Last Year | -0.0012*** (0.0002) | -0.0010*** (0.0003) | -0.0006* (0.0003) | -0.0005 (0.0003) | -0.0005 (0.0003) |
| Larceny Theft | | | | | |
| Facilities Last Year | -0.0004 (0.0005) | 0.0001 (0.0005) | -0.0004 (0.0005) | -0.0004 (0.0005) | -0.0004 (0.0005) |
| All Financially-Motivated Crimes | | | | | |
| Facilities Last Year | -0.0006* (0.0003) | -0.0007** (0.0002) | -0.0004* (0.0002) | -0.0004* (0.0002) | -0.0004* (0.0002) |
| Felony-type Financially-Motivated Crimes | | | | | |
| Facilities Last Year | -0.0013* (0.0006) | -0.0015*** (0.0004) | -0.0009** (0.0003) | -0.0008** (0.0003) | -0.0008** (0.0003) |
| Estimated Social Costs Associated with All Financially-Motivated Crimes | | | | | |
| Facilities Last Year | -0.0009** (0.0003) | -0.0012*** (0.0003) | -0.0007*** (0.0002) | -0.0007*** (0.0002) | -0.0007*** (0.0002) |
| Agency and Year Fixed Effects | Yes | Yes | Yes | Yes | Yes |
| State-by-year Fixed Effects | No | Yes | Yes | Yes | Yes |
| Demographic Controls | No | No | Yes | Yes | Yes |
| Economic Controls | No | No | No | Yes | Yes |
| Officer Rate per 1,000 | No | No | No | No | Yes |

Notes: Estimates are based on 92,145 agency-year observations. We use social costs from McCollister, French, and Fang (2010). Demographic control variables include the fraction of the population that are: white, black, male, ages 0–9, ages 10–19, ages 20–29, ages 30–39, ages 40–49, ages 50–59, and ages 60–69. Controls for economic conditions include the county unemployment rate and number of firm births. Robust standard errors two-way clustered at the county and year levels are shown in parentheses. The regressions are weighted by agency population coverage.

*, **, and *** indicate statistical significance at the ten, five, and one percent levels, respectively.

Table 7
Estimated Effects of SAT Facilities on Log of Combined Crime Rates

| | (1) | (2) | (3) | (4) | (5) |
|--|------------------------|------------------------|------------------------|------------------------|------------------------|
| All Crimes | | | | | |
| Facilities Last Year | -0.0008** (0.0003) | -0.0006** (0.0002) | -0.0004 (0.0002) | -0.0003 (0.0002) | -0.0004* (0.0002) |
| Felony-Type Crimes | | | | | |
| Facilities Last Year | -0.0017*** (0.0003) | -0.0017*** (0.0003) | -0.0010*** (0.0003) | -0.0010*** (0.0003) | -0.0010*** (0.0003) |
| Estimated Social Costs Associated with All Crimes | | | | | |
| Facilities Last Year | -0.0022*** (0.0004) | -0.0019*** (0.0004) | -0.0014*** (0.0003) | -0.0014*** (0.0003) | -0.0014*** (0.0003) |
| Agency and Year Fixed Effects | Yes | Yes | Yes | Yes | Yes |
| State-by-year Fixed Effects | No | Yes | Yes | Yes | Yes |
| Demographic Controls | No | No | Yes | Yes | Yes |
| Economic Controls | No | No | No | Yes | Yes |
| Officer Rate per 1,000 | No | No | No | No | Yes |

Notes: All crimes consists of homicide, sexual assaults, aggravated assaults, simple assaults, robbery, larceny, burglary, motor vehicle theft and attempts to commit said crimes. Felony-type crimes consists of homicide, sexual assaults, aggravated assaults, robbery, burglary, motor vehicle theft and attempts. We use social costs from McCollister, French, and Fang (2010). We set the social cost of simple assault equivalent to 20% the cost of aggravated assaults consistent with Cohen and Piquero (2009). Estimates are based on 92,145 agency-year observations. Demographic control variables include the fraction of the population that are: white, black, male, ages 0–9, ages 10–19, ages 20–29, ages 30–39, ages 40–49, ages 50–59, and ages 60–69. Controls for economic conditions include the county unemployment rate and number of firm births. Robust standard errors two-way clustered at the county and year levels are shown in parentheses. The regressions are weighted by agency population coverage. *, **, and *** indicate statistical significance at the ten, five, and one percent levels, respectively.

Table 8
Expanding Model To Additionally Consider Contemporaneous and Future Facility Counts

| | Drug- Related Mortality | Homicide (NCHS Data) | Homicide (UCR Data) | Homicide (SHR Data) | Homicide Unknown Offender | Homicide Friend Offender | Homicide Stranger Offender | Homicide Family Offender | Sexual Assault | Aggravated Assault | Simple Assault | All Violent Crimes |
|----------------------|-------------------------------|--------------------------------------|------------------------|---------------------------|---------------------------------|--------------------------------|----------------------------------|--------------------------------|--|-----------------------|-------------------------|----------------------------------|
| Facilities Last Year | -0.0030** (0.0010) | -0.0014* (0.0007) | -0.0018** (0.0007) | -0.0021*** (0.0005) | -0.0014 (0.0012) | -0.0032*** (0.0008) | -0.0011 (0.0010) | -0.0001 (0.0011) | -0.0008 (0.0006) | -0.0020** (0.0007) | -0.0000 (0.0004) | -0.0007* (0.0004) |
| Facilities This Year | -0.0024 (0.0013) | -0.0006 (0.0010) | 0.0004 (0.0008) | 0.0005 (0.0007) | -0.0003 (0.0011) | 0.0017 (0.0016) | -0.0000 (0.0011) | -0.0001 (0.0013) | -0.0001 (0.0006) | 0.0014 (0.0008) | -0.0003 (0.0004) | 0.0004 (0.0004) |
| Facilities Next Year | -0.0007 (0.0014) | -0.0010 (0.0009) | -0.0006 (0.0008) | -0.0001 (0.0008) | -0.0005 (0.0010) | -0.0016 (0.0017) | -0.0004 (0.0011) | 0.0002 (0.0013) | 0.0005 (0.0006) | -0.0011 (0.0007) | 0.0004 (0.0004) | -0.0003 (0.0003) |
| | Felony Violent Crimes | Social Costs of Violent Crimes | Robbery | Motor Vehicle Theft | Burglary | Larceny Theft | All Financial Crimes | Felony Financial Crimes | Social Costs of Financial Crimes | All Crimes | All Felony Crimes | Social Costs of All Crimes |
| Facilities Last Year | -0.0020** (0.0007) | -0.0017*** (0.0005) | -0.0011*** (0.0003) | -0.0009 (0.0007) | -0.0007* (0.0004) | -0.0011 (0.0014) | -0.0004* (0.0002) | -0.0009* (0.0004) | -0.0007** (0.0003) | -0.0005** (0.0002) | -0.0012** (0.0004) | -0.0015*** (0.0004) |
| Facilities This Year | 0.0012 (0.0008) | 0.0006 (0.0005) | 0.0003 (0.0004) | -0.0002 (0.0009) | 0.0004 (0.0004) | 0.0000 (0.0016) | -0.0000 (0.0003) | 0.0002 (0.0006) | 0.0001 (0.0004) | 0.0000 (0.0003) | 0.0004 (0.0006) | 0.0005 (0.0005) |
| Facilities Next Year | -0.0010 (0.0006) | -0.0007 (0.0006) | -0.0004 (0.0004) | -0.0007 (0.0006) | -0.0003 (0.0003) | 0.0011 (0.0016) | 0.0001 (0.0003) | -0.0004 (0.0004) | -0.0002 (0.0003) | -0.0000 (0.0002) | -0.0005 (0.0003) | -0.0006 (0.0005) |

Notes: Outcomes are in log rates. All estimates control for county fixed effects, year fixed effects, state-by-year fixed effects, demographic controls, economic controls, and the size of the police force in the area. Robust standard errors two-way clustered at the county and year levels are shown in parentheses. The regressions are weighted by the population represented by each cell.

*, **, and *** indicate statistical significance at the ten, five, and one percent levels, respectively.

Table 9
Estimates Restricting Sample to Areas Reporting Positive Counts in All Years

| | Drug- Related Mortality | Homicide (NCHS Data) | Homicide (UCR Data) | Homicide (SHR Data) | Homicide Unknown Offender | Homicide Friend Offender | Homicide Stranger Offender | Homicide Family Offender | Sexual Assault | Aggravated Assault | Simple Assault | All Violent Crimes |
|----------------------|-------------------------------|--------------------------------------|------------------------|---------------------------|---------------------------------|--------------------------------|----------------------------------|--------------------------------|--|-----------------------|-------------------------|----------------------------------|
| Facilities Last Year | -0.0055*** (0.0012) | -0.0023*** (0.0004) | -0.0019*** (0.0006) | -0.0017* (0.0008) | -0.0032** (0.0011) | -0.0040** (0.0018) | 0.0022 (0.0034) | -0.0008 (0.0035) | -0.0007 (0.0006) | -0.0014** (0.0006) | 0.0002 (0.0004) | -0.0005 (0.0004) |
| | Felony Violent Crimes | Social Costs of Violent Crimes | Robbery | Motor Vehicle Theft | Burglary | Larceny Theft | All Financial Crimes | Felony Financial Crimes | Social Costs of Financial Crimes | All Crimes | All Felony Crimes | Social Costs of All Crimes |
| Facilities Last Year | -0.0013** (0.0006) | -0.0015*** (0.0004) | -0.0010*** (0.0002) | -0.0012** (0.0005) | -0.0005 (0.0003) | -0.0001 (0.0002) | -0.0004* (0.0002) | -0.0008** (0.0004) | -0.0007** (0.0002) | -0.0004 (0.0002) | -0.0010** (0.0003) | -0.0014*** (0.0003) |

Notes: Outcomes are in log rates. All estimates control for county fixed effects, year fixed effects, state-by-year fixed effects, demographic controls, economic controls, and the size of the police force in the area. Robust standard errors two-way clustered at the county and year levels are shown in parentheses. The regressions are weighted by the population represented by each cell.

*, **, and *** indicate statistical significance at the ten, five, and one percent levels, respectively.

Appendix

Table A1
Summary Statistics for the Social Costs of Crimes

| | Mean | St Dev | Cost per Crime (2016 dollars) |
|---|-----------|-----------|-------------------------------|
| UCR Offenses Known Database (2,156 counties, 9,139 agencies) | | | |
| Homicides | 565,481 | 822,074 | 9,881,197 |
| Sexual Assaults | 84,523 | 70,433 | 264,853 |
| Aggravated Assaults | 359,777 | 331,942 | 117,722 |
| Robbery | 76,557 | 82,994 | 46,541 |
| Simple Assaults | 263,375 | 205,508 | $117,722 \times 0.2$ |
| Burglary | 53,862 | 36,788 | 7,108 |
| Larceny | 98,090 | 56,363 | 3,885 |
| Motor Vehicle Theft | 49,873 | 54,081 | 11,849 |
| All Crimes | 1,551,538 | 1,349,029 | |
| Violent Crimes | 1,273,156 | 1,195,357 | |
| Felony-Type Violent Crimes | 1,009,781 | 1,082,884 | |
| Financially-Motivated Crimes | 278,382 | 188,874 | |
| Felony-Type Financially-Motivated Crimes | 180,292 | 153,461 | |

Notes: We use social costs from McCollister, French, and Fang (2010). We set the social cost of simple assault equivalent to 20% the cost of aggravated assaults consistent with Cohen and Piquero (2009). The means and standard deviations represent rates per 1,000 agency population coverage-year and are weighted by agency population coverage.

Table A2
Estimated Effects on the Log of Violent Crime Costs Using Alternative Costs for Simple Assaults

| | (1) | (2) | (3) | (4) | (5) |
|--|------------------------|------------------------|------------------------|------------------------|------------------------|
| Simple Assault Social Cost = 40% of Aggravated Assaults Social Cost | | | | | |
| Facilities Last Year | -0.0023*** (0.0005) | -0.0017*** (0.0004) | -0.0013*** (0.0004) | -0.0013*** (0.0004) | -0.0014*** (0.0004) |
| Simple Assault Social Cost = 20% of Aggravated Assaults Social Cost | | | | | |
| Facilities Last Year | -0.0025*** (0.0005) | -0.0020*** (0.0004) | -0.0015*** (0.0004) | -0.0015*** (0.0004) | -0.0015*** (0.0004) |
| Simple Assault Social Cost = 0% of Aggravated Assaults Social Cost | | | | | |
| Facilities Last Year | -0.0026*** (0.0006) | -0.0023*** (0.0005) | -0.0016*** (0.0005) | -0.0016*** (0.0005) | -0.0017*** (0.0005) |
| Agency and Year Fixed Effects | Yes | Yes | Yes | Yes | Yes |
| State-by-year Fixed Effects | No | Yes | Yes | Yes | Yes |
| Demographic Controls | No | No | Yes | Yes | Yes |
| Economic Controls | No | No | No | Yes | Yes |
| Officer Rate per 1,000 | No | No | No | No | Yes |

Notes: McCollister, French, and Fang (2010) do not estimate a social cost estimate for simple assaults. This table considers alternative measures for costs of simple assaults. Cohen and Piquero (2009) estimated simple assaults to have a social cost of 20% of aggravated assaults. Estimates are based on 92,145 agency-year observations. Demographic control variables include the fraction of the population that are: white, black, male, ages 0–9, ages 10–19, ages 20–29, ages 30–39, ages 40–49, ages 50–59, and ages 60–69. Controls for economic conditions include the county unemployment rate and number of firm births. Robust standard errors two-way clustered at the county and year levels are shown in parentheses. The regressions are weighted by agency population coverage.

*, **, and *** indicate statistical significance at the ten, five, and one percent levels, respectively.

Table A3
Estimated Effects on Log of Drug-Related Mortality Rates, Lags and Lead

| | (1) | (2) | (3) | (4) |
|------------------------|------------------------|-----------------------|------------------------|-----------------------|
| Facilities 2 Years Ago | | -0.0008 (0.0011) | | |
| Facilities Last Year | -0.0050*** (0.0010) | -0.0046** (0.0016) | -0.0032*** (0.0009) | -0.0030** (0.0010) |
| Facilities This Year | | | -0.0024** (0.0011) | -0.0024 (0.0013) |
| Facilities Next Year | | | | -0.0007 (0.0014) |
| N | 31882 | 29424 | 31882 | 29423 |

Notes: Column 1 reproduces the estimate shown in Column 5 of Table 2. Columns 2–4 are based on the same model with the inclusion of the additional variables highlighted in the table. Robust standard errors two-way clustered at the county and year levels are shown in parentheses. The regressions are weighted by county population.

*, **, and *** indicate statistical significance at the ten, five, and one percent levels, respectively.

Table A4
Estimated Effects on Log Homicide Rates, Lags and Lead

| | (1) | (2) | (3) | (4) |
|--|------------------------|------------------------|------------------------|------------------------|
| NCHS Restricted Mortality Files | | | | |
| Facilities 2 Years Ago | | -0.0008 (0.0006) | | |
| Facilities Last Year | -0.0024*** (0.0004) | -0.0017** (0.0007) | -0.0016** (0.0005) | -0.0014* (0.0007) |
| Facilities This Year | | | -0.0011** (0.0004) | -0.0006 (0.0010) |
| Facilities Next Year | | | | -0.0010 (0.0009) |
| N | 31882 | 29424 | 31882 | 29423 |
| UCR Offenses Known Database | | | | |
| Facilities 2 Years Ago | | -0.0003 (0.0005) | | |
| Facilities Last Year | -0.0018*** (0.0004) | -0.0017*** (0.0005) | -0.0019*** (0.0006) | -0.0018** (0.0007) |
| Facilities This Year | | | 0.0001 (0.0005) | 0.0004 (0.0008) |
| Facilities Next Year | | | | -0.0006 (0.0008) |
| N | 92145 | 80050 | 92145 | 80118 |
| UCR Supplementary Homicide Report | | | | |
| Facilities 2 Years Ago | | -0.0001 (0.0005) | | |
| Facilities Last Year | -0.0018*** (0.0004) | -0.0017*** (0.0004) | -0.0020*** (0.0005) | -0.0021*** (0.0005) |
| Facilities This Year | | | 0.0004 (0.0004) | 0.0005 (0.0007) |
| Facilities Next Year | | | | -0.0001 (0.0008) |
| N | 57609 | 53777 | 57609 | 52846 |

Notes: Column 1 reproduces the estimate shown in Column 5 of Table 3. Columns 2–4 are based on the same model with the inclusion of the additional variables highlighted in the table. Robust standard errors two-way clustered at the county and year levels are shown in parentheses. The regressions are weighted by county population for the NCHS Mortality Files and are weighted by agency population coverage for the UCR Offenses Known Database and the UCR Supplementary Homicide Report.

*, **, and *** indicate statistical significance at the ten, five, and one percent levels, respectively.

Table A5
Estimated Effects on Log Homicide Rates by Relationship, Lags and Lead

| | (1) | (2) | (3) | (4) |
|--|------------------------|---------------------|------------------------|------------------------|
| Unknown victim-perpetrator relationship | | | | |
| Facilities 2 Years Ago | | 0.0004 (0.0010) | | |
| Facilities Last Year | -0.0014** (0.0006) | -0.0018 (0.0012) | -0.0014 (0.0010) | -0.0014 (0.0012) |
| Facilities This Year | | | 0.0001 (0.0008) | -0.0003 (0.0011) |
| Facilities Next Year | | | | 0.0005 (0.0010) |
| Homicides committed by friend groups | | | | |
| Facilities 2 Years Ago | | -0.0013 (0.0012) | | |
| Facilities Last Year | -0.0026*** (0.0005) | -0.0015 (0.0011) | -0.0034*** (0.0008) | -0.0032*** (0.0008) |
| Facilities This Year | | | 0.0012 (0.0008) | 0.0017 (0.0016) |
| Facilities Next Year | | | | -0.0016 (0.0017) |
| Homicides committed by strangers | | | | |
| Facilities 2 Years Ago | | -0.0008 (0.0015) | | |
| Facilities Last Year | -0.0009 (0.0006) | -0.0002 (0.0016) | -0.0011 (0.0008) | -0.0011 (0.0010) |
| Facilities This Year | | | 0.0003 (0.0007) | -0.0000 (0.0011) |
| Facilities Next Year | | | | 0.0004 (0.0011) |
| Homicides committed by family members | | | | |
| Facilities 2 Years Ago | | -0.0001 (0.0009) | | |
| Facilities Last Year | -0.0001 (0.0006) | 0.0001 (0.0010) | 0.0002 (0.0010) | -0.0001 (0.0011) |
| Facilities This Year | | | -0.0004 (0.0008) | -0.0001 (0.0013) |
| Facilities Next Year | | | | 0.0002 (0.0013) |
| N | 57609 | 53777 | 57609 | 52846 |

Notes: Column 1 reproduces the estimate shown in Column 5 of Table 4. Columns 2–4 are based on the same model with the inclusion of the additional variables highlighted in the table. Robust standard errors two-way clustered at the county and year levels are shown in parentheses. The regressions are weighted by agency population coverage.

*, **, and *** indicate statistical significance at the ten, five, and one percent levels, respectively.

Table A6
Estimated Effects on Log Violent Crime Rates, Lags and Lead

| | (1) | (2) | (3) | (4) |
|--|------------------------|------------------------|------------------------|------------------------|
| Homicides | | | | |
| Facilities 2 Years Ago | | -0.0003 (0.0005) | | |
| Facilities Last Year | -0.0018*** (0.0004) | -0.0017*** (0.0005) | -0.0019*** (0.0006) | -0.0018** (0.0007) |
| Facilities This Year | | | 0.0001 (0.0005) | 0.0004 (0.0008) |
| Facilities Next Year | | | | -0.0006 (0.0008) |
| Sexual Assaults | | | | |
| Facilities 2 Years Ago | | -0.0001 (0.0007) | | |
| Facilities Last Year | -0.0006 (0.0005) | -0.0003 (0.0008) | -0.0006 (0.0006) | -0.0008 (0.0006) |
| Facilities This Year | | | 0.0001 (0.0005) | -0.0001 (0.0006) |
| Facilities Next Year | | | | 0.0005 (0.0006) |
| Aggravated Assaults | | | | |
| Facilities 2 Years Ago | | -0.0017** (0.0007) | | |
| Facilities Last Year | -0.0014* (0.0006) | 0.0001 (0.0004) | -0.0013 (0.0007) | -0.0020** (0.0007) |
| Facilities This Year | | | -0.0001 (0.0006) | 0.0014 (0.0008) |
| Facilities Next Year | | | | -0.0011 (0.0007) |
| Simple Assaults | | | | |
| Facilities 2 Years Ago | | 0.0002 (0.0004) | | |
| Facilities Last Year | 0.0000 (0.0004) | 0.0001 (0.0005) | 0.0002 (0.0004) | -0.0000 (0.0004) |
| Facilities This Year | | | -0.0002 (0.0004) | -0.0003 (0.0004) |
| Facilities Next Year | | | | 0.0004 (0.0004) |
| All Violent Crimes | | | | |
| Facilities 2 Years Ago | | -0.0006** (0.0002) | | |
| Facilities Last Year | -0.0005 (0.0004) | 0.0002 (0.0005) | -0.0003 (0.0004) | -0.0007* (0.0004) |
| Facilities This Year | | | -0.0002 (0.0004) | 0.0004 (0.0004) |
| Facilities Next Year | | | | -0.0003 (0.0003) |
| Felony-Type Violent Crimes | | | | |
| Facilities 2 Years Ago | | -0.0017** (0.0006) | | |
| Facilities Last Year | -0.0014** (0.0006) | 0.0001 (0.0004) | -0.0013* (0.0007) | -0.0020** (0.0007) |
| Facilities This Year | | | -0.0001 (0.0005) | 0.0012 (0.0008) |
| Facilities Next Year | | | | -0.0010 (0.0006) |
| Estimated Social Costs Associated with All Violent Crimes | | | | |
| Facilities 2 Years Ago | | -0.0008** (0.0003) | | |
| Facilities Last Year | -0.0015*** (0.0004) | -0.0009** (0.0003) | -0.0015** (0.0005) | -0.0017*** (0.0005) |
| Facilities This Year | | | -0.0000 (0.0003) | 0.0006 (0.0005) |
| Facilities Next Year | | | | -0.0007 (0.0006) |
| N | 92145 | 80050 | 92145 | 80118 |

Notes: Column 1 reproduces the estimate shown in Column 5 of Table 5. Columns 2–4 are based on the same model with the inclusion of the additional variables highlighted in the table. We use social costs from McCollister, French, and Fang (2010). We set the social cost of simple assault equivalent to 20% the cost of aggravated assaults consistent with Cohen and Piquero (2009). Robust standard errors two-way clustered at the county and year levels are shown in parentheses. The regressions are weighted by agency population coverage.

*, **, and *** indicate statistical significance at the ten, five, and one percent levels, respectively.

Table A7
Estimated Effects on Log Financially-Motivated Crime Rates, Lags and Lead

| | (1) | (2) | (3) | (4) |
|--|------------------------|------------------------|------------------------|------------------------|
| Robbery Total | | | | |
| Facilities 2 Years Ago | | -0.0016*** (0.0003) | | |
| Facilities Last Year | -0.0011*** (0.0002) | 0.0003 (0.0003) | -0.0011*** (0.0003) | -0.0011*** (0.0003) |
| Facilities This Year | | | -0.0001 (0.0003) | 0.0003 (0.0004) |
| Facilities Next Year | | | | -0.0004 (0.0004) |
| Motor Vehicle Theft | | | | |
| Facilities 2 Years Ago | | -0.0003 (0.0005) | | |
| Facilities Last Year | -0.0012** (0.0005) | -0.0009 (0.0005) | -0.0006 (0.0007) | -0.0009 (0.0007) |
| Facilities This Year | | | -0.0009 (0.0008) | -0.0002 (0.0009) |
| Facilities Next Year | | | | -0.0007 (0.0006) |
| Burglary Total | | | | |
| Facilities 2 Years Ago | | -0.0004 (0.0004) | | |
| Facilities Last Year | -0.0005 (0.0003) | -0.0001 (0.0003) | -0.0005 (0.0003) | -0.0007* (0.0004) |
| Facilities This Year | | | -0.0000 (0.0003) | 0.0004 (0.0004) |
| Facilities Next Year | | | | -0.0003 (0.0003) |
| Larceny Theft (no MVT) | | | | |
| Facilities 2 Years Ago | | -0.0008 (0.0010) | | |
| Facilities Last Year | -0.0004 (0.0005) | 0.0004 (0.0012) | -0.0010 (0.0014) | -0.0011 (0.0014) |
| Facilities This Year | | | 0.0008 (0.0016) | 0.0000 (0.0016) |
| Facilities Next Year | | | | 0.0011 (0.0016) |
| All Financially-Motivated Crimes | | | | |
| Facilities 2 Years Ago | | -0.0004* (0.0002) | | |
| Facilities Last Year | -0.0004* (0.0002) | 0.0001 (0.0003) | -0.0003 (0.0002) | -0.0004* (0.0002) |
| Facilities This Year | | | -0.0001 (0.0003) | -0.0000 (0.0003) |
| Facilities Next Year | | | | 0.0001 (0.0003) |
| Felony-Type Financially-Motivated Crimes | | | | |
| Facilities 2 Years Ago | | -0.0006* (0.0003) | | |
| Facilities Last Year | -0.0008** (0.0003) | -0.0003 (0.0003) | -0.0007 (0.0004) | -0.0009* (0.0004) |
| Facilities This Year | | | -0.0002 (0.0005) | 0.0002 (0.0006) |
| Facilities Next Year | | | | -0.0004 (0.0004) |
| Estimated Social Costs for All Financially-Motivated Crimes | | | | |
| Facilities 2 Years Ago | | -0.0006** (0.0002) | | |
| Facilities Last Year | -0.0007*** (0.0002) | -0.0001 (0.0002) | -0.0005* (0.0003) | -0.0007** (0.0003) |
| Facilities This Year | | | -0.0002 (0.0003) | 0.0001 (0.0004) |
| Facilities Next Year | | | | -0.0002 (0.0003) |
| N | 92145 | 80050 | 92145 | 80118 |

Notes: Column 1 reproduces the estimate shown in Column 5 of Table 6. Columns 2–4 are based on the same model with the inclusion of the additional variables highlighted in the table. We use social costs from McCollister, French, and Fang (2010). Robust standard errors two-way clustered at the county and year levels are shown in parentheses. The regressions are weighted by agency population coverage.

*, **, and *** indicate statistical significance at the ten, five, and one percent levels, respectively.

Table A8
Estimated Effects on Log of Combined Crime Rates, Lags and Lead

| | (1) | (2) | (3) | (4) |
|--|------------------------|-----------------------|------------------------|------------------------|
| All Crimes | | | | |
| Facilities 2 Years Ago | | -0.0004** (0.0001) | | |
| Facilities Last Year | -0.0004* (0.0002) | 0.0001 (0.0002) | -0.0002 (0.0002) | -0.0005** (0.0002) |
| Facilities This Year | | | -0.0002 (0.0002) | 0.0000 (0.0003) |
| Facilities Next Year | | | | -0.0000 (0.0002) |
| Felony-Type Crimes | | | | |
| Facilities 2 Years Ago | | -0.0008** (0.0003) | | |
| Facilities Last Year | -0.0010*** (0.0003) | -0.0002 (0.0003) | -0.0009** (0.0003) | -0.0012** (0.0004) |
| Facilities This Year | | | -0.0002 (0.0004) | 0.0004 (0.0006) |
| Facilities Next Year | | | | -0.0005 (0.0003) |
| Estimated Social Costs Associated with All Crimes | | | | |
| Facilities 2 Years Ago | | -0.0008** (0.0003) | | |
| Facilities Last Year | -0.0014*** (0.0003) | -0.0007** (0.0003) | -0.0013*** (0.0004) | -0.0015*** (0.0004) |
| Facilities This Year | | | -0.0001 (0.0003) | 0.0005 (0.0005) |
| Facilities Next Year | | | | -0.0006 (0.0005) |
| N | 92145 | 80050 | 92145 | 80118 |

Notes: All crimes consists of homicide, sexual assaults, aggravated assaults, simple assaults, robbery, larceny, burglary, and motor vehicle theft. Felony-type crimes consists of homicide, sexual assaults, aggravated assaults, robbery, burglary, and motor vehicle theft. We use social costs from McCollister, French, and Fang (2010). We set the social cost of simple assault equivalent to 20% the cost of aggravated assaults consistent with Cohen and Piquero (2009). Column 1 reproduces the estimate shown in Column 5 of **Table 7**. Columns 2–4 are based on the same model with the inclusion of the additional variables highlighted in the table. Robust standard errors two-way clustered at the county and year levels are shown in parentheses. The regressions are weighted by agency population coverage.

*, **, and *** indicate statistical significance at the ten, five, and one percent levels, respectively.

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SUBSTANCE USE DISORDER TREATMENT CENTERS AND PROPERTY VALUES

Brady P. Horn
Aakrit Joshi
Johanna Catherine Maclean

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Substance Use Disorder Treatment Centers and Property Values
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ABSTRACT

Substance use disorders (SUDs) are a major social concern in the United States and other developed countries. There is an extensive economic literature estimating the social costs associated with SUDs in terms of healthcare, labor market outcomes, crime, traffic accidents, and so forth. However, beyond anecdotal claims that SUD treatment centers (SUDTCs), settings in which patients receive care for their SUDs, have a negative effect on property values, there is scant empirical work on this question. In this paper, we investigate the effect of SUDTCs on residential property values using data from Seattle, Washington, and SUDTC location, entry, and exit information. To mitigate bias from the potential endogeneity of SUDTC location choices, we apply a spatial differences-in-differences (SDD) model, which uses property and SUDTC location to construct treatment and comparison groups. Our findings suggest that SUDTCs endogenously locate in lower value areas, and naïve models imply that the entry of an SUDTC leads to a 3.4% to 4.6% reduction in property values. When an SDD model is applied, we find no evidence that SUDTCs affect property values. Overall, our findings suggest anecdotal claims that SUDTCs reduce property values are potentially overstated.

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1. Introduction

Substance use disorders (SUDs) are chronic health conditions that impose substantial costs, both costs fully internalized by the affected individual and costs externalized to society. For the affected individual, SUDs hinder overall health, employment, financial stability, and relationships, and can lead to incarceration and other legal consequences, and for some, death. In terms of negative externalities, SUDs are incredibly costly to society in terms of direct addiction treatment costs which have historically been financed by public payers within the U.S., increased costs of general healthcare, increased reliance on social services, traffic accidents, and crime and violence (Carpenter 2005; Balsa et al. 2009; French, Fang, and Balsa 2011; Jayakody, Danziger, and Pollack 2000; Anderson, Hansen, and Rees 2013; Markowitz and Grossman 2000; Popovici, Maclean, and French 2017; Terza 2002).

Overall, the annual costs of SUDs to the U.S. are estimated to be very high: \$544B (Caulkins, Kasunic, and Lee 2014).¹ For comparison, government estimates suggest that heart disease and stroke, which are leading causes of mortality and morbidity, are associated with \$359B each year in terms of healthcare costs and lost productivity in the U.S. (Department of Health and Human Services 2018).² Given these high costs, both private and public agents allocate substantial financial resources to curtail SUDs. For instance, the U.S. spends approximately \$28B annually on direct SUD treatment, with 71% of this treatment financed by public payers (Substance Abuse and Mental Health Services Administration 2014).³ While treatment programs are obviously heterogeneous, there is compelling evidence that numerous treatment modalities are clinically effective and cost-effective in reducing SUDs and associated

¹ This estimate is inflated by the authors from the original estimate of \$481B (with \$255B attributable to alcohol and \$226B attributable to psychoactive drugs) in 2011 dollars to 2018 dollars using the Consumer Price Index (CPI).

² Inflated from the original estimate (\$317B in 2011 dollars) to 2018 dollars using the CPI.

³ Inflated by the authors from the original estimate of \$23.4B in 2009 dollars to 2018 dollars using the CPI.

social costs (Collins et al. 2010; Doran 2008; French and Drummond 2005; Holder 1998; McCollister and French 2003; Murphy and Polsky 2016). Moreover, receiving SUD treatment is not uncommon. For instance, in 2016, 3.8M Americans 12 years and older received SUD treatment (Center for Behavioral Health Statistics and Quality 2017).

SUD treatment is generally regarded as valuable to society. However, situating an SUDTC, a setting in which many patients receive care for their SUDs, is often an unpopular and contentious decision. In particular, there is a ‘not in my back yard’ (NIMBY) sentiment, where local residents boycott SUDTC openings as they are concerned that the introduction of an SUDTC may increase noise, traffic, crime, nuisance behavior, and generally unpleasant activities in the neighborhood (Keiger 2016).⁴ These perceived negative attributes of SUDTCs could plausibly translate into reductions in residential property values. As residential properties reflect the most substantial investment that most Americans undertake in their lives (Kraft and Munk 2011), this potential external cost of SUDTCs may result in a considerable reduction in wealth for many individuals and families. In 2016, there were 18,087 licensed SUDTCs in the U.S. (Substance Abuse and Mental Health Services Administration 2017). Thus, if NIMBY concerns are valid, then many individuals and families are exposed to centers that may substantially reduce the worth of their most valuable investment.

While there is a large literature evaluating the extent to which a wide range of both amenities and dis-amenities affect residential property values (Chay and Greenstone 2005; Gawande and Jenkins-Smith 2001; Gibbons 2004; Muehlenbachs, Spiller, and Timmins 2015;

⁴ For instance, recent articles by media outlets in both Massachusetts and New York document the negative sentiment towards SUDTC openings by local residents. We refer an interested reader to the following websites: <https://www.urbancny.com/urban-colonialism-and-how-a-neighborhood-fought-a-development-and-won/>, <https://theswellesleyreport.com/2018/10/wellesley-residents-urge-opioid-treatment-center-reps-to-reconsider-location/> (accessed December 20, 2018).

Pope and Pope 2012; Thaler 1978; Li et al. 2015; Davidoff and Leigh 2008), there is surprisingly little empirical work investigating the effect of SUDTCs. To the best of our knowledge, only one study explores this question. In a real estate study, La Roche, Waller, and Wentland (2014) apply three-stage-least squares to property sales data from Central Virginia over the period 2001 to 2011 to test for SUDTC effects. The authors document that SUDTCs are associated with an 8% reduction in residential property values. The results of La Roche, Waller, and Wentland (2014) suggest a substantial negative effect of SUDTCs on property values and provide *prime facie* support for NIMBY concerns. However, given the identification strategy employed by La Roche, Waller, and Wentland (2014), how best to interpret these findings is unclear. In particular, the three stage least squares approach used by LaRoche and colleagues is identified off non-linearities in the model. Such identification departs from approaches based on quasi-experimental variation that are used in many recent empirical economic studies studying factors that influence property values (outlined in Section 2.1).

Moreover, the net effect of SUDTCs on property value is *ex ante* ambiguous. In addition to the potentially negative aspects of SUDTCs articulated in NIMBY concerns, there are factors associated with SUDTCs that may in fact increase property values. First, if SUDTCs offer effective treatment to neighborhood residents, these facilities can reduce SUD prevalence and associated harms. Swensen (2015) shows that SUDTC entry reduces the level of SUDs, proxied by overdose deaths, within the local area. In terms of reducing costs associated with SUDs, recent economic work by Bondurant, Lindo, and Swensen (2018), and Wen, Hockenberry, and Cummings (2017) shows that SUDTCs reduce crime within the local area. Clinical evidence provides further support for the inverse treatment-crime relationship (Doran 2008; Ettner et al. 2006; McCollister et al. 2003; Rajkumar and French 1997; Westerberg et al. 2016).

Furthermore, Freeborn Fand McManus (2010) document that additional SUDTCs in a county decrease alcohol-related fatal traffic fatalities in that locality. A second pathway through which SUDTCs could raise property values is increased employment opportunities (e.g., hiring SUDTC employees) and economic activity (e.g., demand for SUDTC-related goods and services) within a local area. For instance, in 2016, the average SUDTC employed 22 workers and the economic opportunities for local residents are often touted when a center opens.⁵

Finally, an empirical reason for an observed association between SUDTC entry and property values is the potential endogeneity of SUDTC location choices. If SUDTCs strategically locate in areas with lower (or higher) property values, such sorting could lead to biased estimates of property value effects. This final pathway suggests that any observed correlation between SUDTC entry and property values could be spurious and not causal.

To empirically address endogenous location choices in estimation of amenities and dis-amenities, several recent studies apply a spatial differences-in-differences (SDD) estimator (Congdon-Hohman 2013; Dealy, Horn, and Berrens 2017; Linden and Rockoff 2008). The SDD model is comparable in many ways to canonical differences-in-differences (DD) methods, which estimate average changes in outcomes in treatment and comparison groups, pre- and post-treatment (Angrist and Pischke 2008). In the SDD model, spatial location information (as opposed to legislatively defined geographic areas or groups defined by their demographics, e.g., age and/or gender) is used to construct the treatment and comparison groups in close proximity to the (dis)amenity. No study has applied an SDD to estimate the effects of SUDTCs.

⁵ Authors' calculation of the 2016 U.S. Census Bureau Community Business Patterns data base for the following industry codes: 621420 (outpatient treatment facilities) and 623220 (residential inpatient treatment facilities) (Swensen 2015; Bondurant, Lindo, and Swensen 2018). More details available on request. Please see the following news article: <https://www.bizjournals.com/dayton/news/2018/12/14/addiction-treatment-center-invests-1m-in-dayton.html> (accessed December 20, 2018).

In this paper, we follow the recent hedonic pricing model literature and estimate the effect of SUDTCs on residential property values using an SDD model. We use granular residential property value and administrative SUDTC data from Seattle, Washington. Specifically, we link property values data over the period 2003 to 2016 with geocoded government administrative data on the exact locations of all licensed SUDTCs in Seattle.

Several findings emerge from our analysis. First, we document that SUDTCs endogenously locate in lower property values areas, which implies that estimates generated in models which do not address such sorting are vulnerable to bias. Second, naïve (non-SDD) models that do not account for endogenous location choices produce estimates that imply a modest, but statistically significant, negative effect of SUDTC entry on property values of 3.4% to 4.6%. Third, when an SDD estimator is used, we find no statistically significant evidence that SUDTC entrance into a local area leads to changes property values. Indeed, in our preferred specifications we can rule out all but modest decreases in property values. Our findings are stable across numerous robustness checks, including alternative distance band specifications and time dynamics. Our findings suggest that anecdotal NIMBY concerns regarding the stigma associated with being located in close proximity to an SUDTC, and related reductions in residential property values, may not be fully warranted.

The paper proceeds as follows. Section 2 provides background on the related residential property value literature, SUDs, and SUDTCs. Our conceptual framework and empirical model are presented in Section 3. Data are reported in Section 4. Section 5 presents our main results and robustness checking. Section 6 concludes.

2. Background

2.1 Background on amenities and dis-amenities, stigma, and residential property values

There is a large and historic hedonic pricing model literature evaluating the effect of various amenities and dis-amenities on residential property values. Comprehensively reviewing this vast literature is beyond the scope of this study. Instead, we attempt to briefly summarize studies most relevant for our research question.

In terms of amenities, access to high quality schools (Davidoff and Leigh 2008), ‘walkability’ (Rauterkus and Miller 2011), diversity (Koster and Rouwendal 2012), and proximity to parks and green spaces (Anderson and West 2006; Voicu and Been 2008) increase residential property values. On the other hand, dis-amenities such as airport noise (Espey and Lopez 2000; Pope 2008), forest infestations (Price, McCollum, and Berrens 2010), nuclear waste sites (Gawande and Jenkins-Smith 2001; McCluskey and Rausser 2003a), rail stations (Bowes and Ihlanfeldt 2001), and wildfires (Kalhor et al. 2018) reduce residential property values.

Similarly, undesirable and socially repugnant behaviors by neighborhood residents, which can be viewed as dis-amenities, within the local area have been linked with lower residential property values. In particular, several studies show that increased crime reduces property values (Gibbons 2004; Thaler 1978; Pope and Pope 2012). For instance, Pope and Pope (2012) find a substantial increase in residential property values following the large decline in U.S. crime rates that occurred in the 1990s. Studies also evaluate the effect of convicted sex offenders migrating into a neighborhood on local residential property values. Federal legislation passed in 1996, known as ‘Megan’s Law’, requires that all states create a sex offender registry and make information regarding sex offender residential addresses publicly available. Evaluating this law, Larsen, Lowrey, and Coleman (2003) find a reduction in value of 17% for residential properties in close proximity to sex offenders in Montgomery County, Ohio.

In sum, the hedonic pricing literature documents that many forms of dis-amenities reduce residential property values. In addition to an initial decline in residential property values, several studies provide convincing evidence that this reduction in value persists over time. For instance, several environmental risks leave a permanent, or highly persistent, ‘scar’ on property values (McCluskey and Rausser 2003b). Put differently, even after the dis-amenity is removed from the local area, residential property values persistently remain at a lower level. The particular mechanisms behind a scaring effect are not entirely clear and are likely heterogeneous across dis-amenities, but this phenomena suggests that affected property owners may persistently own a less valuable asset. Given the importance of residential properties for overall wealth and financial well-being, permanent reductions in property values are concerning.

A key empirical challenge in estimating the effect of any local (dis)amenity on property values is the potential endogeneity of (dis)amenity location. Put differently, amenities and dis-amenities, including SUDTCs, are not likely to be randomly assigned across neighborhoods and instead are plausibly located based on the (presumably) rational decisions of economic agents; in our context SUDTC owners and operators. Taking such systematic location selection into account, Linden and Rockoff (2008) reevaluate the effect of sex offenders on property values using an SDD estimator, which creates treatment and comparison groups based on geographic distance to the sex offender location. Applying this model to data from Mecklenburg County, North Carolina, the authors document that, on average sex, offenders locate in lower property value areas, and failure to account for these endogenous location choices can lead to a substantial overestimate of the effect of a sex offender on property values. After accounting for the endogenous location of offenders, Linden and Rockoff find that the arrival of sex offender within

a neighborhood reduces the average residential property values by 4%. This estimate is less than one quarter of the Larsen et al (2003) non-SDD estimate of a 17% reduction in property values.

The SDD approach has also recently been used to study the effect of several other dis-amenities on residential property values. Congdon-Hohman (2013) and Dealy, Horn, and Berrens (2017) use this technique to study the effect of clandestine methamphetamine laboratories ('meth labs') on property values. The production of meth involves the combination of explosive and deadly chemicals; this process is harmful to health. Both studies show that meth labs endogenously locate in lower value areas and a significant decrease in property values associated with lab discovery. Dealy, Horn, and Berrens (2017) also identify a stigma effect: property values of residences surrounding the meth lab remain persistently lower even after the lab is fully decontaminated following a state-mandated environmental clean-up process. Stigma effects suggest that the dis-amenity permanently, or at least persistently, alters neighborhood characteristics (real or perceived) in a way that reduces the value of nearby properties. For instance, clandestine meth labs may result in lingering environmental toxins in the neighborhood that persistently harm (or are perceived to harm) residents' health.

Brooks, Humphreys, and Nowak (2016) study the effect of strip clubs on residential property values in Seattle, Washington – the same location that we examine – using an SDD model. The authors find that club openings and closing have no statistically significant effect on the value of nearby residences. This study is important for our work as it focuses a dis-amenity that may plausibly impose similar costs and benefits on the neighborhood as an SUDTC.

Our contribution to this literature is twofold. First, we examine the effects of SUDTCs on property values using an SDD estimator which will allow us to account for endogenous

location choices and hence recover causal estimates of SUDTC effects on residential property values. Second, we test for potential stigma effects associated with SUDTCs.

2.2 Background on SUDs and SUDTCs

In 2016, 20 million U.S. residents 12 years and older, or 7.5% of the population, met diagnostic criteria for an SUD (Center for Behavioral Health Statistics and Quality 2017).

According to the American Psychiatric Association (2013) SUDs ‘occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.’

Afflicted individuals may act out in violent and reckless ways, and turn to illegal activities to procure funds to purchase substances. Many individuals with an SUD 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.

In addition to individuals meeting the clinical definition of an SUD, millions of Americans engage in risky substance misuse such as binge drinking, heavy drinking, and nonmedical use of prescription drugs, and are thus at risk of developing an SUD.⁶ For instance, in 2016, 24.5% and 6.0% of U.S. residents 12 year and older were classified as binge and heavy drinkers respectively, while 10.6% of adults used illicit drugs in the past 30 days (Center for Behavioral Health Statistics and Quality 2017).

Given the high levels of substance misuse, unintentional fatal alcohol poisonings and (overall) psychoactive drug overdoses are the leading causes of injury death in the U.S. with over

⁶ According to the Centers for Disease Control and Prevention (CDC), binge drinking is defined as consuming five (four) or more drinks in one drinking session for men (women) while heaving drinking is defined as drinking two (one) or more drinks per day for men (women). Non-medical use of prescription medications is defined as the use of medications without a prescription from a healthcare provider, use of the medication in a manner other than as directed (e.g., taking a higher dosage than prescribed), and/or use only for the medication’s psychotropic experience.

58,000 deaths in 2016, which exceeds the deaths attributable to suicides, traffic accidents, and firearm-related accidents (Centers for Disease Control and Prevention 2018a). Further, the U.S. is currently experiencing an unprecedented rise in SUD-related mortality, largely due to OUD overdoses (Rudd et al. 2016). For instance, each day there are 115 OUD-related overdose deaths and this rate has more than quadrupled since 1999 (Centers for Disease Control and Prevention 2018b). The rise in OUD and associated harms has prompted the federal government to declare that the country is experiencing an ‘opioid epidemic’ (Centers for Disease Control and Prevention 2018b) and allocate billions of dollars in financing to support OUD prevention, treatment, and harm reduction (114th U.S. Congress 2015).

Although SUDs are incredibly harmful, numerous treatment modalities have been shown to be effective in treating these conditions (Collins et al. 2010; Doran 2008; French and Drummond 2005; Holder 1998; McCollister and French 2003; Murphy and Polsky 2016; Schori 2011). In 2016, 3.8M Americans ages 12 years and older received some form of SUD treatment (Center for Behavioral Health Statistics and Quality 2017). However, addiction specialists contend that treatment is substantially underused: only 10% of individuals who meet diagnostic criteria for an SUD receive treatment in any given year (Center for Behavioral Health Statistics and Quality 2017). While there are myriad reasons for not seeking treatment, including not wanting to stop using substances, inability to locate a provider is a commonly stated barrier. Taking this reason for not receiving treatment at face value, expanding the number of providers (including the specialized SUDTCs that we examine in our study) could increase treatment uptake and, in turn, reduce SUD prevalence and associated harms. Further, allowing providers to locate in areas that are convenient to patients may enhance treatment uptake and outcomes.

SUD treatment often begins with detoxification, a process that many times involves the use of medications to ease withdrawal symptoms (e.g., tremors, pain, and nausea) and allows the body to rid itself of substances. After detoxification is complete, there are a wide range of effective treatment options available to patients. For example, counselling services, outpatient care, residential treatment, and inpatient hospital care are all widely used, and in many cases, highly effective treatment modalities. In our analysis we focus on care that is offered in specialized outpatient and inpatient treatment centers (residential facilities and psychiatric hospitals). This modality of care represents the majority of care received within the U.S. Further, specialty care involves patients residing in the center and/or regularly visiting the center for an extended period of time (e.g., a common treatment duration is 30 days), and SUDTCs are large in size with approximately 88 patients on any given day receiving treatment.⁷ Thus, if NIMBY concerns exist, we contend that they are most likely to be observed in this the type of care we consider in this study. We do not consider office-based care or treatment received in non-psychiatric hospitals. We refer interested readers to an excellent review of treatment modalities available to patients provided by the National Institute on Drug Abuse (2018).

3. Conceptual framework and empirical approach

3.1 Hedonic pricing model

Our empirical analysis, outlined below, is grounded in hedonic pricing theory. Within this framework residential properties are viewed as assets that provide owners with a bundle of characteristics that, in turn, affects utility. The characteristics that define the residential property as an asset include structural attributes (e.g., property size and quality; S_i) and neighborhood

⁷ Authors' calculation based on the National Survey of Substance Abuse Treatment Services (N-SSATS).

attributes (e.g., schools and parks; N_i). We augment the standard hedonic pricing framework to incorporate proximity to an SUDTC (Q_i) as a residential property attribute that affects utility.

Rational consumers are assumed to choose the residential property that maximizes their utility function subject to a standard budget constraint. At market equilibrium, residential property i will sell at price P_i according the following pricing equation:

$$P_i = f(S_i, N_i, Q_i) \quad (1)$$

The effect of each attribute on price is simply the partial derivate of that attribute with respect to price in Equation (1): $\partial P_i / \partial X_i$ where $X_i \in \{S_i, N_i, Q_i\}$. All else equal, we expect amenities (e.g., larger properties and good schools) to increase values and dis-amenities (e.g., poor quality properties and limited access to parks) to reduce values.

As noted in Section 1, the relationship between proximity of a residential property i to an SUDTC (Q_i) has an ambiguous effect the price (P_i). SUDTCs are associated with numerous factors in the local area that could have both positive (e.g., reduced SUD prevalence, and increased employment opportunities and demand for local goods and services) and negative (e.g., crime, violence, traffic, noise pollution, and nuisance behaviors) effects on property values, leaving the net effect unclear. While we are not able to separately estimate each of the possible pathways through which SUDTCs could influence residential property values, our objective is to provide an estimate of the overall average SUDTC effect, which is a first order question.

3.2 SDD model

We apply an SDD model to test for the causal effect of SUDTCs on proximal property values. The treatment and comparison groups are constructed using geographic distance bands, or ‘rings’, surrounding each SUDTC. Residential properties located within a ring with radius r around the SUDTC form the treatment group. Residential properties located in a second

concentric ring, with radius $k = r + \varepsilon$ with $\varepsilon > 0$, form the comparison group. This identification strategy compares properties adjacent to an SUDTC with a comparison group of properties in very close proximity to, but just far enough away, so as to be unaffected by the SUDTC.

Figure 1 displays an example of a location-defined treatment group and comparison group. In our main specifications, we define the treatment group as those properties within 0.2 miles of a SUDTC as the treatment group and define those properties 0.2 to 0.4 miles from an SUDTC as the comparison group. Clearly the true geographic definitions of the treatment and comparison group are *a priori* unknown, and any selected definition is to some extent arbitrary. Moreover, it is plausible that the true definition varies across (dis)amenties (e.g., clandestine methamphetamine labs, parks, schools, and sex offenders) and, indeed, different studies use different distances (see studies applying an SDD cited in Section 2.1). Thus, in robustness checks, and following Dealy, Horn, and Berrens (2017), we re-estimate our SDD regressions using alternate distance-ring specifications. Results (reported later in the manuscript) are highly robust across these alternative specifications, which supports the hypothesis that our findings are not driven by selection of a specific treatment and comparison group combination.

Specifically, we apply the following SDD model:

$$\ln(P_{i,j,t}) = X_{i,j,t}\beta + (\theta_1 D_{i,j,t}^{0.2} + \theta_2 D_{i,j,t}^{0.4}) + (\theta_3 D_{i,j,t}^{0.2} + \theta_4 D_{i,j,t}^{0.4})\tau_{i,t}^{entry} + \alpha_{j,t} + \varepsilon_{i,j,t} \quad (2)$$

In this equation, $P_{i,j,t}$ is the inflation adjusted sales price, where i indicates an individual property, j indicates the location of the property (i.e., zip code) and t indicates the time period (i.e., year) in which the property is sold. We take the logarithm to account for skewness in sales prices. In terms of explanatory variables, $X_{i,j,t}$ is vector of property characteristics, $\alpha_{j,t}$ is a vector of year-by-area fixed effects, and $\varepsilon_{i,j,t}$ is the error term.

We cluster standard errors at the zip code level. We have 34 zip codes in our sample, which implies that we may have too few clusters in our data to generate consistent estimates of our standard errors. However, in robustness checking reported later in the manuscript, we show that our results are not appreciably different if we instead apply a wild-cluster bootstrap approach to inference that has been shown to produce consistent standard error estimates when the number of clusters is small (Cameron and Miller 2015).

We also estimate a variant of Equation (2) in a ‘limited sales sample’ which includes only property sales that occur within 0.4 miles of an SUDTC. Thus, sales that occur outside the treatment and comparison groups are excluded from this analysis sample. In this specification we include year-by-SUDTC fixed effects, and cluster standard errors at the SUDTC level. We have 114 clusters in this specification. While the full sample is more common in the extant hedonic pricing model literature, the limited sales sample is more analogous to the canonical DD model in which all localities are either in the treatment or comparison group. For these reasons, we present results based on both samples and specifications. Our results are not appreciably different across these two specifications, however.

The treatment group is indicated by $D_{i,j,t}^{0.2}$, which represents properties within 0.2 miles of where an SUDTC is located and the comparison group is indicated by $D_{i,j,t}^{0.4}$, which represents properties within 0.4 miles of where an SUDTC is located. Due to the overlapping structure of the distance variables, θ_2 captures preexisting level differences in properties within 0.4 of an SUDTC compared with properties more than 0.4 miles away from an SUDTC. Analogously, θ_1 will capture preexisting level differences in property values for residences located within 0.2 miles of an SUDTC and properties located within 0.2 to 0.4 miles of an SUDTC. These variables are akin to the ‘treatment’ indicator in a canonical DD model. The timing of SUDTC

opening is captured by $\tau_{i,t}^{entry}$, which indicates the time period after the SUDTC enters a local area and parallels the ‘treatment*post’ interaction in the canonical DD model. The parameter of interest (θ_3) estimates the change in property values for properties within 0.2 miles of an SUDTC relative to properties 0.2 to 0.4 miles and θ_4 will capture any time trends associated with properties in the general vicinity of where an SUDTC locates.

As noted in Section 2.1, another important consideration when estimating the effect of SUDTCs on property values is stigma, or a potential lasting effect of an SUDTC on proximal residential property values after the SUDTC has exited the local area. To test for stigma effects, we estimate an augmented version of Equation (2) that incorporates SUDTC exits:

$$\ln(P_{i,j,t}) = X_{i,j,t}\beta + (\theta_1 D_{i,j,t}^{0.2} + \theta_2 D_{i,j,t}^{0.4}) + (\theta_3 D_{i,j,t}^{0.2} + \theta_4 D_{i,j,t}^{0.4})\tau_{i,t}^{entry} + (\theta_5 D_{i,j,t}^{0.2} + \theta_6 D_{i,j,t}^{0.4})\tau_{i,t}^{exit} + \alpha_{j,t} + \varepsilon_{i,j,t} \quad (3)$$

In this specification $\tau_{i,t}^{exit}$ is an indicator variable for the time period after an SUDTC exits, and θ_5 will capture any rebound effect on property values of the SUDTC exiting. Thus, $\theta_3 + \theta_5$ will represent any lasting stigma effect of an SUDTC on property values. Stigma effects may occur if, for instance, SUDTCs permanently reduce SUD prevalence within the neighborhood, then this change could reduce SUD-related behaviors (crime, violence, etc.). On the other hand, if an SUDTC permanently draws individuals with SUDs and who engage in crime, violence, nuisance behaviors, and so forth into the neighborhood, then we may observe persistently lower residential property values. We test for such effects through Equation (3). We investigate joint significance of these terms with an F -test.

4. Data

4.1 Residential property sales data

We use all residential property transactions in Seattle, Washington between January 1st, 2003 and December 31st, 2016 in our analysis. In 2016 Seattle was the 18th largest city in the U.S., with 704,352 residents, and was the largest city in Washington State. Thus, our effects are representative of a large, Pacific coast U.S. city. We obtained residential property sales data from the King County Department of Assessments (Seattle is located in King County). This agency provides detailed property sales through its online platform.⁸ These data include all legal sales that occurred in the county, and contain the exact location and sales price. In particular, in Seattle all residential property sales are required to be registered with the Department of Assessments. We convert all sales prices to 2016 dollars using the Consumer Price Index.

The King County Department of Assessments data also contain a wide range of property characteristics including: the number of living units, number of stories, number of bedrooms, number of bathrooms, total living space, percentage of the property constructed with brick stone, whether the property had been renovated prior to its sale, and the age of the property. Also, the data contain square footage information for the basement, garage, porch, and deck. For all properties, the King County Department of Assessment provides a variable that captures building quality. This variable ranges from 1 to 20, where higher values indicate greater property quality.

We exclude some observations from the analysis sample to minimize outliers and remove other observations unlikely to be actual residential properties. Observations with sale price less than \$50,000 ($n=1,157$) and above \$2 million ($n=926$) are excluded. Likewise, observations with no bathrooms ($n=1,043$), no bedrooms ($n=80$), and living space less than 100 square feet ($n=7$), and observations sold pre-construction ($n=4,248$) are excluded. After exclusions, the final analysis dataset contains 131,862 residential property sale transactions.

⁸ These data are publicly available: <http://info.kingcounty.gov/assessor/DataDownload/default.aspx> (last accessed, December 20, 2018).

4.2 SUD treatment centers (SUDTCs)

We obtain SUDTC information from the Substance Abuse and Mental health Services Administration's (SAMHSA) National Directory of Drug and Alcohol Abuse Treatment Programs (NDDAATP).⁹ This directory includes all licensed specialty SUDTCs that are known to SAMHSA and complete the National Substance Abuse Treatment Services Survey (N-SSATS). The N-SSATS is used by SAMHSA to monitor SUD treatment service provision within the U.S.; we do not use the N-SSATS information directly in our study.

The NDDAATP is the premier resource available to prospective patients and providers seeking a center that can provide specialized SUD treatment for themselves, their family members, or their patients. Given the importance of being listed on this directory for SUDTCs, response rates for N-SSATS (which forms the survey frame for the NDDAATP) are very high: 91% to 96% over our study period. The NDDAATP directories include the name, exact street address (which we leverage in our study), offered services, and accepted forms of payments for all SUDTCs licensed to provide SUD treatment that are known to SAMHSA. In 2016, there were 18,087 known and licensed specialty SUDTCs in the U.S. (Substance Abuse and Mental Health Services Administration 2017). Thus, we are able to capture the vast majority of licensed specialty SUDTCs using these data. Moreover, the NDDAATP is the only dataset that includes exact location of specialty SUDTCs and is therefore the best available data for our study.

Specialty SUD treatment is defined by SAMHSA as a hospital, a residential facility, an outpatient treatment facility, or other facility with a SUD treatment program. For background,

⁹ Data were accessed from the following website: <https://www.dasis.samhsa.gov/dasis2/nssats.htm> (last accessed December 20, 2018).

this modality represents 75% of non-self-help SUD treatment and reflects the majority of SUD treatment expenditures in the U.S. (Center for Behavioral Health Statistics and Quality 2017).¹⁰

SUDTC opening and closings offer the variation that we use to identify SUDTC effects in our SDD model. Openings reflect the ‘entrance’ of an SUDTC into the neighborhood while closings capture SUDTC ‘exit.’ We use the NDDAATP information to construct a year-by-year panel of all licensed SUDTCs in Seattle. In particular, we link SUDTC entrance and exit information to residential property sales data using geographic information system (GIS) coordinates. Because of the annual structure of the NDDAATP directory (i.e., the N-SSATS, which forms the survey frame, is completed once per year and the NDDAATP is thus updated annually), SUDTC entry (exits) are coded in the year the SUDTC appeared (no longer appeared) in the NDDAATP directories.¹¹ This linking process likely introduces some measurement error into our analysis dataset. We explore the potential implications of such measurement error in robustness checking later in the manuscript.

Residential property sale transactions are matched to SUDTCs both in terms of geodetic distances and timing of the proximate SUDTCs. Over the study period there are 120 SUDTC openings and 69 SUDTC closings in Seattle. On average there are 54 operating SUDTCs in Seattle in a given year.¹² Figure 2 graphically displays all SUDTCs that operated in Seattle over

¹⁰ Authors’ calculations based on Table 5.18B. Self-help involves informal care such as religious counselling and Alcoholics Anonymous. Details on this calculation available on request. Details on specialty SUD treatment can be found at <https://www.dasis.samhsa.gov/dasis2/nssats.htm> (last accessed December 20, 2018).

¹¹ In particular, as noted above, SUDTCs listed on NDDAATP must complete the above-noted N-SSATS survey. The N-SSATS is administered in the last week of March in each year of our study period and captures information on services offered by each SUDTC, including whether or not the facility is in operation. We use March 31st as the date on which SUDTCs opened and April 1st as the date on which they closed. Details available on request.

¹² During our study period, there are three non-psychiatric hospitals that provide SUD treatment listed on the NDDAATP: Swedish Medical Center- Ballard, VA Puget Sound Health Care System, and Seattle Children’s Hospital. Although these hospitals provide SUD treatment, the primary focus of non-psychiatric hospitals is to provide general inpatient healthcare services to patients. We expect that non-psychiatric hospitals may affect residential property values through different mechanisms than outlined in our conceptual framework. We exclude non-psychiatric hospitals providing SUD treatment services from our analysis. Details available on request.

our study period. While there is some evidence of clustering of SUDTCs in the central portion of Seattle, SUDTCs appear to operate in a range of different neighborhoods in the city.

A concern with our analysis is that zoning regulations may limit the locations in which an SUDTC may operate. As is the case with businesses in general, SUDTCs must locate in commercial zones. However, as discussed by La Roche, Waller, and Wentland (2014), there are numerous Federal regulations that prohibit many forms of discrimination in center location (e.g., the Fair Housing Act, Rehabilitation Act, Americans with Disabilities Act). In addition, we have communicated with administrators at the Washington State Substance Abuse Agency regarding zoning regulations related to SUDTC location. Our conversations with administrators at this agency suggest that there are no such regulations that will limit SUDTC location choices. Overall, our review of the available evidences suggests that SUDTCs face no additional (legal) restrictions on location than other businesses.

5. Results

5.1 Summary statistics

Table 1 presents the summary statistics of characteristics for all properties within 0.2 miles of where an SUDTC has located, and properties within 0.2 and 0.4 miles of where an SUDTC locates. Between 2003 and 2016, there was a total of 131,862 residential property sales, 8,982 of which were within 0.2 miles of an SUDTC and 22,671 that were within 0.2 and 0.4 miles. Median sale prices in Seattle are relatively high (\$554K in January of 2016) in comparison to the U.S. median cities (\$182k in January of 2016).¹³ However, Seattle residential property values are comparable to other large U.S. cities such as New York City (\$567K), Los Angeles (\$559K), and San Diego (\$529K); values reflect median prices in January 2016.

¹³ Median home prices are obtained from <https://www.zillow.com/research/data/> (accessed December 20, 2018).

In our sample, the average sale prices for the treatment group (\$471k in 2016 dollars) is approximately 3.4% lower than the full sample. Properties within 0.2 miles of an SUDTC and properties within 0.2 and 0.4 miles of an SUDTC are not identical, in terms of sales price or housing characteristics, but are more similar compared to the full sample. Importantly, we control for all characteristics listed in table 1 in our regressions.

5.2 Graphical evidence

Figure 3 presents a graph of the logarithm of daily sales prices using optimal Epanechnikov kernel smoothing for two-year periods before and after SUDTC entry,¹⁴ for both properties within 0.2 miles of an SUDTC, and between 0.2 and 0.4 miles of an SUDTC. A necessary assumption for the SDD model to recover causal estimates is that the treatment and the comparison groups would have trended similarly in terms of outcomes (residential property sales prices in our context) had the treatment group not been treated (the entrance of an SUDTC in our study); i.e., ‘parallel trends.’ In figure 3, prior to SUDTC entry, we observe that the treatment and comparison groups exhibit generally similar trends, this pattern provides suggestive evidence that the data can satisfy the parallel trends assumption. We return to parallel trends more formally through estimation of an event-study model later in the manuscript. Examination of the trends post-SUDTC entry reveals no evidence of substantial differences between the two groups, which foreshadows our null findings for SUDTC effects on residential property values.

5.3 Non-SDD regression results

Table 2 presents the results for a naïve empirical model that does not account for endogenous SUDTC location choices. Column 1 presents selected parameter estimates from a model estimated with housing characteristics and year fixed effects, column 2 presents selected

¹⁴ In particular, we use local polynomial smoothing with a bandwidth of 35 days. Details available on request.

parameter estimates for a model estimated with housing characteristics and year-zip code fixed effects, and column 3 additionally clusters standard errors at the zip code level. In all models coefficient estimates are negative and significant, suggesting that SUDTCs are associated lower residential property values. Coefficient estimates from table 2 imply that the entrance of an SUDTC in a neighborhood is associated with a 3.4% to 4.6% reduction in property values.¹⁵

5.4 SDD regression results

Table 3 presents testing for endogenous location choices by SUDTCs and the main regression results from our preferred SDD model. First, column 1 presents results from a test for endogenous location choice by SUDTC. In this test observations are dropped if the sale occurred within 0.4 miles of an SUDTC after the SUDTC becomes active (i.e., the only remaining SUDTC observations are before the SUDTC enters). This model allows us to test whether SUDTCs endogenously locate in areas with lower residential property values. Columns 2 and 3 present SDD models estimated using the full sample. Columns 4 and 5 present SDD estimates generated in the limited sales sample, where all observations are dropped that are outside of a 0.4 miles radius of an SUDTC. Columns 2 and 4 present results without the exit parameters, corresponding to Equation (2), and columns 3 and 5 present the results with the exit parameters included, corresponding to Equation (3). A full set of control variable coefficient estimates for the full sample model, including exit parameters, is reported in appendix table 1.

There are two main findings in table 3. First, in column 1 the $D^{0.4}$ parameter estimate is negative and statistically significant, documenting that on average SUDTCs endogenously locate in areas with lower residential property values. In particular, SUDTCs locate in areas with 2.2% lower property values. Second, once this endogeneity in location choice is accounted for through

¹⁵ Semi-log point estimates are converted to percent changes using the following formula: $(\exp^{\hat{\beta}} - 1) \times 100\%$.

the use of the SDD model, we find no statistically significant evidence that SUDTC entries and exits affect residential property values. In both the full and limited sales sample models the parameter estimates are statistically indistinguishable from zero and very small in magnitude. Similarly, exit parameter estimates are statistically indistinguishable from zero and small. Finally, joint F -tests for the joint significance of the entry and exit parameter estimates (which capture stigma effects) are not statistically different from zero.

Our standard errors are sufficiently small that we can rule out all but relatively modest decreases in residential property values following SUDTC entry. For instance, in the basic SDD model in the full sample model reported in column 2, we can rule out decreases in residential property values greater than 3.2% with 95% confidence. Similarly, in the basic SDD model in the limited sales sample, reported in column 4, we can rule out decreases in residential property values greater than 2.2% at this level of confidence. Results based on Equation (3), which incorporates SUDTC entrances and exits, provide similar results: 3.8% and 2.7% respectively.¹⁶ Using these estimates, we can generate 95% confidence intervals for the maximum dollar value reduction in residential property values. Over our study period, the average property value in our treatment group is \$471K (see table 1). Thus, using a 3.8% decline, we can rule out any more than a \$18K in lost residential property values associated with SUDTC entry. Finally, we are able to rule out all but modest increases in values following SUDTC exit as well.

5.5 Robustness checks

We conducted a number of robustness checks to assess the stability of our findings. Overall, our results are highly stable across these additional analyses. First, as noted above, to mitigate bias from endogenous location choices of SUDTCs, we construct treatment and

¹⁶ This specification is more data hungry than Equation (2) and thus our standard errors necessarily increase in size, which implies that larger values are included in our 95% confidence intervals.

comparison groups using geographic proximity to SUDTCs. To this end, in our main analysis, SUDTC distance bands for the treatment and comparison groups are defined as within 0.2 miles and within 0.2 to 0.4 miles of an SUDTC. We re-estimate Equation (2) in which we both expand and contract the distance based used to form the treatment and comparison groups. Results are presented for regressions using 0.1/0.3 miles, 0.1/0.4 miles, 0.1/0.5 miles, 0.2/0.4 miles (our baseline specification), 0.2/0.5 miles, 0.2/0.6 miles, 0.3/0.5 miles, and 0.3/0.6 miles distance band specifications. Table 4a presents results for the full sample and table 4b presents results for the limited sales sample. Treatment-entry and treatment-exit parameter estimates are statistically indistinguishable from zero in all specifications. Joint *F*-tests assessing stigma effects are also statistically indistinguishable from zero in every specification.

Second, we investigate time dynamics in the effects of SUDTC entry/exit on residential property values. As outlined by Wolfers (2006), in a study testing the effects of state unilateral divorce laws, it is plausible that the effect of an SUDTC entry/exit may change over time. Put differently, our primary specification, Equation (3), forces an abrupt change in property values at SUDTC entrance/exit than remains constant thereafter. This pattern may depart from real world SUDTC effects if the social disruption (e.g., crime, noise, traffic) or benefits (e.g., reduced SUD prevalence, increased economic activity) vary over time. To evaluate potential dynamics in the effect of SUDTCs on residential property values, we estimate an event-study model in the spirit of Autor (2003). In particular, we decompose the SUDTC entrance variable into one-year windows both before and after SUDTC entry. The omitted category is one year prior to SUDTC entrance. We impose endpoint restrictions: we assume that effects are not observable more than four years before or after SUDTC entrance (Kline 2012; McCrary 2007). We code all areas in which an SUDTC does not enter as zero for all lead and lag indicators (Lovenheim 2009). In

addition to allowing for dynamic effects in the post-period, the event-study allows us to test a conditional version of the parallel trends tests by examining coefficient estimates on the lead variables. If lead variable coefficient estimates are small in magnitude and imprecise, that pattern of results supports the hypothesis that our data satisfies a conditional version of the parallel trends assumption.

We report event-study results for the full sample and the limited sales sample. As can be observed in figure 4, all event-study point estimates are small and statistically indistinguishable from zero, and no pre- or post-trends are evident. Overall, the event-study analysis suggests: (i) our data satisfy the parallel trends assumption and (ii) there are no dynamic SUDTC effects.

Third, recall that a limitation of the SUDTC data provided by the NDDAATP directory is that the data are only updated yearly (see Section 4.2). Thus, SUDTC entry and exits are only observed on an annual basis, and we will miss some entries/exits in the one-year period between surveys. This data feature may lead to some measurement error in our data; the bias from such error is difficult to sign (Bound, Brown, and Mathiowetz 2001).¹⁷ To explore the empirical importance of this data limitation, we estimate ancillary models in which we exclude observations in the between-directory period where entry and exits could be mis-classified. Results generated in this ancillary analysis are presented in in appendix table 2. The results are not appreciably different from our core specification (table 3).

Fourth, we implement several robustness checks regarding SUDTC heterogeneity, and both fixed-effect and clustering specifications. Specifically, we (i) estimate the effect of multiple SUDTCs within a locality to assess whether there is a dose-response effect of SUDTC entrance;

¹⁷ We attempted to locate exact opening and closing dates through SAMHSA (the agency that manages the NDDAATP) and the Washington State Substance Abuse Agency (the agency tasked with overseeing licensed SUDTCs in Seattle and that provides data to SAMHSA for management of NDDAATP). Collecting exact SUDTC opening and closing dates is not feasible based on our investigations into this issue. Details available on request.

(ii) estimate the effect of SUDTCs that provide methadone treatment;¹⁸ (iii) estimate models using quarter-by-year fixed effects to better capture seasonality in housing sales prices (U.S. Census Bureau 2018); (iv) estimate limited sales sample models with standard errors clustered at the zip code level; and (v) estimate full-sample models using a wild cluster bootstrap approach to estimate standard errors (Cameron & Miller, 2015).¹⁹ Results generated in these alternate specifications are presented in appendix tables 3 to 6. Findings are comparable to our main results (table 3). Finally, we exclude all residential property value variables and re-estimate Equations (2) and (3). We exclude the property-level controls as some of these could plausibly be influenced by SUDTC entrances/exits if – for instance – these entrances/exits alter the composition of residential properties listed for sale, thus leading to over-controlling bias in our estimates (Angrist and Pischke 2008). Results, reported in appendix table 7, are not appreciably different from our adjusted models (table 3).

6. Discussion

SUDs are prevalent and harmful health conditions within the U.S. and other developed countries. Treatment can effectively allow afflicted individuals to obtain abstinence, which additionally can reduce the associated negative societal costs of SUDs. However, SUDTCs require a physical space to occupy. There are anecdotal NIMBY concerns that these centers increase crime, littering, noise, and nuisance behaviors, which stigmatizes these centers and potentially reduces property values for residences in close proximity to the SUDTCs. On the

¹⁸ We study centers that offer OUD treatment – specifically centers offering methadone – as the U.S. is in the midst of an opioid epidemic and how best to address this epidemic is a pressing question facing local, state, and federal governments. We note that buprenorphine is also indicated to treat OUD. However, this medication is generally prescribed in general physicians' outpatient offices and not specialty treatment facilities such as we study here.

¹⁹ In our main specifications we cluster at the SUDTC area and zip code level respectively.

other hand, SUDTCs may increase property values by reducing SUD prevalence and associated behaviors and increasing employment opportunities within the neighborhood.

Given the scope of the SUD epidemic currently facing the U.S., the number of treatment facilities is expanding. For instance in 2003 (the first year of our study) there were 15,124 licensed specialty SUDTC facilities in the U.S. and by 2016 (the last year of our study) this number had risen to 18,087 (Substance Abuse and Mental Health Services Administration 2017, 2004), representing a 20% increase.²⁰ Thus, understanding the implications of SUDTC locations on the values of residential properties, which reflect major financial investments for many Americans, is of growing importance. Further, accurately understanding the effects of SUDTCs on property values is necessary to assess the overall costs of SUDs to society. While much of the literature that explores the costs of SUDs has focused on negative externalities such as crime and/or direct treatment costs, we explore a potential indirect treatment cost: financial spillovers to individuals who reside near an SUDTC.

In this study we provide new evidence on the effect of SUDTCs on residential property values using data from Seattle, Washington from 2003 to 2016, and an SDD estimator that mitigates bias from endogenous SUDTC location choices. We find that SUDTCs endogenously locate in areas with somewhat lower property values (2.2%). When we do not account for endogenous location choice, we find that SUDTCs reduce residential property values by 3.4% to 4.6%. However, after accounting for such location choices through the use of an SDD model, we find no statistically significant evidence that SUDTC entrance or exit influences residential property values. Moreover, our point estimates for both entrances and exits are very small in magnitude. Indeed, in our preferred SDD models we can rule out declines in property values

²⁰ Authors' calculations based on the 2003 and 2016 N-SSATS, details available on request.

following SUDTC entrance larger than 2.2% to 3.8% with 95% confidence. Our SDD estimates are robust to a wide range of specifications and sensitivity checks.

We note that our findings change when we apply the SDD model to account for endogenous location selection on the part of SUDTC owners and operators. In particular, we find no statistically significant evidence that SUDTCs affect property values when we apply the SDD estimator; coefficient estimates decline in magnitude and become statistically indistinguishable from zero. This pattern of results suggests that perhaps the perceived negative effects of SUDTCs on residential property values may be overstated. Previous economic research estimating dis-amenity effects also documents that failure to account for endogenous location choices can lead to estimates biased away from zero (Linden and Rockoff 2008). Our results thus link to a growing literature suggesting that empirical studies account for endogenous location choices when evaluating the effect of both amenities and dis-amenities on property values (Congdon-Hohman 2013; Dealy, Horn, and Berrens 2017; Linden and Rockoff 2008).

Local residents are often concerned that entrance of an SUDTC will impose costs on the neighborhood and, in turn, reduce residential property values. However, our findings suggest that the potential benefits of SUDTCs to the community may offset potential costs, leaving property values unchanged. Notably, SUDTCs reduce the prevalence of SUDs within the local area (Swensen 2015). Additionally, many studies document reductions in crime associated with SUDs treatment, and these effects have a considerable economic impact (Cohen and Piquero 2009; Doran 2008; McCollister et al. 2017; McCollister, French, and Fang 2010). In terms of SUDTCs, Bondurant et al., (2018) and Wen, Hockenberry, and Cummings (2017) show that that SUDTCs reduce both violent and financially motivated crimes in local areas. The social costs (e.g., legal system and healthcare costs) of one murder are very high: \$11M (McCollister et al.

2017).²¹ Finally, our study suggests that cost-benefit analyses of social goods (such as SUDTCs that reduce SUDs for individuals and associated harms to society) should incorporate the potential financial costs to individuals who reside near the location of the social good.

Our study has several limitations. First, we consider only SUDTCs licensed to deliver SUD treatment that are known to SAMHSA and complete the N-SSATS. We suspect that the number of SUDTCs that we miss is small given the importance of being listed on the NDDAATP for attracting patients and that SUDTCs are legally required to be licensed prior to delivering treatment to patients. Second, a critical step in application of the SDD model is selection of a suitable treatment and comparison group combination. In particular, the econometrician must locate a comparison group that can be used to estimate counterfactual trends in residential property values for the treatment group but is untreated by the event. While our results are robust to several alternative distance band specifications, we acknowledge that the most appropriate treatment-comparison group combination is unknown. Third, due to data limitations we are not able to determine the exact date at which SUDTCs enter and exit the market. However, our findings appear to be robust to several sensitivity analyses related to these limitations. Finally, we rely on a single city (Seattle). Moreover, Seattle experienced a large housing boom over our study period, which may alter the effects of dis-amenities. We note that our results are robust to numerous time and location fixed-effect specifications, which should account for non-linear changes in residential property values over time. Future studies are needed in more areas to fully understand the effect of SUDTCs on residential property values.

In summary, our findings shed new light on an important and relatively unstudied potential cost associated with SUDs, potential reductions in the value of housing values in close

²¹ Inflated by the authors from the estimate reported in the original manuscript (\$10,086,337 in 2016) to 2018 dollars using the CPI.

proximity to SUDTCs. We show that previous empirical evidence and anecdotes likely overstated the negative effects of SUDTCs on residential property values. While we did not study this question in our paper, it is possible that stigma against SUDTCs and NIMBY local efforts may have prevented these centers from optimally locating, which may impede treatment effectiveness and, in turn, patient outcomes and exacerbate social costs associated with SUDs.

Table 1: Residential Property Characteristics

| | sample | (0.2 miles) | (0.2 to 0.4 miles) |
|--|----------|-------------|--------------------|
| | 487.56 | 471.02 | 479.14 |
| | (283.80) | (259.49) | (270.10) |
| | 0.03 | 0.07 | 0.04 |
| | (0.17) | (0.25) | (0.20) |
| | 1.37 | 1.54 | 1.43 |
| | (0.49) | (0.60) | (0.52) |
| | 3.23 | 3.13 | 3.20 |
| | (1.00) | (1.05) | (1.00) |
| | 1.45 | 1.48 | 1.46 |
| | (0.65) | (0.66) | (0.66) |
| | 58.10 | 57.69 | 61.02 |
| | (29.58) | (36.93) | (32.26) |
| | (3.22) | (3.93) | (3.59) |
| | 1.83 | 1.71 | 1.77 |
| | (0.77) | (0.74) | (0.73) |
| | 0.67 | 0.61 | 0.63 |
| | 0.17 | 0.14 | 0.15 |
| | (0.22) | (0.20) | (0.20) |
| | 0.05 | 0.05 | 0.05 |
| | (0.09) | (0.08) | (0.09) |
| | 0.11 | 0.08 | 0.10 |
| | (0.17) | (0.14) | (0.16) |
| | 7.71 | 3.89 | 5.27 |
| | (24.65) | (17.88) | (20.64) |
| | 7.25 | 7.23 | 7.20 |
| | 131,862 | 8,982 | 22,671 |

Notes: Residential properties can have more than one living unit.

Table 2: Effect of SUDTC Entrance and Exit on Residential Property values: Naïve OLS Model

Notes: Standard errors in parentheses

* $p < .1$, ** $p < .05$, *** $p < .01$.

Table 3: Effect of SUDTC Entrance and Exit on Residential Property values: SDD Results

[illegible]

Notes: Standard errors in parentheses

* $p < .1$, ** $p < .05$, *** $p < .01$.

Table 4A: Effect of SUDTC Entrance and Exit on Residential Property values: SDD Results with Alternative Distance Band Specifications – Full Sample

| |
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| |

Notes: Standard errors in parentheses

* $p < .1$, ** $p < .05$, *** $p < .01$.

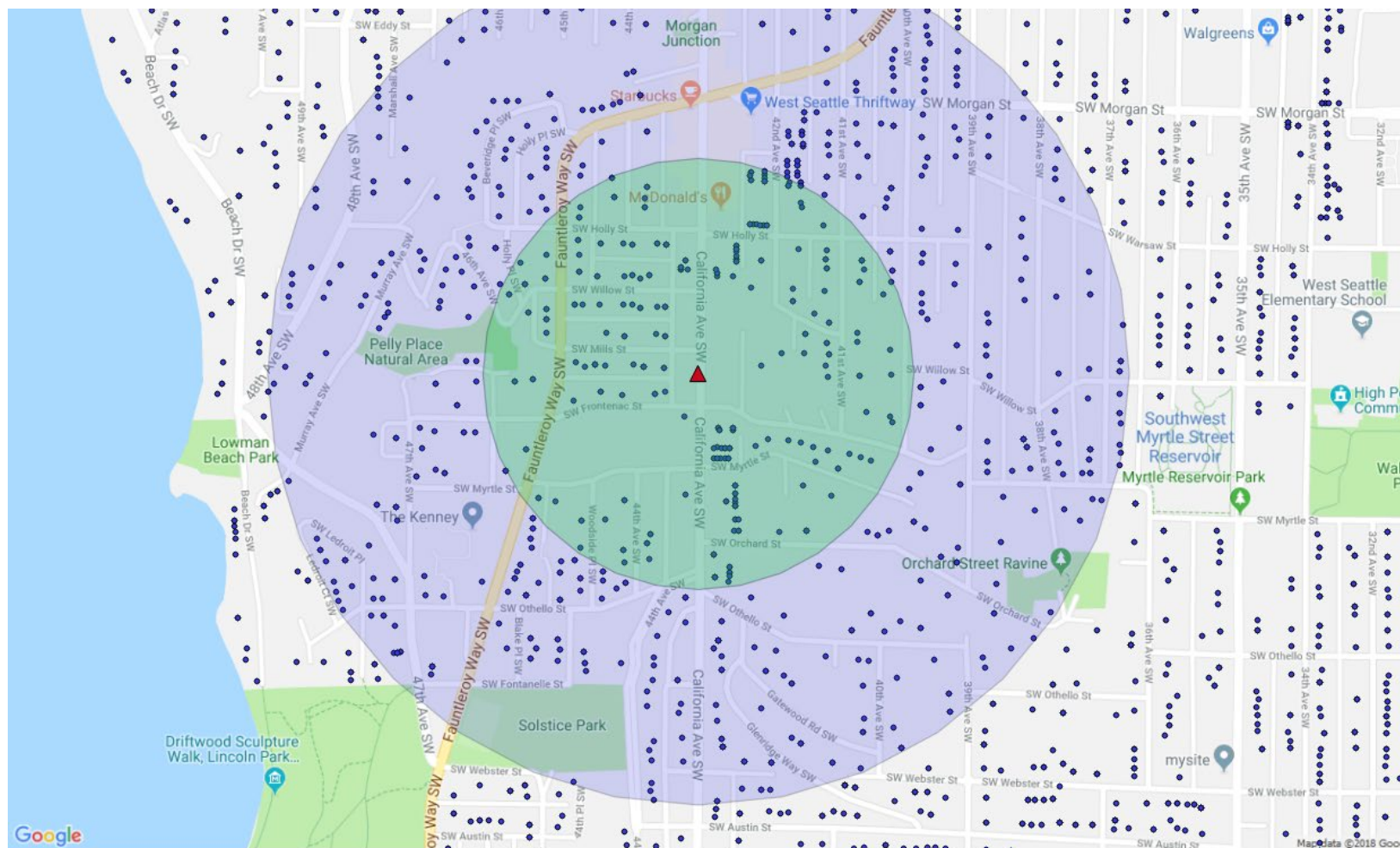
Table 4B: Effect of SUDTC Entrance and Exit on Residential Property values: SDD Results with Alternative Distance Band Specifications – Limited Sales Sample

[illegible]

Notes: Standard errors in parentheses

* $p < .1$, ** $p < .05$, *** $p < .01$.

Figure 1: Example SUDTC Treatment and Comapirision Region



Notes: ▲ is the SUDTC Center, ● are the residential properties sales.
 First circle: within 0.2 miles of SUDTC, Second Circle: within 0.2-0.4 miles of SUDTC

Figure 2: SUDTC Locations in Seattle from 2003 to 2016

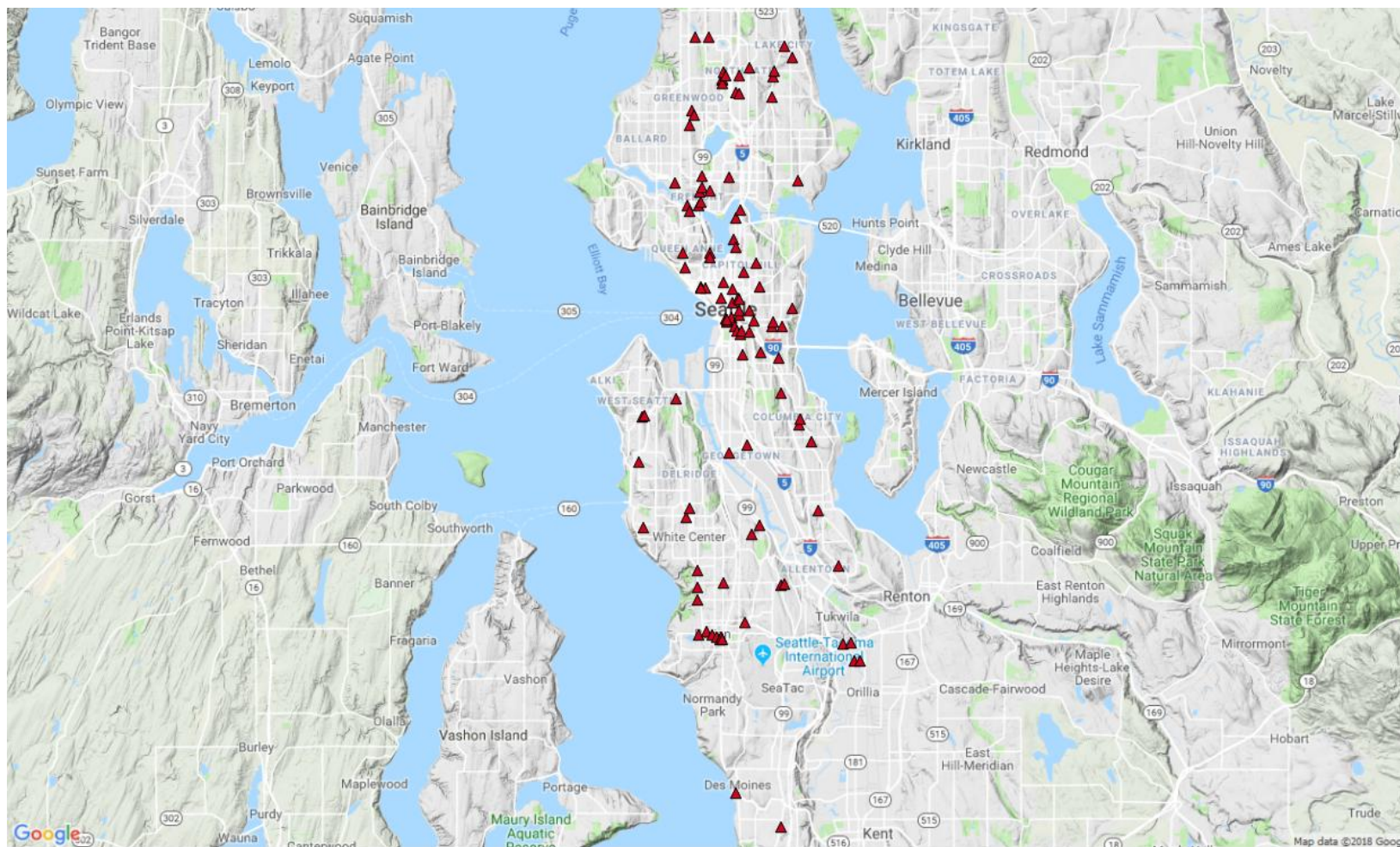
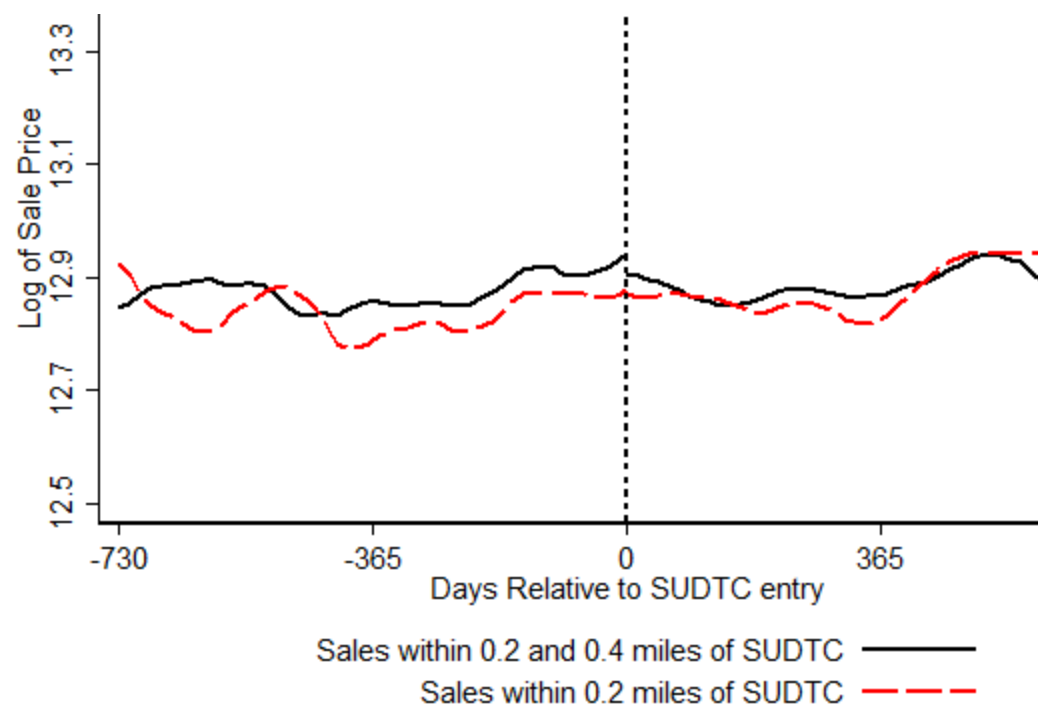
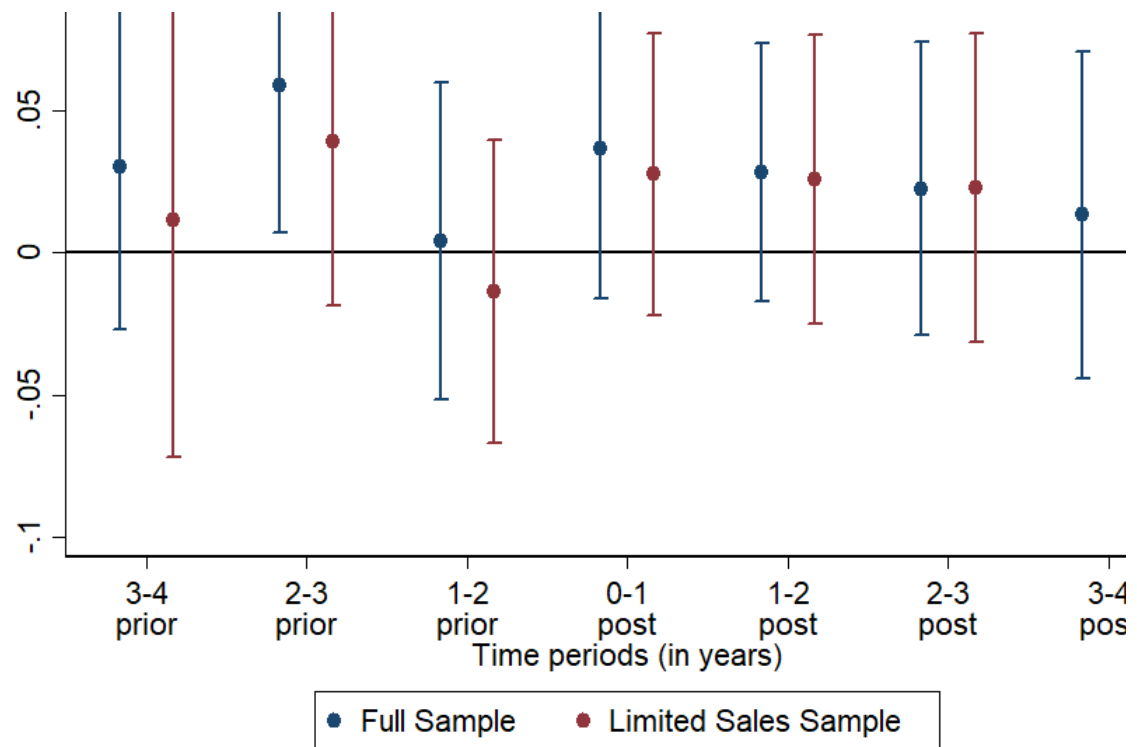


Figure 3: Trends in Residential Housing Prices in Seattle: Pre-and Post- SUDTC Entry



Notes: Data are centered around the SUDTC entry. The treatment group includes residential property sales that occur 0 to < 0.20 miles from an SUDTC. The comparison group includes residential property sales that occur 0.2 to 0.4 miles from an SUDTC. Epanechnikov local polynomial smoothing with bandwidth of 35 days.

Figure 4: Effect of SUDTC Entrance and Exit on Residential Property values: Event-study Coefficients Plotted for Treatment Region (0.2 miles from SUDTC)



Notes: Entry period defined as 0-1 years prior to survey date. Observations restricted to 4-years prior and 4-years post SUDTC entry. The omitted category is 0-1 years prior to SUDTC entry. Mean value of the outcome variable (\$1,000 in 2016 dollars): 487.

**Appendix Table 2: Effect of SUDTC Entrance and Exit on Residential Property values: SDD Results
Dropping Observations in the Between-N-SSATS Survey Period**

| | 2008-2009 | 2009-2010 | 2010-2011 | 2011-2012 |
|--|-----------|-----------|-----------|-----------|
| R^2 | 0.648 | 0.648 | 0.633 | 0.633 |
| Hausman Chi-Square Statistic | ✓ | ✓ | ✓ | ✓ |
| Year x Zip code Fixed Effects | ✓ | ✓ | | |
| Year Fixed Effects | | | ✓ | ✓ |
| SUDTC Fixed Effect | | | ✓ | ✓ |
| Zip Code SE Cluster | ✓ | ✓ | | |
| SUDTC area SE Cluster | | | ✓ | ✓ |
| Restricted to 0.4 miles | | | ✓ | ✓ |
| Observation dropped within 0.4 miles for 365 days before entry | ✓ | ✓ | ✓ | ✓ |

Notes: Standard errors in parentheses. Sale observations 365 days before the survey date dropped at control level (0.4 miles). * $p < .1$, ** $p < .05$, *** $p < .01$.

[illegible]

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**Appendix Table 5: Effect of SUDTC Entrance and Exit on Residential Property values: SDD Results
Accounting for Multiple SUDTCs in Proximity to Property**

| | *** | *** | *** | *** |
|--------------------------------------|----------|----------|----------|----------|
| | (0.0513) | (0.0513) | (0.0513) | (0.0513) |
| χ^2 | 121.060 | 121.060 | 121.060 | 121.060 |
| df | 0.646 | 0.646 | 0.646 | 0.646 |
| Housing Characteristics | ✓ | ✓ | ✓ | ✓ |
| Year \times Zip code Fixed Effects | ✓ | ✓ | | |
| Year Fixed Effects | | | ✓ | ✓ |
| SUDTC Fixed Effect | | | ✓ | ✓ |
| Zip Code SE Cluster | ✓ | ✓ | | |
| SUDTC area SE Cluster | | | ✓ | ✓ |
| Restricted to 0.4 miles | | | ✓ | ✓ |

Notes: Standard errors in parentheses. $\theta^{\text{Secondary SUDTC}}$ represents other SUDTCs in operation within 0.2 miles.

* $p < .1$, ** $p < .05$, *** $p < .01$.

Appendix Table 6: Effect of SUDTC Entrance and Exit on Residential Property values: SDD Results for Sample with Exit Parameter Suppressed for SUDTC that Entered Multiple Times

Notes: Standard errors in parentheses. SUDTC with multiple entry at the same locations are considered to have never left the location. * $p < .1$, ** $p < .05$, *** $p < .01$.

**Appendix Table 7: Effect of SUDTC Entrance and Exit on Residential Property values: SDD Results
Excluding Residential Property Controls**

| | 2008-2012 | 2013-2017 | 2018-2022 | 2023-2027 |
|-------------------------|-----------|-----------|-----------|-----------|
| Year | 2008 | 2013 | 2018 | 2023 |
| Variable | ✓ | ✓ | | |
| Year Fixed Effects | | | ✓ | ✓ |
| SUDTC Fixed Effect | | | ✓ | ✓ |
| Zip Code SE Cluster | ✓ | ✓ | | |
| SUDTC area SE Cluster | | | ✓ | ✓ |
| Restricted to 0.4 miles | | | ✓ | ✓ |

Notes: Standard errors in parentheses. * $p < .1$, ** $p < .05$, *** $p < .01$.

References:

- 114th U.S. Congress. 2015. 21st Century Cures Act.
- American Psychiatric Association. 2013. *Diagnostic and statistical manual of mental disorders*. 3 ed. Arlington, VA: American Psychiatric Publishing.
- Anderson, D Mark , Benjamin Hansen, and Daniel I Rees. 2013. "Medical marijuana laws, traffic fatalities, and alcohol consumption." *The Journal of Law and Economics* 56 (2):333-369.
- Anderson, Soren T., and Sarah E. West. 2006. "Open space, residential property values, and spatial context." *Regional Science and Urban Economics* 36 (6):773-789.
- Angrist, Joshua D, and J orn-Steffen Pischke. 2008. *Mostly harmless econometrics: An empiricist's companion*. Princeton, NJ: Princeton: Princeton University Press.
- Autor, David H. 2003. "Outsourcing at will: The contribution of unjust dismissal doctrine to the growth of employment outsourcing." *Journal of Labor Economics* 21 (1):1-42.
- Balsa, Ana I, Michael T French, Johanna Catherine Maclean, and Edward C Norton. 2009. "From pubs to scrubs: Alcohol misuse and health care use." *Health Services Research* 44 (5p1):1480-1503.
- Bondurant, Samuel R, Jason M Lindo, and Isaac D Swensen. 2018. "Substance abuse treatment centers and local crime." *Journal of Urban Economics* 104:124-133.
- Bound, John, Charles Brown, and Nancy Mathiowetz. 2001. "Measurement error in survey data." In *Handbook of Econometrics*. Elsevier Science.
- Bowes, David R, and Keith R Ihlanfeldt. 2001. "Identifying the impacts of rail transit stations on residential property values." *Journal of Urban Economics* 50 (1):1-25.
- Brooks, Taggart J, Brad R Humphreys, and Adam Nowak. 2016. "Strip clubs, "secondary effects" and residential property prices." *Real Estate Economics*.
- Cameron, A Colin, and Douglas L Miller. 2015. "A practitioner's guide to cluster-robust inference." *Journal of Human Resources* 50 (2):317-372.
- Carpenter, Christopher S. 2005. "Heavy alcohol use and the commission of nuisance crime: Evidence from underage drunk driving laws." *American Economic Review* 95 (2):267-272.
- Caulkins, Jonathan P. , Anna Kasunic, and Michael A. Lee. 2014. "Societal burden of substance abuse." *International Public Health Journal* 6 (3):269-282.
- Center for Behavioral Health Statistics and Quality. 2017. Results from the 2016 national survey on drug use and health: Detailed tables. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Centers for Disease Control and Prevention. 2018a. 10 leading causes of injury death by age group highlighting unintended injury deaths, united states -- 2016. Atlanta, GA: Centers for Disease Control and Prevention.
- . 2018b. Understanding the epidemic. Atlanta, GA: Centers for Disease Control and Prevention.
- Chay, Kenneth Y, and Michael Greenstone. 2005. "Does air quality matter? Evidence from the housing market." *Journal of Political Economy* 113 (2):376-424.
- Cohen, Mark A, and Alex R Piquero. 2009. "New evidence on the monetary value of saving a high risk youth." *Journal of Quantitative Criminology* 25 (1):25-49.
- Collins, P, J Cooper, Brady Horn, M Stohr, Anthony Walsh, Lisa Bostaph, and A Baker. 2010. "The cost of substance abuse: The use of administrative data to investigate treatment benefits in a rural mountain state." *Western Criminology Review* 11 (3):13-28.

- Congdon-Hohman, Joshua M. 2013. "The lasting effects of crime: The relationship of discovered methamphetamine laboratories and home values." *Regional Science and Urban Economics* 43 (1):31-41.
- Davidoff, I. A. N., and Andrew Leigh. 2008. "How much do public schools really cost? Estimating the relationship between house prices and school quality." *Economic Record* 84 (265):193-206.
- Dealy, Bern C, Brady P Horn, and Robert P Berrens. 2017. "The impact of clandestine methamphetamine labs on property values: Discovery, decontamination and stigma." *Journal of Urban Economics* 99:161-172.
- Department of Health and Human Services. 2018. Costs and consequences of heart disease and stroke. Washington, DC: Department of Health and Human Services.
- Doran, Christopher M. 2008. "Economic evaluation of interventions to treat opiate dependence." *Pharmacoeconomics* 26 (5):371-393.
- Espey, Molly, and Hilary Lopez. 2000. "The impact of airport noise and proximity on residential property values." *Growth and Change* 31 (3):408-419.
- Ettner, Susan L, David Huang, Elizabeth Evans, Danielle Rose Ash, Mary Hardy, Mickel Jourabchi, and Yih-Ing Hser. 2006. "Benefit–cost in the california treatment outcome project: Does substance abuse treatment “pay for itself”?" *Health Services Research* 41 (1):192-213.
- Freeborn, Beth A, and Brian McManus. 2010. "Substance abuse treatment and motor vehicle fatalities." *Southern Economic Journal* 76 (4):1032-1048.
- French, Michael T, and Michael Drummond. 2005. "A research agenda for economic evaluation of substance abuse services." *Journal of Substance Abuse Treatment* 29 (2):125-137.
- French, Michael T, Hai Fang, and Ana I Balsa. 2011. "Longitudinal analysis of changes in illicit drug use and health services utilization." *Health Services Research* 46 (3):877-899.
- Gawande, Kishore, and Hank Jenkins-Smith. 2001. "Nuclear waste transport and residential property values: Estimating the effects of perceived risks." *Journal of Environmental Economics and Management* 42 (2):207-233.
- Gibbons, Steve. 2004. "The costs of urban property crime." *The Economic Journal* 114 (499):F441-F463.
- Grant, Bridget F, Frederick S Stinson, Deborah A Dawson, S Patricia Chou, Mary C Dufour, Wilson Compton, Roger P Pickering, and Kenneth Kaplan. 2004. "Prevalence and co-occurrence of substance use disorders and independent mood and anxiety disorders: Results from the national epidemiologic survey on alcohol and related conditions." *Archives of General Psychiatry* 61 (8):807-816.
- Grant, Bridget F, Frederick S Stinson, Deborah A Dawson, S Patricia Chou, W June Ruan, and Roger P Pickering. 2004. "Co-occurrence of 12-month alcohol and drug use disorders and personality disorders in the united states: Results from the national epidemiologic survey on alcohol and related conditions." *Archives of General Psychiatry* 61 (4):361-368.
- Holder, H. D. 1998. "Cost benefits of substance abuse treatment: An overview of results from alcohol and drug abuse." *Journal of Mental Health Policy and Economics* 1 (1):23-29.
- Jayakody, R., S. Danziger, and H. Pollack. 2000. "Welfare reform, substance use, and mental health." *Journal of Health Politics Policy and Law* 25 (4):623-651.

- Kalhor, E., B. P. Horn, V. Valentin, and R. P. Berrens. 2018. "Investigating the effects of both historical wildfire damage and future wildfire risk on housing values." *International Journal of Ecological Economics & Statistics* 39 (1):1-25.
- Keiger, D. 2016. Do drug treatment centers bring more crime to a neighborhood? *Johns Hopkins Magazine*.
- Kline, P. 2012. "The impact of juvenile curfew laws on arrests of youth and adults." *American Law and Economics Review* 14 (1):44-67.
- Koster, Hans R.A., and Jan Rouwendal. 2012. "The impact of mixed land use on residential propoerty values." *Journal of Regional Science* 52 (5):733-761.
- Kraft, H., and C. Munk. 2011. "Optimal housing, consumption, and investment decisions over the life cycle." *Management Science* 57 (6):1025-1041.
- La Roche, Claire, Bennie Waller, and Scott Wentland. 2014. "'Not in my backyard': The effect of substance abuse treatment centers on property values." *Journal of Sustainable Real Estate* 6 (2):63-92.
- Larsen, James E, Kenneth J Lowrey, and Joseph W Coleman. 2003. "The effect of proximity to a registered sex offender's residence on single-family house selling price." *The Appraisal Journal* 71 (3):253.
- Li, Wei, Kenneth Joh, Chanam Lee, Jun-Hyun Kim, Han Park, and Ayoung Woo. 2015. "Assessing benefits of neighborhood walkability to single-family property values: A spatial hedonic study in austin, texas." *Journal of Planning Education and Research* 35 (4):471-488.
- Linden, Leigh, and Jonah E Rockoff. 2008. "Estimates of the impact of crime risk on property values from megan's laws." *American Economic Review* 98 (3):1103-27.
- Lovenheim, Michael F. 2009. "The effect of teachers' unions on education production: Evidence from union election certifications in three midwestern states." *Journal of Labor Economics* 27 (4):525-587.
- Markowitz, Sara, and Michael Grossman. 2000. "The effects of beer taxes on physical child abuse." *Journal of Health Economics* 19 (2):271-282.
- McCluskey, Jill J, and Gordon C Rausser. 2003a. "Hazardous waste sites and housing appreciation rates." *Journal of Environmental Economics and Management* 45 (2):166-176.
- . 2003b. "Stigmatized asset value: Is it temporary or long-term?" *Review of Economics and Statistics* 85 (2):276-285.
- McCollister, Kathryn E, and Michael T French. 2003. "The relative contribution of outcome domains in the total economic benefit of addiction interventions: A review of first findings." *Addiction* 98 (12):1647-1659.
- McCollister, Kathryn E, Michael T French, and Hai Fang. 2010. "The cost of crime to society: New crime-specific estimates for policy and program evaluation." *Drug and Alcohol Dependence* 108 (1):98-109.
- McCollister, Kathryn E, Michael T French, Michael Prendergast, Harry Wexler, Stan Sacks, and Elizabeth Hall. 2003. "Is in-prison treatment enough? A cost-effectiveness analysis of prison-based treatment and aftercare services for substance-abusing offenders." *Law & Policy* 25 (1):63-82.
- McCollister, Kathryn, Xuan Yang, Bisma Sayed, Michael T French, Jared A Leff, and Bruce R Schackman. 2017. "Monetary conversion factors for economic evaluations of substance use disorders." *Journal of Substance Abuse Treatment* 81:25-34.

- McCrary, Justin. 2007. "The effect of court-ordered hiring quotas on the composition and quality of police." *American Economic Review* 97 (1):318-353.
- Muehlenbachs, Lucija, Elisheba Spiller, and Christopher Timmins. 2015. "The housing market impacts of shale gas development." *American Economic Review* 105 (12):3633-59.
- Murphy, S. M., and D. Polsky. 2016. "Economic evaluations of opioid use disorder interventions." *Pharmacoeconomics* 34 (9):863-887.
- National Institute on Drug Abuse. 2018. Principles of drug addiction treatment: A research-based guide. Bethesda, MD: National Institutes of Health.
- Pope, Devin G, and Jaren C Pope. 2012. "Crime and property values: Evidence from the 1990s crime drop." *Regional Science and Urban Economics* 42 (1-2):177-188.
- Pope, Jaren C. 2008. "Buyer information and the hedonic: The impact of a seller disclosure on the implicit price for airport noise." *Journal of Urban Economics* 63 (2):498-516.
- Popovici, Ioana, Johanna Catherine Maclean, and Michael T French. 2017. Health insurance and traffic fatalities: The effects of substance use disorder parity laws. National Bureau of Economic Research, Inc.
- Price, James I, Daniel W McCollum, and Robert P Berrens. 2010. "Insect infestation and residential property values: A hedonic analysis of the mountain pine beetle epidemic." *Forest Policy and Economics* 12 (6):415-422.
- Rajkumar, Andrew S., and Michael T. French. 1997. "Drug abuse, crime costs, and the economic benefits of treatment." *Journal of Quantitative Criminology* 13 (3):291-323.
- Rauterkus, Stephanie Yates, and Norman Miller. 2011. "Residential land values and walkability." *Journal of Sustainable Real Estate* 3 (1):23-43.
- Rudd, Rose A, Puja Seth, Felicita David, and Lawrence Scholl. 2016. "Increases in drug and opioid-involved overdose deaths—united states, 2010–2015." *MMWR. Morbidity and Mortality Weekly Report* 65.
- Schori, Maayan. 2011. "Valuation of drug abuse: A review of current methodologies and implications for policy making." *Research on Social Work Practice* 21 (4):421-431.
- Substance Abuse and Mental Health Services Administration. 2004. National Survey of Substance Abuse Treatment Services (N-SSATS): 2003. Data on substance abuse treatment facilities. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- . 2014. Projections of national expenditures for treatment of mental and substance use disorders, 2010–2020. Rockville, MD.
- . 2017. National Survey of Substance Abuse Treatment Services (N-SSATS): 2016. Data on substance abuse treatment facilities. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Swensen, Isaac D. 2015. "Substance-abuse treatment and mortality." *Journal of Public Economics* 122:13-30.
- Terza, Joseph V. 2002. "Alcohol abuse and employment: A second look." *Journal of Applied Econometrics* 17 (4):393-404.
- Thaler, Richard. 1978. "A note on the value of crime control: Evidence from the property market." *Journal of Urban Economics* 5 (1):137-145.
- U.S. Census Bureau. 2018. Median and average sales prices of new homes sold in united states. Washington, DC: U.S. Census Bureau.
- Voicu, Ioan, and Vicki Been. 2008. "The effect of community gardens on neighboring property values." *Real Estate Economics* 36 (2):241-283.

- Wen, Hefei, Jason M. Hockenberry, and Janet R. Cummings. 2017. "The effect of medicaid expansion on crime reduction: Evidence from hifa-waiver expansions." *Journal of Public Economics* 154 (Supplement C):67-94.
- Westerberg, Verner S, Barbara S McCrady, Mandy Owens, and Paul Guerin. 2016. "Community-based methadone maintenance in a large detention center is associated with decreases in inmate recidivism." *Journal of Substance Abuse Treatment* 70:1-6.
- Wolfers, J. 2006. "Did unilateral divorce laws raise divorce rates? A reconciliation and new results." *American Economic Review* 96 (5):1802-1820.



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Not in Our Backyards: Prune Hill neighbors band together to fight drug rehabilitation center

Camas hearings examiner will consider Discover Recovery conditional use permit during online hearing on March 24

By [Kelly Moyer](#) | March 18, 2021 9:20 am | [comments](#)



A "No Drug Detox Next to Dorothy Fox" sign stands at the corner of Northwest 28th Avenue and Northwest Utah Street, across from the Camas elementary school, on March 16, 2021. (Kelly Moyer/Post-Record)

Kelly Moyer/Post-Record)



Fairgate Estates, a former bed and breakfast turned assisted living center in Camas' Prune Hill neighborhood, is seen on March 16, 2021. A proposal for a conditional use permit could convert Fairgate Estates into a 15-bed inpatient drug treatment and recovery center.

Prune Hill neighbors are banding together to 'just say no' to a proposal that would site an inpatient drug treatment and recovery center next to an elementary school in the Northwest Camas neighborhood.

"All I can say is there goes our home values, our security and our hill," said Camas resident Robert Ball. "Great idea but absolutely the wrong place for it."

Hundreds of Camas neighbors seem to share Ball's views., and are speaking out on a conditional use permit set to come before the city of Camas' hearings examiner on March 24.

If approved, the permit would convert Fairgate Estate — a bed and breakfast turned assisted living center located next to Dorothy Fox Elementary School in Camas' Prune Hill neighborhood — into a 15-bed recovery center for adult professionals seeking 30- to 90-day residential treatment for substance abuse disorders.

After news broke in mid-February that the owners of Discover Recovery, a residential drug treatment facility in Long Beach, Washington, had applied for the conditional use permit, an anonymous group known as "Dorothy Fox Safety Alliance" launched a website, formed a limited liability corporation, organized a Change.org petition, placed signs opposing the facility throughout Camas and established a GoFundMe to collect money to hire an attorney.

As of Tuesday, March 16, 1,389 people had signed the group's "Camas: No Drug Detox/Rehabilitation by Dorothy Fox Elementary School" petition and 49 people, nearly all of them choosing to remain anonymous, had donated a total of \$5,140 to the online fundraiser.

On March 12, the group said it had secured legal representation from a local Camas attorney.

"Brian Lewallen, a local attorney with a background in environmental, land-use and real estate law has volunteered his exceptional knowledge and expertise in support of the alliance and our close-knit community, pro bono," the group wrote on its GoFundMe site on March 12.

Lewallen confirmed he was representing the safety alliance group at the March 24 hearing, but the Post-Record was unable to reach Lewallen for comment before this newspaper's print deadline.

Organizers of the Dorothy Fox Safety Alliance have not responded to the Post-Record's requests for comment.

At the heart of the opponents' message is a belief that the inpatient rehabilitation facility would harm the Prune Hill neighborhood.



A "No Drug Detox Next to Dorothy Fox" sign located on Northwest 23rd Avenue in Camas, points toward the former Fairgate Estates assisted living center on March 16, 2021. (Photos by Kelly Moyer/Post-Record)

In its online appeal to Prune Hill neighbors and other Camas residents, the Dorothy Fox Safety Alliance claims “the rehabilitation industry is a \$42 billion industry with exceptionally little oversight (or) regulation,” brings up an unnamed community “torn apart from a kidnapping, rape, strangulation of an 11 year old girl at the hands of an addict” and asks “for community support and assistance in bringing our collective voice to local leaders regarding our legitimate concern for public safety, code use and alignment” to the city’s long-range goals.

Discover Recovery co-founder Thomas Feldman has tried to assure residents that his company “has taken measures to address potential concerns and to minimize possible negative impacts on neighbors.”

The facility, which is regulated by the Washington State Department of Health, will have 24-hour supervision and on-site medical staff, including nurses and a medical doctor set to visit the site three days a week.

Feldman said the Discover Recovery center will not allow patients to leave the facility without a pre-approved, scheduled outing; install cameras throughout the facility and monitor those cameras “24 hours a day;” and make sure programming for Discover Recovery will not include activities at an adjacent park or on school property.

His assurances have done little to assuage the fears of the many Prune Hill residents who worry the center will adversely impact their neighborhood.

Dozens of residents have voiced their concerns on the Change.org petition urging city leaders to deny the facility’s conditional use permit.

“To have a drug rehab in a heavily populated area and right next door to an elementary school is CRIMINAL!” wrote one petition-signer. “I am all for this type of facility and feel they are VERY needed. However, this is absolutely an unacceptable location!”

“Horrible idea! Worst possible location for a facility like this,” wrote another person.

“I’m signing because our children’s safety in our own neighborhood should be the highest priority,” another petition-signer commented. “Quality public schools, livability and safe neighborhoods are the identity of Camas, not for profit businesses which bring unwelcome and unsafe elements to our immediate community. I’m supportive of drug rehab centers but NOT next to an elementary school.”

Long Beach Police chief: ‘We’ve had less trouble with the drug rehab than we did with the retirement home’

Camas residents who have spoken out in opposition to the Discover Recovery facility say they fear the drug treatment center would be unsafe for the children at the nearby Dorothy Fox Elementary School and would contribute to an uptick in crime in Prune Hill.

The Discover Recovery facility located in Long Beach on the Washington coast, has been in that community for a little more than two years, and Long Beach Police Chief Flint Wright told the Post-Record this week that he doesn’t lose any sleep over the drug rehabilitation and treatment center.

“We’ve had calls over there, but it’s not been over the top,” Wright said of the Long Beach Discover Recovery center. “We’ll get a call that a client left against advice, or they’ll ask us to do a welfare check, but I wouldn’t classify it as a problem. It’s not something I wake up everyday worrying about.”

The Long Beach drug treatment and recovery facility is located in a residential neighborhood with a baseball field across the street, Wright said, adding: “It just hasn’t been a huge issue.”

In fact, Wright said, the Long Beach Police Department had more serious calls at the Discover Recovery address when it was a senior living facility.

“We’ve had less trouble with the drug rehab than we did with the retirement home,” he said.

Feldman told the Post-Record in February there is an urgent need for small drug treatment and recovery centers like the one being proposed in Camas.

“For people who are looking for treatment, especially for adult professionals — doctors, lawyers and other professionals — who want a highly individualized treatment experience without having to go to California or Utah, there are not a lot of facilities in (the Pacific Northwest),” Feldman said.

He added that, while the 40-bed Discover Recovery center in Long Beach is equipped to treat people with few resources, the Camas treatment facility would be geared toward working professionals.

Neighbors share fears with Camas City Council

Although most Camas residents have been posting their fears regarding the proposed drug treatment facility on social media apps like NextDoor and on the online Change.org petition, some have shared their thoughts in a more public forum.

Three community members spoke at the Camas City Council’s regular meeting on Monday, March 15, and all were opposed to placing a treatment facility at Fairgate Estates.

“I live a few hundred feet from this facility, and I understand the growing need for rehab (centers), but want quality rehab facilities,” Prune Hill resident Hannah Rogers told the city council this week. “I feel like there is a bit of an obvious hole in our zoning that would allow this to be right next to an elementary school. That means that every single school in Camas is fair game.”

Rogers said she feared more drug rehabilitation facilities, perhaps ones “of lesser quality” would come to Camas and set up shop near other schools if the city hearings examiner set precedent by allowing a treatment center to set up shop next to Dorothy Fox Elementary School.

“The precedence we’re setting is the most important thing to think about on a larger scale,” Rogers said.

Camas residents Maggie Koch and Yoshie McClanahan also spoke at Monday night’s council meeting.

McClanahan said she worried that a “nondiscrimination bill” would pass that would mandate all drug rehabilitation facilities open to “all patients seeking services.”

“Could we have homeless encampments right here in Camas?” McClanahan asked the city councilors, adding that she would like to know if the city was prepared to “ramp up enhanced police presence.”

Koch said she worried the facility would not have a doctor on site and would have “just two staff members overseeing their 15 patients (and) neither are medical professionals.”

“I’m concerned about safety,” Koch told the city councilors, adding that she worries about a lack of behavior control among the center’s future patients.

“I’m concerned such volatility could slip over into our community,” she said. “They cannot promise us that they will not be required to treat a sex offender.”

“A center of this nature is misguided, unsafe and incongruent with past uses of this property,” Koch said.

State oversees inpatient drug rehabs, says Discover Recovery ‘in good standing’

Feldman has said the Camas facility will have at least two staff members — including a nurse — on-site, 24 hours a day. He also said the facility is not a sober-living or outpatient facility but rather a center treating residents who are there voluntarily and who will not be allowed to have guests or leave the facility unaccompanied.

There are no plans to expand the Camas facility to more than 15 beds at this time, and Feldman said the center would not admit registered sex offenders “unless required by law.”

The Long Beach Discover Recovery includes a medical director, clinical director, nurse practitioner, two registered nurses and two primary counselors on its staff — all of whom have licenses in good standing, according to state records.

The Washington State Department of Health oversees residential drug treatment facilities in the state of Washington.

Inpatient drug rehabilitation facilities in Washington must go through a licensing process that includes background checks and state approval of the facility's building construction, policies and procedures, said state Department of Health spokesperson Katie Pope.

"Once operational, (the state) routinely surveys the facility and conducts chart and personnel file reviews. Surveys occur on a regular basis, every 18 months," Pope told the Post-Record on Tuesday, March 16. "In addition to surveys, DOH reviews complaints and investigates potential violations of state laws and rules. If the complaint is substantiated, DOH can take enforcement action as necessary."

Pope said state records show the Long Beach Discover Recovery facility is "in good standing with DOH, with no disciplinary action."

She added the state did receive and investigate four complaints against the facility in 2019, but said Discover Recovery submitted plans for correcting the issues, and that "it's important to note that the complaints were not necessarily patient- or patient-care related."

The Post-Record has submitted public records requests for more information about each of the 2019 complaints and Discover Recovery's correction plans.

'Local recovering addict' appeals to neighbors, asks for respectful conversation

Jesse Cirillo grew up in Camas' Prune Hill neighborhood. He attended Dorothy Fox Elementary School, Skyridge Middle and Camas High before graduating from Hayes Freedom High School in 2011.

Now a 28-year-old married father with two young daughters, Cirillo has purchased his childhood home and is raising his family in the same neighborhood where he grew up.

"I'm absolutely concerned about the safety of our children, but I'm also concerned about children who are living in homes with parents who are using drugs and can't get help because the community stigmatizes addicts," Cirillo recently told the Post-Record.

A recovering addict who has been clean for eight years, Cirillo knows exactly what happens inside inpatient drug treatment centers.

"By the time I was 16, I was an (intravenous) heroin user," Cirillo said.

When he turned 19, Cirillo checked himself into an inpatient drug rehabilitation program.

"By the time I got to inpatient treatment, I was so done living a life of lying and hurting people, I just wanted a reprieve ... so I was willing to follow the rules and do what I needed to do to get clean," he said.

Cirillo said he was pleased to see that Discover Recovery planned to transform the Fairgate Estates building into a drug treatment and recovery center.

"I remembered when this was a bed and breakfast. I found out they were proposing a rehab facility on Prune Hill and thought, 'What a blessing that we get to be a place for people to recover,'" Cirillo said.

Then he noticed a growing number of posts on his Prune Hill neighborhood's NextDoor page disparaging drug addicts and insinuating that people seeking substance abuse treatment might harm children at the nearby Dorothy Fox Elementary School.

“It sounds like they think addicts are something that is evil. Like they’re going to kidnap children and do some weird vampire stuff,” Cirillo said. “I try to stay as far away from NextDoor as possible, but that hit me personally. I don’t view addicts that way.”

So, Cirillo decided to post to NextDoor and reach out to his neighbors.

“I decided to make one post to say, ‘Hey guys, I live in this neighborhood and am a recovering addict, so if you’d like a different perspective, reach out to me directly,’” he said.

Cirillo’s post, titled “Your Local Recovering Addicts” said he and his wife, Rachel — also a recovering addict — would be willing to speak directly to any neighbor who had fears or concerns about the proposed drug rehabilitation center.

“I was introduced to heroin in high school (right here in Camas),” Cirillo told his neighbors. “I continued to use for many years here on Prune Hill. I have personally been to several treatment facilities. I hear the concern about the predatory nature of the rehabilitation industry. Yes, that is a concern that is valid. At the same time, we are in an epidemic among a pandemic. Recovery resources are limited and we need all tools and harm reduction to combat this disease.”

He added that, as the father of two girls, ages 2 and 4, who will attend Dorothy Fox Elementary School, he has “no fear about the clients within the treatment facility.”

Jesse and Rachel Cirillo provided their personal email addresses for neighbors who wished to reach out to talk about the proposed center.

Cirillo’s NextDoor post generated more than 100 comments and Jesse said he spoke to a few people via email.

“I wasn’t aiming to change their minds, I just wanted to dialogue with people who disagreed with me,” Cirillo said. “When hard topics like this come up, our ability to dialogue collectively as a community is important. Disagreeing with respect is so important when everything is so polarized, and I hope we can have that in our little community of Camas.”

Hearing examiner will conduct virtual hearing on March 24

In their application for a conditional use permit, the Discover Recovery owners point out that the city’s zoning code allows a nursing or convalescent home, defined as “an establishment which provides full-time care for three or more chronically ill or infirm persons,” as a conditional use for the R-12 zone where Fairgate Estates is located.

According to the Discover Recovery application, the facility contends it meets the conditional use requirements “by providing living units for individuals seeking to recover from disorders in the abuse of drugs, alcohol and other substances ... and by (providing) a safe and holistic setting staffed with medical and clinical professionals to help those who are suffering substantive abuse orders.”

The application also states the facility will be staffed by “three medical and clinical professionals, two food service/kitchen professionals, a maintenance person, one executive, and a patient admissions person” on weekdays, with a medical doctor visiting the facility for approximately two hours, three days a week.

After the COVID-19 pandemic has ended, the facility plans to have “periodic supervised off-site resident group outings” between the hours of 10 a.m. and 4 p.m. on the weekends, two to three times each month.

The Camas hearings examiner will conduct a virtual public hearing regarding Discover Recovery’s application for a conditional use permit at 5 p.m. March 24. For more information, visit cityofcamas.us/images/DOCS/PUBLIC/publicnotices/2021notices/CUP21-01%20Notice%20of%20App%20and%20Hearing.pdf

Laura Meza
315 8th St NE
Long Beach, WA 98631

To Whom It May Concern,

The Discovery Recovery center is located on the same street where I own and live in a triplex, located right in front of this center. When we bought our property, this building was for sale and unoccupied. It was not in the best shape and because of the location on a dead-end street I could not really imagine that anybody would move in soon. I was stoked to not have business neighbors anytime soon. So, when we found out that there would be a new business opening and what center it was, I was not keen to it. In the first few months, before and after opening, we were very concerned. I have 3 children and two tenants, and thought it was in their and my best interest to pushback. My number one concern was safety, privacy (both ways ours and their clients), and of course the number of people frequenting the center every day. After opening, it took us a few months to adjust to the changes, granted they were also in the process of adjusting and adapting to our needs and theirs. During this time, everything that we expressed concern with was addressed in not only a timely manner but with a permanent solution. As I look back now, I would say that our concerns came from a place of unintentional prejudice and lack of awareness. Our experience as homeowners and neighbors has been completely opposite of what we imagined. I am very protective of our family and their surroundings and I feel completely comfortable enough to allow my children to play outside and we live close enough to where their ball rolls into their parking lot often and they bike and scooter even with cars coming in and out, their employees are well aware and I believe they take care when driving in and out as I've had no problem with this at all either, which was a big one of mine. Before they took over, the building was a bit run down and now it is well maintained and they always have projects going on to maintain the building and grounds, as well as someone who provides maintenance and daily upkeep. They also built a gated outside common area and included a separate smoking area which was another concern we had expressed. In our neighborhood we have bears that are always looking for garbage and after having their garbage broken into, they were quick to clean up and even a step further, built a bear proof shed to prevent it from happening again. These are examples of things really were not any bigger than dealing with any other neighbor. What stands out to us now the most is consistency: consistent AA meetings (I believe), consistent group activities that they have without disturbance to their neighbors, consistent walks, and year after year carved pumpkins out front and Christmas cards and random treats for us, their neighbors. Since Discovery Recovery's opening, I have learned a great deal about not judging a book by its cover; I most definitely did, and I can accept I was wrong to assume many things. I would recommend anyone with concern to be open and expressive but not have tunnel vision. Thank you for your time.

Sincerely,



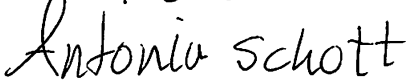
Laura Meza

March 31, 2021

To Whom It May Concern:

Our names are Antonia and Enrique Schott. We live across the street from Discover Recovery at 315 Eighth Street North East. While living here we have had no issues with our neighbors, and feel very safe with the work they do. They have been good neighbors and seem to run a very good program. We have our grandchildren over frequently, they play outside, and use the nearby park. At no time have we felt scared or concerned for their safety. We have limited contact with the patients, and the staff have always been kind and courteous.

Sincerely,

ENRIQUE SCHOTT

Antonia & Enrique Schott

Begin forwarded message:

From: Wendy Murry <sirenboutique@hotmail.com>
Subject: Discovery Recovery neighbor
Date: March 29, 2021 at 4:25:37 PM PDT
To: "dru@discoveryourrecovery.com"
<dru@discoveryourrecovery.com>

To who it may concern, I'm writing as a neighbor who shares my

backyard fence with Discovery Recovery in Long Beach, WA. When we heard Discover Recovery was buying the building we were the only neighbors I think who we're not concerned. We were happy to hear the derelict building behind us was going to be fixed up, it was rapidly becoming a hazard. We have a teen daughter with friends who use the backyard and swimming pool all summer and have never had a single issue. The rehab facility build a tall privacy fence as was promised. We have no issues and support Discover Recovery.

Wendy, and Del Murry
Long Beach City Council
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March 29, 2021

To Whom It May Concern,

My name is Todd Wilson, I am the Division Manager for Weatherguard Inc, and oversaw a major roofing project in April 2020 at the Discover Recovery facility located at 800 Washington Ave N. in Long Beach, WA. During our time working at the facility, neither myself nor the crew felt at risk at any time. The facility and their patients were well contained and the environment appeared very structured and safe. Our employees had to work on both the interior and exterior of the building and no incidents nor negative interactions with the staff nor patients took place. Our company trucks were left unlocked while on site and there were no instances of theft, which would have been very easy.

Overall, my impression of the facility is that it is safe and well run. There was a visible presence of staff and our experiences with the clients were all positive. As clients, Discover Recovery was easy to work with, and we had no issues collaborating with the organization. They are committed to helping people and providing them with a safe and comfortable environment to heal.

Sincerely,

A handwritten signature in black ink that reads "Todd Wilson". The signature is written in a cursive style and is positioned above a light blue rectangular stamp.

Todd Wilson
Maintenance and Repair Division Manager



March 29, 2020

To Whom It May Concern,

Please allow me to introduce the owners of Tranquility Partners, DBA Discovery Recovery, Christopher Paulson and Thomas Feldman, whom I have worked personally with for the past several years. They, along with their business have become an asset to our community, and a worthy business partner.

In making the decision to work with this agency, I had to perform due diligence related to not only the company, but also their impact on the surrounding community. Discover Recovery have been active members of the Long Beach community, and their impact has been a positive one. Notwithstanding the nature of the work they do, there have been no issues related to public safety, and they continue to focus on improvements for both their facility and client experiences in treatment. I have personally toured the facility and seen the improvements being made, and while on site I did not experience any concerns related to the patients being served.

If you have any questions or would like to discuss further, please do not hesitate to contact me. My direct line is 360-642-1090.

Sincerely,

Laura Smith
Vice President

Justin Grafton
1732 SE 3rd St
Astoria OR 97103
3.30.2021

Christopher Paulson

Discover Recovery
800 Washington Ave N.
Long Beach WA 98631

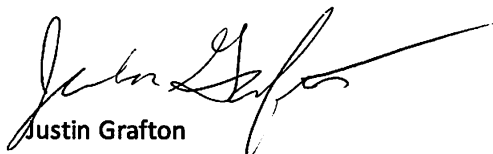
To Whom It May Concern,

My name is Justin Grafton, I am a local artist and photographer. I have visited the Discover Recovery facility located at 800 Washington Ave N. twice to assist with staff photos and interior shots of the facility. My intention in writing this letter is to offer some feedback about my experience with the a forementioned facility, their staff, and clients.

My first experience visiting the site was 04/23/2020. At no time did i feel unsafe or worried about the clients or milieu. The staff appeared passionate about the work they do and were very accommodating and kind. Sometimes there is the misconception that people seeking treatment are dangerous, however, I found highly motivated patients and had an incredibly positive experience. The treatment setting felt controlled and highly structured, but also quite warm and welcoming.

I went back in February of 2021 to take some additional staff headshots, along with interior photographs. I was impressed by the work that had been done internally, and the facility had changed much since I had last visited. Outdoor areas were developed, interiors had been remodeled and there was a clear investment in the patient's experience and the treatment setting. Again, the staff was highly attentive towards the patients, and at no point in time did I experience any feelings of concern for my safety. The impression i had was that there is a tremendous amount of healing, and high levels of motivation present.

Sincerely,



Justin Grafton

March 28, 21

I was asked if I could write a letter of how I feel about having Discover Recovery as A Neighbor.

I live on 10th NE Washington and love to go for walks after work.

I am grateful to see how they have worked on the building and landscaping. The building was overgrown with bushes and trees. Also needing A new roof. The building looked horrible.

When I walk by I never hear or see anything or anyone that may make me concerned.

However 10th + Pacific I am afraid to walk by. The New low income Housing. I see many people coming and going. Standing outside with kids in the road.

I never feel like "oh I should lock my stuff up because of A treatment center." I do however over the New housing development.

Treatment facilities are following strict State Guide lines and regulations. I feel safe and relaxed with Discover Recovery as my neighbor.

Thank you,
Gina Helbert

503.298.9594
319 10th NE Longbeach, WA 98024



Appraisal Report

Tranquility Property | Long Beach, WA 98631

Latitude: 46.356583°

as of December 5, 2019

Longitude: -124.052056°



Prepared for

Bank of the Pacific
Ms. Barron
Credit Support Specialist

Prepared by

Aaron Taylor, MAI, ASA

KM Job A19-1276

Kidder Mathews

Valuation Advisory Services

101 SW Main St, Suite 1200

Portland, OR 97204

503.721.2707 | Fax 503.221.2277

aaron.taylor@kidder.com

kidder.com



December 18, 2019

Alyssa Barron
Credit Support Specialist
Bank of the Pacific
4124 Hannegan Rd
Bellingham, WA 98226

RE: Tranquility Property
800 N Washington Ave
Long Beach, WA 98631

Ms. Barron,

An appraisal of the above-referenced property has been prepared, which is described in the attached report. This report has been prepared in conformance with the current Uniform Standards of Professional Appraisal Practice (USPAP) and meets the appraisal standards for Federally Related Transactions adopted by the Office of the Comptroller of Currency (OCC), and FIRREA. These services comply with and are subject to the Code of Professional Ethics and Standards of Professional Practice of the Appraisal Institute. The intended users of this report are Bank of the Pacific, Affiliates or Assigns. Bank of the Pacific reserves the right to use the report for the purpose of syndication with other financial institutions or securitization.

As a result of the investigation and analyses, the concluded As-Is Market Value of the fee simple interest, subject to the limiting conditions contained herein, is:

| VALUATION PREMISE | INTEREST APPRAISED | DATE OF VALUE | VALUE |
|--------------------|--------------------|------------------|-----------|
| As-Is Market Value | Fee Simple | December 5, 2019 | \$790,000 |

The subject is currently pending sale for \$385,000 and the pending sales price is below market.

Respectfully submitted,

A handwritten signature in blue ink that reads 'Aaron L. Taylor'.

Aaron Taylor, MAI, ASA
Certified General Real Estate Appraiser
Washington No. 1100516
Expires January 14, 2021

Certification

I certify that, to the best of my knowledge and belief:

- 1) The statements of fact contained in this report are true and correct.
- 2) The reported analyses, opinions, and conclusions are limited only by the reported assumptions and limiting conditions and are my personal, impartial, and unbiased professional analyses, opinions, and conclusions.
- 3) I have no present or prospective interest in the property that is the subject of this report and no personal interest with respect to the parties involved.
- 4) I have performed no services, as an appraiser or in any other capacity, regarding the property that is the subject of this report within the three-year period immediately preceding acceptance of this assignment.
- 5) I have no bias with respect to the property that is the subject of this report or to the parties involved with this assignment.
- 6) My engagement in this assignment was not contingent upon developing or reporting predetermined results.
- 7) My compensation for completing this assignment is not contingent upon the development or reporting of a predetermined value or direction in value that favors the cause of the client, the amount of the value opinion, the attainment of a stipulated result, or the occurrence of a subsequent event directly related to the intended use of this appraisal.
- 8) My analyses, opinions, and conclusions were developed, and this report has been prepared, in conformity with the *Uniform Standards of Professional Appraisal Practice*.
- 9) Aaron Taylor, MAI, ASA, inspected the subject, as well as physically inspected the exterior of the comparables used in this report.
- 10) Jordan Mostek provided significant real property appraisal assistance to the person signing this certification. As of the date of this report, Jordan Mostek has completed the Standards and Ethics Education Requirements for Practicing Affiliates of the Appraisal Institute.
- 11) The reported analyses, opinions and conclusions were developed, and this report has been prepared, in conformity with the requirements of the Code of Professional Ethics and Standards of Professional Appraisal Practice of the Appraisal Institute.
- 12) The use of this report is subject to the requirements of the Appraisal Institute relating to review by its duly authorized representatives.
- 13) As of the date of this report, Aaron Taylor, MAI, ASA, has completed the continuing education program for Designated Members of the Appraisal Institute.



Aaron Taylor, MAI, ASA
Certified General Real Estate Appraiser
Washington No. 1100516
Expires January 14, 2021

BBG



Third-party reports by a true third party

Appraisal Report

Discover Recovery

Rehabilitation Center
800 Washington Avenue North
Long Beach, Washington 98631

BBG File No. 0121001851
Client File No. CBC-21-000054-01-1

Prepared For

Richard Ohl
California Bank & Trust, a division of Zions Bancorporation, N.A.
1900 Main Street, Suite 200
Irvine, CA 92614

Report Date

March 10, 2021

Effective Date of Value

February 17, 2021

Prepared By

BBG, Inc., Vancouver Office
1111 Main Street, Suite 410
Vancouver, WA 98660
360-980-8242

Client Manager: Philip Hanshew, MAI, AI-GRS
Email: phanshew@bbgres.com



VALUATION



ADVISORY



ASSESSMENT



ZONING



March 10, 2021

Richard Ohl
California Bank & Trust, a division of Zions Bancorporation, N.A.
1900 Main Street
Suite 200
Irvine, CA 92614

Re: Appraisal of Real Property
Discover Recovery
800 Washington Avenue North
Long Beach, Washington 98631
BBG File No. 0121001851
Client File No. CBC-21-000054-01-1

Dear Richard Ohl:

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 owner-operated, 40-bed Rehabilitation Center. The subject is a single-story, 13,182 square foot building constructed in 1964 and renovated in 2020. Build out includes four detox rooms, seven offices, two classrooms, one cafeteria, one kitchen, one gym, and one nurses station. The subject site consists of 0.81 acres (35,284 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), the appraisal guidelines set forth in Title XI of the Financial Institutions Reform, Recovery, and Enforcement Act of 1989 (FIRREA), and the December 2010 Interagency Appraisal and Evaluation Guidelines. This report has been written in accordance with the Code of Ethics and the Standards of Professional Practice of the 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 listed below. Pursuant to the requirement within Uniform Standards of Professional Appraisal Practice Standards Rule 2-2(a)(xiii), it is stated here that the use of any extraordinary assumptions might have affected the assignment value.

| | |
|------------------------------------|--|
| Extraordinary Assumption(s) | This appraisal employs no extraordinary assumptions. |
| Hypothetical Condition(s) | This appraisal employs no hypothetical conditions. |

Mr. Ohl
 March 10, 2021
 Page 2

Based on our inspection of the property and the investigation and the analysis undertaken, we have concluded the following value opinion(s).

| MARKET VALUE CONCLUSION(S) | | | |
|----------------------------|--------------------|-------------------|------------------|
| Appraisal 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.

Sincerely,

BBG, Inc.



Phillip Hanshew, MAI, AI-GRS
 WA Certified General Appraiser
 License #: 1102191
 360-980-8242
 phanshew@bbgres.com



Joel H. Thompson
 WA Certified General Appraiser
 License #: 20114624
 971-346-4605
 jthompson@bbgres.com



March 30, 2021

To Whom It May Concern:

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.

The majority of these clients return to treatment, as their motivation for leaving is often short lived, and the time and space gives them an opportunity to reflect and recognize the importance of the decision to leave a potentially life saving treatment. In the few instances where patients have left, and chosen not 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.

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.

Sincerely,

A handwritten signature in cursive script, appearing to read "Lorrie Brinkerhoff".

Lorrie Brinkerhoff
Executive Director

800 WASHINGTON AVE N | LONG BEACH, WA 98631 | 360.244.4707 | FAX: 360.642.3014
www.DiscoverRecovery.com

From: Brian Wiklem <brian@ispeedonthe405.com>
Sent: Thursday, April 1, 2021 11:07 AM
To: Sarah Fox; landuse@clark.wa.gov
Cc: Brian Lewallen
Subject: Fwd: Public Hearing CUP21-01
Attachments: CAMAS MEETING SECTION E.docx

WARNING: This message originated outside the City of Camas Mail system. **DO NOT CLICK** on links or open attachments unless you recognize the sender and are expecting the content. If you are unsure, click the Phish Alert button to redirect the email for ITD review.

Sarah,

I noticed that my written statement that Joe Turner specifically asked for during last weeks call (and was submitted immediately after I spoke based on the time/date stamp below) was not included in the packet posted yesterday.

I request that it be added immediately, and Mr. Turner notified that my statement was in fact submitted on time in accordance with his direct request from the meeting last week.

I'm copying the Dorothy Fox Alliance attorney, Brian Lewallen and the Clark County email for land use.

- Brian Wiklem

----- Forwarded message -----

From: Brian Wiklem <brian@ispeedonthe405.com>
Date: Wed, Mar 24, 2021 at 6:19 PM
Subject: Re: Public Hearing CUP21-01
To: Sarah Fox <SFox@cityofcamas.us>

At the request of Joe Turner, I'm submitting my written testimony in reference to the application for Discover Recovery.

Regards

=b

Brian Wiklem - WIKLEM, 3413 NW 23rd Avenue, Camas WA 98607

I would like to respond specifically to the report by the Senior Planner for the city of Camas which claims in Section E "The Proposed Use is consistent with goals/policies in the comprehensive Plan", that Discover Recovery meets the needs of "Housing for those with health and disability challenges", and that it "fulfills the Camas 2035 plan". I believe this to be an erroneous assessment and I'll explain why.

The Camas 2035 plan talks about the need for affordable housing, including seniors and special needs, and mentions seniors 11 times, and the need to "Encourage and support social and health service organizations that offer programs and facilities to help persons with special needs remain in the community."

Patients, and that's what they are at this facility, are there according to their website as little as 2 days, and as much as a few weeks. Patients, like a hotel or AirBnb guest, are defined as TRANSIENT OCCUPANTS, they are not citizens of the city of Camas. This is a short term treatment program - not housing for special needs. Like a hotel guest, transient occupants - only reside for a short period of time - they have no financial or ownership interest; no government ID to show this as a permanent place to live; minimal personal belongings; and ultimately have a permanent residence elsewhere.

The definition the Senior planner has used in the report that supports these "patients" as fulfilling the Camas 2035 plan would also by default make any guests of the 2 Hotels and 14 AirBnB listings in Camas also "residents of city". It's an absurd statement, but that is using the same criteria as the Sr Planner has applied them to Discover-Recovery's patients and application.

Using the same criteria by the senior planner the homeless could set up a tent camp at Dorothy Fox park, and it would meet the definition of "affordable housing". Future reports by the senior planner require further community scrutiny as a result. As a result, The Sr. Planner's report is not only inaccurate, but downright negligent in its summary. It's a false equivalency that transient occupants meet the needs of fulfilling the 2035 plan.

The plan for this facility provides neither permanent or affordable housing and in fact, it's TAKING AWAY BEDS from seniors, in place of transient occupants. That's in direct opposition to the 2035 plan

By camas's own survey data, People move to camas for safety, schools and community - let's keep it that way.

From: James Rogers <emailjamesrogers@gmail.com>
Sent: Wednesday, March 24, 2021 4:55 PM
To: Sarah Fox
Subject: CUP for Discover Recovery Drug Detox/Rehab Facility Next to Dorothy Fox Elementary

Follow Up Flag: Follow up
Flag Status: Flagged

WARNING: This message originated outside the City of Camas Mail system. DO NOT CLICK on links or open attachments unless you recognize the sender and are expecting the content. If you are unsure, click the Phish Alert button to redirect the email for ITD review.

Good evening City of Camas,

It is amazing to me that we are even deliberating this today.

First, of course we value, respect, and support those going through the hard work of drug detoxification and rehabilitation. However, I want to challenge you to think of a worse location for a drug detox/rehab facility? Even zoning by random selection would do a better job of selecting an appropriate location. Furthermore, just think of the horrible precedence this would set.

Safety Risks. The safety concerns alone are enough to deny this application. How can this proposed facility be just as safe as an assisted living facility? Claiming they are of equivalent safety is absurd. Such a claim is not only invalid on its face, but it is invalidated by the facts. Just read all the police reports and personal testimony of the neighbors associated with Discover Recovery's already existing facility in Long Beach, WA.

Camas has worked hard to be known as one of Washington State's safest cities. According to PoliceArrests.com, "Camas, WA is among the safest cities in the USA with 0.67 per 1,000 residents crime rate compared to national 4.69 average." Allowing this facility to exist right next to Dorothy Fox Elementary School will, at minimum, damage that reputation and, more likely, cause life-changing harm to the safety of our neighborhood and the well-being of our children. At minimum, I don't want my children being exposed to the frequent foul language and cigarette smoking always associated with such facilities when they walk by on the sidewalk or go with us to get the mail. If only one child is harmed, especially in more dramatic ways, by permitting this facility, the City of Camas will be responsible for that damage by taking this inappropriate and unacceptable risk. This is not just a moral liability, but a legal one as well.

School reputation and funding. I have three children under the age of 7 and we moved to Camas three years ago primarily because of Dorothy Fox Elementary School's great reputation and safe walkable neighborhoods and parks. I can tell you that if this facility is allowed to exist next to Dorothy Fox, there is no way I am going to let my children attend that school. As a recent survey of the neighborhood submitted to you shows, I am not alone in this opinion. This effect will cause real damage to the school's reputation, and will be followed by a significant drop in students enrolled and a loss of associated funding. This survey also demonstrates that many families would completely move out of the neighborhood.

This is a very irresponsible proposals and I hope, for all our sakes, that the City of Camas will not only reject it, but will address this in the zoning in a way that such a proposal is never seriously considered again.

Very respectfully,

James Rogers
Concerned resident of Prune Hill

From: Erica Torres <dr.torres@me.com>
Sent: Wednesday, March 31, 2021 8:44 PM
To: Sarah Fox
Subject: Fwd: Message Failed To Send [Discover Recovery]

WARNING: This message originated outside the City of Camas Mail system. DO NOT CLICK on links or open attachments unless you recognize the sender and are expecting the content. If you are unsure, click the Phish Alert button to redirect the email for ITD review.

Hello! I sent this around 1pm today (please see time stamp on forwarded message below!) but I just now noticed that delivery failed. I am sending again in the hopes that it will get to you this time!

Sincerely,
Dr. Erica Torres

Begin Forwarded Message:

Subject: Message Failed To Send [Discover Recovery]

This is a system-generated message to inform you that your email could not be delivered to one or more recipients. Details of the email and the error are as follows:

<dr.torres@me.com> connect to
<sfox@cityofcamas.us> [119.13.240.54]:25: Connection refused

[sfox@cityofcamas.us] on Wed, 31 Mar 2021 13:34:57
Server host not found.

[Message: To Whom It May Concern:My name is Dr. Erica Torres, and I live at 1433 NW 34th Ave. I am a Clinical Psychologist with close to 20 years of experience working with the most vulnerable of patients with substance abuse disorders and mental illness, I am writing to you to express my concerns with Discover Recovery's plans to run a residential treatment facility under the guise of a convalescent home. The City of Camas defines a "convalescent home" as "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." The fact that "acute illness" precludes an establishment from being considered a convalescent home, must be taken into serious account. Discover Recovery has stated that they will be running a Medical Detox program in Camas. Detox requires monitoring by a medical professional because it can sometimes be fatal. In our field of psychiatry/psychology. The impact of detoxing can be very different for each individual, and it depends on many factors (e.g., the substance(s) the person is addicted to, how long the patient has been addicted, the severity of the addiction, any co-occurring mental health issues, any other medical issues, the age of the patient, drug allergies, etc.) For this reason, we cannot always know whether detox will become acute, and we must practice from the assumption and be prepared for the likelihood of high acuity. The medical definition of acute describes life-threatening or critical conditions. Detox must be monitored twenty-four hours a day, seven days a week, at an in-patient care facility. This is because there is a higher risk of fatal side effects, respiratory failure, and seizures. While the owners of Discover Recovery are defining themselves as a convalescent home, Washington state laws would consider a facility providing medical detox, a residential treatment facility- not a convalescent home (Chapter 246-337 WAC:).

In addition, the City of Camas must take into consideration the impacts of safety on the neighboring community members. Because this treatment facility will only treat voluntary patients, they will not be able to operate under the Involuntary Treatment Act (RCW 71.05.153: Emergency detention of persons with behavioral health disorders—Procedure. (<i>Effective until January 1, 2021.</i>) (wa.gov)). This means that the facility cannot

lawfully detain a patient. Patients will have the legal right to walk out as they wish, as designed to protect our civil rights. This brings with it the inevitable risks of managing individuals who may still be in the process of detoxing from substances. Withdrawing from substances can include symptoms like irritation, psychotic episodes, hallucinations, thoughts of self-harm, etc., and these symptoms can lead a patient to behave erratically. Residential treatment facilities must always consider the safety of the patients and the surrounding community. Having a residential treatment facility next-door to an elementary school will come will impact the safety in the community.

The City of Camas *should* invest in and support the mental health and the chemical recovery of its community members. However, the City must responsibly consider an adequate location that is safe for both the patients and the community at large. Fairgate Estate is *not* an adequate location to ensure safety for all. I hope you will consider my point of view as a community member and a mental health professional committed to serving our most vulnerable populations.]

This message is intended solely for the use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential, and exempt from disclosure under applicable state and federal laws. If you are not the addressee, or are not authorized to receive for the intended addressee, you are hereby notified that you may not use, copy, distribute, or disclose to anyone this message or the information contained herein. If you have received this message in error, immediately advise the sender by reply email and destroy this message.
