

**TOWN OF KENT
PLANNING AND ZONING COMMISSION**

41 Kent Green Boulevard
P.O. Box 678
Kent, CT 06757
Phone (860) 927-4625 Fax (860) 927-4541

AUGUST 10, 2017 REGULAR MEETING MINUTES

The Town of Kent Planning and Zoning Commission held a regular meeting on Thursday, **August 10, 2017 at 7:00 p.m.** in the Kent Town Hall.

1. CALL TO ORDER

Chairman Johnson called the meeting to order at 7:05 p.m.

2. ROLL CALL AND APPOINTMENT OF ALTERNATES IF REQUIRED

Commissioners Present: John Johnson, Chairman; Alice Hicks, Adam Manes, Anne McAndrew, Marc Weingarten, Wes Wyrick, Karen Casey, Richard Chavka

Staff Present: Donna Hayes, Land Use Administrator

Chairman Johnson seated Alternate Marc Weingarten for Matt Winters.

3. READING AND APPROVAL OF MINUTES:

3.A. Regular Meeting Minutes of July 13, 2017.

Mr. Manes moved to approve the Regular Meeting Minutes of July 13, 2017 as written. Mr. Wyrick seconded and the motion carried unanimously.

3.B. Special Meeting Minutes of July 10, 2017.

Mr. Manes moved to approve the Special Meeting Minutes of July 10, 2017 as written. Mr. Weingarten seconded and the motion carried unanimously.

Mr. Manes moved that agenda item 5.B.1. be moved to the top of the agenda. Mr. Weingarten seconded and the motion carried unanimously.

5.B.1. Application #50-17C, Robert Carbone for Cynthia Gustafson and Wayne C. Gustafson, Trustees, 21 Bridge Street, detailing operation, Map 19 Block 13 Lot 10.

Donna Hayes reported that she received a letter from the Sewer Commission who feels that this business is exempt, but recommended that the treatment tank be maintained. She confirmed that the list of cleaning products that will be used was received as requested. Mr. Johnson suggested that the letter noting the products to be used be referred to in the motion.

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RECEIVED FOR RECORD
KENT TOWN CLERK
2017 AUG 14 A 11:40
BY
TOWN CLERK

Motion by Mr. Manes to waive requirements 4.3.1, 4.3.2, 4.3.3, 4.3.7, 4.3.8, 4.3.9, 4.3.10, 4.3.11, 4.3.12, 4.3.13 for application #50-17C, Robert Carbone for Cynthia Gustafson and Wayne C. Gustafson, Trustees, 21 Bridge Street, detailing operation, Map 19 Block 13 Lot 10 . Mr. Weingarten seconded and the motion carried unanimously.

Motion by Manes to approve application application #50-17C, Robert Carbone for Cynthia Gustafson and Wayne C. Gustafson, Trustees, 21 Bridge Street, detailing operation, Map 19 Block 13 Lot 10 with the understanding that the business will be using the products presented to the Commission or like products. Mr. Weingarten seconded and the motion carried unanimously.

4. PUBLIC COMMUNICATIONS (ORAL):

No action taken.

5.A. PUBLIC HEARINGS (Possibility of closure, discussion and decision on the following):

- 5.A.1.** Application #'s 45-17SP and 46-17C, Birch Hill Recovery Center, LLC for Kent Realty, LLC., 46 Maple Street, operation of drug and alcohol rehabilitation center, Map 4 Block 12 Lot 6. (7-13-17 to 8-10-17)

Chairman Johnson re-opened this public hearing at 7:12 pm.

Chairman Johnson read aloud correspondence from the following public members regarding this matter: (see attached)

- Scott Rothschild and KenWood Camps
- Gabriel Zatlin, M.D
- Georgianne Ensign Kent (read by Wes Wyrick)
- Jane Zatlin
- Steven Langley of Mountainside Treatment Center (read by Wes Wyrick)
- Kent Volunteer Fire Department, Alan Gawel, Chief
- Donna Wilkins
- Hiram Williams submitted an article from Republican American for the record.

Chairman Johnson reminded the group that this is a continuation of the public hearing that must be closed by August 13th unless a continuation is granted by the applicant.

Robert Fisher, attorney for applicant, came forward with Ari Raskas, Keith Fowler and Paul Szymanski. He reported that responses to the public's questions have been submitted. He feels that they have responded to all nine standards for approval. He noted that Mr. Raskas will review with the Commission the security recommendations prepared. He explained that the patients at Birch Hill are not criminals and that they are people who have made the commitment to get well. There is no truth that they would like to harm the community in anyway.

Ari Raskas came forward and reported that they have retained Patriot Safety Group for an assessment. He read aloud the report from Brian Ohler that was submitted for the record. Recommendations include fencing, monitoring wrist bands and the presence of security 24/7. Mr. Raskas confirmed that Birch Hill will use national best practices with regard to safety. He reminded the group that the patients are admitted upon their own volition. Mr. Raskas noted that he also obtained the services of AH Howland for Engineering Services.

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Mr. Raskas addressed the concerns with the overuse of volunteer ambulatory services. Apple Rehab, who had previously occupied the site, had an average of 60 calls for emergency services per month. Birch Hill will not come close to this amount and they do intend to contribute to Kent Fire and Ambulance Departments once Birch Hill is fully operational. Additionally, Birch Hill will set aside beds for charitable purposes in an effort to give back to the community. He noted that the plan is likely to reduce from the amount of patients proposed as some two bedrooms may be converted to one bedroom suites. The employee count of 50 is the projection as they are ramping up the facility. Overtime Birch Hill will employ about 97 employees.

Mr. Johnson asked for clarifications regarding security and the number of officers expected to be on staff. Mr. Raskas advised that he expects to have at least one security officer on site at a time. He explained Birch Hill has not yet chosen Patriot. Mr. Johnson questioned the level of training that the officers would have. Mr. Raskas advised that the professional firm would assist in finding qualified officers. Mr. Johnson noted that he would like clarification on training levels of the officers.

Mr. Raskas confirmed for Mr. Johnson that transportation would be provided for those leaving the program prior finishing

Mr. Weingarten questioned whether the report provided by Patriot is now part of the application and if Birch Hill is committing to everything that they are recommending. Attorney Fisher and Keith Fowler answered in the affirmative. Mr. Raskas clarified for Ms. Hayes that they hired Patriot for the security analysis, but have not yet entered into a contract with them. Mr. Fowler confirmed that they will have an executed contract with them in the future.

Mr. Chavka commented that the applicants noted that the patients are from all walks of life. He questioned the need for military security. Mr. Raskas clarified that Brian Ohler has this background, but has not recommended this requirement for those security guards on staff.

Mr. Chavka asked for clarification regarding those leaving the program. Mr. Raskas clarified that the intent is to keep patients engaged in the program. Attorney Fisher explained that there are rules to be followed and patients agree not to leave the program. Mr. Manes reiterated that the question being asked is whether patients can be detained. Mr. Raskas confirmed that a patient cannot be detained; however, everything will be done to keep patients engaged in the program. Mr. Fowler confirmed that in the event a patient chooses to leave against medical advice they will be provided a ride out of town.

Mr. Chavka noted that this is a for profit facility and questioned how it will be marketed. Mr. Fowler explained that the focus will be on the entire State of CT and they are hoping to get professional referrals through medical networks without advertising.

Ms. McAndrew questioned whether the security officer would carry guns. It was advised that they would not.

Ms. Hayes questioned the conflict regarding visiting hours within the report provided for the record by Birch Hill. Attorney Fisher explained that it is not meant to be contradictory. The patient cannot change the agreed upon visiting hours; however, they can be adjusted as it makes sense for the entire facility.

Paul Szymanski came forward and reviewed engineering questions. The only parking improvement would be line striping and to repair cracking. There are 110 space and more can be provided easily as necessary. He confirmed that 110 spaces will accommodate the need. There will be 8 hour shifts for the staff and agreed upon visiting hours; therefore, the proposal will not create intense traffic due to staggered activity. Sightline requirements is in

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significant excess of what is needed. He reviewed the environmental impacts and found none. He considered deliveries to the site and found it to be a minimal usage with regard to the congestion of traffic. Exterior lighting was reviewed, which has no ability to impact neighboring properties. He inspected existing manholes and found no issues. Electrical and data infrastructure is similar to what exists.

Mr. Wyrick questioned whether weekly meetings will be held such as awards or AA meetings. Mr. Fowler noted that perhaps luncheons for referring physicians regarding a specific topic will be held, but no weekly meetings.

Chairman Johnson reported that Mr. Winter was concerned with the state of the drainage system. Paul Szymanski inspected all the catch basins and confirmed that the drainage is working properly. There are no visible evidence of any issues.

Ms. Hayes asked Mr. Szymanski if he spoke with the Sewer Commission or Aquarian. Mr. Szymanski advised that he anticipates the usage will be less, but he merely reviewed copies of the reports from when the nursing home was open and did not speak with the Sewer Commission or Aquarian.

Mr. Fowler reviewed expected staffing. He confirmed that a physician will not be on staff 24/7. One RN will be present for every 4 detox patients and one RN for every 8 inpatients. They are seeking a level 4 ASAM rating, which is the highest level of care possible.

Mr. Weingarten questioned the intake of the acutely intoxicated. Mr. Fowler explained that everyone must be approved by the medical director prior to intake.

Ms. Casey noted that the Kent Fire Department and Ambulance have determined that this would be a burden for them and questioned whether they would be considering their own ambulance. Mr. Fowler reported that they have no plans for this.

Mr. Manes noted that the numbers of ambulance calls by Mountainside. Mr. Fowler explained that Mountainside is a 3.7 level of care. They would have to compare all level 4s to come up with a good estimate.

Mr. Raskas spoke with the trooper in Canaan who reported that often they receive calls because someone shows up intoxicated and Mountainside cannot take the patient in. However, Birch Hill will be able to handle that. They will have many less calls than Apple Rehab. Mr. Johnson reviewed the dispatch reports on the number of calls for the various providers. Mr. Raskas advised that he was told about the 60 calls from Apple Rehab by one person who may have been embellishing.

Ms. Hicks questioned whether the Certificate of Need (CoN) was filed. Mr. Raskas advised that it is not yet filed, but they expect to file it within the next 30- 60 days and will submit a copy to the Land Use Office once filed. The approval process can take up to a year.

Mr. Johnson questioned the response noting that a facility larger than 16 beds cannot admit a Medicaid patient. Mr. Raskas advised that is a Federal Statute.

Amber Sarno of Shipman & Goodwin representing High Watch and Jerry Schwab pointed out that the CoN is an important question because it is what drives the facility. She questioned what happens if they are not granted a level 4 ASAM. She reminded the Commission that this is clearly a new use that requires a new application. Although the applicant stated that they will use what exists she questions whether it still complies with the Zoning Regulations. Traffic has not be evaluated since the 90s. She also questioned whether the level of staffing is appropriate without having a CoN yet, whether the amount of expected visitors of 30% is accurate, and if the lighting

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complies with current regulations. Surveys for storm water and sanitary sewers were never received. She pointed out that the legend on site plans denotes that the site is nonconforming. She discussed the special permit regulations and whether they have looked into the effects with regard to public health and safety. She advised that tax revenue is not something that can be considered from a Zoning prospective. Attorney Sarno noted that the report states 136 parking spaces as opposed to the 110 reported by the engineer. The proposal is a significantly different use than a nursing home with different intensity. She summarized that the Commission still does not have everything required and urged them to hold this public hearing open.

Chairman Johnson noted that the background of an applicant has little relevance to Zoning. The permit runs with the property. He spoke about the comment about the taxes, which is a consideration with regard to the PoCD. Attorney Sarno noted that this is not proper bases for a decision for Zoning purposes

Jerry Schwab of High Watch Recovery submitted a letter dated 8/10/17 to the Commission (see attached). He believes there are a lot of answers being thrown out to appease the current situation, which are not accurate or make sense. A high end facility would not put tracking bracelets on their patients. High Watch is located in a spot where patients cannot go anywhere if they leave against medical advice. Noticing the State Police will not do anything. Patients have a legal right to walk out of the facility.

Mr. Schwab discussed ASAM with regard to level 4 and advised that the level of acuity of patients does not make sense for them to be there. These patients should be in a hospital. He reviewed the list of standards for the acuity of patients for a level 4 (see attached). Birch Hill will be too far from a hospital for this level. It is dangerous. He explained that people do just show up. Overlapping of staffing should be considered with regard to parking. The background and expertise of the applicants should be questioned as a lot of generalities have been presented. He questioned with what facilities they are partnering.

Mr. Schwab explained that Medicaid is a State run program. It is mandated by the State that they take patients whether or not the Federal Government will reimburse. Some of these answers are verifiably wrong and concerning with regard to the lack of understanding by the applicant. The applicants' answers continue to change as questions are brought up.

Mr. Johnson questioned how High Watch handles patients that show up unannounced. Mr. Schwab advised that if it is not a previously approved patient they will be sent out by ambulance or driver to an appropriate facility. High Watch takes attendance often and will search for guest if missing. A lot of the time, because of their location, there is time to find them, but if the patient cannot be found then they will call the State Police.

Mr. Wyrick noted the comments regarding for profit vs nonprofit and questioned whether this is material.

Debbie Bain of 30 Studio Hill Circle reviewed her background and qualifications to speak about this matter. She noted that these are human beings suffering from a disease. High Watch deals with the same populations that Birch Hill will. She supports what they are trying to do. There are no statistics that say that a higher level of care is given by a nonprofit vs. for profit.

Steven Langley of Mountainside came forward to offer his experience with regard to 20 years of a successfully operating treatment facility. Everything that is done by Mountainside is to insure the safety and security of patients.

John Rodman of 274 Kent Cornwall Road asked the Planning Commission to think about whether this will pull drug dealers into town and how Kent will handle that. Mr. Langley spoke about Mountainside's tight security system anticipating that this could happen. High Watch also spoke about the security in place to prevent dealers

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from accessing the campus. Mr. Rodman noted that he is most concerned with drugs coming into town and the epidemic spreading in Kent.

Francis Westerman of 79 Richards Road questioned what happens after detox and whether the staff will be psychiatrically trained as well as trained to handle someone who is violent. The staff in a lot of these institutions can be the ones responsible for the drug problems.

Alan Gawel, Chief of Kent Fire Rescue and EMS, came forward noting that the appropriate care for individuals is needed. He is disappointed that the group has not come and spoke with them. Canaan changed to a paid staff to accommodate the call volume they were getting. Kent must come together as a community to address this and still have emergency services available to be there for the everyday emergency.

Mr. Johnson questioned what affect the Kent had on the emergency services. Mr. Gawel reported that there was an increase in the call volume, it was quite taxing on volunteers, and put an impact on mutual aide. Emergency services had to look at ways to compensate people so they would be available. The Department had to begin to bill for their calls. Mr. Raskas noted that in June that they met with Mr. Gawel's chief for a thorough discussion regarding this proposal.

Dan O'Neill noted that they are asking Birch Hill to do more than what the existing organizations are asked to do. He spoke about his experience with security and substance abuse. This may help economy of the town and asked that everyone be fair about this.

Mr. Chavka asked for confirmation that Birch Hill will be treating all kinds of addictions. He questioned why only one company was sought for security services. He also asked why Birch Hill decided on the location of Kent for this proposal.

Peter Jensen of 80 North Main Street noted that the last meeting was just a sales pitch by Birch Hill; however, at this meeting they seem more prepared. Mountainside mitigated any issues they had with adequate staffing, security and anticipation of the needs of the town. He asked that conditions of approval consist of some of these considerations.

Chairman Johnson asked that the applicant keep this hearing open. Attorney Fisher asked that a special meeting be held for this purpose. Chairman Johnson advised that they will not be able to do that. Attorney Fisher submitted a written extension of this public hearing to the next meeting signed by Mr. Raskas.

Mr. Manes asked that data be compared and a plan to reduce emergency calls be provided.

Mr. Raskas spoke about the IMD Exclusion noting that it is true that this is Federal Law and each state has a choice; however, the State of CT is no longer allowing for funding for Medicaid patients for over 16 beds.

Chairman Johnson asked whether High Watch or Mountainside would be willing to share information regarding their security, so the Commission can better understand what is necessary.

Mr. Weingarten questioned whether this proposal can be approved based on facts provided prior to the CoN approval as the Commission could not be confident that they understand what is being approved. Chairman Johnson noted that stipulations can be made that are important for the sake of the community and if something changes the applicant must return to the Commission.

Mr. Raskas explained that the building must be approved as part of the CoN process.

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Mr. Wyrick made a motion to extend the public hearing for Application #'s 45-17SP and 46-17C, Birch Hill Recovery Center, LLC for Kent Realty, LLC., 46 Maple Street, operation of drug and alcohol rehabilitation center, Map 4 Block 12 Lot 6 to September 14, 2017. Mr. Weingarten seconded and the motion carried unanimously.

5.B. DISCUSSION AND POSSIBLE DECISION

5.B.1. Moved to the top of the agenda

5.B.2. Rewrite of Zoning Regulations

Donna Hayes reported that the amended sign regulations are being drafted. The other regulation changes will need to be reviewed by the Town Attorney. A special meeting will be called regarding maps.

6. NEW BUSINESS:

6.A. PUBLIC HEARINGS (Possibility of closure, discussion and decision on the following):

6.B. DISCUSSION AND POSSIBLE DECISION

6.B.1. Review of the Draft Regional Plan of Conservation & Development

Donna Hayes reported that the CoG would like comments by Sept. 15th.

Mr. Manes moved to keep on the agenda the review of the Draft Regional Plan of Conservation & Development. Mr. Weingarten seconded the motion and the motion carried unanimously.

6.B.2. Application #56-17C, Kent Station Square, LLC, change of use from retail/residential to residential, Map 19 Block 42 Lot 18.

Donna Hayes reported that this property is currently mixed use under special permit. The applicant is requesting that the use be changed to a regular two family. Mr. Wyrick noted that this is a much less intensive use.

Mr. Manes moved to waive requirements 4.3.3, 4.3.6, 4.3.8, 4.3.9, 4.3.10, 4.3.11, 4.3.12, and 4.3.13 for Application #56-17C, Kent Station Square, LLC, change of use from retail/residential to residential, Map 19 Block 42 Lot 18. Mr. Weingarten seconded the motion and the motion carried unanimously.

Mr. Manes moved to approve application #56-17C, Kent Station Square, LLC, change of use from retail/residential to residential, Map 19 Block 42 Lot 18. Mr. Wyrick seconded the motion and the motion carried unanimously.

6.B.3 Application #60-17C, Nordic Property Management, 11 Bridge Street, change of use from office to retail, Map 19 Block 13 Lot 36.

Donna Hayes reviewed the staff report regarding this property's request to change the use from office to retail. The property is currently an attorney's office with an apartment above. However, at one time it was retail. The apartment above will remain. The property will still be mixed use with an apartment and retail below. The parking requirements do not change

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It was determined that there is not a need that this application go before the Sewer Commission. The applicant advised that the sizing of signage would not change. It was noted that the Architectural Review Board will need to review the signage.

Mr. Manes moved that requirements 4.3.1, 4.3.3, 4.3.9, 4.3.10, 4.3.11, 4.3.12, 4.3.13 are waived for application #60-17C, Nordic Property Management, 11 Bridge Street, change of use from office to retail, Map 19 Block 13 Lot 36. Mr. Wyrick seconded the motion and the motion carried unanimously.

Mr. Manes moved to approve application #60-17C, Nordic Property Management, 11 Bridge Street, change of use from office to retail, Map 19 Block 13 Lot 36. Mr. Weingarten seconded the motion and the motion carried unanimously.

7. STAFF REPORT:

No action taken.

8. REPORT OF OFFICERS AND COMMITTEES:

No action taken.

9. OTHER COMMUNICATIONS AND CORRESPONDENCE:

- 9.A. Administrative Permits and Certificates of Compliance - reviewed
- 9.B. Monthly Financials – July 1, 2016 through June 30, 2017 - reviewed
- 9.C. *Connecticut Federation of Planning and Zoning Agencies Quarterly Newsletter*, Spring 2017 - distributed

10. ADJOURNMENT

Mr. Manes moved to adjourn at 10:20 p.m. Mr. Wyrick seconded and the motion carried unanimously.

Respectfully submitted,

Tai Kern

Tai Kern,
Land Use Clerk



August 10, 2017

VIA HAND DELIVERY

Mr. John Johnson, Chairman
Planning and Zoning Commission
Kent Town Hall
41 Kent Green Blvd.
Kent, CT 06757

Re: Applications of Birch Hill Recovery Center, LLC

Dear Chairman Johnson and Commission Members:

On behalf of High Watch Recovery Center, Inc. ("High Watch"), I am submitting this letter as a follow-up to the presentation of Birch Hill Recovery Center, LLC ("Birch Hill") regarding its zoning applications to convert a former skilled nursing facility located at 46 Maple Street in Kent into a new, for-profit, drug and alcohol detoxification and rehabilitation center. I will also address several significant issues raised by the public and questions posed by Commissioners at the first night of the public hearing on July 13, 2017.

As we explained in our letter of July 13, 2017 and during the public hearing, High Watch believes that this proposed new use at 46 Maple Street does not meet the criteria set forth by the zoning regulations. In particular, we believe that the proposed use is not compatible with the neighborhood in many respects and raises significant safety concerns as it would be located in close proximity to downtown Kent and several schools. In addition, Birch Hill's application fails to provide a significant amount of information required under Sections 4 and 17 of Kent's Zoning Regulations ("Regulations"), which information must be submitted and reviewed before you can find that the special permit and site plan regulations have been satisfied.

It became clear during the first night of the public hearing that many of the issues raised by High Watch and those residents in attendance either had not been considered at all by Birch Hill, or not in sufficient detail. We hope that Birch Hill will address these significant issues at the continued public hearing. As we pointed out in our original letter, there are important issues of operator qualifications, physical security, emergency response capacity, traffic safety, on-site parking, stormwater quality management, sanitary sewer capacity, exterior lighting and landscaping that have not been evaluated for the new use.

By way of this letter, High Watch reiterates its concerns, raises additional questions, and provides information that it believes will be helpful to the Commission in evaluating Birch Hill's applications, as follows:

HIGH WATCH RECOVERY CENTER, INC.



- Birch Hill stated that its goal is to provide detoxification services for a level 4.0 American Society of Addiction Medicine (ASAM) client. A level 4.0 ASAM client will necessarily have more significant and serious medical needs, which will require more ambulance trips to the proposed facility than the 1-2 trips per year predicted by Birch Hill. The Commission can look to the number of ambulance trips from Mountainside, which also has a detoxification component, to evaluate how often Birch Hill's proposed facility would require assistance from the ambulance. High Watch understands that Mountainside has 300-400 ambulance trips per calendar year. How does Birch Hill propose to deal with the additional strain on the volunteer ambulance service? Does Birch Hill propose to pay for the increased ambulance services that will be required for its proposed facility?
- In responding to the question of where clients will go once they are discharged from the proposed facility, Birch Hill described its model as one of a "continuum of care" and stated that it has already created a network of potential outpatient facilities to set up reciprocal relationships. Birch Hill should explain where these facilities are located and what the nature of the "reciprocal" relationship will be. This does directly impact the Town.
- Some detoxification facilities permit a client to go through the 3-5 day detoxification process without also requiring the residential inpatient component - the so called "spin dry" method. This is not a best practice. Birch Hill has not clarified whether or not it will permit clients to partake in the detoxification process only, or if it will require all detoxification clients to partake in the residential inpatient component as well.
- Regarding security at the proposed facility, Birch Hill has submitted a safety analysis and security plan. However, that plan still makes clear that, by law, Birch Hill's security personnel have no authority to prevent clients from leaving. Also Birch Hill states that it will utilize State Police Services when a client leaves without authority. On what basis will they contact the State Police? And what would the expectation of the police be in responding to such a call when a client is within its rights to leave a facility.
- With regard to visitors and safety, Birch Hill indicated that it will only permit visitors one day per week, will not permit visitors or clients to leave during visiting hours, and will screen all visitors. How will Birch Hill enforce the rule that no one is permitted to leave, and what will the consequences be if a visitor or a client breaks this rule? What type of visitor screening will be conducted? Birch Hill also stated that only 1/3 of its clients will have visitors on visitation day. At High Watch, usually about 75% percent of our patients receive visitors on the scheduled day.
- Birch Hill states that it will not have any emergency intakes. However, this seems to contradict the level of client they would like to serve at a 4.0 ASAM, which clients may



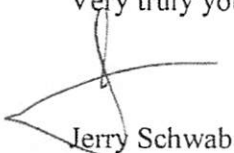
enter the facility in emergency situations. What will Birch Hill's plan be for when a patient shows up at Birch Hill unannounced during off hours, seeking admission under the influence of drugs or alcohol?

- Birch Hill proposes a ratio of staff to clients of 1:2. High Watch has 93 employees as of today and is much smaller in size and scope. Similar facilities have staffing ratios much higher than this. The staffing ratios do have a direct impact on the safety, health, and wellness of the guest and the surrounding community.
- Birch Hill was not certain how many parking spaces were currently located at the proposed site, but they thought it was approximately 90 spaces. To our knowledge they have not submitted a site plan conforming to your regulations to confirm this estimate. Assuming Birch Hill should have at least 200 employees for its 90-bed facility with 30 detox beds, it will presumably need all of its spaces for employees. What is Birch Hill's proposal for creating additional parking to accommodate clients and their visitors?
- Birch Hill mentioned that it would not take court ordered clients and that it would not take Medicaid clients. On what basis does Birch Hill believe that it can discriminate against clients who are ordered to treatment by the courts? In addition, Birch Hill will be required to accept Medicaid clients as part of obtaining a Certificate of Need from the State of Connecticut. More importantly, Birch Hill spoke of the need for treatment centers because of the opioid epidemic. The greatest need with regard to the opioid epidemic is for Medicaid beds, not self-paying clients.
- Trinity Glenn / MCCA is not at all comparable in size and or scope to what Birch Hill is proposing. The services and care provided are far different and the size of the facility is not comparable. The licensing from DPH for these facilities is also very different.

High Watch requests that the Commission continue to hold the public hearing open until Birch Hill has addressed all questions posed to it and submitted all information required by Sections 4 and 17 of your Regulations, and until the public has had an opportunity to review and respond to any additional information provided by Birch Hill. In the alternative, the Commission may deny the applications as incomplete, without prejudice.

Thank you for your consideration.

Very truly yours,



Jerry Schwab

HIGH WATCH RECOVERY CENTER, INC.



ORIGINAL

KENMONT KENWOOD

RECEIVED
7/20/17

mt

July 19, 2017

John Johnson, Chairman
Planning and Zoning Commission
Kent Town Hall, 41 Kent Green Blvd, Kent, CT 06757

Dear Mr. Johnson,

I am reaching out regarding the recent discussions about the adding of a new drug rehabilitation facility in the Town of Kent. Our summer camp for children has been around since 1924 and we house over 500 campers and 300 staff members every summer. We have some concerns about this regarding the safety and well-being of our campers and staff who utilize the Town of Kent throughout the summer months.

Kent has always been seen as a quiet, artsy section of Connecticut. The fear of a loosely secured facility bring question of how safe the surroundings would be for our community.

As a strong presence in the town of Kent during the summer months, I would ask that you think deep and hard about the impact a property like this might have on our town.

Thanks.

Sincerely Yours,

Scott Rothschild
Director
KenMont and KenWood Camps

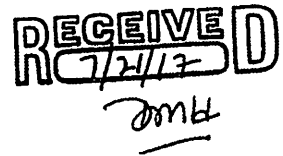
Summer Address: P.O. Box 548, 65 KenMont Road, Kent, CT 06757 phone: 860.927.3042 fax: 860.927.4487
Winter Address: P.O. Box 266138, Weston, FL 33326 phone: 845.262.1090 fax: 845.262.1091
www.kenmontkenwood.com • campinfo@kencamp.com



KenMont Camp for Boys and KenWood Camp for Girls, established 1924



ORIGINAL



Gabriel S. Zatlin, M.D.
109 Kent Hollow Road
Kent, CT 0657

Dear Board:

After being passed the list of people wishing to speak I decided to defer adding mine in order to listen to the proceedings first. It seems that we heard from the legal, structural and community aspects but not enough from the medical perspective. I stayed to the end and have a few things to add.

I am a retired physician having spent weekends in Kent since 1981 and full time for the past three years in Kent Hollow. As a physician in a large community practice in New York City related to a major hospital and medical school I was licensed by the state in order to practice, Board Certified in Pediatrics and Family Medicine and licensed to prescribe restricted drugs by the Drug Enforcement Agency (DEA license). My colleagues and I also took special training and received a special license from the DEA to prescribe suboxone, a drug containing an opioid craving suppressor and an abuse preventive as another addiction option as is methadone. My patients were for the most part the usual mixture of all five boroughs using our facility because of ease of access. In this population we all had a handful of addicted patients for care.

I am sharing this information to assure you of my familiarity with the problem.

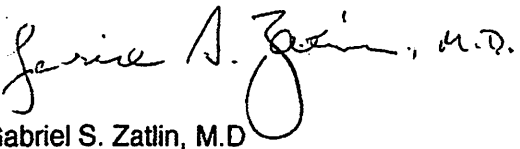
I believe further information is needed about the following items before a vote is taken:

- people who have addiction problems are particularly vulnerable to infections with HIV, Hepatitis B and C, and sexually transmitted diseases. If they were hospitalized there is a possibility that these were tested for and addressed. How will these facts become known, will testing be done on site and immunizations and will treatment for infections initiated?
- at what stage of detoxification will patients be admitted to the facility? From hospital, another facility, jail or the community?
- it was noted at the meeting that detoxification is not a treatment. What then will be done for treatment?
- the admission period is limited by insurance coverage whether private or Medicaid. The proposal has the patient either discharged to their family/community or transported there by the facility. What provisions will be made for outpatient care continuity?
- dealing with patients with addiction problems is problematic itself, requiring patience and expertise not usually needed in everyday community life. Physicians and nursing personnel (including MDs, PAs, NPs, RNs and LPNs) dealing with the patients need to have one or more training sessions by experienced professionals to help with patient behavior and their own responses unless they themselves have experience. Being an MD is not a guarantee for omniscience
- If both sexes are to be housed at the facility, particular attention to potential behavioral issues is essential. Is there any provision for addressing this?

— will concomitant illnesses or conditions be treated, such as allergies, injuries, digestive complaints, colds and numerous other common complaints in the general population?

As you see many of these issues are technical and perhaps not ordinarily dealt with in an application before the Board. However, if this facility is to be accepted within the community, assurances of good care and relevant planning must be forthcoming. I am available if further conversation would be useful.

Sincerely,

The image shows a handwritten signature in cursive script that reads "Gabriel S. Zatlin, M.D.". The signature is fluid and includes a large, stylized loop at the end of the last name.

Gabriel S. Zatlin, M.D

*Georgianne Ensign Kent
80 North Main Street #20
Post Office Box 387
Kent, CT 06757*

RECEIVED
7/25/17
dmH

 ORIGINAL

July 20, 2017

Mr. John Johnson
Planning and Zoning Commission
Kent, CT 06757

Dear Mr. Johnson and Board:

I was out of town last week, so was unable to attend the public hearing at the Town Hall on July 13, and therefore did not hear the presentation made to the Commission by the Birch Hill representatives, however from what I have just read in *The Lakeville Journal*, I am very alarmed about what this facility could bring to the town.

I am particularly upset by

- a. the organization's acknowledged inability to provide security to keep detox patients on the facility campus, as there would not be a lock-down, and
- b. the organization's inability to insure the return of these patients to their homes after treatment, and the possibility of these patients remaining in Kent to become a permanent responsibility of the town.

I realize the country and our own county are experiencing an opioid epidemic, but the local crisis is even more reason why it is unwise to invite this additional problem to our town. Knowing that these patients, once they are no longer Birch Hill's responsibility, can easily remain in Kent, is asking for trouble that we will ultimately have to handle.

We are a small town, with a single resident trooper and a volunteer EMT and fire service, and as Andy Ocif said in the meeting, this would be placing an additional burden on these services with emergency calls from within and without the facility. News stories are already being featured of small Midwestern towns financially strained because of multiple repeat rescues of the same opioid users in their towns.

Judging from my own experience in attending exercise classes at The Kent, I know how simple it was to walk in and out of the facility unchallenged. Patients could easily leave the facility and minutes later be in the middle of town, where there are multiple farm, business and residential buildings where they could conceal themselves. A few years ago

an association in town at which I volunteer accepted a High Watch patient to do community service and we soon discovered that at night he was sleeping in the building, in which female volunteers often worked alone.

Unfortunately addiction is not as easily cured as the medical conditions treated at The Kent. And where there are drugs, there is often crime. It is all very well for Vance Taylor to plead for compassion for these patients, but he, like Birch Hill, has no feeling of loyalty or responsibility to the town of Kent, its citizens, its safety, its success as a destination for visitors, the very rural nature we are trying to uphold. Even Mr. Taylor, as a real estate agent, must realize what such an institution would do to our property values.

I strongly urge the Commission to deny this application from Birch Hill.

Sincerely,

A handwritten signature in cursive script, reading "Georgianne Ensign Kent". The signature is written in dark ink and is positioned above the printed name.

Georgianne Ensign Kent

Cc: Bruce Adams

 ORIGINAL

RECEIVED
8/3/17
DMH

Jane Suttell Zatlun
PO Box 751
Kent, CT 06757

August 3, 2017

To: Kent Planning and Zoning Commission

Re: Birch Hill Proposal for old Kent Care Facility

Dear Planning and Zoning Commission,

I attended your July meeting to learn about the proposed 90 bed rehab facility on the site of the old Kent Nursing Facility.

I have a number of issues to raise.

1. Kent is a small town of about 3000 residents with a volunteer EMS/Fire Department and no local hospital
2. Within a short distance of this facility, there is a public elementary school and two private prep schools
3. Kent has no public transportation. We do not have busses or trains or even a car rental office.
4. We do not have a police force. We have one State Trooper who is responsible for several towns and at any given moment can be far from where he is needed
5. We have an 11 bed facility on RT 7 with 11 beds, and the High Watch Facility on Carter Road with 78 beds, a total of 89 beds
6. Is there a need for such a facility in terms of opioid epidemic treatment? I was at a lecture on the opioid epidemic last week, given by Dr. Andrew Kolodny (Brandeis University), at Kent Presents. Interestingly, Dr. Kolodny says that residential rehab for this addiction is a waste of money, and that a drug outpatient service, staffed by nurse practitioners can be very effective, and cost conscious. He cited the statistics from France, where there has been a 78% decrease in deaths using this approach. With residential rehab costing \$30,000 a month, how long will it be until insurance companies, Medicaid and Medicare opt for this much less costly outpatient treatment?

The folks wanting to create this drug rehab up the road from N. Main St. indicated that they were going to rely on self-pay or insurance for their income.

From the High Watch presentation at your meeting, we learned Connecticut requires a certain number of dedicated Medicaid and Medicare beds when approving a new facility. It appeared that the Birch Hill backers were unaware of this state requirement.

I drove up to the Kent Nursing Home, as I was unfamiliar with the physical plant. The backers said they were not going to change the exterior. In my online searches for other local rehab facilities, it was clear to me that if I was a self payer, this would not be a place I would want to spend \$30,000 a month. Comparatively, High Watch looks pretty nice. This might be a great place for people who have no choice. The building sits on 20 acres; it does not have any natural barriers to deter patients from leaving, which the Birch Hill proposers told us was true.

I am not underestimating the seriousness of the opioid epidemic, nor the need for the right protocols to service and help those with addiction.

But the people who are proposing this use do not seem to have figured out the actual staffing needs of a 90 bed facility; the number of parking spaces they have; how to manage visitors, family, friends, and friends with benefits. New Milford Hospital has 85 beds.

My fear for THIS proposal is that it is not well thought out; it intends to take advantage of a particular epidemic, which I have just discovered has a much less expensive yet successful treatment, which in time insurance companies will embrace, eliminating the need for this type of facility.

I would like some statistics, to convince me why Kent that needs to be the location of this facility, when Kent is lacking many of the services this kind of facility needs, and so many other slightly larger towns already have. I would like to know the number of people in our community who need help.

I want to know the backgrounds of the leaders of this proposal, so we can check the reputations of those places. This would be their first facility. They began a corporation in January of this year. Do they have the background to insure that this facility is run smoothly and can be successful in our community? Do they have statistics of how similar facilities have impacted communities like our own?

I understand that we are being wooed with jobs. But the better paid jobs are actually quite specialized, and may need to be imported. Locally, lawn care, cooking, and janitorial jobs can be filled. How many of those jobs are there?

How many and what kind of staffing does a ninety bed facility require? Remember: New Milford Hospital is an 85 bed facility. While this is not a hospital, there will be people with medical needs, that must be met.

Birch Hill said there would be 50 people on staff. Dividing the week into 21 shifts, this is about 16 people per shift. Is that enough people when some of those people are cooks and cleaners and security and receptionists? I don't know, but I am sure someone does.

Thank you for your time in listening to my concerns.

Sincerely,



Jane Sobell Zatlun

 ORIGINAL

RECEIVED
8/9/12
JmH

MOUNTAINSIDE

August 10, 2017

Mr. John Johnson, Chairman
Planning and Zoning Commission
Kent Town Hall
41 Kent Green Blvd.
Kent, CT 06757

Re: Application of Birch Hill Recovery Center

Dear Mr. Johnson:

As the Executive Director of Mountainside (detox and residential programs), I am writing to address some of the questions that were raised in the public hearing on the application by Birch Hill Recovery Center, LLC to open a for-profit drug and alcohol rehabilitation center with a detoxification component in Kent. We have operated an alcohol and drug addiction treatment center in Canaan, Connecticut since 1998. Like the proposed Birch Hill facility, Mountainside provides detox treatment, as well, so we are uniquely qualified to comment on some of the issues that came out of the hearing.

We have 18 beds in our detox which requires a staff to patient ratio of about 3:1. This level of staffing is essential for the type of services that we provide for detox at Mountainside. Having operated various types of substance abuse treatment centers for more than 18 years, I do not believe that Birch Hill's proposal of one staff member for every two patients can be successful or is safe - with a blend of 90 beds, including detox treatment, they should have something closer to 220+ employees.

With this type of medical detox treatment, the need for trips by ambulance to the hospital is fairly common. I understand that the Ambulance Chief reported that he makes 300-400 visits a year to Mountainside, or one per day on average, and that sounds accurate to me. This is for our 18 beds, I can only infer that if one were to double the number of beds - you can safely forecast that it would result in double the number of ambulance trips and other first responder services. The Birch Hill estimate of one or two ambulance trips per year for a facility similar to ours is totally unrealistic.

A facility like ours, in a location where employees must drive to work, needs a parking space for each employee who will be on duty in any given shift. For our facility which has a total 76 beds between detox and residential services - we have to provide approximately 170 spaces. Usually about 80% of our patients receive visitors on weekends, and parking is required for those visitors, as well. These visitors sometimes surprise us with what they try to bring in.

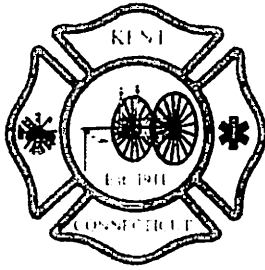
MOUNTAINSIDE

In terms of need, we do have some capacity here at Mountainside. My observation is that the greatest need in drug and alcohol treatment today is for Medicaid/indigent beds, not necessarily for opioid addiction generally. It is important that these beds be in the right location.

Sincerely,

A handwritten signature in black ink that reads "Stephen Langley". The signature is written in a cursive, flowing style.

Stephen Langley
Executive Director
Mountainside Treatment Center



ORIGINAL

RECEIVED
8/10/17
DMH

Kent Volunteer Fire Department, Inc.

P.O. Box 355
Kent, CT 06757

August 9, 2017

Town of Kent
Planning and Zoning Commission
Chairman John Johnson
41 Kent Green Blvd.
Kent, CT 06757

Dear Chairman Johnson,

The membership of the Kent Volunteer Fire Department is extremely concerned with the potential impact on Emergency Medical Services (EMS) if the application for an alcohol and drug facility is approved for the 46 Maple Street property. All indications point to a significant increase in 9-1-1 call volume for EMS here in Kent, as well as to our numerous mutual aid departments that assist us in the event one or both of our ambulances are previously committed to other calls. We are additionally concerned about the system increase use of the single regional paramedic, Medic 4, which services seven (7) area towns.

Attached please find a sampling of call data for two high volume locations in Kent. We have included the past five years at *High Watch Recovery* located at 62 Carter Road, and at *The Kent* located at 46 Maple Street (until its closure in September of 2015). As you can see, High Watch Recovery accounts for an average of 15% of our total calls per year, and The Kent accounted for 29% of our calls in an average year.

We have also included the data for Mountainside Treatment Center in North Canaan. We feel this facility provides an accurate comparison of what we should anticipate at a similar facility at 46 Maple Street. Mountainside is licensed for 58 regular beds, and 20 detox beds. With a total of 78 beds, this is still 12 fewer than the request by Birch Hill LLC for the 46 Maple Street property.

If this facility is approved, we are confident that the call volume at the proposed facility will be similar to the current call volume at Mountainside. We anticipate the increase of calls would drastically jump by approximately 240 calls per year, a staggering 41%. If this were to happen – keep in mind these 240 calls are in addition to our normal call volume of approximately 515 per year - we fear we would no longer be able to provide this service with volunteers. Staff may need to be hired in order to provide the best level of service the residents and visitors of Kent have come to rely on in our over 40 years of providing EMS to the town of Kent.

We ask that you take this data into careful consideration when making the decision on this proposal.

We look forward to continuing to provide the best emergency services to the Town of Kent.

Sincerely,

Alan Gawel

Alan Gawel
Chief

Year	Total Calls	High Watch	% of calls	The Kent	% of calls
2013	645	87	13%	210	32%
2014	505	75	15%	129	26%
2015	495	53	11%	76**	15%
2016	415	69	17%		
2017*	221	36	16%		

*YTD through 7/13/2017

** The Kent officially closed in September- 2015

Birch Hill proposal: 90 beds

North Canaan	Mountainside	% of calls	Geer	% of calls
723	76	11%	232	32%
910	183	20%	200	22%
1026	294	29%	278	27%
1044	254	24%	295	28%
505	167	33%	101	20%

Mountainside: 58 regular beds, 20 detox beds

Detox approved: May 2012

Kent call increase using Mountainside call numbers	2015	713	41%
	2016	669	38%
	2017	388	43%

Vin Tech Rates***:

Paramedic: \$40.00 per hour

EMT: \$25.00 per hour

*** Holiday rates additional:

Prices are current and subject to
change until contract is negotiated

Paramedic/EMT

12 hours a day- 5 days a week= 60 hours X 2= 120 hours

Paramedic- \$2,400 per week= \$124,800 per year

EMT- \$1,500 per week= \$78,000 per year

Total=\$202,800.00

Paramedic ONLY

Paramedic- \$2,400 per week= \$124,800 per year

EMT/EMT

12 hours a day- 5 days a week= 60 hours X 2= 120 hours

EMT- \$1,500 per week= \$78,000 per year X 2= \$156,000.00

Above senario- nights and weekends covered by volunteers-
and Medic 4- equal to 108 hours per week

8/10/2017

Town of Kent CT Mail - Form submission from:

RECEIVED
8/10/17



ORIGINAL

Donna Hayes <landuseadmin@townofkentct.org>

Form submission from:

1 message

Kent CT <vtsdmailer@vt-s.net>

Wed, Aug 9, 2017 at 4:43 PM

To: landuseadmin@townofkentct.org

Submitted on Wednesday, August 9, 2017 - 4:43pm

Submitted by anonymous user: ::ffff:24.151.58.66

Submitted values are:

Departments: Land Use

Message:

Dear Planning and Zoning Commission Members, and Mr. Bruce Adams,

I am writing as a very concerned resident about the application that has been made to you regarding the 90 bed drug and rehabilitation center. I am not against having another rehab center in our town, but I am strongly against having one so close to the center of town. It is extremely close to a nursery school, KCS, and Kent School, as well as a liquor store and several restaurants which offer alcohol. In addition to its location, I feel our town is not able to support such a large facility. Our emergency services are stretched far too thin as it is.

I am a Kent resident of 40 years. There is no place that I would rather live and raise my family. I am extremely concerned for the safety and well being of our town if this facility opens. Please, I implore you, please do not approve this application.

Thank you,

Donna Wilkins

==Please provide the following information==

Your Name: Donna Wilkins

Your E-mail Address: wilkins2001@yahoo.com

Organization: Residnet

Phone Number: 860-927-3719

==Address==

Street: 8 Judd Ave.

City: Kent

State: Connecticut

Zipcode: 06757

The results of this submission may be viewed at:

<https://www.townofkentct.org/node/2/submission/383>

8/10/2017

Town of Kent CT Mail - Fwd: Opioid addiction the topic of KentPresents | Republican-American

RECEIVED
8/10/17

Gmail



ORIGINAL

Donna Hayes <landuseadmin@townofkentct.org>

Fwd: Opioid addiction the topic of KentPresents | Republican-American

Hiram P Williams Jr <hramwilliams@mac.com>
To: Donna Hayes <landuseadmin@townofkentct.org>

Wed, Aug 9, 2017 at 6:32 PM

Donna,

Is it possible to have this newspaper article about Opioid addiction and treatment entered into the record for tomorrow night?
And, if so, please tell me how to go about doing so.

Thanks,

Hiram

Begin forwarded message:

From: "Benjamin M. Rosen" <ben@brosen.com>
Subject: Opioid addiction the topic of KentPresents | Republican-American
Date: August 9, 2017 at 5:55:51 PM EDT
To: Julia <julia@kentpresents.org>, Donna Rosen <donna@donnarosen.com>, Michael Kramer <michaelkramer1945@gmail.com>, Jay Kriegel <jkriegel@related.com>, Hiram P Williams Jr <hramwilliams@mac.com>, Peter Vaughn <peterv Vaughn@earthlink.net>, Linda Fendley <lindafendley2@gmail.com>

<http://www.rep-am.com/news/news-local/2017/07/28/opioid-addiction-the-topic-of-kentpresents/>

Opioid addiction the topic of KentPresents



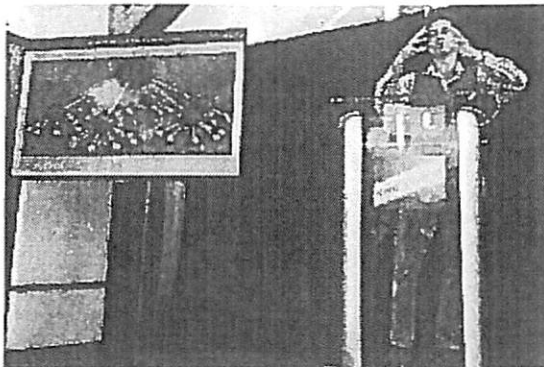
Dr. Andrew Kolodny, co-director of opioid policy research at Brandeis University, explains the opioid epidemic during a session Friday at the KentPresents ideas festival. The event continues today. Lynn Mellis Worthington Republican-American



Dr. Andrew Kolodny, co-director of opioid policy research at Brandeis University, stands in front of a graph showing the skyrocketing deaths due to opioids during a session Friday at the KentPresents ideas festival. The event continues today. Lynn Mellis Worthington Republican-American



Attendees at the KentPresents ideas festival gather for lunch Friday under a large tent on the independent Kent School campus. The event continues today. Lynn Mellis Worthington Republican-American



Dr. Scott A. Small, a professor of neurology at Columbia University, speaks Friday at the KentPresents ideas festival about memory and how there are benefits to forgetting. Lynn Mellis Worthington Republican-American



Panelists, from left, Larry Kudlow, a senior contributor for CNBC, Matthew Dowd, a strategist and political analyst,

and Charles M. Blow, an op-ed columnist for The New York Times, speak Friday at the KentPresents ideas festival about President Donald Trump's presidency. Lynn Mellis
Worthington Republican-American

KENT – Dr. Andrew Kolodny created a buzz among local residents at the KentPresents ideas festival on Friday when he was asked about effective treatments for opioid dependency.

"Detox and rehab doesn't usually work well," Kolodny said, citing the relapse rate.

Kolodny, co-director of opioid policy research at Brandeis University, recommended buprenorphine – which can be dispensed in physician offices, but certification is required – and methadone. He also explained the history of how the U.S has gotten to the point where tens of thousands of people are dying from overdoses.

Kolodny's comments generated plenty of talk among local attendees, some of whom have expressed concern about a 90-bed detox and rehabilitation drug and alcohol treatment center, Birch Hill Recovery Center, that has been proposed for a former nursing home building in town.

Jane Suttell Zatlin said she was inspired to write a letter to the Kent Planning and Zoning Commission, which is expected to continue its hearing in August. Others spoke of getting a recording of Kolodny's session to share with the zoning board.

Kolodny went into detail about how the opioid epidemic began, showing many charts and graphs that point to 1996 as the start. This is when drug and pharmaceutical companies, particularly Purdue Pharma with its release of OxyContin, began aggressive marketing for treatment of non-cancer pain.

"The bulk of what Purdue Pharma was doing was trying to get the medical community more comfortable with opioids as a class of drug," Kolodny said, adding this has now become the focus of multiple lawsuits.

Previously, doctors understood that these were highly addictive drugs, but misinformation was distributed to frame the argument that they shouldn't let "barriers to compassionate care" get in the way of pain management, Kolodny said.

KentPresents, which concludes today, featured many other sessions during its second day at Kent School. Topics included "Forgetting: The Benefits of an Open Mind" by Dr. Scott M. Small and moderator Andre Aciman.

Small, a professor of neurology at Columbia University, shared how memory and forgetting work in the brain. He said there are benefits to forgetting, and showed there are mechanisms in the brain that "actively cause forgetting," rather than a lack of storage capacity, Small said.

The session, "Grading Trump: Triumph or Disaster," featured panelists Larry Kudlow, a senior contributor for CNBC; Matthew Dowd, a strategist and political analyst; Charles M.

Blow, a op-ed columnist for The New York Times, and moderator Jane Whitney, who moved among the audience for questions. Kudlow, who was an unpaid member of Trump's campaign, spoke favorably about the president's policy initiatives, particularly his reduction of federal regulations on business.

Both Dowd and Blow said Trump was not doing a great job in their view. Dowd, a pollster and strategist for George W. Bush, said Trump's disregard for the truth cannot be tolerated.

"We expect a march toward perfection, not a march toward destruction," Dowd said.

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other great prizes!**

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Pet Photo Contest

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\$50 GIFT CARD FROM DIPPY'S ICE CREAM CAKES
- \$50 GIFT BASKET FROM PET AESTHETICS
- \$25 GIFT CARD TO FRANK PEPE PIZZERIA
\$25 GIFT CARD TO CHILI'S BAR AND GRILL\$25 GIFT CARD TO THE GAP

ALL WINNERS WILL RECEIVE : A YEARS ELECTRONIC SUBSCRIPTION TO THE
REPUBLICAN-AMERICAN

Enter Today

Hiram

Hiram Williams
m: (917) 855-9872
hramwilliams@mac.com

8/10/2017

Town of Kent CT Mail - Fwd: Opioid addiction the topic of KentPresents | Republican-American

Received 8/10/17
DMH

ASAM PPC-2R RISK RATING CROSSWALK **ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders - Adult**

	0	1	2	3	4
1 Acute Intoxication and/or Withdrawal Potential	Fully functioning, no signs of intoxication or withdrawal present.	Mild to moderate intoxication interferes with daily functioning, but does not pose a danger to self or others. Minimal risk of severe withdrawal.	Intoxication may be severe, but responds to support; not posing a danger to self or others. Moderate risk of severe withdrawal.	Severe s/s of intoxication indicates an imminent danger to self or others. Risk of severe but manageable withdrawal; or withdrawal is worsening.	Incapacitated, with severe signs and symptoms. Severe withdrawal presents danger, as of seizures. Continued use poses an imminent threat to life (e.g., liver failure, GI bleed, or fetal death).
2 Biomedical Conditions and Complications	Fully functioning and able to cope with any physical discomfort or pain.	Adequate ability to cope with physical discomfort. Mild to moderate symptoms (such as mild to moderate pain) interfere with daily functioning.	Some difficulty tolerating physical problems. Acute, non-life threatening medical symptoms are present. Serious biomedical problems are neglected.	Serious medical problems are neglected during outpatient treatment. Severe medical problems are present but stable. Poor ability to cope with physical problems.	The patient is incapacitated, with severe medical problems.
3 Emotional, Behavioral or Cognitive (EBC) Conditions and Complications	Good impulse control and coping skills and sub-domains (dangerousness/lethality, interference with recovery efforts, social functioning, self-care ability, course of illness).	There is a suspected or diagnosed EBC condition that requires intervention, but does not significantly interfere with tx. Relationships are being impaired but not endangered by substance use.	Persistent EBC condition, with symptoms that distract from recovery efforts, but are not an immediate threat to safety and do not prevent independent functioning.	Severe EBC symptomatology, but sufficient control that does not require involuntary confinement. Impulses to harm self or others, but not dangerous in a 24-hr setting.	Severe EBC symptomatology; requires involuntary confinement. Exhibits severe and acute life-threatening symptoms (e.g., dangerous or impulsive behavior or cognitive functioning) posing imminent danger to self and others.
4 Readiness to Change	Willing, engaged in treatment.	Willing to enter treatment, but is ambivalent about the need for change. Or willing to change substance use, but believes it will not be difficult to do so.	Reluctant to agree to treatment. Able to articulate negative consequences of usage but has low commitment to change use. Only passively involved in treatment.	Unaware of the need for change, minimal awareness of the need for treatment, and unwilling or only partially able to follow through with recommendations.	Not willing to explore change, knows very little about addiction, and is in denial of the illness and its implications. Unable to follow through with recommendations.
	Mental Health Willingly engaged in tx as a proactive, responsible participant; willing to change mental functioning & behavior.	Mental Health Willing to enter tx and explore strategies for changing mental functioning but is ambivalent about the need for change. Willing to explore the need for strategies to deal with mental disorders. Participation in mental health tx is sufficient to avert mental decompensation. Ex: ambivalent about taking meds but generally follows tx recommendations.	Mental Health Reluctant to agree to tx for mental disorders. Is able to articulate the negative consequences of mental health problems but has low commitment to therapy. Has low readiness to change and passively involved in tx. Ex: variable attendance to therapy or with taking medication.	Mental Health Exhibits inconsistent follow through and shows minimal awareness of mental disorder or need for tx. Unaware of the need for change and is unwilling or partially able to follow through with recommendations.	Mental Health A. No Immediate Action Required: Unable to follow through has little or no awareness of a mental disorder or negative consequences. Sees no connection between suffering and mental disorder. Is not imminently dangerous or unable to care for self. Unwilling to explore change and is in denial regarding their illness and its implications. B. Immediate Action Required: Unable to follow

Handout 17 – ASAM PPC-2r Risk Rating Crosswalk

https://www.optumsandiego.com/content/dam/san-diego/documents/dmc-ods/forms/ASAM_PPC-2R_Adult.pdf