

NARRATIVE WITH SUPPORTING DOCUMENTS



Date: September 5, 2018

RE: Narrative for Use Permit (U300) Application

To whom it may concern,

Please allow this document to serve as the formal narrative associated with Arizona Behavioral Care Homes' Use Permit (U300) application. My name is Crawford Breedlove and I have served as Arizona Behavioral Care Homes' CEO for the last four years. Since 2011, our agency has specialized in providing short-term residential treatment services for adult men and women, who have been diagnosed with a serious mental illness. We do not admit anyone into any of our programs who has been convicted of a sex offense, arson, or has a significant criminal history or history of violent behaviors. Arizona Behavioral Care Homes has 10 locations total, six (6) of which are in Goodyear, Arizona. We provide daily programming activities, life skills training, and both individual and group therapies that address the specific skills and insights necessary for our clients to move on to a lower level of care or independent living setting. The average length of stay for our clients is six (6) to nine (9) months and the most common skill addressed in treatment is medication management/compliance. Arizona Behavioral Care Homes also serves as a clinical practicum site for the doctoral psychology programs of Arizona State University, Argosy University, and Midwestern University. We serve up to 48 clients throughout our six (6) facilities in Goodyear, all of which shop exclusively in Goodyear, use Goodyear based businesses for all maintenance, repairs, products, and services, and employ approximately 40 employees who reside in Goodyear. I appreciate all of the economic growth and opportunities the City of Goodyear facilitates both residentially and commercially, and I respect the City of Goodyear for making it a priority to consider the overall safety, happiness, and well-being of its residents in every decision they make. There is no surprise why Goodyear is one of the strongest growing cities in Arizona.

In early 2017, we began providing Personal Care Services (PCS) within a few of our residential treatment settings. We began offering this line of service because we discovered that a steadily growing portion of the adult SMI population were falling through the cracks in respects to their insurance coverage. Specifically, there are adult men and women who can't qualify for the Arizona Long Term Care Services (ALTCSS), but need physical assistance due to medical issues, temporary injury, chronic illness, mobility issues, Dementia, Alzheimer's, etc. that prevent them from being admitted into a standard residential treatment setting; a standard residential treatment setting is not licensed to provide any physical assistance to its clients under any circumstance. Until AHCCCS carves out a line of service for the aforementioned individuals, this population will continue to over utilize hospitals/emergency rooms and inflate the existing population of homeless adults in all areas, all of which is a financial burden to tax payers. Currently the need for PCS facilities like ours is higher than it has ever been

because the “Baby Boomer” population is experiencing growing difficulty remaining independent within their current homes, support systems, and communities. Without our services these folks will be forced to utilize more expensive treatment options such as hospitals and skilled nursing facilities, or become homeless. Research tells us that individuals who are unable to remain in their homes and community settings experience a significant decrease in quality of life and life expectancy. Throughout the entire US, people with serious mental illness have a life expectancy between 15 and 30 years lower than the general population, largely due to chronic illness which we help manage. Our services cost much less than hospitals and skilled nursing facilities, and we provide a much healthier and higher quality of life for those we serve.

The residence we are requesting a Use Permit for was purchased specifically to serve the Personal Care population and has been in operation as a licensed six (6) bed facility for the last seven (7) months. The location of the residence is perfect for what we do because it is at the end of a cul-de-sac, bordered by two major roads, and backs up to hundreds of acres of farm land. Before purchasing the residence I failed to follow the established zoning protocol to ensure we were in compliance with the zoning ordinances relevant to our business. Specifically, there is a zoning rule which states that there must be at least a quarter ($\frac{1}{4}$) of a mile of distance (1320 ft.) between any two assisted living facilities/group homes licensed to provide services for more than six (6) individuals. There is an assisted living facility licensed for 10 beds on the opposite side of the neighborhood of which I was aware before purchasing the residence, but I thought we were far enough away. I used the *Assisted Living/Group Home Map* on the zoning department's website to determine that there was enough distance between the two properties. I moved forward with purchasing the residence, applied for a certificate of occupancy for 10 beds, and was quickly denied the certificate. I received a letter stating that issuing our agency a certificate for 10 beds would violate the aforementioned statute and a satellite map picture displaying the area between the two properties. The map displayed the *start* and *end* points within the middle of the properties and a measurement in feet representing that I was approximately 12 feet short of the required distance. I contacted the zoning department via telephone and requested clarification on where the *start* and *end* points were being measured from, because before purchasing the residence, I utilized two different websites to generate a distance between both of the properties. Both times produced an outcome with more than enough distance between them. Someone from the zoning department called me back a few days after my initial call and stated that, “following a meeting with a city attorney... he stated that the measurements are taken from the two nearest property lines.” Following the initial denial, I filed an appeal and attempted to have the decision overturned by the Zoning Board of Adjustment. I took full responsibility for not formally ensuring there was an adequate amount of distance between the facilities. However, nowhere in the statutes or rules does it state specifically where measurements are taken from (middle of properties, property lines, corners, front door, etc.), and utilizing all of the visual elements available to me indicated that the middle of the property marked the *start* and *end* points. I paid an independent land surveyor to come out and measure the distance between the two facilities from front door to front door and he recorded a distance of 1352.89 feet. For the appeal, I requested a slight amount of

Variance be granted. *Variance*, as defined in section 2-24 of the City of Goodyear Zoning Ordinance (attachment 2), requires the “modification of the literal provisions of the Zoning Ordinance, granted by the Board of Adjustment upon finding that the strict enforcement would cause undue hardship, owing to circumstances unique to an individual property for which the variance is granted, and not caused by the applicant.” In addition to that, section 3-3, criteria a, of the City of Goodyear Zoning Ordinance (attachment 3), the minimum distance (1320 ft.) allowed between the two Assisted Living Facilities is stated in the provision, but the specific location (middle of properties, property lines, corners, front door, etc.) where the measurements should be taken from is not stated in the provision. As I stated earlier, the residence for which I am requesting a Use Permit has already been operating as a six (6) bed facility over the last seven (7) months. The facility was filled quickly and has operated with six (6) clients from almost the beginning; the following statements are true regarding this facility over the last seven (7) months, and after it would receive a Use Permit to serve 10 clients:

- Immediately after purchasing the property, we updated the inside of the residence (floors, paint, tile, etc.), repainted the outside of the residence, and updated the landscaping. Also, like for all of our facilities, we have a landscaping company visit and service the property on a weekly basis.
 - This remains at the same standard for all facilities.
- We impose no negative impact on the functionality, character, or appearance of the neighborhood or its common areas.
 - There will still be no negative impact on the functionality, character, or appearance of the neighborhood or its common areas.
- We have received zero (0) complaints, citations, warnings, or fines from the property's Home Owners Association (HOA).
 - I expect this to remain the same, as we work very hard to model being good neighbors and not having a negative impact on the folks around us.
- We have received zero (0) complaints, deficiencies, or citations from the Arizona Department of Health Services (ADHS) or any other regulatory agency involved in the continuum of care.
 - I expect this to remain the same because we are a premier provider of the services we specialize in.
- We have created no unusual traffic or parking problems within any areas of the neighborhood.



- There will still be no unusual traffic or parking problems within any areas of the neighborhood.
- We have received zero (0) complaints from any of our neighbors or residents residing within the neighborhood.
 - As a 10 bed facility, I expect this to remain the same.
- We have received zero (0) complaints, warnings, or citations from the Goodyear Police, or any other municipality in Goodyear, for this facility.
 - As a 10 bed facility, I expect this to remain the same.
- Opening this residence as a six (6) bed facility created six (6) more full-time jobs in Goodyear.
 - As a 10 bed facility, five (5) more additional full-time jobs will be created in Goodyear.

This residence is approximately 3,800 square feet in size, has five (5) large bedrooms, three large bathrooms, a large basement, an outdoor social area with a built in grill and fireplace, and provides exponentially more space than what is required by ADHS to provide services for 10 clients. Our intention is to continue to be good neighbors and economic supporters of Goodyear. Granting us a Use Permit for this residence isn't going to change anything about our current operation other than creating five (5) more full-time jobs, more economic growth for the local businesses in Goodyear, more availability for a service that is in high demand, and an opportunity to decrease the amount of folks who are currently living homeless or will become homeless in the future.

According to the City of Goodyear's Zoning Department our residence is approximately 12 feet short of the zoning requirement, and that is the only reason we are in need of a Use Permit. I hope the citizens and City Council of Goodyear extend us 12 feet of grace and don't prevent us from helping more folks who desperately need it.

Thank you for your time and consideration,

Crawford Breedlove, CEO
Arizona Behavioral Care Homes



ARIZONA DEPARTMENT
OF HEALTH SERVICES

LICENSING

November 28, 2017

Mr. Crawford Breedlove, Administrator
4645 S. Lakeshore Drive, Suite #3
Tempe, AZ 85282

RE: BH5316
Arizona Behavioral Care Homes, Llc
4349 North 161st Avenue
Goodyear, AZ 85395
Event ID: S2CD11

Dear Licensee:

Enclosed is the Statement of Deficiencies (SOD) for the initial inspection conducted on November 21, 2017, which constitutes the inspection report and indicates that the licensee was found to be deficiency free at the time of the inspection. A copy of this form will become a part of the facility's public file. Please keep this current inspection report in the facility and available for review.

If you have any questions, please contact the Bureau at (602) 364-2639 or via our email address at residential.licensing@azdhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read 'Harmony Duport'.

Harmony Duport
Bureau Chief

HD:ag

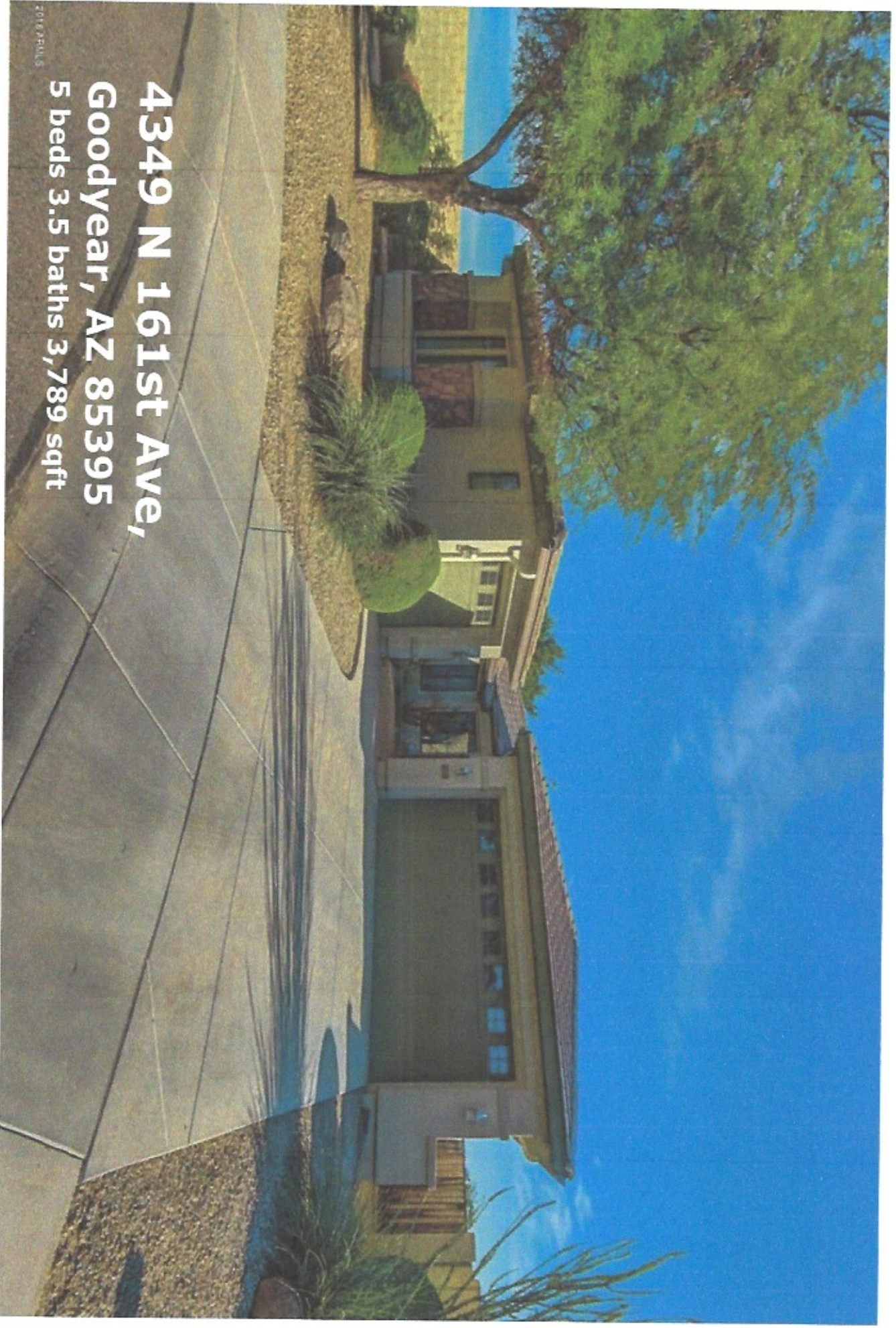
Enclosure

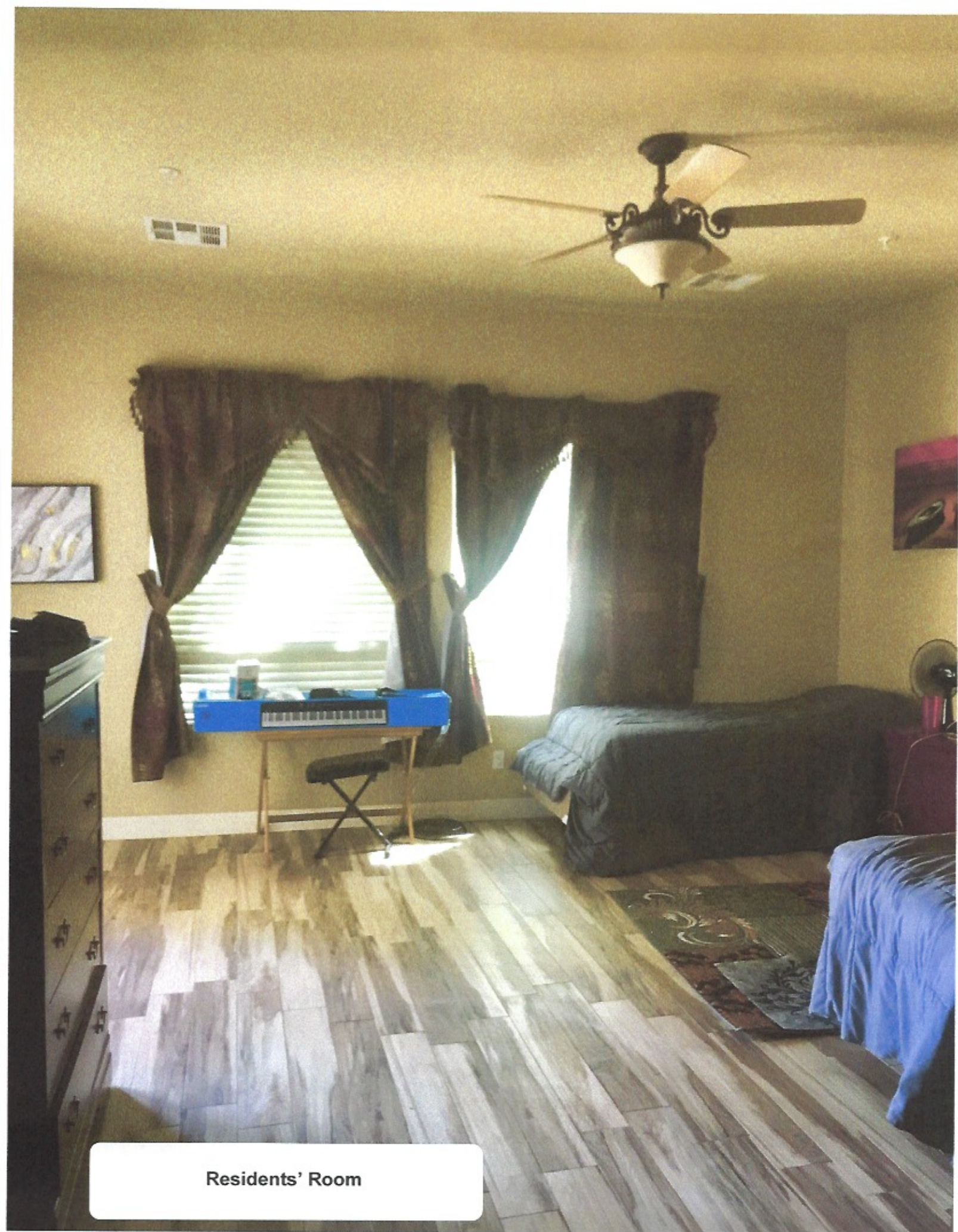
Douglas A. Ducey | Governor Cara M. Christ MD, MS | Director

PICTURES OF THE FACILITY

**4349 N 161st Ave,
Goodyear, AZ 85395
5 beds 3.5 baths 3,789 sqft**

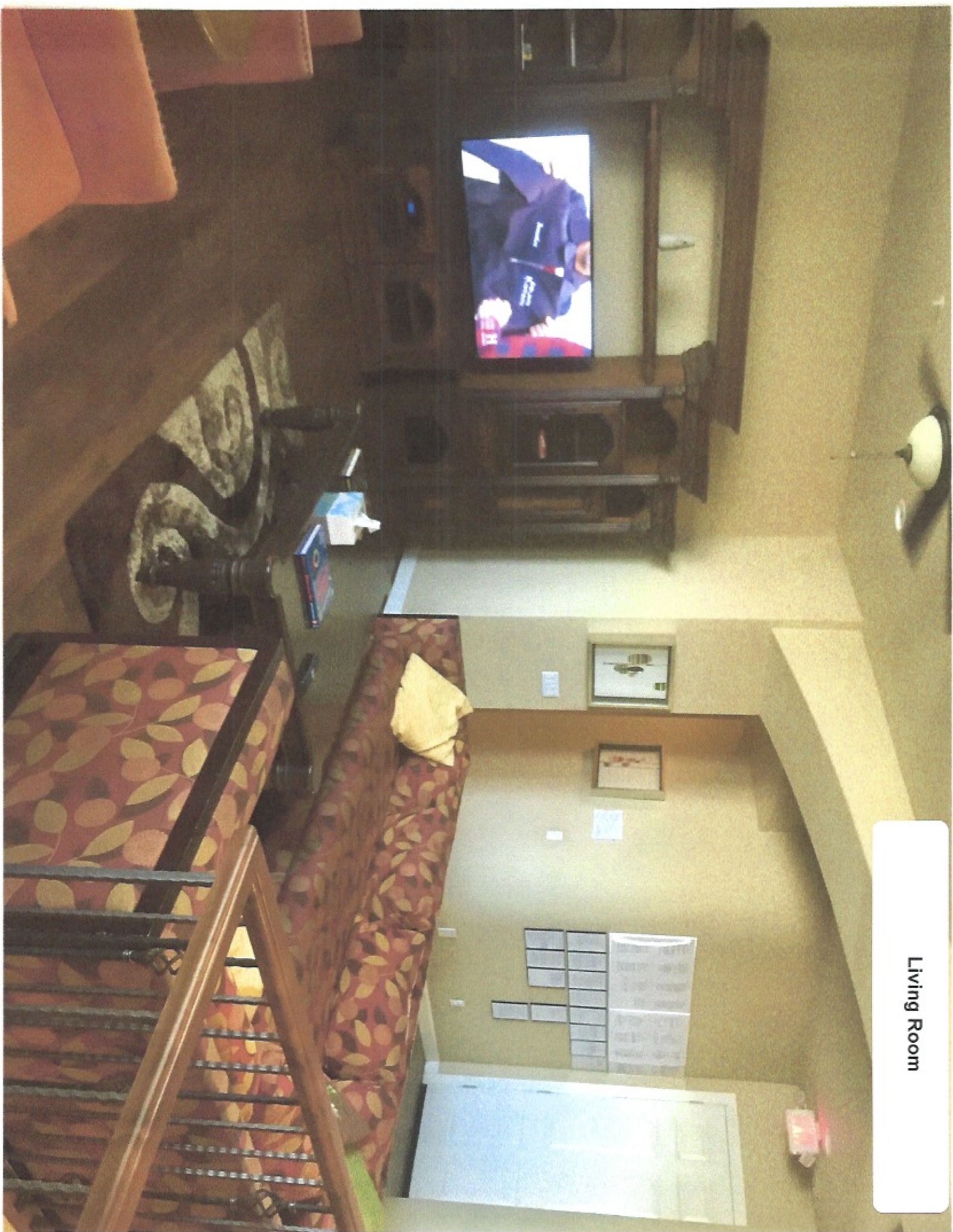
2016 APRL 5





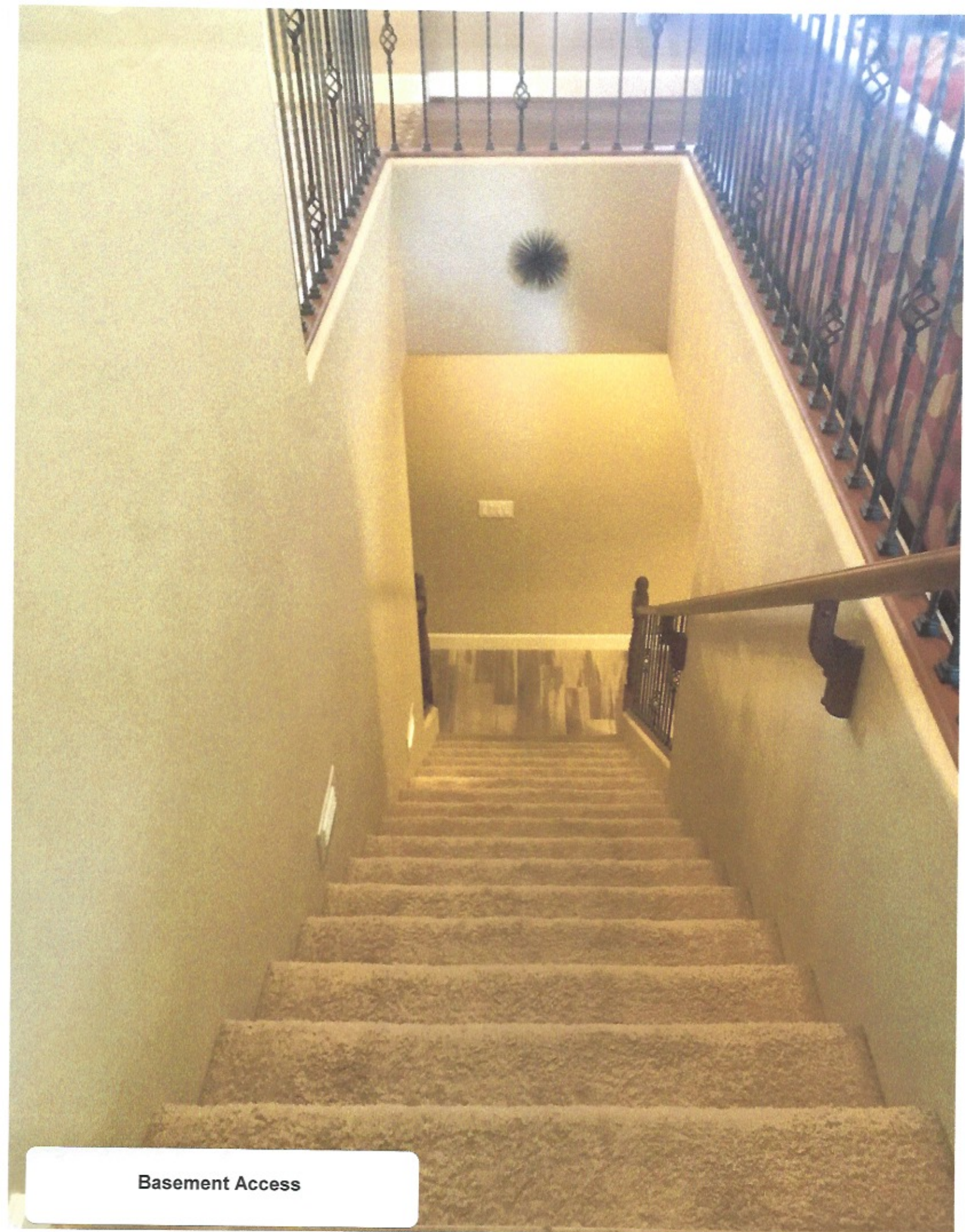
Residents' Room

Living Room





Kitchen



Basement Access



Basement 1



Basement 2



Bathroom

Dining Room





Backyard



Administrative Office

DISTANCE BETWEEN THE TWO FACILITIES

PROVIDED USING THE FOLLOWING:

- **MARICOPA COUNTY ASSESSOR'S OFFICE**
- **GOOGLE MAPS**
- **3RD PARTY LICENSED LAND SURVEYOR**



Google Maps

Distance Between Facilities



Imagery ©2018 Google, Map data ©2018 Google 200 ft

Measure distance

Total distance: 1,315.22 ft (400.88 m)

February 28, 2017

Crawford Breedlove
Arizona Behavioral Care Homes
Phoenix, Arizona

Crawford,
Per your instructions from our conversation this morning, I have completed my measurements from door to door at 16195 West Glenrosa, Goodyear, Arizona to 4349 North 161st Avenue, Goodyear, Arizona and have determined the horizontal distance to be 1352.89 feet.

Please let me know if you need anything further on this project and I will be happy to help.

Sincerely,



Don E. Petersen, RLS#33877
3006 North 21st Place
Phoenix, Arizona 85016
602) 989-0743



Surveyor's Outcome

**LETTER FROM ONE OF
THE HEALTH PLAN'S
REGIONAL BEHAVIORAL
HEALTH AUTHORITY TO
AHCCCS REGARDING THE
NEED FOR OUR LINE OF
SERVICES**



February 22, 2018

Dr. Sara Salek, Chief Medical Officer
Jami Snyder, Deputy Director
AHCCCS
801 E. Jefferson Street
Phoenix, AZ 85034

Dear Dr. Salek and Ms. Snyder,

Dr. Bertsch asked that I reach out to you regarding inconsistencies in state requirements related to staff training in Personal Care. Since we have been overseeing both physical and BH services for our members living with SMI, we have found that some members will benefit from receiving both BH and Personal Care in a BH Residential Facility (BHRF), typically on a short term basis, to prevent re-hospitalization and/or institutional services yet we have found training rules for Personal Care in BHRFs to be a barrier to members receiving personal care in community-based settings.

BHRF licensing rules for Personal Care require us to use a training program approved by the Az Board of Examiners for Nursing Care Institution Administrators and Assisted Living Facility Managers (NCIA Board). The NCIA Board's statutory authority for rulemaking contained in A.R.S. 36-446.03 states, "The (NCIA) Board may adopt, amend, or appeal reasonable and necessary rules and standards for the administration of this article *in compliance with Title XIX of the Social Security Act, as amended.*" Article 7 of the Board's current rules, "Assisted Living Caregiver Training Programs" are not compliant with other AHCCCS training requirements for Personal Care in the following ways:

- Supervised on-the-job training cannot occur as it does in the DCW program; primarily it is classroom training at an off-site "training program"
- There is no opportunity for DCW staff or others with skills and knowledge in personal care to demonstrate skills and knowledge or "test out" of required hours of training
- The cost per trainee is typically over \$1,000 per student

We are finding that the NCIA Board's lack of compliance with AHCCCS training requirements for Personal Care is limiting access to personal care in Behavioral Health Residential Facilities, is adding unnecessary costs to the System, and may be causing Persons Living with Serious Mental Illness to be unnecessarily institutionalized and thus violating their rights to community-based care.

The NCIA Board is proposing changes to its rules in the very near future but is not proposing to address the issues above that would make the NCIA Board's Assisted Living Training Program rules in compliance with the Title XIX training program requirements for staff delivering Personal Care. The NCIA Board's draft rules would require many additional training hours for an AHCCCS Direct Care Worker (who are already delivering personal care in ALTCBS HCBS settings) to work in assisted living and/or provide personal care to persons living with SMI in BHRFs.

We recognize the need for a trained and skilled workforce to meet the needs of an aging population and support the reasonable, portable, accessible, and cost-effective personal care training requirements AHCCCS has established in its Direct Care Worker program and believe there should be choice and easy access to training for all caregivers to work in community-based settings.

We are happy to provide additional information, including letters from BHRF providers, and to partner with AHCCCS in addressing this issue that is limiting access to community-based care.

Thank you for your interest and consideration.

Respectfully,

Laura Hartgroves MSW, MPA
Network Development & Advocacy Administrator

cc: Dr. Teresa Bertsch, Chief Medical Officer, HCIC
Kathy Bashor, AHCCCS
Dara Johnson, AHCCCS
Bill Kennard, AHCCCS