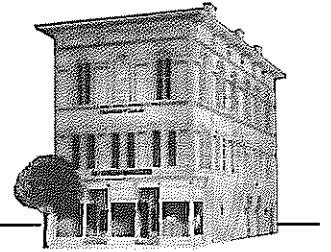




VILLAGE OF JONESVILLE

265 E. CHICAGO ST.
JONESVILLE, MI 49250
www.jonesville.org

(517) 849-2104
Fax (517) 849-9037
email: manager@jonesville.org



**VILLAGE OF JONESVILLE
ZONING BOARD OF APPEALS AGENDA
APRIL 15, 2014 – 6:30 P.M.
FIRE DEPARTMENT**

1. CALL TO ORDER/PLEDGE OF ALLEGIANCE

2. DECLARATION OF QUORUM

3. APPROVAL OF AGENDA

4. APPROVAL OF MINUTES – December 4, 2013

5. PUBLIC HEARING AND SUBSEQUENT BOARD ACTION

A. Request from Life Challenge of MI/The Manor to allow one nonconforming use to be changed to another nonconforming use. If approved, buildings located at 115 East Street and 470 Oak Street at the Manor Foundation property would be used for residential and outpatient substance abuse treatment, with a mission of discipleship and training.

i. Public Hearing

ii. Action on Request

6. OLD BUSINESS

7. OTHER BUSINESS

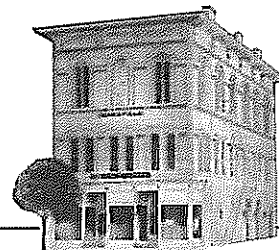
8. ADJOURNMENT



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(517) 849-2104
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To: Jonesville Zoning Board of Appeals
From: Jeffrey M. Gray, Village Manager
Date: April 3, 2014
Re: Manager Report – April 15, 2014 Zoning Board of Appeals Meeting

5. A. i. Public Hearing

This is the time reserved on the agenda to hear public comments regarding the request from Life Challenge of Michigan/The Manor to allow one nonconforming use to be changed to another nonconforming use. If approved, buildings located at 115 East Street and 470 Oak Street at the Manor Foundation property would be used for residential and outpatient substance abuse treatment, with a mission of discipleship and training.

5. B. ii. Life Challenge of MI request to change nonconforming use [Action]

This is the subsequent action item related to the request to change the nonconforming use.

Background:

The Zoning Board of Appeals will recall that this request to utilize buildings at the Manor for a residential and outpatient substance abuse treatment facility was considered at the December 4, 2013 meeting and was denied. In denying the request, the ZBA considered compatibility of the proposed new use with the surrounding neighborhood. As the minutes indicate, the ZBA noted concerns with the operation, including potential security and safety issues. The ZBA noted that it might consider the application at a later date with additional information provided, including plans to assure the security of the neighborhood.

Following the denial, the applicant hosted a neighborhood meeting in January at the Manor. The meeting included a tour of the Oak Street building that would be used for the operation, a description of the existing security features of that building (which are also described in the attached write-up from the applicant), testimonials from individuals helped by the existing program, and questions and answers.

New Application:

The applicant has filed a new application that is attached to this report. Included with the application is some written information prepared by the applicant to describe some of the proposed operations, as well as materials that were sent to neighbors for the neighborhood meeting.

Section 17.06(E) of the Zoning Ordinance states:

No application which has been denied wholly or in part by the Board shall be resubmitted for a period of one (1) year from the date of the last denial, except on grounds of changed conditions that would significantly change the nature of the request or affect the reasons for denial first ordered by the Board.

I have spoken with the applicant to clarify those items that have changed since the filing of the previous application. The applicant noted that the procedures related to handling guests and visitors are new, based on input from staff at the Lansing City Rescue Mission. The remainder is additional information on previously planned operations.

The ZBA will want to consider whether the changed condition and the new information represent sufficiently changed conditions to approve the application this time.

Nonconforming Use:

As a reminder, the Manor Foundation property is located in the R-2 (Residential Single Family) zoning district. As a State licensed congregate care facility, the Manor was nonconforming in the R-2 district. Life Challenge of Michigan is proposing to utilize buildings at the Manor for a residential and outpatient substance abuse treatment facility. This use is also nonconforming in the R-2 district.

Section 2.28(C)(5) of the Zoning Ordinance allows the Zoning Board of Appeals to consider changing one nonconforming use to another, provided that the three conditions listed in that section are met. Those conditions are as follows:

5. A nonconforming use may be changed to another nonconforming use provided that all of the following determinations are made by the Zoning Board of Appeals:
 - a. The proposed use shall be as compatible or more compatible with the surrounding neighborhood than the previous nonconforming use. In determining compatibility of the proposed nonconforming use, as compared to the previous nonconforming use, the Zoning Board of Appeals shall find that the proposed use creates a lesser degree of effect on adjacent uses with respect to such factors as noise, traffic characteristics, general level of activity, parking needs, lighting, and other factors deemed relevant by the Zoning Board of Appeals.
 - b. The proposed nonconforming use shall not be enlarged or increased, nor extended to occupy a greater area of land than the previous nonconforming use.
 - c. That appropriate conditions and safeguards are provided that will ensure compliance with the intent and purpose of this Ordinance.

So in order to approve the request, the Zoning Board of Appeals will have to determine that there are changed conditions and that, based on the information provided with the new application, the proposed nonconforming use will have a lesser impact on the neighborhood than the previous use of the Manor.

Analysis:

The ZBA found the previous application incompatible with the neighborhood based on security concerns. Many of the questions about security came from the fact that the applicant indicated

that some who would receive treatment would be placed in the program by the courts as an alternative to incarceration. The written materials for this application indicate that would still be the case, although the applicant clarifies that their programs “are not step down programs from any prisons.” I spoke with the applicant who indicates that this means that they do not accept individuals who are transitioning from incarceration after serving a prison sentence.

While I appreciate the efforts of the applicant to serve the needs of those suffering from addiction, I have reservations about the revised application at this location.

There is additional written explanation of the existing building security system and some of the operational procedures. I would encourage review of the materials. The explanation is appreciated, as it clarifies a number of items discussed at the previous public hearing. However, with the exception of the additional procedures related to guests, the applicant has noted that little has changed with the security plan since the last application.

I also appreciate clarification that there is a desire to not admit violent felons or sex offenders. The applicant has stated that these histories would be verified via probation officers and/or the online sex offender registry. However, there are limited resources available to civilians to confirm full criminal histories; those available often do not include crimes committed in other states or federal crimes, for example.

Additional information is also provided regarding licensing and accreditation. The applicant’s accreditation report is attached, as are the licensing standards for Residential Substance Abuse Services programs. The ZBA will note that both are focused on issues related to treatment, as might be expected. Security standards are not included in either review.

Lastly, I would note that the testimonials offered at the neighborhood meeting by those helped by the applicant’s program were very powerful. I want to be clear that I am not questioning the service that the program provides to those with addictions. The question before the ZBA is whether the proposed use is compatible with the neighborhood, at least more compatible than the previous use. The ZBA has acted once to say that without changes to the security plan, it is not; at this time, the plan appears largely unchanged.

However, I am not offering a hardline recommendation at this time. It seems appropriate to allow the applicant and public to comment on the request at the public hearing and allow the ZBA an opportunity to analyze all information before taking action.

A motion is necessary to take action to approve, approve with conditions, deny, or to postpone action for more information. The change of use may be passed by a majority of the total membership of the ZBA.

Please see the attached application and correspondence from the applicant, accreditation report and state licensing rules, and letter from Jim and Dorothy Pogats.

This request is obviously fairly unique compared to the dimensional variances that typically come before the ZBA. I am preparing my report well in advance of the meeting so that the ZBA has some additional time to consider the materials. I will be glad to meet with those who have questions or need additional information between now and the meeting.

VILLAGE OF JONESVILLE

ZONING BOARD OF APPEALS

MINUTES – DECEMBER 4, 2013

Present: Tim Bowman, Larry Jose, Dana Kyser, Todd Shroats, Mike Venturini, Manager Jeff Gray, Assistant to the Manager Tim McLean and Supt. of Public Works Mike Kyser.

Absent: None

Guests: Norma DannHausen, Gail Newsome, Fred Prasser, Lindsey and Charles Crouch, Dorothy and Jim Pogats, Ron Hayes, Annette and Roger Sands, Mark Prater, Missy and Brian Mesarosh, Jack Mosley, Robert Snow and Beverly Engle.

The meeting was called to order at 5:30 p.m. by Chairperson Dana Kyser.

A quorum was declared.

Mike Venturini made a motion and was seconded by Tim Bowman to accept the minutes of July 16, 2013. All in favor. Motion carried.

The Public Hearing for the request to allow one nonconforming use to be changed to another nonconforming use in a Residential District (R-2) located at 115 East Street and 467 Oak Street at the Manor Foundation property and to be used for residential and outpatient treatment, with a mission of discipleship and training, was opened at 5:31 p.m.

Manager Gray gave a brief synopsis of the request being brought to the Zoning Board of Appeals, advising that the Manor was nonconforming in the R-2 District, and that Life Challenge of Michigan is proposing to utilize buildings at the Manor for a residential and outpatient State licensed alcohol and substance abuse treatment facility, which is also nonconforming in the R-2 District. Section 2.28 (C) (5) of the Zoning Ordinance allows the ZBA to consider changing one nonconforming use to another, provided that the conditions listed in that section are met. The conditions are intended to assure that the new use will be as compatible or more compatible with the surrounding neighborhood than the previous use, and that there will be no enlargement of the use.

Jack Mosley, on behalf of Life Challenge of Michigan, addressed the board regarding the proposed nonconforming use request; advising the board that the request is for a discipleship program rather than a treatment program. Mr. Mosley advised that the required licenses are in place to open this treatment facility.

Jim Pogats, Annette Sands, Lindsey Crouch, Beverly Engle, and Roger Sands all spoke with questions and concerns regarding the planned operation of the facility and the effect and outcome

this treatment facility will have on the surrounding neighboring areas of the location. Mr. Mosely answered questions as they were presented at the hearing. The main concern of everyone that voiced their opinion was the safety and welfare of the Village residents living in this residential district, along with the possibility of declining property values.

Public Hearing closed at 6:51 p.m.

After lengthy discussion regarding the proposed use and the criteria in Section 2.28 (C) (5) of the Zoning Ordinance, Todd Shroats made a motion to deny the request from Life Challenge of Michigan/The Manor to allow one nonconforming use to be changed to another nonconforming use based on security issues. The Board noted that the use could be considered at a later date with additional information provided, including plans to assure the security of the neighborhood. Tim Bowman seconded this motion. All in favor. Motion carried.

Larry Jose made a motion for the immediate effect of denial of the nonconforming use request as necessary for the preservation of property and hereby certified on record. Seconded by Todd Shroats. All in favor. Motion carried.

The meeting was adjourned at 7:00 p.m.

Submitted by,

Cynthia D. Means
Clerk

Village of Jonesville
Zoning Board of Appeals
NONCONFORMING USE APPLICATION

265 E. Chicago Street
Jonesville Michigan 49250
Phone: 517-849-2104 Fax: 517-849-9037

Date of Petition Form:

3/4/14

Property Owner

Name <u>THE MANOR</u>		Business Name <u>THE MANOR</u>	
Street Address <u>115 EAST St JONESVILLE MI 49250</u>		Email Address <u>FRASSOR@themanor.ORG.</u>	
Cell Phone Number	Fax Phone Number <u>517-849-2880</u>	Phone Number <u>517-849-2151</u>	

Applicant (If Not Owner)

Name <u>LIFE CHALLENGE of MI.</u>		Email Address <u>lifechallengeofmichigan@gmail.com</u>	
Address (Street No. and Name) <u>2220 Spring Rd.</u>		City <u>HILLSDALE</u>	State <u>MI</u>
Cell Phone Number <u>517-204-7353</u>		Fax Phone Number <u>517-437-4454</u>	Zip Code <u>49242</u>
Applicant's Interest in the Property (Land Contract, Lease, Etc.) <u>LEASE</u>			

Zoning District:

R2

NONCONFORMING USE FEE: \$250.00

Property Address:

115 EAST St.
470 OAK St.

Property ID #:

30-06-065-004-029

Date of Denial of Zoning Permit:

n/a

Reason of Denial:

Purpose of Request (Specify exactly what is being requested):

RESIDENTIAL & OUT PATIENT TREATMENT WITH A
MISSION OF DISCIPLESHIP & TRAINING.

Explain Nature of Practical Difficulty or Hardship:

Signature of Applicant

[Signature]

Signature of Property Owner

[Signature]

Signature of Village Clerk

Date:

3-4-14

Date:

3-4-14

Date:

3-11-14

Official Use Only

Fee Paid	<u>250.00</u>
Date Paid	<u>3/11/14</u>
Receipt #	<u>48875</u>
Date of Hearing:	<u>4-7-14</u>

1. The proposed use shall be as compatible or more compatible with the surrounding neighborhood than the previous nonconforming use. In determining compatibility of the proposed nonconforming use, as compared to the previous nonconforming use, the Zoning Board of Appeals shall find that the proposed use creates a lesser degree of effect on adjacent uses with respect to such factors as noise, traffic characteristics, general level of activity, parking needs, lighting and other factors deemed relevant by the Zoning Board of Appeals.

The proposed use of The Manor property will be markedly more compatible to the surrounding neighborhood. The faith based treatment of substance abuse clients will significantly impact the noise levels of the property. Emotionally and mentally impaired children could be extremely loud. That is not the case with the proposed clients. The activity level will be reduced markedly again due to the difference in the clinical picture of the clients.

Traffic and parking issues will be reduced considerably. The staffing numbers will be less than half the previous use and this directly affects these issues. Lighting issues should be unchanged.

2. The proposed nonconforming use shall not be enlarged or increased, nor extended to occupy a greater area of land than the previous nonconforming use.

Clearly the proposed use will not be enlarged or increased in any capacity.

3. That appropriate conditions and safeguards are provided that will ensure compliance with the intent and purpose of this Ordinance.

The mission and internal policies of Life Challenge of Michigan and The Manor will ensure compliance with the proposed intent.

LIFE CHALLENGE OF MICHIGAN

2220 Spring Road
Hillsdale, MI 49242

Email: lifechallengeofmichigan@gmail.com

www.lifechallengeofmichigan.org

RE: The Manor main campus buildings

Life Challenge of Michigan is pleased to submit a description of safety and security procedures for the proposed The Manor building.

Building Security Issues

The building is designed to meet a high standard of security. An alarm system notifies staff when a door is opened, this includes interior bedroom doors as well as outside entrances. Cameras monitor common areas and footage is available for several weeks. To ensure that our students have a positive experience in the residence halls, as well as our shared responsibility for community safety, we will put in place a security system consisting of cameras and 24/7 security personnel. It is the responsibility of security personnel to allow entrance to any one visiting the facility by producing proper identification card. Guests must call in advance to visit; they must call security for entrance, be signed in and be escorted at all times.

The residence halls are locked at all times. Only managers or staff using their master keys have unrestricted access to the building.

Our handbook on Rights and Responsibilities of students is clear that non residents are not allowed in the building without proper identifications.

It is staff responsibility to make sure the door latches and that unauthorized people do not follow them into the building. Staff members are required to be aware of who their neighbors are, and report any suspicious or unauthorized people immediately to Police.

Life Challenge Core Security Values:

Students are expected to act consistently with (Life Challenge core values) by treating other residents, staff members, and guests with civility; accepting responsibility for their actions, as well as those of their guests; and acting with integrity when making decisions.

Staff and residents share the responsibility for building security. They should report all accidents, incidents, thefts, lost keys or suspicious individuals to hall staff. New students are given regular orientation on safety and security procedures with emphasis on the following:

- Guests must call security personnel for entrance, be signed in and be escorted at all times
- Do not let non-residents into the building and do not prop the doors open. Doing so compromises the safety of your entire community
- When hosting a visitor, always enter the hall through the entrance that is staffed and sign in their guest
- Always escort your guests, so that others do not challenge their presence
- Do not attempt to circumvent any control measures already in place, such as guest policies, or locked wing doors

- Report any issues to residence hall staff, such as problems with door operation or a resident not complying with these important procedures

There are student conduct policies in place if residents refuse to cooperate with these important security procedures, including “refusing to comply with a directive”.

Community Safety & Security

Life Challenge will organize bi-monthly/quarterly meetings to discuss areas of concern with neighbors and law enforcement officer. The benefits of regular meeting with neighbors and law enforcement are:

- Build community pride and unity for effective crime prevention
- Foster a better quality of life
- Provide greater sense of security, responsibility and personal control
- Preparing for helping ourselves and others in our community
- Provide law enforcement agencies with volunteer support year round citizens become the extra “eyes and ears” of law enforcement personnel and therefore reduce law enforcement’s burden

At Life Challenge, we believe we have the right to safety and security; we have the responsibility to ensure the safety and security of others. Our standards of ensuring safety and security is based on standard security procedures of Lansing Rescue Mission in Lansing, Michigan.

Program & Organization Facts

Name: Life Challenge of Michigan

Organization: Non-profit 501 C (3) Community & Faith-Based Organization with offices in Hillsdale and Lansing

Registration & Licenses: Registered in the State of Michigan & licensed with Michigan Department of Licensing and Regulatory Affairs: Substance Abuse Program Licenses

Regulation & Operations: Board regulated with management and staff members running daily operations. The staffing ratio meets or exceeds national standards. These staff are responsible for security and treatment as the two are paramount to success.

The Joint Commission Accreditation (Behavioral Health Care): Good Standing

This accrediting body is the premier national accrediting authority in the United States and requires strict compliance with nationally accepted standards. This accreditation states that the organization meets criteria that is above most similar facilities.

Services:

- 1 Alcohol & Substance Abuse
- 2 Peer Recovery & Support Services
- 3 Recovery Coaches (Mid South Substance Abuse Commission certified coaches)
- 4 Community Case Management, Counseling & Support Services
- 5 Personal & Workforce Development Skills-building Program focusing on food and restaurant.
- 6 Community Support: Families, churches, businesses and non- profit organizations in Hillsdale

Recovery Oriented System of Care

Life Challenge of Michigan is embracing a transformation of the substance use disorder SUD service delivery system from its current acute service model to a recovery oriented system of care (ROSC) chronic disease

model.

Celebrate Recovery

Celebrate Recovery is a 12 step Christian recovery program open to the community in Hillsdale and surrounding counties. Individuals who enroll in the program come from diverse social and economic backgrounds. This is a nationally recognized program with lead instructors from Life Challenge of Michigan.

Community-based Case Management

Our community-based case management (CCM) offers opportunities to work with clients in their own unique environment, teach daily living and recovery management skills in real world settings and increase engagement through assertive outreach that is bringing services to clients.

Restoring Family Values

The new program proposed for The Manor property involves women and children along with male residents. This is an innovative approach to will keep families together and allow the family dynamic to be addressed as this must change for success upon discharge. The Christian way of life and belief in Jesus Christ are the core of the treatment approach. This is coupled with discovering individual thinking errors and changing those in order to modify behavior.

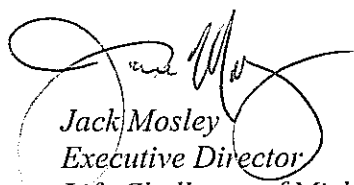
Residents Qualification Process

Students admitted into the program have issues with alcohol and substance abuse addictions; and they are mostly sponsored by families, self or churches or court mandated to join the recovery program. The intake process involves a thorough evaluation of all applicants, only clients that fit our program are admitted. That is a decision that we make not outside agencies. LCM programs are not step down programs from any prisons. There are no violent felons admitted to the program; and there are not sexual offenders admitted to the program.

National standards client screening: LCM utilizes screening methods employed by Teen Challenge as well as licensing procedures of the state Michigan department of substance abuse services.

Please feel free to call with any other questions you may have.

Sincerely,



Jack Mosley
Executive Director
Life Challenge of Michigan
517 204-7353

Life Challenge of Michigan
2220 Spring Rd. Hillsdale, MI 49242
(517) 437-0077 & (517) 437-4454

December 31, 2013

The bible teaches us to be "fishers of men." Also God has called us all to "bear much fruit for him."

Dear Jonesville Friends and Neighbors,

We at Life Challenge would like to invite you to an open house and informational meeting. The meeting will be held at the former Manor Oak St. Unit with an open tour of the facility starting at 6:00 pm on January 8th 2014 with the meeting from 6:30pm-7:30pm.

In this meeting we would like you to meet some of the students, staff and neighbors of our existing facility. Please feel free to come look around and ask questions. We want you to feel comfortable and assured as well as have your questions answered.

As we follow the Lord's calling at Life Challenge of Michigan we would like to share some of the things that are happening:

1) Tastes of Life Restaurant

- creates a unique transitional work opportunity for our students
- establishing a ongoing support basis
- great visibility in the community

2) Establishment of the 1st Life Challenge Transitional housing –Transitional housing is a 6 month period where the students are allowed more freedom. They are able to work a job, create a budge and learn how to handle money.

- Unique in the community to Life Challenge
- Has been proven success right out of the chute with the occupants in this facility

3) Inauguration of the Family Reconciliation–Bringing students and their family members together. This gives the families an opportunity to talk about their hurts and issues with the student. We have counselors and staff on hand for support of the student and help them deal with the issues as the family's air their issues.

- Unique to Life Challenge
- Strong praise and appreciation from participating families

4) Coats for the Community:

- Working with Stillwell Ford, & Suds Z Cleaners Life Challenge distributed over 1000 coats to those in need.

The Hillsdale County Celebrate Recovery has been re-established and our students and staff participate as well as help with the staffing of this program. Celebrate Recovery is a faith based 12 step program.

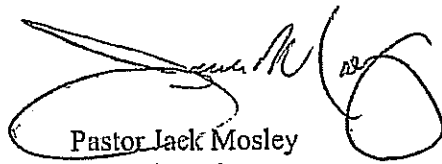
It has also been our pleasure to help individuals and families move to new homes, do yard work no matter what the season and partner with area churches and food banks to help feed families in our county.

We stay rooted in the faith despite financial constraints. The support of our community is so very important. There is a much greater need in the area than most people realize.

We at Life Challenge of Michigan have helped numerous people so we know that we are truly "Changing one life at a time".

Thank you for your continued support and prayers!

Sincerely,

A handwritten signature in black ink, appearing to read "Jack Mosley", with a large, stylized circular flourish at the end.

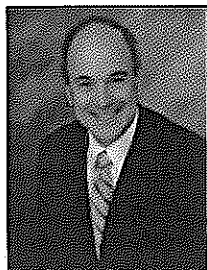
Pastor Jack Mosley
Executive Director
Life Challenge of Michigan



Accreditation Quality Report



The Joint Commission



Welcome to the Joint Commission's Quality Report. We know how important reliable information is to you and your family when making health care decisions. This Quality Report will help you make the right decisions to meet your needs. Since 1951, Joint Commission has been the national leader in setting standards for health care organizations. When a health care organization seeks accreditation, it demonstrates commitment to giving safe, high quality health care and to continually working to improve that care.

The Quality Report is only one way to determine whether a health care organization can meet your needs. Discuss this report with your doctor or with other professional acquaintances before making a care decision. In addition to the accreditation status of the organization, the Quality Report uses checks, pluses, and minuses in the key area of National Patient Safety Goals - safety guidelines that target the prevention of medical errors such as surgery on the wrong side of the body and safe medication use.

Not all measures are relevant to or available for all types of health care organizations. The Joint Commission will add relevant measures of health care quality as more measures become available. Your comments are just as important to us. The content and format of the Quality Report will be updated from time to time based on changes in the health care industry and your suggestions. Please call Customer Service at 630-792-5800 or e-mail the Joint Commission at qualityreport@jointcommission.org with your comments and suggestions.

Mark R. Chassin, MD, MPP, MPH
President of the Joint Commission



Summary of Quality Information

Symbol Key

- The organization has met the National Patient Safety Goal.
- The organization has not met the National Patient Safety Goal.
- The Goal is not applicable for this organization.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Behavioral Health Care	Accredited	2/27/2013	12/7/2012	12/7/2012

Behavioral
Health
Care

2012 National Patient Safety Goals

Compared to other Joint Commission Accredited Organizations

Nationwide

Statewide





Locations of Care

* Primary Location

Locations of Care	Available Services
Life Challenge of Michigan * 2220 Spring Road Hillsdale, MI 49242	Services: <ul style="list-style-type: none">• Behavioral Health (Transitional Living - Adult) (Non 24 Hour Care - Adult) (Supervised - Adult)• Chemical Dependency (Residential Care - Adult)• Community Integration (Non 24 Hour Care)• Employment Services (Non 24 Hour Care)• Peer Support (Non 24 Hour Care)



2012 National Patient Safety Goals

Symbol Key

- The organization has met the National Patient Safety Goal.
- The organization has not met the National Patient Safety Goal.
- The Goal is not applicable for this organization.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

Behavioral Health Care

Safety Goals	Organizations Should	Implemented
Improve the accuracy of the identification of individuals served.	Use of Two Identifiers	
Improve the safety of using medications.	Reconciling Medication Information	
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	
Accurately and completely reconcile medications across the continuum of care.	Comparing Current and Newly Ordered Medications	
	Communicating Medications to the Next Provider	
	Providing a Reconciled Medication List to the Patient	
	Settings in Which Medications are Minimally Used	
The organization identifies safety risks inherent in the population of the individuals it serves.	Identifying Individuals at Risk for Suicide	

DEPARTMENT OF COMMUNITY HEALTH
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

PART 9. RESIDENTIAL PROGRAMS

SUBPART 1. GENERAL PROVISIONS

R 325.14901 Staffing.

Rule 901. (1) A program shall have 1 full-time staff member or a person designated by the program director on the premises at all times.

(2) The equivalent of 1 full-time counselor shall be available for every 10 residents.

History: 1981 AACCS.

R 325.14902 Admission procedures.

Rule 902. (1) Clearly stated written criteria for determining the eligibility of individuals for admission shall be developed by the residential program.

(2) Information gathered in the course of the admission and assessment process shall be recorded on internally standardized forms. The completed forms shall become part of the applicant's case record.

(3) The program shall have written policies and procedures governing the admission process which set forth both of the following:

(a) The procedures to be followed when accepting referrals from outside agencies or organizations.

(b) The procedures to be followed, including those for referrals, when an applicant is found to be ineligible for admission.

(4) All of the following information shall be collected and recorded for all applicants before, or at the time of, admission:

(a) Name, address, and telephone number, when applicable.

(b) Date of birth and sex.

(c) Family and social history.

(d) Educational history.

(e) Occupation.

(f) Legal and court-related history.

(g) Present substance abuse problem.

(h) Date the information was gathered.

(i) Signature of the staff member gathering the information.

(j) Name of referring agency, when appropriate.

(k) Address, telephone number, and name of nearest relative to contact in case of emergency.

(l) History of current and past substance abuse or other counseling services received. The agency, type of service, and the date the service was received shall be indicated.

(m) Name, address, and telephone number of the most recent family or private physician.

(n) A substance abuse history, including information about prescribed drugs and alcohol, which indicates, at a minimum, all of the following information:

(i) Substances used in the past, including prescribed drugs.

(ii) Substances used recently, especially those used within the last 48 hours.

(iii) Substances of preference.

(iv) Frequency with which each substance is used.

(v) Previous occurrences of overdose, withdrawal, or adverse drug or alcohol reactions.

(vi) History of previous substance abuse treatment received.

(vii) Year of first use of each substance.

(5) During the admission process, every effort shall be made to assure that an applicant understands all of the following:

(a) General nature and objectives of the program.

(b) Rules that govern client conduct and infractions that can lead to disciplinary action or discharge from the program.

(c) Hours during which services are available.

(d) Costs to be borne by the client, if any.

History: 1981 AACCS.

R 325.14903 Withholding information.

Rule 903. (1) An applicant shall retain the right to withhold any information that is not demonstrably necessary to the treatment process or to essential program operations.

(2) If a program finds it necessary to require certain information in addition to that described in R 325.14902 (4) and (5) as a condition of admission, there shall be a written policy delineating such information.

(3) If an applicant is found to be ineligible for admission, the reason shall be recorded in the client case record and, if appropriate, a referral to an appropriate agency or organization shall be attempted.

History: 1981 AACCS.

R 325.14904 Medical examination.

Rule 904. (1) A client who has not had a medical examination within 6 months prior to admission shall have a medical examination performed under the supervision of a licensed physician as soon as practicable, but not later than 14 days after admission.

(2) Evidence of such examination and information relevant to the client's health status shall be included in the client's record.

History: 1981 AACCS.

R 325.14905 Treatment plans.

Rule 905. (1) A client's social and psychological needs shall be assessed. The areas of concern shall include a determination of all of the following:

(a) Current emotional state.

(b) Cultural background.

(c) Vocational history.

(d) Family relationships.

(e) Educational background.

(f) Socioeconomic status.

(g) Any legal problems that may affect the treatment plan.

(2) A written treatment plan based upon the assessment made of a client's needs shall be developed and recorded in the client's case record. A treatment plan shall be developed as soon after the client's admission as feasible, but before the client is engaged in extensive therapeutic activities. The written treatment plan shall comply with all of the following:

(a) Be individualized based upon the assessment of the client's needs and, if applicable, the medical evaluation.

(b) Specify those services planned for meeting the client's needs.

(c) Include referrals for services that are not provided by the residential program.

(d) Contain clear and concise statements of the objectives the client will be attempting to achieve, together with a realistic time schedule for their achievement.

(e) Define the services to be provided to the client, the therapeutic activities in which the client is expected to participate, and the sequence in which services will be provided.

(3) The client shall participate in the development of the treatment plan and its objectives. The nature of this participation shall be described in the client's record.

(4) Review of, and changes in, the treatment plan shall be recorded in the client's case record. The date of the review or change, together with the names of the individuals involved in the review, shall also be

recorded. The treatment plan shall be reviewed at least once every 90 days by the program director or his or her designee.

History: 1981 AACS.

R 325.14906 Client activities.

Rule 906. Ten or more hours per week of scheduled activities shall be available to a client. Included in these activities shall be 2 or more hours of formalized individual, group, or family counseling for each client. The hours of counseling actually provided should vary according to the needs of the client. There shall be documentation of planned social, educational, and recreational activities consistent with the needs of the client. Activities shall include all clients and shall take place days, evenings, and weekends if clients are present during these times.

History: 1981 AACS.

R 325.14907 Progress notes.

Rule 907. (1) A client's progress and current status in meeting the objectives established in the treatment plan, together with a statement of the efforts by staff members to help the client achieve these stated objectives, shall be recorded in the client's case record for every formal client counseling session. A progress note shall be dated and signed by the individual who makes the entry.

(2) All progress notes shall be dated and signed by the individual who makes the entry.

(3) If a client is receiving services at an outside resource, the program shall attempt to secure a written case summary, case evaluation, and other client records from that resource. These records shall be added to the client's case record.

(4) The ongoing assessment of the client's progress with respect to achieving treatment plan objectives shall be used to update the treatment plan.

History: 1981 AACS.

R 325.14908 Support and rehabilitative services.

Rule 908. (1) All of the following support and rehabilitation services shall be available to all clients either internally or through the referral process:

(a) Education.

(b) Vocational counseling and training.

(c) Job development and placement.

(d) Financial counseling.

(e) Legal counseling.

(f) Spiritual counseling.

(g) Nutritional education and counseling.

(2) A program shall maintain a current listing of services available on-site and by referral. This listing shall be reviewed with each client as part of the program's orientation procedure.

History: 1981 AACS.

R 325.14909 Client discharge and aftercare.

Rule 909. (1) Within 2 weeks after discharge, there shall be entered in the client's case record a discharge summary describing the rationale for discharge, the client's treatment and rehabilitation status or condition at discharge, and the instructions given to the client about aftercare and follow-up.

(2) Unless a client leaves voluntarily before his or her course of treatment is completed, a client shall not be discharged from a program while physically dependent upon a drug prescribed for him or her by the program physician, unless the client is given an opportunity to withdraw

from the drug under medical supervision and at a rate determined by the program physician or the client is referred to an outside resource which is willing to continue administering the drug.

(3) The offer to provide withdrawal or referral to another resource shall be made both orally and in writing. If the client refuses such an offer, the program shall attempt to secure a signed statement from the client which verifies that the offer was made to, and was rejected by, the client. Failing that, a record shall be entered documenting the attempt.

(4) If a program provides aftercare services, a written aftercare plan shall be developed in partnership with the client before the completion of treatment. The aftercare plan shall state the client's objectives for a reasonable period following discharge. The plan shall also contain a description of the services the program will provide during the aftercare period, the procedure the client is to follow in reestablishing contact with the program, especially in times of crisis, and the frequency with which the program will attempt to contact the client for purposes of follow-up.

(5) The date, method, and results of attempts at contact shall be entered in the client's case record and shall be signed by the individual who makes the entry. If follow-up information cannot be obtained, the reason for failing to obtain the information shall be entered in the client's case record.

(6) Regardless of the method of contact utilized, the program shall protect the confidentiality of the client. Mailing envelopes that are identifiable as originating from the program shall not be mailed to a client. A post office box number may be used to determine if mail was undeliverable and to facilitate follow-up.

(7) If the program wishes to determine the status of clients who have been discharged, such follow-up shall be limited to methods which either assure client confidentiality or require formal written consent of the client.

History: 1981 AACCS.

R 325.14910 Client records; content; maintenance.

Rule 910. (1) There shall be a case record for each client. All of the following items shall be filed in the case record, if applicable:

(a) Results of all examinations, tests, and other assessment information.

(b) Reports from referring sources.

(c) Treatment plans.

(d) Records of referrals to outside resources.

(e) Reports from outside resources, which shall include the name of the resource and the date of the report. These reports shall be signed by the person who makes the report or by the program staff member who receives the report.

(f) Case conference and consultation notes, including the date of the conference or consultation, recommendations made, and actions taken.

(g) Correspondence related to the client, including all letters and dated notations of telephone conversations relevant to the client's treatment.

(h) Treatment consent forms.

(i) Information release forms.

(j) Progress notes. Entries shall be filed in chronological order and shall include the date any relevant observations were made, the date the entry was made, and the signature and staff title of the person who makes the entry.

(k) Records of services provided. Summaries of services provided shall be sufficiently detailed so that a person who is not familiar with the program can identify the types of services the client has received. General terms such as "counseling" or "activities" shall be avoided in describing services.

(l) Aftercare plans.

(m) Discharge summary.

(n) Follow-up information.

(2) A program shall provide sufficient facilities for the storage, processing, and handling of client case records. These facilities shall include suitably locked and secured rooms and files.

(3) Appropriate records shall be readily accessible to those staff members who provide services directly to the client.

(4) Client case records shall be maintained for not less than 3 years after services are discontinued.

(5) If a program stores client data on magnetic tape, computer files, or other types of automated information systems, security measures shall be developed to prevent inadvertent or unauthorized access to data files.

History: 1981 AACS.

R 325.14911 Residential detoxification program.

Rule 911. Residential programs which detoxify clients from alcohol or other drugs, but which are not designated as approved services programs, shall comply with all rules in subpart 2 of this part applicable to approved service programs with the exception of R 325.14921(2), R 325.14927(8), R 325.14927(9), and R 325.14927(12).

History: 1981 AACS.

SUBPART 2. APPROVED SERVICE PROGRAMS

R 325.14921 Approved service program licensing.

Rule 921. (1) A program that is designated by the administrator as an approved service program shall be licensed by the office as a residential program and shall comply with R 325.14922 to R 325.14928.

(2) An approved service program shall have access to duly licensed laboratories to conduct chemical testing to determine blood alcohol level.

History: 1981 AACS.

R 325.14922 Annual review; documentation.

Rule 922. There shall be documentation of an annual review, updating, and approval of all of the following by the governing body of the program:

- (a) The triage process.
- (b) Procedures for medical evaluation.
- (c) Treatment protocol for incapacitated persons.
- (d) The transportation plan.
- (e) The plan for training staff and supportive personnel.

History: 1981 AACS.

R 325.14923 Training; documentation; written plan.

Rule 923. (1) There shall be documentation which verifies that approved service program staff and supporting personnel who work directly with clients are appropriately trained.

- (2) There shall be a written plan for providing training.
- (3) There shall be documentation that the written plan is developed in consultation with a physician.

History: 1981 AACS.

R 325.14924 Control register and client records.

Rule 924. (1) A program shall establish a control register which includes all of the following information:

- (a) The name of the client.
 - (b) The date and time of client's arrival.
 - (c) The client's means of arrival and by whom transported.
- (2) A program shall keep client records which shall include all of the following information:

- (a) The medical exam and evaluation.
- (b) The treatment plan.
- (c) An evaluation of social and psychological needs.
- (d) The discharge summary.

History: 1981 AACCS.

R 325.14925 Physician and physician's designated representative; staffing requirements.

Rule 925. (1) An approved service program shall have a written agreement with a licensed physician.

(2) There shall be a licensed physician on call 24 hours a day, 7 days a week.

(3) An approved service program shall be staffed 24 hours per day, 7 days per week by a licensed physician or by a designated representative of a licensed physician. The designation of a representative shall be written and signed by the licensed physician.

(4) The physician shall review and countersign all medical evaluations, diagnoses, and treatment records at least once every 72 hours.

History: 1981 AACCS.

R 325.14926 Triage process.

Rule 926. An approved service program shall have a written description of its triage process. There shall be documentation that this process is developed in conjunction with a licensed physician. The description shall include all of the following:

- (a) The method used in determining the level of urgency of need of each individual client.
- (b) Identification of the services to be performed, including transportation if necessary.
- (c) The method of assigning the priority of required services.

History: 1981 AACCS.

R 325.14927 Medical examination; substance abuse history; medical history; treatment of unconscious person and persons with severe medical complications prohibited; agreements with emergency medical departments; incapacitated persons; treatment plan for persons undergoing detoxification required; protective custody.

Rule 927. (1) A medical examination shall be performed every time a person who is apparently incapacitated is brought to an approved service program, unless the individual has been transferred from an emergency medical service where an examination was performed and documentation of the examination is available to the program. If the examination is performed at the approved service program, it shall be performed by a physician or his or her designee.

(2) The medical examination that is performed upon arrival at the approved service program shall include an examination for illness and injury.

(3) Substance abuse history information shall be obtained as soon after admission as is practicable. This history shall include all of the following:

- (a) Substances used in the past, including prescribed drugs.
- (b) Substances used recently, especially those used within the last 48 hours.
- (c) Substances of preference.
- (d) Frequency with which each substance is used.
- (e) Previous occurrences of overdose, withdrawal, or adverse drug or alcohol reactions.
- (f) History of previous substance abuse treatment received.
- (g) Year of first use of each substance.

(4) A complete medical history shall be obtained. The history shall contain all of the following information:

- (a) Head injuries.
- (b) Nervous diseases.

- (c) Convulsive diseases.
- (d) Major and minor operations.
- (e) Major accidents.
- (f) Fractures.
- (g) Venereal infections.
- (h) Cardiovascular diseases.
- (i) Respiratory diseases.
- (j) Endocrine diseases.
- (k) Rheumatic diseases.
- (l) Gastrointestinal diseases.
- (m) Allergic diseases.
- (n) Gynecological-obstetrical history, as appropriate.

(5) An approved service program shall not treat unconscious persons or persons with severe medical complications. These persons shall be transported to the nearest hospital which is capable of providing the necessary services. This transportation plan shall be included in the written triage process.

(6) Approved service programs shall have written agreements with emergency medical departments to provide services beyond the medical capacity of approved service programs.

(7) An approved service program shall have a written description of its procedures for a medical evaluation. This description shall be approved by the program physician.

(8) If an individual in an incapacitated condition is to be admitted to an approved service program, there shall be documentation in his or her medical exam records which explicitly attests to the individual's incapacitated condition. The basis of the decision, including blood alcohol level, if taken, shall be specified.

(9) If an individual is found not to be incapacitated, the approved service program medical records shall so state. An individual found not to be incapacitated cannot be held in protective custody, but may be voluntarily admitted for residential care services.

(10) Approved service programs shall have a written description of the protocol for treatment of incapacitated individuals. This protocol shall be approved by the program physician.

(11) There shall be a treatment plan for each client who undergoes detoxification at an approved service program. A standard of care procedure specifying an appropriate treatment regimen may be utilized. The treatment plan shall include all of the following:

- (a) Those services necessary to meet the client's medical needs.
- (b) Referrals to be made for medical and nursing services which are not provided by the program.
- (c) Documentation that the treatment plan has been periodically evaluated and updated.

(12) The approved service program shall not keep an individual in protective custody more than 72 hours. If the physician deems it appropriate, an individual may voluntarily remain in the approved service program for more than 72 hours. The physician shall document the need for additional approved service program services beyond 72 hours in the client's medical records. The physician shall also enter documentation of the need for additional services in the medical records for each 24-hour period beyond 72 hours.

History: 1981 AACCS.

R 325.14928 Discharge.

Rule 928. (1) Unless a client leaves voluntarily before his or her course of treatment is completed, a client shall not be discharged from an approved service program while physically dependent upon a drug prescribed for him or her by the program physician, unless the client is provided with an opportunity to withdraw from the drug or the client is referred to an outside resource which is willing to continue administering the drug.

(2) The offer to provide withdrawal or referral to another resource shall be made both orally and in writing. If a client refuses such an offer, the program shall attempt to secure a signed statement from the client which verifies that the offer was made to, and rejected by, the client. Failing that, a record shall be entered documenting the attempt.

(3) There shall be documentation that an evaluation of the social and psychological needs of the client has been completed before discharge from the approved service program. A referral to treatment shall be made if appropriate and if desired by the client.

(4) After discharge from the approved service program, a discharge summary that describes the rationale for discharge, the client's medical condition at discharge, referrals made, and instructions given to the client shall be entered into the client's case record.

History: 1981 AACs.

This letter is being written to the residents of Jonesville to make them aware of a proposition presented to the Village of Jonesville by Fred Prosser and Jack Mosley to re-zone the former Manor Foundation buildings on Oak Street and East street to be used to house drug addicts and alcoholics (up to 50 men and women ages 18 years old and up). Some may be convicted felons who have been given the option to enter this program in lieu of going to jail. Said properties are owned by Mr. Prosser. We were one of a few residents (due to proximity) to receive notification of this zoning proposal.

This proposal was denied by the Jonesville Zoning Board of Appeals on December 4, 2013.

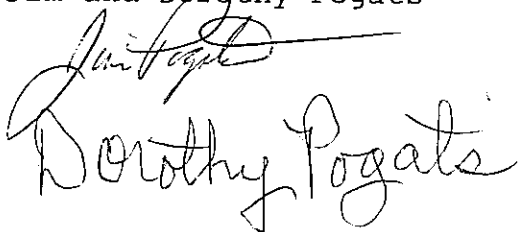
Subsequently, an informational meeting was held by Prosser and Mosley at the Manor Oak street facility on January 8, 2014. It appears that they (Prosser and Mosley) are still pursuing their goal to establish this facility within the Village of Jonesville.

We are concerned about such issues as personal protection, property protection, security at the facility (it is reported to not be a "locked-down" facility), monetary costs to the village, plus the possible influx of unwanted, undesirable individuals (program participants plus family members and friends of participants) from anywhere into our community.

We feel that all residents should be aware of this important issue. Though obviously not required to notify all residents, if this proposal comes up again before the Jonesville Zoning Board of Appeals or the Village Council, we feel the village should be obligated to notify all residents.

We do not want this in the village of Jonesville. All residents should be alerted to this, contact the village office regarding upcoming meetings and agenda items, and attend meetings and voice YOUR OPINIONS.

Jim and Dorothy Pogats

The block contains two handwritten signatures. The first signature, for Jim Pogats, is written in dark ink and is partially obscured by the second signature. The second signature, for Dorothy Pogats, is written in a larger, more stylized cursive script and is clearly legible.