



November 13, 2023

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To: Councilman Cedric Crear/Ward #5
From: Northwest Area Resident's Association (NARA)
Ref: Text Amendment - Request That Neighborhood Meetings Be A Requirement For Inpatient Physical and Behavioral Medicine Facilities and For Outpatient Transitional Living/Group Home Applications, With Planning Department Applications That Impact Residential Communities.

Councilman Crear,

At present, there is no requirement in the Planning application process within the agenda standard notification area for neighborhood meetings with an impact on residential community profiles to be held for:

- Inpatient Institutional 24/7 nursing homes or other stand alone physical medicine facilities, or institutional 24/7 inpatient drug & alcohol rehab and related behavioral issue facilities, or
- Outpatient transitional living/group home physical and behavioral medicine residential facilities.

Please review the following documentation and support content justifying a neighborhood meeting to be required for all Physical and Behavioral Medicine inpatient and outpatient facility applications that impact residential communities, and submit this request per protocol.

Case study and anecdotal documentation provide a clear justification to include neighborhood meetings as part of the application process for these types of facilities. With that, definitions and terms used in this context need to be reviewed for a professional understanding of the content application.

Two Types Of Medicine: The medical profession is legally divided into two separate but interconnected fields of study and/or patient intervention:

- Physical Medicine: Applies to intervention and resolution of physical illness/disease and injury to the body. Physical medicine diagnosis are categorized and identified with the World Health Organization (WHO) International Classification of Disease 10 manual (ICD-10) for care and cost reimbursement.
- Behavioral Medicine: Applies to the intervention and resolution of mental health problems, psychological illness, and behavioral dependency (drug/alcohol, etc.) issues. Behavioral medicine diagnosis are categorized and identified with the Diagnostic and Statistical Manual of Mental Disorders 5th Edition (DSM-5) published by the American Psychiatric Association for care and cost reimbursement.

Two Types of Patients: Physical and Behavioral Medicine patients are legally defined within two specific categories of patients for disease intervention and therapeutic care:

- Inpatients: Physical and Behavioral Medicine inpatients are admitted to an institutional general hospital, specialty hospital, stand alone facility or nursing home with a physician's order and specific ICD or DSM coded diagnosis(s) for 24/7 nursing care and intervention as necessary, and discharged only by a physician's order to outpatient status or self care.
- Outpatients: Physical and Behavioral Medicine outpatients have a physician's order and ICD or DSM identified diagnosis that does not require 24/7 institutional nursing observation, care and intervention, and can be followed up from home, a transitional/group facility setting, or a physician's office or clinic for physical disease/injury or behavioral issue resolution.

This request consideration for neighborhood meetings to be inclusive with these applications is justified by (1) a history of resident concerns, (2) business/corporate initiatives to hold non required neighborhood meetings,

(3) city council directives to hold neighborhood meetings when they are not required, and (4) the City of Las Vegas Legal Department supporting direct neighborhood involvement with facility management for ordinance compliance. With that, the following City of Las Vegas agenda case study examples support justification for neighborhood meetings to be required with these applications.

Agenda Case Studies Supporting Neighborhood Meetings

WestCare: WestCare took corporate initiative to hold three neighborhood meetings to solicit community support for their 78 unit Campus transitional housing application under the Title #19 identity of a nursing home.

- March 6, 2014 - At this date, WestCare solicited NARA for an impromptu/unscheduled neighborhood meeting at their main facility with a corporate management to discuss development on to their east 5.26 acre vacant parcel. WestCare gave no specific content, and was basically interested in how the community might respond to any facility expansion.
- October 21, 2014 - At this Parson Elementary School initial WestCare neighborhood meeting, management presented their proposal for an 87 unit "WestCare Women & Children's Housing" complex to be built under the UDC Title #19 identity of a nursing home. Attorney John Moran stated that a neighborhood meeting was not required, that WestCare could simply just file with the City and proceed with the application, but they wanted to be good neighbors and have a constructive conversation with the NARA community.
- July 27, 2015 - Subsequent to a NARA 191 home survey and with the August 11th Planning Commission meeting pending, WestCare asserted that the 1,000 foot notification area was too small for this agenda large residential impact, and that the entire NARA community should have input. With that a follow up neighborhood meeting official notification was mailed out. The neighborhood meeting was held at the Hide-a-Way on July 27th.

With the WestCare 87 unit "Women & Children's Housing" under the Title #19 identity of a nursing home in an RE zoned area, there was no requirement for a neighborhood meeting for resident concerns and input. However, given the content of the application, WestCare made a corporate decision requesting three neighborhood meetings to dialogue with residents for a more productive, constructive and interactive Planning and City Council meeting.

Bonn Court Agenda: Beginning April 13, 2021 a resident made an application to convert his home into a transitional living facility for 6 unrelated adults with licensure under the Nevada Licensing Division/Division of Public and Behavioral Health. A neighborhood meeting was not a requirement for this application. Neighbors had questions about the appropriateness of the location for this purpose, transitional home supervision/management, and a gross violation of application protocol with the absence of a Planning Department Land Use Entitlement Request Sign and made three requests to the applicant to schedule a neighborhood meeting. There was no response. At the August 17, 2021 City Council meeting, Councilman Crear put the application agenda in abeyance and gave the applicant an unprecedented three additional months (90 days) to comply with a neighborhood meeting and respond to resident concerns.

Community Meeting Regarding Group & Recovery Homes: In 2009 there was a city wide community issue with problematic behavioral medicine residential group/recovery home management. Residents reported untoward behavior and activities from these homes that was incompatible with the neighborhood profile and without any recourse for accountability or resolution. These group homes and transitional homes were established through the administrative process without a requirement for any kind of a neighborhood meeting or formal vehicle for community facility dialogue. Mayor Oscar Goodman designated City Attorney James B. Lewis to head up a "Task Force" to hold a "Community Meeting Regarding Group & Recovery Homes" series to find a solution through licensing, or anything, so that he could take control of the problem for his constituents! Although this was a neighborhood meeting after the fact and on a very large scale, it qualifies as a such. And as a case study it reinforces the need for neighborhood meetings before the fact for a community understanding of the facility operations, establishing a report

between residents and facility management, and a process for resolving problematic community impact situations when they occur.

Physical Medicine Case Studies

Physical medicine group homes or transitional homes for patient disease, illness or injury to a state of physical well being are categorically never a neighborhood incompatibility issue. Patients in these facilities are generally not behaviorally problematic. Older patients may have senility issues but these problems are managed in the home and not extended into the community. Untoward behavior such as that taken outside of a facility due to a Behavioral Medicine diagnosis exacerbation, relapse, or other factors, with an impact to the immediate neighborhood is historically not part of the Physical Medicine group home/transitional home scenario. The following are two historic classic examples:

El Jen Convalescent Hospital & Nursing Care (Nursing Home) - 5538 W.

Duncan Drive. El Jen was built in 1960 and has been a historic part of the NARA identity as an established 144 bed inpatient nursing home licensed under the State of Nevada Department of Health & Human Services and City of Las Vegas Business License S550 Medical Rehabilitation Facility. It has adequate onsite parking for staff and visitors, and backs up to an RE neighborhood. The only time residents experience any "impact" from the facility is the occasional ambulance arriving to transport a patient to a general hospital for emergency services. El Jen has partnered with the local community allowing two acres of its 7.94 acre parcel to be used for a community garden with the general public entrance and parking on Bradley Road and nursing home patient wheel chair access directly from the facility at the garden west side.

A & J Care Home - 5217 Gowan Avenue. In 1979, Archie and Joan Loob converted their single family half acre residence into the A & J Care Home for a physical medicine group home licensed under the State of Nevada Department of Health & Human Services as a Residential Facility for Groups, and City of Las Vegas Business License P50 Group Home Administrator for 6-7 patients.

Except for the two homes on either side of A & J Care Home, almost no one else in the entire community knows that this has existed for almost 45 years. John and Donna Stanton have lived next door to this facility even before it became a business, and testify that these are the quietest, and least obtrusive neighbors you could possibly ask for. The only out of character impact is the occasional ambulance arriving to take a patient to a general hospital for emergency services.

These two examples are typical of physical medicine group homes. Historically and by documentation they are almost "invisible" from a community impact consideration.

Conclusion

It is reasonable to require a neighborhood meeting for Behavioral Medicine inpatient and residential transitional/group homes within an agenda application official notification area as part of the facility application process and as professional management tool to insure a constructive ongoing business dialogue and harmonious community compatibility.

It is equally reasonable to require a neighborhood meeting for Physical Medicine inpatient and residential transitional/group home facilities within an agenda application official notification area so the immediate neighbors understand the general profile of the patients being cared for as part of their community identity, and for a line of communication when necessary.

With that, we ask that this request be processed through protocol for consideration requiring a neighborhood meeting for both Physical and Behavioral Medicine inpatient and transitional/group home facility applications within the standard Planning Department notification area.

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