



## PLANNING COMMISSION AGENDA

Thursday, October 18, 2012

6:30 p.m.

Coon Rapids City Center

Council Chambers

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### Call to Order

### Pledge of Allegiance

### Roll Call

### Adopt Agenda

Approval of Minutes from Previous Meeting - September 20,2012

### Approval of Minutes of Previous Meeting

### New Business

1. PC 12-22 People Incorporated request for a conditional use permit to expand a residential facility from six to eight residents
2. PC 12-24, Shamrock Development, Land Use Plan amendment to change the land use designation from Community Commercial to Industrial
3. PC 12-25 Shamrock Development request for zone change from Community Commercial to Industrial

### Other Business

### Adjourn



**Planning Commission Regular**

**Meeting Date:** 10/18/2012

**SUBJECT:** Approval of Minutes from Previous Meeting - September 20,2012

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**Attachments**

**Draft September 20, 2012 Minutes**

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## **COON RAPIDS PLANNING COMMISSION MEETING OF SEPTEMBER 20, 2012**

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### **CALL TO ORDER**

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The regular agenda meeting of the Coon Rapids Planning Commission was called to order by Chairman Naeve at 6:30 p.m.

Members Present: Chairman Donna Naeve, Commissioners Jenny Geisler, Cedric Lattimore, Jonathan Lipinski, Wayne Schwartz, Zachary Stephenson and Julia Stevens.

Members Absent: None.

Staff Present: Community Development Director Marc Nevinski; Planner Scott Harlicker; and, Assistant City Attorney Doug Johnson.

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### **PLEDGE OF ALLEGIANCE**

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Chairman Naeve led the Commission in the Pledge of Allegiance.

### **ADOPTION OF THE AGENDA**

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MOTION BY COMMISSIONER GEISLER, SECONDED BY COMMISSIONER STEVENS, TO ADOPT THE AGENDA AS AMENDED REMOVING ITEMS 5 AND 6. THE MOTION PASSED UNANIMOUSLY.

### **APPROVAL OF THE JULY 19, 2012 REGULAR MINUTES**

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MOTION BY COMMISSIONER SCHWARTZ, SECONDED BY COMMISSIONER STEVENS, TO APPROVE THE PLANNING COMMISSION MINUTES OF THE REGULAR MEETING OF JULY 19, 2012, AS PRESENTED. THE MOTION PASSED UNANIMOUSLY.

### **APPROVAL OF THE JULY 19, 2012 WORKSHOP MINUTES**

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Commissioner Lipinski requested that the minutes reflect he did not attend this meeting.

MOTION BY COMMISSIONER GEISLER, SECONDED BY COMMISSIONER SCHWARTZ, TO APPROVE THE PLANNING COMMISSION MINUTES OF THE WORKSHOP MEETING OF JULY 19, 2012, AS CORRECTED. THE MOTION PASSED (LIPINSKI ABSTAINED).

### **NEW BUSINESS**

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1. PLANNING CASE 12-15 - HOME OCCUPATION CUP – AMY ERICKSON – 8870 MISSISSIPPI BOULEVARD – PUBLIC HEARING
- 

It was noted the applicant is requesting a conditional use permit to conduct yoga classes as a home occupation. Staff explained Ms. Erickson was proposing to use 407 square feet of her

home for yoga classes between 8:00 a.m. and 8:30 p.m. Monday through Friday and from 8:00 a.m. to noon on Saturdays. Staff recommended approval of the home occupation request.

Chairman Naeve opened and closed the public hearing at 6:35 p.m., as no one wished to address the Planning Commission.

Chairman Naeve questioned how many people would be attending the yoga classes. Amy Erickson, 8870 Mississippi Boulevard, explained the maximum class size would be eight.

Chairman Naeve clarified that all vehicles associated with the classes would have to be parked in the applicant's driveway. Ms. Erickson understood this condition for approval.

Commissioner Geisler asked if Ms. Erickson had an idea of how many classes she would be holding on a weekly basis. Ms. Erickson anticipated holding four or five classes each week with each class being 60 minutes in length. She indicated one-on-one classes would also be held throughout the week.

Commissioner Lattimore asked if the applicant would be holding outdoor classes on her property. Ms. Erickson stated she would not be holding classes outside at her home, but was looking to host a class at the Coon Rapids Dam, free of charge, once a month.

Commissioner Geisler questioned if classes would be held from 8:00 a.m. to 8:30 p.m. on Saturdays. She requested this condition for approval be revised to reflect that classes may be held from 8:00 a.m. to 12:00 p.m. on Saturdays. Ms. Erickson agreed with this suggestion.

**MOTION BY COMMISSIONER GEISLER, SECONDED BY COMMISSIONER STEPHENSON, TO APPROVE PLANNING CASE 12-15, ALLOWING FOR THE HOME OCCUPATION CONDITIONAL USE PERMIT, BASED ON THE FOLLOWING CONDITIONS:**

1. CLASSES ARE LIMITED TO APPOINTMENT ONLY AND NO MORE THAN 30 HOURS PER WEEK MONDAY THROUGH FRIDAY BETWEEN THE HOURS OF 8:00 A.M. AND 8:30 P.M. AND ON SATURDAYS FROM 8:00 A.M. TO 12:00 P.M.
2. ALL VEHICLES ASSOCIATED WITH THE HOME OCCUPATION ARE PARKED IN THE DRIVEWAY.
3. COMPLIANCES WITH TITLE 11, CITY CODE OF COON RAPIDS.

THE MOTION PASSED UNANIMOUSLY.

This is a decision made by the Planning Commission and shall stand unless appealed to the City Council within ten days after notification of the decision.

2. PLANNING CASE 12-16 – HOME OCCUPATION CUP – JACKIE LOXTERCAMP – 11800 JUNIPER STREET – PUBLIC HEARING
-

It was noted the applicant is requesting a conditional use permit to operate a home-based beauty shop. The hours of operation would be limited from 9:00 a.m. to 9:00 p.m. Monday through Friday. Staff recommended approval of the home occupation request.

Chairman Naeve opened the public hearing at 6:44 p.m.

Diane McNiff, 11081 Kumquat Street, fully supported Ms. Loxtercamp and the proposed home business as this would be an asset to the neighborhood.

Chairman Naeve closed the public hearing at 6:46 p.m.

Commissioner Geisler asked if the home occupation should be limited to 30 hours of operation per week. Planner Harlicker noted this could be added to Condition 1.

Commissioner Stevens questioned if the applicant would be operating her beauty shop on Saturdays. Jackie Loxtercamp, 11800 Juniper Street, commented she had another part-time job on Saturdays and would not be working out of the home on Saturdays.

Chairman Naeve questioned how many cars would fit in the driveway. Ms. Loxtercamp indicated her car would be in the garage and anticipated only having one client at a time.

**MOTION BY COMMISSIONER STEVENS, SECONDED BY COMMISSIONER LATTIMORE, TO APPROVE PLANNING CASE 12-16, ALLOWING FOR THE HOME OCCUPATION CONDITIONAL USE PERMIT, BASED ON THE FOLLOWING CONDITIONS:**

1. OPERATION IS LIMITED BY APPOINTMENT ONLY BETWEEN 9:00 A.M. AND 9:00 P.M. MONDAY THROUGH FRIDAY, LIMITED TO 30 HOURS PER WEEK.
2. ALL VEHICLES ASSOCIATED WITH THE HOME OCCUPATION ARE PARKED IN THE DRIVEWAY OR GARAGE.
3. COMPLIANCE WITH TITLE 11, CITY CODE OF COON RAPIDS.
4. THE APPLICANT RECEIVES ALL THE NECESSARY BUILDING PERMITS FOR THE PLUMBING AND CONSTRUCTION.

**THE MOTION PASSED UNANIMOUSLY.**

This is a decision made by the Planning Commission and shall stand unless appealed to the City Council within ten days after notification of the decision.

3. **PLANNING CASE 12-17 – COMP PLAN AMENDMENT – 1<sup>ST</sup> NATIONAL BANK OF ELK RIVER – 10732 HANSON BOULEVARD – PUBLIC HEARING**
- 

It was noted the applicant is requesting a land use plan amendment to change the land use designation for the property at 10732 Hanson Boulevard from Moderate Density Residential to Office. The property was just over an acre in size and abuts Hanson Boulevard and the railroad

tracks. Currently the site has a 7,372 square foot vacant building that was constructed in 1968. The office land use designation would serve as a buffer between Hanson Boulevard and the adjacent residential neighborhood and for this reason, staff recommended approval.

Scott Fritz, First National Bank of Elk River, commented he was available for questions from the Commission.

Chairman Naeve opened and closed the public hearing at 6:53 p.m., as no one wished to address the Planning Commission.

Commissioner Stevens asked if the site had a fence on the west property line. Planner Harlicker indicated a fence was along this property line.

Commissioner Geisler approved of the new land use designation as this was a unique parcel and the new classification would provide a buffer to the adjacent residential homes. The new designation would also utilize the existing building on the property.

**MOTION BY COMMISSIONER GEISLER, SECONDED BY COMMISSIONER LIPINSKI, TO APPROVE PLANNING CASE 12-17, THE PROPOSED LAND USE AMENDMENT BASED ON THE FOLLOWING FINDINGS:**

1. THE PROPOSED LAND USE AMENDMENT WOULD SERVE AS A BUFFER BETWEEN THE SINGLE FAMILY DISTRICT AND HANSON BOULEVARD.
2. THE PROPOSED AMENDMENT WOULD BE COMPATIBLE WITH THE ADJACENT SINGLE FAMILY DISTRICT AS WELL AS THE ADJACENT RAILROAD TRACKS AND ARTERIAL STREET.
3. THE PROXIMITY TO AN ARTERIAL STREET (HANSON BOULEVARD) PROVIDES GOOD ACCESS TO THE SITE WITHOUT TRAFFIC DRIVING THROUGH THE ADJACENT RESIDENTIAL DISTRICT.
4. THE PROPOSED CHANGE IS CONSISTENT WITH THE COMPREHENSIVE PLAN IN THAT IT HELPS MAINTAIN A DIVERSIFIED ECONOMIC BASE BY ALLOWING THE REUSE OR REDEVELOPMENT OF AN EXISTING COMMERCIAL BUILDING WITH ACCESS TO AN ARTERIAL STREET.

THE MOTION PASSED UNANIMOUSLY.

This is a recommendation to the City Council that will be considered at the October 16, 2012 City Council meeting.

4. CASE 12-18 – ZONE CHANGE – 1<sup>ST</sup> NATIONAL BANK OF ELK RIVER – 10732 HANSON BOULEVARD – PUBLIC HEARING
- 

It was noted the applicant is requesting a zone change from Moderate Density Residential to Office.

Chairman Naeve opened and closed the public hearing at 6:53 p.m., as no one wished to address the Planning Commission.

**MOTION BY COMMISSIONER STEVENS, SECONDED BY COMMISSIONER SCHWARTZ, TO APPROVE PLANNING CASE 12-18, THE PROPOSED REZONING BASED ON THE FOLLOWING FINDINGS:**

1. THE PROPOSED ZONE CHANGE WOULD BE CONSISTENT WITH THE COMPREHENSIVE LAND USE PLAN.
2. THE PROPOSED ZONE CHANGE IS COMPATIBLE WITH THE SURROUNDING ZONING DISTRICTS AND LAND USES.
3. THE PROPOSED ZONE CHANGE WOULD NOT HAVE AN ADVERSE IMPACT ON THE AREA.
4. THE TIMES AND CONDITIONS HAVE CHANGED AND THE CHARACTER OF THE NEIGHBORHOOD HAS CHANGED SO THAT A REASONABLE USE OF THE PROPERTY CANNOT BE MADE UNDER THE CURRENT ZONING.

THE MOTION PASSED UNANIMOUSLY.

This is a recommendation to the City Council that will be considered at the October 2, 2012 City Council meeting.

5. CASE 9-20 – RECODIFICATION AND REORGANIZATION OF TITLE 11 (ZONING CODE)
- 

This item was removed from the agenda.

6. CASE 12-21 – ZONE CHANGE FROM INDUSTRIAL TO BUSINESS PARK IN THE AREA IN AND AROUND EVERGREEN INDUSTRIAL PARK – PUBLIC HEARING
- 

This item was removed from the agenda.

#### **OTHER BUSINESS**

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Chairman Naeve noted an email received from Community Development Director Nevinski regarding open Commission seats.

Community Development Director Nevinski then discussed the Planning Letter with the Commission. He requested the Commission hang onto the staff reports from Items 5 and 6 from this evening's agenda as they would be discussed at a future meeting.

Commissioner Stevens stated she would be attending the Task Force meeting on October 1<sup>st</sup>.

Commissioner Geisler suggested a recap from the Task Force meeting be provided to the Commission at a future workshop meeting.

ADJOURN

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MOTION BY COMMISSIONER SCHWARTZ, SECONDED BY COMMISSIONER STEVENS, TO ADJOURN THE MEETING AT 7:07 P.M. THE MOTION PASSED UNANIMOUSLY.

Recorded and Transcribed by,  
Heidi Guenther  
Planning Commission Recording Secretary



**Planning Commission Regular**

**1.**

**Meeting Date:** 10/18/2012

**Subject:** PC 12-22 People Incorporated request for a conditional use permit to expand a residential facility from six to eight residents

**From:** Scott Harlicker, Planner

**INTRODUCTION**

The applicant is requesting a conditional use permit to expand a residential facility from six to eight residents at 2708 119th Avenue.

**ACTIONS**

- Conduct a public hearing
- Decision by Planning Commission
- Appeal to City Council Available

**60 DAY RULE**

The applicant submitted this application on: September 10, 2012

To comply with the requirements of Minnesota Statute §15.99, the City must approve or deny the application by: November 9, 2012

**LOCATION**

The property is located at 2708 119th Avenue

	<b>Existing Use</b>	<b>Comprehensive Plan</b>	<b>Zoning</b>
<b>Subject Property</b>	Residential group home	Low Density Residential	LDR2
<b>North</b>	Single family residence	Low Density Residential	LDR2
<b>South</b>	Single family residence	Low Density Residential	LDR2
<b>East</b>	Single family residence	Low Density Residential	LDR2
<b>West</b>	Single family residence	Low Density Residential	LDR2

**DISCUSSION**

**Background**

The applicant is requesting a conditional use permit to expand their facility from six to eight residents. State licensed residential facilities for six or fewer residence is a permitted use in the LDR 2 zoning district. Residential facilities serving seven or more persons requires a conditional use permit.

According to the attached narrative, the residential facility provides short term residential mental health crisis care to eight adults with a diagnosed mental illness. Residents may also have other behavioral problems and/or chemical abuse or dependency issues. The length of stay ranges from 1 to 10 days with an average stay of 3 to 5 days. Four of the eight beds are designated for extended care of up to 30 days. The facility has four full time staff during the day (8 am to 4 pm) and two staff evenings and weekends.

Staff reviewed the complaint history for this facility. Police records did not show a history of complaints. There have been several parking complaints over the years. This proposed expansion will actually reduce the number of staff at this site. Two offices used by another service group are being remodeled into bedrooms and the staff using those offices are being moved to another location. There is sufficient room on the driveway to accommodate four cars, which is the peak number of staff on site during the week.

The applicant is not proposing any exterior changes to the home.

***Compliance with Conditional Use Permit Standards, Chapter 11-316***

<b>Standards</b>	<b>Staff Comment</b>
The use shall be in conformance with the City's comprehensive Plan.	<b>OK</b> – The Comprehensive Plan has identified this site as Residential.
The use shall not be detrimental to the public health, safety or welfare.	<b>OK</b> – The proposed use will not create any effects that will be detrimental to the public health safety or welfare.
The use shall be compatible with the existing or intended character of the zoning district.	<b>OK</b> – The proposed use is compatible with the character of the district.
The use shall not depreciate property values.	<b>OK</b> – The site is surrounded by other residential properties.
The use shall not produce dangerous or detrimental noises, glare, smoke, dust, odor, water pollution, vibration or other nuisances.	<b>OK</b> – The proposed use will not produce any public nuisance.
The use shall not create traffic congestion, unsafe access or inconvenience parking needs.	<b>OK</b> – There are sufficient spaces on site to accommodate the parking needs of this use.
The use shall be served adequately by essential services.	<b>OK</b> – The essential services currently available to the site are sufficient to serve the proposed use.
The use shall not create excessive additional requirements at public cost for public facilities and services.	<b>OK</b> – The proposed use will not require additional public facilities or services.
The use shall preserve and incorporate the site's important natural features into the development design.	<b>OK</b> – The proposed use will not alter the site natural features. No changes are proposed.
The use shall cause minimal adverse environmental effects.	<b>OK</b> – There will be no adverse environmental effects resulting from the proposed use.
The Council may waive one or more of the above requirements provided they make a determination that the public interest is best served by such a waiver.	<b>N/A</b>

**RECOMMENDATION**

Staff recommends that the Planning Commission approve the conditional use permit for an eight person residential facility with the following conditions:

1. All necessary building permits are received for all the remodeling.
2. All staff must park in the driveway.

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**Attachments**

Location Map

Applicant Narrative

Survey

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# Location Map



*"Well built projects begin with and endure on Firm Ground"*

September 10, 2012

Scott Harlicker  
Planner  
Coon Rapids City Hall  
11155 Robinson Drive  
Coon Rapids, MN 55433

**RE: CUP Application to expand residential count from 6 to 8 beds at People Incorporated – Riverwind Facility @ 2708 119<sup>th</sup> Avenue Northwest.**

Dear Scott,

Attached to this letter are the items required for our application for a conditional use permit for the existing facility at the above referenced address to provide services for 8 in lieu of 6 residents.

People Inc. has been operating Intensive Residential Treatment Services from this home for many years. They have an excellent relationship with their neighbors and have provided neighborly assistance in the aftermath of storms etc.

This facility has full time staffing as shown in the attached table and is maintained professionally by People Incorporated's own facility staff. This staff is responsible for the maintenance of over sixty properties in the Twin Cities and works tirelessly to make sure they are well maintained.

The residents of this program are not allowed to have a vehicle so the only parking required is by the staff. The actual number of offices on the site is being reduced with this remodel which will reduce the demand for parking further. The offices being removed are for another service group that do not necessarily interact with the residents and do not need to be at this site.

We have our client available for any additional questions or concerns and we plan to attend the Planning Commission Meeting on October 18<sup>th</sup> to present the project and answer questions.

Please call if you require additional information!

Kindest regards,  
Firm Ground Architects & Engineers, Inc.



Thomas P. Wasmoen, AIA

# STAFFING PATTERN

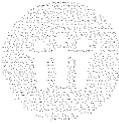
Days of Program Operation:

People Incorporated-  
Riverwind- 8 Bed

Hours of Program Operation:

24/7

Day	A.M.												P.M.												Pos. Code	# of F.T.E.
	Midnight						Noon						Noon						P.M.							
	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11		
<b>Weekdays</b>	PR PR	PR	PR	PR	PR	PR	PR	PR	PR CS TS NU PR	PR CS TS NU	PR PR	PR PR	PR PR	PR PR	PR PR	PR PR	PR PR	PR	.50							
<b>Saturday</b>	PR PR	PR	PR	PR	PR	PR	PR	PR	PR PR PR	PR PR PR	PR PR PR	PR PR PR	PR PR PR	PR PR PR	PR PR PR	PR PR PR	PR PR PR	PR PR PR	PR PR PR	PR PR PR	PR PR PR	PR PR PR	PR PR PR	PR	.50	
<b>Sunday</b>	PR PR	PR	PR	PR	PR	PR	PR	PR	PR PR PR	PR PR PR	PR PR PR	PR PR PR	PR PR PR	PR PR PR	PR PR PR	PR PR PR	PR PR PR	PR PR PR	PR PR PR	PR PR PR	PR PR PR	PR PR PR	PR PR PR	PR	.50	
<b>Holiday</b>	PR PR	PR	PR	PR	PR	PR	PR	PR	PR PR PR	PR PR PR	PR PR PR	PR PR PR	PR PR PR	PR PR PR	PR PR PR	PR PR PR	PR PR PR	PR PR PR	PR PR PR	PR PR PR	PR PR PR	PR PR PR	PR PR PR	PR	.50	
Clinical Supervisor (MH Professional)																									CS	.20
Treatment Supervisor (MH Prof)																									TS	1.00
Mental Health Practitioner																									PR	7.40
Nurse																									NU	1.20
																									PR	.50
																									PR	.50



SINCE 1969

MENTAL HEALTH SERVICES

**People Incorporated  
Intensive Residential Treatment Services  
Crisis Residential**

**Program Narrative**

**Treatment Services Description:**

People Incorporated Riverwind Residence provides short-term residential mental health crisis stabilization services to 8 adult men and women with a diagnosed mental illness who may also have other behavioral problems and/or chemical abuse or dependency issues. Length of stay in the program ranges from 1 to 10 days dependent on psychiatric need. Average length of stay of recipients is 3 to 5 days. Four beds are designated as Extended Care (EC) beds for those individuals needing more services and longer-term supports for up to 30 days. Crisis stabilization and EC services include psychiatric assessment and medication supervision, one to one meetings with each client each day, assistance with the person's crisis response action plan and groups that include medication education, family psycho-education, integrated dual disorder treatment, illness management, and recovery services. In addition there are planned social activities and relaxation groups each day. The overall goal of the program is to assist individuals in resolving the crisis which brought them to the program and to develop a Crisis Prevention Action Plan to deal with crises in the future in a way which will not require this intensive a level of intervention.

**Goals:**

The goals of the program are to:

1. Reduce inpatient psychiatric hospitalizations of individuals in crisis by providing the individualized treatment directed toward the development of a crisis plan.
2. Provide temporary transitions from hospitals and other inpatient institutions, for individuals in the process of the following, but not limited to: admission to treatment, longer term community placement, or in need of additional stabilization, support and monitoring.
3. Transition clients to a safe and stable living environment.

The program is designed to ensure participants develop a crisis plan,

The goals of crisis services include:

- Promoting the safety and emotional stability of individuals with mental illness or emotional crises;
- Minimizing further deterioration of individuals with mental illness or emotional crises;
- Assisting individuals in developing and/or enhancing better coping skills and a natural support system;
- Helping individuals with mental illness or emotional crises obtain ongoing care and treatment; and
- Encouraging services in the least restrictive setting that is clinically appropriate to meet the individual's needs.
- A mental health crisis is an intensive behavioral, emotional, substance use, or psychiatric situation which, if left untreated, could result in an emergency situation

## SERVICES OFFERED

Program services are directed toward the goal of developing an Individualized Crisis Plan. Appropriate interventions seek to understand the individual, his or her unique circumstances and how that individual's personal preferences and goals can be maximally incorporated in the crisis response. Therefore, the overall goal of the program seeks to ensure all participants can work on developing the skills and knowledge necessary to develop and implement a Crisis Response Action Plan.

The Crisis Response Action Plan addresses the issues surrounding the person's current psychiatric crisis stay and the events leading up to the placement. The Plan focuses on the person's involvement, thought processes and actions that may have been deleterious to their normal psychosocial functioning. The recipient is then asked to develop a schema or plan around how to best manage this type of situation if it were to occur again in the future. This tool is designed to assist recipients in identifying and addressing patterns within their mental illness and crisis prevention strategies. Past effective de-escalation strategies are identified. The Crisis Response Action Plan is reviewed by one of the mental health practitioners or professionals and is strongly encouraged to be used post discharge.

**ASSESSMENT PROCESS:** Seek to understand the individual, his or her unique circumstances and how that individual's personal preferences and goals can be maximally incorporated in the crisis response

1. Crisis Assessment: Under the direction of the Clinical Supervisor, the mental health practitioner will complete a crisis assessment which includes a description of the circumstances that lead up to the crisis, psychosocial history, medical concerns, substance abuse screening, diagnostic impressions and treatment recommendations. According to R36V.15, The license holder must provide an assessment of the recipient by a mental health professional, by physician working in an emergency department, or by a member of a mobile crisis team, that determines the recipient is experiencing a mental health crisis. Additionally, a significant number of the payers require and crisis assessment to approve and authorization for crisis services. Without the crisis assessment authorizations are likely to be denied. Further, despite the best efforts of the program, records and assessments completed by mobile crisis stabilization services are rarely received, nor are hospital records transferred through mobile crisis stabilization services to the program. In the event, the program receives assessments completed by a Mental Health Professional, the program will not conduct another full assessment, rather an update will be utilized as appropriate.

2. The risk and immediate needs assessment and plan. People Incorporated Nancy Page utilizes a Risk Assessment tool, which serves to provide objective measurement of the individual's current state of risk. The tool yields a score, which correlates to a range of risk, including: Low, moderate and High. Nancy Page is not designed to serve individuals who are at high risk of harm to self or others, and would therefore be transferred to a higher level of care.

It is the policy of People Incorporated Psychiatric Crisis Services that upon a person's admission to People Incorporated Crisis Services, the recipient will be assessed for their immediate needs. Upon admission the Mental Health Practitioner will assess and evaluate the client for their immediate needs, concerns, and issues. Immediate needs which the recipient will be assessed for includes:

1. Health and safety
2. Appropriateness of placement
3. Responsibilities concerning children, family and employment
4. Housing issues
5. Legal issues

3. Individual Abuse and Prevention Plan

It is the policy of People Incorporated Psychiatric Crisis Services to develop with the recipient an Individual Abuse Prevention Plan. The Individual Abuse Prevention Plan (IAPP) will describe different areas where the recipient has vulnerabilities. The IAPP will also include the specific measures which will be taken to minimize the risk for identifies areas of vulnerability and minimize the risk that the recipient might reasonably be expected to pose for abuse to others. At admission the Mental Health Practitioner will assess the recipient for vulnerabilities using referral

documentation, client self-report, and information provided from other sources, family, case manager, etc. The Mental Health Practitioner will engage and encourage the recipient to participate in creating the IAPP. The IAPP will be reviewed with the recipient and the recipient will be assessed continually for these vulnerabilities during their stay.

4. Substance use screening. All recipients are requested to provide information concerning their recent use of ETOH and illicit substances prior to admission to Crisis Services. Upon admission all recipients are assessed for the possibility of a co-occurring disorder, utilizing the CAGE. The clinical staff will assess the recipient as to the stage of change and provide services consistent with that stage of change as requested by the recipient. Crisis Services is not a chemical dependency treatment program, but it is fully realized that chemical dependency is consistent and often occurs in tandem with mental illness. Therefore, Crisis Services will offer service to help eliminate prospective deleterious chemical behaviors, but this only occurs if these are seen as an exacerbating agent worsening the person's mental health.
5. Nursing Review of Systems:

#### **INDIVIDUALIZED TREATMENT PLANNING:**

Designed to ensure appropriate interventions based on the assessment processes noted above (understand the individual, his or her unique circumstances and how that individual's personal preferences and goals can be maximally incorporated in the crisis response). The Individualized Treatment Plan targets specific areas that are connected to the development of a crisis plan.

The crisis stabilization treatment plan: An individual crisis stabilization treatment plan must be completed by a mental health professional or a mental health practitioner under clinical supervision must be completed within 24 hours of the person's admission.

The person's initial treatment plan is documented in the assessment summary section of the assessment documentation. The crisis stabilization (treatment) plan will describe how People Incorporated Psychiatric Crisis Services will assist with stabilizing the person's current psychiatric and behavioral situation. The Initial Treatment Plan will be based on the client's immediate needs and also consider previous treatment strategies which were effective for the recipient. Likewise, it will provide a framework for how to integrate the recipient back into the community in a safe manner.

The program provides individualized care, which includes:

- Collaboratively develops the ITP based on a thorough assessment, utilizing the individual's strengths and resources.
- Assure that ITP goals are client generated, specific, and measurable, and considers the stage of recovery and current level of engagement
- Develop ITP methods, strategies, and resources to be used to accomplish goals.
- Maintain documentation of client progress toward treatment goals.
- The Clinical Supervisor meets with the treatment team at least weekly to review all Individualized Treatment Plans, and recipients' progress, as well as, other general programmatic and treatment issues. The team meeting shall include client-specific case reviews and general treatment discussions among team members. Client-specific case reviews and planning must be documented in the individual person's treatment record. In addition, to meeting the weekly clinical supervision needs across all treatment team members, the Clinical Supervisor will be present to review emerging client needs, provide clinical direction and ensure appropriate implementation of treatment during shift reports each weekday.

**AREAS TARGETED FOR SERVICES**

All services are targeted with the purpose of developed a Crisis Response Action Plan. Each area described below, is an essential component of crisis planning.

Targeted Area	Strategies	Frequencies and Format
<p><b>Symptom or problem identification.</b> The goals of these interventions assist the person in identifying the triggers of their mental health crisis, as well and identify early warning signs that a crisis may be forming. Early identification allows the person and support persons to intervene prior to a crisis developing. Targeted problems and symptoms may include: mental health symptoms, chemical dependency, and physical health.</p>	<p><b><u>Illness Management and Recovery (IMR):</u></b> is a program help people who have experiences psychiatric symptoms to develop personalized strategies for managing their mental illness and moving forward in their lives. The program is offered in both individual and group format. In the program, practitioners work collaboratively with people, offering a variety of information, strategies, and skills that people can use to further their own recovery. There is a strong emphasis on helping people set and pursue personal goals, empowering people to make choices, and instilling hope that change is possible.</p>	<p>IMR is provided in group format (2-3 times per week) and the skills taught are reinforced in individual formats</p>
<p><b>Coping with persistent problems and symptoms:</b> The person is the expert on what has worked and not worked for them in the past. Therefore, these strategies are targeted to helping the person identify coping skills that have been effective, while acknowledging those that have not. Additionally, the program seeks to help individuals identify and learn new more effective coping skills that can be added to the person's repertoire of skills.</p>	<p>The program utilizes specific modules within IMR that can be targeted to persons in crisis including, but not limited to: Coping with Stress, Coping with Problems and Persistent Symptoms (Problem-Solving model), Getting Your Needs Met in the Mental Health System, Interpersonal Effectiveness and Practical Facts About Mental Illness.</p> <p><b><u>Co-Occurring Disorders</u></b></p> <p>The staff will be trained in providing services to co-occurring disorders, and will be reviewed weekly during clinical supervision and consultation. The integrative treatment team will consist of: Mental Health Professionals, Practitioners, Nurse, Psychiatrist, Rehab Workers, and Certified Peer Specialist</p> <p>The program utilizes specific modules within IDDT that can be targeted to persons in crisis including but not limited to: Stages of Change, What is</p>	<p>IDDT is provided in group format (2-3 times per week) and the skills taught are reinforced in individual formats.</p>

<p><b>Support System:</b> Having a strong social support system is vital to maintaining mental health. It can be vital in alleviating stress which leads to crisis, additional improving a person's confidence and sense of value, increasing protective features of sociality,</p>	<p>Recovery?, What can Alcohol/Drugs Do?, Self-Assessment Tools (AUDIT, Pros/Cons, Drug Screen Inventory), Goal Setting and Change Plan, Sober Lifestyle and Relapse Prevention Planning.</p> <p>The program is based in Wellness and Recovery models which both emphasize support systems as a central component to one's overall health and wellness. Already in-place support systems are identified in each person's Crisis Assessment and Treatment Plan. In addition, understanding and building support systems are addressed in a variety of ways including, but not limited to: Wellness Group, IMR Group, Individual sessions, Crisis Plan Development and discharge planning.</p>	
<p><b>Using Medication Effectively</b></p>	<p><b>Psychiatry Services:</b> Nancy Page Crisis Residence utilizes consulting psychiatrist/nurse practitioners who provide psychiatric assessment, intervention and stabilization with regards to medications for the recipients that are served in residence as well as those from the community via rapid access psychiatry appointments.</p> <p>The psychiatry staff will provide 24/7/365 on call support for the clinical supervisory team and will facilitate comfort medications as well as order emergency preparations for the recipients in residence. Consulting psychiatrist and Nurse Practitioner will complete the physician order sheet as located in this reference and all orders will be treated as legal prescriptions and will be phoned into the Genoa or local pharmacy for dispensation.</p> <p>The attending psychiatry staff of Nancy Page is considered gap psychiatric coverage and will not see recipients on an ongoing basis unless the psychiatrist enters into that agreement individually.</p> <p><b>Medication Education and Medication Monitoring:</b> Medication education services will be provided to educate a client about mental illness and symptoms, the role and effects of medication in treating symptoms of mental illness and the side effects of medication. Medication education will consist of activities that instruct clients, families, and/or significant others in correct procedures for maintaining client prescription medication regimen. These services will include staff supervision of self-administration of medication. Information learned during this will be used to maximize medication adherence and client safety. The program will continue to supervise medication self-administration as they transition from residential into an outpatient treatment setting.</p>	<p>All Recipients will have the ability to be seen by the attending psychiatrist. Currently psychiatric coverage will encompass 12-16 hours per week. Recipients will be triaged according to need. If a recipient can see their regular community psychiatrist the staff will encourage this, however if the current crisis can be improved with psychiatric intervention it is up to the clinical staff to determine if psychiatric intervention at Nancy Page is appropriate.</p> <p>A registered nurse is available to assist with medical assessment and coordination of medical services.</p>

<p><b>Safety Concerns</b>  access to guns, knives or weapons,  access to medication: both prescription  and over-the-counter, safety plan for  siblings or other family members,  emergency contact names and phone  numbers.</p>	<p>The RN also facilitates a medication education group and meets with clients individually as needed. The RN also oversees the medication program and coordinates medical and psychiatric appointments.</p> <p>The program provides a safe environment for person's in crisis by creating a structure to help control safety risks. Prescription and many over-the-counter medications are kept in the nursing station and dispensed by a nurse or certified medication passer. Some exceptions may be made by the nurse for creams, lotions and other non-harmful topical treatments. The program encourages every person in crisis to provide emergency contact name(s) and phone number(s). The program attempts to involve family members of persons in crisis whenever possible (client choice), including involvement/awareness of treatment goals, progress, safety concerns, crisis plan, discharge plans, etc. Program staff also follows Duty to Warn/release of information protocols for emergency/imminent risk situations.</p>	
<p><b>Physical Health Management:</b></p> <p><b>Prevention</b>  These strategies are targeted and maintenance of good health and the prevention of crisis. Including, but not limited to: Wellness, nutrition, sleep hygiene, physical fitness, Self-care, Activities of daily living, physical health</p>	<p><b>Nursing Services</b>  Nursing care will be provided by LPN and RN nurses and will include provision of medications, education about medications, coordination with psychiatry and physicians. This will assure adequate nursing care across all shifts including evenings and weekend, which would allow the program to serve individuals with more acute medical health needs such as the following, but not limited to: severe diabetes, dialysis, chronic heart and lung problems, mobility concerns, wound care, cancer, as well as individuals with complex medication regimens and injection that are difficult to manage, as well as medically necessary topical medications which are required to be administered by a nurse.</p> <p>A registered nurse is available to assist with medical assessment and coordination of medical services. The RN also facilitates a health and wellness groups which cover topics including (but not limited to): ADLs, nutrition, stress and GI distress, sleep hygiene, organizing for doctor's appointments, gratitude, changing behaviors for nutrition/chemical dependency, blood pressure, medication education, STDs, as well as a meets with clients individually as needed. The RN also oversees the medication program and coordinates medical and psychiatric appointments.</p>	<p>Nursing care will encompass both psychiatric and physical needs of the clients. Clients will have access to nursing services approximately 16 hours per day</p> <p>Nursing group occurs twice a week.</p>

## TREATMENT MODALITIES AND STRATEGIES ULTIZED

### Individual Supportive Counseling

Clients have the opportunity to meet with a mental health practitioner 1-2 daily (minimum). These sessions provide an opportunity for the counselor and client to collaborate in reviewing the goals in the client's treatment plan, monitoring the progress towards specific objectives they have developed.

### Skills Training as Identified in the Individualized Treatment Plan

Based on the client's individualized treatment plan, skills develop is provided in a variety of areas including, interpersonal, social, wellness, self-care, activities of daily living, nutrition, exercise, sleep hygiene, medication adherence. A skill teaching is provided in both individual and group formats. Groups that incorporate skills teaching are Wellness Group, Illness Management and Recovery, Nursing Group, Surviving Crisis, DBT Skills, Dual Diagnosis and O/T/Art Group.

Psychiatric Emergencies and Crisis Management Staff is available 24 hours per day to monitor and assist with crisis needs. Residents attend groups and individual meetings to learn how to manage and avoid crisis situations. The program coordinates with other providers as needed to help manage resident crisis situations. Crisis assistance includes the development of health care directives and crisis plans as needed. The crisis prevention planning that is designed to assist recipients in identifying and addressing patterns in their history and experience of their illness, and developing crisis prevention strategies, that includes the use of staff and peer support and community resources as needed. De-escalation strategies proven to be effective in the past must be considered in the development of the crisis prevention strategy. Staff shall assist recipients in accessing crisis intervention services in the community if needed.

Motivational Treatment: Matches treatment to the client's attitude toward change (his or her stage in the behavioral change model). In Consistent with SAMSAH's evidence based practices, clinicians use specific listening and counseling skills to help consumers develop awareness, hopefulness, and motivation for recovery. These treatment strategies are aimed at assisting the client in moving along the stages of recovery and helping him/her to make their own decisions to engage in the change process, and are utilized in any interaction (group/individual) and frequency where they are therapeutically appropriate.

### Cognitive Behavioral Treatment

The program will provide cognitive-behavioral counseling individually, in groups as well as for families, when appropriate. Cognitive behavioral treatment can be a structured in an effective way when short term sessions are available. Additionally, it helps people to become aware of inaccurate or negative thinking, cognitive behavioral therapy allows people to view challenging situations more clearly and respond to them in a more effective way. These strategies are and are utilized in any interaction (group/individual) and frequency where they are therapeutically appropriate.

Certified Peer Specialist Services: The program will have on staff a Certified Peer Specialist who meets the certification requirements outlined in section 256B.0615, Subdivision 5, is supportive and who can engage with peers in a community-based setting. The services provided by a Certified Peer Specialist include: socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned through other support services.

### Referral and linkage services to other needed continuing services:

Collaboration and coordination with other agencies, providers, family members and significant others in the community.

## **Target Population**

The program serves adults, age eighteen or older who have been diagnosed with a mental illness and have been assessed as having a mental health crisis, defined as behavioral, emotional, or psychiatric situation which, but for the provision of crisis response services, would likely result in significantly reduced levels of functioning in primary activities of daily living, or in an emergency situation, or in the placement of the recipient in a more restrictive setting, including but not limited to, inpatient hospitalization.

Additionally, individuals may experience concurrent manifestations of the illness, such as self-injurious behavior, thoughts of suicide, as well as acute symptoms including and not limited to: psychosis, depression, and anxiety. Adults with a serious mental illness or emotional disorder often lead lives characterized by recurrent, significant crises. These Many things can lead to a mental health crisis. Increased stress, physical illness, problems at work or at school, changes in family situations, trauma/violence in the community or substance use may trigger an increase in behaviors or symptoms that lead to a crisis. These issues are difficult for everyone, but they can be especially hard for someone living with a mental illness. They may have other disabilities such as epilepsy or visual or auditory impairment. Therefore, often the individuals are located in the community and are referred to crisis services to prevent hospitalization. Additionally, persons served by the program may have presented in the local ED and was assessed to be able to received treatment in a less restrictive level of care. More specifically, recipients of crisis stabilization services include those who have completed inpatient psychiatric treatment at the hospital, are no longer a risk to themselves or others, and need further stabilization which can be accomplished within 1 to 10 days in a community setting. A second group of recipients would be those who would otherwise be at risk of hospitalization without a very short-term intensive community placement. The Extended Care (EC) program targets persons being discharged from hospital / Regional Treatment Center (RTC) identified as no longer meeting hospital continued stay criteria but needing a transition to supervised community placement. EC also targets those persons waiting for RTC who need an extended care bed to avoid hospitalization and/or needing extended crisis placement as part of a RTC diversion plan.

In addition to the above noted characteristics, the target population for client utilizing the extended care program, may include, but are not limited to the following:

- Individuals being discharged from a community hospital or Regional Treatment Center (RTC) who no longer meet inpatient criteria but require supervised support and a planful transition to community placement; and/or
- Individuals on the RTC waitlist who require an extended care placement as a diversion plan from hospitalization; and/or
- Individuals in the community experiencing multiple barriers who are at imminent risk of community hospitalization, legal actions in mental health court, or demonstrate marked increase in symptoms that, despite efforts by the individual and his/her community providers, continues to impair several areas of functioning.

## **Admission, Discharge and Transfer Procedures:**

### **Admission Criteria:**

It is the policy of People Incorporated Treatment Services Division that all recipients referred to Crisis Stabilization Services must first be screened for appropriateness based on established admission and discharge criteria. The following requirements do not prohibit staff from restricting admissions or transferring people who present an imminent danger to themselves or others.

The following characteristics are used in determining whether recipients are appropriate for admission:

- They are 18 years or older

- They are experiencing a mental health, behavioral issue, substance abuse/dependency, or co-occurring disorder and are currently in crisis.
- They meet medical necessity as determined by a level of care assessment completed by a mental health professional or mental health practitioner.
- They are experiencing a markedly reduced self sufficiency because the mental illness is resulting in substantial disability and functional impairment in three or more of the areas listed in section 245.462, Subd. 11a.
- They have one or more of the following:
  - History of two or more inpatient hospitalizations in the past year
  - Significant independent living instability
  - Homelessness, or
  - Very frequent use of mental health and related services yielding poor outcomes
- They are able to care for their physical needs and self-supervise any special dietary needs they may have. The program can provide for some special diets but this is limited.
- Recipients are not currently in imminent danger towards themselves or others.
- People Incorporated Crisis Stabilization Services does not serve persons who:
  - As measured by the risk assessment tool, are at high risk for harm to self to others, unless approved by the clinical supervisor and psychiatrist.
  - Are intoxicated to the point where medical monitoring or assistance is required.

People Incorporated Crisis Stabilization Services do not limit or restrict services to recipients based solely on:

- The person's substance use;
- The county in which the recipient resides; or,
- Whether the recipient elects to receive other services for which they may be eligible, including but not limited to case management services.

No individual shall be discriminated against for admission on the basis of race, creed, color, national origin, religion, sexual preference, public assistance status or marital status. Individuals with a physical, visual and/or auditory impairment will be considered for admission to the extent that such disabilities do not interfere with the individual's ability for self-preservation and safety at the residence. If individuals are referred that cannot be accommodated, clinical staff will work with the referring agency and the recipient for placement at another program within the Treatment Services Division or other least restrictive environments.

#### Admission Procedures (Crisis Stabilization):

- The program is able to receive referrals 24/7, 365 days a year.
- Referrals can be made directly to the program or county's contracted mobile crisis stabilization provider. Referrals may come from the following, but not limited to: Hospitals, family members, other mental health service providers.
- All referrals are screened by a Mental Health Practitioner or Mental Health Professional to determine if the person meets initial admission criteria (Noted above).
- All admissions will be assessed, utilizing the crisis assessment, to ensure they meet the requirements for medical necessity and appropriate authorization for services. The assessment includes a description of the circumstances that lead up to the crisis, psychosocial history, medical concerns, substance abuse screening, diagnostic impressions and treatment recommendations.
- The program is responsible for obtaining prior authorization for services, as required by the individual's payer.
- Upon arrival to the program, recipients will be welcomed by staff and given a tour of the facility. Recipients will be asked to turn in any potentially dangerous items to staff.
- The recipient will be seen by staff immediately whether it's attending a group or meeting with the CPRS or the nurse while waiting to meet with a MHP for the assessment.
- The recipient will meet individually with a Mental Health Practitioner for a crisis assessment, safety assessment and immediate needs assessment. An IAPP is developed with the recipient as well as a

provisional treatment plan. Recipients are informed of administrative policies of People Inc. and the program. The recipient will meet with the nurse for a Review of Systems and give his/her medications to the nurse to administer during person's stay.

#### Admission Procedures (Extended Care):

All of the following criteria must be met in order to make a referral to the EC Program:

- The referral Candidate may choose to have an assigned Case Manager/Case Management Team who can actively coordinate services with Nancy Page throughout the extended care stay;
- Case Manager/Case Management Team must provide a Functional Assessment, Individual Community Support Plan/Individual Treatment Plan, current medication list, and any other requested information to Nancy Page EC Coordinator prior to admissions approval;
- In the event the individual does not have an assigned case manager, the program will complete the initial assessment process, including brief DA, Functional Assessment and treatment plan.
- If applicable, inpatient Staff providing direct care to the referral Candidate must be in contact with the Extended Care Coordinator in order to provide necessary information, including initial inpatient assessment, commitment documentation, medication lists and orders, pertinent progress notes, and discharge paperwork;
- All participants assisting in referring a Candidate must partake in coordinating admission plans by speaking directly to the EC Coordinator prior to admission approval.

Candidates who have been screened and approved for the EC Program are either placed on a waiting list for admission, or scheduled for an intake to Nancy Page.

In order to facilitate a timely admission the following are should be provided to the Nancy Page Coordinator prior to arrival for initial assessment:

- All recent psychiatric documentation including psychiatric evaluation, diagnostic assessment, and hospital discharge summary; If referred to the EC Program without prior hospitalization, the referring Case Manager/Case Management Team must provide these documents from the current mental health provider;
- History and Physical (H&P) completed within last 30 days prior to initial assessment at Nancy Page, indicating the Candidate is medically stable and appropriate for placement. If no H&P is available, the Case Manager/Case Management Team must make arrangements for a physical examination to be completed by a community provider;
- List of all prescribed medications with signed physician orders and a plan to send Recipient to Nancy Page with at least 3-5 days of prescriptions;
- Confirmation of insurance coverage, and ensures it's status is current, or another payment source for EC service costs, and Group Residential Housing (GRH) eligibility for room/board costs. If necessary, the Case Manager/Case Management Team is required to complete a Combined Application Form to ensure the referring Candidate's eligibility for treatment services and room/board.

#### Mandatory

Verbal report from referral candidate, Case Manager/Case Management Team and/or inpatient Staff that the individual is able to ambulate three flights of stairs multiple times daily, any medical conditions or contagious diseases, and confirmation that the individual is able to complete necessary self-care tasks (i.e. eye drops, accu-checks, lotion application, cleaning/wrapping wounds).

Final determination on admission to the EC Program is made by the Nancy Page Practitioner completing the intake, in addition to Program Supervisors. In most cases, the Candidate is admitted directly to the EC Program.

#### Discharge/Transfer Policy

It is the policy of People Incorporated Crisis services that recipients will be discharged to the most appropriate placement possible, given their needs, behaviors, and the short length of stay the program offers. Crisis services staff will make coordination of discharge planning a priority. To ensure that this

occurs, communication is extremely important and every effort will be made by Crisis services staff to communicate with key persons, particularly case managers and family members concerning the coordination of care and discharge planning. Recipients will be encouraged to take responsibility for and have an active role in their treatment planning and discharge planning from Crisis services residences.

Procedure:

1. Recipients are informed of the short length of stay at the outset by the referral source: county crisis team or other crisis/emergent care worker/case manager or emergency room social workers.
2. Crisis services clinical staff, including the psychiatrist, will discuss discharge plans directly with the recipient as part of the overall treatment planning process.
3. Recipients to remain in program must meet present with an acute psychiatric necessity and this is assessed daily by the clinical and professional staff.
4. Assistance will be given to the recipient by Crisis Services staff in making reason arrangements for discharge. These might include, but not be limited to, contact with the county case manager, the facility from which the recipient came, family members involved and/or living with the recipient, COPE, or other facilities and programs.
5. Recipients are encouraged to discharge from Crisis Services in a planful way.
6. When a recipient is ready for discharge, the Mental Health Practitioner/Professional will assess the recipient and make the discharge notation in the person's medical record, noting whether the discharge was planned and appropriate, or unplanned and against staff advice. Appropriate is defined as: assessed as safe for discharge by staff as is able to contract for safety.
7. If a recipient leaves the facility without staff approval or knowledge, he/she will be discharged from the program after 6 hours of no contact.
8. A Discharge Summary will be written with the participation of the recipient and/or responsible party 24 hours prior to discharge. Denotation of accomplishments and goals met while in the program will be defined and discussed in a therapeutic manner.
9. In the event that recipients present a danger to themselves or others, and hospitalization appears to be the most appropriate treatment, clinical staff will intervene and make arrangements for hospitalization. At Nancy Page and Riverwind, staff may call an ambulance and/or police/CIT to assist in transportation to the hospital. Likewise, at Diane Ahrens, if a recipient is assessed as an imminent danger to self/others, a mental health professional/practitioner may initiate a transportation hold by filling out a Transport Hold form, calling an ambulance (nonemergency) for transport, and involve the police if recipient reacts with threatening behavior.
10. When recipients choose not to adhere to their treatment plan, or present problematic behaviors which threaten their safety or the safety of other residents, staff may develop specific conditions that the recipient must meet to continue at the program.

Discharge and Ongoing Stay Policy

By direction, discharges from the program are never punitive and are not based on behavior unless that behavior is a direct danger/threat to others or the recipient. Crisis services will attempt at all costs to work with the recipient to assist in any way possible with the processing of the crisis. As long as there is determinative psychiatric necessity to remain in a crisis bed, the staff will work with the recipient to maintain them in the least restrictive environment.

Discharge from EC Program

Recipients from the EC program will discharge appropriately to a predetermined residence and with appropriate follow-up to community resources. Discharge from the EC program must be consistent with the Discharge and Ongoing Stay Policy.

At any time Crisis services staff and EC Liaison may request immediate discharge of an EC recipient if there is evidence of solicitation of illicit narcotic, solicitation of sexual acts, dangerous and threatening behaviors, or any other behaviors or actions that place Crisis services staff and recipients in danger. The Senior Program Manager will be consulted on any early discharge from the program.

Under most circumstances, discharge will be planned and prearranged with all parties. Requirements made of recipient by treatment team and EC Liaison during stay will have been completed and D/C will be approved by treatment team.

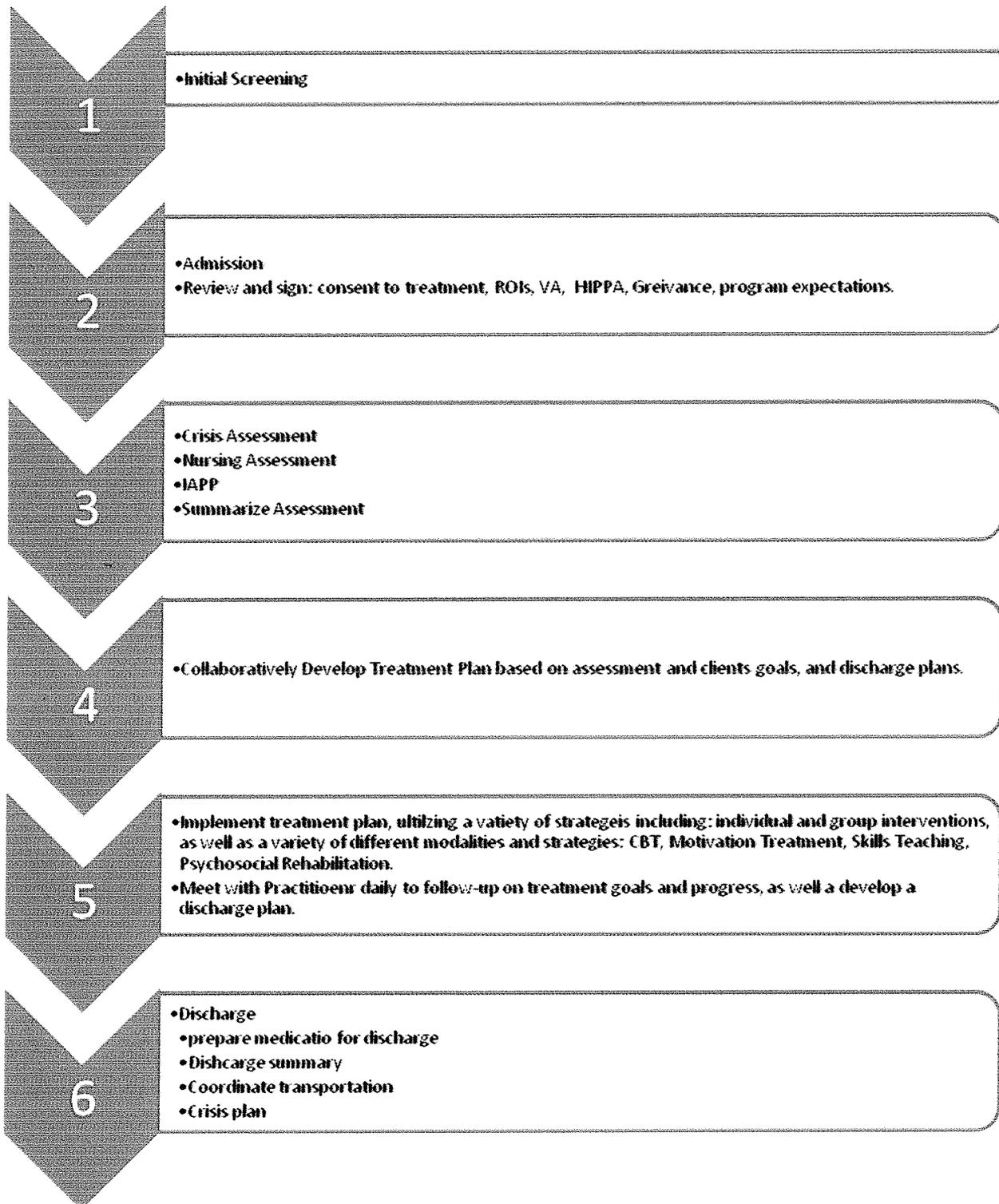
Discharge Summary:

It is the policy of Crisis Stabilization Services to develop with the recipient an appropriate discharge plan, which addresses the transition of the recipient back to the community. The discharge plan will be completed 24 hours prior to actual discharge and will focus on the issues that the recipient presented to the crisis program with and what measures the crisis program has taken/implemented to facilitate crisis abatement.

The Crisis Discharge Plan must:

- A. Delineate the problems identified in the crisis assessment.
- B. List of the person's strengths and resources.
- C. Will identify tasks related to transitioning the recipient with action steps, dates and identified responsible persons individuals or agencies who will be working with the recipient after discharge and appointments the recipient should attend
- E. Include a medication list and evidence that medication management was discussed and offered as well as the recipient being evaluated for autonomous medication administration.
- F. Discuss the accomplishments and progress towards the abatement of the crisis.
- G. Discuss limitations and areas that the recipient should focus on that may inhibit quality of life and exacerbate symptoms.
- H. Must be signed by the recipient and treatment team.
- I. Must assess safety and other needs at time of discharge.
- J. Must provide evidence of Mantoux or evaluation for infectious disease.
- K. Must provide contact numbers for recipient to follow up with, e.g. case management, psychiatrist, housing agency etc.
- L. A copy must be given to the recipient at time of discharge.
- M. Copies will be sent to service providers as required with the crisis stabilization plan.

## Client Flow Chart



## **PROGRAM COORIDNATION, CONSULTATION, AND COMMUNITY INVOLVEMENT**

### **Primary Referral Sources**

- Hennepin County COPE team, Hospitals (Fairview, Abbott, HCMC/APS, North Memorial), other Mental Health Programs, including mental health clinics, treatment programs, case management,

### **ReferralsMade**

- Further Assessment, Rule 25, Neurological, physicals.
- Intensive Residential Treatment.
- Assertive Community.
- Therapy,
- Ongoing Psychiatry

## **QUALITY ASSURANCE**

Quarterly, People Incorporated intensive residential treatment providers and crisis services will evaluate all aforementioned data and information and determine focus for the following year with regards to program changes, operational changes, staff development and other areas as appropriate. Especially, improving recipient participation in treatment, therefore improving recipient outcomes. Also, to assure the training staff is receiving remains relevant to the current needs. People Incorporated intensive residential treatment providers will also use information to assure the program continues to coordinate services with the mental health system to assure continuity of care.

The Quality Assurance plan will be reviewed at least annually by the Clinical Supervisor and/Treatment Director. This review will include documentation obtained from monitoring activities outlined in the plan and established goals for improved service delivery for the next year.

### **Policy**

The program will measure recipient outcomes, including:

- (1) Evaluating the outcome data to identify ways to improve the effectiveness of the services provided to recipients and improve recipient outcomes; and,
- (2) Attaining and evaluating feedback from recipients, family members, staff and referring agencies concerning the services provided.

### **Procedure**

1. Upon discharge from the program, each client will receive a client satisfaction survey. This survey will collect feedback in the following areas:
  - a. Does/is the program:
    - i. The Services met my needs
    - ii. The program helped me work toward my goals.
    - iii. The program met my expectations.
    - iv. The Program is a useful community resource.
    - v. The Program was respectful of my culture.
    - vi. The treatment groups helped me manage my symptoms.
    - vii. I am satisfied with the services I have received from this program.
    - viii. The staff is available when I need them to be available.
    - ix. I am satisfied with the nurse/the staff.
  - b. Because of the program, I improved my.. (ILS, Mental Health, Physical Health, Medication Compliance, etc)
  - c. Because of the program, My quality of life has improved in the following ways....

2. Upon discharge of the client, the program will send support network satisfaction survey to any of the individuals in the recipients support network, including family members. This Survey will collect feedback in, but not limited to the following areas:
  - a. Did the recipient have input into treatment
  - b. Did/was the program:
    - i. Have services individualized for recipient.
    - ii. Have program staff that was responsive
    - iii. culturally sensitive
    - iv. Help recipient work toward their goals.
  - c. Because of the program, the recipient improved.. (ILS, Mental Health, Physical Health, Medication Compliance, etc)
  
3. Upon discharge from the program, all involve service/referring agencies will be sent a service provider satisfaction survey. The survey will collect feedback in, but not limited to the following areas:
  - a. Did the recipient have input into treatment
  - b. Did/was the program:
    - i. Have services individualized for recipient.
    - ii. Have program staff that was responsive
    - iii. culturally sensitive
    - iv. Help recipient work toward their goals.
  - c. Because of the program, the recipient improved.. (ILS, Mental Health, Physical Health, Medication Compliance, etc)
  
4. The program will also solicit feedback from staff/employees on an ongoing basis.
  
5. The treatment team on an ongoing basis to review survey results. The team will develop plans if necessary to:
  - a. Improve recipient participation in the program
  - b. Assure that staff training outlined in the "staff training policy," meets the needs of the recipients being served.
  - c. Assure services are coordinated with the local mental health system
  - d. Improve outcomes for recipients.

### **Policy**

The program will review critical incidents and other significant incidents, including:

- (1) Determining whether policies and procedures were followed;
- (2) Evaluating the staff's response to the critical and other significant incidents;
- (3) Assessing what could have prevented the critical and other significant incidents from occurring; and,
- (4) Modifying policies, procedures, training plans, or recipients' ITPs in response to the findings of the review.

### **Procedure**

- All incident and accident reports will be reviewed by the Treatment Director, Division Director and Quality Assurance Manager.
- The review will include an evaluation of the following:
  - Determination of whether policies and procedures were followed;
  - Evaluation of the staff's response to the critical and other significant incidents;
  - Assessment what could have prevented the critical and other significant incidents from occurring; and,
  - Review any needs to modify policies, procedures, training plans, or recipients' ITPs in response to the findings of the review.

### **Policy**

The program will Self-monitor for compliance, including:  
Evaluating compliance with the requirements of this variance; and,

**Procedure**

- **Weekly compliance review:** The Treatment Director and/or Clinical Supervisor will review charts on an ongoing weekly schedule to evaluate that the program is facilitating its licensed role and is providing consistent and exceptional care to our clients. Chart review consists of evaluating treatment planning for the clients and assessing that the staff in conjunction with a therapeutic alliance with the client facilitate the treatment plan while at the program with the client. This review also assess the staff's ability to work with the current clients and generates "Areas of Focus" that will be addressed with the staff member(s) during supervision to better train them in their provision of counseling and IDDT services. Chart review provides assurance that the program is meeting the State and County requirements for operations.
- **Quarterly Compliance Review:** The program will have a staff person from People Incorporated Clinical Services Division, conduct quarterly compliance review. This will include a review of recipient records, personnel files, central training file and policies and procedures.

**Policy**

The program will demonstrate action to improve the program's compliance with the requirements.

**Procedure**

- Upon weekly compliance reviews the reviewer will document any identified gaps in service or compliance. The reviewed will develop a corrective actions plan that identifies the problem, provides action to correct, and identifies key persons involved and date of completion.
- Upon quarterly compliance reviews the reviewer will document any identified gaps in service or compliance. The reviewed will develop a corrective actions plan that identifies the problem, provides action to correct, and identifies key persons involved and date of completion.





**Planning Commission Regular**

**2.**

**Meeting Date:** 10/18/2012

**Subject:** PC 12-24, Shamrock Development, Land Use Plan amendment to change the land use designation from Community Commercial to Industrial

**From:** Scott Harlicker, Planner

**INTRODUCTION**

The applicant is requesting approval on an amendment to the City's Comprehensive Land Use Plan to change the land use designation from Community Commercial to Industrial.

**ACTIONS**

- Conduct of public hearing
- Recommendation by Planning Commission
- Decision City Council on: November 20, 2012

**60 DAY RULE**

The applicant submitted this application on: September 26, 2012

To comply with the requirements of Minnesota Statute §15.99, the City must approve or deny the application by: November 25, 2012

**LOCATION**

The property is located west of Springbrook Drive at 87th Avenue.

	<b>Existing Use</b>	<b>Comprehensive Plan</b>	<b>Zoning</b>
<b>Subject Property</b>	vacant	Community Commercial	Community Commercial
<b>North</b>	Retail	Community Commercial	Community Commercial
<b>South</b>	Vacant	Community Commercial	Community Commercial
<b>East</b>	Springbrook Drive and Office	Community Commercial	Community Commercial
<b>West</b>	Vacant	Industrial	Industrial

**DISCUSSION**

**Background**

Prior to 2009 the subject property had a land use designation of Community Commercial. In 2009 the City Council adopted the 2030 Comprehensive Land Use Plan. That plan identified the subject parcel as Office. In December 2010 the City Council considered rezoning the property to Office so that it was consistent with the Comprehensive Plan land use designation. Because of the lack of demand for office space and the changing market, the Council

voted to deny the zone change from Community Commercial to Office.

In April 2011 the City Council considered an amendment to to the Comprehensive Plan to change the land use designation from Office to Community Commercial. The Council voted to change the land use designation from Office back to Community Commercial.

The subject area is about 5.8 acres of a larger 23 acre parcel. The other 17 acres has a land use designation of Industrial.

### **Analysis**

The stated intent of the *Community Commercial* land use designation is to provide for moderate intensity shopping centers and peripheral businesses serving wide areas of the City and having minimal detrimental influences on surrounding residential areas. The stated intent of the *Industrial* designation is that it includes primarily light manufacturing, warehousing, services, and related uses.

When considering this change in land use request, the following factors should be taken into account:

- The subject property has limited access to Highway 47
- The site abuts Evergreen Industrial Park.
- The west 17 acres of the parcel has a land use designation of Industrial.

A land use designation of Industrial would be an appropriate land use designation for this area. Industrial land uses do not need direct access to a principal arterial. This area would have access to Evergreen Boulevard, which is the main collector street for Evergreen Industrial Park. Changing the land use designation to Industrial would also unify the land use designation of the entire parcel. Split land use designations should be avoided when possible.

Through site plan review industrial traffic generated by this area could be directed away from Springbrook Drive, which is a commercial street, and on to Evergreen Boulevard, which is an industrial street.

### **RECOMMENDATION**

In Planning Case 12-24, recommend approval of the proposed land use amendment based on the following findings:

1. The area is part of a larger parcel that has a land use designation of Industrial.
2. The proposed amendment would be compatible with the adjacent commercial district.
3. The proximity to a collector street (Evergreen Boulevard) provides good access to the site without traffic driving through the adjacent commercial district.
4. The proposed change is consistent with the Comprehensive Plan in that it will provide land that can be developed in a manner that will strengthen and diversify the City's economic base.

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### **Attachments**

Location Map

Land Use Map

Zoning Map

Applicant's Narrative

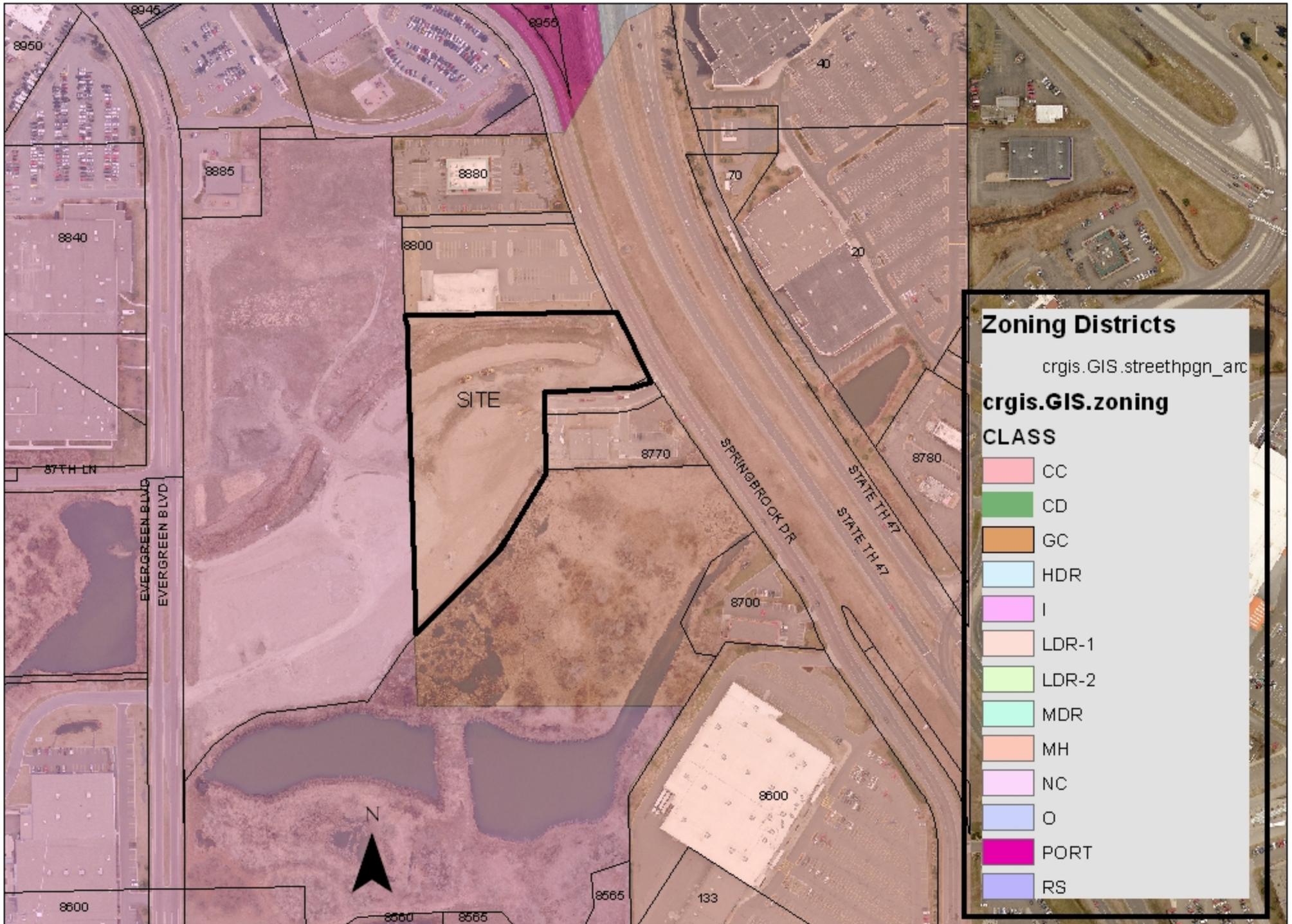
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# Location Map





# Zoning Map





September 27, 2012

City of Coon Rapids  
Department of Community Development  
11155 Robinson Drive  
Coon Rapids, MN 55433-3761

Re: Tract A, Registered Land Survey No. 246

Dear Sirs:

Shamrock Development, Inc. is requesting the properties zoning along with the comprehensive plan be changed to Industrial. The City Council previously changed the comprehensive plan and zoning on a portion of the property. The council proposed zoning the entire parcel to Industrial. At the request of Shamrock Development the easterly portion of the property remained Commercial. The council asked Shamrock, if they would consider rezoning the commercial portion to industrial if circumstances changed. Shamrock did agree to the council's request.

Under current market conditions, the demand for industrial property is greater than property zoned commercial. Therefore, Shamrock Development is requesting the change.

Yours truly,

A handwritten signature in black ink, appearing to read "Michael J. Kraling", written over a horizontal line.

Michael J. Kraling  
CFO & Vice President



**Planning Commission Regular**

**3.**

**Meeting Date:** 10/18/2012

**Subject:** PC 12-25 Shamrock Development request for zone change from Community Commercial to Industrial

**From:** Scott Harlicker, Planner

**INTRODUCTION**

The applicant is requesting to change the zoning from Community Commercial to Industrial.

**ACTIONS**

Conduct a public hearing  
 Recommendation by Planning Commission  
 Introduction by City Council on: November 7th

**60 DAY RULE**

The applicant submitted this application on: September 26, 2012

To comply with the requirements of Minnesota Statute §15.99, the City must approve or deny the application by: November 25, 2012

**LOCATION**

The property is located west of Springbrook Drive at 87th Avenue.

	<b>Existing Use</b>	<b>Comprehensive Plan</b>	<b>Zoning</b>
<b>Subject Property</b>	Vacant	Community Commercial	Community Commercial
<b>North</b>	Retail	Community Commercial	Community Commercial
<b>South</b>	Vacant	Community Commercial	Community Commercial
<b>East</b>	Springbrook Drive and office	Community Commercial	Community Commercial
<b>West</b>	Vacant	Industrial	Industrial

**DISCUSSION**

**Background**

In 1994, at the request of the property owner, the zoning of the subject parcel was changed from Industrial to Community Commercial; there was also corresponding change to the land use designation. In 2009 the City Council adopted the 2030 Comprehensive Land Use Plan. That plan identified the subject parcel as Office. In December 2010 the City Council considered rezoning the property to Office so that it was consistent with the Comprehensive Plan land use designation. Because of the lack of demand for office space and the changing market,

the Council voted to deny the zone change from Community Commercial to Office.

In April 2011 the City Council considered an amendment to to the Comprehensive Plan to change the land use designation from Office to Community Commercial. The Council voted to change the land use designation from Office back to Community Commercial.

The subject area is about 5.8 acres of a larger 23 acre parcel. The other 17 acres is zoned Industrial.

**Analysis**

When considering a request to rezone property, the Commission should evaluate if there was some mistake in the original zoning, or if the character of the neighborhood has changed so that a reasonable use of the property can not be made under the current zoning classification.

**Mistake in the Original Zoning**

Up to 1994 the property was zoned Industrial. In 1994 the zoning was changed to Community Commercial. At that time there was a significant amount of undeveloped industrial land in the city, the Target Center had just been completed and the owner of the property thought there would be a need for additional commercial property along Springbrook Drive. Since the rezoning occurred there has been four commercial buildings constructed; the latest one was approved in 2007. No new commercial development has occurred in the last five years. The site is suitable for either commercial or industrial zoning. Staff does not believe that there was a mistake in the original zoning.

**Reasonable Use of the Property**

The subject property is part of a larger parcel that is currently undeveloped. The rezoning of this area to industrial would unify the zoning on the entire parcel and likely make it more desirable for development. Since this area was zoned commercial, most of the industrial land has been developed. This will be the largest undeveloped tract of industrial land in the the city.

With the need for additional industrial zoned land, the proximity to Evergreen Industrial Park, and the fact that the proposed zone change will unify the zoning of the entire parcel, the rezoning of this parcel can be considered a reasonable and appropriate zoning for the property.

The Planning Commission should also give consideration to the evaluation criteria found in Section 11- 307 when making their recommendation on rezoning requests.

Section 11-307 Criteria	Comments
Effect of public health, safety, order, convenience, and general welfare in the area.	<b>OK</b> - The proposed zoning will not adversely impact the area. The property is adjacent to the Evergreen Industrial Park.
Effect on present and potential surrounding land uses.	<b>OK</b> – The proposed zoning will not adversely impact the surrounding residential land uses.
Conformance with the Comprehensive Land Use Plan.	<b>OK</b> – Assuming the proposed land use amendment is approved, the proposed zone change will be consistent with the City’s Comprehensive Land Use Plan. The proposed land use designation is Industrial
Conformance with any applicable development district.	<b>OK</b> – There is no applicable district plan in this area.

## **RECOMMENDATION**

In Planning Case 12-25, recommend approval of the proposed rezoning based on the following findings:

1. The proposed zone change would be consistent with the Comprehensive Land Use Plan.
2. The proposed zone change is compatible with the surrounding zoning districts and land uses.
3. The proposed zone change would not have an adverse impact on the area.
4. The times and conditions have change such that industrial would be an appropriate zoning for the property.

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## **Attachments**

Location Map

Zoning Map

Land Use Map

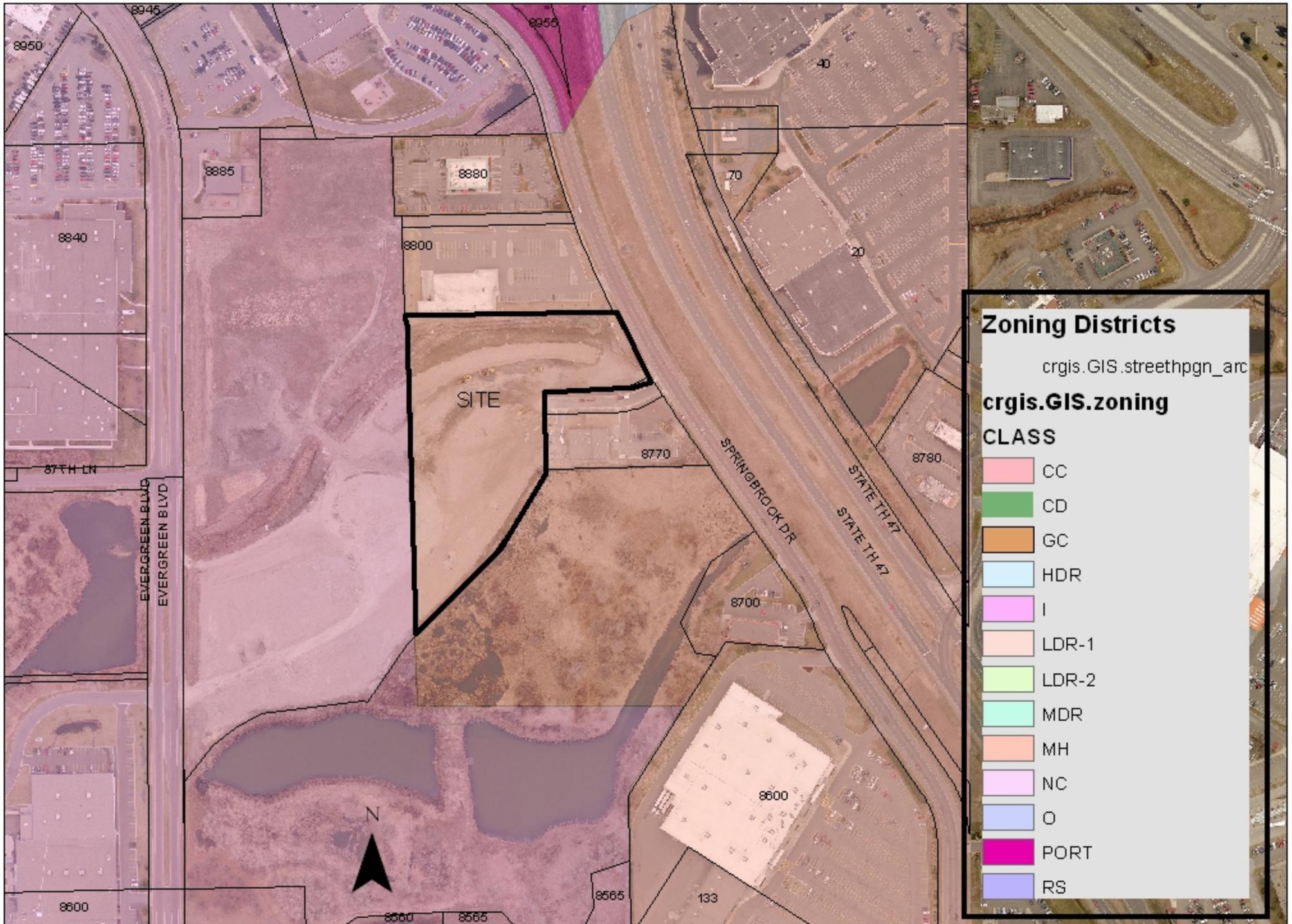
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