

Who We Are

People Incorporated is a non-profit community-based mental health care provider with deep roots in St. Paul. Born in the heart of Selby-Dale in 1969, we started as a drop-in center for homeless veterans launched in the basement of Dayton Avenue Presbyterian Church. Today, People Incorporated operates more than 60 programs across the Twin Cities and employs nearly 700 staff.

The Issue Before the Council

People Incorporated is seeking City Council approval of a Conditional Use Permit for our Diane Ahrens Crisis Residence. Currently located at 1593 Hewitt Avenue, we're pursuing relocation to 1784 La Crosse Avenue – a property that has been vacant and for sale for more than a year. The Conditional Use Permit would change the Zoning Classification of the property from R4 to RT2. The change was recommended for approval by the Planning Commission on July 10.

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 Corrine Bauer - 225 Frank Street, St. Paul 	
 Roger Meyer - St. Paul 	
 Joseph Clubb, MSW, LICSW - Vice President, Mental Health and Addiction Operations, AllinaHealth 	
 Dr. Ramesh Sairam, MD - Medical Director, United Hospital 	
 Gretchen Prohofsky, MOT, OTR/L - Mental health Services Allied Health Manager, Regions Hospital 	

- Sister Susan Ernster, FSPA - Treasurer, Franciscan Sisters of Perpetual Adoration (property owner)

For further information, please contact Jill Wiedemann-West, CEO Jill.West@PeopleIncorporated.org / 651-288-3505



PEOPLE INCORPORATED SUPPORTS MENTAL HEALTH AND WELLNESS IN OUR COMMUNITY THROUGH COLLABORATION AND INTEGRATION OF CARE

People Incorporated is a non-profit organization founded in 1969. Today, we're Minnesota's largest provider of community-integrated services and support for people living with mental illnesses. We employ just under 700 workers who serve nearly 10,000 individuals each year through more than 60 programs throughout the Twin Cities. People Incorporated is proud of its reputation for leadership and innovation in the mental health care arena.

PROGRAMS

People Incorporated offers programming in the areas of Case Management; Children's and Family Services; Clinical Services; Mental Health Provider Training; Community Support; Homeless Outreach; Residential Housing; and Addiction Treatment.

OUTCOMES

People Incorporated clients report our services help them to:

- Avoid hospitalization when appropriate (91%)
- Better manage physical and mental health (90%)
- Realize improved quality of life (90%)
- Feel less isolated (89%)

FUNDING

People Incorporated operates with a \$43 million annual budget. Ninety percent of funding comes from state and county contracts. Grants and donations are used to cover client needs such as household necessities, initiatives such as Artability and uncompensated care.

EFFICIENCY

People Incorporated's homeless outreach and crisis programming touch just a quarter of the clients we serve each year and account for nearly \$20 million in annual savings over taxpayer costs that would otherwise be incurred via hospitalization, arrest/ incarceration and shelter utilization.

Fact: One in four of us will suffer from a mental illness at some point during our lifetime.

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PEOPLE INCORPORATED HELPED ME TO PROCESS MY DEPRESSION; TO GET OUT OF MYSELF AND TALK ABOUT IT. **??**

44 I FEEL EMPOWERED AND I HAVE THE CONFIDENCE, STRENGTH AND ABILITY TO **MOVE FORWARD** WITH MY LIFE.

"

GET INVOLVED

Volunteer: PeopleIncorporated.org/Get-Involved/Volunteer Donate: PeopleIncorporated.org/Give Work With Us: PeopleIncorporated.org/Careers Like Us on Facebook: Facebook.com/PeopleIncorporated Follow Us on Twitter: Twitter.com/PeopleIncorp

People Incorporated's Diane Ahrens Crisis Residence

People Incorporated's Diane Ahrens Crisis Residence, named after former Ramsey County Commissioner Diane Ahrens who was instrumental in its founding, provides short-term residential mental health crisis stabilization services for adult men and women with a diagnosed mental illness. Length of stay in the program ranges from one to ten days, dependent on need. The program has 16 beds, four of which can flex to serve individuals in need of longer lengths of stay when medically necessary. Crisis stabilization services include assessment and individualized treatment planning, medication supervision, one-on-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 relapse prevention plan to prevent crises in the future from requiring this intensive level of intervention.

The Diane Ahrens Crisis Residence program provides treatment in various ways. The program utilizes a psychiatric rehabilitation model for providing treatment. Individual and group counseling is provided, and is customized depending on the needs of the individual with their specific strengths and weaknesses taken into consideration. A 'harm reduction' approach utilizes motivational interviewing techniques in a non-confrontational manner. The program also practices Individualized Treatment planning to assure that each client's needs are being addressed. Empowerment and self-determination are utilized. We encourage residents to make their own choices and to learn from these choices. We also employ as many community resources as possible, and encourage the involvement of all of these resources as the recipient sees appropriate.

The Diane Ahrens Crisis Program receives referrals from multiple sources including but not limited to: client self-referral; hospital emergency departments; mobile crisis teams; family members; case managers; and community mental health providers. The program works in partnership with counties, the community and hospitals.



Admission, Continued Stay, Discharge and Transfer Policy IRTS/Crisis Programs

Policy

Admission Criteria:

It is the policy of People Incorporated Treatment Services Division that all recipients referred to Residential 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.

- They are 18 years or older.
- Recipient is experiencing are mental health crisis or emergency.
- Mental health crisis stabilization services are determined to be medically necessary. (See below)
 - Must have received a crisis assessment and intervention by a mental health professional and meeting one of the following criteria.
 - Be lacking family, friends, or professionals who can offer the short-term support that the person needs to maintain their return to previous functioning.
 - The person's ability to function remains fragile or compromised after their mental health crisis.

Note: Residential crisis stabilization may be use to provide further stabilization to individuals who have been hospitalized for a mental health crisis or emergency.

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

- They are 18 years or older and diagnosed with a mental illness.
- 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:
 - o History of two or more inpatient hospitalizations in the past year
 - Significant independent living instability

- o 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.
- In the written opinion of a licensed mental health profession, they have a need for mental health services that cannot be met with other available community-based services, or is likely to experience a mental health crisis or require a more restrictive setting if intensive rehabilitative mental health services are not provided.
- Recipients are not currently in imminent danger towards themselves or others.
- They are functioning at a physical and mental level necessary to take self-preservation action during an emergency situation
- People Incorporated Residential Crisis Stabilization Services does not serve persons who:
 - Have such a high risk of violence that other recipients or staff would be in danger.
 - Are intoxicated to the point where medical monitoring or assistance is required.
 - Are required to be on bed rest.
 - Clients have been designated at a sex offender and have been restricted per court order to be restricted from contact to any specific population.

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

- The recipient'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.

For individuals being referred to an IRT bed, the program will utilize the following assessments to determine if recipients meet the requirements for Intensive Residential Treatment Services level of Care, but not limited to:

- a. Locus Assessment
- b. Functional Assessments
- c. Diagnostic Assessments
- d. Optional:
 - history and physicals
 - collateral information from other service providers, family, and support persons, and treatment team members.

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 beds):

- 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 led 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 Health Evaluation and Assessment and give his/her medications to the nurse to administer during person's stay.

Admission Procedures (IRT beds):

- 1. The program will initiate admissions 24/7.
- 2. Referrals can be made directly to the program.
- 3. Upon receiving a referral, within 24 hours the program will notify the referral source of the programs bed availability and will provide information regarding what is needed to make a decision of admission.
- 4. The program will arrange and intake interview, prior to admission to the program, this interview will be scheduled within 36 hours of receiving a referral, or at the earliest time available for the recipient and referral source.

The intake interview includes:

- A. Program Mental Health Professional or Practitioner, will meet with recipient, and if available: case manager, family members or other support persons to complete the initial assessment interview.
- B. Description of program services to the recipient and case manager.
- C. A tentative decision to accept or deny admission. (When accepted, an admission date is set or Recipient's name is placed on waiting list).
 - a. A recipient will only be denied if:
 - i. The person adamantly states they do not want to be admitted to the program and therefore will decline to engage in any treatment offered.

- ii. The person declines to pay rent for room and board.
- iii. The person remains in need of more acute care as demonstrated by having a plan to harm themselves or others.
- iv. The person does not meet admission criteria stated above.
- v. The person is experiencing problems or symptoms that the program is not competent to manage or treat.
- b. A recipient will not be denied solely on the basis of:
 - i. Having a substance abuse disorder.
 - ii. The county in which the recipient resides
 - iii. Whether the recipient elects to receive others services for which they may be eligible, including but not limited to case management.
- E. A tour of the facility.
- F. The program will consider the program's staffing patterns and competencies of staff when making a determination concerning whether the program is able to meet the needs of the person.
- 5. The program will then make a determination within 72 hours, either working towards admission, informing the case manager and/or recipient that the recipient is not appropriate and recommending alternative placement.
- 6. The program will admit recipients to the program, within 24 hours of intake interview, if there is a bed available. If a bed is not available, the program will admit on the same day that the bed becomes available.
- 7. The following records are requested/preferred prior to intake/admission, but not required:
 - A. Most recent Diagnostic Assessment completed by a psychiatrist or other Licensed Professional.
 - B. Psycho-Social History, chemical abuse/dependency history.
 - C. Psychological testing, if available.
 - D. Pertinent medical records including mantoux.

CONTINUED STAY POLICY (IRT Beds)

Recipient's continued stay in IRTS is when a mental health profession determines that a recipient's mental health needs cannot be met by other, less intensive community-based services and:

- A. The recipient continues to meet admission criteria as evidenced by active psychiatric symptoms and continued functional impairment, and locus assessment that indicate IRT level of care.
- B. Progress notes indicate that symptoms are reduced, but goals to accomplish before leaving IRTS have not been met;
- C. The essential goals are expected to be accomplished within the requested time frame; and

D. Documentation exists that attempts have been made unsuccessfully to coordinate care and transition the recipient to other services.

Discharge/Transfer Policy (Crisis Beds) 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, 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, local crisis stabilization services, 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 the type of discharge:
 - a. Client/Guardian identified accomplishing goals
 - b. Client/Guardian-initiated discharge with treatment team
 - c. Program initiated discharge
 - d. Client/Guardian declined further services
 - e. Referred to alternative level care
 - f. No contact with client or extended absence from program
 - g. Client/Guardian-initiated discharge without involvement of program/team
 - h. Referred to alternative level of care
 - i. Death of Client
 - j. Lack of client funding for service
 - k. Lack of client resources necessary to sustain service

- 7. If a recipient leaves the facility in an unplanned manner, he/she will be discharged from the program after 8 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, others or are presenting with acute symptoms which the program is unable to manage in a crisis residential setting 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. Staff may involve Recipient's family and/or supports to assist with transportation if appropriate. 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 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 current physical health issues/concerns

- G. Discuss cultural issues/concerns.
- H. Discuss the accomplishments and progress towards the abatement of the crisis.

I. Discuss limitations and areas that the recipient should focus on that may inhibit quality of life and exacerbate symptoms.

J. Must assess safety and other needs at time of discharge.

K. Must provide evidence of Mantoux or evaluation for infectious disease.

L. Must provide contact numbers for recipient to follow up with, e.g. case management, psychiatrist, housing agency etc.

M. A copy must be given to the recipient at time of discharge.

N. Copies will be sent to service providers as required with the crisis stabilization plan.

DISCHARGE /TRANSFER PROCEDURE (IRT Beds)

When recipient's meet their program goals or are otherwise found to no longer be eligible for services or the recipient's needs cannot be met by the program, the program will make arrangements for the recipient's discharge.

When possible, the program will coordinate discharge planning with the recipient, the recipient's case manager if one is assigned, and the recipient's family as requested by the recipient.

When the recipient's needs cannot be met by the program or the recipient has needs for services after discharge from the program, the program will make arrangements to transfer the recipient to services that are appropriate given the recipient's needs and that are expected to meet the recipient's needs.

It is the intent of this program that discharges are done in a thoughtful and planned manner. The program will discuss discharge plans immediately upon admission, and will review them ongoing prior to discharge.

A discharge summary will be completed prior to discharge, and a copy will be give to the recipient. In the event of an unplanned discharge, the summary will be completed within 5 days after discharge.

DISCHARGE CRITERIA

Discharge a recipient from IRTS when the recipient (recipient must meet at least one criterion):

- A. Has met ITP goals and objectives;
- B. Shows evidence decreased impairment of thought, mood, behavior or perception and less restrictive community-based alternatives exist and are appropriate;
- C. Has symptoms and needs that permit lesser level of service and adequate supports and services are in place
- D. Has a Locus assessment results that indicate need for lower level of care.
- E. Is voluntarily involved in his/her ITP and no longer agrees to participate IRTS;
- F. Exhibits severe exacerbation of symptoms, decreased functioning or disruptive or dangerous behaviors and requires a more intensive level of service;
- G. Has medical or physical health needs that exceed what can be brought into the residential treatment setting;

- H. Does not participate in the program despite multiple attempts to engage him/her and to address nonparticipation issues;
- I. Does not make progress toward treatment goals and there is no reasonable expectation that progress will be made; or
- J. Leaves against medical advice for an extended period (determined by written procedures of provider agency, see short notice and unplanned discharge section below).

DISCHARGE /TRANSFER PROCEDURE

It is the intent of this program that discharges are done in a thoughtful and planned manner. The program will discuss discharge plans immediately upon admission, and will review them ongoing prior to discharge.

SHORT NOTICE & UNPLANNED DISCHARGES:

Despite the best intentions, there are times when it is necessary to discharge a recipient from the program. When we begin to see that a recipient is decompensating or using, we make every effort to work closely with the case manager, psychiatrist, Ramsey Crisis Team (Ramsey County), Cope (Hennepin County) and Canvas (Anoka County), and concerned others to see if we can prevent re-hospitalization and/or a total relapse. If the issue is on-going chemical abuse, our policy is to create a tight behavioral contract outlining what the recipient must do to remain in the program. We are willing to amend this up to three times. If the recipient continues to use in a way that interferes with their ability to engage in the program, we give them a two-week notice and work closely with the case manager to find a different setting that includes more intensive and structured treatment.

In the event that a recipient is hospitalized for any reason, the program will not hold the bed for any longer than 36 hours. At that time the recipient will be discharged from the program. The recipient may be referred for readmission if appropriate. There has been the rare occasion that we ask a resident to leave within 24 hours. This occurs when the recipient's behavior is dangerous, belligerent, that we believe that the rest of our recipients are intimidated and afraid. Also, Recipients will not posses or use any non-prescribed drugs, illegal substance or alcohol on the program premises. Nor will they sell any alcohol and drugs, or entice others to use. If they are found to have possession of any of the above mentioned substances, selling, or enticing others, the program reserves the right to discharge the recipient from the program within 24 hours.

If a recipient leaves the program AWOL and does not return for 24 hours, they are considered discharged from the program.

Effective: January 1, 2015

CITY OF SAINT PAUL, MINNESOTA (Conditional Use Permit)

ZONING FILE NO: 15-036-227

APPLICANT:	People Incorporated for the Diane Ahrens Crisis Residence
PURPOSE:	Conditional use permit for a licensed human service community residential facility for 16 residents
LOCATION:	1784 Lacrosse Avenue
LEGAL DESCRIPTION:	PIN 262922230132, Hazel Park Division 2 Lots 13 14 And Lot 15 Blk 3
ZONING COMMITTEE ACTION:	Recommended approval with conditions on July 2, 2015
PLANNING COMMISSION ACTION:	Approved with conditions on July 10, 2015

CONDITIONS OF THIS PERMIT:

- 1. Final plans approved by the Zoning Administrator for this use shall be in substantial compliance with the plan submitted and approved as part of this application.
- 2. The proposed rezoning of the site to RT2 is approved.
- 3. At least one (1) new off-street parking space is provided.
- 4. Obtain from the commissioner of human services under Minn. Stat. § 245D.33, and at all times maintain in good standing a mental health certification for this facility pursuant to Minn. Stat. § 245A.03, Subd. 6a(b).
- 5. For the purpose of this conditional use permit the phrase "maintain in good standing" means that this facility is operated in the absence of any correction order, order of conditional license or sanction issued by the commissioner of human services under Minn. Stat. § 345A.06. In the event the commissioner of human services issues any correction order or order of conditional license to this facility pursuant to Minn. Stat. § 245A.06, or issues any sanction pursuant to Minn. Stat. § 245A.07, the facility's "controlling individual," as defined at Minn. Stat. § 245A.02, Subd.5a, shall immediately notify in writing the Zoning Administrator of the situation. The Zoning Administrator shall then immediately notify the Planning Commission of the situation so that it can consider setting a non-compliance hearing pursuant to Leg. Code § 61.108.
- 6. No person required to register as a predatory offender under Minn. Stat. §§ 243.166 or .167 shall be admitted to the facility.

APPROVED BY:

Barbara Wenci, Commission Chairperson

I, the undersigned Secretary to the Zoning Committee of the Planning Commission for City of Saint Paul, Minnesota, do hereby certify that I have compared the foregoing copy with the original record in my office; and find the same to be a true and correct copy of said original and of the whole thereof, as based on minutes of the Saint Paul Planning Commission meeting held on June 19, 2015, and on record in the Saint Paul Planning Office, 25 West Fourth Street, Saint Paul, Minnesota.

This permit will expire two years from the date of approval if the use herein permitted is not established, subject to administrative extension not to exceed one year (§ 61.105). If one of the following occurs, the use herein permitted shall automatically expire: the use is established but subsequently is discontinued for 365 days or is replaced by another use, the lot area is reduced, or as otherwise provided in § 61.505.

The decision to grant this permit by the Planning Commission is an administrative action subject to appeal to the City Council. Anyone affected by this action may appeal this decision by filing the appropriate application and fee at the Zoning Office, 1400 City Hall Annex, 25 West Fourth Street. Any such appeal must be filed within 10 calendar days of the date of the Planning Commission's decision.

Violation of the conditions of this permit may result in its revocation.

amanthal Samantha Langer

Secretary to the Saint Paul Zoning Committee

Copies to: Applicant District Council Mailed: July 10, 2015

People Incorporated 2

city of saint p	paul	
planning cor	nmission resolut	tion
file number	15-39	
date	July 10, 2015	

WHEREAS, Franciscan Sisters of Perpetual Adoration, File # 15-036-555, has applied for rezoning from R4 One Family Residential to RT2 Townhouse Residential under the provisions of § 61.801(b) of the Saint Paul Legislative Code, on property located at 1784 Lacrosse Avenue, Parcel Identification Number (PIN) 26.29.22.23.0132, legally described as Hazel Park Division 2, Blk 3, Lots 13-15; and

WHEREAS, the Zoning Committee of the Planning Commission, on June 11, 2015 and June 25, 2015, held a public hearing at which all persons present were given an opportunity to be heard pursuant to said application in accordance with the requirements of § 61.303 of the Saint Paul Legislative Code; and

WHEREAS, the Saint Paul Planning Commission, based on the evidence presented to its Zoning Committee at the public hearing as substantially reflected in the minutes, made the following findings of fact:

- 1. The application requests rezoning of a 14,532 square foot property at the southeast corner of LaCrosse Avenue and White Bear Avenue from R4 to RT2.
- 2. The proposed zoning is consistent with the way this area has developed. Land along White Bear Avenue contains a mix of uses including a variety of residential intensities. The proposed RT2 zoning is consistent with the land use pattern along White Bear Avenue.
- 3. The proposed zoning is consistent with the Comprehensive Plan's Land Use Chapter, which designates the site as part of a Mixed Use Corridor in Figure LU-B, Generalized 2030 Land Uses. The Land Use Chapter supports a mix of uses on Mixed Use Corridors, including commercial, institutional, and residential uses, which are to occur at densities that support transit. The proposed rezoning increases the permitted residential density to up to 22 dwelling units per acre, which is more consistent with the Mixed Use Corridor designation in the Comprehensive Plan.
- 4. The proposed zoning is compatible with the surrounding uses and zoning, including mixed uses along White Bear Avenue and single-family residential to the east and southeast.
- 5. Court rulings have determined that "spot zoning" is illegal in Minnesota. Minnesota courts have stated that this term "applies to zoning changes, typically limited to small plots of land, which establish a use classification inconsistent with the surrounding uses and create an island of nonconforming use within a larger zoned property." The proposed rezoning is not "spot zoning" and is consistent with the surrounding uses and zoning. Surrounding uses along White Bear Avenue include a beauty salon and two schools that are zoned OS, RT1, and R4. Additionally, there is a node of commercial uses with B2 zoning located ½ block

moved b	Y Nelson		
seconde	d by		
in favor_	9		
against _	8 (Ochs, Wang, Ward, Oli	ver, Wickiser, Underwood,	DeJoy, and Wenci)

Planning Commission Resolution ZF #15-036-555

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south along White Bear Avenue. The OS Office-Service zoning of abutting property across White Bear Avenue permits uses such as multi-family residential, medical clinics, banks, and licensed human service community residential facilities with up to 16 residents – a wider range of uses than permitted in the proposed RT2 Townhouse Residential district. B2 zoning also permits a wide range of community commercial uses and group home uses such as licensed human service community residential facilities with up to 16 residents. RT1 and R4 districts permit a narrower range of uses. The proposed RT2 zoning is in the middle.

NOW, THEREFORE, BE IT RESOLVED, that the Saint Paul Planning Commission recommends to the City Council that the application of Franciscan Sisters of Adoration for rezoning from R4 One Family Residential to RT2 Townhouse Residential for property at 1784 Lacrosse Avenue be approved.

WHEREAS, People Incorporated, File # 15-036-227, has applied for a conditional use permit for a licensed human service community residential facility for 16 residents under the provisions of §65.153 of the Saint Paul Legislative Code, on property located at 1784 Lacrosse Avenue, Parcel Identification Number (PIN) 26.29.22.23.0132, legally described as Hazel Park Division 2, Blk 3, Lots 13-15; and WHEREAS, the Zoning Committee of the Planning Commission, on June 11, 2015 and June 25, 2015, held a public hearing at which all persons present were given an opportunity to be heard pursuant to said application in accordance with the requirements of §61.303 of the Saint Paul Legislative Code; and

WHEREAS, the Saint Paul Planning Commission, based on the evidence presented to its Zoning Committee at the public hearing as substantially reflected in the minutes, made the following findings of fact:

- 1. The application requests a conditional use permit for a licensed human service community residential facility for 16 residents in a former convent at the southeast corner of LaCrosse Avenue and White Bear Avenue. There is an alley south of the subject site that extends through the entire block.
- 2. The applicants had requested a variance for off-street parking provision, but no variance is necessary. The site is legally nonconforming with regard to provision of 5 of the 6 parking spaces required for the proposed use. The site's most recent use, a 14-unit convent, was established in 1962 under a Zoning Code that did not require any off-street parking provision. The convent use would today require 5 off-street parking spaces. Per §63.204, the proposed use must provide off-street parking for any required spaces in excess of what the legally established prior use would require, which in this case is 1 space (6 spaces for proposed use 5 spaces for prior use = 1 space). The application materials indicate that up to 3 parallel spaces could be placed along the alley, in addition to maintaining the existing garage parking of 1 space.
- 3. §65.153 lists standards and conditions for licensed human service community residential facilities:
 - (a) The facility shall be a minimum distance of 1,320 feet from any other licensed community residential facility, emergency housing facility, shelter for battered persons with more than four (4) adult facility residents, overnight shelter, or transitional housing facility with more than four (4) adult facility residents, except in B4-B5 business districts where it shall be at least 600 feet from any other such facility. This condition is met. The nearest applicable facility is located over 3,000 feet to the west.
 - (b) In RL-RT1 residential districts, the facility shall serve six (6) or fewer facility residents. In RT2 residential, traditional neighborhood, OS-B3 business and IT-I2 industrial districts, the facility shall serve 16 or fewer facility residents. This condition is met if the accompanying rezoning to

moved by	Nelson	
seconded by		
in favor	16	
against	1 (Wencl)	

Planning Commission Resolution 15-036-227 Page 2 of 3

RT2 is approved.

- (c) In residential districts, a conditional use permit is required for facilities serving seven (7) or more facility residents. This condition is met by the subject application.
- (d) *In B4-B5 business districts, the facility shall be located in a multiple-family structure.* This condition does not apply because site is not zoned B4 or B5.
- (e) Except in B4-B5 business districts, facilities serving 17 or more facility residents shall have a minimum lot area of 5,000 square feet plus 1,000 square feet for each guest room in excess of two (2) guest rooms. This condition is met. The proposed use serves 16 facility residents.
- 4. §61.501 lists five standards that all conditional uses must satisfy:
 - (a) The extent, location and intensity of the use will be in substantial compliance with the Saint Paul Comprehensive Plan and any applicable subarea plans which were approved by the city council. This condition is met. The Comprehensive Plan designates the site as part of a Mixed Use Corridor in Figure LU-B, Generalized Land Uses. The proposed use is consistent with that designation. The proposed use is also consistent with the Comprehensive Plan's Housing Chapter, which supports a broad range of housing types in city neighborhoods (Strategy H1.1).
 - (b) The use will provide adequate ingress and egress to minimize traffic congestion in the public streets. This condition is met. The proposed use will maintain existing vehicular access to offstreet parking via the alley. The proposed use's traffic generation is similar to the previous use.
 - (c) The use will not be detrimental to the existing character of the development in the immediate neighborhood or endanger the public health, safety and general welfare. This condition is met. The proposed use is similar in anticipated traffic and noise impact to the site's previous uses. Additionally, most residents are expected to not have vehicles, and public transit is available on White Bear Avenue. A small building expansion involving an exit door and covered stoop along the LaCrosse Avenue frontage will not have a significant impact on the neighborhood. Overall, the use will not be detrimental to the existing character of development in the area or endanger the public health, safety and general welfare.
 - (d) The use will not impede the normal and orderly development and improvement of the surrounding property for uses permitted in the district. This condition is met. The surrounding area is developed and the proposed use will have no effect on improvement of surrounding property.
 - (e) The use shall, in all other respects, conform to the applicable regulations of the district in which it is located. This condition is met if the rezoning to RT2 is approved and at least one (1) additional off-street parking space is provided. The building addition will require site plan review to ensure it meets all applicable regulations.

NOW, THEREFORE, BE IT RESOLVED, by the Saint Paul Planning Commission, under the authority of the City's Legislative Code, that the application of People Incorporated for a conditional use permit for a licensed human service community residential facility for 16 residents at 1784 Lacrosse Avenue is hereby approved subject to the following conditions:

- 1. Final plans approved by the Zoning Administrator for this use shall be in substantial compliance with the plan submitted and approved as part of this application.
- 2. The proposed rezoning of the site to RT2 is approved.
- 3. At least one (1) new off-street parking space is provided.
- 4. Obtain from the commissioner of human services under Minn. Stat. § 245D.33, and at all times maintain in good standing a mental health certification for this facility pursuant to Minn. Stat. § 245A.03, Subd. 6a(b).

Planning Commission Resolution 15-036-227 Page 3 of 3

- 5. For the purpose of this conditional use permit the phrase "maintain in good standing" means that this facility is operated in the absence of any correction order, order of conditional license or sanction issued by the commissioner of human services under Minn. Stat. § 345A.06. In the event the commissioner of human services issues any correction order or order of conditional license to this facility pursuant to Minn. Stat. § 245A.06, or issues any sanction pursuant to Minn. Stat. § 245A.07, the facility's "controlling individual," as defined at Minn. Stat. § 245A.02, Subd.5a, shall immediately notify in writing the Zoning Administrator of the situation. The Zoning Administrator shall then immediately notify the Planning Commission of the situation so that it can consider setting a non-compliance hearing pursuant to Leg. Code § 61.108.
- 6. No person required to register as a predatory offender under Minn. Stat. §§ 243.166 or .167 shall be admitted to the facility.

General Background

People Incorporated is committed to reducing the stigma and misinformation surrounding mental illness.

- We provide opportunities for elementary and secondary students to participate in coordinated volunteer projects at our facilities. Recently, a group of middle schoolers visited our Deaf Supported Living program to learn about the program and to help plant new flower boxes.
- We're a strong supporter of the National Alliance on Mental Illness and we've sponsored a company NAMIWalks team for many years.
- We're an active member of the Mental Health Legislative Network and regularly lend our voice to Network initiatives in the media and at the State Capitol.

People Incorporated is a leader in educating the next generation of mental health care workers.

• We offer multiple opportunities for college students to explore the mental health care field and we provide internships, service learning opportunities and shadowing experiences across our programming spectrum.

People Incorporated gives back to the community.

• People Incorporated takes part in the Greater Twin Cities United Way's annual campaign, and the People Incorporated leadership team volunteers quarterly in the community and in our programs.

People Incorporated programs are good neighbors.

• Our Crisis Residences are successfully integrated into neighborhoods across the Twin Cities. We're close to elementary schools (our current Diane Ahrens Crisis Residence sits two blocks from Hamline Elementary). We're close to small business employers (our Nancy Page Crisis residence lies in the heart of Minneapolis' Loring Park neighborhood). And we're proud of our properties' curb appeal and appearance (see photos of several of our properties in the following tab).

People Incorporated made a good faith effort to secure the consent of adjoining property owners for the pending Conditional Use Permit.

• The signature sheet follows this page. Securing signatures proved to be impossible due to the high number of vacant properties surrounding 1784 LaCrosse.

CITY OF SAINT PAUL

CONSENT OF ADJOINING PROPERTY OWNERS FOR A CONDITIONAL USE PERMIT

We, the undersigned, owners of the property within 100 feet of the subject property, acknowledge that we have been presented with the following:

A copy of the application of	Teople Incorporated	
	(name of applicant)	
to establish a Move	a 14 Bed Crisis Residence	
	(proposed use)	
located at: 1784	La Crosse	<u> </u>

(address of property)

requiring a conditional use permit, along with any relevant site plans, diagrams, or other documentation.

We consent to the approval of this application as it was explained to us by the applicant or his/her representative.

ADDRESS OR P.I.N.	RECORD OWNER	SIGNATURE	DATE
1792 LA Grosse	•		6/4/201
1800 HACrosse,		•	6-4-2015
1806		2	1 19. X
1799			
1785		5 125 M 5	
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1805 CASE			, -, -,
1763 Ances	-		1
an an tha the second		2	

NOTE: All information on the upper portion of this application <u>must</u> be completed prior to obtaining eligible signatures on this petition.

People Incorporated Property Photos



Maghakian Place (Intensive Residential Treatment Service) 1100 Hancock Street, St. Paul



Nancy Page Crisis Residence 245 S Clifton Avenue, Minneapolis



Riverwind Crisis Residence 2708 119th Avenue NW, Coon Rapids



Anchor House (Intensive Residential Treatment Service) 1319 Girard Avenue N, Minneapolis



Huss Center for Recovery 2120 Park Avenue S, Minneapolis



Diane Ahrens Crisis Residence (current) 1593 Hewitt Avenue, St Paul

mental health crisis ©lliance

Transforming crisis services for adults in the East Metro

August 03, 2015

To Whom It May Concern:

The Mental Health Crisis Alliance is a public-private partnership of Hospitals, Health Plans, Counties, the State, and Consumers that focuses on improving the East Metro's mental health crisis system. At our July Leadership Team meeting, we passed a motion in unanimous support of People Inc.'s effort to improve their Diane Ahrens Crisis Residence program.

Diane Ahrens Crisis Residence is an essential and integral part of the East Metro's mental health crisis system. The services it provides are necessary for the individuals they serve as well as the effectiveness of our mental health system.

People Inc. has a history of providing high quality, recovery focused care to allow people who live with mental illnesses to begin or continue on their path to recovery. They have proven to be effective in improving the outcomes for their clients and reducing system costs by keeping people out of a higher level of care. People Inc. has proven to be a good neighbor at their current location and we believe that wherever they are located, they will continue to be an asset to the health care system and to their neighborhood.

Diane Ahrens provides medical and social services to individuals who are experiencing an exacerbation of their mental health symptoms. This includes all types of people from all walks of life. The services offered through Diane Ahrens are typically able to allow people to regain management of their illness within 2-5 days. The model facilitates community based care which allows recovery processes to occur. This is an essential part of our health care delivery service – one that gets people back on their feet and integrated back in to their families and home communities.

Mental Illnesses will strike 1 in 4 individuals – maybe your spouse, your son or daughter, your friend, or even you. To not have this facility available in St. Paul will mean that individuals will not get quality care close to home, making it much more difficult for their families and loved ones to support them. Mental illness is treatable. People living with mental illnesses should not be stigmatized or shunned by neighbors – they <u>are</u> our neighbors, friends, and loved ones.

Neighborhood support for programs such as Diane Ahrens is critical. While communities at times have fears which can lead to neighborhood shunning or stigmizing individuals served, well run programs such as Diane Ahrens historically have not had any detrimental effects on the community.

Please feel free to contact Roger Meyer, the Alliance Project Director, at 651-338-5318 to discuss anything related to this issue as your deliberations continue. We'd be happy to answer any questions you may have about our support for, and experience with, the Diane Ahrens Crisis Residence.

Sincerely,

J Crucow

Alyssa Conducy, MSW, LICSW Co-chair, Mental Health Crisis Alliance

Blue Cross Blue Shield Minnesota | Dakota County | HealthEast Care System | Health Partners | Medica | Mental Health Association of Minnesota Mental Health Consumer/Survivor Network | Minnesota Department of Human Services Adult Mental Health Division and State Operated Services Ramsey County | Regions Hospital | UCare | United Hospital | Washington County

Community Human Services Department



402 University Ave East St. Paul, MN 55130-4400 Urgent Care for Adult Mental Health 651-266-7900 Chemical Health Assessment and Referral Unit and CD Case Management 651-266-4008 Detoxification Services 651-266-4009

9 July 2015

Dear Colleague:

As you consider the issue of rezoning for 1784 LaCrosse, I thought you might be interested in my own experience with the leadership and staff of People Incorporated's Diane Ahrens Crisis Residence during the time this facility has been located on Hewitt Avenue.

I have been a Supervisor at Ramsey County Mental Health for more than ten years and have an intimate understanding of the work that happens at Diane Ahrens Crisis Residence. I and am particularly pleased with the ease at which our folks with mental illness can access supportive care in a warm, nurturing environment. Diane Ahrens provides diversion services so no one needs to sit for hours unnecessarily in an emergency room. At any time of day, people who need support can obtain it in a relaxed homelike setting. The staff are able to identify, screen and recommend alternative dispositions that save time, money, frustration to consumers and the community as a whole. The care and services our folks receive is respectful, immediate and appropriate; the staff is welcoming and this shows in the faces of the clients who get help there. Finally, and perhaps most importantly, consumers are able to get appropriate services at the time they are needed. As soon as a client is admitted, staff begin engaging in an immediate stabilization plan with consumers that very same night. The care enables those served to recalibrate their mental health over a period of a few days and plot a path forward – whether that's returning home or entering a longer-term recovery program.

The most important thing I can share with you about People Incorporated is the organization's commitment to providing a homelike environment as an integral part of the therapeutic process. This commitment is not only apparent inside Diane Ahrens Crisis Residence, but also outside as building upkeep, landscaping and personal contacts between senior staff and neighbors of the norm. Overall, Diane Ahrens Crisis Residence has been an excellent neighbor and provides a much needed and valuable service to the local community. People Incorporated has proven to be solid community partner in both the manner they service the community and the manner in which they show up in the community. They have demonstrated themselves to be responsive, professional and adept at addressing the needs of our community. I support Diane Ahrens on this endeavor completely.

Please feel free to reach out to me personally if you'd like to discuss anything related to this issue as your deliberations continue. I'd be happy to answer any questions you may have about my experience with Diane Ahrens Crisis Residence.

Sincerely,

Mand Mane Lich-

Brian A. Theine, LICSW ' Supervisor, Urgent Care for Adult Mental Health (651) 266-3520

> Making a Difference: Helping People Survive and Thrive Minnesota's First Home Rule County Printed on recycled paper with a minimum of 10% post-consumer content



August 9, 2015

Jill Wiedemann-West Chief Executive Officer People Incorporated 2060 Centre Pointe Blvd, Suite 3 St. Paul, MN 55120

Dear Ms. Wiedemann-West:

On behalf of NAMI Minnesota (National Alliance on Mental Illness) I am writing to support the new crisis home that People Incorporated is planning to move into in St. Paul. The new building would provide a great setting to serve people experiencing a mental health crisis.

Over the past several years, NAMI Minnesota has seen situations where neighborhoods have raised concerns about a mental health day or residential program locating in their community. Mostly we have found the fears to be based on rumors and misunderstandings about mental illnesses. People believe wrongly that people with mental illnesses are violent and will hurt others. Research shows that they are far more likely to be the victims than the perpetrators. Not receiving treatment, having a co-occurring substance use disorder and previous violent acts are predictors of violence – not people currently receiving treatment.

I recently attended a community meeting in another city where a 16-bed Intensive Residential Treatment Services (IRTS) program was going to be located. It was also near a school. As the discussion about the facility progressed during the evening, one-by-one people stood to say that either they or a family member had a mental illness. They were not afraid, and in fact were pleased that a new program would become available to help people in their very own neighborhood.

The reality is that one in five people will develop a mental illness during their lifetime. We need to expand our programs to meet these needs. Having a building that promotes recovery is extremely important. NAMI Minnesota stands behind you in your efforts to move into this building and urges the city council to support this proposal.

SACA

Sue Abderholden, MPH Executive Director



Dear Colleague:

As you consider the issue of rezoning for 1784 LaCrosse, I thought you might be interested in my own experience with the leadership and staff of People Incorporated's Diane Ahrens Crisis Residence during the time this facility has been located on Hewitt Avenue.

Diane Ahrens Crisis Residence was opened in 1993 as Hewitt House. Renamed in memory of former Ramsey County Commissioner Diane Ahrens, this facility provides mental health crisis services to individuals with a mental illness in a homelike environment. The care enables those served to recalibrate their mental health over a period of a few days and plot a path forward – whether that's returning home or entering a longer-term recovery program. Referrals come from Ramsey County, Regions Hospital and other social service or medical stakeholders.

The most important thing I can share with you about People Incorporated is the organization's commitment to providing a homelike environment as an integral part of the therapeutic process. This commitment is not only apparent inside Diane Ahrens Crisis Residence, but also outside as building upkeep, landscaping and personal contacts between senior staff and neighbors of the norm. In short, Diane Ahrens Crisis Residence has been an excellent neighbor and provides a much needed and valuable service to the local community. People Incorporated has proven to be solid community partner in both the manner they service the community and the manner in which they show up in the community.

Please feel free to reach out to me personally if you'd like to discuss anything related to this issue as your deliberations continue. I'd be happy to answer any questions you may have about my experience with Diane Ahrens Crisis Residence.

Sincerely, Julie Duncan, Human Services Manager Ramey County 651-266-7920 Julie.duncan@co.rmasey.mn.us July 23, 2015

Dear Mr. Gray (and Colleagues):

This message is sent regarding People Incorporated's intent to relocate the Diane Ahrens Residence from its current site on Hewitt Avenue to The Well on White Bear Avenue in St. Paul. As I understand, your organization has received negative feedback from some residents and businesses in the immediate neighborhood. Though we reside in the outlying area (approximately 1.5 miles away, one block off Johnson Parkway), I want to let you know that at least one person would welcome you to White Bear Avenue.

My reasons for supporting People Incorporated's move to White Bear Avenue are as follows: 1.) In a practical sense, potential buyers for property that was previously home to a religious order are few, vacant buildings contribute to neighborhood blight, and the space apparently fits your needs well. Is this not a "win-win" situation?

2.) Before I married and moved to St. Paul, I lived in Minneapolis's Loring Park neighborhood near PI's Nancy Page Residence for several years. I do not recall ever hearing anyone attribute any higher-than-average police or ambulance activity to your Nancy Page Residence. 3.) Though I wish it were otherwise, I am familiar with the effects of psychiatric illness on families from personal experience: several of my close relatives take psychotropic medications, and some have been hospitalized. As an adolescent, I was discharged from an inpatient unit exactly 29 years ago today. Every Saturday night on the unit, the staff took us out for an activity such as a nature walk, park music concert, or dollar movie. Some activities would have been enjoyable, except for one thing: we were a motley approximate dozen aged 15-middle age, male and female, clearly **not** blood relatives. . *.maybe a religious group*? Unless we wore long sleeves in the summer, everyone could see our hospital bracelets. . *.hey, they're from a psych ward*! I never heard anyone say it, but occasionally people would back away. While I don't believe social stigma is more disabling than psychiatric illness, it creates an additional burden.

As you know all too well, the objections to moving the Diane Ahrens Residence to White Bear Avenue having absolutely nothing to do with the requested zoning variance.

May mercy season *tolerance*. . . and eventually actual acceptance.

Sincerely yours,

Contact information redacted for the record, however the writer is willing to be contacted.

Subject:

FW: letter from a neighbor

From: **Dawn Anderson** <<u>dawnanderson55@gmail.com</u>> Date: Fri, Aug 7, 2015 at 11:11 AM Subject: letter from a neighbor To: <u>Joe.Conlin@peopleincorporated.org</u> Cc: Dawn Anderson <<u>dawnanderson55@gmail.com</u>>

I am happy to talk to anyone about being a neighbor to one of your homes. I think people are afraid of the unknown so I hope my letter will put their mind at ease.

We have lived behind the West River Hills house in Burnsville for approximately 10 years. When folks were moving in I brought over a plate of cookies to welcome them into the neighborhood. Unbeknownst to me, there wasn't a "typical" family moving in but a "family" of men who were under the guidance of People Inc. I was a little hesitant at first, not knowing who was moving in my back yard. I have 3 children and was worried there would be problems. But I met the mother of a young man named Gunner, and she explained what it was all about. She told me her son was not able to live independently but she didn't want him to be stuck living at home. This new home would provide Gunner with a sense of independence all the while being under the watchful eye of amazing staff. I thought how I would feel if I were in her shoes & wanting the best for my son if he were in those circumstances. So I greeted everyone, and walked away keeping my fingers crossed and hoped for the best.

In all those years we have only had 2 instances that I felt warranted calling the house staff. One was that a resident got to be friends with my 100lb Golden Retriever and it was sweet to watch them greet eachother each day. But then the resident started feeding the dog deli meat. The dog was on a strict diet to lose a few pounds so I called asking that he would stop feeding the dog. After the call, it never happened again. (and the dog lost a few pounds.) Another time my kids were out in the back having a bonfire and one of the guys asked if he could join them. The kids told them he couldn't and they came in the house. He made them feel uncomfortable so I felt I should call the staff. They apologized and we never had a problem again. I feel it's important to have open communication and it has worked beautifully in both instances.

I like to spend a lot of time outside. I'm very aware of what goes on in our neighborhood so I feel like I'm a good judge of the home behind us. The lawn service comes every week and the yard always looks great! The previous owners mowed maybe 3 times a season so we are happy to see the lawn looking so nice. The residents are quiet and friendly but mostly keep to themselves.

As I sit typing this letter one of the residents is out in the yard kicking a soccer ball. He does this several times a day. In the winter he shovels snow each day making huge piles in the yard. It appears that releasing that energy is much needed therapy for him. I think about what life would be like for him if he lived in an apartment and didn't have a yard for which to run. How stifling that would be!

I hope you will lovingly accept the new residents of People Inc. It has been a positive experience for our neighborhood and I'm sure it will for you as well. We need to keep an open mind and support organizations like People Inc, who are doing great things to help those in need.

Thank you,

Dawn Anderson

-----Original Message-----From: Pat Melody [mailto:spmel@iphouse.com] Sent: Wednesday, August 05, 2015 4:10 PM To: Jill West Cc: semster@fspa.org Subject: Property at 1784 Lacrosse St

Between 1990 and September 2014, it was my privilege to provide in-home mental health services to many persons residing in high rises, apartment buildings and homes on St Paul's east side. As a licensed psychologist and registered public health nurse, this was done in collaboration with other service providers, including those from People, Inc. who are currently seeking to purchase the property at 1784 Lacrosse Street.

Being well acquainted with this property it is my assessment that the building provides a healing, green environment that is quite insular, due to the existing courtyard as well as landscaping along White Bear Avenue, Lacrosse Street, the alley behind the building and a wall that exists between this building and the adjacent house at 1792 Lacrosse Street. It seems this would be desirable for both the residents at 1784 Lacrosse Street as well as the surrounding neighborhood.

This kind of environment lends itself to continue to move toward State and County efforts to provide community mental health services that are safe, appropriate, less restrictive and cost effective.

Thank you for your consideration of the opportunity for continued use of this property which has a long history of positive, healing presence on the East Side.

Respectfully, Corrine Bauer 225 Frank Street Apt 328 St Paul, Mn 55106

651-773-3513. (H) 612-940-2799. (C) July 10, 2015

To Whom It May Concern:

I am a Saint Paul resident and would like to speak in support of People Incorporated's purchase and use of 1784 LaCrosse Avenue for their Diane Ahrens Crisis Residence Program.

I own a consulting firm that supports non-profit organizations, and often find myself working with mental health organizations. I have never worked for People Incorporated, but have worked with many organizations that rely on the services they provide at Diane Ahrens and am very familiar with the high quality of health care provided at their facilities. People Incorporated is highly regarded in the mental health community for the quality of their care.

The people served at Diane Ahrens are individuals that are suffering. Suffering from a mental health crisis that needs the attention of medical and social work professionals in order to begin or continue the recovery process for that individual. This is an essential part of our health care delivery service – one that gets people back on their feet and integrated back in to their families and home communities.

Mental Illness will strike 1 in 4 individuals – maybe your spouse, your son or daughter, your friend, or even you. To not have this facility available in St. Paul will mean that they will not get quality care close to home. Mentally III people should not be stigmatized or shunned by neighbors, and this well run program will not have any detrimental effects on the community.

I live next door to a home for runaway teens operated by Lutheran Social Services. This home offers a needed service to get children reconnected with their family or in to independent living so that they can integrate back in to community. The program is well run and the house is well maintained. Any issues that come up are dealt with quickly and politely – just the way I would deal with issues with a neighboring family.

I strongly support People Incorporated and the Diane Ahrens Crisis Residence in their effort to locate their facility at 1784 LaCrosse. People suffering from mental illness will benefit, and I am confident it will be of no detriment to the neighborhood, and add a benefit to the residents of St. Paul.

Please feel free to reach out to me personally if you'd like to discuss anything related to this issue as your deliberations continue. I'd be happy to answer any questions you may have about my experience with Diane Ahrens Crisis Residence.

Roger Meyer 651-338-5318

AllinaHealth前 UNITED HOSPITAL

333 North Smith Avenue St. Paul, MN 55102 651-241-8000

July 8, 2015

Dear Colleague:

As you consider the issue of rezoning for 1784 LaCrosse, I thought you might be interested in my own experience with the leadership and staff of People Incorporated's Diane Ahrens Crisis Residence during the time this facility has been located on Hewitt Avenue.

Diane Ahrens Crisis Residence was opened in 1993 as Hewitt House. Renamed in memory of former Ramsey County Commissioner Diane Ahrens, this facility provides mental health crisis services to individuals with a mental illness in a homelike environment. The care enables those served to recalibrate their mental health over a period of a few days and plot a path forward – whether that's returning home or entering a longer-term recovery program. Referrals come from Ramsey County, Regions Hospital and other social service or medical stakeholders.

The most important thing I can share with you about People Incorporated is the organization's commitment to providing a homelike environment as an integral part of the therapeutic process. This commitment is not only apparent inside Diane Ahrens Crisis Residence, but also outside as building upkeep, landscaping and personal contacts between senior staff and neighbors of the norm. In short, Diane Ahrens Crisis Residence has been an excellent neighbor and provides a much needed and valuable service to the local community. People Incorporated has proven to be solid community partner in both the manner they service the community and the manner in which they show up in the community.

Please feel free to reach out to me personally if you'd like to discuss anything related to this issue as your deliberations continue. I'd be happy to answer any questions you may have about my experience with Diane Ahrens Crisis Residence.

Diane Brusius

Interim Director, Mental Health United Hospital

Joseph Clubb, MSW, LICSW Vice President-Mental Health and Addiction Operations

Dr. Ramésh Sairam, MD Medical Director-United Hospital

Dr. Paul Goering, MD Vice President-Allina Mental Health

Regions Hospital.

July 8, 2015

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The most important thing I can share with you about People Incorporated is the organization's commitment to providing a homelike environment as an integral part of the therapeutic process. This commitment is not only apparent inside Diane Ahrens Crisis Residence, but also outside as building upkeep, landscaping and personal contacts between senior staff and neighbors of the norm. In short, Diane Ahrens Crisis Residence has been an excellent neighbor and provides a much needed and valuable service to the local community. People Incorporated has proven to be solid community partner in both the manner they service the community and the manner in which they show up in the community.

Please feel free to reach out to me personally if you'd like to discuss anything related to this issue as your deliberations continue. I'd be happy to answer any questions you may have about my experience with Diane Ahrens Crisis Residence and the great support they provide to individuals in our community. My contact number is 651-254-1590.

Gretchen Prohofsky, MOT, OTR/L Regions Hospital Allied Health Manager - Mental Health Services



August 5, 2015

Re: Zoning File # 15-036-565, People Inc.

Dear Commissioner Stark and Council President:

I am Susan Ernster, FSPA, Treasurer for the Franciscan Sisters of Perpetual Adoration, the current owners of the property at 1784 La Crosse Ave. which People Incorporated would like to purchase for their use of serving an underserved population.

I am writing to support People Incorporated in their endeavor to have the property rezoned and receive the conditional use permit. We have owned this property for over 45 years, always having a component of healing and calming presence there. We believe People Inc. will continue our healing ministry and presence on the property and in the neighborhood. We would not be supportive of People Inc. purchasing the property if we believed their presence would bring any harm or danger to anyone, especially the children in the neighborhood.

We believe their presence will only strengthen the neighborhood bringing health and a peaceful presence to the neighborhood. Their presence is also a witness to the dignity of life, serving and caring for those most in need, what a better witness to the residents that they too value and can receive care and support, what better witness to the children at the schools of the importance of life and the vulnerable?

We ask you to support this proposal for the re-zoning of 1784 La Crosse Ave.

If you have any questions, please feel free to contact me at 608-791-5284 or email me at sernster@fspa.org.

Thank you for your consideration,

Susan Ernster, FSPA 912 Market St. La Crosse, WI 54601 www.fspa.org



912 Market Street La Crosse, WI 54601-4782 PHONE 608-782-5610 FAX 608-782-6301 EMAIL fspa@fspa.org WEBSITE www.fspa.org

August 7, 2015

Dear City Council Member:

My name is Sister Karen Lueck, and I am the President of the Franciscan Sisters of Perpetual Adoration, based in La Crosse, Wisconsin. Our congregation has owned the property at 1784 La Crosse Ave. in St. Paul since 1982. It has served as a place of healing for many people, and has become a place of wholeness and peace.

We are delighted that People, Incorporated want to buy the property, since their mission, like ours, is to serve people in need of help and healing. This building seems ideally suited to their needs. And it will be an asset to the larger community.

I would urge you to approve the two requests before you: to re-zone the property and to grant a conditional use permit for a licensed human service community residential facility for 16 residents. If you do this, the community as a whole will be enriched.

Thank you so much for your consideration of our request.

Sincerely,

Sister Laren Luck

Sister Karen Lueck President Franciscan Sisters of Perpetual Adoration

Modern Lives. Sacred Traditions.

Thursday, July 9, 2015

Dear Colleague:

As you consider the issue of rezoning for 1784 LaCrosse, I thought you might be interested in my own experience with the leadership and staff of People Incorporated's Diane Ahrens Crisis Residence during the time this facility has been located on Hewitt Avenue.

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Please feel free to reach out to me personally if you'd like to discuss anything related to this issue as your deliberations continue. I'd be happy to answer any questions you may have about my experience with Diane Ahrens Crisis Residence.

Sincerely,

Chris M. Coughlin Case Manager Ramsey County Community Recovery Team 1919 University Ave, Suite 200 St. Paul, MN 55104

Regions Hospital.

July 8, 2015

Dear Colleague:

As you consider the issue of rezoning for 1784 LaCrosse, I thought you might be interested in my own experience with the leadership and staff of People Incorporated's Diane Ahrens Crisis Residence during the time this facility has been located on Hewitt Avenue.

Diane Ahrens Crisis Residence was opened in 1993 as Hewitt House. Renamed in memory of former Ramsey County Commissioner Diane Ahrens, this facility provides mental health crisis services to individuals with a mental illness in a homelike environment. The care enables those served to work on their recovery and support of their mental illness over a period of a few days. It is during this stay that individuals work on a path forward – whether that's returning home or entering a longer-term recovery program. Referrals come from all over the metro, specifically Ramsey County, Regions Hospital and other social service or medical stakeholders.

The most important thing I can share with you about People Incorporated is the organization's commitment to providing a homelike environment as an integral part of the therapeutic process. This commitment is not only apparent inside Diane Ahrens Crisis Residence, but also outside as building upkeep, landscaping and personal contacts between senior staff and neighbors of the norm. In short, Diane Ahrens Crisis Residence has been an excellent neighbor and provides a much needed and valuable service to the local community. People Incorporated has proven to be solid community partner in both the manner they service the community and the manner in which they show up in the community.

Please feel free to reach out to me personally if you'd like to discuss anything related to this issue as your deliberations continue. I'd be happy to answer any questions you may have about my experience with Diane Ahrens Crisis Residence and the great support they provide to individuals in our community. My contact number is 651-254-1585.

Son, LICSU)

Tricia Swenson, MSW, LICSW Regions Hospital Social Work Supervisor- Mental Health Services