

Office of the Clerk/Treasurer

W240N3065 Pewaukee Road
Pewaukee, WI 53072
(262) 691-0770 Fax 691-1798

**COMMON COUNCIL
MEETING NOTICE AND AGENDA
Monday, November 4, 2019
7:00 PM**

Common Council Chambers ~ Pewaukee City Hall
W240 N3065 Pewaukee Road ~ Pewaukee, Wisconsin

-
1. Call to Order and Pledge of Allegiance
 2. Public Comment - Please limit your comments to two (2) minutes, if further time for discussion is needed please contact your District Alderperson prior to the meeting.
 3. Consent Agenda
 - 3.1. Approval of the Common Council Meeting Minutes Dated October 7, 2019
 - 3.2. Approval of the Common Council Meeting Minutes Dated October 21, 2019
 - 3.3. Approval of Accounts Payable Listings
 - 3.4. Approval of Bartender License
 4. Discussion and Possible Action to Concur with the Auditor Selection Committee and Approve the Proposal/Contract of Baker Tilly [Tarczewski]
 5. Discussion and Possible Action Regarding the Proposed Reorganization of the Public Works Department Including Revisions to the Job Descriptions for the Civil Engineer, City Engineer and Public Works Director [Weigel, Wagner, Woldanski, Klein]
 6. Discussion and Possible Action Regarding a Conditional Use Permit for Mental Health America of Wisconsin to Operate a Peer Run Respite for Veterans Within a Single-Family Home Located at W252 N4304 Sussex Street (PWC 0880-997) [Fuchs]
 7. Public Comment - Please limit your comments to two (2) minutes, if further time for discussion is needed please contact your district Alderperson prior to the meeting.
 8. Closed Session – You are hereby notified that the Common Council and staff of the City of Pewaukee will convene into closed session after all regular scheduled business has been concluded and upon motion duly made and seconded and acted upon by roll-call vote as required under §19.85(1)(a), Stats. The purpose of the closed session is for the following:
 - §19.85(1)(c): Considering employment, promotion, compensation or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility specifically related to the 2020 Wages and Benefits.

You are further notified that at the conclusion of the Closed Session, the Common Council may

convene into open session pursuant to 19.85(2), Stats., for possible additional discussion and action concerning any matters discussed in closed session and for adjournment.

9. Adjournment

Kelly Tarczewski
Clerk/Treasurer

10/31/2019

NOTICE

It is possible that members of other governmental bodies of the municipality may be in attendance to gather information that may form a quorum. At the above stated meeting, no action will be taken by any governmental body other than the governmental body specifically referred to above in this notice.

Any person who has a qualifying disability under the Americans with Disabilities Act that requires the meeting or materials at the meeting to be in an accessible format must contact the Clerk/Treasurer, Kelly Tarczewski, at (262) 691-0770 three business days prior to the meeting so that arrangements may be made to accommodate your request.

**CITY OF PEWAUKEE
COMMON COUNCIL AGENDA ITEM 3.1.**

DATE: November 4, 2019

DEPARTMENT: Clerk/Treasurer

PROVIDED BY:

SUBJECT:

Approval of the Common Council Meeting Minutes Dated October 7, 2019

BACKGROUND:

FINANCIAL IMPACT:

RECOMMENDED MOTION:

ATTACHMENTS:

Description

CC Meeting Minutes 10.07.2019

In attendance:

Mayor Steve Bierce, Aldermen B. Bergman, C. Brown, B. Dziwulski, R. Grosch, J. Kara, and J. Wamser.

Also in Attendance:

Attorney S. Riffle, Administrator S. Klein, DPW Director/Engineer J. Weigel, Assistant Engineer M. Wagner, Civil Engineer R. Wirtz, City Planner & Community Development Director N. Fuchs, and Clerk/Treasurer K. Tarczewski.

1. Call to Order and Pledge of Allegiance

Mayor Bierce called the meeting to order at 7:00 p.m.

2. Public Comment - None.

3. Consent Agenda

- 3.1. Approval of the Common Council Meeting Minutes Dated August 19, 2019
- 3.2. Approval of the Common Council Meeting Minutes Dated September 16, 2019
- 3.3. Approval of Accounts Payable Listings
- 3.4. Approval of Bartender License

Mr. Dziwulski asked that Item #3.2 be removed from the consent agenda. Mr. Kara stated he didn't attend that meeting and was going to abstain from those minutes.

A motion was made and seconded, (J. Wamser, C. Brown) to approve the remaining items on the consent agenda. Motion Passed: 6-For, 0-Against.

A motion was made and seconded, (C. Brown, J. Wamser) to approve the meeting minutes dated September 16, 2019.

Motion Passed: 4-For, 0-Against, 2-Abstain (J. Kara, B. Dziwulski)

4. Emerald Acres Storm Water Project Public Information Meeting

It was noted that there was no one in the audience attending the meeting for this item. Mr. Weigel stated the Emerald Acres flood mitigation plan covers approximately 263 acres. He said there is a culvert from 1902 that the Railroad wants the City to take over. After doing some analysis, it needs to be replaced with three large pipes. He stated the Railroad will probably fill and shut down the current pipe because it is a structural risk.

Mr. Weigel stated the original study was done in 2012. It determined that crossing the Gustave Larson property would make the most sense, but they were opposed to that. He said alternate routes were studied. It was determined the best option would be putting three large pipes under the railroad tracks, around the property and connecting to a larger pipe that would carry the water downstream. Gustave Larson has given the City permission to go ahead with this plan. Mr. Weigel estimated it would be a \$2.4 million project. He stated the project has gone out for bids and the bid opening is next week.

The railroad is requiring the City to hire their flag men to monitor the tracks so that they do not have to be closed.

There was no action taken on this item.

5. Discussion and Possible Action to Authorize City Engineering Staff to Apply for State of Wisconsin Local Road Improvement Grants (LRIP) for the Municipal Street Improvement (MSI) Program and the Multimodal Local Supplement (MSL) Program

Mr. Weigel stated there is a resolution requiring the Council to give approval prior to applying for grants. He said there are two grants available. The first is the LRIP grant which is offered every other year. He said we'd be going up against 19 other communities. He stated he would like to use the funds for the Busse Road bridge replacement project. He said if awarded, it could be up to 90% of the project cost. Mr. Weigel stated the deadline is October 31st.

The second is the MSL grant and he would like to use it for a bike trail project which would consist of paving the shoulders of Duplainville Road between Green Road and Lindsay Road. He anticipates receiving \$25,000 if the grant is approved, but said there are no guarantees. Mr. Weigel stated the deadline is December 6th.

A motion was made and seconded, (R. Grosch, B. Dziwulski) to authorize City Engineering staff to submit grant requests for LRIP and MSL as presented. Motion Passed: 6-For, 0-Against.

6. Authorize City Engineering Staff to Submit Notices of Intent (NOI) for Potential Loans from the State Loan Programs for Safe Drinking Water Loan Program for the Well 5 Radium Mitigation Project and for the Clean Water Fund Program for our Portion of the Brookfield Treatment Plant Phosphorus Removals, Both Planned for 2020

Mr. Weigel stated the City of Brookfield anticipates installing phosphorus filters in 2020 at the cost of \$8 million. He said the City is responsible for approximately 20% of the costs. Mr. Weigel reported the City of Brookfield will be seeking a State Clean Water Fund (CWFP) loan and suggested the other participating communities could apply independently for their portion of the project. Mr. Weigel also stated that the Water Utilities Well #5 radium filtration project may also be eligible for the Safe Drinking Water Fund loans.

Mr. Weigel stated his research shows a possible interest rate of only 1.76%. He said if we were interested we would have to file a notice of intent to apply by the end of the month. He stated Ruekert and Mielke could assist in the application process for roughly \$500 each. He said they have to name a responsible agent of the Council and recommended that it be the Director of Public Works. He said in January the State will acknowledge requests and rank them.

A motion was made and seconded, (B. Bergman, J. Kara) authorizing the Engineering staff to hire Ruekert and Mielke to prepare the notification of intent for \$500 each and to authorize the Director Public Works to execute the documents. Motion Passed: 6-For, 0-Against.

7. **PUBLIC HEARING**, Discussion and Possible Action Regarding a Conditional Use Permit for the Physical Therapy and Balance Center Located at W229 N1416 Westwood Drive (PWC 0959-988-008) for the Purpose of Operating an Outpatient Physical Therapy Clinic

Mr. Fuchs stated physical therapy is not listed as a permitted use in the B-5 District. The applicant is requesting a Conditional Use permit. He said there are no exterior or site changes other than signage. Mr. Fuchs said staff sees no adverse impact to adjacent properties or other tenants within the building and recommended approval with no conditions. The Mayor opened the public hearing. Attorney Riffle stated staff should provide evidence as to why this is in the best interest. Matt Gibbons, the owner

of Fyzical Therapy and Balance, was present for this item. He said balance in itself is under served. He said it fits well with the other family friendly businesses in the area. Mr. Fuchs stated the Plan Commission recommended approval. Mayor Bierce closed the public hearing.

A motion was made and seconded (J. Wamser, B. Dziwulski) to approve the conditional use permit for Fyzical Therapy and Balance Center for the purpose of operating an outpatient physical therapy clinic. Motion Passed: 6-For, 0-Against.

8. Discussion and Possible Action to Withdraw the Special Assessment in the Amount of \$2,069.19 for the Cromwell Hills Cemetery Located on Swan Road (PWC 0873-989) Which has been Abandoned and is Believed to have been put in the Care of the City of Pewaukee

Mr. Klein stated there are different records that exist that claim different people own the property. He said since there is this uncertainty and it would cost more to determine who owns it, it might make more sense to remove the assessment from the rolls. Mr. Weigel stated the City Assessor's office received a letter back in March of 2001 from the Historical Society stating that the land was abandoned. He said the family has the right to reclaim it at any time. Attorney Riffle stated we include City owned properties in the assessment roll but never issue bills, except for the utilities and parks. Ms. Wagner stated the County has George Evert as partial owner of the property, but he is claiming he is not the owner. Attorney Riffle stated the issue is whether or not a special benefit conferred upon the cemetery by a road improvement. Mr. Evert stated all the graves were removed according to the Waukesha Historical Society. He said the limestone headstones disintegrated and there is nothing there anymore. Ms. Tarczewski stated that doesn't mean the bodies were relocated.

A motion was made and seconded (J. Kara, R. Grosch) to remove George Evert from the special assessment related to this property. Motion Passed: 6-For, 0-Against.

9. Discussion and Possible Action to Authorize the Expenditure of \$5,460 from the Capital Equipment Fund to Purchase an Additional DS200 Voting Machine

Ms. Tarczewski stated she did not budget enough money in her 2019 budget for this new equipment. She reminded the Council that there were several capital equipment items that were recently uncommitted and therefore funds were available.

A motion was made and seconded (J. Wamser, B. Dziwulski) to authorize the Clerk to use \$5,460 from the Capital Equipment Fund to purchase an additional voting machine.

Motion Passed: 6-For, 0-Against.

10. Discussion and Possible Action Regarding the Appointments to Various Boards, Commissions and Committees

Mayor Bierce had no new appointments at this time.

11. Public Comment – None.

12. Adjournment

A motion was made and seconded, (J. Kara, R. Grosch) to adjourn the meeting at 7:48 p.m.

Motion Passed: 6-For, 0-Against.

Respectfully Submitted,

Kelly Tarczewski
Clerk/Treasurer

**CITY OF PEWAUKEE
COMMON COUNCIL AGENDA ITEM 3.2.**

DATE: November 4, 2019

DEPARTMENT: Clerk/Treasurer

PROVIDED BY:

SUBJECT:

Approval of the Common Council Meeting Minutes Dated October 21, 2019

BACKGROUND:

FINANCIAL IMPACT:

RECOMMENDED MOTION:

**CITY OF PEWAUKEE
COMMON COUNCIL AGENDA ITEM 3.3.**

DATE: November 4, 2019

DEPARTMENT: Clerk/Treasurer

PROVIDED BY:

SUBJECT:

Approval of Accounts Payable Listings

BACKGROUND:

FINANCIAL IMPACT:

RECOMMENDED MOTION:

ATTACHMENTS:

Description

11.4.19 Accounts Payable Listing

ACCOUNTS PAYABLE	11/4/2019	TOTAL:	\$ 535,331.35
Vendor Name	Document Date	Document Amount	Transaction Description
ADVANCE NAME PLATE & BADGE	9/25/2019	\$12.93	BLD NAME PLATE
AIRGAS	10/15/2019	\$66.74	FD OXYGEN
ALESCI HOMES	9/17/2019	\$2,000.00	BLD ERSN BND RFND 180493
ASPEN HOMES	10/22/2019	\$500.00	CT REFUND OCC BND 17124
BATZNER PEST CONTROL	10/8/2019	\$57.00	P&R PEST CONTROL
BEDROCK SEWER & WATER	10/17/2019	\$120.00	BLD REFUND PLUMBING PERMIT
BONK PRINT-N-PROMO	10/8/2019	\$1,981.44	CT SW & GARBAGE BILLS
BS&A SOFTWARE	10/11/2019	\$3,000.00	IT SOFTWARE EXPORT
CHALLENGER BATTERY SERVICE	10/21/2019	\$150.00	FD BATTERIES
CINTAS CORP.	10/10/2019	\$46.08	P&R FIRST AID SUPPLIES
CUMMINS SALES & SERVICE	8/27/2019	\$849.53	FD SERVICE CALL
DAN PLAUTZ CLEANING SERVICE	10/15/2019	\$2,383.50	HR CLEANING SERVICE
DAVID & GOLIATH BUILDERS	10/7/2019	\$500.00	BLD OCC BND RFND 181532
DEUTSCH & SONS CO	10/24/2019	\$279.67	SW REFUND CUSTOMER 16444
DIVERSIFIED BENEFIT SERVICES	10/16/2019	\$198.45	CT FSA OCT 2019
DOC'S DRY DOCK	10/21/2019	\$29.42	CT SWG 2019 REFUND
EMERGENCY LIGHTING & ELECTRONICS	9/6/2019	\$255.00	FD MOTOR REPAIR ON SIREN
GRADING CREATIONS LLC	10/17/2019	\$1,140.00	P&R EXCAVATION AND GRAVEL
GRAY, ALFRED	10/21/2019	\$6.00	CT SWG 2019 REFUND
HAWKINS, INC.	10/9/2019	\$2,153.43	SW SODIUM SILICATE
HEARTLAND BUSINESS SYSTEMS	10/14/2019	\$184.00	IT OCT NETWORK AGREEMENT
HOMES BY TOWNE OF WISCONSIN	10/7/2019	\$500.00	BLD OCC BND RFND 181784
INFORMATION TECH. PROF. LLC	10/15/2019	\$1,660.00	IT SERVER CHARGES
JEAN GIDLUND	10/11/2019	\$48.00	P&R KID CLASS REFUND
JEFFERSON FIRE & SAFETY, INC.	3/26/2019	\$385.00	FD BOOT
JEFFERSON FIRE & SAFETY, INC.	11/30/2018	\$227.48	FD HOOKS PRO BAR
JEFFERSON FIRE & SAFETY, INC.	10/9/2019	\$30.60	FD REGULATOR PURGE
JEFFERSON FIRE & SAFETY, INC.	3/26/2019	\$385.00	FD BOOT
JEFFERSON FIRE & SAFETY, INC.	8/28/2019	\$11,280.00	FD HONEYWELL PANTS AND TAILS
JENSEN EQUIPMENT	8/14/2019	\$62.50	P&R NAILER AND HARDWARE REPAIR
JENSEN EQUIPMENT	4/25/2019	\$77.99	P&R TAPE
JX TRUCK CENTER	10/11/2019	\$219.98	FD TRUCK SERVICE
KAEREK HOMES INC	7/30/2019	\$2,000.00	BLD ERSN BND RFND 170703
KAVE ENTERPRISES LLC	10/24/2019	\$525.00	SW REFUND CUSTOMER 16307
KMB ELECTRIC	10/13/2019	\$100.00	P&R PSC ELECTRIC REPAIR
KWIK TRIP	10/1/2019	\$3,783.89	FD FUEL
LAKE PEWAUKEE SANITARY DISTRICT	10/9/2019	\$121,809.00	SW SEWER USER CITY
LANGE ENTERPRISES, INC	9/24/2019	\$51.68	BLD UPS CHARGES
LIFE-ASSIST INC	10/16/2019	\$845.25	FD OMNI PRO BAG
LIFE-ASSIST INC	10/8/2019	\$354.94	FD GLOVES AND SUPPLIES
LIFE-ASSIST INC	10/8/2019	\$70.50	FD EYEWEAR
LIFE-ASSIST INC	10/8/2019	\$47.00	FD EYEWEAR
LISTWAN, WILLIAM & MARLENE	10/21/2019	\$18.00	CT SWG REFUND 2019
MECHANICAL MASTERS, INC	10/7/2019	\$146.00	BLD REFUND PLUMBING PERMIT

MENARDS	10/9/2019	\$19.76	SW MARKING PAINT
MENARDS	10/16/2019	\$20.46	P&R COUPLING
MENARDS	10/18/2019	\$259.98	CT DUCK TAPE
NAPA	10/14/2019	\$24.87	FD PARTS
NAPA	10/21/2019	\$51.96	FD ANTIFREEZE
NEENAH FOUNDRY COMPANY	10/14/2019	\$600.00	SW 2PCS HARDWARRE
OFFICE DEPOT	10/1/2019	\$104.94	SW OFFICE SUPPLIES
OFFICE DEPOT	10/3/2019	\$9.87	FD ACETAMINOPHEN
OFFICE DEPOT	10/7/2019	\$19.99	FD FIRST AID SUPPLIES
OFFICE DEPOT	10/8/2019	\$106.88	FD SUPPLIES
OFFICE DEPOT	10/7/2019	\$80.52	FD SUPPLIES
OFFICE DEPOT	8/20/2019	\$187.76	FD OFFICE SUPPLIES
OFFICE DEPOT	8/28/2019	\$34.72	FD SUPPLIES
OFFICE DEPOT	9/17/2018	\$104.79	FD SUPPLIES
OFFICE DEPOT	10/8/2019	\$17.98	FD SUPPLIES
OFFICE DEPOT	8/28/2019	\$78.78	FD EARPLUGS
OFFICE DEPOT	8/16/2019	\$49.00	FD SUPPLIES
OFFICE DEPOT	10/7/2019	\$8.12	BLD SUPPLIES
OFFICE DEPOT	10/10/2019	\$856.21	CT OFFICE SUPPLIES
OFFICE DEPOT	10/30/2019	\$153.56	CT OFFICE SUPPLIES
O'NEIL CANNON HOLLMAN DE JONG & LA	10/23/2019	\$150,000.00	HR BCF CLAIM SETTLEMENT
REINDERS, INC.	10/10/2019	\$64.00	P&R LAWN SEED MIX
ROTROFF JEANSON & CO.	8/6/2019	\$2,381.00	CT AUDIT 2018 FINANCIAL STMTS
RUEKERT & MIELKE, INC.	10/1/2019	\$124.75	SW DESIGN SERVICES
SANDI DEBYL	10/17/2019	\$190.05	CRT TRAVEL EXPENSE REIMB
SENSIT TECHNOLOGIES	10/11/2019	\$360.05	FD SENSORS
Strand Associates, Inc	10/10/2019	\$2,912.70	SW LIFT STATION CAPACITY REVIE
STRANDBERG, KYLE	10/8/2019	\$120.72	CT PEWAUKEE HALLOWEEN CANDY
STRYKER SALES CORPORATION	10/9/2019	\$694.36	FD ASSEMBLY BATTERY REPLACEMENT
TEAM WENDY	10/7/2019	\$739.94	FD EXFIL SAR BACKCOUNTRY
TRI-TOM, LLC	9/1/2019	\$10.01	FD SHIPPING
WAUKESHA CO TREASURER	10/16/2019	\$214,181.67	CT MUNICIPAL PATROL
WI DEPT OF JUSTICE-TIME	10/10/2019	\$150.00	CRT TIME ACCESS
WISCONSIN LEGAL BLANK	10/7/2019	\$70.95	BLD PLUMBING PERMITS PRINT

**CITY OF PEWAUKEE
COMMON COUNCIL AGENDA ITEM 3.4.**

DATE: November 4, 2019

DEPARTMENT: Clerk/Treasurer

PROVIDED BY:

SUBJECT:

Approval of Bartender License

BACKGROUND:

FINANCIAL IMPACT:

RECOMMENDED MOTION:

ATTACHMENTS:

Description

11.4.19 Bartender License Listing

<u>Individual Name</u>	<u>Establishment Name</u>	<u>Type</u>
Brezgel, Daniel A	Gina's Sports Dock	New
Krahn, Alexis M	Point Burger Bar	New
Schwaegler, Ashley A	Andrea's Red Rooster	New

**CITY OF PEWAUKEE
COMMON COUNCIL AGENDA ITEM 4.**

DATE: November 4, 2019

DEPARTMENT: Clerk/Treasurer

PROVIDED BY:

SUBJECT:

Discussion and Possible Action to Concur with the Auditor Selection Committee and Approve the Proposal/Contract of Baker Tilly [Tarczewski]

BACKGROUND:

The Auditor Selection Committee met on October 16th to review the five proposals that the City received. The Committee directed staff to meet hold interviews with two finalists. After more thorough review of the proposals the second firm was dropped from consideration due to errors found within their proposal. On October 21st staff met with Baker Tilly.

FINANCIAL IMPACT:

See handout.

RECOMMENDED MOTION:

Approve the three year contract with Baker Tilly subject to the review and approval of the City Attorney.

**CITY OF PEWAUKEE
COMMON COUNCIL AGENDA ITEM 5.**

DATE: November 4, 2019

DEPARTMENT: PW - Engineering

PROVIDED BY: Kelley Woldanski

SUBJECT:

Discussion and Possible Action Regarding the Proposed Reorganization of the Public Works Department Including Revisions to the Job Descriptions for the Civil Engineer, City Engineer and Public Works Director [Weigel, Wagner, Woldanski, Klein]

BACKGROUND:

With the retirement of the current DPW Director/City Engineer approaching, Public Works staff reviewed the current staff makeup and are proposing the attached re-organization to best meet their needs to serve the community. More details are provided in the attached narrative.

Along with the re-organization are modifications to job descriptions to coincide with the new organizational chart which are attached for your review.

It should be noted that this organizational chart includes future years and additional staff proposed are not slotted for any certain year at this time.

This item went before the Employee Services Committee on Monday, October 14, 2019 and it was recommended to go before the Common Council for review.

FINANCIAL IMPACT:

RECOMMENDED MOTION:

ATTACHMENTS:

Description

Future Organizational Chart

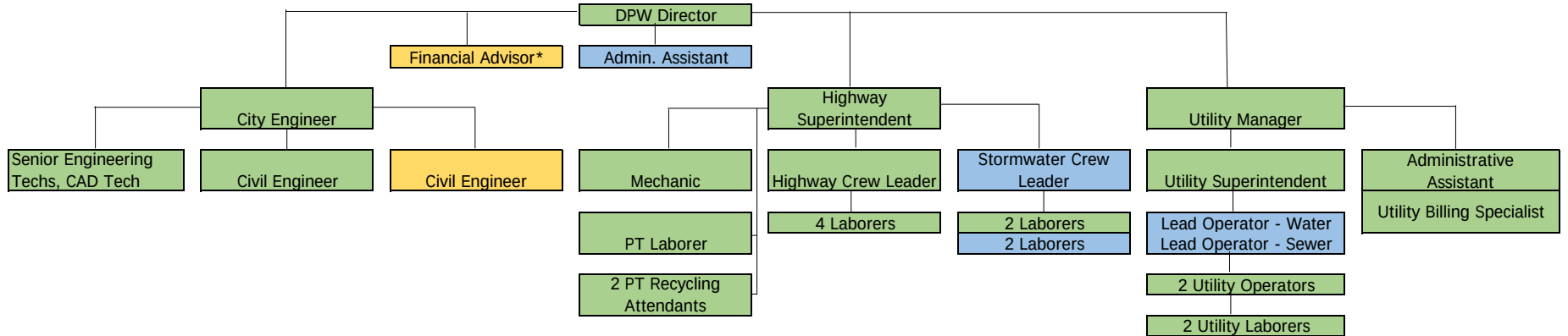
Reorganization Narrative

Draft - Public Works Director

Draft - City Engineer

Draft - Civil Engineer

Department of Public Works - Future Staffing Plan



Future plan adds: 1 Engineer position, 1 Admin. Asst. position, 1 Crew Leader position,
2 Highway Laborers, 2 Lead Operator positions and 2 Utility laborer positions

Total people added: 8
*Financial Advisor is a consultant

CURRENT
2020 Addition
Future year additions

Public Works Reorganization

The Public Works Department currently operates with 23 full time and a few part time or seasonal employees across the Engineering, Highway, Storm Water Utility, Water Utility and the Sanitary Sewer Utility divisions. We are responsible for maintaining 92 miles of streets, undetermined value of storm water utility assets, approximately \$51 million water utility assets, and \$62 million sanitary sewer assets. Engineering and Highway includes approximately \$2,776,000 of the City Operations 2020 Budget and approximately \$3,064,000 for proposed capital projects in 2020. Storm Water Utility includes approximately \$1,674,000 in annual revenue and proposed in 2020, approximately \$6,664,000 in expenditures. The Water Utility includes operations at approximately \$2,192,000 in revenue, approximately \$1,977,000 in expenditures, and approximately \$3,200,000 in proposed capital projects in 2020. The Sanitary Sewer Utility includes operations at approximately \$3,487,000 in revenue, approximately \$2,631,000 in expenditures, and approximately \$3,200,000 in proposed capital projects in 2020.

Engineering & Storm Water Utility

Narrative: The Engineering Division is comprised of 6 full time employees: one Director of Public Works/City Engineer, one Assistant City Engineer, one Civil Engineer, two Senior Engineering Technicians, and one Engineering Technician (CAD). The way we currently operate is similar to having the Director of Public Works (Director) and City Engineer as separate positions. Our proposal in the 2020 budget is to separate the two positions to more align with how we operate. The Director will focus on the Facility Studies (building, grounds, and in-ground facilities), participate more effectively in the planning of future development, budgeting, department leadership, regulations, asset management, and financial health of the Utilities and a portion of the City. The City Engineer will direct the daily operations including the current and proposed City and Utility projects, review, design, and project management.

Proposed in the 2020 budget is to add an additional Civil Engineer position, allowing the Director to focus more on overall City issues and look to more future planning thus becoming a more proactive department rather than a reactive department. By adding the additional Civil Engineer, the development reviews will be completed faster to assist in community growth and the City and Utility projects will not be set aside. This position will also allow the Director to focus on long range goals and objectives rather than the immediate engineering or development reviews. At this time, we do not expect the new Civil Engineer position to significantly reduce the use of Consultants.

Summary: Re-classify the Director/City Engineer as the Director, re-classify the Assistant City Engineer as the City Engineer, and add one additional civil engineer.

Timeline: 2020

Budget Impact: Re-classify to Director and the City Engineer is anticipated to be completed with funds currently in the budget; Add Civil Engineer: \$65,000 plus benefits

Highway

Narrative: We currently operate with 9 full time and 1 part time employees.

In 2020, we are seeking to recognize our most senior laborer as a crew leader to reflect the extra responsibility and daily task assignment they assume in the Superintendents absence. This practice is currently being done without recognition of the laborers efforts.

In 2021, we are proposing to add one additional crew leader position. In doing so, we will be able to create two crews; one focusing on Highway work and one focusing on Storm Water work. Each crew leader would have a crew of three laborers. Adding an additional crew leader allows our 10 plow routes to be fully operational without our Superintendent plowing. This will allow the Superintendent to oversee the plow operations and monitoring the changing event in a more effective and efficient manner. The Superintendent also becomes the back-up plow driver. In addition, the Superintendent will be more involved in the planning, budgeting, and pro-active responses in the day to day operations for the City.

In 2022, we are proposing one additional full time laborer. Adding the additional laborer under the crew leaders provides a more efficient work flow and a safer work environment. It would allow each crew leader to have 4 laborers each: 1 crew with 4 full time laborers and 1 crew with 3 full time laborers and 1 part time laborer. The additional laborer allows our current 10 snow plow routes to be fully operational without our mechanic plowing as well. This will allow the Mechanic to be available to work on a broken down truck without taking an additional plow route out of operation. The Mechanic also becomes the back-up plow driver. Alternatively, adding an additional plow route (total of 11) could be added to increase (or maintain depending on development of new roads) the service level during plowing operations

In 2023, we are proposing one additional full time laborer. Adding the additional laborer under the crew leaders provides a more efficient work flow and a safer work environment. It would allow each crew leader to have 4 full time laborers each with an additional part time laborer as a floater between the crews. The additional laborer allows our current 10 snow plow routes to be fully operational without reliance on the part time position which we have had trouble filling in the past. The Part Time Laborer also becomes the back-up plow driver. Alternatively, an additional plow route (total of 11) could be added to increase (or maintain depending on development of new roads) the service level during plowing operations

Summary: Recognize the current laborer acting as a crew leader, add one crew leader, and add two full time laborer.

Timeline: 2020 – Existing Laborer as Crew Leader; 2021 – Add Crew Leader; 2022 – Add Full Time Laborer; 2023 – Add Full Time Laborer.

Budget Impact: 2020 - \$2900; 2021 - \$65,000 plus benefits; 2022 - \$55,000 plus benefits; 2023 - \$57,000 plus benefits.

Sewer & Water Utility

Narrative: The Utility operates with 7 employees: one Utility Manager, one Utility Superintendent, four Operators, and one Laborer (currently vacant).

In 2021, we see a need to restore the lead operator positions (one Lead Operator for Water Operations and one Lead Operator for Sewer Operations) and the vacant laborer position. It will be critical in the next couple of years to dedicate staff to focus separately on Water Operations and Sewer Operations. This would allow more focused attention to both the Water and Sewer infrastructure addressing operations and maintenance of an aging systems and new development. In addition, regulations on both the water and sewer are increasing requiring additional time, testing, and specialized skills.

In 2022, we are proposing adding an additional operator and an additional laborer. This is the second step in the expansion of the crew to address operations and maintenance of an aging systems and new development as well as increasing regulations and a safer work environment.

In 2023, we are proposing adding an additional operator. This is the final step in the expansion of the crew to address operations and maintenance of an aging systems and new development as well as increasing regulations and a safer work environment. Each lead operator would be responsible for a crew of 3 after the hire of this operator.

Summary: Create two lead operator positions, fill existing vacant laborer, add two operators, and add one laborer.

Timeline: 2021 - create two lead operators and fill vacant laborer; 2022 – Add one operator and one laborer; 2023 – Add one operator.

Budget Impact (Water & Sewer Utility only): 2021: \$14,000 for lead operators and \$52,000 plus benefits for laborer; 2022 - \$63,000 plus benefits for operator and \$52,000 plus benefits for laborer; 2023 - \$65,000 plus benefits for operator.

Financial Advisor

Narrative: The Utility has a critical need for financial advice as we continue to navigate through the current financial issues, especially the Water Utility which has a significant deficit. The Regulators have expressed concerns with our current practices and financial standing. While staff has done their best to address their issues with assistance from our current Consultants and Auditor, it has become clear that we need additional expertise with frequent availability. We believe we need an independent third party who will review our past practices and create a fiscally strong plan to get the Utility back on track. Additionally, this Advisor will recognize the future infrastructure needs of the Utility and guide us in creating a financial sustainability plan to address these needs. We propose to contract with a Financial Advisor to review our current practices and policies, our current financial state of affairs, and propose a plan moving forward. We will continue to work this relationship until we and the Regulators feel comfortable with our practices and periodic review to ensure that the strategies continue to produce stability.

Summary: Hire a Financial Advisor Consultant.

Timeline: 2020

Budget Impact: (Water, Sewer, and Storm Utilities only) \$100,000

Administrative Staff

Narrative: The DPW operates with one Administrative Assistant (shared by all the Department of Public Works) and one Utility Billing Specialist. As additional staff is hired and workload increases, we anticipate a need for additional Administrative Assistance who would be shared by all of the DPW. The task distribution will be determined when the additional staff is hired.

Summary: Add one Administrative Assistant.

Timeline: 2025 or later

Budget Impact: \$45,000 plus benefits (possibly shared cost with Utilities)

Budget Summary (Staff Addition Only – Not including Financial Consultant)

*Please note wages and benefits have been pro-rated for the anticipated split between the Divisions.

	2020			2021		
Division	Wages	Benefits	Total	Wages	Benefits	Total
City	\$17,700.00	\$7,000.00	\$24,700.00	\$32,500.00	\$14,420.00	\$46,920.00
Water Utility	\$16,250.00	\$7,000.00	\$23,250.00	\$33,000.00	\$14,420.00	\$47,420.00
Sewer Utility	\$16,250.00	\$7,000.00	\$23,250.00	\$33,000.00	\$14,420.00	\$47,420.00
Storm Utility	\$17,700.00	\$7,000.00	\$24,700.00	\$32,500.00	\$14,420.00	\$46,920.00

	2022			2023		
Division	Wages	Benefits	Total	Wages	Benefits	Total
City	\$27,500.00	\$14,000.00	\$41,500.00	\$28,500.00	\$15,300.00	\$43,800.00
Water Utility	\$57,500.00	\$29,700.00	\$87,200.00	\$32,500.00	\$15,300.00	\$47,800.00
Sewer Utility	\$57,500.00	\$29,700.00	\$87,200.00	\$32,500.00	\$15,300.00	\$47,800.00
Storm Utility	\$27,500.00	\$14,000.00	\$41,500.00	\$28,500.00	\$15,300.00	\$43,800.00

	2024			2025		
Division	Wages	Benefits	Total	Wages	Benefits	Total
City				\$11,250.00	\$8,125.00	\$19,375.00
Water Utility				\$11,250.00	\$8,125.00	\$19,375.00
Sewer Utility				\$11,250.00	\$8,125.00	\$19,375.00
Storm Utility				\$11,250.00	\$8,125.00	\$19,375.00

City of Pewaukee Job Description

Job Title: Public Works Director
Department: Public Works
FLSA Status: Exempt
Prepared Date: September 2019

GENERAL DEFINITION

Under the direction of the City Administrator and Common Council, performs complex professional work, working closely with other city, county, and state department and governmental agencies to provide high quality public works services to the residents and businesses of the city. Develops and implements policies adopted by the council, committees and commissions; plans, organizes and directs the operations of the department and staff and related work as appropriate or assigned. Establishes policies and goals. Departmental supervision is exercised over all personnel within the Public Works department.

QUALIFICATIONS

This position requires extensive knowledge of and ability to apply the principles and practices of organization management, personnel, and financial administration of the Public Works department.

ESSENTIAL DUTIES AND RESPONSIBILITIES

- Establish department policy; develop and implement goals, objectives, administrative procedures and priorities of the City's public streets, water utility, wastewater utility, and storm water utility.
- Prepare and administer the Public Works division budgets: Streets, Engineering, Water Utility, Wastewater Utility, and Storm Water Utility.
- Plan, direct, supervise and coordinate the professional engineering work including the design, public bidding and construction of public works projects.
- Assist the Plan Commission and Common Council in reviewing and planning for the expansion of the City infrastructure required to implement the City Land Use Plan and provide oversight of the development review process.
- Establish and maintain positive relationships with residents, community leaders, civic groups, City staff and City Officials; represent the Public Works department and the City Utilities appearing before the Public Works Committee, Common Council and Plan Commission; attend additional public meetings as required.
- Coordinate the administration of Public Works programs/projects with all Public Works divisions and other departments. Provide technical assistance to other City departments.
- Recommend planning for future operations of the Public Works divisions. Research and coordinate special projects and studies.
- Ensure the Public Works divisions carry out appropriate operational, maintenance, planning, development and code administration programs.
- Coordinate with Public Works financial advisors.
- Provide oversight of the Asset Management for City.
- Represent City on various boards and organizations on the local regional and state levels.
- Assist with personnel management including supervision recruitment, performance assessment, enforcement of work rules, employee and labor relations, disciplinary action, grievance procedures, monitoring productivity and conduct, staff training, succession planning, time and attendance, and related activities.
- Oversees the refuse and recycling functions of the City.
- Performs other related job duties as assigned/required.

KNOWLEDGE, SKILLS AND ABILITIES

- Public management techniques; design, construction, maintenance and operation of a variety of municipal utilities activities; technical, legal, financial and public relations issues involved in municipal utilities activities.
- Pertinent laws, codes and safety regulations regarding street, water, wastewater, drainage and solid waste facility planning.
- Engineering principles and practices as applied to municipal public works, including planning and development, design and construction, and operation and maintenance.
- Methods of design and the preparation of plans, specifications, estimates, reports, and recommendation relating to roads and other public works facilities.
- Record keeping and reporting procedures
- Principles and practices of administration and management, including personnel, budgeting, training, organization, supervision, and safe work practices.
- Technical, legal and financial problems involved in the conduct of a municipal public works program.
- Plan, organize and supervise a City-wide program of public works and water/wastewater/storm water utility activities.
- Effectively manage a large department with diverse employee and customer bases
- Read and interpret construction plans and specifications.
- Perform technical engineering work of a complex nature.
- Communicate clearly and concisely, orally and in writing.
- Properly interpret and make decisions in accordance with laws, regulations, policies and professional practices.
- Supervise, train and evaluate staff.
- Establish cooperative and effective working relations with subordinates, public groups and organizations, City officials and other governmental agencies.
- Work under pressure in a fast-paced environment with fluid priorities, frequent interruptions and multiple, often competing work assignments with accuracy and attention to detail.

Language

- Ability to communicate effectively with elected officials, staff, general public and community groups.
- Ability to communicate effectively in both written and verbal form.
- Ability to read, analyze, and interpret common scientific and technical journals, financial reports, and legal documents.
- Ability to respond to common inquiries or complaints from customers, regulatory agencies, or members of the community.
- Ability to write memorandums and letters to effectively present information to City staff, managers, public groups, and citizens.

Mathematical

- Ability to work with mathematical concepts such as probability and statistical inference, and fundamentals of plane and solid geometry and trigonometry.
- Ability to apply concepts such as fractions, percentages, ratios, and proportions to practical situations.
- Ability to write and understand property legal descriptions and surveys.

Reasoning

- Ability to define and resolve problems and deal with a variety of situations.
- Ability to think quickly, maintain self control and adapt to stressful situations.
- Ability to use good judgment and effectively resolve problems.
- Ability to plan work and establish priorities.
- Ability to assign work, add, modify or delete duties.
- Ability to use good judgment, plan work and establish priorities.

EDUCATION AND EXPERIENCE

Bachelor's degree in Civil or Environmental Engineering or related field, and minimum of 15 years' experience in Civil or Environmental Engineering; or equivalent combination of education and experience, with increasing supervisory experience.

CERTIFICATES, LICENSES, REGISTRATIONS

Requires Wisconsin Professional Engineer License, or ability to obtain within six months of employment. Valid Wisconsin driver's license at time of appointment and maintain throughout employment.

PHYSICAL DEMANDS

This position requires the occasional exertion of up to 10 pounds of force; regularly requires sitting and speaking or hearing; frequently requires using hands to finger, handle or feel and repetitive motions; occasionally requires standing, walking, climbing or balancing, stooping, kneeling, crouching or crawling, reaching with hands and arms, pushing or pulling and lifting. Standard vision requirements; vocal communication is required for expressing or exchanging ideas by means of the spoken word; hearing is required to perceive information at normal spoken word levels. Requires preparing and analyzing written or computer data, using of measuring devices, operating machines, operating motor vehicles or equipment and observing general surroundings and activities. Work occasionally requires wet, humid conditions (non-weather), working near moving mechanical parts, exposure to outdoor weather conditions, exposure to the risk of electrical shock and exposure to bloodborne pathogens, and may be required to wear specialized personal protective equipment. Work is generally in a moderately noisy location (e.g., business office, light traffic).

Reasonable accommodations requested by qualified individuals with disabilities will be made in accordance with the Americans with Disabilities Act (ADA) of 1990, as amended by the Americans with Disabilities Act Amendments Act (ADAAA) of 2008.

SELECTION PROCESS

Formal application, rating of education and experience; oral interview and reference check; job related tests may be required.

The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the position.

The job description does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and requirements of the job change. The City of Pewaukee retains and reserves any and all rights to change, modify, amend, add to or delete from any section of this position description.

The City of Pewaukee is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, the City will provide reasonable accommodations to qualified individuals with disabilities.

City of Pewaukee Job Description

Job Title: City Engineer
Department: Public Works
FLSA Status: Exempt
Prepared Date: September 2019

GENERAL DEFINITION

Under supervision and direction of the Public Works Director, performs diversified engineering work including planning, design, project management, mechanical and computer-aided drafting (utilizing AutoCAD) for the creation of construction plans/specifications, updating maps; creating modern information management techniques and computerization of public works records, planning, designing and directing municipal civil engineering projects such as streets, drainage systems, sanitary sewer systems, municipal water systems and city mapping, and related work as apparent or assigned.

QUALIFICATIONS

This position requires extensive knowledge of and ability to apply the principles and practices of organization management, personnel, and financial administration to the design and implementation of municipal public works engineering projects.

ESSENTIAL DUTIES AND RESPONSIBILITIES

- Assist the Public Works Director in the provision of professional engineering services to the resident and corporate customers of the City. Investigate and respond to inquiries/complaints in a timely manner.
- Assist in the preparation and implementation of the goals, objectives and policies of the City; recommend planning for future operations.
- Develop budget for Engineering Division; negotiate budget with Public Works Director; approve expenditures for Engineering Division.
- Supervise Civil Engineers and Engineering Technicians. Recommend new hires, evaluate and discipline employees; evaluate job performance and provide for effective job training; assign, monitor and coordinate work.
- Provide professional engineering services for the City of Pewaukee and the City of Pewaukee Water and Sewer Utility including:
 - Conduct sanitary sewer and water systems evaluation and studies.
 - Implement Storm Water Management Plan and Attendant Permits, including the administration of the Storm Water Utility.
 - Review development plans and submittals for conformance to City Standards/Ordinances, state and federal regulations.
 - Coordinate Public Works Construction project administration/design, including the annual street paving program.
 - Consultant liaison.
- Assist in the study and preparation of special projects and furnishes technical information to the Public Works Director for report to the Mayor, City Administrator, Common Council, Public Works Commission and other boards/commissions/committees.
- Assist in the preparation of grant applications for various City projects.
- Provide oversight of the GIS system and Asset Management.
- Attend meetings as needed or as requested.

- Act as Public Works Director in their absence.
- Other duties as assigned.

KNOWLEDGE, SKILLS AND ABILITIES

- Extensive knowledge of Civil Engineering and engineering survey and design; thorough knowledge of public works construction; working knowledge of drafting and computer applications to engineering.
- Knowledge of state laws and municipal ordinances governing public works in order to design, oversee, implement and inspect more complex projects in accordance with same.
- Ability to direct the work of others; ability to establish and maintain effective working relationships with employees, other divisions, and the public; ability to follow written and oral instructions; ability to communicate effectively, verbally and in writing.
- Ability to read, analyze, and interpret common scientific and technical journals, financial reports, and legal documents.
- Ability to respond to common inquiries or complaints from customers, regulatory agencies, or members of the community.
- Ability to write memorandums and letters to effectively present information to City staff, managers, public groups, and citizens.
- Ability to work under pressure in fast-paced environment with fluid priorities, frequent interruptions, and multiple, often times competing work assignments with accuracy and attention to detail.
- Assist in the preparation of special assessments.
- Ability to work with mathematical concepts such as probability and statistical inference, and fundamentals of plane and solid geometry and trigonometry.
- Ability to apply concepts such as fractions, percentages, ratios, and proportions to practical situations.
- Ability to write and understand property legal descriptions and surveys.
- Ability to define problems, collect data, establish facts, and draw valid conclusions.
- Ability to interpret an extensive variety of technical instructions in mathematical or diagram form and deal with several abstract and concrete variables.
- Requires knowledge of AutoCAD and other engineering and drawing software, word processing, spreadsheets, database and other related software packages.
- Ability to learn specific municipal and civil engineering policies, practices, manuals and techniques in order to perform essential duties.
- Ability to make arithmetic computations using whole numbers, fractions and decimals.
- Ability to compute rates, ratios and percentages.
- Ability to make engineering calculations in order to accurately analyze or design municipal infrastructure.

EDUCATION AND EXPERIENCE

Bachelor's degree in Civil Engineering or related field and at least 10 years' experience working in Civil Engineering; or equivalent combination of education and experience.

CERTIFICATES, LICENSES, REGISTRATIONS

Requires Wisconsin Professional Engineer License, or ability to obtain within six months of employment. Valid Wisconsin driver's license at time of appointment and maintain throughout employment.

PHYSICAL DEMANDS

This position requires the occasional exertion of up to 25 pounds of force; regularly requires sitting and speaking or hearing; frequently requires standing, walking, climbing or balancing, stooping, kneeling, crouching or crawling and reaching with hands and arms; occasionally requires using hands to finger, handle or feel,

tasting or smelling, pushing or pulling, lifting and repetitive motions. Requires close vision, distance vision, ability to adjust focus, depth perception and color perception; vocal communication is required for expressing or exchanging ideas by means of the spoken word and conveying detailed or important instructions to others accurately, loudly or quickly; hearing is required to perceive information at normal spoken word levels. Requires preparing and analyzing written or computer data, visual inspection involving small defects and/or small parts, using of measuring devices, operating machines, operating motor vehicles or equipment and observing general surroundings and activities; occasionally requires exposure to outdoor weather conditions. Work is generally in a moderately noisy location (e.g., business office, light traffic).

Reasonable accommodations requested by qualified individuals with disabilities will be made in accordance with the Americans with Disabilities Act (ADA) of 1990, as amended by the Americans with Disabilities Act Amendments Act (ADAAA) of 2008.

SELECTION PROCESS

Formal application, rating of education and experience; oral interview and reference check; job related tests may be required.

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City of Pewaukee Job Description

Job Title: Civil Engineer
Department: Public Works
FLSA Status: Exempt
Prepared Date: September 2019

GENERAL DEFINITION

Under the limited supervision of the Public Works Director and the City Engineer, performs intermediate, diversified engineering work including planning, design, project management and drafting for the creation and administration of municipal construction plans or specifications, planning designing and administering municipal civil engineering projects such as streets, sanitary sewer systems, municipal water systems, mapping, and storm water management, and related work as appropriate or assigned.

QUALIFICATIONS

Demonstrate an ability to successfully perform the Essential Duties and Responsibilities, and be able to apply the Knowledge and Skills required for this position.

ESSENTIAL DUTIES AND RESPONSIBILITIES

- Assist the City Engineer in the provision of professional engineering services, including:
 - Assist with coordinating the implementation of the Storm Water Management Plan and Storm Water Utility billing.
 - Evaluate and design public works facilities, including storm sewers, sanitary sewers, water mains, and streets.
 - Assist in the review of public infrastructure maintenance and development.
 - Assist the department in field surveying, inspections and plan implementation.
- Communicate with residents and property owners regarding City projects.
- Write and review proposed contracts and specifications.
- Investigate and propose resolution to reports of engineering problems.
- Assist in feasibility studies, design investigations and reports.
- Other duties as assigned.

KNOWLEDGE, SKILLS AND ABILITIES

- Knowledge of Municipal Civil Engineering policies, procedures and techniques in order to design, model, coordinate and implement infrastructure and storm water construction projects.
- Knowledge of state laws and municipal ordinances governing public works in order to design, oversee, implement and inspect more complex projects in accordance with same.
- Ability to provide technical input for Municipal Civil Engineering projects from the initial stage of design through completion, including the oversight of contractors, inspecting the work and preparing cost estimates.
- Knowledge of and ability to use storm water analysis software.
- Ability to operate AutoCAD Civil 3D, ArcGIS (Esri), and other engineering and drawing software.
- Ability to learn specific municipal and civil engineering policies, practices, manuals and techniques in order to perform essential duties.
- Ability to make arithmetic computations using whole numbers, fractions and decimals.
- Ability to compute rates, ratios and percentages.
- Ability to make engineering calculations in order to accurately analyze or design projects.

- Ability to work under pressure in fast-paced environment with fluid priorities, frequent interruptions, and multiple, often times competing work assignments with accuracy and attention to detail.
- Ability to read and write English and interpret common scientific and technical journals, financial reports and legal documents.
- Ability to respond to common inquiries or complaints from customers, regulatory agencies or members of the community.
- Ability to write memoranda and letters to effectively present information to City staff, managers, public groups and citizens.
- Ability to work with mathematical concepts such as probability and statistical inference, and fundamentals of plane and solid geometry and trigonometry.
- Ability to apply concepts such as fractions, percentages, ratios and proportions to practical situations.
- Ability to understand property legal descriptions and surveys.
- Ability to define problems, collect data, establish facts and draw valid conclusions. Ability to interpret an extensive variety of technical calculations in mathematical or diagram form and deal with several abstract and concrete variables.
- Ability to apply commonsense understanding to carry out instructions furnished in written, oral, or diagram form.
- Ability to deal with problems involving several concrete variables in standardized situations.
- Assist in the preparation of special assessments.

EDUCATION AND EXPERIENCE

Bachelor's degree in Civil Engineering or related field and minimum of six years' experience in Civil Engineering; or equivalent combination of education and experience.

CERTIFICATES, LICENSES, REGISTRATIONS

Requires Wisconsin Professional Engineer License, or ability to obtain within six months of employment. Valid Wisconsin driver's license at time of appointment and maintain throughout employment.

PHYSICAL DEMANDS

This position requires the occasional exertion of up to 25 pounds of force; regularly requires sitting and speaking or hearing; frequently requires standing, walking, climbing or balancing, stooping, kneeling, crouching or crawling and reaching with hands and arms; occasionally requires using hands to finger, handle or feel, tasting or smelling, pushing or pulling, lifting and repetitive motions. Requires close vision, distance vision, ability to adjust focus, depth perception and color perception; vocal communication is required for expressing or exchanging ideas by means of the spoken word and conveying detailed or important instructions to others accurately, loudly or quickly; hearing is required to perceive information at normal spoken word levels. Requires preparing and analyzing written or computer data, visual inspection involving small defects and/or small parts, using of measuring devices, operating machines, operating motor vehicles or equipment and observing general surroundings and activities; occasionally requires exposure to outdoor weather conditions. Work is generally in a moderately noisy location (e.g., business office, light traffic).

Reasonable accommodations requested by qualified individuals with disabilities will be made in accordance with the Americans with Disabilities Act (ADA) of 1990, as amended by the Americans with Disabilities Act Amendments Act (ADAAA) of 2008.

SELECTION PROCESS

Formal application, rating of education and experience; oral interview and reference check; job related tests may be required.

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DRAFT

**CITY OF PEWAUKEE
COMMON COUNCIL AGENDA ITEM 6.**

DATE: November 4, 2019

DEPARTMENT: Planning

PROVIDED BY:

SUBJECT:

Discussion and Possible Action Regarding a Conditional Use Permit for Mental Health America of Wisconsin to Operate a Peer Run Respite for Veterans Within a Single-Family Home Located at W252 N4304 Sussex Street (PWC 0880-997) [Fuchs]

BACKGROUND:

FINANCIAL IMPACT:

RECOMMENDED MOTION:

ATTACHMENTS:

Description

MHA 11.4.19 CC Staff Report
MHA Draft Conditional Use Permit
MHA Staff Report
MHA Rs-3 District
MHA 10.17.19 Original Submittal
MHA 11.4.19 Submittal
MHA All Comments
MHA Susan Nienow Revised
MHA Amendments to conditions
MHA Lee Further Consideration
Email from Fuchs Regarding Police Reports
Monarch Codes
Monarch House Menomonie
Solstice House Madison



Office of the Planner & Community Development Director
W240 N3065 Pewaukee Road
Pewaukee, Wisconsin 53072
Phone (262) 691-0770 Fax (262) 691-1798
fuchs@pewaukee.wi.us

REPORT TO THE COMMON COUNCIL

Meeting of November 4, 2019

Date: October 30, 2019

Project Name: Mental Health America of Wisconsin Conditional Use

Project Address/Tax Key No.: W252N4304 Sussex Street/PWC 0880997

Applicant: Brian Michel, Director of Prevention Services, Mental Health America of WI

Property Owner: Grant A. Groves and Maria Ann Nicholas Groves

Current Zoning: Rs-3 Single-Family Residential District

2050 Land Use Map Designation: Low Density Residential (> 2 Ac. / D.U.)

Use of Surrounding Properties: Single-family residential to the north, Village of Pewaukee (agricultural land) to the south and east, and Village of Pewaukee (single-family residential and agricultural land) to the west

Introduction:

The November 4, 2019 Common Council packet includes the following documents:

1. This staff report dated October 30, 2019
2. Draft Conditional Use Permit
3. The October 17, 2019 staff report to the Plan Commission
4. The Rs-3 District
5. Mental Health America of Wisconsin October 17th Plan Commission submittal
6. Mental Health America of Wisconsin November 4th Common Council submittal
7. All letters and comments received from neighbors and other organizations

Following the October 21st Common Council meeting, staff received several additional letters and emails from residents. These correspondences continue to express concerns and opposition to the proposed use. Many included proposed conditions of approval if the facility were to be approved. However, it should be noted that most, if not all, emails and letters requested denial of the application even when conditions of approval were proposed. Below is a summary of the types of comments received. In total 81 'conditions' were received. Note that some were placed in multiple categories below.

Resident Comment Summary

Comments/Concerns/Conditions	Number of Comments
Admittance procedures (background checks & screening process)	12
No guns, weapons, drugs, or alcohol allowed on premise	11
ADA/Building/Fire/Health Code concerns	8

Installation of security cameras	7
Drug and alcohol screening/testing	7
Staffing concerns (insufficient number of staff, unqualified staff)	7
Privacy fence around entire property (with gate and key card)	6
MHA shall disclose guest and employee identities, rules and enforcement policies	5
Parking concerns	4
Unsuitable location/different location needed (gunshot and other noise concerns)	4
Financial/Insurance/Liability concerns	3
Require expiration of use and periodic inspections	2
Require onsite security	2
Housekeeping concerns	1
No guests allowed	1
No political activities/voter registration	1
Property value concerns	1
Create an oversight committee	1
Require specific communication procedures with police and City	1
Increased police patrols needed	1
Establish policies for permit revocation	1
Concerns of violence/disturbing the peace	1

Below is, in part, Mental Health America's response to resident comments and concerns. The applicant has also provided their Policies and Procedures and other supplemental information regarding the benefits and operations of respites.

1. In order to reduce capacity and volume of participants, MHA has compromised to limit the space to **three** (3) bedrooms for guests, and will use one bedroom as an office. This cuts down the potential capacity by 25%, addressing the concerns of many regarding the relatively high number of guests who may use the resource.
2. **No weapons will be allowed under any circumstances.** Guests who are found to have brought a weapon will be asked to leave and store it off-premises, and if they are unwilling to do so, will be excluded from the program and informed they will be liable for trespassing.
3. Fencing can be installed which blocks view from the adjacent neighbor, and which prevents unintentional trespassing beyond the property lines of the R&R House premises.
4. Guest curfew hours will be 6am to 10pm, and failure to return prior to 10pm may be grounds for exclusion from the program.
5. No alcohol or substance use will be allowed on the premises. Guests who return to the premises who have engaged in alcohol or substance use will be asked to leave if they are infringing on the recovery and support of other guests. Those who refuse to do so will be liable for trespassing.
6. Guests will be advised during phone screening and arrival that individuals staying at the R&R House may hear sounds from the local firearm range, from hunting activities, or from the local quarry. Guests are to make the determination if this would be a trigger for their recovery and if the R&R House would be appropriate for them.

7. For the security and safety of guests and staff, external doors to the R&R House will be subject to video surveillance, and signs advising of this fact will be posted.

Following the October 21st meeting, staff also reached out to the City of Appleton, City of Madison, and City of Menomonie to discuss the peer respite facilities within these communities. Staff was able to exchange emails and had a phone conversation with City of Appleton staff regarding Iris Place. Below is a summary of those conversations.

Iris Place

Iris Place is a 5-bedroom facility located at 1213 S. Matthias Street, which is on the St. Bernadette Parish campus and surrounded by single-family homes. Iris Place has been in operation for approximately four and a half years.

According to City of Appleton staff, there have been no significant issues with this facility. It was specifically stated that there have been no issues with fire safety or chronic nuisances. Further, staff had a phone conversation with Captain Todd Freeman of the Appleton Police Department. Captain Freeman indicated that he is not aware of any neighbor complaints. He noted that they do receive calls to the facility from time to time; however, they have been minor and routine. He noted that about two people have been asked to leave the facility since it opened.

He further advised that stable leadership is important and thus being prepared to accommodate staff turnover from the organization that operates the facility is necessary. He also mentioned that a thorough screening process is important.

Captain Freeman also noted that there is a board in place that oversees the facility. This board meets on a quarterly basis.

Finally, he commented that Iris Place has been successful and a fit for the neighborhood.

Recommendation

Staff has reviewed the documents submitted by residents as well as the comments from the October 21st public hearing, and the information provided by Mental Health America of Wisconsin. Based upon this documentation, staff continues to recommend approval of the Mental Health America of Wisconsin facility, subject to the following conditions:

1. The subject Conditional Use is personal to Mental Health America of Wisconsin, does not run with the land, is not transferrable, and is temporal. All rights and approvals granted hereunder shall terminate and become null and void as of November 4, 2021. Upon expiration, the applicant may reapply for a new Conditional Use Permit.
2. The proposed Mental Health America of Wisconsin use shall return to the Plan Commission within 6 months from the date of approval for review of its operation and impacts upon City services and adjacent properties. Subsequently, annual reviews may be conducted as deemed necessary by City of Pewaukee Staff.
3. The approval granted hereunder is conditioned upon Mental Health America of Wisconsin: (i) being compliant with all applicable governmental laws, statutes, rules, codes, orders and ordinances; (ii) obtaining all other governmental approvals, permits, licenses and the like,

required for and applicable to the use; (iii) adhering to its own Policies and Procedures as attached hereto.

4. Creation of an oversight Committee whose membership shall consist of, as may be possible: 1) a Mental Health American staff person; 2) City Alderperson; 3) City staff person; 4) a Waukesha County Sheriff representative; 5) a Pewaukee resident neighborhood representative (to be appointed by the Mayor); and 5) a Waukesha County Health & Human Services (Veteran Services Division) representative. This Committee shall meet at a minimum on a quarterly basis unless otherwise directed by the Common Council.
5. All parking shall be off-street and no vehicle parking shall be allowed on grassed or other unpaved areas. Further, at least one van ADA accessible parking space shall be provided. Said parking space shall be signed and be a minimum of 16-feet wide by 20-feet long.
6. A minimum of two trained staff persons shall be onsite at all times.
7. The property shall provide ADA compliant restroom facilities and ADA compliant access to the home, prior to occupancy.
8. Any and all Building Code violations shall be corrected prior to use or occupancy of the facility by Mental Health America of Wisconsin.
9. Outdoor activities shall cease by 10:00 p.m. and noise shall not exceed 30 decibels between the hours of 10:00 p.m. and 7:00 a.m.
10. No more than four individuals shall reside at the subject dwelling at any given time.

These conditions are also found in the attached draft Conditional Use Permit.

**A COVENANT
REGARDING THE ISSUANCE OF A
CONDITIONAL USE PERMIT
BY THE
CITY OF PEWAUKEE**

**TAX KEY NUMBER(S)
OR PARCEL(S) INVOLVED:** **CONDITIONAL USE
PERMIT:
NO. CUP-19-11-1**

PWC 0880997

LEGAL DESCRIPTION:

PT SE1/4 SEC 4 T7N R19E COM S1/4 COR E 667.00 FT N16°14'E
1004.60 FT N13°52'E 818.00 FT N38°01'E 128.60 FT THE BGN
N38°01'E 442.65 FT S3°47'W 223.00 FT N89°57'E 200.46 FT
S12°32'W 230.15 FT N76°29'W 420.5 FT TO BGN EX HY DOC#
3633569

**PERSON(S), AGENT(S) OR CORPORATION(S) PETITIONING
FOR PERMIT:**

Mental Health America of Wisconsin

Recording area

Name & Return Address

City of Pewaukee
W240N3065 Pewaukee Rd
Pewaukee, WI 53072

WHEREAS, It is understood by all parties to this covenant that Section 62.23 of WIS. Statutes prescribes the legal basis for the granting of a conditional use permit by a City and Chapter 17 of the City Codes and Ordinances provides for the issuance of such permits as well as the standards by which all such uses will be measured; and,

WHEREAS, The City Plan Commission held a meeting on October 17th, 2019; reviewed the various elements of the petitioners proposal; however, made no recommendation upon the matter; and,

WHEREAS, The City Common Council, held a public hearing meeting held on October 21st, 2019.

NOW, THEREFORE, let it be known that the City Common Council by its action on November 4th, 2019 has, hereby, granted a Conditional Use Permit for the following use(s):

Operating a peer-run respite for Wisconsin Veterans to support recovery from
mental health and substance abuse challenges.

FURTHER, such approved use of the above designated parcel(s) are hereby allowed based on the following conditions being continually met:

1. The subject Conditional Use is personal to Mental Health America of Wisconsin, does not run with the land, is not transferrable, and is temporal. All rights and approvals granted hereunder shall terminate and become null and void as of November 4, 2021. Upon expiration, the applicant may reapply for a new Conditional Use Permit.
2. The proposed Mental Health America of Wisconsin use shall return to the Plan Commission within 6 months from the date of approval for review of its operation and impacts upon City services and adjacent properties. Subsequently, annual reviews may be conducted as deemed necessary by City of Pewaukee Staff.
3. The approval granted hereunder is conditioned upon Mental Health America of Wisconsin: (i) being compliant with all applicable governmental laws, statutes, rules, codes, orders and ordinances; (ii) obtaining all other governmental approvals, permits, licenses and the like, required for and applicable to the use; (iii) adhering to its own Policies and Procedures as attached hereto.
4. Creation of an oversight Committee whose membership shall consist of, as may be possible: 1) a Mental Health American staff person; 2) City Alderperson; 3) City staff person; 4) a Waukesha County Sheriff representative; 5) a Pewaukee resident neighborhood representative (to be appointed by the Mayor); and 5) a Waukesha County Health & Human Services (Veteran Services Division) representative. This Committee shall meet at a minimum on a quarterly basis unless otherwise directed by the Common Council.
5. All parking shall be off-street and no vehicle parking shall be allowed on grassed or other unpaved areas. Further, at least one van ADA accessible parking space shall be provided. Said parking space shall be signed and be a minimum of 16-feet wide by 20-feet long.
6. A minimum of two trained staff persons shall be onsite at all times.
7. The property shall provide ADA compliant restroom facilities and ADA compliant access to the home, prior to occupancy.
8. Any and all Building Code violations shall be corrected prior to use or occupancy of the facility by Mental Health America of Wisconsin.
9. Outdoor activities shall cease by 10:00 p.m. and noise shall not exceed 30 decibels between the hours of 10:00 p.m. and 7:00 a.m.
10. No more than four individuals shall reside at the subject dwelling at any given time.

The parties hereto, namely the City of Pewaukee and the Equitable Owner of the property for which this conditional use has been sought, set their signatures or the signatures of their representatives below, thereby agreeing to the provisions and conditions set forth in this covenant.

Attest:

Signature of equitable owner

Date

Kelly Tarczewski
City Clerk

Steve Bierce
Mayor, City of Pewaukee

Date

State of Wisconsin
County of Waukesha

Signed or attested before me on _____, 2019 by Steve Bierce, Mayor and Kelly
Tarczewski, Clerk.

(Seal)

Ami Hurd
My Commission expires _____

This instrument was drafted by Ami Hurd, Deputy Clerk



Office of the Planner & Community Development Director
W240 N3065 Pewaukee Road
Pewaukee, Wisconsin 53072
Phone (262) 691-0770 Fax (262) 691-1798
fuchs@pewaukee.wi.us

REPORT TO THE PLAN COMMISSION

Meeting of October 17, 2019

Date: October 9, 2019

Project Name: Mental Health America of Wisconsin Conditional Use

Project Address/Tax Key No.: W252N4304 Sussex Street/PWC 0880997

Applicant: Brian Michel, Director of Prevention Services, Mental Health America of WI

Property Owner: Grant A. Groves and Maria Ann Nicholas Groves

Current Zoning: Rs-3 Single-Family Residential District

2050 Land Use Map Designation: Low Density Residential (> 2 Ac. / D.U.)

Use of Surrounding Properties: Single-family residential to the north, Village of Pewaukee (agricultural land) to the south and east, and Village of Pewaukee (single-family residential and agricultural land) to the west

Project Description/Analysis:

The applicant, Mental Health America of Wisconsin (MHA), filed a Conditional Use Permit requesting to operate a peer run respite for veterans within a single-family home located at W252N4304 Sussex Street.

The subject property is zoned Rs-3 Single-Family Residential District and designated as Low Density Residential on the City's Year 2050 Land Use/Transportation Map. The proposed use is not specifically listed within the Rs-3 District; however, Section 17.0504 allows unspecified uses to proceed through the Conditional Use process. As this Section references the "intent of the district", the Rs-3 District is attached for Plan Commission review.

17.0504 SPECIAL CONDITIONAL USES NOT SET FORTH IN DISTRICT REGULATIONS MAY BE ALLOWED, INCLUDING:

- a. All uses similar in character to the permitted uses on the premises, as determined by the Plan Commission, which meet the intent of the district but which are not specifically listed as permitted principal, accessory or conditional uses within the text of the zoning district classification or other section of this ordinance.

It can also be noted that Section 17.0209d. allows 'unclassified uses' to be permitted by the Plan Commission provided "that such uses are similar in character to the principal uses permitted in the zoning district and create no circumstances that would detrimentally affect adjacent properties."

The facility proposed by MHA is for veterans who are recovering from mental health and substance use challenges. The applicant has indicated that the proposed use is similar in character to Community

Living Arrangements, particularly Community Based Residential Facilities, which are listed as a Permitted Use in the Rs-3 District

According to the applicant, this facility is funded by the Wisconsin Department of Health Services and there will be no charge to veterans to reside at the home. The facility will include four to six beds, where veterans will stay for one week. Typically, the same person would not return to the facility.

The facility will be staffed 24 hours per day, seven days a week. Each shift will consist of two staff persons. The staff are veterans that have received training to manage this type of residence. There is no other staffing provided and no nursing or assisted living type of care provided.

The applicant has further indicated that there are no walk-ins and applicants are screened to ensure that they meet MHA's goal and intent for this program. The applicant has also indicated that residents are able to come and go as they please.

The applicant is not proposing any exterior site or building modifications and no signage is proposed. Some interior changes may be made to comply with ADA requirements. MHA has stated that the existing driveway provides sufficient area for parking.

Note that 2017 Act 67 made changes regarding Conditional Use Permits (see requirements below). The applicant has provided detailed information related to the proposed use for Plan Commission and Common Council review and consideration.

(de) Conditional use permits.

1. In this paragraph:

- a.** "Conditional use" means a use allowed under a conditional use permit, special exception, or other special zoning permission issued by a city, but does not include a variance.
- b.** "Substantial evidence" means facts and information, other than merely personal preferences or speculation, directly pertaining to the requirements and conditions an applicant must meet to obtain a conditional use permit and that reasonable persons would accept in support of a conclusion.

2.

- a.** If an applicant for a conditional use permit meets or agrees to meet all of the requirements and conditions specified in the city ordinance or those imposed by the city zoning board, the city shall grant the conditional use permit. Any condition imposed must be related to the purpose of the ordinance and be based on substantial evidence.
 - b.** The requirements and conditions described under subd. 2. a. must be reasonable and, to the extent practicable, measurable and may include conditions such as the permit's duration, transfer, or renewal. The applicant must demonstrate that the application and all requirements and conditions established by the city relating to the conditional use are or shall be satisfied, both of which must be supported by substantial evidence. The city's decision to approve or deny the permit must be supported by substantial evidence.
- 3.** Upon receipt of a conditional use permit application, and following publication in the city of a class 2 notice under ch. 985, the city shall hold a public hearing on the application.
 - 4.** Once granted, a conditional use permit shall remain in effect as long as the conditions upon which the permit was issued are followed, but the city may impose conditions such as the

permit's duration, transfer, or renewal, in addition to any other conditions specified in the zoning ordinance or by the city zoning board.

5. If a city denies a person's conditional use permit application, the person may appeal the decision to the circuit court under the procedures contained in par. (e) 10.

Staff does not find that the proposed use would have adverse impacts on adjacent properties as it relates to traffic and parking. Further, there is existing landscaping that buffers this property from the abutting single-family homes.

With that said, two emails are included in the Plan Commission packets from adjacent property owners stating concerns with the proposed facility and use. These emails detail many concerns, one of which relates to turnover. Staff would acknowledge that the proposed turnover and the number of different people that would reside at the facility is different in use and operation as compared to a single-family home or potentially even to State licensed Community Living Arrangements.

Recommendation

Staff recommends approval of the Mental Health America of Wisconsin facility, subject to the condition below.

The proposed Mental Health America of Wisconsin use shall return to the Plan Commission within 6 months from the date of approval for review of its operation and impacts upon City services and adjacent properties. Subsequently, annual reviews may be conducted as deemed necessary by City of Pewaukee Staff

Related to the above condition, Section 17.0505b. of the Zoning Code outlines the process that would be utilized for altering, rescinding, or reaffirming a Conditional Use Permit.

When the Plan Commission makes a determination either by observation or by official citizen complaint that a permitted conditional use is or has been apparently violated, the Plan Commission may convene a public hearing as set forth in section 17.1300, giving at least 30 days notice to the holder of the conditional use permit and, advising the permit holder as well as property owners within 300 feet of the conditionally permitted use of the purpose of the hearing, which may be to recommend to the Common Council the altering, rescinding, or reaffirmation of the conditional use permit then in effect. The Common Council, following a recommendation by the Plan Commission, may take action to rescind or alter the conditional use permit then in effect and by doing so direct the City Clerk to take any necessary steps to rescind or alter the covenants or other pertinent documents concerning the conditional use and attached to the property deed held in the office of the County Register of Deeds.

17.0407 Rs-3, SINGLE-FAMILY RESIDENTIAL DISTRICT

The Rs-3, Single-Family Residential District is intended to provide for only detached single-family residential development at densities not exceeding 1.00 dwelling unit per net acre and serviced by City sewer and water facilities*.

a. Permitted Principal Uses

- (1) Single-family dwelling with attached or detached garages as defined in section 17.1402.
- (2) Foster homes and community living arrangements, **including CBRFs**, as set forth in Wisconsin Statutes.
- (3) Family day-care home as set forth in Section 66.1017 of Wisconsin Statutes.

b. Permitted Accessory Uses

- (1) Home occupations and professional home offices as defined herein.
- (2) Yard and gardening equipment storage structures not exceeding 192 square feet in area. (Also see section 17.0700).
- (3) Hobby Kennels. (Cr. 13-09)

c. Conditional Uses (Also See Section 17.0500)

Residential planned unit development (PUD) such as cluster developments or detached condominiums. The district lot size and frontage and yard requirements may be varied provided that adequate open space shall be provided so that the average intensity and density of land use shall be no greater than that permitted for the district. The proper preservation, care, and maintenance by the original and all subsequent owners of the exterior design and all common structures, facilities, utilities, access and open spaces shall be assured by deed, plat restrictions, and/or condominium declaration, enforceable by the City. All PUD's shall comply with the following minimum standards:

- (1) The minimum PUD development area shall be 25 gross acres.
- (2) The minimum PUD lot or space area shall be two thirds (2/3) acre (29,041 sq. ft.) per dwelling unit.
- (3) The minimum PUD lot or space width at the building set back line shall be 100 feet.
- (4) The minimum PUD building height and size shall be the same as required for permitted principal uses, however, the yard requirements as set forth in 'f'1 and 3 below, may be reduced by up to 33 percent.
- (5) No detached structure shall be located closer than 40 feet to another structure within the PUD development. Yards adjacent to exterior property lines shall not be less than those required for permitted principal uses.

d. Lot Area and Width

- (1) Lots shall have a minimum area of one (1) acre.
- (2) Lots shall have a width of not less than 150 feet at the building setback line.

e. Building Height and Size

- (1) No principal building or parts of a principal building shall exceed 35 feet in height.
- (2) The minimum floor area of a one or two-story dwelling unit shall be as follows:

Number of Bedrooms Per Dwelling Unit	Minimum Total Area	Minimum First Floor Area
One	1,200 square feet	1,200 square feet
Two	1,300 square feet	1,200 square feet
Three	1,500 square feet	1,200 square feet
Four or More	1,700 square feet	1,200 square feet

No bedroom shall be less than 100 square feet in area exclusive of closets.

- (3) No accessory structure shall be more than 18 feet in height.
- (4) The sum total of the first floor area of the principal building and all accessory buildings shall not exceed 10.0 percent of the lot area.

f. Setback and Yards

- (1) There shall be a minimum building (or street) setback of 45 feet from the right-of-way of all public streets, roads, or highways.
- (2) There shall be a side yard on each side of all structures not less than 20 feet in width.
- (3) There shall be a rear yard of not less than 35 feet.
- (4) There shall be a minimum building setback of 75 feet from the designated 100 year recurrence interval (base flood) floodplain of all navigable streams and bodies of water and 25 feet from any designated wetland.
(Also see sub-section 17.0435)

g. Parking Space

See Section 17.0600

h. Minimum Utility Service*

Electricity and public sanitary sewerage and water supply facilities except as noted elsewhere in this subsection.

*- Lots of record prior to August 1982 and less than two (2) acres in size may be served by approved on-site soil absorption sewage disposal systems and private water supply systems if approved by the Waukesha County Health and Human Services Department and the City Plan Commission and no public sanitary sewerage system or public water supply system is available to the property.



Office of the Planner & Community Development Director
W240 N3065 Pewaukee Road
Pewaukee, Wisconsin 53072
Phone (262) 691-0770
Fax (262) 691-1798
fuchs@pewaukee.wi.us

PETITION FOR CONDITIONAL USE

TO THE HONORABLE MAYOR AND COMMON COUNCIL OF THE CITY OF PEWAUKEE, WAUKESHA COUNTY, WISCONSIN

The undersigned hereby petitions the Common Council of the City of Pewaukee, Waukesha County, Wisconsin for a Conditional Use Permit for the purpose of: OPERATING A PEER-RUN RESPITE FOR WI VETERANS TO SUPPORT RECOVERY FROM MENTAL HEALTH + SUBSTANCE USE CHALLENGES. AS AUTHORIZED BY WI DEPT. OF HEALTH SERVICES. REQUEST FOR SPECIAL USE UNDER
Legal description of property ~~to be reviewed~~ – Please attach. Rs-3, PURSUANT TO MUNI CODE 17.0501(a)
Common property description or name: HOME OF MARIA + GRANT GROVES
Property Address: W252N4304 SUSSEX STREET Tax Key Number(s): PWE 0880997
Property owner(s) (Full Legal Name): GRANT GROVES + MARIA NICHOLAS-GROVES
Owner's Address: W252N4304 SUSSEX STREET City/State/Zip: PEWAUKEE, WI 53072
Phone: 262-853-7991 Email: MNICHOLASGROVES@GMAIL.COM

Applicant (Full Legal Name):

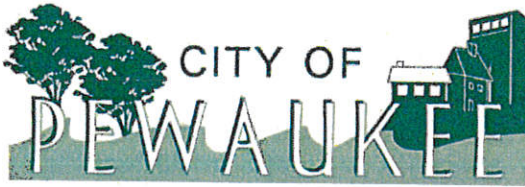
Name: MARTINA COLLIN CORAVES
Company: MENTAL HEALTH AMERICA OF WI
Address: 6000 W. VIRGINIA ST. #502
City/State/Zip: MILWAUKEE, WI 53204
Phone: 414-336-7961
Email: MARTINAC@MHA.WISCONSIN.ORG

Contact Person (Full Legal Name):

Name: BRAN MILLER
Company: SAME
Address: 1
City/State/Zip: 1
Phone: 1
Email: BRAN@MHA.WISCONSIN.ORG

Conditional Use submittals must include and be accompanied by the following:

- ☐ This Application form accurately completed with original signatures.
- ☐ Application Filing Fee, payable to the City of Pewaukee:
 - o \$400.00, plus cost for publication, notice and all attorney fees related to project
- ☐ Five (5) complete collated sets of Application materials to include:
 - o A written project narrative detailing the request, business/use operational information, future development plans, site and building improvements, tentative development schedule, and estimated project value.
 - o Scaled drawings, as may be applicable, including, but not limited to; a site plan, grading/erosion control plan, preliminary storm water management plan, landscape plan, lighting plan, building elevations, colored renderings, sign details and natural resource delineations.
- ☐ All application materials provided in a digital format (Adobe PDF). Materials may be submitted on a USB Flash Drive or emailed to hurd@pewaukee.wi.us.
- ☐ Note twelve (12) additional sets of plans will be required for Plan Commission following staff review of the initial submittal. These plans should be revised in response to staff comments as may be necessary.



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W240 N3065 Pewaukee Road
Pewaukee, Wisconsin 53072
Phone (262) 691-0770
Fax (262) 691-1798
fuchs@pewaukee.wi.us

The applicant and property owner(s) hereby certify that:

- 1) all statements and other information submitted as part of this application are true and correct to the best of applicant's and property owner(s)' knowledge;
- 2) the applicant and property owner(s) has/have read and understand all information in this application; and
- 3) the applicant and property owner(s) agree that any approvals based on representations made by them in this Application and its submittal, and any subsequently issued building permits or other type of permits, may be revoked without notice if there is a breach of such representation(s) or any condition(s) of approval.

By execution of this application, the property owner(s) authorize the City of Pewaukee and/or its agents to enter upon the subject property(ies) between the hours of 7:00 a.m. and 7:00 p.m. daily for the purpose of inspection while the application is under review. The property owner(s) grant this authorization even if the property has been posted against trespassing pursuant to Wis. Stat. §943.13.

(The applicant's signature must be from a Managing Member if the business is an LLC, or from the President or Vice President if the business is a corporation. A signed applicant's authorization letter may be provided in lieu of the applicant's signature below, and a signed property owner's authorization letter may be provided in lieu of the property owner's signature[s] below. If more than one, all of the owners of the property must sign this Application).

PETITIONER'S/APPLICANT'S SIGNATURE: _____

NAME & TITLE (PRINT): MARTINA GOLLIN-GRAVES, PRESIDENT

SIGN AND DATED this 19 day of SEPT, 2019.

PROPERTY OWNER'S SIGNATURE: _____

NAME & TITLE (PRINT): MARIA NICHOLAS-GROVES, OWNER

SIGN AND DATED this _____ day of 09 / 13 / 2019, _____.

PROPERTY OWNER'S SIGNATURE: GRANT GROVES, OWNER

NAME & TITLE (PRINT): Grant Groves

SIGN AND DATED this _____ day of 09 / 13 / 2019, _____.

City Staff-

RECEIVED at City Hall by: _____ on _____

Fee paid: \$ _____ Date: _____

TITLE	Conditional Use
FILE NAME	PETITION FOR CONDITIONAL USE.PDF
DOCUMENT ID	6e3505254f43cd770ab6808b9e104f2bd7c8d0f7
STATUS	● Completed

Document History

 SENT	09 / 13 / 2019 21:52:26 UTC	Sent for signature to Maria Nicholas-Groves (mnicholasgroves@gmail.com) and Grant Groves (grantagroves@gmail.com) from mnicholasgroves@gmail.com IP: 174.219.138.85
 VIEWED	09 / 13 / 2019 21:53:51 UTC	Viewed by Maria Nicholas-Groves (mnicholasgroves@gmail.com) IP: 174.219.138.85
 SIGNED	09 / 13 / 2019 21:55:40 UTC	Signed by Maria Nicholas-Groves (mnicholasgroves@gmail.com) IP: 174.219.138.85
 VIEWED	09 / 13 / 2019 21:56:13 UTC	Viewed by Grant Groves (grantagroves@gmail.com) IP: 174.219.138.85
 SIGNED	09 / 13 / 2019 21:56:38 UTC	Signed by Grant Groves (grantagroves@gmail.com) IP: 174.219.138.85
 COMPLETED	09 / 13 / 2019 21:56:38 UTC	The document has been completed.

Property DetailsTax Key: **PWC 0880997**
Tax Year: **2019****9/11/2019 2:37:20 PM**
WAUKESHA COUNTY
CITY OF PEWAUKEE**OWNER NAME AND MAILING ADDRESS**GRANT A GROVES
MARIA ANN NICHOLAS GROVES
W252N4304 SUSSEX RD
PEWAUKEE, WI 53072**PROPERTY ADDRESS**W252N4304 SUSSEX RD
PEWAUKEE, WI 53072**Contact Us to Update Mailing Address****LEGAL DESCRIPTION**

PT SE1/4 SEC 4 T7N R19E COM S1/4 COR E 667.00 FT N16°14'E 1004.60 FT N13°52'E 818.00 FT N38°01'E 128.60 FT THE BGN N38°01'E 442.65 FT S3°47'W 223.00 FT N89°57'E 200.46 FT S12°32'W 230.15 FT N76°29'W 420.5 FT TO BGN EX HY DOC# 3633569

ASSESSMENT STATUSAssessment Year: 2019
Assessment Status: ACTIVE
Assessment Attributes: NONE
Deeded Acres: 0.000**OWNERSHIP/LEGAL DESCRIPTION EXCEPTION DOCUMENTS**

BASIC VESTING DEED DOC 3633569

ASSESSMENT INFORMATIONAssessed By: JAMES SIEBERS
262-691-6010
siebers@pewaukee.wi.us
Board of Review Date: 7/29/2019**Links to WI Dept of Revenue Resources:**
Guide for Property Owners
Property Assessment Appeal Guide
Board of Review Calendar**PROPERTY VALUES**

Property Class	Acres	Land	Improvement	Total
RESIDENTIAL	1.391	\$99,700.00	\$181,900.00	\$281,600.00
Total:	1.391	\$99,700.00	\$181,900.00	\$281,600.00

The property values displayed are finalized and will be used for the calculation of this year's property tax bills.

DISTRICTS

District Type	District Name	DOR Code
CITY	CITY OF PEWAUKEE	270
SCHOOL	PEWAUKEE SCHOOL - 4312	4312
TCDB	WAUKESHA TECH COLLEGE	08
UTIL	GARBAGE / RECYCLING	

This program accesses data from databases maintained by several County Departments and Local Municipalities. There may be inconsistencies in data depending on the date the information was gathered or the purpose for which it is maintained. Due to variances in sources and update cycles, there is no guarantee as to the accuracy of the data. For questions regarding Outstanding Taxes and Tax Payment records, contact the County Treasurer's office at (262)548-7029.

For Tax Listing and GIS Viewer related issues, please see our FAQs click here. If you still have tax listing questions, contact: taxlisting@waukeshacounty.gov. If you still have GIS Viewer questions, contact: landinformation@waukeshacounty.gov.

The following browsers are supported:    This page run 9/11/2019 2:37:20 PM.

ZONING MAP NO. 2 CITY OF PEWAUKEE SECTIONS 3, 4, 9 & 10



SYMBOL	DISTRICT NAME	MIN. AREA, MIN. LOT SIZE, RES. DENSITY
A-1	AGRICULTURE	20.0 ACRES 600 FT. 500/AC
A-2	AGRICULTURE	10.0 ACRES 300 FT. 500/AC
R-1	SINGLE FAMILY RESIDENTIAL	5.0 ACRES 200 FT. 0.5 DU/AC
R-2	SINGLE FAMILY RESIDENTIAL	2.0 ACRES 100 FT. 0.5 DU/AC
R-3	SINGLE FAMILY RESIDENTIAL	1.0 ACRE 50 FT. 0.5 DU/AC
R-4	SINGLE FAMILY RESIDENTIAL	15,000 SQ.FT. 100 FT. 2.5 DU/AC
R-5	SINGLE FAMILY RESIDENTIAL	12,000 SQ.FT. 90 FT. 3.5 DU/AC
R-6	SINGLE FAMILY RESIDENTIAL	8,000 SQ.FT. 80 FT. 4.5 DU/AC
R-7	SINGLE FAMILY RESIDENTIAL	6,000 SQ.FT. 70 FT. 4.5 DU/AC
R-8	SINGLE FAMILY RESIDENTIAL	4,000 SQ.FT. 60 FT. 4.5 DU/AC
R-9	SINGLE FAMILY RESIDENTIAL	3,000 SQ.FT. 50 FT. 4.5 DU/AC
R-10	SINGLE FAMILY RESIDENTIAL	2,000 SQ.FT. 40 FT. 4.5 DU/AC
R-11	SINGLE FAMILY RESIDENTIAL	1,500 SQ.FT. 30 FT. 4.5 DU/AC
R-12	SINGLE FAMILY RESIDENTIAL	1,000 SQ.FT. 20 FT. 4.5 DU/AC
R-13	SINGLE FAMILY RESIDENTIAL	750 SQ.FT. 15 FT. 4.5 DU/AC
R-14	SINGLE FAMILY RESIDENTIAL	500 SQ.FT. 10 FT. 4.5 DU/AC
R-15	SINGLE FAMILY RESIDENTIAL	250 SQ.FT. 5 FT. 4.5 DU/AC
R-16	SINGLE FAMILY RESIDENTIAL	100 SQ.FT. 2 FT. 4.5 DU/AC
R-17	SINGLE FAMILY RESIDENTIAL	50 SQ.FT. 1 FT. 4.5 DU/AC
R-18	SINGLE FAMILY RESIDENTIAL	25 SQ.FT. 0.5 FT. 4.5 DU/AC
R-19	SINGLE FAMILY RESIDENTIAL	12.5 SQ.FT. 0.25 FT. 4.5 DU/AC
R-20	SINGLE FAMILY RESIDENTIAL	6.25 SQ.FT. 0.125 FT. 4.5 DU/AC
R-21	SINGLE FAMILY RESIDENTIAL	3.125 SQ.FT. 0.0625 FT. 4.5 DU/AC
R-22	SINGLE FAMILY RESIDENTIAL	1.5625 SQ.FT. 0.03125 FT. 4.5 DU/AC
R-23	SINGLE FAMILY RESIDENTIAL	0.78125 SQ.FT. 0.015625 FT. 4.5 DU/AC
R-24	SINGLE FAMILY RESIDENTIAL	0.390625 SQ.FT. 0.0078125 FT. 4.5 DU/AC
R-25	SINGLE FAMILY RESIDENTIAL	0.1953125 SQ.FT. 0.00390625 FT. 4.5 DU/AC
R-26	SINGLE FAMILY RESIDENTIAL	0.09765625 SQ.FT. 0.001953125 FT. 4.5 DU/AC
R-27	SINGLE FAMILY RESIDENTIAL	0.048828125 SQ.FT. 0.0009765625 FT. 4.5 DU/AC
R-28	SINGLE FAMILY RESIDENTIAL	0.0244140625 SQ.FT. 0.00048828125 FT. 4.5 DU/AC
R-29	SINGLE FAMILY RESIDENTIAL	0.01220703125 SQ.FT. 0.000244140625 FT. 4.5 DU/AC
R-30	SINGLE FAMILY RESIDENTIAL	0.006103515625 SQ.FT. 0.0001220703125 FT. 4.5 DU/AC
R-31	SINGLE FAMILY RESIDENTIAL	0.0030517578125 SQ.FT. 0.00006103515625 FT. 4.5 DU/AC
R-32	SINGLE FAMILY RESIDENTIAL	0.00152587890625 SQ.FT. 0.000030517578125 FT. 4.5 DU/AC
R-33	SINGLE FAMILY RESIDENTIAL	0.000762939453125 SQ.FT. 0.0000152587890625 FT. 4.5 DU/AC
R-34	SINGLE FAMILY RESIDENTIAL	0.0003814697265625 SQ.FT. 0.00000762939453125 FT. 4.5 DU/AC
R-35	SINGLE FAMILY RESIDENTIAL	0.00019073486328125 SQ.FT. 0.000003814697265625 FT. 4.5 DU/AC
R-36	SINGLE FAMILY RESIDENTIAL	9.536743E-05 SQ.FT. 0.0000019073486328125 FT. 4.5 DU/AC
R-37	SINGLE FAMILY RESIDENTIAL	4.768371E-05 SQ.FT. 0.0000009536743E-05 FT. 4.5 DU/AC
R-38	SINGLE FAMILY RESIDENTIAL	2.384186E-05 SQ.FT. 0.0000004768371E-05 FT. 4.5 DU/AC
R-39	SINGLE FAMILY RESIDENTIAL	1.192093E-05 SQ.FT. 0.0000002384186E-05 FT. 4.5 DU/AC
R-40	SINGLE FAMILY RESIDENTIAL	5.960465E-06 SQ.FT. 0.0000001192093E-05 FT. 4.5 DU/AC
R-41	SINGLE FAMILY RESIDENTIAL	2.980232E-06 SQ.FT. 0.0000005960465E-06 FT. 4.5 DU/AC
R-42	SINGLE FAMILY RESIDENTIAL	1.490116E-06 SQ.FT. 0.0000002980232E-06 FT. 4.5 DU/AC
R-43	SINGLE FAMILY RESIDENTIAL	7.45058E-07 SQ.FT. 0.0000001490116E-06 FT. 4.5 DU/AC
R-44	SINGLE FAMILY RESIDENTIAL	3.72529E-07 SQ.FT. 0.000000745058E-07 FT. 4.5 DU/AC
R-45	SINGLE FAMILY RESIDENTIAL	1.862645E-07 SQ.FT. 0.000000372529E-07 FT. 4.5 DU/AC
R-46	SINGLE FAMILY RESIDENTIAL	9.313225E-08 SQ.FT. 0.0000001862645E-07 FT. 4.5 DU/AC
R-47	SINGLE FAMILY RESIDENTIAL	4.656612E-08 SQ.FT. 0.0000009313225E-08 FT. 4.5 DU/AC
R-48	SINGLE FAMILY RESIDENTIAL	2.328306E-08 SQ.FT. 0.0000004656612E-08 FT. 4.5 DU/AC
R-49	SINGLE FAMILY RESIDENTIAL	1.164153E-08 SQ.FT. 0.0000002328306E-08 FT. 4.5 DU/AC
R-50	SINGLE FAMILY RESIDENTIAL	5.820765E-09 SQ.FT. 0.0000001164153E-08 FT. 4.5 DU/AC
R-51	SINGLE FAMILY RESIDENTIAL	2.910382E-09 SQ.FT. 0.0000005820765E-09 FT. 4.5 DU/AC
R-52	SINGLE FAMILY RESIDENTIAL	1.455191E-09 SQ.FT. 0.0000002910382E-09 FT. 4.5 DU/AC
R-53	SINGLE FAMILY RESIDENTIAL	7.275955E-10 SQ.FT. 0.0000001455191E-09 FT. 4.5 DU/AC
R-54	SINGLE FAMILY RESIDENTIAL	3.637977E-10 SQ.FT. 0.0000007275955E-10 FT. 4.5 DU/AC
R-55	SINGLE FAMILY RESIDENTIAL	1.818989E-10 SQ.FT. 0.0000003637977E-10 FT. 4.5 DU/AC
R-56	SINGLE FAMILY RESIDENTIAL	9.094945E-11 SQ.FT. 0.0000001818989E-10 FT. 4.5 DU/AC
R-57	SINGLE FAMILY RESIDENTIAL	4.547472E-11 SQ.FT. 0.0000009094945E-11 FT. 4.5 DU/AC
R-58	SINGLE FAMILY RESIDENTIAL	2.273736E-11 SQ.FT. 0.0000004547472E-11 FT. 4.5 DU/AC
R-59	SINGLE FAMILY RESIDENTIAL	1.136868E-11 SQ.FT. 0.0000002273736E-11 FT. 4.5 DU/AC
R-60	SINGLE FAMILY RESIDENTIAL	5.68434E-12 SQ.FT. 0.0000001136868E-11 FT. 4.5 DU/AC
R-61	SINGLE FAMILY RESIDENTIAL	2.84217E-12 SQ.FT. 0.000000568434E-12 FT. 4.5 DU/AC
R-62	SINGLE FAMILY RESIDENTIAL	1.421085E-12 SQ.FT. 0.000000284217E-12 FT. 4.5 DU/AC
R-63	SINGLE FAMILY RESIDENTIAL	7.105425E-13 SQ.FT. 0.0000001421085E-12 FT. 4.5 DU/AC
R-64	SINGLE FAMILY RESIDENTIAL	3.552712E-13 SQ.FT. 0.0000007105425E-13 FT. 4.5 DU/AC
R-65	SINGLE FAMILY RESIDENTIAL	1.776356E-13 SQ.FT. 0.0000003552712E-13 FT. 4.5 DU/AC
R-66	SINGLE FAMILY RESIDENTIAL	8.88178E-14 SQ.FT. 0.0000001776356E-13 FT. 4.5 DU/AC
R-67	SINGLE FAMILY RESIDENTIAL	4.44089E-14 SQ.FT. 0.000000888178E-14 FT. 4.5 DU/AC
R-68	SINGLE FAMILY RESIDENTIAL	2.220445E-14 SQ.FT. 0.000000444089E-14 FT. 4.5 DU/AC
R-69	SINGLE FAMILY RESIDENTIAL	1.110222E-14 SQ.FT. 0.0000002220445E-14 FT. 4.5 DU/AC
R-70	SINGLE FAMILY RESIDENTIAL	5.55111E-15 SQ.FT. 0.0000001110222E-14 FT. 4.5 DU/AC
R-71	SINGLE FAMILY RESIDENTIAL	2.775555E-15 SQ.FT. 0.000000555111E-15 FT. 4.5 DU/AC
R-72	SINGLE FAMILY RESIDENTIAL	1.387777E-15 SQ.FT. 0.0000002775555E-15 FT. 4.5 DU/AC
R-73	SINGLE FAMILY RESIDENTIAL	6.93888E-16 SQ.FT. 0.0000001387777E-15 FT. 4.5 DU/AC
R-74	SINGLE FAMILY RESIDENTIAL	3.46944E-16 SQ.FT. 0.000000693888E-16 FT. 4.5 DU/AC
R-75	SINGLE FAMILY RESIDENTIAL	1.73472E-16 SQ.FT. 0.000000346944E-16 FT. 4.5 DU/AC
R-76	SINGLE FAMILY RESIDENTIAL	8.6736E-17 SQ.FT. 0.000000173472E-16 FT. 4.5 DU/AC
R-77	SINGLE FAMILY RESIDENTIAL	4.3368E-17 SQ.FT. 0.00000086736E-17 FT. 4.5 DU/AC
R-78	SINGLE FAMILY RESIDENTIAL	2.1684E-17 SQ.FT. 0.00000043368E-17 FT. 4.5 DU/AC
R-79	SINGLE FAMILY RESIDENTIAL	1.0842E-17 SQ.FT. 0.00000021684E-17 FT. 4.5 DU/AC
R-80	SINGLE FAMILY RESIDENTIAL	5.421E-18 SQ.FT. 0.00000010842E-17 FT. 4.5 DU/AC
R-81	SINGLE FAMILY RESIDENTIAL	2.7105E-18 SQ.FT. 0.0000005421E-18 FT. 4.5 DU/AC
R-82	SINGLE FAMILY RESIDENTIAL	1.35525E-18 SQ.FT. 0.00000027105E-18 FT. 4.5 DU/AC
R-83	SINGLE FAMILY RESIDENTIAL	6.77625E-19 SQ.FT. 0.000000135525E-18 FT. 4.5 DU/AC
R-84	SINGLE FAMILY RESIDENTIAL	3.388125E-19 SQ.FT. 0.000000677625E-19 FT. 4.5 DU/AC
R-85	SINGLE FAMILY RESIDENTIAL	1.6940625E-19 SQ.FT. 0.0000003388125E-19 FT. 4.5 DU/AC
R-86	SINGLE FAMILY RESIDENTIAL	8.4703125E-20 SQ.FT. 0.00000016940625E-19 FT. 4.5 DU/AC
R-87	SINGLE FAMILY RESIDENTIAL	4.23515625E-20 SQ.FT. 0.00000084703125E-20 FT. 4.5 DU/AC
R-88	SINGLE FAMILY RESIDENTIAL	2.117578125E-20 SQ.FT. 0.000000423515625E-20 FT. 4.5 DU/AC
R-89	SINGLE FAMILY RESIDENTIAL	1.0587890625E-20 SQ.FT. 0.0000002117578125E-20 FT. 4.5 DU/AC
R-90	SINGLE FAMILY RESIDENTIAL	5.2939453125E-21 SQ.FT. 0.00000010587890625E-20 FT. 4.5 DU/AC
R-91	SINGLE FAMILY RESIDENTIAL	2.64697265625E-21 SQ.FT. 0.00000052939453125E-21 FT. 4.5 DU/AC
R-92	SINGLE FAMILY RESIDENTIAL	1.323486328125E-21 SQ.FT. 0.000000264697265625E-21 FT. 4.5 DU/AC
R-93	SINGLE FAMILY RESIDENTIAL	6.617431640625E-22 SQ.FT. 0.0000001323486328125E-21 FT. 4.5 DU/AC
R-94	SINGLE FAMILY RESIDENTIAL	3.3087158203125E-22 SQ.FT. 0.0000006617431640625E-22 FT. 4.5 DU/AC
R-95	SINGLE FAMILY RESIDENTIAL	1.65435791015625E-22 SQ.FT. 0.00000033087158203125E-22 FT. 4.5 DU/AC
R-96	SINGLE FAMILY RESIDENTIAL	8.27178955078125E-23 SQ.FT. 0.000000165435791015625E-22 FT. 4.5 DU/AC
R-97	SINGLE FAMILY RESIDENTIAL	4.135894775390625E-23 SQ.FT. 0.000000827178955078125E-23 FT. 4.5 DU/AC
R-98	SINGLE FAMILY RESIDENTIAL	2.0679473876953125E-23 SQ.FT. 0.0000004135894775390625E-23 FT. 4.5 DU/AC
R-99	SINGLE FAMILY RESIDENTIAL	1.03397369384765625E-23 SQ.FT. 0.00000020679473876953125E-23 FT. 4.5 DU/AC
R-100	SINGLE FAMILY RESIDENTIAL	5.16986846921875E-24 SQ.FT. 0.000000103397369384765625E-23 FT. 4.5 DU/AC
R-101	SINGLE FAMILY RESIDENTIAL	2.584934234609375E-24 SQ.FT. 0.000000516986846921875E-24 FT. 4.5 DU/AC
R-102	SINGLE FAMILY RESIDENTIAL	1.2924671173046875E-24 SQ.FT. 0.0000002584934234609375E-24 FT. 4.5 DU/AC
R-103	SINGLE FAMILY RESIDENTIAL	6.4623355865234375E-25 SQ.FT. 0.00000012924671173046875E-24 FT. 4.5 DU/AC
R-104	SINGLE FAMILY RESIDENTIAL	3.23116779326171875E-25 SQ.FT. 0.00000064623355865234375E-25 FT. 4.5 DU/AC
R-105	SINGLE FAMILY RESIDENTIAL	1.615583896630859375E-25 SQ.FT. 0.000000323116779326171875E-25 FT. 4.5 DU/AC
R-106	SINGLE FAMILY RESIDENTIAL	8.077919483154296875E-26 SQ.FT. 0.0000001615583896630859375E-25 FT. 4.5 DU/AC
R-107	SINGLE FAMILY RESIDENTIAL	4.0389597415771484375E-26 SQ.FT. 0.0000008077919483154296875E-26 FT. 4.5 DU/AC
R-108	SINGLE FAMILY RESIDENTIAL	2.01947987078857421875E-26 SQ.FT. 0.00000040389597415771484375E-26 FT. 4.5 DU/AC
R-109	SINGLE FAMILY RESIDENTIAL	1.009739935394287109375E-26 SQ.FT. 0.000000201947987078857421875E-26 FT. 4.5 DU/AC
R-110	SINGLE FAMILY RESIDENTIAL	5.048699677971435546875E-27 SQ.FT. 0.0000001009739935394287109375E-26 FT. 4.5 DU/AC
R-111	SINGLE FAMILY RESIDENTIAL	2.5243498389857177734375E-27 SQ.FT. 0.0000005048699677971435546875E-27 FT. 4.5 DU/AC
R-112	SINGLE FAMILY RESIDENTIAL	1.26217491949285888671875E-27 SQ.FT. 0.00000025243498389857177734375E-27 FT. 4.5 DU/AC
R-113	SINGLE FAMILY RESIDENTIAL	6.31087459746429443359375E-28 SQ.FT. 0.000000126217491949285888671875E-27 FT. 4.5 DU/AC
R-114	SINGLE FAMILY RESIDENTIAL	3.155437298732147216796875E-28 SQ.FT. 0.000000631087459746429443359375E-28 FT. 4.5 DU/AC
R-115	SINGLE FAMILY RESIDENTIAL	1.5777186493660736083984375E-28 SQ.FT. 0.0000003155437298732147216796875E-28 FT. 4.5 DU/AC
R-116	SINGLE FAMILY RESIDENTIAL	7.8885932468303680419921875E-29 SQ.FT. 0.00000015777186493660736083984375E-28 FT. 4.5 DU/AC
R-117	SINGLE FAMILY RESIDENTIAL	3.94429662341518402099609375E-29 SQ.FT. 0.00000078885932468303680419921875E-29 FT. 4.5 DU/AC
R-118	SINGLE FAMILY RESIDENTIAL	1.972148311707592010498046875E-29 SQ.FT. 0.000000394429662341518402099609375E-29 FT. 4.5 DU/AC
R-119	SINGLE FAMILY RESIDENTIAL	9.8607415585379600524940234375E-30 SQ.FT. 0.0000001972148311707592010498046875E-29 FT. 4.5 DU/AC
R-120	SINGLE FAMILY RESIDENTIAL	4.93037077926898002624701171875E-30 SQ.FT. 0.00000098607415585379600524940234375E-30 FT. 4.5 DU/AC
R-121	SINGLE FAMILY RESIDENTIAL	2.465185389634490013123505859375E-30 SQ.FT. 0.000000493037077926898002624701171875E-30 FT. 4.5 DU/AC
R-122	SINGLE FAMILY RESIDENTIAL	1.2325926948172450065617529296875E-30 SQ.FT. 0.0000002465185389634490013123505859375E-30 FT. 4.5 DU/AC
R-123	SINGLE FAMILY RESIDENTIAL	6.16296347408622503280876464484375E-31 SQ.FT. 0.00000012325926948172450065617529296875E-30 FT. 4.5 DU/AC
R-124	SINGLE FAMILY RESIDENTIAL	3.081481737043112516404382322421875E-31 SQ.FT. 0.000000616296347408622503280876464484375E-31 FT. 4.5 DU/AC
R-125	SINGLE FAMILY RESIDENTIAL	1.5407408685215562582021911612109375E-31 SQ.FT. 0.0000003081481737043112516404382322421875E-31 FT. 4.5 DU/AC
R-126	SINGLE FAMILY RESIDENTIAL	7.7037043426077812910010958061046875E-32 SQ.FT. 0.00000015407408685215562582021911612109375E-31 FT. 4.5 DU/AC
R-127	SINGLE FAMILY RESIDENTIAL	3.85185217130389064550054790305234375E-32 SQ.FT. 0.00000077037043426077812910010958061046875E-32 FT. 4.5 DU/AC
R-128	SINGLE FAMILY RESIDENTIAL	1.925926085651945322750273951526171875E-32 SQ.FT. 0.000000385185217130389064550054790305234375E-32 FT. 4.5 DU/AC
R-129	SINGLE FAMILY RESIDENTIAL	9.629630428259726613751369757630859375E-33 SQ.FT. 0.0000001925926085651945322750273951526171875E-32 FT. 4.5 DU/AC
R-130	SINGLE FAMILY RESIDENTIAL	4.8148152141298633068756848788154296875E-33 SQ.FT. 0.0000009629630428259726613751369757630859375E-33 FT. 4.5 DU/AC
R-131	SINGLE FAMILY RESIDENTIAL	2.40740760706493165343784243940771484375E-33 SQ.FT. 0.00000048148152141298633068756848788154296875E-33 FT. 4.5 DU/AC
R-132	SINGLE FAMILY RESIDENTIAL	1.203703803532465826718921219703857371875E-33 SQ.FT. 0.000000240740760706493165343784243940771484375E-33 FT. 4.5 DU/AC
R-133	SINGLE FAMILY RESIDENTIAL	6.018519017662329133559460609519286875E-34 SQ.FT. 0.0000001203703803532465826718921219703857371875E-33 FT. 4.5 DU/AC
R-134	SINGLE FAMILY RESIDENTIAL	3.0092595088311645667797303047596434375E-34 SQ.FT. 0.0000006018519017662329133559460609519286875E-34 FT. 4.5 DU/AC
R-135	SINGLE FAMILY RESIDENTIAL	1.50462975441558228338986515237982171875E-34 SQ.FT. 0.00000030092595088311645667797303047596434375E-34 FT. 4.5 DU/AC
R-136	SINGLE FAMILY RESIDENTIAL	7.52314877207791141669432576189910884375E-35 SQ.FT. 0.000000150462975441558228338986515237982171875E-34 FT. 4.5 DU/AC
R-137	SINGLE FAMILY RESIDENTIAL	3.76157438603895570834716288094955441875E-35 SQ.FT. 0.000000752314877207791141669432576189910884375E-35 FT. 4.5 DU/AC
R-138	SINGLE FAMILY RESIDENTIAL	1.880787193019477854173581440474777209375E-35 SQ.FT. 0.000000376157438603895570834716288094955441875E-35 FT. 4.5 DU/AC
R-139	SINGLE FAMILY RESIDENTIAL	9.4039359650973892708679072023738861046875E-36 SQ.FT. 0.0000001880787193019477854173581440474777209375E-35 FT. 4.5 DU/AC
R-140	SINGLE FAMILY RESIDENTIAL	4.70196798254869463543395360118694305234375E-36 SQ.FT. 0.00000094039359650973892708679072023738861046875E-36 FT. 4.5 DU/AC
R-141	SINGLE FAMILY RESIDENTIAL	2.350983991274347317716976800593471526171875E-36 SQ.FT. 0.000000470196798254869463543395360118694305234375E-36 FT. 4.5 DU/AC
R-142	SINGLE FAMILY RESIDENTIAL	1.1754919956371736588584884002967357630859375E-36 SQ.FT. 0.00000023509839912743473177



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100 ft

Nick Fuchs
City of Pewaukee Zoning Administrator
W240 N3065 Pewaukee Road
Pewaukee, WI 53072

September 6, 2019

**Re: Request for Special Conditional Use Permit in RS-3
Request for Expedited Hearing Before Planning Commission**

Dear Mr. Fuchs:

I am writing as Director of Prevention Services at Mental Health America of Wisconsin (MHA) to request a special conditional use permit, pursuant to Pewaukee Municipal Code § 17.0504(a),¹ to establish and operate a Peer-Run Respite for Veterans (PRR-V) at W252N4304 Sussex Road in the City of Pewaukee (Parcel # PWC 0880997). The proposed use is similar in character to the permitted principal uses on the premises and meets the intent of the district, currently zoned as Rs-3. Specifically, the proposed use is most similar to the explicitly permitted use by Community Based Residential Facilities (CBRFs).² This shall also serve as a request for an expedited hearing before the Planning Commission regarding this permit to ensure that deliverables under MHA's contract with Wisconsin Department of Health Services (DHS) are met.³

DHS defines a CBRF as a "place where 5 or more unrelated people live together in a community setting. Services provided include room and board, supervision, support services, and may include up to 3 hours of nursing care per week."⁴ As will be described in more detail, the proposed PRR-V will have a capacity of fewer than 5 individuals and will not provide clinical or nursing care. While CBRF's are considered "Assisted Living Facilities,"⁵ veterans who are eligible for the PRR-V must have independent living skills and be self-sufficient in their daily hygiene care, medication management, and food preparation. Where the programs are most similar is the communal living environment, the close interaction with trained care specialists, and the access to resources which may be otherwise unknown or unavailable in their community. Further, both CBRF and PRR-V services are intended for individuals living with mental health or substance use issues.⁶ The guests at the PRR-V would be more self-sufficient than those at a CBRF, but would receive a similar level of supervision to ensure the safety of guests, staff, and the community.

¹ Pewaukee Muni. Code 17.0504: "SPECIAL CONDITIONAL USES NOT SET FORTH IN DISTRICT REGULATIONS MAY BE ALLOWED, INCLUDING: a. All uses similar in character to the permitted uses on the premises, as determined by the Plan Commission, which meet the intent of the district but which are not specifically listed as permitted principal, accessory or conditional uses within the text of the zoning district classification or other section of this ordinance."

² CBRF is a Permitted Principal Use under Rs-3, see Pewaukee Muni. Code 17.0407(a)(2); See Also Wis. Stat. § 46.003(22) which states that "A community living arrangement for adults [CBRF] with a capacity for 8 or fewer persons shall be a permissible use for purposes of any deed covenant which limits use of property to single-family or 2-family residences."

³ See Attachment, MHA Description of Deliverables.

⁴ <https://www.dhs.wisconsin.gov/regulations/cbrf/introduction.htm> (accessed September 6, 2019).

⁵ <https://www.dhs.wisconsin.gov/guide/cbrf.htm> (accessed September 6, 2019).

⁶ "CBRFs can admit and provide services to people of advanced age, persons with dementia, developmental disabilities, mental health problems, physical disabilities, traumatic brain injury, AIDS, alcohol and other drug abuse, correctional clients, pregnant women needing counseling and/or the terminally ill." *Id.*

The PRR-V is an extension of other successful operations which have developed throughout Wisconsin since 2015. Peer-Run Respite provide a home-like environment for Wisconsin residents who may be struggling in their recovery from mental health or substance use issues to access the services of trained staff with shared lived experiences to support guests in times of stress.⁷ Capacity is limited to 4-6 guests, staff must pass caregiver background checks and are on-site 24/7, and guests are able to improve their coping skills and response to stress by removing themselves from their routine life and connecting with peers who are trained to encourage recovery by focusing on guests' strengths and assets. Guests are provided an individual bedroom for up to one week, all services at a Peer-Run Respite are provided at no charge to the guest, and no health insurance is required. Peer-Run Respite are categorically **not** detox facilities, health clinics, mandatory placement centers, homeless shelters, or transitional housing facilities. Peer-Run Respite are also not open for walk-ins or public access, as all guests are invited only after an extensive phone interview with staff to ensure Respite care is a good fit at that time. Respite support is specifically for individuals who have a permanent address, who are not actively using substances, and who value the importance of peer support and making connections with individuals who empathize with their struggle in recovery.

While Peer-Run Respite services are available on an invite-only basis, any adult is eligible to call the current Respite to request services or inquire about resources. **This PRR-V presents a national first as it will be the only Peer-Run Respite to dedicate its resources to serving former members of the United States Armed Forces,**⁸ regardless of their dates of service, discharge status, VA or insurance eligibility, or other barriers to accessing benefits or resources. With over 28,000 veterans in Waukesha County and another 88,000 in Milwaukee County, the resources for veterans are strained beyond their capacity in the region. The suicide rate among veterans is higher than the general population, and even more so among female veterans who often suffer silently with histories of Post-Traumatic Stress or Military Sexual Trauma. For many veterans, the loss of connection they feel to their civilian counterparts becomes too much to bear. Guests at the proposed PRR-V will be able to build solutions to reestablish those connections, to find solace among their fellow warriors, and to improve their skills during their transition out of active service. The PRR-V will also provide appropriate resources and referrals to veterans who call for support from throughout Wisconsin.

The location for the proposed PRR-V has four bedrooms, which limits the capacity to four guests at any time. The location is bordered by agriculture to the south and a supportive neighbor directly across Sussex Road. MHA has worked diligently with the current property owner to negotiate a rental contract, to collect community endorsement, and carries support from many veteran serving organizations, including County Veteran Service Offices, VetCenters, VA Medical Centers, and other valuable partners to ensure the PRR-V operates successfully and as an integrated part of its community. While the PRR-V does not meet the exact definition of a permitted CBRF, the use of the premises is extremely similar and meets the intent of the zoning district to allow operation of a communal-based living facility to provide services to people living with mental health or substance use challenges.

⁷ <https://www.dhs.wisconsin.gov/peer-run-respite/index.htm> (accessed September 6, 2019).

⁸ "Peer-Run Veterans Respite Home to Launch in Wisconsin," *US News and World Report*, 4/13/19, available: <https://www.usnews.com/news/best-states/wisconsin/articles/2019-04-13/peer-run-veterans-respite-home-to-launch-in-wisconsin> (accessed September 6, 2019).

The alternative to granting a special conditional use permit would be a rezoning of the parcel. MHA does not believe this is necessary, as the PRR-V most closely compares to the permitted principal use under Rs-3 as a CBRF. Other zoning districts apply to services which cater to the general public, which provide medical or clinical services, or are otherwise fundamentally different in their design, objective, and operation from the PRR-V. The PRR-V is not a training center or educational facility, nor is it a wellness center or professional office. No commercial activity will take place on the premises and the PRR-V will not have its address promoted on public-facing material. MHA does not propose to make any modifications to existing structures on the premises, and on the contrary, finds the location to be the ideal setting for veterans struggling in recovery to find healing from their invisible wounds.

Based on the foregoing, MHA requests that a special conditional use permit be granted to establish and operate a Peer-Run Respite for Veterans at W252N4304 Sussex Road, as the proposed use is similar to the character and meets the intent of the Rs-3 district. An expedited hearing on this matter to ensure support can be provided to veterans as soon as possible is requested.

Thank you for your time and attention to this matter.

Very truly yours.



Brian J. Michel, J.D.
Director of Prevention Services

Agency Name: Mental Health America of Wisconsin
Contract Title: Peer Run Respite- Veterans
Contract Period: From 7/1/2019 Through 6/30/2020

EXHIBIT 1.1
DESCRIPTION OF DELIVERABLES / DEMONSTRATION OF NEED / CONTRACT PURPOSE / SERVICES TO BE PROVIDED
Abstract

Program Description (Contract Administrator- please enter brief, one paragraph description of purpose of grant/contract)

The PRR-V will operate in the southeast region of Wisconsin, where over half of veterans live, and will serve veterans statewide who want to stay at the respite. The purpose of the project is to provide 24-hour/seven-days-a-week (24/7) recovery-oriented peer support for veterans living with mental health and/or substance use challenges in a safe and stable environment. Services are to be provided at no cost to the guest. PRR-V will promote self-directed recovery from mental health and/or substance use challenges, with the goal of preventing crises and reducing hospitalizations. The PRR-V will provide resources and linkages to community supports and services to assist peers in achieving recovery.

1. Provide an overview of the services to be provided and the outcomes or products that will be achieved. (Please limit response to one paragraph)
The Peer Run Respite-Veterans respite home (PRR-V) will promote self-directed recovery for veterans through provision of recovery-oriented peer support. The PRR-V will be operated with a recovery orientation by offering programs that promote hope and share education about recovery, and by having team members who are veterans and/or are trained in the veteran culture. Self-direction and empowerment will be promoted within the PRR-V by providing a variety of resource materials and wellness tools for guests to choose from, keeping self-direction at the core of ongoing program development. The PRR-V will provide a safe, stable, and supportive environment for veterans in recovery. The PRR-V will be operated with staff 24/7. An appropriate house for use as a PRR-V will be located in the southeast region of Wisconsin and furnishings will create a home-like environment. The house will meet Americans with Disabilities Act (ADA) compliance and any necessary repairs or renovations to ensure ADA compliance will be made. A safe and welcoming environment will be created through décor, interactions between veteran guests and team members, and all program materials that affect the PRR-V environment. Security and safety needs will be met and opportunities for guest feedback will be provided. The PRR-V will provide resources and linkages to the community. Collaborative local relationships will be developed and maintained by providing updates to local/regional stakeholders and to the larger veteran community through regular meetings and online presence. Information, education, linkage, and follow-up for veteran guests will be offered by collecting and maintaining veteran resources about services available locally and regionally. Follow-up with guests will be provided at 1-month and 3-month intervals. The PRR-V will improve outcomes and quality of life for veterans utilizing the peer respite services. PRR-V support is offered as an alternative to utilizing other crisis services. The PRR-V will demonstrate improvement in recovery and quality of life for veterans by providing ongoing training for team members and measuring guest satisfaction.

2. Provide summary data identifying needs and purpose in your region. Justify how this contract funding will address those needs. (Please limit response to one to two paragraphs)

PRR-V is an important part of Wisconsin's dedication to increasing recovery options for veterans. The current continuum of care within Wisconsin's mental health service array does not fully support the values of self-determination, self-sufficiency, dignity and quality of life, which are keys to discovering and maintaining recovery and wellness within the community. The PRR-V is intended to serve veterans who are experiencing an increase in symptoms and/or stressors and are in need of support to aid in their recovery in order to prevent or avert a crisis situation. Currently, many veterans who meet this level of care go unsupported due to the lack of appropriate supportive service options which at times results in a crisis occurring before they are able to access services. The PRR-V addresses the need for community-based services to support veterans before reaching a level of crisis, and to encourage wellness and recovery based on the values of veteran culture, empowerment and self-determination.

Among the veterans who have been deployed, approximately 30% are estimated to have behavioral health needs, and close to 40% of those veterans with such needs go untreated. This is underscored by the increased risk of suicide for veterans. Approximately 20% of suicide deaths in Wisconsin are former service members, and suicide rates for male and female veterans far exceed their civilian counterparts. DHS data analysis highlights the fact that even those veterans who presumably have the highest behavioral health needs are unlikely to access behavioral health resources, and nearly 70% of veterans who die by suicide are not engaged with VA healthcare services. Veterans have unique shared cultures that vary dependent upon individual experiences within the US Military, National Guard, or its Reserve components. One must be mindful of this culture and experience when providing support services to veterans. Veterans are welcome at the current PRRs; however,

these programs are not experts around understanding the veteran culture. The PRR-V will be a unique service delivery system for veterans. It is not traditional military mental health and/or substance use disorder service and it is not based upon traditional veteran administration criteria. The PRR-V will be open to any individual who has served at least one day in the US military, National Guard, or reserves, regardless of discharge status; and has lived experience with mental health and/or substance use challenges to a degree that it has affected their quality of life. It is expected that the use of the PRR-V by veterans will increase earlier intervention and reduce the risk for high level crisis situations.

Agency Name: Mental Health America of Wisconsin
Contract Title: Peer Run Respite- Veterans
Contract Period: From 7/1/2019 Through 6/30/2020

EXHIBIT 1.2
DESCRIPTION OF DELIVERABLES / SERVICES TO BE PROVIDED
Work Plan

In the table that follows each goal, identify the objective, all major activities needed to achieve the goal, the timeline when each of the related activities is projected to be met, how success will be measured to determine whether you meet your goal and objective(s) and the person/role responsible for the activity.

Goal 1: Promote self-directed recovery through provision of recovery-oriented peer support.

Objective 1	Related Activities	Timelines	How Success will be Measured
1. Operate the PRR-V with a recovery orientation.	1. Training curriculum developed which incorporates veteran-peer perspective.	1. Q1	1. All training will be available to staff 90 days prior to PRR-V opening.
	2. Support services and referrals will be centered around individual recovery goals.	2. Q2-Q4	2. No less than 75% of guests will agree the PRR-V was recovery-oriented.

Person/Role Responsible: Program Director, Project Manager, Training and Advisory Council

Objective 2	Related Activities	Timelines	How Success will be Measured
1. Promote self-direction and empowerment within the PRR-V.	1. Training curriculum will be developed which promotes the self-direction of guests at the PRR-V.	1. Q1	1. Training will be available to staff 90 days prior to opening PRR-V.
	2. Engagement PRR-V services will be optional and guests will be empowered to choose their own path of recovery.	2. Q2-Q4	2. No less than 75% of guests will agree that the PRR-V promoted their self-direction and empowerment.

Person/Role Responsible: Program Director, Project Manager, Training and Advisory Council

Objective 3	Related Activities	Timelines	How Success will be Measured
1. Provide peer support services in the PRR-V.	1. Training will be developed which incorporates intentional peer support with the veteran perspective.	1. Q1	1. All training will be available to staff 90 days prior to opening of PRR-V.
	2. Peer staff will be available 24/7 at the PRR-V to any guest who seeks support in their recovery.	2. Q2-Q4	2. No less than 75% of guests will agree that peer support services were made available to them at the PRR-V.

Person/Role Responsible: Program Director, Project Manager, Training and Advisory Council

Objective 4	Related Activities	Timelines	How Success will be Measured
1.	1.	1.	1.

2.

2.

2.

Person/Role Responsible: Click here to enter text.

F-21276 (06/2018)

Agency Name: Mental Health America of Wisconsin

Contract Title: Peer Run Respite- Veterans

Contract Period: From 7/1/2019 Through 6/30/2020

EXHIBIT 1.3 DESCRIPTION OF DELIVERABLES / SERVICES TO BE PROVIDED Work Plan

In the table that follows each goal, identify the objective, all major activities needed to achieve the goal, the timeline when each of the related activities is projected to be met, how you will measure whether you are successful in meeting your goal and objective(s) and the person/role responsible for the activity.

Goal 2:

Provide a safe, stable, supportive environment.

Objective 1	Related Activities	Timelines	How Success will be Measured
1. Operate and staff a PRR-V facility 24/7.	1. Hiring and staffing procedures will be established to ensure 24/7 operation of the PRR-V.	1. Q1	1. All policies and procedures will be available to staff 90 days prior to PRR-V opening.
	2. The PRR-V will have at least one active peer and one on-call peer staff at all times.	2. Q2-Q4	2. No guest will report that there was a lack of staffing support during their stay at the PRR-V.

Person/Role Responsible: Program Director, Project Manager, Training and Advisory Council

Objective 2	Related Activities	Timelines	How Success will be Measured
1. Assure ADA compliance is met and maintained in the PRR-V facility and program.	1. A location will be scouted and identified which provides access or allows for modifications for ADA compliance.	1. Q1	1. Location will be secured prior to or before the end of Q1, and open to guests by the beginning of Q2.
	2. Any modifications to structure will be completed to allow for full access to PRR-V.	2. Q1	2. Modifications to PRR-V location will be completed prior to opening.

Person/Role Responsible: CEO, Program Director, Advisory Council

Objective 3	Related Activities	Timelines	How Success will be Measured
1. Assure the PRR-V environment is safe and welcoming.	1. A location will be sought which is welcome to any demographic of veteran guest.	1. Q1	1. Location will be identified which provides safe access at any hour.
	2. Guests will be encouraged to contribute to the PRR-V space and to engage with the surrounding community, as opportunities and recovery plans allow.	2. Q2-Q4	2. At least 75% of guests will agree they felt safe and welcome at the PRR-V.

Person/Role Responsible: CEO, Program Director, Advisory Council

Objective 4	Related Activities	Timelines	How Success will be Measured
1. Assure the PRR-V environment is physically safe and secure.	1. A location will be sought for the PRR-V which allows for 24/7 access and provides security to guests.	1. Q1	1. Location will be identified which allows secure access by guests.
	2. Any modifications to the PRR-V site will be completed to	2. Q1	2. Security measures, as established

ensure safe access by all guests.	by PRR-V policies, will be implemented prior to PRR-V operation.
-----------------------------------	--

Person/Role Responsible: CEO, Program Director, Advisory Council			
Objective 4	Related Activities	Timelines	How Success will be Measured
1. Provide services free of charge to guests.	1. Marketing and outreach materials will be developed which inform all potential guests that services at PRR-V are free of charge. 2. All peer support services will be clearly designated as no charge at the PRR-V.	1. Q1 2. Q1-Q4	1. Outreach materials will be developed prior to public announcement of operational start date. 2. Guests will be informed through pre-arrival conversations that all services at the PRR-V are free of charge.

Person/Role Responsible: Program Director, Project Manager, Advisory Council			
Objective 4	Related Activities	Timelines	How Success will be Measured
1. Ensure access to services statewide.	1. Access plan will be developed for eliminating geographic barriers to accessing the PRR-V. 2. Guests seeking a stay at the PRR-V will be supported to arrive and depart the PRR-V.	1. Q1 2. Q1-Q4.	1. All policies will be made available to staff 90 days prior to PRR-V opening. 2. No guest will be turned away from the PRR-V due to lack of transportation.

Person/Role Responsible: Program Director, Project Manager, Advisory Council.

F-21276 (06/2018)

Agency Name: Mental Health America of Wisconsin

Contract Title: Mental Health America of Wisconsin

Contract Period: From 7/1/2019 Through 6/30/2020

EXHIBIT 1.4
DESCRIPTION OF DELIVERABLES / SERVICES TO BE PROVIDED
Work Plan

In the table that follows each goal, identify the objective, all major activities needed to achieve the goal, the timeline when each of the related activities is projected to be met, how you will measure whether you are successful in meeting your goal and objective(s) and the person/role responsible for the activity.

Goal 3: Provide resources and linkages to the community.

Objective 1	Related Activities	Timelines	How Success will be Measured
1. Develop collaborative local relationships.	1. Advisory Council will hold regular meetings, no less than every other month, to review implementation, development, and operation of PRR-V. 2. Mission and goals of PRR-V will be clearly transmitted to community partners.	1. Q1-Q4 2. Q1-Q4	1. Meeting notes and agenda will be maintained for meetings of advisory Council. 2. MHA will create MOU's with necessary partners and stakeholders.

Person/Role Responsible: Program Director, VCES, Advisory Council

Objective 2	Related Activities	Timelines	How Success will be Measured
1. Provide information and education for the community at large.	1. Participate in community events to promote the PRR-V. 2. Engage with local community surrounding PRR-V to increase engagement and connection.	1. Q1-Q4 2. Q2-Q4	1. Identify one event monthly to provide presentation or outreach materials regarding PRR-V. 2. Identify local meetings and events to invite participation of guests and staff to exchange information about PRR-V.

Person/Role Responsible: Program Director, Project Manager, VCES, Advisory Council

Objective 3	Related Activities	Timelines	How Success will be Measured
1. Provide information, education, linkage, and follow-up for guests.	1. Develop useful tool for providing referrals to community resources. 2. Staff will follow-up with guests as requested and assist with making connections to community resources.	1. Q1-Q4 2. Q3-Q4	1. Tool will be developed prior to PRR-V opening and updated as necessary. At least 50% of guests will be provided community referrals as requested. 2. At least 75% of guests who receive referrals will report the referrals were useful

Person Responsible: Program Director, Project Manager, Peer Staff

Objective 4	Related Activities	Timelines	How Success will be Measured
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1.	1.	1.	1.
	2.	2.	2.

Person/Role Responsible: Click here to enter text.

F-21276 (06/2018)

Agency Name: Mental Health America of Wisconsin

Contract Title: Peer Run Respite- Veterans

Contract Period: From 7/1/2019 Through 6/30/2020

EXHIBIT 1.5
DESCRIPTION OF DELIVERABLES / SERVICES TO BE PROVIDED
Work Plan

In the table that follows each goal, identify the objective, all major activities needed to achieve the goal, the timeline when each of the related activities is projected to be met, how you will measure whether you are successful in meeting your goal and objective(s) and the person/role responsible for the activity.

Goal 4: Improve outcomes and quality of life for peers utilizing the PRR-V services.

Objective 1	Related Activities	Timelines	How Success will be Measured
1. The PRR-V will support guests to decrease their utilization of other crisis services.	1. Peer support services will highlight building resiliency and improving skills of guests to cope with future moments of crisis.	1. Q1-Q4	1. At least 50% of guests will report a decrease in contact with law enforcement or emergency services for mental health or substance use crisis 90 days after departure.
	2. Guests will receive referrals to community resources and services which are tailored to match their recovery plans.	2. Q1-Q4	2. At least 50% of guests will report that the referrals they were provided assisted them to avoid the use of traditional crisis services 90 days after departure.

Person/Role Responsible: Click here to enter text.

Objective 2	Related Activities	Timelines	How Success will be Measured
1. The PRR-V will result in self-reported improvement in recovery and quality of life for guests.	1. Peer support staff will be trained to support guests to direct their own path to recovery through a strengths-based, asset-focused perspective.	1. Q1-Q4	1. At least 50% of guests will report that they felt empowered through the development of their recovery plan.
	2. Peer staff will be encouraged to reach out to alumni of the PRR-V to allow guests to maintain a positive, constructive connection to the PRR-V following their departure.	2. Q1-Q4	2. At least 50% of guests will report that they have experienced an improvement in their quality of life 90 days after departure.

Person/Role Responsible: Click here to enter text.

Objective 3	Related Activities	Timelines	How Success will be Measured
1.	1.	1.	1.
	2.	2.	2.

Person/Role Responsible: Click here to enter text.

Objective 4		Related Activities	Timelines	How Success will be Measured
1.	1.		1.	1.
	2.		2.	2.

Person/Role Responsible: Click here to enter text.

Agency Name: Mental Health America of Wisconsin
Contract Title: Peer Run Respite- Veterans
Contract Period: From 7/1/2019 Through 6/30/2020

EXHIBIT 1.6
DESCRIPTION OF DELIVERABLES / SERVICES TO BE PROVIDED
Coordination

Describe any collaborative arrangements that are or will be developed in order to achieve the goals of this project. Provide the names of collaborative organizations and/or individuals and what contribution or commitment has been made between this project and collaborators.
Mental Health America of Wisconsin will be collaborating on this project with: Anick and Associates for fiscal accounting; Mary Kay Wagner, consultant for peer training curriculum development and implementation; and Dryhootch, as a contractor organization for peer training curriculum development and implementation.

F-21276 (06/2018)

Agency Name: Mental Health America of Wisconsin

Contract Title: Peer Run Respite- Veterans

Contract Period: From 7/1/2019 Through 6/30/2020

EXHIBIT 1.7
DESCRIPTION OF DELIVERABLES / SERVICES TO BE PROVIDED
Identified Issues

Column one will list any issues that have been identified through a performance report or site visit. If there is no issue listed in column 1, no action is necessary. If there is one or more issues listed in column 1, address how you will resolve each issue in column 2.

<u>Column 1</u>	<u>Column 2</u>
Issues to be Resolved	Agency Response
1.	1.
2.	2.
3.	3.
4.	4.

STATE OF WISCONSIN

CITY OF PEWAUKEE

WAUKESHA COUNTY

- NOTICE OF CONDITIONAL USE -

PLEASE TAKE NOTICE THAT THE CITY OF PEWAUKEE COMMON COUNCIL WILL CONTINUE CONSIDERATION OF THE PETITION OF **MENTAL HEALTH AMERICA OF WISCONSIN** FOR A **CONDITIONAL USE PERMIT** UPON THE FOLLOWING PROPERTY IN THE CITY OF PEWAUKEE:

Legal description of property:

PT SE1/4 SEC 4 T7N R19E COM S1/4 COR E 667.00 FT N16°14'E 1004.60 FT N13°52'E 818.00 FT N38°01'E 128.60 FT THE BGN N38°01'E 442.65 FT S3°47'W 223.00 FT N89°57'E 200.46 FT S12°32'W 230.15 FT N76°29'W 420.5 FT TO BGN EX HY DOC# 3633569

Common Description or name: W252 N4304 Sussex Street

Tax Key Number(s): PWC 0880997 **Current zoning:** Rs-3 Single-Family Residential

This conditional use permit is requested in order to operate a peer-run respite for Wisconsin veterans to support recovery from mental health and substance use challenges.

The public hearing on this matter was previously held and closed at the October 21, 2019 Common Council meeting. At that meeting the Common Council took no action.

Consideration of the petition of Mental Health America of Wisconsin for a Conditional Use Permit will be continued by the Common Council on **Monday, November 4th, 2019** at or after **7:00 PM** in the City Hall Common Council Chambers located at W240N3065 Pewaukee Road.

Dated this 23rd day of October, 2019.



Ami Hurd
Deputy Clerk

From: [Brian Michel](#)
To: [Fuchs, Nick](#)
Subject: Supplemental Material for MHA's Conditional Use Permit Application
Date: Tuesday, October 29, 2019 4:25:52 PM
Attachments: [image001.png](#)
[R&R Policies.pdf](#)
[PREF+Report+050516_FINAL.pdf](#)
[What the Research Has Told Us About Peer-Run Respite Houses_ The Second Story Story.pdf](#)
[PS201400266-pap 1..6.pdf](#)
[Peer-Run Respites_ FAQs _ Wisconsin Department of Health Services.pdf](#)

Hello Nick:

Attached, please find several documents, including MHA's updated Policies and Procedures for operation of the R&R House, articles which provide research and data on the effectiveness of peer respites, and detailed information for policy makers and community members on the operation and history of peer respites in Wisconsin from the DHS website. MHA's Policies and Procedures will control where the other resources may recommend less strict requirements.

Additionally, to provide direct response to several concerns raised by community members, MHA would like to clarify the following:

1. In order to reduce capacity and volume of participants, MHA has compromised to limit the space to **three** (3) bedrooms for guests, and will use one bedroom as an office. This cuts down the potential capacity by 25%, addressing the concerns of many regarding the relatively high number of guests who may use the resource.
2. **No weapons will be allowed under any circumstances.** Guests who are found to have brought a weapon will be asked to leave and store it off-premises, and if they are unwilling to do so, will be excluded from the program and informed they will be liable for trespassing.
3. Fencing can be installed which blocks view from the adjacent neighbor, and which prevents unintentional trespassing beyond the property lines of the R&R House premises.
4. Guest curfew hours will be 6am to 10pm, and failure to return prior to 10pm may be grounds for exclusion from the program.
5. No alcohol or substance use will be allowed on the premises. Guests who return to the premises who have engaged in alcohol or substance use will be asked to leave if they are infringing on the recovery and support of other guests. Those who refuse to do so will be liable for trespassing.
6. Guests will be advised during phone screening and arrival that individuals staying at the R&R House may hear sounds from the local firearm range, from hunting activities, or from the local quarry. Guests are to make the determination if this would be a trigger for their recovery and if the R&R House would be appropriate for them.
7. For the security and safety of guests and staff, external doors to the R&R House will be subject to video surveillance, and signs advising of this fact will be posted.

MHA is willing to continue to work with the Pewaukee Common Council and community to find appropriate solutions which provide access to this valuable resource. While some community members have stated that other respites are not in residential areas, this is simply not the case, as the Appleton respite is located in a completely residential area within 3 blocks of an elementary school with no adverse effects on the community. Other concerns regarding property values are

purely speculative and unreasonable, considering the upward trend of real estate prices around the Appleton respite and considering this is not pursuant to a purchase of land, merely a rental contract. All other respites, despite any initial difficulty in educating the community, are now considered a valuable neighbor and maintain positive relationships with those around them. Finally, the push by community members to move this project into a “less residential” area solely to soothe concerns about safety dehumanizes the guests of the respite by assuming that they are violent or incapable of controlling themselves. This was highlighted by many residents claiming that there is a nearby trail which their children would be unable to use if the R&R House opened, without acknowledging that *any* member of the public, including those with much more serious and persistent needs than guests at the R&R House, can use that trail at any time of day or night.

Further, the intent of peer respites is to become integrated into the community, to foster relationships, and to build character. These are skills which are more difficult to accomplish if someone is isolated or pushed into an unsafe area of an urban or commercial environment. The guests of the R&R House are those who are making strides in their recovery, who choose to seek out peer services, and who agree to uphold the values and expectations of the house. While many community members took care to point out that they honor and respect the sacrifice made by veterans who may have injured their very souls to protect the values of the United States, many were just as quick to state that they were not willing to sacrifice any amount of their security in order to pay that debt back. MHA does not believe this is anywhere close to a fair exchange, and we hope the Common Council will see the value of permitting the R&R House to open in Pewaukee at the proposed location, and take comfort that it will be operated with the utmost level of responsibility and care for the community.

Thank you for your consideration.

Best,

Brian J. Michel, JD

Director of Prevention Services

Mental Health America of WI

600 W. Virginia Street, Suite 502

Milwaukee, WI 53204

414-336-7961 (Direct)

414-276-3124 (Fax)

brian@mhawisconsin.org



R&R HOUSE
Policies and Procedures

Our Mission: R&R House provides a safe and welcoming environment for former members of the United States Armed Forces facing barriers to their emotional or behavioral wellness to grow and heal through support from others with shared lived experience.

Our Values:

We believe No Veteran should be Left Behind.

- We believe that every person who signed a contract to defend the United States with their life is a veteran.
- We recognize that not every veteran is able or willing to receive support or care from the Department of Veterans Affairs.
- We recognize that the experience of every veteran during their service is unique.
- We recognize that the experiences during active service contribute to making the veteran who they are.

We believe in the value of connection.

- We value the camaraderie that is unique to the veteran experience.
- We believe in mutuality of relationships, rather than relying on rank.
- We recognize the value of connection outside and within the R&R House.
- We believe there is positive value in the lived experience of every individual.

We believe in hope and that recovery is possible for every veteran.

- We recognize all veterans have strengths and experience different pathways to recovery.
- We will make space for veterans to find their own way to wellness and provide support with education, information, connections, and resources.
- We foster an environment that supports renewal and growth.
- We believe everyone has an opportunity to give back using strengths developed through lived experience.

We believe in respect for self, others, and the community.

- We will communicate with compassion and listen with empathy.
- We have the ability to set our own boundaries and limits and will respect the boundaries and limits of others, including privacy and confidentiality.
- We will honor and respect our differences in beliefs, values, and culture and use respectful and person-centered language.
- We will address conflict through non-violent resolution which respects the experience and perspective of each.

We believe in creating a welcoming and healing space that is integrated into the community.

- The R&R House is a peaceful and healing space that is accessible for all Wisconsin veterans.
- We honor the value of trauma-informed care, including the need for physical and emotional safety which respects the lived experience of each.
- Our space will be completely free of alcohol, illicit drugs, and weapons, as they limit the capacity of individuals to develop internal strength and resolve.

R&R HOUSE
Policies and Procedures

Guest Pre-Arrival Information Inquiry

Prior to inviting a veteran guest to the R&R House, it is important for staff to learn about the needs of the guest, the guest's hopes and expectations for their stay, and to determine whether the R&R House can provide the needed support or if the veteran would benefit more from referrals to other resources.

The R&R House is not a crisis stabilization house or treatment center. The following scale will be used to help determine whether the R&R House is an appropriate resource for the veteran.

- **Level 1** - Very low-level stress: Veteran is dealing with issues which can be resolved with referrals to appropriate community resources. (e.g. lack of knowledge about where to file VA disability claim; lack of knowledge of survivor benefits; increased stress but not looking for overnight/residential stay.)
 - **Refer to appropriate community resource provider, with direct connection if possible.**
- **Level 2** - Low-Level Stress: Veteran is dealing with substantial life stressors (difficult transition to civilian life; employment issues; lack of healthy peer connections). Able to maintain abstinence from alcohol and illicit drug use for length of stay.
 - **Continue with Guest Inquiry, potential for invitation to R&R House.**
- **Level 3** - High-Level Stress: Veteran is facing serious life stressors and/or deteriorating mental/behavioral health issues. Veteran is having difficulty managing daily life activities or maintaining sobriety for more than several days at a time.
 - **Refer to inpatient recovery or health services, including VA or Crisis Resource Center. Assist veteran with making connection to service.**
- **Level 4** - Extreme High-Level Stress (Crisis) - Veteran is in active crisis during phone conversation. Difficulty answering questions, repeated threats to harm self or others, incoherent speech due to intoxication or impairment.
 - **Contact Veterans Crisis Line or local emergency services.**

NOTE: Only veteran callers at Level 2 are appropriate for invitation to R&R House.

After making a determination of the appropriate level of need and taking any steps to ensure the safety of the caller and others, the caller will be asked to find a private space to talk. The caller will be advised that the conversation regarding their potential stay at the R&R House may take approximately 30 minutes. During the conversation, the following will be accomplished:

- Guest learns basic information about the intent and extent of peer support and the experience of staying at the R&R House.
- Guest shares information about their referral to R&R House and the stress which led them to call.

R&R HOUSE
Policies and Procedures

- Guest shares information about their hopes, goals, or purpose for getting support at the R&R House.
- Guest will be informed that staff may be taking notes during the conversation, and that any notes will be available to them upon request.
- Guest will be informed that the decision of whether to invite a veteran to the R&R House is made by 2 staff members, and that the guest will be notified within 4 hours if the R&R House is an appropriate support for them, based on guest need, current guests, and house expectations.
- **PLEASE NOTE:** Having an empty room will not be the deciding factor on whether or not someone is considered to be a good fit for the house.

The following information shall be collected by R&R House staff either electronically or in paper form. All paper notes are to be kept in a locked file, available to the individual guest or caller upon their request.

Date: _____ Time of Call: _____
First Name: _____ Last Name: _____
Name you go by if different than above: _____

Potential Guest is: _____ New _____ Returning _____
When were you hoping to arrive (if looking to arrive at a later date potential guest must call back) _____
Is guest self-referred and voluntarily seeking support? _____
Accommodation Requests (Accessibility, Allergies, etc.) _____

Address: _____

County of Residence (very important as available referrals and resources vary by county): _____

Are you over the age of 18: _____
Telephone # _____ Secondary phone # _____
Can we leave a message at these numbers: _____
Email: _____
Emergency Contact: _____ Phone: _____
Gender Pronoun: _____
How did you hear about us: _____

What do you know about R&R House or peer support? (If they are unfamiliar share what a stay at R&R House and peer support looks like) _____

R&R HOUSE
Policies and Procedures

“There is some additional information we will need in order to make an informed decision regarding your potential stay. Are you in a space where you feel comfortable speaking openly?” (If they are not ask them if they can go to a place or call back when they are in a comfortable space)

Can you share a little bit about what’s going on with you right now and what led to this call: _____

What recovery oriented goals and/or activities will you be working towards during you stay? _____

What would your needs look like during your stay: _____

How can staff assist you with your needs: _____

What are you hoping got get out of this stay: _____

What is the permanent address you will be returning to after your stay? _____

****Please explain that we require that individuals have a permanent address to return to because R&R House is not transitional housing.****

Any additional information you feel I need to know about your potential stay or any questions you have for me?

R&R HOUSE
Policies and Procedures

Are you able to agree to the following?

- ☐ Are you someone who identifies with lived experience with substance use and/or mental health?
- ☐ Are you someone experiencing a need for emotional support?
- ☐ Are you able to administer your medications if applicable?
- ☐ Are you able to care for daily living activities? (showering, cooking, cleaning, etc.)
- ☐ Does potential guest have any known communicable illnesses? (fever, flu, etc.)
- ☐ Has potential guest had any known contact with bed bugs over the last month?
- ☐ Does potential guest agree to refrain from any behavior that puts them at risk of physical Harm?
- ☐ Does potential guest agree to refrain from any behavior that puts staff, other guests, and community members at risk of physical, emotional, and psychological harm?
- ☐ Can potential guest abstain from alcohol, non-prescribed drugs, or misuse of prescribed medications?
- ☐ Does potential guest understand that we are a weapons-free environment?
- ☐ Is potential guest informed of possibility to hear sounds from outdoor firearm range, seasonal hunting activity, or quarry operations?

Estimated arrival date/time (within 24 hours):

Estimated departure date/time:

Staff completing conversation and

inquiry: _____

Do you feel this guest would be a good fit? _____ **If NO, why not?**

Follow up plan (who are you going to consult/discuss/call)?

2nd staff consulted on

inquiry: _____

Do you feel this guest would be a good fit? _____ **If NO, why not?**

Final decision: Yes _____ No _____

Reason: _____

Staff who informed caller of decision:

_____ Date: _____ Time: _____

Advise guest that they can bring 1 bag and 1 personal item (ie: backpack, purse, etc...) with them, and that a photo ID will be required upon arrival.

If approved when can we expect your arrival:

Date: _____ Time: _____

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Guest Agreement

R&R House is located in a residential neighborhood, offering an alternative to traditional behavioral health services which is completely peer run. Peer Support is the primary program and service of the respite and follows the tasks and foundations established through Intentional Peer Support including:

- Moving From Helping to Learning
- Moving From the Individual to Relationships
- Moving From Fear to Hope
- Moving From Boundaries to Limits
- Building Connections
- Mutuality of Shared Responsibility in Relationships
- Listening for the Untold Story
- Awareness of Trauma and Providing Trauma-Informed Peer Support
- Belief that Crisis can be an Opportunity for Growth & Connection

In order to provide an opportunity for as many people as possible, guest stays will be limited to 6 nights within a 60 day period.

These values create a space that works only when everyone agrees to uphold these values and mission. Every staff member and guest of the R&R House will review and sign this Agreement and is subject to removal from the premises due to failure to maintain compliance.

NAME: _____

By signing below, I acknowledge that:

- ☐ I believe that a 24hour, peer supported environment will benefit me at this time.
- ☐ I have been given a copy and understand the mission, vision and values of R&R House and that I am able to be responsible for my part of holding the mission and intent of the space.
- ☐ I understand that the PRR values of respecting guests privacy by not sharing information of guests or staff of the R&R House with other individuals outside the house.
- ☐ I understand that R&R House is funded by the Department of Care and Treatment Services (DCTS) and they may periodically review our space and documentation. I understand that the PRR is subject to guidelines, regulations and codes of DCTS.
- ☐ I understand that the respite strives to be conscious of staff and other guest's needs and sensitivities to products and personal care items with scents during my stay.
- ☐ I understand that although the respite will support me to keep my personal items safe and secure by providing me with a locked private room and a lock box for valuables and/or medication, the R&R House is not responsible for lost or stolen items.

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- ☐ I understand that individual's private bedrooms are private spaces and I will not enter that space. Common areas are provided throughout the respite along with additional private space for support and conversation.
- ☐ I understand that there is the possibility I will hear sounds from an outdoor firearm range, seasonal hunting activity, or quarry operations?
- ☐ I understand that I have the right to:
 - ☐ Choose the programs, services and supports I want.
 - ☐ Ask questions and receive answers about programs, services, and support.
 - ☐ Lead and participate in all decisions during my stay.
 - ☐ Make my needs known.
 - ☐ Work toward my Wellness Vision, hopes, needs and goals.
 - ☐ Follow my own schedule and have access to private and common spaces.
 - ☐ Access peer support and resource information during my stay.
 - ☐ Leave the respite at any time between the hours of 6am and 10pm, with exceptions for family or work obligations.
 - ☐ Have visitors throughout the day with limitations related to the privacy of others and capacity of the R&R House. I understand I am responsible for the actions of my visitors and that they must not interfere with the stay of other guests. Visitors are not allowed in guest bedrooms. I have the right to refuse visitors.
 - ☐ Acknowledge if I would like to be able to be contacted as a guest during my stay (by phone) or have my stay remain private.
 - ☐ Access written information about my stay at any time, add to that information or challenge the information.
 - ☐ Share feedback, complaints or grievances via verbal or written requests. I may file a grievance if I am not satisfied with the response to my feedback or complaint.
 - ☐ Not be discriminated against on the basis of race, age, sex, religion, national origin, sexual orientation or identity, disability, marital status, financial status or any other aspect of personal or family culture.
 - ☐ Hope and Recovery!
- ☐ **I understand that efforts will be made to work through most conflicts but I will be asked to leave or denied entry if:**
 - ☐ I leave and do not make contact with the PRR within 24 hours.
 - ☐ I bring illicit drugs, alcohol, drug paraphernalia, or weapons to the R&R House premises or use alcohol or illicit drugs during my stay.
 - ☐ I fail to return to the respite prior to 10pm without providing notice to staff.
 - ☐ I do anything to show disregard for the space including smoking or using e-cigarettes in the house, stealing, damaging property, or fail to clean up after myself, or show disrespect to staff, guests, visitors, or community members through yelling in anger, bringing weapons to the premises, making threats, using hateful or obscene verbal or non-verbal language, etc.
 - ☐ I have other medical or daily needs which I am unable to manage independently..

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- ☐ I am otherwise not in a place where I can uphold the values and mission of the space or benefit from the programs, services, or supports offered.
- ☐ If I am asked to leave and choose not to do so R&R House will consider me to be trespassing and may contact local law enforcement for intervention.
- ☐ If I provide false information during my Guest Inquiry or make misrepresentations in order to gain access to the R&R House.
- ☐ I understand that guest privacy is one of the R&R House values but in the event of the need for emergency medical treatment for a dangerous and/or potentially life-threatening situation or condition, I acknowledge my consent to treatment is implied if I am incapacitated and unable to provide such consent. Guest personal information may be shared with treatment providers to insure effective emergency treatment.

By signing this agreement I acknowledge that I have reviewed and understand this agreement and commit to upholding the mission and values of the R&R House.

GUEST SIGNATURE:

DATE: _____

R&R HOUSE
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WI DHS Chapter 94 Compliance Statement

Guest Rights & Resolution of Guest Grievances and Administrative Code Compliance

1. In compliance with DHS 94, the staff and volunteers of Mental Health America of WI's Peer Run Respite (R&R House) will ensure the rights of guests receiving services at the respite for mental illness and/or substance abuse.
2. In compliance with DHS 94.17 (Confidentiality of records) Mental Health America of WI will ensure all records are confidential. Guests may inspect, copy and challenge their records. Guests will be able to view any paperwork related to their stay at all times.

R&R HOUSE
Policies and Procedures

Confidentiality of Records

Ensuring privacy and confidentiality for guests is essential to creating a safe and welcoming environment.

1. In the Guest Agreement document draft, "Record Privacy & Access" includes:
 - Staff will keep all information related to guests and staff confidential.
 - Records of a guest or staff member may not be released without that individual's written consent.
 - Guests and staff may always see their records, add to their record and challenge the accuracy, completeness, timeliness and relevance of entries in their records.
2. A guest may review their written records during their stay at R&R House at any reasonable time. Records for past guests will be kept in a locked file cabinet on site at R&R House. Only R&R House staff will have access to the locked records. Past guests may have access to their records but need to call to make an appointment in advance to do so.
3. Personnel records for staff will be kept in a locked file cabinet at Mental Health America of WI's office. Mental Health America of WI's Executive Director and the R&R House Program Director will have access to staff records.

Data Collection and Storage

In order to provide the highest quality service and support to guests, while ensuring staff capacity and ability to respond to guest needs and program evaluation, the following data and information shall be collected during R&R House operations:

- Staff Information:
 - Caregiver Background Checks
 - Employment History
 - Military Discharge Documentation
 - Hiring Date
 - Position Description
 - Salary/Rate of Pay
 - Training and certification spreadsheet
 - Performance Evaluation based on semi-annual review and as needed.
- Guest Data:
 - Guest Inquiry
 - Guest Expectations Agreement
 - Guest Contact Logs
 - Guest Visitor Forms
 - Guest Follow-ups, to include 30, 60, 90, and 180 day intervals.
 - Self-disclosed Demographic Information, including ethnicity, gender, marital status, county of residence, other information as volunteered
 - Guest Departure Survey
 - Other Guest documents (grievance, request for referrals, etc.)

All records will be maintained for a minimum of 3 years, and are not to be released without written consent of the specific guest or staff member to which they pertain.

Statement of Americans with Disabilities Act (ADA) Compliance & Accessibility Reviews

The R&R House will not discriminate or turn away any guest due to disabilities defined under the ADA, to the extent capacity is available. While accommodations will be sought to support every guest, veteran guests are required to maintain daily living activities regarding cleaning, personal hygiene, medication management, and other adult living skills without assistance from R&R House staff. The R&R House will operate pursuant to the following accessibility guidelines:

1. Ensuring access to R&R House is a priority for Mental Health America of WI and R&R House. As such, Mental Health America of WI and R&R House will work to ensure a safe and welcoming atmosphere that eliminates barriers to access.
2. Mental Health America of WI is committed to providing equal access for all members of the community who are interested in involvement with R&R House. To create a safe and welcoming environment, Mental Health America of WI will comply with all requirements of the ADA including:
 - a. Compliance with all standards for accessible design.
 - b. Ensuring that all written and spoken communication is as clear and understandable to all as possible.
 - c. Providing reasonable accommodations to guests to meet their needs.
 - d. Training staff and volunteers on understanding the ADA and its implementation at the respite.
3. The House Manager will be responsible for quarterly and annual reviews for accessibility of the program and facility. This review will include evaluation based on ADA guidelines as well as ensuring the environment is safe, welcoming and accessible.
4. Part of the guest checkout evaluation will include questions about accessibility and assessing if the respite provided a “safe and welcoming environment.”

R&R HOUSE
Policies and Procedures

Creating a Safe, Stable & Welcoming Environment

Mental Health America of WI will work with the local health department, law enforcement and fire departments to ensure compliance with city, county, state and federal codes and guidelines related to:

- Fire
- Weather
- Communicable Disease: Including flu, TB and Ebola
- Food Contamination
- Safety Hazards/Precautions

The House Manager will be responsible for daily, weekly, monthly, quarterly and annual checklists and inspections to review policies, procedures and compliance with code.

R&R HOUSE
Policies and Procedures

Cleanliness/Use of Common Areas

During a guest's stay at R&R House, they are welcome to use common areas to the extent they do not interfere with the support of other guests and staff. Upon arrival and during welcoming/orientation to the house, guests will be provided with information about house policies and expectations, including cleaning, personal responsibility, and respect for others in the house and community. Such information will include:

- Information on proper cleaning items and where to locate them.
- Expectations for personal hygiene and maintenance of bedrooms and common areas.
- Reference to posted food safety guidelines.
- Contact information for any urgent maintenance issue.

While R&R House staff will perform regular maintenance and cleaning of common areas and ensure guests are welcomed into a clean living space, guests are expected to clean up after themselves and to take pride in their surroundings. Guests who substantially fail to meet this standard may be asked to leave the R&R House as they may present a health or safety hazard to staff and other guests or may otherwise be unable to benefit from the shared living environment provided by R&R House.

R&R HOUSE
Policies and Procedures

Security of Building, Equipment & Guest Belongings

For the safety, privacy, and security of guests and staff at the R&R House, the following policies will be maintained:

1. R&R House will be locked at all times. Staff will be responsible for opening the door for R&R House.
2. No less than 2 staff members will be on-site at R&R House at all times, 24 hours a day, seven days a week.
3. The R&R House will have capacity for **three** guests at any time. One bedroom of the R&R House will be designated as the staff office.
4. Guests will be provided with a lanyard with an R&R House business card upon arrival and which must be returned at departure. Guests must present this card to regain entry to the premises after leaving for any reason.
5. Guest rooms will have keypad locks allowing each guest to customize their entry code.
6. Guest bedrooms will have lockboxes for medication and valuables. Medication requiring refrigeration will be kept in a lock box in the refrigerator and must be accessed by staff.
7. **Staff will not be responsible for any items or property of guests which is lost/stolen, or any property which remains following the end of a guest's stay.**
8. Each guest will have a designated space in the cupboard to store any food they wish to bring to the respite, as well as having shared refrigerator space. Guests will be asked to mark any food that is theirs in the refrigerator with their name and a date or the expiration date and to be respectful of leaving space for other guests to also store items in the refrigerator. All food left after a guest's stay will be disposed of upon their checkout.

R&R HOUSE
Policies and Procedures

Guest Arrival and Orientation

Once it has been determined that the guest and respite are an appropriate fit, the guest will be invited to meet at a designated time that they determine between the hours of 8 a.m. and 9 p.m. with an R&R House Staff Member.

Registration/Check In will include:

1. Completing an anonymous demographic form.
2. Reviewing the Mission, Vision and Values of R&R House.
3. Acknowledging these values by signing the Guest Agreement which also includes information about their stay.
4. Guests will receive a tour of the respite and receive access to their room and lockbox as well as a lanyard indicating that they are currently staying at R&R House. As the guests are settling into their room, this is also the time to get the cloth/plush items they brought with them into the dryer and ask them to change into those clothes once done. They should then be asked to place the clothes they wore into R&R House into the dryer.
5. Guest Wellness Vision: After they have had an opportunity to settle in for their stay, guests will be encouraged to meet with staff to draft this document or a similar document of their choosing..
6. Guests will also receive a “menu” of R&R House programming.
7. Guests will be asked to fill out an emergency form including contacts and medications/allergies. This form is intended for if an emergency were to occur that leaves them unable to communicate with medical personnel while they are at the respite. In addition, guests will also be given a chance to fill out a form indicating which potential callers they wish to allow R&R House staff to acknowledge their presence at R&R House to, in order for the guest to facilitate communication with calls from individuals they may wish to speak with.
8. Staff will review the Guest Checkout form/responsibilities with the guest the day before the guest indicates that they intend to leave.

R&R HOUSE
Policies and Procedures

Guest Checkout Sheet

The following document is to be discussed with the guest in a conversation with a staff member in order to answer any remaining questions and to continue to develop the peer relationship at the end of the guest's stay.

R&R House Guest Checkout

- ☐ Do you have all of your personal belongings?
- ☐ Did you remove all of your bed linens?
- ☐ Did you remove all trash from your room and dispose of in kitchen or outdoor garbage?
- ☐ Did you remove all leftover food you wish to take or dispose of it properly?
- ☐ Did you return your lanyard to staff?
- ☐ Did you perform a final walkthrough of the living space to determine if any items were left or missing?
- ☐ Did you complete the R&R House Departure Survey?
- ☐ Are there any other questions or concerns you wish to raise at the time of your departure?

Remember: Guests may end their stay at any time they choose, but we encourage that departing guests respect the needs of other guests and staff at the R&R House when departing.

A guest will be asked to leave if:

- The guest leaves and does not contact the R&R House within 24 hours.
- The guest brings alcohol, illicit drugs, paraphernalia, or weapons to the R&R House premises.
- The guest has medical or other needs which cannot be managed independently.
- The guest is unable or unwilling to uphold the values, guest agreement and expectations, or house policies of the R&R House, or otherwise engages in conduct which threatens the health or safety of guests, staff, or the community.

R&R HOUSE
Policies and Procedures

Alcohol & Illegal Drugs

1. Guests and staff at the R&R House may not use or possess alcohol, illicit drugs, or drug paraphernalia on R&R House premises.
2. Guests who violate this policy risk exclusion from the house and being denied R&R House services in the future.
3. A guest's use of alcohol or illicit drugs will be addressed by on-site staff and in consultation with a house supervisor, either the House Manager, Project Coordinator, or Program Director.
 - a. If a guest is determined to be interfering with the recovery of other guests, the guest will be asked to leave the premises.
 - b. If the guest can conform behavior to the expectations of the R&R House, the guest will be allowed to stay with the understanding that any further infractions of Guest Agreement **will** result in being asked to leave the house.
4. Staff will work with local law enforcement as necessary in regards to disposal of any illicit substances or items or to ensure the safety of the community.

R&R HOUSE
Policies and Procedures

Pet Policy

If someone wishing to stay at R&R House has a service animal that has been trained (or is in training) to do work or perform a specific task that the person is unable to do on their own, R&R House will make accommodations to welcome that animal. We will also request proof of vaccination and training. Unfortunately, we are unable to accommodate emotional support pets who may offer emotional support or comfort to an individual, but are not trained to do work or perform a specific task in the way that service animals are trained to do so. When service animals do accompany someone to R&R House, they are expected to stay with that person and under their control at all times.

An emotional support animal is defined as (from ADA National Network (adata.org)): *While Emotional Support Animals or Comfort Animals are often used as part of a medical treatment plan as therapy animals, they are not considered service animals under the ADA. These support animals provide companionship, relieve loneliness and sometimes help with depression, anxiety, and certain phobias, but do not have special training to perform tasks that assist people with disabilities. Even though some states have laws defining therapy animals, these animals are not limited to working with people with disabilities and therefore are not covered by federal laws protecting the use of service animals.*

From the US Department of Justice Civil Rights Division ADA website on Service Animals:

Service animals are defined as dogs that are individually trained to do work or perform tasks for people with disabilities. Examples of such work or tasks include guiding people who are blind, alerting people who are deaf, pulling a wheelchair, alerting and protecting a person who is having a seizure, reminding a person with mental illness to take prescribed medications, calming a person with Post Traumatic Stress Disorder (PTSD) during an anxiety attack, or performing other duties. Service animals are working animals, not pets. The work or task a dog has been trained to provide must be directly related to the person's disability. Dogs whose sole function is to provide comfort or emotional support do not qualify as service animals under the ADA.

Guests will need to find another place for their pets to stay, and/or someone else to care for them if they do not wish to leave their animals at home alone. We may be able to accommodate visits from pets, though this may be limited to the backyard or other designated areas based on the needs of the others in the house and would need to be arranged with staff and other guests. In such cases, the pet owner assumes all responsibility for the pet's actions, as well as for cleaning up after their pet.

R&R HOUSE
Policies and Procedures

Staff Training & Support

1. At the beginning of each shift, staff will connect on guest/house needs/support. Staff will be responsible for reading all contact logs and the communications log during each shift.
2. All staff are encouraged to attend R&R House Community Events which include monthly community events organized with support of R&R House's Program Director and Project Coordinator.
3. A weekly staff meeting will be held with all staff to provide training, support and administrative/policy updates.
4. The R&R House Manager (and any interested staff from R&R House) will attend the monthly Mental Health America of WI agency meeting, Mental Health America of WI agency events and other agency related meetings.
5. Mental Health America of WI will provide clinical staffing support to R&R House staff as needed, and will be available for consultation regarding needs of specific guests as required.

Impact of the 2nd Story Peer Respite Program on Use of Inpatient and Emergency Services

Bevin Croft, M.A., M.P.P., and Nilüfer İsvan, Ph.D.

Objective: By providing a safe and supportive space for individuals experiencing or at risk of experiencing a mental health crisis, a peer respite may reduce the need for traditional crisis interventions. This study examined the relationship between peer respite and use of inpatient and emergency services among adults receiving publicly funded behavioral health services.

Methods: This analysis used propensity score matching to create matched pairs of 139 users of peer respite and 139 nonusers of respite with similar histories of behavioral health service use and clinical and demographic characteristics. A two-stage regression model first predicted the likelihood of inpatient or emergency service use after peer respite start date and then predicted hours of inpatient and emergency service use among 89 individuals who used any inpatient or emergency services.

Results: After the authors controlled for relevant covariates, the odds of using any inpatient or emergency services after

the program start date were approximately 70% lower among respite users than nonrespite users, although the odds increased with each additional respite day. Among individuals who used any inpatient or emergency services, a longer stay in respite was associated with fewer hours of inpatient and emergency service use. However, the association was one of diminishing returns, with negligible decreases predicted beyond 14 respite days.

Conclusions: By reducing the need for inpatient and emergency services for some individuals, peer respites may increase meaningful choices for recovery and decrease the behavioral health system's reliance on costly, coercive, and less person-centered modes of service delivery.

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In the wake of the deinstitutionalization movement and the current emphasis on recovery-oriented and person-centered models of behavioral health service delivery, stakeholders are increasingly interested in less coercive alternatives to traditional inpatient and emergency interventions (1). Peer respites are voluntary residential programs designed to provide a safe space for individuals experiencing or at risk of experiencing a self-defined mental health crisis. Currently, a handful of such programs operate throughout the world, including 13 in the United States (2).

Peer support is based on the principle that as providers, persons with lived experience offer a unique perspective on mental health and foster hope that recovery is achievable (3). Two recent literature reviews examining the effectiveness of peer supports found that peer-provided services are associated with reductions in inpatient service use, although both reviews concluded that methodological shortcomings and measurement issues limited existing research (4,5).

A smaller body of literature has examined peer respites. In the only randomized trial, Greenfield and colleagues (6) examined mental health service costs, functioning, psychiatric symptoms, self-esteem, and satisfaction among 393

individuals facing civil commitment for mental health issues who were randomly assigned to peer respite or to a locked inpatient facility. Compared with the control group, respite users had higher satisfaction and experienced greater improvements in symptoms, social functioning, and self-esteem. There were no significant cost differences between groups, although authors noted that randomization and attrition issues may have biased the study against the respite condition, leading to an underestimation of cost reductions for the respite group.

In 2013, Thomas and Rickwood (7) conducted a systematic review of acute and subacute residential services, which included the aforementioned study by Greenfield and colleagues (6) and 25 other studies that examined similar programs staffed by nonpeers. That review found that residential crisis alternatives are generally associated with higher satisfaction, similar or improved symptoms and quality of life, and reduced costs compared with inpatient psychiatric units. Recent reviews of other community-based crisis alternatives, such as day hospitals and crisis resolution teams, found improved clinical and recovery outcomes and lower inpatient utilization (8,9).

The existing literature suggests that peer respites may lower system costs through reductions in inpatient and emergency services. Using a quasi-experimental design with propensity score matching and two-stage regression analysis, we examined whether use of inpatient and emergency services differed among individuals who used or did not use a peer respite during a two-year period. This analysis was part of a mixed-methods evaluation of 2nd Story, a peer respite program in Santa Cruz County, California. The program is funded by a grant from the Substance Abuse and Mental Health Services Administration, administered through a community-based organization, and overseen by the Santa Cruz County behavioral health department.

2nd Story offers short-term residential support for six individuals, or “guests,” in a homelike environment for up to 14 days per visit. Some program participants return to 2nd Story after their stays to take part in program activities as visitors or volunteers. The program is staffed entirely by peers trained in Intentional Peer Support, a trauma-informed service delivery paradigm emphasizing mutuality, reciprocity, and growth (10). Participation in all program activities, such as informal groups, open staff meetings, shared meals, day trips, and other social events, is entirely optional.

Individuals currently receiving publicly funded behavioral health services through the county’s system of care are the program’s target population. Program staff conduct ongoing outreach and education with staff and participants at local mental health programs. To be eligible, individuals must be adults enrolled in the county system of care who are not homeless at the time of admission. Each admission (including readmissions) is contingent on an interview with program staff to discuss what brings a potential guest to the program and what he or she hopes to accomplish by staying there. On the basis of the interview, two or more staff reach consensus on whether to admit a potential guest.

METHODS

Data and Variables

We examined deidentified, county-derived demographic and service use data for individuals receiving county behavioral health services over a period of approximately two years, from the program’s opening date on May 16, 2011, to June 30, 2013. The data set includes basic demographic variables, clinical characteristics, and date and length of services. It also includes service records dating to the individuals’ entry into the county system, which were used to establish baseline service history. Because the data are organized by service episode, there were multiple observations per individual. For variables that could possibly change from one episode to another, such as marital status, employment, age, diagnosis, and Global Assessment of Functioning (GAF) score, we used the observation closest to the program’s opening date. We constructed binary variables to indicate whether an individual used each service from a detailed list

of services. The outcome of interest of this analysis—inpatient and emergency service use—included crisis support services, crisis residential services, and short- and long-term psychiatric inpatient hospitalization. The study protocol was reviewed and approved by the Human Services Research Institute’s Institutional Review Board.

During the study period, 8,462 adults received services through the county’s system of care, and 141 of these used the peer respite. Of the former group, 139 nonusers of respite were assigned to a comparison group by using propensity score matching. Propensity score matching is commonly used in cases in which a randomized control group is unavailable (11,12). By simultaneously accounting for multiple observed factors that may influence selection of an intervention group, propensity score matching minimizes the effects of confounders associated with selection and mimics randomization by generating a sample that is comparable to the intervention group in terms of characteristics relevant to the study. A propensity score reflects the predicted probability of receiving versus not receiving an intervention.

We fitted a binary logistic regression model predicting the log odds of having participated in the program and used the predicted values as propensity scores. Predictors were selected on the basis of their hypothesized relationship to the treatment variable (peer respite use) and the outcome (inpatient or emergency service use) and were composed of the following factors: demographic characteristics (age and gender), clinical characteristics (schizophrenia, substance abuse, and axis II diagnosis), and behavioral health service use prior to the program’s opening date (use of a care coordinator; subacute, outpatient, inpatient, crisis, locked, and substance use services; homelessness support; medication management; employment support; board and care; jail support; and benefits counseling). The model fit the data well: the omnibus test of model coefficients yielded a chi square value of 493.7 ($df=17$, $p<.001$), and the Hosmer-Lemeshow test indicated no significant differences between observed and model-predicted values.

Using nearest-neighbor matching, we assigned each respite guest to a nonuser of respite (13). Of the 141 respite guests, 139 had data for all of the characteristics used for matching and were successfully assigned a match, yielding a final sample size of 278.

After matching a respite guest and a nonuser of respite, each member of the pair was assigned an index date corresponding to the respite user’s first visit to the respite. This “matched pair” index date assignment ensured that potential bias due to a “censored cohort” effect was similar for both groups. We then calculated two outcome variables: a binary variable indicating whether an individual ever used inpatient or emergency services after the index date and the total number of hours of use of inpatient and emergency services after the index date, log transformed to account for nonnormality and heteroskedasticity typical of health care utilization data (14,15).

TABLE 1. Characteristics of 139 users of a peer respite program and a matched sample of 139 nonusers of the program^a

Characteristic	Respite		No respite		p
	N	%	N	%	
Respite episodes (M±SD)	2.3±1.9		—	—	—
Days in respite (M±SD)	28.4±40.3		—	—	—
Has care coordinator	107	77	108	78	.89
Baseline demographic					
Age (M±SD)	43.7±14.0		43.6±14.8		.94
Female	67	48	62	45	.55
Hispanic	18	13	26	19	.20
Non-Hispanic white	98	72	98	72	.92
Currently married	4	6	5	6	.89
Employed	5	5	5	5	.99
Baseline clinical					
GAF (M±SD score) ^b	46.4±10.4		45.8±10.5		.64
Substance abuse	21	15	29	21	.21
Schizophrenia	55	40	61	44	.47
Use of services before index date					
Emergency or inpatient	98	71	84	60	.08
Substance use	19	14	12	9	.18
Outpatient	126	91	114	82	.04
Homelessness	9	6	10	7	.81
Board and care	19	14	18	13	.86
Received any emergency or inpatient services after index date	58	42	40	29	.02
Total days of emergency and inpatient services received after index date among service users (M±SD days) ^c	43.1±73.8		55.0±106.6		.52

^a For the continuous variables, the significance test was a two-tailed, independent-samples t test. For dichotomous variables, the significance test was a two-tailed, Pearson's chi square test with the asymptotic p value reported. For dichotomous variables, the data are reported for clients coded 1; clients without that characteristic, males (for females), and clients from all other racial-ethnic groups (for whites) were coded 0. Data were missing for some variables: race-ethnicity (N=3, respite; N=2, no respite), marital status (N=67, respite; N=57, no respite), employment status (N=36, respite; N=35, no respite), and Global Assessment of Functioning (GAF) score (N=29, respite; N=25, no respite).

^b Possible scores range from 1 to 100, with higher scores indicating higher assessed functioning.

^c Data from 58 respite and 40 nonrespite clients

Statistical Analysis

All analyses were performed by using SPSS software, version 22 (16). Because of the zero-inflated nature of the outcome variable (inpatient and emergency service hours), we used a two-stage regression approach. This approach is appropriate in cases in which the dependent variable has a disproportionate number of zeros; hence logarithmic transformations do not fully address nonnormality, a situation frequently encountered in health care utilization studies (14,15). In stage 1, we fitted a logistic regression model to estimate the log odds of any use of inpatient or emergency services after the index date, controlling for relevant covariates.

In stage 2, we estimated an ordinary least-squares regression model predicting total hours of use of inpatient and emergency services among individuals who used these services after the index date. Regression diagnostics ensured model assumptions were not violated, and eight cases with residuals larger than two standard deviations from zero on either side were removed from the final model. To capture

the full complexity of program effects, group membership information was represented by two separate variables: a dichotomous variable indicating whether the individual was a respite guest and a "dosage" variable measuring total days of respite, coded zero for the comparison group.

RESULTS

Table 1 displays study sample characteristics. A vast majority of participants were non-Hispanic white, single, and unemployed and had a care coordinator. Most had used some outpatient, inpatient, and emergency services prior to the index date. On average, respite guests had 2.3 program episodes and 28.4 total respite days.

We observed only one significant baseline difference between the groups—greater use of outpatient mental health services before the index date among respite users (Pearson's $\chi^2=4.4$, $df=1$, $p=.04$). Differences between the two groups in use of inpatient or emergency services at baseline were marginally significant. The analytic models included these two factors as controls to account for this baseline non-equivalence. No significant group differences were observed in the proportion of participants with care coordinators, suggesting that the propensity scores successfully addressed selection bias due to possible differences in referral and admission processes between individuals with and without care coordinators.

Individuals in the comparison group were, unexpectedly, less likely to use inpatient and emergency services after the index date (29%) compared with respite guests (42%). The multivariate analysis that follows provides a more nuanced picture of program effects than is implied by this bivariate association.

The results of the stage 1 model predicting the log odds of using inpatient or emergency services after the index date indicated that both respite use and respite days had significant effects independent of each other (Table 2). The probability of using inpatient or emergency services was approximately 70% lower for respite guests compared with members of the comparison group (odds ratio [OR]=.16, $p=.014$) after we controlled for respite days and other relevant covariates. However, the likelihood of this outcome increased with every additional respite day (OR=2.21, $p=.001$). When other factors were held constant, having a care coordinator was associated with an increased likelihood of use of inpatient or emergency services (OR=2.16, $p=.048$).

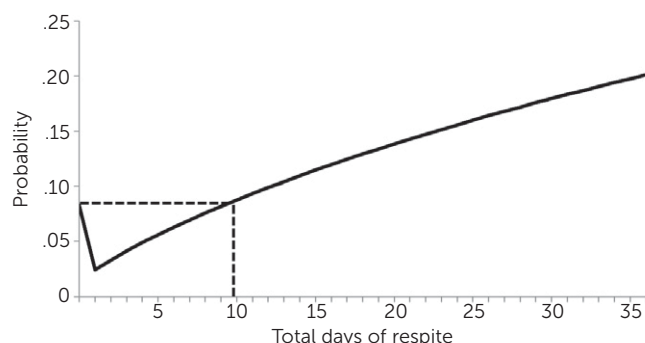
Because of logarithmic transformations and the inclusion of both respite use and dosage in the model, the information

TABLE 2. Log odds of using inpatient or emergency services after the index date among users of a peer respite program versus a matched sample of nonusers of the program^a

Variable	OR	95% CI	p
Respite user	.16	.04–.69	.01
Days in respite (log transformed)	2.21	1.39–3.51	<.01
Received inpatient or emergency services prior to index date	1.61	.87–2.99	.13
Hispanic	1.75	.85–3.61	.13
Female	1.26	.73–2.19	.41
Has care coordinator	2.16	1.01–4.65	.05
Ever received other services			
Substance use	1.34	.67–2.68	.41
Outpatient	3.08	.62–15.21	.17
Homelessness	.49	.15–1.62	.24
Board and care	1.66	.83–3.31	.15
Constant	.04		<.01

^a The results are from the stage 1 model (logistic regression) (respite clients, N=136; nonusers of respite, N=137); Hosmer-Lemeshow test, $\chi^2=4.19$, df=8, p=.84. An index date corresponding to the respite user's first visit to the respite program was assigned to each member in a matched pair of respite clients and nonusers of the respite program. Reference groups were clients without that characteristic and males (for females).

in Table 2 alone does not adequately convey the association between respite stay and use of inpatient or emergency services. Figure 1 is a visual representation of this association. We calculated the probabilities in the figure based on the results of the stage 1 model, holding constant all other variables that were at least marginally significant (using means for continuous variables and modes for dichotomous variables). The probability plot reveals that respite users with stays of up to about nine days were less likely to use inpatient or emergency services compared with nonusers of respite. Among respite participants who stayed longer, use of inpatient or emergency services was equal to or higher compared with use among nonusers of respite, based on predicted probabilities.

FIGURE 1. Predicted probabilities of using inpatient or emergency services after the index date, by total days of respite^a

^a Predictions were based on the stage 1 model, a logistic regression predicting the likelihood of using inpatient or emergency services after the index date among users and nonusers of a respite program, controlling for all other covariates that were at least marginally significant. An index date corresponding to the respite user's first visit to the respite was assigned to each member of a matched pair of users and nonusers of respite.

TABLE 3. Results of the stage 2 model (OLS regression) predicting the number of hours of inpatient and emergency services used after the index date among users versus nonusers of a peer respite program^a

Variable	B ^b	β^c	t
Respite user	1.17	.43	1.65
Days in respite (log transformed)	-.44	-.56	-2.12*
Days of use of inpatient or emergency services prior to index date (log transformed)	.13	.18	1.68†
Hispanic	.79	.23	1.59
Non-Hispanic white	.47	.17	1.21
Female	.79	.29	2.70**
Has care coordinator	.39	.10	.96
Ever received other services			
Substance use	.48	.15	1.40
Outpatient	1.62	.18	1.75†
Homelessness	.97	.17	1.61
Board and care	.13	.04	.37
Constant	2.97	—	2.92**

^a OLS, ordinary least squares. Hours of inpatient and emergency services are log transformed. Model $R^2=.27$. Nine of the 98 individuals who used inpatient or emergency services had missing values or were identified as outliers and eliminated from the analysis; the final sample included 53 users and 36 nonusers of respite. An index date corresponding to the respite user's first visit to the respite program was assigned to each member in a matched pair of users and nonusers of respite.

^b Unstandardized coefficient

^c Standardized coefficient

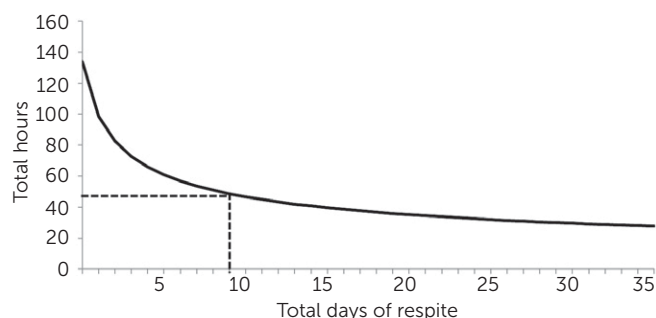
*p<.05, **p<.01, †p<.1, df=1, two tailed

Table 3 displays results of the stage 2 regression model in which we predicted the log-transformed hours of inpatient and emergency services among individuals who used those services, controlling for demographic characteristics and use of other services. Within this subsample (N=98), respite use had no net effect on inpatient and emergency service hours after we controlled for dosage. However, log-transformed respite days were negatively associated with inpatient or emergency service hours ($\beta=-.559$, $p=.037$). On average, women were more intensive users of inpatient and emergency services compared with men ($\beta=.294$, $p=.008$). The model explained 27% of the variability in hours of inpatient and emergency services among users of these services.

Figure 2 displays the relationship between total hours of inpatient and emergency services and number of respite days. The number of hours was predicted by the stage 2 model, after we controlled for all other covariates that were at least marginally significant. The predicted decline in hours of inpatient and emergency services was steepest between zero days (no respite) and one day of respite, from 134 to 99 hours. The decline continued with increasing respite days but at a gradually lower gradient. The curve appears to level off around nine to ten days of respite. After this point, each additional respite day predicted a negligible reduction; for example, participants who stayed at 2nd Story for 14 days used only one additional hour of inpatient and emergency services compared with participants who stayed 15 days.

As demonstrated by the stage 2 results, longer respite stays were significantly associated with fewer hours of

FIGURE 2. Predicted hours of inpatient and emergency service use after the index date among users of these services, by total days of respite^a



^a Predictions were based on the stage 2 model that used ordinary least-squares regression to predict hours of inpatient and emergency service use after the index date among users and nonusers of a respite program, controlling for all other covariates that were at least marginally significant. An index date corresponding to the respite user's first visit to the respite was assigned to each member of a matched pair of users and nonusers of respite.

inpatient and emergency services, although there appeared to be diminishing returns with each additional respite day, especially after nine or ten days. Stage 1 results suggested a similar “breaking point” of around nine or ten days in the program's effects on the probability of using inpatient or emergency services.

DISCUSSION

These results, which were based on data from the first two years of a five-year program, highlight several noteworthy points. First, even with a relatively small sample, we detected a significant association between participation in a peer respite and use of inpatient and emergency services. Equally important, results suggest that this association is complex and nonlinear.

When the analysis was restricted to individuals who used any inpatient or emergency services, results suggested that program benefits were larger for guests who stayed no more than nine to ten days compared with those who stayed longer. It is possible that individuals who stayed at 2nd Story longer than nine days had some shared functional or clinical characteristics that increase the need for inpatient and emergency services, regardless of respite use. One such factor may be housing instability. However, receipt of board-and-care or homelessness services in the past, which may be proxies for housing instability, were already included as covariates in the models.

We also examined available baseline measures of diagnosis and functioning to explore possible clinical differences between respite participants who stayed longer than nine days and those whose stays were shorter. There was no significant difference between the groups in mean GAF scores. We also considered diagnostic categories. Controlling for these factors made no notable difference in the conclusions, so they were not included in the final models.

Although the results were practically unchanged after addressing housing instability and clinical differences between guests with shorter or longer stays, further research is needed before this finding is used to guide program design decisions about optimal length of stay because the currently available data did not allow us to fully investigate other potentially important underlying mechanisms. The relationship between length of stay and use of inpatient and emergency services could be reflective of a habitual reliance on institutional services by some individuals. In addition, the relationship may be mediated by other unobserved factors, such as health and wellness, nonclinical supports, and other life stressors. More reliable measures of functioning and housing stability than were available for this analysis could also yield different models. In any case, results suggest that a respite may act as an alternative to inpatient and emergency services, at least for individuals who use a respite program for relatively brief periods.

These results, although promising, should be regarded with caution because of several study limitations. First, propensity score matching carries significant limitations, chief among them the fact that propensity scores can account for only observed characteristics and cannot account for unobserved factors that might influence a decision to use respite services (17).

Further, the shapes of the predicted curves (Figures 1 and 2) may be influenced by unobserved factors, as discussed earlier; and the curves could shift vertically or horizontally as new data become available. These cautionary notes notwithstanding, the preliminary results have important policy implications for the incorporation of peer respites into mental health systems.

CONCLUSIONS

This analysis adds to the limited literature on service use implications of peer respites. The peer respite model is currently understudied. Although its methods carried limitations, this study provides a much-needed glimpse into the impact of this innovative model. Findings suggest peer respites may be an effective alternative to traditional crisis services. Peer respites may have the potential to increase meaningful choices for recovery and decrease the behavioral health system's reliance on more coercive, less person-centered modes of service delivery.

Future research should continue this line of inquiry by using more rigorous experimental designs, analyzing cost implications, and incorporating additional covariates, such as quality of life, social supports, and life stressors. The observed reductions in use of inpatient and emergency services by respite guests likely translated to some degree of cost savings, given the resource-intensive nature of these services. Future analyses should test this hypothesis by generating reliable estimates of the potential savings attributable to this service model.

AUTHOR AND ARTICLE INFORMATION

The authors are with the Human Services Research Institute, Cambridge, Massachusetts (e-mail: bcroft@hsri.org). Preliminary results from an earlier version of this analysis were presented at the American Public Health Association conference, Boston, November 2–6, 2013.

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Peer-Run Respite: FAQs

A peer-run respite is a place for people with mental health and substance use concerns who may be experiencing increased stress or symptoms and need to take a break in a peer-supported environment. Guests do not need a mental health or substance use diagnosis in order to stay at a peer-run respite.

Support from people who have been there

Peer-run respites are managed by people who have lived through emotional, psychological, and life challenges. The peer support and other supportive services offered at a peer-run respite are designed to aid in the individual's recovery and avert crises and avoid hospitalizations.

- [Iris Place](#) - Appleton
- [Monarch House](#) - Menomonie
- [Solstice House](#) - Madison

The following is a list of frequently asked questions regarding Wisconsin's peer-run respites.

Accessing a peer-run respite

Who is eligible to stay?

Adults (age 18 or older) who need or want peer support to navigate or avoid a crisis related to mental health and substance use concerns may stay at a peer-run respite. A specific diagnosis is not necessary. Guests must be residents of Wisconsin.

Who may benefit from a stay?

People who need support during a period of increased stress or symptoms related to mental health and substance use concerns, but not traditional medical care or treatment.

People who are willing and able to choose this service freely.

People who can safely and cooperatively live in a communal living environment.

How much does a stay cost?

There is no cost to stay at a peer-run respite.

What is the process to set up a stay?

Call the peer-run respite location and talk with staff about the services and supports available and whether these services and supports are the right ones at the right time.

Stays are voluntary. Services are provided at no cost to the guest.

Service providers, family members, and friends are welcome to contact one of the peer-run respites, but staff always will speak with the prospective guest prior to a stay. Because peer support is based on choice, individuals must self-refer to a peer-run respites. People who need someone to make a referral for them may need more help than a peer-run respite can offer.

Peer-run respites are not drop-in centers. Please call and talk to staff before visiting one of the peer-run respites.

What if staff and the guest determine a stay is not a good fit?

If a stay at a peer-run respite is not in the best interest of a prospective guest, staff will provide information on other community resources available to the individual. For example, individuals in severe, immediate crisis may be referred to the county crisis line. The peer-run respites do not provide clinical services and supports. Individuals who are intoxicated, disrespectful, or verbally abusive are not good fits for the peer-run respite environment.

Do the peer-run respites offer drop-in services?

No. Prospective guests must contact the peer-run respite prior to their intended stay to engage in a conversation with staff to determine if the environment suits their needs.

Are the respites accessible to people with disabilities?

All three peer-run respites are accessible to people with disabilities.

Is transportation offered?

Guests are responsible for securing transportation to and from the peer-run respite. If guests need assistance accessing transportation, they should contact the peer-run respite. However, in general, the peer-run respites do not provide transportation services for guests.

Staying at a peer-run respite

What will a guest experience?

The peer-run respites offer guests 24/7 opportunities for one-on-one peer support as well as opportunities to connect in group settings. Peer support provides an opportunity to learn from one another to help everyone reach their goals and dreams. In other words, positive outcomes are more likely when people in emotional distress talk with someone who has been there rather than being isolated in the community with little to no support system. Services include wellness, educational, and social activities. All services are voluntary. Guests can come and go as they wish. This includes going to school, work, or appointments. Guests also may access recovery resources in the community. Guests are encouraged to complete wellness plans to help guide their journey. Guests may have visitors during their stay.

How many people can stay at one time?

The maximum number of guests at each peer run respite is limited by the number of bedrooms. Iris Place in Appleton has five bedrooms. Monarch House in Menomonie has four bedrooms. Solstice House in Madison has four bedrooms. Each guest has their own bedroom and access to shared community spaces. Each bedroom also has a lock box for medications and valuables.

Are the bedrooms private?

Yes. Bedrooms are not shared. Guests each have their own room.

How long may a guest stay at a peer-run respite?

Stays typically range from one to five days.

Are there restrictions on when guests can come and go?

No. Guests may come and go as they wish. Guests who may be gone for an extended period (24 hours or more) are encouraged to have a conversation with staff to discuss whether a stay at the peer-run respite is still needed.

Are clinical supports and services or other medical care offered?

No. There are no doctors or nurses on staff. Therefore, clinical supports and services like medication management and psychiatric services are not offered. However, staff will support individuals who may be interested in accessing these supports and services in the community. All guests have access to a lock box in their room for prescription medications.

Are there required activities?

No. There are no participation requirements. Everything is optional.

Are pets allowed?

Service animals are allowed. Due to concerns with allergies and the possible conflicting needs of others staying at the peer-run respite, animals who are not trained to do work or perform a specific task for a person in the way that service animals are trained are not allowed. The peer-run respites may be able to accommodate visits from pets.

Is transportation provided for guests?

There is no guarantee that staff will be available to provide transportation for guests to school, work, or other community activities. However, staff will work with guests to explore transportation options.

Staffing at the peer-run respites

How are the respites staffed?

Each peer-run respite is responsible for developing a staffing plan to ensure for the health, safety, and wellness of the guests, staff, and neighborhood. At least one staff member is on-site and awake 24/7/365. During the day and evening, there may be multiple staff on-site.

What is the level of training provided to staff?

Each peer-run respite is responsible for staff training and development. Many employees are certified peer specialists, a title earned through formal training and continuing education in the peer specialist model of mental health support. Each location also provides instruction on such topics as crisis de-escalation, cultural awareness, Emotional CPR, non-violent communication, and trauma-informed care.

History of peer-run respites in Wisconsin

What is the history of program?

The Peer-Run Respite Program is a key part of Wisconsin's effort to improve community-based mental health and substance use services.

Wisconsin consumers and advocates began raising awareness about peer-run respites in 2012. In response, the Department of Health Services made a commitment to engage in further research. The research included

several conference calls with representatives from peer-run respites operating in other states.

In early 2013, Governor Scott Walker met with consumers of behavioral health services and advocates to explore ways to enhance and expand behavioral health services in Wisconsin. Peer-run respites was one of the items discussed in this meeting. The 2013-2015 Biennial Budget included \$1.2 million in funding for peer-run respites.

In the fall of 2013, the Division of Mental Health and Substance Abuse Services (now known as the Division of Care and Treatment Services) convened a committee to advise the Department of Health Services on the development and implementation of a Peer-Run Respite Program. In keeping with the peer-run value of the peer-run respite concept, the advisory committee's makeup was a majority of individuals with lived experience of mental health and/or substance use disorders. Family members, providers, representatives from the Wisconsin Council on Mental Health, the State Council on Alcohol and Other Drug Abuse, county staff, and Department of Health Services staff participated. Additionally, an online survey was distributed in December 2013 to offer all stakeholders statewide an opportunity to offer comments on this program.

In 2014, Governor Scott Walker signed 2013 Wisconsin Act 129 which provided \$125,000 in additional funding for the Peer-Run Respite Program. This piece of legislation was part of the Speaker's Task Force on Mental Health.

A Request for Proposals for the Peer-Run Respite Program was issued in March 2014 inviting interested parties to apply for grant money to develop and operate a peer-run respite in Wisconsin. Three grants were awarded in June 2014. Contracts were issued to Grassroots Empowerment Project, NAMI Fox Valley, and SOAR Case Management Services.

Iris Place in Appleton (NAMI Fox Valley) opened April 13, 2015. Solstice House (SOAR Case Management Services) in Madison opened January 4, 2016. The peer-run respite operated by Grassroots Empowerment Project (Grassroots Wellness) in Menomonie opened April 5, 2016. The contract with Grassroots Empowerment Project ended in the summer of 2018.

The space housing Grassroots Wellness reopened as peer-run respite December 18, 2018, under new a name. Monarch House is managed by Wisconsin Milkweed Alliance through an arrangement with SOAR Case Management Services.

How were the locations selected?

In June 2014, following a competitive application process, the Department of Health Services contracted with three non-profit organizations (Grassroots Empowerment Project, NAMI Fox Valley, and SOAR Case Management Services) to develop and operate peer-run respites. Most peer-run respites in the United States are located in residential neighborhoods. Locating and securing a property was a challenging task for each organization. Multiple factors were considered in the process, including lease availability and affordability, available space for group meetings, and the degree of improvements needed to create a home-like environment.

The contract with Grassroots Empowerment Project ended in the summer of 2018. The space housing Grassroots Empowerment Project's peer-run respite reopened as peer-run respite December 18, 2018, under

new a name. Monarch House is managed by Wisconsin Milkweed Alliance through an arrangement with SOAR Case Management Services.

What do neighbors need to know?

The Peer-Run Respite Program has the support of many elected officials, members of law enforcement, providers of mental health and substance use services, and Wisconsin residents who support a broad array of services for people living with mental health and substance use concerns. Each peer-run respite is committed to working with neighbors and community leaders to be a good neighbor and a partner in community safety.

The people served at the peer run respites are not dangerous. They are family, friends, co-workers, and neighbors who are seeking help with an issue impacting their emotional and physical well-being. Peer-run respites serve people who have voluntarily decided to seek help for a mental health or substance use concern. Prior to their stay, guests and staff talk about the values of the Peer-Run Respite Program, which include self-directed healing, and mutual respect. Only guests who respect these values are allowed to stay. Seeking help for mental health and substance use concerns can be very hard because of the way many in the public view people experiencing these concerns. It is important to be welcoming and supportive. Research shows that seeking help early on increases the likelihood of positive outcomes for the individual.

The Division of Care and Treatment Services oversees the Peer-Run Respite Program for the Department of Health Services.

Last Revised: August 1, 2019

Results from the 2016 Peer Respite Essential Features Survey

By Laysha Ostrow from [Live & Learn, Inc.](#) and Bevin Croft from [HSRI](#)



The 2016 Peer Respite Essential Features (PREF) survey was an attempt to document and understand important characteristics of peer respites in the United States. Researchers from Live & Learn, Inc. and the Human Services Research Institute (HSRI) created this survey to provide public information for planning, funding, and sustainability of current and future peer respites. This is the third report of its kind, and it builds on previous survey efforts by the team in [2012](#) and [2014](#).

What are peer respites?

Peer respites are voluntary, short-term, overnight programs. They provide community-based, trauma-informed, and person-centered crisis support and prevention 24 hours a day in homelike settings. Peer respites are staffed and operated by people with lived experience of the mental health system.

Peer respites were designed as psychiatric hospital diversion programs to support individuals experiencing or at risk of a psychiatric crisis; the premise behind them is that psychiatric emergency services can be avoided if less coercive or intrusive supports are available in the community.

Imagine experiencing emotional crisis as an opportunity for growth and change. Imagine a homelike place where you can safely explore that opportunity. Imagine people there for you when you need their support. Imagine they understand and believe in you because they've been where you are.

Peer Respite Mission Statement

Peer respites engage guests in mutual, trusting relationships with peer staff. Peer support involves a process of mutual helping based on the principles of respect and shared responsibility.¹ Peer support includes interactions in which individuals help themselves and others through fostering relationships and engaging in advocacy to empower people to participate in their communities.

Crisis, in our program, is not defined as a negative experience but rather as an opportunity for growth, even in the midst of overwhelming situations.

Peer Respite Mission Statement

Defining 'peer respite' for the purpose of this study

People who have personally experienced the mental health system have been providing one another crisis support in informal settings for decades. However, funded peer-to-peer crisis supports – peer respites – are a relatively new concept. In fact, most of those in the United States have opened only in the past five to ten years. In the past two years in particular, many new programs have opened, and many more are being planned. With so many programs opening so quickly, it was important for the 2016 PREF survey to cast a wide net for recruitment so that we could be sure to reach new programs we did not know. (You can read more about PREF recruitment and data collection in the [Data Collection Methods](#) section of at the end of this report.)

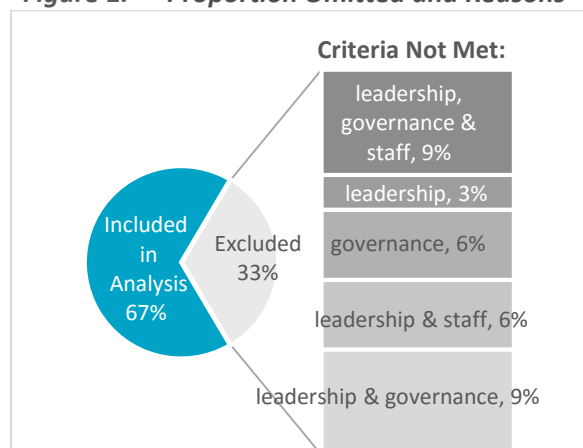
¹ Mead, S. (2003). Defining peer support. Available at: <http://www.intentionalpeersupport.org/wp-content/uploads/2014/04/Defining-Peer-Support.pdf>

In total, 33 programs responded to our survey, and, as expected, there was a great deal of variation in how they operated. Because of this, we found it necessary to define a minimum criteria for “peer respite.” To do it, we convened a [panel of experts](#) in peer support research, training, advocacy, and program administration. This consensus panel examined program structures and policies and considered the tradition and history of the consumer/survivor movement in creating and operating alternatives to traditional mental health services independently of clinical providers. They developed the following specific criteria – the purpose of which are to prevent the cooptation of peer respites by making sure that people with direct experience of the mental health system and extreme states hold operations and decision-making roles:

- **Staffing:** 100% of staff have lived experience of extreme states and/or the behavioral health system
- **Leadership:** All leaders have lived experience, and the job descriptions require lived experience of extreme states and/or the behavioral health system
- **Governance:** The peer respite is either operated by a peer-run organization OR has an advisory group with 51% or more members having lived experience of extreme states and/or the behavioral health system

Of the 33 responses to the PREF Survey, 22 met all three criteria. Figure 1 shows the proportion excluded from the analysis and the reasons why.

Figure 1. Proportion Omitted and Reasons

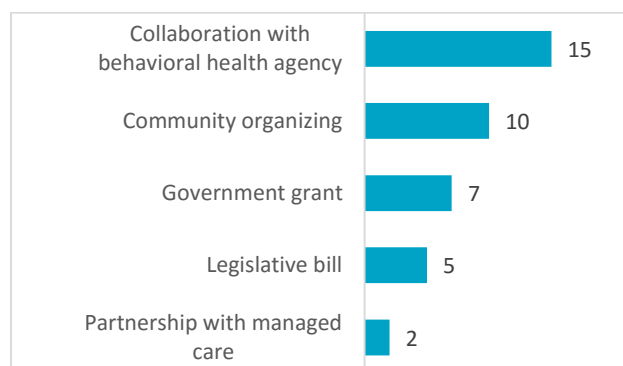


Basic Characteristic of Peer Respites

The 22 peer respites were located in 11 states throughout the country. The majority operate as part of independent peer-run organizations.

We asked respondents to identify the types of activities that contributed to their founding and the initial funding sources for their programs. These are depicted in Figure 2.

Figure 2. Founding Activities



Many of the peer respites were created either as part of a collaboration with a behavioral health agency or through community organizing, suggesting the importance of capitalizing on partnerships locally or within a state.

Funding

We asked the peer respites to report their operating budgets. Figure 3, on the following page, compares respondents’ budgets in 2014 and 2016. Since 2014, the number of peer respites with budgets in the highest category (over \$500,000) has increased by two programs, or 50%. There are five peer respites operating with less than \$300,000 per year.

We also asked programs about their funding sources. Figure 4, also on the following page, shows *on average* how much funding comes from each source for all peer respites combined. From the total operating budgets and the percentage of funding received from each source, we calculated an estimate of how many “peer respite dollars” across the country are coming from each funding source. Figure 4 provides an idea of how many dollars are coming from each funding source across the country to run all of the peer respites.

The number of peer respites receiving funding from various sources remained about the same (given that there were fewer programs in the survey in 2014). One exception is that in 2016 one program reported receiving Medicaid managed care funding. In 2014, no programs were funded by Medicaid or managed care dollars. This may reflect the expansion of insurance funding into behavioral health as part of the Mental Health and Addictions Parity & Equity Act and the Affordable Care Act.

Figure 3. Annual Operating Budget, 2014 vs. 2016

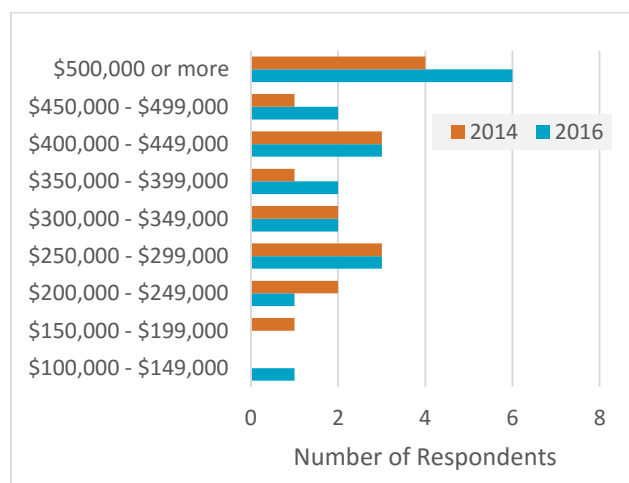
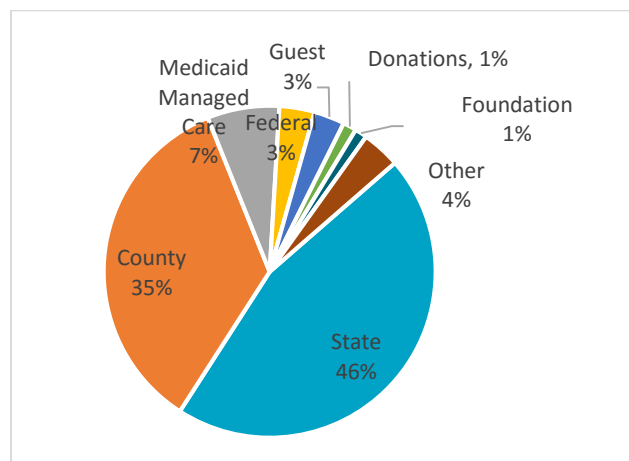


Figure 4. Average Distribution of Funding Sources



Staffing

Peer respites reported the full-time equivalents (FTEs) they employ:

	Mean	Range (Min-Max)
Paid staff FTEs	8.76	5-20
Volunteer staff hours/week	8.85	0-112

They also reported the number of staff available at certain times to support people in the house. Between 2014 and 2016, the number of people available on weekdays, weekends, and nights did not appear to change substantially:

	2014 (n=15)		2016 (n=22)	
Number of Staff Per Shift	Mean	Range	Mean	Range
Weekdays	2.12	1-4	2.68	1-7
Weekends	1.76	1-3	1.86	1-3
Nights	1.18	1-2	1.50	1-7

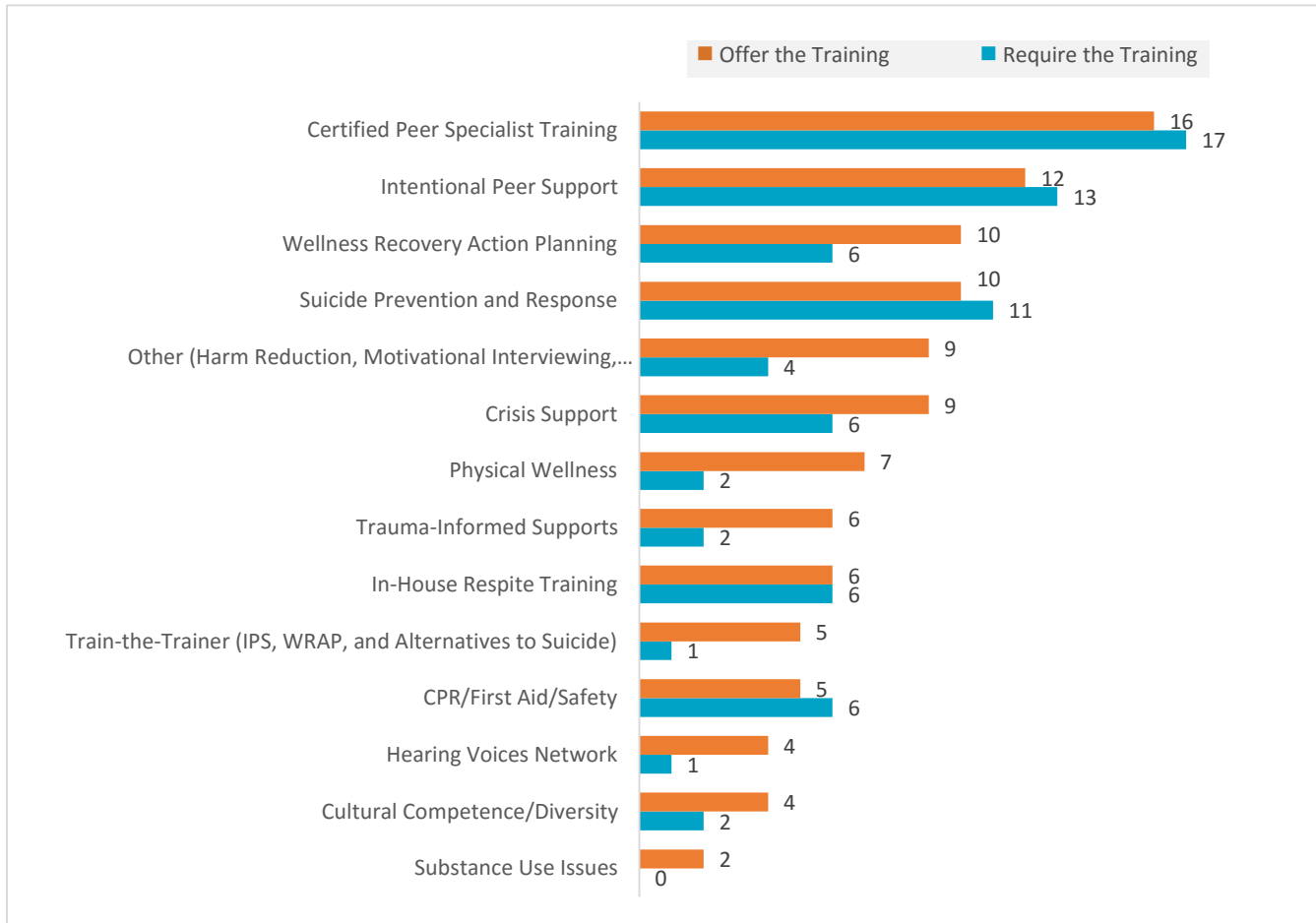
Training of Peer Respite Staff

We asked the peer respites to report the staff trainings they offered and those that were required for staff to work at their peer respite. (Respondents typed their answers into a free-text field, and the research team grouped them into the categories shown in Figure 5. Crisis support trainings included [Emotional CPR](#) and [Mental Health First Aid](#).)

The two most popular training modalities were certified peer specialist training and Intentional Peer Support (IPS).

- Certified peer specialist trainings vary from state to state; you can find out more about peer specialist training and development from the [International Association of Peer Supporters](#).
- Intentional Peer Support is a framework for creating relationships where both people learn and grow together. IPS was developed for use in peer respites and includes modules related to supporting people through challenging times and treating crisis as an opportunity for positive growth and change. You can learn more about IPS at <http://www.intentionalpeersupport.org/>.

Figure 5. Staff Training



Guest Stays

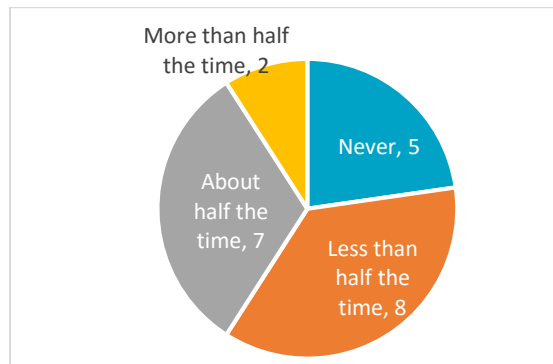
Respondents also reported on the number of people who can stay at the peer respite at any one time, the number of days people stay on average, and the maximum number of days that people are allowed to stay. These figures remained relatively unchanged from 2014 to 2016:

	2014 (n=15)		2016 (n=18)	
	Mean	Range	Mean	Range
Number of guests accommodated at once	4	2-8	4.1	2-8
Average length of stay (days)	5.9	0-11	5.5	0-14
Maximum length of stay (days)	9.0	5-29	8.4	5-29

Of the 22 peer respites that responded to our survey, 21 did not require guests to be public health clients. However, mental health providers may play a role in initiating guest stays. The frequency with which this occurs varied by program, as shown in Figure 6. All but five respondents reported that providers initiate at least some guest stays, though only two said that providers initiate guest stays “more than half the time.”

We also asked if guests were required to be assessed by clinical providers before coming to the respite. No respondents indicated that an assessment was required, but two said that guests were “sometimes” assessed by a clinical provider before coming to the respite.

Figure 6. Provider-Initiated Stays



Activities

A number of organized activities take place at the peer respites we surveyed. The ten most common are listed below, followed by the number of respondents that reported offering them.

- Artistic Pursuits, 19
- Exercise, 19
- Wellness Recovery Action Planning, 18
- Meditation/Mindfulness, 16
- 12-Step Group, 14
- Other Mutual Support, 13
- Hearing Voices Network, 12
- Suicide-Related Support, 7
- Physical Wellness, 6
- Social/Recreational, 6

Only one program specifically required guests to participate in organized activities, and one program indicated that there are no organized activities at the house. All other programs offered activities but did not require participation.

Many respondents noted that activities are organized based on the preferences and interests of the guests, and several noted that staff support guests to find activities of interest in the community if they are not offered at the house.

We believe in diversity, acceptance, advocacy and empowerment while encouraging people to transform their lives.

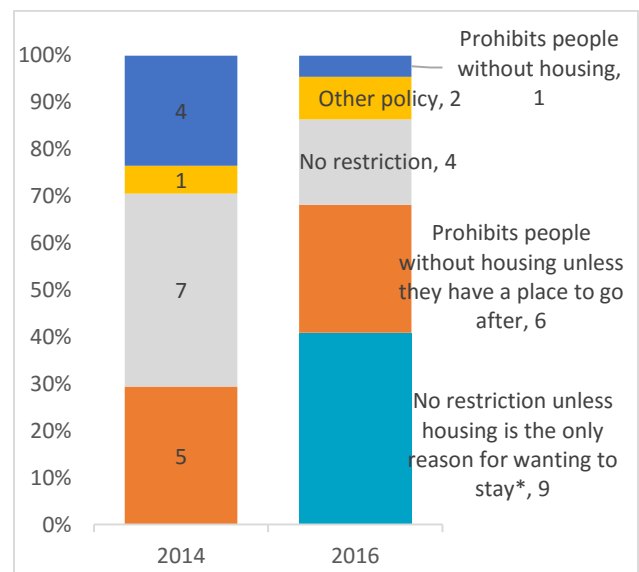
Peer Respite Mission Statement

Program Policies

We asked the peer respites to report their program's policies on a range of issues, including homelessness, suicide and self-harm, curfews, the possession of illegal substances, and intoxication at the house.

Figure 7 depicts the policies on homelessness in 2014 and 2016. In 2014, 41% of programs surveyed had no restriction based on a person's housing status, compared to 18% in 2016. However, 41% of programs have no restriction unless housing appears to be the *only* reason a person wants to stay. Just 5% of programs prohibited people without housing, down from 24% in 2014; 27% reported that, to stay at the respite, they require that people without housing have a place to go once they leave; 9% indicated they had some other policy, including one program that responded "We do not have a hard policy on housing status, but have found through experience that guests seem to share they get the most benefit when housing is not the only or primary reason for their stay."

Figure 7. Policy on Homelessness



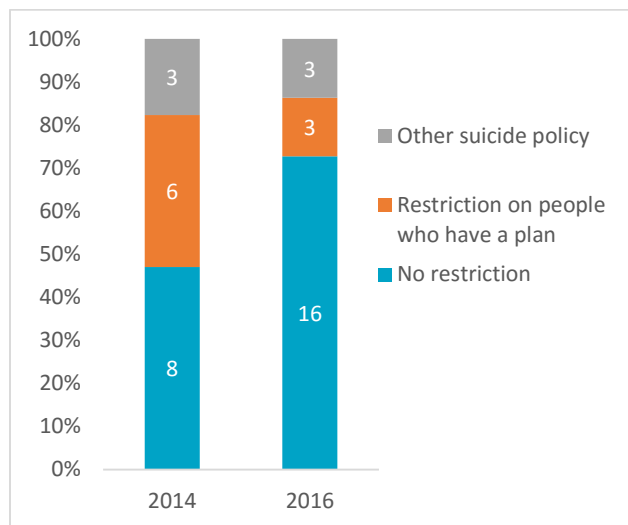
* New category in 2016

Figure 8 on the next page depicts policies on suicide. In 2016, 16 programs reported they had no rule or policy to prohibit guests who'd expressed thoughts of suicide. Describing their approach, one respondent wrote, "We discuss how they are going to maintain their safety here at the house. They are free to discuss thoughts and feelings related to

suicide; however, if they do not feel they can keep themselves safe or if they begin to act on those thoughts, we discuss how they can stay safe and the possibility of a higher level of care such as the hospital. In most cases, the trained staff is able to talk with the guest and they are able to stay at the house and maintain their safety.”

An interesting development is that there are 25% more programs in 2016 than in 2014 that have no restrictions on suicide-related thoughts or behaviors, as shown in Figure 8 below.

Figure 8. Policy on Suicide



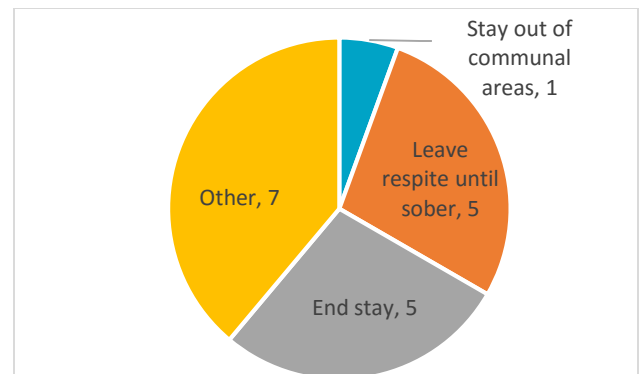
This year, we also asked about policies related to self-injurious behavior while at the house. A majority of programs (n=17) reported they had no restriction related to these behaviors, and four respondents reported having a restriction related to engaging in self-injurious behavior while in the house.

Of the 22 respondents, 11 reported that they implemented a formal curfew policy, and another 8 reported an informal expectation that guests check in with staff if they are away from the house after a certain time in the evenings. The remaining 3 reported that the house did not have a curfew of any kind.

Respondents reported their programs’ policies related to intoxication and possession of illegal substances. Figure 9 presents program policies related to intoxication. Five programs had a “zero tolerance” policy, while six require guests to either stay out of common areas (n=1) or leave the house

until they became sober (n=5). The remaining seven respondents reported having another type of policy in place. Some descriptions of these other approaches reflected behavioral or harm reduction approaches: “The only thing we address is behavior, not presence or absence of intoxication. If they cannot conform behavior to required expectations, they will have to leave.” Respondents also used harm reduction approaches: “If someone is intoxicated we will monitor along with them to ensure that the community isn’t impacted by their intoxication.” In terms of the possession of illegal substances in the house, most (n=12) had a policy that if found with illegal substances, guests are required to remove those substances immediately, and six programs required guests to end their stay if they were found in possession of illegal substances.

Figure 9. Policy on Intoxication at the House



At the end of this report, under “Additional Findings,” we present information on [peer respites’ policies for welcoming guests back](#) after they are required to end their stay.

Evaluation

As shown in the following table, a large proportion of peer respites had been evaluated – either using external evaluators, self-evaluation techniques, or both. If you are interested in learning more about how peer respites may be evaluated, you can download the [Toolkit for Evaluating Peer Respite](#), which shares perspectives on evaluation and methods used by peer respites in 2014.

<i>Evaluation status</i>	<i>N</i>	<i>%</i>
Self-evaluation only	8	36%
External evaluation only	2	9%
Both self- and external	8	36%
Neither	4	18%

Many peer respites used recovery measures (n=5), measures of functioning (n=5), utilization of hospitals (n=5), qualitative interviews (n=5), and measures of relationships at the peer respite (n=5). Other measures used in evaluation included: social connectedness (n=4), quality of life (n=4), program environment (n=4), symptoms (n=2), and program costs (n=1).

The most popular type of measurement used was satisfaction measures (n=6). It is important to remember that in healthcare, service users tend to rate services high on satisfaction measures somewhat universally. As a result, there is little variation between and within programs when it comes to satisfaction. These measures also tend to not be as valued by policymakers compared to other, less biased and more objective measurements. Because these measures are somewhat limited in their usefulness, we recommend that peer respites that are considering the use of satisfaction measures in evaluation consider other options. You may request a free hour of evaluation technical assistance with Live & Learn, Inc. and Human Services Research Institute using this form: www.PeerRespite.net/t-a

Summary

Peer respites continue to evolve and grow around the country. It is important to document and disseminate data such as these that describe organizational-level policies and structures. Additionally, Live & Learn, Inc. and HSRI are working toward research on program fidelity and effectiveness of peer respites in promoting stronger

relationships and communities while reducing psychiatric emergency services use.

Additional Findings

In addition to the previously reported findings, the following findings may be of interest to those looking for an in-depth understanding of peer respite policies.

Missions and Codes of Ethics

Most of the peer respites that responded to our survey have a code of ethics and a mission statement (n=16). Only two had neither. Two had a mission statement but not an ethics code; and two had an ethics code but not a mission statement.

Mission statements for peer respites tended to be informed by program staff (n=11) and/or program management (n=9) and/or a governing body (n=8). Some used a mission statement from an umbrella program (n=6) or amended it (n=3). One peer respite sought the input of guests.

Many peer respites use the code of ethics from their umbrella organization (n=8), and only three peer respites amended that umbrella organization's code. Many also developed a code of ethics with input from program management (n=8) or program staff (n=8). Fewer solicited input from guests (n=4), a governing body (n=3), or used another peer-run program's (n=3). Unlike mission statements, ethics code are less likely to need to be highly unique to a specific program, and so it is logical that these would more frequently be adopted or adapted from existing sources than mission statements.

Meals

At almost all of the peer respites, guests are involved in preparing meals (n=21), and at many of these staff (n=17) and/or volunteers (n=4) also contribute to meal preparation. A majority of programs organized communal meals. However, most of those only held communal meals on special occasions, with guests responsible for preparing their own food at other times. Four programs (18%) organized communal meals each day. In eight programs, guests were expected to bring their own food. However, most of these respondents indicated that they provide food for guests if they cannot bring it. For the remaining programs, food



Visit PeerRespite.net, a site we established for up-to-date information-sharing. It includes:

- A [Directory](#) of peer respites
- A compilation of [Research](#) studies
- [Resources](#) to start and sustain peer respites
- And information on staff [Training](#)

You can also request free [technical assistance](#) on creating an evaluation or data collection plan.

was supplied through the program budget. Several programs obtained food from other sources, including food banks, donations, and even gardens tended by staff and guests. For example, one respondent noted: “We receive a weekly allocation from a food bank of ‘staples’ and guests are invited to bring their own food. In the summer we have a garden and share the harvest.”

Welcoming Guests Back

We also asked peer respites whether they had policies about welcoming people back after they are required to end their stay because of a violation of program policies. Of the 22 programs, 18 (86%) had some kind of policy in place for welcoming guests back. Of these, 10 had policies that involve conversations between guests and staff, usually involving the program director; 3 also noted that staff and directors have their own separate conversations to come to an agreement about whether to welcome a person back. Five programs described a requirement that individuals wait for a set period of time (often 30 days, though some programs negotiated the length of time with the guest) before being allowed to come back. One program had a requirement that guests return to visit or attend groups before being able to stay overnight. Five programs stressed that these situations must be handled on a case-by-case basis: “We treat each stay individually and understand that recovery is not a linear process.”

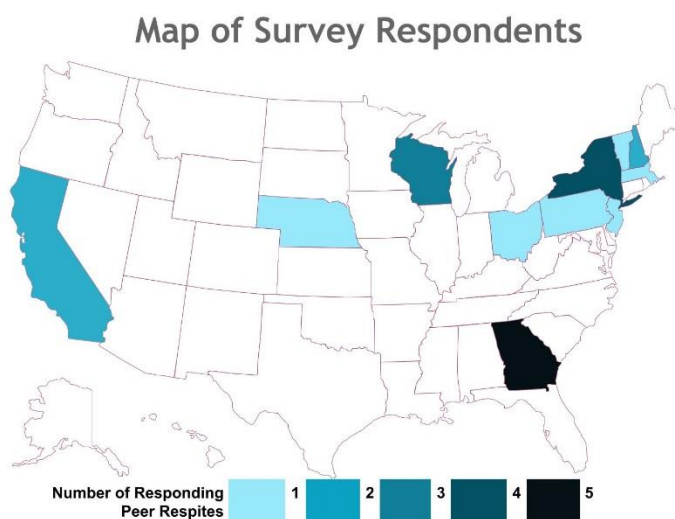
Data Collection Methods for the PREF Survey

The PREF survey built on previous survey efforts by our team in [2012](#) and [2014](#). Based on the data and feedback from the 2014 survey, as well as developments in the field, we developed more questions about the policies and structures of peer respites. The survey then underwent expert review

and testing with eight individuals knowledgeable about peer respites and peer support.

Recruitment Strategy

In 2012 and 2014, survey recruitment was limited to a targeted group listed in the National Empowerment Center’s crisis alternatives directory. Because of the rapid growth and expansion of peer respite programs around the country, in 2016 we conducted open recruitment for anyone who identified their program as a “peer respite.” Recruitment notices were actively disseminated by the research team through Facebook, Twitter, and the email lists of the National Coalition for Mental Health Recovery, Doors to Wellbeing Technical Assistance Center, the National Consumers’ Self-Help Clearinghouse, the International Association of Peer Supporters (iNAPS), and Live & Learn. Potential participants and other interested stakeholders were directed to PeerRespite.net (a website dedicated to information and resources regarding peer respites in the US), which had 2,000 unique visitors during the two months of PREF data collection. In total, 33 organizations responded to the 2016 PREF in the period January – February 2016.



Acknowledgements

Survey development and review:

- Shery Mead, Chris Hansen, and Steven Morgan [Intentional Peer Support](#)
- Sera Davidow, [Western Massachusetts Recovery Learning Community](#)
- Adrian Bernard, [2nd Story Respite House](#)
- Darby Penney, [The Community Consortium](#)
- Yana Jacobs, [Foundation for Excellence in Mental Health Care](#)
- Lauren Jessell, [New York University Silver School of Social Work](#)

Consensus panel on inclusion criteria:

- Darby Penney, [The Community Consortium](#)
- Sera Davidow, [Western Massachusetts Recovery Learning Community](#)
- Chris Hansen, [Intentional Peer Support](#)
- Sally Zinman, [California Association of Mental Health Peer-Run Organizations](#)

The wholesale co-optation of genuine peer support into peer-staffed positions within mainstream programs is a shining example of what we don't want to see happen with peer-run respites.

Special thanks to Keris Myrick of SAMHSA's Center for Mental Health Services for her input on the implications for this project of SAMHSA's research on Consumer-Operated Service Programs.

Funding:

[National Empowerment Center](#) (SAMHSA Consumer Technical Assistance Center)

The Peer Respite Essential Features Survey and this report were created by [Laysha Ostrow](#), PhD, of Live & Learn, Inc. and [Bevin Croft](#), MPP, PhD candidate, of the Human Services Research Institute (HSRI).

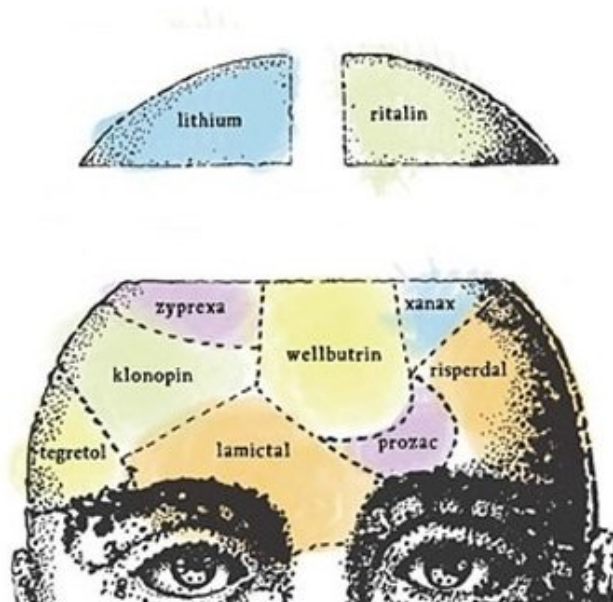


What the Research Has Told Us About Peer-Run Respite Houses: The Second Story Story

 madinamerica.com/2015/06/what-the-research-has-told-us-about-peer-run-respites/

By Yana Jacobs

June 4, 2015



The Second Story Peer Respite House, located in Santa Cruz, California, is completing their five-year funding cycle with a Mental Health Transformation Grant awarded by SAMHSA. The intent was to implement and evaluate the effectiveness of peer respites in promoting wellness and supporting individuals experiencing psychological distress through community-based alternatives to psychiatric emergency services.

When Second Story opened its doors in the fall of 2011, we were the first peer respite house in California, and the seventh peer respite in the nation. The experience of “transformation” has been alive and well in Santa Cruz County over the past five years as the community joined together, built new collaborations, flattened traditional hierarchies, and embraced the core values of Sherry Mead’s model and practice of Intentional Peer Support.

As the author of the original SAMHSA grant, I had never actually visited a Peer Respite house. I had read about the few houses scattered around the country, each one slightly different from the other. I found each model was unique by virtue of the fact that peer-run respites were in their pioneer phase of development. Since there was no consistent, established model for Peer Respite Houses, I chose to draw upon some of my earlier personal work and experience at the original Soteria House.

Soteria was developed by a psychiatrist, Loren Mosher, who at the time was the Chief of Schizophrenia division at the National Institute of Mental Health. He saw that people were not improving, and were not recovering, from mainstream treatments. He created Soteria as a research project, to see what would happen if people are provided a safe place to be – with other people who basically were there to “be with” each other during extreme states such as psychosis.

People there got better with little to no medication. It was the human connection and “being with” that made the difference, and allowed people to move forward with their lives.

I felt a resonance when reading of the other respites, and found a similar philosophy was embedded in these various approaches to being with people during challenging times. The fundamental difference between Soteria House and peer respites was that Soteria didn’t require that the primary “treatment” model be support by people with their own lived experience of extreme states.

Unlike peer respites, which are open to individuals at any stage of their lives, Soteria was envisioned as an alternative to the hospital for people experiencing a “first break” psychosis. Peer Respites have been developed as a more general alternative, providing respite when someone is self-identified as having a crisis and needing a safe and supportive environment for a short term.

I felt deeply committed, passionate, and certain that creating a space for people to come together and share their common experiences could only create a positive result.

Today this dream has been validated and confirmed via a presentation of research results by the evaluation team from the Human Services Research Institute (HSRI), led by Bevin Croft. The findings were presented to a room filled with County staff, providers from various agencies, peer staff, current and former program guests, family members, and neighbors.

While I sat and listened to Bevin present her findings I couldn’t hold back my tears. Her report was so positive and affirming that all I could do was cry with joy.

The presentation consisted of findings from several aspects of the evaluation project, including an analysis of County service utilization data that found Second Story guests were significantly less likely to use inpatient and emergency services when compared with similar mental health service users who did not visit the respite (more information about those results can be found [here](#)). Bevin also presented some early results from a guest survey and in-depth interviews that focused on the individual guest experience of Second Story and its impact on their lives. On the whole, guests reported statistically significant improvements in wellness, quality of life, personal relationships and, importantly, connection to a community of peers after staying at Second Story, when compared to these factors before coming to the program.

Here are a few Quotes that were recorded by the evaluators upon surveying the guests at 2nd Story:

“I don’t feel ‘less than’ in this environment. I feel like across the table we’re all equals. Even though I’m not peer staff, still... [In traditional crisis services] I may have come out of this feeling like somehow I’m defective. You know, if this wasn’t around and there was just the hospital and crisis house, I would feel in those environments very mentally ill. Like, labeled that. Like, ‘These are mentally ill patients.’ And I’m not a patient. I’m a person. And I get treated like a full human being.”

“I really like that we [guests and staff] can have a real serious conversation between each other and exchange information from each other. It is not like a one-way talking... it is a two-way relationship and communication, and it’s really genuine... We’re just really real with each other. And they tell me when something’s not working for them... They’re real. It’s like a friendship instead of a very closed, cold-hearted professional support... There’s connection. There’s real connection at 2nd Story.”

"I'd say that [Second Story] gave you a sense of identity. It gave you a sense of belonging. It showed me that there are people whose minds work the way mind does who are in control of their minds, don't let their minds control them—who are hugely intelligent and really run their own lives."

Today the community came together to listen and learn about what works, what gives people hope, and what supports the journey of "recovery," or discovery of oneself. Mental Health Systems need to hear the evidence of what works and begin to implement peer-run respite homes in communities across the country. The evidence is in!

So where do we go from here? The research team will continue analyzing the data and will produce a series of materials that describe Second Story's impact and document best practices for future peer respite programs. Establishing peer respites as an "evidence-based practice" seems to be required by "the mainstream" for both federal and state funding, and may provide the impetus for replication.

I've been pondering an article I read recently from **Forbes**, about the differences between "open networks" and "closed networks." Second Story was designed intentionally to be an "open network," involving a mix of people in various positions, from those with "lived experience" aka "peers," County and Contract administrators, clinical providers, all joining together to make Second Story a reality. While the house staff and manager are required to have "lived experience," the non-profit agency that was selected to be the umbrella for the program was not a peer-owned and operated agency.

Thus we earned the title "hybrid," according to the National Empowerment Center's catalogue of different versions of peer respites nationwide. To me this design forced a dialogue to happen across all tables. Rather than creating a "closed network" of only people with lived experience to create and implement this new program model, diverse stakeholders were called to the table with the understanding that when they entered the house, they were in "our house," one staffed and run by people with lived experience... and the power dynamics and hierarchies of patient and provider, diagnoses, and labels were left outside the door. This is where I believe the possibilities are profound for systems to begin to change. Where lessons are learned and eyes are opened. At the end of the day I heard one of the respite staff exclaim, "Hybrid pride!"

Second Story is a place where people – guests, peer staff, family and community members and those working within the traditional mental health system – find their common humanity and are called upon to be together for the common good. A neighbor of Second Story shared with the group that there had been much concern and trepidation by the neighborhood when they learned that a mental health facility was in their midst. This is commonly known as "not in my backyard," or "NIMBY."

She went on to say that Second Story has proven to be a wonderful neighbor, responsive to the community when issues arise, and always wanting to help. She feels honored to have this program in her community as they make "good neighbors." I believe that deep learning may be shared with the "old seasoned staff or providers" when they are able to see that mutuality and sharing personal stories creates connection, and connection – not the label/diagnoses and the pill – fills the emptiness, the void, confusion, and loneliness. The "open network" allows this learning to flow.

Dream One has been accomplished. Second Story has been promised ongoing funding from the Mental Health Services Act in California. This act was voted into legislation as a 1% tax on millionaires to help fund mental health programs statewide. Second Story has been embraced by the Santa Cruz Community mental health system as a vital and important model that must be supported and funded.

Dream Two? When all people are able to set aside their need to label and diagnose another human being in order to understand “what’s wrong,” and instead sit at a kitchen table to find out “what happened,” and share stories. This is my dream of what “mental health” will look like one day.

* * * * *

SOAR Case Management Services, Inc.

2132 Fordem Ave.
Madison, WI 53704
Phone: 608/287-0839
Fax: 608/287-0840
E-mail: soaroffice@soarcms.org

September 12, 2019

Re: Support for Mental Health America – Veteran Peer Run Respite – The R&R House

To whom it may concern:

We are contacting you to share our strong support for the opening and community embracement of Mental Health America's veteran peer run respite, The R&R House.

Our agency was one of the recipients for funding of the first three Peer Run Respites in the state of Wisconsin. We opened our respite home in Madison, Wi. and have had an overwhelming amount of successes. Not only have we provided respite to over 350 individuals with 2,500 nights utilized but we have brought a resource to our community that allows the guests we serve an alternative to traditional treatment methods. This alternative is an evidence based, best practice resource. Research has shown that peer support not only facilitates recovery but also reduces health care costs.

Recovery for individuals with behavioral health conditions is greatly enhanced by social connection. A Peer Run Respite provides a person with that connection, resources, skills, and tools they need to be successful in the management of their symptoms and within their community. Through shared lived experience a sense of hope and empowerment is instilled, and recovery becomes reality.

As the director of Madison's Peer Run Respite, I see daily the positive outcomes of Peer Run Respite's and what this has done for our community. My hope is that you can embrace the R&R House to provide its community the chance at recovery as well.

Thank you for your consideration.

Sincerely,



Autumn Shaffer, CPS
Project & Peer Programs Director
SOAR Case Management Services, Inc.
(608)-287-0839
autumnc@soarcms.org

Fuchs, Nick

From: Thomas Nienow <nienow99@sbcglobal.net>
Sent: Wednesday, October 2, 2019 9:35 PM
To: Fuchs, Nick
Subject: FW: Failure Notice

resend

From: MAILER-DAEMON@yahoo.com
Sent: Wednesday, October 2, 2019 8:57 PM
To: nienow99@sbcglobal.net
Subject: Failure Notice

Sorry, we were unable to deliver your message to the following address.

<fuchs@pewaukee.wi>:
No mx record found for domain=pewaukee.wi

--- Below this line is a copy of the message.

DKIM-Signature: v=1; a=rsa-sha256; c=relaxed/relaxed; d=sbcglobal.net; s=s2048; t=1570067822;
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01:57:02 +0000

Received: by smtp424.mail.gq1.yahoo.com (Oath Hermes SMTP Server) with ESMTA ID 33b5da7de928b4b7040c7dd5968d1394;

Thu, 03 Oct 2019 01:57:00 +0000 (UTC)

MIME-Version: 1.0

To: "mayor@pewaukee.wi.us" <mayor@pewaukee.wi.us>,
"grosch@pewaukee.wi.us" <grosch@pewaukee.wi.us>,
"bergman@pewaukee.wi.us" <bergman@pewaukee.wi.us>,
"kara@pewaukee.wi.us" <kara@pewaukee.wi.us>,
"fuchs@pewaukee.wi.us" <fuchs@pewaukee.wi.us>,
"brown@pewaukee.wi.us" <brown@pewaukee.wi.us>,
"wamser@pewaukee.wi.us" <wamser@pewaukee.wi.us>,
"dziwulski@pewaukee.wi.us" <dziwulski@pewaukee.wi.us>,
"brian@mhawi.org" <brian@mhawi.org>

From: Thomas Nienow <nienow99@sbcglobal.net>

Subject: proposed conditional use permit at W252 N4304 Sussex St.,
Pewaukee, WI 53072

Date: Wed, 2 Oct 2019 20:57:02 -0500

Importance: normal

X-Priority: 3

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Dear Mr. Mayor =E2=80=93

I want to go on record stating my opposition to the proposed =E2=80=93conditional use permit=E2=80=93 at the address above. We, as adjacent neighbors= and taxpayers, along with the majority of homeowners in this residential n= eighborhood zoned RS3, contest this proposition and have the right to infor= mation and =E2=80=93safety first=E2=80=93 in our neighborhood.

I tried to contact Brian at Mental Health America Wisconsin on Monday, Sept= ember 30, 2019 and left a message asking for security assurances and more i= nformation for the proposed program at this location. At this time it has = been 3 days and he has not responded to my inquiry about details of this pr= oposed program.

The current owners of the property intend to vacate the property and lease = the house to Mental Health America. =20

Mental Health America intends to run a =E2=80=93pilot=E2=80=93 program=E2= =80=93 placing up to six new individuals per week with mental health and su= bstance abuse issues in this house for a one week stay. If I understand co= rrectly, this unsecured property will host up to 312 =E2=80=93at risk=E2=80= =93 guests per year. This volume of turnover is unacceptable in a resident= ial neighborhood.

This =E2=80=93program=E2=80=93 is NOT OPEN TO ALL VETERANS WHO SERVED OUR C= OUNTRY, only those with mental health and substance abuse issues. No homeo=

wner will feel safe in the sanctity of their own backyard. =20

I=E2=80=99ve had many conversations with Nick Fuchs and he told me that if =
this conditional use permit is granted, it will stay with that property for=
ever. The value of our properties and the safety of our families will be c=
ompromised.

Please don=E2=80=99t allow this and protect OUR rights as taxpayers of Pewa=
ukee. Thank you for your time and consideration on this matter. I can be =
reached at 414.305.3389

Respectfully -

Susan Nienow
W252N4350 Sussex St
Pewaukee, WI 53072

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=C2=A0 We, as adjacent neighbors and taxpayers, along with the majority of =
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homeowners in this residential neighborhood zoned RS3, contest this proposition and have the right to information and safety first in our neighborhood.

I tried to contact Brian at Mental Health America Wisconsin on Monday, September 30, 2019 and left a message asking for security assurances and more information for the proposed program at this location. At this time it has been 3 days and he has not responded to my inquiry about details of this proposed program.

The current owners of the property intend to vacate the property and lease the house to Mental Health America. Mental Health America intends to run a pilot program placing up to six new individuals per week with mental health and substance abuse issues in this house for a one week stay. If I understand correctly, this unsecured property will host up to 312 at risk guests per year. This volume of turnover is unacceptable in a residential neighborhood.

This program is NOT OPEN TO ALL VETERANS WHO SERVED OUR COUNTRY, only those with mental health and substance abuse issues.

No homeowner will feel safe in the sanctity of their own backyard.

I've had many conversations with Nick Fuchs and he told me that if this conditional use permit is granted, it will stay with that property forever. The value of our properties and the safety of our families will be compromised.

Please don't allow this and protect OUR rights as taxpayers of Pewaukee. Thank you for your time and consideration on this matter.

I can be reached at 414.305.3389

Respectfully -

Susan Nienow

W252N4350 Sussex St
Pewaukee, WI 53072

--_1A5CBAFA-C74B-4E65-BA89-6B84C14CF47A_--

October 3, 2019

To Whom It May Concern,

On behalf of our Board of Directors, staff and those we serve in Waukesha County, I am providing this letter of support for Mental Health America of Wisconsin and their proposal to open a Veteran Peer Run Respite in Pewaukee.

NAMI Waukesha has provided services for individuals and families impacted by mental health conditions in Waukesha County since 1982. During 2018 we provided services for more than 6,000 individuals who live and/or work in Waukesha County. Veterans are among those we provide services for and specifically we have worked with veterans who are homeless in the community to connect them with necessary treatment and support that will assist them with achieving safe, affordable, and permanent housing. NAMI Waukesha has been providing peer support since its inception and continues to operate on a peer based model. In 2013 we hired a Veteran Outreach Specialist to provide peer based services.

Since the 1940's, Mental Health America (MHA) has responded to war-related stresses in both the civilian and military populations. In 2010 MHA of Wisconsin and NAMI Waukesha began a partnership to provide Crisis Intervention Training for law enforcement officers in Waukesha County to provide them with the necessary knowledge and skills to work effectively with people experiencing a mental health crisis including Veterans. MHA of Wisconsin and NAMI Waukesha have actively worked in partnership since that time to reduce stigma, encourage early intervention and advocate to protect and improve the mental health of our communities.

Recovery for individuals impacted by mental health conditions is greatly enhanced by social connections. Peer support is an evidenced based practice that provides important social connections. When an individual receives peer support it assists greatly with an increase in their self-care, sense of community belonging, and satisfaction with various life domains; and decreases levels of depression and psychosis, hospitalizations and use of more expensive community resources such as emergency room services. Social connections are even more vital for Veterans with PTSD and other mental health conditions, that manifest themselves as a result of combat, because of the strong bonds among military service members and the importance of Veteran peers in coping with stress.

As the Director of NAMI Waukesha, I see the daily positive outcomes that peer run services provide for our community. Our organization gives its full support for MHA of Wisconsin to open a Veteran Peer Run Respite home in Pewaukee. This is a necessary service that we should not be hesitating to provide for our Veterans who have given so much of themselves to our Country.

Sincerely,



Mary Madden
Executive Director

From: Lynne Brandt
To: Mayor; Grosch, Ray; Bergman, Brandon; Kara, Jeff; Brown, Colleen; Wamser, Jerry; Dziwulski, Brian; Fuchs, Nick
Cc: villagepresident@villageofpewaukee.com; ehill@villageofpewaukee.com; hgergen@villageofpewaukee.com; thopkins@villageofpewaukee.com; kyonke@villageofpewaukee.com; brohde@villageofpewaukee.com; croberts@villageofpewaukee.com
Subject: Proposed conditional use permit at W252 N4304 Sussex St., Pewaukee, WI 53072
Date: Sunday, October 6, 2019 10:26:29 PM

Dear Pewaukee City Mayor,

We want to go on record stating our opposition to the proposed 'conditional use permit' at the address above. We, as adjacent neighbors and taxpayers, along with the majority of homeowners in this residential neighborhood zoned RS3, contest this proposition and have the right to information and 'safety first' in our neighborhood.

The current owners of the property, falsely advertised this property as a rental property adjacent to a Nature Preserve. This property is adjacent to 'No Trespassing Private Property' owned by the Brandt's for over 100 years.
The current owners of the property intend to vacate the property and lease the house to Mental Health America.

Mental Health America intends to run a 'pilot' program' placing up to four new individuals per week with mental health and substance abuse issues in this house for a one week stay. If I understand correctly, this unsecured property will host up to 208 'at risk' guests per year. This volume of turnover is unacceptable in a residential neighborhood.

This 'program' is NOT OPEN TO ALL VETERANS WHO SERVED OUR COUNTRY, only those with **mental health and substance abuse issues**. After researching and reading more on this, I have concerns about this being more of a veterans crisis respite center. No homeowner will feel safe in the sanctity of their own backyard.

We have concerns for the safety of our young grandchildren, 2 1/2 year old twins, a 7 and 5 year old, who come over to our house, they love to play outside and take nature hikes. We will no longer feel safe to allow them to do these things.

There's a lot of foot traffic, (joggers, walkers, bicycle riders, cross country runners, track and field runners from Pewaukee High School, young families out for a walk) who go right in front of the above referenced property. These people will no longer feel safe.

We can hear gun shots coming from The Waukesha Gun Club, which is located on Watertown Road, only 4.1 miles from the above referenced property. This may have a huge impact on the individuals staying at this house.

It's my understanding that all property owners within 600 feet of the exterior boundaries of the property for which the conditional use is being proposed were to be notified. Brandt Farm LLC, which is adjacent to the above referenced property, has not been notified of this proposed conditional use permit.

I had a conversation with Nick Fuchs who told me that if this conditional use permit is granted, it will stay with that property forever. The value of our properties and the safety of our families will be compromised.

Please don't allow this and protect OUR rights as taxpayers of Pewaukee. Thank you for your time and consideration on this matter. I can be reached at 262-290-6208.

Sincerely,

Lynne and Robert Brandt
648 Ole Dairy Road
Pewaukee, WI 53072

Brandt Farm LLC
-Robert Brandt
-Edward Brandt
-Jeanne Brandt
-Richard Brandt
-Karen Luedke
-Maureen Rausch
-Steve Cheaney
648 Ole Dairy Road
Pewaukee, WI 53072



**Housing Action Coalition
of Waukesha County**

P.O. Box 605
Waukesha, WI 53187
262.522.3815
www.cocwaukesha.org

October 8, 2019

To Whom It May Concern,

It is my pleasure to write this letter of support for Mental Health America of Wisconsin and their proposal to open a Veteran Peer Run Respite Center in Pewaukee, WI.

The Housing Action Coalition of Waukesha County, Inc. works in the capacity for finding responsive solutions to address housing instability along with supportive services and programs. The Coalition works with over 40 member agencies to foster an environment where agencies and businesses can come together to identify gaps and needs but also share information to gain a greater understanding for what is already a service and what is still needed in Waukesha County to better serve individuals and families.

Individuals and families who have been impacted by a housing crisis or homelessness, should be connected to supportive services, such as case management or peer support to assist in finding safe, affordable and permanent housing opportunities amongst other community resources. Having a Veteran Peer Run Respite Center in Pewaukee would greatly enhance our community partnerships, collaboration, and education while also providing enriched supportive services to Veterans in our community.

The Housing Action Coalition gives its full support for Mental Health America of Wisconsin to open a Veteran Peer Run Respite Center in Pewaukee. This opportunity should be available to our Veterans and our community to better serve those in need with this much-needed service in Waukesha County.

Sincerely,

Jackie Smith
Program Coordinator

Susan Nienow

From: Thomas Nienow <nienow99@sbcglobal.net>
Sent: Tuesday, October 08, 2019 1:18 PM
To: Susan Nienow
Subject: FW: Proposed Conditional Use Permit for Mental Health America

Tom Nienow
Nienow Woodwork
W252N4350 Sussex St
Pewaukee, WI 53072
262.853.9943

From: David Edge
Sent: Tuesday, October 8, 2019 11:46 AM
To: mayor@pewaukee.wi.us; grosch@pewaukee.wi.us; bergman@pewaukee.wi.us; sbierce@wi.rr.com
Subject: Proposed Conditional Use Permit for Mental Health America

I am a Viet Nam veteran, SSGT USAF, 1970-1974.

I live on Sussex Street just a few houses north of the proposed property. We choose this location due to its quiet rural environment. I only heard about this through a neighbor. I did not learn about this from any official notice, probably because I live more than 600 feet away. I am adamantly opposed the granting of this Conditional Use Permit to Mental Health America of Wisconsin for the following reasons:

1. This would be permanent and not temporary.
2. This is an experiment that has never been done before for veterans, soldiers with war related mental and drug issues and are in crisis.
3. Unlike the civilian versions of this type of facility, these soldiers have conditions that can be much more severe and more dangerous to the surrounding public.
 - a. PTSD is most likely going to be an underlying condition that many of these soldiers are going to have.
 - b. Paranoia is also commonly associated with these issues.
 - c. Suicide is also very high risk with this demographic.
 - d. WHEN they hear the guns from the Waukesha Gun Club are they going to have a flash back and think they are back in combat and the neighbors are the enemy? I heard that gun fire on a regular basis.
 - e. These are soldiers that have seen combat and have been trained to kill.
 - f. These veterans need better support than this.
4. There are children, grandchildren, bikers, walkers, school cross country runners, and high traffic in this neighborhood that would be at risk.
5. This facility would have no security or medical services that would be needed.
 - a. There is no way to keep any of them from bringing drugs or weapons into the facility.
 - b. People with these issues are in crisis and interaction with others will be volatile at times creating a high risk of injury or worse.
 - c. There is no support for these situations other than telling them to leave, which puts them in this state into the neighboring area without treatment or constraint. Police and ambulance calls could be expected to significantly increase for Sussex Street.
6. It is not a question of if there will be an incident but a question of when.
7. A one (1) to five (5) day stay is hardly enough time to handle any one in crisis.

- a. They would be in this facility because they cannot handle it in their own homes so how is this going to be any different.
 - b. When I have a health crisis I seek professional help. I don't go to a "flop house" where there is not cost.
8. What do drug addicts do to support their habit? They steal.
 - a. That puts the neighborhood in risk of stolen property at a minimum.
 - b. If there is an encounter with one of these "visitors" trying to steal personal property there could be an altercation with injury and possible death.

What does the VA hospital do for security:

1. Due to a drug overdose death of a U.S. Army Ranger from Fox Valley, Cole Schuler, in November 2015 in a residential drug treatment facility on the Milwaukee VA campus, a federal government inspection and watch for two year resulted in significant security changes were made.
 - a. Full report can be found [here](#).
 - b. Where is our security going to be?
2. There are metal detectors and security guards at the entrance that you must go through even if you are only a relative there for some administrative purpose.
3. Obviously there is also medical staff trained to handle the types of crisis issues these veterans are experiencing.
4. None of these precautions or support service would be available at this facility located in a strictly residential area.

What information does Mental Health America of Wisconsin provide about this facility.

1. It is an experiment that is the first in the NATION for veteran soldiers.
2. They call it a respite and cloak it in words like "challenges" vs. crisis.
3. The information is VERY hard to find in regard to this type of facility.
4. The staff member at the facility would only have 2 weeks of training. This seems hardly adequate given the nature of the types of crisis that would be encountered.
5. The grant for this was for Milwaukee. This is not Milwaukee.
6. It has been stated that this will be "CHEAPER" than the use of mental facilities or VA hospitals.
 - a. I find it appalling that these veterans that have given so much for our freedom and way of life, and this is how their resulting conditions are addressed. How cheap and dishonorable can we be to those that gave so much.

When I have a health crisis I seek professional help, I don't spend a couple of nights at Motel 6, even if it were to be free.

Watch the movie "American Sniper". **Pay attention to the ending.**

I do not want the experiment in my neighborhood.

As the official of the City of Pewaukee, where I live and pay taxes, your responsibility is to your constituents for our safety and wellbeing. Mental Health America of Wisconsin is not from our community and they are working from grant from outside of our community. Therefore they have no interest other than their own in this venture.

I would submit that this could be more costly to the City of Pewaukee and its residents than the additional cost to the appropriate facilities.

1. Increased burden on the Police and emergency services.
2. Loss of security to the neighborhood.
3. Loss of personal property.
4. Loss of our piece of mind provided by our rural environment.

Mental Health America of Wisconsin needs to find a more appropriate location that is near to the proper institutions that can provide the type of help needed in these types of crisis. Something more like the Fisher House model would be far more beneficial.

Sincerely,

David Edge
W252 N4468 Sussex Street



American Legion Pewaukee Post 71

118 Main Street Pewaukee, WI 53072

October 11, 2019

**Honorable Steve Bierce
Mayor-City of Pewaukee
N240W3065 Pewaukee Road
Pewaukee, WI 53072**

Re: Veterans Mental Health Respite Planned

Mr. Mayor,

I am writing on behalf of the Pewaukee Legion and its support of the planned respite facility for the local council and care for Veterans who may have a mental issue or problem getting care or guidance through “regular” channels. Mental health issues among Veterans is a serious issue for the Veterans returning from war and other reasons.

I understand this will not be a home to live in long term, but a respite or temporary place to get help, & be directed to where they can get help.

As a Veteran and citizen of City Pewaukee they have our support and we hope the City will feel the same.

Thank You

John Arnold

Commander

American Legion Pewaukee Post 71

118 Main Street

Pewaukee, WI 53072

414-416-4073 Cell

Arnoldjohn944@gmail.com

Celebrating 100 Years in America & Pewaukee

Cheri R. Enters
N35 W22442 Wethersfield Court
Pewaukee, WI 53072
C: 262-844-5440

October 11, 2019

City Mayor Steve Bierce
Pewaukee Common Council
Pewaukee Plan Commission
W240 N3065 Pewaukee Road
Pewaukee, WI 53072

Dear Mayor, Council and Plan Commission members:

I have met at length with Jayne Holland, Community Outreach Coordinator for the R & R House for Veterans regarding their request for a Conditional Use Permit. I understand the facility being considered is located at W252 N4304 Sussex Road, Pewaukee. I've known Jayne for many years through her work with veterans at UWM's Veterans Resource Center (MAVRC). She serves our veterans well. She is well connected and very knowledgeable regarding the needs of returning veterans. I have reviewed their printed materials and considered the need for this type of facility in the Pewaukee communities.

As I've worked with veterans in Waukesha County these past six years, I see a need for assistance in helping them find the right resources as they transition to civilian life. It's not always easy for them to find what's available to meet their particular needs as each member of our military comes home with a different set of circumstances. Some need to push the "pause" button, take a breath, and talk to an advocate who will help them sort things out. I see this short-term (one week) facility providing the state-certified peer support these veterans need. We owe them that much and more.

I hope that the Council and Plan Commission will vote to approve this housing facility that will offer recovery services to our returning veterans on a short term basis. I hope Pewaukee will go on record as giving them a hand up in return for their service to our country. It's the least we can do.

Blessings,



Cheri Enters

From: Thomas Nienow
To: Mayor; Grosch, Ray; Bergman, Brandon; Fuchs, Nick
Subject: Mental Health America Petition For Conditional Use Permit
Date: Monday, October 14, 2019 8:34:20 AM
Attachments: Screenshot (11).png

October 13, 2019
Pewaukee Mayor Steve Bierce
City of Pewaukee common Council
Pewaukee Plan Commission

Dear Mayor, Plan Commission and Common Council,

Upon reading the agenda regarding Mental Health America's petition for Conditional Use Permit for the Grove's property at W2252N4304 Sussex St, it is stated "there is existing landscaping that buffers this property from abutting single family homes". The petition states the property "is bordered by agriculture to the south and a supportive neighbor across Sussex St." The petition fails to mention a private residence abutting to the north. It also states that guests can come and go freely.

Attached is an aerial view of the proposed property showing the irregular lot line to the property to the north. As owners of the property to the north, we can say there is no existing landscaping buffering the properties on the west side of our property. We are opposed to the petition and feel that for our safety and peace of mind the only way for this proposal to pass would be the construction of a fence around their property with gated entry to keep guests from inadvertently entering private property and trespassing. We are also requesting security cameras so staff at the property can monitor the perimeter at all hours.

SAFETY FIRST! The burden of security should not be placed on us

Tom and Sue Nienow
W252N4350 Sussex St
Pewaukee, WI 53072
262.853.9943



October 14, 2019

Dear members of the City of Pewaukee Planning Council and Pewaukee Common Council:

We are writing in support of Mental Health America of Wisconsin's proposal to open a Veteran Peer Run Respite in Pewaukee.

For more than 110 years, Rogers Behavioral Health has been a leading not-for-profit, private provider of specialized mental health and addiction treatment for adults, teens, and children. Our mission is to provide highly effective mental health and addiction treatment that helps people reach their full potential for health and well-being. With roots in Waukesha County, Rogers now offer services in six Wisconsin communities and more than 10 other locations across the nation. Rogers offers inpatient and residential care in Waukesha County and Milwaukee County and an intensive level of outpatient treatment that typically ranges from three to six hours a day for four to six weeks for a broad range of conditions including OCD and related anxiety disorders, eating disorders, depression, bipolar and other mood disorders, posttraumatic stress disorder, and addiction.

We believe that this respite location is a much-needed resource that will help prevent veterans from needing crisis services and maintain longer periods of wellness. At Rogers, we know firsthand that individuals with mental health concerns do best when they have a strong support system. This safe and welcoming space combined with peers who have shared life experiences will be incredibly beneficial to veterans who have given of themselves for our country. The level of 24/7 assistance and linking to other vital resources will give these men and women the connection they need to rise above their challenges. It would be unfortunate if the stigma surrounding mental health conditions prevented these deserving individuals from accessing much-needed support.

As an advocate for those with mental health concerns, Rogers Behavioral Health offers our full support to Mental Health America of Wisconsin and its plans to open the Veteran Peer Run Respite in Pewaukee. Please let us know if we can help to answer any questions about the conditions, symptoms, and treatments to help address any concerns.

Sincerely,



Paul Mueller
CEO, Hospital Division



REZONING (CONDITIONAL USE PERMIT) PROTEST PETITION

RECEIVED
OCT 14 2019
CITY OF PEWAUKEE
CLERK'S OFFICE

We, THE UNDERSIGNED PROPERTY OWNERS, do hereby protest the granting by the Board Of Common Council of Pewaukee, WI, of a CUP to permit 'a peer-run respite' to support recovery from mental health and substance use challenges on the following described property:

PT SE1/4 SEC 4 T7N R19E COM S1/4 COR E 667.00 FT N16°14'E 1004.60 FT N13°52'E 818.00 FT N38°01'E 128.60 FT THE BGN N38°01'E 442.65 FT S3°47'W 223.00 FT N89°57'E 200.46 FT S12°32'W 230.15 FT N76°29'W 420.5 FT TO BGN EX HY DOC# 3633569

Common Description or name: **W252 N4304 Sussex St, Pewaukee, WI**

Tax Key Number: PCW 0880997 **Current zoning:** Rs-3 Single-Family Residential

The current owners of this property intend to vacate the premises and rent the house to Mental Health America.

Mental Health America intends to run a 'pilot program' offering free one week stays to **four different individuals per week** with mental health and/or substance abuse issues. No medically trained individual will be living on the premises with these vets. A paid staff member, without medical training, will be inside the house, but the guests are unrestricted and unsupervised outside of the home. They are free to come and go as they please. This program IS NOT open to all veterans who served our country, only those with mental health and/or substance abuse issues. This unsecured property will host over 200 'at risk' guests per year.

Safety first!

1. This will unreasonably affect the neighbors/neighborhood
2. Applicant seeks to have more than 200 people stay in the house per year
3. Property is unsecured. No fencing exists around the property facing the road, so there is no protection for people passing by on foot or bicycle

4. We question the safety risks to our neighborhood
5. No formal risk analysis performed by an independent qualified expert has been provided by the applicant
6. No studies or written analysis on the potential conduct of guests dealing with mental health and/or substance abuse were provided by the applicant
7. No analysis disclosed on the known relapse rate of substance abusers and the impact or consequences that will have on the other guests
8. No information provided on who has responsibility for the guests while inside and outside the house
9. No analysis that process of choosing guests will be able to screen potentially dangerous people, eg: do the guests have a criminal history or a history of violence
10. What kind of background check is done on the guests? How will we be alerted to be on lock-down should a problem arise?
11. How do we know that the screening process is appropriate and who will enforce the rules, if violated?
12. There are no formal contingency plans in place if things go wrong
13. There has been nothing showing that other more appropriately zoned property is not available to conduct a business operation of this scope and risky nature

This program compromises our safety in our own backyards. The bottom line is that Applicant has failed to meet their burden in asking this Board to allow a potentially dangerous business to operate in an established residential neighborhood. Since burden is on Applicant, the request must be denied.

We the undersigned, have personally signed this Petition and are owners of real property located within the statutory area of notification related to the area for which the CUP is sought.

Printed Name /Signature	Address	Date
Susan Nienow	W252 N4350 SUSSEX ST.	
Susan Nienow	Pewaukee, WI 53072	10/06/2019
Lynne Brandt	649 Ole Dairy Rd	
Lynne Brandt	Pewaukee, WI 53072	10/6/2019
MARY BUEHNENS	W252 N4344 SUSSEX	
Mary Buehnens	Pewaukee, WI 53072	10/6/2019
RANDY BOOTH	W25N4366 SUSSEX ST.	10/6/2019
TIM SZEWCZYK	W252 N4400 SUSSEX ST	10/6/19
David Edge	David Edge W252 N4468 SUSSEX ST.	10/6/2019 USAF
Angelina Edge	W252 N4468 SUSSEX ST	10/6/2019
Steve Chapoy	841 SUSSEX ST.	10-6-2019
Steve Chapoy	841 SUSSEX ST.	10-6-2019
James Oliver	James Oliver W252 N4408 SUSSEX ST.	10-6-2019

State of Wisconsin

County of Waukesha

I am the circulator of the Protest Petition and I am qualified to circulate this Protest Petition and I have personally witnessed the signing of the Protest Petition by each person whose name appears thereon.

Circulator Signature Susan Nienow Printed Name Susan Nienow

Circulator's Residence and Address W252 N 4350 Sussex St. Pewaukee, WI

Date 10/14/19

53072

Signed and sworn to (or affirmed) before me on this 14 day of October
2019, by Susan Nienow, circulator of this Protest
Petition.

Notary Public

Christopher Theis

My commission expires: 06 Nov 2020





No Veteran Left Behind USA, Inc.

2025 S 107th Street, West Allis, WI 53227-1232

Phone: (414)395-6043 Fax: (414)375-2634 Email: info@noveteranleftbehindusa.us

Website: <http://www.noveteranleftbehindusa.us>

No Veteran Left Behind USA, Inc. is a 501(c)(3) veterans organization.

October 17, 2019

City of Pewaukee Mayor Steve Bierce
Pewaukee Common Council
Pewaukee Plan Commission

Dear Mayor, Council, and Plan Commission members:

I am writing on behalf of Mental Health America of Wisconsin, and am submitting this letter of support for the R&R House, to be located on Sussex Rd in Pewaukee.

The R&R House will provide needed support to veterans who would benefit from talking to a peer with shared their life experiences, and an understanding of the unique challenges former service members experience when they transition from the military. In my work with veterans I have experienced the sense of community and trust that peer support can bring and have seen how this can help them begin to integrate themselves into their civilian lives. I also appreciate that the R&R House will provide short-term stays for veterans, giving them an opportunity to take a break from the challenges they may be experiencing to improve their coping skills and connect with veteran resources if needed.

I hope that you will vote to approve the R&R House opening in Pewaukee.

Respectfully Submitted,

Ellen M. Kozel, US Army Retired
Chairman of the Board
No Veteran Left Behind USA, Inc.

From: [Steve Bierce](#)
To: [Hurd, Ami](#)
Subject: Fwd: Proposed conditional use permit for Mental Health America of Wisconsin
Date: Monday, October 28, 2019 1:58:01 PM

Sent from my iPhone

Begin forwarded message:

From: John Stetzenbach <jstetzenbach@gmail.com>
Date: October 21, 2019 at 3:34:02 PM CDT
To: bergman@pewaukee.wi.us, grosch@pewaukee.wi.us
Cc: kara@pewaukee.wi.us, brown@pewaukee.wi.us, wamser@pewaukee.wi.us, dziwulski@pewaukee.wi.us, mayor@pewaukee.wi.us
Subject: Proposed conditional use permit for Mental Health America of Wisconsin

Good afternoon,

I am writing to express my opposition to the proposed conditional use permit for Mental Health America of Wisconsin. For several reasons, I do not believe approving this facility, in its proposed location, is a good idea.

This is not a referendum on whether the community supports veterans and to think of it as such is missing the point. Veterans are heroes and we should absolutely strive to help them. However, security is a significant concern. This proposed facility will be located in the middle of a residential area, between a handful of subdivisions and immediately adjacent to several lots, in close proximity to small children. This issue isn't about the community or anyone living in it rejecting a single veteran who is moving into the area. This is about potentially hundreds of people, all with different issues and problems, cycling through for a very short period of time under the "supervision" of individuals who, to me, seem ill-equipped and ill-trained to deal with the kinds of situations that may present themselves.

My wife and I, like many others choose to live Pewaukee because we feel it offers a safe environment to raise our children. A decision to approve this will strike at the core of our concerns and show a lack of judgement and disregard for the safety and concerns of the community on the part of the Common Council.

I also have great reservations that, if approved, this mission can possibly accomplish the goals in holds itself out to achieve. As the first of its kind in the nation, there is no track record of success that the organization can lean on. They are asking the community to bet on them with very little information. I would not be willing to make that bet, certainly not at the expense of even the slightest safety concern.

Less important, but certainly not irrelevant, is the impact on property value for individuals and families in the facility's close proximity. It's obvious this will have a detrimental impact on the value of land and homes that people have worked and continue to work hard for.

I appreciate the opportunity to share my concerns with you and hope that you take them seriously. Please DO NOT vote in support of this project. Thank you very much for your time.

John Stetzenbach

From: [Steve Bierce](#)
To: [Hurd, Ami](#)
Subject: Fwd: MHA Conditional Use Permit
Date: Monday, October 28, 2019 1:56:15 PM

Sent from my iPhone

Begin forwarded message:

From: Thomas Nienow <nienow99@sbcglobal.net>
Date: October 23, 2019 at 1:35:30 PM CDT
To: "mayor@pewaukee.wi.us" <mayor@pewaukee.wi.us>,
"fuchs@pewaukee.wi.us" <fuchs@pewaukee.wi.us>
Subject: MHA Conditional Use Permit

Dear Mayor Bierce and Mr. Fuchs,

I am writing in regards to the application for a conditional use permit submitted by Mental Health America Wisconsin. We have had several people stop here to ask why the letters sent to you and the local aldermen weren't represented in the common council and plan commission agendas. We feel these letters should have been entered for the commission and council to see so as to know the stance of the community. We ask that those letters/emails please be forwarded to the plan commission/common council to give the full representation of their stance by the Monday Oct 28th deadline presented to us for the Nov. 4th meeting.

Thank You,
Tom & Sue Nienow
W252N4350 Sussex St
Pewaukee, WI 53072
262.853.9943

From: [Steve Bierce](#)
To: [Hurd, Ami](#)
Subject: Fwd: Question on Procedure of City Common Council Meetings
Date: Monday, October 28, 2019 1:55:58 PM

Sent from my iPhone

Begin forwarded message:

From: David Edge <davedge@ameritech.net>
Date: October 23, 2019 at 4:20:54 PM CDT
To: mayor@pewaukee.wi.us, bergman@pewaukee.wi.us, kara@pewaukee.wi.us, brown@pewaukee.wi.us, wamser@pewaukee.wi.us, dziwulski@pewaukee.wi.us, grosch@pewaukee.wi.us
Subject: Question on Procedure of City Common Council Meetings

During this past Common Council Meeting, one alderman stated that the MHA request for Conditional Use Permit did not even meet the requirements in the City Ordinances.

Why was there no further discussion of that point? Why did it appear that this comment had no bearing on this request?

Thank you for your time and assistance in understanding this point,

David Edge
W252 N4468 Sussex St.

From: David Edge <davedge@ameritech.net>
Sent: Wednesday, October 23, 2019 9:58 PM
To: Fuchs, Nick
Subject: Conditions for MHA Respite

AT THE CITY COUNCIL MEETING AN ALDERMAN STATED THAT THIS DOES NOT EVEN MEET THE ORDINANCE REQUIREMENTS TO BE IN THIS ZONING. SO WHY ARE WE EVEN PUTTING TOGETHER CONDITIONS? WHY WAS THERE NO FURTHER DISCUSSED AT THE CITY COUNCIL MEETING.

The conditions below for the MHA Respite are required because of the following reasons.

1. The Respite is NOT a residential environment which is different from a CBRF. **THERE ARE NO RESIDENTS.**
2. It has a constant daily turnover in staff and "guests". NO ONE RESIDES THERE and this is a residential zoning, not business.
3. MHA has never run even a civilian respite. The other 3 in the state are run by different organizations that include NAMI Fox Valley, SOAR Case Management Services, and Wisconsin Milkweed Alliance.
4. MHA, without prior experience wants to run a respite for veterans with mental illness and substance abuse which is a much different and much more volatile demographic than those that use the civilian respites. The challenges with this demographic are illustrated by the security measures implemented by the United States Department of Veterans Affairs.
5. There is no security at this proposed site the sets within a single family residential area.
6. MHA has not done their due diligence because they did not even know about the environmental situations (gun fire, blasting, low flying aircraft) that can be detrimental to their very clientele. They did not know it was there, and did they even know those could be triggers for their "guests"?
7. They have not provided the details of the screening they say will be done.
8. They have not adequately answered the questions regarding what the training is for their care givers.
9. They have not provided the code of conduct that they say the "guests" will be required to sign.
10. They have not provided the rules of the house and any associate consequence.
11. This is the FIRST EVER in the entire US, not just Wisconsin so there are no statistics or evidence that is required by City statute.
12. Compared to VA Standards, there is not a single security measure in place other than against bed bugs and gun locks.
13. There is no verification that the "guest" are not actively using drugs
14. The Village of Pewaukee must be informed of this request because the west side of Sussex Street is in the Village of Pewaukee while the east side is the City of Pewaukee.

Conditions:

1. To be provided to the city for review and approval and available for public review and discussion with the City and to the Village of Pewaukee.
 - a. All interview screening questions used to accept a person in to the house.
 - b. All training requirements and material.
 - c. Code of conduct to be signed by the "guests".
 - d. All rules defined and posted to be followed.
 - i. Stated consequences for rules not followed.
 - ii. What actions will be taken.
 - e. Detail budget including funding sources and amounts, and where funds will be spent.

- f. Details of insurance that will be carried.
 - g. Notice given to the VA hospital and Veterans Affairs.
 - h. Notice given to Pewaukee Police and tour of facilities.
2. Initial interviews for acceptance to the house are to be electronically recorded.
 - a. These are to be retained for 3 years.
 - b. They are to be made available to the city council and residents of the City and Village of Pewaukee upon request.
3. Upon entry to this facility photo ID is to be checked and photo copied.
 - a. Photo copies are to be retained for 3 years
 - b. They are to be available to City and Village councils upon request.
4. Entry and exit logs for the premises are to be maintained for both staff and Guests.
 - a. Log to include name, date, time, purpose, and signature.
 - b. Must be retained for 3 years and available to the city council and residents of the City and Village of Pewaukee upon request.
5. Screening upon arrival.
 - a. Criminal screening
 - b. All personal items are to be searched.
 - i. Entrance is to be refused if any of the following are present include the vehicle they arrived in.
 1. Illegal or non-prescribed drugs and drug paraphernalia
 2. Weapons including but not limited to fire arms, knives over 3.5", any other item considered a weapon.
 - c. Any sign of current drug use is grounds for refusal and police are to be contacted.
6. Security cameras are to be installed and recorded.
 - a. All common areas inside and outside of the facility
 - b. Recording are to be retained for 3 year and available to the city council and residents of the City and Village of Pewaukee upon request.
 - c. Cameras are to be high definition of 1080p or better.
7. Staffing
 - a. There are to be a minimum of 2 trained staff members on site at all times with no exceptions.
 - b. If 2 staff members at not available the facility is to be closed until required staffing level is on site.
8. Guests.
 - a. There are to be not guest of the guests.
 - b. No sleep overs or use of the pool by guests of guest.
9. Political activities.
 - a. There are to be no political activates conducted at this site.
 - b. No voter registration or other political based activities.
10. Conditions for permit revocation.
 - a. Any violent or threatening incident that occurs endangering the neighborhood, actual or perceived .
 - b. Any suicide attempt or successful on site or the surrounding neighborhood by "guest" or staff.
 - c. Any bodily harm done by or to staff or "guest".
 - d. Any fire arms or illegal drugs on the site.

DUFFEY & ASSOCIATES, S.C.

ATTORNEYS AND COUNSELORS

Peter G. Duffey

Of Counsel

Attorney Darryl J. Lee, LLC

Matthew H. Huppertz

Law Offices at Rivers Edge
W240N1221 Pewaukee Road
Waukesha, Wisconsin 53188
Phone: 262-549-2003
Fax: 262-549-3933

October 23, 2019

Pewaukee City Council

Attn: Nick Fuchs

Re: MHA Conditional Use Permit

My name is Darryl Lee. I live at N32W23148 Stonewall Ct., Pewaukee, Wisconsin. This letter is intended to address acceptable conditions for issuance of the Conditional Use Permit to MHA.

First, I have to assert an objection to this process. MHA is obligated to put forth an acceptable plan to obtain approval for this project. It is not the homeowners' responsibility to craft "conditions" under which the project will operate. MHA should do their job and put forth a complete plan that can be analyzed by everyone involved. This is an unfair burden on the Pewaukee residents who object to this project. Why hasn't MHA put forth any conditions that would make this project safe for the neighborhood. Why hasn't MHA provided any concrete data, studies or expert analysis to support this project at this Pewaukee location?

Interestingly, MHA has offered significant expert analysis that peer to peer respite houses are good for veterans. I don't think anybody disagrees with that. What MHA has failed to do is provide any reliable evidence or analysis on the risk of violence this project will bring to this purely residential neighborhood. Someone's statement that none of the other non-veteran respite homes have had any violence is pure hearsay and not reliable evidence. Where is the data on police calls to the facilities? Where is the analysis of any hard data? MHA could easily obtain this information under a FOIA request, but they have failed to do so. Again, it is not the Pewaukee residents' responsibility to prove that the project is unsafe for this neighborhood.

MHA has not addressed the concerns with the sound of gunfire from Waukesha Gun Club or blasting at the Quarry.

Many of the guests expected to utilize this facility are combat veterans with PTSD. Attached is a scientific study addressing "Violent Behavior and PTSD in U.S. Iraq and Afghanistan Veterans". The results identify 2 significant findings:

- (1) 9% engaged in severe violence and 26% in other physical aggression
- (2) Veterans with both PTSD and alcohol misuse had a "**substantially higher rate of subsequent severe violence** (35.9%) compared with veterans with alcohol misuse without PTSD."

What effect will the sound of constant gunfire and blasting have on these veterans? Where is the analysis by MHA? We know that even fireworks can trigger crisis in veterans with PTSD. See attached article from Wellness and Prevention titled "Coping with PTSD During Fireworks Season. What will be the effect of real gunfire and real explosions on the veterans staying at this house. Where is the analysis from MHA. How can the Counsel disregard this critical issue?

The conditions that would have to be imposed on this project to assure neighborhood safety are substantial

1. Have a professional mental health expert evaluate each potential guest to determine whether they might pose a risk to themselves or others
2. Have a professional drug counselor evaluate each potential guest to determine whether there is any relapse, or likelihood of relapse regarding drug use and/or dependency.
3. Have a criminal background check done on each potential guest to determine whether they have a criminal history, or a history of violence (restraining orders, spousal abuse, etc)
4. Require MHA to contact all VA facilities to determine if there is any patient history that may suggest possible violence or instability
5. Require a drug screening for all potential guests
6. Require a search of belongings to ensure that drugs or guns are not brought onto the property.
7. Expand parking facilities at the property to account for employees, guests and visitors.
8. Have a professional mental health expert on site at all times to address any crisis that should arise
9. Have adequate security measures in place at the house to handle security situations that will arise. This would have to include at least one person at all times who could physically handle any of the guests that become violent. This may not even be possible.
10. No guns on the property, other than those owned by staff or employees with proper permits.
11. Concrete plan to address rule violations by the guests.
12. Written promise of financial responsibility by MHA if damage or injury results from the guests, either on or off the property.
13. Minimum of one million dollar (\$1,000,000.00) liability insurance policy.
14. Proof that house is ADA compliant
15. Proof that there are no building code violations.
16. Clear rules on trespassing, and how those rules will be enforced.
17. Security Cameras on site that record activity of who is coming and going.
18. No alcohol policy. The closest place to buy alcohol is less than a mile from the home. How do you restrict that?

It seems to me that the Council should require MHA to do their due diligence and have MHA provide data, analysis and specific conditions that would satisfy the Council and Pewaukee residents' objections to this project.

To say that the Conditional Use Permit would be of limited duration or subject to review after a period of time is not a solution and does not address the safety issues raised by the Pewaukee residents. All it takes is one person to act out.

I think that MHA should go back to the drawing board and come up with a plan that addresses the Pewaukee residents legitimate concerns.

If you have any questions or comments, please feel free to contact me at your convenience.

Sincerely,

Darryl J. Lee

DJL/ld
Enclosures



Br J Psychiatry. 2014 May; 204(5): 368–375.

PMCID: PMC4006087

doi: 10.1192/bjp.bp.113.134627; 10.1192/bjp.bp.113.134627

PMID: 24578444

Violent behaviour and post-traumatic stress disorder in US Iraq and Afghanistan veterans

Eric B. Elbogen, Sally C. Johnson, H. Ryan Wagner, Connor Sullivan, Casey T. Taft, and Jean C. Beckham

Eric B. Elbogen, PhD, Department of Psychiatry, Forensic Psychiatry Program and Clinic, University of North Carolina - Chapel Hill School of Medicine, Chapel Hill, North Carolina, and Mid-Atlantic Mental Illness Research, Education, and Clinical Center (MIRECC), Durham VA Medical Center, Durham, North Carolina; **Sally C. Johnson**, MD, Department of Psychiatry, Forensic Psychiatry Program and Clinic, University of North Carolina - Chapel Hill School of Medicine, Chapel Hill, North Carolina; **H. Ryan Wagner**, PhD, MIRECC, Durham VA Medical Center, Durham, North Carolina, and Department of Psychiatry, Duke University School of Medicine, Durham, North Carolina; **Connor Sullivan**, BA, Department of Psychiatry, Forensic Psychiatry Program and Clinic, University of North Carolina - Chapel Hill School of Medicine, Chapel Hill, North Carolina; **Casey T. Taft**, PhD, Psychology Service, VA National Center for PTSD, VA Boston Healthcare, Boston, Massachusetts, and Department of Psychiatry, Boston University School of Medicine, Boston, Massachusetts; **Jean C. Beckham**, PhD, MIRECC, Durham VA Medical Center, Durham, North Carolina, and Department of Psychiatry, Duke University School of Medicine, Durham, North Carolina, USA

Correspondence: Eric B. Elbogen, University of North Carolina - Chapel Hill, Box 7160, Chapel Hill, NC 27599, USA. Email: eric.elbogen@unc.edu

Received 2013 Jul 2; Revised 2013 Oct 30; Accepted 2013 Nov 7.

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Abstract

Background

Violence towards others in the community has been identified as a significant problem for a subset of Iraq and Afghanistan veterans.

Aims

To investigate the extent to which post-traumatic stress disorder (PTSD) and other risk factors predict future violent behaviour in military veterans.

Method

A national, multiwave survey enrolling a random sample of all US veterans who served in the military after 11 September 2001 was conducted. A total of 1090 veterans from 50 US states and all military branches completed two survey waves mailed 1 year apart (retention rate = 79%).

Results

Overall, 9% endorsed engaging in severe violence and 26% in other physical aggression in the previous year, as measured at Wave 2. Younger age, financial instability, history of violence before military service, higher combat exposure, PTSD, and alcohol misuse at Wave 1 were significantly associated with higher

severe violence and other physical aggression in the past year at Wave 2. When combinations of these risk factors were present, predicted probability of violence in veterans rose sharply. Veterans with both PTSD and alcohol misuse had a substantially higher rate of subsequent severe violence (35.9%) compared with veterans with alcohol misuse without PTSD (10.6%), PTSD without alcohol misuse (10.0%) or neither PTSD nor alcohol misuse (5.3%). Using multiple regression, we found that veterans with PTSD and without alcohol misuse were not at significantly higher risk of severe violence than veterans with neither PTSD nor alcohol misuse. There was a trend for other physical aggression to be higher in veterans with PTSD without alcohol misuse.

Conclusions

Co-occurring PTSD and alcohol misuse was associated with a marked increase in violence and aggression in veterans. Compared with veterans with neither PTSD nor alcohol misuse, veterans with PTSD and no alcohol misuse were not significantly more likely to be severely violent and were only marginally more likely to engage in other physical aggression. Attention to cumulative effects of multiple risk factors beyond diagnosis - including demographics, violence history, combat exposure, and veterans' having money to cover basic needs like food, shelter, transportation, and medical care - is crucial for optimising violence risk management.

Violence towards others after returning home from military service has been documented to be a significant problem among a subset of veterans in the US,¹⁻³ UK,⁴ Australia⁵ and Canada.⁶ As more men and women re-enter civilian life, there is an increased need to assist clinicians with effective assessment and management of veterans who may be at higher risk of community violence. To date, there has been relatively little direction available to clinicians to help them gauge what level of risk a veteran may pose in the near future. Admission and discharge decisions as well as community treatment planning would be greatly enhanced by research that directly informs, and possibly improves, decision-making and resource allocation in these clinical contexts.⁷

Existing research that has examined violent behaviour towards others among veterans of Iraq and Afghanistan^{1,2,4,8} and previous eras of service⁹⁻¹² provides a starting point, but many questions remain. Empirical studies have found that post-traumatic stress disorder (PTSD)^{1,3,7,13} and alcohol misuse^{1,8,10,11,13} are each associated with violence in veterans, but research in this field has predominantly been retrospective in design, with only a few exceptions,¹ which to a large extent limits data interpretation.⁷ To illustrate, although multiple studies have shown that PTSD in veterans is correlated with aggression in the past, there has been relatively little empirical work examining whether current PTSD statistically predicts subsequent violent behaviour in veterans in the future, and if so, what the extent and nature of this relationship is.

Moreover, the links between PTSD, alcohol misuse and aggression warrant further clarification^{5,13} because although research has shown that PTSD and alcohol misuse each independently relate to aggression towards others in veterans, there has been virtually no attention given to examining violence risk among veterans with comorbid PTSD and alcohol misuse. As PTSD and alcohol misuse often co-occur in returning veterans,¹⁴⁻¹⁶ it is largely unknown whether veterans with dual disorders pose a higher risk of violence than veterans with PTSD only or with alcohol misuse only, similar to that reported in literature on mental illness and violence in civilian populations.^{17,18}

By what mechanism might risk be elevated? Current theory and science of self-dysregulation conceptualises violence and physical aggression as occurring when the strength of impelling forces (those pushing towards action) exceed the strength of the inhibiting forces (those preventing a move towards action).^{19,20} Within this model, if PTSD is viewed as an impelling force and alcohol misuse is considered a

disinhibiting force, then the two in tandem could substantially elevate risk for aggression.¹⁹⁻²¹ What is it about PTSD that could impel a veteran towards violence? One answer appears to be hyperarousal symptoms.^{4,7,10,11,13} Anger and irritability, both measureable states, have been identified as empirically related among veterans to be associated with increased violence and aggression.^{4,7,13} In contrast, although alcohol is known to cause disinhibition, most people who drink are not aggressive. This begs the question of when drinking is likely to contribute to aggression.

Applying this theory to the returning veteran population suggests that veterans with PTSD could feel impelled to act aggressively as a result of anger symptoms but still desist from acting if they are not disinhibited as a result of drinking alcohol. Similarly, veterans misusing alcohol may be disinhibited but be less impelled to act violently if not experiencing PTSD symptoms such as anger and irritability. This relationship may be especially complex for veterans because the military trains soldiers to aggress in a controlled way in the context of war but difficulties caused by PTSD and disinhibition from alcohol misuse could allow trained aggression meant for combat to become less well-controlled. The purpose of this paper is to employ a multiwave data-set of a random sample of US Iraq and Afghanistan veterans to analyse the association of risk factors with subsequent violence and aggression and to test the hypothesis that co-occurring PTSD and alcohol misuse leads to a higher odds of future violence and aggression than PTSD without alcohol misuse or alcohol misuse without PTSD. To our knowledge, this is the first national study of violence in US Iraq and Afghanistan veterans.

Method

Study design and participants

The study sample was taken from the National Post-Deployment Adjustment Survey (NPDAS),²² which was conducted as part of a US National Institute of Mental Health funded grant to develop risk assessment tools for veterans and was drawn by the US Department of Veterans Affairs (VA) Environmental Epidemiological Service in May 2009. The sample consisted of a random selection of 3000 veterans from a database of over 1 million US military service members who: (a) served after 11 September 2001 in Operation Iraqi Freedom (OIF) or Operation Enduring Freedom (OEF); and (b) either had separated from active duty service or were in the reserves/national guard. The sample was stratified by gender, and female veterans were oversampled to ensure adequate representation: specifically, 1000 female veterans were randomly selected from all female OEF/OIF veterans and 2000 male veterans were selected from all male OEF/OIF veterans.

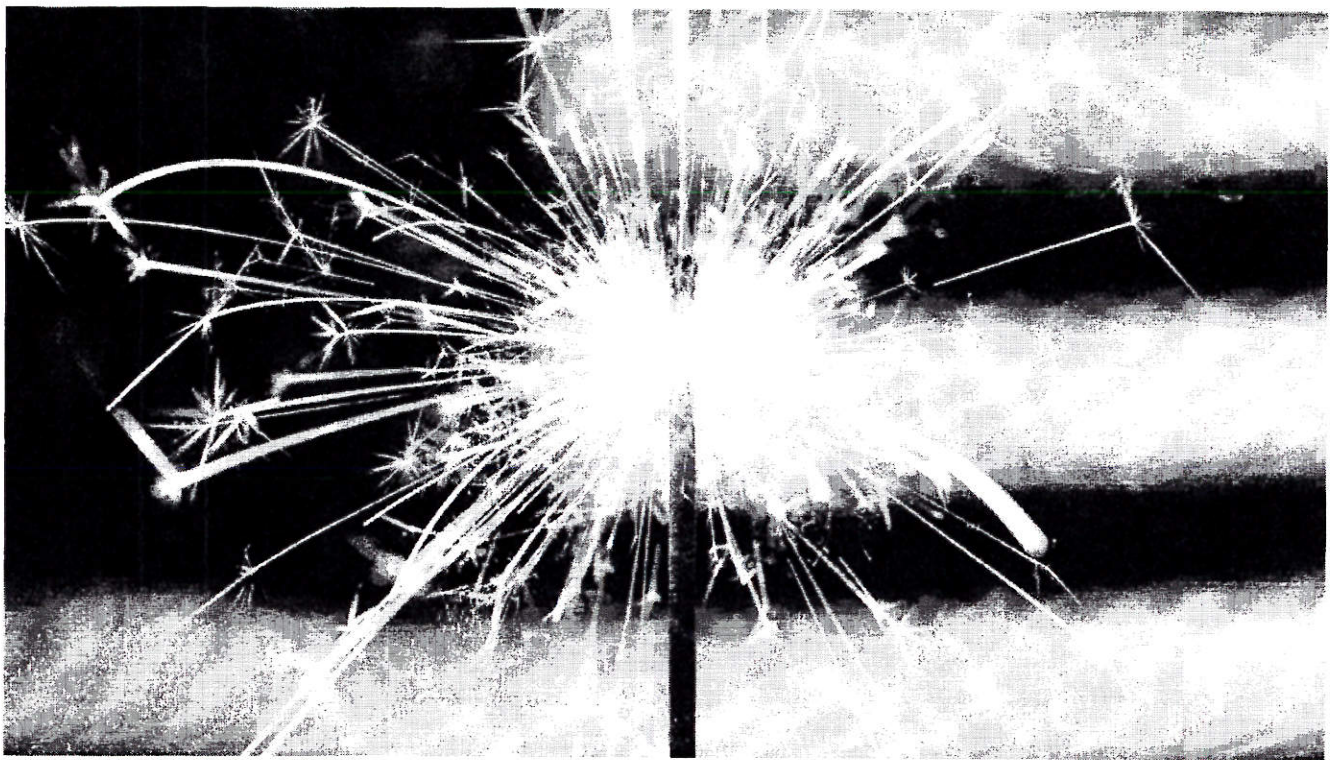
After obtaining institutional review board approval, we surveyed veterans using Dillman survey methodology²³ using multiple and varied contacts to maximise response rate. We implemented two waves of data collection 1-year apart involving parallel procedures, and participants were reimbursed after finishing each wave. At Wave 1, participants were first sent an introductory letter regarding the upcoming survey. Four days later, potential participants were sent an invitation by mail, which contained commemorative postage stamps as an incentive and instructions on how to complete a 35-minute confidential internet-based survey. Sixteen days after invitations were mailed, potential participants were sent postcards thanking them for completing the survey or reminding them to do so. Two weeks after postcard mailings, those who had not taken the survey received a paper version with a postage-paid return envelope. Two months after the print survey a final letter was sent encouraging participation and explaining the survey would close the following week.

Wave 1 was conducted July 2009 to April 2010, yielding a 47% response rate and 56% cooperation rate. The 'response rate' refers to the number of surveys completed divided by the number of surveys sent out, whereas the 'cooperation rate' refers to the number of surveys completed divided by the number of surveys received by participants (i.e. not returned by mail).²³ These achieved rates are comparable to, or greater

Coping with PTSD During Fireworks Season

June 26, 2019 12:00 PM

For victims of gun violence and veterans of war who have post-traumatic stress disorder, the Fourth of July holiday can be a stressful time of year.



For some people, Fourth of July fireworks aren't reason to celebrate.

The random explosion of fireworks can trigger a startle response in people who have post-traumatic stress disorder (PTSD). The mental health condition develops in some people after they witness a shocking, scary or dangerous event.

These triggers can be sights, sounds or scents that remind them of the trauma in any way.

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For individuals who have witnessed gun violence or who have served in the military, fireworks may trigger their PTSD.

"Although the loud noise of the fireworks can itself be triggering of traumatic memories, typically it is the unpredictability of the explosion that activates the arousal system or sympathetic nervous system," says Todd K. Favorite, Ph.D., clinical assistant professor of psychiatry and director of the U-M Psychological Clinic.

Symptoms of PTSD may include:

- Extreme vigilance and arousal
- Nightmares or insomnia
- Negative changes in mood
- Intrusive thoughts of the trauma
- Avoidance or social isolation

People with PTSD typically are highly alert to any movement or change that could signal danger.

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"It is often hard for them to focus their attention, and they experience intrusive mental images or 'flashbacks' and thoughts about the trauma events," says Favorite. "They can become easily angered or reactive to perceived threats.

"It is also likely that their mood is anxious, depressed, angry or fearful," he says.

PTSD affects about 7% to 8% of the U.S. population, a number reflecting only a small portion of those who have gone through a traumatic experience.

A predisposition for anxiety or depression

Those with a family history or a predisposition for anxiety or depression, and one's psychological temperament, may influence the development and expression of PTSD symptoms.

When people are aware of fireworks displays in advance, they are not surprised by the explosions and are able to better prepare for them.

If you have PTSD, ask your neighbors to alert you if they plan to set off fireworks.

SEE ALSO: 8 Tips for a Safer Fourth of July Fireworks Show

This will give you time to prepare yourself for the fireworks by gathering any materials you may need to help you (such as headphones or blackout curtains), practice self-regulation techniques, or even distance yourself from the fireworks display.

It is important to keep in mind that PTSD is not a sign of psychological weakness.

“PTSD can happen to anyone who has gone through, or witnessed, a terrifying death or life-threatening experience,” says Favorite. “However, most people who go through traumatic events may have temporary difficulty adjusting and coping, but with time and good self-care, they usually get better.”

If the symptoms last for months or years and interfere with your day-to-day functioning, you may need further treatment.

Seeking help

The National Center for Telehealth and Technology and the Department of Veterans Affairs’ National Center for PTSD have helped in the development of two free apps for smartphones to help people cope better with symptoms of anxiety, panic and PTSD. One app is called Virtual Hope Box and the other is PTSD Coach.

If you are struggling with PTSD and want confidential guidance, you can call the Substance Abuse and Mental Health Services Administration (SAMHSA) National Helpline at 1-800-662-HELP (4357), or if you experience suicidal thoughts along with your PTSD episodes, call the National Suicide Prevention Lifeline at 1-800-273-8255.

MORE ARTICLES ABOUT: Post-Traumatic Stress Disorder (PTSD), Mental Health

RELATED ARTICLES

From: [Thomas Nienow](#)
To: [Fuchs, Nick](#)
Subject: MHA Conditional Use Permit
Date: Thursday, October 24, 2019 9:56:05 PM

To Pewaukee Mayor, Plan Commission and Common Council,

In regards to the application for a Conditional Use Permit submitted by Mental Health America WI., I am opposed to the issuance of the permit for many reasons which I have stated at the 2 previous Plan/Council meetings and here I will list a few stipulations I believe are needed before a permit can be granted.

- Mandatory drug screening. Guests are said to be non using, let's make sure.
- No weapons of any kind allowed. They say someone may bring a weapon because they don't want to leave them behind with there kids or spouse. Lock 'em up at home.
- For public safety, a fence to enclose the front yard to match existing fence parallel with the front of the residence
- Security cameras
- At least one staff member certified in CPR on every shift
- MHA WI stated at the last meeting that our property values would probably increase. At the Oct 17th Plan Commission meeting they contend there is no proof that property values will decrease yet boldly say that property values will probably increase without any studies or data to show that. Where is the proof? Why do the citizens carry the burden of proof when it should be the applicant doing so.
- An assessment of the parking area. If 5 vehicles arrive at different times, would the first to arrive be able to be the first to leave? Is another spur needed to turn around?
- A handicap parking spot must be allotted with proper clearances.
- A full building inspection including plumbing and electrical. All violations must be brought to code before a permit can be approved.
- Health inspection. Guests will be cooking and bathing here. Must pass inspection before a permit can be approved.
- A fire/safety inspection. Are there proper egresses, smoke alarms in all bedrooms, fire extinguishers throughout the building. Must pass inspection before a permit can be approved.
- The main floor and all it's entry points must be brought to ADA compliance. Must have an ADA compliant bathroom/shower/kitchen before a permit can be approved.

Any and all infractions are to be made public, as will the repairs for those infractions provided to show they are in compliance with all inspections. This facility will now be more like a motel than a residence and should be treated as such.

MHA WI neglected to address the existing private residence directly abutting to the north, had I not appeared at the meetings would the council only have taken into consideration the 2 properties mentioned?

MHA WI also failed to make any contact with the community to get the community endorsement stated in the petition prior to the plan commission, yet tried to do so after the fact.

MHA WI contends those opposed have no proof of the possibility of safety and other issues, yet they haven't shown any studies or hard data to the contrary.

I have heard a lot of side stepping and back peddling throughout this process and have no faith in this organization to be forthright in the future, and don't believe they should be left to police themselves. It is up to the council to see that they fly right.

Thank you for your consideration

Tom Nienow
W252N4350 Sussex St
Pewaukee, WI 53072
262.853.9943

From: Susan Nienow [<mailto:snienow@gswise.org>]
Sent: Friday, October 25, 2019 9:50 AM
To: Fuchs, Nick <fuchs@pewaukee.wi.us>
Subject: Safety conditions for proposed MHA - CUP application

Mr. Fuchs –

I am submitting my own set of conditions for the Council's consideration, separate from my husbands concerns.

Please include the attached safety conditions with the materials under consideration for the Pewaukee Common Council's review of the application for a Conditional Use Permit by Mental Health America Wisconsin to operate at: W252 N4304 Sussex St., Pewaukee, WI 53072.

Thank you for your attention to this matter.

Respectfully -

Sue Nienow
W252 N4350 Sussex St.
Pewaukee, WI 53072
414.305.3389

Data Integrity Specialist
[Girl Scouts of Wisconsin Southeast](#)
(414) 443-3983

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Dated 10.25.2019

RE: Safety Conditions

Dear Common Council and Mr. Fuchs -

You asked the citizens of Pewaukee to submit conditions to the Council that would make us feel safe if the Council were to approve the risky CUP application proposed by MHA Wisconsin in our neighborhood at the address below:

W252 N4304 Sussex St., Pewaukee, WI 53072

As I sat on my deck this past Wednesday evening I thought about the task at hand.

What safety precautions should be in place when housing over 200 veterans per year with mental health and substance abuse issues?

'Mental health' covers a very broad spectrum.

These veterans are not in the recovery phase of their issues, but in some level of crisis.

There are not enough safety measures or professionally trained staff on-site to handle what MHA is proposing.

CONDITIONS I Recommend to the Council:

1)

For a period of 60 consecutive days, MHA should pay for an independent study, by an accredited firm, to document the audible environment that currently exists in this neighborhood and gather real facts. Occupancy shall not be granted until the evidence is reviewed by medical experts from the Veterans Administration.

The opinion of these professionals on the potential harmful effects the environment may trigger in military vets and the possible threats facing the citizenry of Pewaukee, should be heard by the Common Council, PRIOR to approving the CUP application.

2)

On-site staff should consist of one currently state licensed professional in the mental health field. Either, a doctor of psychology, psychiatry, or a state licensed mental health counselor for each shift, along with one veteran in 'recovery' on staff for each eight hour shift to help guide the guests on the road to recovery.

Medical staff must have access to mental health/substance abuse records on each guest to adequately handle any possible situation that may come up.

*Guests must sign a waiver allowing access to the medical staff their past and current mental health records prior to being considered for the program.

#3)

Drug and alcohol screening on arrival, prior to allowing anyone to check-in.

For the safety of the other guests on the premises, everybody needs to be clean and sober. If the new arrival is impaired, absolutely no admittance to the house.

The responsibility would fall on MHA to find transportation and housing for the impaired individual. Under no circumstances can the impaired individual be allowed to drive under the influence.

If no arrangements can be made to transport and house the impaired person, the authorities need to be called.

#4)

No weapons. Period.

Neither staff nor guests should be allowed any lethal weapon on the premises.

Search the guest and their belongings prior to allowing entry.

Any weapons found, need to be stored off the property in a secure location.

#5)

Fence the entire lot line on the North, South and West exposures with the same fencing materials currently used as entry gates to the backyard of the property, a 6' high stockade fence.

#6)

Install outside security system and cameras filming 24/7 monitoring entrance and exits at the front door.

Obtain photo ID of every guest occupying the property so staff at shift change has visual knowledge of the guests they have not yet come into contact with when the guest returns to the house.

#7)

Guests must have a background check, post discharge date from the military. What level of civilian criminal history is allowed at the Respite? MHA stated in their application that no veteran would be turned away, no matter his discharge status.

#8)

Building, Health and Safety inspections should be performed by the City of Pewaukee prior to allowing the leasing of the house. This property needs to be up to code to house over 200 individuals per year.

This property is not ADA compliant. Egress from the master bedroom is not compliant. Open wooden stairs lead up to the second floor and hand rail is not in compliance either.

Who will clean and disinfect the sleeping quarters and bathrooms after a guest checks-out. Some guests may stay a day, some may stay four nights. Is the staff going to perform housekeeping duties daily?

#9)

MHA must fully disclose the house rules and regulations to the public.

#10)

MHA needs to find a more suitable, rural location, to test this 'pilot' program for military veterans with mental health and substance abuse struggles.

Real safety data needs to be put forth, if MHA can prove this isn't a risk to the area, they could try to expand into a more residential setting at a later date.

The council needs to control the impact of the secondary effects of this Conditional Use Permit. This 'test' program is not safe for the welfare of the citizens of Pewaukee in the proposed location.

Please deny this application. The PRR-V does not meet the criteria to operate from an Rs-3 home.

Sincerely,

Susan Nienow

From: darcysefcik@aol.com
To: [Fuchs, Nick](#)
Subject: residential house to be used as a metal/substance abuse facility
Date: Saturday, October 26, 2019 2:22:57 PM

I want to go on record as being against this mental health/substance abuse house in my neighborhood.
Property address is;

W252 N4304 Sussex St. Pewaukee, WI 53072

I do not want this in my neighborhood!

Thank you,
Darcy Sefcik

From: [Susan Gain](#)
To: [Fuchs, Nick](#)
Cc: nienow99@sbcglobal.net
Subject: Conditions to Impose on Veterans Mental Health/Substance Abuse Facility
Date: Sunday, October 27, 2019 4:43:17 PM

Mr Fuchs

I am sending this email regarding the Veterans Mental Health/Substance Abuse Facility proposed to be located at W252 N4304 Sussex St, Pewaukee. I was made aware that the neighborhood is responsible for listing the conditions that should be imposed on such a facility if it were to be instated.

I would first like to go on record to say how disappointed I am that the people who we of Pewaukee elected, chose to ignore the almost unanimous wishes of their community. I was always under the impression that we voted for them to enforce our best interests. To say that I'm appalled is an understatement.

For your records, below is a list of the conditions I would like to see imposed upon a facility that I don't believe should be in this neighborhood to start with.

- 1) NO firearms or weapons of any type. No Alcohol
- 2) 2 Trained and certified personal (professionals not volunteers) on staff 24/7, who have experience dealing with PTSD, drug abuse, physical and emotional disorders. They would also be responsible to make sure all prescribed medications were taken when needed.
- 3) Build a 6 ft fence around the property. If there is an outside entry through the fence, it is to be locked and the only key be accessible to the staff.
- 4) Put up 24/7 security cameras and install panic buttons that go directly to the police department.
- 5) Establish Accountability for the Safe Operation of the Facility.
 - Appoint a committee to perform a monthly review of any instances at the facility that disturb the neighborhood or cause police action.
 - Empower that committee to be able to take action to correct those instances.
 - That empowerment should include the recommendation of the closure of the facility if it is deemed unsafe.
 - The committee should be comprised of local police, local neighbors, social workers and someone from an officially recognized veterans organization.
- 6) Only grant the operation of the facility for 1 year. At the end of the year reassess if it should be continued for the full grant.

I can only say that I hope this facility is not placed in our neighborhood because what I just described is a minimum security prison. Are minimum security prisons located in a residential area anywhere else in Wisconsin?

For your records my address is; 715 Lindsay Rd, Pewaukee, WI. I am 1/2 mile from the

proposed facility.

--

Susan Gain

262-853-2563

sgain54@gmail.com 

From: [Sumit Pathak](#)
To: [Mayor](#); [Fuchs, Nick](#)
Cc: [Prachi Pathak](#)
Subject: Proposed conditional use permit at W252 N4304 Sussex St., Pewaukee, WI 53072
Date: Monday, October 28, 2019 9:40:00 AM

Dear Pewaukee City Mayor,

Through this email communication, we would like to present our concerns about the proposed 'conditional use permit' at the address above. We, as neighbors and taxpayers, living blocks away from this property, would like to question this proposal and strongly feel that we have the right to question an activity that can have a significant impact on the safety of my family.

We have chosen Pewaukee and this neighborhood to raise our kids because as parents we would like to give them a safe and secure environment where they can build relationships, become confident and meet their potential, as much as we respect, care and love our veterans we would like to feel relaxed that my family and home is safe when we go out for work. We have middle and elementary school kids and would no longer feel safe when they are playing outside or biking in the neighborhood.

Knowing that this facility can allow more than 250+ veterans in a year, recovering from mental health and substance challenges, a quiet neighborhood, with multiple single families homes in close vicinity, is not the right place for it to run, we also feel that a facility like this in a residential area can necessitate emergency calls, and require more police in an otherwise quiet, safe neighborhood, and my family and kids will feel more anxious which can have a negative impact on their health and growth.

Building a commercial facility in like this in our neighborhood would also have an adverse impact on the value of our properties as well as it will impact our relationship with families and friends as they no longer feel safe to visit our home.

Please don't allow this and protect our rights as taxpayers of Pewaukee. Thank you for your time and consideration in this matter. We can be reached at sumitpathakin@gmail.com or prachi_pathak24@yahoo.co.in to answer any follow-up questions.

Sumit and Prachi Pathak

Permanent Address:

716 Stepping Stone Way

Pewaukee, WI-53072

Provisional Mailing Address

43308 Old Ryan Rd, Ashburn VA-20148

Dear Mr. Fuchs,

I am writing you today to request a denial for a Peer Respite Mental Health Facility at the residence of W252 N4304 Sussex St. Pewaukee WI 53072. I have attended both public meetings and have found NO evidence that this facility will not pose a risk to my family and community. The last meeting on Monday, October 20 a professor from the Medical College of Wisconsin and partner with this program asked us, the residents of Pewaukee, to "take a risk". He stated several times that there is a risk involved in allowing this pilot program and facility in our community. A peer counselor who will be a staff member working at this facility came forward and agreed that he fights his "demons" of PTSD, alcohol and drug addiction daily. Peer counselors with only 40 mandated education hours will be the "professionals" on staff at this facility. There will be no Licensed mental health professional on-site. Mental Health of America, who will oversee this project, confirmed that guns will be allowed on the premises, only to be locked up when the resident is staying at the facility and then given to them upon leaving the facility. There is a five day maximum stay. If the in-crisis resident is still in crisis what happens to them and the gun that they brought on residence? Mental Health America states that none of the residents will be using drugs but admitted they will have no proof of this. The facility will utilize drug testing. The student athletes at Pewaukee High School are drug tested (this was done last week on school property). There is no reason these individuals should not be tested for their safety and ours. We were told that there will be either no specific consequences for breaking the "participant signed agreement" or the decision will be up to the peer counselors working at the time. This can cause for many inconsistencies in how the facility is run therefore causing an unstable and unsafe environment. Is this facility co-ed? How many visitors are allowed per resident? Is there a time limit for visitors? Visiting hours? What is the agreement to be signed upon arrival? What is the 40-hour curriculum of education for the peer counselors? What type of insurance does this facility have? Is this facility certified and by what company/organization? CBRF's have many mandates, certifications and state codes to keep the residents, staff and community safe. It was stated by Brian Michel of Mental Health America stated that they cannot be a CBRF because they do not meet the criteria to be CERTIFIED as a Community Based Residential Facility. There are so many unanswered questions that make the RISK you are asking me to take a larger RISK that I am saying NO to.

There are too many questions, concerns and not enough safeguards in place to have this facility in our neighborhood. Some conditions imposed into the facilities contract should be:

- 1) No guns allowed on the property ever.
- 2) Drug testing for all incoming residents before being allowed to stay at the facility as well as regular testing of all employees.
- 3) Facility should be placed in a location where daily gun shots will not be heard from the gun range, weekly explosions from the quarry, and adjacent to land used for hunting.
- 4) There should be full time security on premises at all times.
- 5) Published information on the identities of employees and supervisors, along with contact information so that concerns can be presented as they arise.
- 6) Two Licensed counselors on site 24 hours.

- 7) Fenced in yard with driveway gate, security passes or key cards in and out of facility with strict penalties enforced for violating policies (such as curfew)
- 8) A published plan of how vehicles will be moved around and parked by staff and attendees. Given that there could be 5 residents, 2 staff, and 2 shift change vehicles being jockeyed, and this does not include the fact that we were told there can be visitors on the premise.

As the elected official in charge of looking out for the goodwill of your community, I hope that you take into consideration all the information and concerns I have provided and protect us, the residents of Pewaukee by denying the request of a Peer Respite Mental Health Facility in our neighborhood. Thank you.

Sincerely,
Kristin Shea

From: [Lynne Brandt](#)
To: [Fuchs, Nick](#)
Cc: [Mayor](#); [Grosch, Ray](#); [Bergman, Brandon](#); [Kara, Jeff](#); [Brown, Colleen](#); [Wamser, Jerry](#); [Dziwulski, Brian](#); [villagepresident@villageofpewaukee.com](#); [ehill@villageofpewaukee.com](#); [hgergen@villageofpewaukee.com](#); [thopkins@villageofpewaukee.com](#); [kyonke@villageofpewaukee.com](#); [brohde@villageofpewaukee.com](#); [croberts@villageofpewaukee.com](#)
Subject: Conditions to Impose on Veterans Mental Health/Substance Abuse Facility
Date: Monday, October 28, 2019 3:14:16 PM

Dear Common Council and Mr. Fuchs,

You've had 2 meetings where the tax paying citizens in this quiet country setting neighborhood have voiced their reasons why this Conditional Use Permit should be denied.

You asked the citizens of Pewaukee to submit conditions to the Common Council that would make us feel safe if the Common Council were to approve this very risky Conditional Use Permit application proposed by MHA Wisconsin in our neighborhood at the address below: W252 N4304 Sussex St., Pewaukee, WI 53072

Honestly I don't feel any conditions will ever make me feel safe here again, if this were to be approved!

Our neighborhood has been a quiet hidden gem, country setting, yet close to all the conveniences of every day living.

The Conditional Use Permit will expose this neighborhood, as if we were living next to a hotel, to unforeseen safety issues.

My question to the entire Common Council is, why aren't each and everyone of you also putting together conditions, as if this were right next door to each of you and infringing on your safety!

We chose to live in Pewaukee, in our quiet neighborhood, because we like the community and have felt safe.

The CEO of MHA said they have 6 clinics in Wisconsin. Hire a peer Veteran at each of these clinics and have the veterans go there.

What fail-safes are in place?

The US govt didn't send these soldiers out with zero training, but the city of Pewaukee wants the citizens to figure out how to protect our families without any training or assistance.

What IF something terrible were to happen to my grandchildren or neighbors or individuals who are not aware of what this property is being used for?

The safety of the people living in Riverwood Park Subdivision (who were not notified of this Conditional Use Permit application) and the people who use Simmons Woods Park may be at risk, as the veterans are walking to the store.

Again... What fail-safes are in place?

What proof will you have that these people are in fact veterans if the screening process is done over the phone? MHA isn't associated with the VA, therefore there's no access to a veteran database to validate they truly are a veteran.

What about our well being as law abiding, tax paying and voting citizens? The few neighbors that were notified of this Conditional Use Permit proposal, have been under an extreme amount of physical and mental stress and illness to not only myself but to many of the neighbors.

What other properties have been considered? Motel [6 on Bluemound Road in Brookfield](#) is sitting empty, there are empty storefronts on Capital Drive in the Pick and Save shopping center and Pick and Save on Ryan Road is sitting empty!

Keep in mind the Brandt Farm LLC property is Private Property and the staff and veterans are not allowed to trespass on the property!!! We will not be liable for any of the staff or veterans who decide to trespass!!!! MHA will have to have the liability coverage.

Brian from MHA of Wisconsin said to a gentleman after the planning committee meeting October 17th, that they would not locate in a neighborhood or community that they are not wanted. This gentleman spoke at the October 21st meeting and shared with everyone what Brian had said to him. With that being said the proposed neighborhood does not want this, therefore this should be denied.

The entire property should be fenced in with a 6' stockade fence.

Install outside security system and filming [24/7](#) monitoring entrance and exits at the front door.

Obtain photo ID of every guest occupying the property so staff at shift change has visual knowledge of the guests they have not yet come into contact with when the guest returns to the house.

MHA did not do their due diligence because they don't know what they don't know, with this being a pilot! MHA has made statements on October 17th (no guns allowed) only to say on October 20th (guns are allowed and will be locked up).

Way to many inconsistencies to be placing the entire neighborhoods safety at risk!

Please deny this application.

Nick - please reply to me that you received this email.

Sincerely,

Lynne and Robert Brandt

From: [Brad Brandt](#)
To: [Fuchs, Nick](#)
Cc: [Mayor](#); [Grosch, Ray](#); [Bergman, Brandon](#); [Kara, Jeff](#); [Brown, Colleen](#); [Wamser, Jerry](#); [Dziwulski, Brian](#)
Subject: Conditions for the proposed Conditional Use Permit - MHA
Date: Monday, October 28, 2019 3:43:56 PM

Dear Common Council and Mr. Nick Fuchs,

I am writing this letter in response to the Common Council's request to have any conditions we would like to see imposed on the Conditional Use Permit being proposed by Mental Health America of Wisconsin.

I would first like to state that there are absolutely NO conditions which could possibly be imposed that would make this acceptable at the proposed address of W252 N4304 Sussex Street in Pewaukee, Wisconsin. The safety of the hard working, tax paying residents of this neighborhood and their families MUST BE the number one priority. On 10/21/19 it was noted that Brian Michel from MHA stated that they would not locate in a community where they are not wanted. The extreme opposition from numerous neighboring residents proves that they are not wanted at this location. All of those residents have expressed significant safety concerns and opposition to this pilot program and therefore this Conditional Use Permit needs to be DENIED AT THIS LOCATION.

The Common Council meeting proved that there are significant safety concerns and ADMITTED RISK associated with bringing this pilot program to our neighborhood. MHA brought in Doctor Zeno Franco from the Medical College of Wisconsin to speak at the Public Hearing on October 21, 2019. Doctor Franco stated that **"there is risk associated with this program"**. To be perfectly clear; ALL OF THIS RISK lies with the NEIGHBORS and their CHILDREN. They are not asking the City of Pewaukee to take that risk. They are asking the numerous neighbors who are vehemently opposed to this pilot program to take that risk. There were two members of the Planning Committee and two members of the Common Council who already stated that they don't believe this is the appropriate location for this pilot program. The risks to the neighboring residents and their children are far too great, therefore MHA needs to find a new location.

The following is a list of conditions that would need to be imposed on ANY property where this pilot program is proposed and these will need to be imposed when MHA finds a DIFFERENT PROPERTY for this program.

1. Find a new location in the City of Pewaukee or somewhere else in the State of Wisconsin
2. Install a security fence, a minimum of 6 feet high, around the **entire** perimeter of the property with locked security gates and key cards required to enter. This is to ensure that NO TRESPASSING on neighboring properties will occur.
3. Video surveillance of the entire property 24 hours per day, 7 days per week with a panic button that alerts the local Police Department IMMEDIATELY.
4. Mandatory drug testing to be completed within 24 hours of arrival. Any failed drug screens will result in access to the facility being denied.

5. Breathalyzer testing every time a resident comes to the facility. This includes if they leave for any reason and come back. Anything other than a 0.00 breathalyzer reading will result in access to the facility being denied.

6. Mandatory Walk-Through Metal Detectors to screen ALL individuals entering the property gates for guns, knives or any other type of weapons. Any individual (staff included) arriving with a weapon will be denied entry permanently and the police will be called.

7. Trained and Certified Medical personnel on site 24/7. The 40 hour training class for staff members that is being proposed is quite frankly, insulting to the community members. The risks associated with PTSD, Military SEXUAL ABUSE, Drug abuse and Alcohol abuse are clearly being understated by MHA. Those issues cannot be treated by individuals with no medical or psychological background and training, yet that is exactly what is being proposed by MHA. Having individuals that are "about to go into crisis" arrive at a facility where there are no trained medical or psychological PROFESSIONALS is not only risky but EXTREMELY DANGEROUS.

I am asking the Common Council to DENY this Conditional Use Permit due to a high number of extreme safety risks, which have been admitted by MHA. The proposed property is clearly not a good fit for this pilot program and you've had a chance to hear from all of the residents that actually live there speak out against it. When you go through your discussions about this topic, please consider how you would vote if this was being proposed at the house next door to each of your own homes. Please deny this request and advise MHA to find a new property that is more suited for this type of program.

Sincerely,

Brad Brandt
648 Ole Dairy Drive
Pewaukee, WI 53072

From: [John Yench](#)
To: [Fuchs, Nick](#)
Subject: Proposed Veteran Facility
Date: Monday, October 28, 2019 4:21:06 PM

I am sending this message to go on record to voice my displeasure and concern over the proposed Veterans Mental Health/Substance Abuse Facility on Sussex Street in Pewaukee. Although I was unable to attend the public meetings on the subject, I did discuss my concerns with people who did attend. My worries include, but are not limited to, the loose requirements for caretaker certification as well as apparent lack of adequately trained security in and around the premises. I was told that in order to be a certified caregiver/attendant, all that would be required would be the completion of a 40-hour on-line certification course. With no trained security staff on-site, it appears that any "certified" caregiver, regardless of age, sex, or physical stature, could conceivably be in charge of not only the well-being of, but also the supervision of as many as four individuals suffering from mental health or substance abuse. To me, this seems like an accident waiting to happen. In closing, I would like it to be known that I am very supportive of giving proper care, both physical and mental, to all of our veterans in need who defended our country and paid dearly to protect our freedom, however, I feel very strongly that it should be done in a suitable environment with a professionally trained staff as opposed to a residential facility supervised by on-line graduates/attendants.

PS I am also appalled that individual personal notification was limited to those living within a 600 foot radius of the proposed facility. If it were not for signs posted in their yard by concerned neighbors, I would have never been made aware of the proposal being voted on by our Common Council.

From: [Mary Dexter](#)
To: [Fuchs, Nick](#)
Subject: Mental Health Facility
Date: Monday, October 28, 2019 6:30:34 PM

We have a home in Hawthorne Hill subdivision. We are totally opposed to having the property at W252 N4304 Sussex Street in Pewaukee re-zoned to allow a mental health/substance abuse facility on this location. Our vote is NO!

Tom and Mary Dexter

608 Pond View Ct.

Pewaukee, Wisconsin 53072

From: [Ryan Lange](#)
To: [Fuchs, Nick](#); [Kara, Jeff](#); [Brown, Colleen](#); [Wamser, Jerry](#); [Dziwulski, Brian](#); [Bergman, Brandon](#); [Grosch, Ray](#); [Mayor](#)
Subject: Conditional Use Permit for MHA
Date: Monday, October 28, 2019 8:13:07 PM

Please consider this letter as a formal request to NOT approve the conditional use permit application for Mental Health America of Wisconsin (MHA).

The surrounding neighborhoods have collected signatures from concerned residents that demonstrate strong objection to this project with serious concerns for the safety and preservation of a "harmonious" neighborhood environment. I would be happy to provide them for you if needed.

MHA has not provided sufficient details of the operations in terms of safety precautions, history of success or any comparisons to the impact an operation like this has in a residential setting as it is currently proposed. As we understand it, this would be a "first of its kind" location and the board/commission must acknowledge the assumed risk in approving something like this without prior history (or guarantee) of safety for neighborhood residents.

If approval cannot be avoided, and the project moves forward to the disappointment of countless would-be-affected citizens, we strongly urge the board to attach strict recommendations against the conditions of approval:

- Scheduled performance and safety reviews at frequent intervals (e.g. 1 month, 3 month, 6 month, 9 months and 12 months post-approval)
- ZERO tolerance policy on any drug/alcohol related incidents (one strike you're out for the entire program)
- ZERO tolerance policy on any fighting/violence (one strike you're out)
- ZERO tolerance policy on any Disturbing the Peace complaints from surrounding neighbors
- A dedicated communication channel - and point of contact - for residents to express concern/feedback both AT the facility as well as at City Hall.
- City commitment for increased police patrol during probationary period.

To make it very clear, this position has absolutely nothing to do with the public's support for Veterans nor our sensitivity to the need for rehabilitation services for those that need them. My very own Father is a vet and I have seen friends and family find sobriety after getting treatment for drug/alcohol abuse.

This position has EVERYTHING to do with the proposed location - its a quiet residential neighborhood. With an average of 4-5 residents per week, the surrounding neighbors are being asked to be comfortable with allowing literally a few hundred transient people - with no connection to the local community and with a history of drug/alcohol abuse - take up short term residence right next door to them.

As a member of the Village's Planning Commission, I can appreciate the tough situation you are in and I thank you for your consideration of this letter and for our position.

If there are any other questions I can answer, or information I can provide, please let me know.

Ryan Lange
778 Cheviot Dr.
Pewaukee, WI 53072
Hawthorne Hill

To: Jeff Knudson, President - Village of Pewaukee

Cc: Ed Hill, Trustee - Village of Pewaukee
Heather Gergen, Trustee - Village of Pewaukee
Tony Hopkins, Trustee - Village of Pewaukee
Kevin Yonke, Trustee - Village of Pewaukee
Bob Rohde, Trustee - Village of Pewaukee
Craig Roberts, Trustee - Village of Pewaukee

Steve Bierce, Mayor – City of Pewaukee
Ray Grosch, Alderperson – City of Pewaukee
Brandon Bergman, Alderperson – City of Pewaukee
Jeff Kara, Alderperson – City of Pewaukee
Colleen Brown, Alderperson – City of Pewaukee
Jerry Wamser, Alderperson – City of Pewaukee
Brian Dziwulski, Alderperson – City of Pewaukee
Nick Fuchs, Planner/Community Development Director – City of Pewaukee

We are writing this letter as concerned residents of the Village of Pewaukee and are asking for the assistance of Village leadership. Mayor and City of Pewaukee Council members, we have copied you on this letter as we wanted to voice our concerns to you directly as well.

Monday night, October 21, several residents of the Hawthorne Hill subdivision attended the City of Pewaukee public hearing regarding the proposed approval of a conditional use permit for Mental Health America of Wisconsin ("MHA") to operate a facility on Sussex Street intended to aid veterans struggling with mental health issues and/or substance abuse.

Hawthorne Hill is located directly across Lindsay Road, less than half of a mile from the proposed operation. We, as residents of this subdivision, moved here because we thought it would be a safe place for our families and raise our children. We pay a premium in property taxes to live in this great community. Several other subdivisions are located within a similar distance to the property.

First, as everyone who spoke at the meeting indicated, there is no debate as to whether we support veterans. Every single person signing this letter agrees that we are forever in debt to our veterans. They are heroes who have sacrificed tremendously for all of us. This is not about the cause, but rather the location. We can all agree that veterans facing mental health challenges or substance abuse issues should be afforded every possible measure of assistance. We merely feel that this should not be done at the expense of even the slightest decrease in safety for those in the surrounding area. We are husbands, wives, fathers, mothers and grandparents first, and it is our responsibility to look out for the best interest of our families.

We had significant concerns when we learned of the proposed issuance of the conditional use permit, so we attended the hearing and listened to representatives from MHA and the community speak for several hours. It is clear that a) the surrounding residents strongly object and have serious concerns for safety, and b) MHA has not provided sufficient details of the operations in terms of safety precautions, history of success or any conclusive data.

This residence would be the first of its kind in the nation. It was said multiple times at the meeting, by MHA representatives and supporters themselves, that the facility will be safe for its residents and the community but yet "MHA is still figuring out how to do this" and there would "probably be one to two incidents per year." We are not comfortable with this given our children and others in the community take that route to school on the bus every single day and it is within easy walking distance of our homes where our children play. Our small community should not be the test subject for this project. We would like to call your attention specifically to the following concerns:

- Our decisions to move and continue to live here were driven by a desire for safety, stable property values and great schools. We pay a premium in property taxes for those values. This decision, if approved, strikes directly against two of those three values.
- As we indicated above, this is a first of its kind facility. While MHA attempts to draw comparisons to other facilities in Appleton and Madison, those facilities are a) not run by MHA, b) do not have identical focus on veterans and c) are not located in residential areas. As a result, MHA has no comparable data or track record to show the community.
- Allowing a conditional use permit for this property opens the door to other issues in the future. Current residents did not sign up for a business operating in the midst of their residential community. We acknowledge MHA is a not-for-profit organization; however, they would be providing a service out of this home.
- MHA contends that no individuals entering this facility will be actively using drugs/alcohol or find themselves in mental crisis. Yet that determination is made via a phone interview, not an examination by a trained medical professional. Furthermore, although the facility will forbid use of firearms, individuals who own firearms would be allowed to bring them into the residence and store them under lock and key.

As MHA explained at the public hearing, there could be 4-5 individuals at the facility at any point in time, staying for less than a week. That means hundreds of people could cycle through in a year. There is a clear distinction to be made between the community opposing a single veteran or any other individual or family with mental health or substance abuse issues into the community and opposing operation of a residence that is tantamount to a hotel. There will be hundreds of different people with hundreds of different unique issues ranging from mental health, to drug or alcohol abuse and beyond. This is not what people living in a residential area signed up for! Furthermore, the supervisors employed at the location are, by MHA's admission, not medical professionals. They are veterans themselves who have overcome similar issues and have undergone short periods of training in order to supervise the facility. While they may provide a strong support group for residents of the facility, this leaves them ill-trained and ill-equipped to handle crisis situations which may arise.

Lastly, it is disingenuous on the part of the City of Pewaukee to consider approving this in a location that is in a relatively isolated area of the City yet so close to heavily populated areas of the Village which essentially surrounds the site on three sides. We in the Village will certainly feel the impact of this decision.

We respectfully submit this letter looking for any help that leadership of the Village of Pewaukee can provide in ensuring our concerns are addressed. This project should not proceed. Thank you very much for your time and consideration.

Sincerely and respectfully,

{See attached signatures}

Matt Wall
Name (Signature)

Matt Wallace
Name (Print)

750 Chevrolet Dr. Pennsauken, NJ 53072
Address

[Signature]
Name (Signature)

Ryan Lange
Name (Print)

778 Chevrolet Dr. Pennsauken 53072
Address

[Signature]
Name (Signature)

CHRIS BERNARD
Name (Print)

564 POND VIEW CT 53072
Address

[Signature]
Name (Signature)

John Stetzenbach
Name (Print)

727 Stepping Stone Way 53072
Address

[Signature]
Name (Signature)

Elisabeth Lang
Name (Print)

778 Chevrolet Dr. Pennsauken 53072
Address

[Signature]
Name (Signature)

Jim Palmer
Name (Print)

705 Stepping Stone Way
Address

[Signature]
Name (Signature)

Todd VanZande
Name (Print)

739 Stepping Stone Way
Address

[Signature]
Name (Signature)

Tiffany VandeZande
Name (Print)

739 Stepping Stone Way
Address

[Signature]
Name (Signature)

Niede Wirth
Name (Print)

115 Stepping Stone way
Address

[Signature]
Name (Signature)

Philip Koehler
Name (Print)

763 Stepping Stone Way
Address

[Signature]
Name (Signature)

Barbara J Koehler
Name (Print)

763 Stepping Stone Way
Address

[Signature]
Name (Signature)

Angela Palmer
Name (Print)

705 Stepping Stone Way 53072
Address

[Signature]
Name (Signature)

Lunden Wirth
Name (Print)

715 Stepping Stone Way, Pennsauken
Address

Katie Wallace

Name (Signature)

Katie Wallace

Name (Print)

750 Cheviot Dr.

Address

Michael Shea

Name (Signature)

Michael Shea

Name (Print)

588 Pond View Ct

Address

Kristin Shea

Name (Signature)

Kristin Shea

Name (Print)

588 Pond View ct

Address

Nicole Gustafson

Name (Signature)

Nicole Gustafson

Name (Print)

702 Stepping Stone Way

Address

Michael Gustafson

Name (Signature)

Michael Gustafson

Name (Print)

702 Stepping Stone Way

Address

Megan Stetzenbach

Name (Signature)

MEGAN STETZENBACH

Name (Print)

727 STEPPING STONE WAY

Address

Patrick Wunsch

Name (Signature)

Patrick Wunsch

Name (Print)

751 Stepping Stone Way

Address

Diane Wunsch

Name (Signature)

Diane Wunsch

Name (Print)

751 Stepping Stone Way

Address

Danielle Betz

Name (Signature)

Danielle Betz

Name (Print)

777 Chenot Dr. Pewaukee, WI 53072

Address

Timothy Betz

Name (Signature)

Timothy Betz

Name (Print)

"

"

Address

Carl Peluso

Name (Signature)

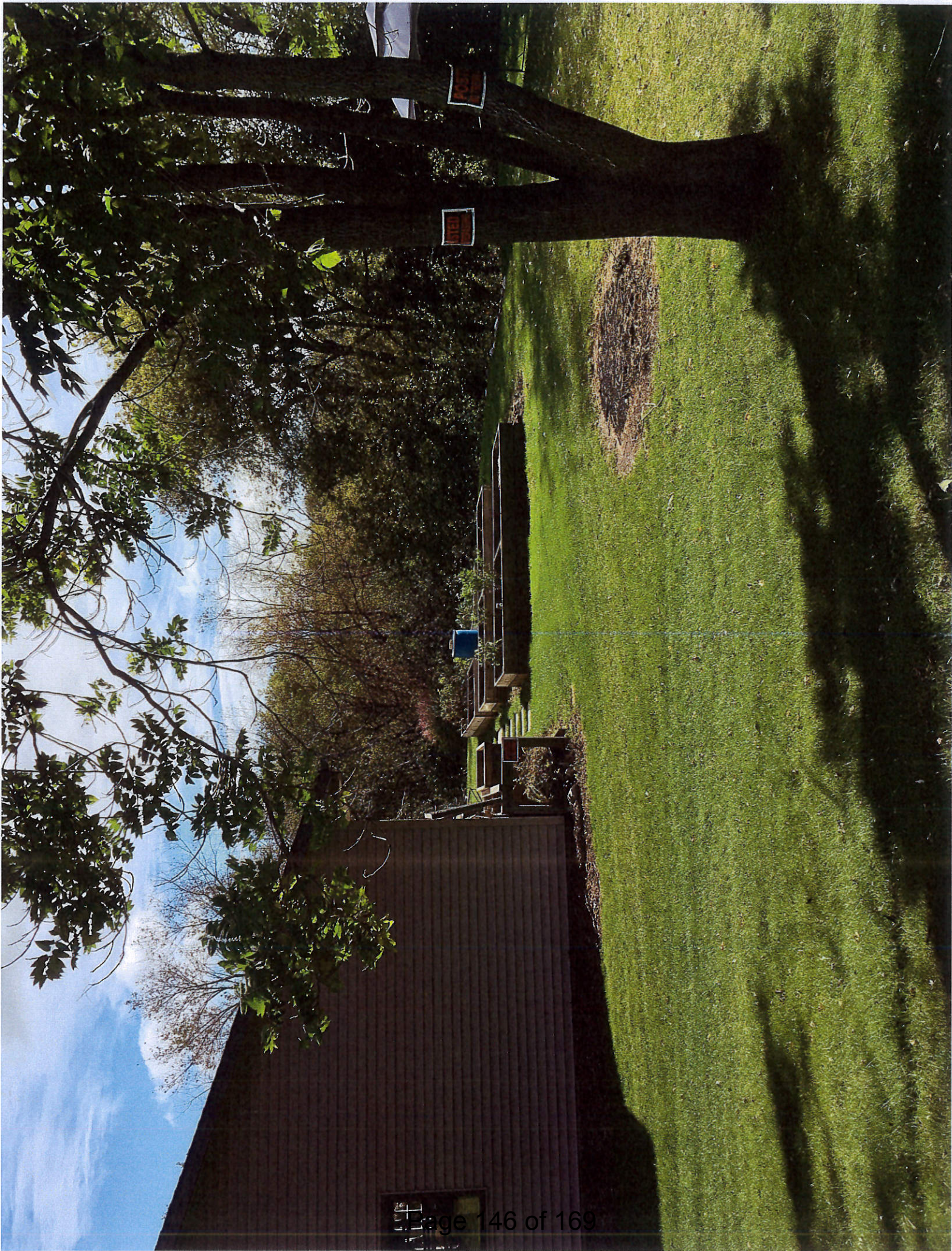
CARL PELUSO

Name (Print)

793 Stepping Stone Way Pewaukee, WI 53072

Address







250
250

0877 995

0880 999

0880 997

CITY OF MILWAUKEE

163.65'

257.00'

200.46'

230.15'

> 223.00' (AR)

442.65' (AR)
sussex st

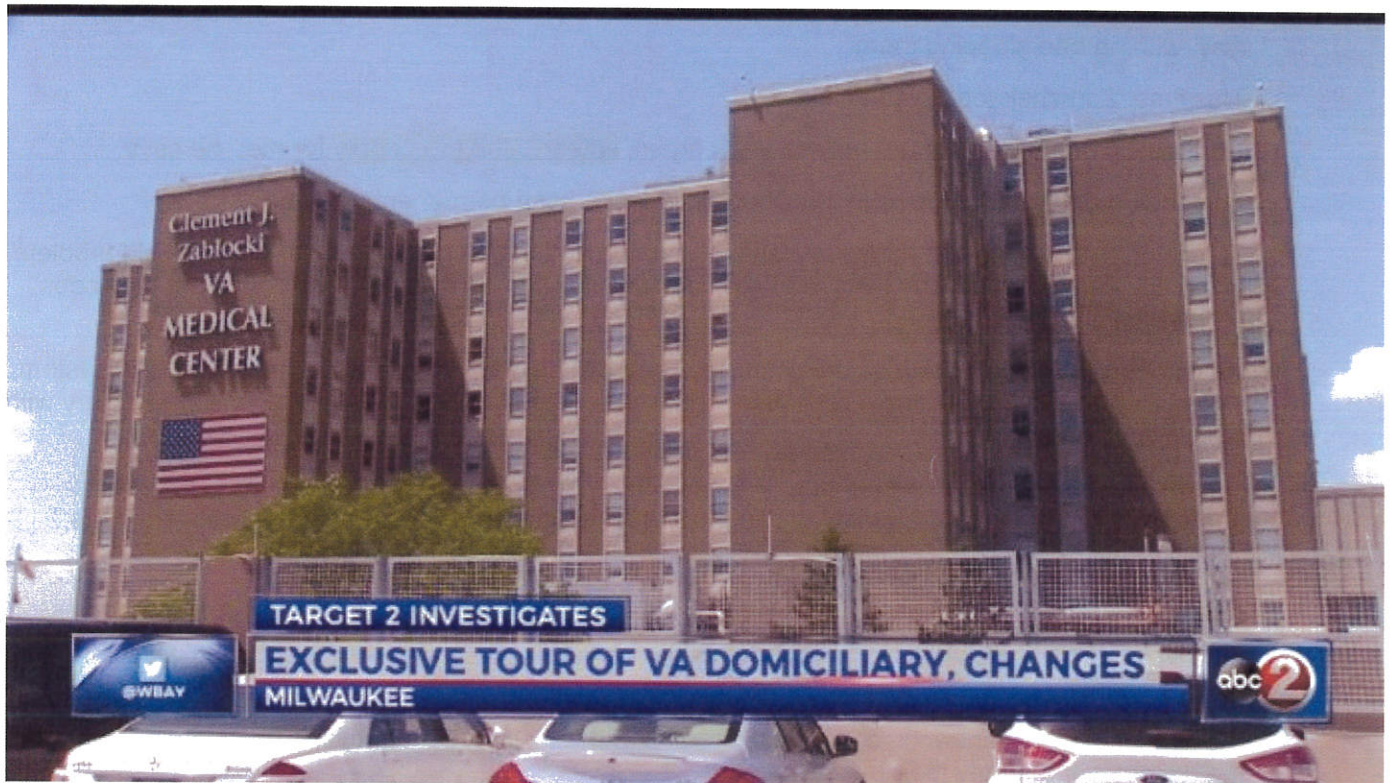
420.5' (AR)



Target 2: Exclusive tour of new Milwaukee VA security

Volume 90%

MILWAUKEE, Wis. (WBAY) - Big changes are being made at the Milwaukee VA in the wake of a Target 2 Investigates story we aired last year.



The facility says it has made more than one million dollars in upgrades to ensure the safety and security of veterans.

For more than a year, Target 2 has been closely watching the VA's security measures.

Cole Schuler, a U.S. Army Ranger from the Fox Valley, died of a drug overdose in the Domiciliary, a residential drug treatment facility on the Milwaukee VA campus, in November of 2015.

The federal government has been watching that facility for two years.

Friday, the VA announced sweeping changes, as Target 2 learned what happened after the feds made yet another surprise visit.

Our cameras were allowed rare access to see the changes firsthand.

Many of the \$1.6 million in security upgrades can be seen wherever you look inside Milwaukee's Domiciliary.

One of the biggest is the addition of security cameras, now totaling 123, constantly recording and being monitored.

Zablocki VA Director and CEO Dr. Dan Zomchek tells Target 2 it's one of many changes he felt had to be made within his first year in charge.

"Clearly when I came, there were things we still needed to work on," says Zomchek, adding that there had been other changes made before he arrived, including the addition of a drug-sniffing K9.

But it was a surprise visit by the feds that prompted major change.

"This was a big eye opener," says Zomchek.

Target 2 learned the Office of the Inspector General showed up at the Domiciliary unannounced late last summer and walked right in, no questions asked.

As we've reported, the feds made a similar surprise visit the year before, which ended the same way, with no one stopping them.

This time, Zomchek took swift action.

"That really drove in my brain, holy cow. It's again, safety is the top priority for me," he says.

Zomchek ordered all windows in the Domiciliary locked and permanently sealed.

"We're on the ground floor, close to National Avenue and the fact is, drugs, heroin, it's a big problem in the city and this state," he says, adding there was initial push back from veterans, but they soon agreed the change was good.

Despite several security and safety changes, Zomchek says he knows this is not a foolproof system. There was an incident a couple of months ago where a veteran was found inside the Domiciliary with a syringe of heroin.

"It's not to say incidents won't happen. We know that," says Zomchek. "This is a very vulnerable population, but the great news it was caught. It was our internal procedures that discovered this."

There are many other changes, too.

Screech alarms now sound in the building anytime someone uses the facility's locked doors. Under an old system, alarms would only sound outside the building and alert VA Police, who were not always nearby.

A guard at the front entrance checks all veterans and visitors, 24/7, searching bags, even food, and makes everyone empty their pockets.

That's a key change after our Target 2 Investigates stories found a visitor brought heroin inside a VA facility last year.

"In this world, you don't know what you don't know, so it made me worry," says Zomchek.

"Guards are trained to look for risk signs or behavior that might be unusual," adds Domiciliary Manager Dr. Martha Carlson.

More staff has been hired to monitor halls and conduct room checks.

If veterans don't come back to the Domiciliary within an hour of their scheduled return, staff start calling them.

Veterans tell us they like these changes.

"The safety and their protocol is where it needs to be," says Brandon Renier, a veteran from Green Bay currently in programs and staying at the Domiciliary.

The VA admits security changes should be made continually.

Target 2 is still waiting for the Inspector General to release a report on its recent investigation. We'll share those findings as soon as we get them.

United States Department of Veterans Affairs Police

The **United States Department of Veterans Affairs Police** is the uniformed law enforcement service of the U.S. Department of Veterans Affairs, responsible for the protection of the VA Medical Centers (VAMC) and other facilities such as Outpatient Clinics (OPC) and Community Based Outpatient Clinics (CBOC) operated by United States Department of Veterans Affairs and its subsidiary components of the Veterans Health Administration (VHA) as well as the National Cemetery Administration (NCA) and the Veterans Benefits Administration (VBA) respectively. The VA Police have several divisions and operate separately but alongside the VA Law Enforcement Training Center (VA LETC) under the umbrella of the Office of Security and Law Enforcement. The primary role of VA Police is to serve as a protective uniformed police force in order to deter and prevent crime, maintain order, and investigate crimes (ranging from summary to felony offenses) which may have occurred within the jurisdiction of the Department or its federal assets. Some cases are investigated in conjunction with agents from the Office of the Inspector General (VA OIG).

The Office of Security and Law Enforcement (OS&LE) is the parent agency of the VA Police within the Law Enforcement Oversight & Criminal Investigation Division (LEO/CID) which provides national oversight to individual VA Police Services at each location throughout the United States. They also facilitate support, guidance, funds and regulation of the Police Service and their corresponding independent facilities. Upper level management and specialty positions other than Police Officer include (in no particular order); Detective and Special Agent (1811 Series Criminal Investigator). Other semi standardized rank structures are developed within each VA Police Service at the local level. These serve to reflect job title, function, and/or role and range from Sergeant to Chief. The VA Police also maintain groups of specialty service elements such as K-9, bicycle, boat and motorcycle patrols.

The VA Police are an armed, federal law enforcement and protective service entity that operates in and around the various Veterans Affairs Medical Centers, National Cemeteries and other VA facilities located throughout the whole of United States to include Puerto Rico and the United States Virgin Islands. Among others, the VA Police are a specialized federal law enforcement agency, whose officers have full police powers derived from statutory authority to enforce all federal laws, VA rules and regulations, and to make arrests on VA controlled property whether owned or leased.

Specialization

VA Police encounters and methods of law enforcement are often unique because the majority of their work is conducted in and around a clinical or medical setting. Enhanced methodology and incident solutions (including advanced interpersonal communication, conflict resolution, and problem solving skills) are required by their officers to be successful; as in addition to the full range of incidents and calls for service one might normally associate with police work, the

United States Department of Veterans Affairs Police (Service)



Patch of the U.S. Dept. of Veterans Affairs Police



Seal of the U.S. Department of Veterans Affairs



Badge of the U.S. Dept. of Veterans Affairs Police



Flag of the U.S. Department of Veterans Affairs

Common name V

Motto "Protecting those who served"

Agency overview

Formed 1973

Preceding agency

- VA Protective Service (1930)

VA Police also often encounter trained military veterans suffering from medical and psychological traumas. Beyond normal law enforcement contact with the general public, VA Police officers also work in an environment which includes an extremely high percentage of individuals (to include patients and even other VA employees) who are military trained veterans (with an increasingly large number of individuals who are returning combat veterans). VA Police officers must strive to enforce the law while working with other VA staff to maintain an equitable balance; ensuring that the medical needs of the veterans/patients are being met while at the same time continuing to operate as a full federal law enforcement agency.

Although the Office of Security and Law Enforcement exists and policies and training are standardized, VA Police operate throughout the United States under the direction of individual facility directors (much like a municipal agency would function under a mayor), causing an extensive amount of difference in operational format. VA Police personnel serving in the Executive Protection Division provide Protective Services for the United States Secretary of Veterans Affairs and the Deputy Secretary of Veterans Affairs. The Veterans Affairs Police (Service) is made up of over 4000 appointed officers and administrative personnel. The agency's motto is "Protecting Those Who Served".

Employees 4,000+

Jurisdictional structure

Federal agency (Operations jurisdiction) United States

Operations jurisdiction United States

Legal jurisdiction All properties owned, leased or occupied by the Department of Veterans Affairs and not under the control of the General Services Administration

General nature

- Federal law enforcement
- Civilian police

Headquarters Washington, D.C.

Agency executive

- Frederick Jackson, Director

Parent agency United States Department of Veterans Affairs

Website

http://www.osp.va.gov/OSandLE_Overview.asp

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Department of Veterans Affairs Police Ranks & Insignia (Rank Structure & Position Varies by Location)

See also

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External links

History



VA Police
Badge in use
from 1989 to
2013

The roots of today's VA police force began at the National Home for Disabled Volunteer Soldiers (VHA origins) which was authorized as a national soldiers and sailors asylum by President Lincoln on March 3, 1865.

A court martial system was established at the National Homes in September 1867 to consider all cases of offenses made by residents of the Home. Judgment and sentencing were determined by the Governor of each National Home and a Sergeant of Police—a "member" of the Home—was appointed and paid \$15 per month. By comparison, the home's chief baker was paid \$20 monthly and nurses (male in those days) received \$8. A guard house (jail) was located at each National Home branch to protect home "members" from themselves or others.

The first official police force was authorized at the National Home in Dayton at the April 11, 1882 Board of Managers meeting in order to preserve "the peace and quiet of the branch." The force consisted of a Captain, one 1st Lieutenant, and one 2nd Lieutenant. They were referred to as "guards" and the force eventually expanded to over 40 guards. The Homes operated under military rules, which often did not suit many of the former farmers and young immigrant residents who lived there. Drunkenness, fighting, violation of passes, profanity, disorderly conduct, and creating a nuisance were the most common offenses. Proceedings of the Home "court" were recorded in Discipline Books.

Tarczewski, Kelly

From: Fuchs, Nick
Sent: Friday, November 1, 2019 3:27 PM
To: Mayor; Bergman, Brandon; Bierce, Steve; Brown, Colleen; Dziwulski, Brian; Grosch, Ray; Kara, Jeff; Wamser, Jerry
Cc: Hurd, Ami; Klein, Scott; Tarczewski, Kelly; nienow99@sbcglobal.net; Susan Nienow
Subject: November 4th Common Council packet, Mental Health America Conditional Use

Mayor and Alderpersons,

On page 84-87 of 153 in the November 4th Common Council packet, an email was provided that was not very clear. Mrs. Nienow, the author of the email, notified me that the clean version she later submitted to staff was not included in the packet and is concerned that the email will not be read clearly. As such, below is a clean version of the email for your review. Thanks.

To: "mayor@pewaukee.wi.us" <mayor@pewaukee.wi.us>, "grosch@pewaukee.wi.us" <grosch@pewaukee.wi.us>, "bergman@pewaukee.wi.us" <bergman@pewaukee.wi.us>, kara@pewaukee.wi.us <kara@pewaukee.wi.us>, "fuchs@pewaukee.wi.us" <fuchs@pewaukee.wi.us>, "brown@pewaukee.wi.us" <brown@pewaukee.wi.us>, "wamser@pewaukee.wi.us" <wamser@pewaukee.wi.us>, dziwulski@pewaukee.wi.us <dziwulski@pewaukee.wi.us>, "brian@mhawi.org" <brian@mhawi.org>

From: Thomas Nienow <nienow99@sbcglobal.net>

Subject: proposed conditional use permit at W252 N4304 Sussex St., Pewaukee, WI 53072

Date: Wed, 2 Oct 2019 20:57:02 -0500

Dear Mr. Mayor

I want to go on record stating my opposition to the proposed conditional use permit at the address above. We, as adjacent neighbors and taxpayers, along with the majority of homeowners in this residential neighborhood zoned RS3, contest this proposition and have the right to information and safety first in our neighborhood.

I tried to contact Brian at Mental Health America Wisconsin on Monday, September 30, 2019 and left a message asking for security assurances and more information for the proposed program at this location. At this time it has been 3 days and he has not responded to my inquiry about details of this proposed program.

The current owners of the property intend to vacate the property and lease the house to Mental Health America.

Mental Health America intends to run a pilot program placing up to six new individuals per week with mental health and substance abuse issues in this house for a one week stay. If I understand correctly, this unsecured property will host up to 312 at risk guests per year. This volume of turnover is unacceptable in a residential neighborhood.

This program is NOT OPEN TO ALL VETERANS WHO SERVED OUR COUNTRY, only those with mental health and substance abuse issues. No homeowner will feel safe in the sanctity of their own backyard.

I've had many conversations with Nick Fuchs and he told me that if this conditional use permit is granted, it will stay with that property forever. The value of our properties and the safety of our families will be compromised.

Please don't allow this and protect OUR rights as taxpayers of Pewaukee. Thank you for your time and consideration on this matter. I can be reached at 414.305.3389

Respectfully -

Susan Nienow
W252N4350 Sussex St
Pewaukee, WI 53072

Nick Fuchs
Planner & Community Development Director
[City of Pewaukee](#)
W240N3065 Pewaukee Road
Pewaukee, WI 53072
262-691-6007
fuchs@pewaukee.wi.us

This message originates from the City of Pewaukee. It contains information that may be confidential or privileged and is intended only for the individual named above. It is prohibited for anyone to disclose, copy, distribute, or use the contents of this message without permission, except as allowed by the Wisconsin Public Record Law. If this message is sent to a quorum of a governmental body, my intent is the same as though it were sent by regular mail and further e-mail distribution is prohibited. All personal messages express views solely of the sender, which are not attributed to the municipality I represent and may not be copied or distributed with this disclaimer. If you have received this message in error please notify me immediately.

From: [Susan Nienow](#)
To: [Fuchs, Nick](#); [Mayor](#); [brandly6480@gmail.com](#); [Darryl Lee](#); [davedge@ameritech.net](#); [Tom Nienow](#)
Subject: Amendments to conditions for the 11.04.19 Common Council Meeting
Date: Saturday, November 2, 2019 4:03:34 PM
Attachments: [Comprehensive Plan for conditional use permit.pdf](#)
[Discrepancies that need to be addressed prior to 11.04.19 Common Council decision \(1\).pdf](#)

First, are 'snippets' of the comprehensive plan sent by Nick Fuchs to all parties involved with the conditional use permit under consideration by the Common Council submitted by MHA WI.

Clearly, the applicant has not met either of the guidelines for a conditional use permit and the request should be denied. Plan states, and I quote:

“that such uses are similar in character to the principal uses permitted in the zoning district and create no circumstances that would detrimentally affect adjacent properties.”

By staff's own admission:

quote:

‘Staff would acknowledge that the proposed turnover and the number of different people that would reside at the facility **IS** different in use and operation as compared to a single-family home or potentially even to State licensed Community Living Arrangements.’

The Plan also states that the proposed CUP will not “that such uses are similar in character to the principal uses permitted in the zoning district and **create NO circumstances that would detrimentally affect adjacent properties.**”

Staff does not find that the proposed use would have adverse impacts on adjacent properties as it relates to traffic and parking. (But **safety and high turnover rate is an adverse impact, not mentioned**)

Second, discrepancies are listed in how MHA wrote their 'policies and procedures' where the language differs significantly from what Brian Michael stated on record at the last Common Council meeting of 10/28/19.

These altered policies change the impact of promises made by MHA and must be amended prior to the Council's consideration of their conditional use application.

Sent by Nick Fuchs to residents responding to MHA application for a conditional use permit:

(de) Conditional use permits.

1. In this paragraph:

b. "Substantial evidence" means facts and information, other than merely personal preferences or speculation, directly pertaining to the requirements and conditions an applicant must meet to obtain a conditional use permit and that reasonable persons would accept in support of a conclusion.

We argue: NO safety or risk analysis has been presented by the applicant. ONLY speculation about what won't happen. Demand expert safety analysis report on this demographic and high concentration of military soldiers who don't know one another, sharing a small space and all coping with mental health and substance abuse issues, while being exposed to constant gunfire and other exterior noise.

Also sent by Nick Fuchs:

It can also be noted that Section 17.0209d. allows 'unclassified uses' to be permitted by the Plan Commission provided "that such uses are similar in character to the principal uses permitted in the zoning district and create no circumstances that would detrimentally affect adjacent properties."

Staff does not find that the proposed use would have adverse impacts on adjacent properties as it relates to traffic and parking. (But safety and high turnover rate is an adverse impact, not mentioned) Further, there is existing landscaping that buffers this property from the abutting single-family homes. 'With that said, two emails are included in the Plan Commission packets from adjacent property owners stating concerns with the proposed facility and use. These emails detail many concerns, one of which relates to turnover.'

Quoting Nick Fuchs below:

'Staff would acknowledge that the proposed turnover and the number of different people that would reside at the facility IS different in use and operation as compared to a single-family home or potentially even to State licensed Community Living Arrangements.'

We argue: Staff acknowledges that the facility is substantially different in use and operation as compared to a single-family home or potentially even to State licensed Community Living Arrangements.

This conditional use permit should be DENIED

THERE ARE DISCREPANCIES THAT NEED TO BE CORRECTED TO CONDITIONAL USE LANGUAGE ATTACHED TO MENTAL HEALTH AMERICA WISCONSIN'S APPLICATION, PRIOR TO COMMON COUNCIL'S CONSIDERATION

Highlighted in yellow: Changes that need to be made to MHA's guidelines AND COVENANTS FROM THE PLAN COMMISSION, prior to any conditional use permit under consideration by the Pewaukee Common Council

Add this new restrictive language

Highlighted in green: Delete this VAGUE language FROM MHA'S POLICIES AND PROCEDURES as numbered below:

found on page 36 of the Common Council packet

First:

ADD: 6' high Fencing **WILL** be installed **around the entire property** which blocks view from the adjacent **neighbors, plural, (ON BOTH SIDES OF THE PROPERTY)**, and which prevents unintentional trespassing beyond the property lines of the R&R House premises, **PRIOR TO OCCUPANCY BY MHA**

The applicant is not proposing any exterior site or building modifications and no signage is proposed. Some interior changes **WILL** be made to comply with ADA requirements

DELETE: 'Fencing **can** be installed which blocks view from the adjacent **neighbor**, and which prevents unintentional trespassing beyond the property lines of the R&R House premises.'

'The applicant is not proposing any exterior site or building modifications and no signage is proposed. Some interior changes **may** be made to comply with ADA requirements. MHA has stated that the existing driveway provides sufficient area for parking.'

Second:

AMEND ITEM #4 on MHA policies

ADD: Guest curfew hours will be 6am to 10pm, and failure to return prior to 10pm **WILL** be grounds for exclusion from the program

DELETE: 'Guest curfew hours will be 6am to 10pm, and failure to return prior to 10pm ~~may~~ be grounds for exclusion from the program'

Third:

AMEND ITEM #5 on MHA policies

ADD: No alcohol or substance use will be allowed on the premises. Guests who return to the premises who have engaged in alcohol or substance use **will be immediately removed from the property.**

.....
DELETE: 'No alcohol or substance use will be allowed on the premises. Guests who return to the premises who have engaged in alcohol or substance use ~~will be asked to leave if they are infringing on the recovery and support of other guests. Those who refuse to do so will be liable for trespassing.~~'

Fourth:

AMEND ITEM #6 on MHA policies

ADD: Guests will be **informed** during phone screening that they **will be exposed to substantial noise from the local rifle/gun club, from hunting activities, and/or blasting from the local quarry.**

.....
DELETE: Guests will be ~~advised~~ during phone screening ~~and arrival that individuals staying at the R&R House may hear sounds~~ from the local firearm range, from hunting activities, or from the local quarry. ~~Guests are to make the determination if this would be a trigger for their recovery and if the R&R House would be appropriate for them.~~

Change to the City of Pewaukee's recommendation:

***1. The subject Conditional Use is personal to Mental Health America of Wisconsin, does not run with the land, is not transferrable, and is temporal. All rights and approvals granted hereunder shall terminate and become null and void as of November 4, 2021. ~~Upon expiration, the applicant may reapply for a new Conditional Use Permit.~~ **This clause needs to be deleted or the MHA program could operate out of this location indefinitely.**

***10. No more than ~~three, NOT FOUR,~~ individuals shall reside at the subject dwelling at any given time.

Add this new restrictive language to the covenants set forth by Pewaukee staff

The facility proposed by MHA is for veterans who are recovering from mental health and substance use challenges.

11. Guests at the property **ARE NOT** allowed visitors. The intent of the house is not a vacation resort, but a respite and reflection stay. Non-guests could cause unnecessary angst for other guests staying the house.

Fuchs, Nick

From: Susan Nienow <suenienow9940@gmail.com>
Sent: Friday, November 1, 2019 12:59 PM
To: Fuchs, Nick
Subject: Further conditions for the Common Council's review for the 11.04.19 meeting

Ffrom: [Darryl Lee](#)
Sent: Friday, November 1, 2019 8:19 AM
To: [Thomas Nienow](#)

- (1) If the City grants the conditional use permit, does that mean that Pewaukee residents can now use their houses as Air BNB respites? Does it open the door to all short term housing rentals in the City?
- (2) The City should consider that the City may be subject to lawsuits if anyone does get hurt. As a trial attorney with more than 30 years experience, I think the City has exposure because it has failed to demand that MHA provide reliable evidence, data or analysis which shows that this project will not pose a threat to public safety. The City should require such evidence before they green light the project. Limiting the project to a short duration and subject to renewal will not be a defense.
- (3) Currently, the only reliable data before the Council comes from a formal published study that shows that there is a 9% higher incidence of **severe violence** in PTSD patients who are combat veterans. (See study attached to Darryl Lee submission entitled "**Violent behavior and PTSD in US Iraq and Afghanistan veterans**") The incidence of **severe violence increases to 35.9% when PTSD is combined with alcohol misuse**. These numbers are staggering. Someone needs to address the findings of this study. MHA has never addressed this issue and the City never asked about it.
- (4) If fireworks can cause crisis in PTSD patients (per article submitted with Darryl Lee's materials)... what about gunfire or blasting. Has anyone addressed this issue. The City should demand that MHA provide some reliable evidence to address this issue.
- (5) Why didnt MHA perform an analysis of police calls involving the other respites. It is improper to rely on some vague representation that there has been no violence at those facilities. Where is the hard data? It is easily obtainable through a Freedom of Information Act request (FOIA) This seems like a reasonable step to take **before any permit is approved**.
- (6) Finally, imagine a scenario where a combat veteran diagnosed with PTSD visits the house. The combat veteran is stressed-out over recent events in his or her life and they need some time away. While at the house, the combat veteran visits a local tavern or stops at the liquor store to get something to drink. Upon returning to the house, the combat veteran is exposed to the sound of constant gunfire because of a shooting event at the Waukesha Gun Club. Perhaps the combat veteran hears explosions coming from the nearby stone quarry. Suddenly a low flying helicopter, jet or plane from one of the local airports (Crites Field or Capital Drive Airport) flies overhead. All of this stimuli causes the combat veteran to have a flashback and he retrieves the gun from his car thinking

that he is under attack. A neighbor who happens to be walking by is shot and killed. Is this type of scenario so hard to imagine? What assurances do we have that it won't happen? What type of safeguards are going to be in place to prevent it from happening? Surely there is a better location to put this project.

Tarczewski, Kelly

Subject: FW: November 4th Common Council packet, Mental Health America Conditional Use
Attachments: Monarch House , 820 N Broadway, Menomonie.pdf; Monarch House__ 820 N Broadway, Menomonie.pdf; Solstice House, 2649 Milwaukee, Madison - PD Comments.pdf

From: Fuchs, Nick
Sent: Monday, November 4, 2019 3:37 PM
To: Mayor; Bergman, Brandon; Bierce, Steve; Brown, Colleen; Dziwulski, Brian; Grosch, Ray; Kara, Jeff; Wamser, Jerry
Cc: Hurd, Ami; Klein, Scott; Tarczewski, Kelly
Subject: RE: November 4th Common Council packet, Mental Health America Conditional Use

Staff also received police department calls for two of the non-veteran respites that have been mentioned as similar facilities. See attached. Below is a staff summary of these calls. This summary groups categories that appear to be similar in nature and lists the total number of calls. Thanks.

Solstice House Incident Report Summary

Location: 2649 Milwaukee Street
Madison, WI 54915

Number of bedrooms: 4

Madison Police Department Call Summary (January 1, 2016 through October 31, 2019):

<u>Incident Type Summary</u>	<u>Number of calls</u>
Check Property (1)/Check Person (8)/Follow-up (1)/Information (2)/Phone (1)	13
Assist Police (1)/Assist EMS/Fire (8)/Assist Citizen (1)	10
911 Call Unintentional(1)/911 Disconnect (3)/911 Call Question (1)/911 Call Silent (1)	6
Disturbance Unwanted Person (1)/Domestic Disturbance (1)/Disturbance (1)	3
Theft (1)/Stolen Bicycle (1)	2
Threats Complaint	2
Unknown	2
Missing Adult	1
Safety Hazard	1
Animal Found	1
Adult Arrested Person	1
TOTAL	42

Monarch House Incident Report Summary

Location: 820 Broadway Street
Menomonie, WI 54751

Number of bedrooms: 4

Menomonie Police Department Call Summary (January 1, 2018 through November 1, 2019):

Incident Type Summary	Number of calls
Warrant Pick-up (WARR)	1
Suspicion (SUSP)	3
Welfare Check (1)/Mental Call (3) (WELF/MENT)	4
Traffic Crash (TANI)	1
911 Hang-up (911H)	2
Disorderly (DISO)	2
EMS Call (EMMS)	1
Parking Complaint (PARK)	1
TOTAL	15

Nick Fuchs
Planner & Community Development Director
[City of Pewaukee](#)
W240N3065 Pewaukee Road
Pewaukee, WI 53072
262-691-6007
fuchs@pewaukee.wi.us

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From: [Meghan Cartmill](#)
To: [Fuchs, Nick](#)
Subject: Monarch House// 820 N Broadway, Menomonie
Date: Monday, November 4, 2019 11:23:12 AM
Attachments: [820 N Broadway.pdf](#)

Hello Nick,
You had requested some information regarding 820 N Broadway, or the Monarch House Facility.

I pulled all of our cases from the last two years there and I have attached that list to this email.

Also, I am not sure if your department uses the same four letter codes that ours does, so here are the ones that show up on the search:

WARR= Warrant Pick-up

SUSP=Suspicion

WELF/MENT= Welfare Check/ Mental Call

TANI=Traffic Crash

911H= 911 Hang-up

DISO=Disorderly

EMMS= EMS Call

Please let me know if you have any questions!

Meghan Cartmill
Records Technician
Menomonie Police Department
715-231-8514

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Computer Assisted Dispatch



CAD Search Results

Page 1 of 1

<< < > >> All



The SEARCH CRITERIA was: Department="MENOMONIE POLICE DEPARTMENT
(Dunn)" Location="820 n bro" MaxReturns="200" StartDate="1/1/2018"
EndDate="11/04/19" CallStatus="All"

OCA	Call #	1st Unit	Caller	Location	Complaint	How Received	Date-Time	Zone	Disp
M19-09080	1927560	192	THIBADO, TREVOR D 07141990	820 N BROADWAY ST	SUSP	PHONE	2019-09-05 22:23	CMNM	CL
M19-03854	1910920	183	ST GERMAINE, GREG	820 N BROADWAY ST	WELF	PHONE	2019-04-12 08:43	CMNM	CL
M19-03820	1910852	161	JASPER, BRENNNA	820 N BROADWAY ST	MENT	PHONE	2019-04-11 15:46	CMNM	no data
M19-03567	1910011	186	LONG, ALYSSA L 04091996	820 N BROADWAY ST	SUSP	PHONE	2019-04-03 19:23	CMNM	CL
M19-00429	1901287	160	BERG, DAVID	820 N BROADWAY ST	TANI	WIRE	2019-01-14 12:33	CMNM	CL
M19-00397	1901186	161	no data	820 N BROADWAY ST	911H	WIRE	2019-01-13 10:39	CMNM	no data
M18-12802	1837091	192	JACKSON, EMILY P 11061996	820 N BROADWAY ST	MENT	PHONE	2018-12-28 20:48	CMNM	no data
M18-06168	1817594	183	ANON	820 N BROADWAY ST	WARR	PHONE	2018-06-26 10:34	CMNM	no data
M18-06063	1817315	161	no data	820 N BROADWAY ST	911H	WIRE	2018-06-23 15:36	CMNM	no data
M18-04925	1813811	169	DOLAN, STEPHANIE A 01141989	820 N BROADWAY ST	DISO	WIRE	2018-05-20 15:07	CMNM	CL
M18-04486	1812383	112	BREHOLT, LELAND	820 N BROADWAY ST	PARK	PHONE	2018-05-07 13:42	CMNM	CL
M18-04231	1811713	189	KATHY	820 N BROADWAY ST	DISO	WIRE	2018-05-02 07:49	CMNM	
M18-03563	1809935	189	SONNENBERG, ERICA L 12241970	820 N BROADWAY ST	MENT	PHONE	2018-04-15 14:28	CMNM	
M18-00442	1801196	MF M1	STAFF	820 N BROADWAY ST	EMMS	WIRE	2018-01-15 00:57	CMNM	CL
M18-00024	1800058	160	BARRON COUNTY	820 N BROADWAY ST	SUSP	PHONE	2018-01-01 17:09	CMNM	no data



MADISON POLICE DEPARTMENT

Victor Wahl, Acting Chief of Police
City-County Building
211 S. Carroll St.
Madison, WI 53703
Phone: (608) 266-4022 | Fax: (608) 266-4855
madisonpolice.com

10/31/2019

Dear Records Requestor:

RE: Madison Police Records: calls for service to 2649 Milwaukee St.

The Madison Police Department has received your request for a copy of the record(s) associated with the matter identified above. I have reviewed the record(s) and determined part of your request is disclosable and part is not. Wis. Stat. §19.36(6). Information in the record(s) that is not disclosable to you was redacted because the redacted information would disclose:

- ☐ Confidential juvenile records (no applicable exceptions). See Wisconsin Stats. §§ 48.396 and/or 938.396.
- ☐ Law enforcement informant identities in violation of Wis. Stats. §§ 19.35(1)(am)2.b. and 19.36(8).
- ☒ Medical condition, diagnosis, treatment and/or prescription drug related information. Multiple state and federal statutes protect the sensitive nature of medical information by declaring such records/information to be confidential. (HIPAA, 42 U.S.C. §1320d-2, 45 C.F.R. pts. 160 and 164).
- ☒ Highly personal and private information concerning a sensitive investigation, the disclosure of which would likely have a substantial adverse effect on important public interests because it:
 - ☐ Would deter persons from reporting allegations and cooperating in investigations and prosecutions.
 - ☐ Would disclose sensitive investigative techniques or procedures.
 - ☐ Would disclose guidelines for law enforcement investigations or prosecutions that could reasonably be expected to risk circumvention of the laws.
 - ☐ Would endanger the life or safety of an individual in violation of Wisconsin Stat. §19.35(1)(am)2.a.
 - ☐ Would endanger the security of any public or private building or facility.
- ☐ Personally identifiable dates of birth, home address, account numbers (See Wis. Stats. § 19.36(13)) and private telephone numbers related to cooperating contacts. Release of this information would facilitate identity theft crimes and thus, would be contrary to the well-established public interests in crime prevention and reduction (19.36(13) Wis. Stats.). Additionally, releasing this information would be contrary to the public interests in crime detection and crime fighting in that witnesses may be reluctant to report what they know to the police if they have to fear that this personal and sensitive information is subject to release upon a public records request.

I have reached the above conclusions after applying appropriate statutes, case law, and after weighing the reasons for non-disclosure against the presumed public interests favoring disclosure. For the reasons set forth above, I have concluded that the public interest in non-disclosure of the redacted portions of the record(s) requested outweighs the public interest in disclosure. Pursuant to Sec. 19.35(4)(b) Wis. Stats., this determination is subject to review by Mandamus under Sec. 19.37(1) Wis. Stats., or upon application to the Wisconsin Attorney General or the Dane County District Attorney. I have consulted with the City Attorney's Office, per 3.70(6) MGO.

Sincerely,

Julie A. Landrie
Madison Police Records Custodian

JAL/bnw

Calls For Service

2649 Milwaukee 10-31-14 - 10-31-19

<u>Incident Address</u>	<u>Incident Date and Time</u>	<u>Incident Number</u>	<u>Case Number</u>	<u>Incident Type</u>
2649 MILWAUKEE ST	04/12/2016 23:46:39	2016-00118107		Assist Police
2649 MILWAUKEE ST	07/22/2016 00:53:19	2016-00256177		Check Property
2649 MILWAUKEE ST	09/27/2016 19:50:15	2016-00348394		Disturbance Unwanted Person
2649 MILWAUKEE ST	09/29/2016 20:30:39	2016-00350872		Assist EMS/Fire
2649 MILWAUKEE ST	10/06/2016 11:50:05	2016-00359070	2016-00359070	██████████
2649 MILWAUKEE ST	10/25/2016 14:30:11	2016-00382499	2016-00382499	Check Person
2649 MILWAUKEE ST	12/19/2016 15:03:25	2016-00447864		Assist EMS/Fire
2649 MILWAUKEE ST	12/28/2016 20:47:50	2016-00458231	2016-00458231	Assist EMS/Fire
2649 MILWAUKEE ST	01/13/2017 04:45:02	2017-00013543		Assist Citizen
2649 MILWAUKEE ST	01/23/2017 15:41:06	2017-00025736		Information
2649 MILWAUKEE ST	05/11/2017 16:00:14	2017-00156979	2017-00156979	██████████
2649 MILWAUKEE ST	05/18/2017 05:16:20	2017-00165670	2017-00165670	Domestic Disturbance
2649 MILWAUKEE ST	05/26/2017 20:23:09	2017-00177215	2017-00177215	Check Person
2649 MILWAUKEE ST	05/28/2017 00:06:11	2017-00178748		Threats Complaint
2649 MILWAUKEE ST	06/28/2017 22:43:41	2017-00222652	2017-00222652	Threats Complaint
2649 MILWAUKEE ST	07/08/2017 14:59:51	2017-00236210		911 Call Unintentional
2649 MILWAUKEE ST	08/15/2017 12:34:57	2017-00288420	2017-00288420	Theft
2649 MILWAUKEE ST	08/21/2017 17:07:37	2017-00296976	2017-00296976	Missing Adult
2649 MILWAUKEE ST	10/20/2017 07:41:58	2017-00379447	2017-00379447	Check Person
2649 MILWAUKEE ST	10/25/2017 00:59:33	2017-00385898		911 Disconnect
2649 MILWAUKEE ST	01/05/2018 15:54:51	2018-00005923	2018-00005923	Assist EMS/Fire
2649 MILWAUKEE ST	06/19/2018 16:01:43	2018-00228392		Safety Hazard
2649 MILWAUKEE ST	06/19/2018 16:19:35	2018-00228422		Animal Found
2649 MILWAUKEE ST	06/22/2018 09:04:00	2018-00902387	2018-00902387	Stolen Bicycle
2649 MILWAUKEE ST	08/14/2018 18:26:58	2018-00312654		911 Disconnect
2649 MILWAUKEE ST	08/21/2018 11:48:33	2018-00323496		Follow-Up
2649 MILWAUKEE ST	09/27/2018 15:45:52	2018-00379391	2018-00379391	Information
2649 MILWAUKEE ST	02/27/2019 06:12:08	2019-00075547		911 Disconnect
2649 MILWAUKEE ST	02/27/2019 06:18:13	2019-00075551		Assist EMS/Fire
2649 MILWAUKEE ST	04/04/2019 07:43:19	2019-00123361		911 Call Question
2649 MILWAUKEE ST	04/20/2019 16:10:42	2019-00146628		Disturbance
2649 MILWAUKEE ST	05/26/2019 19:18:17	2019-00199260	2019-00199260	Check Person
2649 MILWAUKEE ST	06/01/2019 09:32:21	2019-00207923		Check Person
2649 MILWAUKEE ST	06/15/2019 07:37:33	2019-00231009		911 Call Silent

2649 MILWAUKEE ST	06/21/2019 15:14:20	2019-00241381	2019-00241381	Adult Arrested Person
2649 MILWAUKEE ST	06/29/2019 12:42:04	2019-00254590		Check Person
2649 MILWAUKEE ST	09/25/2019 00:47:30	2019-00397608	2019-00397608	Check Person
2649 MILWAUKEE ST	10/06/2019 10:39:52	2019-00414745		Assist EMS/Fire
2649 MILWAUKEE ST	10/06/2019 11:00:19	2019-00414772		Assist EMS/Fire
2649 MILWAUKEE ST	10/16/2019 00:28:13	2019-00429494		Phone
2649 MILWAUKEE ST	10/19/2019 04:49:19	2019-00434334		Assist EMS/Fire
2649 MILWAUKEE ST	10/27/2019 20:18:56	2019-00446830	2019-00446830	Check Person

10/31/2019 1:06:17 PM

**CITY OF PEWAUKEE
COMMON COUNCIL AGENDA ITEM •**

DATE: November 4, 2019

DEPARTMENT: Employee Services

PROVIDED BY:

SUBJECT:

- §19.85(1)(c): Considering employment, promotion, compensation or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility specifically related to the 2020 Wages and Benefits.

BACKGROUND:

FINANCIAL IMPACT:

RECOMMENDED MOTION: