

**GRAND JUNCTION PLANNING COMMISSION  
MAY 25, 2004 MINUTES  
7:00 P.M. to 1:06 A.M.**

The regularly scheduled Planning Commission hearing was called to order at 7:00 P.M. by Chairman Paul Dibble. The public hearing was held in the City Hall Auditorium. Overflow seating was provided in the hearing room and break room with television monitors to view the proceedings.

In attendance, representing the City Planning Commission, were Dr. Paul Dibble (Chairman), John Evans, William Putnam, Roland Cole, Bill Pitts, Travis Cox and Tom Lowrey (alternate). John Redifer was absent.

In attendance, representing the City's Community Development Department, were Bob Blanchard (Community Development Director), Kathy Portner (Planning Manager), Pat Cecil (Development Services Supervisor) and Scott Peterson (Associate Planner).

Also present were Jamie Kreiling (Assistant City Attorney), and Eric Hahn (Development Engineer).

Bobbie Paulson was present to record the minutes and Joppa H. Smith, RPR with Rusk & Rusk Reporters was present to create a transcript of the Colorado West Mental Health Facility, project number CUP-2004-019.

There were approximately 300 interested citizens present during the course of the hearing.

**I. APPROVAL OF MINUTES**

Available for consideration were the minutes from the April 20, 2004 public hearing.

**MOTION: (Commissioner Cole) "Mr. Chairman, I move that the minutes be approved."**

Commissioner Evans seconded the motion. A vote was called and the motion passed by a vote of 5-0, with Bill Pitts and Paul Dibble abstaining since they were not in attendance at the April 20, 2004 hearing.

**II. ANNOUNCEMENTS, PRESENTATIONS AND/OR VISITORS**

There were no announcements, presentations and/or visitors.

**III. CONSENT AGENDA**

Offered for placement on the Consent Agenda were the 1) Continuation of PLN-2004-029 Grand Valley Circulation Plan Updates to the June 22, 2004 Planning Commission meeting and 2) VE-2004-036 Zone of Annexation and Vacation of Easement - SGH 27 Road Annexation. Item VE-2004-036 is requested to be continued to the June 8, 2004 hearing.

**MOTION: (Commissioner Pitts) "Mr. Chairman, I move for the approval of the consent agenda for continuation of item PLN-2004-029 until June 22, 2004 and to continue item VE-2004-036 to the June 8, 2004 hearing."**

Commissioner Cole seconded the motion. A vote was called and the motion passed unanimously by a vote of 7-0.

**IV. FULL HEARING**

**CUP-2004-019 CONDITIONAL USE PERMIT FOR AN UNLIMITED GROUP LIVING FACILITY - COLORADO WEST MENTAL HEALTH FACILITY**

A request for approval to construct five (5) buildings, infrastructure, parking and landscaping for a Mental Health campus on 8.35 acres in a C-1 (Light Commercial) zone district.

**Petitioner: Thomas Updike - Colorado West Regional Mental Health**

**Location: 515 28 <sup>3</sup>/<sub>4</sub> Road**

**Staff: Scott Peterson**

Please refer to May 25, 2004 transcript prepared by Court Recorder Joppa H. Smith, RPR for this hearing item.

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- 4 COMMISSIONER BLANCHARD
- 5 COMMISSIONER EVANS
- 6 COMMISSIONER COLE
- 7 COMMISSIONER DIBBLE
- 8 COMMISSIONER PUTNAM
- 9 COMMISSIONER COX
- 10 COMMISSIONER LOWREY
- 11 COMMISSIONER PITTS
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23                   In order for the meeting to go smoothly  
24                   this evening, the commission is asking for your  
25                   help. There's a lot of people here tonight that

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1                   would like to address the issue, I'm sure, and  
2                   citizen input is a valued part of land use planning  
3                   decision-making process, and we value that very  
4                   highly.

5                   The commissioners have read all of the  
6                   applications, all of the applications that the  
7                   applicants have submitted, the written materials,  
8                   the staff's evaluation of the codes and  
9                   regulations, and all of the letters received prior  
10                  to this evening. We were handed a big packet this  
11                  evening just as we began. Obviously, we haven't  
12                  had time to read that. But we are well-versed on  
13                  the zoning and on the codes concerning the  
14                  development and land uses of the city as adopted by  
15                  the City Council.

16                  And as you know, we are volunteers,  
17                  members of your community, appointed by the City

18 Council to represent the community, not any one  
19 interest or interest group. We realize this  
20 meeting has an emotionally charged issue to be  
21 decided, and as I said, we're going to need your  
22 help in doing that.

23                   There are some procedures we would like  
24 to have you follow. First of all, the standard  
25 procedures that we use in all of our hearings are

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1 as follows: There are copies of the agenda that we  
2 follow, the commission then presents -- the  
3 commission asks the presenter, the petitioner, to  
4 present the application for the conditional use  
5 permit. Staff presentation will be next, with the  
6 findings and recommendations.

7                   Then the public will be asked to  
8 comment and present the facts for your  
9 consideration. You may speak in favor of the  
10 proposal, in opposition of the proposal, or any  
11 other comment related to the application. We have  
12 a sign-up sheet that you were given as you walked  
13 in. You were asked if you would like to sign up to

14 speak. We are going to do this this evening to try  
15 to expedite this.

16                   Because of the large volume of those  
17 who wish to speak, you were given a number. I hope  
18 you remember your number. And you will be asked to  
19 speak according to sequence on that number.  
20 We'll call that number, and you should come forward  
21 to the podium, state your name and address for  
22 public record, and speak clearly into the  
23 microphone. The information that you filled out on  
24 the card is also entered into documentation for  
25 public record.

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1                   We're going to ask you to limit your  
2 speaking to 3 minutes. If you repeat -- if you  
3 represent a group, identify that and say "I'm  
4 speaking on behalf of a group." We understand some  
5 of you are -- that you have gotten input from  
6 others and you will share that, and we will allow  
7 some leeway on that 3 minutes. We'll probably  
8 allow up to 8 minutes on that.

9                   If someone before you has adequately  
10 expressed your thoughts, rather than presenting the  
11 same information, we would request you state your  
12 agreement with the person and only present new  
13 information. This will aid in the process of  
14 becoming long and repetitious. I want you to  
15 remember the fact -- we are looking for facts this  
16 evening. A fact is still a fact, even if it's  
17 repeated ten times. It's not ten facts; it's one  
18 fact. Okay? I think you understand where I'm  
19 coming from. So please address your testimony to  
20 the commission.

21                   We're looking forward to hearing from  
22 you, we're looking for facts upon which we can  
23 consider in making our decision. There will be  
24 people speaking on both sides of the issue. I  
25 hope this doesn't present a problem. Therefore,

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1 we'll ask the following consideration from you as  
2 the audience: No applause or boos, please; no  
3 heckling of those who do not agree with you; and I  
4 would emphasize no personal attacks.



5                   The only reason I mention these things  
6                   is once in a while we have occasion to see these  
7                   things happen. It looks like a polite crowd this  
8                   evening. I don't think we'll have any problems.  
9                   There will be no questions taken from the floor.  
10                  Only those recognized by the chair will be asked to  
11                  speak. I'm sure that you will give others the  
12                  respect you would want them to give you. We will  
13                  operate on that premise.

14                  After we've received all public input,  
15                  the public hearing will be closed. There will be  
16                  no more questions or answers or suggestions coming  
17                  from the floor, no more information, and the  
18                  petitioner will be asked to answer any of the  
19                  questions or give a rebuttal if he prefers to do  
20                  so, and the staff will be called upon to clarify or  
21                  answer any questions the commissioners have.

22                  At that point the commissioners will  
23                  take the full subject under advisement, discuss the  
24                  application, and take the action necessary. The  
25                  commission may approve, approve with conditions, or

1 deny the application. If you disagree with the  
2 decision rendered or have any further questions,  
3 please follow the guidelines as outlined in the  
4 handout that you received.

5           Again, I want to thank you all for  
6 coming. In advance, I want to thank you for your  
7 courtesies. Thank you, very much.

8           Oh, there is one more thing that we  
9 would like to do, because of the lateness of the  
10 hour. As we expect the time to fly by quickly and  
11 it becomes midnight before we know it, around 11:00  
12 o'clock we would like to see how we feel about  
13 going forward and see what position we're in as far  
14 as what we have discussed and what needs to be said  
15 further.

16           If it becomes evident that we're not --  
17 that we're going to go all night or something along  
18 that line, let's say a longer meeting than our  
19 brains will stand, we will probably request and ask  
20 for a continuance. At that point it will be  
21 continued to the next scheduled meeting. We hope  
22 that because of the applicant's desire to see this  
23 brought to fruition and your wanting an answer this  
24 evening, that if we don't have too much repetition  
25 on things, that we can conclude at a reasonable

1 time.

2 We usually don't start any new items  
3 after 11:00 o'clock, so that's what we would like  
4 to do. We're not locked into that. We'll make a  
5 decision when that time comes, if we go that long.  
6 Thank you.

7 At this time I would like to ask the  
8 petitioner to come forward on the conditional use  
9 permit for an unlimited group living facility, CUP  
10 2004 019, Colorado West Mental Health,  
11 515 28-3/4 Road. If you'll introduce yourself when  
12 you come to the microphone and give us your  
13 address, that will also be recorded in the public  
14 record.

15 DR. UPDIKE: Thank you, very much,  
16 Mr. Chairman. My name is Thomas F. Updike,  
17 858 Grand Avenue, Grand Junction, Colorado. We  
18 thank you very much for this opportunity.

19 DR. STEIN: And I am Dr. Kenneth  
20 Stein. I'm the executive director of Colorado West  
21 Regional Mental Health, and our offices are at  
22 6916 Highway 82 in Glenwood Springs, Colorado.

23 Thank you. I'm going to be brief and try and  
24 provide a broader context, and Dr. Updike will  
25 present information more specific to Grand Junction

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1 and Mesa County.

2 Colorado West is a private,  
3 not-for-profit corporation. We serve ten counties,  
4 the northwest corner of Colorado, 23,000 square  
5 miles. I have a voluntary board of directors, five  
6 of those members are from Mesa County, and they're  
7 all present in the room this evening.

8 The reason that we are here, and we  
9 feel it's very important that this project go  
10 forward has to do with what's happening in  
11 healthcare in general, and specifically with the  
12 provision of services for people with mental  
13 illness.

14 In the last nine years the beds that  
15 the three mental health centers in Western  
16 Colorado manage at the state hospital have been  
17 reduced from 19 to 7. In 1999, Mercy Hospital in

18 Durango closed its psychiatric unit. We lost ten  
19 beds.

20 Then in August of last year, Montrose  
21 Memorial Hospital closed its behavioral healthcare  
22 unit. During that period of time we have been in a  
23 dialogue with health providers, including  
24 St. Mary's Hospital, the county; we've been talking  
25 with law enforcement, with families, with

11

1 consumers, about the likelihood that this same  
2 event could happen here in Grand Junction.

3 We have concluded, and it was  
4 concurred, in fact, you have a letter from Bob  
5 Landenberg, who is the chief executive officer at  
6 St. Mary's, saying that the current system as it  
7 exists is not sustainable into the future.

8 And what we've all done is come  
9 together to try and create an alternative so that  
10 we won't be left without these critically important  
11 services, as has happened in some of the other  
12 communities in Western Colorado.

13 I want to just emphasize two issues

14 that I believe about which have been serious  
15 misconceptions.

16 One is that this project will funnel  
17 addicts and people with serious mental illness to  
18 Grand Junction from the ten counties that Colorado  
19 West serves. That is not correct.

20 This project is one of half a dozen  
21 projects in which other communities are working  
22 with us to accomplish the very same end. We  
23 provide substance abuse, alcohol and drug  
24 detoxification currently in Glenwood Springs, in  
25 Breckenridge, in Craig, and in Steamboat Springs.

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1 We do not and will not bring people to Grand  
2 Junction for detoxification services.

3 In the same way that we are trying to  
4 combine services here to get the efficiencies and  
5 savings so that we can sustain them, we are  
6 expanding those detoxification services to provide  
7 crisis stabilization for individuals in acute  
8 mental health distress in those locations.

9                   Is it working? We have already  
10 demonstrated in those other communities that we  
11 have been able to impact transports of folks who  
12 otherwise would have gone in law enforcement  
13 custody, to the state hospital in Pueblo. The  
14 impact has been in the range of two-thirds to  
15 three-quarters of the previous transports. So we  
16 are keeping people with acute illness in their  
17 community, taking caring of those issues without  
18 them having to go to the hospital.

19                   We also, in that process, set up an  
20 aftercare system. So those of you who may come to  
21 this psychiatric facility, as they do now, as  
22 they come to St. Mary's, there will be less demand  
23 and an aftercare system established in this  
24 community, so we are not funneling folks to Mesa  
25 County.

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1                   Second and more difficult to discuss is  
2 the question of whether we serve felons, and  
3 particularly those who have committed sex offenses,

4 or whether we don't; and in what way we do or we  
5 don't.

6                   And the clearest way I can answer that  
7 question is: We have residents in every  
8 neighborhood in this city, as in other communities  
9 we serve, who have been diagnosed with cancer, have  
10 committed crimes and served the appropriate  
11 punishment, some of whom have been diagnosed with  
12 pedophilia, and have committed sex offenses. All  
13 of these people, like the rest of the population,  
14 may also develop a mental illness. They may become  
15 depressed. We treat their mental illness, their  
16 depression, as a mental health center. We do not  
17 treat cancer, but we treat depression and people  
18 who have cancer.

19                   We do not treat pedophilia. We treat  
20 people with pedophilia, who may also have a mental  
21 illness. We do not provide any programs to address  
22 criminal behavior. We are not in the criminal  
23 justice program. We are treating the mentally ill.  
24 A small percentage of them are also felons; a small  
25 percentage of them may also have committed crimes



1 that are onerous to us all, but we would treat  
2 their mental illness.

3 There are licensed programs in Grand  
4 Junction to serve sex offenses. Should someone  
5 come to us, we would refer them to those existing  
6 programs. We would not serve them in any of our  
7 existing programs. With that background, I want to  
8 turn to Dr. Updike.

9 DR. UPDIKE: Mr. Chairman,  
10 commissioners, I have four points I want to make  
11 this evening. The first is the reason for having  
12 the mental health center is complex. The second is  
13 I want to be quite clear about the services we do  
14 provide. The third is I wish to speak to the  
15 design and those individuals that have been  
16 involved in the design of the building. And  
17 fourthly, I want to address the issue of public  
18 safety.

19 I would like to begin with the comment  
20 we are concerned about. I would like to point out  
21 in this very room, one in five individuals have a  
22 diagnosable mental illness that will require  
23 treatment in our very community. This is extremely  
24 important to keep in mind, as we have a very high  
25 mental health need right within our community. Our

1 suicide rate on the Western Slope is the highest of  
2 any in the state of Colorado. Colorado itself has  
3 a higher suicide rate than any of our other  
4 surrounding states.

5           So, gentlemen, we have quite a serious  
6 problem in our community that needs treatment. We  
7 have families that are completely and terribly  
8 distressed. They're dysfunctional. They have  
9 children who are in our school systems who we  
10 treat, children who are playing Little League  
11 baseball who are children with emotional  
12 disturbances and mentally ill; all of whom require  
13 treatment.

14           One of the difficulties is that we have  
15 very limited services for pediatrics, for example.  
16 We have only four beds serving a 21-county area for  
17 pediatrics. This is a very serious problem.  
18 That's done in collaboration with our partner,  
19 Hilltop. We have four beds for adolescents.  
20 And we currently have a limited number of beds  
21 in St. Mary's Hospital for inpatient care. As  
22 Dr. Stein pointed out, this is certainly

23       transitioning.

24                       The difficulty is we must provide these  
25       services locally, because otherwise what happens

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1       for an individual who requires psychiatric care and  
2       it is not available in our community, families must  
3       struggle to find a place for their child to be  
4       treated. Two of the major facilities in Denver  
5       have closed. A third facility has recently  
6       announced they no longer will accept children who  
7       are on Medicaid, for example.

8                       That means that what few opportunities  
9       were available for parents in our community are no  
10       longer available, so they have a choice, either  
11       they have to keep the child at home with serious  
12       psyche and mental health problems, or they have to  
13       send the child out of state.

14                      Now, what about our adults? Gentlemen,  
15       at the present time if one is found to be so  
16       seriously mentally ill that they require a longer  
17       term inpatient care than what is currently  
18       available in our community, those individuals are

19 shackled, arms and ankles, like common criminals,  
20 and transported by the police across two mountain  
21 ranges, six to ten hours travel time, to Pueblo  
22 State Hospital for treatment.

23                   Now, I think all of us would agree that  
24 that is not a correct way of treating our loved  
25 ones who may be depressed, may have high levels of

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1 stress or anxiety. And this is the way they're  
2 currently being treated.

3                   Our proposed facility then will address  
4 that problem. Most importantly is that our  
5 community mental health center makes a tremendous  
6 contribution to the fabric of the life of our  
7 community, the health of our community. As our  
8 founders say, When the mind suffers, the organs  
9 weep.

10                   And so very often what we find is  
11 individuals who have mental health problems,  
12 depression, anxiety, stress disorders, phobias,  
13 very frequently develop physical problems that take

14 them to their general practitioner for treatment,  
15 when in fact the problem is a mental-health related  
16 issue. And if that had been appropriately treated,  
17 then the individual would not have so many of the  
18 physical problems.

19                   We have demonstrated that with our  
20 relationship with Marillac Clinic, where we  
21 integrate primary health and mental health, and we  
22 have in fact reduced the emergency room usage here  
23 in Grand Junction because of this integrated  
24 approach. What that means is it's a substantial  
25 savings in terms of the cost related to medical

18

1 care.

2                   So to summarize, from a client's  
3 perspective, from a family perspective, and with  
4 respect to the community as a whole, this is a  
5 correct and right thing to do. The question then  
6 becomes, Where do you locate such a facility? We  
7 have spent almost four years in planning this. We  
8 have gone over the entire city looking for the  
9 appropriate property and where we should correctly

10 locate, and we came upon the property that we have  
11 before you this evening.

12           It has been chosen for several reasons.  
13 One is that it is accessible to our families and  
14 to our clients. Secondly, it's on the bus line,  
15 which makes it far more convenient for individuals  
16 to be able to access our services. Thirdly is that  
17 it is zoned correctly, as it's in a commercial  
18 area.

19           Now, some of the concerns that have  
20 been raised is that this area has the highest  
21 concentration of children anywhere in the city of  
22 Grand Junction. Gentlemen, when you look at the  
23 census reports, you will find the concentration of  
24 children is not integrated in the area that we have  
25 selected than any other place in the city. It's

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1 been said that because the Little League is there  
2 that it will allow children the access there.

3           I would like to point out that we have  
4 been next door to East Middle School for over 20

5 years. There's over 300 children there, and we are  
6 diagonally across the street from Columbine  
7 Elementary School, and there's over 300 children  
8 there. So we have over 600 children in our  
9 immediate neighborhood every day during the school  
10 year, and of course during the summer when there's  
11 summer activities in the schools. You may be  
12 interested to know that the schools use our  
13 facility in Gunnison as their emergency evacuation  
14 site for their children.

15                   And, conversely, on one occasion we had  
16 a problem with our building, with the plumbing  
17 system, and we had to evacuate our building, and we  
18 went over to East Middle School, where we were able  
19 to continue providing services to our patients. In  
20 over 20 years we have had no unwarranted instances  
21 located there.

22                   We are also diagonally across the  
23 street and down a block or so, maybe half a block,  
24 from the daycare center, been there for years.  
25 Three blocks away is Lincoln Park Elementary

1 School. That would bring the total over 900  
2 children that have congregated in our immediate  
3 area and we have had no difficulty. We felt that  
4 this was a very appropriate location to choose for  
5 providing the services that we are going to  
6 provide.

7 Now, the question then becomes, What  
8 services can we provide? The large building that  
9 you see, Building A, is the outpatient mental  
10 health center and our administrative offices. That  
11 building is designed so that we will have  
12 outpatient care. We will have a family library  
13 resource center, so families will be able to come  
14 to this building, and come in and get information  
15 about their children.

16 For example, such things as parenting  
17 skills, or when my child is having a temper tantrum  
18 in the Kmart, what do I do? Well, there will be  
19 information that will teach parents in this  
20 building, and they will have free and easy access  
21 to that information.

22 We will also have our administrative  
23 offices there, so we will have clinical staff as  
24 well as the administrative staff. We'll have  
25 nurses, physicians, psychologists, social workers



1 and support staff.

2                   The next building, Building B, is our  
3 crisis stabilization unit. This is a very  
4 important building here in our community. Here is  
5 where we will be able to what we call triage  
6 patients. That means that we'll be able to take a  
7 look at a person who has a problem and determine  
8 what is the issue, and what is it that we need to  
9 do to solve the problem. Individuals who may have  
10 a drug problem or may be intoxicated or who may be  
11 behaving strangely can be evaluated there, and  
12 determine whether or not they need a higher level  
13 of care or if, indeed, it's an appropriate care for  
14 services that we provide.

15                   Now, families will be able to drive  
16 into the driveway that you see and bring their  
17 loved one. The police will be able to bring an  
18 individual directly. As it is now, the Grand  
19 Junction Police have very few options available to  
20 them, and they will be able to bring these  
21 individuals directly to us, where we will triage  
22 the individual and thus free the police officer  
23 up so he or she is able to return to the community,

24 to the work that they are originally assigned to  
25 do.

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1                   And this is then called the crisis  
2 stabilization unit. In that building we will have  
3 detoxification capacity, and also have capacity for  
4 serving adolescents, substance abuse problems. As  
5 all of you know, methamphetamines is a serious  
6 problem in our community. We currently have no  
7 treatment for that. This will provide, for the  
8 first time, an opportunity for detox for those  
9 adolescents who are -- with methamphetamines in a  
10 specialized program specifically designed for this  
11 purpose. That is, methamphetamines.

12                   We also will have four beds that are  
13 secure beds for individuals who may present a  
14 danger to themselves or others. By that I mean  
15 they may be suicidal or may have a psychotic  
16 disorder that requires them to be in a secure wing  
17 and in a secure room. We will be able to do that.  
18 The police can bring them directly into these

19 rooms, where they can be locked and properly  
20 secured. We have, quite frankly, overdesigned to  
21 ensure safety of our clients, as well as safety in  
22 the community.

23           Should the individual then require a  
24 different level of care, and by that I'm talking  
25 about an alternative treatment program, they can

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1 either go to Building C or D. Building C is for  
2 adults. It's a 16-bed unit. And by the way, as  
3 far as the State is concerned, that will be  
4 licensed as a free-standing psychiatric hospital  
5 because, quite frankly, the State doesn't have any  
6 other appropriate licensing.

7           In there we'll have two wings. One is  
8 what we call the involuntary unit. Where  
9 individuals who we believe may be a danger to  
10 themselves will be housed in a secure area. The  
11 grounds that are associated with that building on  
12 the outside are also secured with an 8-foot  
13 concrete wall that's very nicely decorated. It's a  
14 nice outside area, but it's very secure.

15                   On Building D, that is for pediatrics  
16                   and adolescents. One wing for pediatrics, which is  
17                   8 beds, and on the other wing, 8 beds for  
18                   adolescents. Again, those rooms -- and you can see  
19                   on the drawing to the left and to the right of  
20                   those drawings, in the back -- are secure  
21                   playgrounds and areas that are age-appropriate for  
22                   the children. And these are 8-foot concrete  
23                   fences. And that is to provide the safety and  
24                   security for all involved.

25                   These are 24-hour facilities, they're

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1                   manned by professional staff, 24 hours a day, seven  
2                   days a week. The support staff, 24-hour staff,  
3                   will be provided per our relationship with Hilltop,  
4                   which we have enjoyed a long relationship with  
5                   them. With certain individuals who have a  
6                   diagnosed psychiatric or substance abuse problem,  
7                   as Dr. Stein pointed out, there are certain people  
8                   we do not serve. We do not treat the condition of  
9                   pedophilia. We don't know how to do that.

10                   Our board has taken the position we  
11           don't do that, and it's expressly excluded as a  
12           covered diagnosis in Medicaid. As Dr. Stein  
13           pointed out, we will treat any individuals in the  
14           community who have a mental health problem, and we  
15           do not discriminate against an individual,  
16           regardless of age or race or anything else, or any  
17           other condition.

18                   Now, with respect to the design. I  
19           have been very careful to include our consumers and  
20           families to participate in the design of the  
21           buildings. We have had our partners that have been  
22           involved. The Department of Human Services has  
23           played a very major part in the design of all of  
24           the buildings. Hilltop has been involved;  
25           St. Mary's Hospital; Midwest Mental Health Center;

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1           Montrose Memorial Hospital; the City of Grand  
2           Junction Police Department; and the Mesa County  
3           Sheriff's Department; as well as the director of  
4           the County Public Safety. All of these  
5           individuals, and more, have been involved in

6 evaluating the designs of buildings.

7           By the way, I'm not including the  
8 architect and all the consultants we used. I'm  
9 talking about the other community people, so that  
10 -- for example, the city police and the sheriff's  
11 department, the administrator of the jail, as well  
12 as the director of public safety have all looked at  
13 the buildings, and made certain that they meet the  
14 criteria that the police have for what they  
15 consider to be a safe and appropriate and correct  
16 building. And they have agreed that this is the  
17 correct design. And, as a matter of fact, we've  
18 changed the design to meet some of our input, and  
19 so we appreciate that.

20           So the design of the building is fixed  
21 in such a fashion that if you look at the drawings  
22 on the far right-hand side, that's the north  
23 boundary, there's a 6-foot barrier between our  
24 property and the residents. There's a walking  
25 trail right there, so it will look very much like a

1 park. What this will do then is create a park-like  
2 atmosphere. It will be one of the nicest decorated  
3 parks, landscaped parks in the city of Grand  
4 Junction. Then we have our parking lot. Then  
5 Building A, again, is our main outpatient unit.

6 Then you can see inside of the areas  
7 it's very beautifully landscaped. It is designed  
8 to be a very peaceful, nice facility, one that both  
9 public and private patients would be comfortable to  
10 come to and to receive their mental health care.

11 I want to address the issue of public  
12 safety in some more detail. Our research, and this  
13 is national research, and it's been found in the  
14 Los Angeles Surgeon General's Report, and the most  
15 recent administrations that have studied mental  
16 health, that individuals with mental illness who  
17 are treated represent no more -- as a matter of  
18 fact, maybe less -- risk to the community for  
19 criminal behavior than the population as a whole.

20 The difficulty comes, however, with  
21 those individuals who are not treated. And so a  
22 part of what we are trying to do is to make certain  
23 that those individuals within our community, who  
24 are not presently being treated, are in fact  
25 brought in for treatment. And we can do that in

1 the local community. We can do it in a very  
2 assertive way.

3           The second is we've designed the  
4 buildings in such a way that they quite frankly  
5 have been overdesigned to accommodate any potential  
6 risk down the road. We have had extensive staff  
7 training to know how to provide the appropriate  
8 levels of psychiatric and clinical intervention  
9 with these patients. As I have said, we are also  
10 located in the schools, and we are located next to  
11 schools, and so we have not had any instances that  
12 have occurred.

13           I would also point out that Fort Logan,  
14 which is another State psychiatric hospital, for 50  
15 years has been in the community. The children all  
16 over Denver come into the grounds of the State  
17 hospital, where persons with pedophilia are, in  
18 fact, housed; persons with psychiatric criminal  
19 behavior are, in fact, housed.

20           Those children come and play on the  
21 grounds of this hospital, and have done so for the  
22 past 50 years. There have been no unwarranted  
23 incidences occurring as a result of the  
24 neighborhood children coming and playing. There's



25 a big soccer field and so forth. So it clearly

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1 does not represent a public risk.

2 Great effort has been taken to try to  
3 provide education to the community. I have  
4 personally sent letters to all of the neighbors  
5 indicating what we are doing, and invited the  
6 neighbors to call me if there are any questions. I  
7 have not had the neighbors call me in raising  
8 questions. I have had neighbors who have called me  
9 and said, Dr. Updike, I do support what you're  
10 doing, but I am not able to say so because I don't  
11 want the neighbors to know.

12 I have had other individuals -- we have  
13 also offered the neighbors the opportunity of  
14 participating in a community advisory council, in  
15 addition to our local advisory council. This is a  
16 specific one with the neighbors. I have invited  
17 them to call and to join and to participate, so if  
18 there are any problems, issues, or concerns, they  
19 will have a direct pipeline into the administration

20 of Colorado West Mental Health to report those  
21 concerns, and that we will fix it.

22 We have never had that before. And I  
23 wish that we had had it, because I think it would  
24 have been helpful to us. We do have it now.  
25 However, gentlemen, I must report to you that we

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1 have had no one call saying they would like to  
2 participate in our neighborhood advisory council.  
3 I believe we have done everything we can to educate  
4 the community, to provide information, and to be  
5 responsive to very legitimate questions that the  
6 community has raised.

7 This is an urgently needed facility in  
8 our community. Not having this puts our community  
9 at greater risk, not having this puts our families  
10 at greater risk, because there are no other  
11 alternatives available on the Western Slope. Thank  
12 you, very much, for the opportunity of presenting  
13 our program this evening.

14 COMMISSIONER DIBBLE: We would like for

15 you to stay here for a second and see if the  
16 commission has any questions they would like to  
17 address on the issues you presented.

18 COMMISSIONER COX: Dr. Updike, what  
19 would be the conditions that a patient might  
20 be out in one of the yards for the -- for  
21 Building C or D?

22 DR. UPDIKE: Let me explain that the  
23 yards we are talking about are secure yards, and as  
24 I think you can appreciate, Mr. Cox, none of us  
25 like to stay indoors all the time. It's not

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1 healthy. This gives an opportunity for people to  
2 get fresh air, to participate in gardening. We  
3 will have gardens, flower gardens, vegetable  
4 gardens, whatever. And there will be an  
5 opportunity to walk; it's good exercise. There  
6 will be an exercise area, so they can play  
7 basketball or those kind of things, which are more  
8 normalized things we like to do.

9 COMMISSIONER COX: Would they have  
10 direct supervision?

11 DR. UPDIKE: They have direct  
12 supervision in a secure area, that is correct.  
13 Thank you, sir.

14 COMMISSIONER COLE: Just one quick  
15 question. If this were to be granted  
16 tonight, would the offer for the neighborhood  
17 advisory council still be an open offer?

18 DR. UPDIKE: Absolutely. Absolutely.  
19 I would very much encourage the neighbors to join  
20 and participate. That will be an ongoing  
21 opportunity.

22 COMMISSIONER COLE: Thank you.

23 COMMISSIONER PITTS: Dr. Stein, the  
24 chairman has a quick question. I'm sorry,  
25 Dr. Updike.

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1 DR. UPDIKE: Yes.

2 COMMISSIONER PITTS: You mentioned in  
3 the 20 years in the area of East Middle  
4 School and Columbine, no incidents have been  
5 reported. Have there been -- are there any

6 other locations -- I understand there are  
7 some other locations. Have there been any  
8 incidents of unfriendliness or of -- of  
9 unfriendly attitudes in any of the other  
10 locations in Grand Junction?

11 DR. UPDIKE: We have had in the past  
12 facilities in the community on -- we've had  
13 actually three that are located in residential  
14 areas.

15 COMMISSIONER PITTS: Three facilities?

16 DR. UPDIKE: That's correct,  
17 residential facilities. We have had one neighbor  
18 who has, from time to time, had concerns. And we  
19 tried to address those concerns. But in all the  
20 other instances, we've had no concerns.

21 As a matter of fact, the neighbors have  
22 offered to come forward and to testify to say that  
23 they have been very pleased with our response and  
24 concerns. Mr. Pitts, as you know, it's very  
25 difficult to meet everyone's needs and so forth.

2 evening, as a matter of fact. And I continue to  
3 reach out to that neighbor to try to satisfy his  
4 concerns. And I appreciate the neighbor stepping  
5 forward, wanting to have that dialogue. That's the  
6 kind of relationship we would like to have.

7 COMMISSIONER COX: Dr. Updike, where  
8 are those three locations?

9 DR. UPDIKE: There is one -- actually,  
10 our Oasis Clubhouse is on your right. We have a  
11 second one on Ouray, and another one on White. And  
12 then the fourth -- actually there's a fourth, and  
13 three of them are currently closed. The one on  
14 Ouray is currently open. That's on 27-1/2 Road.

15 COMMISSIONER COX: Okay.

16 DR. UPDIKE: Thank you.

17 COMMISSIONER LOWREY: Doctor, is there  
18 any evidence on a nationwide scale or  
19 statewide scale or local-community scale that  
20 a facility that you're proposing here tonight  
21 that treats patients, some of which police  
22 bring and you say they're at least secured  
23 for 24 hours, that they're not pedophiles,  
24 you don't treat people that are in the  
25 criminal justice system, is there any

1 evidence that a facility like this presents a  
2 danger to young people, old people or any  
3 citizens in the immediate neighborhood  
4 because -- evidence that it's a danger or a  
5 risk because of the type of people that are  
6 coming to your facility?

7 Is there such evidence at any level or  
8 any scale that would show a facility like  
9 this is a danger to the surrounding  
10 neighborhood?

11 DR. UPDIKE: Thank you, very much. I  
12 very much appreciate that question. Let me begin  
13 answering that question with our own community and  
14 our own experience. Our experience here in our  
15 community says that there is not that risk or  
16 danger.

17 But let's then look at other areas.  
18 Some of the facilities operate in the city of  
19 Denver, in Greeley, and in Colorado Springs, and  
20 they've had the same experience that we've had.  
21 The major facility, one that -- quite bluntly put  
22 -- I would expect to have some concerns, is the  
23 State hospital, and they have not had any. So  
24 that's within our own community, in our own state.

1 Report on mental health, you look at some of the  
2 reports that have been done by the International  
3 Association of Psychosocial Rehabilitation and  
4 other programs around the country, you will find  
5 that that danger is greatly overstated and does not  
6 exist.

7 The other part of that is people are  
8 very concerned about property values. Now, this is  
9 an issue that's been going on for many, many years.  
10 The housing -- the Federal Department of Housing  
11 has found no reduction in land value cost -- or  
12 land values because of facilities like ours, and  
13 that's been demonstrated in places as diverse as  
14 small, rural areas as to places like San Francisco.

15 COMMISSIONER LOWREY: The answer is  
16 no?

17 DR. UPDIKE: The answer is there is no  
18 evidence that says there's any danger. If you look  
19 in our community, there is no evidence there.

20 COMMISSIONER LOWREY: Or any other



21 communities or states or any reports or

22 any --

23 DR. UPDIKE: I don't know of any such  
24 reports of my own personal knowledge. I do know  
25 when you look at the aggregate data, that there's

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1 no greater risks. The greatest risk comes when you  
2 do not have services and you have patients who are  
3 untreated in the community. That's the greater  
4 risk.

5 COMMISSIONER LOWREY: Thank you.

6 DR. UPDIKE: Thank you, sir.

7 COMMISSIONER EVANS: Dr. Updike, my  
8 question would be -- it's hard to get from  
9 the police department, you know, how many  
10 visits they have to make. Is there an  
11 unusual amount or a minimum amount or do the  
12 police kind of patrol around the place or --

13 DR. UPDIKE: Mr. Evans, actually, we  
14 had that same question, and was led to believe

15 there would be quite a large number of persons that  
16 would be using, for example, the detox unit. And  
17 to be real candid with you, I think we probably  
18 overdeveloped the number of beds we have, because  
19 our current experience is that only 1.9 beds,  
20 average, are being used, so it's far less than I  
21 expected, quite frankly. There will not be a surge  
22 of police cars coming and going.

23 I think that the best way to answer  
24 that would probably be to speak to Chief Morrison,  
25 who, by the way, has been very much involved in our

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1 planning of this. But I don't think there's going  
2 to be a great surge of police activity, quite  
3 frankly.

4 COMMISSIONER EVANS: Thank you.

5 DR. UPDIKE: Thank you, sir.

6 COMMISSIONER DIBBLE: Dr. Updike, I

7 have two questions at this time. You'll be  
8 allowed another session, after the public  
9 hearing, to answer questions that might be

10 raised during that time.

11 DR. UPDIKE: Thank you, very much.

12 COMMISSIONER DIBBLE: One of the  
13 concerns that was raised by yourself this  
14 evening was closing the public facilities,  
15 especially to ATU units. Why are these units  
16 being closed? If there's a greater need, why  
17 are we having lesser facilities?

18 DR. UPDIKE: Thank you, that's an  
19 excellent question. If you look at the trends  
20 nationally, you'll find the general hospitals, for  
21 example, find that's not economically feasible for  
22 them to operate. And I should be very candid to  
23 tell you that one of the reasons is that some of  
24 the rather harsh requirements that hospitals have  
25 increase the cost substantially.

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1 It does not improve the quality of  
2 care, but it does increase the cost. And as such,  
3 then, the hospitals are finding it more and more  
4 difficult to make it financially work.

5                   The second thing is that these  
6 facilities and institutions are really  
7 inappropriate facilities. They are not  
8 appropriate. The facility that we have designed,  
9 these Buildings C and D, actually look like large  
10 residential homes. When you go inside there will  
11 be a living room, dining room, kitchen, den, family  
12 rooms, quiet rooms, all of these kinds of things to  
13 make it more home-like. We find that clinically  
14 patients do better in an arrangement like that than  
15 they do in some of the inpatients. So there's a  
16 clinical reason for doing it and an actual  
17 financial reason.

18                   COMMISSIONER DIBBLE: The second  
19 question has to do with the triage  
20 information that you gave us, since we're  
21 this evening talking about inpatient  
22 facilities, primarily, where they will be  
23 housed for 72 hours or longer.

24                   When people are brought in in what you  
25 might call -- what you've called a crisis

1           stabilization by the police, by others, you  
2           diagnose them at that point or make a  
3           determination, where do the people that need  
4           further treatment that you can offer go, and  
5           specifically, the sex offenders, pedophiles  
6           and criminals, which I think is the main  
7           concern?

8                     DR. UPDIKE: I thank you, very much,  
9           for that question. First of all, pedophiles and  
10          sex offenders would not be brought to this  
11          facility. We do not treat that. That would not be  
12          something we'd treat and we would not accept those  
13          patients.

14                    If, however, a patient has a  
15          psychiatric problem, the facility that you see,  
16          Building B, has within it four beds and a secure  
17          ward, and those rooms themselves are secure. So  
18          should a patient need that level of care, we have  
19          it available. So what would happen is the police  
20          would bring the person through the front door and  
21          straight into that locked unit under police escort,  
22          and at that point then our physicians would take  
23          over and provide the necessary treatment.

24                    I would say to you, sir, that Dr. Stein  
25          and I visited the program in Colorado Springs, and

1 found that they've only used their detention room  
2 -- they have only one for the city of Colorado  
3 Springs -- they've only used it one time during the  
4 year, so it's not something that's highly used.

5 COMMISSIONER DIBBLE: So to summarize  
6 that in my moment of thinking, the triage  
7 would be for those patients who you would  
8 deal with on the normal course of crisis  
9 stabilization. They would not be someone who  
10 you would refer back to the authorities and  
11 the police department or St. Mary's or  
12 somewhere?

13 DR. UPDIKE: If the patient needs  
14 medical care, they would definitely refer to  
15 St. Mary's Hospital. St. Mary's -- the role that  
16 St. Mary's will play will continue to provide the  
17 medical care for persons with psychiatric illness,  
18 or if an individual comes in who is intoxicated,  
19 let's say, and they have some other physical  
20 problem that requires medical care, St. Mary's  
21 Hospital would provide that medical care for the  
22 patient.

23 COMMISSIONER DIBBLE: What about  
24 referrals back to the police?

25

DR. UPDIKE: If the individual has

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1 committed a crime and are not mentally ill, then  
2 the police would take that individual to jail.

3 COMMISSIONER DIBBLE: Okay. Are there  
4 any other questions of Dr. Updike at this point?

5 COMMISSIONER LOWREY: I don't think so.

6 COMMISSIONER DIBBLE: Thank you, very  
7 much. We'll now ask the staff if they would like  
8 to come forward and make the presentation of their  
9 findings.

10 MR. PETERSON: Good evening,  
11 Mr. Chairman, and members of the planning  
12 commission. I'm Scott Peterson, associate planner  
13 on Community Development Department. Tonight we  
14 have our request from Colorado West Mental Health,  
15 which is proposed to be located at 515 28-3/4 Road.  
16 This application is for a conditional use permit  
17 for an unlimited group living facility.

18 I may remind the planning commissioners  
19 that an unlimited group living facility is defined

20 in the development code as a group living facility  
21 that is shared by the residents of 12 or more  
22 unrelated persons. This is a site location map  
23 that shows the proposed facility. It is located  
24 west of 28-3/4 Road and north of North Avenue,  
25 which is adjacent to the Texas Roadhouse. The

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1 existing site contains 8.35 acres.

2 Colorado West seeks to develop and  
3 continue to provide mental health services for both  
4 children and adults by combining all their current  
5 services into one centralized location proposed at  
6 this site. This is an aerial photo of the  
7 property.

8 Currently, the property is vacant.  
9 However, the site was the former -- was a former  
10 drive-in movie theater. To the east is the ball  
11 fields for Grand Mesa Little League, and also the  
12 amusement park for Fun Junction. Grand Mesa Little  
13 League is here and Fun Junction here (indicating).

14 The future land-use map shows this area  
15 to be commercial in character, to the north is



16 residential medium with 48 dwelling units per acre  
17 density, and also to the east is a park for the  
18 classification for the future land-use map.

19 Existing City zoning currently for the  
20 property is C-1, which is light commercial. To the  
21 north is RMF-8, which is eight dwelling units per  
22 acre. And to the east is CSR zoning, which is  
23 community services recreation. This is where Grand  
24 Mesa Little League is located.

25 This is the proposed site plan of the

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1 facility that Dr. Updike showed you on his  
2 presentation. The proposal is to construct five  
3 buildings for use as a mental health campus. I  
4 would like to remind everyone a conditional use  
5 permit is not required for non-resident counseling  
6 centers in a C-1 zoning district.

7 Of the five buildings proposed, two  
8 additional buildings are also shown for  
9 informational purposes only, to indicate future  
10 phases and not part of this review, and those



7 warehouse facility will be used for campus building  
8 support. That would be located in this area  
9 (indicating).

10 This is the proposed landscaping  
11 plan, which shows extensive landscaping that will  
12 be provided, which is above and beyond City  
13 requirements. Currently the City would require 146  
14 trees to be developed on this site. The proposal  
15 is for 210 trees to be planted. The City would  
16 also require 789 shrubs to be planted. 815 is  
17 being proposed by the applicant.

18 The City is also requiring a masonry  
19 wall in this area to be located along the north  
20 property line to serve as a buffer and a safeguard  
21 between the residential and commercial land uses.

22 Also, a 6-foot tall solid wood fence is  
23 required along 28-3/4 Road adjacent to the Grand  
24 Mesa Little League property, also to serve as a  
25 screen buffer between the commercial and the

1 community recreational zoning.

2                   The conditional use permit, CUP, has  
3                   required since the proposal is to operate an  
4                   unlimited group living facility in a C-1 zoning  
5                   district. CUP is not required for non-resident  
6                   housing centers in the C-1 district. The proposed  
7                   site plan meets or exceeds the review criteria of  
8                   Section 2.13C of the zoning and development code.  
9                   And this section refers back to the conditional use  
10                  permit application.

11                  Again, the City's definition for an  
12                  unlimited group living facility is a residence of  
13                  12 or more unrelated persons.

14                  Section 4.3Q, which is the group living  
15                  facility section of the zoning and development  
16                  code, requests for a group living facility must  
17                  demonstrate the development to comply with this  
18                  section. As a part of this, annual registration is  
19                  required with the City. The annual review must  
20                  describe any changes in service from the previous  
21                  year.

22                  As part of this review, the director  
23                  may refer the matter to the planning commission for  
24                  public hearing based on found complaints which show  
25                  adverse impact to the neighborhood. The initial

1 registration submitted to the City from Colorado  
2 West for this project indicates that no person who  
3 has been convicted or adjudicated of a crime,  
4 including sex offenders, will be housed at this  
5 facility.

6 If the applicant wishes to house any  
7 criminals or sex offenders in the future, a new  
8 application must be submitted, which will require a  
9 new public hearing before the planning commission  
10 to consider the application. And, also, the  
11 community corrections board must also review this  
12 application.

13 City staff -- also the last section is  
14 Section 4.3Q13, the standards for measuring adverse  
15 impacts, and the staff did not find that the  
16 facility would have any adverse impact to the  
17 neighborhood.

18 Findings and conclusions. The  
19 requested conditional use permit is consistent with  
20 the growth plan and the review criteria of Section  
21 2.13, which is a conditional use permit section of  
22 the zoning and development code, have all been met,  
23 and the review criteria of Section 4.3Q, group  
24 living facility section also has been met.

25 Recommendation. The staff would

1 recommend the planning commission approve the  
2 request for the conditional use permit for an  
3 unlimited group living facility for Colorado West  
4 Mental Health.

5           That concludes my report, Mr. Chairman.  
6 I do have a letter that I received this morning  
7 from Terri Troutner, who wrote a letter initially a  
8 couple of weeks ago regarding this proposed  
9 facility. She would like to have me read this into  
10 the record with your permission, Mr. Chairman, to  
11 clarify some points she made in her earlier letter  
12 that you had received.

13           COMMISSIONER DIBBLE: Okay.

14           MR. PETERSON: So with your permission,  
15 I would like to read this again. Again, this is  
16 Terri Troutner.

17           I would like to apologize to all  
18 parties, both for and against this item, for the  
19 misunderstandings and conclusions that my letter of  
20 May 10, 2004, seemed to generate. My statements

21 were based upon my interpretations of events,  
22 comments made to me and personal experiences and  
23 not upon absolute fact.

24 I have stated as much to others  
25 verbally and in writing that this was the case, but

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1 some have made my words a lightning rod for their  
2 cause. This was not my intent. But because this  
3 has become an unattended result, I ask that  
4 planning commissioners and staff disregard that  
5 letter in its entirety for the purposes of  
6 rendering a final decision on this item. I was  
7 proud to have worked for Colorado West Mental  
8 Health, and continue that it does good work in the  
9 community.

10 If others who live in the subject area  
11 have concerns, they should state those concerns or  
12 make their own conclusions without any regard for  
13 the statements made in my letter.

14 I apologize for any inconvenience this  
15 may have caused Colorado West Mental Health, but I  
16 hope that they realize I was only exercising my

17 rights to state concerns as a citizen of this  
18 community. Thank you for your indulgence and  
19 allowing me time. Sincerely, Terri Troutner.

20 And also, you also had a packet of  
21 letters that were submitted to staff both for and  
22 against the project, and also, there was petitions  
23 that you received copies of that were against the  
24 project. So with that, I'll entertain any  
25 questions that the commission may have.

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1 COMMISSIONER DIBBLE: At this time, do  
2 we have questions we'd like to ask staff? I  
3 believe the engineering staff will be available,  
4 also, if we have -- yes.

5 COMMISSIONER LOWREY: Just kind of a  
6 clarification. The facility as proposed is  
7 not going to treat pedophiles or people in  
8 the criminal justice system, and if they  
9 wanted to change their treatment so they  
10 could include that type of patient, they  
11 would have to come before the City again and



12 ask permission for us to do that?

13 MR. PETERSON: Basically, if they were  
14 to house, like, for a 24-hour period a person  
15 that's been convicted of a crime, they would have  
16 to come back and amend their application. In their  
17 initial registration that they gave to the City, it  
18 indicates that they will not have 24-hour care for  
19 a person that has been convicted of a crime.

20 COMMISSIONER LOWREY: If they wanted  
21 to change their use so they could do that,  
22 they would have to come before us again and  
23 have a hearing like we're having tonight?

24 MR. PETERSON: That's correct.

25 COMMISSIONER LOWREY: In order to

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1 change the type of patients that they're  
2 treating; is that correct?

3 MR. PETERSON: That's correct.

4 COMMISSIONER COX: Mr. Peterson, you  
5 just said if they were to house a person  
6 convicted of a crime for 24 hours or so,

7           they would have to come back and ask for a  
8           new CUP?

9           MR. PETERSON:  Uh-huh.

10           COMMISSIONER COX:  I want to clarify.  
11           They are allowed to house people that have  
12           been convicted of a crime; they can't house  
13           and treat them for that crime.  Whereas, if a  
14           person was suicidal and two years before had  
15           been convicted of a felony, the suicidal  
16           person, who subsequent -- who coincidentally  
17           was convicted of a felony could still be  
18           treated there, and not for anything related  
19           to the crime, but related to their suicidal  
20           -- whatever the word is?

21           MR. PETERSON:  What Dr. Updike has  
22           indicated is that they don't treat the sexual  
23           offense nature of their -- at their treatment  
24           facility.  If they were to house somebody that had  
25           a sexual past and had been convicted of a crime for

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1           that, they would not house that type of person at  
2           that facility.

3                   COMMISSIONER COX:  So if a person has  
4                   been convicted of anything, they would not  
5                   house this person?

6                   MR. PETERSON:  That's correct.

7                   COMMISSIONER COX:  But --

8                   MR. PETERSON:  But they could treat  
9                   that person, if they had a treatment program or  
10                  something like that, that would come and go for a  
11                  counseling session.  It's the housing part that  
12                  would trigger the new conditional use permit.

13                  COMMISSIONER COX:  So they can't house  
14                  somebody who has been convicted of a crime?

15                  MR. PETERSON:  Right.

16                  COMMISSIONER COX:  I don't think that's  
17                  exactly true.

18                  COMMISSIONER LOWREY:  That's what I'm  
19                  trying to clarify.  For example, somebody may  
20                  have been convicted of a crime two or three  
21                  years ago, but they come to the mental health  
22                  facility for something totally unrelated to  
23                  that criminal conviction, for treatment for  
24                  some other condition, and they can be  
25                  admitted for treatment of that condition.

1 MR. PETERSON: Right.

2 COMMISSIONER LOWREY: So it's purely  
3 incidental or coincidental they happened to  
4 have committed a crime two or three years  
5 ago, is that correct, the way I paraphrased  
6 that?

7 MR. PETERSON: They would come for  
8 treatment.

9 COMMISSIONER COX: Could they be  
10 housed in one of the units?

11 COMMISSIONER BLANCHARD: They could be  
12 housed in the unit provided, but they are not  
13 being treated for those characteristics that  
14 you just described.

15 COMMISSIONER COX: Very good, thank  
16 you.

17 COMMISSIONER COLE: You mentioned  
18 something about a yearly renewal of the  
19 application. Can you explain what that would  
20 involve?

21 MR. PETERSON: The City has a form for  
22 group-altered living facilities. They would have  
23 to basically complete that form. Any changes that  
24 occurred in the past year with regards to the  
25 services that they provide would have to be listed

1 on that new application and reviewed by our  
2 community development director.

3 So it's any -- we would get the form,  
4 you know, from the facility stating that we're  
5 either doing the same thing we did last year or  
6 we've modified some aspect of our service to the  
7 community.

8 COMMISSIONER COLE: So in the event  
9 there are problems, their CUP could, in  
10 effect, be revoked; is that correct?

11 MR. PETERSON: That's correct. The  
12 director would look at neighborhood complaints that  
13 have occurred in the past year, police reports that  
14 have happened in the past year, and he would  
15 evaluate that application. If he feels that  
16 there's some problem with the facility, he can  
17 refer the application to the planning commission  
18 for a public hearing, and it could be revoked.

19 COMMISSIONER COLE: So in the event  
20 that the director sees cause for it to be  
21 revoked, would he automatically refer it to

22 the planning commission for public hearing or  
23 would that be strictly his decision to revoke  
24 it?

25 MR. PETERSON: I assume if he sees

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1 something as a problem with the neighborhood, if we  
2 received staff comments from the neighborhood, I'm  
3 sure that he would refer that back to the planning  
4 commission.

5 COMMISSIONER COLE: Okay.

6 COMMISSIONER LOWREY: I had one more  
7 follow-up question.

8 COMMISSIONER DIBBLE: Yes.

9 COMMISSIONER LOWREY: Scott, I don't  
10 know if you know this, maybe Dr. Updike does.  
11 The type of people that are going to be  
12 treated at this facility, mental illness, are  
13 these people more likely to have committed a  
14 crime than any other -- than any other  
15 population group in the United States?

16 MR. PETERSON: I'm not qualified to

17 answer that question.

18 COMMISSIONER LOWREY: Is there somebody  
19 that is?

20 DR. UPDIKE: Thank you, very much. As  
21 a matter of fact, they are more likely to be the  
22 victim of a crime, but not the perpetrator of a  
23 crime. That's what the national data is reporting.

24 COMMISSIONER LOWREY: So the type of  
25 people in your facility would probably have a

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1 lower crime rate than people not in the  
2 facility?

3 DR. UPDIKE: Some of the national data  
4 suggests that what concerns us is they tend  
5 to be the victims of crime, because they are  
6 easily victimized. Thank you.

7 COMMISSIONER LOWREY: Thank you.

8 COMMISSIONER DIBBLE: Mr. Peterson, I  
9 have a couple more questions. The standards  
10 in Section 43Q, a couple of things about the  
11 infrastructure. You mentioned the screening

12 wall that's required by code on the north  
13 side of the property.

14 Can you explain what the other sides of  
15 the property will have? And are there going  
16 to be screening or walls or fences around the  
17 housing units, B, C and D?

18 MR. PETERSON: In fact, if you would  
19 look at the aerial photo, this is the north  
20 property line; these are the residential lots to  
21 the north of the property.

22 COMMISSIONER DIBBLE: Could you go back  
23 to the plat? That might be a little easier.

24 MR. PETERSON: North is to your right  
25 on the screen. There would be a 6-foot concrete

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1 masonry wall that would be constructed the entire  
2 length of this property line, which is adjacent to  
3 the residential zoning in this area here  
4 (indicating).

5 There would be a 6-foot -- this is  
6 28-3/4 Road here. There would be a 6-foot, solid  
7 wood fence that would be constructed, I think, down



8 to this area (indicating), which would be across or  
9 adjacent to the CSR zone, and across the street  
10 where Grand Mesa Little League is currently  
11 located.

12 As most of the commissioners are aware,  
13 when you have residential zoning adjacent to  
14 commercial, there is buffer and screening  
15 requirements that are required.

16 In that same table, in our landscaping  
17 code, since this is CSR zoning across the street to  
18 the east in this area (indicating), and this is a  
19 C-1 zone, this lot requires a 6-foot solid, wood  
20 fence, not a wall, but a fence, to be located  
21 adjacent to this area (indicating). Since there's  
22 a right-of-way here, that does not make any  
23 difference on that requirement.

24 COMMISSIONER DIBBLE: Okay. What  
25 about the surrounding -- well, let's go to

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1 the south -- or the west side.

2 MR. PETERSON: Okay. The south -- the

3 west side there is a nursery, Grand Junction  
4 Nursery, I believe, to the west, which is also a  
5 C-1 zone. There is no requirement between a C-1  
6 district and another C-1 district to provide a wall  
7 or a fence adjacent to a C-1 zone. The same would  
8 be on the North Avenue property line, and also the  
9 Texas Roadhouse property.

10 COMMISSIONER DIBBLE: Okay. What  
11 about around the units? Dr. Updike referred  
12 to 8-foot fencing or a concrete wall. What  
13 about the units that the group will be  
14 housing -- what do you know about the -- are  
15 they required, first of all, and if not, what  
16 would they provide?

17 MR. PETERSON: They would not be  
18 required, but I imagine if some state required or  
19 federal required that they, you know, be fenced,  
20 since it is over 6 foot, they would have to get a  
21 building permit from Mesa County, because Mesa  
22 County would consider that a structure, so a  
23 separate building permit.

24 COMMISSIONER DIBBLE: I am led to  
25 believe that there will be -- call it what

1           you like -- security fencing surrounding each  
2           unit separately?

3                     DR. UPDIKE:  That's correct.

4                     COMMISSIONER DIBBLE:  So there will be  
5           additional or unrequired fence or walling on  
6           the property itself for the purposes, I  
7           assume, of security; is that correct?

8                     COMMISSIONER BLANCHARD:  Scott, if you  
9           go to the site plan, they can see the fencing  
10          and secure areas.

11                    MR. PETERSON:  This is the site plan.  
12          The fencing, this little line right here  
13          (indicating), that would be around in the backyard  
14          of this.  This would be the adult ATU unit.  This  
15          would be the child ATU unit, which shows where the  
16          fence would be.

17                    COMMISSIONER DIBBLE:  One other  
18          question.  Also in this section where the  
19          public and private services are such as  
20          street service, water and utility systems,  
21          will there be increased and public  
22          involvement that may be a nuisance, such as  
23          garbage collection, police response and so  
24          forth?  Can you determine if this has been  
25          discussed and included?

1                   MR. PETERSON: I know the parking  
2 requirements meets the parking requirements.  
3 I know increased traffic in the area -- I know  
4 our City engineering department has looked at  
5 increased traffic in the area and they, you  
6 know, felt like no additional permit warrants  
7 were indicated for the proposed increase in  
8 traffic in this area.

9                   As far as garbage and trash pickup,  
10 there's two garbage dumpsters, one on the south  
11 side, one at this location on the north side, and  
12 the other dumpster is located here next to Building  
13 B. So there would be obviously garbage trucks that  
14 would have to serve, and also maintenance people  
15 that would have to serve.

16                   COMMISSIONER DIBBLE: Is there any  
17 evidence that increased police responses or  
18 ambulances can be inferred from the other  
19 locations that might impact the community as  
20 far as noise?

21                   MR. PETERSON: That's something that,  
22 you know, staff has looked at, you know. The

23 police department has looked at the site. As far  
24 as shear numbers, I don't have those numbers and  
25 how many ambulance or police calls would be going

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1 to this facility at any one day.

2 COMMISSIONER COX: Mr. Chairman?

3 COMMISSIONER DIBBLE: Yes.

4 COMMISSIONER COX: Will we have the  
5 opportunity to question Chief Morrison? Can Scott  
6 answer questions that might be pertinent?

7 COMMISSIONER DIBBLE: Well, it would be  
8 hearsay though. He's not on the -- unless he has  
9 come to speak this evening, and I'm not aware of  
10 it.

11 COMMISSIONER BLANCHARD: He's not  
12 here.

13 COMMISSIONER COX: My question goes to  
14 the alleged break-in in Ms. Troutner's letter. Is  
15 this a hearsay item or do you know of any facts  
16 that could affect that?

17 MR. PETERSON: I do not know that.

18                   COMMISSIONER DIBBLE: Well, we are  
19           looking for empirical facts, which are facts that  
20           can be substantiated by experience or that type of  
21           proof. We need to have facts that are really facts  
22           without just hearsay, and that type of information.  
23           So for police matters that are raised, since the  
24           code does raise public peace requirements, we would  
25           have to -- later in the rebuttal, perhaps, we could

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1           ask if you have any statistics that might verify or  
2           validate the increase in that area.

3                   Any other questions?

4                   COMMISSIONER LOWREY: This is an  
5           administrative hearing, so hearsay evidence is  
6           admissible in a hearing like this, and it's up to  
7           us as a board to decide credibility or veracity of  
8           hearsay evidence. But if we decide that the  
9           hearsay evidence is credible, we can hear it, if we  
10          choose.

11                   COMMISSIONER DIBBLE: We will hear it;  
12          I guarantee that.

13                   COMMISSIONER LOWREY: I'm not talking  
14 about that kind of hearsay.

15                   COMMISSIONER DIBBLE: The weight of it  
16 must be substantiated, in my thinking, in order to  
17 have great credibility.

18                   COMMISSOINER LOWREY: I agree with  
19 that.

20                   COMMISSIONER DIBBLE: Any questions  
21 of Mr. Peterson at this time? You will be coming  
22 back to answer some, I'm sure. Thank you, very  
23 much, sir. We have come to that time in the  
24 presentation -- we will be taking a couple of  
25 breaks, I'm sure, but at this point it's probably

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1 not warranted.

2                   Let's go ahead and begin the process of  
3 public input. We just want to remind you of the  
4 conditions that we emphasized before we began, and  
5 we will be calling upon you by number. If you  
6 don't know your number, we hope you do, so it can  
7 flow freely.

8                   If you are in the other room, you can

9 see us on channel 12, which is being broadcast into  
10 the two other overflow rooms. I understand they  
11 are filled, and we would realize that some of you  
12 will be coming forward to give public testimony  
13 also, so we will have a little patience while you  
14 do that.

15 If you know your number is coming up  
16 within a couple, you might go to the rear and  
17 notify one of the personnel on the doors that you  
18 will be speaking in a minute, and I'm sure they  
19 will let you into the main auditorium to come  
20 forward.

21 COMMISSIONER BLANCHARD: One additional  
22 instruction is to ask people -- that they still  
23 need to identify themselves, and also place the  
24 card in the basket.

25 COMMISSIONER DIBBLE: Thank you,

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1 Mr. Blanchard. We have a basket down here. When  
2 you come forward, drop it in the basket when you  
3 finish. We usually have a sign-in sheet. That



4 takes time. In this case, we'll have your name and  
5 address and so forth on that for public record. So  
6 when you finish, make sure you leave it in the  
7 basket up here so we can tally it, okay?

8                   And when you come forward, if you'd  
9 like to have the microphone adjusted, it's on a  
10 gooseneck, you can bring it down close, like I'm  
11 doing right now, so that you can be clearly heard  
12 and the transcriber will be able to pick up your  
13 every word, and it's important to us, too.

14                   So at this time I would like for -- I  
15 would like for us to begin with number 1.

16                   MS. FRENCH: My name is Margaret  
17 French, and I reside in Grand Junction. My mailing  
18 address is P.O. Box 4394, Grand Junction, 81502.

19                   COMMISSIONER DIBBLE: It's on.

20                   MS. FRENCH: I have sent you all a  
21 letter ahead of time that you will receive probably  
22 in your packet that you received this evening. I  
23 will save a lot of my personal stuff for that  
24 letter. Tonight there has been some questions  
25 already that have been asked that I can possibly

1 help answer with some of this.

2 I am on the advisory council of  
3 Colorado West Mental Health. That is comprised of  
4 agencies in the community that are affiliated  
5 and/or are also serving clients that we serve. It  
6 is also comprised of the city population at large  
7 that are interested in helping us to keep our  
8 center as safe a helpful community asset that we  
9 would like to be.

10 I have been on that advisory board for  
11 14 years, and in the last six or eight months since  
12 we invited -- at the public hearing -- people to  
13 come and get to know us and come to our meetings,  
14 we have not had one citizen that has come to our  
15 meetings.

16 We are on the second Tuesday of every  
17 month at 11:30 a.m., at 740 Gunnison, in our gym.  
18 I would encourage everyone that has fears, concerns  
19 or questions to please come join us, because we do  
20 want to be user-friendly.

21 I came to know the Colorado West Mental  
22 Health Center as a volunteer in 1990. As a  
23 volunteer, I was not a paid staff. I still  
24 continue to be that volunteer 14 years later,  
25 because I value what mental health means in our

1 community and in every community.

2           Mental health is a very integral part  
3 of your holistic health approach. It is very  
4 important for anyone, whether you have heart  
5 disease, cancer, sadness or you just need someone  
6 to talk to. I think the concerns the community are  
7 giving are mostly out of fear and lack of  
8 knowledge. I would encourage everyone to contact  
9 our education department at the mental health  
10 center. We would love to go and do community  
11 presentations. If we are ever invited, we would do  
12 that.

13           I personally came to them through  
14 another agency. I volunteer in this community off  
15 and on for the last 30 years. I personally have  
16 invested probably 50,000 to 100,000 hours of  
17 volunteer time. I value the community at large,  
18 and I also value Colorado West. They have helped  
19 my family and, like I say, the letters you've  
20 received as a commission have more than enough to  
21 scratch the surface of my 30 years of experience in  
22 the mental health field.

23           As a client, as a family member, as a

24 community member, I really feel like a lot of the  
25 fears now are safety, which I appreciate that fact,

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1 and the fears are because of lack of knowledge. I  
2 really would encourage everyone in the community to  
3 please look at this closely, carefully, yes, but  
4 please approve us. We have services rendered here  
5 rather than all over the rest of the state and out  
6 of state.

7 I personally could not afford to go to  
8 Denver for services. I personally could not afford  
9 an SSI income of \$564 a month to go out of the  
10 community to receive anything that I receive. It  
11 has been a very big help to my family, it has kept  
12 my family together as a whole unit, and not  
13 scattered all over the area. It has helped the  
14 foster-care system and other services that the  
15 county gives, because then the people are able to  
16 receive services and not be broken up as a family  
17 unit. I think we all value that in the community.

18 I would just ask you all to please just

19 ask questions, get help, please review the things  
20 that we have planned ahead of time. We are not  
21 very liberal with our money. We are frugal with  
22 our dollar. We are have received well over our  
23 fair share of cuts at the government level in the  
24 last few years, and we have served Grand Junction  
25 as a whole quite well.

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1 About two or three years ago we ended  
2 up looking at our statistics of how much free care  
3 we had given, and in 1998 to 2002, I'd venture to  
4 say, I don't have the exact figures in front of me,  
5 but it's been over a million dollars, and probably  
6 much more than that. So if you would see that as a  
7 cost-cutting measure, your budgets are also very  
8 tight for the county.

9 So I really think that we are giving  
10 more than we are ever going to receive back, and I  
11 would please ask you to consider this approval.  
12 Thank you for your time.

13 COMMISSIONER DIBBLE: Thank you, very  
14 much. Number 2, please come forward.

15 MS. MOBLEY: My name is Tammy Mobley.  
16 I live at 2994 Brett Drive in Grand Junction. I am  
17 what they call mentally ill. I come from a long  
18 line of a family who is mentally ill. We fight  
19 depression, we fight bipolar.

20 I have a son right now that's -- he's a  
21 son that's in this type of facility. We've had to  
22 go to Denver; there's one in Rifle, and I just  
23 venture to say that at every facility we've had to  
24 go to there's been a school down the street;  
25 there's been nice homes by, there's been churches;

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1 there's been -- you name it. You name it. And  
2 most people don't even know what it is, because it  
3 is so well managed. They know there's kids there.  
4 They know they play.

5 I have business to do in Denver, and I  
6 used to drive there once a week, and I was on the  
7 phone with a lady setting up a business meeting,  
8 and I told her -- she asked why I went over there,  
9 and I told her about my son being here. And come

10 to find out, she lived right down the street from  
11 the Colorado Christian Center. She had no idea  
12 what it was. She asked me, What is that place? I  
13 see kids playing there. These people have never  
14 had any problems.

15 We're not monsters; we're people that  
16 need help. It's ran -- it was in my grandmother,  
17 my mother, my sister, my brother, me, my kids, you  
18 know, our grandkids. It runs all the way -- we  
19 have to have some help, and I don't like being  
20 approached as monsters, because we're not. I've  
21 never been in trouble with the law. I don't drink.  
22 I've never done drugs. I'm a normal person. I've  
23 been married 19 years. I'm a normal human being by  
24 looking at me.

25 And all I ask is I wish you people --

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1 before you said no to this -- I wish you would  
2 volunteer your time. There's a place right in  
3 Rifle. Go there, volunteer your time, spend a day,  
4 you'll see. You'll see that we're just people that

5 need mental health help. Otherwise, you know, I  
6 find it, you know, amazing that Dr. Updike says we  
7 tend to be victims. My family tends to self -- we  
8 hurt -- we tend to self destruct, you know. We  
9 don't -- if we don't get the help we need, we're  
10 more harmful to ourselves than anyone else.

11 So I just ask for my sake, my family's  
12 sake, Colorado West has been wonderful to help us.  
13 If it wasn't for them, I don't know where I would  
14 be. I'm a foster mom. We're not monsters. And  
15 please give us our treatment center. Thank you.

16 COMMISSIONER DIBBLE: Thank you.  
17 Number 3, please?

18 MS. TUFF: My name is Caprice Tuff,  
19 and I'm going to attempt to load a PowerPoint  
20 here.

21 COMMISSIONER DIBBLE: Do you represent  
22 a group?

23 MS. TUFF: I do.

24 COMMISSIONER DIBBLE: Can I get a  
25 showing of hands of who she's representing? I want



1 to give a little bit more leeway.

2 MS. TUFF: We have this group here, I  
3 have a letter from four more folks that are not  
4 here, and I represent a total of about 40, a few  
5 more than 40.

6 COMMISSIONER BLANCHARD: You have to  
7 speak in the microphone.

8 MS. TUFF: 40 to 45 people on a regular  
9 basis. That's sort of the group of folks I meet  
10 with.

11 COMMISSIONER DIBBLE: We would give you  
12 a little more latitude than 3 minutes.

13 MS. TUFF: Okay. Thank you. I think  
14 Scott gave me an indication that I would have 10,  
15 so I did my very best to keep this to 10 minutes.  
16 Cut me off, if you need to. Okay. So the  
17 consumers I represent and myself have an agenda,  
18 and that's to foster mentally --

19 COMMISSIONER DIBBLE: Lean into the  
20 microphone.

21 MS. TUFF: -- to foster a mentally  
22 healthy community. And we had some questions about  
23 the ability of this organization to provide that  
24 care, particularly at this location. We believe  
25 the proposed site infringes on consumers' rights of

1 privacy and safety. I say that because if you're  
2 in crisis --

3 COMMISSIONER DIBBLE: You need the  
4 microphone.

5 MS. TUFF: How am I going to do this?  
6 Okay. There we go.

7 COMMISSIONER DIBBLE: Thank you.

8 MS. TUFF: Also, the proposed site does  
9 not meet the City's requirements for the  
10 conditional use permit they seek, and some of that  
11 discussion was going on just a moment ago. A group  
12 living facility initially, the form filled out by  
13 Colorado West Mental Health, gave the name of the  
14 facility and address, and questions 15 and 16 are  
15 relevant to this argument. And that's in the form  
16 of the paperwork that they filled out that you have  
17 in your packets. That specifically says questions  
18 and answers --

19 Number 15, Does this facility house  
20 persons who are at your facility because he or she  
21 has been convicted or adjudicated of a crime? No  
22 is the answer marked. Because is the word in  
23 question. With the word because listed, Colorado  
24 West Mental Health, as I understand, is saying they

25 will treat consumers if they have been convicted or

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1 adjudicated of a crime, but just not treat them  
2 because they have committed that crime.

3 In general, however, Colorado West  
4 Mental Health will treat and house consumers with  
5 criminal backgrounds.

6 Number 16 is the number that really  
7 applies. Does this facility house persons who have  
8 been convicted or adjudicated of a sex offense, as  
9 defined by state law? And no is the answer to that  
10 question.

11 As clarification, Colorado West, as I  
12 understand, must house and treat sex offenders as  
13 per their current contract with the Colorado  
14 Department of Healthcare Policy and Finance and  
15 Colorado law. Also, hospital licensing, which is  
16 the Colorado Department of Health, qualifies this  
17 facility must treat all consumers in an emergency  
18 situation.

19 Based on information from the City

20 planning section 4.3Q, the initial registration  
21 submitted to the city for Colorado West's proposed  
22 facility indicates that no person who has been  
23 accused, convicted or adjudicated of a crime,  
24 including sex offenders, will be housed, and that's  
25 the operative word here, at the facility.

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1                   The second part of that 4.3Q is no such  
2 criminals or sex offenders can be housed at the  
3 facility under this application. And according to  
4 Scott, housed means any overnight stay.

5                   According to the State of Colorado,  
6 Debra Ansberry, no matter what Colorado -- this is  
7 a quote she sent me in e-mail, I have the original  
8 if you need that. In fact, you may have that in  
9 your package you already received from me -- no  
10 matter what Colorado West staff says, it must treat  
11 sex offenders if the sex offender has a covered  
12 mental health diagnosis and they have Medicaid.  
13 Colorado West, about 40 percent of their business  
14 is from Medicaid, so their contract is pretty

15 important here.

16                   Bridget Barron from the State of  
17 Colorado, Division of Mental Health, wrote the  
18 community mental health centers are responsible for  
19 providing community treatment of persons on  
20 conditional release. These are persons found not  
21 guilty by reason of insanity. They could have a  
22 variety of legal charges, including sexual  
23 offenses.

24                   I understand that we don't have a huge  
25 population of that, however, those folks do need to

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1 be treated either at this facility or if there was  
2 another facility available, but their care is --  
3 Colorado West is responsible to provide that care.

4                   Ken Stein has sent out -- these are  
5 quoted from Ken Stein. Colorado West Mental Health  
6 will treat a felon or sex offender or a client with  
7 cancer for their depression, anxiety disorder or  
8 major depressive illness. We do not provide  
9 treatment for sex offenses, cancer, or criminal  
10 behavior. Any patient who is extremely symptomatic

11 of a mental illness that is brought to the new  
12 center will be housed, so kept at least overnight,  
13 for that mental illness.

14 Ken Stein's on point with number 16.  
15 While they clearly state that they do not house sex  
16 offenders on their application, Ken Stein  
17 contradicts himself -- as noted on the last slide  
18 -- they will treat felons and sex offenders, who  
19 will need to be housed for inpatient mental health  
20 care.

21 What if the criminal behavior is  
22 because of mental illness, as it may be in 44.3  
23 percent of the cases? I believe that means they  
24 would be required to house those individuals.

25 Colorado West Mental Health claims

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1 high-risk mental health consumers will be treated  
2 elsewhere. Where is elsewhere? The State hospital  
3 beds in Pueblo and Fort Logan are currently on  
4 divert. That means all beds are full for the  
5 Western Slope consumers. As of this week there's a

6 one- to two-month waiting list for a bed.

7                   Although a child or adolescent sex  
8 offender currently has treatment options when they  
9 are psychiatrically stable, there's a location  
10 outside of town that handles that. Adult sex  
11 offenders, ones out of jail who are in need of  
12 psychiatric inpatient services, would not have any  
13 other treatment option. Therefore, in reality,  
14 there's not really another viable elsewhere.

15                   The demographics of the inpatient --  
16 I'm sorry, mental health consumers that would need  
17 to be served by Colorado West Mental Health, one to  
18 two per month are admitted directly from jail, 25  
19 percent are on parole or probation, three to four a  
20 week have felony records. The length of stay is  
21 virtually always longer than an overnight visit.  
22 This is recent research from St. Mary's Hospital  
23 psychiatric unit.

24                   Colorado West Mental Health cannot say  
25 with any certainty they will house any specific

1 demographic. They have no accurate way to screen

2 consumers for criminal behavior, even if they  
3 choose to do so.

4           The question is not does or will  
5 Colorado West Mental Health provide service to  
6 those who have committed a crime. The answer is  
7 that we need to treat all with mental illness. In  
8 the 1980s, mental illness consumers were  
9 deinstitutionalized. Since that time prisons and  
10 jails have taken their place.

11           Felons, sexual offenders and those that  
12 are incarcerated for lack of effective mental  
13 health care, need to be treated for both the  
14 humanity of the consumer and the safety of the  
15 community. This location does not allow for that  
16 need.

17           The next slide will be a map, and it  
18 shows the 1,000-foot barrier around schools and  
19 pre-schools that most sex offenders are required to  
20 stay away from. Note that three of these circles  
21 overlap the proposed site. This site would prevent  
22 consumers who are required to be treated from  
23 accessing that treatment. This access is required  
24 by contract and law.

25           So I don't have Scott's little



1 doodling, but up in the far right-hand corner there  
2 you can see the three overlapping circles, north of  
3 North Avenue. So the facility would actually be  
4 located within those three. So right in this area  
5 (indicating). And you can see that St. Mary's is  
6 up here. It's not in a circle like that. Some of  
7 Colorado West Mental Health's current facilities  
8 fall within that location. This is per the  
9 Colorado Division of Criminal Justice.

10 This system is shutting down. That's  
11 good. No one wants to listen to me anymore. Is  
12 there someone that knows something about computers?

13 COMMISSIONER BLANCHARD: It's that  
14 virus. It's going to shut it off.

15 MS. TUFF: Are you taking the 23  
16 seconds off of my -- I'm at 9 and three-quarters  
17 minutes here. Maybe I can take a minute to kind of  
18 make my closing remarks. They are going to refer  
19 to myself.

20 I lived with bipolar, as I told you.  
21 Once a year, once every couple of years I wind up  
22 in the hospital for erratic behavior, usually a  
23 little bit psychotic. When I say I'm doing well,  
24 I'm very high-functioning. And when I'm not doing  
25 well, I'm not.

1                   And one of the things that struck me  
2                   about this site is being in that kind of state and  
3                   having people see me that way, in such a  
4                   high-visibility spot, is really scary to me. And  
5                   then for people to think of me only in that way is  
6                   so -- as we get back on track here, I'll get back  
7                   on the point. Do I need to do anything or --

8                   MR. PETERSON: Give it a minute.

9                   MS. TUFF: I even brought two disks, I  
10                  really planned.

11                  COMMISSIONER LOWREY: I have a question  
12                  while we're waiting --

13                  COMMISSIONER DIBBLE: I would rather  
14                  not have questions at this time.

15                  MS. TUFF: Thank you, very much. All  
16                  right, we're on a roll. Okay. Safety and  
17                  confidentiality. Virtually every hospital treating  
18                  mental health consumers takes great effort to  
19                  protect the identity and even the location of where  
20                  psychiatric units are.

21                   If you go to St. Mary's, you -- unless  
22                   you are going to see somebody specifically and  
23                   you've been invited by that person, you don't even  
24                   know where the psychiatric unit is or the person is  
25                   there. Confidentiality is imperative. Many

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1                   consumers will not seek treatment if they believe  
2                   their co-workers, friends or sometimes family know  
3                   they need help.

4                   While some consumers in mental health  
5                   crisis may be a safety concern to the community,  
6                   particularly if drugs or alcohol are involved,  
7                   consumers are more likely to be victims of verbal  
8                   and physical abuse, as I think Tom Updike told you  
9                   about. Consumers in the community will not be safe  
10                  in such a high-profile location.

11                  Colorado West Mental Health's proposed  
12                  facility is comparable to the current facility on  
13                  Gunnison Avenue, and we keep hearing about this. I  
14                  would say there's no comparison. The building on  
15                  Gunnison does not have any signage; there's no  
16                  church; it doesn't look like a psychiatric unit.

17 No one knows what it is. The location is off the  
18 main drag.

19 There's not law enforcement traffic  
20 coming in and out of there. It's not an inpatient  
21 facility for psychiatric patients, so the acute  
22 nature is not there. It's not an inpatient or an  
23 outpatient facility for drug and alcohol. I just  
24 don't see the comparison at all.

25 Financial consideration. If we do

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1 not make money, then we provide the level of  
2 service currently available. Grand Valley will  
3 have to do without. That was from Tom Updike a  
4 couple of months ago in a statement to me. Is  
5 their business our business? Colorado West's  
6 primary income comes through dollars from Medicaid  
7 and Medicare. We suggest accountability of good  
8 stewardship of those dollars is our business.

9 This might be hard to read. This  
10 follows down the Medicaid dollars and how they go  
11 -- and how they're bid, and they are bid every

12 year. Well, that's not true. They're coming up  
13 for bid this year. It was three years ago. They  
14 were up for bid last time. Value Options got the  
15 bid. And through a series of for-profit and  
16 non-profit corporations, the money winds up at  
17 Colorado West Mental Health.

18 Tom Papin, the director of human  
19 services, estimates about a 50-percent loss. I  
20 think it's more around a 35-percent loss. Anyway,  
21 it was a pretty big chunk of money that doesn't  
22 wind up here at local services.

23 The contract between Colorado West and  
24 their partner, Colorado Health Networks, is up for  
25 bid this summer. With the new contract, Medicaid

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1 dollars would be about 40 percent; Colorado West  
2 revenue will become effective in January for  
3 whoever wins that bid. If Colorado West does get  
4 the contract because of the proposed changes in the  
5 contract, there could be significant financial  
6 implications.

7 COMMISSIONER DIBBLE: Are we near a

8 summary at this point? I've heard the buzzer for  
9 probably 15 minutes or so. Some of that was  
10 allowed because of the technical difficulties.

11 MS. TUFF: Let me see where I am.  
12 Let's see if I can -- okay. There have been things  
13 that have closed the adult ATU, juvenile justice  
14 center, the alcohol and drug -- I'll take one  
15 second here.

16 This facility was taken over by  
17 Colorado West Mental Health. Because of many  
18 reasons, some financial restraints, they no longer  
19 do medical detox there, but only do social detox.  
20 So there's not medical staff there. They've also  
21 cut their school programs. One of my questions is:  
22 What would happen to all of these plans if they're  
23 not financially viable? This is the closed ATU, an  
24 ATU is needed if we can -- I'm not getting  
25 anywhere.

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1 MR. PETERSON: All right.

2 MS. TUFF: Well, we'll go to the notes

3 here, and I am down to the last page. One in five  
4 of us will need some form of mental health care in  
5 our lifetime.

6 COMMISSIONER DIBBLE: Speak into the  
7 microphone.

8 MS. TUFF: Most will never commit a  
9 crime, will never be a danger to the society.  
10 Stigma is the biggest barrier that we have to  
11 mental health. We need to think about acceptance  
12 and safety. The issue is not can our community  
13 accept a mental health facility in the back yard,  
14 the question is, Will the average citizen in need  
15 of mental health care feel comfortable and seek  
16 needed mental health care at a facility at this  
17 location?

18 With Mesa County having one of the  
19 highest suicide rates in the country, I think it's  
20 important that we have a place where people feel  
21 comfortable to come, and they will.

22 I ask you to say no to this facility.  
23 This proposal does not meet the City's  
24 requirements. It is not safe for confidential  
25 consumers, and it is not a safe mix with our

1 community. With that, I'll say thank you, very  
2 much.

3 COMMISSIONER DIBBLE: Thank you, very  
4 much.

5 MS. TUFF: Do you have any questions?

6 COMMISSIONER DIBBLE: No, ma'am. I  
7 would ask a caveat that Dr. Updike and Dr. Stein do  
8 note these questions as we -- and answer them in  
9 due time. While Scott is getting ready, we'll call  
10 number 4.

11 MR. WALLACE: Good evening. My name  
12 is Rob Wallace. I live at 58 25-1/2 Road here in  
13 Grand Junction. I feel very privileged to be  
14 before the commission this evening, and to be part  
15 of this process. I'm going to be very succinct and  
16 present information from an experiential point of  
17 view. I have been incarcerated -- I have been a  
18 patient at seven mental health institutions in my  
19 life. I'm 56. The LA County Hospital, St. John's  
20 in Santa Monica, UCLA's NPI, Rothman Memorial  
21 Hospital, Bethesda in Denver, Cottonwood in  
22 Albuquerque, and Camelback, West Virginia.

23 I mention this only because -- to  
24 illustrate the fact that I'm a mental health  
25 consumer expert, okay? Today, I'm a



1 high-functioning, bipolar, recovering drug addict,  
2 alcoholic and addict. I own three dot com  
3 businesses and I'm a Grammy-nominated artist. At  
4 every one of those facilities, no 6-foot walls.  
5 Not one. Okay?

6                   Number two, every one of them had 8 to  
7 24 closed, locked-unit beds. I don't think four is  
8 going to do it.

9                   Salaries? Nobody has talked about  
10 that. Mental health salaries for doctors in this  
11 town, that's not their fault or the insurance  
12 company's fault, they've capped what they can pay,  
13 and it's gone down. And this is -- it affects us  
14 all, because the more of us that are functioning,  
15 the more we can contribute to society, and so forth  
16 and so on.

17                   Case in point. Here in Grand Junction,  
18 Drs. Elaine and Timothy Mitchell, when they heard  
19 that St. Mary's was scaling back and possibly going  
20 to close, and in fact at the time they were told it  
21 is going to close, Dr. Timothy Mitchell wouldn't go

22 to work for Colorado Mental Health. Not because of  
23 any personal animosity, but because his contract  
24 was going to be cut in half or 40 percent or  
25 whatever. So the two of them went off to Oregon

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1 and got a pretty good contract.

2 Dr. Mitchell, Dr. Elaine Mitchell, was  
3 the first person to properly diagnose me here in  
4 Grand Junction. She stabilized me. Up until then  
5 it was all kinds of diagnoses and stuff. She is  
6 going to be sorely missed in this community.

7 Secondly, I want to take a quick  
8 exception with the doctor. I'm hoping that this  
9 facility, wherever it ends up, in whatever form it  
10 takes, I hope it does become a funnel for  
11 alcoholics and drug addicts from all over the  
12 state. The reputation is that good, and it becomes  
13 that effective. Because the more drug addicts and  
14 alcoholics like me we can get into treatment that  
15 become productive members of the society, the  
16 better off we're going to be. If they can pull  
17 that off, God bless them, start funneling them in.



13 Jean Barker, 2656 Little Bookcliff Apartments,  
14 Apartment 107. I have some questions on my mind, I  
15 guess, and I'll let you know I'm very nervous,  
16 because I've never done this before. But I've  
17 heard all of the accounts going on both sides.  
18 I've heard the heated arguments.

19 And can I look at you gentlemen, you  
20 ladies, and tell if you're a pedophile, if you've  
21 abused a child sexually? Can I look at you, sir,  
22 because this seems to be a big issue, and say  
23 somewhere in your past you've committed pedophilia?  
24 We have a very big problem with stigma issues,  
25 stigmatation (sic).

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1 The reason it bothers me so is because  
2 on the news the other night, I don't know whether  
3 the gentleman may be sitting in this room or not,  
4 was so crass as to say we should be put out in the  
5 desert. Pal, I'll tell you from my standpoint, and  
6 perhaps I am wrong when I say it, but I think the  
7 chronically normal that are so antisocial should be  
8 the ones put out in the desert.

9                   With the proper help, no matter where  
10 it's located, Colorado West has provided a great  
11 service for many years. I've been involved, my  
12 children were involved for many years. We  
13 struggled. We've had a lot of ups and downs.  
14 They're not perfect. Nobody is. But they have  
15 always been there. They have always tried. At  
16 your very worst, they are there to support you.  
17 This center is very needed.

18                   I would be more concerned knowing that  
19 you could be a pedophile, sir, sitting over there  
20 in that ballpark, and I don't even know it. I  
21 would be more concerned about a drunk or an addict  
22 or I -- I don't prefer long hair on a man, so I'm  
23 not being personal, so -- I don't mean to be  
24 disrespectful. I'm using you as an example. I'm  
25 at that ballpark and I say, oh, gosh, that man, he

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1                   must be back in the '60s; he's on drugs and  
2 alcohol. I don't want him near my children. Is it  
3 really so much different? I don't believe that it

4 is.

5                   Your true pedophiles are very hidden.  
6 They are not usually known unless they're  
7 incarcerated into the system. The reason I know  
8 this is because I'm a sexual survivor, 2 years old.  
9 It happens from our family. It happens from our  
10 brothers and our sisters, our fathers, our mothers,  
11 and it does damage that lasts a lifetime. Should  
12 we be stigmatized for that? I had no control over  
13 that when I was a child.

14                   My children were perpetrated on by  
15 people in the church, by our next-door neighbor, by  
16 people that looked upstanding and with it, normal.  
17 Okay? We need to stop the stigmatation about this  
18 kind of thing. We need to work together and  
19 realize we're all human beings. You can go to a  
20 restaurant and be sitting by a pedophile and not  
21 know it. How many times --

22                   COMMISSIONER DIBBLE: Excuse me, your 3  
23 minutes are up. Can you summarize quickly?

24                   MS. BARKER: Yes. You can meet them  
25 anywhere. You can meet them in Wal-Mart, meet them

1 in a restaurant, and never know they're there. How  
2 many possible sex offenders, pedophiles, whatever,  
3 have sat in that park and parents not even know it?

4 So don't -- please, don't stigmatize,  
5 and know that there is help, and these people are  
6 providing very good help to those of us that really  
7 need it, and it's an important thing.

8 COMMISSIONER DIBBLE: Thank you, very  
9 much. Leave the card in the basket. Thank you.  
10 Number 6, please.

11 MS. PAYSON: My name is Gayanne Ison.  
12 I'm from Cedaredge, 765 Northwest Dahlia. I was  
13 going to speak, but I kind of changed my mind. I  
14 would like to present some information.

15 Before all of this ever started, I was  
16 involved with a group of people that was hired by  
17 the State, and they were called Tri West, and it  
18 involved -- I am a consumer, mental health  
19 consumer, and they involved consumers and family  
20 members to find out what were their concerns and  
21 values. And they went up and down this west slope,  
22 and the reason why the State hired them was so that  
23 they wouldn't be influenced by the mental health  
24 centers. And I received services from the  
25 community -- mental health services, like some

1 people here tonight. I do receive those services  
2 from mental health centers.

3 And so it was -- after they got the  
4 information all put together, they presented the  
5 information to the -- to everybody, but also  
6 especially to the mental health centers, and said,  
7 This is what you folks want, and for us it was not  
8 to be put in those a shackles that everybody tells  
9 you about.

10 Shackles may sound like a harsh word,  
11 but until you've been put into them for at least  
12 five to six hours and hauled over the mountains,  
13 you don't know how harsh that is. And if you  
14 happen to be a female and you don't have a female  
15 in that police car with you, and you have to go to  
16 the restroom, you can't. Then you don't -- you  
17 haven't lived that experience. If you're over  
18 there in Pueblo and you can't be supported by your  
19 family members, because they can't get over there  
20 to support you, you just have to live that  
21 experience.

22 So that was part of what that Tri West



23 report took back to the mental health centers,  
24 especially over here on the west slope. They said  
25 to the mental health centers, We're going to give

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1 you those monies, and you need to develop what is  
2 called the 2710 unit over here, because it's no  
3 longer acceptable to haul them over there; that's  
4 not what you call humane treatment. That is not  
5 acceptable any longer. They heard us. They  
6 finally heard us.

7           And so we thought, well, score -- I  
8 mean, we sounded this for years and years, and we  
9 thought that was the biggest hurdle we were ever  
10 going to have to do. And now, not only is this  
11 come up, but I'm really -- what I'm really upset  
12 about is what we're talking and hearing tonight  
13 from folks is not only stigma, this goes right next  
14 door and across the line a few times, I think, into  
15 discrimination. And that is really hurtful.

16           So I hear my little bell ringing, and I  
17 don't want to hold up folks. But the Tri West  
18 report, I can get that information for you because

19 it's online, if you need it, or can you ask Dr.  
20 Updike, I'm sure he would get it for you.

21 I'm not for or against things. I know  
22 what consumers have said they wanted. They want  
23 accessibility, was one of the grave things that was  
24 important, and the family members, and that would  
25 be in there, too. So thank you, very much.

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1 COMMISSIONER DIBBLE: Thank you, very  
2 much. We'll take one more, one more person, and  
3 we'll take a little break. Number 7, please? Do  
4 you represent a group?

5 MS. CHAMBERLAIN: No.

6 COMMISSIONER DIBBLE: You can come  
7 forward. I was just asking a question. What I  
8 would like is number 7.

9 MS. CHAMBERLAIN: I'm Beth Chamberlain.

10 COMMISSIONER DIBBLE: That tells me  
11 something.

12 MS. CHAMBERLAIN: It's a short 7. I'm  
13 Beth Chamberlain, from Cedaredge. I'm represented

14 by Kathy. I definitely support everything she is  
15 giving you, and if you have any questions regarding  
16 those situations, give her a call. She'll have the  
17 facts for you. Thank you, very much.

18 COMMISSIONER DIBBLE: Number 8? We'll  
19 take number 8, and see how that goes, and then I  
20 had planned a recess around this time.

21 MS. SHERWOOD: My name is Alexandra  
22 Sherwood, 552 Serenade Court, Grand Junction,  
23 Colorado 81504. I'm a consumer advocate, as well  
24 as a consumer of mental health services in this  
25 valley.

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1 Now that I've disclosed this about  
2 myself, some of you will stop listening to me.  
3 Some of you will continue to listen, but dismiss  
4 what I have to say because, well, she's just crazy.  
5 That's the hardest stigma. It's the kind of thing  
6 that eats away at one's very personhood.

7 We have no control over how we will be  
8 judged by our co-workers, friends and family when  
9 they find out that we have a mental illness. And

10 now you all know how Grand Junction is. Oh, I saw  
11 your car over at such and such a place. What were  
12 you doing over there?

13 This is why it is essential that  
14 consumers be able to get care and privacy and  
15 maintain confidentiality. This is why it is  
16 essential that we have treatment choices. This is  
17 why any mental health facility must be built as to  
18 ensure our privacy, confidentiality, because we  
19 need the right to decide who and when someone knows  
20 about our illness. And if we don't, it's quite  
21 likely we will avoid treatment. I know I will.  
22 Thank you.

23 COMMISSIONER DIBBLE: Thank you, very  
24 much. We'll now take a 5-minute recess and that is  
25 flexible.

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1 (Off the record).

2 COMMISSIONER DIBBLE: I'll call the  
3 meeting back to order, please. Thank you.

4 MR. SHUCKMAN: My name is Russ

5 Shuckman. I'm here tonight speaking on behalf of  
6 Marillac Clinic in support of Colorado West's  
7 application for a conditional use permit.

8 Colorado West has been working  
9 diligently to improve services for those with  
10 mental health and substance abuse disorders. Their  
11 planning process has been thorough, and they have  
12 made every effort to collaborate with key players  
13 in our community to streamline duplication and  
14 improve services.

15 I'm especially impressed how the  
16 proposed facility will be a resource to keep people  
17 in our own community. It will allow patients to  
18 maintain crucial community and family support as  
19 they pursue healing and health.

20 We are thankful for their work in our  
21 community, for their efforts to include key  
22 stakeholders in their decision-making process, and  
23 for their passion and resolve to help our neighbors  
24 maintain and restore their health. On behalf of  
25 the community and the Marillac Clinic, I urge you

1 to support Colorado West's application for a  
2 conditional use permit. Thank you.

3 COMMISSIONER DIBBLE: Thank you, very  
4 much. Number 10, please. If the numbers that are  
5 following that would kind of keep an eye on their  
6 number, and perhaps be ready to go when they finish  
7 and turn around. Thank you, very much.

8 By the way, we would like to have you  
9 identify whether you are speaking on behalf of the  
10 proposal or against it to begin with. We're  
11 hearing some good things; we're not sure until  
12 we're halfway through what the position is. We  
13 would like to identify the position.

14 We usually have those who are for it  
15 speak all together first, and then all together the  
16 second session are those that are against it. This  
17 evening we're intermixing, so you'll have to  
18 identify yourself. Thank you, very much.

19 MS. HAMMAR: I'm Marilyn Hammar. I'm a  
20 board member for Colorado West Mental Health. I'm  
21 also a parent of two adopted children who have  
22 mental illness.

23 I -- one of the things I wanted to  
24 stress with you is our family has been split at  
25 times when the children were younger and there were

1 no pediatric programs here. We had to have one of  
2 us stay in Denver while we put a child in the  
3 hospital for seven weeks because there was no  
4 treatment here. He had to be hospitalized because  
5 there was nothing where we could keep him in our  
6 home and have him treated locally at the age he  
7 was.

8           One of my children is treated locally.  
9 He's now 21. He is in the Colorado West program.  
10 Up until he became the age where he would meet the  
11 criteria here, our psychiatrists were in Greeley,  
12 and that was very difficult, as a parent, to go  
13 back and forth, or to have to call the State patrol  
14 when I was halfway there and had one of my children  
15 become unstable, for my own protection.

16           So I know firsthand what it's like not to have  
17 services here for different ages. I fully support  
18 having this facility there.

19           I also worked for ten years for the  
20 State Health Department, with the State Ed  
21 Department. One of my jobs was helping families  
22 who have children with disabilities find services.  
23 We had no services here for those young children,  
24 and it was very difficult to be able to handle the

25 situations for families. And for families if they

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1 did go with their child, they had to be off work,  
2 which then caused more of a financial issue.

3 I know we've touch that lightly, but I  
4 wanted to reiterate, since I have worked in that  
5 field and I am a board member.

6 But the other that I want to tell  
7 you about is I am a Colorado licensed real estate  
8 agent, and we have had people calling in from the  
9 community asking, Is this going to devalue our  
10 property? Having been in real estate since 1989,  
11 when I got my license, and being one of the top  
12 agencies in the nation for Century 21 over the last  
13 few years, I feel that I can qualify myself  
14 somewhat as an expert for a couple of reasons.

15 I own a commercial building, which -- I  
16 also own three houses that back up to the back of  
17 it for the last three or four years. I've had a  
18 tenant in there, which actually has been a  
19 competitor for Colorado West for their drug and



20 alcohol treatment. It is for court-ordered drug  
21 and alcohol, DUIs. And this has not hurt the  
22 market analysis on our building. In fact, it's  
23 gone up.

24 Our building -- our houses have also  
25 gone up. I have just listed a house in the area of

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1 where this is going to go. There has been no  
2 stigma. It has not come up with any of my clients  
3 or any of the people, and I have not seen any  
4 market analysis out there drop. So I just wanted  
5 you to know that I really do support this, and  
6 thank you for your decision.

7 COMMISSIONER DIBBLE: Thank you.  
8 Number 11, please.

9 MR. OLESKEVICH: My name is Bob  
10 Oleskevich. I work for Colorado West Mental  
11 Health. I am in favor of the conditional use  
12 permit. I just want to make a couple of comments.  
13 Late 1980s, the U.S. Congress set up a task force  
14 to look at what was happening in the area of  
15 discrimination with people with disabilities. They

16 took an historical perspective and a future  
17 perspective.

18                   What they found is that historically  
19 societies tended to isolate and segregate people  
20 with disabilities, and that sets forth a  
21 discrimination against individuals with  
22 disabilities are a pervasive social problem.  
23 Discrimination against persons with disabilities  
24 persists as such critical areas of employment,  
25 housing, public accommodations, education,

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1 transportation, communication, recreation, and  
2 health services.

3                   Congress found that persons with  
4 disabilities have been phased with restrictions and  
5 limitations, subjected to a history of purposeful  
6 unequal treatment, and relegated to a position of  
7 political powerlessness in our society. Based on  
8 characteristics that are beyond the control of such  
9 individuals and resulting from stereotypic  
10 assumptions.

11                   Congress found, also, a belief that the  
12                   future held the same thing, in that state and local  
13                   government operations tend to subject people to  
14                   widespread persistent deprivation of institutional  
15                   rights.

16                   They reasonably discerned that a  
17                   substantial risk of persons with disabilities will  
18                   be subjected to unconstitutional discrimination by  
19                   state and local governments in the form of  
20                   arbitrary or irrational distinctions and  
21                   exclusions, vague and differentiated fears,  
22                   animosity, paternalism, and false or overly broad  
23                   stereotypes.

24                   What resulted from this was the  
25                   Americans With Disabilities Act. I would also like

1                   to read quickly a joint statement of the Department  
2                   of Justice and Department of Housing and Urban  
3                   Development. The Fair Housing Act prohibits a  
4                   broad range and practice of discriminating against  
5                   individuals on the basis of race, color, religion,  
6                   sex, national origin, familiar status and

7 disability.

8                   The act does not preempt local zoning  
9 laws, however, the act applies to municipalities  
10 and other local government entities, and prohibits  
11 them from making zoning or land-use decisions, or  
12 implementing land-use policies that exclude or  
13 otherwise discriminate against protected persons,  
14 including individuals with disabilities. People  
15 with mental illness are considered people with  
16 disabilities.

17                   The Fair Housing Act affords no  
18 protection to individuals with or without  
19 disabilities who present a direct threat to the  
20 person or property of others. However, determining  
21 whether someone poses such a direct threat must be  
22 made on an individualized basis, and cannot be  
23 based on general assumptions or speculation about  
24 the nature of the disability. Thank you.

25                   COMMISSIONER DIBBLE: Thank you, very

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1 much. That was very timely, sir. Number 12.

2 MR. WILLOUGHBY: My name is Carl  
3 Willoughby. I'm one of the counselors at Colorado  
4 West Mental Health. The address is 744 Horizon  
5 Court. Although I work for Colorado West Mental  
6 Health, I'm speaking on my own behalf, my own  
7 volition. I'm not speaking for them, nor I was  
8 not chosen to speak for them. So I just wanted  
9 you to know that.

10 I am in support of the facility as  
11 recommended. I would like to address those  
12 concerned about the welfare of their children due  
13 to the placement of the new mental health center.  
14 I am also a parent and a grandparent and am  
15 constantly concerned about my family's health and  
16 welfare, just like you all obviously are.

17 Let me help you understand who a  
18 mentally ill person really is. You don't work with  
19 them every day, like I do. My clients are some of  
20 the most courageous and inspiring people I know.  
21 In spite of their disabilities, they each make an  
22 effort in their own way to be productive citizens  
23 in our community.

24 They wait on you and your family and  
25 businesses all over town. They cook your meals, go

1 to school with your children, sit next to you in  
2 church. They're grandparents, mothers, fathers,  
3 sisters, brothers, sons, daughters. They take care  
4 of your family when your family is ill. They are  
5 people just like you and me, as I hope you've  
6 noticed this evening. They are professionals in  
7 many occupations in our community.

8           The fact that we're attempting to  
9 consolidate services at a central location makes  
10 sense at so many levels. This public outcry on the  
11 part of a few people does not make any sense to me.  
12 Perhaps you're really concerned with the property  
13 value of your home and/or business. That's just  
14 been addressed. Perhaps you've watched too many  
15 horror movies and they've filled you with the  
16 fantasy that mentally ill really means all the  
17 monsters that inhabit your imagination.

18           Ignorance, meaning lack of knowledge,  
19 breeds mistrust; mistrust breeds fear; fear breeds  
20 hate; hate breeds violence; and violence is the  
21 main cause of mental illness that affects most of  
22 my clients. My greatest sadness is the irony in  
23 this whole situation.

24           Many people are concerned that their

25 children will be unsafe with this proposed

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1 facility, yet, it is my firm belief that you, as  
2 parents, grandparents, family members, do your  
3 children the greatest damage when you fill their  
4 heads with ignorance, mistrust, fear and hatred of  
5 something you obviously know very little about.

6 I have one basic request of those that  
7 oppose the new mental health center. Please rid  
8 yourself of ignorance. Please support our new  
9 mental health center, so it is more accessible for  
10 those who need our services. Remember that each of  
11 our clients is also somebody's child. Their  
12 families want what is best for them, too. Thank  
13 you.

14 COMMISSIONER DIBBLE: Thank you, very  
15 much. Number 13.

16 MR. PAPIN: Mr. Chairman, members of  
17 the commission, my name is Tom Papin. I live at  
18 422-1/2 Prospector's Point in Grand Junction. I'm  
19 the director of the Mesa County Department of Human  
20 Services, and a family member of a consumer of

21 mental health services. I -- it's my pleasure, on  
22 behalf of Mesa County, to speak in favor. I thank  
23 you for the time this evening. I have about 4 or 5  
24 hours worth of material prepared, but I'll try and  
25 keep it short for you.

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1 We're proud to be members of a  
2 partnership with Colorado West Mental Health.  
3 We're in an association of 64 counties in the  
4 state of Colorado. And the 64 county human service  
5 directors meet regularly. And we are the envy of  
6 most of the other counties in the state, including  
7 the Denver and the Arapahoe and Jefferson County  
8 areas, because of the way we have integrated  
9 services from a child welfare, from an adult  
10 protection point of view, with our local mental  
11 health providers.

12 It's unfortunate in this state, as was  
13 mentioned earlier, I was quoted as saying there's  
14 not nearly enough for mental health services at the  
15 local level, and it's unfortunate that there isn't.



16 But because of our integration, because of our  
17 partnership, I believe the mental health services  
18 that are delivered are exceptional in this  
19 community.

20 Mesa County has committed funding to  
21 the mental health center to build the facility, and  
22 Mesa County also has committed to entering into a  
23 contract with the mental health center to purchase  
24 services over and above what the mental health  
25 center provides through the State contract.

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1 I represent over 1,000 children who  
2 are in our custody, in the custody of the Mesa  
3 County Department of Human Services. 90 percent,  
4 over 90 percent, which is over 900 of those  
5 children, are in our custody because of their or  
6 their family's drug and alcohol abuse problems or  
7 emotional or mental health problems, mental  
8 illness problems.

9 These children, in the past, have been  
10 served in the Denver community on the front range,  
11 in residential treatment centers, or in Texas and

12 Utah at extremely expensive residential centers.  
13 Because of the partnership and because of the local  
14 delivery of services with our mental health  
15 provider, all but 22 of those children are now  
16 served in this community.

17 They live in this community, most not  
18 with their families, but in foster care and group  
19 care. They live in facilities spread throughout  
20 this community. They participate in Little League  
21 sports, participate in school activities. They  
22 participate in playground activities across this  
23 community.

24 People say most of your clients come  
25 from the lower social economic areas of town. Most

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1 of them are from Clifton. That is not true. The  
2 majority of our clients, the majority of the people  
3 that we work with, the families and the children,  
4 come from the Grand Junction area.

5 COMMISSIONER DIBBLE: Mr. Papin, your  
6 note has arrived.

7 MR. PAPIN: 1,000 kids don't count?  
8 Somebody else got 15 minutes just for representing  
9 40. In short, we support it. We value our  
10 partnership. We are willing to put resources into  
11 it, and we're proud to be a partner with Colorado  
12 West. Thank you.

13 COMMISSIONER DIBBLE: Thank you.  
14 Number 14, please.

15 MR. BOCCONCELLI: Mike Bocconcelli. I  
16 represent Kinder Haus Preschool and Daycare Center.  
17 Kinder Haus has been part of this particular  
18 neighborhood for over 27 years, and we represent --  
19 I'm standing here representing over 150 families  
20 and over 20 staff members, also, that work with us.  
21 There is a very large number of children at any one  
22 time in this area, and no one knows what can happen  
23 with this facility.

24 First of all, I want to say that we are  
25 not opposed to this facility and, quite frankly,

1 I'm a little bit offended by being called ignorant

2 on the issues of discrimination here. But we would  
3 like to see the neighborhood remain a place where  
4 children walk, learn and play without the worries  
5 of the proposed facility.

6 In recent years there's been a strong  
7 message in the media and around town to put kids  
8 first, and I would like to see the City of Grand  
9 Junction stand up and show us that. Thank you.

10 COMMISSIONER DIBBLE: Thank you.  
11 Number 15, please.

12 MS. STEPHENS: My name is Martha  
13 Stephens, and I live at 2157 South Broadway, Grand  
14 Junction, Colorado, and I'm here tonight to support  
15 the mental health facility being built at 515  
16 28-3/4 Road. My mother, daughter and  
17 granddaughter have received services from Colorado  
18 West, and as a family member I understand how  
19 important it is to treat mental illness and  
20 substance abuse using evidence-based practices  
21 within our community.

22 As a result of the impact that mental  
23 illness has had on our family over the years, I  
24 have become an active supporter and advocate for  
25 consumers and family members. I am a volunteer,

1 and I give my time, resources and energy to several  
2 organizations.

3 I serve on the board of Grand Junction  
4 Alliance for the Mentally Ill, the Federation of  
5 Families for Children's Mental Health, the Mesa  
6 County LAC, and I also serve on the board of  
7 Colorado West Regional Mental Health Center. I  
8 serve on these boards because I believe in their  
9 mission statements, their values, their principals,  
10 and the goals of the organization.

11 My granddaughter played T-ball on the  
12 Grand Mesa field, attended Nisley school, and also  
13 went to daycare at Kinder Haus. I feel very sad  
14 regarding the stigma and discrimination expressed  
15 that someone should not have access to mental  
16 health services where they live, play and go to  
17 school.

18 I am very proud of the partnership that  
19 has been formed between all the agencies mentioned.  
20 And without that partnership being formed, this  
21 community center would not be possible. I have  
22 faith in the leadership that they would not have  
23 committed to this project if they thought the  
24 community would be in danger of being harmed.

25 Thank you.

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1 COMMISSIONER DIBBLE: Thank you, very  
2 much. Number 16, please.

3 MR. DUNN: I'm Gordon Dunn, from  
4 Crestview. I'm not representing the Crestview  
5 Homeowner's Association, but I have all the  
6 paperwork that was given to me by the president and  
7 the chairman. I have lived there for six years.

8 COMMISSIONER DIBBLE: You need to speak  
9 over into the microphone. You have a nice voice,  
10 by the way.

11 MR. DUNN: I have lived there for six  
12 years, and I've had quite a few problems. The  
13 paperwork, also, from the past, way past, from  
14 Colorado West, with agreements we've had with  
15 them and the homeowner's association. They have  
16 been pretty good, but they have broken some of  
17 them.

18 Like, we had notices that they were  
19 intending to put -- lock up people in there, bars

20 and such, in the facility. Well, I believe, I'm  
21 not sure, we stopped this. All I know is I got the  
22 papers and I can read what it says.

23 I've also got police reports from '98  
24 and '99, all the police actions to this facility  
25 only next to me, not the other facilities, which

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1 show runaways and many other problems. I think  
2 there will be a man in here tonight that can tell  
3 you about these problems. I have four pages with  
4 ambulance service, several inches long, each page  
5 through there, which at night -- it doesn't help us  
6 at all with the lights, because it goes right in  
7 our bedroom window when they pull in, the noise,  
8 the screaming, and sometimes fighting.

9 The people do walk up and down the  
10 sidewalk. Some of the people I made friends with,  
11 the patients there. But some I go back in my  
12 house, and it's very scary at times.

13 Now, this center has just closed, so  
14 that won't hurt me, but I'm talking about around

15 the children and what could happen with the new  
16 facility they would want. And, also, it's scary to  
17 me, but it doesn't bother me like it does my wife.  
18 I've seen stuff there that shouldn't be.

19 I'm sure St. Mary's is part of the  
20 problem, where I believe they stopped taking  
21 patients for a longer period of time and are  
22 sending them to Colorado West, and I'm sure these  
23 people haven't been completely examined to tell us  
24 just what these people are. And I'm afraid a lot  
25 of these people, like maybe some of the runaways or

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1 whatever, have quit taking their medication, and  
2 anything can happen. I've worked quite a while  
3 with special ed children, some in straight jackets,  
4 and some not so mentally retarded.

5 They're good people basically,  
6 except -- the reason why I'm mentioning this,  
7 mentioning about the children in the paper to the  
8 editor, well, it's not the children, it's these  
9 older people, not my age, younger than me by far.

10 COMMISSIONER DIBBLE: We hear the



11 3-minute buzzer.

12 MR. DUNN: I can't hear you. I'm  
13 scared something could happen to the children, and  
14 I've worked very heavy into scouting, Little  
15 League, Cub Scouts, so I know children and I know a  
16 little about psychology, and it scares me. I do  
17 want them to have a place. We need their place,  
18 but we do not need it there. Thank you, very much.

19 COMMISSIONER DIBBLE: Thank you.  
20 Number 17, please? We'll assume 17, if they would  
21 have known their number, would have been coming  
22 from the other rooms into our main room here, so  
23 we'll go to number 18. 19 could be standing by, at  
24 least.

25 MR. SYLVESTER: Hold on, I've got to

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1 adjust this for short people. My name is Michael  
2 Sylvester, and I'm a consumer, and I have a letter  
3 that I wrote that I believe all of you have  
4 received, and I would like to speak it in my own  
5 voice today.

6                   Recently the mentally ill in Mesa  
7 county have become the target of disgusting  
8 comparisons to the scum of modern society. They  
9 have been described as uncontrollable individuals  
10 without conscience or sense enough to tie their own  
11 shoes. They have also been described as dangerous  
12 criminal historians, who think only of drugs or  
13 alcohol.

14                   Lastly and most troubling, they have  
15 been described as sexual predators who prey on the  
16 young and innocent children of our community,  
17 lusting after the innocents of Grand Junction to  
18 satisfy their deeply disturbing desires. These  
19 comparisons are outrageous. If these words were  
20 used to describe the Black, Latino, or Jewish  
21 members of our community, they would never be  
22 allowed to stain the pages of our local newspapers.

23                   The people who spawn this  
24 misinformation would be declared raving lunatics --  
25 note the irony -- raving lunatics and would be

1 ignored or denied a public quorum for their  
2 accusations. These individuals would be so  
3 unpopular that they would do nothing but  
4 embarrass themselves by speaking their deeply  
5 bigoted minds.

6           For some reason, when these accusations  
7 target someone with a depressive disorder or  
8 bipolar or schizophrenia, they are given a  
9 disturbing amount of credence by a paranoid --  
10 once again, note the irony -- portion of the  
11 community.

12           These accusations appearing in  
13 newspapers and television interviews are -- these  
14 accusations are appearing in newspaper and  
15 television interviews, and are granted  
16 inappropriate attention, despite being nothing more  
17 than inflamed rhetoric.

18           Jerry Springer would love to have the  
19 accusers as guests on his television show for the  
20 sake of the ugly and hateful emotions that they  
21 stir up among many people.

22           These fantastically presumptive  
23 accusations are given without shame with the  
24 damage they do to well-behaved functional members  
25 of our society. The cold, hard truth is that this

1 misinformation is based on ignorance, illogical  
2 fear and bigotry. I have a mental illness  
3 diagnosis. I know many, many others who suffer  
4 from similar diagnoses.

5 I have never been in a physical  
6 confrontation that I instigated, never raped or  
7 murdered anyone. I have struggled with a substance  
8 abuse problem for many years and have recently made  
9 great strides to overcome the condition, but I have  
10 never stolen for drug money or vented drunken rage  
11 on innocent kids or children. I am making every  
12 effort to remain a functional, productive member of  
13 society and have been doing this in spite of a  
14 schizophrenia diagnosis and the challenges that it  
15 entails.

16 I do not take kindly to being compared  
17 to Jeffrey Dahmer or Osama bin Laden or the  
18 stereotypical strange man who lures children to his  
19 car with candy or puppies. I consider it to be my  
20 God-given right to defend myself against such  
21 attacks and feel no shame, no shame whatsoever, in  
22 labeling the people who make these attacks as  
23 ignorant, stupid, frightened children.

24 The most important thing about this

25 misinformation is many of my very good friends are

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1 targets. I'm almost done. These are people I know  
2 to be deeply compassionate, highly motivated models  
3 of self-control. They are having their reputations  
4 tarnished for absolutely no good reason.

5           These attacks -- if these attacks were  
6 directed solely at me, I would have a much easier  
7 time dealing with them, considering that I am very  
8 involved with the mentally ill community. However,  
9 I can't help but express my disgust and awe at the  
10 audacity with which these misguided individuals are  
11 accusing my closest friends. My polite and gentle  
12 nature has its limits. I am deeply challenged by  
13 these recent events.

14           COMMISSIONER DIBBLE: You've had 3  
15 minutes. You need to summarize.

16           MR. SYLVESTER: Okay. All right. I  
17 am not a child molester. I am not a violent  
18 criminal. And I am not some teetotaling  
19 drunkard/heroin addict who needs to knock over

20 liquor stores for drug money. I'm tired of being  
21 compared to one.

22 COMMISSIONER DIBBLE: Thank you.  
23 Number 19, please.

24 MR. BAMBINO: My name is Mike  
25 Bambino. I live in the neighborhood by the proposed

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1 facility. I have children who attend Nisley School  
2 and play at Grand Mesa. I'm glad I followed him,  
3 because first I want to say to all the mentally ill  
4 people who seek help at Colorado West Mental Health  
5 facility, that even though people have tried to  
6 turn this debate around to be about you, it never  
7 was.

8 We all want our citizens who need help  
9 to get the best care possible, and that means  
10 having the best facility possible. What we  
11 disagree on is putting innocent people in harm's  
12 way to save a few minutes' drive. It's safety  
13 versus convenience here. I am speaking tonight in  
14 protest of these proceedings concerning the  
15 Colorado West Mental Health facility.

16                   A facility that in public the  
17 supporters say is heaven, but in private many tell  
18 people it's hell. The truth refuses to come out  
19 about this facility. Many of us against this  
20 facility being placed at this location will request  
21 a private meeting with the mayor and City Council  
22 to voice our concerns about many things that have  
23 transpired. Again, today, there is another twist  
24 in getting to the truth about this facility.

25                   On May 13, through staff, I received a

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1 letter from an ex-employee of Colorado West Mental  
2 Health. The letter was a stern warning not to put  
3 that facility in this location. She gave numerous  
4 reasons as to her concern. Today she retracted  
5 most of her statements, but that didn't surprise  
6 us. We knew she was getting some internal  
7 pressure, and we understand. But we still believe  
8 most of her statements are true.

9                   I want to say that after talking to  
10 City officials, there is much confusion and

11 contradiction over this facility as to who may come  
12 and go. Since the start of this debate maps have  
13 changed, services have changed. First they treat  
14 pedophiles, now they don't. Confusion about child  
15 abusers and persons convicted of crimes.

16 My private conversations with people  
17 connected to Colorado West says there is more to  
18 this than meets the eye. With all this confusion,  
19 I can clarify one thing; once this facility is  
20 built, they can treat anyone they want.

21 The only provisions in the applications  
22 say that Colorado West may not house persons who  
23 are accused, convicted or adjudicated of a crime,  
24 including sexual offenses. That not only means --  
25 that only means they can't spend the night. There

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1 are no other restrictions to who they can treat and  
2 there's very little citizens can do once this  
3 facility is built. If they quit doing some  
4 services now, they can easily bring them back.

5 We're confident that if you people



6 won't launch an investigation complete with police  
7 and ambulance records, the City Council will. This  
8 facility has the potential to be very dangerous to  
9 the community, and the community has a right to the  
10 truth. We realize now that our neighborhood is not  
11 only going against Colorado West Mental Health, we  
12 are going against government agencies, such as Mesa  
13 County Human Services.

14 I have reviewed the letters of support  
15 for this facility and found that 95 percent of the  
16 people writing letters are people who will benefit  
17 from it. The supporters are either patients,  
18 employees, doctors or organizations that will  
19 benefit. We say that most of this community want  
20 this facility in a more secure environment.

21 COMMISSIONER DIBBLE: Can you  
22 summarize?

23 MR. BAMBINO: I told Scott earlier to  
24 get 10 minutes. I'm speaking for hundreds of --

25 COMMISSIONER DIBBLE: Who is --

1 MR. BAMBINO: The people in the

2 community I live in.

3 COMMISSIONER DIBBLE: All right.

4 MR. BAMBINO: This is very important.  
5 This facility will not only treat people with mild  
6 mental illness, this is not about them, this is  
7 about the potentially dangerous patients that  
8 Colorado West never seems to talk much about.

9 You have a letter submitted from an  
10 ex-employee of Colorado West. She forewarned you  
11 of very dangerous problems. She states that she  
12 worked with convicted rapists, murderers,  
13 pedophiles and thieves. She said many kids served  
14 are violent, and many are using drugs. She said  
15 some workers have been beaten and put in the  
16 hospital. She said that people in the area will  
17 constantly be at risk and subjected to  
18 out-of-control behavior, and that we can count on  
19 it.

20 You also have a letter from the  
21 National Alliance for the Mentally Ill in Denver,  
22 who warn you against building the facility near the  
23 Little League park. Your staff is aware of these  
24 warnings and aware of the acutely ill people  
25 Colorado West deals with. They know that this

1 facility has few fences and virtually no security.

2           The staff knows that ten counties of  
3 patients who have severe and persistent mental  
4 illness will be coming. Some of them, in Colorado  
5 West's own words, are an acute and significant  
6 danger to themselves or others. Your staff knows  
7 about the ten counties of people who will have  
8 acute drug addictions and alcohol addictions that  
9 will be coming.

10           We'll also have our own neighborhood  
11 detox facility. No one needs to have the dangers  
12 of drugs and alcohol explained. Did you ever think  
13 that these patients may be coming to this facility  
14 while they're under the influence of drugs and  
15 alcohol? Did you ever think that maybe some of  
16 them might drive to the facility next to the Nisley  
17 school, Grand Mesa Little League and Kinder Haus?

18           Your staff should know that Colorado  
19 West will be treating many juvenile offenders  
20 through the juvenile justice system. Your staff  
21 should also know that Colorado West will serve  
22 patients with severe behavioral disorders. We're  
23 very worried about these patients.

24 I found that there are two very  
25 difficult disorders, oppositional defiant disorder,

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1 a pattern of negative defiant and disobedient  
2 behavior, such as loses temper, argues with adults,  
3 defies or refuses to comply with adults,  
4 deliberately annoys people, often touchy or easily  
5 annoyed by others, often angry and resentful, often  
6 spiteful and vindictive.

7 Next is a conduct disorder. This is  
8 where a person repeatedly and persistently violates  
9 rules and rights of others; aggression to people  
10 and animals; bullies; threatens or intimidates  
11 others; often initiates physical fights; has used a  
12 weapon that could cause serious physical harm to  
13 others, a bat, brick, broken bottle, knife or gun;  
14 is physically cruel to people or animals; steals  
15 from a victim while confronting them; forces  
16 someone into a sexual activity; deliberately  
17 engages in fire setting with the intention to cause  
18 damage; deliberately destroys other's property,  
19 other people's property; has broken into someone

20 else's building, house or car; steals items without  
21 confronting the victim.

22 As you can tell, these are people who  
23 can have severe problems dealing with their anger  
24 or emotions. I also want to say a few points --

25 COMMISSIONER DIBBLE: Mr. Bambino, 1

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1 minute, please.

2 MR. BAMBINO: I wish they would have  
3 let me, because -- I'll tell you what, concerning  
4 pedophiles, first, the secretary said they did,  
5 when I called, and now they say they don't.

6 The first one we saw of the proposed  
7 facility had no future projects, and we're positive  
8 -- there's a bunch of us at Grand Mesa Little  
9 League -- that it had buildings for pedophiles, but  
10 that map went away. Last, on their own brochures  
11 it says they treat juvenile sex offenders. When we  
12 were -- Scott, this just isn't right.

13 You know, I was going over the rules  
14 that you guys have to follow to protect our

15 neighborhood and kids, and in there I noticed that  
16 while you investigated or while your staff  
17 investigated those rules, they didn't even ask for  
18 one single ambulance or police report, and so I've  
19 got -- I've got a police report on one of the  
20 places down there where they say they didn't -- you  
21 know, it's shut down now.

22 I just want to make sure you guys know  
23 from the Grand Junction Police Department the last  
24 call was for a sexual assault, and there's also one  
25 on there for menacing with a weapon. The facility

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1 that --

2 COMMISSIONER DIBBLE: Mr. Bambino, your  
3 time is up.

4 MR. BAMBINO: You know what, this is  
5 crazy. I'm sorry, but is --

6 COMMISSIONER DIBBLE: Number 20,  
7 please.

8 MR. WALTERS: My name is Hugo Walters,  
9 533 Fruitwood Drive, Grand Junction, Colorado. I  
10 am vice president of baseball at Grand Mesa Little

11 League.

12                   A couple of the concerns I had, the  
13 first one is the traffic implications. That is my  
14 biggest concern at this point. We can't seem to  
15 get an answer to what the traffic implications will  
16 be. Some say it's not going to be that much,  
17 others say it's going to be very heavy.

18                   The next one is on the sexual issue of  
19 pedophiles and sexual predators. Are they going to  
20 be housed there or not going to be housed there?  
21 From this meeting tonight, I can't tell which the  
22 answer is. I don't know. If they're not going to  
23 be housed there, are they going to be turned loose  
24 on the streets right by our Little League park? I  
25 don't know the answers.

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1                   The first thing I want to say or the  
2 next thing I want to say is we are not opposed to  
3 the mental health facility. The only thing we're  
4 opposed to is where it's located. We think it's  
5 going to be a detriment to our league and

6 everything that that neighborhood has been created  
7 for. It is a great place, a fun place. The kids  
8 love it. They run free. I think that could be a  
9 detriment at the end of all of this.

10 We operate the Grand Mesa Little League  
11 from May through the end of September every year,  
12 posting two leagues of 800-plus kids each time. We  
13 host tournaments, encompassing all of the kids from  
14 other leagues in the state of Colorado. We host a  
15 regional tournament, hosting kids from Arkansas,  
16 Colorado, Louisiana, Mississippi, New Mexico,  
17 Oklahoma, and Texas.

18 This ballpark has much more uses than  
19 has been led to believe. We can run 250 players  
20 through that facility in a night, add that with  
21 their siblings and parents and other people, you  
22 could be talking about 1,000 people per night.

23 To end, I would hate to see this go in,  
24 because I've had so many people tell me that they  
25 would not bring their children back to the league

1 if this does. They're scared. It may be fear, it



2 may be ignorance. It's still fear. And that could  
3 ruin what we have. We're the third oldest league  
4 in the state of Colorado. How fair is it if we  
5 cannot exist under our own power? Thank you.

6 COMMISSIONER DIBBLE: I notice in the  
7 book number 21 is coming. If you have heard  
8 something that you would like to say that someone  
9 else has already said it before you, instead of  
10 coming forward, if you could perhaps pass or if you  
11 have something very, very short to add to it --

12 I'm not going to say you can't come  
13 forward, I'm just saying that some of the anecdotes  
14 and some of the individual comments are repetitive,  
15 and we need to be cognizant of the time if we are  
16 able to finish this evening. So I would ask you to  
17 be in support of that. Number 21.

18 MR. O'CONNOR: I'm speaking on behalf  
19 of the proposal. I'm Joseph O'Connor, 262 North  
20 Cedar Court, Fruita, Colorado, retired from the  
21 U.S. Army, a vocational program director at  
22 Colorado West Mental Health. I've sent each of you  
23 a letter.

24 Colorado West Mental Health has been a  
25 good community partner with Mesa County and the

1 Western Slope. Colorado West Mental Health, over  
2 the past 16 years, has hired more than 250 clients,  
3 both challenged and unchallenged, referred by  
4 multiple agencies. 47 percent are still employed.  
5 Many in this community. This hiring practice will  
6 continue at the new facility, with better service  
7 in a central location.

8           The proposed site is near Grand Mesa  
9 Little League. I've been an active Little League  
10 coach in this valley since 1982. I coach at Fruita  
11 Monument Little League and Grand Mesa Little  
12 League. Some players and parents are mentally  
13 challenged. Little League participants are one and  
14 together, challenged or nonchallenged.  
15 Mental-health challenged are no strangers to Little  
16 League.

17           The new facility will give better  
18 services in one location. This should be  
19 encouraging, not threatening to Little League.  
20 I'll let Colorado West Mental Health move forward  
21 with this new facility. The facility will be a  
22 greater community asset and offer better vocational  
23 services in a central location.

24           And finally, Colorado West Mental

25 Health will not be the only place in town to offer

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1 treatment. Those worried about the possible stigma  
2 of going to a visible treatment center will still  
3 have options to go to other providers. Thank you.

4 COMMISSIONER DIBBLE: Thank you.  
5 Number 22, please.

6 MS. JACOBSEN: My name is Bro Anne  
7 Jacobsen, and live in Palisade. I just wanted to  
8 start off by saying that this isn't so much about  
9 the people that are mentally ill, that are doing  
10 well in the society. This is about the people that  
11 are not doing well. And just like -- one thing to  
12 keep in mind is that all it takes is one time for  
13 something to go horribly wrong, and if something  
14 were to go wrong at this facility, this is not the  
15 location that would be good for something to go  
16 wrong like that, because of all the children that  
17 are around.

18 There's another thing that -- the  
19 security plans for the facility. I've heard about  
20 the walls and everything, but what about security

21 personnel? That is something I would like Dr.  
22 Updike to address. Because I know at the beginning  
23 of the plan it was just to train the staff to  
24 provide security, not to have actual personnel  
25 there.

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1 And another thing would be the level of  
2 education that are required for the people that  
3 would be working with the patients, because I know  
4 in the past, with recovery services, that Colorado  
5 West specifically advertised for high school  
6 graduates to apply for positions that should be  
7 held by individuals with a degree.

8 I think that most of the people that  
9 are against this facility, they're not against  
10 facility itself, just the location that it's in.  
11 So I would appreciate you guys -- I'm against this,  
12 and I really don't think that the children should  
13 be in danger.

14 COMMISSIONER DIBBLE: Thank you.

15 Number 22, please. 23, sorry.

16 MS. ADAN LARA: My name is Julia Adan  
17 Lara, I work for Colorado West Mental Health. I've  
18 been there 13 years. During the 13 years, I've  
19 been raising my grandson. He was only 3. He's  
20 been around all my clients, because I've been in  
21 every facility that we have had. He's never been  
22 hurt, never been sexually molested. Now I'm  
23 raising three more grandkids, which have been  
24 around my clients, too.

25 My clients are loveable, they're caring

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1 people, and I am for this building because I know  
2 they're going to be safe. I know that kids -- my  
3 children and kids go to Nisley. One of my kids  
4 goes to the daycare there, and I don't see a  
5 problem with it. And that's all -- I'm in favor of  
6 it.

7 COMMISSIONER DIBBLE: Thank you.  
8 Number 24.

9 MS. VANNOY: My name is Amy Vannoy. I  
10 want to let you know that I'm not against the  
11 Colorado West facility itself, I'm just against

12 where it's located. I grew up with an mentally  
13 challenged mother that was a drug addict. She's  
14 been hospitalized for it. I grew up going and  
15 visiting her where she was at. I have bipolar on  
16 my father's side, so I've be around it.

17 My personal experience is this is not  
18 the place for it. When we went, as a young child  
19 -- you know, I feel I'm -- I'm upset that I'm  
20 called ignorant because of my beliefs. I'm not  
21 ignorant. I grew up in -- I'm aware of it; I know  
22 how it works; I know how it goes. And this is a  
23 fabulous thing, it's great. We definitely 100  
24 percent need it.

25 I'm not against that, and I don't

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1 believe -- like the gentleman, the desert, that's  
2 not appropriate either. I just think this is not  
3 the correct place for it. For their safety, our  
4 safety, there's people roaming -- the traffic, it's  
5 going to be an issue. The traffic is a problem.

6 So I just want you to know that as a

7 Grand Mesa -- my daughter goes there, my daughter  
8 attended Kinder Haus. I don't support the stigma  
9 of it that they're bad people. They're not.  
10 They're normal people. Everybody has problems.  
11 Theirs just requires a different kind of help than  
12 everybody else, and I hope that everybody is aware  
13 of that.

14 As a Grand Mesa parent, we don't all --  
15 the majority of us do not believe that they're bad  
16 people by any means. We support the facility, just  
17 not where it's at. So I appreciate your time.

18 COMMISSIONER DIBBLE: Thank you.

19 MS. VANNOY: Thank you.

20 COMMISSIONER DIBBLE: Number 25,  
21 please.

22 MR. FRISCH: My name is Dave Frisch.  
23 I reside at 510 29-1/4 Road. I am opposed to the  
24 location of the mental health facility. I have  
25 two -- one child right now that goes to Nisley

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1 Elementary School, and another one starting in two  
2 years. Just a couple of questions I have is

3 concerning traffic on 28-3/4 Road, and the distance  
4 of -- with the bus stops on North Avenue, and also  
5 on Orchard Avenue, and the only entrances to this  
6 facility are on 28-3/4 Road.

7           Once again, I'm not against the mental  
8 health facility, I'm just against the location of  
9 it. I have some questions on if it's such a, you  
10 know, safe facility, why do they have 8-foot  
11 concrete walls around buildings surrounded by  
12 6-foot concrete walls on the north side and nothing  
13 on the west side? If it's such a safe facility,  
14 why do we have to build 8-foot concrete walls  
15 around such a facility?

16           Once again, I'd ask that the council  
17 put our children first. They're our future, and I  
18 oppose this location. Thank you.

19           COMMISSIONER DIBBLE: Thank you.  
20 Number 26, please.

21           MS. HASKELL: My name is Patricia  
22 Haskell. I live at 3016 North Foreman Circle,  
23 Grand Junction, Colorado, 81504. And I wanted to  
24 come tonight to talk real quickly on a professional  
25 level and on a personal level.



1           On a professional level, I'm here to  
2           ask you to issue a conditional use permit to  
3           Colorado West Mental Health. My reasons for  
4           requesting this is that one of the trains of  
5           thought you always hear is, Not in my backyard.  
6           So I want to tell why you it has to be in this  
7           backyard.

8           As a person who has worked with people  
9           with disabilities, including mental health, for 15  
10          years. I'm currently the director for Center For  
11          Indepence, where we work with all ages and all  
12          disabilities. The vast majority, and I would say  
13          98 percent of those consumers we work with are low  
14          income and no income. They have no cars, their  
15          only access for transportation is the bus.

16          People who deal with mental health  
17          issues are already -- already feel overwhelmed, and  
18          unable to cope with daily living. We have many of  
19          them call our center to ask -- to help them just  
20          navigate through the bureaucratic red tape, trying  
21          to figure out how and where to get help.

22          The site that has been chosen is on a  
23          bus route. It's close to Mesa County Health  
24          Department, the Mesa County Human Services  
25          Department, and the Work Force Center, which are

1 all the places we would assist consumers in getting  
2 help. They have that small area to go. There has  
3 to be good access to these services to get to it.

4           Now, I just want to talk with you on a  
5 personal level. I am a consumer of mental health.  
6 I've had depression all of my life. I have not had  
7 treatment at Colorado West Mental Health, but I  
8 have had it in another state at a facility like  
9 Colorado West Mental Health.

10           Throughout my life I have volunteered  
11 for Little League, been a Girl Scout leader. I'm  
12 still currently active in the community working  
13 with children. I just want to show you yet another  
14 face of a community -- of a mental health consumer.

15           Whether people -- I understand their  
16 fear, but we're all already among them, and many of  
17 our community leaders that I know personally are  
18 treated for depression. We're here, and it's only  
19 with the help of facilities that have good access  
20 like Colorado West Mental Health that people can

21 get these services and be contributing members of a  
22 society. Thank you.

23 COMMISSIONER DIBBLE: Thank you.

24 MS. SCHAEFFER: Number 27. My name is  
25 Sally Schaeffer of 3113 Hermosa. I'm here to speak

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1 in favor of this proposal. I'm also the CEO of  
2 Hilltop, stakeholders in this proposal. I'm also  
3 a mother of a mental health consumer, and a  
4 grandmother of one, and a psychiatric nurse for 40  
5 years. So I have some experience.

6 A couple things that I'd like to point  
7 out are facts that I don't think I've heard. One  
8 is we're running out of money for healthcare. For  
9 those of you who are paying for health insurance,  
10 you know that the bite out of your wallet is  
11 getting bigger and bigger. We have to start being  
12 creative with getting non-hospital-based,  
13 community-based treatment centers, and mental  
14 health is the worst funded.

15 That's why we have six stakeholders in

16 this project, and I can tell you Hilltop, for one,  
17 served 12,000 people last year. We're not going to  
18 be party to something that we think is going to  
19 provide a hazard to the community nor are any of  
20 our partners, nor have we ever in our 53 years.

21           The other thing I would like to tell  
22 you is we have actually run the facility in the  
23 community that's going to be the kids in D  
24 Building. Hilltop, in conjunction with Colorado  
25 West Mental Health, has had an ATU in the community

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1 on a campus with other dependent populations.

2           We have served hundreds of children and  
3 adolescents. I couldn't tell you what all of their  
4 problems have been or their diagnoses have been,  
5 but I can tell you, for a fact, that we have not  
6 had one single incident that's been a problem with  
7 any of our surrounding neighbors, or any problems  
8 with any of our dependent populations in the  
9 community.

10           By the way, we don't have any walls.  
11 It's an open campus. This is not an unsafe

12 situation. I've been in this business for 40  
13 years. I know mental health is a mysterious  
14 proposition and it creates fear, and I wish it  
15 weren't so, but it is. But I would heartedly  
16 encourage you to encourage this. St. Mary's is  
17 going to get out of this business sooner or later.  
18 We have got to have something. Thank you.

19 COMMISSIONER DIBBLE: Thank you.  
20 Number 28, please. Number 29, if you would be  
21 prepared.

22 MS. JOHNSON: My name is Joy Johnson.  
23 I've been under three medications. I've been  
24 taking -- I -- I can't speak very well. I've taken  
25 Apraxia, Celexa, Zyprexa, Risperdal, and now

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1 Geodon. And I know four different medications  
2 that can treat -- help treat schizophrenia, and  
3 one is Clozaril. Three of my friends that have  
4 either have schizoaffective disorder or  
5 schizophrenia are on Clozaril. That seems to work  
6 for them. Geodon seems to work for me.

7                   But I took a class called personality  
8                   at Mesa State College this last semester. One of  
9                   the books we read was called Milan and Emerson, a  
10                  purple book, and it's about personality disorders,  
11                  and the two personality disorders that I took the  
12                  most interest in is avoidance personality disorder  
13                  and schizotypal disorders. And the number one  
14                  defense mechanism for avoidance personality is  
15                  fantasy.

16                  And it says that, from what I  
17                  understand, that some people with avoidance  
18                  disability, can become schizophrenic. And what you  
19                  have to keep in mind is fantasy is kind of a  
20                  defense mechanism for some people, but there's  
21                  other personality disorders, such as narcissism,  
22                  passive/aggressive, and antisocial.

23                  And what we treat the most is bipolar  
24                  and schizophrenia, but what -- there's other  
25                  dangerous things in life besides having a mental

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1                  illness. AIDS can't be treated, and there's a  
2                  problem with promiscuity and drug abuse in our

3 society, and problems in the school system with  
4 teachers, and -- anyways, this is what I wrote.

5 I have been under the care of three  
6 doctors. It took me a while to accept and  
7 understand the mental illness I have to the extent  
8 that I do now. Fear is a huge component of mental  
9 illness. There are delusional fears, such as  
10 feeling and believing that certain groups of people  
11 are gaining up on you or conspiring against you, or  
12 that video cameras are taping you and the police  
13 are tapping your phone lines, or fears concerning  
14 God. There are some real fears, too. The fear  
15 that people will not understand who you are. The  
16 fear that they are not going to make -- that you're  
17 not going to make it through life if you have a  
18 mental illness, and finding sometimes you cannot  
19 cope.

20 At times people with mental illnesses  
21 struggle with communicating these fears, and people  
22 therefore do not understand them. I met someone  
23 with a multiple personality disorder, and I asked  
24 her what causes her to feel she has to become  
25 another person. She said stress. And people with

1 mental illness deal with a lot of stress that  
2 others don't understand.

3 COMMISSIONER DIBBLE: Excuse me, Joy,  
4 but the few minutes are up. I hate to cut you  
5 off.

6 MS. JOHNSON: Thank you.

7 COMMISSIONER DIBBLE: You did a fine  
8 job.

9 MS. HOFFMAN: I'm Julia Hoffman, a  
10 parent from Nisley Elementary. I'm here on behalf  
11 of several parents from Nisley, and in the  
12 neighborhood and on behalf of the students.

13 COMMISSIONER DIBBLE: Could I see the  
14 hands of the people that are with you? And you've  
15 spoken.

16 MS. HOFFMAN: And we have some in the  
17 other rooms.

18 COMMISSIONER DIBBLE: In light of the  
19 hour --

20 MS. HOFFMAN: I will hurry.

21 COMMISSIONER DIBBLE: If you could,  
22 consolidate.

23 MS. HOFFMAN: I will. I am opposed to  
24 the location. I am a volunteer at Nisley, and my  
25 time here tonight is not being supplemented. Our



1 school is diverse. At the meeting last July, the  
2 community asked many questions and voiced the  
3 concerns for the safety of the children in the  
4 neighborhood, in disregard to our questions the  
5 answer most repeated was, This is why we need a  
6 facility like this.

7           Concerns for the patients are noble, to  
8 have shopping close to the facility so they might  
9 -- so they can mingle in the community to prevent  
10 transportation hardships for the families who would  
11 typically commute to Pueblo; to be in a normal  
12 neighborhood so they will feel more at ease during  
13 their visits. They have thought of many things for  
14 the convenience of the patients, but in thinking of  
15 the needs of our neighborhood, I need to bring some  
16 facts up.

17           We have traffic issues on 28-3/4 Road,  
18 mainly with school children trying to cross the  
19 road to head for home. Kids walk up and down  
20 Orchard Avenue to get from home. They will pass  
21 the bus stops that the patients may be getting off

22 at. If a child says something to a patient and  
23 sets the patient off, will they do something to  
24 this child? It all depends on the frame of mind  
25 that patient is in.

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1 The freedom to let our children play  
2 without having to be on high alert for every minute  
3 of their day, we are not ignorant to the fact that  
4 the safety of our children can disappear in a flash  
5 during any day. Why should we become a magnet that  
6 attracts possible harm?

7 The ability to drop our children off at  
8 school and not have to worry about them every  
9 minute they are there. We have to trust that the  
10 school can protect our children from harm within  
11 its walls and from any outside threat. By bringing  
12 this to our neighborhood, it increases the threat  
13 to our children. The children are innocent  
14 bystanders of what us adults decide.

15 We know that there are people with  
16 mental health needs. We never opposed them getting

17 appropriate care. It is the few, the ones we have  
18 a legitimate concern about, that have us opposing  
19 this location. The ones that pose a threat to  
20 themselves and/or others. We are not  
21 discriminating and we are realistic.

22           Why are so many at this meeting in  
23 favor of the facility? The majority that I have  
24 seen are employees of the facility. I know enough  
25 people and their stories to put my guard up against

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1 a facility of this magnitude in any residential  
2 neighborhood.

3           I know a woman whom has suffered from  
4 bipolar for over 25 years, and over the 25 years  
5 they have tried for regulate medication on a yearly  
6 basis, and she is getting to a point where it's  
7 hard to regulate it. She has driven through  
8 stoplights to see if she can get caught. She has  
9 driven on sidewalks. Total disregard to the safety  
10 of anyone else.

11           I know a man who -- with manic  
12 depression decided whether he needed his meds or

13 not. The way he treated his own children on the  
14 days he did not take his meds is horrible.

15 I have a son who had lunch with a  
16 friend who had a plate thrown at him because he  
17 didn't eat the fruit on his plate. The friend's  
18 mother is bipolar.

19 Another man who is an alcoholic who was  
20 sentenced by the court to go for mandatory  
21 treatment showed up for three days. Showed up the  
22 first day and did not show up again. They have all  
23 caused harm to others, and each time a child was  
24 emotionally and/or physically hurt. There are many  
25 stories that are far worse than these. The only

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1 thing I have noticed since this ordeal has started  
2 is all the red flags that pop up every time we try  
3 to get a straight answer. Why?

4 I have to ask why was \$9 paid for a lot  
5 that was assessed at \$362,970? I have to ask why  
6 the lot just north of the Mesa County Department of  
7 Human Services was turned down. I have to ask, why

8 the lot behind Kmart, near the frontage road, was  
9 not good enough, besides, wasn't appropriate  
10 business-wise. I have to ask why you told us that  
11 St. Mary's neighborhood did not want you to set up  
12 the facility there.

13 I have to ask, again, why you couldn't  
14 locate a piece of land that was affordable in the  
15 Redlands, like you welcomed into your neighborhood.  
16 There are plenty of lots available.

17 Transportation seems to be the biggest  
18 concern. Well, we need to be concerned about the  
19 people in the neighborhoods, the children, the  
20 seniors, the citizens that have to work in these  
21 neighborhoods. We have to protect them to the  
22 most.

23 COMMISSIONER DIBBLE: Could you  
24 summarize?

25 MS. HOFFMAN: I encourage you to look

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1 at all the facts, and base your decision on the  
2 safety of every child or citizen. Thank you.

3 COMMISSIONER DIBBLE: Number 23,

4 please? Again, we appreciate the anecdotes, don't  
5 get us wrong. But anecdotes go on forever. What  
6 we need are some facts and substantiation.

7 MS. CURTIS: My name is Janet Curtis,  
8 I live at 2840 North Forest Court in Grand  
9 Junction. I'm here to support the mental health  
10 center. I am --

11 COMMISSIONER DIBBLE: Excuse me just a  
12 second, Janet. We're re-setting our recording  
13 device. Okay.

14 MS. CURTIS: I am a board member of  
15 Colorado West Mental Health, as well as a board  
16 member of several local consumer and family  
17 organizations, including the Grand Junction  
18 Alliance for the Mentally Ill, which incidentally,  
19 is not the same as the National Alliance for the  
20 Mentally Ill, Colorado Chapter, who never talked us  
21 to us before they wrote the letter.

22 I have worked primarily with families,  
23 and I also work with consumers of mental health. I  
24 work with families in several different counties on  
25 the Western Slope. The new mental health center

1 will provide for families who have children with  
2 mental health and behavioral issues. A  
3 comprehensive and coordinated set of service,  
4 unlike anything that we've seen before. It will  
5 also increase our capability to serve very young  
6 children.

7                   This is important because having raised  
8 a step-grandchild with several, at least, mental  
9 health diagnoses, what it does to a family in the  
10 community is very serious. The more comprehensive  
11 the care is, that's fairly easy to understand. The  
12 more coordinated the care is creates less expense  
13 to the system, and also better outcomes at the same  
14 time.

15                   I am also an anti-stigma educator, and  
16 I must state that I am very sad for the things that  
17 are happening in the valley at the current time.  
18 Mental illness is a neurobiological brain disorder;  
19 it's not a character flaw. I believe our community  
20 will be safer because we have this facility.

21                   I could not agree more with the people  
22 that said put kids first and put our children  
23 first. That was two different people that said  
24 that. I believe we will be putting all the  
25 children first when we have a comprehensive campus

1 to serve people with those needs.

2 Colorado West strives to deliver more  
3 and deliver a higher level of care. We are working  
4 hard at the board level to create rehabilitation  
5 and recovery services. In this day and age, we  
6 don't just send people to state hospitals; that's  
7 the way it used to be. The best practices will  
8 tell you that that's not always the best way to go.

9 I want you to know that Colorado West  
10 Regional Mental Health is striving to give the  
11 citizens of this area the best services possible.  
12 And I'll be the first to say we're not perfect, but  
13 we are working at it as hard as we know how. I  
14 believe innocent people will be in harm's way if we  
15 don't have the center and high level of care.

16 I believe people need to be careful  
17 when they say most of her statements are true. I  
18 personally had a lot of police called at my own  
19 house, and I do live right off D Road near the  
20 Regional Center, but I also was a therapeutic  
21 foster parent raising children with mental illness.  
22 I think if you ask the schools, if you're going to



23 get police and ambulance reports, please get them  
24 from the schools too, because they're there.

25 COMMISSIONER DIBBLE: Could you

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1 summarize?

2 MS. CURTIS: All right. I couldn't  
3 agree more with the gentleman who is associated  
4 with Little League that said it's a great place;  
5 it's fun place. I must remind you that  
6 discrimination laws do exist, and our people  
7 deserve a fun place and a great place, too,  
8 especially our children.

9 The traffic concern, if there's 250 to  
10 1,000 people at the Little League field, I believe  
11 will be much less than what the Little League  
12 creates. And theirs is usually in the evening, but  
13 I'm not absolutely certain of that. So in closing,  
14 I ask you and everybody in the audience, if someone  
15 in your family has a mental health need, how would  
16 you want them served? In a facility like this or  
17 something pushed away? Thank you.

18 COMMISSIONER DIBBLE: Thank you.

19 Number 31, please.

20 MS. CLEMENT: My name is Ovella  
21 Clement. I reside at 523 Sarah Lane in Clifton.  
22 I'm a 26-year-old, single mother of a 5 year old  
23 that attends Kinder Haus Daycare and in the fall  
24 will be attending Nisley Elementary. I am against  
25 the proposed area that is going to be suggested for

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1 Colorado West Mental Health.

2 I would also like to say, though, that  
3 I currently work in the mental health and human  
4 services field. I may not as of tomorrow, but I've  
5 worked for over five years now. I've worked with a  
6 variety of people that have been really great that  
7 have had mental diagnoses, that have had their fair  
8 share of problems but have come through it. I've  
9 also worked with people that have suffered some  
10 really traumatic things in their life, and as a  
11 result, some really bad things have happened.

12 Currently there are some facilities  
13 here in the Grand Valley that -- surrounding the

14 Grand Valley that offer mental health service and  
15 are what's called RTC, resident treatment centers.  
16 However, the key word is surrounding.

17 I did work for Hilltop at one point,  
18 and there is a facility out in Fruita. I was asked  
19 why that facility was placed out there, and I was  
20 told for the safety of the community. And those  
21 people that resided there eventually -- when they  
22 completed treatment, they were allowed back in the  
23 community, and they had proved themselves they  
24 would be safe to the community.

25 This neighborhood that has been

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1 proposed for is constantly full of children and  
2 families, I, for one, because I do work in the  
3 human services and mentally challenged field, I am  
4 not going to be comfortable with some  
5 psychiatrist's or doctor's word that everything is  
6 going to be all right, you don't have to be  
7 worried.

8 I have been assaulted, and I have seen  
9 the rages of clients or consumers -- as you call it



5 goes through, the places like Grand Mesa Little  
6 League, Texas Roadhouse, Fun Junction are no longer  
7 going to be places of fun and safety for children  
8 and their families. These people could go  
9 elsewhere, and even at the end the children could  
10 go to places that are not safe and end up in  
11 trouble or in danger.

12 In closing, I want to say I'm not  
13 against a new facility at all. I'm against the  
14 proposed location of it. A local news station here  
15 in town always does put children first, but I think  
16 if we put this facility at that location, we are  
17 not doing that. I'm almost done.

18 I have to worry about my son and the  
19 morals that I'm teaching him. I don't think I  
20 should have to worry about the possibility of  
21 somebody that is off their medication having a  
22 psychotic episode around my son's school.

23 By human nature, I am supposed to  
24 protect my child and I have a legal obligation to  
25 do so, also. As a member of this community, I ask

1 you today to think of the future members of this  
2 community and vote no just to the location, not the  
3 facility itself. Thank you.

4 COMMISSIONER DIBBLE: Thank you.  
5 Number 32? Number 33?

6 MR. HIGGINS: Joe Higgins, 140 West  
7 Kennedy. I'm actually speaking on behalf of the  
8 Mesa County Advisory Board for Youth Services,  
9 appointed by the county commissioners and chief --  
10 the chief Judge Buss. I've got a letter to  
11 present.

12 I've just got one major thing, besides  
13 all the other things. Like I said, I'm in favor of  
14 the facility at this particular location on the  
15 fact that we need it here in Mesa County. One  
16 issue that's really important to those of us that  
17 work in juvenile justice field is the substance  
18 abuse detox for adolescents. We don't have that,  
19 never had it. This facility would allow for that.  
20 That's going to really make a big difference in  
21 dealing with young people, with adolescents -- with  
22 under-aged drinking problems here in Mesa County.

23 Another issue, briefly, quickly, from  
24 my position as director of Mesa County Partners  
25 Program, we have a building that is directly next

1 to one of these facilities operated now by Colorado  
2 West Mental Health, and we've been working there  
3 for 17 years and we have not had any problems.

4 We have over 1,200 children a year come  
5 through our program, and had no problems with the  
6 clients from the area youth facility, in addition  
7 to the facility operated by Colorado West Mental  
8 Health. They actually have helped us avoid several  
9 crimes, and they've reported crimes where the  
10 inmates -- not the inmates, the clients have seen  
11 people doing damage to our property, and have  
12 called the police for us. So that's all. Thank  
13 you.

14 COMMISSIONER DIBBLE: Thank you. 34?

15 MR. MOBLEY: My name is Bill Mobley. I  
16 live at 2994 Bret Drive, Grand Junction. I'm a  
17 mental health consumer through family and friends.  
18 I've adopted -- we adopted a boy when he was 4  
19 years old, and he's now 10. We've kind of been  
20 through the mill with this fellow, but Colorado  
21 West has been here to help us out throughout the  
22 whole ordeal.

23 We're for this proposal for an

24 adolescent and juvenile treatment center, simply  
25 because we are personally involved in it. Our son

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1 now is in a treatment center in Rifle. This is our  
2 second RTC that he's been involved with. The first  
3 one was in Denver, it was Colorado Christian.

4           These places are -- they're built in  
5 neighborhoods. There's no walls around them.  
6 There's no problems. Most of the people don't even  
7 know that they exist. They think they're just a  
8 school. They're well staffed, well managed, well  
9 taken -- the people are well taken care of in  
10 there. The staff-to-student ratio -- or patient  
11 ratio in there is generally no more than five.

12           I'm assuming that Colorado West will do  
13 the same here. Very nice facility, very well  
14 organized, it looks like, but this area definitely  
15 needs some adolescent and pre-teen and teen-age  
16 RTC-type center. Thank you.

17           COMMISSIONER DIBBLE: Thank you.  
18 Again, we're approaching the time we will take a  
19 break. I'm going to try to get as many as you can



20 speak before the break. If the break is essential,  
21 let us know. But -- number 35, please? Number 36?  
22 Number 37? Again, brevity is a byword when it gets  
23 to this time of night. Do you have a card you can  
24 put in the basket? Thank you.

25 MR. SYLVESTER: Thank you. My name is

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1 Tom Sylvester, 925 20 Road. I would like to thank  
2 Number 37 because it's as important as number 7 to  
3 you folks, but I will try to be brief.

4 I would like to tell you about three  
5 people. Franklin George Sylvester, Jr.; born on  
6 the family farm in the San Luis Valley; went to  
7 college at Colorado University as a civil engineer;  
8 served as a naval officer during World War II;  
9 returned to the family farm to help run it after  
10 the war; raised a family; served in the community  
11 on the school board; headed the potato co-op, et  
12 cetera. He loved life; he loved his family; he  
13 loved the community.

14 In 1963, he had a chronic depression.

15 At that time mental health was poorly understood,  
16 facilities were nonexistent. In six months, he  
17 committed suicide. He was 49. He was my father.

18 Tad Osborn Sylvester; raised on the  
19 family farm in the San Luis Valley; he was a star  
20 athlete; straight A's in high school; was a  
21 valedictorian; was awarded the prestigious Sparrage  
22 Scholarship for attending college; graduated from  
23 Colorado University; served four years in the  
24 United States Coast Guard; returned to Colorado in  
25 1974; was diagnosed with bipolar disorder;

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1 facilities were getting a little bit better, but  
2 not much. Within nine months, he committed  
3 suicide. He was 30. He was my brother.

4 Michael Scott Sylvester, a brilliant  
5 young man, who you heard earlier. He has suffered  
6 with periodic bouts of depression since he was 15;  
7 was just diagnosed this last winter with paranoid  
8 schizophrenia. The family spent the last five  
9 months -- it's hard to explain the anguish --

10 trying to keep a young man alive. Thanks to the  
11 facilities that we do have, he is alive today.  
12 He's 23, and he's my son.

13 I know you folks have a heavy burden.  
14 If you approve this facility, there could be the  
15 oddballs of chance -- there is no 100 percent  
16 guarantee -- that somebody could get hurt. That  
17 would be outrageous. But where is the outrage of  
18 the next suicide in this community, or the one  
19 after that, or the family that's torn apart because  
20 of an untreated mental illness.

21 I urge you, please, approve this  
22 facility so that no other family or no other  
23 individual would have to suffer for inadequate or  
24 insufficient mental facilities. Thank you.

25 COMMISSIONER DIBBLE: Thank you, very

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1 much. Number 38, please.

2 MS. DRESSLER: My name is Brandi  
3 Dressler. My address is 2004 North 12th Street  
4 here in Grand Junction. I work as a behavioral  
5 health professional. I'm in private practice. For

6 those to whom it's important, I don't work for  
7 Colorado West. I deal with a daily basis on access  
8 issues for clients seeking treatment services.

9           The building that I happen to work in  
10 also houses the program that does treat sexual  
11 perpetrators here in Grand Junction, which is  
12 within less than a city block of many, many  
13 residential neighborhoods, schools. I doubt that  
14 many people even know that the facility exists in  
15 the center of Grand Junction.

16           Sexual perpetrators are mandated to get  
17 treatment, and there are a lot of people that  
18 follow through with making sure that they get the  
19 treatment that they need. Mental health clients in  
20 many cases are not mandated to get treatment, but  
21 some of them so desperately need that treatment.

22           It's not the people that are in  
23 treatment that's a big concern to me as a provider  
24 and as a person in the community, it's the people  
25 who are not in treatment, and anything that makes

1 it easier and less hassle, I guess, for lack of a  
2 better phrase, anything that makes it easier for  
3 people to get treatment has got to be considered,  
4 and I do think that it supports public safety.  
5 It's not the people in treatment, it's the people  
6 that don't get treatment that's of concern.

7 As a mother, a public volunteer, as  
8 a treatment professional, I ask that you support  
9 the request to have this facility placed. Thank  
10 you.

11 COMMISSIONER DIBBLE: Thank you.  
12 Number 39 is coming forward. We will try to get  
13 number 40 in before we take a break.

14 MR. ERVIN: I'll be short, but it's  
15 nice to be speaking at this time of the evening, as  
16 most everything has already been discussed.

17 COMMISSIONER DIBBLE: Yes.

18 MR. ERVIN: My name is Michael Ervin,  
19 2860 Elm Circle. That's part of Elm Avenue that is  
20 immediately adjacent to the proposed facility, so  
21 this is definitely in my neighborhood, and I'm  
22 speaking very strongly in favor of the facility.

23 Most of the reasons why I agree that  
24 this facility is good and I don't have a problem  
25 with the location have already be discussed, so I

1 won't get into that.

2                   However, there are two things I would  
3 like to quickly go over, and they have to do with  
4 some material that was contained in a letter to the  
5 editor, which was published in one of our daily  
6 newspapers last Thursday, May 20, which definitely  
7 concerned me. Actually, the person who wrote it  
8 has already spoken and left, but I think we need to  
9 discuss it.

10                   The entity says, quote, People who have  
11 contacted me say they work with arsonists, thieves,  
12 rapists, pedophiles, child abusers, drug addicts,  
13 alcoholics, and even convicted murderers. They  
14 tell of numerous incidents where patients have gone  
15 ballistic and they don't have the proper security  
16 to help subdue the patient. They speak of how the  
17 counselors, mostly women, work in fear. These  
18 people say that our neighborhood will be constantly  
19 at risk and subjected to out-of-control behavior.

20                   Who really are these people and, for  
21 that matter, do they even exist? My feeling is  
22 that unless and until these people who supposedly  
23 contacted this person actually come before this  
24 commission and give first-person testimony, that

25 it's really nothing more than unsubstantiated

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1 hearsay, and really is of no value at this point.

2 In the same letter this person also  
3 says, quote, In addition, I can assure everyone  
4 that 99 percent of Nisley parents strongly oppose  
5 this facility being put down the street.

6 I happen to come from a professional  
7 background of very sophisticated market research,  
8 and I can tell you that the degree of specificity  
9 that this person indicates can only be ascertained  
10 by the implementation of a comprehensive written  
11 survey and/or documented first-person interviews,  
12 among a statistically valid sample of Nisley  
13 parents.

14 To verify the accuracy of this claim,  
15 the commission should request a copy of the  
16 research from the writer before giving any credence  
17 whatsoever to its supposed veracity.

18 It's really about all I have to say,  
19 except the fact I'm sort of embarrassed because I

20 was not aware of the neighborhood advisory board  
21 that Dr. Updike discussed, and that's my fault, not  
22 Colorado West, and I would publicly right now  
23 indicate to Dr. Updike that I would be more than  
24 proud to serve on the neighborhood advisory board  
25 to represent my neighborhood. Thank you.

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1 COMMISSIONER DIBBLE: Thank you.  
2 Number 40, please? We will say number 41 is number  
3 40, before we take and break, and then we'll take a  
4 break. Number 41, please. We will take a break.

5 (Off the record).

6 COMMISSIONER DIBBLE: I'd like to begin  
7 by calling us back to order. I would like to call  
8 Number 42, I believe it is. Again, I don't want to  
9 cut anyone short, but if something has been said  
10 and it's maybe an anecdote, but we are looking  
11 again for facts.

12 MS. BELDEN: I'm Shirl Belden, and I  
13 live at 610 Landon Court. I would like to start  
14 by saying I totally support this facility in the



15 location of which it is proposed. And I would like  
16 to state for the record I receive no benefit from  
17 this, monetary or otherwise.

18 I'm making these statements voluntarily  
19 because I believe in the services we're offering,  
20 and my background is simply that I've worked in  
21 human service for the last 18 years and I  
22 volunteered in mental health, both in juvenile area  
23 and adult area, with families and consumers for the  
24 last 15. So I speak with some knowledge.

25 One of the things that I am concerned

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1 about at this point is that perhaps some things  
2 that have been taken as fact may indeed be  
3 innuendo, and things that have been quoted -- I'm  
4 concerned about this -- it was my understanding the  
5 letter that was sent earlier to the council was  
6 withdrawn by a former employee of Colorado West.

7 If that is so, I guess my questions  
8 remain for -- it was quoted here earlier this  
9 evening by a gentleman for people who are inside  
10 sources or these people who have given information.

11 I would appreciate having the facts from that.

12 The facts as I know them is that the  
13 families I have worked with at Colorado West Mental  
14 Health and other mental health facilities have not  
15 posed a danger to the community, to the elementary  
16 schools around the Colorado West facilities, or the  
17 students in the middle schools or the neighborhood.

18 My fear is for the untreated  
19 individuals here in our valley that are not  
20 receiving any treatment. I believe that some of  
21 the things that are being attributed to persons  
22 with mental health issues may be untreated folks,  
23 and this facility will provide that.

24 My other concern is that not all people  
25 need to be hospitalized, and many of the things

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1 that we are concerned about here and talking about  
2 tonight are folks who would be hospitalized, but  
3 would not be appropriate for this facility anyway.  
4 I believe it's been well researched, I believe that  
5 most of the questions have been answered, and those

6 that haven't will be.

7 My position in working with kids in the  
8 criminal justice system, those in community  
9 corrections, and those with mental health issues is  
10 community safety. I believe it's being put first  
11 by offering a facility that brings all of these  
12 resources together: Colorado West Mental Health,  
13 Hilltop and the Department.

14 The reason I support it at the location  
15 it's at is that it's close to the Health  
16 Department, close to the Department and to other  
17 services these folks will need.

18 COMMISSIONER DIBBLE: I hear a buzzer,  
19 if you could summarize, please.

20 MS. WELDON: I will just say that I  
21 hope that you look at what is fact and what has  
22 been quoted by unknown sources. I see a lot of  
23 cheap shots sometimes in the -- you said it -- in  
24 the Sentinel, and I hope we don't use any of those  
25 types of things here to make your decision tonight.

1 Thank you for taking so much time for this.

2 COMMISSIONER DIBBLE: Number 43,  
3 please? Number 44? Number 45?

4 MS. PISCIOTTE: My name is Anita  
5 Pisciotte. I live at 2185 Granite Court in Grand  
6 Junction. I also am the director of Mesa  
7 Developmental Services. We also serve a very  
8 vulnerable population. We also face great public  
9 opposition, but we try to find appropriate places  
10 for our citizens to live in their community as  
11 well.

12 We also happen to be a neighbor of  
13 Colorado West. They're right across the street  
14 from us. And we have had some security problems in  
15 our building, but they have never come from mental  
16 health, it's been from citizens in the community  
17 who are not under mental health's auspices. We  
18 also will be a neighbor of the new facility. We  
19 have a group home very close to there with eight  
20 very vulnerable individuals.

21 We think the presence of a 24-hour,  
22 seven-day-a-week staff program will also add  
23 greater security to the whole neighborhood. We've  
24 had a lot of trouble in the neighborhood we live  
25 in. There have been a lot of concerns that we even

1 had a murder across the street, and these are not  
2 people with mental illness who are being served by  
3 the mental health system.

4 I think it's been said before that the  
5 danger comes from people who are not identified and  
6 treated, not people who are staffed 24 hours, seven  
7 days a week, and are getting the appropriate  
8 treatment. And I think people in neighborhoods  
9 where we have placed group homes would agree. I  
10 think we've initially faced a lot of opposition and  
11 fear.

12 People are afraid of what they don't  
13 know and don't understand. When we're in the  
14 neighborhood, they finally find we're pretty good  
15 neighbors, and don't decrease property values, and  
16 don't present risks to people in the community.  
17 We, like people with mental health issues, often  
18 are the victims. I also want to push that we  
19 really need these services in this community.

20 In tight budget years, we need to be as  
21 efficient as we can, consolidating services at one  
22 location that are convenient to the people being  
23 served are critical. And I would urge your support  
24 in this application. Thank you.

1 much. Number 46, please.

2 MS. PEARSON: My name is Margaret  
3 Pearson. I live at 630 Broken Spoke Road. I am  
4 definitely for the center and this location. I'm  
5 also director of Building Generations, and I work  
6 at Partners, and I do life skills training with the  
7 kids in the restitution program and the  
8 minors-in-possession program. We desperately need  
9 substance-abuse treatment for adults as well as our  
10 youth, and the possibilities that this offers is  
11 phenomenal.

12 And I think that so many of the points  
13 that have been made tonight are points I would have  
14 wanted to make, so I will skip over a lot of what I  
15 was going to say. So I will say instead let's  
16 really celebrate the opportunity that we can offer  
17 this kind of treatment in our community, and let's  
18 really celebrate the intra-agency cooperation that  
19 we have. Mesa County is very unique to this.

20 And the thing I will close with is

21 there is a man named Richard Florida, who is doing  
22 a study on successful economic development in  
23 cities. And on all the ones that are successful,  
24 they have three common traits. And those traits  
25 are talent, technology and tolerance. And I really

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1 hope to see that our community has all of those.  
2 Thank you.

3 COMMISSIONER DIBBLE: Thank you.  
4 Number 47, please?

5 MS. HEFNER: My name is Sarah Hefner.  
6 I live on 2030 North 26th Street, Grand Junction,  
7 Colorado 81501. I'm probably the youngest one  
8 going to be up here tonight. I'm only 16 years  
9 old. I am -- I have extreme depression. I've  
10 gone in and out of foster homes all of my life, or  
11 most of my life, and have been part of Colorado  
12 West. I do not work there. I've -- some of my  
13 family does.

14 But I've been in and out of there for  
15 counseling and other things throughout my life.

16 And if we move this place out where there's not a  
17 lot of the community, it's going to be extremely  
18 hard for foster parents and foster homes to  
19 transport kids out there just for counseling or  
20 whatever they need. It will also be hard for  
21 adults that don't drive or don't have any source of  
22 transportation to go out there. So I am for this  
23 proposal of moving the building where it's at.  
24 Thank you.

25 COMMISSIONER DIBBLE: Thank you.

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1 Number 48? Is this number 48? I guess it wasn't.  
2 Number 49, please? Number 50?

3 MS. VISCONTI-CLOW: My name is Jodie  
4 Visconti-Clow, 579-1/2 Fairfield Court, and I am  
5 with Grand Mesa Little League, but I'm not going to  
6 say that I'm speaking on behalf of everyone there.  
7 I do have petitions. A petition here that's been  
8 signed by over 200 people.

9 COMMISSIONER DIBBLE: We have it in  
10 evidence.

11 MS. VISCONTI-CLOW: Okay. I have to



12 start by saying that I am very proud to be in a  
13 community where there is so much interest in this  
14 that, you know, I'm very proud to see so many  
15 people here tonight, and sharing that, and I  
16 appreciate your time for listening to us.

17 One of the concerns that I have is  
18 that questions have been asked regarding the safety  
19 of the children in the area of the facility.  
20 Mr. Papin, Mr. Oleskevich, Dr. Stein, and  
21 Dr. Updike have given conflicting information in  
22 the articles that I have read and reviewed, all of  
23 them I've gone back to.

24 And the issue that is particularly  
25 concerning to me as a board member, as a coach, as

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1 a parent involved with the Little League, is the  
2 issue of the sexual offenders and the convicted  
3 felons.

4 I still came to this meeting tonight  
5 hoping I would know the answer, whether or not they  
6 would be -- what that -- what that would be, how

7 they would be housing those individuals, how they  
8 would be treating those individuals, and I still  
9 don't have a clear answer as to that.

10 I think it's kind of being passed over.  
11 I think it's being disregarded a little bit. The  
12 law requires convicted sex offenders to register  
13 with local law officials as soon as they move to a  
14 community so that neighbors, schools and law  
15 enforcement may be made aware of such individuals  
16 in order to protect its citizens. If we are not  
17 aware of them, we can't protect our children.

18 I want to read a little paragraph for  
19 you. This is a parents' guide to Little League  
20 Child Protection Program. So you know, we conduct  
21 background checks on any person involved with the  
22 children at our Little League, whether it is a  
23 coach, a team mom, manager, board member, anybody,  
24 we conduct a background check. We go to the extra  
25 expense to do that.

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1 The backbone of Little League baseball  
2 is the adult volunteer. One million strong, it is

3 the core of the dedicated people who coach teams,  
4 umpire the games, work in the concession stands,  
5 serve on local board of directors, and serve at the  
6 district level. These people who live in every  
7 U.S. state and more than 100 other countries make  
8 Little League the world's largest and most  
9 respected youth sports organization.

10 We know that the greatest treasure we  
11 have is children. As adults, we must ensure that  
12 these young people are able to grow up happy,  
13 healthy and, above all, safe. Whether they are our  
14 children or the children of others, each of us has  
15 the responsibility to protect them.

16 On a local issue, I just want to say,  
17 Grand Mesa Little League is more than just a ball  
18 field, it's a community of family and friends who  
19 have been volunteering their time -- I'm almost  
20 done -- for more than 40 years to provide for the  
21 needs of the children throughout this valley.

22 We ask these tough questions -- they're  
23 not pleasant by any means -- we ask these tough  
24 questions regarding safety and wellness of children  
25 because we owe it to the 700 children who are

1 currently registered in your program and the many  
2 more who come through our program.

3 We promise them a safe, fun and  
4 protected environment. We're asking questions to  
5 make sure we can keep our promise to them and to  
6 their families for now and years to come.

7 I would like to again reiterate, I am  
8 not opposed to this facility at all. I am opposed  
9 to the location. So I appreciate your time very  
10 much. Thank you.

11 COMMISSIONER DIBBLE: Thanks. Number  
12 51?

13 MS. RICE: Hello. Thanks for your  
14 patience. My name is Diann Rice. I live at 2075 J  
15 Road in Fruita. I am here to address you as  
16 president of the League of Women Voters of Mesa  
17 County. As full disclosure, I also have to say I  
18 work for the Department of Human Services, and I do  
19 serve on the board of Colorado West. But I'm here  
20 representing the League of Women Voters of Mesa  
21 County.

22 We have studied this issue. We have  
23 four positions, and all -- we have chosen to  
24 support this facility in this location. We have  
25 studied it based on our positions. We have a

1 position on expanding access to healthcare, a very  
2 strong position on public safety, we have a  
3 position on nondiscrimination, and we have a  
4 position on -- a local position on smart growth.  
5 From all of our positions, we support this facility  
6 and the location.

7           The one piece that hasn't been  
8 addressed is the smart growth. This proposed  
9 location does fill in the community, take vacant  
10 land within the community and develops it, rather  
11 than promoting some kind of sprawl to someplace  
12 else. So we do support it from that position also.

13           Let me just say, I believe it's time to  
14 allow people with mental health -- mental illness  
15 to come into the light and be treated in the light  
16 and not be afraid to be treated in the center of  
17 our community anymore than people who wear a hat  
18 because they've had chemotherapy are stigmatized  
19 anymore. So we need to allow people to be treated  
20 in the open. Thank you, very much, for your time.

21           COMMISSIONER DIBBLE: Thank you.

22 Number 52, please? Again, I appreciate you all  
23 being brief. The hour is close that we're going  
24 to have to talk about this as the commission to  
25 see what the future might hold for this evening.

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1 MR. BENCH: I don't know about you,  
2 but it's past my bedtime. My name is Ken Bench.  
3 I reside at 2869-1/2 Elm Avenue. I am representing  
4 the neighbors, the Foxes and the Overmeyers, and  
5 they will -- and some others that live across the  
6 street. And our property is within a stone's  
7 throw.

8 It's not -- it's not we're here to  
9 visit at the ball fields. If this is proposed, we  
10 live with it -- or if this is agreed upon, we live  
11 with it every day, so I'm going to come at you at a  
12 little bit different angle. Not to say anything, I  
13 think the facility is needed, but it's going to  
14 pose some problems. Those problems are going to  
15 deal with traffic.

16 Now, Mr. Peterson in his planning -- I  
17 don't know when they did this, but 28-3/4 Road has

18 only one lane going south. It has a turn lane onto  
19 North Avenue that goes -- goes left and goes east.  
20 There's only one turn lane that goes across to  
21 Wal-Mart or exits to the light.

22 So you've got a problem there because  
23 -- of twofold. Number one, you've got increased  
24 traffic, because 28-3/4 Road is not a through  
25 street. Those side streets are going to be

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1 affected, Elm Avenue. And I notice on the drawing,  
2 and I have no idea where it went, the last drawing  
3 I saw last July showed Bunting Avenue coming into  
4 this property. So I would like to know -- I would  
5 like to ask when that was changed, and why it's not  
6 being shown now.

7 28-3/4 Road, if this facility is built,  
8 the ballpark is still going to be there. Guyton's  
9 Fun Junction is still going to be there. I want to  
10 know where they are going to park. It might not be  
11 a problem, you might not think it's going to be a  
12 problem, but it is going to be a problem.

13                   Because if that parking lot is a  
14                   secured parking lot, those people that park at  
15                   Grand Mesa Little League, which are parking now in  
16                   that vacant lot, are going to have to have a place  
17                   to park. They're going to do so up and down that  
18                   street, up and down 28-3/4 Road or Elm Avenue,  
19                   wherever it goes. You've got a problem on that. I  
20                   don't believe that's safe, just from that  
21                   standpoint.

22                   Now, I think it's also a bit unfair.  
23                   There's been some pot shots taken at the  
24                   neighborhood, and the letters to the editor, and I  
25                   don't think that's quite fair that we should be put

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1                   under scrutiny, and told that our opinions don't  
2                   matter, that we should just accept it. And I don't  
3                   think that that's right.

4                   Number one, the facilities that  
5                   Colorado West Mental Health now have will still  
6                   continue to function, if it's not built at 28 3/4  
7                   Road. They'll still have the services to provide  
8                   for. But our neighborhood changes forever if it



9 is -- if it's built there.

10 So we have to deal with that. We have  
11 to deal with the problems. And I think that we do  
12 have that right to state our opinions, and not be  
13 ridiculed or scrutinized. Now, some may be a  
14 little more vociferous than others, and may be a  
15 little more blatant than others.

16 But I find it odd from Mr. Updike and  
17 Colorado West Mental Health that they would send  
18 out the notice to the neighborhood advisory  
19 committee, and for that committee to be formed one  
20 week before this meeting, not a year ago, when the  
21 neighborhood meeting was being planned or proposed,  
22 did they suggest to have a neighborhood advisory  
23 committee, but one week ago from this meeting.  
24 That strikes me a little bit odd.

25 In the neighborhood meeting that was

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1 held last July, we were told that our -- that real  
2 estate values wouldn't differ. That's wrong; they  
3 will. They may not drop, but they will not grow at

4 the rate of increase that other properties will  
5 around Grand Junction, and I've checked with five  
6 Realtors, and they've given me the same answer.

7 The -- I think the last one is if we  
8 are losing funds, and they are closing facilities  
9 because they just told -- they just said tonight  
10 that those facilities are closed at some of their  
11 campuses now, what makes them think they're going  
12 to be able to operate a \$10 million facility  
13 without the funding? Who is going to pay for that?

14 I can tell you we're going to pay for  
15 it, you and I, the taxpayers of the city, of the  
16 county, of the state. We're going to pay for it.  
17 We're going to pay for any overages that are taken  
18 care of.

19 And according to their own newspaper  
20 article, or an article in the newspaper, I will not  
21 say it's their own article, but according to their  
22 own sources, they only have \$1.89 million toward  
23 that proposed \$10 million budget. Where is the  
24 other money going to come from?

25 And last, but not least, the statement

1 from -- I believe her name is Dawn, I hope I got  
2 that right, Dawn from the Mesa County facility,  
3 Mesa County jail facility -- I'll wrap it up, I  
4 hear that buzzer -- the people in that -- people  
5 that suffer from drugs and addiction to drugs and  
6 alcohol do commit crimes, don't know what rate, but  
7 she says there are more crimes of survival and  
8 convenience.

9 We already have -- you know, we've only  
10 lived in the neighborhood, my wife and I, about  
11 eight years. We never had a problem with the Post  
12 Office boxes until the shelter that is across the  
13 street at North Avenue was created. And I have  
14 nothing against that.

15 COMMISSIONER DIBBLE: Sir, I'm going to  
16 ask you to summarize.

17 MR. BENCH: I will, I will. We have  
18 noticed an increase in mail being scattered from  
19 the mailboxes, we've had to alter the way our mail  
20 is delivered. I understand that that would mean  
21 break-ins, and that's all I'm going to say. I can  
22 see it.

23 COMMISSIONER DIBBLE: Thank you.

24 MR. BENCH: I appreciate the time.

25 COMMISSIONER DIBBLE: We're not talking

1 mailboxes tonight, I'm afraid, but I can  
2 understand.

3 MR. BENCH: I know that you don't have  
4 an easy decision. I don't want to be in your  
5 shoes. Thank you for the time.

6 COMMISSIONER DIBBLE: Number 53, please?  
7 We'll take two more and we'll hold for a  
8 discussion. Number 54?

9 MS. WAITE: My name is Christina Waite,  
10 2390 Appleton Drive, Grand Junction. I do not  
11 receive any benefit from talking tonight, except  
12 for I feel like I'm stating my opinion, and  
13 teen-agers often aren't heard, so I felt it  
14 necessary for me to talk.

15 I'm 18 years old. I know most of you  
16 think our generation to be naive, but this subject  
17 touches me because I do more than five volunteer  
18 projects, and most of them work with handicapped,  
19 mentally ill, all sorts of problems that have been  
20 addressed tonight. And I've learned from a very  
21 young age that unless you know someone, you cannot  
22 judge them. I know everyone has been taught that.

23 And people that are talking today are saying that  
24 these people might hurt their children.

25 Have they ever talked to these people?

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1 They don't know them. They don't work with them.  
2 They don't spend time with them, and I have. The  
3 majority of the people coming in this facility will  
4 either be police escorted in a lock-down situation  
5 or they will be volunteering to come to get help  
6 for their mental illness, and it's voluntary. So I  
7 don't see what the problem is.

8 There was a man who was representing  
9 his neighborhood that said two disorders that are  
10 very common and that he thought would scare the  
11 majority of the children or whatever. When he  
12 described the first one, it described teen-agers.  
13 Are you guys going to lock us up and not allow us  
14 in the neighborhoods? Sorry to joke around, but  
15 that's serious.

16 We have authority problems, you know,  
17 we have fits and rages, but you guys deal with us.  
18 So I just want you guys to think about that, and I

19 just wish that we did have more time so all of you  
20 could volunteer at the Oasis Clubhouse and see the  
21 people that have recovered from their mental  
22 illnesses, and it's because of facilities like  
23 this. They affect me.

24 I'm very good friends with them, and I  
25 wish everyone could see that as I do. Thank you

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1 for your time.

2 COMMISSIONER DIBBLE: Thank you,  
3 Christina. Number 55? And then we will take a  
4 break, a small break.

5 MR. DEWESTER: My name is Jay DeWester  
6 from 445 32-1/8 Road, Clifton, Colorado 81502.  
7 Actually, not a 2 at the end, sorry. What I have  
8 to say is I'm for this because I feel, as someone  
9 that used to use their facilities, I think it will  
10 help people in the long run, instead of people  
11 searching all over town for what they need to help  
12 them in -- I mean, with the skills to cope in  
13 society. I also feel that --

14 COMMISSIONER EVANS: Take a deep breath  
15 and relax. We're not bogeymen up here.

16 MR. DEWESTER: I know. I'm just real  
17 nervous. Where was I?

18 AUDIENCE MEMBER: Just picture them in  
19 their underwear. It will make it easier.

20 MR. DEWESTER: I know that feeling. I  
21 also feel that if we go through with this, we can  
22 prevent what happened in Rifle and at Columbine. I  
23 think we be -- would be good for the city as it  
24 will be creating more jobs and better places to  
25 serve the mentally ill. Thank you.

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1 COMMISSIONER DIBBLE: I think that was  
2 a new experience for you. That was a start.  
3 Public speaking is not easy, no matter who you are.  
4 Thank you, very much.

5 MR. DEWESTER: You're welcome.

6 COMMISSIONER DIBBLE: You'll notice I  
7 didn't gavel down the applause. Number 56, please,  
8 and then we will break.

9 MR. DEWESTER: I'm his dad. I live at

10 the same place, 445 32-1/8 Road. My name is Kelly  
11 Dewester. And I just -- I don't know. A lot of  
12 things have been covered tonight. I've taken some  
13 notes throughout the meeting, and so this is pretty  
14 much what I've got to say.

15           The mentally ill attend your public  
16 schools, they eat at your restaurants, work with  
17 and for you. The danger of being incriminaled  
18 (sic) by a criminal is less than at your nearest  
19 bar or liquor store. We don't stop hospitals from  
20 locating in our neighborhoods. Mentally ill people  
21 need treatment and emergency service close at hand,  
22 and have the same right to these services as do the  
23 physically ill.

24           That no neighbors participated in the  
25 neighborhood advisory council only highlights the

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1 fear and lack of knowledge of the mentally ill by  
2 the general public.

3           In general, ordinary people are more of  
4 a threat to the mentally ill than the other way



5 around. If you don't think so, go to your local  
6 school and watch how the regular ed students treat  
7 the special ed kids. The treatment of these kids  
8 in La Junta at Colorado Boys Ranch is done in  
9 conjunction with the entire community, as a  
10 partnership, successfully. St. Mary's medical  
11 treats pedophiles and cons, and unless they are in  
12 police custody, they are released directly back to  
13 the community. My son is a consumer, and he needs  
14 this facility. Thank you.

15 COMMISSIONER DIBBLE: Thank you, very  
16 much. I'm going to ask to take a slight pause here  
17 to get some feedback from the commissioners as to  
18 the procedure. I estimate we have maybe between 10  
19 and 15 more of the community, that is, if everyone  
20 speaks. We have rebuttal coming and the advisement  
21 time we will take for our decision. What is your  
22 pleasure in continuing?

23 We have a couple of possibilities. We  
24 can continue. The hour is 11:15. I feel  
25 invigorated myself, but I would like to hear from

1 you.

2 COMMISSIONER PITTS: My opinion is the  
3 time being what it is and the people who have gone  
4 out tonight with us, I would like to see it on  
5 through, if we can get done before 4:00 o'clock in  
6 the morning.

7 COMMISSIONER DIBBLE: Mr. Pitts, talk  
8 to me afterwards.

9 COMMISSIONER COX: Mr. Chairman, I  
10 agree with Mr. Pitts. I would like to encourage  
11 the audience. However, as Chairman Dibble has --  
12 if you have anecdotes or something other than  
13 brand-new information, please, just say I agree  
14 with the people who have spoken against or in  
15 support of, and maybe we'll all be able to get to  
16 work tomorrow morning.

17 John, can we get a show of hands of how  
18 many people are going to speak tonight?

19 COMMISSIONER DIBBLE: I was wrong. I  
20 anticipate eight more people, nine maybe, and I'd  
21 like to hear some more comments from communities.

22 COMMISSIONER EVANS: Let's go ahead and  
23 finish it up.

24 COMMISSIONER DIBBLE: I think we have a  
25 consensus, and we'll call on number 57. I see 57

1 coming forward.

2 MR. WIGHT: My name is Kevin Wight. I  
3 live at 2945 Sandra Avenue here in Grand Junction.  
4 I'm also an employee of Colorado West, perhaps the  
5 newest employee they have, and newest to the Grand  
6 Junction area. I've been here about four weeks,  
7 and I've worked with them for three weeks.

8 I would also like to say that I live  
9 within a mile of the proposed facility, I'm in  
10 support of it. My daughter attends school in  
11 Nisley, and I expect my son to be attending as well  
12 there the next school year.

13 In the three weeks I've been with  
14 Colorado West, the contact I've had with them, I've  
15 had my children up there four different occasions  
16 and have not had any concerns about having my  
17 children visit me at my workplace around those that  
18 are seeking mental wellness in their lives.

19 My baby sister was diagnosed with major  
20 depressive disorder about 13, 14 years ago. She,  
21 for a period of ten years, was in and out of the  
22 hospital for a variety of different treatments.  
23 Medication wasn't working for her. Eventually they

24 had to try electro-convulsive therapy, which was  
25 quite a controversial form of treatment at the

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1 time.

2 Today she is a productive member of  
3 society because of the support that she received  
4 from family, friends and the community. But what I  
5 would like to say is that the people that are  
6 seeking mental health services, they need the  
7 support of the community.

8 You know, if my sister had had this  
9 problem at the start of the 1900s, she would have  
10 been put off in some corner where people wouldn't  
11 see her and be away from the rest of society, but  
12 part of mental illness is maintained by isolation,  
13 and I feel that these people need to be embraced  
14 and need to be a part of our community, and there  
15 needs to be services in this location. Thank you.

16 COMMISSIONER DIBBLE: Thank you, very  
17 much.

18 MR. BLOSSER: We'll get this out of  
19 the way. Brian Blosser, 3019 Hill Court. I would

20 like to thank Dr. Updike and his staff for the work  
21 that they do. This is going to be a little odd.  
22 I'm a coach at Grand Mesa Little League. I have  
23 been for the last eight years. I have a duty to  
24 protect my kids when I'm at that ballpark. I have  
25 11 of them that I coach.

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1 Over the years, I've coached over 300.  
2 In that community, there's over 1,000 children,  
3 well over 1,000. Every one of us has a duty to  
4 protect those children. It takes just one, one  
5 incident, to ruin it, just one. That safety, you  
6 can't erase it, it's there forever. It takes one.  
7 Three Mile Island was one incident. Columbine, one  
8 incident that will never be erased from anyone's  
9 mind. One incident. Thank you.

10 COMMISSIONER DIBBLE: Thank you. 59,  
11 please? 60? Do I see 60 coming?

12 AUDIENCE MEMBER: No, he's 59.

13 COMMISSIONER DIBBLE: He doesn't look a  
14 bit over 30.

15 MR. KALINOWOSKI: But I've got a bad  
16 toe. It's a little late, I'm usually a night  
17 owl.

18 COMMISSIONER DIBBLE: Do you have a  
19 card you could donate to the basket?

20 MR. KALINOWOSKI: Yeah. My 3 minutes  
21 up yet?

22 COMMISSIONER DIBBLE: Thank you.

23 MR. KALINOWOSKI: Good evening, planning  
24 commissioners, ladies and gentlemen. I would like  
25 to begin here by just reading a couple of excerpts

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1 from Mary Higgins Clark, since she is one of --

2 COMMISSIONER DIBBLE: Is this going to  
3 be pertinent to the positioning of property?

4 MR. KALINOWOSKI: Yes.

5 COMMISSIONER DIBBLE: I'll give you a  
6 little latitude, but --

7 MR. KALINOWOSKI: My name is Alexander  
8 Kalinowski. I reside at 2656 Little Bookcliff  
9 Drive, Apartment 103.

10 COMMISSIONER DIBBLE: Okay.

11                   MR. KALINOWSKI: With the decisive  
12 steps her entire posture showed for disapproval of  
13 the tone of the conversation, Lillian Mann went to  
14 her private office and closed the door, sank into  
15 her chair, and put her elbows on the desk, her eyes  
16 closed, she pushed her temples with her index  
17 fingers.

18                   Those who believe in reincarnation  
19 believe that the pain we endure in other lifetimes  
20 may affect our present existence. But evil --  
21 could someone knowingly or unknowingly repeat  
22 exactly the same kind of evil deeds he committed  
23 over a century ago? The second half of the  
24 session, it was her practice to ask volunteers to  
25 be hypnotized and regressed.

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1                   With that said, I've been a part of the  
2 Colorado West family for 17 years, but I live with  
3 a mental diagnosis. I have schizophrenia. And in  
4 the course of those 17 years I had pretty much  
5 jumped around from diagnosis to diagnosis trying to

6 find one that actually stuck with me. And  
7 schizophrenia, for me, was my wake-up call because  
8 not too long ago I was up in St. Mary's, but I  
9 didn't have psychiatric problems at the time. I  
10 had a severe medical condition.

11 But I am strongly for this new  
12 facility, just for the plain and simple fact that  
13 if I didn't have Colorado West and the facilities  
14 that they provided for me today, I would probably  
15 either be in a box 6 foot under or I could actually  
16 look forward to the rest of my life, which I have  
17 full plans to go to college and get my bachelor's  
18 degree in psychology, and I'm also going to be  
19 attending culinary school to get my Ph.D. in  
20 culinary arts.

21 In closing, I just want to say thank  
22 you to Colorado West, and all the support that  
23 people have shown me and the generosity that  
24 they've been giving me through my hard times, and  
25 if ever anybody needs a chance to talk to somebody,



1 you can always talk to me, because I always have an  
2 open heart and an open mind. Thank you.

3 COMMISSIONER DIBBLE: Thank you, very  
4 much. Number 60, please? Number 61? 62? Number  
5 63? Number 64? Number -- what is the next number  
6 in sequence? Number 65?

7 MS. EDDINGTON: I'm right here.

8 COMMISSIONER DIBBLE: Come forward  
9 quickly. Is that a puppy?

10 MS. EDDINGTON: Yeah.

11 COMMISSIONER DIBBLE: What's its  
12 name?

13 MS. EDDINGTON: Her name is Betsy. I  
14 named her after Betsy Ross.

15 COMMISSIONER DIBBLE: Okay.

16 MS. EDDINGTON: My name is Lori  
17 Eddington, 2150 College Place, and I'm a client of  
18 mental health. My mentalness is high anxiety and  
19 depression, and what got me depressed is --  
20 Mr. Cox, you asked for some facts, and I'm going to  
21 give you some facts of safety for children. What  
22 got me depressed and the anxieties to where I can't  
23 go anywhere without my dog is my son -- I am a  
24 parent of four children.

25 My son is 21 now, but he was abducted

1 by a coach who played baseball in Denver, Colorado,  
2 held by gunpoint and bodily raped and sodomized.  
3 Do I hold that against the professional baseball  
4 team or anything else? No, I do not. But as a  
5 parent, I really get pissed if anybody hurts or  
6 goes near my children that I know is going to hurt  
7 my child, because I'm a mother, I'm a mama bear,  
8 and will protect my child -- my children to the  
9 death.

10 So I am in support of this building,  
11 because I was raped by family members three times,  
12 by three different family members. It all went  
13 unsaid and undone. I've lived on the street since  
14 I was 11. I became an alcoholic and I became a  
15 drug user, and because of that I vowed that if I  
16 ever had kids, I would never, ever let anybody  
17 pedophile against my kids, and I would not sweep it  
18 underneath the rug, which, to date, the guy did get  
19 in trouble. He is on probation for ten years, no  
20 jail time, no nothing.

21 So I worry about the people that aren't  
22 getting help, because you can -- you don't know who  
23 is standing by your child. My family hurt me, so I  
24 was more scared of my family, and the one that hurt

25 my son was someone that I didn't even know, that I

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1 didn't even think. And then three years ago my 10  
2 year old ended up being raped, too. The one that  
3 did this was my son, which now sits in NYC, is now  
4 on Work Release.

5 So I know the facts of it is Colorado  
6 West never cured him, never treated him for his sex  
7 pedophile. They treated him because of his mental  
8 illness, and I went with him lots of times to go  
9 there, but they never treated his pedophile. So if  
10 anybody wanted your kid, even if this building was  
11 not built and we weren't even talking about it  
12 today, if they wanted your kids or they wanted you,  
13 they would go find you. They ain't stupid.

14 You can go into Wal-Mart, you can --  
15 anywhere you want and someone is going to take your  
16 child and hurt them. Look at John Walsh, he lost  
17 his child.

18 COMMISSIONER DIBBLE: I'm going to ask  
19 you to summarize it.

20 MS. EDDINGTON: Oh, I'm sorry. I'm

21 just saying, you know, I don't know. I'm just  
22 saying I care and love my kids, too, and I'm for  
23 putting children first, because I put my kids  
24 first. So thank you, very much. You look so much  
25 like Brad Pitt.

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1 COMMISSIONER DIBBLE: You know, that's  
2 the first kind comment he's gotten.

3 MS. EDDINGTON: Hey, I'm married, but  
4 if I wasn't.

5 COMMISSIONER DIBBLE: Number 66,  
6 please? Number 67? Number 68? Number 69? Number  
7 70?

8 AUDIENCE MEMBER: I've got 72.

9 COMMISSIONER DIBBLE: I've got 70  
10 coming up.

11 MS. FOX: I can do this, I'm a teacher.  
12 My name is Diann Fox. I live at 2867-1/2 Elm  
13 Avenue. Yes, my property is north of the 6-foot  
14 fence. However, I would like to tell you that I am  
15 here tonight to tell you that I am against the

16 proposal. I would like to tell you that I am --  
17 would like to agree with everything Kathy said, her  
18 presentation earlier this evening with the two  
19 disks. However, I'm going to take a different  
20 perspective.

21                   Every night my 6-year-old grandson,  
22 who lives in my home, hears Fun Junction, sees Fun  
23 Junction, and hears the Little League parks, every  
24 night. And every night he says, Grandma, can we go  
25 to Texas Roadhouse? I can smell the food. Can we

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1 go to Fun Junction? I see all the lights; I can  
2 hear all the noise. Can we go over to the baseball  
3 field? They're having lots of fun over there. The  
4 horns are honking, people are cheering, the lights  
5 are shining through our front living room door.

6                   I draw the curtains and say no, not  
7 tonight. We have school tomorrow. Every night.  
8 Now, if I was a consumer living in a facility that  
9 has been painted, a park-like atmosphere with  
10 peaceful surroundings, would I want to hear an

11 amusement park every night? Every night? The  
12 tilt-a-whirl and the screams and the cries?

13                   Would I want to hear the Little League  
14 park every night and all day? Most days -- the  
15 month of June comes, it's all day. At night the  
16 lights are very bright, shining through most of our  
17 windows. You ask any of the neighbors around, and  
18 we see the lights every night.

19                   Now, I didn't hear about the lighting  
20 requirements for this facility, and maybe it won't  
21 be a problem. Maybe their lights will be as bright  
22 as the Little League park lights. It will simply  
23 not be a problem.

24                   But if I was a client there, would I  
25 really want that every night? Would I want to

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1 smell Texas Roadhouse every night for three months  
2 or two months or even two weeks? I haven't heard  
3 this, but I guarantee you it won't be across from  
4 Texas Roadhouse.

5                   Then I hear that they're planning on

6       having gardens and irrigation. I'm wondering if  
7       they've checked into the irrigation system.  
8       There's no ditches leading to this facility. I  
9       rent my ditch water. I'm at the end of the line.  
10      I'm lucky to get it. I might get irrigation water  
11      twice a week, because I'm at the end of the line.  
12      My property sits back from the other property. We  
13      pipe it in. I try to keep my grass green.

14                    I'm wondering where they're going to  
15      get the irrigation water for this facility, because  
16      at this point I don't think it's there. Just think  
17      about it. Would you really want that every night  
18      if you were locked in behind an 8-foot fence? Is  
19      that really going to be a condition where -- if  
20      someone's killed, where they can get a piece of  
21      edge wire?

22                    COMMISSIONER DIBBLE: Thank you, very  
23      much. I'm sure staff will be able to answer that.  
24      Number 71? Number 72?

25                    MR. EMMONS: It's been a long wait.

1 Randy Emmons, I live at 538-1/2 Sparn . I would  
2 like to make a few comments. Most of my comments  
3 have been taken tonight, because I would think  
4 I'm the last, but as far as the council, as far as  
5 the advisory council for the Colorado West, I live  
6 two blocks from the facility. I never got a  
7 letter.

8                   The first time I heard about it was  
9 tonight. I would gladly be on part of a board that  
10 would dictate what goes on in the community, but I  
11 have not been invited. I live two blocks from it.  
12 I also live three blocks from a homeless shelter,  
13 okay. I know when it's breakfast, I know when it's  
14 lunch, I know when it's dinner by the migration  
15 through my neighborhood. Can't help it.

16                   I see the same people down the street  
17 on Whitman Park and on 1st and Grand that I do see  
18 at my house every day, walking by my house. Now,  
19 not only do I have to deal with that, but I have to  
20 deal with the mental institute down the street from  
21 my house two blocks.

22                   What are we turning my neighborhood  
23 into? Is this a place where I can live and relax?  
24 Or is this a place where anyone and everyone can  
25 shove who they don't want in their neighborhood in



1 mine? Thank you.

2 COMMISSIONER DIBBLE: Number 73 and  
3 following? How many are left to speak? One, two,  
4 three, four, and you've all -- okay. Number 73?

5 MS. DANNIBALE: My name is Patty  
6 D'Annibale, and I live at 2855-1/2 Bunting. I  
7 live right -- right at the end of my road is where  
8 you're going to be putting that facility. I've  
9 been listening to everybody since the very  
10 beginning, and we're arguing over where the  
11 facility is going, not if we should have it here.

12 I think we should have a facility here,  
13 because people do need it, but the location of it  
14 is -- there's got to be a better place for it.  
15 Like I said, it's at the end of my road, and the  
16 west end, when they say that nothing is on that  
17 side, not a fence, not a wall or nothing, so in  
18 between us and them is the end of our road.

19 So I'm just asking: Is there another  
20 place for this facility? Because we do need it  
21 here, and people do need it, and that's our whole  
22 point, where the location is going to be.

23 COMMISSIONER DIBBLE: Thank you.  
24 Number 74? Number 75? Number 76? I'm getting

25       there.   Number 77?  78?  What's the next number?

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1                   AUDIENCE MEMBER:  79.

2                   COMMISSIONER DIBBLE:  79, thank you,  
3       very much.  Is there a number 80?  Is there a  
4       number 81?  Oh, okay, number 80.  That's only funny  
5       at 11:30 at night.

6                   MS. FULTON:  My name is Betty Fulton.  
7       I live at 634 North 5th.  I'm not a client or an  
8       employee of Colorado West.  I understand the  
9       concerns of these neighbors, but I have lived near  
10      this for much of the last ten years.  Colorado West  
11      has operated three facilities within two blocks of  
12      my home and also two schools.  To my knowledge,  
13      there's never been an incident involving any of  
14      them.

15                  I do not live in fear, and my property  
16      values have not gone down.  I'm -- I know a little  
17      bit about that, because I've been a Realtor for 18  
18      years.  The truth is that many people in this  
19      audience have friends or family members who are  
20      clients of Colorado West.  There are many people in

21 this community who are diagnosed with mental  
22 illness, and no one even knows it. Most of them  
23 hold jobs, go to school, work and play with all of  
24 us.

25 Because of the level of exhibited fear,

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1 ignorance and stigma, these of our fellow citizens  
2 hide their diagnoses. We unknowingly deal with  
3 them every day of our lives. These consumers and  
4 clients, people are in my backyard for years and  
5 have never created a problem.

6 I wish I were half as eloquent a  
7 speaker as Mr. Sylvester spoke and the other  
8 clients, and as you can tell by my voice, I'm not  
9 used to public speaking. They're such a good  
10 example of the consumer we're talking about.  
11 They've shown great courage in coming forward and  
12 they personify the need that we have in this  
13 community for a facility like this.

14 I urge you to approve this facility and  
15 its enhanced services. We need this for our

16 community and I frankly would not mind if it were  
17 still in my neighborhood, there's just not space.  
18 Thanks for your time.

19 COMMISSIONER DIBBLE: Thank you, very  
20 much. Number 81? Number 82?

21 MS. DOBBS: Good evening. I think I'm  
22 the last one. My name is Tasha Dobbs. I live at  
23 2839 Kennedy Avenue. I actually just moved there  
24 in November, which I'm guessing that may be part of  
25 the reason I was never notified or given a letter

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1 on this project.

2 In addition, what I would like to  
3 say -- a lot of it has already been discussed.  
4 Traffic is obviously a major concern, traffic is  
5 already an issue in the area right now. I have a  
6 10-year-old daughter, who plays every day, and two  
7 weeks ago she came home crying because some nice  
8 lady tried to stop her because she was riding her  
9 bike not so much on the side of the road where she  
10 was supposed to be at.

11                   I would like to add, I think we've  
12                   established that this facility is needed. The  
13                   question is obviously: Is this the correct  
14                   location? Something I want to point out is the  
15                   unknown is obviously what scares us. The unknown  
16                   is obviously what the problem is.

17                   The other big problem is those that are  
18                   not being treated. The ones that are not being  
19                   treated are those sex offenders everybody is scared  
20                   to death of right now. And with the location, this  
21                   project seems to be excluding sex offenders from  
22                   getting help to get medications for depression or  
23                   anything else like that. I would like to bring  
24                   that to your attention. Probation, parole, other  
25                   supervisors, sex offenders would say, hey, our

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1                   people are not allowed within certain distance of  
2                   schools. Obviously, for the protection of our  
3                   children.

4                   Another thing I would like to add is I  
5                   don't know about this, but, actually, I do know the  
6                   answer to this -- I can't answer it. In state

7 institutions, how many times have you had to ask  
8 outside institutions to take people would have  
9 acted out violently against your staff and/or  
10 created a safety hazard for staff or the  
11 community?

12 COMMISSIONER DIBBLE: We will get them  
13 to answer that at the rebuttal time. I'm sure  
14 they're noting it.

15 MS. DOBBS: Outside of that, most of  
16 it's been covered. I want to know what kind of  
17 training your staff is going to get in order to  
18 subdue offenders, which you will see. Obviously,  
19 people being brought in by the police department,  
20 that's going to create people who are of  
21 questionable conduct. If they weren't of  
22 questionable conduct, they wouldn't be in contact  
23 with the police department.

24 Hence, yes, we're going to get more  
25 patrol, but the reality is that our neighborhoods

1 need more patrol. One officer didn't even realize

2 my street was a dead-end street. So in conclusion,  
3 these are all I have for you.

4 COMMISSIONER DIBBLE: Thank you, very  
5 much. Do I have any numbers --

6 MR. BACA: I have a number.

7 COMMISSIONER DIBBLE: What number?

8 MR. BACA: I think I'm the last one,  
9 84. My name is Rich Baca. I reside at 112 Country  
10 Club Park, Grand Junction, Colorado 81503. This  
11 has been a very interesting evening. Many points  
12 of view. Some disparity. I tried to cull through  
13 some of the facts, and you all are here to listen  
14 to facts. And I heard five main facts that came  
15 out. I just want to try to summarize, and maybe  
16 that's what we can kind of go for with some of  
17 these things.

18 Number one, I believe that all due  
19 diligence has been conducted by Colorado West as to  
20 site selection, site development, and both consumer  
21 and community protection issues to a wide extent.

22 Second of all, the fact remains that it  
23 has been virtually undisputed throughout the  
24 evening as to the need for this type of facility by  
25 virtually all points that have been represented

1 both pro and con.

2 Third, Colorado West has been or has  
3 exceeded or met all requirements of zoning and  
4 planning department requirements in every instance.

5 Number four, the need to be able to  
6 de-stigmatize mental illness has been part of a  
7 large discussion this evening, and we find that it  
8 is both necessary and important. And also that a  
9 facility of this nature needs to be both -- I  
10 should say tri -- affordable, accessible, and also  
11 very safely run, and what we've heard from all  
12 points is there's no dispute to that fact.

13 All of these criteria have been met by  
14 Colorado West's facility plan, as well as by all  
15 indications of many of the people who have spoken  
16 here before you.

17 And number five, and probably most  
18 importantly, there has been no cogent evidence  
19 offered by any points of you as to the fear of harm  
20 coming to those in proximity of the site, whether  
21 adult or children, nor has there been any local,  
22 state nor national data that can show proof of  
23 danger. These facts have been clearly stated and  
24 remain undisputed.

25 I believe that you, as a commission,



1 have all the facts, the evidence before you, and  
2 the only logical decision that needs to be made is  
3 approval to this plan. Thank you.

4 COMMISSIONER DIBBLE: Are there any  
5 others? 86, 87, and following? What number are  
6 you?

7 MR. GROSS: How are you all doing  
8 tonight? First of all, I would like to say thank  
9 you. My name is Jason Gross, and I live in the  
10 Redlands. I do not want to give my exact address.

11 COMMISSIONER DIBBLE: Is it on the  
12 card?

13 MR. GROSS: Yes. I would like to thank  
14 you all for being here tonight, taking your time  
15 from the home and your families to be here to  
16 listen to people. I am a patient at Colorado West  
17 Mental Health on 740 Gunnison, right next to the  
18 school. I would like to say that this place is  
19 needed. If there was any other place for this  
20 place to go, then we wouldn't be here tonight

21 discussing this, if there was another place for it.

22 A good majority of the people that are  
23 in Colorado mental health are mental because they  
24 are separated from society. They are told that  
25 they cannot be seen; they are told they cannot be

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1 spoken to, because we are considered to be  
2 dangerous. We are not all dangerous. We all are  
3 good people; we are just -- we just have some  
4 problems. We all do.

5 To separate us from society saying we  
6 cannot be around your children is wrong, because we  
7 love children. I love children, and I want to go  
8 to college and teach your children how to not do  
9 drugs and alcohol. I want to be a counselor, and I  
10 am a Colorado mental health patient. So you're  
11 hearing that from me. I want to help children, not  
12 hurt them.

13 To separate us from your children and  
14 to separate us from society is wrong, and to tell  
15 us that we cannot be near society is what makes us

16 mental in the first place. So we need to think  
17 real deep and real hard about what it is that you  
18 people say.

19 I watched this on television tonight,  
20 and I ran down here from the Redlands, because I  
21 heard a man say they build walls to separate us.  
22 Well, these walls may not be built to separate us  
23 to protect you people and the public from us, they  
24 may be built to protect us from you people and the  
25 public.

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1 Maybe we should all just keep an open  
2 mind and an open heart, and think that maybe the  
3 people at Colorado mental health need a little  
4 attention from the public, a little love and a  
5 little respect from the public. And you all need  
6 to understand that we are people too. We do not  
7 want to hurt your children.

8 And the people that we work with and  
9 that work with us are there to protect us and to  
10 help us be better people in society. And they do a  
11 damn great job doing it. And I thank them very

12 much for doing their jobs.

13                   If it was not for Colorado mental  
14 health, I might not be here today, because I did  
15 bad things in my life. I made bad choices. I grew  
16 up doing drugs. And Colorado mental health changed  
17 who I am as a person. I no longer do drugs.

18                   I cut my hair, and I wanted to change  
19 my life to be a better person. And a lot of them  
20 people in Colorado mental health patients can be  
21 better people, if we let them. We teach them that  
22 they can be part of society, also.

23                   So thank you, very much, for your time  
24 tonight and keep that in mind.

25                   COMMISSIONER DIBBLE: Thank you, very

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1 much. I don't know what number that was, but is  
2 there someone else who holds a card that would  
3 like to speak? And leave your card here. Thank  
4 you.

5                   Seeing no one, we will close the  
6 public input section of the meeting and we'll ask

7 Dr. Updike and his staff if you will come forward.  
8 We have quite a few questions. I assume that  
9 you've written a lot of them down. Maybe we  
10 have -- after you finish your rebuttal statements,  
11 we can ask you some questions.

12 DR. UPDIKE: Thank you, very much.  
13 The hour is late. We'll summarize a few points. I  
14 want to address several things. One, as far as the  
15 community project council is concerned, we talked  
16 about that in July and made that offer.

17 We've been on radio and television.  
18 We've published advertisements in the past year  
19 advising folks that the advisory council is there.  
20 I'm delighted to hear that there are citizens here  
21 who wish to participate, and we've -- we  
22 wholeheartedly welcome that.

23 The second item I wanted to discuss  
24 briefly is the traffic issue. The traffic  
25 engineers, of course, have looked at that issue and

1 have determined that we have properly designed and

2 met those traffic concerns.

3                   The other item I want to briefly  
4 mention is that I very much appreciate the concerns  
5 that the Nisley school parents have. I would  
6 suggest that they talk to the parents of those  
7 children in East Middle School, Columbine, and in  
8 Lincoln Park Elementary School. And I think that  
9 the parents in those schools will ensure the needs  
10 of the parents that there are no risks.

11                   One individual said that he was  
12 concerned about one instance. We're all concerned  
13 about that. There is no absolute assurance of  
14 anything in this world. We can walk outside at  
15 this very moment and have a criminal accost us. We  
16 can't make any of these great assurances. What we  
17 can say is we have taken every step possible to  
18 assure the safety of all of the community, and we  
19 remain concerned about that.

20                   The final thing is one individual  
21 talked about why we have all these walls. I ran,  
22 in one of any former positions, 17 psychiatric  
23 hospitals. These were State facilities. I decided  
24 that we were going to unlock those facilities. We  
25 did not have walls or barriers or high fences. And

1 contrary to the belief of many in the community and  
2 of my own staff that there would be massive exodus  
3 from the psychiatric hospitals, we did not have  
4 that occur. We found, instead, that patients had a  
5 greater sense of freedom and empowerment and, in  
6 fact, felt better.

7                   Although I realize there are concerns  
8 within the community, we stand prepared to work  
  
9 with the community to continue to answer their  
10 concerns and to assure that there's safety in the  
11 community. Dr. Stein has remarks to made, then we  
12 would like to entertain questions.

13                   DR. STEIN: There were several places  
14 where you directed that we may want to address them  
15 in rebuttal, and I would like to limit my comments  
16 just to those. One was in response to Kathy's  
17 comments, it's a dialogue she and I have been  
18 having for a couple of months. We don't seem to be  
19 making a whole lot of progress with it. I'll try  
20 again. It does relate to a lot of the concerns  
21 around the issue of treating felons, treating folks  
22 with pedophilia.

23                   The slides she put up on the projector  
24 with quotes from the Division of Mental Health and  
25 Department of Healthcare Policy and Finance

1       correctly say that we cannot refuse to treat an  
2       individual with a mental illness simply because  
3       they have also a felony background, including  
4       having committed sex offenses.

5                       COMMISSIONER DIBBLE:   Would that be  
6       true for housing as well as outpatient?

7                       DR. STEIN:   We cannot refuse them  
8       treatment for their mental illness, including if  
9       they are in an emergency and need the safety of a  
10      residential facility.  We cannot refuse to treat  
11      their mental illness.  It does not say, never has  
12      said, that we have to treat their criminal behavior  
13      or their sex offense.

14                      In fact, the Healthcare Policy and  
15      Finance Department is the Medicaid agency for the  
16      State, and our contract specifically precludes us  
17      from treating sex offenses using Medicaid funds.  I  
18      don't know how to get it across any more clearly.  
19      Somebody who has a mental illness and has committed  
20      a crime at some time in the past has a right to



21 treatment, and we will provide it.

22                   If the Department of Corrections says  
23 to us we would like to refer patients for treatment  
24 of their antisocial behavior, or we would like to  
25 refer to you pedophiles for a pedophile treatment

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1 program, we cannot and will not do that. My board  
2 made a decision when the Sex Offender Treatment Act  
3 passed in Colorado in the late '90s not to go into  
4 that business. We have not done so. We refer  
5 those folks to licensed, credential, supervised  
6 practitioners in other parts Grand Junction and  
7 other communities.

8                   So when we say that we're in the mental  
9 health business, we're treating mental illness; we  
10 are not treating pedophilia; we are not treating  
11 criminal behavior. Somebody who has those offenses  
12 in their background and is depressed, has  
13 schizophrenia, can come and get acute treatment  
14 from us.

15                   I guess the real issue is that we are  
16 going to somehow abnegate for people with those

17 type offenses, and I don't -- for the life of me, I  
18 cannot follow that logic. I don't know what your  
19 beliefs are about people who have been in the  
20 criminal justice system or have committed these sex  
21 offenses, but they are not flocking to mental  
22 health centers in this country.

23                   There are registered sex offenders  
24 living in the neighborhoods around our center.  
25 They are there now. As one of the speakers

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1 mentioned, they have to be registered. I wonder,  
2 rather than all this concern about the hypothetical  
3 sex offenders, have these folks in this community  
4 identified the five who live in their community  
5 now and what are they doing about those  
6 individuals?

7                   I can guarantee you the five who are  
8 there now are not clients of the mental health  
9 center. Making my point again. They do not seek  
10 us out. The mental health center is not going to  
11 be the magnet for people who we are all concerned

12 about in our communities. If they were to seek  
13 treatment, we would help them with their mental  
14 illness. Their mental illness is not the fact  
15 that they have committed crimes. I don't know how  
16 to say this any more clearly.

17           There were two other points. That was  
18 the most difficult. The concern about  
19 confidentiality. We have a number of clients who  
20 are proud to come to a mental health center and  
21 don't feel that that's an embarrassment or a  
22 difficulty. We have others who feel as Kathy  
23 described some of her group. We refer them to  
24 external providers, individual practitioners who  
25 don't work with us.

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1           We provide many of them treatment in a  
2 clubhouse environment, where there is no  
3 identification with the mental health center. We  
4 invite them, as many others are already doing, to  
5 come and work with our staff, we'll help them find  
6 a way to get treatment. That is not a problem for  
7 them. Access is what we're about. Helping them

8 get care as close to where they live.

9                   If they are uncomfortable -- we can  
10 discriminate between those who want to get care in  
11 n anonymous environment and those who come to see  
12 us in the mental health center.

13                   Lastly, the issue about police  
14 presence. I have thought back to our conversations  
15 over the years with law enforcement, with St.  
16 Mary's Hospital. With regard to the residential  
17 program, and Kathy may be right, our Gunnison  
18 office may not be the best comparison. St. Mary's  
19 Hospital is probably a better comparison.

20                   What we are told by our partners at the  
21 hospital is that they have something over 2,000  
22 admissions in the emergency room that are  
23 behavioral health. A handful come to them in an  
24 ambulance, typically, when somebody has hurt  
25 themselves and they have a medical emergency,

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1 they've made a suicide attempt, may be bleeding,  
2 may be injured. Rarely is anybody brought by law

3 enforcement with lights flashing or sirens.

4           The vast majority of the people come  
5 themselves or come with families or come with loved  
6 ones who are concerned about them, come  
7 voluntarily. That's likely to be our experience.  
8 We don't see, nor did the police department or the  
9 sheriff's department, feel that there would be any  
10 significant incidents of them arriving with sirens  
11 and lights and we don't anticipate it. If somebody  
12 is injured, they will still go to St. Mary's  
13 Hospital, get sutured, get treated for an overdose  
14 kind of thing. When they're medically stable,  
15 they're brought to us.

16           Those are the points that appeared to  
17 us important to respond to. There may be others  
18 that we didn't mark that you want us to address, so  
19 we'll turn it back to you.

20           COMMISSIONER DIBBLE: I'm going to  
21 call a short break, and out of necessity, I  
22 think, but when we come back, we will ask not  
23 only yourselves to be present for questioning and  
24 answering, but Scott -- is Eric still here? Do  
25 you know? I assume so. We will have an engineer,

1 and we'll see if he can answer some more of the  
2 questions that were raised. I'm going for call a  
3 5-minute break.

4 (Off the record).

5 COMMISSIONER DIBBLE: We're going to be  
6 asking the staff, as well as the presenters, for  
7 some questions and -- or some answers. And then as  
8 soon as staff comes back in we'll ask them.

9 (Off the record).

10 COMMISSIONER DIBBLE: We'll call the  
11 meeting back to order. Before we go any further,  
12 there has been a legal issue raised. I would like  
13 to call on our staff attorney to define this, and  
14 then we'll proceed from that point.

15 MS. KREILING: Mr. Chairman, it's my  
16 understanding from the testimony that was  
17 provided very soon before taking recess, that  
18 the facilities may actually house sexual  
19 offenders. And according to the terms of the  
20 initial registration and our understanding as  
21 to the application that's been made with the  
22 City, the facilities were not to house  
23 persons who have been convicted of or  
24 adjudicated as a sex offender as defined by  
25 state law.

1                   And it's my understanding they're  
2                   saying now something opposite to what was  
3                   originally stated in their application.

4                   COMMISSIONER DIBBLE: In order for us  
5                   to verify that this is indeed the statement that  
6                   was made, I'm going to ask the transcriptionist if  
7                   he could go back and find this and read verbatim --

8                   THE REPORTER: No. I don't know when  
9                   that was made. It would take me --

10                  COMMISSIONER DIBBLE: It wasn't made  
11                  more than a couple of minutes before we shut down,  
12                  5 minutes. Is that possible for you? We need to  
13                  clarify that this indeed was the position that was  
14                  stated.

15                  THE REPORTER: It's on the record, but  
16                  to go back and find exactly where it is will take  
17                  a while.

18                  COMMISSIONER DIBBLE: Could you clarify  
19                  that position? And then we'll ask the attorney to  
20                  comment on that.

21                  DR. STEIN: I'll try. But I just

22 want -- I want to point out we're talking about --  
23 I'll clarify. We have 1,100 clients that we see on  
24 a regular basis, others that we see.

25 The issue for us is, How would we know

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1 somebody has this type of criminal history? How  
2 would somebody at Texas Roadhouse or Fun Junction  
3 know, unless they asked? The reason the people are  
4 being brought to us is because they have a mental  
5 illness. If they were identified as a felon or a  
6 pedophile and we were being sought out for services  
7 because they have a felony arrest or a felony  
8 conviction and have served -- if they were arrested  
9 and they're serving time, they're not going to come  
10 to us at all.

11 But if they are in the community with  
12 that history, Department of Corrections or somebody  
13 asks us to serve them for their felony background  
14 or their sex offense, we would say no. We would  
15 not serve them. But if they were suicidal, if they  
16 were disoriented and a danger to themselves because  
17 of a mental illness, I don't think any of us have



18 the right to say to them, You cannot get emergency  
19 services. And so they would be in our custody.

20 This might happen. It might not  
21 happen. But I think we all have to acknowledge  
22 it's possible. And to be in our care it would be  
23 under a 24-hour supervision, they would require it  
24 under physical confinement. They would be as safe  
25 as they're going to be for their benefit and for

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1 the community's benefit, and they wouldn't leave  
2 that safety until they had an aftercare plan.

3 So I'm not -- I don't know what the issue is.  
4 This is what we have intended to communicate right  
5 along.

6 COMMISSIONER DIBBLE: I think this  
7 is -- if I'm not mistaken, this refers to Item 15  
8 and 16 of their application form.

9 MS. KREILING: It's actually Item 16,  
10 sex offender.

11 COMMISSIONER DIBBLE: Does this  
12 facility house persons who have been

13 convicted or are adjudicated as a sex  
14 offender as defined by state law? Your  
15 answer was no. And is that still your  
16 answer? And does it conflict with what we  
17 have perceived to be in conflict?

18 DR. STEIN: Do you want to take a stab  
19 at it?

20 DR. UPDIKE: If an individual has been  
21 charged with a sex offense and is under the custody  
22 of the Department of Corrections, we will not serve  
23 that person.

24 COMMISSIONER DIBBLE: Regardless of  
25 their mental condition?

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1 DR. UPDIKE: That's for the  
2 Department of Corrections to do.

3 DR. STEIN: Say it again, Tom.

4 DR. UPDIKE: If they are under the  
5 supervision and care of the Department of  
6 Corrections, we will not serve that. That's how we  
7 read that language. Now, I would comment that  
8 presently in the community there are five

9 registered sex offenders, one of them happens to be  
10 two doors down from one of the persons who  
11 testified.

12 If -- that individual has a right to  
13 live in the community, they can live wherever if  
14 they want to. If that individual has a psychiatric  
15 problem, and we can treat the psychiatric problem,  
16 but the person is already in the community anyway,  
17 so we could not, I don't think any of us could  
18 legally deny an individual who has a right to live  
19 in the community. Individuals who are under the  
20 custody or care of the Department of Corrections,  
21 we will not serve.

22 COMMISSIONER DIBBLE: The issue is  
23 the word house or housing. Would you be  
24 allowed to, under your conditions, would you  
25 be allowed to house that person, that means

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1 overnight stay?

2 DR. UPDIKE: In other words, under the  
3 care of the Department of Corrections? No.

4 MS. KREILING: Sir, I'm sorry. The  
5 question, though, didn't indicate whether it  
6 was under the Department of Corrections.  
7 It's just whether or not they have ever been  
8 adjudicated or convicted as a sex offender.  
9 There is an additional review process that  
10 the City would normally do and a different  
11 level of standard for the planning commission  
12 to accept a sex offender facility that would  
13 at least -- a facility that would house sex  
14 offenders.

15 DR. STEIN: First of all, we didn't get  
16 an attorney to respond to this question, so we may  
17 not have answered it to your legal standard. The  
18 point we're trying to make is we are not a sex  
19 offender treatment program.

20 MS. KREILING: Sir, I understand what  
21 you're saying, but the problem is is our  
22 review process and the level of evidence that  
23 the planning commission needs to make their  
24 decision on is different when it involves a  
25 sex offender facility.

1 DR. STEIN: We're not --

2 MS. KREILING: I'm sorry. It's not  
3 specifically a sex offender facility, but a  
4 facility that would house sex offenders.

5 DR. STEIN: Why would it house it?  
6 Would this same standard apply to St. Mary's  
7 Hospital if the sex offender broke his leg?

8 MS. KREILING: It could yes, if they  
9 were being housed there.

10 DR. STEIN: That's fair then. There's  
11 no more likelihood they would come to us. We're  
12 not seeing them because they are a sex offender,  
13 but I would suspect we would have any less access  
14 to provide them service than an emergency room at a  
15 hospital. How would they turn a person with a  
16 broken leg away if they also lived in this  
17 community and had a history of a sex offense?

18 MS. KREILING: Basically, what we're  
19 doing here is you go through the development  
20 process, a review by the City, and submit it  
21 to the planning commission for their  
22 approval. There are certain conditions and  
23 criteria that must be met before the planning  
24 commission can approve it. Some of that  
25 review has not been completed because it was

1 not looked at as being a housing facility  
2 that could include sex offenders. Because it  
3 was our understanding, based on the response  
4 to that question, it was not going to.

5 And, in addition, there's an  
6 additional level as far as the planning  
7 commission to make the decision when it  
8 includes that, looking specifically under our  
9 code in regards to group living facilities,  
10 which I believe is 4.3Q23, that says a  
11 planning commission shall determine any such  
12 application in addition to the other  
13 criteria.

14 The planning commission shall consider  
15 whether any proposed owner/operator has  
16 established by clear and convincing evidence  
17 that any sex offender shall not directly  
18 impact the neighborhood or its residents.  
19 That was not considered in part of our review  
20 process in preparing and submitting it to the  
21 planning commission.

22 DR. STEIN: So there's additional

23 process to go through, is that what you're saying?

24 MS. KREILING: The application, as  
25 submitted, does not fit what you're telling

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1 us your facility is going to provide. So if  
2 we approve the conditional use permit based  
3 on your application and the information  
4 provided, it would be that there could be no  
5 sex offenders housed there, period. You're  
6 telling us that you can't operate under those  
7 conditions.

8 DR. STEIN: I'm saying that in the same  
9 way you would say to St. Mary's emergency room they  
10 could not admit somebody to set a broken leg, if  
11 they had committed a sex offense.

12 MS. KREILING: I can say we're dealing  
13 with two separate situations. They're a  
14 hospital. You're a group living facility.  
15 I'm looking at your situation as to whether  
16 or not the planning commission --

17 DR. STEIN: We're going to be

18 licensed as a psychiatric hospital.

19 MS. KREILING: Under our review  
20 process, you are a group living facility,  
21 not a hospital.

22 COMMISSIONER DIBBLE: The definition of  
23 that is correct.

24 DR. STEIN: I understand. I'm just  
25 trying to understand what this process is, and I'm

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1 trying to be clear whether there is a process or  
2 whether you're saying because we did not  
3 communicate that effectively to you that that  
4 impacts the decision.

5 MS. KREILING: If the application that  
6 you made to the City that has been submitted  
7 to the planning commission is approved, it is  
8 approved with the condition that there shall  
9 be no sex offenders housed there, period.

10 DR. UPDIKE: I really need to  
11 understand a little bit more about this definition.  
12 If an individual 25 years ago was found guilty of a  
13 sex offense, did his or her time, and is living out



14 in the community, you're telling me if that  
15 individual has a psychiatric problem that emerges,  
16 we're not allowed, under City code, to treat that  
17 person? Is that what I'm understanding?

18 MS. KREILING: Under the terms of  
19 application for your conditional use permit.

20 DR. UPDIKE: So you're using the term  
21 then to mean anyone at any time in their history,  
22 not an individual who is currently under the care  
23 or under the supervision of the Department of  
24 Corrections? Because that's how we read the  
25 statute.

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1 COMMISSIONER BLANCHARD: If I may,  
2 Mr. Chairman. The question was  
3 straightforward in the registration form.  
4 And you answered simply, no, we're not going  
5 to house anyone that is convicted or accused  
6 of being a sex offender, and --

7 COMMISSIONER DIBBLE: Adjudicated.

8 COMMISSIONER BLANCHARD: Convicted or

9 adjudicated. And our review at the staff  
10 level assumed that you may, in fact, treat  
11 them as an outpatient, but they would  
12 absolutely not be housed. It's a different  
13 standard when you go clear and convincing  
14 evidence.

15 If it's a definitional question where  
16 you bring up St. Mary's, in the definitions  
17 of our code under a hospital, it specifically  
18 excepts, with an E, uses that provide  
19 exclusive care, training or treatment for  
20 psychiatric, alcoholic, drug problems where  
21 patients or residents of the program are  
22 classified as group living facility, and  
23 that's the review that we did, not as a  
24 hospital.

25 DR. STEIN: I understand. We obviously

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1 interpreted your question differently. But what  
2 I'm understanding is that for you to approve it the  
3 way we've made the application, it would be  
4 incumbent on us to determine those who fit the

5 definition of a sex offender, and make sure we do  
6 not provide them 24-hour care at our facility.

7 MS. KREILING: Not be housed.

8 COMMISSIONER DIBBLE: That is one  
9 option you have.

10 DR. STEIN: I understand that. We  
11 think this is a rare event, that information is a  
12 matter of public record, and I believe that we  
13 could make that accommodation, even though it is  
14 different than our understanding.

15 But that, for us -- if, in fact, we had  
16 to deny access to that resource, to the handful  
17 that might come in here, order to make the facility  
18 available to the other houses who are going to use  
19 it, that's a compromise we would look at.

20 DR. UPDIKE: What we could do is use  
21 our external provider network and provide other  
22 level of services for the patient.

23 COMMISSIONER DIBBLE: Does that  
24 conflict with the state laws concerning that  
25 or would you be at order for them --

1 DR. UPDIKE: The State requires that  
2 we provide the needed -- if they have a mental  
3 illness and because of the mental illness they need  
4 treatment. Our options are we have a very large  
5 external provider network that could, in fact,  
6 provide those services.

7 DR. STEIN: What I'm going to say is we  
8 could provide outpatient services, as long as  
9 they're not housed, and we could use the beds  
10 allocated to us at the State hospital to house  
11 those folks.

12 We have an alternative if, in fact,  
13 this individual had Medicaid or insurance, we have  
14 other alternatives where we can purchase services.  
15 We would certainly want to review this with the  
16 State, but I think we could manage this, because we  
17 have resources. It would mean these very few  
18 specific individuals, when they needed 24-hour  
19 care, we would not provide it on this site. We  
20 would provide it in an alternative facility.

21 COMMISSIONER DIBBLE: I guess you're  
22 saying to the planning commission that in the  
23 question you had unequivocally said no to,  
24 you can adhere to that by other resources at  
25 your disposal?

1 DR. STEIN: Absolutely.

2 COMMISSIONER DIBBLE: Now that clarity  
3 has been given to the commissioners --

4 DR. STEIN: I misunderstood.

5 COMMISSIONER DIBBLE: -- does the legal  
6 representative have any comment on that?

7 MS. KREILING: If they approve or if  
8 the planning commission would approve the  
9 application as it was presented with the  
10 condition that there be no sex offenders  
11 housed there, then the planning commission  
12 can do that.

13 DR. UPDIKE: We could certainly  
14 accommodate that because of the way our Medicaid  
15 contract is developed, because we do have those  
16 alternatives. We do have available, also, the  
17 State hospital with the seven beds. So what  
18 Dr. Stein and I are saying to the planning  
19 commission is that we clearly do have other  
20 alternatives. So if we find that a higher level of  
21 care is needed, it would not be provided on this  
22 campus.

23 COMMISSIONER DIBBLE: Commissioner Cox,

24 do you --

25 COMMISSIONER COX: Dr. Updike, you

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1 stated you have the ability to house these  
2 people elsewhere. Do you have the ability to  
3 discover that they are sex offenders prior to  
4 housing?

5 DR. UPDIKE: I certainly think that  
6 would be -- that that would emerge as a part of the  
7 interview. If they failed to disclose it, it could  
8 be difficult. Now, we happen to know the  
9 registered sex offenders. We have the list around.  
10 I'm happy to say that none of them are our clients  
11 at this time.

12 COMMISSIONER COX: So you know the sex  
13 offenders that are in Mesa County?

14 DR. UPDIKE: Yes, we do.

15 COMMISSIONER COX: And you've earlier  
16 stated that you will not accept anybody  
17 outside of Mesa County?

18 DR. UPDIKE: No sex offenders. That's  
19 what Dr. Stein and I are saying. There can be

20 alternatives. We won't house them.

21 COMMISSIONER COX: This facility is  
22 going to house people who are from outside of  
23 Mesa County?

24 DR. UPDIKE: This facility will house  
25 individuals, that is to say they'll be in our

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1 inpatient unit, patients who are referred by other  
2 parts of Colorado West. Again, it's under our  
3 control.

4 COMMISSIONER COX: So if somebody  
5 comes from Delta County who is a sex offender  
6 to be housed in your unit --

7 DR. UPDIKE: We can deny admission.

8 COMMISSIONER COX: You will have the  
9 ability to determine if they are a sex  
10 offender, aside from the interview?

11 DR. STEIN: What this will require us  
12 to do is get into our database and keep current the  
13 information that all sex offenders are required to  
14 register. So we'll have to have that information

15 in our database. And when we identify a client is  
16 -- when they come from Delta, they don't get in the  
17 car and come, they call, and we have a  
18 consultation. So we'll have to have a check in our  
19 system that says this person is a registered sex  
20 offender.

21 It doesn't mean that we can't treat  
22 them, stabilize them for 12 hours or 18 hours while  
23 we arrange transportation to another facility. One  
24 of those options being beds we control at the State  
25 hospital. So now that we understand the issue,

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1 there are alternatives we have, and I want to make  
2 it clear that no one is left out of this net.

3 The Medicaid -- if there's a  
4 Medicaid-eligible person, we have money from the  
5 State to provide that care. If they are indigent,  
6 that's what we have the beds at the State hospital  
7 for, to manage. So there would be nobody who  
8 wouldn't pass a financial test. We should be able  
9 to manage this.

10 MS. KREILING: If you did house



11           somebody that was a sex offender, that would  
12           be a violation of the conditional use permit,  
13           and that would be cause that action could be  
14           taken to revoke the conditional use permit.

15           DR. UPDIKE: We understand that.

16           COMMISSIONER COX: Ms. Kreiling, for  
17           clarification and this body, housing a sex  
18           offender, housing is what I want to focus on, is  
19           housing giving a person a place to sleep for 12  
20           hours, 18, 23 and a half hours? What is housing?

21           COMMISSIONER DIBBLE: Overnight,  
22           perhaps.

23           MS. KREILING: I would have to check to  
24           see specifically if we have defined it.

25           (Off the record).

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1           DR. STEIN: While you're doing that, we  
2           have a question. Question 16, which our two-letter  
3           answer has caused all this problem --

4           COMMISSIONER BLANCHARD: It states,  
5           Does this facility house persons who have

6           been convicted of or adjudicated as a sex  
7           offender as defined by state law? Yes or  
8           no. And the answer was simply checked no,  
9           with no explanation.

10           DR. STEIN: We thought we were talking  
11           only about sex offenses as opposed to other types  
12           of criminal history.

13           COMMISSIONER DIBBLE: Number 15 reads,  
14           Does the facility house persons who are at  
15           your facility because he or she has been  
16           convicted or adjudicated of a crime?

17           DR. STEIN: And the answer to that is  
18           no, and still active. They're not at our facility  
19           because they've been convicted of a crime.

20           COMMISSIONER DIBBLE: That leads me to  
21           ask the attorney: Is that the same type of  
22           thing?

23           MS. KREILING: I'm sorry?

24           COMMISSIONER DIBBLE: Is number 15  
25           basically the same concept?

1           MS. KREILING: No, it's two different

2           ones. In that it's specifically they would  
3           be housed there because he or she has been  
4           convicted or adjudicated of a crime. Housing  
5           would be related to that. The sex offense  
6           does not have to be related.

7           DR. STEIN: If 16 had said because, our  
8           answer would be correct, it doesn't say that.

9           COMMISSIONER DIBBLE: Your answer is  
10          right here. Excuse me, excuse me, thank you. Any  
11          other questions at this point? And then we'll --

12          COMMISSIONER EVANS: I guess my  
13          question is: Can we proceed based on their  
14          testimony? I'm asking the attorney.

15          MS. KREILING: Yes, you can proceed,  
16          based on the testimony, you can still approve  
17          the application as it's been presented with  
18          that condition.

19          COMMISSIONER EVANS: Did you find the  
20          definition of housing?

21          MS. KREILING: I'm not finding one  
22          specifically in here. There are other  
23          options I would look to next. I don't have  
24          those available to me right now. I can find  
25          the information, and can I relate that.

1           I can, though, relate -- Kathy is  
2           indicating to me two other references that  
3           are dealing with housing in our code, that  
4           means a residential facility that provides 24  
5           hours.

6           COMMISSIONER EVANS: Okay.

7           COMMISSIONER DIBBLE: Okay.

8           COMMISSIONER COX: Thank you, that's  
9           sufficient.

10          DR. STEIN: And I would say, we  
11          understand then it becomes incumbent on us to be  
12          sure that they determine, in any way possible to  
13          us, whether somebody has been adjudicated or  
14          convicted of a sex offense, and make sure that they  
15          are not kept in that facility for anything more  
16          than 23 hours and change, and that's something that  
17          we believe that we can do.

18          COMMISSIONER DIBBLE: Do any of the  
19          rest of the commissioners have any comments about  
20          the proceeding this evening on the request for the  
21          facility? I mean, as far as whether we ought to  
22          proceed or not?

23          COMMISSIONER BLANCHARD: No, sir.

24          COMMISSIONER DIBBLE: We were at a  
25          possibility of not proceeding any further, but I

1 believe that has been clarified, unless I  
2 misunderstood. We may proceed then?

3 MS. KREILING: Yes, Your Honor.

4 COMMISSIONER DIBBLE: We would like  
5 to ask further questions of you gentlemen, if you  
6 don't mind standing up again, if the commission has  
7 any questions they would like to address to the  
8 Colorado West folks. Any questions at this point?  
9 Gentlemen, thank you very much.

10 And we'll ask the staff to stand and  
11 ask if any of the -- we have talked about traffic  
12 quite a bit. Would either you or Eric like to  
13 weigh in on traffic.

14 MR. HAHN: Certainly. Let me wish you  
15 a fine good morning. I'm feeling it. I don't know  
16 about you, I'm certainly feeling the hour.

17 As I understand it, one of the primary  
18 concerns that most of the neighbors and the nearby  
19 residents have regards the additional volume of  
20 traffic on 28-3/4 Road. The City traffic

21 engineering office looked at this very closely, and  
22 their determination was that there was not going to  
23 be enough additional impact on 28-3/4 Road to  
24 warrant any turn lanes, either at the accesses to  
25 this site or any additional construction of lanes

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1 or other improvements at the North Avenue  
2 intersection.

3 The pedestrian use is probably going to  
4 become an issue, if it's not already. It's  
5 probably not the responsibility of this applicant  
6 to address those issues, specifically because they  
7 are an existing issue that they are not actually  
8 going to be adding to.

9 I would recommend that the neighboring  
10 residents contact the traffic engineering office  
11 and request a study be done of pedestrian uses in  
12 that area specific to the school and Little League  
13 fields, and see what, if anything, the City can  
14 actually do, and separate that issue from this  
15 project, if possible.

16 COMMISSIONER EVANS: Eric, they will be

17           required to put a curb cut or sidewalk in  
18           front of their facility, correct?

19                     MR. HAHN: Yes, and that's what  
20 they're showing. Let me address one more thing,  
21 if I may. It also came up that Bunting is no  
22 longer shown to be accessing from the west. The  
23 applicant specifically requested, at Ted's  
24 exception, to disregard that requirement, and  
25 that was approved by the committee through the

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1           City. So they will not be required to attach to  
2 Bunting.

3                     COMMISSIONER EVANS: What about --  
4 they said they've got water on that  
5 property.

6                     MR. HAHN: And that may be the case.  
7 If that is the case, then they will have to pay for  
8 any irrigation uses that they propose.

9                     COMMISSIONER DIBBLE: Will that be  
10 allowed?

11                    MR. HAHN: Depends on the volumes. Not

12 for a lot of volume, not the kind of volume that we  
13 require that a typical large garden would require.  
14 It definitely -- I assume there is no irrigation.  
15 I mean, I don't have any information on what kind  
16 of irrigation is available there. That's not  
17 something that the City processes.

18 COMMISSIONER COX: But irrigation  
19 availability is not part of the conditional  
20 use permit?

21 MR. HAHN: No. Once more, it's not  
22 something we get our fingers in unless it's  
23 affecting some drainage or our streets or something  
24 like that. Irrigation in this valley is always  
25 private.

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1 COMMISSIONER DIBBLE: Dr. Updike, can  
2 you give us some light on it?

3 DR. UPDIKE: Yes, I can. We were  
4 concerned about that. We hired an attorney, and we  
5 have spoken to the water district people. Our  
6 share is available. We are purchasing those  
7 shares. There is water available. It could be



8 brought down onto the property. That is not a  
9 problem.

10 COMMISSIONER DIBBLE: That's a  
11 statement of fact?

12 DR. UPDIKE: Yes, that's right. I have  
13 that from our attorney.

14 COMMISSIONER DIBBLE: Sorry. I would  
15 like to ask Scott a question. You probably  
16 have some questions of Scott.

17 MR. PETERSON: Okay.

18 COMMISSIONER DIBBLE: Scott, would you  
19 redefine -- I know we did this many hours ago  
20 -- redefine reasoning for the walls according  
21 to code?

22 MR. PETERSON: The current landscaping  
23 code in the zoning and development code states that  
24 when you have commercial properties adjacent to a  
25 residential property, it requires the screen and

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1 buffering of a 6-foot masonry wall at the property  
2 line between the commercial and residential land

3 uses.

4 COMMISSIONER DIBBLE: That would be  
5 true even if an industrial use were made of  
6 that, because there is an industrial or C-1  
7 zone next to --

8 MR. PETERSON: A residential zone.

9 COMMISSIONER DIBBLE: That's according  
10 to code?

11 MR. PETERSON: Yes.

12 COMMISSIONER DIBBLE: That's not  
13 required by the --

14 MR. PETERSON: That's not the  
15 conditional use permit requirement or a group  
16 living facility requirement, it's strictly a  
17 commercial land use next to a residential land  
18 use.

19 COMMISSIONER DIBBLE: All right.

20 Questions?

21 MR. COX: Mr. Peterson, I think it was  
22 said earlier, maybe not even today, that the  
23 conditional use permit for this site is  
24 solely because of Buildings C and D, which  
25 will house people overnight. That A, B, and

1 E Buildings that do not have an overnight  
2 aspect to them are allowed in this zoned  
3 district, and would have been approved on a  
4 site plan that would have not come before  
5 this body.

6 MR. PETERSON: Actually, to correct  
7 you, Commissioner Cox, Building B has an overnight  
8 unit.

9 As far as what you're stating is  
10 Building A and Building E, Building A would be  
11 strictly an outpatient counseling center for a  
12 nonresident counseling center, and an office  
13 building for Colorado West. That would have been  
14 approved administratively, because it would be  
15 approving a land use in the C-1 zone.

16 COMMISSIONER COX: So the building that  
17 have people freely coming and going by their  
18 own volition, walking or in a car, those  
19 buildings would have been approved whether  
20 this came before this body or not?

21 MR. PETERSON: Provided that they meet  
22 the, you know, site plan requirements.

23 COMMISSIONER COX: Right.

24 MR. PETERSON: That's correct.

25 COMMISSIONER COX: The reason we're

1           looking at it is because of the secured  
2           overnight units?

3                     MR. PETERSON: That's correct.

4                     COMMISSIONER DIBBLE: Can you offer  
5           any -- the idea of lighting was only brought  
6           up once to my recollection, perhaps you could  
7           address that briefly.

8                     What lighting is required and what kind  
9           of a pole will it be put on?

10                    MR. PETERSON: The applicant did submit  
11           a lighting plan that showed basically all outside  
12           lighting, parking lot and building lighting. It  
13           did meet with our zoning and development code  
14           standards, that a confined lighting -- from the  
15           parking lot areas, confined it to their property  
16           only with no radius overhang into the adjacent  
17           properties, which is per Section 7.2F of the zoning  
18           and development code.

19                    So it's basically down fixtures only.  
20           So it keeps the radius of that light fixture within  
21           the Colorado West's property.

22                   COMMISSIONER DIBBLE: This is probably  
23                   a question for Dr. Updike. Will there be  
24                   outside security involved? And what training  
25                   for security do you have in place for your

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1                   faculty or staff?

2                   DR. UPDIKE: Thank you, very much.  
3                   There is not going to be external security. We  
4                   don't think there's a need for that. And we have  
5                   discussed that with the sheriff's department and  
6                   with the Grand Junction Police.

7                   Inside, the staff are currently  
8                   receiving very specialized training to work with  
9                   individuals who are severely upset. This is a very  
10                  specialized training that is -- a national company  
11                  is doing this training for our staff. So we have  
12                  very well-trained staff to handle this. We are not  
13                  going to have security officers. This is not a  
14                  jail or corrections facility.

15                  COMMISSIONER DIBBLE: You'll have  
16                  complete staffing. Is that staffing a  
17                  problem?

18 DR. UPDIKE: No, it isn't. As a matter  
19 of fact, our partner, Hilltop, will be assisting in  
20 the staffing of that. Like I say, the staff  
21 currently is being trained. It will be a 24-hour  
22 staff. Thank you.

23 COMMISSIONER PITTS: Dr. Updike.

24 DR. UPDIKE: Yes, Mr. Pitts?

25 COMMISSIONER PITTS: I have a question

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1 too. The fencing around Building C and  
2 Building D was addressed, Building D being  
3 that of adolescents --

4 DR. UPDIKE: And pediatrics.

5 COMMISSIONER PITTS: And pediatrics.

6 DR. UPDIKE: Right.

7 COMMISSIONER PITTS: -- the intention  
8 there is to prevent wandering, I'm guessing,  
9 by the occupants of that building as well as  
10 Building C. Do I understand correctly the  
11 fencing is around both of those buildings?

12 DR. UPDIKE: There's fencing actually

13 with B, C and D. This thing isn't on, is it? I  
14 could show you on our drawing here. See, this area  
15 right here (indicating)? This is secured going  
16 from this building to this building, which is  
17 adult.

18 And then if you'll notice over here,  
19 this area (indicating), all this is secure. And  
20 then if you look over here and here (indicating),  
21 this is secure and this is secure like that. This  
22 is open on this side (indicating). Does that  
23 answer your question, Mr. Pitts?

24 COMMISSIONER PITTS: Yes.

25 DR. UPDIKE: Thank you.

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1 COMMISSIONER DIBBLE: Any other  
2 questions of either staff or of Colorado West? If  
3 not, we'll close the public hearing, and we will  
4 take this under consideration for our input and  
5 discussion.

6 COMMISSIONER COLE: Mr. Chairman, first  
7 of all, I would like to thank all of you for coming  
8 out, and especially those of you who have stuck

9 with us up to this point. I think it's great.  
10 You'll probably have to use toothpicks to prop your  
11 eyes open tomorrow, if you go to work. Anyway,  
12 thank you for coming out.

13 I would also like to thank those who  
14 have tonight in this public forum talked about  
15 their own mental illness. I think that took a lot  
16 of courage on their part to admit to that, and to  
17 say something in a public forum such as this. I  
18 admire your courage, and thank you for it.

19 I would like to say that I'm personally  
20 familiar with a facility that is probably even  
21 somewhat larger than this is in another city,  
22 having attended several of their fundraising events  
23 and their awards events, and all of those -- and  
24 those types of things, and becoming very familiar  
25 with the facility.

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1 That facility that I'm referring to  
2 happens to be across the street from an elementary  
3 school and a middle school, and they have been



4 there over 30 years. And to my knowledge, there  
5 has never been any problem, whatsoever, with either  
6 one of the schools. Nearby, within a couple  
7 blocks, is a detox facility. And to my knowledge,  
8 there has never been a problem with that facility  
9 either.

10                   And so the idea that this is -- could  
11 be a danger to children, I think is, based on my  
12 own experience and seeing what took place there, I  
13 find it not a good reason for denying this.

14                   It seems to me that those who are  
15 outside of these facilities, who are not getting  
16 treatment, not getting medication, it seems that  
17 most of the time those people who do not get  
18 their medication or who refuse to take their  
19 medication are the ones that we really need to  
20 worry about.

21                   And most of those are out on the street  
22 somewhere, and perhaps, as has been mentioned here  
23 tonight, sitting next to us in a restaurant or  
24 church or someplace else. And so I would worry  
25 more about those than I would the people that are

1 getting treatment in this facility.

2           Someone mentioned that only one  
3 incident could cause a problem. There is nothing  
4 to prevent someone today from walking up to that  
5 Little League facility and causing harm to some  
6 child, even though there is no mental health  
7 facility nearby. That person could -- that could  
8 happen at any time, whether or not this facility is  
9 in existence.

10           Let me also say that the facility I  
11 referred to a little while ago has bus stops right  
12 there at the facility, and it does provide access  
13 for those people who need the types of service that  
14 this facility will provide. And so the concern  
15 about the bus stops there, again, there has been no  
16 difficulty in the 30 years that I have knowledge  
17 of.

18           The parking was mentioned by someone  
19 for the Little League. If people are parking on  
20 that vacant lot there, and I have no doubt that  
21 they are, they are, in fact, in my opinion  
22 trespassing on private property, because that is  
23 private property. And today a fence could be  
24 put up there to prevent that by the owner of  
25 the property. And so if they're parking there,

1 they are in violation and trespassing on the  
2 property.

3                   So as I look at this -- one other  
4 thing I would like to say is there's speculation  
5 that property values will drop or not increase.  
6 Let me just say that I know of a city where a new  
7 jail was constructed in a residential area and, in  
8 fact, the property values increased. And the  
9 facility I referred to a while ago have residential  
10 properties nearby. They are not directly across  
11 the street, but within just a few hundred yards of  
12 the facility. And those properties have, in fact,  
13 increased.

14                   And so the speculation that property  
15 values will decrease almost reminds me of when I  
16 know of a golf course was being built, people came  
17 to the City Council in that city and said our  
18 property values will decrease. As soon as the golf  
19 course began to be constructed, it tripled their  
20 property value. I don't think that this facility  
21 would decrease the property value.

22                   As I looked -- went by there and looked  
23 at the property just today, if I were a neighbor to

24 the hospital, I would much rather have a fully  
25 landscaped facility on that property than I would

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1 the vacant dirt that is there now.

2 So I am sure that all of you, as you  
3 have listened to my comments here tonight, realize  
4 that I am in favor of going ahead and granting this  
5 conditional use permit.

6 COMMISSIONER PITTS: Mr. Chairman?

7 COMMISSIONER DIBBLE: Yes.

8 COMMISSIONER PITTS: I've listened  
9 and I've read most of the letters that we've  
10 received, and we've had some testimony from some  
11 90 people, plus a couple of people representing a  
12 large group. We've heard of the 20 years of no  
13 incidents in and around East Middle School,  
14 Columbine.

15 The largest voice that I've heard is an  
16 objection of those going -- the privacy for those  
17 utilizing the facility, and I really believe that  
18 Dr. Updike and Dr. Stein and their large staff have

19 researched the location versus other locations, and  
20 I'm convinced that they'll do whatever is necessary  
21 to retain the confidentiality of those persons  
22 seeking the treatment at this facility.

23 I believe the need has been addressed,  
24 the traffic issue has been addressed by staff, and  
25 I'm confident with that. I think the safety issue

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1 has been addressed. Concerns for the most part of  
2 the residents and the people I feel have been  
3 addressed.

4 I believe that the campus itself will  
5 not detract from the appearance of the  
6 neighborhood. I feel that the proposal meets the  
7 criteria of the growth plan, and the zoning and  
8 development code, and I'll have no problem  
9 supporting the project.

10 COMMISSIONER COX: Mr. Chairman, last  
11 night, maybe it was two nights ago, when I showed  
12 my wife this folder with the general project report  
13 and staff support, this stack of letters, and this  
14 stack of letters, and I told her I had to read all

15 of that. She looked at me like I was crazy. No  
16 offense. Maybe I am.

17 She asked me why -- why I did this, and  
18 I had to tell her it was because somebody needed to  
19 look at these things with an objective point of  
20 view, not pro this or pro that, just somebody who  
21 could clear the mind and look at everything in the  
22 packet, listen to everybody that spoke, and follow  
23 the law and codes, the law here in the city.

24 It's not an easy decision. It really  
25 isn't. But I live in downtown, I live close to --

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1 I think it's called the Oasis. I drive by the  
2 Gunnison facility every day. I've never noticed  
3 anything funny about it except for the rainbow  
4 painted or palm tree or something. Does that pass  
5 sign code? Anyhow, there's also the St. Mary's  
6 facility out there. And I know people who have  
7 been housed in it.

8 And the neighborhood around St. Mary's  
9 I like, and some day, if I can afford it, I would

10 like to live out there, even while these people are  
11 housed in the St. Mary's facility.

12                   What I'm saying is that I don't think  
13 that this is going to bring down a neighborhood,  
14 and that is important because one of the criteria  
15 we have to look at to say whether this can go in  
16 here or not is whether it brings down a  
17 neighborhood, whether it's detrimental or causes  
18 increased risk. And I really don't think it  
19 will.

20                   The buildings that we are looking at  
21 this for tonight are secure, and I've been here my  
22 whole life. I've never heard of anybody breaking  
23 out and causing trouble. The other buildings are  
24 buildings that people come to -- in and out.  
25 That's not part of this conditional use permit.

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1 That's something the owners would be allowed to do  
2 anyhow.

3                   I think that this meets the criteria.  
4 I know it meets the criteria and I don't think it's  
5 doing anything negative to the neighborhood, so I

6 support this conditional use permit.

7 COMMISSIONER PUTNAM: Mr. Chairman,  
8 Following your admonition about needless  
9 repetition, I am not without thoughts on this  
10 subject. I just agree with what's been said.

11 COMMISSIONER EVANS: I agree with that,  
12 also. I'm just having a little problem that we  
13 can't equate mental health with criminals. You  
14 know, if somebody needs some help, I think we're  
15 blessed to get an opportunity to build something  
16 like this in this area. It's something the whole  
17 valley is going to benefit from, so I'll support  
18 it, also.

19 COMMISSIONER DIBBLE: Mr. Lowrey?

20 COMMISSIONER LOWREY: Based on the  
21 testimony and the evidence that has been put before  
22 us tonight, and what staff has reported, certainly  
23 the facility meets all the, quote, technical  
24 requirements, things like traffic, lighting, and  
25 sewer and water and all that.



1                   The issue is I think everybody -- and  
2                   why there's so many people here -- is will this  
3                   facility jeopardize the safety of the  
4                   neighborhood and the area where it's being  
5                   located?

6                   And I've heard many people express  
7                   their concerns that they feel their safety is  
8                   jeopardized, but I haven't heard anybody enunciate  
9                   any facts or studies or reasons or comparison  
10                  facilities anyplace else in the country that  
11                  actually a facility like this actually affects the  
12                  safety of a neighborhood. I haven't heard somebody  
13                  cite something that it actually does.

14                  But we have had quite a bit of  
15                  testimony where these facilities have been located,  
16                  even facilities like this here in Grand Junction,  
17                  as well as other communities, that it doesn't cause  
18                  problems, that there are not incidents where  
19                  people in the neighborhood are harmed because  
20                  somebody has gotten out of the facility and caused  
21                  some harm, or people are visiting facilities that  
22                  have caused harm to other people in the  
23                  neighborhood.

24                  So I would -- I would favor having the  
25                  facility, and I think having a facility like this

1 -- I don't think, I firmly believe that having a  
2 facility like this in Grand Junction will actually  
3 make -- because people are getting treatment, will  
4 actually make the community safer, our whole  
5 community safer, not just a particular  
6 neighborhood.

7                   One concern, my colleague,  
8 Commissioner Cole, expressed his opinion based on  
9 his personal knowledge, which was not part of this  
10 hearing for years. I don't know if that makes any  
11 difference. I am a little concerned in that  
12 regard, because I think we have to make findings  
13 in this hearing based on what we've heard in this  
14 room tonight, or else declare that we've got --  
15 we're taking information from other sources.

16                   So I don't know if that -- my concern  
17 is that we need to make a decision based on what's  
18 been here, not somebody's personal experience of  
19 years past or whatever.

20                   MS. KREILING: Are you asking a  
21 question then?

22                   COMMISSIONER LOWREY: Kind of, yeah.

23                   COMMISSIONER DIBBLE: Would you like  
24 the attorney to respond to that?

1 MS. KREILING: I would say that as a  
2 quasi-judicial proceeding, that hearsay can  
3 be taken into consideration, other factors  
4 using your own personal knowledge and  
5 experience in making the decisions would be  
6 allowed.

7 COMMISSIONER COLE: Let me say that was  
8 part of my justification for support.

9 COMMISSIONER LOWREY: As long as you  
10 have other justification.

11 COMMISSIONER COLE: I did.

12 COMMISSIONER DIBBLE: Thank you,  
13 Mr. Lowrey. First of all, I want to concur with  
14 Commissioner Cole. I want to thank you for coming.  
15 It took a lot of courage for these people to come  
16 and face this -- who knows how many thousands of  
17 people watching this on Channel 12 -- and admit  
18 they had a problem. Most of us -- I've got to  
19 speak for myself -- don't want to admit we've got  
20 any problems. And as has been succinctly pointed

21 out, we all have problems. It's just the fact that  
22 we need to know how best to deal with them and what  
23 circumstances.

24                   When a community opposes something  
25 that is unknown or they are a little bit leery

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1 because of the stigmatization that has been  
2 mentioned many, many times the easiest course --  
3 in my opinion -- is to want to disallow it, to want  
4 to distance ourselves from it and to assume the  
5 worst.

6                   I trust and I hope that our community  
7 will have learned. I have learned a lot in  
8 studying all of your correspondence to us, the  
9 proposal itself, the testimony this evening. I  
10 have learned a lot about the issues that we face as  
11 a society. They are societal issues that we need  
12 to be aware of and we need to be upfront and we  
13 need to de-stigmatize, if we have preconceived  
14 ideas that will invalidate good reason and good  
15 common sense.

16 I believe that the petitioners have  
17 given good due diligence to this facility, in the  
18 way it has been demonstrated and reiterated, that  
19 they have gone overboard in providing some of the  
20 things that will try to affect the community's  
21 understanding of this. The need -- everyone has  
22 said that the need is there.

23 Obviously, if you don't meet the need  
24 in this area, where do you meet it? And if you do  
25 meet it in another area that's even in the close

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1 proximity of our city, what will be the results of  
2 those that live in that proximity? Will it be the  
3 same thing? In my mind, it will be.

4 We're going to not trust the facility  
5 to be there either, we're going to have objections  
6 that have been raised. So the area that we're  
7 asked to deal with, I believe it is a hard area for  
8 us and fellow citizens to deal with, it is our  
9 responsibility, and I believe it's our duty to try  
10 to evaluate the facts, to substantiate the facts,

11 and likewise it has been said that some of the  
12 facts have been stated as facts with no  
13 substantiation or documentation to back them up,  
14 other than we feel this way, or in making a  
15 statement without having justification behind  
16 it.

17                   So I think that there's been no data  
18 given for danger that it's been -- we have asked  
19 for it, we have -- you have given us ideas that  
20 there might be, but I don't know that it's been  
21 substantiated, so I believe that it is in our best  
22 interest to go ahead and proceed based on the  
23 facts and conclusions that our fine staff has  
24 recommended that this be approved as a conditional  
25 use permit.

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1                   If all the minds are clear, I will ask  
2 for questions. I believe we have four -- three or  
3 four ways we can approach this. We can vote in  
4 favor of granting the conditional use permit, we  
5 can vote in favor of declining the conditional use  
6 permit, we can vote in favor of approving it with

7 conditions, other than have been presented by staff  
8 and the recommendation, or we can continue this. I  
9 believe, in our discussion, that probably isn't on  
10 the table anymore.

11 So without further conversation on  
12 this, I would like to call for a motion, if I  
13 may.

14 COMMISSIONER COLE: Mr. Chairman, based  
15 on the testimony that was given by the applicant  
16 concerning the sexual offenders, I would move that  
17 on the request for a conditional use permit for an  
18 unlimited group living facility for Colorado West  
19 Mental Health located at 515 28-3/4 Road, File  
20 Number CUP 2004 019, I move that the planning  
21 commission make the findings of fact conclusion --  
22 and conclusions listed above and approve the  
23 conditional use permit.

24 COMMISSIONER DIBBLE: Is there a motion  
25 to second?

1 COMMISSIONER BLANCHARD: Second.

2                   COMMISSIONER DIBBLE: All in favor  
3 signify by saying aye.

4                   ALL COMMISSIONERS: Aye.

5                   COMMISSIONER DIBBLE: All opposed, same  
6 sign. Motion carried. Again, we thank you all for  
7 coming. We are adjourned.

8                   (The hearing concluded at 1:06 a.m.)

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REPORTER'S CERTIFICATE

I, Joppa H. Smith, do hereby certify  
that the said hearing was taken in shorthand by me  
at the time and place aforesaid and was reduced to  
typewritten form under my supervision; that the  
foregoing is a true transcript of the questions  
asked, the testimony given and the proceedings  
had.

---

JOPPA H. SMITH  
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My Commission Expires: 12/23/06

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May 25, 2004

Corrections to transcript for the Conditional Use Permit at 515 28 <sup>3</sup>/<sub>4</sub> Road for Colorado West Mental Health

Page 2, Line 4 Deleted "Commissioner Blanchard"  
Page 57, Line 8 Changed "Commissioner Blanchard" to "Robert Blanchard"  
Page 59, Line 11 Changed "Commissioner Blanchard" to "Robert Blanchard"  
Page 61, Line 21 Changed "Commissioner Blanchard" to "Robert Blanchard"  
Page 69, Line 6 Changed "Commissioner Blanchard" to "Robert Blanchard"  
Page 76, Line 13 Changed "Commissioner Blanchard" to "Robert Blanchard"  
Page 221, Line 8 Changed "Commissioner Blanchard" to "Robert Blanchard"  
Page 228, Line 4 Changed "Commissioner Blanchard" to "Robert Blanchard"  
Page 254, Line 1 Changed "Commissioner Blanchard" to "Commissioner Pitts"

The meeting was adjourned at 1:06 A.M.

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Bobbie J. Paulson  
Administrative Specialist

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Date