

**PROJECT SUMMARY**  
**October 19, 2021**  
**Topsail and Commonwealth Detox**  
**140 Haverhill Street, Andover**

**PART I: Description the Site and Proposed Building**

1. Zoning District

OP Office Park.

2. Lot Area and Frontage

The existing property is 7.06 Acres with 534 feet of frontage on Haverhill Street and High Street.

The proposed development splits the existing property into two lots. Lot 1 will be 2.3 Acres with a total frontage of 354 feet, 180' of which will be on Haverhill Street. Lot 2 will be 4.76 Acres with 180' of frontage on High Street.

3. Proposed Buildings

Lot 1 will have a 3 story 39,000 square foot building (future home of Commonwealth Detox). Lot 2 will have a 2 story 9,180 square foot building (future home of Topsail).

4. Building Layout and Design

Commonwealth Detox will have 34 bedrooms with 64 beds. The first floor will have small offices, a cafeteria and a large group room. The second floor will have a lobby, an exam room, a nurses' station, two (2) bathrooms with showers, a community room, and several sitting areas. The third floor will have several small offices, two (2) medium size group rooms, a nurses' station, an exercise room, and an open lounge area.

Topsail will have an entrance lobby, several small offices, and group meeting rooms on the first floor. The second floor will have clinical staff offices, a conference room and a staff break room. The basement level will have a lunchroom with a small kitchen area, mechanical room, and access to a terrace at the back of the building.

## 5. Water and Wastewater

Water will be supplied by the existing 6" water line which extends onto the site from Haverhill Street.

Wastewater will flow to the existing sewer service extension from Haverhill Street.

Easements for both services will be created to allow connection of the building on Lot 2 over Lot 1.

## 6. Fire Department Access

Fire department access will be over the existing driveway entrances which will remain in the redevelopment proposal.

A fire hydrant is located at the Haverhill Street entrance.

The building on Lot 1 will be serviced by a fire sprinkler system

## 7. Stormwater Management

The existing site is serviced by a stormwater management system consisting of catch basins which flow to a detention pond area at the center of the site. The existing system will be modified to accommodate the new site layout; however, the modifications will be minimal due to the fact that most of the existing pavement will remain.

## 8. Parking

The site currently has 160 spaces. That number will be reduced to 153 spaces. Topsail's day services are parked as required for a clinic in the Office Park District: one parking space for each 200 square feet of net floor area and four parking spaces for each doctor. That total is 66 spaces. As a clinic, Commonwealth Detox would require 215 spaces. However, a lesser number of spaces will be required given the business plan of the facility. The ZBA will be requested to grant a variance and/or a reasonable accommodation to allow 87 parking spaces for Commonwealth Detox.

Six (6) handicap spaces will be included in the total count of 153 spaces, two at Topsail and four at Commonwealth Detox.

## 9. Deliveries

Deliveries to the rehabilitation hospital will be in an enclosed courtyard area behind the building on the lower level.

## 10. Garbage Removal

A double garbage dumpster area will be located within the delivery area at the lower level of the rehabilitation hospital on Lot 1.

A single small dumpster will be located on the west side of the building on Lot 2. This dumpster will be capable of being rolled out of the enclosure for pickup by a dumpster truck.

## **Part II: Programmatic Aspects of the Facility**

### 1. Type of Facility under State Regulations; Licensing Requirements

The Applicant proposes to operate an Acute Treatment Services (ATS) facility. This is the medical withdrawal/detoxification component. The applicant also proposes to operate Clinical Stabilization Services (CSS), a nonmedical post-withdrawal component. Both ATS and CSS are regulated by 105 CMR 164.000, Licensure of Substance Abuse Treatment Programs. These are all inpatient services. Current Outpatient services will be offered in a separate 9,180 +/- square foot building. The licensing requirements can be found in 105 CMR 164.000. The requirements are 80 pages long and can be found in PDF format here:

<https://www.mass.gov/files/documents/2017/09/11/105cmr164.pdf>

### 2. Program Objectives

The objective of the program is to safely and effectively, through medical and clinical means, stabilize and detoxify someone from alcohol or substance dependence and to make necessary and appropriate aftercare recommendations that are clinically and medically informed with attention to the needs and presentation of each individual client.

The facility proposes to implement evidence-based medically assisted treatment, cognitive behavioral therapy, dialectic behavioral therapy, motivational interviewing and several other evidence-based treatment methodologies. Furthermore, the facility intends to develop programs that provide staff access to and professional training in emerging evidence-based treatments such as culturally informed evidence-based practices, by partnering with local teaching hospitals and universities.

### 3. Personnel — Overview and Qualifications

- \* Medical Director - Licensed MD in Massachusetts with significant experience treating persons with addiction. Mandated.
- \* Executive Director - Masters level professional with extensive experience leading a residential addiction treatment program. Approved by Massachusetts Department of Public Health (DPH) as a Program Director.
- \* Nurse Manager - MSN with significant experience leading medical team addressing addiction treatment. Mandated.
- \* Nurse - Supervisor of each medical shift shall be led by a BSN. Mandated.
- \* Staff Nurse - RN or LPN approved to dispense medications used in residential treatment. Mandated.
- \* Clinical Supervisor - Master Level licensed independent clinician with a minimum of 4 years of experience supervising clinicians treating persons with addiction. Mandated.
- \* Counselors - Masters level and/or licensed substance abuse/mental health counselors meeting all Massachusetts requirements. Mandated.
- \* Case Managers - B.A. or B.S. level education and experience with treatment planning for persons with addiction. Mandated.
- \* Behavioral Health Technicians — High school graduate with experience recovery coaching for persons with addiction. Mandated.
- \* Security Guard - High school graduate with training in de-escalation tactics, CPR and how to handle aggressive verbal or physical confrontation of any member of the public who tries to enter the facility or harass the clients.
- \* Food Service Director - Required to meet all Massachusetts and Andover regulations and have experience/expertise in dietary factors that enhance the recovery from addictions process.

### 4. Personnel Breakdown by Shifts (See separate file).

### 5. Procedures upon Intake; Privacy Rights

After reviewing federal and state laws, the Applicant has determined that it cannot ask clients to waive privacy rights. Commonwealth Detox will strictly adhere to such laws, including HIPPA regulations, which require extensive and significant care to protect client confidentiality and privacy.

All admissions to the program will be made by appointment. The facility will not accept walk-ins. However, if someone was to arrive without a scheduled admission, the staff of Commonwealth Detox will facilitate safe transportation to an appropriate program and/or location.

Whenever a person with addiction and/or a referral entity contacts Commonwealth Detox for admission a telephone screening shall be conducted. Only after the person is deemed to meet admission criteria of the program shall an admission/evaluation time be given. During that telephone screening before the appointment is made, safe appropriate transportation to the facility shall be determined. Commonwealth Detox will be available to provide that transportation, if needed. Never will it be an acceptable plan that the prospective patient drives himself, walks to the facility, or uses public transportation.

The vast majority of clients will arrive via family transportation or transportation provided by the facility in one of the facility's passenger vehicles (a Ford Explorer or similar type vehicle). All clients must have been medically cleared by a physician prior to their arrival and must be ambulatory and medically stable. Commonwealth Detox is not an Emergency Room and no client will be arriving if having an emergency.

At the time of admission, all clients will undergo an extensive medical and clinical assessment by the medical and clinical staff, including substance use history, treatment history, a biopsychosocial assessment, as well as an assessment of each client's knowledge and awareness of available treatment modalities. Findings from the assessment will be reviewed by both the medical and clinical team and an individualized treatment plan will be created and presented to each client. Clients will be given all pertinent information on available treatment modalities and how they may be effectively incorporated.

## 6. Procedures upon Voluntary Departure (Client Leaves Mid-Program); Police Notification

All clients will be at the facility voluntarily. Clients who choose to be admitted do so of their own free will and volition. If a client decides not to complete the program or recommended medical or clinical treatment plan, they may do so after receiving medical and clinical advice from the staff.

Several AMA (against medical advice) and ACA (against clinical advice) blocking techniques will be employed, including staff and family interventions to convince the client to complete treatment recommendations. However, if a client decides to leave prior to the completion of treatment, the client must provide their own transportation home by calling an immediate family member, or, in the alternative, transportation will be provided by the operator. If for some reason a client refused the free and readily available transportation provided to them and decided to simply "walk off" of the facility, an immediate notification would be provided to local authorities if the client were deemed a safety risk and the client would be followed by a staff member until a family member or local authority intervened.

During the admission process, the patient will sign an agreement stating that when discharge from the program occurs, the patient agrees to have the facility provide/arrange transportation departing the facility. This will be the policy regardless of the reason for discharge. The

facility will transport door to door if the patient is entering a new treatment program. If the patient requires medical transportation to a medical facility, Commonwealth Detox shall utilize a private ambulance service. Should the patient be returning to his home community, transport will either be made to that community or to local public transportation. If public transportation is used the patient will be provided with adequate funds/passes and staff will remain with the patient until the patient has left the area.

Although the staff will employ counseling/support to encourage the patient to stay in treatment, ultimately if any patient decides to leave the program it cannot be prevented. Should the patient insist on leaving without program approved transportation and staff deems that the patient poses any safety risk to self or community, public safety officials will be contacted. Federal confidentiality regulations prevent the operator from identifying the person as a patient. However, any information such as current medication, mental status, risk factors, personal description, and the direction the patient was heading can and will be provided to safety officials.

The patients will sign a statement of understanding of this procedure during their admission process.

While consideration was given to having patients sign a release that would allow the operator to call the Police Department if the patient leaves the program without transportation, it was ultimately determined that this practice would be considered a barrier to treatment. Furthermore, federal confidentiality regulations allow patients to revoke any release they may have signed.

The program is allowed to release pertinent information to qualified medical/safety personnel when a safety and/or medical emergency occurs. Should a patient decide to leave the program . and refuse transportation **and a safety risk is determined**, the patient will be informed that the program will need to call emergency public services. Often, this reality will motivate a patient to accept the program's transportation services.

The operator will be committed, should someone leave the building AMA or ACA and simply walk down the street, to have a staff member follow the client until picked up by family or police. This may be included as a condition in any required local approval.

## 7. Procedures upon Completion of Program

Discharge planning begins at admission. As stated above, after full medical and clinical assessments of each client, individualized treatment plans will be made and given to each client including recommended aftercare plans. Discharge planning for individuals will include

- \* Recommendations for follow up medical and clinical care with an approved provider;
- \* Referrals to licensed facilities for those seeking lower levels of care such as Intensive Day or Night Treatment; and

- \* Outcomes tracking and analysis to improve quality and proper application of treatment recommendations.

Practically speaking, when a client completes treatment, depending on their discharge plan, they will either be transported home or to a lower level of care via their family or the facility.

## 8. Round the Clock Security

Security will include 24 hour monitored video surveillance of all outside spaces and entrances and exits as well as common spaces inside the facility.

The licensing authority does not require security guards. However, there will be designated, professionally trained security personnel on staff 24 hours a day. One (1) security guard will be on-site during the 7AM to 3 PM shift, during the 3PM to 11PM shift, and during the 11PM to 7AM shift. The security personnel will have specific training on de-escalation tactics, CPR, and how to handle aggressive verbal or physical confrontation of any member of the public who tries to enter the facility or harass the clients.

## 9. Dining Facilities

Dining will be in-house. All meals will be prepared and served from the facility's kitchen in the facility cafeteria.

## 10. Laundry and Other Amenities

Clients will have access to their own client laundry services in the facility. Housekeeping will provide laundry services linens and other items.

## 11. Private Ambulance Services Contract

The operator will enter into a contract for services with a local private ambulance provider. A vendor has not been selected at this time. The contracted services will avoid use of Andover municipal ambulance services.

## 12. Preference for Andover Residents

Andover residents will be put at the very top of the list for admission.

## 13. Scholarships.

Scholarships will be available to qualified applicants.