

September 23, 2018

1310 31st Street South
La Crosse, WI 54601

City of La Crosse
Government Officials and Committees
400 La Crosse Street
La Crosse, WI 54601



Dear City of La Crosse Government Officials and Committees,

Due to our being out of town, we are hand-writing you this letter as our means of opposing the Tomah VA Medical Center's Conditional Use Permit Application File # 18-1255 (CUPA) to use the residence at 3120 Farnum Street as a Community Living Arrangement for the VAME's Compensated Work Therapy Program. Let us preface to say we are not anti-veterans and always want our veterans to receive any and all services available in order to help them overcome any behavioral, physical, mental health, etc. disabilities they exhibit and be able to effectively reintegrate into society. Although we readily support our veterans, we feel a need to formally submit our concerns, opinions, and opposition regarding the Tomah VA's CUPA. We feel this CUPA will have a detrimental affect for our single family residential neighborhood and the adults and children that live there.

Our first concern involves the anticipated number of veterans that will be living in this Transitional Residency Program and the conditions/issues they are being treated for or are working to overcome. In our opinion, 10 residents exhibiting one or more of the following conditions/issues: sobriety (alcohol and/or drug), mental health, anger management, stress management, and problem-solving skills is far too many. This many individuals with behavioral, physical, mental health, and/or other issues offers the potential of running into various types of conflict situations. It presents not only the potential for conflicts among the residents themselves and staff, but also presents safety issues for the families in the surrounding residential neighborhood and specifically exposing children to behavioral, mental health, and anger issues that they should not have to experience, hear, and/or witness.

Our second concern regards the number of Vocational Rehabilitation Specialist Staff and/or Support staff that will be on duty during work week, off hours, and weekend hours. We feel specifically, that having only 1 support staff member on duty during off hours and weekends for safety issues is inadequate to deal with the potential and inevitable issues and/or problems that may arise. This lack of support staff will potentially mean local law enforcement being contacted for additional support and assistance to resolve unsafe situations. Having this potential liability

status occurring in a family residential neighborhood with several children between the ages of birth to 18 is unacceptable.

A third concern we want to state or address refers to the application statement that "on average" there will only be 4-5 resident veterans that will own vehicles and that said number of vehicles will be parked "off-street" in the residence garages and driveway. We anticipate there will be more than the "average" 4-5 residents owning a vehicle, resulting in vehicles parking "on-street" in the neighborhood as the property/residence lacks sufficient "off-street" parking availability. Although an additional parking lot is mentioned in the proposed application for residential veteran use, this additional parking lot is approximately $\frac{1}{2}$ -1 mile from the residence. This distance from available parking to the residence is unrealistic to depend on residents complying with these parking rules on a daily basis especially in winter.

A fourth concern we would like to bring up is the issue that the residence will not be state licensed or inspected for compliance. Although the VAMC residence has association with the Commission on Accreditation of Rehabilitation Facilities (CARF) and the Joint Commission (JC) inspections and operates under the VA Handbook 1162.02 Section 34 "Mental Health Residential Treatment Program", we foresee

the potential for lack of or consistency in the residence being up to these groups inspections and/or operations. Our opinion on this lack of consistency in being up to approved standards is based on the fact that inspections appear to not occur or be conducted on a yearly basis. The Description of Transitional Residency Program Document states the last CARF inspection was March 2017 and the last JC inspection was May 2018. If inspections, announced and/or unannounced, are not conducted on a regular or at least a yearly basis "at the residence" itself, there could be a lowering of standards maintained. There also does not appear to be a provision for local neighborhood input into inspections by either group (CARF or JC) or neighbors being able to give input on chronic issues, problems, and concerns.

Our final issue to bring up involves the ever increasing load on the VAMC system to provide these types of Therapy Programs and Residential Living Facilities. In our opinion, if the Tomah VAMC's CUPA is granted now for our residential neighborhood, in the future we could see the following additional requests being made. First, would be a request to modify the residence to house more veterans participating in the Compensated Work Therapy Program. A second request would, therefore, follow for additional "off-street" parking for the residence. This could only happen through property

acquisition in order to construct an additional parking lot. Finally, more residents living in/on the property increases the potential for all our previously mentioned concerns increasing in volume, frequency, and/or intensity.

In conclusion, we appreciate your willingness to read and take note of our concerns, opinions, and opposition to the Tomah VAME's CUPA. You have our permission to share this formal document from us with any individuals or groups you see fit. Please accept this signed document as our formal input and opposition to the VAME's CUPA due to our being out of town. Thank you for your time and consideration of our views.

Sincerely,

Robert P. Jansen

Robert P. Jansen

Julianne Jansen

Julianne Jansen