

EXHIBIT 4

**CORNERSTONE OF RHINEBECK
COMMUNITY IMPACT STATEMENT¹**

June 2023

1. *Specific classification or type of facility.*

Medical Arts Sanitarium d/b/a Cornerstone of Rhinebeck (“Cornerstone”) is approved under New York State Mental Hygiene Law, Article 32, as a Chemical Dependence Service. It is licensed by the New York State Office of Addictions and Supports (“OASAS”) to provide Medically Supervised Withdrawal and Stabilization and In-Patient Rehabilitation treatment.

2. *Names of the regulatory agencies from whom permits, licenses or approvals are required and designation of a contact person at each.*

Cornerstone currently holds the following permits, licenses, and/or approvals: (i) a Chemical Dependence Operating Certificate from the New York State Office of Alcoholism and Substance Abuse Services (now known as OASAS); (ii) an Opiate Treatment Program Certification from the U.S. Department of Health and Human Services; (iii) a Controlled Substance License from the New York State Department of Health (“NYSDOH”); (iv) certification as an education and training provider by OASAS; (v) a limited service laboratory registration with the NYSDOH; and (vi) accreditation from the Commission on Accreditation of Rehabilitation Facilities (“CARF”), a highly regarded international organization for the oversight of behavioral health facilities.

Although neither a regulatory nor licensing agency of Cornerstone’s Facility, Dutchess County Department of Behavioral and Community Health (“County DBCH”) must approve, and has approved, any increase in additional capacity prior to same being granted by OASAS.

In addition, Cornerstone holds a Public Water Supply (“PWS”) permit from the Dutchess County Department of Health (“County DOH”), approvals from County DOH for its septic systems, and a SPDES permit from NYSDEC.

Contact persons:

- OASAS: Meghn Tansey

- County DBCH: Jean-Marie Niebuhr & Rachel M. Kashimer

¹ Zoning Code § 250-31(C). A Community Impact Statement was previously submitted to the Planning Board with Cornerstone’s November 2021 Submission. (See Schedule D to Exhibit “14”). This Community Impact Statement supersedes the previously submitted Statement.

3. *General description of client disability.*

Patients receiving treatment at Cornerstone are given a Substance Use Dependence Disorder or Substance Use Dependence with Withdrawal Diagnosis upon admission depending upon symptoms, presentation, and history. Additionally, each person is assessed with the New York state Level of Care for Alcohol And Drug Treatment Referral (LOCADTR).

4. *Documentation of the need for the proposed program and/or facility.*

Cornerstone has been operating at its current location for over 25 years, and prior to that time, Rhinebeck Lodge operated the Facility for 15 years. The Facility is thus a vital part of the fabric of the community, serving those in need with alcohol and substance dependency for over 40 years. It has been operating at essentially the same maximum capacity for 17 years.

The current opioid and drug abuse epidemic in the County and nationwide is well known. No one would dispute that Cornerstone provides a significant benefit to the local and surrounding community. The loss of 31 beds at Cornerstone in the event its retroactive Application to increase to a maximum of 99 beds is denied, particularly where said capacity was thoroughly vetted by OASAS, would correlate to real disabled people in need of Cornerstone's rehabilitation and/or detoxification services losing access to treatment and hope.

The need for these beds was highlighted in a February 11, 2022 letter from OASAS, the Facility's regulatory authority, in support of Cornerstone, which acknowledges that Cornerstone "sufficiently documented [a] local need" for capacity increases each time approval was sought (and obtained) from OASAS. (Exhibit "11"). Similarly, County DBCH states in a January 28, 2022 letter: "As the opioid epidemic rages on it is imperative that we have continued access to providers such as Cornerstone." (Exhibit "12").

It also cannot be ignored that experts in the field predict that due to this epidemic, the need for substance use disorder beds will spike even higher now that the worst of the COVID Pandemic is behind us. Therefore, any reduction to the current licensed capacity, again, would present a grave disservice to the treatment community.

5. *Identification of who is responsible for the financial support of the clients.*

The financial support of the clientele is the responsibility of the clientele. Their treatment is paid through insurance or private pay.

6. *Copies of all pertinent correspondence and/or approvals between the applicant and the regulatory agencies.*

All current OASAS licenses are annexed as Exhibit "6." Copies of prior licenses are annexed as Schedule C to Exhibit "14," and have previously been submitted to the Board.

7. *Number of clients, both current and projected.*

The current bed capacity of the facility is 99. There are no immediate plans for expansion of the bed capacity. The patient bed capacity has increased over the years pursuant to OASAS approval (from 66 to 96 in 2006, and to 99 in 2016), without the construction of any new rooms or dormitories within the Facility. Annexed as Schedule E to Exhibit "14" are the floor plans of the Facility demonstrating the existing approved patient rooms. The room sizes average over 200 square feet and have a maximum of three patients assigned to each room.

8. *Type of employment, if any, clients will seek within the community.*

The patients are restricted to a small part of the campus and will not be seeking employment within the community while in treatment.

9. *Description of the plan to integrate the clients into the community socially and economically.*

Integrating the patients into the local community both socially and economically is never a plan for any of the patients. Patients remain on the campus while being treated and upon completion return to their homes or to long term residential treatment at some other organization.

10. *Number of staff employees residing on the premises, including projection of the number of school-age children who may be residing on the premises as part of staff members' families.*

No staff members reside on the premises. As such, there are no school-age children residing on the premises as part of any staff members' families.

11. *Number of nonresident staff employees.*

Cornerstone employs a total of 98 staff members. There are no more than 30-35 staff members on site at any given time.

12. *Which community facilities and services clients will use within the community, i.e., police and fire protection, ambulance services, sewers, water, utilities, refuse collection, postal service, recreational facilities, etc.; how they will be provided.*

Community Police protection from New York State Police and Dutchess County Sherriff's Office would continue. Fire protection would be continued locally as would ambulance and postal services. Water and sewer services are not community based. Electricity would continue to be supplied by Central Hudson. Cornerstone contracts with a private company for refuse collection which would continue.

Cornerstone notes that as a for-profit entity, it pays its full share of taxes - ±\$70,000.00 last year alone. Even assuming that the increase in beds resulted in an additional need for emergency vehicles, any purported impact would be offset by Cornerstone's contribution to the tax base.

13. *Transportation plan describing how transportation will be provided.*

Transportation is provided via Cornerstone vehicles and drivers for pick up pre-admission and drop off to home or the next level of care post discharge. Local taxi companies are sometimes utilized during hours or if extra transportation is required. Patients may also have their own means of transportation.

14. *Description of planning on-site active and passive recreational activities.*

The majority of the patient's day is occupied by therapeutic didactic presentations and group therapy sessions. Included are structured recreational activities utilizing the basketball court, the volleyball court and a patio area for outdoor games such as com hole, frisbee smash, etc. Indoors, the patients have access to many and varied board games, such as chess, dominoes, recovery bingo etc., as well as assorted arts and crafts materials. On certain holidays, weather permitting, the patients have outdoor barbecues with structured sports tournaments in the afternoon.

15. *How health-related needs will be provided.*

Health-related needs are met by a full complement of medical and nursing staff. Nursing is present 24 hours a day, 365 days a year. Medical staff provide eleven full-time shifts per week with on-call coverage for all off hours.

16. *Whether any clients will become the education responsibility of the local school districts.*

Patients must be a minimum of 18 years of age for admission. No patient would become the responsibility of any local school district.

17. *Local and county real property taxes for which the facility will be responsible, state how much revenue would be provided to the Town, county and the school district based on current real property tax and equalization rates.*

For 2023, Cornerstone of Rhinebeck will pay a total of \$85,212.13 in local taxes: \$58,561.18 in school taxes; and \$26,650.95 in Town taxes.

18. *Provide a map indicating by location and maximum resident/client population all other health-related and alternate care facilities within a radius of one mile of the facility.*

It is Cornerstone's understanding that there are no health-related or ACFs within a radius of one mile of the Facility.

19. *Describe the facility's five-year operating plan as it pertains to the previously mentioned items; include discussion of how compliance with all special use permit standards shall be maintained.*

There are no current plans to deviate from any of the above. Cornerstone will regularly review the previously mentioned items with Cornerstone's compliance officer on an annual basis to ensure ongoing compliance with all special use permit standards and conditions set forth in any Planning Board approvals.