

David Bunzel
2 Sherbrooke Rd
Scarsdale, NY 10583
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November 23, 2015

Mayor Jonathan Mark
and Members of the Board of Trustees
Village Hall
Village of Scarsdale
1001 Post Road
Scarsdale, New York 10583

Re: Monte Nido Presentation at Scarsdale Library and the Real Facts

Dear Mayor Mark and Members of the Board of Trustees:

I am a Scarsdale resident living in close proximity to the proposed center at 2 Morris Lane. I am also President of The Heathcote Association, a neighborhood association that is more than 100 years old and consists of 39 homes that, among other things, owns and maintains the Heathcote Duck Pond. Importantly, our association has member homes that are directly across the street from the proposed site.

On Sunday, November 15 I attended the meeting of Monte Nido representatives and am concerned with the discrepancies between what was said to the community and the apparent actual facts.

At the community meeting, Monte Nido represented it withdrew its second application in Irvington because of concerns or issues about the house itself. In actuality, in the face of significant community opposition (like here in Scarsdale) following its submission of its 40 day notice, Monte Nido withdrew its application before a public hearing. See attached highlighted article.

Second, in discussing the extent of traffic and users of the premises, Monte Nido represented that its proposed facility will involve 8 staff members for 8 patients. We find this representation to be highly questionable in light of the fact that Monte Nido's Malibu location advertises a very high staff to patient ratio of 30 staff members for 6 patients (*see* attached answer to FAQ No. 16 on highlighted printout from Monte Nido's website), which at the same ratio here would translate into approximately 40 staff members for the 8 patients proposed for this site, for a total of at least 48 individuals coming and going. Whether the individuals who will be coming and going daily are actual full or part-time "staff" is a technicality. The Village needs real numbers in order to evaluate all impacts on the site, traffic and the community.

Monte Nido's claimed figure of 8 staff is troubling for the further reason that its website discloses the following:

All our facilities have a large and varied staff Our *primary therapists* provide individual, group and family therapy. Our *psychiatrists* oversee all psychiatric issues and provide each client with appropriate medications or naturopathic alternatives. Our *medical doctors* attend to the overall physical health of each client and help resolve any medical issues that arise. We have *dietitians* who collaborate with each client to develop lifelong eating habits. Our *fitness trainers* and *yoga teachers* help establish healthy exercise goals and provide a variety of physical activities. Our *chefs* provide wholesome, beautifully presented fresh food for meals, and where possible, e.g., in Malibu, use the Monte Nido garden for some ingredients. There are *several other staff members including nurses, group therapists, eating disorder counselors, program coordinators, and specialty practitioners* who personally invest their time and energy in helping Monte Nido clients recover from their eating disorder.

See attached answer to FAQ No. 20 on highlighted printout from Monte Nido's website.

Perhaps this is why in connection with its approximately 11 acre Irvington site Monte Nido applied and received approval for a 15 spot parking "lot" on site, in addition to the already existing garage and 13 residential parking areas, for a total of at least 28 parking spots. I do not know if Monte Nido continues to park all over the grass there too in addition to the parking lot, garage and existing spaces. Without a full parking plan and restrictions, this site and Monte Nido's proposal are incompatible.

While Monte Nido also represented on November 15 that there was very carefully limited and controlled visitation, this is how it responded in writing to its policy in regard to visitors:

You may have visitors during any free time when you are not scheduled to be in a meal or activity. However, we do have times which we suggest are best for visiting and we encourage you to stick to these times if possible.

See attached answer to FAQ No. 38 on highlighted printout from Monte Nido's website.

Visitors at any free time for up to 8 patients with the customary Monte Nido large and varied staff and high staff to patient ratio will inundate this site and the neighborhood.

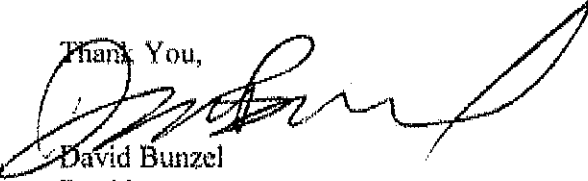
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In addition, in response to the pointed question of "why 2 Morris Lane?," Monte Nido explained that the existing home is close to ADA compliant. We understand from professionals in the field that this is also far from the case.

Given this pattern of discrepancies, we are not comfortable with vague or general oral representations about anything. Unsigned "explanations" or answers to general questions that stand in stark contrast to its promotional materials with no binding limitations or restrictions of any kind leave the neighborhood and community exposed. I urge Village government to not be lax in its due diligence and protection of its citizens. **THIS IS WHY WE ELECTED YOU!!**

I expect more and ask that the Village take all steps to protect our community.

Thank You,




David Bunzel
President
The Heathcote Association
Resident
2 Sherbrooke Road

Partial Hospitalization & Intensive
Outpatient

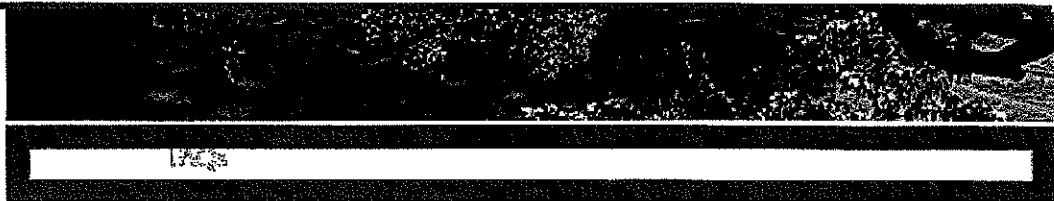
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- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorders
- Exercise Addiction
- Activity Disorder



"The best thing about the future is that it comes only one day at a time."

Abraham Lincoln

BLOG

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- [video tour by our clinical dir.](#)
- [about the program](#)
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Our Residential Facilities in CA, OR and MA are Joint Commission Accredited.

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1. Are bathroom visits supervised?

In the beginning, and as deemed necessary, clients are on an observation period after meals and snacks, as this is usually the hardest time for clients.

3. Are the bathrooms locked?

Our bedrooms each have a bathroom that can be locked or unlocked depending on the need of the client and/or the level they have achieved in the program.

5. Do I have to eat all the food on my plate?

The percentage of your meal you need to complete is worked out between you and our dietician. Our goal is that prior to leaving our program, clients will have the opportunity to eat according to their own hunger and fullness.

7. Do you take insurance?

Yes, we are contracted with many insurance companies such as Blue Cross, Blue Shield, Aetna, United Behavioral Health

(UBH) PacifiCare, Cigna and Magellan. RainRock accepts all of these contracts and, in addition, are contracted with Providence and ODS. If your insurance company is not contracted with us, we may be able to make a single case agreement on your behalf.

9. How do you deal with vegetarians, individual food preferences and other food issues?

Clients are individual in terms of food fears, likes and dislikes. We are sensitive to each individual's food issues and provide flexibility in our menus. We offer vegetarian choices and take into account any diagnosed food allergies, blood sugar problems or other dietary needs. We work slowly and empathetically with all food issues. Clients are not forced to eat any particular food, however, we are careful to help each client understand the differences between food preference and eating disorder driven choices. Eventually clients are allowed to shop and cook for themselves.

10. How do you deal with weight gain?

Not all of our clients need to gain weight, but for those that do we work out an individualized program. Most treatment programs follow the American Psychiatric Association guidelines of 2-3 lbs. per week. Some clients can succeed with these guidelines, however we have found that not all of our clients can tolerate the APA rate of weight gain and do better when we proceed more slowly.

12. How do you determine who will share rooms?

When you first arrive you usually go into the room that has just been vacated by the client who discharged. However, there are times when it seems more appropriate to change rooms. There are also times where roommates will not get along and may come to staff to seek a room change. Usually we work on the relationship in order to work things out, but if necessary a room change might be made.

13. How do you figure out how much a person needs to eat?

Meal plan and calorie levels are determined on an individual basis taking into account a variety of factors including both psychological and physical concerns.

15. How do you treat athletes and exercise disorders?

We specialize in the treatment of female athletes. Since each athlete's needs are unique and different we take particular care in treating each person on an individual basis. When lack of nutrition is combined with hours of exercise, the body gets broken down at a rapid pace and residential or inpatient treatment may be required as a way to relieve the vicious cycle of nutrition deprivation combined with excessive exercise. In situations with athletes it is often difficult for those involved (athletes, parents, coaches) to determine where the "appropriate" amount of training and attention to diet ends and the eating disorder begins. We work hard to help individuals distinguish between healthy and excessive behaviors.

At Monte Nido we are sensitive to the factors that may have played a part in the development of an athlete's eating disorder. Ideas about perfection, pushing through pain, being in top physical form, focus on a low body weight and high muscle mass, demanding coaching and the prioritization of training and performance above all else can all factor into the development and maintenance of an eating disorder. All of this is to say nothing about the other areas in an athlete's life such as school, family and social life that may also have an influence on the thoughts and behavior that make an eating disorder possible.

Many of our therapists have struggled with an eating disorder or exercise addiction in their past, and have special insight into the experience of the person suffering. Our therapists maintain a calm, caring stance with the goal of helping the individual discover what he or she needs to be healthy and recovered. We believe that clients need to develop a sense of faith and trust in their body and that self-care is an important component of any training program. With the help of nutritionists, exercise trainers, psychiatrists and therapists we assist the client in developing a unique, healthy, balanced approach to exercise and nutrition.

16. How individualized is the program?

Clients vary in their ability to overcome their eating disorder, tolerate weight gain, stop intrusive thoughts or alleviate depression. Our program is based on providing individualized care. With a small number of clients and a relatively large staff (e.g., at Monte Nido Malibu, we have 6 clients and 30 staff), we have the ability to address each client's unique individual needs. Our primary therapists are usually assigned no more than 2 or 3 clients at a time. Each client meets with her therapist 3 times per week as well as individual sessions with the dietitian, medical director, psychiatrist and the clinical director. Each client has an individualized contract with her own personal goals for each week. Clients work out their contract goals in conjunction with the primary therapist and in the weekly contract group. We work with each client's special needs or interests. For example, we have arranged for clients to take classes, have massage or sports rehabilitation treatments, do volunteer work and finish academic

courses.

18. How long do people usually stay?

We have a minimum stay of 30 days, but most clients stay somewhere between 2-4 months. A few clients have stayed 6 months or more. When a client is ready to leave 24 hour care, but not ready to go home, we can work out an aftercare program which is less structured and more affordable than full 24-hour care. At our Malibu location, we offer both a day treatment program and a transitional living house.

20. How many and what kind of staff members do you have?

All our facilities have a large and varied staff. Carolyn Costin, the executive director of all our programs and clinical director of Monte Nido Malibu, sets the tone for clinical treatment. Each administrator collaborates with Carolyn and the clinical director to provide treatment for all clients. Our primary therapists provide individual, group and family therapy. Our psychiatrists oversee all psychiatric issues and provide each client with appropriate medications or naturopathic alternatives. Our medical doctors attend to the overall physical health of each client and help resolve any medical issues that arise. We have dietitians who collaborate with each client to develop lifelong eating habits. Our fitness trainers and yoga teachers help establish healthy exercise goals and provide a variety of physical activities. Our chefs provide wholesome, beautifully presented fresh food for meals, and where possible, e.g., in Malibu, use the Monte Nido garden for some ingredients. When appropriate, our chefs work individually with clients in the kitchen and make everyone feel at home. There are several other staff members including nurses, group therapists, eating disorder counselors, program coordinators, and specialty practitioners who personally invest their time and energy in helping Monte Nido clients recover from their eating disorder. Please refer to the section titled "Team Members" for a detailed description of the main core staff you will be interacting with at Monte Nido programs.

22. How many people in a room?

Two

24. How much will I need to pay?

The cost to you depends on insurance coverage. We are contracted with several insurance companies and will assist you in determining your coverage and other options. The staff at our intake department is available to help you with all of your questions. Call us at 310-457-9958 - we are here M-F from 9:15 - 5:30 p.m. to assist you. Our residential rate includes room and board and all programming including all group and individual therapy, weekly sessions with the RD, psychiatrist and our physician who provides routine medical care. Individualized medical needs, such as lab work, prescription medications, outside consultations and medical emergencies are the responsibility of each client.

25. How soon can I go on a pass?

All passes are decided on an individual basis but each of our levels allows for different kinds of passes. For example on level I clients can only go family passes, while on level III, clients can go out on pass independently. Details about passes are explained in the client handbook given to clients upon admission.

26. How will my treatment prepare me for real life?

We know all too well that clients can be successful in a treatment setting and then relapse after returning to normal living. Prior to opening Monte Nido Malibu, our executive director, Carolyn Costin, ran several hospital programs and saw that the relapse rate was high. Our entire program and level system is based on this concern. Progressing through the level system at a Monte Nido program gives each client increasing freedom over her food and exercise so that, upon graduation, she is better prepared to handle real life situations. Clients will be shopping, ordering food in restaurants, and making their own meals while on level III and IV. When appropriate, clients go on passes. Clients may go on passes with friends and family members and eventually alone to test recovery skills. If feasible, we encourage clients to go home for a period of time to test their ability to abstain from dysfunctional behaviors in their own environment. Our system has been well thought out. We fully understand that what the client does at a Monte Nido program is important but not nearly as important as what she continues to do when she returns home. Experience has shown us that if clients can remain in treatment through the entire program we provide, they will have less chance of relapse and a far greater chance of full recovery.

28. What is a typical day like?

A typical day begins with breakfast and morning exercise. After taking time to get ready for the day, there is a Primary Therapy

Group, followed by lunch. After lunch we have a specialized group, such as Food & Feelings or Cognitive Behavioral. Following afternoon group, clients will have individual therapy sessions, meetings with the clinical director, physician or dietitian. If no sessions are scheduled, clients will work on individual assignments or have free time for reading, art projects, visiting, etc. In the evening, dinner is followed by another specialized group such as Body & Soul or Creativity. Clients are busy with therapy at our facilities; however, free time, organized activities and outings are also important parts of our program and are interspersed throughout the week.

30. What is the average age of the clients?

Monte Nido is licensed to accept adolescents and adults. Monte Nido now accepts 16 and 17 year olds on an individual case basis. The age of clients in treatment at any given time varies.

RainRock is licensed to accept 18 year olds and older.

32. What is your success rate?

We are committed to following our clients progress and improving our program, therefore we are conducting ongoing outcome research. Data from our program at Monte Nido Malibu continues to show an overwhelming degree of success for clients from admit to discharge. However, we are most concerned with how our graduates do over time and continue to follow their progress.

We just completed an outcome report of our Monte Nido graduates ranging from 1 to 10 years post treatment. 75% of our graduates participated [a very high percentage] and the results are nothing but extraordinary. We are very proud to see that our work with clients has produced long term post graduate success rates in the 88% range for full and partial recovery. We recommend that you go to the [Outcome Study Results](#) page and read this report summary as it should be valuable in your decision making on where to seek treatment as well as your perception of "can you be recovered"!

33. What kinds of recreational activities or outings do you provide?

One goal is to provide a variety of activities that nourish both body and soul. We believe that providing activities for a fuller more soulful life is part of what helps clients diminish their 'need' for an eating or exercise disorder. We have scheduled outings 2-3 times per week and special events periodically. Our recreational outings can involve going to an art studio, to the beach, to a museum, to a miniature golf course, or anywhere that seems appropriate. Occasionally we attend special events, like dance performances, concerts and plays.

We also utilize a variety of recreational activities that have a direct therapeutic value such as ropes courses and basketball.

34. What percentage of your clients have anorexia nervosa verses bulimia nervosa?

This varies at any given time.

36. What transitional or aftercare programs do you offer?

We are conscientious regarding the issue of continuity of treatment and step down levels of care, e.g., day treatment or outpatient treatment. Transitional living and independent living situations can be arranged. All Monte Nido clients are encouraged to participate in some kind of transition program prior to resuming outpatient therapy alone, if only for a minimal time period. We have found this to be enormously beneficial in helping clients practice their recovery skills.

All facilities differ in terms of specific aftercare offered in the vicinity. For example, at Monte Nido Malibu we have a day treatment program, transitional living house and out-patient services.

At no cost, we offer our ongoing Family/Significant Other Group to all former clients and their significant others. This group serves as an ongoing alumni group for clients in the area or as a 'recharge' when needed for those who want to come back to attend.

When clients are ready to return home, we assist in the transition back to the referring therapist and treatment team or, if need be, we draw from our extensive referral list both in and outside the United States. Our therapists provide transition sessions to all clients returning home in order to facilitate a smooth return to the outside treatment team.

38. When are visiting hours?

You may have visitors during any free time when you are not scheduled to be in a meal or activity. However, we do have times which we suggest are best for visiting and we encourage you to stick to these times if possible.

39. Will I be meeting with a psychiatrist?

Upon admission, each client will have an initial meeting and evaluation with our psychiatrist. After the initial meeting, each client will meet with our psychiatrist with more or less frequent sessions according to need.

42. Would it be possible to speak with former graduates of Monte Nido?

We would be happy to provide phone numbers of graduates as well as family members or significant others who have agreed to discuss their experience at Monte Nido. Anyone requesting phone numbers should call our office manager and intake coordinator, Fredda Kuriz, at 310-457-9858.

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RESIDENTIAL TREATMENT

Monte Nido . *Malibu, CA* | Monte Nido Vista . *Agoura Hills, CA* | Rain Rock . *Eugene, OR*
 Monte Nido Laurel Hill . *Medford, MA* | Monte Nido New York at Irvington . *Irvington, NY*

PARTIAL HOSPITALIZATION

Eating Disorder Center of California . *Brentwood, CA* | Eating Disorder Center of Portland . *Portland, OR*
 Eating Disorder Center of Eugene . *Eugene, OR* | Eating Disorder Treatment of New York . *New York, NY*
 Eating Disorder Center of Boston . *Boston, MA*

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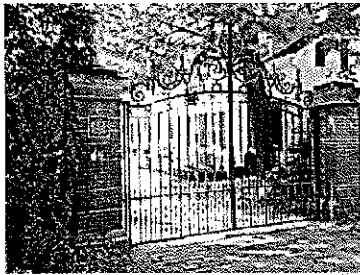
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CORPORATION WITHDRAWS BID TO HOUSE ADOLESCENT EATING DISORDER PATIENTS IN IRVINGTON RESIDENCE

In Community, Going on in town, Irvington, Local News, Our Children, Our Community



Proposal for 16-room home at 65 West Clinton Avenue in Irvington drew ire of neighbors. Photo by: Barrett Seaman

Less than 48 hours after an announcement by Irvington's Village Board of Trustees that it would hold a public hearing in early August on a proposal by the Malibu, CA-based Monte Nido Corporation to buy a 16-room house at 65 West Clinton Avenue and use it as a residence for adolescent girls in treatment for eating disorders, the company withdrew its offer.

The cancellation came amidst a growing furor among West Clinton Ave. residents, many of whom feared that this—a second such facility within a quarter of a mile of Monte Nido's existing sanctuary on South Broadway—would, as one resident put it, brand their neighborhood as "the Group Home district of the river towns," reduce their quality of life and depress property values.

Monte Nido's decision to withdraw averted what could have been a nasty battle pitting home rule against a state law that grants mental health facility operators broad powers to circumvent local zoning regulations.

When Monte Nido, which runs similar homes in California, Oregon and Florida, first informed Irvington in December 2013 that it intended to transform a 10.5-acre private estate at 100 South Broadway into a home for up to 14 adult patients, hardly a murmur of dissent was heard. That was in large part due to the provisions of a 37-year-old New York State statute, known as the Padavan Law, which allows any mental health facility serving 14 or fewer patients to bypass local approval processes and effectively squelch "not-in-my-backyard" (NIMBY) opposition in order to serve the greater good of alleviating strains on the state's mental health hospitals.

The dearth of opposition to 100 South Broadway was also due to the absence in the area of similar facilities, such as halfway houses for recovering addicts or homes for special needs patients, which are also protected under the Padavan Law.

Convincing state mental health authorities that the presence of such a home would constitute an over-concentration that would alter the character of the neighborhood is one of only two ways a New York State municipality like Irvington can stop a qualifying institution from setting up shop in its jurisdiction. The other would be if the village could identify an alternative site in the area that would be more suitable than the one selected. Even then, if the village were to object, the State Commissioner of Mental Health has the authority to overrule and grant permission to operate. A review of case law by one West Clinton resident suggested that, to date, every community objection has been overruled.

In the end, there were only muted expressions of concern about traffic, and the first Monte Nido facility sailed through unscathed. Indeed, the polished presentation of company founder Carolyn Costin left most Irvingtonians pleased that Monte Nido would be serving a public need—and paying taxes to the village.

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It also helped enormously that the 100 South Broadway estate was virtually insulated from its neighbors, bounded by Broadway to the east, Memorial Park to the north, the Old Croton Aqueduct to the west, and a leafy stretch of West Clinton Avenue to the south. Up and running since last October with a full house of 14 in residence for three-month stays each, the 100 South Broadway facility has since garnered zero local attention.

"The question I get most is, 'Has that place opened yet?'" said Director Vicki Krowiak Grieder, who last February took over as CEO of Monte Nido. That quiet contentment with an erstwhile invisible enterprise ended in mid-July, when the Irvington board announced that Monte Nido was now proposing to buy the West Clinton Ave. home, initially offered at \$3.9 million by owners Roger and Maryon Noble. The company planned to use it for eight adolescent (aged 13-17) patients living there for three months stays.

The Noble property was particularly attractive to Monte Nido "because it has off-site—and out of sight—parking," explained Grieder, an 11-year Irvington resident herself. "What made the Noble house stand out was its elevator and enormous hallways. It would be relatively simple to make it ADA (Americans with Disabilities Act) compliant, which was not true for other sites."

What made it a bad choice from the standpoint of neighbors was that it was closely surrounded by private homes. As news of the impending sale circulated among neighbors via e-mail, anger grew steadily. Their collective ire was directed at "a for-profit enterprise, exploiting mental health law to raid a neighborhood," as one resident put it. Messages reiterating the same set of fears about "security issues, increased traffic, parking considerations, not to mention adding a commercial enterprise in the heart of our community," poured into the e-mail boxes of trustees, one of whom, Kristen Woll, is herself a resident of West Clinton.

Though the board merely announced on July 20 that it would hold a public hearing on the matter on August 6, more than two weeks hence, residents filled the village's public meeting room. Some protested the short period allowed for consideration; others urged the village to demand reasons why alternative sites were not chosen. West Clinton resident Richard Chenel, citing traffic, pollution, noise and congestion, said it was "not fair to the community to concentrate these two units within 1,500 feet of each other." Internist Juliette Provenzano-Gober, noting that she worked with a similar population of patients, said she had "never seen a facility such as these not increase [the burden of services] on municipalities." She also wondered what guarantees there were that this facility would remain dedicated to adolescents and not morph into a home for troubled adults.

Privately, some residents wondered how comfortable they would be holding backyard barbecues in sight of young girls with serious food issues.

Even before opposition galvanized, Vicki Grieder had expressed concerns about community reaction. "I live here," she said. "I don't want any ill feelings about us." She was in California on company business at the time of the meeting, but her husband Steven was present and reported on what he had heard. The decision to pull the plug came quickly.

Monte Nido will now explore the possibility of expanding on its 100 South Broadway facility or looking for a suitable property elsewhere in Westchester. Proximity to New York City is a factor because of the pool of mental healthcare talent there. Moreover, Westchester County, with its concentration of high-income, high-achievement families, remains a breeding ground for eating disorders.

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