

Transcription of *Public Meeting*, Application for Discretionary Use for a “Recovery Centre” July 25, 2024, Tees Hall, Tees, Lacombe County, Alberta

Thu, Jul 25, 2024 6:35PM • 2:54:32

SUMMARY KEYWORDS

property, people, treatment, Alberta, individuals, talking, questions, facility, family, recovery, speaking, program, concerns, services, Dr Ravi, understand, years, lake, community, drug

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We'll get started. Uh, welcome everyone and thank you for being here. My name is Brad LaForge. Proud to say. I'm a fourth generation Albertan, originally from West Balk Alberta, and I currently reside in Rocky U County, just west of Calgary. Tonight, we are gathered to present details of our application seeking a land use amendment to incorporate a recovery center on the property located at Gatsby Lake. This meeting is a requirement of process and will be followed by a public hearing in August of Macomb County. The outline for this evening is as follows. We're going to give you a brief history of the property. Our business model for a Wellness Center, ensure our plans answer your questions. After all that, we will do a Q and A and if you could just hold your questions to the end, we'll have you come up and Dr Ravi will be here to answer them and any of our other team members, please note this meeting this evening's proceedings are being recorded to comply with public meeting requirements. This recording will accurately document both presentation and the subsequent Q and A session that said, I'd like to I've been involved with this team for three years now, and there's a number of team members in the audience. I'm not going to name them all, but if you could just please stand up and identify yourself. There's some people been working on this for a long, long time.

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I'd also like to acknowledge some special guests. First, we have Jennifer Johnson, MLA

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and we have very great city. We have six counselors here for Lacombe County, and in no particular just because I've jotted their names down, we've got Dwayne West Brenda Knight, who's actually the division counselor, Barb Shepherd, who's the Reeve for Lacombe County. We have John Ireland, Alan Wilson, and Ken Wernick, and we would have had some unfortunately, she wasn't able to stand she

does have an interest in this, so we can start, I'd like to ask Peter DeWitt to come up. He's going to give us a brief overview of the history of the property. He's got a little bit of a slide presentation. Peter's is the owner of bench marketing in Lacombe. He's been an active local business figure for the area. For the past 30 years, he's been collaborating with the hall borough family, the current owners of the property, on marketing initiatives, and is here tonight representing them,

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everybody for coming out. Now there's a couple people in the audience you that know a lot more about the history of this property than I do, but I will well, this we thought it was interesting, or it was good to start with a little bit of background of the property. If you from around here, you probably heard about the property. You've seen it, perhaps or not, because if you drive by the road. It's actually really hard to see what's all there. So by giving you a bit of background information, I think you have a better understanding, hopefully, what goes on there. So the in the 70s, late 70s, the whole hour family from Germany relocated to Canada with five kids, and they looked all over the place, all over Western Canada, for a location to build a dream house where they would raise their family. So of all the places they visited, they chose the property that the buildings are built on, close to Gatsby Lake, right here in this area, it had everything they were looking for. It was remote, very private. It's still very accessible by road from Calgary nets, so kind of all the requirements that they were looking for. So 1981 they started building the residents, and still there, it's been extensively renovated over the years. It has a very international flavor, because the whole bar has traveled extensively for their business over the years. And of course, he used local contractors to build the place and provide a lot of lot of employment in the in those things for them, they also have, you know, full time employees that took care of the property and manage the property. And one of them is still here, right? So, yeah, that's, that was kind of how it started. And, you know, I have a go to the next slide. I have an overview here what the property looked

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like about 40 years ago. So

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display that little clip there. And who's old enough here to actually remember that? Yes, yeah. So just grassland that borders delayed. So keep this picture in mind when we when I show you another short video about what the property looks like right now. So next slide,

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so there's an overview of the when they build the house, all the dirt work that needs to happen. So they've relocated and worked on that extensively as a family as well. So this is kind of an overview of what it looked like by the time they put shots in the ground, so to speak. So next slide please. So in 2001 the lodge, the bigger building was built, and this was built as a corporate retreat center. Of course, the whole powers were in business. They had international clients. They would come there to, yeah, to be entertained. It also included a man called golf course. And the building itself was really designed for a firm retreat center, so it has hotels style suites, it has facilities for kitchen, meeting rooms and some of those things. So they were all built with that corporate retreat idea in mind. So the golf course is no longer in use. Is that correct? Mike, that's right, but it's still maintained. And there's a there's a three and a half kilometer one walking trails on there.

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It's absolutely stunning.

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So now I'm going to show you next slide at least. So this is, keep in mind the picture that we just showed you, the bear land, the dirt work, and this is kind of what the property looks like right now.

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So enjoy.

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So all the trees you see there, there was about close to 10,000 trees planted on the property. I

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so this is the large this

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is the entrance of the of the residents and Who has been entered at the property. So, is so

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that's Mike trying to go and

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the name of the Pelican box, its name. You

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can see there's some really high materials they use to finish it.

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This is an example of one of those guests.

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Yeah, so again, like a total transformation of nothing to what's there today. If you have any other questions about more specific guidance. There's a few people in the office that I'm going to call on you to maybe answer some of those, but talk to em. Thank

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you, Peter. Well the next portion of our presentation is about the recovery center itself. I imagine I'm going to start go through this so that I don't waste your time. Dr Ravi is going to fly in here any minute, and he can explain it in more detail. So we made that track on some of those slides, but the buyer group has an accepted offer on this property that's pending the approval for use as a recovery center that is part of this process that we're going through. Basically as the property became known to us. It was, it's perfect, because we don't have to make any visible changes construction, anything done with

the inside, upgrading and finishing. What's there? Definition of a recovery center? It's, we like to also use the word Wellness Center, find as a center for the treatment of persons with addiction, such as but not limited to drugs or alcohol, which may include the provision of services, including psychotherapy and the dispensing and medication. This this facility would not be a detox facility that would be done to be determined, but possibly in within Lacombe or Ponoka. This includes providing overnight or short term accommodation to residents that does not include a detention or correction center. So it's people are here by their own court. They have chosen to come to this property next slide. The program consists of minimum of 90 days. Some will stay longer, but that would be the minimum. It's group counseling, family therapy, recreational activities, and doctor, Ravi, when he gets here, can explain more some of those treatments, but it's it's a holistic approach to wellness. This is a private facility. It's not a community or government. It's voluntary program, not the court ordered counseling and therapy, and as I said, No detoxification, and clients stay overnight in the facilities. Okay? I did three slides, and Dr Ravi has arrived. So uh,

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let me, allow me to introduce Dr Ravi Chandra Romani. Dr Ravi, as he lets his column, is a seasoned addiction specialist with over 20 years of clinical experience in Arizona. He's been collaborating closely with our team here in Alberta, and together, we believe we've identified an optimal location on the shores of Gaston Lake. This would be where individuals who are grappling with drug and alcohol addiction can embark on their journey to healing alongside their families. So doctor, Robert, we did four slides, awesome, and I think I don't think we need to repeat Carry on.

13:30

Thank you, and thank you all for being here today. This is a meeting that we've all been anticipating for a while, so that we could meet all of you and get that feedback. We had the council meeting, which I thought was very well attended as well, but this is really where we anticipate getting to understand what your concerns may be, what your opinions are, and hopefully we can address them today for this presentation, and then hopefully we have some time in the end for questions. So that whole being said, let me just take a deep breath. That was it was an interesting, interesting journey from out, from Arizona, but we made it so we're happy for that. This is one of the questions that we a lot of these slides kind of address questions that we anticipate getting from from from the general public. Some of these kind of came from the experience that we had with the council as well. So for those of you that were at the council meeting, there may be a little bit of repetition, hopefully not too much. People want to know what happens once the program is over, what happens with the with the patients or the clients, if you will, that have been served. And generally speaking, because we're anticipating a 90 day program, many of them will just simply return home, to their family life, to their workplaces, others who perhaps need more of what we call a step down or a transitional treatment will refer out to the community. And they're great outpatient programs all over Canada. They're great outpatient programs right here in Alberta, we hope to make inroads, develop and establish relationships with these programs and these professionals, so that we know that when we send somebody up and we prefer somebody out, they have that same standard of care that we and and that patients that have had a really good experience with us can continue to Get an equally good experience with an outpatient provider for as long as they may need those services. And it's different for everyone. That's the nature of this disease is that I've never met two alcoholics that were the same. I've never met two heroin

addicts that were the same. I've never met two, you know, fentanyl addicts that were the same. Everyone has their own unique circumstances. Everyone got to a place of addiction in their own unique way, and so a really good treatment program recognizes that and individualizes treatment to the individual.

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Why a recovery center?

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It's they're working it out there. Okay,

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perfect. So why choose to put a recovery center on this beautiful, beautiful piece of land here in Macomb County? And the reason is, I mean, these decisions aren't made haphazardly. I've been doing this for a really long time now, 20 plus years. I started other treatment programs. I've operated treatment programs. I've owned treatment programs, and really the statistics largely guide the decision making process. So when we began to look in in Canada, generally speaking, we looked to the government statistics that told us, in a fairly conclusive fashion where the problem areas were in Canada. And generally speaking, the literature and the research that the government itself puts out, says that at least as far as opioids are concerned, fentanyl, pain medication, heroin, etc, that the largest affected areas are in British Columbia and in Alberta.

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And

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I think, I think I'm probably safe to say that a lot of the reason we choose Alberta over British Columbia at this particular point in time is because we happen to have politicians in place that recognize that something needs to be done differently with regards to how we treat these People. We've met with with several of those politicians we've we understand where their concerns are, where their kind of pain points are, for lack of a better term, and together, we think that we can come up with a solution based on on what has worked historically in the past, but you pair that with what the initiatives are for Alberta. And Alberta has put in place and has published what's called the Alberta recovery model. And what we have done is take a taken a really good, hard look at that, read that through, understood the goals and the initiatives that are put forth, and we want to be in alignment, generally speaking, with the provincial preferences, with regards to how people are treated in this province. And so that has guided us somewhat as well, but it's a big problem, and it's a growing problem, and it's likely not going to stop at times. And so for for us here in Alberta, 1700 70,800 individuals in Alberta reported using drugs at least once in the year prior to the survey. And those were opiates, they were methamphetamine, they were alcohol, they were cooking, they were cracked. They were a wide variety and a fairly broad variety of substances that were being used. But at least 170,800 people admitted to having done one of those things or more, one or more of those things in the previous year, the generally speaking, the literature that I've seen as well would indicate that, yes, the province has spent the money and has invested in having more beds available for individuals who need These kinds of services. However, in spite of that,

there, the vast majority of Albertans who require formal treatment services are simply not receiving those services. And the reasons for that are there? They could be a multitude of different reasons why those individuals don't actually find themselves into treatment, right? Maybe they need a stronger stick for lack of a better term. Maybe they haven't hit their proverbial bottom for lack of a better term, right? Maybe they're, they're not getting the appropriate push from loved ones, from family members, you know? Maybe they haven't gotten to a place where the courts have ordered that they seek treatment for any of these reasons and many, many more. The fact of the matter is that there's plenty of Albertans who require formal drug and alcohol treatment services, and they're simply not receiving them. So we aim to add to the total number of beds that individuals have available to them for these kinds of treatment services. And again, in our various talks with provincial authorities, what we understand is that the location is a good one, is an isolated one, and and would would generally make for a very serene treatment setting. 2023 set a a new record for drug poisoning deaths. And the literature when they talk about drug poisoning, that's the literature is largely talking about opioid induced drug fatalities, so they don't talk about it generally, with regards to all the different drugs and alcohol and benzodiazepines. When they talk about drug poisoning, and they use that terminology, they're pretty specifically talking about open opioid work, an accidental opioid, but, but new record said, in 23 2051 fatalities. In 23 deaths, as per the Alberta substance surveillance system, and generally speaking, drug poisoning deaths have doubled since 2019 again, we're covid and health right there were, my experience in both understanding what's been going on here in Alberta as well as comparing that to statistics available in the United States, is that there were a significant number of individuals who were teetering on the fence between dysfunctional drug and alcohol use patterns and meeting clinical criteria for a true substance use disorder issue and when covid came around. Many, many, many of those tipped in favor of right there are issues now meeting clinical criteria for a formal substance use disorder issue. It didn't help. It made things significantly worse. It wasn't just alcohol. It was alcohol and drugs. And those numbers have continued to trend up since 5,000% increase from 2012 to 2022 as per the office of the chief medical examiner

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here locally,

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I've already mentioned the species in Alberta being disproportionately affected in Canada by opioids, which is again part and parcel of why We are looking in Alberta to provide these services

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at this particular point in time.

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So what do we do? Kind of, how are we different? How are we something other than the same old, same old? I don't know how many people in this room have personally been affected by substance use disorders and or had family members that were personally affected by substance use disorders. But if you have, you know there the vast majority of what's available for people seeking formal services does not produce great results. Right? They may do there may be, they may be facilities or institutions or organizations that do a particularly good job, say at the detoxification phase of the journey, but then

they drop the ball after that. What happens next? There may be other organizations that do a particularly good job, with regards to the residential treatment component of recovery, but they don't do a great job on the part that comes before the detoxification, and they don't do a great job with what needs to come afterward the outpatient services. And so it's really kind of a jumbled mess, and there's no harmony. And what we need to do is, again in alignment with the Alberta recovery oriented care model, offer a strategy that I think effectively blends conventional medicine, conventional Addiction Medicine, which is what I practiced for over 20 years, with evidence based, complimentary and alternative, holistic treatment options, so that, as opposed to what I would say the vast majority of treatment providers, default is, which is, walk in the door, we'll assess you, and We'll start providing restrictions. It doesn't, it doesn't work, right? These these people, have already been putting substances into their bodies right for years and years and years. Their livers are are compromised. Their lungs are compromised, and now we want to give them more drugs that they have to metabolize through those same organ systems. It just doesn't, never made any sense to me. And so while I believe there is a place and time for traditional pharmacotherapies,

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so much more than that

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through appropriately identifying evidence based things like massage, acupuncture, chiropractic, therapeutic, nutrition, all of these things and much, much more, which, when coupled with conventional pharmacotherapeutics, I think, delivers a superior outcome. And furthermore, it's not our default setting. We're not one trick ponies, right where you come into the you come into the facility, and we're and you can expect to get four or five prescriptions, and you stay on those for the entire time that you're in the treatment program, and then you're out. Okay, well, who's going to manage those when you leave? What if the people that you seek on the outside don't have the same treatment philosophy as the providers that were treating you on the inside. What happens then it's, there's, there's a proper way to do it that ties all of these various elements together, and that's the system that I've used for over 20 years to deliver superior outcomes. I don't want to see the same people come into the facility year after year like a revolving door. That is not my interest at all. It never has been. If I'm not, if I'm doing my job properly, and the staff that have been trained are doing their jobs properly. Then you do the treatment one time. You do it properly. You're all in we're all in with you. We walk the journey together, and you're done. You're sober. There'll be tools. There's certainly tools that you're going to need to continue to use on an ongoing basis thereafter to nurture that recovery and set yourself up for long term recovery. But there's a way that it needs to be done, and it's a way that's that has a proven track record.

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So what we're after

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is sustainable, long term treatment outcomes. What we're after is bringing the family into the treatment process and not leaving them isolated. Now there's a caveat to that. There's some cases where certain family members contributed to that individual's mental health issues, substance use issues, or or both that needs to be identified. You can't let everybody in right? Will willy nilly. There's a process by which

you make a determination as to which family members and loved ones will actually be supportive of that individual's recovery journey, and those are the individuals that you integrate into the program early on and throughout the program, because addiction is not just an individual disease. Addiction is a family disease, and the result of a successful treatment process is not just that you have an individual that is sober, but that you have a family that is put back together,

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and if you're doing your job properly, that happens,

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and that family is critical to keeping that individual accountable to their recovery right, if they if they are indeed supportive of that individual and not destructive to that individual wealth? Are we after? We're after combining treatment with training and education, I think one of the key things that we aim to do differently than our competitors is we don't just want to treat our our clientele, we want to offer them additional opportunities. And so once individuals have gone through detoxification with wherever they do that, and have done our 90 day treatment program, and our candidates for what comes next, which is the outpatient the outpatient services, at that point, they will be given the opportunity, should they choose to couple their outpatient treatment with vocational skills training, skilled trades training. Some academic programs say, for example, this happens quite frequently. You have individuals that come into a drug and alcohol treatment program and they have some other job, some other occupation, some other degree, some other training, but through the process of their own recovery, they decide that they want to switch careers and they want to be mental health counselors, or they want to be drug and alcohol counselors. And it happens quite frequently. Well, if people truly have a desire to do that, we'd like to give them a leg up and provide the means and the method by which they can choose to go down that road of training. Should they choose to it's, uh, it's something that's near and dear to us. And furthermore, now when you have an individual that has opted into some some of these additional programs, now you have that individual in your community for not just 90 days, but most of these programs that I'm talking about are a year or longer for this kind of training, vocational training, skills trade training, these programs are many months to a year or longer. And so you had that person for 90 days, and now you have them continuing to be part of your community for as long as it is for them to do these programs. And they're, they're great vocational and skilled trades training programs throughout Ellery. And what you have now is an individual that is not only sober, but has a new skill set and is giving back to their community, and they are productive members of the community. And I think that, again, delivers a far superior outcome, and keeps our people involved in the community, helping people that are new behind them. It keeps them involved for much, much longer. And the research would indicate that if you can keep somebody in your ecosystem right for for for a longer period of time, it enhances their ability to maintain long term recovery, which is what what we're after now, these skilled trades programs and vocational trades programs and academic program will not take place on The campus here, right? They do their 90 days, and then they're going, they're going elsewhere to do these programs. They're just doing the treatment here, the 90 day program here. So I'm not saying that they're going to stay on our campus for a year. That's not what I'm saying. Though,

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who we are,

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well, we have, obviously, some North American recovery support. We have, we have individuals that have significant experience in formal drug and alcohol treatment services throughout North America. We've, we've developed and design kind of a unique process, I think, when compared to the run of the mill treatment provided, and that process is meant to engender long term, physical, mental, emotional and spiritual health. Because if you're not touching on each of these categories with these individuals, you're not really delivering a holistic treatment model, you're being more narrowly focused. And you gotta kind of hit all. You have to hit all of these things. And the majority of our group that's involved in this project are from right here in Alberta. The majority of investors and people that are involved. Brad, you've already met, you may have met some other people early on today are from right here in your backyard, rural roots, personally affected by addiction issues. My my father's youngest brother passed away from alcoholic services of the liver. He died waiting for a liver transplant from alcohol. So that's my personal connection to to addiction. And many other people in our group have similar stories of friends or family members that have been affected, and that's that's where the purpose is. That's where the the why comes from. It's not just, Hey, let's get into this business in Alberta. No, it was a very, very long journey to even come to a place where we've identified a property I think could serve this, this critical need. But there's a very strong why, and this very strong passion in the group, because of our personal experiences, we want a strong connection with the local community. I don't think that it makes any sense to do to attempt to do this without the support of the community, I don't think it makes any sense to do this without a strong desire to be a strong community partner, and for Me, what that means is utilizing local vendors where possible. It means bringing jobs right right here, brand new jobs here. It means creating new taxable revenue for the county right here. It means utilizing the beauty of what's around us and the the products that are around us and the people that are around us and the resources that are around us to create, to create this program. So that's me, a picture taken a long time ago where I had a lot less gray here, but I've treated 25,000 addicts and alcoholics since 2004 I've done this kind of business. This is all I've ever done in my career in medicine. I never wanted to be a family practice doctor. I didn't want to be a surgeon early, early on, until I realized that it was not going to be great to have a family life and be a surgeon. And I really love my family, and I want us to be able to be able to spend a lot of time with them. And so instead, I opted for addiction medicine. It's all I've ever done. I've never done anything else in in the world of medicine. And so it's what I know inside and out, and I know how to do it, and I know the outcomes you've been you've all met bread. Can you figure? Can you wave, for those of you, many of you in this room probably know bread. Red bread is a passionate, passionate algorithm. Brad cares about what happens in this province. Brad likes to surround himself with like minded people that want to see this province succeed in every way. And so Brad is very obviously a part of our team. There it was. It's the biggest no brainer in the world to evolve in what we're doing here. He has strong roots in this province. He's a strong community advocate. He's got 40 plus years of business experience, and he knows his stuff, and so we value his guidance, and he's helped a lot of people continue to help us, George for as long as he can. I'm going to quickly bring one of my colleagues up. This is Mike bollenberg, who traveled with me from Arizona today. Mike, if you want to come on up, Mike is he's one of those fancy, fancy lawyers. He went to Cornell. He went to Boston. Her name. He's a trained attorney. I've worked with him for for over a decade. And Mike, what I want you to do is tell him kind of what your role in the projects is going to be. But also I want you to tell

them where your passion and purpose comes from, specifically as a result, as it relates to what you're doing with manuscript. Okay,

39:11

hi everybody, and thank you for being so welcoming. My name is Mike Goldenberg. My friends call me Goldie. I hope someday you guys will call the Goldie too. Nobody sits on their little league or their junior hockey bench and says, hey, when I grow up, I want to be a mental health professional. That doesn't happen. People do say they want to be doctors. Things come to us in life for a reason, and for me, I moved to Arizona from Boston. I was real estate attorney. Came out here, did business, transactional estate planning. I like to help people. I never wanted to be that attorney that was in an adversarial position. I wanted every outcome to be a win, win, so I went into a state planning business and try to affect that. Somewhere along the line, I gathered a client who wanted, he had a passion. He wanted to create a treatment center in a detox hospital and all these things down in Arizona. Around the same time, I was asked board of directors for the biggest mountain Academy. It's a 501 c3 in Prescott, Arizona. It is the number one program for at risk teen girls in the country. It is effectively a treatment center. Also at the same time, I had a neighbor. He was an alcoholic. He had a grand mal seizure in 2010 during the NBA Playoffs. All of these factors sort of converged in my life, and I felt something, send me a message, get involved. So I did. Along the way, I met Doctor Robbie. We had another common fellow who we worked with. He introduced us, and we became great friends. And next thing you know, I woke up and caught on a plane came down for it. That's beautiful here. Doctor Robbie actually married my wife and I two years ago. He's a much better speaker than I am, as you see, he asked me to be involved in this project, and I gladly accepted, and I'm going to be involved in compliance. I'm going to be involved to ensure that this project that goes forward meets all the rules and regulations on a local, on a provincial, on a national basis, to make sure that we're doing it right and doing it right by book and meeting, that's going to be my role. But I'm also a problem solver. I will be involved also to ensure that things go smoothly, whether it's handling problems that come up, they need somebody who cares enough to make to listen to all sides and make sure that a good solution is reached, or whether it is simply to pick up the trash, because I believe in the Walt Disney method, if you Walk by a piece of trash, pick it up. I hope that this is the right place for us. I believe this is the right place for us. I know that we can make a positive difference in the town. One of the things that Robbie mentioned, I'm actually kind of passionate about, is creating partnerships with people in local community, and I know that we can do that in a way that makes this project something that time would be prevalent. That's really important. So thank you for listening. We give it back to the doctor.

43:00

Thank you. Mike. Okay, so you know, good organizations have strong mission and vision statements. So you know, we strive to do that as well. So our mission is through targeted action, holistic treatment methods. The Gatsby Lake project will transform addiction and mental health treatment statistics in North America. Just one statistic that I think is important to note. This is one that's bothered me the most for my entire career. I'm just going to speak about the American statistics for as long as I've been practicing, but even longer, we have been content with a treatment a treatment success statistic that is pathetic. Meaning for the last 40 or 50 years, it's been perfectly okay for drug and alcohol addicts who have been through a treatment process to enjoy a maximum 10% success rate. That means there's a 90% failure rate. If that statistic was applied to cardiovascular disease, to diabetes, to cancer treatment,

they would be kicked those treatment facilities would be kicked out of the industry. But for some reason, it has been perfectly fine for us to accept the subpar, pathetic treatment success rate for drug and alcohol treatment, but it also applies to primary mental health disorders for 50 or 50 years or more. When I say we aim to transform the addiction and mental health treatment statistics in North America, I mean to flip. I want a 90% success rate. I don't even want a 10% failure rate. But for the sake of this particular example, I think you understand what I'm talking about. I want to flip those numbers, and there's zero reason why we can't have that if we're all working together. What is our vision? Our vision is like through combining a full range of care integrated with state of the art, technologies, education and training, the GASB link project strengthens our their families and their respective communities if we're doing our job correctly, the ripple effect is large.

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That person that comes through our program

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and is now in charge of their recovery and feels confident in the driver's seat of that recovery is going to go out and be a light in their families and be a light in their communities. And that ripple is going to extend far further than the Gatsby Lake property itself.

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And that's the goal that should be the goal.

46:05

Okay, what do we bring? 50 years of combined experience in the recovery industry, again, 25,000 plus clients treats in 2004 what I believe to be a unique treatment model, but I should add to that with a proven track record and team based treatments, no professional acts in a silo. Right? The psychiatrist are talking to the physicians. The physicians are speaking to the counselors. The counselors are speaking to the nurses. The nurses are speaking to the behavioral health technicians. The behavioral health technicians are speaking to the kitchen staff. The kitchen staff is speaking to the housekeeping staff, to speak to the maintenance staff, and everyone is in communication and working as a team. It doesn't work unless you do it that way. Everyone's gotta be on the same page. We want to help grow the local economy again. We want to bring new jobs to Lacombe County. We want to bring new taxable revenue to Luke County and and we want to be a community partner. We want to again use what's around us, the resources, the people, the the produce the products, right, the infrastructure, um, um, one of the additional benefits of the community, well, meaningful solution is here for a big problem that's not going in, going away anytime soon. We are wanting to promote economic development right here in livecome County. We think that this particular property is perfectly suited to this use, because we don't have to do anything to it. It's beautiful as it is. No one's no one's going to change, change the property. There's many houses on it. No one's changing those the they're basically, they're turnkey. They they work as is. We've toured them, right? They're, they're 10 people. We would, we would aim to put 10 people in each home, men and one and women in another. And we don't have to to break, to tear anything down. We don't have to build anything. We don't have to do anything to it as perfect as it is. Okay. So many of these known concerns and questions came from our council meeting, and then there's some that that we kind of figured may come up as well, independent of that, will you offer

detoxification services? We know that this issue has come up before for some other projects that have been proposed, and no, the answer is no, that would not fit under the definition the Lacombe County's definition of a recovery center. You can't, you can't do detoxification in a recovery center, as per the county definition that has to be done in some worlds. So we'll have what we're so we're looking at creating strategic partnerships with places like the hospital in Canoga. The hospital in Canoga is already doing detox services, and is already doing stabilization of mental health dispersed. So why we don't need to? We have a perfectly capable, strategic community partner that is already doing that. And does it? Does it Well, from what I understand, what's the staffing look like, well, the facilities have to be staffed. 24/7, these clients can't. They can't be left alone, even though they're we're not treating we're not treating anybody under the age of 18. This is an adult only treatment facility, so everyone's will be 18 and over. But even then, they will have staff supervision, 24/7, during the day, that will look like the doctors and the nurses and the and the the therapists and the that the kitchen staff, etcetera, behavioral health technicians. During the evening, there will be the behavioral health technicians, the their their peers, they're from their peer group. There will be security personnel, and the nurses and the therapists are all on call,

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just a phone call.

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So that's the way these things are staffed throughout, throughout North America, right? They have to be staffed 24/7, and and overnight, the professional staff has to be available by phone. Initially, we figure we won't have that many patients, right? Maybe you have three or four patients to start with, so you don't need the full complement of staff in that case. And we know additionally that is that is a concern. Vehicular traffic is a concern in and out of the property. And so this will all be staged. It's all gradual, and occurs over time. Initially, you staff it for the number of clients who do that. So we anticipate three or four people to begin with, and those three or four people will be met by a staff between 10 and 12 that are comprised of both licensed professionals and non licensed behavioral health technicians. And so outside of those staff members coming to work and leaving work, the only traffic that we would anticipate are food delivery. Food deliveries, the the one occasion where a patient is dropped off initially, and then the one occasion where they're picked up when they graduate maintenance vehicles. And that's really all that we would anticipate with regards to vehicular traffic on a daily, weekly, monthly basis. And then as your Census grows up goes up, and your and the number of patients that you were serving goes up, then you make a decision at that point as to how many staff you need on site. But obviously that number is correlated to the number of patients that you're treating. What about moist concerns? Well, I know many of you in this room know this located. You've driven by the property. You know exactly where it is. You've been curious about it for years, right? It's private, it's remote, it's it's away the homes that are referred to, the two homes that are on the property, the two larger homes that are on the property are are in land from the roadways. And furthermore, the treatment services take place in the homes, not outside the home, while the land and the grounds provide a really serene, right location for things like hiking as part of recreational activities. By far and large, the vast majority of services that are provided with regards to the treatment program take place inside the home. Their staff supervision to minimize disturbance to neighbors. When they are say, on a hike, they may not leave the quote without being supervised by staff. So even if it's something as

simple as, hey, we're going to do a morning hike after breakfast today, well, they can't go by themselves. There will. There are staff that are that are hiking with them, the professional services that are referring to both the counseling services and some of the holistic services that they don't they don't generate noise. You might have, you know somebody that successfully graduates from the program, hooting and hollering to celebrate with their family on occasion when that happens, but even then, these things don't they're not going to generate noise disturbances for the community. We have already begun the process of speaking with private security companies. The way that we do this in some of the facilities that I've worked at or owned or operated in the States is it's a hybrid method. So we have on site security personnel. Those security personnel are at the entrances to the property, and they're also in the property. Furthermore, there is what's called a virtual fence that's created, and this is done through technology as well. There's closed circuit cameras that feed into our screens on the inside that the security personnel are monitoring, and we're also because of the sheer size of the property, what the larger facilities in Arizona, for example, but other places as well have utilized drone technology just over the property. And so the security personnel that we're talking with and have spoken with, similarly employing the best technology, state of the art technology, GL caching, virtual fencing and boots on the ground. We need all of those things in order to make for a comprehensive security plan. Further, you can't just be admitted to our two hour treatment program. If you have a diagnosed drug and alcohol treatment program, you have to make meet specific criteria, and some of those criteria are around what the medical acuity is for that patient, what the psychiatric acuity is for that patient, which family members they intend to have incorporated into the treatment program, whether they've been to detox, and if they've been to detox, where they went to detox and which physician cleared them from that detox, we would expect documentation to follow them from the hospital, around how they were treated and when they were discharged and when they were cleared for the next phase in this, in their journey. So there's very strict admissions policies. We're catering to a private clientele

56:43

as well. All of these things

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are are part of the overall safety and security plan, and they all lend to a, I think, a good neighbor at the end of the day, which I think is what is what people really care about. For example, this is one, one of the companies we've spoken with is using this kind of a system. It's a simple, smart, open future proof system. It's all operated in the cloud. So if somebody, say, a therapist is at home for the day already, they can see through the app, through an app on their phone, what's going on in the facility right now. They don't have access. Nobody's going to have access to patient bathrooms or private counseling areas, but there are cameras throughout the there will be cameras throughout the facility that are accessible through cloud based apps technology. We do it all the time. I've done it for years. I can, I can see exactly what's going on on my on my phone. So inclusion, we think that, well, it's not, it's not only we think several members. No, it's not several members, but several prominent people, I would say, in the county and in the province, also believe that this would make for an excellent use of this property and an excellent use of these doors, as I'm sure many of you are aware. This is, this is a private family living on this property for 40, 4040, plus years. It's that family, through their own, you know, with their own hands, molded this over years. And so when we toured it for the first time, it was just it was just, it was just beautiful. And while I didn't see it in its former state, what I saw at the end

was just something that I really, really think people suffering from these issues can find healing. No major changes to the property are required. We're not touching the land. We're not touching the houses. They're fine, as is and said, therefore there's a minimal impact on the surrounding area. Again, as I mentioned already, it's, there's a larger, larger kind of mission here. It's, it's not just providing the service, but it's also bringing Economic Development, Employment opportunities, new taxable revenue, etcetera, to the county. Which, which, I think are all important things to consider. Is that the are we? Are we complete there, right? That's yeah, okay, good, so I'm gonna hand right on handed back to you and we'll kinda deal with so,

59:57

Brad LaForge okay, thank you, Dr, Ravi and Peter. We'll open the floor to your questions. Unfortunately, we don't have a handheld mic, so just to come up here and Dr Ravi will answer questions. It's all being recorded. So if you could please and the record,

1:00:26

Hi, my name is **Norris Hayes**. We own one property that is 1 ½ miles east of this property another one that is five miles east ofbeen here 35 years.....

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the time said,

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previous to that, we rented a home display. We rented a home displaced there, excuse me, regards to your treatment program, yes, sir. It says there's no detoxification there, but you guys are going to be offering medication on the site as a thing too? Does that include heroin, cocaine, and all that goes with it... (undiscernible)

1:01 Yes,

1:01:04

,so the the piece, so there's, there's really three primary reasons why people need to go to detox opioid. Opioids are the one reason, benzodiazepines are the second reason alcohol is the third reason these, these things can all result in medical, in significant medical issues, if not overseen by medical professionals. So we refer that out. Those people are then cleared for our program. But when they're in our program, they'll see regular doctors as well as psychiatrists, and so those physicians and psychiatrists will get the documents that came from the detox facility they probably talk to the doctors that treat them in the detox facility, and then they'll determine which medications, if any, are appropriate for them To be on during the

1:01:53

program as well. So you can go

1:02:09

here, okay? So they, nobody will be using drugs and alcohol at our facility. They will, however, have access to prescription medication. So for opioid use disorder, we will, we will absolutely make use of buprenorphine, right? Buprenorphine is it's also called Suboxone, suppicated Subutex. It's buprenex. It has various names on the country abortion, but we will not be using methadone. We will be using buprenex for individuals that meet those criteria, and they will stay on buprenorphine in a maintenance fashion. There it's a, it's a partial opiate act. So it's, it's a very safe medication. There's, there's a ceiling effect. It's very, very safe. The history would indicate, the research would indicate that people have now been on this medication for 10 or more years, and as opposed to methadone, they don't have the long term side effects. They're not having the bone pain. They're not having the the constant escalation of the dose of methadone. What we do, in fact, is tape maintenance followed by a taper, not a constant escalation, like is done with methadone practices.

1:03:30

Again, our main property is one mile Street East on the first day you guys will access once we're in there. So if one of these fellows decided there's an continent, they've had the program, they're headed down, and then even the middle of what's mitigating factors for that they

1:03:45

can't leave in the middle of their security. 20% it's not a gated it's not a gated comment, but, but, I mean, the there's, there's multiple, there's multiple ways to stop an individual prior to them gaining access to the roadways. We have the internal camera systems. We have those are, those are closed circuit cameras that are being monitored by security constantly. They have to make it to a door which is locked. They have to make it past security personnel. So there's multiple, multiple ways to do that. Also, I should mention one other thing, which is critically important. It is called the is called rounds. So the behavioral health technicians that work in the facility are doing what are called Q, 15 rounds every 15 minutes they walk the entire things. Then there's two overs.

1:04:39

We're talking about, I'm guessing, right, potentially, my concern, May, 80 year old mother, there's one mile away. Yeah, you're by the the nature of the program, right? You're bringing people at Camp Madison society, because they are involved with addiction when they want they're going right by her house. It's the first place in the car. 80 year old mother, people that got problems in life. That's risk in my life, but I won't understand. I

1:05:04

understand, I understand your concern completely well. They the nature of the medication regimens that people are put up for maintenance, right? Subside those urges significantly. There's multiple pathways to prevent individuals from leaving regardless of what time of day it is, the combination of behavioral tecks that are doing checks every 15 minutes coupled with closed circuit cameras on site, security professionals and security professionals monitoring the perimeter of property all make this very unlikely. However, I do understand your concern. The other thing that I can that I would say, that maybe would offer some comfort, is that the nature of the program is such that we're developing trust with these individuals early on. Right? We're and the therapists are developing therapeutic relationships with these individuals early on. What I've seen in my 20 plus years is that, yes, there are people that go

through the program and decide that they don't want to stay the full 90 days and they want out. Well, if they truly want to, it's voluntary treatment program. It's not jail. So we can't keep them there. However, if they want out, we have a way to do that properly. We have a way to refer them out to a different kind of treatment provider, a different kind of treatment program. Maybe they don't. Maybe they're not feeling like they're fitting in with their peers in the program, there are multiple ways that we can get them access to a different kind of program that will meet their needs.

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My concern is with one side, and they want out and the first, person

1:06:44

all, they contact one is my wife....

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last question, I'm sure all the other people in this media question, is there anything that government funding this 100% sponsored by you guys? Yes, I guess one more question, is there any

1:07:04

person show not at this particular point in time, my experience has been it's better when you keep it small, it tends to work better. The community tends to gel better when you keep it small. My pleasure. Thank you for your questions.

1:07:28

Anybody else? Anyone at all? I'm happy to I'm happy to attempt to answer any questions.

Ravi is asked to address, who is the target market

7:40

Sure, the target demographic? Yeah. So who we are, who we are targeting are individuals that can take 90 days out of their life. Not everyone can do that, right? In fact, most obviously, most people can't do that. They can't simply up and leave their lives who can afford to take 90 days out of their lives. These are probably people that are slightly more affluent. These are probably people that have, you know, super supportive families around them. These are probably individuals that are fairly successful in business. They might be executives, they might be entrepreneurs, they might be other kinds of successful businessmen. These are these are people that you know have things in place for their life to continue to operate while they're gone for 90 days, employees, family members, what have you. And so by virtue of the fact just anybody can take 90 days out of their life, it's a particular kind of demographic that you're after. That's why the admissions process is so selective. That's why we say we we're treating a private clientele. That's why we can say we're offering a 90 day program that is not government subsidized. We can say all of these things, because the people that we're targeting can take 90 days out of your life, out of their respective lives, and afford this particular Undertaking, which is not inexpensive.

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Brenda Knight: Councilor: Okay. Thank you everyone for coming tonight, and I truly hope that you don't sit here on your hands, seek your mind or ask your questions you basically, you know, in a way, answered my first question because I counseled

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you, Inferred very loudly that

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this would be elite clientele. Now my mind went to the Wayne Gretzky and Betty Ford, but I don't think my take on that was quite accurate. It's anyone who can afford to come to the 90 day program take time out of their life. So it's not just your not just your athletes and actresses or celebrities, right? Okay? Because that's, that was my takeaway, okay, honest. It was,

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Dr. Ravi - I apologize for that. What it meant was the latter, right, anybody that can, you know, executives, etc, as well, would be candidates, okay?

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And I think I have to clear one thing up. Laconia does not just allow detoxification. We have a center. What is it? Six miles from here, folks, Island. I'm terrible. I just drive. The ii Recover is called, right? And it started out without detoxification, and they did come and get permission after they were pushed pretty darn hard. I'm going to add to go to detoxification. So I think it would be incorrect to say that detoxification is not allowed in Lacombe County, because it is. And I just want to be clear with

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that, yes, what if I could just clarify what I mean is that the Lacombe county definition of a **Recovery Centre** specifically says no detoxification in the definition of a recovery center. That's what I'm speaking of, is the definition of recovery center, but that we received from Mrs. Wright, from this Wright, rather, that was in our initial application, that's what I'm referring to, is the definition of a recovery center, correct.

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But I just want to be honest with my ratepayers, and most of them know anyway, that through an additional development process we have allowed that once. So I don't want to mislead anyone that that doesn't happen in Lacombe County, because it does right now. So I guess my big question is, I'm very familiar with I Recovery, which is just

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north of here.

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So what makes this different from I recover? And are you familiar with it? Perhaps you have to talk to them. I

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have chatted on one occasion with Mr. Gray. My understanding, based on my research, if I recover, in the interviews that are available that Mr. Gray has done that are on YouTube, Christy, for example, or on his website, covers a 12 step based program. I recover has successfully integrated the the 12 steps of Alcoholics Anonymous, and that is intertwined and integrated into every aspect of the program. We are not a 12 step program. That is the largest there is. Do we respect the 12 steps of Alcoholics Anonymous Absolutely? Do we see the 12 steps of Alcoholics Anonymous as a pathway to recovery, perhaps the most successful pathway to recovery, absolutely. But we are not marketing ourselves as a 12 step based program. We are marketing ourselves as a holistic treatment program. Yes,

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I understand that, but they are both centers, and I guess that's the way most of us will understand it, from our perspective, but our point of view. And yes, I live just down the road from Norris. You're in so much trouble. You said your mother's alien. She is involved. She is close. And, yeah, I'm a stone's throw away as well. And we, we do have concerns being remote and isolated as well in the country, because we call the RCMP, and takes a long time to get there, so remote and isolated goes both ways, yes, and I guess I'm not looking for an answer. I'm just saying I want you to be aware that this will have an impact on the community, and I hope that you give these folks a good period of time here to come out and ask the questions, because it's kind of hard to get off those chairs sometimes, I know or your comments. So that's all I gotta say. I just want to clear cut things up.

1:14:35

I appreciate that. Yeah, and what I absolutely, and I absolutely advocate for anybody that's got any questions. But however, I do understand some people are perhaps not fond of public speaking, which is why we have, we will and have provided our contact information. If you would prefer to deliver your feedback or comments to me directly after the meeting, I will get back to you. You will, you will, you will have, you should have a handout. Do we have that handout has my, my direct contact information in it? If you, if your preferred format is to do that after the meeting privately, I'm happy to to address your, your questions, your concerns,

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individually that way,

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I really hate the lights- I think you guys can hear me.. (Did not give her name)

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question, yes, talk about your success rate and the number of patients that you treat. Yes, 25,000 is very high. Yes, what's your success rate? 65 % whereas other treatments for 10% 10%

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okay.

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Second question, who you talked about the affluent being part of the clientele? Are they American? Are they Albertan? Are they Canadian? Help me understand where the demographics ?

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I would say we're we're largely targeting Alberta and surrounding provinces, not not the US for this planet.

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Fair enough, I work in the agricultural industry. I'm actually alone in the fields,

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and along with two young girls,

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I might have a shovel if I'm, lucky and I might have a

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quad I work right there. Um, very close. How can I guarantee I'm safe?

1:16:42

In addition to what I've already spelled out, with regards to the what I believe are the key components in developing the concept of taking security planning right, having security personnel, leveraging technology, virtual fencing, drone technology, maybe boots on the ground, Q 15 checks to make sure we know where everyone is in the house every 15 minutes, right. In addition to that, what I would say is that we also intend to work hand in hand with local RCMP. We, we also, I understand that. So my understanding is that there's, is it a private security force in in lagoon?

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No, is would your security be willing to maybe work with certain people that want to be in the area or very close to the area and maybe collaborate, absolutely.

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That's part of being a good community for it absolutely. And this is, I hope this is not the last of this kind of public meeting, right? If our project is allowed to move forward, I want to interact with community on a regular basis, because you'll have ongoing feedback, and I want to make sure that the platform exists for that feedback to be delivered and acted upon. So whether you want to, you want to come and knock on the door and have a private meeting that would, that would be accommodated. But if you would prefer that we get a group of people together and do make a smaller size public forum on a more regular basis. I'm all for that as well. The more the merrier. Why?

1:18:34

My last question is, because I'm involved in the agricultural industry. Our agricultural land is being pulled away faster than we can speak. We'll never recover it. What agricultural land making of this

portion, and I think it's 80 acres screen on the first match, what agricultural land are you going to take out

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of production?

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We're not touching the land at all, in fact. So whatever, however, what, however it stands today, is how the land will remain. The houses are already existing structures on the property. There's no plan to build additional structures at this time. There's no plan to have more than 20 clients on the property, maximum at any given time. At this point in time, there's no plan to co opt existing agricultural land for any other use than what it is, what it's zoned for today. And I'll do one better part of this kind of coupling treatment with training, thing that I'm talking about, where I think it opens people up to opportunity. Open people up to possibilities, part beyond what they perhaps thought when they walked in the door. Many of

1:19:50

the people in our group come from farming background

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themselves and do not have any interest in having any more farmland disappearing in this province or in Canada generally. So one of the things that we were talking about is, how do we collaborate with our neighbors that are still doing agricultural work to utilize the land in a better fashion, whether that means that we create a means to do farm to table food sourcing for our clientele, where they learn how to how to grow their own fruits and vegetables and produce that is the best thing they're ever going to have on their table versus what they can get in the supermarket, whether we create something that looks like an internship with our interested community members, for individuals that have gone through a large portion of their treatment program and have demonstrated an interest in learning sustainable farming practices, I think there's A lot of a lot of opportunity for collaboration. I'm separately working with, just so you know, separately, working with a group in the States, who's who, among their primary missions is to ensure that no farmer is ever put in a position to lose their land ever again. And so it is. It's something that I'm acutely aware of. It's absolutely something that I expected to come up in this meeting. And I think that there's, there's, there's plenty of opportunity for collaboration beyond what any of us think is possible, where we can create win wins.

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Sure, different perspective.

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Terri D: So one of the questions that you had asked that means so much to me is, how are you safe and how are the girls that you are working with? And this also goes to speak to the question that, where is my friend who asked the question before, there you are. Thank you. One of the ways that I hope to assure you is that you would ask, what's the difference between our treatment facility and some of the other ones? And the reality is, a lot of the people that are going to come to this treatment facility are

desperately looking for anonymity. They're desperately looking for confidentiality. They've chosen to come here. They're coming into a place where they are hoping to hide from the rest of the world. Quite frankly, they don't want to see anybody. We want them to engage. We want to encourage them to build community. We want them to get to build, first of all, within our community, a sense of family, but many of them are coming here because of their deep shame and because of the fact that they want to heal their souls, their bodies, their addiction. They are not coming actively in their addiction. That's part of the screening criteria. So while there's medications that may support them in their in their growth and their well being. They're not coming in their addiction, and they're probably very much looking forward to hiding away from the rest of world. They are not. I've worked in addiction and mental health for, oh gosh, about 18 years in BC and in here as well. And I actually do tend to work with people that are also not actively in their addiction, and they want to be in a supportive community like the one that we're offering them here. And your well being and your your safety and your security are so important, and so is theirs.. So just wanted to share that perspective.

Please state your name for the record.

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My name is: **Carol Holt**. Thank you, Carol.

Terri D: And if anybody has questions that they want to ask as well and you don't want to come up here, just raise your hand. I'll come over. And

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yeah, I'm **David McGhie**. I have the farm right across the lake. Yes, I've got little people here. And I would imagine that you're aware that there was a private gun range.

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I've heard that. Okay, is that

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going to be all taken care of?

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Doesn't that. I

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mean, all guns gone from the property?

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We will not have guns on the property. Nobody may make, may bring firearms onto the property. There are some. So it's not a ring arranged, per se at the moment. There are some historical antiques. But even those, none of that will be allowed to remain in the facility, even as a display. It's simply not appropriate, given our client. I

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thought so, but I just wanted to make sure absolutely

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it is common for me

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in the past to hear them target shooting.

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No target shooting. Weekends. No sir, and

1:25:03

we'll, we'll, I think we'll have some very interesting recreational activities available for a client, though, but I guarantee you that not a single one of them will involve firearms.

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different maybe when, maybe when there was a private family there. Yeah, right, but, but once you are providing a professional service, and you have the eyes of the regulatory authorities onto you, and I should say one other thing, David, which might, which might quell your concerns, additionally, not only do we aspire to gaining the appropriate level of licensure under the auspices of Alberta Health Services to operate a facility like this. But we want to go one better, and that is to seek accreditation through the Joint Commission, the accrediting body for hospitals. They send their people in for several days at a time, and they look at everything that the cranny in the place. They talk to the patients. They watch the staff for days and days on end. And if they see anything that remotely looked like a firearm on a property, not only would our license be in jeopardy, but our accreditation staffs would be in jeopardy. And anything that I would want to do to create additional reputation for the quality of services that we provided would be out there,

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and I can't afford that. And

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the other item, as far as the lake is concerned, yes, sir, what is your intent for your recreational

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I don't so differ into the lake.

Yeah, I completely understand about, I think, if anything, we might allow supervised like meeting a staff member in the kayak location,

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No power boats and water skiing. No, sir.

1:27:00

No sir. We want that. That would be, that would be noise disturbance. Yeah, right, that would be a major noise disturbance. Yes, a it prevents two from a risk mitigation strategy. My compliance officer would would shoot me if I tried to write, no firearms outside of the property, right outside of the property, my compliance officer might, might have a major would have a major problem with that. So no firearms, no motor boating, no water skiing, maybe

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a maybe a

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nice kayak, and you

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are going to maintain all the farming properties as measured or are going to be able to maintain their land.

That's

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the intention.

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And possibly, if you're not, are you going to utilize the golf course? Not?

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It's an it's quite grown over at this point. Yeah.

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So that's not part of the plan matter.

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So possibly in the future,

1:28:03

maybe

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in the future, but maybe in the future. But I know that there's water concerns around that, around watering a nine hole golf course, so I think that while there's no plan to do that today, any decision to even think about doing that in the future is going to require talking to stakeholders around right the province, the county, the Neighbors. Is that my pleasure? Thank you.

1:28:39

David,

hi, so

1:28:39

this, okay? I'm Gayton Lay. I have grown up here my whole life here. So this is right in our backyard. And we have land that borders the lake, actually. So how do you control the traffic on the lake, people, your people and their people coming onto your property from there. We use the lake. We go out in summer on paddleboards, canoes. We in the winter, snowmobile on there. So how would that like? How do we keep people from going on to our land? Can

1:29:16

I'm going to have, I'm going to have Mike, come on, Mike, can I, can I have you answer this particular question?

1:29:29

It would, it would feed into the security plan,

1:29:31

but,

1:29:32

but generally speaking, if, if we were going to have, say, a scheduled kayaking

1:29:37

event, right?

1:29:40

A nobody's going to be on the lake every day. B, nobody can be on the lake at certain times of year, right? Um. C, when it's when it's scheduled. If we had a maximum of 20 clients on the on the those would be, those would be scheduled trips on, you know, like a blocked-out hour of time in our entire programming day. And so what's done now, I suspect, is people talk to one another. I mean, you're looking out for your neighbors to see if they're using the lake. If, if you had several people in the lake enjoying paddleboarding and community, we would pick a different hour in the program today, right? We don't, we don't want to interrupt.

And then we talk about security. 1:30:33

END

DISCLAIMER

The following transcription represents a best effort to accurately transcribe the content of the public meeting held on July 25, 2024 at Tees, Alberta. Please note that the transcription itself is a hybrid of AI-generated and manually inputted entries and is therefore subject to unintended error. In one case, you will find a manual redaction of an inaccurate statement provided late in the Q&A section. For any further clarification required, please refer directly to the recording of the meeting in its entirety in the Report.

