Exhibit 7

SUQUAMISH CARES OPIOID TREATMENT PROGRAM

Operations Plan

Prepared in support of the City of Poulsbo Conditional Use Permit Application

Site: 19950 7th Avenue NE, Poulsbo, WA 98370
Prepared on behalf of: The Suquamish Tribe
Applicant of record: Rice Fergus Miller (RFM)
Date: June 24, 2026

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1. Purpose and Scope

This Operations Plan is submitted in support of the Conditional Use Permit (CUP) application for the Suquamish CARES facility, a tribally-operated outpatient treatment clinic at 19950 7th Avenue NE in Poulsbo. It describes, at a general site-management level, how the facility will function on a daily basis and how it will be operated to avoid off-site impacts on the surrounding neighborhood. The facility is an Essential Public Facility that serves a regional public-health need.

This document addresses the operational elements identified in the City of Poulsbo Pre-Application Summary Letter. Detailed clinical, security, and operational protocols are governed by a separate federal and state licensure process, as described in Section 11.

2. Hours of Operation

The facility will operate Monday through Saturday, from 5:30 a.m. to 6:00 p.m., and will be closed on Sundays. Early-morning hours allow patients to receive services before the workday, and the extended daily window is intended to spread visits across the day and reduce concentrated demand at any single time.

3. Patient Scheduling and Flow

Patient visits are scheduled and staggered across operating hours to manage on-site flow and avoid congestion. A typical visit follows a simple sequence: a patient arrives, checks in at the reception area, waits briefly indoors, receives services, and departs. Many visits — particularly for established patients — are brief. Staff manage the daily flow, direct patients to the appropriate area, and keep the reception and waiting areas orderly.

4. Expected Number of Patients and Peak Periods

The facility is expected to open serving approximately 75 to 100 patients, with phased growth over time toward an anticipated maturity of roughly 200 patients. Patient activity is concentrated in the early-morning period, which is the daily peak; visit volume tapers through the midday and afternoon hours. Scheduling practices are used to distribute arrivals and limit peak-period concentration.

5. Staffing Levels

Staff are present on-site throughout all operating hours. Staffing grows in phases as patient enrollment increases, from a small pre-opening team to a full operating team of approximately forty positions at maturity. Clinical and support staff — including nursing, counseling,

administrative, and operations personnel — are scheduled to provide continuous on-site coverage during operating hours, including the early-morning peak.

6. In-Building Patient Waiting

All patient waiting is accommodated within the building. The facility provides a designated indoor waiting area sized to accommodate anticipated peak-period demand, so that patients wait comfortably inside rather than queuing outdoors or on adjacent sidewalks or properties. The interior layout, including the waiting area, is shown on the site and floor plans prepared by the project architect.

7. Site Management Practices

The facility is managed to be a good neighbor and to minimize off-site impact. Site-management practices include:

- On-site staff presence throughout operating hours;
- A designated indoor waiting area, so that waiting occurs inside the building;
- On-site parking for patients and staff;
- Coordinated arrivals and departures (Section 9);
- Routine staff monitoring of the building entrances, waiting area, and parking area;
- Clear signage and maintained, unobstructed building access; and
- A designated on-site contact (Section 10) to receive and respond to operational concerns.

General security measures are described in the companion Security Plan.

8. Loitering Prevention

The facility's operating model is designed to prevent loitering on-site and in the surrounding area. Because all waiting occurs indoors and most visits are brief, patients are not required to congregate outdoors. Staff monitor the building entrances, waiting area, and parking area during operating hours and encourage prompt, orderly arrivals and departures. Clear and unobstructed building access is maintained at all times. Operational concerns, including any reports of loitering, are directed to the designated on-site contact for prompt response.

9. Coordination of Arrivals and Departures

Arrivals and departures are coordinated to keep traffic and pedestrian movement orderly and to limit concentrated activity at the site. Scheduling practices stagger visits across the operating day. On-site parking is provided, and staff direct patients to available parking and entrances and encourage prompt departure once services are complete. The facility coordinates the timing and circulation of arrivals and departures so that activity remains contained on-site.

10. Designated On-Site Contact

Scott Crowell, DCD Director, is the Tribe's designated on-site contact responsible for responding to operational issues and complaints. Mr. Crowell serves as the responsible project and site point of contact for the Tribe and is available to the City and to neighbors to receive and address operational concerns regarding the facility.

Contact: Scott Crowell, DCD Director — scrowell@suquamish.nsn.us

11. Relationship to the Separate Federal and State Licensure Process

This Operations Plan is a land-use document scoped to site management and off-site impact. Detailed clinical, security, and operational protocols for the facility — including medication handling, controlled-substance security, patient confidentiality, and program operations — are being developed and will be submitted to the U.S. Drug Enforcement Administration (DEA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Washington State Department of Health (WA DOH) as part of the Tribe's separate federal and state licensure process. Those protocols are governed by that process and are not part of this municipal land-use submittal.