

City Council Introduction: **Monday**, August 10, 2009  
Public Hearing: **Monday**, August 17, 2009, at **3:00** p.m.

Bill No. 09R-141

## **FACTSHEET**

**TITLE: SPECIAL PERMIT NO. 09016**, requested by the Mental Health Association of Nebraska, for authority to operate a health care facility (convalescent home), on property generally located just south of Van Dorn Street on South 14<sup>th</sup> Street (2817 S. 14<sup>th</sup> Street).

**SPONSOR:** Planning Department

**BOARD/COMMITTEE:** Planning Commission  
Public Hearing: 07/29/09  
Administrative Action: 07/29/09

**STAFF RECOMMENDATION:** Conditional Approval.

**RECOMMENDATION:** Conditional Approval (6-0: Esseks, Francis, Larson, Partington, Taylor and Cornelius voting 'yes'; Gaylor Baird and Sunderman absent).

### **FINDINGS OF FACT:**

1. This is a request by the Mental Health Association of Nebraska to operate a convalescent home at 2817 S. 14<sup>th</sup> Street under a special permit for health care facility in the R-4 Residential zoning district, with no more than four guests and one peer advisor utilizing the facility at any given time.
2. The applicant has also requested to waive the requirements for front and side yard landscaping and to reduce the required side yard setbacks from 10 feet to 5 feet. These zoning standards can only be waived by the City Council, so in this case, the Planning Commission makes a recommendation to the City Council.
3. The staff recommendation of conditional approval, including approval of the waiver requests, is based upon the "Analysis" as set forth on p.3-5, concluding that the proposal is based upon an emerging model of mental health care dealing with crisis aversion for individuals struggling with issues related to mental illness. The intent is to keep the property residential in character while providing a service to the community for those individuals that are not violent and are not in crisis. Staff finds that the proposed use as a convalescent home is compatible with the surrounding neighborhood and should not significantly impact the neighborhood more than the existing use as a duplex. Subject to the conditions of approval set forth on p.5-6, this request complies with the Zoning Ordinance and is consistent with the Comprehensive Plan. The staff presentation is found on p.8.
4. The applicant's testimony and other testimony in support is found on p.8-12. The additional information submitted by the applicant is found on p.22-29, and the record consists of three letters in support (p.30-32).
5. There was no testimony in opposition; however, the record consists of three letters expressing concerns about the proposal, including safety for children in the neighborhood, diminished sense of community on the street, and the absence of professional staff at the facility (p.33-35).
6. The Planning Commission discussion with the applicant is found on p.9-10, and the Planning Commission discussion with staff is found on p.12.
7. On July 29, 2009, the Planning Commission agreed with the staff recommendation and voted 6-0 to recommend conditional approval, as set forth in the staff report dated July 21, 2009 (Gaylor Baird and Sunderman absent).

**FACTSHEET PREPARED BY:** Jean L. Preister

**DATE:** July 31, 2009

**REVIEWED BY:** \_\_\_\_\_

**DATE:** July 31, 2009

**REFERENCE NUMBER:** FS\CC\2009\SP.09016

## LINCOLN CITY/LANCASTER COUNTY PLANNING STAFF REPORT

for July 29, 2009 PLANNING COMMISSION MEETING

- PROJECT #:** Special Permit No. 09016
- PROPOSAL:** Special permit for a health care facility more specifically a convalescent home.
- LOCATION:** Just south of Van Dorn on S. 14<sup>th</sup> Street, more specifically, 2817 S. 14<sup>th</sup> Street.
- LAND AREA:** 6,610 square feet more or less
- EXISTING ZONING:** R-4 Residential
- MODIFICATION REQUEST:** To waive requirements for front and side yard landscaping and required 10ft side yard.

**CONCLUSION:** This proposal is based upon an emerging model of mental health care dealing with crisis aversion for individuals struggling with issues related to a mental illness. The intent of the special permit is to keep the property residential in character while providing a service to the community for those individuals that are non violent and are not in crisis. The proposed use as a convalescent home is compatible and should not significantly impact the neighborhood more than the existing use as a duplex. Subject to the recommended conditions of approval, this request complies with the Zoning Ordinance and is consistent with the Comprehensive Plan.

<b>RECOMMENDATION:</b>	Conditional Approval
Waivers/modifications:	
To waive requirements for front and side yard landscaping.	Approval
Reduce the required side yard from 10 ft to 5 feet.	Approval

### GENERAL INFORMATION:

**LEGAL DESCRIPTION:** Lot 4, Block 24, Knob Hill, located in the NE 1/4 of Section 2-9-6, Lancaster County, Nebraska.

**EXISTING LAND USE:** Two Family Residential (duplex)

**SURROUNDING LAND USE AND ZONING:** All R-4 Residential

**HISTORY:**

1979 Zoning Update                      This property was re-zoned from B Two Family Dwelling to R-4 Residential.

**COMPREHENSIVE PLAN SPECIFICATIONS:** This area is shown as Urban Residential on the Land Use map. (19)

Neighborhoods remain one of Lincoln’s great strengths and their conservation is fundamental to this plan. The health of Lincoln’s varied neighborhoods and districts depends on implementing appropriate and individualized policies. The Comprehensive Plan is the basis for zoning and land development decisions. It guides decisions that will maintain the quality and character of the community’s established neighborhoods,. (6)

Encourage convenient access to neighborhood services (stores, schools, parks) from residential areas.(66)

Create housing opportunities for residents with special needs throughout the city that are compatible with residential neighborhoods. (66)

Many activities of daily living should occur within walking distance. Neighborhoods should include homes, stores, workplaces, schools and places to recreate. (66)

**UTILITIES:** Existing

**TRAFFIC ANALYSIS:**                      S. 14<sup>th</sup> Street is a local street, Van Dorn located a half block to the north is a minor urban arterial.

**PUBLIC SERVICE:**                              A public bus stop is located at the corner of S. 13<sup>th</sup> Street and Van Dorn Street and a commercial shopping center located 3 blocks to the south at approximately 14<sup>th</sup> and High Street which contains a grocery store and other neighborhood amenities.

**AESTHETIC CONSIDERATIONS:** This facility will be in an existing house and will be maintained as a house so that it blends in with the rest of the residential units on the street.

**ALTERNATIVE USES:** Remain a duplex or single family dwelling unit.

**ANALYSIS:**

1. This application is for a health care facility more specifically a convalescent home in a residential zoning district. This application is unique in that the City has not processed a special permit for a convalescent home in the past 20 years. To address issues regarding this particular use in a residential area, representatives from the applicant (The Mental Health Association of Nebraska) met with staff and had a neighborhood meeting (on 07/16/2009) to discuss some of the issues listed below.

**A) Use** -The applicant provided the following information to City staff to better help define their purpose and use. This is also the information presented to the neighbors at the above mentioned neighborhood meeting.

In general this facility is a place where individuals with past mental health issues can come to relax and obtain peer counseling for their mental health issues. The applicant said it is a place of respite that provides holistic, recovery based help that focuses on being

empathetic and kind and non punitive.

It is a drug and alcohol free environment. This is a free service. This is not a drop in center. An appointment must be made with a Keya House staff member before a guest is accepted into the house. It is not a homeless shelter. All guests must have a permanent residence other than The Keya House. This is not a treatment center. The peer advisers/staff are not trained in the medical field and do not administer any medication. This is not a group home.

The maximum amount of time that guest can stay at the Keya House is 5 days. This facility is not a crisis treatment center. People who need immediate attention for their mental health issues should use the Crisis Center. This is for individuals who are in full control of themselves, but are trying to ward off a potential crisis by getting away and talking with a peer adviser.

Guests who use drugs or alcohol or who become violent will be removed immediately from the facility. There will be a trained peer advisor at all times when there is guest at the house. The individuals using this facility are not permitted to have visitors so at any one time there would be no more than 5 people in the house, 4 guests and 1 peer advisor)

**B) Parking** - Currently the City does not have any special permits for convalescent homes of this nature. The applicant provided staff with the following information regarding similar programs and what their parking demands are: The Mental Health Association of Nebraska (MHA-NE) runs The HOPE program, which deals largely with the same population type as the proposed Keya House. The HOPE program is designed to help people with supportive employment. Since March of 2007, when the Hope program began, 237 people have used this service. Out of 237 participants, only 17 of these people have automobiles. These figures tells us that a very small percent of the population the applicant is serving have vehicles. A similar project in Poughkeepsie, New York, called the Rose House, has been in operation since 2001, they serve 50 to 80 guests per year, and the most parking they have had to deal with was four vehicles at any one time, and this is for 15 minutes with two of the vehicles being staff's at shift change.

The site plan for The Keya House shows room for two parking stalls in the driveway. The applicant has informed both staff and concerned neighbors that the most parking expected at this location would be at most 4 vehicles and the majority of the time it would be only two vehicles. For this reason staff feels two off street parking stalls is adequate. In cases where the users of a facility are known not to drive, often in the case of group homes, adult day care facilities and most recently St. Monica's Day Care near Wedgewood and Lakewood Drives, the City has made adjustments to required parking.

On street parking is permitted on both sides of S. 14<sup>th</sup> Street, at this location. If this property remained a duplex it would still only be required to have two off street parking stalls with potentially 6 people occupying the building with 6 different cars sharing the one driveway. Converting this use from a duplex to a convalescent home should reduce the amount of existing on street parking.

2. Health care facilities may be allowed by special permit in the R-1, R-2, R-3, R-4, R-5, R-6, R-7, R-8, O-1, O-3, B-1, B-2, B-3, H-3, or I-1 zoning districts under the following conditions:  
(a) *Parking. Parking shall be in conformance with Chapter 27.67.* Chapter 27.67 doesn't have specific language addressing facilities of this type. Staff recommends requiring two off street parking stalls as mentioned in above.

(b) *Yard and area regulations.*

(1) *Buildings shall not occupy over thirty-five percent of the total land area covered by the special permit.*

(2) *Yards abutting a nonresidential district shall be the same as those required in said abutting district.*

(3) *Any yard abutting a residential district or located wholly or partially in a residential district shall be the greater of ten feet or that required in the said abutting district, plus an additional one foot setback for each one foot of height shall be provided between the yard line and the wall nearest the yard line for that portion of the building exceeding twenty feet in height.*

(4) *Required front and side yards shall be landscaped.*

(5) *The City Council may increase or decrease these requirements with consideration given to both facilities and adjacent environment.*

The above requirements are intended for larger facilities. The purpose of The Keya house is to blend in with the neighborhood. The House should be of the same character as the rest of the houses on the street. For this reason the applicant is asking that requirements 3 and 4 be waived. Requirement 3 requires that the side yard be 10 feet. In the R-4 zoning districts residential units are required to have a side yard of 5 feet. The applicant would like to keep the same required side yard as would be required for a residential use so that they can continue to use the existing driveway for parking. The driveway is 6 feet from the side lot line. Staff recommends approval of waiving both Requirement 3 and Requirement 4 above, in order to preserve the character of the house and neighborhood.

3. The Planning Department did not receive any comments in opposition from any other City departments. Their comments are attached. Staff did receive 1 letter of concern from a neighbors which is also attached.

This approval permits the use of the property at 2817 S. 14<sup>th</sup> Street to be used as a healthcare facility specifically a convalescent home with no more than 4 guests and one peer adviser utilizing this facility at any given time. It also permits this healthcare facility to waive requirements for front and side yard landscaping and to reduce the required side yard setbacks from 10 feet to 5 feet.

### **CONDITIONS OF APPROVAL:**

#### **Site Specific Conditions:**

1. The applicant shall cause to be prepared and submitted to the Planning Department a revised and reproducible final plot plan including **5** copies with all required revisions and documents as listed below before receiving building permits or before an occupancy permit is approved.

Add The following notes to the site plan:

1. Buildings shall not occupy over thirty-five percent of the total land area covered by the special permit.

2. The required side yards shall each be 5 feet.
  3. Front and side yard landscaping is not required.
  4. Two off street parking stalls shall be provided
  5. Add to the General Notes, "Signs need not be shown on this site plan, but need to be in compliance with chapter 27.69.160, Special Permitted Uses, of the Lincoln Zoning Ordinance, and must be approved by Building & Safety Department prior to installation".
2. Provide documentation from the Register of Deeds that the letter of acceptance as required by the approval of the special permit has been recorded.

**Standard Conditions:**

3. The following conditions are applicable to all requests:
  - 3.1 Before occupying buildings or starting the operation all development and construction is to substantially comply with the approved plans.
  - 3.2 The physical location of all setbacks and yards, buildings, parking and circulation elements, and similar matters must be in substantial compliance with the location of said items as shown on the approved site plan.
  - 3.3 This resolution's terms, conditions, and requirements bind and obligate the permittee, its successors and assigns.
  - 3.4 The applicant shall sign and return the letter of acceptance to the City Clerk within 60 days following the approval of the special permit, provided, however, said 60-day period may be extended up to six months by administrative amendment. The City Clerk shall file a copy of the resolution approving the special permit and the letter of acceptance with the Register of Deeds, filling fees therefor to be paid in advance by the applicant.

Prepared by

Christy Eichorn  
Planner

**DATE:** July 21, 2009

**APPLICANT:** Mental Health Association of Nebraska  
1645 N ST., Suite A  
Lincoln, NE 68508

**OWNER:** Donna and Jack Tucker  
3901 N 1<sup>st</sup> Street  
Lincoln, NE 68521

**CONTACT:** Chad Magdanz  
1645 N ST., Suite A  
Lincoln, NE 68508

## SPECIAL PERMIT NO. 09016

### PUBLIC HEARING BEFORE PLANNING COMMISSION:

July 29, 2009

Members present: Esseks, Taylor, Partington, Larson, Francis and Cornelius; Gaylor Baird and Sunderman absent.

Ex Parte Communications: None.

Staff recommendation: Conditional approval.

Staff presentation: **Christy Eichorn of Planning staff** stated that this is an application for a health care facility, more specifically, a convalescent home, located at South 14<sup>th</sup> Street, just south of Van Dorn in a residential neighborhood zoned R-4. This is a unique application as there have been no other convalescent homes requesting a special permit in at least 20 years. There will be up to four guests at the site for no more than 5 days at a time. The individuals will have a permanent residence somewhere else within the city or county, and there would be one peer advisor at the facility.

The two waivers requested are specific to the health care special permit. The health care special permit requires a 10' side yard. If we enforce that requirement in this case, the applicant would not be able to use the existing driveway on the site as part of their parking. They need at least two stalls for parking. There will never be more than four cars at the site at any given time, and the majority of time they would use two parking stalls. In reviewing the waiver requests, staff considered the neighborhood. The purpose of this special permit is to have a use and service for the community that still fits in with the residential character. Staff did not want to add extra parking or paving in order to keep the structure and the lot as similar as it is today, i.e. it is being used as a duplex, requiring two parking stalls. The application seeks a 5' side yard setback to be able to use this driveway for parking and staff believes this is acceptable.

The second waiver had to do with landscaping which is required in the front yard to help buffer from parking and cars. This is a requirement that fits more with larger facilities like hospitals. The staff does not believe that the landscaping should be made a requirement in this case in order to keep in character with the neighborhood.

### Proponents

**1. David Tafoya, Project Coordinator for Mental Health Association of Nebraska**, 1645 N Street, Suite A, presented the application. The Mental Health Association of Nebraska is requesting that this property at 2817 S. 14<sup>th</sup> be allowed a special permit as a convalescent home. The model for the project is taken from the Rose House model in Poughkeepsie, New York, which has been in operation for eight years and has been very successful in being used as hospital diversion and in reducing the need for higher levels of care. This service would be for adults, age 19 years and older, men and women, with behavioral health diagnosis to enter the program. The applicant agrees with all conditions of approval in the staff report. The Mental

Health Association strongly believes that this is a worthwhile project and that it can provide an excellent service to the community of Lincoln.

Esseks inquired why the applicant wishes to locate this facility in a residential neighborhood. Tafoya stated that they would like this facility to be as much like a home as possible in a comfortable peaceful setting. This is not for treatment.

Taylor inquired as to the hours of operation. Tafoya stated that it would be open 24 hours a day, five days a week. They do not have enough funding for seven days a week. As long as there is someone there needing the service, it will be staffed 24 hours a day by one peer specialist worker. There will be up to four individuals in the home with one peer companion. The facility will have everything that would be found in a normal household. The guests will be required to cook their own meals, clean their own bedding and clean up after themselves. There will be enjoyable activities as well as holistic recovery activities. It is similar to respite – more of a break from daily life or daily stresses, learning to manage their illness.

Partington inquired whether there are any professional requirements to be a peer companion. Tafoya advised that the peer companions have received training from the Rose House in New York. A peer companion has a lot of diverse training and is someone who has experienced mental illness.

Francis confirmed that this is not a “walk-in” facility. You must make an appointment to be a guest. Tafoya confirmed.

Francis also pointed out that as a duplex, in theory there could be three or four people in every duplex with more density than proposed in this application. There is some limitation on the time the guests can stay and they will be responsible for their own food and cooking. It would be similar to someone having a meltdown and going to a friend’s house for four or five days to get away from their environment. Tafoya agreed.

Esseks sought confirmation that the guests will not be in crisis, and whether there are mental health professionals that will help the applicant judge the requests to come to the facility or that will drop by in a crisis situation. Tafoya stated that the guests who will be present are experienced enough with their illness to recognize the warning signs that they may go into further trouble. There will be a stringent protocol – when people call in, they will be screened to see if the house will meet their needs. If not, they will be referred to a higher level of service. There will not be any clinical persons present. They do have strong support from providers in the area. There will be partnerships with other providers in the community.

Larson wondered how the guests would be admitted. Tafoya advised that the guests can either be referred by a professional or they can self-refer. This is non-coerced. They have to want to go there. The guests would be screened.

Larson then inquired whether there is any kind of certification process for the Mental Health Association or the staff as the proprietor. Tafoya responded that this is not clinical staff. It would not be a direct caretaker staff but rather peer companions. The peer companions have been trained to talk through difficult issues with their peers. People can become violent, but that is

one issue they hope to alleviate with the screening process. They will be receiving training to help identify when it is appropriate to call for help and when it is not.

Larson inquired about funding. Tafoya stated that the funding is through Region V Systems, brought through the state by part of the Mental Health Reform Act of 2004.

Taylor asked for an explanation of the difference between the staff and the guests. Tafoya stated that all of the peer companions have achieved a high level in their own personal recovery. Many of them have worked in the mental health field for many years. There is a level of training that they have received. The guests are there on their own will and will be required to maintain their daily living skills. The peer companions will help them work through different issues. "We are not a clinical staff."

Esseks wondered how much of a burden it would be for the applicant to develop a relationship with a licensed mental health professional who could be an important resource to help deal with prospective clients and clients actually in the building who have types of problems that are more complex and beyond the peer companion's capacity. Is there some funding to allow such a consultant? Tafoya stated that they will be relying heavily on different services in the community and ways of referral. It will have to be up to the individual to take a proactive responsible role. Region V will be supervising the facility as far as reporting, etc., but they will not be supervising at the house.

Francis suggested that the applicant is already in partnership with other mental health providers, and wouldn't they be the ones possibly referring guests to this facility for short term anxiety, for example? Tafoya agreed. They would be having referrals from all over – there will be information dispersed throughout the community offering this service. Francis also perceived that the goal is to help lessen the expenses and the overcrowding of hospital facilities. Tafoya agreed. They do try to educate about being proactive in the system. There needs to be an array of services to help people when they are just starting to experience different signs or symptoms. We hope to get the people the help they need. He believes this will save many dollars within the community.

Cornelius asked the applicant to more specifically describe the kinds of things that are involved in a holistic wellness program. Tafoya stated that holistic recovery is everything that has to do with a person, from the way they dress to education or just things they want out of life. They will have the proactive wellness tools. There will be Wellness Recovery Action Plans (WRAP) to help people in recovery and keep them on the right track. For example, there will be different meditation tapes and guides to help with recovery; self-help books; gardening; musical instruments; art materials; etc., to help them relax.

Cornelius asked the applicant to describe the difference that a person in Keya House might experience rather than staying in their own home. Tafoya suggested that it would be the engagement process – many people have difficulty talking about their issues, even with family and friends. Someone may come in and stay in their room for a better part of two days and we will ask them to come out periodically to talk or cook a meal, etc. We are a very supporting group. It will be a very supportive environment. Many people want to look for help but don't know where to turn. Sometimes they feel isolated at home.

## Support

**1. Kevin Karmazin** testified in support. He was diagnosed with bipolar disorder in 1997. One of the most important things about this house is that it is run by peers. A person's sleep schedule is off. The peers know that is not a good sign. Professionals can only say they read it in a book, but peers are able to relate.

**2. J Rock Johnson** testified in support. The Keya House will be a temporary home for sheltered individuals who need peace, tranquility and support. It will be a good citizen and a good neighbor. These services cannot be found anywhere else in our community. It will be a place of hospitality. She referred to the Web site, [www.power2u.org](http://www.power2u.org). Mental health consumer operated services were first discussed in Nebraska in 1992 and 1993, about the same time that the National Institute of Mental Health was funding a random control (highest level) study trial in Ithaca, NY. The Ithaca Crisis Hospital was run by peers. That study found that people in the Crisis Hospital in 1992 did as well or better than individuals who went into the regular hospitalized treatment system. The State of Nebraska passed regulations in 1996 authorizing consumer operated services or peer-run services. That peer support services regulation is Title 204, Nebraska Administrative Code, Chapter 15.003.21. Johnson read excerpts, including that the desired outcome is to provide ongoing support to mental health consumers by mental health consumers. The Surgeon General report noted the role of psychiatric hospitals has changed over recent decades, finding that it is important to locate in a residential setting to continue connections in the community. One of the recommendations for change was that the system be recovery based and driven by mental health consumers and their family members. Promoting individual self-determination is a policy and peer support services were recommended to be integrated into the community. Johnson requested that the Planning Commission support the integration of peer support services into the continuum of community care. People don't go into a crisis if they get the right support when they need it. That is what Keya House is all about. The focus is on prevention.

Johnson concluded with her testimonial about her own mental illness and firmly believes that if she had had the opportunity to go to Keya House, her life would have been very, very different. She requested that the Commission approve this permit to help these individuals lead lives of quality in the community and be able to share their gifts with their neighbors, friends and coworkers.

Esseks asked Johnson whether she believes there is a role for a mental health professional in this facility. Johnson's response was, "absolutely." We are addressing a continuum of care. Others like herself who might wish to come to Keya House are individuals who may have a psychiatrist and a primary care doctor and may be taking medication, and those two doctors are talking to each other. There is a role for mental health professionals, but she does not believe that such an individual should be staffing the house, nor be on 24-hour call. The guests who are coming to the house have their relationship with that professional. She suggested that there are so few psychiatrists and so many with full-time contracts with various facilities that that would be an undue and unnecessary burden on them.

Francis observed that Johnson had more of an awareness and awakening because of other persons like herself as opposed to the mental health professionals. Johnson stated that to be absolutely accurate. She heard repeatedly at the hospital that there was no hope for her. The professionals need to be trained how to help us and not harm us. Restraint and seclusion are still being practiced, but change does come.

Partington expressed concern that this not-for-profit organization comes forward without any endorsement or participation by any health care professionals at all. Johnson did not know the situation as she does not represent the applicant. She does not know who has been approached.

There was no testimony in opposition.

### Staff questions

Esseks wondered about the implications of this special permit. This is not going to be a licensed facility. Are we approving this approach to mental health treatment? Or are we simply giving people a place to gather? Are we at the edge of some problems here? Eichorn stated that this application did go through a review process for land use. Because it is a unique situation in terms of a health care facility, the staff looked at the requirements of group homes, domiciliary care and elderly day care. One of the things that made this use so much different is the fact that the people at the facility have a permanent residence in the community. They will not be staying/living in this facility. Group homes are a conditional use in residential areas without a special permit with spacing requirements. There are group homes that have clinical staff members, but looking at the general uses and how this might compare with some of those other uses, is how it was determined to fall under health care facility – to allow people to come and get care who would not be living at the facility. The staff reviewed the application in terms of land use and how it fits in with similar uses allowed in residential zoning districts.

Esseks inquired whether there is any separate regulatory process, such as our Health Department, to determine whether the health care activities are within the regulatory constraints set by statute. Eichorn advised that this special permit would have to meet all the requirements, whether located in residential or commercial or a different district – they would still have to meet the same requirements – whether it is from the state, health department, weed control, etc.

### Response by the Applicant

**Kasey Moyer, Associate Director of the Mental Health Association**, stated that this home is for guests who are self-aware, who need a break, or maybe can't afford to take a vacation to get away. It is for people needing the peer support rather than higher levels of care. As far as violence, Moyer suggested that the general public can be violent even in one's own neighborhood. We want this house to be a good neighbor. We want the individuals to feel that they can come and be safe and relax and regroup and face the world, such as you and I going on a vacation.

Moyer also suggested that the training is extensive. They are peer companions but they have seen the operations of the house that has been in operation in New York. The peer companions

are CPR certified with trauma informed training; they have wellness and recovery training. They know the tools. The training is ongoing and they will continue to be trained in other areas that mental health care professionals receive. Individuals need to be able to have a place to go because they don't have family or resources. This is a place to talk with someone who understands what they are going through before it reaches a crisis level. We are not equipped to deal with crisis. This is for people who just need some time to get away and take a break. Moyer suggested that it is similar to AA, which has been in process and shown great success for many years in the substance abuse community.

Partington again inquired about the authorization of the funding for this facility. Moyer advised that the funding is through LB 1083 for the closing of Norfolk Regional Center and Hastings Regional Center. There were a lot of folks that did not need that level of care, and there are other institutions housing people that do not need that higher level of care. Those savings were to be put in community based services. The funding was approved by Region V Behavioral Health System and the Division of Health and Human Services.

**ACTION BY PLANNING COMMISSION:**

July 29, 2009

Taylor moved to approve the staff recommendation of conditional approval, seconded by Francis.

Taylor believes this is a very good idea, especially from the concept of prevention. Even in the medical community we are proactive about prevention. It appears that these are people who do not require a high level of supervision and are on the road to recovery. It also appears that Region V has endorsed this. It is a very safe neighborhood. He believes this is a very sound and proactive step to address a problem within our community.

Motion for conditional approval carried 6-0: Esseks, Taylor, Partington, Larson, Francis and Cornelius voting 'yes'; Gaylor Baird and Sunderman absent. This is a recommendation to the City Council.



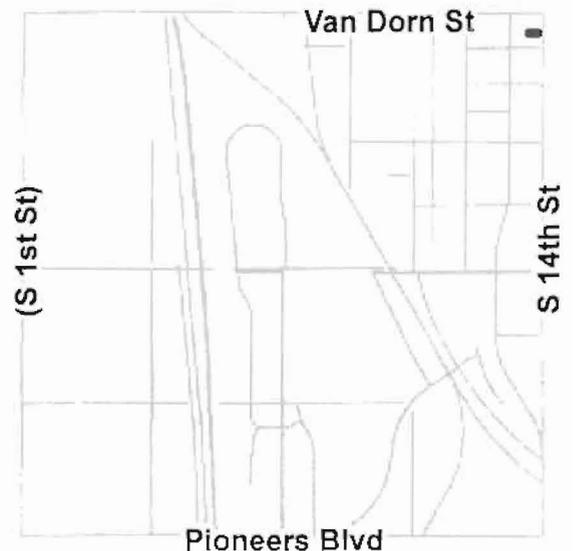
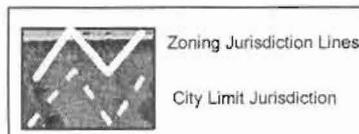
2007 aerial

**Special Permit #09016**  
**2817 S 14th St**

**Zoning:**

- R-1 to R-8 Residential District
- AG Agricultural District
- AGR Agricultural Residential District
- O-1 Office District
- O-2 Suburban Office District
- O-3 Office Park District
- R-T Residential Transition District
- B-1 Local Business District
- B-2 Planned Neighborhood Business District
- B-3 Commercial District
- B-4 Lincoln Center Business District
- B-5 Planned Regional Business District
- H-1 Interstate Commercial District
- H-2 Highway Business District
- H-3 Highway Commercial District
- H-4 General Commercial District
- I-1 Industrial District
- I-2 Industrial Park District
- I-3 Employment Center District
- P Public Use District

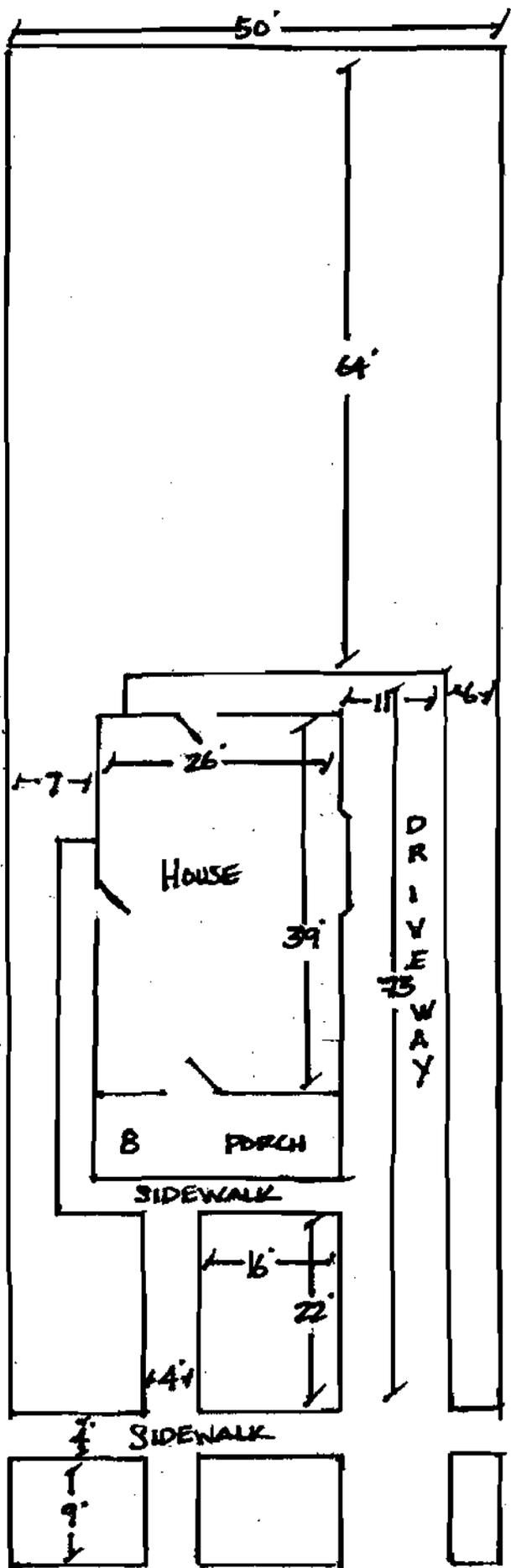
One Square Mile  
 Sec. 2 T09N R06E



2817 S. 14th

N →

L - APROX.  
4'



**Review Comments for**  
**Application #: SP09016**  
**CONVALESCENT HOME 2817 S. 14TH**

*Comments as of: Friday, July 17, 2009*

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Status of Review: Approved 07/01/2009 12:50:57 PM  
Reviewed By: Building & Safety ANY  
Comments: OK for SP. house will need to meet the requirements for residential board & care 101 life safety code.

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Status of Review: FYI 07/01/2009 1:59:53 PM  
Reviewed By: Building & Safety Terry Kathe  
Comments: A building permit to change the occupancy of this building is required.  
This building is required to meet Building and Fire Safety codes prior to occupying it as a health care facility

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Status of Review: Routed 07/09/2009 10:35:25 AM  
Reviewed By: Fire Department ANY  
Comments: We have no issues from the perspective of our department.

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Status of Review: Approved 07/10/2009 2:58:28 PM  
Reviewed By: Health Department ANY  
Comments: LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT  
INTER-OFFICE COMMUNICATION

TO: Christy Eichorn DATE: July 10, 2009

DEPARTMENT: Planning FROM: Chris Schroeder  
ATTENTION: DEPARTMENT: Health

CARBONS TO: EH File SUBJECT: Convalescent Home  
EH Administration 2817 S. 14th ST.  
SP #09016

The Lincoln-Lancaster County Health Department has reviewed the special permit application and does not object to the approval of this application.

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Status of Review: *Active Approved (via email)*  
Reviewed By: Lincoln Police Department ANY  
Comments:

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Status of Review: Completa 07/07/2009 3:29:39 PM  
Reviewed By: Public Works - Development Services ANY  
Comments: Memorandum

To: Christy Eichorn, Planning Department  
From: Charles W. Baker, Public Works and Utilities  
Subject: Convalescent Home 2817 South 14th Street Special Permit #09016  
Date: July 7, 2009  
cc: Randy Hoskins

The City Engineer's Office of the Department of Public Works and Utilities has reviewed the Convalescent Home 2817 South 14th Street Special Permit #09016 to allow a Health Care Facility at that location. Public Works has no objections.



**Mental Health  
Association  
Of Nebraska**

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1645 "N" Street, Suite A, Lincoln, Nebraska • 402-441-4371 • [www.mha-ne.org](http://www.mha-ne.org)

Date: 6-30-09

RE: 2817 South 14<sup>th</sup> Street, Lincoln, NE

X To: Christy J. Eichom and the Lincoln City Planning Department,

This letter is being written by The Mental Health Association of Nebraska (MHA-NE) in reference to the purpose of buying the property at 2817 S. 14th for the use of a convalescent home. A private individual has allowed the MHA-NE to lease this property for a specific use.

The house will be used as a place of respite for adults 19 and older living with identified behavioral health issues. There will be no more than four guests at any one time in the residence. The house will be staffed with a minimum of one peer companion. Guests will be allowed to stay a maximum of five days. This house will provide services for individuals who are not in crisis or severe emotional distress. This is not an emergency shelter; all guests must have permanent housing prior to and upon departure. A guest will be responsible for providing and preparing their own meals as well as cleaning up after themselves. This is a drug and alcohol free environment and there will not be a charge to receive services at the house. Our goal is to work with individuals providing peer to peer support including wellness education and recovery. The house will be equipped with a variety of self help and proactive tools to maintain wellness. These tools include but are not limited to musical instruments, art supplies, gardening tools and supplies, exercise equipment, and a library including music and literature. Each guest will have a single occupancy room, and the residence will be handicapped accessible.

Parking for the house consists of a single driveway on the north side of the property which is 11' wide by 73' long. This driveway would allow at least three parking spaces, which we believe is an adequate amount. The two major concerns we have include grocery shopping within a walking distance from the house and a bus route that is close. The bus route will be the primary source of transportation for individuals coming to and leaving the convalescent house. These resources are both located within reasonable walking distance to 2817 S.14<sup>th</sup>. Enclosed with this application is also a letter from the Department of Health and Human Services which states that licensure is not required for this property. Also a letter regarding the MHA-NE's plans

for this property which will be sent to the neighborhood association and the adjacent properties is enclosed. This letter will be sent out in the near future.

The MHA-NE is a non profit organization 501 (c) (3) who has worked closely with The Lincoln Police Department, The University of Nebraska at Lincoln, The Community Mental Health Center of Lancaster County, Region V Systems, and T.A.S.C. (Targeted Adult Services Coordination) in the development of this project.

Sincerely,

  
Alan Green, Executive Director MHA-NE



## **Mental Health Association Of Nebraska**

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1645 "N" Street, Suite A, Lincoln, Nebraska • 402-441-4371 • [www.mha-ne.org](http://www.mha-ne.org)

### **X Neighborhood Association**

My name is David Tafoya and I am a Project Coordinator for the Mental Health Association of Nebraska.

The Mental Health Association of Nebraska (MHA-NE) is a consumer-run education and advocacy organization bringing service recipients, families, professionals, advocates, and concerned citizens together to address all aspects of mental health and mental illness. MHA-NE is dedicated to ensuring that public mental health policies are just, fair, and promote recovery, equality and opportunity. All programs provided by the Mental Health Association of Nebraska are consumer directed and consumer run.

We are currently working on a project called The Hospital Diversion House and would like to have your association involved in our efforts on this project.

The Hospital diversion House is a place of respite for adults age 19 and older residing in Lincoln or Lancaster County who are experiencing illness relapse symptoms. Individuals self refer and stay up to five days. The house will be staffed by consumers trained as peer companions, and provides 24 hour peer support, self advocacy, education, and help. The Hospital Diversion House is an option that is financially responsible, saving behavioral health dollars by diverting individuals from inpatient hospital stays.

We are inviting you to attend our advisory committee meetings which meet once a month also, we would like to meet with you at your Neighborhood Association meetings.

We understand that working with the Neighborhood Association is an integral part of this project.

Sincerely

David Tafoya

## Who we are

The Mental Health Association of Nebraska, (MHA-NE) is a consumer-run, voluntary non-profit state-wide association with Chapters located in communities throughout Nebraska. MHA-NE brings together service recipients, families, professionals, advocates and concerned citizens to address all aspects of mental health and mental illness.

We are dedicated to ensuring that public mental health policy is just, fair, and promotes equality and opportunity.

MHA-NE supports freedom for individuals with mental illness. Freedom to take advantage of life's opportunities. Freedom to decide where one lives, works, the important things they will do with their lives, the relationships they establish, how they choose to contribute to the community, what services they will use.

## How can you help?

To help ensure that we are delivering the best stay for our guests possible, we accept any donations that may help promote recovery for people staying at the house. Please contact us for more Information.

Mental Health Association of Nebraska  
1645 N Street, Suite A  
Lincoln, Ne 68508  
Tel: (402) 441-4371  
Toll Free : (888) 902-2822  
[www.mha-ne.org](http://www.mha-ne.org)



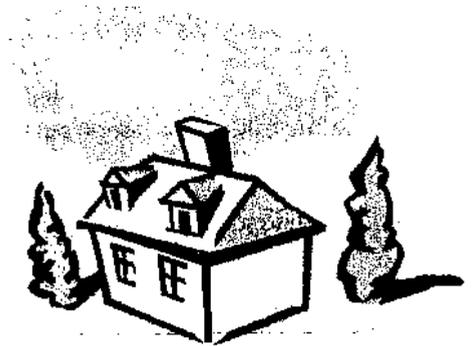
Mental Health  
Association  
Of Nebraska

A consumer run organization since 1999

## The Keya House

A

Rose House Model



A peer run supportive environment promoting empowerment, recovery, and healing.



Mental Health  
Association  
Of Nebraska

### Who qualifies

Our Hospital Diversion House is for adults with a behavioral health diagnosis, transportation to and from the house, and who reside in the Region V Systems service area.

### What we offer

- Peers helping peers with crisis aversion as well as diverting from psychiatric distress that may lead to hospitalization.
- The house has four bedrooms and is furnished for comfort
- Self help and proactive tools to maintain wellness available
- Trained peer companions who are compassionate, understanding, and empowering

### Why peers?

Peers have all experienced what it is like to be on the verge of crisis, if not surrounded by it. We understand the need for support in these difficult times, that is why we offer strength, hope, and knowledge of recovery to those individuals who need a more supportive environment.

### How it's done

- We offer a stay of up to five days
- Peer companions staff the house twenty four hours a day
- Program participation is completely voluntary and free of charge
- We can maintain contact and support at your request after you finish your stay

### Guidelines

- You must be 19 years or older.
- You must not be in crisis or severe emotional distress.
- You must be physically well for example: no cold / flu symptoms such as cough or fever.
- You must be able to maintain acceptable personal hygiene.
- You must be responsible for preparing your meals and cleaning up after yourself.
- You must understand and sign a safety and responsibility contract.
- You must have permanent housing after your stay.
- Follow the house rules which are explained when you enter the house.

### How to get in

This program is strictly voluntary. You can self refer or be referred a professional or by a family member. There is a guest registration process to ensure the appropriateness of the program for each individual as well as for the comfort of other guests.



**Mental Health  
Association  
Of Nebraska**

ITEM NO. 2.1: SPECIAL PERMIT NO. 09016  
(p.3 - Public Hearing - 07/29/09)

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1645 "N" Street, Suite A, Lincoln, Nebraska • 402-441-4371 • [www.mha-ne.org](http://www.mha-ne.org)

Dear Members of the Planning Commission

I would like to tell you about the Keya House. First off we believe that having this project is a vital step to improving the mental health services in Lincoln.

The Keya House program is taken from the original Rose House model in Poughkeepsie, NY. The Rose House has been in operation for eight years and has been very successful in being used as hospital diversion and in reducing the need for higher levels of care as well as recidivism.

Our funding comes from the allocation of the dollars saved by the closing of the Norfolk and Hastings Regional Centers during the implementation of the Behavioral Health Reform Act of 2004.

We believe that the Keya House Project is needed in Lincoln to alleviate strain on higher levels of care, reduce recidivism, save tax payer dollars, and to improve quality of life for individuals affected by mental illness.

We took an example of projected cost savings from data collected from the Lancaster Crisis Center it reads as follows; In Lancaster County, the Crisis Center recorded 364 admissions during the six month period ending December 31, 2007. The average length of stay was 6 days, with 60 percent, or 217 people, being "discharged with no hold." According to Crisis Center budget reports, the average daily cost for each admission is \$565, for a total cost of \$3,390 for each six day stay. If 10 percent (21) of the individuals discharged without hold were to have been diverted from crisis, the total annual savings would exceed \$142,000. However, although difficult to measure, the total cost needs to also include the costs associated with emergency services response, lost productivity (112 of the 364 persons were employed at the time of admission), or the personal physical and mental costs arising from a traumatic intervention.

We appreciate your time and consideration for this project.

Sincerely

David Tafoya

**RECEIVED**

JUL 28 2009

Lincoln/Lancaster Co.  
Planning Department

022

Chad Magdanz  
Mental Health Association of Nebraska  
1645 N Street, Suite A  
Lincoln, NE 68508

Dear Mr. Magdanz:

I hope all is going well with the development of the Hospital Diversion House. Based on our last conversation I wanted to send you a formal letter discussing the issues that the local residents may have in the development of a service such as the one you are opening in Lincoln. As you know we developed a Hospital Diversion House here in NY eight years ago. We have since begun to proceed with a second house in another county in New York and have been searching for a suitable house.

When we developed the first Diversion House we had very little resistance from the community as we had explained to the community the purpose of the house. We explained that the house would have very little traffic and that the people seeking services preferred a quiet community setting where they could focus on healing from a potential psychiatric crisis.

Once the house opened we experienced no community issues or resistance as we made it a priority to be a good neighbor. There have been no complaints from the neighbors or community in the eight years that we have been in operation.

In the past eight years of operation we have had the police intervene at the house once to escort a guest out of the house who refused to leave. This occurred without incident. We have had EMT ambulance services called to the house 4 times and three were due to medical emergencies. One guest was transported to the hospital for a psychiatric emergency only to return to the house several hours later to complete his stay.

I hope the community can understand that guests self-refer to the house and there is no forced or punitive treatment within the house. People volunteer to enter the house to heal from critical issues and this has resulted in zero violence and aggression at the house. I hope that the community can learn from this program that mental illness is not dangerous and that there are ways to help people heal in a humane and compassionate environment.

If you need any further assistance with this project please do not hesitate to contact me.

Sincerely,

Steve Miccio  
Executive Director

Training for HDH staff;

Identified trainings that have been completed,

Trauma Informed Care, May 19<sup>th</sup>- Learned about the effects of trauma and how Trauma affects how people approach services and how some services can be retraumatizing.

Engagement training, April 21<sup>st</sup>- Why good engagement is critical; builds trust, improves recovery, fosters self-determination.

Wellness Recovery Action Plan( WRAP) training ; Learned the values of having a safety plan to deal with the stages facing and diverting crisis. The plan is self designed, and self ran. Gives the individual the control of one's own recovery.

First Aid / CPR We have all been certified

Healthy Boundaries May 8<sup>th</sup>; Boundaries play a big part in not only approaching individuals but also allowing them to take on their own recovery. Knowing when to step back and when to get more involved.

C.E.L.T. Leadership Academy March 23-27; Learned the importance of consumer involvement and effectiveness of advocacy.

SafeTALK Suicide Prevention June 22<sup>nd</sup>; Learned about suicide prevention. Way's to approach suicide situations, and the importance of being willing to ask the question. "Are you thinking of killing yourself"

Person Centered Care June 22<sup>nd</sup>; Learned that having an understanding of the individual from a strength-based, cultural, trauma informed, recovery stage, one acquires a full scope and understanding of how to fully help.

Self Care June 22-23: Importance of remembering to take care of self. To provide the best support for others one needs to make sure their own house is in order.

Health Insurance Portability Accountability Act (HIPAA) July 9<sup>th</sup>: Learned the importance of privacy, how to protect confidential information. And the penalties for not complying. Also, the harm it can cause to an individual, and the repercussions to our movement.

Emersion training; Visited the Rose House in New York and went through their program. Observed how House was operated.

## Commonly Asked Questions

1. Are people who are violent permitted in the house?  
No, people who are violent will not be permitted as guests in the house.
2. Will neighborhood property values depreciate because of the Keya House?  
Studies show that when speaking about group homes there is neither a negative or positive impact on the neighborhood. Currently there is not any information regarding this type of project and property values.
3. Will sex offenders be permitted to be guests in the house?  
No, sex offenders will not be permitted to utilize the service.
4. Will there be a large impact on parking in the neighborhood?  
No, there will at maximum of four vehicles present on rare occasions.
5. Will people be referred to services?  
We will have a network of different services that can help people with their needs. Such as clothing, food, socialization, recovery groups, recreation etc.

## What the Keya House is

A place of respite

Drug and alcohol free

Free to guests

Crisis aversion

Hospital diversion

Peaceful, serene, and holistic

100% voluntary for guests

Non- punitive

Recovery based

Non- coercive

Safe and conducive to recovery

## What the Keya House is not

Is not a treatment center

Is not a drop in

Is not a group home

Is not a place for people for people who are in crisis

Is not a place for people who are violent, using drugs and/ or alcohol



## **VIOLENCE AND MENTAL ILLNESS**

In today's media reports about mental illness, there is a tendency to emphasise a supposed link between violence and mental illness. News stories regularly suggest that there is a strong connection between mental illness and crime. But the majority of people who are violent do not suffer from mental illnesses. In fact, people with a mental illness are more likely to be the victims, rather than the perpetrators of violence.

Because the media often quotes dramatic statistics to underscore their case, a look at the broader picture is essential. For example, studies have found that the rate of violence (defined as threatening, hitting, fighting or otherwise hurting another person) for people with mental illness is 3 to 5 times the rate of the general public. On its own, this is a worrying figure. But it is similar to how much more violent men are than women.

Recent studies have showed that alcohol and substance abuse far outweigh mental illness in contributing to violence. A 1996 Health Canada review of scientific articles found that the strongest predictor of violence and criminal behaviour is not major mental illness, but past history of violence and criminality.

Re-shaping beliefs is not an easy task. But it is important to correct the misleading information about this issue, because it leads to intolerance and negatively impacts the lives of people with mental illness and our society as a whole. Learning the facts about violence and mental illness is an important first step in building realistic attitudes about this complex issue.

### **DOES MENTAL ILLNESS CAUSE VIOLENCE?**

Mental illness plays no part in the majority of violent crimes committed in our society. The assumption that any and every mental illness carries with it an almost certain potential for violence has been proven wrong in many studies.

There is a relationship between violent behaviour and symptoms which cause the person to feel threatened and/or involve the overriding of personal control. Examples of these criteria include specific symptoms such as command hallucinations and feeling that one's mind is being dominated by outside forces.

Current research shows that people with major mental illness are 2.5 times more likely to be the victims of violence than other members of society. This most often occurs when such factors as poverty, transient lifestyle and substance use are present. Any of these factors make a person with mental illness more vulnerable to assault and the possibility of becoming violent in response.

### **WHO IS AT RISK?**

The pattern of violence is remarkably similar whether a person is suffering with a mental illness or not. People with a mental illness, for instance, are no more likely than anyone else to harm strangers. Violent behaviour by anyone is generally aimed at family and friends, rather than strangers, and it happens in the home, not in public.

Typically, spouses, other intimates and other family members are the targets of violence committed by a person with mental illness. Most of this violence is committed by men and directed to women - as is the case in the population as a whole.

### **FACTORS AFFECTING VIOLENCE**

The conditions which increase the risk of violence are the same whether a person has a mental illness or not. Throughout our society, alcohol and drug use are the prime contributors to violent behaviour.

Another important factor is a violent background. Individuals suffering from psychosis or neurological impairment who live in a stressful, unpredictable environment with little family or community support may be at increased risk for violent behaviour. The risk for family violence is related to, among other factors, low socioeconomic status, social stress, social isolation, poor self esteem and personality problems.

### **CAN TREATMENT HELP?**

Public information from the American Psychiatric Association states that people with mental illness who are receiving support from mental health professionals are no more likely to be violent than the general population. Regular therapeutic support from mental health professionals is a major factor in reducing the likelihood of violence.

In addition, research shows that aggressive community treatment-prevention programs result in low repeat offense rates for those people who do commit crimes. However, the misperception of the mentally ill as dangerous tends to greatly reduce support for social and community services. The stigma also affects people's willingness to interact with individuals with mental illness in the workplace and beyond. At the same time, this false assumption is leading to the public's greater acceptance of using legal means to commit people with a mental illness if they are perceived as a threat to others.

### **WHAT CAN I DO?**

The misperception linking violence and mental health is based on fear of the unknown and the unpredictable. By learning the facts, friends, family members and colleagues can support individuals they know who have a mental illness.

Clarification and understanding can come from putting all the facts like these into context: the majority of people who are violent do not suffer from mental illnesses. As stated earlier, people with a mental illness are more likely to be victims than perpetrators of violence.

### **WHERE TO GO FOR MORE INFORMATION**

For further information about violence and mental health, contact a community organization like the Canadian Mental Health Association to find out about support and resources in your community. On the Internet, go to: [www.cmha.ca](http://www.cmha.ca).

The Canadian Mental Health Association is a nation-wide, voluntary organization that promotes the mental health of all and supports the resilience and recovery of people experiencing mental illness. CMHA accomplishes this mission through advocacy, education, research and service.

One of a series of pamphlets published by the Canadian Mental Health Association  
© Canadian Mental Health Association, National office 2003  
Printed in Canada.  
Aussi disponible en français.

# THE IMPACT OF GROUP HOMES ON RESIDENTIAL PROPERTY VALUES IN BALTIMORE COUNTY, MARYLAND

A Study Prepared by:

GREATER BALTIMORE COMMUNITY HOUSING RESOURCE BOARD, INC.

P. O. Box 66180, Baltimore, Maryland 21239, (410)453-9500

December, 1993

This study analyzed over 1,000 transactions of residential properties in Baltimore County neighborhoods where there is a group home; this included neighborhoods where a group home opened and later closed. In addition, the study included the use of comparable neighborhoods as a control group. Sales prices of homes were analyzed for a two-year period before and a two-year period after the group home was established in the neighborhood.

These mixed results indicate that group home placement cannot be considered a certain predictor/cause of residential property decline or increase. These conclusions are similar to those of numerous studies that have been done in various communities in the United States and Canada during the past 15 years.

It must be noted that there are many factors that influence neighborhood property values. Important factors may include prevailing neighborhood real estate valuation trends, economic recessionary forces, changes in the location of industrial sites or major transportation highways, deterioration/improvement of public services and facilities, public school closing/opening, nearby positive or negative occurrences, decrease/increase in crime, decrease/increase in vacancies, etc. During this period, several Baltimore County neighborhoods experienced negative property value change. This study also found that group home placement did not affect positively or negatively the direction of that change.

This mixed result indicates that group home placement cannot be considered a certain predictor or cause of residential property decline or improvement. This conclusion is similar to those of the various other studies that have been done in the United States and Canada in the past 15 years.

**Jean Preister**

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**From:** Kevin P. Karmazin  
**Sent:** Monday, July 27, 2009 11:42 PM  
**To:** Planning  
**Subject:** support of Keya

To Whom it May Concern:

I, by profession, am a peer specialist. I was diagnosed with Bipolar Disorder in 1997, and now I am fortunate to be in recovery. Yes, it was a battle. I was hospitalized, I would make a conservative guess, of 10 times, with four of them being actual suicide attempts.

One thing that is a contributing factor is the ease of regulations compared to say a hospital or the crisis center. This may sound ridiculous, but there were times where I was not safe, but did not want to go because I would have to abstain from cigarettes. Or maybe had to eat bad hospital food, and am a picky eater. These things I'm sure, play a large role in "coaxing" a person yet today. Also in today's age, access to the computer is very important. I addressed the hospital about this issue, and just simply told me in so many words, I don't care how comfortable a person is with staying here, I will go by MY rules.

Many of the hospitalizations came because I was suicidal. Fortunately I sought help before I took action. But really all I needed was a day or two away from outside pressure and sort through things. In the hospital, they do not care how long you take to get better, they have their rules, thus almost 99% of the time I had to spend what I consider unnecessary time. I had to be in the hospital for several more days after I got to feeling better. This is an obvious waste of money, and will be even more obvious when the Keya House is open.

I've worked with MHA through the years. Through all of those years until the present, both Allen Green and Kasey Moyer were passionate about this project. This is not something drawn up last week. It took a lot of time, planning, and hard-work over a rather long time to arrive where we are today.

Simply put it...as both a consumer & a person in the profession in the mental health services, I give full backing to this project. It can only be seen as a victory for those familiar with mental health issues, and will put Lincoln on the map as having excellent services for the mentally ill.

Kevin P. Karmazin  
Recovery Specialist  
Community Mental Health Center of Lancaster County

"Be kind, for everyone you meet is fighting a battle."

**Jean Preister**

---

**From:** Lisa Rehwaldt Alexander [lrehwaldt@gmail.com]  
**Sent:** Tuesday, July 28, 2009 6:42 PM  
**To:** Planning  
**Subject:** 2817 S. 14th Street

Lincoln Planning and Zoning Commission,

I am writing in support of a zoning change to the property at 2817 S. 14th Street. I believe creating a respite, healing home for those living with mental illness will be an asset to Lincoln and an asset to our neighborhood.

I live at 2929 S. 14th Street and regularly walk my dog in the neighborhood, play with my 11 year old son outside and tend my garden. I welcome neighbors who come to find peace and healing. Please allow Keya House to come into our neighborhood.

Thank you for listening.

Lisa Rehwaldt Alexander  
2929 S. 14th Street  
Lincoln, Nebraska

City Planning  
555 S. 10th St, Room 213  
Lincoln, NE 68508

July 23, 2009

**Re: Application # SP09016  
2817 S. 14<sup>th</sup> Street, "Keya House"**

To whom it may concern,

After meeting with representatives from Mental Health of this proposed home, I have come away with a better understanding of this project. I am a resident of the affected neighborhood, Indian Village, and I reside approximately two blocks east of this house. My concern is mainly for those living next to and near this proposed project. My major concern, if I lived next door, would be car and human traffic. The home has just one driveway and I understand up to five persons (including peer support) would be living in the house. There were some other small issues that may or may not arise; only time will tell. Our neighborhood association requested and received an invitation to have representation on the Keya House advisory board. We hope to be included in the progress reports of this experiment as well as voice any concerns we may have as neighbors along the way.

Being that there is nothing really like this in Lincoln in which to investigate, I can only hope the MHA and the various partners (UNL, Lincoln Police) will stand behind what they have presented to us by way of print media and public meetings. I personally appreciate their willingness and transparency in answering our questions and presenting their case to us. We don't often get to choose our neighbors, but in this particular case, I hereby give them my blessing. It sounds very interesting in what they hope to accomplish with the use of little or no public resources (money!).

Sincerely,

  
Barbara Arendt  
Resident  
BOD Indian Village Neighborhood Association  
1601 Woodsvew Street

**RECEIVED**

JUL 24 2009

Lincoln/Lancaster Co.  
Planning Department

**Jean Preister**

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**To:** Marvin S. Krout; Steve S. Henrichsen; Christy J. Eichorn; cmagdanz@mha-ne.org  
**Subject:** Item No. 2.1: Special Permit No. 09016 - 2817 S. 14th Street (p.03 - Public Hearing - 07/29/09)

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**From:** Sandra Propst [mailto:SPropst@neb.rr.com]  
**Sent:** Tuesday, July 21, 2009 5:37 PM  
**To:** Planning  
**Subject:** Keya House

Last Thursday I attended the meeting at the Mental Health Assc. regarding their plan for using the house at 2817 S. 14th Street for a mental health retreat called The Keya House. I live within two hundred feet of the property and it is in my line of sight when I sit down at my dining room table each day and I also see it when I step out my front door. I day care my four year old granddaughter and I do have some concerns regarding how safe and appropriate this is for our neighborhood.

I was impressed with the presentation we heard. The people seem well educated and experienced and truly believe in their project, but what is bothering me is that we're only being given information regarding one side of the issue. Since this is a fairly new idea, it's hard to find information from neighbors and/or medical personnel who have been involved with or live near the Rose House Projects(which this is based on)in other communities.

I think that more information regarding the opposite views should be presented before permission is granted for this project.

As past president of the Indian Village Neighborhood Assc. I've always tried to help keep our neighborhood a secure and friendly environment. Please, as you review this plan, will you too please keep these thoughts in mind.

Sandra and Dick Propst  
1421 Otoe St.  
423-3705

**Jean Preister**

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**From:** Lisa Franklin [lisafranklin53@hotmail.com]  
**Sent:** Sunday, July 19, 2009 8:05 PM  
**To:** Planning  
**Subject:** Special Permit No. 09016

I am writing to express concern regarding the granting of this permit. I live at 2828 S. 14th Street, directly across from the property at 2817 S. 14th.

South 14th street, between Van Dorn and Otoe, is a tight-knit street with **lots of children**. There are five children under school age and four of middle-school age. Kids frequently play in front of their homes on this street and the young ones ride their bikes and trikes up and down the sidewalk. Because it is a tight-knit street, we as parents feel comfortable not being outside every minute that our older children are out there.

A mental health home across the street could alter our lifestyle drastically. If we do not know the people coming and going we may not feel that it is safe to allow our children to play outside as they do now. The sense of community on the street will diminish if we are not outside as much and it will take away much of the sense of freedom we have now. Ultimately it could determine how long we remain on this street.

Thank you for your attention to these concerns.

Lisa Franklin

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Windows Live™ SkyDrive™: Store, access, and share your photos. [See how.](#)

6 July 2009

RECEIVED

JUL 8 - 2009

To whom it may concern:

Lincoln/Lancaster Co.  
Planning Department

(this letter written at the request of, and per phone conversation of this date with,  
"Christy Eichorn" of the City of Lincoln planning Dept.)

I am writing this letter to voice my concerns in regard to the proposed group home, "The Keya House" to be located at 2817 South 14<sup>th</sup> Street in the Indian Village neighborhood of Lincoln.

I, like the rest of my neighbors, received a handout from the "Mental Health Assoc. of Nebraska" (??), describing this project on July 6<sup>th</sup>, 2009 (date of this letter).

In pursuit of further information, I called 441-4371 (# provided) and was told that this facility is going to be staffed by "peer staffing", and that "there will be NO professional staff" at the facility.

That troubles me!! I have close to 20 years experience working in the mental health field here in Nebraska (10 yrs. @ "Lincoln Regional Center as a "Psychiatric Technician II", and several years as staff @ Lincoln City Mission, and staff @ local group homes.) "Peer staffing" is tantamount to NO staffing, and that is a dangerous situation for a client population that is prone to alcoholism, drug abuse, medication non-compliance, and occasional violence. Dangerous both to clients of the facility, AND the surrounding neighborhood!!

Also troubling is the fact that this facility is proposed to be located in a neighborhood that is in close proximity to toddler children, which does not seem to be a good idea at all!! without professional staff supervision.

Jim Jeffries

P.O. box 22294

Lincoln, NE. 68542-2294



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