MEETING RECORD

NAME OF GROUP:	PLANNING COMMISSION
DATE, TIME AND PLACE OF MEETING:	Wednesday, July 29, 2009, 1:00 p.m., City Council Chambers, First Floor, County-City Building, 555 S. 10th Street, Lincoln, Nebraska
MEMBERS IN ATTENDANCE:	Michael Cornelius, Roger Larson, Wendy Francis, Jim Partington, Dick Esseks and Tommy Taylor (Leirion Gaylor Baird and Lynn Sunderman absent); Marvin Krout, Steve Henrichsen, Mike DeKalb, Christy Eichorn and Jean Preister of the Planning Department; media and other interested citizens.
STATED PURPOSE OF MEETING:	Regular Planning Commission Meeting

Vice-Chair Michael Cornelius called the meeting to order and requested a motion approving the minutes for the regular meeting held July 15, 2009. Motion for approval made by Partington, seconded by Larson and carried 5-0: Taylor, Partington, Larson, Francis and Cornelius voting 'yes'; Esseks abstained; Gaylor Baird and Sunderman absent.

There was no Consent Agenda.

COUNTY SPECIAL PERMIT NO. 09019,
FOR THE EXTRACTION OF SOIL,
ON PROPERTY GENERALLY LOCATED AT
N. 56TH STREET/HIGHWAY 77 AND RAYMOND ROAD.
REQUEST FOR DEFERRAL: July 29, 2009

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

The Clerk announced that the staff has requested a two-week deferral to advertise a revised legal description.

Francis moved to defer, with continued public hearing and action scheduled for Wednesday, August 12, 2009, seconded by Taylor and carried 6-0: Esseks, Taylor, Partington, Larson, Francis and Cornelius voting 'yes'; Gaylor Baird and Sunderman absent.

There was no public testimony.

SPECIAL PERMIT NO. 09018,
TO EXPAND A NONSTANDARD ATTACHED GARAGE,
ON PROPERTY GENERALLY LOCATED AT
SOUTH 14TH STREET AND OTOE STREET.
REQUEST FOR DEFERRAL: July 29, 2009

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

The Clerk announced that the applicant has requested a two-week deferral due to a death in the family.

Francis moved to defer, with continued public hearing and action scheduled for Wednesday, August 12, 2009, seconded by Taylor and carried 6-0: Esseks, Taylor, Partington, Larson, Francis and Cornelius voting 'yes'; Gaylor Baird and Sunderman absent.

There was no public testimony.

SPECIAL PERMIT NO. 09016,
FOR A HEALTH CARE FACILITY (CONVALESCENT HOME),
ON PROPERTY LOCATED AT
2817 S. 14TH STREET.
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 14th 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. 14th 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 form 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. 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.

There being no further business, the meeting was adjourned at 2:00 p.m.

Please note: These minutes will not be formally approved until the next regular meeting of the Planning Commission on August 12, 2009.

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