Legislative History for Connecticut Act

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House: 5198-5265 (68)

Senate 1511-1530 (20)

Planning and Development 237-253, 254, 265-286, 292-313, 316-317, 319-324, 329-342, 345-348 (88)

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GEN. ASSEMBLY
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1984

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PART 14
4923-5268

Will the Clerk please announce the tally.

CLERK:

Senate Bill 351.

Total Number Voting	145
Necessary for Passage	76
Those Voting Yea	133
Those Voting Nay	12
Those Absent and Not Voting	6

SPEAKER STOLBERG:

The bill is passed.

CLERK:

Page 9, Calendar 568, Substitute for Senate Bill 533, AN ACT CONCERNING COMMUNITY RESIDENCES FOR MENTALLY ILL ADULTS. Favorable Report of the Committee on Planning and Development.

REP. GARAVEL: (110th)

Mr. Speaker.

SPEAKER STOLBERG:

Rep. Paul Garavel.

REP. GARAVEL: (110th)

Mr. Speaker, I move acceptance of the Joint Committee's Favorable Report and passage of the bill in concurrence with the Senate.

SPEAKER STOLBERG:

Will you remark, sir?

REP. GARAVEL: (110th)

Yes, thank you, Mr. Speaker. This bill would extend the prohibition against municipal zoning regulations from excluding community residences for the mentally retarded to the mentally ill. This bill would also establish parameters for the location of a residence, require that an application for a license to operate a residence be disseminated to certain groups, allow for petitions to deny or revoke the license of a community residence, require the biannual evaluation of a residenc- by the Department of Mental Health, and direct the Department of Health Services to include in its regulations standards for the operation of a residence.

Mr. Speaker, it is important for us to define what a mentally ill person is in this bill. A mentally ill person is a person who has a mental or emotional condition which has substantial adverse effects on his or her ability to function and who requires care and treatment.

Current law does not consider, it does not consider persons whose psychiatric disorder is drug dependent or related to alcoholism. They are not

considered to be mentally ill. It is also important for us to identify what a community residence is.

This bill would allow not more than eight mentally ill adults to be housed in a community residence. The residence would also have to house a staff that is licensed by the Commissioner of Health Services, and which supervises structured group living activities, psycho-social rehabilitation, and other support services.

The the first time, this bill has provisions in it which would provide for a petition to deny or revoke an application. The bill would permit a resident of a municipality through the chief executive officer, or through the legislative body, to petition the Commissioner of Health Services to deny an application to operate a comminity residence on the grounds that the residence would violate the locational and population limits.

It would also allow for a petition to revoke a license, for the first time on the grounds that a residence is not in compliance with the applicable laws and regulations. The bill would permit the resident of a municipality to seek the approval of a legislative gody to petition the Commissioner of Health Services to revoke the residence license.

Mr. Speaker, this bill this year has strong support. It is supported by the Governor's office, and it is supported by the Department of Mental Health and the Department of Mental Retardation, by the Office of Correction and Advocacy, and by many groups. And Mr. Speaker, I would urge passage of the bill.

SPEAKER STOLBERG:

Will you remark? Rep. Hurd.

REP. HURD: (56th)

Thank you, Mr. Speaker. I am encouraged by many of the aspects of this bill. It's a vastly improved document over the proposal we talked about last year at this time. However, I do have some reservations about Section 2 of the bill, and to that end. the Clerk has an amendment, LCO No. 3900. I ask that he call and read the amendment.

SPEAKER STOLBERG:

The Clerk has an amendment, LCO 3900, which will be designated House Amendment Schedule "A". Will the Clerk please call.

CLERK:

LCO 3900, designated House "A", offered by Rep. Meyer, et al.

SPEAKER STOLBERG:

Is there objection to summarization? Will the Clerk please read. It's quite brief.

CLERK:

In line 44, before the period, insert the following: unless the municipality adopts zoning regulations pursuant to Chapter 124 or any special Act providing for the establishment of such community residences within such municipality.

SPEAKER STOLBERG:

Rep. Hurd, what is your pleasure?

REP. HURD: (56th)

I move adoption of the amendment, Mr. Speaker.

SPEAKER STOLBERG:

Will you remark?

REP. HURD: (56th)

Yes, Mr. Speaker. The intent of the file copy is to prohibit the community from prohibiting community residences for mentally ill adults. I think the concern that I have is that some communities may want to control other aspects besides those addressed in the file copy.

In my community, for example, we've adopted a historic zoning overlay in the Rockville section of

the Town of Vernon, which covers things like how you treat the facade of the building, etc. I think my amendment would not allow a municipality to exclude community residences, but it might allow them to control in ways other than those addressed in the file copy, the use of the particular piece of land as it's developed for community residence.

I urge adoption of the amendment.

SPEAKER STOLBERG:

Will you remark further on House Amendment Schedule "A"?

REP. GARAVEL: (110th)

Mr. Speaker.

SPEAKER STOLBERG:

rep. garavel.

REP. GARAVEL: (110th)

Mr. Speaker, I would oppose the amendment. What this amendment would do quite simply is gut the bill. What would happen in this situation is the town that did not want a community (Gap between Cassettes) still not have to be prohibited from having one, they could just up what restrictive measures as to not allow the Department of Mental to come in and put a community residence there.

So Mr. Speaker, I would urge rejection of the amendment and ask my colleagues not to support it.

SPEAKER STOLBERG:

Will you remark further on the amendment? Rep. Hurd.

REP. HURD: (56th)

Mr. Speaker, in response to the distinguished Chairman of Planning and Development, the amendment very clearly says that the municipality must adopt zoning regulations providing for the establishment, not providing that the establishment of community residences would be impossible.

I suggest that in fact, he's incorrect, that this will allow them to control how, but not whether the community residence is developed.

SPEAKER STOLBERG:

Will you remark further on House "A"? Rep. Meyer

REP. MEYER: (135th)

Thank you, Mr. Speaker. You won't deny the needs for these community residences. But I think when the process for developing them is faulty, it is up to us as members of this General Assembly to do everything that we can to improve this bill and make it possible for us finally to move ahead and help the Department of Mental

Health with their many problems of finding homes for these people to do so.

However, we must take the interest of all of our constituents in mind. Now when we look at this, remember that land use commission, like planning and zoning, etc. are there because it was felt that the local community knew best how the land should be used and developed.

When you go out and buy a home, you have that assurance that you have a local board either elected or appointed by your fellow townsmen who will be watching over what is probably the largest investment that you make in your life. Watching over the home, that is at the heart of your living.

Now unfortunately, most people do not understand the need of these very special people, and they are upset when they are automatically overruled from having any input in what homes are going in near them. What this amendment does is to say that statutes as they will be established by this bill will prevail, unless the local planning and zoning boards develop requirements as to the process by which the homes are to be established.

It does not say that they will deny homes, but the process by which it will be done will be less in the hands of your local officials.

Now if a community does not wish to pass planning and zoning regulations, then they will be governed by the statute, which if this legislation passes, would be that you would have to follow whatever process we have in this bill.

But what this amendment is trying to do is to say if a community wants their own process, that will satisfy all of their people, let them go ahead and do it.

I think this is fundamental to the passage of any bill of this kind, because I do not feel as good as the end process may be that the means of doing it should not be the most Democratic means of achieving this end product.

I urge you to think very carefully and I think if you do, on behalf of not only those special people who need this help, but on behalf of all your constituents, that you will go along with this amendment.

SPEAKER STOLBERG:

Will you remark further on House "A"? Rep. Przybysz.

REP. PRZYBYSZ: (48th)

Mr. Speaker, through you, a question to the proponent of the amendment, please.

SPEAKER STOLBERG:

Please frame your question.

REP. PRZYBYSZ: (48th)

Rep. Hurd, in your amendment here, could it be specified the type of architecture that would have to be used in the local zoning laws for these homes?

SPEAKER STOLBERG:

Rep. Hurd, can you respond?

REP. HURD: (56th)

Through you, Mr. Speaker. I would say no, not unless there is something that allows design control in a zoning regulation.

SPEAKER STOLBERG:

Rep. Przybysz.

REP. PRZYBYSZ: (48th)

Yes, another question, through you, Mr. Speaker. Could your amendment perhaps specify the square footage per room, or perhaps the number of toilets per room, through you, Mr. Speaker.

SPEAKER STOLBERG:

Rep. Hurd.

REP. HURD: (56th)

Through you, Mr. Speaker, I believe that's a function of the building code and we talked about that earlier.

SPEAKER STOLBERG:

Rep. Przybysz.

REP. PRZYBYSZ: (48th)

Through you, Mr. Speaker, would your amendment be able to specify the number of staff per patient?

SPEAKER STOLBERG:

Rep. Hurd.

REP. HURD: (56th)

Through you, Mr. Speaker. I believe the Department of Health Services deals with staffing of community residences, if not, the Department of Mental Health.

SPEAKER STOLBERG:

Rep. Przybysz.

REP. PRZYBYSZ: (48th)

Thank you, Mr. Speaker. Based on the last answer to my question, I think, I would think Rep. Hurd has hit on a very important subject, that we do have departments of the state that will be overseeing these residences without the need for this amendment, and I do urge rejection of the amendment. I think we will have proper supervision by the departments of the state, DMH, and the Health Services and DMI. Thank you.

SPEAKER STOLBERG:

Will you remark further on the amendment?

REP. HURD: (56th)

Mr. Speaker.

SPEAKER STOLBERG:

Rep. Hurd for the second or third?

REP. HURD: (56th)

Third.

SPEAKER STOLBERG:

For the third time. Is there objection? Seeing no objection, please proceed.

REP. HURD: (56th)

In response to Rep. Przybysz's final comment as I mention in bringing out the amendment, the intent is to allow municipalities to regulate the use and development of the site on which the community residence is located. I think he's correct. Other concerns for the operation, the interior development of the property are addressed in the file copy. The question of how the site is developed, parking requirements, set backs, even perhaps landscaping, treatment of the facade of an existing building, would be the intent of those areas to be addressed by my amendment. Thank you.

SPEAKER STOLBERG:

Will you remark further on the amendment? Rep. Swensson.

REP. SWENSSON: (13th)

Thank you. I would like to speak in favor of this

amendment. Our town over the years has worked very hard on planning and zoning commission. Our town fought against the mentally retarded in the group homes. Today, we have four terrific houses for these kids, well run, the neighborhoods have accepted them, but they still, and my own people in our town want it left to the planning and zoning commission.

My problem with the bill is, I think eight people are just a little bit too much to put in one home, and it does say community residence, which leaves a little loophole in own thoughts on this matter, and I really feel that we should support it. We know it's needed, and I think our planning and zoning boards will come back and come up with the right idea, but leave it to them to do it. Thank you.

SPEAKER STOLBERG:

Will you remark further on the amendment? Will you remark further? If not, all those in favor of the amendment please indicate by saying aye.

REPRESENTATIVES:

Aye.

SPEAKER STOLBERG:

All those to the contrary, nay.

REPRESENTATIVES:

No.

SPEAKER STOLBERG:

The nos have it. The amendment is defeated.

Will you remark further? Rep. Karbowski.

REP. KARBOWSKI: (99th)

Mr. Speaker, I support the concept of the bill, but I feel that the local authorities should have some input rather than a cumbersome appeal process.

Will the Clerk please call an amendment 3742 and I be allowed to summarize, please.

SPEAKER STOLBERG:

The Clerk has an amendment, LCO 3742 which will be designated House Amendment Schedule "B". Will the Clerk please call.

CLERK:

LCO 3742 designated House "B" offered by Rep. Karbowski.

SPEAKER STOLBERG:

Is there objection to summarization? Seeing none, please proceed, Rep. Karbowski.

REP. KARBOWSKI: (99th)

Mr. Speaker, this amendment basically allows the local legislative body, the town council, board of aldermen,

or common council to say yes or no to a project within their community.

I feel that I move adoption, Mr. Speaker.

SPEAKER STOLBERG:

Will you remark?

REP. KARBOWSKI: (9th)

Yes, Mr. Speaker. I feel that the local community should have an input that the State of Connecticut should not be allowed to place these facilities anywhere it wishes without a positive vote of the local legislative body.

I know that we all started most likely in local government, and we must trust our officials to do their best. I urge adoption.

SPEAKER STOLBERG:

Will you remark further on House "B".

REP. GARAVEL: (110th)

Mr. Speaker.

SPEAKER STOLBERG:

Rep. Garavel.

REP. GARAVEL: (110th)

Mr. Speaker, I would speak in opposition to the amendment. Clearly, this is the least desirable of all the amendments. What it would do, it would give a town full veto power of the whole intent of the bill. The intent

of the bill is to institutionalize people, to get them into the community residences, and to have them in a proper setting.

What this bill would do would allow a town to say, simply because they don't want one in their town, that they could vote with their legislative body not to have one.

So Mr. Speaker, I would urge rejection of the amendment.

REP. KARBOWSKI: (99th)

Mr. Speaker.

SPEAKER STOLBERG:

Rep. Karbowski.

REP. KARBOWSKI: (99th)

When the vote is taken may I ask that it be taken by roll call.

SPEAKER STOLBERG:

The question is for a roll call vote. All those in favor of a roll call vote please indicate by saying aye.

REPRESENTATIVES:

Aye.

SPEAKER STOLBERG:

An adequate number is arrived at. When the vote is taken it will be taken by roll.

The Chamber is about half full at this point.

Will you remark further on House Amendment Schedule "B"? If not, will members please be seated. Rep. Meyer.

REP. MEYER: (135th)

Mr. Speaker, I rise in support of this amendment. This is not an automatic veto. It merely means that the community might ask the department to look over the situation and see if it met all the criteria that it really should.

There are a couple of other reasons, such as distance and population and the like, but I really feel that this would not be an automatic veto, but merely saying we have problems in our community, will you come in and try to work it out with us. Thank you.

SPEAKER STOLBERG:

Will you remark further? Rep. Garavel.

REP. GARAVEL: (110th)

Mr. Speaker, this amendment clearly is a veto by the local legislative body. It says specifically, no such community residence shall be established without the approval of the legislative body.

Mr. Speaker, I think it's clear. This bill, this amendment will put us in no better position than we are now.

SPEAKER STOLBERG:

Will you remark further? If not, will members be seated. Staff and guests to the well of the House. The machine will be opened.

CLERK:

The House of Representatives is voting by roll. Will the members return to the Chamber immediately. There is a roll call vote in progress in the Hall of the House. Will the members please return to the Chamber immediately.

SPEAKER STOLBERG:

Have all the members voted? Have all the members voted? Have all the members voted and is your vote properly recorded? Have all the members voted? If all the members have voted, the machine will be locked and the Clerk will take a tally. Will the Clerk please announce the tally.

CLERK:

House Amendment Schedule "B" to Senate Bill 533.

Total number voting	147
Necessary for adoption	74
Those voting yea	62
Those voting nay	85
Those absent and not voting	4

SPEAKER STOLBERG:

The amendment is defeated.

Will you remark further? Rep. Karbowski.

REP. KARBOWSKI: (99th)

May I ask that it be published in the Journal, please.

SPEAKER STOLBERG:

That will be so ordered.

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House Amendment Schedule "B".

No. 3742 General Assembly
February Session, A. D., 1984

Offered by REP. KARBOWSKI, 99th DISTRICT To Subst. Senate Bill No. 533 File No. 488 Calendar No. 0568
Entitled "AN ACT CONCERNING COMMUNITY RESIDENCES FOR MENTALLY ILL ADULTS."

In line 40, insert the following before the word "No": "(a)

After line 44, insert the following:

"(b) Notwithstanding the provisions of subsection (a) of this section, no such community residence shall be established on or after July 1, 1984 without the approval of the legislative body of a municipality."

After line 110, insert the following:

"(b) NOTWITHSTANDING THE PROVISIONS OF SUBSECTION (a) OF THIS SECTION, NO SUCH COMMUNITY RESIDENCE SHALL BE ESTABLISHED ON OR AFTER JULY 1, 1984 WITHOUT THE APPROVAL OF THE LEGISLATIVE BODY OF A MUNICIPALITY."

In line 111, before the word "ANY" strike "(b)" and insert in lieu thereof "(c)"

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SPEAKER STOLBERG:

Rep. Farr.

REP. FARR: (19th)

Mr. Speaker, a question, through you to Rep. Karbowski.

SPEAKER STOLBERG:

To whom, sir?

REP. FARR: (19th)

Rep. Garavel, I'm sorry.

SPEAKER STOLBERG:

Please frame your question.

REP. FARR: (19th)

As I understand the bill, in section 2,it talks about allowing these in any community which has a zone which allows structures containing two or more dwellings and I interpret that to mean any community that now has an area that is zoned for multi-families would have to allow group homes. Through you, Mr. Speaker to Rep. Garavel, is that correct?

SPEAKER STOLBERG:

Rep. Garavel.

REP. GARAVEL: (110th)

Through you, Mr. Speaker to Rep. Matties, I mean Rep. Farr. That is correct.

REP. FARR: (19th)

Let me just see then if I, as I understand this bill, then, a community, maybe I shouldn't get an example, but one comes to mind, in a community like Darien that does not allow any multi-family zoning within the town would not have to allow any group home, through you, Mr. Speaker, to Rep. Garavel.

SPEAKER STOLBERG:

Rep. Garavel.

REP. GARAVEL: (110th)

Through you, Mr. Speaker, I don't have Darien's zoning regulations before me, but if you state that they don't have any multi-family zone, I would assume that that is probably correct.

REP. FARR: (19th)

Another question. There are a number of communities and I may be mistaken which ones, so I won't go over the names of them. There are a number of urban communities that don't have any specific areas zoned for multi-family. And multi-family is allowed in only by special permit.

As I read this bill, I would interpret that to mean that a community such as that would in fact not have to allow any group homes. Through you, Mr. Speaker to Rep. Garavel?

SPEAKER STOLBERG:

Rep. Garavel, do you care to respond?

REP. GARAVEL: (110th)

Through you, Mr. Speaker, I would assume that any community that would allow a multi-family residence would have to treat a community residence in the same manner. So if you say by special application, they can approve a multi-family residence, I would assume they could approve a community residence.

SPEAKER STOLBERG:

Rep. Farr.

REP. FARR: (19th)

Through you, Mr. Speaker, the bill says in any area which is zoned to allow two family structures. I'm speaking about those communities that don't presently have areas zoned to allow multi-family. If you want multi-family you go in and get a special development permit, or you get a floating zone under some sort of floating zone, you get permission to put in multi-family, but they don't presently have any areas specifically zoned to allow multi-family.

As I read this, those communities would not have to take any group homes. Is that correct, Mr. Speaker, through you?

SPEAKER STOLBERG:

Rep. Garavel.

REP. GARAVEL: (110th)

Through you, Mr. Speaker, I'm not aware of any communities that don't have zoning for multi-family residence, or for, or as defined by this bill, two or more dwelling units.

REP. FARR: (19th)

Mr. Speaker, I would just comment then, or observe that I'm aware of communities that have multi-family units and no longer have any zones that allow them. I'm also aware of communities that don't have any specific areas that allow multi-families and in fact you have to go in and get special permission to build a multi-family.

And I guess my concern with this bill is I think an awful lot of communities in this state are going to be excepted from this bill. I also wonder, it appears to me that if you obviously have no zoning, that you have no zoning that allows multi-family, you may be also exempted from this.

I guess I have another concern different than a lot of people on this side of the aisle and that is that I may be in one of the more urbanized communities that may be specifically be required to take multi-family, group

homes, when a lot of communities are going to be excluded, or exempted altogether under this bill.

SPEAKER STOLBERG:

Will you remark further? Rep. Belden.

REP. BELDEN: (113th)

Thank you, Mr. Speaker. If I might, one or two questions to the proponent of the bill. My planning and zoning commission really didn't have too much trouble with the concept. They were concerned, however, over land use and availability of parking and what not. Most of our multiple family dwelling units are on postage stamp lots. The question would be, would a zoning regulation that applies to current multiple family dwelling residences in terms of parking and land area apply to one of these community residences? Through you, Mr. Speaker.

SPEAKER STOLBERG:

Rep. Garavel.

REP. GARAVEL: (110th)

Through you, Mr. Speaker. I would interpret what you're saying then is that in the absence of proper parking could the community limit a community residence?

REP. BELDEN: (113th)

Through you, Mr. Speaker, that's essentially correct.

SPEAKER STOLBERG:

Rep. Garavel.

REP. GARAVEL: (110th)

Through you, Mr. Speaker, the answer to that question would be the community could not restrict placement of the community residence.

SPEAKER STOLBERG:

Rep. Belden.

REP. BELDEN: (113th)

Thank you, Mr. Speaker. Through you, I noticed in the file copy in lines 105 to 110 that for community residences for mentally retarded, it's very specific about the zoning shall comply with single family residences, etc.

I don't see anything in the file that deals with I understand we're talking about eight occupants of a mentally disturbed, I guess you call it, residence.

There's nothing in here that says that zoning as relates to a single family shall apply and I'll try again, existing regulations that cover multiple family dwelling units in a community, would they apply also, to, in any way, to a community residence for mentally disturbed?

SPEAKER STOLBERG:

Rep. Garavel.

REP. GARAVEL: (110th)

Through you, Mr. Speaker, could you rephrase the question?

SPEAKER STOLBERG:

Rep. Belden.

REP. BELDEN: (113th)

Through you, Mr. Speaker. Under the file, do zoning regulations apply in any way, shape or form other than as, if a town has multiple family dwelling, is there any other zoning regulation that a town has, would it apply to a mentally ill community home?

SPEAKER STOLBERG:

Rep. Garavel.

REP. GARAVEL: (110th)

Through you, Mr. Speaker, my reading of the file copy, the only prohibition would be, is that they could not actually prohibit the establishment of a community residence for the mentally ill. Presently in statutes, we do have that prohibition which you referred to in lines 105 down for the mentally retarded. That is present language and that refers only to the mentally retarded.

REP. BELDEN: (113th)

Mr. Speaker, I believe the point I'm trying to make is that I don't think our planning and zoning would have any

problem, if in fact the community residence for mentally ill adults had to comply with the multiple dwelling zoning regulations, which are in fact in effect in our town, and apply to all multiple family dwellings.

As I read the file, nothing applies in a multiple family dwelling unit. No zoning requirement that any town currently has on the books applies and I think that is a very serious flaw in the file that's before us, because where you have multiple family housing, you have postage stamp lots. Most towns try very, very hard to adequately provide for off-street parking and the things that go along with the high density population.

And my planning and zoning was extremely concerned about a multiple-family, a house in a multiple-family zone on a postage stamp lot. It could have a potential of having several cars that needed to have parking.

And I think the flaw in the bill is, if a town has multiple-family residence zoning, then it at least should apply across the board to all housing in that area, and under those circumstances, I don't believe I would have any problem with the file. Thank you, Mr. Speaker.

SPEAKER STOLBERG:

Will you remark further? Rep. Butterly.

REP. BUTTERLY: (76th)

Mr. Speaker. Thank you, Mr. Speaker, through you, to

the proponent of the bill. Rep. Garavel, may I ask, in Section 3 it states the limitations of the distance requirement. How far, the only thing we have here is 1,000 feet between homes. Is that correct, sir?

REP. GARAVEL: (110th)

Through you, Mr. Speaker, if they meet the population requirement, that is correct.

REP. BUTTERLY: (76th)

Through you, Mr. Speaker, if we had a community of say 30,000 people and we had one street that was, say five miles long, we could have three homes, three group homes on that one street, is that not correct, sir?

SPEAKER STOLBERG:

Rep. Garavel.

REP. GARAVEL: (110th)

Through you, Mr. Speaker. A strict interpretation of that, that is correct.

REP. BUTTERLY: (76th)

Thank you. Mr. Speaker, my problem with the bill that lies right there in the Town of Watertown, we do have a group home. I, then as a private businessman was involved with the sale of the home to the group. Now we have a department of the state trying to put another group home approximately 650 feet from that home and the problem

we're running into is, the whole purpose I understand, of the bill, is to deinstitutionalize, and in this case we have two homes that are closer together than some of the cottages are at Southbury Training School, so I fail to see where we're meeting the need.

I think that what you're doing is, you're doing a disservice by just having it 1,000 feet away, is you're doing a disservice to the program because if we get into other communities and these houses end up being just 1,000 feet apart, I should point out that my town is 29.5 square miles. There was plenty of other room, and plenty of houses the size required for eight people with city water and city sewers and large enough size lots, that we could have had a second group home in our town in a position where it was not a detriment to one single neighborhood.

So, I think, Mr. Speaker, that I would have to oppose the bill on the grounds that there are not enough safeguards for either the program or the communities built into, sir. Thank you.

SPEAKER STOLBERG:

Will you remark further? Rep. Walter Conn.

REP. CONN: (67th)

Mr. Speaker, thank you very much. It appears by the vote that this is going to pass. I think it is usurping

the town's prerogative and I think the towns should have a say in the matter.

I do have a question to Rep. Garavel. Through you, Mr. Speaker. We in our area are not sewered. In other words, we have a small area where we have our sewer plant but we have many, many acres of land where it is not sewered.

Now, when a person buys a residence out in the country, they go to our director of health and our building inspector and so forth and they apply to put in a sewer system. Most of those are made for dwellings and they are made for single family residences.

What will happen, and it could very well happen in our town now, as we do have two homes. I'm not objecting to the homes, but I am saying this, that without the town officials knowing that these homes are going in there, and not knowing the condition of the subservice of the land of that area, and not knowing whether the septic system is large enough to take care of the place, what is going to happen a few years down the road when they have two or three of these places and they don't meet the health requirements in this regard.

I would like to know if there has been any provision made that requires them to seek advice on soil sampling, on

the water, and on the sewer system, through you, Mr. Speaker.

SPEAKER STOLBERG:

Rep. Garavel.

REP. GARAVEL: (110th)

Through you, Mr. Speaker, for the first time since this bill has been before us, there are provisions which would provide for in the event that a situation like you described happened, for a revocation of that license, by applying to the Department of Mental Health or the Department of Mental Health Services.

What would happen was, obviously, pressure would be put on the owners of the group home, or the community residence, to insure that a proper sewer system

(GAP IN CASSETTE)

REP. CONN: (76th)

Where does it say that in the bill?

SPEAKER STOLBERG:

Rep. Garavel.

REP. GARAVEL: (110th)

Through you, Mr. Speaker, Section 5, lines 93 through 101-1/2.

SPEAKER STOLBERG:

Rep. Conn, you have the Floor.

REP. CONN: (76th)

This is after the fact, if I read it correctly. It's after someone is in there, right?

REP. GARAVEL: (110th)

Through you, Mr. Speaker, that's correct. In lines 80 through 86 there is a provision for before the fact, which is another first time in this bill.

So we do have a double protection in this bill.

REP. CONN: (76th)

I don't see that there, Rep. Garavel. Through you, Mr. Speaker.

REP. GARAVEL: (110th)

Through you, Mr. Speaker, lines 80 through 86.

REP. CONN: (76th)

Not in my file.

REP. GARAVEL: (110th)

Through you, Mr. Speaker, you're correct. That is not the proper citation. It's line 55.

REP. CONN: (76th)

Through you, Mr. Speaker, in the way that the purchase are made, how would the chief executive officer know that a purchase is going to be made? We have had an experience in our town where a residence was sold for a home for the mentally retarded, and no one knew it until

the deed was recorded in our town clerk's office.

Now, if this is the way it's done, that's fine, but I think we're going to have serious problems in this regard because some of these places are just not made to take the number of people that they're asking for here, and I think we make everyone else conform to proper land use and proper sewage and proper water.

There are two things here, water and sewage which can be very, very difficult to contend with and I just think that this needs a little bit more study before it's passed.

REP. GARAVEL: (110th)

Through you, Mr. Speaker, would you like me to respond to that question, Rep. Conn?

SPEAKER STOLBERG:

Rep. Garavel.

REP. GARAVEL: (110th)

I'm asking Rep. Conn if he wanted me to respond to his question regarding the notification procedure.

REP. CONN: (76th)

Sure.

REP. GARAVEL: (110th)

There is a very clear notification procedure by certified mail to notify the chief elected official and

the surrounding neighbors.

REP. CONN: (76th)

At what time?

REP. GARAVEL: (110th)

Through you, Mr. Speaker, line 65 on. Certified mail, return receipt requested.

REP. CONN: (76th)

Is this before or after they purchase it, through you, Mr. Speaker.

SPEAKER STOLBERG:

Rep. Garavel.

REP. GARAVEL: (110th)

Through you, Mr. Speaker, this is upon application. So in other words --

REP. CONN: (76th)

An application for a license to operate a group home?

REP. GARAVEL: (110th)

Through you, Mr. Speaker, that's correct. So in other words, if they were, had the inkling that their application may be denied, I don't assume that they would purchase the property, unless they were highly speculative.

REP. CONN: (76th)

I still don't see how anyone is going to know before

the purchase of the property, especially those persons who are concerned with land use and with water, and with septic problems, and I think this is a serious flaw in the bill and I just think it's wrong.

SPEAKER STOLBERG:

Rep. Polinsky.

REP. POLINSKY: (38th)

Mr. Speaker. I'm not going to debate the need for community residences. I think we all agree to that. I do have problems with the bill as to how it impacts on the residents of the municipality, how it impacts on planning and zoning in a community.

You've heard talk about that. Let me give you some examples. What this bill says, in effect, that a community residence following a procedure, notification and all that, could come into a community, no zoning need apply.

There shall be no regulations written any more stringent, I mean there shall be no regulations that would have to be adhered to any more stringent that what would be in a multi-family zone. That means if a residence decides, a community residence finds a site and wants to build, I think if I'm reading it correctly , it doesn't have to be in a multi-family zone. I can be corrected in a moment.

Secondly, maybe that zone may pick as a one acre zone or a half acre, or a quarter acre, it really doesn't matter. Whatever that zone is, they decide to come in, but the site they have chosen is smaller. Let's say it was a half acre zone, they found a quarter acre lot. They can go in. Let's assume, let's assume for whatever reason, the town would have some regulations about signing, they don't have to live with that.

What I'm saying is, if you look at this bill carefully, it is like a first step for some zoning, because it does address the thousand feet between residences. It does address a population formula, which I think is a good idea.

But I wonder why the bill didn't go all the way. I wonder why, in the bill, would it have been so detrimental if in the bill it said, and the community residence must comply with whatever the zoning regulations are that at least refer to sites, side yards, rear yards, size of lot. Sometimes there are zoning regulations having to do with curb cuts. Why, and I would ask, through you, Mr. Speaker, to Rep. Garavel, what harm this would have done if this had been written into the bill?

SPEAKER STOLBERG:

Will you remark further?

REP. GARAVEL: (110th)

Through you, Mr. Speaker.

SPEAKER STOLBERG:

Do you have a question, Rep. Polinsky? I'm sorry, Rep. Garavel, will you respond?

REP. GARAVEL: (110th)

Through you, Mr. Speaker, there is no harm being done, and certainly I don't think you're going to see the Department of Mental Health build a building that is going to be in a situation like that, or certainly you're not going to see them operate a facility that is not up to standard.

Certainly they're going to building something, if not purchase something, that is going to probably be in a conforming use.

REP. POLINSKY: (38th)

Through you, Mr. Speaker.

SPEAKER STOLBERG:

Rep. Polinsky.

REP. POLINSKY: (38th)

I would hope so. And I would take the word of Rep. Garavel that this is what he would assume. If that were the case, then I would see no problem with having that addressed in the bill because if you put in some such

amendment that said, in effect, the community residence shall abide by the zoning regulations of the community as long as the particular regulations do not prohibit their being there, I would think that it would comfort a number of municipalities.

I don't know whether it would make everybody happy, but it certainly would go a long way to comfort a great deal, a great many people.

Maybe something else. And we've heard just tricklings of this, in my community we have several community residences for the mentally retarded. And they're marvelous, they really are. The only complaint I have heard from the residents of the area that they have come in is that one, they didn't even know they were coming in until they saw a headline in the paper, and two, that they wished that they could have gone to a meeting or public hearing and at least express some concern.

In one case when the neighbor was found out, they called me. I called our regional center in town and they were very glad to meet with the residents. That worked out extremely well, but nothing says they must. Maybe it would be comforting if there were an amendment that addressed something like that. That's all I would say. Thank you.

SPEAKER STOLBERG:

Will you remark further? Rep. Linda Emmons.

REP. EMMONS: (101st)

Mr. Speaker. Mr. Speaker, addressing the bill, I think there are two areas from the conversations and the discussions that have gone on that I would like to just discuss.

When I had been approached to support this bill, it has been along the concept it's going to be just like how we took care and provided for the mentally retarded.

However, the file does not do that. Where we did the provisions for the mentally retarded, we said that a group of six mentally retarded individuals plus two staff members would constitute a family under everybody's zoning definitions for single family residence regulations. So whatever you talked about anything to do with single families, or a family in your zoning regulations, that group of people were considered a family, even though they weren't married or related and all the other things that our zoning regulations usually say.

So in a sense, there they were as a family. Then they had to conform to all the regulations that guide single family residences. They weren't singled out one way or another, they weren't given any benefit one way or

another. The problem with the file is that it has not determined that a certain number of mentally ill people and a certain number of staff people are a family as a definition of family in a multiple-family use zone.

It may be that it could be multiple-family could be owner occupied, it may be such a way that it's two families over a store, I'm not sure how it would be, and it may be that in some instances, they will go and build residences.

But I think it is very unfortunate that we, whether they are, regardless of what type of person they are, or whatever may be their need, that they do not have to be, they are not defined as a family to meet all the zoning regulations for multi-family zones.

The other problem I find with the bill is when you describe it, you go over to the one on mentally retarded. It says a community residence, no zoning regulations shall treat any community residence which houses six or fewer mentally retarded persons and two staff persons any different than a single family residence.

In this section, on the mentally ill, where I have been told that it was going to be like the mentally retarded, it says, eight or fewer mentally ill and the staff. So now, you're getting, okay, it says community

residence means a facility which houses the staff of such facility and eight or fewer mentally ill adults.

Well, now you're beginning to talk about a large group of people. You have eight people who are the residents and then you have a staff that's indeterminate. So you're looking at a multiple-family zone that maybe has only four bedrooms, or three bedrooms, or they've got their definitions of land use v. percolation and then parking requirements. And we have said now you can have 14, 15 people living in there.

Now that I don't think is fair to do to a municipality when they have considered a family to be less than those numbers of people. And with that in mind, Mr. Speaker, I have an amendment I would like to have called. It's LCO 3428. And I would like to call it and be allowed to summarize.

SPEAKER STOLBERG:

I don't have that amendment. Could we get a copy of that? 3428. The Clerk has an amendment, LCO 3428 which will be designated House Amendment Schedule "C". Will the Clerk please call.

CLERK:

LCO NO. 3428 designated House Amendment Schedule "C" offered by Rep. Emmons of the 101st District.

SPEAKER STOLBERG:

Is there objection to summarization? Seeing none, please proceed.

REP. EMMONS: (101st)

Thank you, Mr. Speaker. This follows up on my original discussion, and what it does is, it states that a community residence means a facility which houses six or fewer mentally ill adults and two staff persons, to bring a total of eight occupants, and I would move its adoption.

SPEAKER STOLBERG:

Will you remark on the amendment?

REP. EMMONS: (101st)

Thank you, Mr. Speaker, I would.

SPEAKER STOLBERG:

Please proceed.

REP. EMMONS: (101st)

In essence, what I am trying to do is to have, as I was told when I lobbied on this bill, to have the rules or the consideration of what a community residence for mentally ill is, to be the same as it is for mentally retarded, and in essence, you are going to say that they as a family consist of eight individuals. And I think this is important in the sense that we do not know what

are necessarily all the staff requirements, but I think it is very hard to live in a multi-family house, let's say and all of a sudden you have a situation with an intensive staff requirement on your parking, on your property, and I don't think that was the intention of the bill when we started.

Mr. Speaker, I think I'm going to ask for a roll call vote because there won't be enough people here.

SPEAKER STOLBERG:

The request is for a roll call vote. All those in favor of a roll call vote please indicate by saying aye.

REPRESENTATIVES:

Aye.

SPEAKER STOLBERG:

An adequate number is clearly arrived at, even if the Chamber were full, I think, for a roll call vote. Will you remark further?

REP. EMMONS: (101st)

Thank you, Mr. Speaker, I wondered if there was 20% of us still here.

I will not remark further, I think it is self-explanatory and I think it does go a way towards addressing some of the problems that have been raised during the debate.

SPEAKER STOLBERG:

Will you remark further on House Amendment Schedule "C"?

REP. GARAVEL: (110th)

Mr. Speaker.

SPEAKER STOLBERG:

Rep. Garavel.

REP. GARAVEL: (110th)

Mr. Speaker, I rise to oppose the amendment. What this amendment would do would take out the staff that the commissioner may feel would be necessary to operate the house, and limit it to two people. The commissioner may find that two people, or two staff persons are the proper number to run the home, however, the commissioner may find that three staff people would be necessary to operate the home and this amendment would clearly prohibit that.

It would also reduce the number of residents, the maximum number of residents from eight to six. In the present file copy, there is nothing that would prohibit the commissioner from limiting it to six, but does give the commissioner the opportunity to allow the number of residents to go to eight which we have found through our studies over the last three years, is the most economically feasible way to operate a community residence. So I would

urge rejection of the amendment.

SPEAKER STOLBERG:

Would all members please be seated. Would staff and guests come to the well of the House. Will you remark further on House "C"? Rep. Naomi Cohen.

REP. COHEN: (15th)

Thank you, Mr. Speaker, through you, a question to Rep. Emmons, if I might.

SPEAKER STOLBERG:

Please frame your question.

REP. COHEN: (15th)

Rep. Emmons, is it your understanding that in community residences for the mentally retarded there are always a maximum of six adults, or six residents and two staff people.

SPEAKER STOLBERG:

Rep. Emmons.

REP. EMMONS: (101st)

Thank you, Mr. Speaker. It's not my note. Some of them have less. However, the statute says, when you're going to go into from a zoning over-ride, state zoning over-ride, it is only a maximum of six and two staff. You can have bigger ones in areas where there is a different type of an agreement, I guess, if you would call it, where

there are other places, where zoning permits it. We are now talking about zoning over-ride. And only in a zoning over-ride are those limits there, and my amendment is addressing, really, a zoning over-ride in the question of placement of mentally ill.

REP. COHEN: (15th)

Mr. Speaker. Through you, may I ask another --

SPEAKER STOLBERG:

Rep. Cohen.

REP. COHEN: (15th)

Through you, Mr. Speaker. When you are talking about this, even in terms of zoning over-ride, I'm interested in what comments you would have about a home that had eight mildly mentally ill people and one staff person, for instance, because the people are all out and all working during the day, but the pathology of the home, their own homes, for instance, that they would normally would be in is such that they really need to be in a residence other than their own home, and therefore in a community residence.

Do you feel that this amendment would limit those kinds of options?

REP. EMMONS: (101st)

Now you're saying eight and one staff person, right?

Yeah, I would say that this amendment would limit that because what it says is the maximum of six and two staff people. So you couldn't have as a zoning over-ride, you couldn't have eight and one.

REP. COHEN: (15th)

Through you, Mr. Speaker.

SPEAKER STOLBERG:

Rep. Cohen.

REP. COHEN: (15th)

Then is it fair to say that this amendment really addresses numbers rather than conditions of the people who are therefore placed in a home?

SPEAKER STOLBERG:

Rep. Emmons.

REP. EMMONS: (101st)

Yes, I think it addresses numbers in the sense that to me, a community residence that's in a family setting, has a certain number of bodies that make up a family, and once you extend it to 13 or 14, you are past what I consider to be family type of a setting.

REP. COHEN: (15th)

Let me try one more, Mr. Speaker, if I may.

SPEAKER STOLBERG:

Rep. Cohen.

REP. COHEN: (15th)

What's the difference if you want to talk, Rep. Emmons, through you, Mr. Speaker, about even the number eight, of having seven residents and one staff person.

REP. EMMONS: (101st)

Mr. Speaker.

SPEAKER STOLBERG:

Rep. Emmons.

REP. EMMONS: (101st)

Thank you. There really is no difference. I am patterning this statute after the one that is for the mentally retarded. That is what I was told we were doing, so that is what I am doing. And you know, to me, that's what I said, vote for it, we're going to treat them for the mentally retarded, and so my amendment follows line 105 to 110.

SPEAKER STOLBERG:

Will you remark further on House Amendment Schedule "C"?

REP. PRZYBYSZ: (48th)

Mr. Speaker, the other side of the aisle.

SPEAKER STOLBERG:

Rep. Przybysz.

REP. PRZYBYSZ: (48th)

Mr. Speaker, I would rise in opposition to this amendment. I understand Rep. Emmons comments about relating this to the Department of Mental Retardation policy.

However, this file copy goes a lot further in restrictions than what we have now on the books dealing with the Department of Mental Retardation policy of community residences for the mentally retarded. I spoke on this bill last year, and I mentioned that statute that Rep. Emmons refers to.

However, if you compare not just line 30 that Rep. Emmons wants to change in line 31, but the entire file, we see that this is much more restrictive in establishing community residences for the mentally ill. I don't have to read you the entire file, but to make the comparison in numbers because the community residences, they are community residences to me is not a logical thesis.

If you read after the line 32, it says and these, line 33, and these homes will provide supervised, structured group living activities and psycho-social rehabilitation and other support services to mentally ill adults discharged from a state operated institution etc., etc.

I who have been very active in the field of, as an

advocate for the mentally ill, could probably stand here and tell you that you would probably in all of these homes have more than two people if you are going to operate a properly supervised etc. etc. home as we have here.

I also will tell you that I have worked very closely with the Department of Health Services who will be regulating these homes, and I doubt very much that they will be regulating these homes without two or more people who will provide this supervision.

I also would speak to the issue of leaving in the number eight, because I have had experience of working with the non-profit groups, many of whom will be running these homes, hopefully, and it's very difficult to have proper income coming in to operate a place with six. We would like to even have more, but you can't do it. Eight gives you sometimes the, with SSI, with welfare payments that many of these people have. Believe me, they don't have cars, most of them don't.

Eight gives you a good income coming in to properly run these homes. I would suggest that we reject the amendment that to use the analogy that this bill compares to the community residences for the mentally retarded is wrong and to change the file copy based on that reasoning I think is wrong, and I urge rejection of the amendment.

SPEAKER STOLBERG:

Will you remark further on House "C"? Will you remark further?

If not, will members please be seated. Will staff and guests come to the well of the House. The machine will be opened.

CLERK:

The House of Representatives is now voting by roll. Will the members please return to the Chamber immediately. The House of Representatives is now voting by roll. Will the members please return to the Chamber immediately.

SPEAKER STOLBERG:

Have all the members voted? Have all the members voted?

Have all the members voted and is your vote properly recorded?

Have all the members voted and is your vote properly recorded?

Have all the members voted? Have all the members voted?

If all the members have voted, the machine will be locked and the Clerk will take a tally.

Will the Clerk please announce the tally.

CLERK:

House Amendment "C" to Senate Bill 533.

Total number voting	146
Necessary for adoption	74
Those voting yea	61
Those voting nay	85
Those absent and not voting	5

SPEAKER STOLBERG:

The amendment is defeated.

Will you remark?

REP. VAN NORSTRAND: (141st)

Mr. Speaker.

SPEAKER STOLBERG:

Rep. VanNorstrand.

REP. VAN NORSTRAND: (141st)

Mr. Speaker, there are some other amendments I see filed and they may or may not work, and we may or may not want to take them up. We've got the file copy in front of us. This is an item we have been debating now annually for three or four years in various forms. As in the past two or three, Rep. Garavel has done an excellent job. On the other hand, he has also pointed out, or at least the debate has pointed out a number of flaws in this file copy.

We get a simple proposition which we've been through before. We know what it is. It's the question of local autonomy versus state zoning, state control, and we're asked because we're all supposed to have a heart and hope that we all do that we should accept that in that name.

Now there was a debate earlier about whether the numbers that applied for mentally retarded should be applied to this. There is no magic in eight. It depends on the nature of the beings that are going to be in that dwelling. There is no magic in two as you heard Rep. Garavel add. It could be three, it could be four. Another debater had suggested that it well would have to be more. It depends on the condition of those residents. So you could have eight, 14, 16, who knows? I don't imagine a lot more than that, but it could be anything like that.

That's the question and that started here some years ago and I remember that debate that night so well. We dealt with the mentally retarded. We enacted what we have as our present law, and you see in lines, I think it's 105, and they were told and we were told and I think many with a good or lesser heart agreed that they were God's children and we all knew that in another day, there would be another group with something else that we should reach out to and it got away. It's a simple balance. Is there

something wrong with the local people deciding? Are we better than they are, because if we are, we have chosen one hell of a poor vehicle. There is no zoning applied to these people, or to these residences. The standard says anywhere where it's zoned for two-family or more.

In many communities, what Rep. Farr said earlier is absolutely right. The answers he got were absolutely wrong. It's a special permit. You haven't got anything in that town that's zoned for anything. If you had no zoning at all in the town, you don't have anything.

There are no limits in here. It's 1,000 feet today. A year from now it could be 500 feet. It's two-family today, a year from now it could be one family. There's no limit. This is a matter of degree.

Eight was not chosen magically. Eight was chosen because that what maybe they thought could sell. That you have to decide. Understand, there are sections we are told about protection. Now supposing something moves in next to you. This isn't a question of, some people say well, this is you know, suburban towns don't want it, or I suspect a suburban town record is rather good. This is a problem in urban towns. I mean, think of the ethnic and well-established small lot two-family, three-family house neighborhoods in many of the older cities. A lot could be a quarter of an acre, it

could be less. Probably non-conforming under today's zoning. You could introduce one of these things, but we're told, well, now the commissioner, he wouldn't do that.

Well, the commissioner's standards start on line 155 and there's nothing about amenities, there's nothing about area, there's nothing about yards, there's nothing about parking,because there's nothing about zoning in the entire file. There is no limit. It's taken away, and that could be moved into an integrated neighborhood of tightly knit people. Suddenly they've got 14 or 16 people living where maybe one or two families used to live.

Likely to happen? I think somebody of good heart will tell us, oh they wouldn't do that. They wouldn't, huh? I got a feeling when you start negotiating, based on the state's history and based on our failure on deinstitutionalization, they'll be talking price, and price might just be in that neighborhood.

Now we're told, well, if one's established, not totally appropriate, there's something wrong, well, gee whiz, if you're a citizen in the town, you can come petition the commissioner of health services. Well, not exactly. If you look here in line 95, you can do it with the approval with the legislative body of such municipality.

Now they just remember, you're the guy that's living next door and they just moved in this home and it's not working out and you want to appeal, with the approval of the legislative body. You want to try being that citizen that night when the community residence has moved in and you're there to displace the mentally ill. You want to feel lonely, try it that night.

That's what's wrong. There are no standards to this. And it's another foothold. And it again goes to the whole idea of state control. We can sit here and we're going to tell them how they got to do it. Suddenly, everybody, many of you probably served on planning and zoning commissions, or zoning boards of appeal. Suddenly, we know better.

It is not the way to proceed. Now we can sit here and we can amend all night. I think it would be a lot easier if we just voted up or down on the bill and defeated it, because it is seriously flawed.

(GAP IN CASSETTE)

SPEAKER STOLBERG:

Please be seated. Will staff and guests come to the well of the House. Would anyone care to speak following the Minority Leader? Rep. Patton.

REP. PATTON: (119th)

Mr. Speaker. For one of the very few times I'm going to oppose the concepts of the Minority Leader. We have to have community homes for the mentally ill in our towns and we need to pass a bill similar to this. And we need to protect the people that are going to be living in those homes. And we need to protect the rights of the towns as well.

Now, how do we protect the towns and the people that are going to live in the residences? Mr. Speaker, I have an amendment that will do that, and I request the Clerk to call LCO 3059. And may I summarize?

SPEAKER STOLBERG:

The Clerk has an amendment LCO 3059, House "D". Will the Clerk please call.

CLERK:

LCO 3059 designated House "D" offered by Rep. Patton.

SPEAKER STOLBERG:

Is there objection to summarization? Seeing none, please proceed.

REP. PATTON: (119th)

Mr. Speaker, this amendment permits community residences unless the town rejects such a residence within 45 days of application. I move the amendment,

Mr. Speaker.

SPEAKER STOLBERG:

Will you remark?

REP. PATTON: (119th)

Mr. Speaker, we really have to just face the problem. In Milford, we had three applications in recent years to install community residences of one type or another. And unfortunately, small neighborhood groups opposed the residences in each instance.

Our town did not. I have faith in our town and I have faith in every town that they will not oppose such a residence, or reject it. So again, I say that the homes have got to go in, and this amendment will allow it. No approval is necessary. No appeal by neighborhood groups. No rights to the neighbors in a small cluster.

The homes will go in. However, the amendment preserves those sacred rights of towns to self-govern. It preserves the concept of home rule, and this is the answer in my opinion, to the dilemma, of protecting home rule and having the homes go in.

If there's a special situation which we have raised about sewers or any other parking, or any other extraordinary circumstances, that surely will be brought to the town, and it will be taken care of and no home will go in under extra-

ordinary circumstances.

But if you want the homes to be created, please vote for this bill, this amendment. And if you want to protect home rule, then please vote for this amendment. I offer this amendment because I want those homes to go in. And Iwant to protect home rule. I urge you to adopt this amendment, and then pass the bill and then we can all go home. Thank you.

SPEAKER STOLBERG:

Will you remark further on House "D"? Will you remark further?

REP. GARAVEL: (110th)

Mr. Speaker.

SPEAKER STOLBERG:

Rep. Garavel.

REP. GARAVEL: (110th)

Mr. Speaker, reluctantly I rise to oppose the amendment. Looking at the amendment, this is really no different than the amendment offered by Rep. Karbowski other than there is a 45 day time period. It still allows for the legislative body of the municipality to deny a community residence for the mentally ill and for the mentally retarded. The only difference is that they must do it within 45 days. And I would urge rejection

of the amendment.

SPEAKER STOLBERG:

Will you remark further on House "D"? Will you remark further? Rep. DeZinno.

REP. DE ZINNO: (84th)

Thank you, Mr. Speaker. Mr. Speaker, I have to rise. I have to support the amendment. I support the file copy. I have to tell the Chamber what has happened in this particular bill.

The ranking member from the House and the Senate Chairman of this particular committee of which I am also a member were at odds on this particular issue. We tried to get this through in the past, all to no avail.

I feel sort of guilty in a way in that I was sort of an intermediary, a compromiser, and I put together the package that would appease both parties, both factions, etc.

As a matter of fact, the language in the file copy, language starting on line 111 is my amendment. After that was adopted, we had quite a bit of discussion going on regarding this particular bill, Rep. Patton raised the issue about if the language on line 111 becomes in fact law, and one year after the fact, if somebody is denied a renewal on their license, people that have invested into

this group home back in their communities, are probably going to lose an awful lot of money if the commissioner should fail to renew the license.

And it made a lot of sense to a lot of people. It made so much sense it was because of that that people in that committee voted for that bill, and only for that reason.

Now when the file copy came out, that was not part of the file copy. I asked the chairman to reject the file copy, notify LCO that there is an error. Well, the information given was, they'll correct it in the Senate. The Senate failed to put on the amendment.

Now here we are facing a bill which I am certainly for. It has an amendment on there that I feel very strong on. That's the language in 111. I was also very instrumental in the bill getting out of the committee.

Now Rep. Patton wants to put an amendment on that we were able to use to get the bill out of the committee. I support his amendment. I am not going to go back on my word and those members of the P & D Committee both sides of the aisle, should also support the amendment, with the exception of the two people that didn't vote for it in the committee. And those people said because the amendment is going to be on, and because it looks like finally we got

a package, that appeals to people from the big towns and the small towns, both sides of the aisle, that perhaps we could put this issue to bed once and for all.

And as I said, when the file copy came out,I was greatly disturbed that nobody would listen to me to change it. I hope you at least change it now. Thank you.

SPEAKER STOLBERG:

Will you remark further on House "D"?

REP. GARAVEL: (110th)

Mr. Speaker.

SPEAKER STOLBERG:

Rep. Garavel.

REP. GARAVEL: (110th)

Mr. Speaker, listening to Rep. DeZinno, I don't know if he was at the same meeting that I was, but I didn't have an understanding that members of the committee voted on it based on a different file copy that came out, and I don't ever remember Rep. DeZinno, if you were referring to me, having you ask me to have the file copy amended and I said I would have it amended in the Senate. That is all new to me. It's nothing which I have said in the past.

The amendment does not even do what you're saying

was an agreement in the committee.

The amendment clearly says that the town has veto power, and it has veto power within 45 days. That is not what you said the committee agreed on. And I would urge rejection of the amendment.

REP. DE ZINNO: (84th)

Mr. Speaker.

SPEAKER STOLBERG:

Rep. DeZinno.

REP. DE ZINNO: (84th)

Thank you, Mr. Speaker, when the vote is taken, may it be taken by roll call.

SPEAKER STOLBERG:

The request is for roll call. Will all those in favor of a roll call please indicate by saying aye.

REPRESENTATIVES:

Aye.

SPEAKER STOLBERG:

The vote will be taken by roll. Will members please be seated. Will staff and guests come to the well of the House. Will you remark further on House "D"? Will you remark further? If not, if not, the machine will be opened.

CLERK:

The House of Representatives is now voting by roll call. Members please return to the Chamber immediately. The House of Representatives is now voting by roll. Members please return to the Chamber immediately.

SPEAKER STOLBERG:

Have all the members voted? Have all the members voted? Have all the members voted and is your vote properly recorded? Have all the members voted and is your vote properly recorded? If all the members have voted and your vote is properly recorded, the machine will be locked and the Clerk will take a tally. Will the Clerk please announce the tally.

CLERK:

Senate Bill 533, Amendment "D".

Total number voting	144
Necessary for adoption	73
Those voting yea	72
Those voting nay	73
Those absent and not voting	7

SPEAKER STOLBERG:

The amendment fails.

Will you remark further on the bill?

Will you remark further? Rep. Benvenuto.

REP. BENVENUTO: (151st)

Thank you, Mr. Speaker. I will be very brief. I believe the Minority Leader said everything that I wanted to say, but I would like to add just one more point. There's one good reason why we should vote this bill down and that reason comes from the Democrat leader in my district who represents the multi-families zone and I have a large section of my district that is a multi-family zone.

And the Democrat leader in that district sends me a very good reason why we should vote this bill down and here it is. Two thousand petitions saying to vote Bill 533 down. It does not represent the desire of the people in a multi-family zone and I urge you to vote this issue down. We have just put a home in my district for the mentally ill and when this particular issue comes before your district, and if it's in a multi-family zone, I'm sure you're going to have the same trials and tribulations that we had experienced.

So I ask you to follow the advice of the Democrat leader who lives in a multi-family zone and sent me 2,000 petitions, please vote the issue down. Thank you.

SPEAKER STOLBERG:

Will all members please be seated. Will staff and guests come to the well of the House. Will you remark

further on the bill? Rep. Joyce.

REP. JOYCE: (25th)

Thank you, Mr. Speaker. I listen to this debate every year. It makes me think of, I guess a poem we all learned at one time in our lives, maybe back in high school, but it ends something like this, the ending verses are like this. We in the ages lying, very deep in the earth, while we build with our sighing, and itself with our mirth. And we overthrew them with prophesying to the old of a new world's worth, for ye changes is a dream that is dying nor one that is coming to birth.

I often think as probably many of us here do, what are we, what is our age in which we share a measure of leadership. Are we an age at which the dreams are dying or are we an age at which dreams are coming to birth?

I can tell you, this is one of those dreams. This is a dream for hundreds of people in our state. And what's our reaction? What will they say of us when we too are with the ages lying? Will they say of our age, that it was an age of which dreams are dead and dying? Or which, or an age of which dreams were indeed, coming to birth?

I think for that reason alone, I would have to vote for this bill, and I hope many of you feel the same way and

will vote for it also. Thank you. (Applause)

REP. VAN NORSTRAND: (141st)

Mr. Speaker.

SPEAKER STOLBERG:

Rep. VanNorstrand.

REP. VAN NORSTRAND: (141st)

I do not plan to address this again, but that's the kind of thing we got from the back row five years ago, and it presupposes that the people elected duly in 199 towns and villages and cities in this state can dream as well as we can, and that we know better.

It's a nice emotion, but there's nothing saying this place is not filled with heart, but God help us if they're not filled with hearts and don't have the right to live in their own towns and make them develop the way they want to. That is just not right, and there's nothing wrong with those people, and we're not any better, and this product, if it's the answer to those dreams, is still so seriously flawed, it's just the wrong vehicle to fly to those heavens.

SPEAKER STOLBERG:

Will all members please be seated. Will staff and guests come to the well of the House. Will you remark further on the bill? Will you remark further? If not,

the machine will be opened.

CLERK:

The House of Representatives is now voting by roll call. Members please return to the Chamber immediately. The House of Representatives is currently voting by roll. Members please return to the Chamber immediately.

SPEAKER STOLBERG:

Have all the members voted? Have all the members voted? Have all the members voted and is your vote properly recorded? If all the members have voted, the machine will be locked and the Clerk will take a tally.

Will the Clerk please announce the tally.

CLERK:

Senate Bill 533.

Total number voting	143
Necessary for passage	72
Those voting yea	88
Those voting nay	55
Those absent and not voting	8

SPEAKER STOLBERG:

The bill is passed.

REP. GROPPO: (63rd)

Mr. Speaker.

S-224

CONNECTICUT
GEN. ASSEMBLY
SENATE

PROCEEDINGS
1984

placed on the consent calendar.

THE CLERK:

Page 5, calendar 338, File No. 488. Substitute for Senate Bill 533. An Act Concerning Community Residences For Mentally Ill Adults. Favorable Report of the Committee on Planning and Development. The Clerk has an amendment.

THE CHAIR:

Senator Wilber Smith.

SENATOR SMITH:

Mr. President, let me check with the Clerk on the amendment.

THE CHAIR:

The Senate will stand at ease. Senator Wilber Smith.

SENATOR SMITH:

Mr. President, the author of the amendment isn't here and since I'm opposed to it, I wouldn't ...

THE CHAIR:

Have you moved for adoption of the bill?

SENATOR SMITH:

I move the adoption of the bill.

THE CHAIR:

... and ... Clerk, please call the amendment.

THE CLERK:

Clerk has Senate Amendment Schedule "A", LCO No. 3225, Senator Rogers.

THE CHAIR:

Senator Rogers. The Senate will stand at ease. Senate Rogers, there's

an amendment offered by you, LCO No. 3225. This is on Senate Bill 533, File No. 488, first item on page 5.

SENATOR ROGERS:

Yes, Mr. President. I'd like to have the amendment summarized by me, please?

THE CHAIR:

Do you move for adoption?

SENATOR ROGERS:

Move for adoption. Thank you, Sir.

THE CHAIR:

Without objection, you may proceed.

SENATOR ROGERS:

Mr. President, this would make a slight change in that part of the statute pertaining not to the mentally ill, but to the Department of Mental Retardation, and it's being offered because, currently, the regulations or the statutes do not provide for the number of community residences for the mentally retarded, consequently, one of my towns recently, there had been, there is an installation for the autistic children and the Department of Mental Retardation was in line to purchase another residence but the proximity was about 800 ft. The Watertown residents were not opposed to de-institutionalization and I firmly believe in knowing these people that they did feel that having two group homes this close together would have some adverse affect on their property values, and as you will see, this is not as stringent even as the proposed mental health bill would be with further apart than 1000 ft. and I think it's too bad sometimes when D.M.R., and you know I'm a great supporter of the de-

partment, will finally locate another group home, but in so doing, it upsets the entire neighborhood and hardly works toward an acceptable climate for the creation of a group home for the mentally retarded. This is a slight stringency which I would propose to put on it and I certainly would encourage its adoption, Sir. Sorry I'm late.

THE CHAIR:

Do you wish to remark further? Senator Wilber Smith.

SENATOR SMITH:

Yes, Mr. President. I would be opposed to the amendment and I would beg leave of the Senate to explain my opposition. I think, Senator Rogers, the protection that you're seeking, at least based on this amendment I have before me where it says, "not withstanding the provision of sub-section A of this section, no such community resident shall be established on or after July 1st, 1984 within 1000 ft. of any such other community resident," and in line - beginning in line 45 in section 3, it says, "no community resident shall be established on or after July 1st, 1984 within 1000 ft. of any other community resident." It means the same thing. It does not mean that a mentally ill residential home cannot be constructed within 1000 ft. of another mentally ill home residence, it says, "any other community residence," and I would just believe that your amendment would be redundant.

SENATOR CASEY:

As a matter of fact, Senator Smith, ...

THE CHAIR:

Senator Rogers.

SENATOR ROGERS:

... you are absolutely correct. Mr. President, we'll withdraw this

amendment. It does not refer to the specific section in the statutes which I'd requested and therefore (inaudible).

THE CHAIR:

The amendment is withdrawn.

SENATOR ROGERS:

No, Senator, I was - we can, I think, have this out in the House. I would ask that the amendment be withdrawy, Mr. President. I'm sorry.

THE CHAIR:

Senate Amendment "A", you wish to withdraw that, Senator Rogers?

SENATOR ROGERS:

I do, please, Mr. President.

THE CHAIR:

Without objection.

SENATOR ROGERS:

Thank you.

THE CHAIR:

Senate "A" is withdrawn. No further amendments? Senator Wilber Smith.

SENATOR SMITH:

Mr. President, I move adoption of the bill.

THE CHAIR:

Do you wish to remark?

SENATOR SMITH:

Yes, Mr. President. The bill would extend under certain conditions prohibition against municipal zoning regulations from excluding community residences for the mentally retarded to the mentally ill. The bill would also

establish parameters for the location of a residence required and an application or a license to operate a residence to be disseminated (?) to certain groups, allow for petitions to deny or revoke the license of a community residence, require the biannual evaluation of a residence by the Department of Mental Health and direct the Department of Health Services to include in its regulations standards for the operation of a residence. Further, the bill would allow a residence of a municipality where the community residence for the mentally retarded to petition the Commissioner of Mental Retardation to revoke the facility's license on the grounds of non-compliance with the applicable laws and regulations. The only mentally ill adults that would be permitted to reside in a community residence would be those that were discharged from a state operated or licensed facility or a referred by a licensed physician specializing in psychiatry or a licensed psychologist. Such residence would not be permitted to house an adult who, under current law, has been found; 1. to be dangerous to himself or others. 2. to have a psychiatric disorder that is drug dependent, or 3. to be alcoholic. And this bill would also exclude from a community residence any adult who has been placed there or released to a community base residential home out of Superior Court or the Department of Corrections. Also excluded would be any person who has been charged with committing a crime and found to be incompetent to stand trial. The bill would allow not more than eight mentally ill adults to be housed in a community residence. The residence would also have to house a staff that is licensed by the Commissioner of Health Services and would supervise group living activities, psycho-social rehabilitation and other support services. The bill would impose geographical and population restrictions

upon the establishment of community residences for the mentally ill. A community residence would not be permitted within 1000 ft. of another community residence. In addition, the bill would not permit the total number of mentally ill adults served by all of the community residencies in any one municipality to exceed 1/10 of 1% of the population of that municipality. The bill would permit a resident of a municipality, through the Chief Executive Officer or the Legislative Body, to petition the Commissioner of Health Services to deny an application to operate a community residence on the grounds that the residence would violate the locational and population limits. On the grounds that the residence is not in compliance with the applicable laws and regulations, the bill would permit the resident of the municipality to seek the approval of the Legislative body to petition the Commissioner of Health Services to revoke the residence's license. On the same grounds, a resident, with the approval of the legislative body, would be permitted to petition the Commissioner of Mental Retardation to revoke the license of a community residence for the mentally retarded. Under current law, a mentally ill person is a person who has a mental or emotional condition which has substantial adverse effects on his or her ability to function and who requires care and treatment. Current law defines mental retardation in clinical which relate to below average scores on standardized tests and inability to satisfy the expected norms for personal independence and responsibility. If there's no objection, Mr. President, I would move the bill to consent.

SENATOR MORANO:

Mr. President.

THE CHAIR:

Senator Morano.

SENATOR MORANO:

Mr. President, once again we have before us the perennial (inaudible) that would take away the self-determination of our towns and cities. Not only that, but it would take away and destroy our local autonomy as well as destroying the privileges of the local zoning authorities that we all treasure so well in our communities. At the outset, let me say that I'm not against mentally ill residents for adults. I understand the bill thoroughly, but I am against taking away local autonomy. There's no reason that we should have to do this here in this chamber today. I feel the people in the chamber who are well enough acquainted and the people in the towns that are interested in this subject matter would fight for it in their own towns to their own zoning boards, so let's not take that right away from the people and kill this bill today.

THE CHAIR:

Do you wish to remark further? Senator John Matthews.

SENATOR MATTHEWS:

Thank you, Mr. President. Mr. President, I think I have discussed this situation in the past, but very briefly, I have felt and I have expressed this observation to Senator Smith in debates earlier or in earlier years, that when we mandate something like this on a local community, to me, as an individual, it seems to me that you are saying to the people who do not feel inclined to do it that way and the people who are in need of the loving, caring attitude of the people about and near where they're going to be is of paramount

importance if they are going to be able to improve their circumstances and attempt to overcome their handicap, and it is my impression that the way to do this is to go to the communities with a program and an incentive of some type such as a tax credit or something of that nature on the property or whatever, and get the people in the community and in the area that's in a location where the home will be located to be cooperative in this situation so that the people who come there will be approached in a kindly, friendly helpful way, and then I believe they will have constructive results and they will be in a much more favorable position to be helped. I don't think this is the way to do this and I think that those communities where this has occurred in the manner in which I've directed it, there is great success. Thank you very much.

THE CHAIR:

Do you wish to remark further?

SENATOR MORANO:

Mr. President.

THE CHAIR:

Senator Morano.

SENATOR MORANO:

Mr. President, I think it's only proper at this time to demonstrate to the members of the circle that I have in my possession over two thousand petition signatures from all over the lower part of Fairfield County - the Greenwich, Stamford, Darien and Norwalk area, and I think it's only fair because they worked so hard to express their feelings through the mail that I acknowledge receipt of the same today. Thank you.

THE CHAIR:

Do you wish to remark further? Senator Streeter.

SENATOR STREETER:

I'd like to ask a question of Senator Smith about the situation where you have a town which does allow group homes and where those group homes must meet certain zoning standards. Would this bill prohibit the town from enforcing those standards upon a group home which is built within the ...

THE CHAIR:

Senator Wilber Smith.

SENATOR SMITH:

Through you, Mr. President to Senator Streeter, no. The municipality's zoning must be maintained. What it says is that the municipality where it provides for zoned areas which allows multi-family housing, but they cannot use those zoning - they cannot change the zone just to keep a community resident out.

SENATOR STREETER:

Another question.

THE CHAIR:

Senator Streeter.

SENATOR STREETER:

A group home ordinance can, however, within a multi-family housing zone, say not only does it have to be in a multi-family zone but it also must have a certain number of square feet, that it must have certain building characteristics and that it must have certain kind of style offs from various inspectors within the town. Does this bill honor that requirement?

THE CHAIR:

Senator Wilber Smith.

SENATOR SMITH:

Through you, Mr. President to Senator Streeter, yes.

THE CHAIR:

Do you wish to remark further? Senator Regina Smith.

SENATOR SMITH:

Thank you, Mr. President. I rise in support of the bill. As Senate Chair of the Health Committee, I held interim studies on mental health crisis in the State of Connecticut and, indeed, we do have a mental health crisis. We do have a suit brought against the state by the Hospital Association and by the nursing homes. The Hospital Association because they don't have anywhere to put the mentally ill patients when they come into the hospital, we don't seem to have room in our state hospitals. At the same time, the Commissioner had indicated that at any given time, people come into the hospital, into the emergency room, are released back out. Communities complain that they don't have any facilities and they don't know what to do and deal with these mentally ill people, and we have a problem and this is one way of addressing this problem. In being involved with the Health Committee for the past six years, I have found that there are certainly advocates for the retarded and advocates organized for the handicapped. However, there really isn't an organized group that we would consider advocates for the mentally ill. The families of the mentally ill people, and there are many people who are suffering emotional mental problems in the State of Connecticut, simply haven't organized, so I don't know, Senator Morano, where we would find the advocates who would be working to establish

these homes and I think that it's, where I have a deep respect for local autonomy and local zoning, when you can come up with 2000 letters and petitions from people in your area who are opposed to this bill and are opposed to this measure, I think that's a significant indication of the type of opposition that we would probably be facing in all our communities. If the state hadn't moved in the direction, in the same direction with the mentally retarded, we wouldn't have the group homes all around the state that we do have for the retarded and I certainly know, in my district where there are a number of group homes for the retarded, we have had tremendous community support. They're doing a fine job and my major concern for the bills in the past dealing with group homes for the mentally ill was a specific concern that the state would not be responsible. The state is assuming responsibility in this bill. They are going to be responsible for what happens to those homes and for all these reasons I support a bill that I think is necessary. It's just unfortunate that we have to do it this way. It's unfortunate that the communities haven't opened up themselves and said, "yes, we will let a group home open in our community." I don't think it would have happened with the retarded if we didn't pass legislation and I don't think it'll ever happen with the mentally ill. Thank you, Mr. President.

SENATOR MORANO:

Mr. President.

THE CHAIR:

Is this your third time? Without objection, you may proceed.

SENATOR MORANO:

May I have permission, please? Mr. President and Members of the

Circle, I think the manner in which they went about getting the home in Greenwich prompted the action of the over the 2000 signatures that I have. There's complete violation of the boundary lines in the backyard requirements, parking problems and pressures that exist on the Appeal Board that were passed onto the Zoning Board prevail because the people were, some of them, symphathetic to go forward with this mentally ill home. At the present time, there are violations. It was supposed to be a three family house and it's now become a rooming house with an office which is against the three family zoning provision in our local zoning, so if this is the beginning of what can happen throughout the towns and cities, then I think we'd be doing them a favor if we destroy this bill and let the towns make their own decision.

THE CHAIR:

Do you wish to remark further? Senator Wilber Smith.

SENATOR SMITH:

Yes, Mr. President. Thank you. I rise for the second time on the bill. In response to Senator Morano, he was kind enough to give me one of the form letters of his 2000 that he received, that's on his desk. I think I admittedly - the petition is in error in a number of situations. Therefore people who signed them signed what they were either told or what they thought we were doing. It says that this bill allows the state to override local zoning violations and put these residents anywhere. That, of course, is not true. It's restricted to areas of multi-family dwelling units. It says it "thus removes from the local level my protection as a present homeowner or a homeowner of the future." That certainly is not true. If Senator Morano is correct that his community is going ahead and they're going to have their own

community residencies, I'm positively sure that they have two of them, they've already exceeded their 1/10 of 1% of the population and no home could then be moved into that particular area if there are communities that are going ahead with their own community residencies. It says that "in its present form this bill does not afford any safeguards for the mentally ill," and that certainly is not true, and it goes on to say that "nor does it give recourse to the communities after the fact." That certainly is not true in those sections of the bill that provide for petitioning to the legislative body to petition for revocation of a license if the mentally ill residency is not in compliance, so this petition signed by the 2000 people were, these people in effect, were misled by someone who got them to sign it, and the only thing I like about this petition, Mr. President, it's dated on my birthday, March 22nd.

THE CHAIR:

This has a redeeming value then.

SENATOR SMITH:

Yes. It might be its saving grace. But finally, I think we ought to bring our system into the twentieth century to Senator Morano and Senator Matthews in letting the towns do what they will and we let the towns do what they will and of course I don't think they do it now, but there was a time when the towns did do as they willed with mentally ill people. They said they were possessed of demons and they burned them at the stake as witches, and then when we became ashamed of that then we started locking them away in dungeons, and when we became a little bit more civilized, we put them in institutions, but we still lock them away and what degrades that treatment is that when we have too many of them and we have no more room, we let some of them go back into

communities that won't accept them and they end up in the streets, they end up homeless, they end up penniless and they end up going back to the institutions again, and because of the way we treat these people, the question is who, in truth, are the mentally ill? If we so-called - those of us with right minds - if we cannot do the kinds of things that are necessary to bring people back into our society in decent surroundings to help them and cut down the cost of institutionalizing them, then that question of who, indeed, is a mentally ill, can be answered negatively toward ourselves. We're almost to the twenty-first century. I think we ought to do something in the twentieth century before it's too late.

THE CHAIR:

Senator Schneller.

SENATOR SMITH:

When the vote be taken, Mr. President, I move that it be by roll call.

THE CHAIR:

Thank you. Senator Schneller.

SENATOR SCHNELLER:

Mr. President, I think that the Senator Smiths have expressed my feelings extremely well and so it's not necessary for me to go into a great deal of detail as to why I'm going to support this proposal. I think what this proposal does is No. 1. It says that all towns in this state shall at least share some of the responsibility for taking care of the mentally ill in placing them in the best possible surroundings which we've come to learn is a group home, but while all communities must share in this responsibility, it provides some very fair and reasonable safeguards and I think the safeguard that is the

best qualification is that no series of group homes or the population in one or more group homes shall not exceed 1/10th of 1% of the population of the community. What that means in a community or municipality of 10,000 people is that they'll have ten people, which is really one group home. I mean, how much of a sacrifice or how much of a burden is it going to place on a community of 10,000 people to have one group home for the mentally ill? I think if we do this solely on a volunteer basis, what will happen is that the mentally ill will become deposited as they are today in the older cities, in the core cities, because that's the only place that will voluntarily accept them. Sure, they're some instances where some communities might do it on a voluntary basis, but really we've recognized this in mental retardation and I think the time has come to adopt some statutes that sets these very minimal standards, that they must be in an area of a community that is zoned for multiple family dwellings, they can't be more than or they must be a minimum of 1,000 ft. apart if there are going to be two or more and they can't exceed a tenth of one percent. I think those are minimal requirements and while all of us are very sensitive to the whole issue of local zoning and the great history and tradition of local control, you know, let's not delude ourselves that any of our 169 municipalities have complete and irrevocable local control. They have it in many areas, but they certainly don't have complete control over their destiny and I think this is a humane way of dealing with this problem and I'd ask you to support the proposal.

THE CHAIR:

Do you wish to remark further? Senator Mustone followed by Senator Robertson.

SENATOR MUSTONE:

Very briefly, Mr. President. A group home for mentally retarded was opened very close to my home just three months ago and I went over to pay a welcoming visit just last Thursday afternoon. It houses six mentally, retarded adult males from severely to moderately retarded. They all go out to work in community workshops during the day. They are provided transportation in a van. One of the men has been institutionalized at Mansfield since he was six years old. Roger is presently 32 and he bathes himself regularly, makes his lunch for work in the morning, makes his bed and these six men are beginning to live in an integrated home whereby meals are served to them in the evening and whereby they share the responsibility of laundry and chores. I'm in full support of this concept even though this bill before us is for the mentally ill, I certainly endorse it for the mentally retarded. Thank you, Mr. President.

THE CHAIR:

Senator Robertson.

SENATOR ROBERTSON:

Thank you, Mr. President. Mr. President, usually on each and every piece of legislation I try to, in my own mind, decide why is that legislation here and in this specific situation of calendar 338, I ask why are we now in a predicament where we're telling towns that regardless of what their planning and zoning regulations are if the state so deems it fit to put a home for mentally ill people in that community that they have no choice and the reason why as has been suggested on the floor of the Senate and I can't verify that it's true but I assume that it is, is that communities have not been willing to do so.

Communities have not been willing to do so. We assume that the department is out there with a good PR program and they are trying to get communities to open up their doors to community residence for the mentally ill people. I'm not certain that the department has done that. I would suggest that maybe the department has not because they can very simply come to us and ask for the exact reaction that this bill has created. The option is, let the towns open themselves up. They evidently have not. So the other option is, as I see from this bill, let's shove it down their throats. There seems to be a vast area in between those two options. It seems to me that we created a GTB formula because the state was not properly providing for equal educational opportunity. It seems to me that rather than demand that the towns provide equal educational opportunity, we created money as an incentive. It seems to me that this bill is not necessary yet. I think that we have through the department hoped that communities would just open their doors, they didn't, so now it's time to shove it down those community's throats. I think that we should work in the middle ground. I think we should find incentives. I seems by listening to the debate that only we thirty-six people are people with a heart, that all towns are cruel and vicious people, not willing to help their fellow human man, and only we are blessed with that ability to care. I would suggest that we defeat the bill today or PR it, look into our budget surplus, find out if we can quickly create a budget surplus into this sort of bill, create some sort of an incentive program so that towns not only will open up their hearts but also will open up their pocketbooks. I suggest that that's the proper way to go. I don't like shoving anything down any town or city's throat until I feel it's absolutely necessary. I do not

believe that we or the department have made the attempts to convince towns. I don't believe that we, as a General Assembly, have given the department the tools to get towns to agree. Therefore, I would suggest that we vote no. Thank you.

THE CHAIR:

Do you wish to remark further? Senator John Matthews.

SENATOR MATTHEWS:

Mr. President, Senator Smith made the observation over the period of history about how we have been handling this type of human being and made a statement I believe to the effect that the communities won't accept these mentally ill people just as they would place them in dungeons and so forth many centuries and years ago. I think this is one of my major points in the comments that I have been making that when we force this issue on the groups in the communities that is exactly what's happened. They will not accept them and what we really want is the community area of people to accept these ill people and help them recover or improve so that they will be human beings to the best degree that we can help them become one, and I think that this is not a regressive attitude. This is really a progressive attitude. It's reaching out to those people and we are proving this by the very fact that as the years have progressed, we are moving stronger and stronger into the understanding both medically, emotionally and spiritually in regard to this type of situation which we are faced with. In New Canaan, for instance, we have an extensive program in this very area where there are many mentally ill people. Southbury has a mentally retarded, I believe, where they have built and lived - or people have built and lived surrounding them. We have heard others comment

that in their communities this is being done. I would say that we are moving well forward in a progressive way and it seems to me that to mandate something of this nature will not assist that. The towns or the people who are beginning to open their eyes and their hearts to this situation may be about to say to themselves we are willing to make the overture to the people just as our fellow towns have not down the road and to do something like this it may close that door. They begin to say why are they doing this to us. We were ready to do something on our own, now we're being told you've got to do it. To me, this is the progressive way. This is the way that you open the door to those people who are really in need of our support. I would feel very understanding about any circumstances whereby an enabling statute was issued so that the towns could do something and it seems to me that when you put that word in there, then it's a different thing than when you say you've got to do it and let's try the enabling way for two or three years and let's see if it doesn't work. It seems to be working. I grant you we don't have every purse in place. I understand that there's forty-seven more homes needed and it seems to me that we have been moving. I'm sure that five years ago we needed eighty homes, so we are progressing. We are making headway. We're getting accomplished the needs of these people. Thank you.

THE CHAIR:

Clerk, please make an announcement for an immediate roll call.

THE CLERK:

An immediate roll call has been called for in the Senate. Will all Senators please take their seats. An immediate roll call has been called for in the Senate. Will all Senators please be seated.

THE CHAIR:

The question before the chamber is a motion to adopt calendar No. 338, Substitute for Senate Bill No. 533, File No. 488. The machine is open. Please record your vote. Senator Sullivan. Has everyone voted? Machine is closed. Clerk, please tally the vote. Result of the vote, 27 yea, 9 nay, the bill is adopted.

THE CLERK:

Calendar 345, File No. 500, Substitute for Senate Bill No. 470. An Act Concerning Hours Of Work By Minors In Supermarkets. Favorable Report of the Committee on Labor and Public Employees. The Clerk has amendments.

THE CHAIR:

Senator Harper.

SENATOR HARPER:

Thank you, Mr. President. I move acceptance of the joint committee's favorable report and passage of the bill.

THE CHAIR:

Clerk, please call the amendment.

THE CLERK:

Clerk has Senate Amendment Schedule "A", LCO No. 3605. Senator Dorr.

THE CHAIR:

Senator Dorr.

SENATOR DORR:

Yes, Mr. President. I move adoption of the amendment and ask that its reading be waived.

JOINT
STANDING
COMMITTEE
HEARINGS

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1984

MS. RUBENBAUER: (continued)
measure, one assessor per municipality be certified within three years of obtaining the position." The Office of Policy and Management is of the opinion, especially in light of the above-mentioned Property Tax Commission study that the committee which oversees said certification should be comprised of the best available persons who are actively engaged in the field of assessment administration. So we urge your favorable consideration of the bill.

REP. GARAVEL: Thank you and you're submitting testimony for the records?

MS. RUBENBAUER: Yes, I have seven copies.

REP. GARAVEL: Thank you. I would like to add that anyone who has testimony that they would like to submit for the record certainly is welcome, the Committee would appreciate it if people would not just come forward and read written testimony. They can summarize that and submit the testimony for the purusal of all the Committee members. Commissioner Worrell.

COMMISSIONER WORRELL: Good morning. The established -- I'm coming to testify on Bill 533, An Act Concerning Community Residences for Mentally Ill Adults.

REP. GARAVEL: Commissioner, just for the record, would you state your name?

COMM. WORRELL: I'm sorry, Commissioner Audrey Worrell, Commissioner of Mental Health.

REP. GARAVEL: Thank you.

COMM. WORRELL: The establishment of independent living programs has been a priority in recent years for the most disabled population in Connecticut. In fact, the goal of most human service agencies has been to create care systems which provide services in community-based settings for those who do not require institutional care. While our policy has been to encourage integration of the mentally disabled people into community life and to move away from large state

COMM. WORRELL: (continued)
institutions as a primary provider of mental services, at the present time, many psychiatric clients are hospitalized or are at risk of being hospitalized because community-based housing alternative are not available.

The success of this community-based approach depends on the existence of a variety of community residential facilities and support services. In Connecticut, we have tried to coordinate the return of patients into the community with the development of appropriate residential options to receive them.

Despite the significant need for and provided effectiveness of community-based housing programs, the many efforts of both state and private agencies to develop independent living facilities in the community have been impeded by a variety of factors. In some cases, even when resources have been available, efforts have been thwarted by community opposition which generally has been using exclusionary zoning as the primary method of blocking community residences.

Small, supervised community-based living programs linked with mental health services are crucial elements in an effective, coordinated mental health system. A continuum of housing and support services must be created to respond adequately to the variet housing needs of the mentally ill. Supervised community residences are necessary for the disabled who are not well enough to li-e alone, but who do not need hospitalization or more highly structured programs, such as nursing home. Community residences provide residents with the support and guidance that they need to help delay or prevent hopsitalization or rehospitalization.

Community opposition is frequently one of the most significant obstacles to the establishment of community-based housing because of the persistent myths that are always associated with mental illness. The mentally ill are no more dangerous as a group than most other segments of society, especially the supervised mentally ill. In many cases, negative attitudes towards these facilities originate from a lack of knowledge concerning goals, objectives and successes of programs. Too often we hear someone say it's a great idea to establish

COMM. WORRELL: (continued)
community residents but not on my block. In the opposition to community residences, there is manifestation of -- it's manifested by restrictive zoning, by building codes, by discriminatory housing practices, by actions before local zoning boards and legislators and just day-to-day neighborhood incidents.

National research has shown that for every facility that has remained open, another facility was reported neither to have been able to open or to have closed soon after it opened because of intense community opposition. In Connecticut, many of the existing halfway house programs report community opposition during the start-up process. In some cases, these programs report a no -- those programs reporting no community opposition are located in rundown, residential or commercially or industrially zone areas which preclude assess to normalized environments.

In Connecticut, half of the 14 existing halfway houses report that they experienced significant community opposition when the programs opened. Community resistance took the form of either local zoning board actions or regulatory delays which resulted in loss of preferred site or increased start-up costs. Five of the seven halfway house programs reporting no significant community opposition were located on or adjacent to hospital grounds or in a YM or YWCA.

Currently two of the three group home now under development report significant community opposition. They have encountered zoning difficulties ans delays which have greatly increased start-up costs. One program may be forced to seek an alternate and less desirable location in order to provide housing.

It should be noted that at least halfway house/group homes did not open in Connecticut due to either successful community opposition or to the perception that community resistance or zoning restrictions could not be overcome. While we know of only eight cases for sure, it is highly probable that other groups have been prevented from establishing community residences because of prohibitive zoning laws or negative local reaction.

COMM. WORRELL: (continued)
The Department of Mental Health currently funds 14 community residences, for a total of 197 beds, state-wide that is, in Bridgeport, Danbury, Hartford, New Britain, New Haven, Norwalk, Stamford, Torrington, Waterbury and Willimantic. The average per diem cost per patient is $160 at state in-patient facilities and $32 per bed at community residences. That is, that $32 per bed is in some cases just the cost of the bed and in other cases the cost of the bed and some services, but is probably about 25 to 33 percent lower than the total cost of all the support services, but still you can see a significant saving. That is, that the average annual cost per state hospital is $58,400 as compared to the cost of $11,938 for the community residences. The long term cost savings of the State though is not as impressive as the long term progress of mentally ill clients who could make with appropriate community support and the increased quality of care that we could offer and the number of clients that we could help.

Bill 533 is enabling legislation that allows community residences of eight or fewer mentally ill adults to be set up in areas zoned for structures containing two or more dwelling units. The bill clearly defines admission requirements to these community residences and provide for referrals to the residences by state-operated or licensed facilities or by a psychiatrist or by a psychologist. All residences must be licensed by the Department of Health Services and will be evaluated twice a year by the Department of Mental Health. In addition, the Department of Mental Health and the Department of Health Services are working together to promulgate comprehensive regulations for all community residences.

I would like to just add the testimony that I handed you, this is in response to last minute changes that were brought to my attention yesterday, mainly by the municipals but I think another group was involved. The first change in Section 3A of the bill makes it clear that all municipalities, all of them, would come under both enabling provisions and the density controls in the bill. There was some feeling when we were trying to cap the numbers of group homes that we would be asking to put into place that we were by using .001 percent of the population excluding group homes from towns with less than

COMM. WORRELL: (continued)
8,000 people. That was not our intent and we feel that as long as the density provisions are taken into control that all towns should have group homes if they have people who need them. The following should be substituted for Line 52 through Line 53 in Section 3A. Any of the
ss. 2 community residence if more than one community residence is proposed in a municipality shall not exceed one-tenth of one percent of the population of such municipality. While this language allows a community residence to be located in any municipality with areas zoned to allow structures containing two or more dwelling units, other hurdles must be overcome. An appropriate house, a group to sponsor the residents, adequate funding, and local support services must be found before community residences will be established.

The second change makes clear to statutory language the nature of the regulations guiding the operations and licensing of the community residences. This new section four delineates the minimum standards which must be included in regulations. The Department of Health Services with the Department of Mental Health advice shall promulgate regulations that include but are not limited to standards for safety, maintenance, administration, human rights, staffing requirements, medication, program goals and objectives, descriptions of services offered and populations served. The old Sections 4 and 5 become respectively Sections 5 and 6.

I urge this Committee to support this bill as a strong statement of its commitment to the mentally disabled and their right to live in normalized, stabilized supportive environments.

Thank you very much.

REP. GARAVEL: Thank you, Commissioner. Do you have copies of your revised -- proposed revisions?

COMM. WORRELL: Yes, I do. I just gave them to the clerk.

REP. GARAVEL: Okay, all right. I didn't receive one. That's okay. I got mine after -- or is it in the back of the first testimony?

: No, it should be separate.

COMM. WORRELL: I just found out there's a sentence left out of the new testimony.

REP. GARAVEL: I didn't get it. I have that. That I don't have.

: Sue, how do you...

: A word -- a line was just left out inadvertently. We'll give it to you, okay?

REP. GARAVEL: Fine, thank you. Are there any questions by Committee members of Commissioner Worrell: Senator Rogers...

SEN. ROGERS: Commissioner, good to see you again. You recall last year we had a little difficulty with this and we even went into a Committee of Conference...

COMM. WORRELL: Yes...

SEN. ROGERS: And if we have to be crass enough to look at the dollars involved, it seems to me that would save the state over $9 million a year which ain't hay.

COMM. WORRELL: Treatment plans to facilities that don't exist is not acceptable to me and I don't think to the state. The only way that we can make sure that these folk are well cared for is to do it ourselves and I think that we will be able to very quickly show that this is a wise move although it's not politically popular.

REP. GARAVEL: Thank you. Rep. Meyer...

REP. MEYER: Commissioner, you have occasionally used the word this enabling legislation. As I read line No. 45-46, it says, "No zoning regulation shall prohibit any community residence in an area." That to me is not enabling legislation, that to me is a mandate upon the community.

COMM. WORRELL: I hope so.

REP. MEYER: So then perhaps the word enabling legislation is

REP. MEYER: (continued)
not what we should be using in discussing this. This is mandated.

I find that there is no type of community information meeting required. One of the biggest problems we have had and as you know I am supportive of the work you are trying to do but I also have to represent constituents who feel that this is something being mandated upon them into which they have absolutely no input and I was wondering if perhaps there would be some way where at least we could get some type of community information meeting because I feel that if you are going to bring people who have had problems into a community that is going to be exceedingly hostile to them this is not going to be to the benefit of the people we are trying to help by providing these group homes.

Has there been any thought given by your department to some PR along these lines?

COMM. WORRELL: I'm sure we will do that, Rep. Meyer. One thing I think that has happened that you may not have put into context and that is that last year we passed a town of origin bill that said that people who leave state hospitals who want to return to their own towns, the towns that they lived in before they became sick can now return to their own towns.

Now, what our intention is is to try to put group homes into place and then to try to put people back into the towns that they lived in. And I think there's got to be -- and it's going to take time because we've got 169 towns and in some cases the cities are going to have to take priority because they have become the towns of residence of people even if they weren't originally the towns of residence. But we really don't have any intention of trying to sneak outsiders back into town into housing that we put into place. What we're really trying to do is to make sure that people who always lived in those towns who want to return to them and who have had an opportunity to do so, and when they need supervision that they have supervision so that they are not problems for the town.

COMM. WORRELL: (continued)
The public hearings I think are something that we would have to do in a regular ongoing way and the fact that that's not written into the law has nothing to do with our commitment to do it. We really have been trying increasingly to educate the public and I think that last appropriation hearing when we had over 150 consumers of service come in -- families of people come in to talk about what the mentally ill need, shows we're beginning to make an impact in terms of education but it's a slow process.

REP. MEYER: One other question: The assurance that the support services are currently available in the community, this was one of the great concerns of the municipalities that they would have group homes that they then would have to supply the services for these people. This was also a concern of some of the residences in the area that the types of services that these people would need would not be readily available. Now in your addition you have talked about regulations and the like, but there actually is nothing in the bill that would assure your communities that your department would be responsible for the support services and the cost of those support services or to the people of the community that those services would be made available.

COMM. WORRELL: Well, I don't need to go through this struggle to supervise people to put them in a place where there are no services. I could do that. That's been being done since you know the beginning of the state. What I'm trying to do is put in the pieces that need to be put in to make sure that people who are mentally ill get the service they need. One of the big pieces is housing. We have every intention of trying to put the housing as close to services that these people need as we can and make sure that they're at least on a bus line that they can get to a day care center, an outpatient clinic, or vocational rehab services, whatever it is that they might happen to need. Now that's not always going to be in that town because there are not services in every town but they will be accessible and we will see that they are able to get to them.

As far as writing in what the standards and regulations

COMM. WORRELL: (continued)
are in the law, that's almost impossible because these community residents will go from everything from let's say a group home to perhaps supervised apartment living, perhaps smaller group homes for physically disabled. There are going to be a wide variation also of the psychiatric services that they need.

They'll probably range from 24 hour around the clock on site supervision to someone on call 24 hours for three or four buildings depending on whether it's an almost full-way house where people need a lot of supervision or an almost one quarter way house where people need almost none. So that what we've got to try to do is write the regs to meet the standards of the clients, but they are going to be written.

REP. MEYER: Just one other thing just to get it clear in my mind. These homes or apartments or whatever we do get in the long run, that would be mandated under this section of the statutes. These would be all run by your department or would they be run by outside people and just licensed by you?

COMM. WORRELL: Probably run by outside people and just licensed by us. Well, they're licensed by the Health Department with regulations that the Health Department and we will write for that level of care for the clients. But probably as all of the other group homes are in the state now, they will be privately run but supervised by the state.

REP. MEYER: Thank you.

REP. GARAVEL: Senator Rogers...

SEN. ROGERS: For the second time, Mr. Chairman. Commissioner, I think it was just cleared up that if these were privately owned the zoning regulations would apply. Go ahead... On the other hand if you could persuade the governor to give you a blank check you could purchase the property, couldn't you? In which case the zoning would not apply.

REP. GARAVEL: Commissioner, very often every year we get very strong opposition from the City of Norwich, okay, and

REP. GARAVEL: (continued)
part of the problem is because they have a mental hospital I think in Norwich and they raise the issue that in the event community residences bill is passed it's going to increase the number of mentally ill people in the City of Norwich, which we have tried to say is a fallacy because of the limitations on the number of -- the distance requirement and the number of people and the one tenth of one percent, so do you feel that that is a problem with the City of Norwich or do you feel that...

COMM. WORRELL: The City of Norwich is really a problem and I am going Friday to talk again with folk down there to try to see if we can come up with a plan because the City of Norwich truly has a unique problem.

Middletown also has that problem but to a much lesser extent because there are many more resources in Middletown and -- but the City of Norwich has many, many long term chronically mentally ill people from all over the state living in downtown Norwich. That is a direct product of neglect over a period of many years by the Department of Mental Health. That's one piece. The other piece is they have also themselves been most lax in enforcing decent housing for all of their citizens so that there are a lot of very inadequate housing places in downtown Norwich. Fairfield Hills, which is in Newtown has not presented that problem for Newtown because they have not allowed the housing to exist that could, you know, become repositories for those folk, but because for years and years and years, the towns in the State of Connecticut felt that to interpret the welfare law, literally the law said that people had the right to go on welfare in the place where the need arose, and the law was intended that people could go to any town welfare and ask to be put on and be put on but the reality was that when they went to welfare in the town where they had lived after coming out of let's say Norwich, they were told to -- that the need arose in Norwich so they should go back to Norwich so that there is a large population of mentally ill people in downtown Norwich.

We have given them a building on the grounds of Norwich Hospital called Martin House that has gotten about 40 or 50 folk off the street. We have gotten the Ganette Founda-

COMM. WORRELL: (continued)
tion Fellowship to enlarge Reliance House which is a rehabilitation program for the mentally ill. We've opened about $250,000 worth of HUD supervised apartments that are associated with Reliance House that are supervised for those folk.

I am willing to make a commitment to the town of Norwich to make sure that no new mentally ill people go into any group home that opens in Norwich and also to make sure that the other towns in the area around Norwich also have group homes that open first.

They are concerned that they will be the only town that has to open group homes. I think this largely precludes that and as I was pointing out to Mr. Witty that he would be very foolish to say no group homes in Norwich when he already has so many mentally ill people from all over the state who are really in need of this service.

If I make a commitment to him to make sure that no one except people who are already residents of Norwich go into a group home in Norwich, it would seem to me that he'd want as many as he needs for his people to get them out of the Hotel.

REP. GARAVEL: Yeah, wouldn't you agree then that in the event this bill was implemented that we'd see probably some of those people come off the streets of Norwich into a more controlled situation where they could be in a group home?

COMM. WORRELL: That's what I'm working toward. I can tell you, very strongly, it's what I'm working toward. I also have in the works and this is going to impact Norwich, I'm going to tell you since you brought it up, we're in the process of trying to get another building open here in Hartford on Cedarcrest Hospital grounds for the long-term care mentally ill people from Region 4. When we get the patients who are presently in Norwich from this region into Region 4, into that building, I would like to use the staff that we have in the hospital presently taking care of out of region residents, made available to supervise and to help with the population in downtown Norwich either day care programs, more supervised group homes --

COMM. WORRELL: (continued)
whatever it is that is needed and we plan to try, Mr. Witty and I agreed about a month ago to try to put together a planning committee, collaboratively with the government and the town of Norwich and the Department of Mental Health to try to address...Norwich truly has some unique problems and I can't undo in two years what has gone on for 40 but I am highly committed to making as quick a dent, an impact on that population as I can.

REP. GARAVEL: Thank you, Commissioner. Are there any other questions? Thank you, Commissioner.

COMM. WORRELL: Thank you.

REP. GARAVEL: Betty Hudson. To be followed by Jessica Wolf

MS. BETTY HUDSON: Rep. Garavel and Committee Members, I'm Betty Hudson Administrative Aide to Governor William A. O'Neill.

The following are the Governor's comments concerning Raised Committee Bill 533, An Act Concerning Community Residences for Mentally Ill Adults:

Small, supervised community based living programs linked with mental health services are crucial elements in an effective and coordinated Mental Health System.

Community residential placement can allow those mentally ill adults who no longer require institutional care to obtain suitable employment, support themselves and contribute to economic productivity. It can make the difference between repeated, costly hospitalizations and the opportunity to move toward a rewarding life, enduring friendships and productive functioning in society.

You will recall that in my budget methods I recommended 500,000 additional dollars to provide an increase of 50 beds in group homes throughout the state at various times during the year. I also proposed $500,000 in bonding funds for group homes and $1,380,000 to fund a 120 bed extended care facility. I also recommended $200,000 for the development of a new psycho-social development program for our mentally ill citizens. But new dollars alone will

MS. HUDSON: (continued)
not be enough. We must also eliminate the barriers which presently exist in local zoning ordinances and, at the same time, we must protect the interests of the towns and the municipalities.

Commissioner Worrell of the Department of Mental Health has suggested some changes in the bill before you and I urge you to give those recommendations and Raised Committee Bill 533 your favorable consideration.

Thank you.

REP. GARAVEL: Thank you. Jessica Wolf...

MS. JESSICA WOLF: My name is Jessica Wolf. I'm the Regional Mental Health Director for Region I, Southwestern Connecticut, and I see some people from Stamford and Representative Meyer, Representative Fox.

I am Department of Mental Health Regional Director for Region I, Southwestern Connecticut. This area comprises the 14 cities and towns extending from Stratford, through Bridgeport, Norwalk and Stamford to Greenwich. I'm here to urge that you support Bill No. 533.

It was during a legislative breakfast in Stamford several years ago that then Representative and now Senator Anthony Truglia suggested that a housing bill be submitted to assure that mentally ill citizens be able to live in their home communities. As you know, the bill has come a long way since that time and has gone through many modifications. The bill before you now has been submitted by the Administration, with the support of the Governor.

In thinking about what I would say to you today I found myself reflecting on the fundamental issues raised by this bill: the rights of all citizens, including those who have unfortunately been hospitalized because of mental illness as well as the other citizens in communities who seek to protect and insure their own welfare, the constructive tension between local rule and the power and obligation of the State to protect those whose lives have in some crucial way been affected by forces beyond their control.

MS. WOLF: (continued)
The Report of the Governor's Special Task Force on Mental Health Policy, known as the Blue Ribbon Report, and the fact sheet and background information made available to you by the Department of Mental Health amply demonstrate the need for community residences in Connecticut.

I would like to stress the importance of this bill not only in providing the legal means to establish such residences but also in communicating a message. That message is that impediments should not and must not be put in the way of guaranteeing people who have been hospitalized for mental illness the ability to return to live in their home communities. And I would like to second what the Commissioner said. It's not as if these people go to state hospitals and came from Mars and want to return to Stamford, Norwalk or Bridgeport, for example. They came from Stamford, Norwalk or Bridgeport or other towns, went to the hospital and now need to reestablish some kind of reasonable life. They need to have a roof over their heads.

I recognize that you as legislators must weigh and balance rights along with responsibilities. Through the safeguards which are now a part of this bill, community residences will be permitted only in certain areas and they will be monitored strictkly.

Our nation was established to assure a free society under law. When people are institutionalized, the massive problems of stigma are added to their medical and financial difficulties. We know that the longer a person who has been mentally ill can live outside of an institution, in his or her home community, thegreater his or her chances of becoming and remaining an economically and socially productive member of society. And in fact we have cost data which shows that longer people stay out the more they can earn money which is something I think we're all concerned about not to mention having a sense of human dignity.

What the Department of Mental Health and the Regional Mental Health Boards are attempting to do is to provide the foundation on which a decent and reasonable life in the community can be built for individuals who already

MS. WOLF: (continued)
have two strikes against them: their psychiatric history and their financial circumstances. We also expect them to uphold their end of the bargain by behaving responsibly in the community.

I realize that this issue inevitably becomes embroiled in the ever present debates about home rule versus State authority. However, I also am convinced that some of this argument is used because people are understandably afraid of the unknown. However, the track record of existing community residences is good, and I've given you some articles about some residences in the Bridgeport area and the reactions of people now that they have been there.

I hope that compassion and justice will be your guides along with your commitment to justice and equality. Please report this very important bill favorably.

Thank you.

REP. GARAVEL: Thank you. Any questions?

REP. MEYER: Representative Meyer. If people as you say are afraid, which they are, this is an unknown quantity coming into their local communities, into their areas where they live and they are raising their children, why do you feel it is so important to have an automatic mandate that these places must be put without any explanation being offered to the people around there?

The very fact that there is no dialogue between the community into which the homes are going and the people who live there to me is the biggest weakness of the bill that we have before us because people are afraid of the unknown. They see the worst and they therefore become hostile and I think what you're doing then is bringing a group of people who cannot really withstand this hostility and plunking them down where they're going to perhaps be the recipients of some of this. I'm not saying this is right but if you do not mandate a thing and you go through the regular process of hearings and getting permits and the like, then people feel that they have had their say and perhaps are more willing to deal with the situation.

MS. WOLF: Well, then you know you're raising I think a lot of very interesting issues, of one of them the issue of whether to talk to people first or afterwards when you put in a home and there's an article which I included with the material I gave Rep. Garavel.

The first thing I'd like to say about the unknown, you know that there -- the estimates of the incidence of mental illness in our nation are somewhere between one and 10 and one and 15 people and the fact of the matter is that mental illness is something that strikes every or affects every single one of us in this room and every family in our nation. And I think that the unknown aspect is the fear that we all have about something that could happen to us or people we love or care about, so I don't think it's again -- I cannot stress enough that mental illness is not something that comes from out there and arrives here. It is something that is part of life that we all have to deal with one way or another.

As far as the issue as you put it of mandating something you know I think again it's kind of like people's rights as I see it, that there are situations in which it's necessary for a higher level of government to say to people we want you to know that you can't just run away from this. I don't think that in practice what will happen is that you know one day without anybody knowing anything these housing arrangements will come to pass because there still are local requirements that have to be met. Fire marshalls, safety codes, all of that stuff. First of all. Secondly, I think as Commissioner Worrell pointed out the Mental Health Department is attempting to increase the level of public education about the overall areas of mental illness and it's kind of like you can't legislate morality. The Department does have a responsibility to educate people.

We have established a community support program unit within the Mental Health Department which is beginning to work directly with families and citizens affected by mental illness to hold public meetings, to generally raise the level of public consciousness about these issues, and I couldn't agree with you more about the issue of educating people about mental illness. I just think that what this legislation is attempting to do is really say to people:

MS. WOLF: (continued)
people who have been hospitalized have rights just like everyone else. Unfortunately, this is the mechanism that we have felt that we had to use. We haven't found a better one based on our experiences and struggles in setting up community residences.

Based on my own experience, I have found that there are some people you cannot convince no matter what. In the Greenwich area and you may hear testimony later, the whole town in many respects is behind the establishment of this particular residence and yet there is a group of people that are very, very upset about it and they've had all kinds of education. They're just in a certain point of view, which they're entitled to, that they don't want this. But it's like you know we didn't want other civil rights issues and the government had to step in and say people are citizens with rights so that may not be a satisfactory answer but it certainly -- this is -- I understand the struggles that this Committee and you in particular have gone through with this bill. It's very tough. But we're trying to weigh -- we recognize, I think, the need that you have to weigh and balance -- mandating things and enabling them.

REP. GARAVEL: Thank you. Eliot Dober...Thank you, Dr. Wolf. Eliot will be followed by Ed Bacon at which time we will turn to the public sector.

ELIOT DOBER: Good morning, my name is Eliot Dober. I am the Director of the Protection and Advocacy Office. You have a copy of my statement before you. May I summarize this statement.

REP. GARAVEL: Please do, Eliot.

MR. DOBER: To save time. The first bill I would like to is 5802. This is a bill to define the condominium law and basically it is a law to make sure that the city and town abides with the building code. May I move on?

REP. GARAVEL: Go ahead.

MR. DOBER: The next bill is 533. This bill as you all know

MR. DOBER: (continued)
has been in review for the last three years. It is way
Cass. 3 overdue. The committee bill overall already outlined the bill. We thoroughly applaud this bill. We feel that we need a bill like this. We feel that it should be mandated in the community. We believe that the bill ought to safeguard the new occurrence. We believe that again the bill is overdue. We ought to get on with serving this population. We ought to get on with community based living for the mentally ill and I highly would recommend if you have any question on either bill I will be happy to answer them.

REP. GARAVEL: Thank you. Are there any questions? Thank you. Do you want to testify too or...

MR. DOBER: No.

REP. GARAVEL: No, thank you, Eliot. Ed Bacon...

MR. ED BACON: Representative, and members of the Planning and Development Committee. My name is Ed Bacon. I represent the Department of Public Safety, Bureau of State Fire Marshall, and I would like to speak on two separate bills, 5800, which references the state fire and safety codes being revised to amended to address the performance standards in place of the specifications standards.

I think although the bill has some merit I would ask that consideration be given to a study for that type of change and a code that has been very successful throughout the nation. Our code is predicated upon national standards and I think a study would be more appropriate than a mandate to change.

The other bill that I would like to address...

REP. GARAVEL: Mr. Bacon, you understand that bill is only with respect to rehabilitative buildings?

MR. BACON: Yes. The other bill that I would like to address is the 5805 which repeals 29292 and inserts a provision which would amend the code adopted on or after July 1981 and be applicable to any amendment or any code promulgated

MR. BORGEMEISTER: (continued)
it would be a shame that the people wouldn't be able to take advantage of those breakthroughs. And again, the amendment process is in place. The code can be amended, and as with 5800 we ask you to defer action on that and we please convene a study group to study the whole process and to report to you in a subsequent session.

Essentially we believe that the process is effective. We'd like it to be more effective. We'd like it to be better funded, but the process is there and we feel that perhaps -- that legislation should not impinge up on the code. As long as the process for amending and promulgating the code is there, leave it to the people there to keep the code up to date and don't try to impact it with legislation.

Thank you very much. If there are any questions I would be delighted to answer them.

REP. GARAVEL: Diane Stearns... I'd like to point out that anyone who wishes to testify as a group relative to the community residences bill is certainly welcome to come forward as a group. I want to ask too that someone would close the door too because there seems to be quite a bit of noise in the hall and it's very difficult for us to hear the speaker. Thank you. Good morning...

MS. DIANE STEARNS: Good morning, Rep. Garavel. My name is Diane Stearns and on behalf of the Northwest Regional Mental Health Board I would like to encourage Bill No. 533, Community Residences for Mentally Ill Adults.

The report of the Governor's Blue Ribbon Task Force on Mental Health Policy states that in August 1982, 570 patients, or 26 percent of all patients in state-operated inpatient facilities were awaiting discharge due to lack of appropriate community placements. It was determined that 92, or 16 percent of these patients could have used a halfway house or similar type of placement. There is no doubt that we need more community residential alternatives for the mentally ill in our state. What is in doubt is whether communities will voluntarily accept their responsibility and allow community residences in their neighborhood.

MS. STEARNS: (continued)
Community Residence Bill 533, if passed, could have a significant impact on our blocked system of mental health care. It could allow the discharge of persons who remain in the hospitals due to the lack of appropriate community residential resources, and it could make those hospital beds available for persons who really should be in a hospital but for whom there is currently no room.

I encourage you to vote favorably on that Bill.

REP. GARAVEL: Thank you. Are you going to testify?

MS. ELLEN MELVILLE: My name is Ellen Melville and I am a representative of the Northwest Council 22.

REP. GARAVEL: Okay, thank you. Annette Bolling, Antoinette Bolling to be followed by Christopher VonKeyserling.

MS. ANTOINETTE BOLLING: Good morning. My name is Antoinette Bolling. I'm from Greenwich, Connecticut. I am the President of the Central Greenwich Association.

I am Antoinette Bolling from Greenwich, Connecticut. I am the President of the Central Greenwich Association. This is the third time I would say I have been involved with this bill and I am here to speak against it. I feel that there are too many deficiencies as far as this bill is concerned. One of the biggest things I see is that you have no input from any of the planning and zoning commissions or towns throughout the state. This would usurp local zoning and I want to point to Section 2 where you say that zoning regulations adopted pursuant to Chapter 124, the general statutes, or any special act, shall prohibit any community residents in any area which is zoned to allow structures containing two or more dwelling units.

Usually in two or more dwelling units you have old families, people who have lived their who lives and their families have lived there. What you're doing is destroying the balance of a neighborhood. I think it serves a better purpose if you were to meet with local zonings. They know the problems. They know the delicate balances of the

MS. BOLLING: (continued)
neighborhoods. I feel that your Section 3 where you say no community residences should be within 1,000 feet of each other you have it marked as new. This is not new. This was there last year and I think it was there the year before.

REP. GARAVEL: No, what we mean is, if it's adopted it will be new in the law.

MS. BOLLING: Oh, all right. Well, I didn't understand that. Since this is my first time to do anything of this nature.

REP. GARAVEL: Okay.

SB533

MS. BOLLING: You also have in your bill, "Community residences shall be evaluated twice a year by the Department of
Cass. 4 Mental Health. Evaluations by such Department shall include a review of individual client records and shall be sent to the Department of Health Services upon request of the Department of Health Services."

My question to you is -- who's going to watch the watchers? This is suppose to be some sort of a policing action. I was at a nursing home in northern New Haven where my father was a patient and when he first went in there there were a majority of senior citizens. Then every time that we went there were fewer and fewer and there were more and more mental patients and I do know that there's a state law that says if a patient were to fall in a convalescent home, reports have to be made. It's a state law.

This particular Sunday I was there and someone was pushed in an argument. A couple of the patients were arguing and a woman pushed the man out the door and he fell and got hurt. My father's room was situated close enough to the nurses' station that I overheard the whole conversation and what it was in gist was -- well, I didn't see it so I don't have to report it.

What safeguards do the patients have as far as fire codes? (inaudible) If a year or two years down the line were to happen, who do they turn to? Who could they say -- well, look this isn't working, This problem happened or that

MS. BOLLING: (continued)
problem happened. The neighbors have no recourse. You're not protecting the patients and the towns themselves have no input. We just happen to know about this bill because it's something we're involved in but how many of your constituents know about this legislation which would affect them as property owners now and property owners of the future?

If I might quote one thing from Connecticut General Statutes from Chapter 124: "Zoning Commissions are authorized to control land use through such ordinances as they feel are necessary to safeguard the health and general welfare of the public, to oversee the productive development of the town's land resources."

What you would do by mandating that every town must do this would open the door for other special interest groups who might not have such a benevolent or a worthwhile cause. You could come in here and say I'll put a dump somewhere. You're opening the doors for local zoning books to be burned and I think you really should take into consideration the feelings of your constituents and the safety of your patients.

Thank you.

REP. GARAVEL: Thank you. I'm not going to debate the issue with you right now, but you're from Greenwich is that it?

MS. BOLLING: Yes, I am.

REP. GARAVEL: Okay, could you tell me how many community residences you have in Greenwich presently?

MS. BOLLING: We have none. We have something called -- not halfways. We have...GARC for the mentally retarded.

REP. GARAVEL: No, I'm talking about community residences for the mentally ill. How many do you have in Greenwich?

MS. BOLLING: The GARC.

REP. GARAVEL: That's mental retardation isn't it?

MS. BOLLING: Yes.

REP. GARAVEL: That's not the same thing.

MS. BOLLING: What we have there now -- right now -- is nothing.

REP. GARAVEL: You have none now?

MS. BOLLING: Yes.

REP. GARAVEL: What do you do with the people from Greenwich who are mentally ill?

MS. BOLLING: Well, from what we understand from Mr. Fury is that they go to other towns.

REP. GARAVEL: Okay.

MS. BOLLING: The deinstitutionalized people.

REP. GARAVEL: Thank you. Christopher Von Keyserling...

MR. CHRISTOPHER VON KEYSERLING: Good morning, Ladies and Gentlemen, Committee. I'm Christopher Von Keyserling Cos Cob, Connecticut. I'm here to speak on Bill 533 as proposed.

First, a couple of general comments. It seems to me in the general testimony, in favor of this bill, there have been great attesting to the meritory need of mental health care and the problem we all face in this state and the need to have it taken care of properly. That the mentally ill should be returned, rehabilitated, and brought back to productive, happy, comfortable lives.

The gist of the testimony has been mostly that. I don't think there's been anybody in this state that I'm aware of -- that has come to my personal knowledge, that is agin it. I think that everybody agrees with this meritorious.

I think the problem has often been the methodology of achieving it. I wanted to make that statement first.

MR. VON KEYSERLING: (continued)
Although I have some very specific concerns on this legislation particular case, let me say in general, there seems to be in my perspective a lack of assurance of properly development and maintenance of the community residence programs. You know, there's the kind of thing that Ms. Bolling was talking about in checking up on it to make sure that the proper care, preservation, maintenance, supervision of the patients themselves, the residents are there for their own protection and I'm particularly concerned for them.

REP. GARAVEL: Are you aware of situations that exist now that are not properly maintained, is that what you're saying?

MR. VON KEYSERLING: I have not -- I'm saying my general perception has been that I do not have a strong assurance in my mind that it will be maintained. I'm thinking of various incidences and tragedies we've had around the state reported in newspapers which indicate sometimes we aren't as thorough as we want to and by that I don't mean to condemn the authorities in charge. I am aware of the restrictions they have on the human resources and the funding, manpower and such but they have a very large task which is hard to cover all the time.

We're human beings and we have errors. That's why we have legislation and rules and codes to try to safeguard and to give recourse to redress a problem when it does occur. At this point I am not satisfied in my mind that there is such recourse and such safeguards in place at this present for community residences. I'm not arguing community residences...

REP. GARAVEL: So in other words you're aware...No, but you're aware of situations that you're not happy with at this time.

MR. VON KEYSERLING: I have been given the indication in my mind that I cannot be assured that it will continue so in the past. I have read articles in the paper such as the lady who died in the cold the other day. The two mentally retarded elderly patients...

REP. GARAVEL: We're not talking about mentally retarded. We're talking about mentally ill.

MR. VON KEYSERLING: Not adults, sir. I understand your specificity in that. What I'm saying is that it is all generic to the same problem of control and proper preservation and safeguard.

Let me continue if I might.

REP. GARAVEL: Please do.

MR. VON KEYSERLING: It is a concern. I'm only stating a concern which I have heard...

REP. GARAVEL: If you're aware of any situations that exist that are not properly controlled, the Committee would appreciate it if you would state those names so we could investigate those with the Department of Mental Health.

MR. VON KEYSERLING: I believe it is my obligation as a citizen, sir, wherever I see wrongdoing that I can properly document and bring forth properly to do so, is my citizen's obligation so I agree with you on that.

REP. GARAVEL: Thank you.

MR. VON KEYSERLING: My feeling here on this is that there is a misperception which causes a problem. That they're not ready yet to go. That they're preparing the ground which has needed to be done. I feel that the legislations therefore -- this particular piece of legislation is premature. This in a sense opens the elevators before the elevator itself has been certified as safe. We heard a comment from the Commissioner Worrell that said something to the fact that we wanted to get this in place and then we'll construct the code and the proper needed things after this legislation is in place if I understood her correctly. Had a hard time hearing it.

In a way you're being asked to buy a used car and being refused the right to inspect it because you don't know what these halfway houses or community residences will be until the codes are in place to define them, specifically

MR. VON KEYSERLING: (continued)
in their use and the controls on them.

I find that a little cart before the horse. And that concerns me -- I don't -- I'm not against community residence. Understand that.

I think the other thing -- if I understand correctly the problems of this Committee, and I'm new to Hartford, that the problems of this Committee is basically to revise the general body on any legislation affecting planning, development and zoning related matters. That of course has contiguous areas that become infected but that's the basic purpose of this Committee. I may be incorrect...

REP. GARAVEL: We also deal with municipal powers and allowing municipalities to adopt legislation that would allow for enabling...

MR. VON KEYSERLING: Exactly, so therefore this bill is properly before your Committee.

REP. GARAVEL: Thank you.

MR. VON KEYSERLING: But for the purpose of planning, zoning, that kind of development processes.

REP. GARAVEL: Right.

MR. VON KEYSERLING: The state, a tremendous state, because they encourage rational planning and development throughout the state. They try to have a coordinated plan and they have in the past developed this. I've traveled somewhat widely and I've seen many areas outside of Connecticut and seen the disastrous results of poor or no planning whatsoever and it's created a very horrifying thing in the long run for the residents, themselves. In 1920s, President Hoover, who was the man who started zoning as such, planning and zoning, and the reason for that was to create in the space to a system to take care of three basic general needs. One was protection of the proper interests that exist in property owners and tenants. The second was to protect the future interests of property owners and tenants. Now there's people who do not occupy that land at that time or the property. And the third was

MR. VON KEYSERLING: (continued)
assurance of the best use or long term use of resources which are a fine geographical resource for everybody, general welfare.

Zoning therefore in my mind is not so much restrictive as it is productive and it's for productive -- not only the individual welfare but the general welfare.

The proponents of this legislation appear to feel that the municipal zoning codes present a serious impediment to the establish of a meritory and needed system of community residences throughout Connecticut. However, which by the way is part of a greater strategy for the proper and desirable care, realization of all mentally ill adults.

Therefore they wish to remove the local authority to restrict such residences in effect in large sections of the code. I submit that this is something akin to the logic about forest fires which everybody agrees should be stopped. Trees permit forest fires. Remove the trees, therefore, no forest fires. It's somewhat that same kind of logic in my mind.

The problem is not with zoning and codes. The problem is how people apply them and use them.

Again, I further submit that the proper zoning approach are there to insure and and facilitate creation of effective and proper land use for any special projects including a community residence. Municipal codes insure the proper protection in this case of the residence of mentally ill adults, their own particular safety and good health. The second thing that they do is they insure the proper facilities within the community residence are there to service and allow the achievement of the stated purpose of that whole program which is the proper rehabilitation, effective rehabilitation, such as the grass recreational areas, peace and quiet, the functional uses of the various facility itself.

The third thing that I think municipal codes would help insure if we left it in their hands is the successful integration within the community of such a project as the

MR. VON KEYSERLING: (continued)
community residence and this would induce the acceptance and good will among the general body of the people in that town.

It seems this is necessitated by the very goal -- the long goal of the whole program which is to return people to a normal health life which requires an inviting kind of social environment as opposed to a hostile one or something of that nature. Just a plain, cold, neutral one. We want to bring them back into our area. Bring them back with our people and get them used to a normal life bit by bit as they can handle it. Hopefully to lead them into a first time when they are self-sufficient and go out on their own and become productive as has been said from where they depart.

REP. GARAVEL: I presume you're from Cos Cob?

MR. VON KESERLING: From Cos Cob.

REP. GARAVEL: You want to bring them back to Cos Cob, is that what you said?

MR. VON KEYSERLING: I have no argument with locating them in Cos Cob. My arguments, sir, are not against whether they should be not on my back porch kind of a problem. My problem is a problem of aggregating the basic strength and rationals behind the zoning system and I believe not only is the zoning system not impeding the establishment of these kind of residences programs, is that if it were used properly it could then assist in the proper achievement of those goals.

Usurping the municipal -- well, I'll give you an example. If you take away the municipal power what happens? For such a large amount of residences that we can bulldoze. You're not giving me the right to say or participate in that decision of where, how, and when if that's being properly run or not. You're saying you're going to have it period. We've taken that...

REP. GARAVEL: I'm afraid if that's the way you feel you haven't read the bill...

MR. VON KEYSERLING: No, I have read the bill, sir. I've read it very carefully. The bill has safeguards in it to some point but they don't touch the greater areas that I'm concerned with. It says they have inspections and it does put down some certain areas that it does protect and I'm glad for that but I don't think it goes far enough and I think it's not ready for that yet.

I think if you usurp those municipal codes, you are in a sense slapping the local people in the face by saying you don't have the ability to govern yourself properly with wisdom, with humanity and with progress. So these already you've insulted -- you put the -- they hack them up a little bit. You have the effect of feeling they're being bulldozed coming in. You've almost guaranteed a hostile reaction in a community at large where there might not necessarily be one at all.

You're incited it by that kind of an operation. It's counter again to the main purpose or the stated purpose of both the Department of Health and the people who are proponents of these various projects and plans. Rightfully so.

I think the other thing you get into here with the other point you have here, therefore I would think the legislation is dangerous as a possible precedent also. You're undermining the basic strength of the code system and we're all aware of the tremendous pressures being brought to bear on the planning and zoning systems throughout the state by various developers and other interests. They're under tremendous pressures, the local boards, to have exceptions, variances, various ways of driving little chinks into the wall so they can open up for special personal interest. Not general welfare, for personal specific interest.

Everytime you erode that strength you are then not only affecting this one area and I'm wondering if we're spending here $10 worth of value to gain 10¢ worth of goods. So I think it's a dangerous precedent and I wonder about the legal aspects of this as far as litigation in the future where this might lead to, not particularly from this specific bill but what it allows us to enter into at a later time.

MR. VON KEYSERLING: (continued)
So I think it's only the planning, zoning system as such is the only way that we can really know, and I know at this time to bring a predictable border to all the businesses that go on in the state -- whether it's yours, mine, that of the Committee itself in making legislation which they hope is effective and appropriate. They can depend on any planning the Planning Department is doing on how to use that land use over a long period for the general good. It just disrupts that whole plan.

How can we operate if we don't have order? And everytime we make an exception we make a break in this, we disrupt the order and the predictability of it.

I think it's premature in the total development of the screen. I don't think the screen as I said before and everything is really developed to a full extent as the Commissioner said herself in the code. So it appears to me that what's really happened in this process is although I think the intentions, and I don't fault the intentions. I know that the intentions are nothing but humane, honorable and proper. Have been misplaced, perhaps in the methodology which seems to me is happening that rather than going and informing the public and making efforts to educate, to encourage -- they have taken another route to mandate and force the question so to speak.

I think there are other methods that can be used to achieve this -- they may be hard and they may be difficult but they're there. To achieve the general accepted goal but I think what's happened now is that they've shifted the burden to this job of establishing these kind of care from the proper shoulders they have to your shoulders in planning and code and onto the shoulders of the various planners and town code people and the Planning and Zoning Commissioners throughout the state. They really have put the pressure upon them and made them pay for the success of this program rather than taking the burden upon themselves and taking a very hard, and difficult task and one that demands patience and tolerance and understanding and place the burden in the wrong place.

Therefore I would suggest respectfully that you would not recommend this bill. Thank you very much.

REP. GARAVEL: Okay, are there any questions by anybody?

MR. VON KEYSERLING: I'm a little nervous. I'm sorry, I'm not used to this.Ididn't mean to cut and run.

REP. GARAVEL: No, how many community residences are there in Cos Cob?

MR. VON KEYSERLING: None, and as I say in answer to your questions, I do not have necessarily an objection...

REP. GARAVEL: Can ask that question of everyone, it's just that what do you do with the people in Cos Cob who are mentally ill?

MR. VON KEYSERLING: At this point I would assume the answer is something same as Ms. Bolling. It's handed.

REP. GARAVEL: Send them to other towns.

MR. VON KEYSERLING: Well, it's not necessarily -- it's not that we send them to other towns, in other words get them out of here. I think we send them to what facilities are available at the time to handle them. They may really be in other towns but that's really at this point coincidental.

REP. GARAVEL: That's a good answer.

MR. VON KEYSERLING: I don't think in other words -- I would not want to imply that there is any kind of concerted action saying let's sweep this under the carpet or get it out of our way. I know, for example, many people in my community -- I myself have been interested and active in many aspects. Not this particular problem itself but tangentially and I have done on my own as a private citizen what I can. I'm sure it's very small compared to many other people's efforts in this room. But at least it has given me an awareness and concern. I have a compassion. My compassion is just the problem that these people who are mentally ill who are not able to maintain their own lives do not have the judgment necessary at this point to be independent need the proper protection, need the proper safeguards built into the system and then tell that there.

MR. VON KEYSERLING: (continued)
I am afraid, not so much in many ways about the zoning which is important but they may do a great disservice to the very people they're trying to help with all good intentions. My father once said my worse enemy is a friendly fool and I think that sort of sums it up. It's a nasty way to say it and I don't mean it in that context but I'm saying the intentions are good but unless you can bring it across, you may actually come around and bite you in the rear end and that's what I want to avoid.

REP. GARAVEL: Thank you. Any other questions? Thank you. Fred Sibley...

MR. FRED SIBLEY: Mr. Chairman, members of the Commission, I am fortunately a resident of Greenwich, appearing before you as a private citizen, no axe to grind. I am not an attorney.

REP. GARAVEL: That may be to your benefit.

MR. SIBLEY: I've got my fingers crossed right now. I'll try to keep it to three minutes.

I was raised up in Massachusetts. I have lived in New York state, I have lived in Georgia, I have lived in Ohio, I have lived in Illinois and the span covers approximately 16 years. Fifteen years ago I moved to Greenwich and I pulled Greenwich out of the hat because I considered a very well managed, well run community in a very well managed and well run state, and I tip my hat to the legislators of this state who have run it in a very progressive fashion over a great many years. I have had dealings with people in your state of an official nature: Ella Grasso, Eddie Stockton -- a good many people who in turn have imbibed in me a spirit that has extended throughout this state.

I attended Camp Woodstock when I was a kid for 11 years so I feel I'm a Connecticut Yankee and we'll let it go at that.

There are 165 towns in this state and every one of them may very well have zoning laws, many of them don't. Many of them don't have individual ordinances but they're all

MR. SIBLEY: (continued)
covered under Section 1124 of the General Ordinances.

Commissioner Worrell mentioned that it was very important to have community-based facilities and I like the word community based because in my hand I have the zoning books of the Town of Greenwich and I consider the zoning regulations that affect this town, just as a similar book for Hartford, Norwalk or New Haven or New Britain, New London, you name it -- might very well entail the particular little ambiences that go with that particular community.

This is local zoning, this is local ordinance and these are the ordinances that my community runs by. That book gives me, and all the residents of the community, a certain amount of protection. I happen to believe in that.

I'm a little anger by what Mr. Von Keyserling just said a minute ago that in a sense the road to ruin is paved with good intentions and I think you have a very well intended group here and have had for some time who in turn really are trying hard to solve the problems and there are obviously many of the mentally handicapped and the institutionalized mental patients.

Representative Garavel asked how many units we have in Greenwich. I believe I'm right in saying there are 14 at this point in the entire State of Connecticut. This is a movement that is quite new. It was in the last five years that the subject really of the institutionalized mental patients has become prominent. And that perhaps is why I'm sitting here right now because a lot of the pieces that the Commissioner referred to have not been put in the puzzle at this point. For that matter, a lot of the pieces have not really been examined.

I doubt if anyone has taken much time in examining what do you do in relation to communicating the needs for facilities for the handicapped back to the local community. How much emphasis do you place on public relations? What do we do to communicate the need for these facilities?

It's very easy to sit back and say -- how many facilities do you have? Do you have a facility? What do you do with the people in your community who in turn have a problem?

MR. SIBLEY: (continued)
What we do is we do what people in the State of Connecticut do, we live by the laws in the State of Connecticut and we our best to treat them as best we can.

Now this book that I have in my hand covers all kinds of things on zoning -- what zoning does, effects the safety, avoids congestion, does this, does that. What it really does is it gives you parameters with which you can live and which you can own and buy and purchase property for your heirs and for yourself and it provides the certain rules and regulations and the courses of action that you may take to insure that something is done.

And in this instance in relation to deinstitutionalized mental patients the only familiarity I have with the real problem is one which I have first hand from my community. But there are some examples that I think are important to you as legislators, and extremely important to Commissioner Worrell. A year ago when this issue came up I brought some of these points to mind and everybody said -- hey, that's a great idea, man. I think he arrived. Let's do it. What was I talking about? I was talking about people from the Department of Mental Health sitting down with the Directors of Social Services in Hartford, in Greenwich, in Stamford, in New Haven, in New Britain, you name it -- sitting down and building a dialogue with which to put together the parameters that are so essential to putting these facilities in and putting them in correctly.

To draw from the experience of hospital people, of law enforcement offices. Of people who are trained as experts in the field of social services and in medicine. To try to get the kind of parameters that will enable a community to write into its code something that is important.

Rep. Garavel asked how many we had in Greenwich and the answer was obvious we don't have very many, in fact we have one right now which is in the court as I'm sure you're aware. But let me tell you something we do have in here. And I'm wondering if there's any other town in the entire State of Connecticut that has it. Because it's built right into our Zoning Code. It's something that we in turn refer to as an Emergency Youth Shelter. Let me just

MR. SIBLEY: (continued)
read what it says. Section 191. Emergency youth shelters shall mean sleeping and eating facilities for youths age 13 through 18 who need short-term housing, approximately three weeks in order to resolve family problems.

Total occupancy in a single family dwelling shall not exceed 10 youths plus staff, with a minimum of six off-street parking spaces. To be eligible youths must be screened so as to eliminate drug and alcohol users or emotionally disturbed youths.

What I have just read to you...

REP. GARAVEL: Would you just backup on that...

MR. SIBLEY: Yeah, surely. I'll read it to you one more time.

"Emergency Youth Shelters shall mean sleeping and eating facilities for youths age 13 through 18, who need short-term housing, approximately three weeks, in order to resolve family problems. Total occupancy in a single family dwelling shall not exceed 10 youths plus staff, with a minimum of six off-street parking spaces. To be eligible youths must be screened so as to eliminate drug and alcohol users or emotionally disturbed youths."

And as you read through the Code and you turn over to Page 329, you find that in the Code under land use, and this really is what zoning is all about, making the best use of land, in the Code Item No. 11 which goes back to this statement, the following uses shall be permitted in RA4, that's four acre, RA2, two acre, RA1, one acre, R20 or 12 zones, but authorized by the Board of Appeals as special exceptions emergency use shelters.

Now why did I read that to you? For one thing, one simple reason. About six years ago we had quite a commotion in Greenwich because the emergency youth shelters came into being and was brought to the public in the sense that they wished to put a house on a given street. And the neighbors in the given street complained. They said we don't think this is a fitting place for this particular facility.

MR. SIBLEY: (continued)
And to make a long story short, it was turned down at that juncture, but the people who believed in this took it to the Town of Greenwich, to the Zoning Authority, to the Selectmen, to people in social services and to all interested parties and lo and behold, the first thing you knew you have laws written on paper, you have public hearings and it's incorporated.

Now I say to the people of the State of Connecticut, you have a good Commissioner of a well dedicated Department of Mental Health. You as legislators should say to them: Look, before we pull the rug out on anybody in a district no matter where it is in the state where the only ruling is that you have a two family residence requirement. Before we take that rug out, for God's sake, will you go out and talk to the people in the community, try to build a dialogue, see if you can't get these rules into the codes, prevent this problem. Not for 1984 but for 1988 and 1990 and the year 2000 because this problem is becoming more and more acute.

All right, I'm not going to take up your time but I'm going to say one thing. When I started out I said I came here because among other things this is a progressive state. One of the busiest and best known streets in Hartford is Aslyum Street and we all know what an Aslyum is but I want you to consider something. The word aslyum means safety, it means refuge. Not for those of us outside but for those inside and as a gentleman was talking earlier about fire rules and regulations, these rules that are put in zoning laws and fire codes and other municipal ordinances are not put in there to thwart something. Rather they are put in there to protect and as an aslyum I would say all of us in the State of Connecticut have an obligation to make sure that zoning rules which indeed have merit in many cases are not just and thrown aside but rather that this problem is attacked on a sensible level where the people responsible for the operation of the Mental Health Department and literally told to get down to tacks and brass tacks, get your parameters drawn up, work with these communities, get something in these laws to prevent this problem because people are going to be deinstitutionalized more and more and schizophrenia and any other ailment that can affect

MR. SIBLEY: (continued)
any one of us is something to be concerned.

And so accordingly I thank you for your time and I hope you will turn this bill down as it stands before you but I most assuredly hope you will not give up real Senate dialogue into the subject and get the problem solved once and for all.

Thank you.

REP. GARAVEL: Thank you. Any questions....Thank you. Ruth Shehadi...Shehadi, sorry if I mispronounced your name. Is Ruth here?

MS. RUTH SHEHADI: Yes.

REP. GARAVEL: Okay, to be followed by Raphael Pedolsky -- Raphael here?

MS. SHEHADI: I am Ruth Shehadi and I live in Greenwich and
ass. 5 I am greatly in support of Senate Bill 533.

I represent The Pathways Family Support Group for the Mentally Ill, a group made up of only 10 families one and a half years ago, but with a present membership of over 80 families. My husband and I are the parents of a 25-year-old son who has been mentally ill for over five years with manic depression. During a three year period of stabilization of his illness he lived at home with us. A year ago it became necessary to rehospitalize him and he has been home only infrequently on visits.

I am here today to strongly urge passage of Senate Bill 533 because I believe it addresses the needs of the mentally ill in many ways. There are three points I would like to emphasize: First, Senate Bill 533 meets the critical needs of the discharged adult mental patient in that it offers him or her a decent place to live with dignity in a congenial and supportive atmosphere. Second, Senate Bill 533 strikes a balance between the needs of the mentally ill and the concerns of communities and neighborhoods. Third, Senate Bill 533 will greatly assist those of the private sector who are trying to do their share in creating housing for the mentally ill.

MS. SHEHADI: (continued)
Many hosital patients ready for discharge have no home or family to go to. Perhaps the family has moved elsewhere or return to the home atmosphere or environment would only exacerbate stresses within the family and be detrimental to that person's health. Decent housing, regular meals, friendships, supervision to be sure that individuals take medication regularly, remain under treatment, fulfill allotted weekly schedule of work or training -- all of these will greatly insure emphasis on wellness and recovery. Such a humane and therapeutic environment can often obviate the need for rehospitalization. Life in a community residence can greatly enhance the quality of life for these individuals. They are citizens of the State of Connecticut just as you and I are and they need legal protection against community discrimination and exclusion. They have little protection at the present time.

The mentally ill are at that low level of public acceptance suffered by the mentally retarded until only a few years ago. Now group homes for the retarded are possible. The third such home for this population opened very recently in Greenwich with much favorable publicity and acceptance.

The stigma of having suffered a mental illness or for that matter of having a family member with one of these age-dreaded disorders, that stigma and irrational fear which it engenders in others is our greatest stumbling block. The passage of Senate Bill 533 will have the positive results of leading to the gradual but sure acceptance by citizens of all the towns of Connecticut of those handicapped by disabling mental illness. We, the citizens of Connecticut, have an obligation to these handicapped people just as we have the mentally retarded, the crippled, the blind, the victims of cerebral palsy and others.

Senate Bill 533 pays heed to the fears that local zoning will be overridden, that communities will be overburdened by the released and recovering mentally ill, that whole neighborhoods will turn into group homes, thereby downgrading sections of a town.

The chart which is in this memorandum which shows town by town the various facts. It shows each town's population

MS. SHEHADI: (continued)
density, the density control figure of one tenth of one percent, the number of residences permissible in each town should allow your misgivings that the proposed law will not be fair to the community or communities which you represent.

For example, my own Town of Greenwich with a population of 59,560 has a density control figure of 59.56. This means that a maximum of seven community residences can be established. With an allowable maximum of eight persons per residence, this equates to a total of 56 individuals who can be so housed in Greenwich under this proposed law.

Group residences can be no closer than 1,000 feet and must be located where local zoning laws permit residences for two or more familities. The fact that the Commissioner of Mental Health proposes the development of only 24 such community residences within the next five years indicates that preplanning and preparation will be more than adequate to safeguard each and every town.

According to my local Department of Social Services there are currently 70 mentally ill clients from Greenwich being served. Seven are in the hospital. Thirty three are either living with their families in various halfway houses in other parts of the state or are living at the YMCA, that would be the YMCA in Greenwich and also in Stamford. The remaining 30 clients are living in very inadequate substandard housing with a complete lack of support facilities. I might say, Mr. Sidney Furie calls them fleabags.

These 30 people have a very poor chance of recovery. Their way will no doubt lead back to the hospital.

In Greenwich, Pathways, Inc. a private non-profit organization began raising funds three years ago in an effort to provide at least one such facility for eight people under 24-hour supervision and in your fact sheet here, almost all the safeguards that are required for supervision, people must work or go to school, they are all being followed by the Pathways group. A house was purchased by Pathways in a multi-family neighborhood. All zoning requirements and variances were met. Complete renovation was undergone to comply with all fire, safety and building

MS. SHEHADI: (continued)
codes. Last September a Certificate of Occupancy was granted.

Last year's version of what this year is designed as Senate Bill 533. Last year's version... One at a time.

Well, in other words version of this Senate Bill lost last year by one vote. This lost by one single solitary vote gave impetus to neighborhood efforts to harass and obstruct, and consequently delay the opening of the Pathways House. The validity of the Certificate of Occupancy has been challenged by the local homeowners before the Planning and Zoning Board of Appeals, and I might add, the Planning and Zoning Board of Appeals voted them down unanimously.

An injunction is being sought against Pathways, Inc. so that no clients can be permitted to live in the house. Yet not a single house has been sold in the immediate neighborhood. No neighbors have left. There is no stampede to move away from an alleged menace. Eight people can be served by this new facility but their recovery is being prevented by the obstructionist action of neighbors.

This condensed account of the roadblocks in the path of one small organization with an altruistic aim, and this is no public money, this is all private money that's been raised. This points out the need for Senate Bill 533 to pass by an overwhelming margin.

Connecticut citizens who have mental illness and their families need your support. I urge the passage of this Bill. Thank you. Are there any questions?

REP. GARAVEL: Thank you. Are there any questions by Committee members? Thank you.

MS. SHEHADI: Thank you.

REP. GARAVEL: Raphael Pedolsky...

MR. RAPHAEL PEDOLSKY: Good morning. Good afternoon. Sorry to have been out of the room when I was called.

MR. CRAWFORD: (continued)
asking that we be authorized this year to extend these line items for certain services and so forth. I think you know the general office overhead I can't believe is really the intent of having every -- as you indicate, the concern being every eraser you might buy. I'm not concerned with that for instance.

MR. MALEY: Okay, fine.

REP. GARAVEL: Okay, are there any other questions? Okay, thank you.

MR. CRAWFORD: Thank you.

REP. GARAVEL: Next I have one, two, three, four, five, six -- six people from Reliance House that have signed up. Do they wish to testify together -- starting with George Duhaime?

MR. GEORGE DUHAIME: Yes, Mr. Chairman.

REP. GARAVEL: Do you want to speak for everyone or do you want...

MR. DUNHAIME: Well, I'll lead off with a few brief comments and then each of the other five have comments

REP. GARAVEL: Sure.

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MR. DUHAIME: My name is George Duhaime. I represent Reliance House in Norwich, Connecticut. Reliance House is a psycho-social rehabilitation center that provides a community support system for individuals who have psychiatric disabilities.

The reason that we are here again this year is because of the fact that in spite of our efforts in connection with the Department of Mental Health to work through a system whereby we will be able to establish group homes for the mentally ill, we have found that the roadblock that prevents us repeatedly is the fact that the local municipalities have set in their zoning laws restrictions against the establishment of these group homes.

MR. DUHAIME: (continued)
I as a property owner in Lebanon, am as in favor as much as anyone else here of Home Rule in self-determination for local municipal zoning codes but I think that the perspective of this particular bill views the problem as one being where a whole group of citizens has been disenfranchised from their right to live and to provide for themselves and to seek to live in the community as the rest of the citizens of the state do.

I have heard a lot of individuals bringing up objections to this bill saying well this is going to happen, that's going to happen, and quite frankly everyone also admits that they're in favor of providing for group homes for mentally ill. I have never heard anyone say -- well, let's do it here. I don't think that anyone's come forth and said -- well, it should be done here.

I think what happens basically is that this bill is not a new bill. It's something that has been planned. Something that we've been trying to work through since 1981, I think. A year goes by. The bill gets shot down and then we can rest assured that our property values aren't going to be lowered because of a group of individuals coming in who may be undesirable.

Unfortunately, it's disenfranchised a group of people who have the right to live in the community. Connecticut has essentially deinstitutionalized itself. But unfortunately it didn't take the funds and put them into the community to provide the support in the community for people who have left institutions.

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We're getting to the point now where people are recognizing the need for these funds and the reason that we're coming here is because the zoning in the local municipalities is thwarting us and we -- last year we brought a woman along who lives next to an apartment building that we operate. She wanted to come this year but was unable to make it. She spoke in favor last year and this year when I requested that she come and speak in favor of the Group Home Bill for the Mentally Ill she almost chewed my head off because I used the term mentally ill. She says the people who live nextdoor to her are some of her closest friends and she does not consider them to be mentally ill and in each

MR. DUHAIME: (continued)
case that I've been aware of, and hasn't been asked if there are any objections to any other residences that have been established, I see that when the structure is set up and the people are in, that there is no objection from the people around. The problem comes from a prejudice against the mentally ill and whether or not that sounds nice or not, unfortunately that seems to be the case.

What happens is that the towns that are presented with the problem of the mentally ill on their street, they're presented with individuals who are obviously not living at community acceptable levels of behavior and these are individuals who should be going to the hospitals.

But what happens is the individuals can't get into the hospitals because there's no space for them. And the reason there's no space for them is because the individuals who might be ready to leave if they had a group home to go to to provide them with a few coping experiences on their way back into the community have no place to go.

So we reached a state of gridlock. The community essentially is hanging themselves by not opening up group home slots for the people who are ready to come and live in the community within the limits of community acceptable behavior and that leaves people on the streets who need to go into the hospitals unable to go in because there's no spaces for them.

I don't want to belabor the point any more. I'm sure you've all heard in the past four or five years the need that we have and I have with us -- we have five individuals here who are going to speak on behalf of the bill that will bring first-hand information as to the need for group homes but I would just speak on behalf of Reliance House and also on behalf of a property owner of the state that zoning restrictions are fine when it comes to recognizing the health and the safety and proper land use but when it gets to the point where these are used as a cloak to protect property values and to disenfranchise citizens of the state, I think that's going a little bit too far so now I'll turn it over -- I guess, are there any questions?

REP. FOX: Are there any questions of Mr. Duhaime?

SEN. HURD: Yes.

REP. FOX: Senator Hurd...

SEN. HURD: Taking off on Rep. Garavel's line of questioning earlier, how many of these communities that are disenfranchising the mentally ill have you approached in the last 12 months to see if you could get them to effect the kinds of zoning regulations that would allow you (speaker inaudible)

MR. DUHAIME: We operate in the City of Norwich and we approached -- because of the fact that a facility in order to have proper daytime activities and training for the individuals who live in these facilities need to be community support services. We approached the City of Norwich and the City of Norwich is certainly on record of their opposition. It's almost a laughable state. In fact as Commissioner Worrell expressed earlier, Reliance House receives a grant from Ganette Foundation to set up a -- not a community residence -- but a community day program. We receive funds to purchase and renovate a building to operate a day program and when we went to the Town Council to receive support for this request of the Ganette Foundation, it became -- there was a rider attached to their support, that the money would not be used to establish residence let alone group homes.

We operate now two apartment structures because we operate them as independent apartment units. People live in them and we're landlords. There's no staff on site. They're operated totally and independently because it would be classified as a group home if we were to put staff there and the woman nextdoor to one of them as I indicated wanted to come today, she came last year. The man nextdoor to the one that we went in now is so happy that he wants to give us his building when he and his wife retire because he thinks that it is such a good idea.

So therefore we did approach the City of Norwich and we were told that we could not even use the money to establish more apartments let alone a group home which would be viewed by some as bringing a more acute population into the...

SEN. HURD: I think Norwich is a unique situation and there probably are parallels, I won't deny that. The fears that you talk about are perhaps unjustified but they're very real and most of the time the fears, that I think have to be addressed at the very local level, the person to person level, and they can then use the state statutes as and end around regardless of the havoc they might reach with various kinds of some of the ordinances. It is in my mind not really justifiable.

MR. DUHAIME: Yeah, I would agree with you.

SEN. HURD: Perpetuate the debate while people wait.

MR. DUHAIME: Yeah, I would agree with you that they are real fears. I also agree that they are unjustified but the fact of the matters is that in each case that I am aware of where to view the openness of the Zoning Commission or what have you, a group home or residence has been established, the fears have melted away. And it would be a shame to withhold a very needed service.

And I can't express the degree to which there is a need for these group homes in the state just because of unfounded homes. It would be a real shame in my mind particularly looking at what happened in connection with the group home built for the mentally retarded. Same thing. What is going to happen if this bill is defeated this year? To go back and the property owners will say well my property values are protected for another year. We'll come back again and fight it.

I don't frankly that the people who are in opposition of this bill are going to come together after this bill is defeated and say -- let's sit down and really determine where we can put a group home in our town. Maybe I'm naive but I don't think that's going to take place.

SEN. HURD: I think they depend upon people such as yourself to show them how it could be done. To get their attention...

MR. DUHAIME: Yeah, the unfortunate fact of the matter is that we've been trying since 1981 to do it and...

SEN. HURD: To do this...

MR. DUHAIME: Well, we've been trying for longer since 1981 to establish group homes but we've been trying since 1981 to overcome the zoning restrictions and unfortunately we just keep on meeting the same type of objection.

REP. FOX: Are there any other questions? Thank you. We then have the five individuals from Reliance House. I believe the first is Winona Skowinski. I'm not sure I'm pronouncing your name properly.

MS. WINONA SKOWINSKI: My name is Winona Skowinski and I'm from Norwich Connecticut. I was a patient at Norwich Hospital and was released about the same time as three of my friends whom we at Gateway had grown very fond of.

The first had a wife and three children who he loved dearly. Tears would well up in his eyes when the children came to see him as his wife was divorcing him. He would settle in Norwich a great distance from them and have to settle for a meager factory job and a room with a bed and dresser. He would probably never see his children again as he had given up everything to his wife including the automobile. He was out for three weeks or so when he put a gun to his head and pulled the trigger. I am convinced this would never have happened if he were in a group home where he would have had the guidance and support of people how cared.

The second friend had also lost his wife and children and bounced around from one one room flat to another and finally went back to the hospital and shortly after hung himself with a belt. I am convinced this never would have happened if we had group homes.

The third, a very lonely individual who needed company support and guidance jumped out of a six story building where he lived alone in one room with nothing but a bed, dresser and four walls to look at.

Cass. 6 The point I'm trying to make is that many patients are separated from the people they love, a kind word, an act of kindness or knowing someone cared can give them the courage to start over again. You will give many people that courage to start over again if you vote for legislation for the group homes in the State of Connecticut.

MS. SKOWINSKI: (continued)
They will know you care. Please don't discriminate against us. Please, I don't want to lose another friend.

God bless you, and thank you for this opportunity to hear me.

REP. FOX: Thank you. Are there any questions? Thank you very much. Next speaker is David looks like Becker...

MR. DAVID BECKER: Hello, my name is Dave Becker and I live in Norwich. I was a former mental patient at Norwich Hospital, and I was released, but I had to spend two extra months there because there was no place for me to go and that was two months at the taxpayers' expense, because I didn't have any money so it was funded by the State of Connecticut and if I had a group home to go to I could have gotten out quite a bit sooner and saved a lot of money for the taxpayers.

Is there any question?

REP. FOX: Thank you. Are there any questions? Thank you very much. Next speaker is an Abbye Kosiver...

MS. ABBYE KOSIVER: My name is Abbye Kosiver. I'm living independently in Norwich in my own apartment. There is great need for group homes in the state. I wholeheartedly support legislation that will allow this to happen.

There are many people in our state mental institutions that could benefit from this if it became reality instead of just a myth. Thank you for your consideration.

REP. FOX: Thank you. If there are no questions, Marilyn Neale...

MS. MARILYN NEALE: My name is Marilyn Neale. The person who has spent of his lifetime in an institutionalized setting is usually unable to live independently when he is thrust out into a demanding and frightening world. When he is unsuccessful making a life for himself outside the hospital he becomes anxious and is soon readmitted to the safety of the institution.

Many of us know already that the cost to taxpayers to keep one person institutionalized is much greater than it is

MS. NEALE: (continued)
to help him live semi-independently in a group home setting.

Even the discharged patient who can look after himself and his minimum needs is sometimes a helpless victim of slum landlords, high rents, low income and sometimes city crime.

Ex-mental patients for the most part are an isolated minority with little political clout to better their situation. Our society will be judged on how we took care of those least able to take care of themselves.

REP. FOX: Thank you. If there are no questions, Leonard Crisp.

MR. LEONARD CRISP: Good afternoon. I'm Leonard Crisp and I would like to say a few words to the bill.

Just come to think about it -- we have broken no laws, we have to go to a hospital, still a rest camp down there and you get out and if you haven't got guidance a lot of times you end back so all we need is a chance to -- all that is needed is someone to pass out a few pills and make sure, that's all that's necessary.

I guess the rest has already been said.

REP. FOX: Thank you. If there are no questions, I think the next speaker is Jim Rascati.

MR. JIM RASCATI: Good afternoon. My name is Jim Rascati. I'm a psychiatric social worker. I'm employed at the Connecticut Mental Health Center in New Haven. I work in the Outpatient Division. I am also the Chairman of the Rehabilitation Consortium of Greater New Haven, which is a consortium that is comprised of about 30 mental health professionals representing 15 different agencies in the Greater New Haven area. Our primary mission is to improve the quality of life for the long-term mentally ill through advocacy and education.

I am pleased to be here today to testify to the critical importance of passing Bill 533, the Act Concerning Community Residences.

MR. RASCATI: (continued)
In both of my roles as psychiatric social worker and as Chariman we feel that community residences for the mentally ill are extremely important, an extremely important factor in providing humane treatment for them.

How important is it? The Outpatient Division where I work has approximately 600 long-term mentally ill. Approximately half of them or 360 are living with their families. We know that at least 50 percent or 180 of them need different types of housing to improve their quality of life. The remaining 240 are living in a variety of sometimes inappropriate settings. These range from single room occupancies to board and care homes, to nursing homes, with friends, half-way houses, or on the streets or are living in the emergency shelter Columbus House. Our estimate is that at least again 50 percent of them or 120 could benefit by other types of housing.

Our data bank and estimates from our leadership group suggests that 50 percent can benefit from alternative housing situations. That's roughly 300 out of 600 patients that are in treatment at the Connecticut Mental Health Center. This says nothing about the mentally ill that are not currently in treatment in New Haven. My guess is that the number would be much higher.

The process of deinstitutionalization has moved the long-term mentally ill from state hospitals back into the community. Unfortunately the community has not been prepared to deal with them. Treatment providers recognize the necessity for having housing opportunities that reflect the diverse needs of the mentally ill. These residencies should include, but are not limited to: halfway houses, group homes, family care homes, etc.

Many of the patients I work with try to accept the disabling aspects of their illness and make attempts at learning how to adapt themselves to the largest society. These efforts become more problematic when we, when society, throw up obstacles that interefere with this process of adaptation. The Community Residency Act will help to overcome some of these obstacles and opposition that my patients face on a daily basis.

MR. RASCATI: (continued)
It's in our opinion that the long-term mentally ill are the least understood, yet generate a lot of anxiety and unrealistic fears in those around them. I would like to believe that communities would recognize and support the need for community residencies for the mentally ill. However, not in my neighborhood, not on my block.

The passage into law of the Community Residency Act, Bill 533, would make it difficult, if not impossible for any group to deny the creation of community residencies for the mentally ill. If community treatment is to be successful, we must take down attitudinal and legal barriers while building appropriate residencies that reflect the heterogeneous needs of the mentally ill.

I would be happy to answer any questions anyone may have.

REP. FOX: Are there any questions? Thank you very much.

MR. RASCATI: Can I submit this for...

REP. FOX: Next speaker is Laurele Arata...

MS. LAURELE ARATA: Good afternoon. My name is Laurele H. Arata. I am the Director of the Community Supervised Living Program at Yale Psychiatric Institute, a long-term psychiatric hospital for the chronically mentally ill in New Haven, Connecticut. In addition I have been actively involved in developing and implementing community support programs for the chronically mentally ill in various localities throughout the country. I am also a property-owner in the City of New Haven.

I will keep my comments short in light of all the excellent testimony in support of the bill provided to this Committee this morning.

I am speaking in support of the Community Residence Bill No. 533 before you. I am in support of this bill for several reasons. (1) It provides for quality consistent living and treatment services for the mentally ill who require such care. It also significantly reduces the recidivism rate at state facilities as well as community mental health centers.

MS. ARATA: (continued)
It also reduces the inappropriate use of public facilities such as shelters, soup kitchens, single room occupancies, bus stations and other areas where unfortunately these clients have to call home. (4) Community residences are fiscally prudent compared to the use of residences in state psychiatric facilities. For example, $200 per day at state facilities versus $10 to $15 a day at community residences. (5) The bill provides for a series of checks and balances to insure proper screening, supervision and follow-up. It also provides for community input, vis-a vis town, city legislatures. (6) Rescission statistics in other states and localities demonstrate the community residences properly supervised not only provide for normalized living and care for our mentally ill citizens but actually increases or keeps on par with the property values of the housing surrounding the community residences. (7) And final note, properly structured community residences statistically point to an increase support by the neighborhood six months to one year after community residences have been established.

I hope all of you will support this invaluable bill for our citizens. Thank you.

REP. FOX: Thank you. There's a question, Rep. Meyer...

REP. MEYER: Yes, you work in a professional capacity with these people. Now, you throw out numbers of the comparative cost within a hospital and in a residence of this kind. However, who is going to be paying for the support services that I assume most of these people will need. Will this then rest on the local community having to make certain that support services are provided?

MS. ARATA: Yes, there are many services that are provided for these clients vis-a-vis Title 19 for private therapists as well as community mental health centers, public community mental health centers, who have 24 hour emergency care for the citizens.

Unfortunately where the prices go up is for a lot of clients or patients who have nowhere to go who become recidivistic on the street, popping into welfare centers, popping into emergency rooms, community mental health centers and the

MS. ARATA: (continued)
like where services are offered to them but they don't have a locality or an address to be so they can't receive Social Security checks, they're not eligible for Title 19, their welfare vouchers are on an emergency per capita basis, so in terms of the cost to the community not providing adequate care can be far more expensive than a structured, coordinated support treatment program for the community.

REP. MEYER: What if the local communities do not have available such as you have for New Haven an institution such as where you work, what would be the alternative then for those communities because you see as soon as you mandate, you mandate not for a small group of communities that have the support services but for a 169.

MS. ARATA: My feeling for that is that that is the responsibility of the Department of Mental Health in relationship with the local communities to develop a support treatment service specific to these clients prior to their occupancy in the residence so that there are support services for them. It doesn't have to be elaborate. It doesn't have to be psychiatrists. Just so there is somebody who is accountable, who is available, who is on site, who will provide the care.

REP. MEYER: Thank you.

REP. FOX: Are there any other questions? Thank you. Next speaker is Victoria Furey.

MS. VICTORIA FUREY: My name is Victoria Furey. I'm Executive Director of the Southwest Regional Mental Health Board representing the 14 towns in lower Fairfield County.

On behalf of the consumers and providers who are numbered among the members of that organization I'm here to speak very briefly in support of Bill 533, An Act Concerning Community Residences for the Mentally Ill.

In listening this morning to some of the empassioned testimony against this bill and the empassioned testimony for this bill, it seems to me that what local communities

MS. FUREY: (continued)
have had in Connecticut over the last 10 years of deinstitutionalization is good intentions, which as the gentleman who spoke against the bill indicated, the road to ruin is paved with them. What we really need is adequate funding and facilitating legislation in order to cope with a problem that we're only now beginning to see and feel in a visible way, although many of us have been dealing with it for a number of years.

Even in Fairfield County we've seen the development of emergency shelters and according to Rep. McKinney, such shelters number between 25 and 35 percent of their population who are mentally disturbed.

You couple with this in our region the lack of halfway house beds. For example, we have 34 beds in the 14 towns ranging from Greenwich to Startford in halfway houses. Last year in fiscal year '83 we had over 1900 admissions to Fairfield Hills Hospital of Region 1 residents. Now, even if two thirds of those were readmissions we're still talking about a possible population of 400 to 600 people who are in need of some form of community treatment when they're out in our community.

Thirty four beds just won't do it and again I feel the man who spoke against the bill talked about how local communities should have the right to determine out of good will whether or not such homes will be built. Well, I disagree.

I remember 25 years ago that President Kennedy became the arch-champion for the mentally retarded and first articulated the cause for mental illness. During those subsequent 25 years the mentally retarded have fared much better in the State of Connecticut than the mentally ill.

Someone has to speak for them if they don't speak for themselves and really I guess I have to remind myself as a property owner in Fairfield County and others that we must not discriminate against this group in the form of housing. It's the single biggest need in terms of bringing clients and patients back into the community and we're not going to get around the issue by trusting to the good will of local communities.

MS. FUREY: (continued)
It's difficult enough if you operate a home for the mentally ill, a halfway house.

Your heard Mrs. Shehadi speak to the Pathways difficulties. It's not unusual.

A halfway house is a very expensive proposition and you couple that with the ongoing need for those halfway houses that have struggled to come into being and are doing a good job and are helping rehabilitate mentally ill clients. You couple that with the need they have to raise from 25 to 50 percent of their operating budgets through private funding. It becomes almost an impossible dream.

You have to have people who are so dedicated and so tuned in to wanting to care for this population and are willing to operate on shoestring budgets and to spend 10 years or more getting a house on its legs.

We're talking now with this bill about group homes for eight or fewer people. A halfway house bed in Fairfield County costs approximately $11,500 to $13,500 a year. The cost of housing a patient at Fairfield Hills Hospital last year was $60,000. A group home can be operated for less than $11,000 a bed per year. It's cost effective. That's been pointed out to you.

The admission criteria for halfway houses are very stringent. You've heard the stigma around mental illness is such that in a public opinion poll mentally ill patients were ranked below criminals in the public procession of the status.

We do have a job to do in terms of education. One of the jobs of the regional boards throughout the state is to begin to address the issue of educating the public about some of the myths of mental illness. We're not doing out job in Connecticut in terms of housing this group. The Governor's Blue Ribbon Task Force Report pointed out that on the day in which the survey was done, 500 patients could have been moved out of state facilities if there were housing and services available for them. They're simply not there and even where we have people whose initiative and whose determination is such that they go

MS. FUREY: (continued)
out and raise the funds themselves, they can't get past local planning and zoning, in many cases.

Certainly this bill is a super ordinant bill and certainly it takes away some of the local controls that each community feels is its inalienable rights. It is not a popular bill but I have to tell you the problem of mentally ill patients on the streets is our problem, every one of us and that we are responsible when someone blows their brains out or freezes to death. We have a job and we simply have to get on with it. There's no way that the public is going to be convinced that mentally ill people aren't dangerous unless like the mentally retarded we develop homes that are needed and put them there.

It's the least I think we can do. This bill has been substantially watered down over the last three years. It certainly has been watered down to accommodate the concerns of local communities and I fear that if we don't get this going we will be accused of discrimination against the mentally ill in the State of Connecticut. If we are truly progressive in this state, certainly we are behind the times when we look at other states who have such legislation -- omnibus leiglsation regarding various types of housing and options for levels of housing in the community.

Thank you.

REP. FOX: Thank you. Are there any questions? Thank you. The next speaker is a David looks like W I C K L -- I'm sorry I can't read the rest of it.

MR. DAVID WICKLUND: Wicklund -- L U N D. Good afternoon, members of the Planning and Development Committee, my name is David A. Wicklund. I'm a resident of the town of Ashford and I'm Chairperson of the Eastern Regional Mental Health Board.

I will try to keep it short and not be redundant with the previous speakers, but I am also here to speak in support of Senate Bill 533, An Act Concerning Community Residences for Mentally Ill Adults. The Eastern Regional Mental Health

MR. WICKLUND: (continued)

Board and the four Mental Health Councils of the areas comprising eastern Connecticut, wholeheartedly support and urge your support for this bill. Housing is a critical need for all of us, for the mentally ill, it represents a lifeline to a normal community life. Without that basic need being met, the alternatives as they've been point out, are either the streets or State hospital.

In Eastern Connecticut we have one State hospital, Norwich, with 649 beds. Norwich State Hospital runs consistently at 105 percent of capacity. We have one fully staffed group residence, nine beds in Windham House in the town of Windham.

We believe that this Bill will help our communities develop the residential services needed by our mentally ill citizens.

In order to determine the nature of the current situation the Citizen's Mental Health Council of Southern New London County recently undertook a survey of the ten towns over which they have jurisdiction. Eight towns have responded to their request for information on regulations and definitions regarding group homes and the definition of a single family.

The response from those towns indicates the following:

Only one municiaplity, New London, had definied community residences as an allowed use. In their case these residences could house 6 - 12 persons if staffing was maintained at two persons on duty at all times. It should be pointed out that the New London Zoning Regulations are being challenged in court and this issue may not be resolved for some time.

The definition of family varied from two or fewer persons related by blood, marriage or adoption to seven or fewer. Obviously this is one area which might allow a very small group home to be established but the average would be somewhere in the neighborhood of four or five. Only one municipality by definition allowed community residences as a permitted used.

MR. WICKLUND: (continued)
However, two towns, Groton and Waterford, have recognized Connecticut Statute 8-3e, Regulations for Community Residences for Mentally Retarded Persons, as guidelines in regulating establishment of residences for the mentally retarded. This regulation was used in Groton to enable a group home for mentally retarded persons to be established in a residential area.

A summary of the details of this survey has been appended to my statement and I will leave that with you and I can answer questions on it as well.

The conclusions that we draw from this survey is that the Mental Retardation Statute 8-3e, if facilitating small community residences for the mentally retarded and very successfully. Senate Bill 533 could have the same impact for the mentally ill.

The zoning regulations of these towns in the time being do not allow as a permitted use community residences for the mentally ill. Also, the wide variation in definition of family would hamper the establishment of small but cost effective community residences for the mentally ill in most communities.

I'd like to point out that the leadership of our towns and cities have acknowledged the importance of providing the facilities that this bill would allow. I want to read an excerpt from the Connecticut Conference of Municipalities position statement concerning deinstitutionalization of mentally ill persons. This statement was released on the 15th of September, 1983.

"If the state government actually provides sufficient supportive and monitoring services and if local governments have sufficient opportunity to assure that the state is indeed providing such services, reasonably sized group homes for mentally ill persons could be acceptable not withstanding local zoning which otherwise would prevent such group homes."

The establishment of community-based housing and services specifically designated for the chronically mentally ill is the singlemost needed link in the chain of services that

MR. WICKLUND: (continued)
enhances the dignity fo life for the mentally ill and will relieve the current stress in the state mental health system. Thank you.

REP. FOX: Thank you. Are there any questions? Thank you. The next speaker is Carol Nodop. Thank you. Then Renee Grabert.

MS. RENEE GRABERT: I'm Renee Grabert and I'm a resident of Windham. I'm the Coordinator of Windham House, a psychiatric halfway house and I'm here supporting the Act.

As Coordinator of Windham House I am in the position of receiving many referrals to our transitional living facility which I am unable to place because our facility is full. We continually have a waiting list, some people wait months on that list for an opening in our program. Many times applicants do not go through with our referral process because the waiting period for a bed is so long.

It is unfortunate that there are not sufficient community residences to meet the needs of people who no longer need the services of a state inpatient facility. The cost to the taxpayer of holding these people in the hospital is considerably more than providing housing for them in the community.

That's not the only cost though, the monetary cost. The community, by not providing residences for these people, is also missing out on the talents and energies of these citizens. In a community residence people are helped to relearn living skills that they may have lost while they were hospitalized so that they may return to the community as productive citizens.

I am support this bill so that more people are offered this opportunity.

REP. FOX: Thank you. Are there any questions? Thank you. Barbara Martin...

MS. BARBARA MARTIN: Members of the Joint Planning and Development Committee, my name is Barbara Martin and I'm

MS. MARTIN: a resident of the town of Windham. I'm a counselor at Windham House psychiatric halfway house in Willimantic.

I am speaking to support an Act Concerning Community Residences for Mentally Ill Adults. In my opinion community residences are a necessity for rehabilitating many chronically mentally ill adults. In this modern day and age fear and ignorance still separate mentally ill people from the community that they need to feel a part of.

As a former mental patient myself, I know first-hand the fragile path from illness back to self-confidence, from being incapable of functioning as I once had to slowly becoming a productive member of my community again. I know that time spent in a state psychiatric hospital is a harrowing experience. A confused or suicidal person is placed in a very perplexing environment with little privacy, separated from anything familiar.

Couple this with discharge planning that includes the intricacies of disability, social security, welfare applications, employment and residence problems, Medicaid, SSI, I could go on and on. Even social workers have a lot of problems coping with our system.

Over and over again I have seen people who are disabled from mental illness face dealing with Connecticut's confusing bureaucratic system. They do not create the modern trend toward deinstitutionalization but they are the ones who live with it. Community residences or halfway houses are a worthwhile means of integrating people into the mainstream by providing emotional support, access to professional services and exposure to a normal community life.

Please approve this bill and help make more residences available. Thank you.

REP. FOX: Thank you. Are there any questions? Thank you very much. Next speaker is a Gerard F. L U S S I...Okay.

MR. GERARD LUSSIER: My name is Gerard Lussier. I'm a resident
Cass. 7 of Willimantic, Connecticut and I live at a community residence.

MR. LUSSIER: (continued)
Living in a community residence has improved my standards of living, has gotten me out of a low rent area where drunks and drug addicts live. It has gotten me away from related problems that drug abuse brings such as theft and wild parties. There are other things that community residence has done for me.

I have more privacy. I have adequate bathing facilities. I have adequate cooking facilities. I have more reliable heating facilities, and last but not least, I have much more living space because now I have a dining room and a living room. Previously I lived in one room where I cooked, ate, washed and slept.

REP. FOX: Thank you, sir. Are there any questions? Next speaker is James Riley...

MR. JAMES RILEY: Hi, my name is James Riley and I think Windham House is a good place to live. That's where I am staying. It took me quite some place to get in there and it's definitely better than living on the streets.

You know people are freezing out there, starving and there's no place to live. They can't get places to live. That's all I have to live.

REP. FOX: One question: Before you were at Windham House, where were you living?

MR. RILEY: Norwich State Hospital.

REP. FOX: You went directly from Norwich State to Windham House -- okay, thank you. Are there any other questions? Thank you. Next speaker is a Katie Feidelson...

MS. KATIE FEIDELSON: Members of the Planning and Development Committee. My name is Katherine Feidelson. I'm Associate Director of the Connecticut Conference of Municipalities. I would like to speak on a number of bills before you today. I'll try and keep my remarks very brief for most of the bills going into detail on only several.

First let me talk about the bill concerning residences for mentally ill adults, SB 533.

MS. FEIDELSON: (continued)
CCM was opposed to the bill as we first read it unless certain conditions were met. We understand after discussions with the State Department of Mental Health and with the Governor's Office that certain of those conditions have been met and so our opposition has lessened. We do still have some concerns.

We looked at this bill in terms of the CCM policy on deinstitutionalization of mentally ill persons which has already been referred to by a previous speaker, a policy that included adequate funding and staffing and also supported efforts to move mentally ill persons into community settings given certain circumstances and felt that local zoning could be overwritten given certain circumstances. I am summarizing very fast that position. It will be in the testimony that I'll submit for the record.

When we tested the bill against that position as it was originally drafted, we felt it was lacking in a number of ways. We felt that the bill should require that standards be set for the application for licensure, that minimum standards and the requirements should be set which should be maintained by a community residence. That standards should be required in the statute or at least the standards should require the standards be set concerning requirements of activities, of residents in and outside the residence and that the statute should require that standards should be set regarding the nature and extent of the monitoring process by the Department of Mental Health.

It's my understanding, and I believe that Commissioner Worrell has communicated to you that at least some of our concerns have been addressed, that there will be statements linking the regulations which now exist in the Department of Mental Health and the Department of Health to this statute so that to some extent our quarrels with the bill are addressed.

However, we still think that the nature and extent of the monitoring process by the Department of Mental Health could be more spelled out. For example, the monitoring report should contain among other things a description of all complaints and actions taken thereon.

MS. FEIDELSON: (continued)

We think that the bill should require linkages with supportive service agencies be made and a discharge plan for all persons expected to be transferred to such residences.

We would like the bill to provide for notifying the municipal chief executive. The bill now reads the municipality's governing body of the pending license application.

And most importantly even with the changes that I understand are being made, we would like to provide for more municipal input into the licensing and relicensing process. As a minimum the municipality should be able to review and comment in writing on the application and as a minimum the municipality should be able to review and comment in writing on the monitoring report.

We would also like prior to initiation of any residence some appropriate means of communication be set up between the staff of the residence and of the municipality.

Finally, our concern which I understand has been addressed, we feel that the bill should provide that every municipality is eligible to have a community residence rather than restricting the community residences to muncipalities over 8,000 in population.

If you view it as an opportunity or if you view it as an onus, whichever way you view it, we think it's unfair to only have community residences under the bill for municipalities over 8,000.

Now our positions on several other bills. On Bill 5800, which would provide for performance standards rather than dimensional and material requirements in the Fire Safety Code, we think this is a good bill and we support it because we think it would enable rehabilitation of buildings where the cost to comply with Codes as they now stand would be completely prohibitive and that it recognizes modern technology in building.

There's another bill, 5805, which allows an existing structure, which is in compliance with an existing Fire Code

MS. FEIDLESON: (continued)
arising from the original project including but not limited to housing of persons displaced by or employed in the original project.

These types of controls and exactions are not new in the United States. There are instances in Oregon for example in San Francisco, In Santa Monica, in Seattle and we set these forth in the testimony which we will hand into you. Boston is another place that has a zoning regulation requiring a development impact project exaction on large commercial projects.

So as you see this is an idea whose time has come, it would not be unique in the State of Connecticut.

We think that Connecticut cities and towns should be able to use these land use control techniques to reduce public cost and adverse impacts on their citizens. So we urge you to favorably report both of those bills, that is 484 and 5842.

REP. GARAVEL: Thank you. Do you have a question?

REP. MEYER: Yes, I just had one, two in fact. On the last two bills you've been discussing, have you as a council discussed this with the Department of Economic Development and the impact that this might have in bringing people into this area?

MS. FEIDLESON: I don't know that we've discussed this directly with them, no.

REP. MEYER: And the other one was on 533, most other states if they do have a mandatory override of zoning do have a policy whereby after a number of years either the municipality or individual in that municipality who feel that the group home is not working out have some sort of recourse to ask for an investigation. Would you be supportive of such a mechanism?

MS. FEIDLESON: Well, it would depend on just how the mechanism is worded. I'm aware that Wisconsin for example has such a provision. I was not aware that other states had it. It would depend on the provision. We think that perhaps

MS. FEIDLESON: (continued)
adequate safeguards through the kinds of things that we have suggested could be built into the statute so that it would obviate the necessity for that kind of local requirement.

REP. MEYER: Thank you.

REP. GARAVEL: Thank you. Hold on a second...Ed...

MR. MALEY: Yeah, can I ask what CCM came under 558 -- Bill 558?

MS. FEIDLESON: Wait a minute, numbers hold on. On which Bill?

MR. MALEY: Senate Bill 558.

REP. GARAVEL: The elimination of the multiple municipal chart...

MS. FEIDLESON: I don't know that we've analyzed that bill. We need to take a look...

MR. MALEY: I said we raised, drafted and special aided the Committee and I'm on the request of the (speaker inaudible)

MS. FEIDLESON: I don't know. I can get back to you. I'm not familiar with the issue and I'll get back. Just tell me the number again...

MR. MALEY: 558, it's your bill...

REP. GARAVEL: Concerning the elimination of multiple municipal chart or commission.

MS. FEIDLESON: I'm sorry I don't have the information where -- that I could give you and I'll give you a statement and -- because I want to speak to it.

REP. GARAVEL: Yeah, we'd appreciate having some sort of response.

MS. FEIDLESON: Okay, fine.

REP. GARAVEL: Joey Corcoran.

REP. HURD: (continued)
of a legislative study.

MS. CORCORAN: Well, ah, yes, I certainly would leave it to your discretion as legislators and obviously you have a good deal of information on what the Codes and Standards Committee is doing. I would like to just say that Connecticut Preservation Action has been working with the State Fire Marshall and we are trying to make changes where we see changes are needed on an administrative level. The appeals process for example that Mr. Bacon referred to has, I think, not been known to many of the architects involved and so we are asking to try and bring this up further in the first chapters of the Code and perhaps that will address the needs that this legislation would cover for performance standards to be considered.

It's just that apparently in the rehabilitation of buildings there do exist certain problems in trying to meet the material and dimensional standards but as I said before, the performance standards aren't just there to be grabbed and put in the books. It is going to take a certain amount of study and maybe as you say, this will be taken care of by the Codes and Standards Commission.

REP. HURD: I'd like to see that happen pretty before we get in those. Putting something in the statutes or even if you're trying to do a legislative study. Thank you.

MS. CORCORAN: Okay.

REP. GARAVEL: Thank you. Rev. Ader...Is the Reverend here? No, okay, Jackson Schonberg...

MR. JACKSON SCHONBERG: Chairman Garavel, the Committee. My name is Dr. Jackson Schonberg, I'm the Deputy Executive Director of the Capitol Region Education Council. I'm the chair of one of the committees of the Mental Health Association of Connecticut and I'm here to speak in favor of the Bill 533 with the community residences.

I won't go through the kinds of things that you've all heard before because I think the need has been clearly established and the cost effectiveness and all the other

MR. SCHONBERG: (continued)
details.

One of my roles is to run a residential treatment center in the community for mentally ill and emotionally disturbed adolescents some of whom are actually adults and nearly all of whom will become adults. The part that I wanted to speak to is that it's actually my job to go out in the community and create these facilities so I have come before many zoning boards and have dealt with this problem on a front line basis, for approximately eight years. It is always an exhilarating experience to be confronted by anywheres from 75 to 300 people who are about 99 percent opposed to the effort to create a group home within the community.

The issue in essence is that in nearly every instance there is a recognition that it is a desirable facility if they have visited one in operation, that it is properly done. A good facility. And there is nearly always the response that it is a great idea, sorely needed, but better yet in the next community or preferably the next state. There is almost no support at the local level. Even with the specific ordinances within the local zoning statutes relating to permitted uses, which is an approach that in the earlier years when I was a little more naive I thought would actually succeed in creating these facilities.

Earlier today Rep. Meyer raised a question about dialogue with the neighborhoods and with the issue of trying to reach the neighbors and developing rapport. I've done that over a period of eight years and let me cite the latest example.

We ran an open house to meet with the community neighbors that were invited by letter individually, not one person appeared. We asked the people in the neighborhood to visit one of the operating group homes in another community so that they could see first hand the experience, not one person took advantage of this. When the head of the Town Planning Commission, I believe that's the correct commission for the special permit, publicly denounced the audience for not having taken advantage of the issue of visitation and dialogue as was suggested, the retort from

MR. SCHONBERG: (continued)
one of the leaders to me and a public statement was in effect that they deliberately had not gone to the open house or visited because then we might become privy to their plans to sabotage the zoning approach.

Now, my experience with it based on the eight years and a number of communities is that it is extremely problemmatic as to whether one can establish a facility in the community in almost any area of the community whether it be downtown or in the issue I just mentioned, in a rural area of the community. It is mostly luck and therefore I have come to the point of view that the only practical solution based on direct experience not only of myself but other agencies that have attempted to develop community based group homes for the severely emotionally disturbed, mentally ill, whatever, with all the proper safeguards, a demonstrated history of operation, is that it simply doesn't work. Therefore I believe that the only solution based on the actual practice in Connecticut is to follow a legislative solution in the sense of exempting from the local zoning requirements as is true in the case of the Department of Mental Retardation License facilities.

Therefore, I must support this bill. It is an approach -- I'm not sure it is the best possible approach, but the need is clearly there and I believe the safeguards are in place that make it a feasible design to operate.

I would be happy to answer your questions.

REP. GARAVEL: Thank you. Bob, do you have a question?

REP. HURD: Yeah, I will keep it brief, and I think I'm familiar painfully with the situation which Mr. Schonberg has just cited. Jack, is it not true that in 1979 you, in the same community, approached a different group of neighbors on the basis which you describe now as being unworkable and is it not true that you got a rather substantial measure of support -- from the neighborhood organization?

MR. SCHONBERG: True, that's correct. However, the outcome was that we still did not get the permit.

REP. HURD: That's true and as you know the Planning Commission decided that the neighborhood was unsuitable for the group home and not the other way around.

MR. SCHONBERG: That's correct -- that was...

REP. HURD: Of which I'll never forgive them.

MR. SCHONBERG: It was a unique approach, I agree.

REP. HURD: The educational aspect of this problem, however, is one that everybody talks about and then comes over here to look for a club so that we can educate the public as to their own good. I think the approach you tried can work. It may not have worked successfully for a lot of reasons and we won't go into those and I wish...

MR. SCHONBERG: Yeah, I'm trying not to personalize the...

REP. HURD: I wish things could be different. You do have as a result of those efforts which you made in 1979, however, a zoning code in one community that does allow these homes to at least be considered. They are not prohibited by the zoning ordinance and I think that's -- maybe it's only a half step and maybe there are no homes but maybe that's a selection problem and not a zoning problem.

MR. SCHONBERG: I wish I could agree with you. It is true that there is the specific zoning ordinance not only in the community you mentioned but several others but I think that typifies the problem that was addressed by the contingent from Greenwich pointing to the zoning in their manual. It is one thing to say that it is actually within the manual and all of the criteria are established. It is quite something else to produce an actual residence under those rules and the second turn down within the same community related to an issue that was clearly outside of the forestated permit criteria. My point is that there is a semblance and if it would work, I would totally support the local approach. But my point is in essence that in communities that do have specific ordinances there still is a way to get around it when the Zoning Committee, whatever level it is, is confronted with anywheres from 75 -- and I've had as many as 300 -- sometimes

MR. SCHONBERG: (continued)
screaming neighborhood people saying that they don't want that in their area.

I would also like to point out in support of what some of the other people have said that we do run five facilities in operation with 48 beds, that after they're in place and we're talking about essentially the same population but a little younger, that in effect there have not been complaints and that once they do exist within the community they become absorbed within the community and they're not noticeable. The problem is the fear and the irrationality of a proposed facility and I believe that in practice the only way to establish them, and I'm accepting the fact that they need to be established and I assume everyone else does, is to provide a legislative relief because the history has shown that it really does not work.

Let me give you one other example and I'll stop, and that relates to Oak Hill which provides programs for blind -- severely multiply physically handicapped and frequently retarded population. They are the population that is probably least likely to run around the neighborhood with any kind of rampage or rape or robbery or anything that anybody can fantasize and they ran into exactly the same resistance in Burlington within the past year.

My point is that when it comes to any handicapped population, but most particularly this handicapped population, the mentally ill, there is almost total community resistance, and if there were another way I would support Rep. Hurd's point of view, but my experience is there isn't, and that's why I'm here.

REP. GARAVEL: Thank you. Ann Steele. I'd like to point out we have about 10 minutes and five speakers, so I would appreciate it if we could limit our remarks as much as possible. I don't want to ask anyone to not say something that they really want to so go ahead.

MS. ANN STEELE: Thank you, I'm Ann Steele, executive secretary of the Connecticut Psychological Association. I have a very brief statement.

The Connecticut Psychological Association has supported

MS. STEELE: (continued)
similar bills submitted to the legislature in previous years. This is in support of Raised Committee Bill 533.

The provision of supervised community residences is an integral part of long-range planning to provide step-down treatment programs for the mentally ill. Providing such services would have the following positive effects: Persons would be placed in the least restrictive treatment setting commensurate with their needs. Hospital stays would be shortened or in some instances avoided. Reintegration of the individual into self-sufficient status in the community would be accomplished in a more rapid and efficient manner. Hospital beds would become available for those in need of more intensive care, and finally the cost of care for those persons eligible for treatment in community residences would be considerably less than if the same individual had to remain in-hospital due to the lack of appropriate facilities for the lesser level of care.

Thank you very much.

REP. GARAVEL: Thank you. Are there any questions?

MR. SCHONBERG: Can I just (GAP ON TAPE)

REP. GARAVEL: Connecticut Mental Health Association...

: I don't think there's anybody here from that...

REP. GARAVEL: Yeah, Jim Roscoto, Roscoto -- was here. Go ahead.

MR. JOHN YOST: Good afternoon, my name is John Yost, I'm Chief of the Fire Department in Norwalk. I'm here in oppositions to the Bills 5805 and 5800 for the simple reason that we are not in opposition to rehabilitation, we are not in opposition to rehabilitation that is applied safely but we are here in opposition to changes that mindlessly limit the safety regulations for buildings.

There are two methods of providing fire protection for municipalities especially those like mine which are large enough to be forced to rely significantly upon career fire

MR. BALDWIN: (continued)
attachment of personal property of landlords in order to recover benefits paids.

In connection with these two bills, it is the view of the City of New Haven that there is language in the Uniform Relocation Act which is unclear and inconsistent with regulations. I'll direct your attention on review to Lines 51 through 56, where the benefit is established as the amount necessary to enable a displaced person to lease or rent another place for a period of four years, or $4,000 whichever is less, is essentially what it says.

The regulations of the Department of Human Resources which administers this provision has interpreted that language to mean that municipalities are required to pay the difference between the rent actually being paid at the time of the dislocation and the rent which needs to be paid to find alternative housing over the period of 48 months. Although I suppose that's a possible interpretation of the statutory language, I don't think it's a necessary interpretation of the statutory language. On the other hand I think it is what is intended.

I have prepared an amendment which would make the statute consistent with the regulation and would give municipalities the kind of protection on these benefits that we believe that they need. I would suggest, although it might be an amendment to the bill increasing the benefits, that the bill increasing the benefits be boxed and this amendment be attached to the one -- the bill which allows other collection methods. I will leave my language for the amendment with the Committee and I urge that you incorporate it in the bill which you give a joint favorable report to.

If I might just finally in another capacity -- in the capacity of Chairman of the Advisory Committee of the State Office of Protection and Advocacy for the Handicapped and Developmentally Disabled, and in the capacity of somebody who is a corporation counsel in New Haven and has worked both under the previous law where group homes for mentally retarded were not taken out of the zoning regulations and have worked on one as a private citizen where they are. I think that you've heard a lot of testimony establishing the need for group homes which cannot be SB533

MR. BALDWIN: (continued)
denied and I think the reason for those of you who have asked very good questions about when the legislature interferes with local home rule and zoning residences, the reason that that has to be done here is that we're dealing with what law has to deal with and that is a basic conflict between the needs and interests of different people, and the needs and interests of people are protected in different ways.

The interests of local residents are protected by zoning ordinances and they look to those zoning ordinances to protect their interest in the property and they will continue to and they will result in circumstances which have been described to you. There are no advocates for the needs for those who are mentally ill and on the road to recovery and there is no way to resolve that conflict at the local level even among people of goodwill who are interested in solving the problem.

You need those people. This is the classic time when the state legislature must in the exercise of its responsibility step in and pass a law which resolves the best interests of both populations on either side of this issue in a way which will benefit the state in its entirety and I think that's really the issue that's confronted by Raised Committee Bill 533 and I would urge this Committee to give it a joint favorable report.

Thank you.

REP. GARAVEL: Thank you. Margaret Berg...

: She left -- she left her testimony.

REP. GARAVEL: Okay, Richard Schreiber...

MR. RICHARD SCHREIBER: That's close enough, Rep. Garavel. I also will be brief. Senator Smith, Rep. Garavel, members of the Joint Committee on Planning & Development. My name is Richard B. Schreiber. I live in Branford, and my wife and I, along with the bank own our home. I'm here to support Raised Committee Bill 533, An Act Concerning Community Residences for Mentally Ill Adults.

MR. SCHREIBER: (continued)
I am a member of the State Board of Mental Health Legislative Committee and I am a Vice Chairperson of one of the Regional Mental Health Boards, but it's through my association with the Cashman Area Council, serving towns on the shore extending from East Haven through Madison and north to North Haven and North Branford that has really convinced me of the appropriateness of this bill as a solution to the problems of post-hospital discharge care of patients.

As you know, each mental health region in the state is subdivided into Cashman areas and each Cashman area has a council to which local chief executives appointment members. Our council under the leadership of David Cavidini of North Haven has since October been meeting with selected members of the legislature who represent the various towns in our area.

In order to do that we had to do a lot of preparation and research. It's clear to us that the time has come for the passage of No. 533.

We have already in our area lost a community residence because of the community opposition. We thought everything was in place. We had made a large investment in terms of time and energy through the Essential Social Services Program. Everything was set to go and at the last minute necessary permits were not issued and the project was stimied.

Mr. Chairman, yesterday at a Judiciary Committee hearing a distinguished Hartford area physician testified in favor of Raised Committee Bill 5812, Concerning the Study of Medical Malpractice. The physician said, I'm sure in good faith, said there was no other single factor that contributed to the heightening and rise in health care costs than the way malpractice grounds are structured today.

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I can agree up to a point and certainly the charges for malpractice insurance are enormous, but I think -- I believe a crucially contributing factor to health care costs is the unnecessary lengthy hospitalization of persons who do not need the kind of intensive care, the intensive

MR. SCHREIBER: (continued)
staffing that is afforded through hospitals. People who could be discharged in the community who are nevertheless maintained in hospital facilities.

I believe this, whether it's in the mental health field or in the general health field, this is the most severe contribution to the skyrocketing of health care costs.

I have read the Department of Mental Health guidelines and briefing papers and fact sheets regarding this bill. I am convinced and I conclude that there will be strong controls over these residences. That the Department will close down programs if they are not effectively functioning, and moreover, that this law if passed, will not be a foot in the door to increasing the population of such residences in the future. It will not be a platform on which an appeal will come before the legislature in a year's time or within five years to increase the allowable limits to 11 adults and then 15 adults and so on.

I have the read the Department of Mental Health papers on this matter and I conclude that in all earnestness.

In this past November I chaired a panel discussion on deinstitutionalization that was sponsored by the Association for Human Services. One of the central features that were identified by all the discussions in the panel was what was called the "not in my own backyard" attitude that people -- as the previous speaker said, people will support the principle of having community residences for discharged patients, but not in my backyard.

I told you I live in Branford and I think that's a pretty middle-class community. Within my backyard or within easy walking distance of where I live right now from my front door there are people who are going through severe depression, persons recently discharged from mental health facilities, persons who have attempted suicide, teenagers, other youths who are abusing alcohol who are drug addicts. These are problems that already exist in my community so to speak within my own backyard. And I bet it's true of all of us in this room that those conditions, those handicaps, those disturbances already exist.

MR. SCHREIBER: (continued)
I really do not see that No. 533 will represent a serious or injurious departure in town policies, in public policy for the state in caring for persons for whom we must care in the long run.

I thank you for your attention.

REP. GARAVEL: Thank you. Is there anyone else who wishes to testify that has not signed the speaking list? Anyone else who wishes to testify? Go ahead, come forward -- say your name for the record.

MR. SCHONBERG: I just wish to follow-up for the record. I checked on the person that you mentioned and he was from the Hamden Mental Health Center area, not from the Connecticut Mental Health Association. My name is Dr. Jackson Schonberg, I'm the Chair of Children's Subcommittee. There was a vote in the Mental Health Board -- the Association Board -- to support this bill so I just wanted it on record that they in effect do support it since nobody else...

REP. GARAVEL: Okay, all right.

MR. RON CRETARO: I'm Ron Cretaro, the Executive Director of the Connecticut Association of Residential Facilities and the Association consists of 120 agencies which operate over 200 commuinty residential facilities in the state. Among them are psychiatric facilities.

Our Association has been a fairly principal factor in the last few years in efforts to promote this bill and to have it pass along with the Department of Mental Health.

There are currently 15 transitional living or halfway house facilities in the state. There are two treatment facilities and roughly 10 apartment programs. As you know, we've undergone a serious decline or reduction of state inpatient hospital beds over the last 10 to 15 years. The state has saved a great deal of money. Part of the goal was to create a community-based system. That has just not happened to the comprehensive nature of which is desired and the principal reasons is the fact that agencies who care to operate these kinds of facilities just have not

MR. CRETARO: (continued)
been able to get in.

The government's budget has included appropriations for 50 new group home beds in the state. Even with this Bill it is still not going to be easy for those facilities to locate. The average size of the halfway house today is 10 to 12 residents and as we know, in group homes for mentally retarded, there has been a statewide commitment to funding facilities for six in the private sector. We now have 100 of those facilities.

The Blue Ribbon Task Force says and the Commissioner maintains that there are 500 to 600 people who can be put in the community safely if there were appropriate settings and unless we begin embarking on that effort, it's going to continue to cost the state more money whereas people could be put into community facilities at less cost.

I know it's difficult to find humor in remarks at this late after three hours, but I know that -- I hope that you will be able to support it and I hope, Rep. Meyer, that we can look forward to your unqualified support this year on this bill.

REP. MEYER: I would challenge a few things. One of my major concerns -- I have never been opposed to this type of program. I have been very, very much concerned that there is so much emphasis on mandating that the homes be built that inadequate protection is afforded to not only the people in the surrounding communities but also to the people who are going into the homes but primarily my problem has been with the lack of support facilities in the surrounding areas, and there is nothing in this bill that assures me that there are going to be proper support facilities in the areas where you might establish some of these homes. And I think that is the major concern of the constituency which I am trying to represent from throughout the state. The general public is concerned with that and I think they would like some assurances along those lines.

REP. GARAVEL: Okay, thank you. Are there any other speakers?

: I need Ron's last name...

MR. CRETARO: Cretaro C R E T A R O.

REP. GARAVEL: Okay, are there any other speakers? Okay, seeing none I have my communication from Interlude, Inc., 10 Robinson Avenue, Danbury, Connecticut, Executive Director, Linda Whitecoff, which I'll submit for the record.

Seeing no one else wishing to testify I will declare the hearing closed, and since the Senate is in session we won't be...

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Testimony for the record
P.H. 3-14-84

The Joint Committee Pla[illegible]i[illegible]g a[illegible]d Deve[illegible]p[illegible]n[illegible]
The Capitol
Capitol Avenue
Ha[illegible]tford, [illegible]onnecticut

To The Honorable Wilbur Smith and The Honorable Paul Garavel:

I am unfortunately unable to attend the hearing for the Community Residence Bill #533, but would like to submit written testimony concerning its contents. I am the Executive Director of Interlude Inc., a psychiatric halfway house in the Danbury area. I support the community based continuum of care concept for mental health clients. I further support the educational, and not the traditional medical custodial model for transitional residential facilities. I have recently dealt with the private sector regarding the opening of supervised apartments and was faced with incredible difficulties which, although not zoning related certainly were indicative of the resistance demonstrated by the community via zoning ordinances.

I am very much in favor of the passage of Bill #533 and wish to commend the Committee for its persistence in drafting yet another version. I would like to go on record however and request your consideration of the following exceptions:

1. Community residences, specifically halfway houses, should be limited to 10, not 8 adults. This has been proven to be more cost effective.
2. The licensure of such residences presents difficulties until Draft 11 of the State of Connecticut Department of Health Services Regulations for Licensure of Mental Health Facilities is finalized. By definition "continuum of care" means different types of community based facilities and implies a progression of structure and supportive services from fullway houses and intermediate care through supervised apartments. State statutes under "Public Health and Well-Being" Chapter 368v, subsection 19a-495 specify that licensure and regulations be assigned to facilities in accordance with their classification. This classification of different types of residential facilities has not been developed or addressed by Draft 11, hence some community residences remained unlicensed. They are however subject to annual inspection and evaluation.
3. Interlude Inc., and other halfway houses accept residents who are self-referred as well as referred by a licensed facility or licensed physician, psychiatrist, or psychologist.
4. Interlude Inc., and other halfway houses accept residents with a primary diagnosis of a psychiatric disorder. We do accept

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alcoholics who fit other entrance requirements and who demonstrate motivation to remain sober.

I offer my support and testimonial to the Committee as needed to secure the enactment of Bill #533. It is time that the political and social arenas were called upon to be accountable to the widely acclaimed movement to deinstitutionalize the emotionally disabled.

Sincerely,

Linda Wyckoff

Linda Wyckoff
Executive Director
Interlude, Inc.

3-14-84

TESTI Y IN FAVOR OF S.B. 533, AN ACT CONCERNING COMMUNITY RESIDENCES FOR MENTALLY ILL ADULTS

Testimony

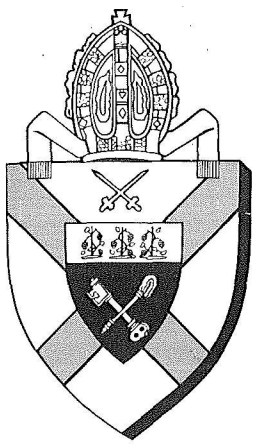
I am Margaret Berg and I am wearing two hats this morning. I am representing the Caucus of Connecticut Democrats which has a long standing commitment to the expansion of transitional living facilities for the mentally ill. I am also a member of the Catchment Area Council Number 16. As such I have become familiar with the success and importance of community based care.

S.R. 533, if passed would begin to address a major need in Connecticut's mental health care system. Small supervised community based living programs linked with mental health services are absolutely necessary to an effective system.

Community residences provide its members with the support and guidance needed to prevent repeated and costly hospitalizations and to allow them to become productive members of society. Careful supervision of the members of the residences and strict regulations and licensing procedures of the homes are provided in this bill.

The Department of Mental Health currently funds 14 community residences. This bill would add 24 residences to be distributed among the five regions. The Department of Mental Health projects a need for an additional 197 community residence slots over the next five years.

The average annual cost per state hospital bed is $58,400 as compared with a cost of $11,938 for a community resident. Even more impressive is the saving made by the long-term progress of a mentally ill person when he has the appropriate community support and increased quality care that community residences offer. This bill is a bargain.



the Episcopal Diocese of Connecticut

3/14/81 Testimony for the record

The Rev. Franklin E. Vilas, Jr., D. Min.
Director of Program

The Rev. Douglas T. Cooke
Assistant Director of Program

The Rev. Kyle M. McGee
Urban Mission Officer

The Rev. Robert A. Gallagher
Congregational Development Officer

Jean Allen
Communications Officer

Thomas Welles Snyder, C.A.S.
Youth Coordinator/Dir. Camp Washington

To the Planning and Development Committee:

I would like to speak on behalf of proposed bill 533, an act concerning community residences for mentally ill adults.

The problems caused by the release of patients to the communities without adequate housing or support services continue to increase. The current trend towards "rehospitalization" is not the answer.

As a member of the President's Commission on Mental Health, I joined other professionals in developing a plan for the creation of a continuum of care that would make possible the provision of services for those returning to the community.

As Director of Program for the Episcopal Diocese of Connecticut, I have seen mental health patients become the core of the homeless population that is filling the shelters in the state.

Community residences provide a supervised alternative to the dislocation we are now experiencing in the state. The Department of Mental Health, with its new Community Support program, is taking a bold step towards the system envisaged by the President's Commission.

However, without adequate housing, efforts to provide effective services in the community are doomed to failure. I urge the support of this bill which, along with the Governor's budget initiatives, will take a bold step towards providing a hum---, -ffective system for the state's mentally ill population.

Franklin E. Vilas Jr.

Rev. Franklin E. Vilas Jr., DMin
Director of Program, Diocese of CT.

1335 Asylum Avenue Hartford, Ct. 06105-2295 Telephone 203-233-4481

Re: #533
P.H. 3-14-84
Submitted for the record

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Testimony before the Joint Planning
and Development Committee

Re: Bill #533

"An Act Concerning Community Residences
for Mentally Ill Adults"

Statement of Purpose:

To prevent local zoning from being used to prohibit community residences for mentally ill adults.

14 March 1984

Carol A. Nodop, M.A.,O.T.R.
Executive Director
Keystone House, Incorporated
Norwalk, Connecticut

President, Connecticut
Association of Mental Health
Transitional Residence Programs,
Incorporated

Good morning. Thank you for the opportunity to address you today concerning this Act. I am Carol A. Nodop, M.A.,O.T.R., Executive Director of Keystone House, Incorporated, located in Norwalk, and President of the Connecticut Association of Mental Health Transitional Residence Programs, Incorporated. My professional education has been in occupational therapy and psychology. I hold both Bachelor of Science and Master of Arts degrees from Columbia University, and have nineteen years of clinical and administrative experience in the field of mental health.

I come before you today to speak in support of this bill and to provide information on the mental health transitional living programs currently in operation in Connecticut.

There are eighteen such facilities with a total of two hundred and sixty-nine beds offering residential services which focus on the ability to master the skills necessary for living interdependently in a community. The routine tasks each of us performs daily such as personal grooming, housekeeping, job duties and social conversation must be learned or learned anew following hospitalization for mental illness. This is especially true if multiple hospitalizations or prolonged institutionalization have occured.

Although program policies and practices differ slightly from one halfway house to another, the basic tenets adhered to throughout Connecticut mental health transitional residences are consistent with social and vocational rehabilitation principles conformed to within mental health delivery systems.

Each of the agencies is a private, nonprofit corporation with a Board of Directors comprised of members of the communities which it serves. They represent professional, business, social and civic interests. Each is staffed with a full time Executive Director and support staff, some of whom reside on the premises. Each director holds a professional degree in such fields as nursing, social work, psychology or occupational therapy. The average number of years of professional experience of these administrators is ten. The average age of the facilities is seven years, most having been founded in the 1970's.

The data collected for the Governor's Special Task Force on Mental Health Policy Issues indicates an average cost of approximately thirty-three dollars per day for a mental health transitional bed. This figure includes lodging, meals, group meetings, utilities (exclusive of personal telephone expenditures), and individual counseling and/or crisis intervention services as necessary. Since ALL of the programs require residents to be in outpatient mental health treatment, none provide primary treatment services such as psychotherapy or prescription and/or dispensation of medication. Rather, the role of the halfway house personnel is confined to the development and enhancement of the aforementioned skills which are necessary to successful daily functioning. Each program requires its residents to have a structured daily plan, i.e., volunteer or paid employment, educational or vocational training, or attendance at a psychiatric day treatment center. The minimum weekly requirement, in most programs, is thirty hours.

The per diem cost quoted above does not, therefore, reflect the total cost of community versus institutional care, simply the cost of residential services. Funds for the operation of transitional programs come from several sources:

Resident Fees: Either self pay or third party

Community Support Account Grants, State of Connecticut
Department of Mental Health

Private Contributions: Individual, Corporate, or Foundation

Community residence programs are ineligible for private medical insurance or Title XIX reimbursement, as they are not medical treatment facilities. Third party payment is, as a result, through the Department of Income Maintenance and/or local welfare.

Dr. John Talbott, Chairman of the Committee on the Chronic Patient of the American Psychiatric Association cited statistics for the year 1978 which indicated an estimated one in nine thousand persons nationwide requiring halfway house services received them. Mr. Eugene Michael, former Executive Director of the Southwest Connecticut Health Systems Agency stated that for that same year, two thousand and eight people were discharged from psychiatric hospitals with an estimated ten percent requiring transitional living services in that region. At that time, Keystone House was the only such program in operation in the region (there are now Three), and was able to serve twenty-eight, or slightly more than one percent of those in need.

Since housing is a basic need for all citizens, the lack of it, within a community, for the mentally ill adult negates the mental health services benefit reaped from other community intervention such as traditional psychiatric intervention. For community mental health care to succeed in addressing the needs of its constitutency, appropriate housing, in a structured setting, is essential. I therefore request your support of this Bill.

Thank you.

STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH

March 14, 1984

MEMORANDUM

Attached is revised copy of "Addition to Testimony - Commissioner Worrell - 3/14/84" relative to Bill #533 - AAC COMMUNITY RESIDENCES FOR MENTALLY ILL ADULTS.

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STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH

SB533

ADDITION TO TESTIMONY - COMMISSIONER WORRELL - 3/14/84

IN ADDITION, WE ARE RECOMMENDING THE FOLLOWING CHANGES. THE LANGUAGE WE ARE SUGGESTING IS IN DIRECT RESPONSE TO OBJECTIONS RAISED BY THE CONNECTICUT CONFERENCE OF MUNICIPALITIES. I'M SORRY FOR THE LAST MINUTE CHANGES, BUT THESE CONCERNS CAME TO MY ATTENTION ONLY YESTERDAY. I AM CONFIDENT THAT THE FOLLOWING CHANGES MAKE OUR INTENT MORE CLEAR.

THE FIRST CHANGE, IN SECTION 3(A) OF THE BILL, MAKES IT CLEAR THAT ALL MUNICIPALITIES WOULD COME UNDER BOTH THE ENABLING PROVISIONS AND THE DENSITY CONTROLS IN THE BILL. THE FOLLOWING SHOULD BE SUBSTITUTED FOR LINE 50 THROUGH LINE 53 IN SECTION 3(A):

> ANY OTHER COMMUNITY RESIDENCE. IF MORE THAN ONE COMMUNITY RESIDENCE IS PROPOSED IN A MUNICIPALITY, THE TOTAL CAPACITY OF ALL COMMUNITY RESIDENCES SHALL NOT EXCEED ONE-TENTH OF ONE PERCENT OF THE POPULATION OF SUCH MUNICIPALITY.

WHILE THIS LANGUAGE ALLOWS A COMMUNITY RESIDENCE TO BE LOCATED IN ANY MUNICIPALITY WITH AREAS ZONED TO ALLOW STRUCTURES CONTAINING TWO MORE MORE DWELLING UNITS, OTHER HURDLES MUST BE OVERCOME. AN APPROPRIATE HOUSE, A GROUP TO SPONSOR THE RESIDENCE, ADEQUATE FUNDING AND LOCAL SUPPORT SERVICES MUST BE FOUND BEFORE A COMMUNITY RESIDENCE WILL BE ESTABLISHED.

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THE SECOND CHANGE MAKES CLEAR, THROUGH STATUTORY LANGUAGE, THE NATURE OF THE REGULATIONS GUIDING THE OPERATIONS AND LICENSING OF THE COMMUNITY RESIDENCES. THIS NEW SECTION 4 DELINEATES THE MINIMUM STANDARDS THAT MUST BE INCLUDED IN REGULATIONS:

> THE DEPARTMENT OF HEALTH SERVICES, WITH THE ADVICE OF THE DEPARTMENT OF MENTAL HEALTH, SHALL PROMULGATE REGULATIONS THAT INCLUDE, BUT ARE NOT LIMITED TO, STANDARDS FOR SAFETY, MAINTENANCE, ADMINISTRATION, HUMAN RIGHTS, STAFFING REQUIREMENTS, MEDICATION, PROGRAM GOALS AND OBJECTIVES, DESCRIPTION OF SERVICES OFFERED AND POPULATION SERVED.

(THE OLD SECTIONS 4 AND 5 BECOME, RESPECTIVELY, SECTIONS 5 AND 6).

THANK YOU.

P.H. 3-14-84 march, 13, 1984

Testimony for the record

Re: 533 My name is Julie Anderson, I am a black resident at passages. I was a resident at windham House previously. I feel that these programs are extremely essential. These programs provide guidance and emotional support for us. When a person is discharged from a mental institution they are in desperate need of these programs. I have developed good ambition from these programs. I have also been given a lot of positive advice. I would like to emphasise the fact that I am a black resident. I would like to emphasise that I was not discriminated against. I was, and still are, being treated with love and concern. I would encourage anyone with an emotional problem to participate in these programs. I feel that they would definately benefit from them.

Julie Anderson.