

Approved March 19, 1987
Date

MINUTES OF THE SENATE COMMITTEE ON LOCAL GOVERNMENT

The meeting was called to order by Senator Don Montgomery at
Chairperson

9:08 a.m./~~p.m.~~^{xx} on March 17, 1987 in room 531-N of the Capitol.

All members were present except:

Committee staff present: Mike Heim, Arden Ensley and Lila McClaflin

Conferees appearing before the committee:

Representative Arthur Douville, 20th District, Overland Park, Ks.
Billy Zillman, Leawood Ks.
Gary Condra, President, Residential Alternatives, Inc.
Joan Strickler, Ks. Advocacy and Protective Services for the
D. D.
Elton Burner, Johnson County, Ks.
Dr. Gerald Hannah, S. R. S.
Mary Noto, Pawnee Mental Health, Manhattan, Ks.
Carol Bellinder, Pawnee Mental Health, Manhattan, Ks.
Donna Miller, Registered nurse, Wichita, Ks.
Gordon West, Legislative Chairman, Kansas Families for Mental
Health, Topeka, Ks.
Yo Besgen, Kansas Association of Rehabilitation Facilities
Edward Pennington, Pennington's Residential Homes and Training
Center, Wichita, Ks.
Walda Johnston, a volunteer board member of United Community
Services of Johnson County
Kathy Pendergast, a resident of a group home in Johnson County

The hearing for the proponents of H.B. 2063 was opened.

H.B. 2063 - concerning zoning, relating to group homes. This bill would authorize group homes for the physically handicapped, mentally retarded, or other developmentally disabled persons to be located in any area where single family dwellings are permitted.

Rep. Douville sponsor of the bill was present and testified in support of the bill. He introduced Billy Zillman, Gary Condra, Joan Strickler and Elton Burner, who also testified.

Rep. Douville presented a booklet "About Group Homes", he urged the members of the Committee to read it, as he felt it explains why there is a need for group homes and the benefits of this type of living for the residents. (ATTACHMENT I)

Billy Zillman stated there is a need for more group homes in the Johnson County area, but restrictive zoning laws have hindered building them. (ATTACHMENT II)

Gary Condra told the Committee H.B. 2063 is necessary if any significant development of new group homes is to take place. He suggested at some future time the elderly be included. (ATTACHMENT III)

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON LOCAL GOVERNMENT,

room 531-N, Statehouse, at 9:08 a.m. ~~pm~~ on March 17, 1987

Joan Strickler stated opposition to group homes generally fall into one or more of the following areas:

1. Fears of and prejudices toward the persons who would live in the homes. 2. Concerns about increased traffic. 3. Concerns that the home will be operated improperly. 4. Worries that property values will be affected adversely. Ms. Strickler address each concern and stated there had been no documentation that group homes have had adverse affect upon property value and residents of group homes have been good neighbors. (ATTACHMENT IV)

Elton Burner, Johnson County, Ks., stated there is a real need in Johnson County and throughout the state for more group homes to relieve the state institutions. (ATTACHMENT V)

Dr. Gerald Hannah urged the passage of this bill it would ensure that mentally retarded and other disabled individuals have the same right to live in single family areas as others. (ATTACHMENT VI)

Mary Noto stated she had suffered from mental illness and had been hospitalized several times in the past 16 years. She urged the Committee not to discriminate against the mentally ill but to amend H.B. 2063 to include them. (ATTACHMENT VII)

Carol Bellinder stated she attends the Pawnee Mental Health support group five days a week in Manhattan, she also urged the Committee to amend the bill to include the mentally ill. (ATTACHMENT VIII)

Donna Miller a registered nurse and concerned citizen from Wichita area expressed the quality of care and less potential for abuse and neglect available through the small group homes. She believes they are more cost effective than large institutions (ATTACHMENT IX)

Gordon West asked that the bill be amended to include the mentally ill.

Yo Besgen stated their organization support the bill, because it would establish a statewide policy prohibiting exclusionary zoning practices. She said she had visited with Rep. Jayne Aylward and she also supported H.B. 2063 and would have been present to testify if it would have been possible. (ATTACHMENT X)

Edward Pennington encouraged the passing of the bill as written without the addition of a public hearing and conditional use. He operates several group homes in Sedgwick County. (ATTACHMENT XI)

Walda Johnston stated their advisory council has studied the issue for two years, it is their conviction H.B. 2063 should be passed. They base this conviction on the believe that it is a civil rights issue. (ATTACHMENT XII)

Kathy Pendergast, a resident of a group home in Johnston County, stated there is a need for more group homes so that others may have the support, guidance and security she has found living in one. (ATTACHMENT XIII)

Lila Paslay and Ray Petty presented written testimony in support of H.B. 2063. ATTACHMENT XIV and XV)

Representative Douville made closing remarks urging the Committee to favorably support H.B. 2063.

Senator Langworthy moved to adopt the minutes of March 16, 1987. The motion was seconded by Senator Bogina. The motion carried.

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON LOCAL GOVERNMENT,
room 531-N, Statehouse, at 9:08 a.m./~~p.m.~~ on March 17, 1987

The meeting adjourned at 10:01, next meeting will be March
18, 1987.


Chairman, Senator Don Montgomery

Date: March 17, 1987

GUEST REGISTER

SENATE

LOCAL GOVERNMENT

NAME	ORGANIZATION	ADDRESS
BRYCE MILLER	MENTAL HEALTH ASSOC. IN KANSAS	1205 HARRISON TOPEKA, KS
Rod Bittel	Developmental Services of Northwest KS	P.O. 1016 HAYS, KS
Elton Burner	Individual	5312 W 69th Terr. P.O. Topeka, KS 66608
Billy M Zillman	Redwing Home, Inc.	Jerwood KS 3519 W 92nd Terr 66206
Ya Bestgen	KARF	Topeka
Sister Christella Buser	L'Arche	9187 W. 85 th St. O.P.
Ed Kennington	Pennington's Residential Homes Wichita	400 E. 69th Nth Wichita KS 67219
John Stuhls	KAPS	Manhattan
Donna Miller	concerned Citizen	1213 W. 30th St. Wichita, KS 67217
Kevin M Hill	-	TOPEKA
Justin Teenos	Individual	Lawrence
Ray Petty	KACEH/DHR	Topeka
Ric Silber	DOB	
M. Hawver	Topeka Council	Topeka
M. Howard	City of Wichita	Wichita
Amiese Will	Pawnee Mental Health Services	1650 Hays Drive Manhattan, KS 66502
Wes Ruten	Pa "	"
Mary Noto	"	"
Carol Bellinder	"	"
Dicki Gabriel	"	"
Karen Husk	"	"
Fredrick R Gornley		

Date: March 17, 1987

GUEST REGISTER
SENATE
LOCAL GOVERNMENT

NAME	ORGANIZATION	ADDRESS
MAX & MARVELENE BEATTY	FAITH VILLAGE (Steering Committee)	JOHNSON COUNTY, KS. SHAWNEE MS, KS.
S Therese Bangert	-	Topoka
M. New	-	Topoka
James Stubbs	HBAAK	"
John Thomas	Ks. Assn. of Prof. Psychologists	Topoka
Paul M. Klotz	ASSOC. OF CMHCs KS	Topoka
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Ellen Burner	Individual	5312 W 69th Terr P.O. Box 66208
Gary Condon	Residential Alternatives	2204 Crossgate Lawrence
Arthur Dourille	Legislative	State House
Gordon West	Kansas Families for Mental Health	Topoka
Waldo Johnson	United Community Services	So. Co. KS
Dilma Decker	" " "	" "
Janet McCall	Ks. Assoc. of REALTORS	Topoka
Acad T. Harech	MARS	Topoka
SCOTT LAMBERS	CITY OF OVERLAND PARK	OVERLAND PARK

About Group Homes



(ATTACHMENT I) LOCAL GO 3/17/87

About Group Homes.

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About Group Homes.



INTRODUCTION . . .

Most persons who are mentally retarded live successfully in communities. Only a small fraction of them require services from the public mental health system. Of these persons, the vast majority clearly benefit the most and are happiest in normal residential environments.

Some of these people may be moving into your neighborhood...perhaps they have moved in already. They may seem different from other neighbors since they are handicapped. You may have questions about these citizens and this is natural.

This booklet provides information about small group homes with six or fewer persons which are typically established in our neighborhoods.

In reading this booklet you will find that the activities within the home are planned to be much like an ordinary family. According to their abilities, residents participate in cleaning, cooking, managing money, planning their schedules and caring for themselves as much as possible. **In fact, under our laws, residents of a small group home, even though unrelated by blood or marriage, are considered to be a family.**

Virtually everyone in Michigan participates in the continuing and successful delivery of community residential services. From the taxpayer and good neighbor, to those of us closely involved, we can share in the pride of seeing our handicapped citizens advance to their fullest potential.



SMALL GROUP HOME BACKGROUND

Q. What Are Small Group Homes And Who Lives In These Homes?

A. A small group home is a home in any residential area that may have up to six developmentally disabled persons living in it, the majority of whom are persons with mental retardation.

Many persons living in small group homes have moved from institutions, while many others are now coming from their natural homes.

Q. Why Are Small Group Homes Needed?

A. A major change in recent history has been the move away from large, impersonal institutions for developmentally disabled persons toward a more humane and effective approach — small homes in residential areas. This change has been recognized and endorsed by professionals around the world.

In 1969, in Michigan, more than 12,000 persons with developmental disabilities lived in state institutions. They were there because schools, work programs and housing opportunities were not available in the community.

In 1986, fewer than 2,000 persons reside in state institutions. Due to the availability of community services and the success of the community placement program, six institutions have closed.

Q. How Do Group Homes Compare to Institutions?

A. There have been many national studies attesting to the benefits of community living arrangements versus institutions. One of the most detailed studies was sponsored by the U.S. Department of Health and Human Services. It compared residents living in Pennhurst, a Pennsylvania institution, with those placed out of the institution in the community.

The five year study found that people now living in the community made more progress than they made during their time in Pennhurst — a period of time averaging 24 years. The study reported that people who are mentally retarded “became sharply less dependent” when moved into the community and learned to do many things for themselves, rather than having things done for them.

In brief, state institutions are largely a creation of the 19th century. “Asylums” are now a thing of the past. As we move toward the 21st century, the model for providing effective, efficient and humane services is the small residential program, located in the community.

Q. Why Don't They Live At Home With Their Parents?

A. Prior to establishment of local services, including mandatory special education, parents had little or no choice other than placing their child in an institution. At that time, many persons in the medical field, as well as other human



service professionals, advised parents to “put their children away” because it was “better for the children and the family.” This advice reflects a time when there was a lack of knowledge regarding the potential of handicapped children and a lack of support for them in the community.

Today, the majority of developmentally disabled children live at home with their parents with the help of mandatory special education, the Family Support Subsidy and other community support systems.

The Family Support Subsidy Law, passed in 1983, assists families of severely impaired children by providing a financial payment directly to the family to help keep their children at home.

In some cases, however, it may not be possible or desirable for all children to live at home. Parents may have to place their children into community homes due to single parent status of the mother or father. An illness of one of the parents or other family member may make it difficult to guide a disabled child. In such cases, it may be in the best interest of the handicapped individual to leave the natural home.

As parents become older and their handicapped children living at home become adults, it is only natural that their children move into another home setting or living environment much like their normal sons and daughters. Parents very much want to assist in this transition so they can encourage and support their handicapped children in their new home.

FACTS ON MENTAL RETARDATION

Q What Is Mental Retardation?

A Mental retardation is a condition which develops early in life and is characterized by a below average rate of intellectual development. It could affect one's rate of learning, social adjustment and economic productivity.

In terms generally accepted today, a person with mental retardation is considered to have a developmental disability. A developmental disability is defined in **Michigan's Mental Health Code** (adopted in 1974) as an impairment of

general intellectual functioning or adaptive behavior which meets these criteria:

1. Originated before the person became 18 years old.
2. Continued since its origin or can be expected to continue indefinitely.
3. Constitutes a substantial burden to the impaired person's ability to perform independently in society.

Mental retardation is not evidenced by low I.Q. alone. It is important to note a second indication for diagnosis: "adaptive functioning". Adaptive functioning or behavior is the effectiveness with which a person meets the standards of independence and social responsibility of his/her age and cultural group.

Q What Causes Mental Retardation?

A Two hundred and fifty causes of mental retardation have been identified.

The conditions which cause mental retardation may be organic or genetic in origin. Some of the known causes are infections during pregnancy, birth injuries, metabolic disorders, Rh blood factor incompatibility, and toxic agents. Incidents during infancy or childhood such as major illnesses, head injuries and strokes can cause brain damage resulting in retardation.

Mental retardation can occur in any family at any socio-economic level.



About Group Homes

Q How Many People Are Affected?

A It's estimated that three percent of the people of the United States have mental retardation to some degree. This is approximately 6.6 million people. Eighty-nine percent of all mentally retarded persons are classified as "mildly retarded" with I.Q.'s in the 51 to 70 range. Most blend into the population at large when they reach adulthood.

Six percent of all persons with mental retardation are considered "moderately" retarded with I.Q.'s ranging from 36 to 50. They usually need on-going help but can live on their own either in small group homes, supervised apartments or other living arrangements.

Persons with I.Q.'s of 21 to 35 are considered "severely" retarded. They make up about 3.5 percent of all mentally retarded persons. Those with I.Q.'s under 20 are considered to be in the "profound" range. They represent about 1.5 percent of all mentally retarded persons. While these people often have other handicaps, they may learn to care for their basic needs and contribute to society. With close supervision many have made remarkable progress in small group homes and other living arrangements.

Recent evidence suggests that with very early intervention (training and infant stimulation) after birth, the lives of severely and profoundly retarded persons can be greatly enhanced.



RIGHTS AND LEGAL ISSUES

Q Why Are Group Homes In Neighborhoods?

A In Michigan, mental health professionals and legislators were aware for a long time that persons with developmental disabilities make more progress in small homes than in institutions. For a number of years prior to 1976, the majority of Michigan municipalities did not permit group homes in residential neighborhoods.

In 1976, the Michigan legislature passed zoning and enabling bills, which

prohibited discrimination against small group homes for developmentally disabled persons. These laws, which took effect in 1977, permitted development of group homes for six or fewer persons in residential neighborhoods.

Since these laws were passed, thousands of persons have been placed successfully into community group homes. Six major state institutions have closed.

The establishment of most group homes in Michigan have occurred with the support of local organizations and advocacy groups. However, some group homes have met with local opposition and even legal challenges.

State courts have heard a variety of arguments related to zoning, deed restrictions, property values, over-concentration, business aspects, public safety and other issues. All Michigan courts, but especially the State Supreme Court, have solidly backed the right of developmentally disabled persons to live in the community in small group homes.

In addition, **Michigan's Mental Health Code** (Public Act 258 of 1974) requires mental health agencies to move residents:

- From larger to smaller facilities;
- From more to less structured settings;
- From segregated environments to integrated community living.

Also, the licensing law for group homes (Public Act 218 of 1979):

- Sets standards of care for group home residents; and
- Ensures proper operation and maintenance of group homes.

Q Does National Policy Support Community Living?

A In addition to the Michigan zoning and enabling acts, there are a number of federal laws, as well as international proclamations, that support the concept of community living.

While Michigan was among the first, approximately 40 states now have zoning laws similar to ours.

The United Nations, in 1971, adopted a **Declaration on the Rights of Mentally Retarded Persons**. Among its provisions are the following:

- *The mentally retarded person has, to the maximum extent possible, the same rights as other human beings.*
- *Whenever possible, the mentally retarded person should live with his/her own family or with foster parents and participate in different forms of community life.*

This declaration was enhanced as the United Nations declared 1981 "The International Year of the Disabled Person". This established a world-wide goal for the 1980's of full participation in society by handicapped people.

The U.S. Congress endorsed the ideal of the "least restrictive" environment for developmentally disabled persons in the Developmental Disabilities Assistance and Bill of Rights Act of 1975.

The Community Mental Health Centers Act establishes neighborhood mental health centers that provide community alternatives to state institutions.

The Community and Family Living Amendments have been introduced in the U.S. Congress. The bills would restructure Medicaid Services to include reimbursement of community programs for people who are mentally retarded or severely disabled.



About Group Homes

EFFECTS OF SMALL GROUP HOMES ON NEIGHBORHOODS

Q ○ Isn't This A Business In Our Neighborhood?

A ○ Michigan law states that six or fewer persons with developmental disabilities, living together in a single family home, constitute a family rather than a business. The law recognizes the right of these people to enjoy benefits of community living, even if they require assistance or supervision in getting through daily activities.

Michigan courts, for many years, have ruled favorably on the family nature of group homes. Some rulings predate enactment of zoning laws which allow group homes into residential areas.

One Court of Appeals ruling upheld a circuit court's decision which stated that "*developmentally disabled persons living together constitute a 'substitute family' and cannot be barred from residency by deed restrictions allowing only single family dwellings.*"

The Court of Appeals said, "*The residents are more than a group of unrelated individuals sharing a common roof...the substitute family provided by the group home allows the residents to lead more normal and meaningful lives with the community than would be feasible were they institutionalized.*"

Some courts directly addressed the business question. One Circuit Judge wrote: "*This Court finds that an adult foster care home is not, by its very nature, the type of use which can be deemed 'business' or 'commercial'. The intent is not to make a profit but to provide family type care on a cost basis.*"

In 1985, the Michigan Supreme Court unanimously ruled: "*We reject plaintiffs' attempt to characterize the operation of an Adult Foster Care (AFC) small group home as a business or commercial use of property. Since these homes are not allowed to provide continuous nursing care or psychiatric treatment, they are not institutional in nature.*"

Group homes are established with the primary purpose of providing normal, humane living arrangements and typical community living experiences for the people in the home. For many individuals, the group home will be their lifetime residence.

Q ○ Will My Neighborhood Be Disrupted?

A ○ People cannot tell the difference between small group homes and other neighborhood homes.

These homes blend with the appearance and pattern of your neighborhood. The homes are maintained like your home or any home in the neighborhood — the grass is cut on a regular basis, and the homes are landscaped similarly.

The routine of a group home family is like most of ours. If they are under 26 years of age, they attend school. Persons over age 26 have competitive jobs, attend a sheltered or pre-vocational workshop, or some other type of day program. Usually such programs take place away from the home, and transportation is provided.

Residents of group homes are supervised according to their need for assistance. They have responsibilities and also participate in planned leisure activities in and around the home. The family members have neither the time nor the opportunity to "hang around" the neighborhood.



Q. What About My Children?

A. Mentally retarded is not normally characterized by emotional instability, behavior problems, or dangerous behavior. In fact, people who have mental retardation are less likely than the general public to be dangerous to others or property.

Some neighbors are concerned that their children may attempt to tease, provoke, or otherwise antagonize group home residents. Actual experience has shown children to be more sensitive to needs of disabled people than some adults.

Many of us have not had the opportunity to know people with mental retardation or other disabilities, because these individuals were kept in institutions. Today, it is a new learning experience for many of us to interact with a person who is disabled. We learn that they are very much like the rest of us.

Q. Will My Property Value Change?

A. All of us have an interest in maintaining the value of our property. This is certainly true of the person who owns the house being leased as a small group home. Small group homes in Michigan blend with the appearance of other homes in the neighborhood.

Over the years, a number of persons have expressed concerns that if citizens who are mentally retarded move into a

neighborhood, property values will be affected. These concerns prompted studies by college professors, real estate appraisal experts, urban planners, community mental health experts and other professionals across the nation. A variety of methods, surveys, calculations, and observations were employed but the conclusions remained the same: *There is no relationship between the presence of group homes and property values.*

Listed below are summaries of just three studies from more than twenty works on this topic. This sampling shows the diversity of all studies and, over the years, the consistency of results.

LANSING (MI), 1976

The Lansing Planning Department compared five neighborhoods with group homes to similar neighborhoods that did not have group homes to determine the effect of group homes on property value. The selling prices of homes in the test area, both before and after the group home opened, were compared to selling prices in the control area. In four of five homes in the test area, the average sales-price ratio after the group home was established was equal to or higher than the ratio for homes in the control neighborhood. The presence of a group home did not have any apparent effect on the number of homes sold.

OHIO, 1980

Christopher Wagner and Christine Mitchell of the Metropolitan Human

Services Commission replicated their 1979 study in Franklin County, Ohio with minor variations.

Property values were studied in areas surrounding six group homes. A comparison was made of real estate transactions which occurred six months before and six months after the group homes were occupied.



About Group Homes

Four of the areas showed no statistically significant difference in the before and after measures of time on the market. However, in two areas, time on the market decreased after the opening of the group home.

Analysis of data, (on the ratio of sales price as a percentage of list price) in four of the areas showed no difference before and after the opening of the group home. In two areas, the average sales price as a percentage of list price actually increased.



NEW YORK (PRINCETON), 1982

Lawrence Dolan and Julian Wolpert of Princeton University analyzed market prices and turnover rates for properties neighboring 32 group homes (of 42 studied in 1978) in eight of the original communities. A survey was done to assess the condition of group homes relative to their neighbors. The updated study shows that (1) proximity of properties to a group home did not affect their market value; (2) establishment of group homes did not affect property turnover; (3) group homes were taken care of well; and (4) neighborhoods with established group homes have not been targeted for additional homes for mentally retarded people. Results of this study were consistent with a 1978 study involving many of the same neighborhoods.

Q What Are The Advantages Of Group Homes?

A In many ways, both obvious and subtle, group homes are beneficial for all people of Michigan.

For taxpayers, group homes are beneficial, not only because they often cost less than institutions; but regardless of cost, they are so much more effective than institutions. There is no need to build and operate expensive new institutions.

Small group homes increase productivity. Staff in institutions seldom see marked improvement in the level of skills of a person with mental retardation. Through the normal family living environment of a home in a neighborhood, more

personal attention, and the incentives of ordinary life, many persons with mental retardation become employed and productive members of society.

Even persons who are considered to be severely handicapped enjoy being gainfully employed.

Group homes provide employment opportunities. In fact, many nonprofit organizations operating group homes offer employment to neighbors and hire them whenever possible.

Neighbors have found their children to become more caring and more appreciative of people's differences. Many neighbors begin to realize that persons with mental retardation are more like us than not.

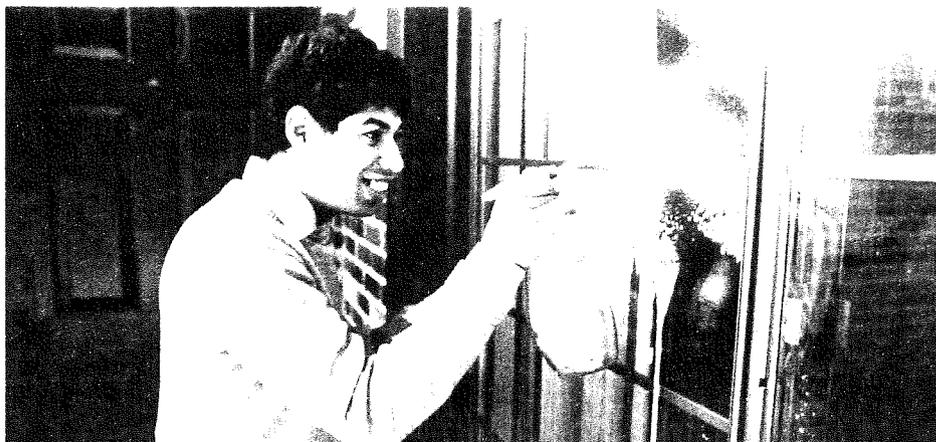
Residents and the staff of group homes patronize local business and contribute to the economy of the area.

COSTS OF SMALL GROUP HOMES

Q How Are The Costs To Operate A Small Group Home Determined?

A The exact amount received depends upon the needs of the residents. A home for six adults needing a minimum amount of close supervision would have a lower cost than a home for six severely handicapped children needing a high staff ratio and extensive support services.

The family living in a small group home lives within a budget which is prepared by the administrator. All ordinary expenses of living are considered, such as rent, maintenance, insurance, utilities, food, household supplies, transportation, etc. The administrator works with a variety of persons to develop a fair and accountable budget which meets the needs of the residents. The principal difference between this budget and that of the average family's is the allocation for staff salaries.



Q Who Pays For The Operation Of The Home?

A Funds for group homes are obtained from a variety of sources. The Michigan Department of Mental Health is the primary source of funding. Other agencies include the county community mental health boards and the federal government. The U.S. government provides up to half of the cost of operating certain group homes.

Many developmentally disabled persons are eligible for financial grants from the federal Social Security Administration. This money, which legally belongs to the recipient, is frequently used to pay part or all of the cost of care in a group home. In other cases, parents may pay part of the cost of care based on their ability.

In brief, the state uses a number of funding sources to pay for group homes. These financial arrangements make high quality services possible while at the same time limiting the financing which comes from the state general fund.

DEVELOPMENT AND OPERATION OF SMALL GROUP HOMES

Q Why Was A Group Home Selected In Our Area?

A A site for a group home was selected in your neighborhood for a variety of reasons. These reasons may be the very same ones you considered.

Perhaps you wanted to live close to your family and friends. Persons with mental retardation also have this natural desire. In fact, the first priority is to return people living in institutions, as close as possible, to their own community. The next priority is to have group homes available for people leaving their natural homes.

Perhaps you like the neighborhood because schools, churches, shopping centers, employment opportunities, entertainment centers and recreational facilities are nearby. Persons with mental retardation want to use and enjoy the same community services as you and for the same reasons. Every effort is made to locate small group homes near these ordinary places.

Although your new neighbors share a common condition, their personalities are as unique as yours. And sites for small group homes are equally unique. In Michigan, group homes have been developed in the country and in the city. Homes are on major roads and dead end streets; in suburbs and subdivisions; near lakes and streams.

In short, experienced professionals use many criteria in finding group home locations meeting licensing, financing, health, and safety requirements.



Q Does The State Own These Homes?

A No. The home typically is leased from a private owner for use as a group home. It is similar to any other family renting a home in the community. The term of the lease is generally 20 years for newly constructed homes and 10 years for existing homes.

In the case of Department of Mental Health contract homes, average rent is often between \$1,000 and \$1,500 per month. Considering the purchase price in today's marketplace for the size home needed to meet state requirements, current interest rates, the down payment necessary for mortgage, taxes, insurance, and maintenance costs, the homeowner realizes only a small fraction of the monthly rental funds paid.

For homes with state leases, rent is negotiated using a formula applied to a fair market value based on independent appraisals.

Q Are The Staff Members Qualified?

A The vast majority of small group home administrators have many years of experience working with handicapped people. Potential group home administrators go through an intensive screening process by either the Department of Mental Health (DMH) or the Community Mental Health (CMH) agency.

Some areas of the state experience an abundance of candidates who would like

to be administrators. For example, one state agency was contacted by over 400 people who wanted to be administrators even though the agency was looking to fill only eight such positions. An abundance of candidates has meant a more involved and exacting screening process across the state as well as a continually improving program.

Both DMH and CMH look first for persons who have a combination of experience with handicapped persons and management skills. In addition, potential administrators must be licensed by the Department of Social Services. The administrator's responsibility includes supervision of the care of the home, the finances of the home, the staff and the services provided to the residents.

If administrators have more than one group home, they normally hire a home manager or home supervisor to oversee the operation of each home. Each home manager, therefore, would be responsible for the routine maintenance, cleaning, scheduling, resident training and personal needs, and would report to the administrator.

Generally, home managers/supervisors have worked in group homes previously or have worked with handicapped persons in some capacity. Typically this position is seen as a promotion for direct care staff of group homes who have maintained an excellent work record.

Caring, sensitivity, and patience are the most important qualities for direct care staff person. They must also be adults, possess good physical and mental health, as well as good communication skills.

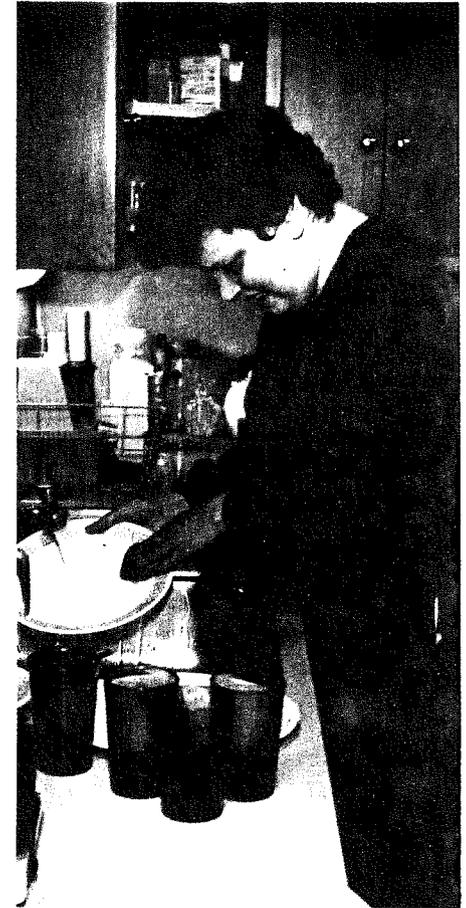
The majority of group home employees have more than just these qualifications. Results of a survey done by one large Department of Mental Health agency indicated that 66 percent had attended or were currently attending college. Approximately 83 percent were 22 years of age or older.

Staff members are required to complete an intensive training program prior to working independently in the group home. Areas covered in the training include: orientation to developmental disabilities, principles of learning, emergency procedures, health maintenance and community resources.

Staff members in homes sponsored by the Department of Mental Health or Community Mental Health work closely with the specialists, such as casemanagers, psychologists, occupational therapists, etc., to determine the best method to deal with individual resident needs. Meetings are held on a regular basis.

Q Who's Responsible For The Community Group Homes?

A Employees of Department of Mental Health (DMH) or Community Mental Health (CMH) agencies are responsible for both establishment and monitoring of small group homes. Monitoring is typically done by professionals, often called casemanagers. The agencies arrange for other needed support persons, such as speech and language specialists, psychologists, nurses and others. For other needs such as medical



and dental services, group home residents may visit community offices, just as their neighbors do.

The majority of small group homes are developed by DMH, which contracts with a non-profit organization to run the home. Often the owner of the home and the person who manages the home are different.



All group homes for adults are licensed by the Michigan Department of Social Services as "adult foster care small group homes." Group homes must be relicensed on a regular basis.

Licensing reviews cover such items as care of residents, rights of residents, home upkeep, fire safety, health standards, plus qualifications and training of staff members.

The Michigan Department of Management and Budget (DMB) has the responsibility to negotiate all lease arrangements for DMH homes for six persons.

Non-profit organizations, which run group homes under contract, have a board of directors which hires an administrator. The administrator has overall responsibility for operation of the home.

The owner of the home pays taxes just like you or any other home owner. The owner is also responsible for many major home repairs.

Sometimes an administrator is responsible for more than one home and may not be at any one home all day. In this event, a staff person who may be called a home manager or supervisor will be responsible for the day-to-day operation of the home.

Sometimes homes have live-in staff members who are responsible for the daily operation of the home. Most times, though, staff members come into the group home to work, and then return to their own homes.

Q Who Inspects The Home Once It's Operating?

A The Department of Mental Health or Community Mental Health staff are responsible for monitoring the home once it is opened. The Department of Social Service's licensing personnel also have a monitoring role.

Parents of developmentally disabled children wanted a system, however, to monitor the monitors. Many parents were concerned about ensuring quality services after they died. Who would continue to advocate for quality services for their children?

Several years ago, in the metropolitan Detroit area, parents formed a Parent Monitoring Committee. Their task is to visit at least once a month, often unannounced, every group home in their area. If there are any concerns, parents set up meetings with the agency director to ensure corrections are made.

The Association for Retarded Citizens/Michigan has a goal to have similar monitoring committees throughout Michigan.

Q If I Have A Complaint, How Should I Present It?

A The house must be licensed by the Department of Social Services under Public Act 218 of 1979 before the residents move in and make it their home. The license represents the home administrator's (the licensee) pledge

to adhere to all laws, rules and agreements made in connection with the state granting permission for the provision of services in the neighborhood.

After the family moves in and if you sense something irregular about the operation of the small group home, you should discuss the concern with the staff. If, after talking with the employees, you are still concerned, you should contact the administrator of the home. Most complaints are quickly resolved in this way.

If your concern is not resolved through these conversations, the sponsoring state agency or the local community mental health board should be contacted. You may also wish to involve the local chapter of the Association for Retarded Citizens. The ARC, as it is commonly known, consists of parents, family and friends of handicapped citizens and actively monitors community programs. They are also interested in the swift and satisfactory resolution of complaints.

If, for any reason, this course of action is not possible, you should file a formal complaint with the licensing agency, the Department of Social Services. PA 218 of 1979 includes a detailed procedure which the department must follow in resolving complaints. The law provides the complainant with protections, timely reports and the right to an administrative hearing. The decision of the administrative hearing officer is appealable to the circuit court.



DIRECTORY

For more information about group homes in your community,
and the services which they provide,
the following organizations may be helpful:

ASSOCIATION FOR RETARDED CITIZENS/MICHIGAN

313 South Washington Square
Third Floor
Lansing, MI 48933
(517) 487-5426

MICHIGAN DEPARTMENT OF MENTAL HEALTH Office of Public Information

6th Floor
Lewis Cass Building
Lansing, MI 48926
(517) 373-3740

MICHIGAN ASSOCIATION OF COMMUNITY MENTAL HEALTH BOARDS

P.O. Box 10081
Lansing, MI 48901
(517) 373-6443

MICHIGAN UNITED CEREBRAL PALSY ASSOCIATION

202 East Boulevard Drive
Room 360
Flint, MI 48503
(313) 239-9459

Mental retardation is one of several developmental disabilities. It should be noted that Michigan's mental health agencies and group homes also serve other developmentally disabled citizens including persons with epilepsy, autism or cerebral palsy.

I am Billy Zillman from Leawood, Kansas and the parent of a 26 year old retarded son. Our son has been on waiting lists in Johnson County for over 5 years. There are over 3500 people with varying degrees of mental retardation in this County and bed space for only 157. Of this number, 41 have been decertified at the Faith Village location. 87.2% of these retarded people are living at home with their parents. The average age of the parents is 59½ years. The waiting lists exceeds 200 and since there is no movement, there is no incentive for those not on waiting lists, to rush down and add their child's name.

There are several organizations that would like to build homes in Johnson County for the retarded, but are unable to do so because of the restrictive zoning laws.

For 3 years, parents and responsible organizations have begged legislative bodies to render the much needed assistance by defining group homes as a single family dwelling. This move would eliminate the automatic discrimination against the retarded. By not rendering that assistance, the problem of housing has compounded itself and is no longer a county problem. It is a State wide problem of extreme seriousness and is worsening at an alarming rate, i.e. Winfield State Institution.

Last year, Senate Local Government Committee substituted a concurrent Resolution (S 1644) which urged cities and counties to use responsible Home Rule concerning zoning restrictions on Group Homes. It obviously has not been done. The same excuses and divisive methods are being used

to discriminate against the retarded and the problem multiplies.

To date, 35 states have passed zoning laws because cities and counties did not accept their responsibilities toward housing for the retarded. In our opinion, the seriousness of this housing problem will not alleviate itself until Kansas passes a zoning law. State support is increasingly inadequate, but private money is available to help build homes in non-restrictive areas. Help us put that money to use.

The retarded population of this state have rights, the same as yours and mine, to be as independent as possible and to be allowed to reach their maximum capabilities.

The issue of housing for the mentally retarded when discussed in open meetings borders on the same short sightedness as that of segregation. We have no time for bigoted motives that are often expressed in many devious ways. As in segregation, government mandated equal rights for all and that includes the mentally retarded.

We beg your patience and your help to take the lead in solving this problem by mandating a change in the zoning laws.

Thank you for allowing me to testify in favor of HB 2063.

As a follow up to my opening statement, I am one of the more fortunate parents--Our son was accepted to live at Lakemary Center Sunrise Group Homes in Paola, Kansas, just 5 weeks ago.

The Kansas City Times

Friday, November 1, 1985

A Home of Their Own

The situation is unnecessarily complicated for many mentally retarded citizens of Kansas. There's a long line waiting for group homes. State support is increasingly inadequate to pay for living facilities. Private money is available. But folks don't want these people in their neighborhoods.

It's inevitably the response when some respectable and compassionate group locates a house for sale: Nearby residents protest against "such people living next door." The L'Arche organization, for example, is now ready to open several group homes, but zoning regulations block them. It's not a single family dwelling, opponents argue, but a multi-family dwelling that doesn't come within the proscriptions of local zoning laws.

Caring friends of mentally retarded adults are told, in effect, to go some place else with their bleeding heart ideas. And that often after they've spent months trying to educate and persuade would-be neighbors that retarded people are neither dangerous nor particularly irrational. The trouble is, there usually is no place else which is both a legitimate

residential area and welcoming. The whole point of developing the least restrictive facilities outside monolithic public institutions is that retarded people have rights, chief among which is the right to be as independent as possible and to be allowed to grow to their full individual capacity.

Isolation in an old house next to the city dump, for example, is no integration into society. It's hardly better than the regimentation of a state "school" but in some cases seems the only place safe from fearful neighbors.

A state law has been proposed to correct this. It would simply define small group homes as a single family dwelling. Thus automatic discrimination against the retarded would be eliminated. The weary days and months given by supporters to convince mercurial residents to accept a group home could be spent much more productively.

It is true this is an issue of blindness as much as segregation was. The mandate for change then came from higher authorities. Justice demands it do the same in this case.



RESIDENTIAL ALTERNATIVES, **i n c.**

... a levels approach to providing housing for disabled persons.

Dr. Gary Condra, President
2204 Crossgate Drive
Lawrence, KS 66046

(913) 843-3643

Subject: House Bill No. 2063

I have been involved in group home development for the mentally retarded in Lawrence, Kansas, and in Johnson County, Kansas, for over 15 years. Currently, I operate six group homes serving 25 mentally retarded adults in Lawrence.

I believe that significant new group home development in Kansas will not take place without the enactment of H.B. 2063. Where it has been possible to develop group homes, they have been developed. However, in too many instances, it has not been possible to develop group homes because of continual rejections of local planning and city commissions. Community providers and potential providers of group homes are "burned out" by the continual denials of these local commissions.

Meanwhile, community waiting lists for residential services continue to grow. Likewise, the list of potential community placements from Kansas' four state institutions for the mentally retarded also continues to grow. Therefore, I repeat, in my opinion, H.B. 2063 is necessary if any significant development of new group homes is to take place.

Finally, while I am not currently asking that H.B. 2063 be amended in anyway, at some future time, I would like the law (H.B. 2063 passed into law) amended to include our largest "special population" group, the ELDERLY. The elderly need community housing alternatives as well as the mentally retarded.

Respectfully,

Gary Condra



RESIDENTIAL ALTERNATIVES, **i n c.**

... a levels approach to providing housing for disabled persons.

Dr. Gary Condra, President
2204 Crossgate Drive
Lawrence, KS 66046

(913) 843-3643

New duplex. Owners live on left side and 4-5 residents live on the right side (note the stationwagon on the resident's side.)(corner lot)



Two group homes located side by side. Four residents in each home. Staff are only at one of the pair of homes. Meals are provided for both homes, but served for both at the home where staff reside. Residents divided by levels.

Two other group homes which are located across the street from the two homes pictured above. Same staffing and meals arrangement as above.



Residential Alternatives, Inc., has developed a levels approach to providing Congregate Living. In other words, each residence is geared for a different level (functioning) of resident.

Level I - Group Home

Capacity - 7 men

This level is for residents who need close supervision. Staff are in the residence all the time that residents are there. This is basically a "maintenance" level where everything is done for the resident that they can not do for themselves (food prepared, laundry and cleaning done, baths and hygiene monitored, etc.). These are DEPENDENT residents.

* Level II - Duplex

Capacity - 4 or 5

This level is for residents who need less supervision, but who do need continual monitoring. In this situation, staff (owners of Residential Alternatives, Inc.) reside in one side of a large, new duplex and four residents reside in the adjoining side. Most meals (except some easy-to-fix breakfasts on weekends) are prepared and served by staff. Electronic monitoring can be implemented whereby staff can hear "night sounds" in the residents' side, through an intercom arrangement. At other times, residents can "call" staff by (1) walking next door, or (2) by picking up the phone and dialing a single digit number which will ring the phone on the staff side. These are SEMI-DEPENDENT residents.

* Level III - Private Home #1

Capacity - 4 or 5

This level is for residents who require even less supervision than Level II residents. The private home they occupy is approximately 70 yards from the Duplex (Level II). As in Level II, Level III residents have their meals prepared by staff. Likewise, Level III residents can call staff by dialing a single digit on the telephone. Staff stay with the residents at night.

Most Level III residents have previously lived semi-independently or completely independently in the past or demonstrate high potential for being able to do so now. These are SEMI-INDEPENDENT residents.

* Level IV - Private Home #2

Capacity - 4 or 5

This level is for residents who graduate from Level III. They live fairly independently in a new home located next door to the Level III home. These residents prepare their own breakfast, are responsible for their own laundry, house cleaning and hygiene needs. However, they do not cook. They receive their noon and evening meals in the Level III home. These are FAIRLY-INDEPENDENT residents.

Level V - Private Home #3 or Apartment Living

Capacity - open

This level has not been developed, but will be for residents who have learned sufficient cooking and other self help skills to graduate from Level IV. These residents may live in private homes in the area of Levels I-IV or may live in regular apartments.

* additional units of this level are being planned

University of Kansas
Lawrence, Kansas

April 13, 1983

Residents secure hopes in new home

By JEAN MANN
Staff Reporter

Frank, 55, thin and slight, his hands buried deep in the pockets of his baggy trousers, laughed as he planned his garden. He surveyed farm land on the edge of Lawrence and talked of sweet corn, beans and potatoes.

This will be his first garden in a long time. Although born on a Kansas farm, institutions have housed him for most of his life. He is mentally retarded.

The only cloud on a warm spring afternoon was the thought of his last nursing home. "No sir, I sure don't want to go back there," Frank said.

Frank is one of 11 mentally retarded, middle-aged persons who have been living since mid-January in a test setting that its organizer hopes will prove a less costly alternative to nursing homes and mental institutions.

"IF YOU DIDN'T HAVE anything wrong before you went into a nursing home, you

See HOME page 5

Home

From page 1

would after you came out," said Gary Condra, director of the project. "My opinion of nursing homes is high, but they're for people who need constant medical attention.

"They're filled with elderly people, some senile, who sometimes yell and are not always enjoyable companions. It's not the right setting for the mentally retarded."

Condra's idea for the project developed during the 10 years in which he directed Cottonwood Inc., a Lawrence social service agency that provides vocational workshops and housing for the mentally handicapped.

His chance to try a new program came when the state decided a year ago that mentally handicapped people should not live in nursing homes.

Some persons who were to be evicted from the nursing homes, Condra said, would have had no other place to live in Douglas County.

But new legislation enabled Condra to set up his living home.

THE 10 MEN

who all have rural backgrounds, are housed at the O'Connell Youth Ranch, a mile southeast of Lawrence. The ranch opened in 1976 as a foster home for troubled boys.

The Kansas Department of Social and Rehabilitation Services supervises the project.

Condra and his staff, including his wife and 19-year-old daughter, supervise work and play within the multi-roomed brick ranch house, set upon 140 acres of wooded land.

The goal of the project is to help its residents re-enter the community in as full a manner as possible.

For some, that could mean moving into an apartment with only minimal supervision. For a larger percentage, Condra said, that could mean part-time jobs. Yet there are others, he said, who would need the full support of the congregate program for the rest of their lives.

CONDRA SAID HE hoped his program could be extended to other groups, such as the elderly.

He said that not everyone needed a nursing home, and that his type of living provided a halfway solution between dependency and independence.

Randy Kitchens, a staff member, said the program had yielded good results already.

"Everyone here is happier and more relaxed," he said. "There's no substitute for a warm family setting where people's complete social needs can be cared for instead of just keeping them barely alive."

But training the residents, said Kitchens, is only part of a larger problem.

"The men at the ranch need to be educated in some ways, but society needs to be educated to know they're human beings," he said.

Society, however, has been a slow learner. BEFORE 1970, FOR instance, the mentally handicapped still were generally denied access to public education; they could be kept in institutions with little hope of release. And 10 years ago, programs like Cottonwood were still experimental.

Today, many of the mentally handicapped are leaving institutions, enrolling in schools and moving into group homes such as the one outside Lawrence and others.

In all of this, said Elaine Oruch, director of the Douglas County Association for Retarded Citizens, the mentally handicapped are beginning to batter down harmful stereotypes that have separated them from society.

"Loneliness and lack of support is a big problem for those with a disability," she said. "THE ONLY WAY THESE people are handicapped is by us. They're people first, with all the human feelings — love, enjoyment of films and the ability to appreciate a fine spring day."

Frank was still thinking about the Lawrence farm land and making his plans. "Maybe we could get horses too," he said.

Kansas Advocacy & Protective Services for the Developmentally Disabled, Inc.



Suite 2, the Denholm Bldg.
513 Leavenworth
Manhattan, KS 66502
(913) 776-1541

Chairperson

*R. C. (Pete) Loux
Wichita*

TO: The Senate Committee on Local Government
Senator Don Montgomery, Chairperson

Vice Chairperson

*Robert Anderson
Ottawa*

FROM: Kansas Advocacy and Protective Services
R. C. Loux, Chairperson

Secretary

*Neil Benson
El Dorado*

DATE: March 17, 1987

RE: H.B. 2063 - Zoning: Group Homes

Treasurer

*Robert Epps
Topeka*

*Rep. Rochelle Chronister
Neodesha*

*Sen. Norma Daniels
Valley Center*

*Sen. Ross O. Doyen
Concordia*

*Harold James
Hugoton*

*Rep. Ruth Luzzati
Wichita*

*James Maag
Topeka*

*W. Patrick Russell
Topeka*

*W. H. Weber
Topeka*

Liaison to the Governor

Robert Epps

Executive Director

Joan Strickler

As provided for the Developmental Disabilities Act (P.L. 94-103 as amended) KAPS assists developmentally disabled children and adults in gaining access to the rights and services to which they are entitled. KAPS is a private, non-profit corporation created specifically to serve this role in Kansas. There are 56 other such agencies serving our states and territories.

The Kansas Long-Range Plan, addressing the needs of mentally retarded and other developmentally disabled persons, focuses upon the importance of maintaining our developmentally disabled citizens in their communities. Special education is intended to make it possible for children with disabilities to remain at home and to be educated in our public schools. Developmentally disabled adults can be served by community agencies providing residential and vocational services and which operate with county, state and federal funds. We can imply from these efforts that it is clearly the policy of the State of Kansas to maintain developmentally disabled persons, when at all possible, in the community. State institutions are no longer perceived of as permanent placements.

(ATTACHMENT IV) LOCAL GO 3/17/87

The reasons for this growth of community based programs, for this shift from institutions to the community, are basically two.

-Philosophical. It is desirable to make it possible for persons with handicapping conditions to live in the less restrictive and more normalized settings of our communities.

-Financial. In general, it costs less to serve people in community settings rather than in hospitals and institutions.

The group homes addressed in H.B. 2063 would serve only 8 or fewer residents who would be assisted by two staff persons. The idea of the group home is to function as much as possible like the natural family. The residents share housekeeping responsibilities, meals, and recreational activities. They go to work or engage in structured activities away from the house during the day and come home to relax at night.

The basic purpose of the group home is to provide a place to live with ongoing supervision and support in a family-like setting for persons unable to live independently in the community. Group homes are not clinics, hospitals or boarding houses; they are family unit homes.

Many communities have absorbed group homes with little public attention. In some situations, however, members of a community have protested the development of such homes. Opposition to group homes generally fall into one or more of the specific following areas:

1. Fears of and prejudices toward the persons who would live in the homes.
2. Concerns about increased traffic.
3. Concerns that the home will be operated improperly.
4. Worries that property values will be affected adversely.

First, a look at the fears of and prejudices toward persons who would live in the homes.

There is no evidence to support fears that mentally retarded persons are dangerous to society. Gene Stephens, an authority on criminal justice and developmental disabilities has written, "...there has never been support for the hypothesis that there is a significant positive relationship between mental retardation and criminality - that is, mentally retarded are no more apt because of their "below normal" intelligence to become involved in criminality than non-mentally retarded persons".¹

In fact, evidence suggests it might be safer to be a neighbor of a group home. A recent study found that the arrest rate of 60 per thousand per year for adults in the general population is significantly higher than the 3 per thousand registered by mentally retarded and other developmentally disabled residents of group homes.²

Neighborhood opposition which is based on unrealistic fears and prejudices should not be allowed to influence or determine who has a right to live in a neighborhood. Such prejudice or fear cannot be considered legitimate factors to determine valid zoning interests.

Second, there are the concerns of increased traffic.

Most people do not realize or consider that it is quite rare for developmentally disabled persons needing the help and support of a group home to drive cars. While staff probably will drive, it is unlikely that the group home will generate any more traffic than other homes in the neighborhood.

Third, there are worries that the home will be operated improperly.

H.B. 2063 provides that group homes shall be subject to all other building regulatory codes, subdivision regulations, or other nondiscriminatory regulations. The physical structure of the group home would have to be generally compatible with other physical structures in the surrounding neighborhood and the home must be licensed by a regulatory agency of the state.

Generally, when we speak of group homes in Kansas, we see these operated by community developmental disabilities centers. These centers operate with local, state, and federal funds. Their governing boards would be appointed, or be under some direction of, county commissioners. These agencies are very sensitive to the needs and interests of their respective communities as well as to the needs and interests of their clients.

Fourth, there are worries that property values will be affected adversely.

In 1978, at the request of the State of New York, Princeton University conducted a study of what happens when a group home is placed in a neighborhood.³ The study focused on 42 communities in which sales of 754 homes took place which were located next door or across the street from group homes for persons with developmental disabilities. At the same time, the study looked at the sales of 826 homes in 42 similar communities that had no group residences. The following are some of the very clear findings that came from that study.

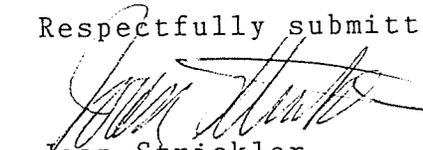
- The presence of group homes had no impact upon property values at all. The value of homes increased (or decreased) similarly to houses in communities where no group homes existed.
- The proximity of a house to a group home had no effect upon the market value. Even homes immediately next door to group homes did not decline in value.
- The establishment of a group home did not generate a higher degree of property turnover than that found in communities without such homes.
- The group homes were, in fact, found to have a better appearance than the average home. The repair and maintenance was better and even the lawns, bushes, and trees were better cared for.

A substantial body of research conducted over the last 15 years supports the findings in that study. You will find a brief description of such studies attached to this testimony.⁴

The 1985 Legislative Interim Committee on Local Government concluded in its report on Proposal #46, Group Home Zoning, that there is a need for an overriding state policy in regard to the location of such group homes. The report states: "The Committee recognizes that there are sound fiscal reasons to support deinstitutionalization of these people as well as the more personal benefits that are bestowed on these individuals and their families by promoting more independent lifestyles".

We request your support in recommending H.B. 2063
favorable for passage.

Respectfully submitted:



Joan Strickler
Executive Director

- 1) Stephens, G., Identifying, Handling and Treating the Developmentally Disabled Offender (Columbia: University Affiliated Facility, University of South Carolina, 1981).
- 2) Lubin et al., the Likelihood of Police Contacts With Developmentally Disabled Persons in Community Residences 5 (unpubl. report: New York State Office of Mental Retardation and Developmental Disabilities Feb. 1982).
- 3) Julian Wolpert, Group Homes for the Mentally Retarded: An Investigation of Neighborhood Property Impacts (Albany: New York State, Office of Mental Retardation and Developmental Disabilities, August 31, 1978)
- 4) See attached listing of studies relating to the impact of group homes on property values.

Studies that deal exclusively with group homes for developmentally disabled population are: Suffolk Community Council, Inc., Impact of Community Residences Upon Neighborhood Property Values (July 1984)(compared sales 18 months before and after group homes opened in seven neighborhoods and comparable control neighborhoods without group homes; found no difference in property values or turnover between group home and control neighborhoods); L. Dolan and J. Wolpert, Long Term Neighborhood Property Impacts of Group Homes for Mentally Retarded People, (Woodrow Wilson School Discussion Paper Series, Princeton University, Nov. 1982)(examined long-term effects on neighborhoods surrounding 32 group homes for five years after the homes were opened and found same results as in Wolpert, *infra*); Minnesota Developmental Disabilities Program, Analysis of Minnesota Property Values of Community Intermediate Care Facilities for Mentally Retarded (ICF-MRs) (Dept. of Energy, Planning and Development 1982)(no difference in property values and turnover rates in 14 neighborhoods with group homes during the two years before and after homes opened, as compared to 14 comparable control neighborhoods without group homes); Dirk Wiener, Ronald Anderson, and John Nietupski, Impact of Community-Based Residential Facilities for Mentally Retarded Adults on Surrounding Property Values Using Realtor Analysis Methods, 17 Education and Training of the Mentally Retarded 278 (Dec. 1982)(used realtors' "comparable market analysis" method to examine neighborhoods surrounding eight group homes in two medium-sized Iowa communities; found property values in six subject neighborhoods comparable to those in control areas; found property values higher in two subject neighborhoods than in control areas); Montgomery County Board of Mental Retardation and Developmental Disabilities, Property Sales Study of the Impact of Group Homes in Montgomery County (1981)(property appraiser from Magin Realty Company examined neighborhoods surrounding seven group homes; found no difference in property values and turnover rates between group home neighborhoods and control neighborhoods without any group homes); Martin Lindauer, Pauline Tung, and Frank O'Donnell, Effect of Community Residences for the Mentally Retarded on Real-Estate Values in the Neighborhoods in Which They are Located (State University College at Brockport, N.Y. 1980)(examined neighborhoods around seven group homes opened between 1967 and 1980 and two control neighborhoods; found no effect on prices; found a selling wave just before group homes opened, but no decline in selling prices and no difficulty in selling houses; selling wave ended after homes opened; no decline in property values or increase in turnover after homes opened); Julian Wolpert, Group Homes for the Mentally Retarded: An Investigation of Neighborhood Property Impacts (New York State Office of Mental Retardation and Developmental Disabilities Aug. 31, 1978)(most thorough study of all; covered 1570 transactions in neighborhoods of ten New York municipalities surrounding 42 group homes; compared neighborhoods surrounding group homes and comparable control neighborhoods without any group homes; found no effect on property values; proximity to group home had no effect on turnover or sales price; no effect on property value or turnover of houses adjacent to group homes); Burleigh Gardner and Albert Robles, The Neighbors and the Small Group Homes for the Handicapped: A Survey (Illinois Association for Retarded Citizens Sept. 1979)(real estate brokers and neighbors of existing group homes for the retarded, reported that group homes had no effect on property values or ability to sell a house; unlike all the other studies noted here, this is based solely on opinions of real estate agents and neighbors; because no objective statistical research was undertaken, this study is of limited value); Zack Cauklins, John Noak and Bobby Wilkerson, Impact of Residential Care Facilities in Decatur (Macon County Community Mental Health Board Dec. 9, 1976)(examined neighborhoods surrounding one group home and four intermediate care facilities for 60 to 117 mentally disabled persons; members of Decatur Board of Realtors report no effect on housing values or turnover).

(1)

3/12/87

To: The Senate Committee on Local Gov't
Senator Montgomery, Chairperson.

From: Elton Burner

Date - March 12, 1987

Subject: - H.B. 2063 - Zoning - Group Homes
for the mentally retarded.

Mr. Chairman, ~~and~~ Committee members
and other interested parties:

My name is Elton Burner. I have

lived in Johnson County Kansas

the last 37 years. My reason

for being here today is to ask for

your help in establishing group homes

for the mentally retarded in Johnson County

(ATTACHMENT V) LOCAL GO 3/17/87

and throughout the State of Kansas.

(2)

I am not a paid lobbyist,
I am not on the payroll of any
firm or organization. In no
way have I been reimbursed for
my time ~~and~~ ^{or} expenses involved
in making all the trips to Topeka
to visit with the legislative
branch of our State government. #

At present there is an urgent need
for group homes within the community
to provide the continuum of services
that is so desperately needed to relieve
State hospitals and Intermediate Care
Facilities for the mentally retarded.

(3)

The situation at Faith Village in Olathe, Ks. is a glowing example of this need. The Honorable Senator Bogina is very familiar with this situation and I am sure he will share his information with you. TF.

I would like to furnish you with some general information regarding ^{bill ::} ~~this situation~~.

According to the Wall Street Journal, ³⁷/~~35~~ states have already passed state zoning laws that facilitate opening group

(4)

homes in single family ^{zoned} areas.

Also the Wall Street Journal states that even with state zoning laws, some areas ~~are~~ are having being confronted with long drawn out lawsuits that that sap the monies ~~they have to build~~ ~~and~~ that would have been used to construct group homes and Sellers have not been able to wait ~~to~~ for results of these court cases. ~~and~~ ^{and} however, ^{consequently} sold to others.

~~Also~~

The opponents to this bill have advanced various

~~drawn out~~

#

reasons why this bill should not become law. All of these reasons, with the exception of one, have been ^{as will be} refuted with documented information that ~~indicates~~ proves these reasons are fiction, not fact. In reviewing the information presented at the House hearings, I do not find one piece of documented information to support the claims made, by the opposition. ~~On the other hand~~ In reviewing the testimony in the House hearings and also in this hearing, we have the following

groups that favor passage of
this bill.

- 1- Assoc. of Retarded Citizens, State of
Kansas - non profit
2. - L'Arche - a provider of group home
3. - Residential Alternatives Inc -
4. Kansas Planning Council on
Developmental Disabilities
service.
5. Kansas Advocacy & Inspection
Services for the developmentally
disabled, Inc. -
6. - Kansas Association of
Rehabilitation Facilities.
7. - Kansas Dept. of Social
and Rehabilitation Services

The last ^{of this} four of ~~these~~ groups is funded in part
or in total by the State of Kansas or

In the private sector there is a tendency
to listen to the recommendations from

~~you~~ staff or make a change.

I have here a page from
SRS Reports relative population
of the Kansas Mental Retardation
Hospitals and the Growth of
Mental Retardation Expenditures
as a percentage of the total state
budget - ~~F~~ Fiscal years 1977-1983

Upon examining this report you
will see that the population of the
four state hospitals has decreased
from 1970 thru 1978, but since that
time and ^{thru} 1985, the population has
remained relatively flat with very
little movement.

Now let's look at the expenditures for mental retardation. You can see that the expenditures starting with 1978 thru 1983 have been on a downward trend while actual needs are increasing. The movement of ^{the} population in the state hospitals parallels the expenditures of the state.

At this writing SRS has developed a plan that would take ⁴⁸ ~~108~~ people from the State hospitals and transfer them to community based facilities. The only thing I see wrong with the plan is that community based facilities do not have the capacity or funding to handle these people. Also, as the audit continues I am quite confident that others will also be confronted with decertification and possibly added to the waiting list. Re: - ~~the~~ New Horizons at Winfield

with 81 clients facing decertification. #

The most recent total of those waiting for residential services is 804.

The total of those waiting for day programs is 765. I feel confident that these numbers will increase as the audits continue.

Now I would like to get back to the one objection to this bill that ~~we~~ ~~are unable~~ is a legitimate ^{one} objection and that is "home rule".

I would be in favor of "home rule" as long as it is exercised properly. But when it is in conflict with the best

interests of the taxpayers of the State, then, ^{I believe} the interest of the municipality should be subordinate to the State.

If this bill is passed, L'Arche could possibly ~~up~~ open up 3 new group homes within the next 3 years. If this would become a reality then this one organization ^{alone} could serve the State approximately \$238,000⁰⁰ in this three year period. Also the Jewish faith is attempting to establish

group homes in Johnson County...
(these also would be without state ~~expense~~ ^{cost})
~~As well as the Presbyterians & Catholics.~~

at the present time in Johnson County
if a special use permit is required
for a group home it is a very
time consuming ordeal with no
indication of success. I refer you to
the testimony ^{sister} of Christella regarding
her attempts to secure a permit. ¶
I have been advised by SLS that
of the 1700-1800 people presently being
served in Community Living settings
that there has been no conflicts
within the areas involved, this
includes Johnson County.

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also, if this zoning bill becomes law, start up and completion dates of group homes could be more orderly and materially aid in transferring patients from ICF/MR's to community settings at a greatly reduced daily cost. P

My wife and I are parents of a mentally retarded young man that is 31 years of age and has been on ~~an~~ a waiting list ^{for appropriate residents} ~~appropriate~~ services for the past 6 years.

I am 66 years old, have had a heart attack and by-pass surgery. ~~that~~

my physical condition is diagnosed as severe congestive heart failure.

I tell you this not to seek your sympathy but to merely point out that our situation is very ~~for~~ similar to many, many others in Kansas.

My wife and I are attempting to secure appropriate living facilities for our son before we die -- We can not solve our problems by ourselves --- we need your help. #

Chairman Montgomery, thank you for permitting me to talk to your committee. - I sincerely hope the

during deliberations of this proposed
bill that your committee will be
able to separate fact from fiction
and cast the necessary votes
to send this bill on to the full
Senate for passage, in the
best interests of the taxpayers
in the State of Kansas

STATE DEPARTMENT OF SOCIAL & REHABILITATION SERVICES
Statement Regarding House Bill 2063
(As Amended by House Committee of the Whole)

- 1.] Title - This Bill would allow the establishment of group homes for physically handicapped, mentally retarded, and other developmentally disabled persons in single family residential areas, notwithstanding local zoning ordinances to the contrary.
2. Purpose - Many disabled persons are physically segregated from community living arrangements because of local legal barriers which prevent their movement into normal residential areas. Regardless of a growing awareness among health professionals that disabled persons should be provided normal living surroundings to the greatest possible extent, local government officials and residents are not always convinced. There continues to be a shortage of community residential beds for these disabled individuals who need assistance with community living but not hospitalization. The needed residential settings must be available in reasonably close proximity to treatment/training sites.
3. Background - This Bill will ensure the right of disabled persons to live in residential communities through Kansas because zoning would be uniformly applied by all cities. With this legislation, county and municipal zoning ordinances, and administrative interpretation thereof, would not deny disabled persons their right to benefit from normal residential life in group homes. Limitations on the number of group homes in a given area are made to avoid any claims of excessive concentration.
4. Effect of Passage - Passage of this Bill would ensure that mentally retarded and other disabled individuals have the same right to live in single family areas as others.
5. SRS Recommendations - The Department of Social and Rehabilitation Services strongly supports this Bill and feels that its provisions should be made available to persons developmentally disabled, physically handicapped, or mentally retarded.

Robert C. Harder, Secretary
Social & Rehabilitation Services
296-3271

I am here today to speak out in opposition to proposed House Bill No. 2063, an act concerning zoning; relating to group homes.

I myself am a member of a very special populous, that being of the mentally ill. I have been hospitalized at ~~various~~ intervals of time since the age of 16. I am now 34, married 11 years and the mother of 3. I have served on the Board of Directors at Prairie Glenn East, a CoOperative Housing Establishment, managed the Restaurant for Woolworths and was elected President of the Women of University Christian Church; all in Manhattan, Kansas. I am currently an active member of the Partial Hospitalization Program, a part of Pawnee Mental Health, Manhattan, Kansas.

This bill that stands before you for approval authorizes group homes for the physically handicapped, the mentally retarded or other developmentally disabled persons to be located in any area where single family dwellings are permitted. The category of the mentally ill is notably missing.

I ask each of you simply to examine for yourselves the question of "Why"? Why should the mentally ill be excluded"? Those selected for such a home could well be capable, well intending members of society.

The mentally ill are not as a rule dangerous, violent or malicious members of our community. They are people like yourselves, with a problem. Perhaps all too often we as a group have been stereotyped by some of those institutionalized for long periods of time, where loss of control and violent behavior may be a part of their illness.

Gentlemen, we're talking about a Group Home; one meant for those ready to start taking on some practical responsibility for their own well being. This home may include 2 staff members in a supervisory role.

Please, carefully consider if this discrimination against the mentally ill is really right.

Gentlemen, I thank you for your time, for the privilege of speaking with you today and I trust that you will make an appropriate decision.

My name is Carol Bellinder. I live in Manhattan and I attend Pawnee Mental Health Community Support Program, five days a week. I am opposed to HB 2063. The reason for my concern is this bill does not include the mentally ill. As one of the mentally ill, I feel I am a very important individual. We are all important no matter what the handicap. Whether the handicap is visible or not. Why are the mentally ill not included? Is it because of the myth that we are dangerous? I am as dangerous as the person you are seated next to.

I was recently hospitalized in November-December 1986. I wish there had been a group home when I left the hospital. There is a protective atmosphere in the hospital. When the patient leaves the hospital it is like a reality shock. A group home would make this transition a lot easier. Please all we, as the mentally ill, want is a chance at a normal life. Please include us in HB 2063. Thank you for listening to me.

My name is Donna Miller. I am a registered nurse. I would like to show you the significance of life events as contributing factors to behaviors that are related to stress induced psychiatric disorders. I feel this bill should pass, with certain adjustments, because the handicapped must have someone speak for them to protect their human rights.

Any human being has a right to live where he chooses. In this case, the choice would be made for them to live with dignity and a more humane life style.

As a mother, sister and a nurse, I have seen both institutions and group homes from within and without. I had a son in an institution and a sister in both facilities. Both suffered affects of verbal, physical, psychological, and sexual abuse and neglect.

Below are some examples I personally have witnessed:

VERBAL ABUSE

On one visit to my sister, I helped her to the bathroom. She was pushing her bladder to uninate. I asked her why she was doing that. She said that that was the only way she could go to the bathroom. Upon investigation, we found that she had an underdeveloped bladder with a small capacity for urine. She also suffered spasms of the muscle for the urinary opening (sphincter) which made it necessary for her to use force to pass urine. For years she had been verbally abused because she had to go to the bathroom frequently.

PHYSICAL

On another occasion when I helped her to the bathroom, I noticed that she was straining, and I learned that she was chronically constipated. Then I found that she had severe hemorrhoids. She told me, "It is so hard to go to the bathroom. I have to dig it out." I asked her why she hadn't told anyone about it and her reply was, "I did years ago, but nobody cares and nobody has any time."

Even though a physical is standard before a resident's move, and this was a very visible ailment, it went untreated for years.

PSYCHOLOGICAL

Before my sister went to the institutions 25 years ago and up until 5 years ago, good physical hygiene was very important to her. Five years ago after the death of our parents, she started refusing to bathe and wash her hair. For twenty-five years during her institutionalization she was verbally abused concerning a foul odor. I noticed she had a vaginal discharge. I took her to a private doctor. He said that she had had a chronic cervical inflammation. This had caused the foul odor. Her discharge should have been a sign of this problem, but it went undetected for years.

She decided that all of her bathing did not stop the verbal harrassment. As a result, she started refusing to bathe. She said it didn't help. She felt a helplessness to overcome this situation and she felt trapped.

Through the years my sister has had many personal items and articles of clothing stolen from her room. Now she wears her shoulder strap purse around her neck constantly. She has become very paranoid and locks everything up in a footlocker.

NEGLECT

A friend of my sisters vomited after his meals. The staff accused him of doing this purposely and paid no attention. From his signs and symptoms, I did a nursing assessment on my own on a picnic. I took the written results to the R.N. in charge and they took him to a doctor. The doctor found a duodenal ulcer.

There are a number of small irritants that afflict my sister frequently. For example, I noticed that she was having trouble walking. Upon investigation I found that she had not had her toe nails cut and they were imbedded in the flesh causing infection. She puts up with ill fitting dentures which cause blisters. They were so bad she couldn't eat. She was harrassed for not eating. Improperly fitted glasses caused blisters behind her ears. No one would investigate and so she quit wearing her glasses which she desperately needed. After the death of her parents she became very nervous. The noise the other residents caused filled her with great anxiety. She was verbally abused for wanting to stay in her room during this time.

In our family there are 13 brothers and sisters. My sister has two sibling guardians as well as 11 other siblings who visit her. Even with all of our monitoring of her, many of these needs go undetected. If the KAPS (Kansas Advocacy and Protection Services) had an adequate staff to assist them in monitoring the care the wards and group homes received, many of these abuses would be brought to light. Effective screening, selection and training of all care givers is desperately needed.

SEXUAL

My son was insitutionalized for an emotional problem. He was sexually molested in both facilities. This violation of his body so destroyed him and added to emotional instability that it led to his death by suicide.

BENEFITS OF GROUP HOMES

The small number of residents leads to quality care and less potential for abuse and neglect.

Group homes operate as a family unit.

Group homes are more cost effective than institutions.

Group homes are a planned way of deinstitutionalizing residents instead of dumping them out into a society in which they cannot survive.

BASIC HUMAN RIGHTS OF THE MENTALLY RETARDED

One accident had the potential to make anyone mentally handicapped. My sister was normal up to age three. Then we both caught whooping cough. During a coughing spasm with whooping cough, my sister couldn't get her breath and she turned blue. This lack of oxygen damaged her brain. I was spared, but there for the grace of God go I. Mental retardation could happen to anyone in this room. We as a society must provide compassionate care for the mentally retarded. Do neighborhoods have the right to screen potential home owners?

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**Kansas Association of
Rehabilitation Facilities**

Jayhawk Tower • 700 Jackson • Suite 802
Topeka, Kansas 66601 • 913-235-5103

TO: Senate Local Government Committee

FROM: Kansas Association of Rehabilitation Facilities (KARF)

RE: HB2063. AN ACT concerning zoning; relating to group homes

DATE: March 17, 1987

1.0 Position Statement

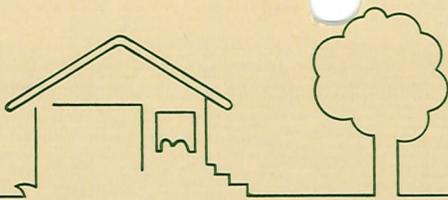
- 1.1 KARF Supports HB2063 which establishes a statewide policy prohibiting exclusionary zoning practices with regard to group homes for the physically handicapped, mentally retarded or developmentally disabled.

2.0 Justification

- 2.1 Current zoning ordinances and regulations vary significantly from municipality to municipality in Kansas and create obstacles to the development of group homes for individuals with handicaps.
- 2.2 Currently there are over 1,500 individuals who are disabled living in group homes or apartment settings in Kansas. It is projected that approximately 2,000 other individuals will need to be provided living situations in the next 5 to 10 years. It would help to have a statewide policy to assist with this process.
- 2.3 National funding, philosophy, and regulations support community integration of our handicapped citizens.
- 2.4 Thirty-two states and the District of Columbia have legislation which prohibits exclusionary zoning practices with regard to group homes for handicapped individuals.
- 2.5 The Kansas Legislature has previously recognized the need for adequate planning, coordination, and funding in order to meet the demand for community-based residential services for the handicapped. The State of Kansas is currently facing a serious issue regarding de-institutionalization. It is time for Kansas to commit to implementing laws which will enable the necessary services to be put in place to serve the MR/DD in communities.

(ATTCHMENT X) LOCAL GO 3/17/87

- 2.6 The proposed legislation, HB2063, specifically meets recommendations on sound principals for group home zoning as outlined by the "Planning" magazine (1985), which includes considerations for a facility to be licensed, distance between group homes, number of residents, conformity to general zoning requirements for residential, and conformity, to extent possible, to the residences in the area.
- 2.7 Overall, HB2063 supports KARF's belief in integrating individuals with disabilities into the community and that services for the disabled should be available in the community to prevent institutionalization.



PENNINGTON'S

RESIDENTIAL HOMES &
TRAINING CENTER, INC.

316-744-0448

17 March 1987

To: Senate Committee On Local Government

From: Edward L. Pennington, Administrator Pennington's
Residential Homes and Training Center, Inc.

Pennington's Residential Homes had an experience the summer and fall of 1986 relating directly to the zoning bill being discussed by this committee.

Having houses located in Northern Sedgwick County near Valley Center since 1970, it was very surprising to find that Valley Center had no provisions for allowing group homes in their city limits.

After approaching the city in early August 1986 and getting approval from the City Council to house group homes in "AA" one family dwelling district on September 16th, we were told by the city administrator that they had received calls and there would now be a new public hearing (first public hearing was heard September 16th 1986 with no opposition) to decide if we could have group homes in our home community.

The process started again with our needing our homes open by October 15th 1986 under state S.R.S. Contract. The delay and filing of a petition against the homes in Valley Center caused us to reconsider and locate a home in my own house, until we obtained homes in Wichita. There was absolutely no one opposed and we opened on November 15th 1986, the first house.

We now have two homes operating in Wichita and still have no neighbors opposed to us being there.

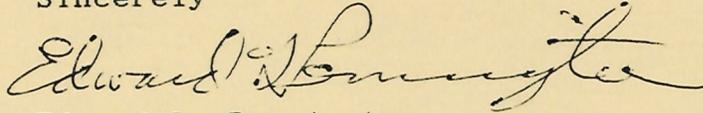
Valley Center has passed a zoning ordinance which will put group homes in "AA" residential, but with a conditional use permit.

As long as individuals, city planners, and councilors refuse to let these individuals live where they choose, with no other restrictions than would be put on anyone else, how can we call this a "free society."

I encourage the passing of this bill as written without addition of public hearings and conditional uses.

Our check and balance of group homes through S.R.S., Health Department, and the families involved, can then assure that a family atmosphere can be maintained in these homes. This will let more individuals become independent of State Institutions, and in turn lead a more productive and normal life.

Sincerely

A handwritten signature in cursive script, appearing to read "Edward L. Pennington".

Edward L. Pennington
Administrator of
Pennington's Residential Homes, Inc.

ORDINANCE NO. 706-86

OF THE

CITY OF VALLEY CENTER, KANSAS

AN ORDINANCE OF THE CITY OF VALLEY CENTER, KANSAS AMENDING THE ZONING REGULATIONS OF THE CITY OF VALLEY CENTER, KANSAS BY AMENDING THE CONDITIONAL USES OF THE "AA" ONE-FAMILY DWELLING DISTRICT FOUND AT SECTION 11, PARAGRAPH 120, OF SAID ZONING REGULATIONS BY ADDING GROUP HOME.

BE IT ORDAINED BY THE GOVERNING BODY OF THE CITY OF VALLEY CENTER, KANSAS:

SECTION 1

The Conditional Uses of the "AA" One-Family Dwelling District found at Section 11, Paragraph 120, of the Zoning Regulations of Valley Center, Kansas, is hereby amended to read as follows:

120 Conditional Uses.

A. Group Home.

SECTION 2

This Ordinance shall take effect of and from its publication once in the official City newspaper.

First Reading 10-7-86

Second Reading 10-21-86

PASSED AND APPROVED BY THE GOVERNING BODY OF THE CITY OF VALLEY CENTER, KANSAS, THIS 21st DAY OF October, 1986.

Marcelyn M. Harris
Marcelyn M. Harris, Mayor

ATTEST:

Carol A. Reffner
Carol A. Reffner, City Clerk

I certify that this is a true and exact copy of Ordinance #706-86 passed by the Governing Body the 21st Day of October, 1986.

Carol A. Reffner
Carol A. Reffner, City Clerk

First published in the ARK VALLEY NEWS, ON THE 23rd DAY OF October, 1986.



United Community Services of Johnson County, Inc.
5311 Johnson Drive, Mission, Kansas 66205
913/432-8424

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Executive Director

TO : Kansas Senate Local Government Committee

DATE: March 17, 1987

I am Walda Johnson, a volunteer board member of United Community Services of Johnson County. I am appearing, also, today as chairman of the Johnson County SRS Advisory Council.

I am speaking in support of House Bill 2063. United Community Services and the Advisory Council have studied the issue of residential placement of group homes for physically disabled and mentally retarded people over the past two years. We closely followed last year's similar bill, attended interim hearings in 1985, and studied the interim committee report.

It is our conviction that House Bill 2063 should be passed, whether the limit on disabled residents remains at eight, or is lowered to six. We base this conviction on our believe that this is a civil rights issue. These adults should have the right and privilege of living where they choose, and that includes single family residential surroundings. The group homes described in the bill are just that - homes - not training centers or institutions. The relationships therein are those of a family, and today we have many different styles of families.



Planning Affiliate of Heart of America United Way

KS Senate Local Government Committee

Opponents of this, and last year's bill, have pointed to several issues to make their arguments - "home rule", lowered property values, the "hole in the dike theory," and the concept that a new law is not needed because group homes do exist in some communities. These arguments are invalid. The state grants home rule authority, and that authority can be and is withheld or withdrawn when warranted. It is state policy to place disabled persons in community settings whenever possible. Local communities largely have not exercised their responsibility to make this mandate feasible. Zoning decisions should not be based upon attempts to segregate these disabled adults, as they have been many times in the past, but rather only upon whether or not the group homes comply with regulations applicable to other property located in the area.

Proponents can marshal more arguments than that of civil rights to support the bill. It is much less expensive to house a disabled person in a group home than in an institution, of course, and indeed a majority of mentally retarded adults now live in the community. In other states rulings are more and more in favor of overriding local zoning - ³⁷34 states have passed laws like

this one, and property values have not been adversely affected.

These points are peripheral to the primary issue, which is the constitutional rights of free adults in our society. To abridge these rights because adults suffer from physical or developmental disability, or mental retardation, and need a small group home setting, is to deny a basic freedom. State policy is needed in this case to make sure this freedom is extended evenhandedly across Kansas. Please vote in favor of House Bill 2063.

Thank you, Mr. Chairman.

January 27, 1987
751 N. Nelson
Olathe, Kansas 66061

Members of Kansas Legislature

Dear Sir:

My name is Kathy Pendergast. I am 34 years old, and have lived in a group home in Olathe for 3½ years. Before that I lived at home with my parents and four brothers, three of whom are retarded also.

We need more group homes in Johnson County for people like myself and my brothers. I want to continue to live in a group home because I like the family atmosphere, and will always need guidance, support and companionship.

I have worked since 1971, and for the past 5½ years have been employed as a Home Aide at Juvenile Hall in Olathe. I can not drive a car, so transportation is a big problem for me. Being in a group home in Olathe makes it possible for me to get to and from work.

A group home provides me with shelter, food, guidance and security. I am getting older and feel I need this type of living place. I am paying my own way because I work, but I will always need the extra support this kind of home gives me.

I ask you to vote Yes for Bill #2063 - Group Home Zoning, so I can continue to contribute to my community because I have the home environment I need, and so homes can be provided for others who need them.

I would like you to come and visit my home in Olathe.

Sincerely Yours,

Kathy Pendergast

(ATTACHMENT XIII) LOCAL GO 3/17/87

THE ASSOCIATION FOR
RETARDED CITIZENS OF KANSAS, INC.



11111 W. 59th TERRACE
SHAWNEE, KANSAS 66203 • (913) 268-8200

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*Treasurer
Topeka*

GINGER CLUBINE
*Past President
Wichita*

BRENT GLAZIER
Executive Director

March 17, 1987

To: Sen. Don Montgomery, Chairperson
Members of Senate Local Government Committee

From: Lila Paslay, Chairperson
Legislative Affairs

Re; HB 2063

We have been pleased that over the past 25 years the legislators of Kansas have responded to so many needs of its citizens who are mentally retarded and developmentally disabled. You have responded to the need for improving the quality of life for those in our state institutions and for contributing to the development of community residential and day activity programs. We are here today to ask you once again to respond to our plea to allow the quality of life be the highest possible for our sons and daughters who, through no fault of their own, happen to be mentally retarded. We would ask you to make that quality of life available to all citizens of Kansas who are mentally retarded regardless of the community in which they live. We would ask you to represent them as well as your other constituents.

Our sons and daughters wish for many of the same things you and your children wish for. The opportunity to live as a family in a home and in a family type neighborhood is one of those things. And they wish for it for the same reasons you and I do.

The resistance of neighborhoods and zoning boards to allow the establishment of group homes in areas zoned for single family residences is most often based on fear, myths and misconceptions. We had hoped that through the process of education, those fears would be alleviated and in many instances they have. However, some of our citizens are not interested in learning the truth. That truth was made evident in a study done

(ATTACHMENT XIV) LOCAL GO 3/17/87

by Dr. Julian Wolpert and his colleagues from Princeton University at the request of the state of New York.

Wolpert's organization focused on 42 communities where the sales of 754 homes took place next door or across the street from homes for persons with developmental disabilities. At the same time they studied the sales of 826 homes in 42 similar communities that had no group residences. The research involved numerous contacts with neighbors, as well as the intensive study of documents and records of property transactions. Some remarkably clear findings came from that study:

- * The presence of group homes had no impact on property values at all.
- * The proximity of a house to a group home had no effect on the market value.
- * There was no evidence of neighborhood "saturation".
- * The group homes looked like other houses in the neighborhood.
- * The function of the home was inconspicuous.
- * The group homes had a better appearance than the average home.

Attached is an article which appeared in a local newspaper on April 17, 1987. It involves the zoning problem of Tri-Ko, a community program for persons with mental retardation. The city planning commission in this Kansas town voted 5-2 in favor of rezoning. The city commission denied the request 2-1.

As one of the city commissioners said, "We as a commission can find a more suitable location the city can live with." Unfortunately, neither he, the other city commissioners, nor all but a few of the city's residents will live there.

Tri-Ko does now have their residential facility in an area that is too far from their workshop in a less desirable area.

We would ask you to consider HB 2063 in the light of what you would want for your own family member if you were faced with providing the most desirable living situation for them. We would hope you would want them to be able to live in a neighborhood of their choosing, not in a neighborhood selected for them by those who do not understand them.

We encourage you to vote this bill favorably out of your committee.



City gives "no go" to Tri-Ko

GARNETT-Garnett City Commissioners voted Monday night 2-1 to turn down a city planning commission approved decision to re-zone a portion of land in Garnett, which would ultimately have been used to house a new facility for developmentally disabled adults.

The battle over the proposed re-zoning of the vacant lot at the corner of First and Lincoln Streets has raged since Tri-Ko, a joint-funded organization for the betterment of developmentally

"I expected that given the information...we'd be approved."

-Jack Sturman, Tri-Ko Director

disabled adults, began pursuing the land for its new facility location. Funded through a federal housing and urban development grant, the proposed facility would have cost an estimated \$160,000.

Jack Sturman, Tri-Ko director, said he was surprised the vote went the way it did. He presented information to the commissioners based on research done by Princeton University on group living facilities in New York State like the one proposed here. The study stated the advent of group living facilities of this type had no detrimental effect on property values, a concern voiced by many of the residents in the neighborhood of the proposed location. Sturman had also obtained information from an architect to counter the claim that development of the area would exceed its current water run-off capability. In addition,

Sturman presented to the commission a list of some 150 signatures of people in Garnett who supported the proposed move.

"I expected that given the information from the architect and the study done at Princeton University, and the fact that there were in excess of 150 people who were willing to put their names down in support of us, that we would be approved," said Sturman. "I was very surprised."

Sturman said he didn't believe the negative vote was whole-heartedly based on the question of zoning.

"The underlying reason was there were people from the neighborhood there who voiced their disapproval of our being there," said Sturman, but added, "I don't think enough was said about the rights of developmentally disabled people."

But the city commissioners said they reasoned against the re-zoning on the basis of sewer and streetlight facilities in the area. Mayor Brecheisen explained to the gathering his feelings that the inadequacies of the present sewer system in the area couldn't handle the addition of a group living facility.

"This is the best way we can handle the people like this, and we can't live on prejudice," Brecheisen said on the need for facilities of this type. "If it comes up again in the proper place, I'll vote for it," he said.

"I think the people who live in an area of this type carry more weight than people who live across town," said Commissioner Robert Boots. He also said he was against spot zoning in any case.

"A lot of work went into zoning

this city. I don't think it should be changed at the snap of a finger," Boots said.

It was Boots' motion that ended the official discussion on the topic at the meeting, sending the issue back for planning commission consideration. City officials said since motion was approved by the planning commission but turned down by the city commission, the chances for its revival and re-submission are slim.

"There isn't really too much they're likely to do now," said City Attorney Terry Solander. "For all practical purposes it's dead," he said.

Sturman said a meeting of the Tri-Ko directors was upcoming to decide their next move toward a new Garnett location. He said there were still questions as to whether the available HUD funds could be re-routed to the consideration of a new lot.

"We haven't seen the end of this yet. I'm convinced we can help them find an alternate site."

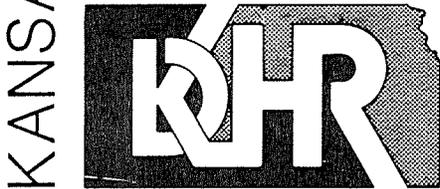
-Commissioner Robert Boots

"We would not discontinue the program," said Sturman, "we would look for another lot in Garnett."

"We as a commission can find more suitable location the city can live with," said newly-elected commissioner Mike Norman.

"We haven't seen the end of it yet," said Boots, "I'm convinced we can help them find an alternate site that can satisfy HUD. We can help those people right here."

KANSAS DEPARTMENT OF HUMAN RESOURCES



ADVISORY COMMITTEE ON EMPLOYMENT OF THE HANDICAPPED

1430 S.W. Topeka Avenue, Topeka, Kansas 66612-1877
913-232-7828 (V/TDD) 567-0828 KANS-A-N

John Carlin, Governor

Larry E. Wolgast, Secretary

Testimony regarding House Bill 2063
Senate Local Government Committee
Ray Petty, Legislative Liaison, KACEH
March 17, 1987

This is the third year I have been involved with legislation which would eliminate housing discrimination against certain disabled persons due to zoning restrictions. House Bill 2063 is substantially the same bill as the version of the House Bill 2275 which passed the House in March of 1985. This committee did not act on that bill during 1985 and killed the bill last year, substituting Concurrent Resolution (S. 1644) which urged cities and counties to exercise responsible home rule concerning zoning restrictions on group homes.

The bill before you now - House Bill 2063 - passed the House 77-45. Once again this issue comes to the attention of this committee. The hurdle you are being asked to jump, the issue we are asking you to move beyond, is forcing disabled citizens of Kansas to justify their own existence and their right to live in the community in group home situations. Essentially the issue is this: either disabled persons living in group homes in single family neighborhoods is a conditional use - subject to discriminatory prejudices in certain locales at certain times - or it is not.

In states with a home rule constitution, local governments are given wide berth in handling local affairs except in situations where there exists a compelling statewide interest in enacting laws which restrict local latitude. We believe that the normalization of disabled persons into community settings throughout the state is quite clearly a situation wherein a demonstrated statewide concern ought to prevail. The bottom line then is whether or not exclusionary zoning is an issue of statewide concern.

In the case of zoning restrictions, once a problem of sufficient magnitude is demonstrated in several localities it begins to rise to the level of a statewide concern. Where one community acts in a progressive, constructive manner to permit and encourage community homes, the probability rises that it will become a magnet for larger numbers of these homes - and that is particularly true when close-by communities are repelling group homes by whatever means, for whatever reasons.

The resulting interaction between accepting and rejecting communities is that a system of truly community-based homes does not materialize. It is not sufficient that homes be located in some communities. They need to be located in virtually all communities so that persons in need of such a home can remain in their own communities. That is what community-based means.

And it is precisely in single-family neighborhoods that these homes need to be located. Those are the neighborhoods most of us live in. Therefore, to "normalize" we must make sure that disabled persons live among the able-bodied - not just among the factories, or commercial facilities, or even just in multi-family zoned areas. Continuing to deal with this issue at the level of local decision-making virtually guarantees undesirable results, because some communities will continue to exclude group homes entirely or will only permit them conditionally in a few selected areas.

Allowing such a policy can result in ghettoization - which for disabled persons is just a new version of institutionalization. A heavy concentration of group homes in limited areas is also unfair to those areas and the people who live there because the character of those neighborhoods is changed, undercutting the very purpose behind normalization - the right to live in the least-restrictive setting possible.

Apparently many other states agree with this analysis - for it is the case (as of 1985) that in no less than thirteen of the thirty-nine home-rule states there is already a law which precludes exclusionary zoning against community-based group homes (AZ,CA,CO,MD,MI,MN,MT,NM,OH,RI,SC,TN,WI). This does not count the states which do not have a home rule constitution. In all, over half of the states in our country do not allow group homes to be zoned out of single-family neighborhoods.

One other good reason for passing this bill is to let local officials off the hook. I don't believe anybody here intends to characterize local officials as ogres. They are on the front line and must answer to their neighbors in the local government arena. Statewide agreement on reasonable criteria to be used in determining the location of group homes will focus local debate, while at the same time stifling the expression of ugly and bigoted motives, which often parade in other guises.

I understand that a number of you may still prefer that localities be allowed to subject group homes to a hearing process. If that process dealt with the criteria included in this bill regarding licensure, or number of residents or staff, or being located within 1,000 feet of another group home, or any of the other code requirements which are required, I doubt that proponents of this bill would object. But you see, there really is no need for such a hearing, since the municipality in question can determine compliance with those criteria as part of the regulatory process.

So the hurdle that must be cleared before disabled persons in need of group homes are granted equal protection in Kansas, is for this committee and the Senate to say to local governments that as long as the proposed home meets the guidelines contained in this bill, persons who will operate and live in that home do not have to rationalize their right to live as a family of human beings any more than would the natural family of ten intent upon moving into the very same house.

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