VILLAGE OF PALATINE

VILLAGE HALL - COUNCIL CHAMBERS 200 E. WOOD STREET
PALATINE, IL 60067-5339 – (847) 359-9050
http://www.palatine.il.us

ZONING BOARD OF APPEALS

MINUTES ● FEBRUARY 23, 2021

Village Hall - Council Chambers **Regular Meeting** **7:00 PM**

I. CALL TO ORDER

Attendee Name	Title	Status	Arrived
Brent Larson	Commissioner	Present	
Cindy Roth-Wurster	Commissioner	Absent	
Jan Wood	Commissioner	Present	
Jerry Luszczak	Commissioner	Present	
Theodore McGinn	Commissioner	Present	
Kevin Cavanaugh	Commissioner	Present	
James Dittrich	Commissioner	Present	
John Pirog	Commissioner	Present	

II. APPROVAL OF MINUTES

1. Zoning Board of Appeals - Regular Meeting - Feb 9, 2021 7:00 PM

RESULT:	**ACCEPTED [UNANIMOUS]**
MOVER:	James Dittrich, Commissioner
SECONDER:	Brent Larson, Commissioner
AYES:	Larson, Wood, Luszczak, McGinn, Cavanaugh, Dittrich, Pirog

III. PUBLIC HEARING

1. 308 S. Benton Street

   This item was requested to be continued, until the March 9th ZBA meeting.

   Mr. McGinn made a motion to continue the 308 S Benton Street item to the March 9th Zoning Board Meeting; seconded by Mr. Luszczak.

RESULT:	**CONTINUED [UNANIMOUS]**	**Next: 3/9/2021 7:00 PM**
MOVER:	Theodore McGinn, Commissioner	
SECONDER:	Jerry Luszczak, Commissioner	
AYES:	Larson, Wood, Luszczak, McGinn, Cavanaugh, Dittrich, Pirog	

2. Special Use amendment to Ord. #O-112-13 to allow for a change in the approved business plan, pursuant to Section 14.05 of the Zoning Ordinance at 1158 N. Deer Avenue.

   Notice was published in the Daily Herald on February 8, 2021 and mailed to the owners of the surrounding properties.

Petitioner's Exhibits:

1. Application for Special Use Amendment
2. Proof of Ownership
3. Plat of Survey
4. Neurorestorative Deer house revised business plan
5. Village of Palatine call log spreadsheet
6. IDPH - Community Residence License
7. Special Use Ordinance #0-112-13
8. Public Notice

Sworn in Staff: Ben Vyverberg

Sworn in petitioner: Mr. Chris Williamson - IL State Director for the Neurorestorative program - 1158 N. Deer Avenue.

Mr. Williamson explained that the original special use permit was granted issued in 2013 to allow adults with brain injuries to live in the home. The current request was to serve adults ages 18-22 with neurological brain impairments issues, which could include brain injury, autism or various mental health issues. Individuals referred to the program are not able to be served by their school district and are referred us for services at to their facility. The program allows them to attend an alternative school, located in Mount Prospect, which addresses their special needs. The goal is for patients to graduate from the program and help them to get back to their normal life. The facility is licensed by Public Health and is CARF accredited (Commission on Accreditation Rehab Facilities). CARF accreditation grants a 0 year approval, 1 year or 3 year approval. This facility has always received a 3 year accreditation approval, which indicates compliance with the required standards. DCFS can also come in for inspections, if they are a guardian assigned to one of the patients. The facility is not licensed by DCFS. We have quarterly inspections, monthly quality improvement reviews and all files are audited quarterly. There are monthly quality improvement review and quarterly visits to the home. The reasoning for smaller settings is a federal government mandate to reduce congregant living homes to smaller environments.

To comply with Palatine regulations, the facility doesn't have signs on the property or on their vehicles. They provide 24 hour wake staff at the house, seven days a week -- the staffing patterns is 2-2-2 pattern - varies at times based on needs. Patients participate in outside school Monday through Friday - pre COVID. They also participate in community events, attend movies or have store outings.

There has been an increase in 911 calls and we have worked to address the issues such as replacing broken windows due to the adolescents having increased upsets. These childrens' lives have been drastically affected during covid and has presented many challenges. They were unable to attend school on a regular basis, have family visits and there was a disruption to their normal therapy days and group sessions. We feel that property values have not been disrupted by having the group home in the neighborhood and cited recent home sales in the area that showed increases in a sale value and subsequent increased listing amount. Mr. Williamson states that he understands the increase in police calls but cites that adolescents have been under extreme pressure during this pandemic and are being dealt with.

Ms. Wood - inquires if Mr. Williamson is state director for this site or all of IL?
Mr. Williamson states - All of IL
Ms. Wood asks him to explain the difference between Neurological impairment and brain injury.
Mr. Williamson explains that traumatic brain injury can happen in many ways. A car accident, seizures, heart attack or stroke. Challenges with brain injuries can be verbal aggression, physical aggression, and ability to speak, no longer able to ambulate, among other challenges.
Neurological Impairments is a wide term and a brain injury can fall under this category. This would include a brain injury, seizure disorder, other types is autism, bipolar, and a range of mental health issues. Same challenges as brain injuries.
Ms. Wood comments that the original special use was for adults 18-21 and is confused how the facility started taking in teenagers and what authority did he have to make this change.
Mr. Williamson confirmed that currently the residents are 18-22 years old and was asked Mr. Williamson what type of schooling are the current residents enrolled in.

Mr. Williamson explains that they are enrolled in high school level education since most have not completed their education by age 18, as they are on a special program, because of an IEP.
Ms. Wood asks about life skill trainers and what is their background and education requirements to be life skill trainers.
Mr. Williamson explains that life skill trainers can be the staff that works in the house. Need to be 21, some have bachelor and associates degrees, but is not a requirement of the job. There are also background checks and internal training requirements.
Ms. Wood asks if employees go through a training program.
Mr. Williamson responds that they are required to do a 40 hour training course that includes CPR, CPI, trauma induced training, training on internal policies and training on the floor with senior staff.
Ms. Wood confirms that the staffing in the home is providing the therapy.
Mr. Williamson states that pre-covid the therapies were done outside the facility but since Covid it is now done at the home.
Ms. Wood asks if there are any social workers or medical workers in the home or

are they on call.
Mr. Williamson explains that they have RNs and LPNs on staff that are on call and some work 8 hour shifts at the home. The RN is based at the school, but comes to the house throughout the day. Some LPNs work shifts at this location. Also have teachers' aides doing shifts in the home and 4 teachers to provide educational services.
Ms. Wood - Is there someone with more training for brain injuries or individual on site,
Mr. Williamson - Resident supervisors are on staff 8 out of 24 hours a day and working 8 AM -4 PM or 11-7 overnight, at different times to provide additional training for shifts.
Discussion about the background and training about the residential supervisor.
Ms. Wood - If an adult is wandering in the neighborhood in a disruptive way, what can be done for an episode or incident ?
Mr. Williamson - Work to guide back gracefully - does not use force or they call local law enforcement. We cannot do a hold for more than 15 minutes at a time.
Ms. Wood - What type of evaluations are done if a person is deemed to have violent episodes or in anger or aggression ? What are the standards for acceptance ?
Mr. Williamson states that they try to determine if there is a pattern, consult with the physician, write behavioral plans, or issue a 30-day discharge notice, if needs can't be met.
Ms. Wood asks if there is an initial screening process to determine this information.
Mr. Williamson states that they work with their clinical evaluators that receive a referral from a school district or hospital to gather records, refer to clinical evaluations and face to face meetings. The decision to provide services is based on whether they are medically and clinically appropriate for the program and that the person can be kept safe and benefit that person. It is decided by the program director and nursing staff. We try to review all of the available records and while we are not always accurate, as the records do not always tell the story, we learn a lot after the fact. A report is written and provided to the school district.

Ms. Wood states that the clinic would now like to expand the population they serve to include not just traumatic brain injury, include neurological impairment services. Would like to know if there is a shortage of patients with traumatic brain injuries and if this is the reason for requesting to expand the services.

Mr. Williamson explains that there are other facilities providing day services that allows patients to stay closer to home. There is a high need for adolescence, 18 and up, is growing, especially in the area of autism. Brain injuries in the Chicago area, are served by RIC and Shirley Ryan. In the past we would receive adult referrals, there are 15 day programs where those people are going now. There is a large number of kids (18 and over) from Illinois, who were relocated out of state. They now want their dollars spent on Illinois in Illinois, which explains the need to expand the change in service.

Ms. Wood inquires if home would be filled if they were serving just traumatic

brain injury.
Mr. Williamson states that right now they would not - there are not enough patients. At the current time we would not build a home to serve those with traumatic brain injuries.

Ms. Wood states disconcerting effects on residents and what steps were taken for the increase in incidents.
Mr. Williamson stated that they met with the Village to discuss the circumstances. They additional training for staff and environmental modifications to address concerns. This included installing hurricane glass to prevent further breaking of glass. We are trying to find locks that cannot be pushed through or broken. We are increasing trauma induced and mental health training for Staff. CPI training for staff regarding hands-on training.

Mr. Larson asked when did the time change occur from non-violent, older residents with traumatic brain injuries to adolescents being allowed in the program?
Mr. Williamson stated that the school opened in 2016 and the changes started in 2017.
Mr. Larson asks if the employee training has changed?
Mr. Williamson states the training evolves. Staffing model is 2-2-1 to 2-2-2 back in 2017. The neurological impairment was more recent.
Mr. Larson - recent police log and the medicine that was taken. What kind of meds are kept at the location and are they locked?
Mr. Williamson - refers question to on-site staff.

Swear in - Camelia Botez - 1158 N Deer Avenue - Program Director

Ms. Botez - In response to Mr. Larson's question - meds are stored in med-locks and they are locked and contain vitamins and prescribed medications. According to nurse on duty, the staff was counting the medicine and the patient barged in and took the meds. They did not know what was taken and fought over the medication.

Mr. Larson - what kind of medicines are stored was there any changes to protocols to prevent this from happening in the future.

Mr. Williamson confirmed that there are prescription medicines.
Ms. Botez - These medicines are locked and the training has addressed this issue. Gummy vitamins were taken in that incident. As it was not known what was taken, Staff called 911.

Mr. Larson asks - What is the average length of a patients stay?
Mr. Williamson states that it is generally 1-2 years.

Mr. Pirog states that there are numerous incidents of 14, 15 & 16 year old reports as recently as 3 months ago. Is there anyone under 18 there now?
Mr. Williamson states - No. After meeting with Palatine officials it was determined

that they would not house any patients under 18 years old.
Mr. Pirog asks if there is any security personnel, as it seems that the police were just called.
Mr. Williamson states - No.
Mr. Pirog refers to a report on file that notes a patient with Bi-Polar/severe depression - what category does this fall under? Since you're a short term facility - can this be fixed in 6 months?
Mr. Williamson - Replies it would be a neurological impairment - No it would require long term care.
Ms. Wood - if someone is 19 and graduated high school - do they go to therapy?
Mr. Williamson - Replies - Once they graduate through the program and school. Yes, with the ultimate goal to be function normally discharge back to the home community or transition into a junior college.
Ms. Wood - Asks what are patients doing post high school?
Mr. Williamson - they would be in therapy or job training.
Ms. Wood - do you have behavior therapist?
Mr. Williamson - yes. Speech language, occupation, physical therapy, psychological, and behavior therapists are all components of the therapy provided.

Mr. Dittrich - In your opinion - what is the increase in the calls to the police? Is it the age of the resident or neurological impairment.
Mr. Williamson - it would be the restrictions that Covid has placed on the patients more than anything. The 15-year olds would not lead to any less calls. There would not be a difference between a neurological impairment or brain injury and the number of police calls.
Mr. Larson - clarity - wasn't it a much older group - adults? Special use was for 5 beds, correct?

Mr. Vyverberg - There was not an age range listed and the reference in the business plan only adults.

Explains the special use for the home located in McMahon subdivision and is zoned R2. Home is licensed through the Illinois Dept. of Public Health as a community residence. Special use was granted in 2013 for a 5th resident. The approved special use was conditioned upon a business plan for 5 adults with traumatic brain injury. At some point the home transitioned way from the business plan. The Village was unaware of the changing of the Special Use and business plan. Staff became aware of increase in police call for service and contacted Petitioner to meet. After meeting it was determined that they would only admit adults over 18 into the home. Petitioner also identified typical training requirements for employees. The Village notes numerous police and ambulance call at location which included calls for property damaged, battery and run away instances. Staff maintains that the frequency and type of police call are concerning.

Mr. Dittrich - if the business plan is approved - there will be no residents under 18, correct?

Mr. Vyverberg confirms that is the what the Petitioner's application.
Mr. Larson asks if they went back to a 4 person house would that bring them back to code?
Mr. Vyverberg responds - Yes.
Mr. Vyverberg presents yearly graph of police calls since opening of group home which indicates that recent spike in calls were during the time period that the home allowed residents under the age of 18. Mr. Vyverberg indicated that the blue charts are the summary of total calls and the red line indicates the fire calls of that total, as a factor of differentiation.

Deputy Chief Nord sworn in.

Officer Nord explains the graph of service calls made to the police department and details what some of the calls were for and explain what the call volumes indicate. What is significant about this information is that a primary police call for response and could be a 1-car, 2-car, or up to 4-5-car response, depending upon the nature of the call. In some of the circumstances, there was a secondary response for fire assistance, if a transport to the hospital. On the call log, there were public service checks for missing juvenile, battery, well-being, disturbance, or check for well-being and depend upon the coding out of the call. In 2020, there were 22 calls for service, 11 of those calls involved residents of the home running away; 9 were juveniles (14-17 years old) and 2 were adults. There were times when the residents were found in the driveway, in the community and there were times when they were found with Staff being escorted back to the home.

Deputy Chief Nord continued indicating that in 2021, there were 8 calls, with the primary police response. Four were for suicidal subject; one was a public service; two were ambulance calls, with police assist, and one was a missing person. Four of the eight calls were for residents going outside of the home. They were stopped within feet of the home or within the neighborhood. For the calls for service, there are two residents that, through early January are responsible for 4 calls for service, and another resident from September through February that is responsible for 6 calls. These calls are for primary police focus response. In this area, for a missing person a 2 to 4 car response is typical to bring as many resources to the area, before harm is done. The police are reacting to the information being relayed to dispatch and the 911-call taker. If there are threats of suicide, the response is upped even more, with the Fire Department will stage to help and search the area.

Mr. Larson states, from his experience, the neighborhood was a quiet neighborhood - have other calls increased to this neighborhood and how does this affect the resources?

Deputy Chief Nord indicates that the increase to this area to the neighborhood and began in 2020. In 2019, there were 4 calls for service and 3 of the 4 were ambulance related. In response to Mr. Larson's question about the time constraints for a call, Deputy Chief Nord responded that the time is dependent upon the call type and in one instance, the police were called were three times in

one day, as a resident ran away twice and another resident also ran away. Typically, the police response states that calls can be 30 -45 minutes depends on how long it takes for the all clear and take 1-2 officers, with one beat officer to remain, if needed. They spend time at the home speaking with Staff and the resident. The Police has a liaison office that is assigned to be at the house and check in with the home. This allows the Police to know the resident and know what to expect if an episode exists in the community, with the goal of safely return them back to the home.

Mr. Cavanaugh asks how many group homes in Palatine?
Mr. Vyverberg states between 6-9 homes.
In response to Mr. Kavanaugh's question, as to how the police calls for service compare to other group homes, Deputy Chief Nord indicated that what is different in this instance is that these calls are primary police responses at this location, as opposed to the other homes have primary Fire response, with police support, which would be a medical primary response.

Mr. Luzcak inquired as to the calls whether the calls are coming from the surrounding residents and neighbors. Most of the calls are also coming from Staff.

Mr. Pirog notes that reports in 2020 and 2019, the majority were for residents under 18, but all of the calls for 2019, this should no longer be the case since residents will be 19 and above and does not include the younger residents.

Discussion with Deputy Chief Nord and Board regarding incidents on file and the last contact was from February 13th.

Discussion with Board as to whether the call spike, due to Covid. Deputy Chief indicated uncertainty if the residents are finding a way to get out if they do not want to be there.

Mr. McGinn asked if there is any increase crime data for the neighborhood.
Deputy Chief does not have that data.

Mr. Williamson indicated that residents 18 and over are there voluntarily and they are able to sign themselves in or the guardian authorizes it. Neurorestorative is responsible for the residents.

Discussion about the residents' rights and concerns about trespassing, for example.

Deputy Chief Nord responded that it is a case by case basis and a trespassing complaint could lead to a citation.

Ms. Wood calls anyone from audience to speak.

Swear in - Dave Hagenbuch - 1181 N. Palos Avenue

Lives directly behind the group home since 2002.
Mr. Hagenbuch states he was at the village meeting in 2013. I had concerns at the time, but the first 6 years were a non-issue. Patients would walk around the block and seemed to always be escorted, but were friendly and open. They were a normal course of the day within the neighborhood.
Last year seemed to be a big change and talked about a violent incident in the driveway of the home which unsettled him. A young man, approximately 16 year old was trying to leave the driveway and 2 staff members tried to convince him to return to the home and was tackled and taken into the house. On another occasion he talked about hearing loud screams coming from inside of the house on at least 3 occasions has heard screams coming from the home. He feels it is the nature of the problems of the individuals and makes them unpredictable. They have basically been good neighbors up until the past year. They also park a lot on the sidewalk, causing pedestrians to have to walk around the vehicles. I wonder whether they are equipped to take care of the type of patients there.

Mr. Cavanaugh asks if the calls escalating in the last year and a half a result of what is going on in the world ?
Mr. Hagenbuch can't confirm if it is related to world issues, but it also could be a different environment were created in the home and Covid does not seem to be the only factor. Notes number of police calls.

Swear in - Frank Annerino - 1195 N. Palos Avenue

Indicated that he was here for the opening of the group home. Home is kitty corner to group home and has been a resident since initial application. The applied for a Special Use for 5 residents that were specifically for adults with traumatic brain injuries. In 2019, there were a noted spike in police calls was pre-covid. In the previous 7 years, there were 17 calls and in 2020, there were 20. There were an average of 3 calls per year, but there were 10 calls in 2020, and 3 in the first month of 2021. The transition from traumatic brain injuries to an all-encompassing neurological impairment appears to cover everything. There are violent and suicidal residents and police calls for an individual with a knife. Talked about how group home is close to a playground and how tragic it would be if one of the residents could turn violent and possibly endangering the lives of children in the area. It would be negligent to let this continue. It was disingenuous to change the business plan, without the Villages approval caused a lack of trust. It is unsettling, as a neighbor, that this is happening. I think this is a business decision.

Swear in - Joseph Oleksak - 1176 N Deer Avenue
Directly next door

Understands the plight. Prior to buying the house he researched police reports and found the incidents were low and felt it would be a safe environment for his family. They review the police calls, prior to moving into the home. He was also aware of the screaming and the outbursts at the home. It kept happening and

happening. Talked about seeing the police at the home on numerous occasions. Frustrated and fears for his family. Stated he also owns a business and understands that in the community where his business operates and would not operate outside of the requirements. The home should not be able to operate outside of guidelines. Does not understand how they can change the parameters under which they were approved. The shift from brain injuries to now a broad spectrum of services outside of brain injuries. From 2016 through 2018, there were no issues. The transition began in 2019. This is concerning given the amount of investment in our home.

Boardmember Pirog inquired whether the resident whether the age differences of the residents.

Mr. Olekask spoke about Oppositional defiance disorder and concerns about younger and older residents with differing needs. Questioned whether there was the expertise to address the many types of residents served within the broadened spectrum of services and security to address the issues at the home.

Mr. Larson asked the resident about the observational range of ages at the home.

Mr. Olekask responded that there was a range.

Ms. Wood inquired as to the basis or observation of incidents or causes for concern.

Mr. Olekask indicated that his office faces their building. He has heard banging and seen window glass bending from someone hitting the glass. Observed a resident leaving the home, crying and an employee walking with her trying to convince her to return. He observed what seemed to be an employee who appeared to be hit in the face crying in the driveway.

Swear in - David Ratkovich - 1189 N. Palos Avenue

New to Palatine since November. States he is a licensed Private Investigator and police officer. Previous owner of his home indicated that the previous owner discussed damage to garage door of the home. Talks about incidents witnessed at home involving screaming within the house. Concerns over no security staff and what hands on training is provided.

Ms. Wood invited the petitioner back to podium to address concerns.
Mr. Williamson understands concerns and assures that they meet all legal and licensing requirements. Questioned Staff training at the home and the medicine storage at the home. Has there been a security assessment of the home and medicine storage. Has the company done everything possible to address the issues ? Is there a relationship with a medical system with behavioral health provider ? Are there involuntary holds at the home ? Notes that Palatine has

been a great partner and that they are rectifying age requirements and reiterates additional training in places and anticipates emergency call to come down.

Ms. Wood asks about current residents and what are their challenges. A five minute break was called.

Mr. Williamson describes the current resident issues. The home meets all of the legal and license requirements. Palatine has been a good partner. The age requirements have been rectified. The additional training was put into place and the calls for service will be reduced. Also, pre-COVID, the residents are at school from 8 AM to 4 PM for school and summer school. The residents are affected and have mental health issues. Some of the residents causing the calls are no longer in the home.

Ms. Wood asked about the profile of residents of those with brain injuries versus other categories.

Mr. Williamson summarized the background of the residents.

Mr. Kavanaugh inquired about the residents and police calls generated.

Ms. Botez indicated that one of the residents like the police officers to come to the home.

Mr. Larson asked about the age range of the residents and police calls over the years.

Ms. Botez indicated that 4-5 of the calls were from the same resident. A younger person was also response.

The calls were about residents both over and under 18.

Mr. Hagenbuch would like to see the Petitioner successful and they were for the first six years, but questioned whether they are equating the former patient profile with the current resident treatments.

STAFF RECOMMENDATION:

The Subject Property was approved for a Special Use to allow for a group home to serve five adult residents, who were impacted by a traumatic brain injury. The business plan transitioned to provide service to minors with varied neurological impairments. Upon the Village determining that a transition was made outside of the Special Use requirements, the Petitioner summarily responded and applied for a Special Use Amendment to allow the service transition for residents 18 years or older.

The Staff review of both the frequency and types of police calls for service

demonstrate a lack of compliance with the required Special Use standards and the prior Special Use approval, that the operation is designed and proposed to be operated that the public health, safety, and welfare are protected. These calls include property damage, battery, and impact to the surrounding properties. The volume of calls also significantly increased, beginning in 2020. These calls for service would seem to operate as a preview of the requested special use amendment.

The previous Special Use's operation and business plan did not create any significant police calls for service and appeared to operate without impact to the surrounding properties. The substance of the calls for service over the last year are impactful and contrary to compliance with the required Special Use standards.

The Special Use standards were read into the record.

Therefore, Staff does not believe that the proposed Petition complies with the necessary standards, including, but not limited to, being designed, located, and proposed to be operated that the public health, safety, and welfare will be protected and recommends denial of the requested Special Use Amendment. Therefore, if the Zoning Board of Appeals recommends approval, Staff recommends the following conditions:

1. The Special Use shall substantially business plan submitted by the Petitioner on 12/01/20, except as such plans may be changed to conform to Village Codes and Ordinances.

Discussion:

Mr. Kavanaugh asks what will it revert to if denied?
Mr. Vyverberg stated it would be permitted to operate as a 4 resident group home
Ms. Wood asks if they would be able to go to the Special Use of 5
Mr. Vyverberg stated the special use would remain in effect
Mr. Pirog asks if they can go back to 4 if the special use is denied.
Mr. Vyverberg states that they could.
Mr. Kavanaugh asks if age would be a factor.
Mr. Vyverberg states that it would be an over 18 group home.
Ms. Wood asks if petitioner or anyone else has any questions about staff's recommendations.
Christian Novay - Representative for Petitioner at 1158 Deer Ave - asks Mr. Vyverberg if he feels the most recent use of the preview of events to come is valid.
Mr. Vyverberg confirms that he was part of the meeting at Village Hall where Staff indicated that the Petitioner was operating outside of the approved special

use and the Petitioner indicated that they were not going to revert to the approved special use and applied for an amendment.
Mr. Novay asked if he was in agreement that at the meeting it was discussed that no one under 18 would be housed at the facility.
Mr. Vyverberg indicated that this was the basis of their petition.
Mr. Novay states that it can't be a preview of events to come if what is at issue has already been eliminated.
Mr. Vyverberg indicated that the petitioner received an earlier question to the petitioner about the age of a resident and their service need for a neurological impairment or traumatic brain injury were factors in the police calls for service and could not assess the impact.
Mr. Novay and agreed and asked whether Mr. Vyverberg agreed that the police calls were for those under 18.

Mr. Hagenbuch indicated that the calls in January through February 13th were for residents 19 years and older.
Mr. Pirog asked whether the residents may be discharged.

Mr. Williamson indicated that the particular resident was discharged and clarified that the 19 year old referenced was still residing there, but another 17 year old resident remained. The residents are given chance to remain and if unsuccessful they would be discharged.

The Public Hearing was closed.

DELIBERATIONS:

Mr. Larson states that prior to the change in special use and business plan for type of resident at the house. The age aside, prior to the use, there were not issues. Perhaps this use is not the best for the area and not operating in the interest of the health safety and welfare for the area. Also spoke to the impact to the property values based upon the amount of police calls. Discussed the issues with property values.
The resident and neighborhood has been affected negatively and noted the safety and welfare of the public. Discussed the issues with property values.
Mr. Dittrich agrees with Mr. Larson and can go back to the original special use for 5 adults, with traumatic brain injuries.
Ms. Wood also agrees. The home for Neurological Impairment of Brain Injury is a compassionate thing. It's admirable and touching that Mr. Williamson wants a home to help these people. The purpose this home serves is incredible, but unfortunately it may not be in the right neighborhood and states it may be too dense and with families.
Feels the standards for SU have not been met. Notes that there have been problems with trust and neighborhood safety. Residence could be at risk. Realizes patients need to get best care possible, but need to consider the safety of the residents, but this is not working. Also notes that there has been injury to

the value of the surrounding properties and neighborhood safety. States that she can't support.
Mr. Pirog states that standards have not been met and can't support. Suggest that they revert back to the original request and prove that they can manage the current request for a year or two and then request a new SU.

There were no further questions. The public hearing was closed.

Mr. Dittrich made a motion to deny subject staff's conditions; seconded by Mr. Larson

RESULT:	**RECOMMEND TO DENY [UNANIMOUS]**
AYES:	Larson, Wood, Luszczak, McGinn, Cavanaugh, Dittrich, Pirog

IV. COMMUNICATIONS

V. ADJOURNMENT