



DATE: February 27, 2020
TO: Housing Committee
FROM: Ben Shaiken, Manager of Advocacy & Public Policy, The Alliance
RE: **S.B. 185 “An Act Excluding Certain Facilities from the Definition of Community Residences for Zoning Purposes”**

Good evening Senator Anwar, Representative McGee, Senator Hwang, Representative Zullo and members of the Housing Committee.

My name is Ben Shaiken, Manager of Advocacy & Public Policy at the CT Community Nonprofit Alliance (The Alliance). The Alliance is the statewide association of community nonprofits. Community nonprofits provide essential services in every city and town in Connecticut, serving half a million people in need and employing 117,000 people across the State. They are an important part of what makes Connecticut a great place to live and work and an important piece of our economy.

The Alliance opposes S.B. 185 “An Act Excluding Certain Facilities from the Definition of Community Residences for Zoning Purpose,” which would exclude private, for-profit healthcare facilities required to obtain a Certificate of Need (CON) from the Office of Health Strategy from the requirements in Section 8-3e of the Connecticut General Statutes that local zoning boards shall not treat community residences any differently than single family homes.

Community nonprofits provide residential services to people across Connecticut. That treatment includes behavioral health services — mental health and substance abuse treatment — that takes place in short-term residential settings, as well as supported living settings more commonly known as “group homes.” While behavioral health facilities in Connecticut are required to obtain a CON, nonprofits that contract with the State to deliver behavioral health services are exempt from the requirement.

While we appreciate that S.B. 185 specifically addresses only for-profit facilities, we are concerned that further restricting any of the protections that state law provides residential treatment facilities and group homes would endanger the future of those protections as a whole. Section 8-3e does not allow local zoning boards to treat residential treatment centers and group homes differently from single family homes because people with all kinds of disabilities have the same rights to housing as anyone else, regardless of which type of organization or entity is providing them services and supports.

We appreciate the intention of the proponents to protect the facilities operated by nonprofits, as Sections 8-3e and 8-3f both include restrictions on the number of community residences that may be located within a town and be treated the same as a single family residence by the local zoning board. We believe those siting restrictions and quotas may be in violation of the 21st amendment to the Connecticut State Constitution and the Federal Fair Housing Act. The legislature could address the concerns that a for-profit facility treating people with substance use disorders would cause nonprofit facilities to be unable to open due to those quotas by repealing them, bringing state statute into compliance with state and federal law.

Furthermore, given the testimony received on S.B. 185, we appreciate the bill was proposed in response to a local issue, which is complicated and about which we do not know all the details. However, we respectfully offer to the Committee and the bill's proponents that if the proposed facility truly does not meet the needs of the community or the State as a whole, then it should properly be denied its application for a Certificate of Need by the Office of Health Strategy. The CON process is meant to act a check to for-profit companies opening medical facilities in Connecticut solely because of the possibility to make a profit, instead requiring healthcare providers to prove they are meeting a genuine need in the community. Nonprofit human services providers that contract with the state are exempt because their programs exist at the pleasure of state agencies. The CON process gives them protection against companies that would market their services to clients who have commercial insurance or can pay in cash, leaving nonprofits to only serve Medicaid beneficiaries at rates too low to pay their costs. Placing restrictions on local zoning after the award of a CON is, however, not the answer.

Finally, we are concerned that S.B. 185 would restrict housing options for people with disabilities statewide because of an issue in one neighborhood in one municipality. People seeking treatment for addiction already fight significant stigma as they journey through recovery and the legislature should not place further restrictions on their ability to receive residential treatment services, regardless of the provider they choose.

Thank you for your time and consideration of these important issues. We urge the Committee to take no action on S.B. 185.

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