Meeting Summary

1. WELCOME & INTRODUCTIONS
Meagan Picard opened the meeting, welcomed committee members, and shared the agenda:
   1. Welcome and introductions
   2. Review/agree: ideal future and scope
   3. Share: case examples
   4. Continue: problem identification
   5. Next steps and close

Committee members briefly introduced themselves and checked into the meeting.

2. REVIEW/AGREE: IDEAL FUTURE AND SCOPE
The group reviewed key elements of the ideal future statement created from the last meeting:
   - **Allow full range of programs – meet recovery needs.** AGREED AS WRITTEN
   - **Site equitably across neighborhoods.** Discussion ensued about what this means, and it was suggested by an industry representative that neighborhood needs should be included/considered. AGREED TO REVISION: Site equitably across neighborhoods, meeting community’s needs as well.
   - **Include clear definitions and regulations (including density and spacing with other supportive group housing).** Parking was added to the list of examples to be clarified.
Discussion about whether or not the word “supportive” should be included. One person said all group living is supportive in some way, and another noted that group living in general, no matter the type, has an impact on neighborhoods. AGREED TO REVISION: Include clear definitions and regulations (including parking, density and spacing with other group housing).

Guiding values/principles from the draft ideal future statement were also reviewed and agreed upon:

- Be good neighbors, reciprocally – neighborhoods are made better places to live together
- Industry integrity maintained
- Added: not here to tell people how to run their households
- Added: comply with fair housing laws

3. SHARE: CASE EXAMPLES

Lex shared a story about a sober home gone wrong, which ended up with 28 people living in a 3500 square foot home that was leased with approval for only 5 residents. The story exposed a misunderstanding about the differences between treatment, rehab and sober living arrangements. It also showed how unscrupulous businesses can abuse the fair housing protections for people in recovery. It was pointed out that protections are intended for people in recovery not for unscrupulous business owners. Discussion ensued about whether or not the zoning code can help to curb these abuses. This could be a small residential care use, but most sober homes don’t seek permitting because they believe they exist outside the home as they live as “families in sobriety”. Some expressed concern over why people in recovery would be able to claim a disability if not in actual treatment. If in treatment, wouldn’t they be subject to zoning code for small residential use types? Questions were also raised about the differences in zoning permits versus other licenses, and the group discussed how the code could require licensing compliance, and work can be done elsewhere to improve licensing requirements.

Paul shared a story about the process his organization went through in a neighborhood that went very well. They followed the rules as they understood them, received helpful guidance from planning staff and engaged in highly transparent, above-and-beyond conversations with the neighborhood association and residents. This process took several months (took a little longer due to Denver planning staff change), but they felt positive about it. David shared that they had a similar experience the last time they sought to permit/site a new large residential facility. Discussion ensued about the level of confidence they had about engaging with the neighborhood and about how it takes to go through this process. They said they didn’t really know what they were doing but wanted to do everything they could to ease concerns and have good relationships with their neighbors. One organization that has small residential facilities said a four-month process would cost them $28,000. A neighborhood representative suggested that maybe small residential uses shouldn’t be required to go through the neighborhood notification process, especially since the neighborhood doesn’t actually have a say. Another neighborhood representative said an organization had a bad experience in their neighborhood and withdrew that effort after receiving threats from someone in the neighborhood.

4. CONTINUE: PROBLEM IDENTIFICATION
Continuing with problems highlighted in the case examples, the group discussed problems that could be addressed in this update of the group living zoning code.

- Spacing and density are generally problems to be addressed (Too many people in a neighborhood creates negative impacts.)
- No review on zoning. Once in, you’re in. However, licenses are reviewed. Consider linking to zoning permit.
- Occupancy standards – not a problem that can be addressed in zoning. Link zoning to health and safety code? Occupancy impacts parking, trash, etc. Need language that works for neighborhoods as well as for-profit and non-profit operators.
- Autonomy is created regarding disability status of people in recovery in sober housing but not in treatment. Small residential care permit is not required. Can standards be addressed? Drug testing required?
- Do distinctions around family/non-family relations (household definition) matter? Originally created to support extended nuclear families. Some language in existing code may be out of date regarding current community values.
- No room for more large, residential treatment facilities. Have to buy facility that is already zoned. These facilities need to be near public transportation, job opportunities, human services, etc.
- Impractical to get permission (zoning permit). Zoning by right? Better to manage up front.
- Long process to get permit costs money. Consider no permits for small use? Encourage (not require) public meetings? What needs to be standard? Should there be neighborhood agreements? There is an illusion that neighborhoods have a say in siting these facilities.
- Where to go for neighborhood complaints?
- Reconsider 6,000 square foot lot size requirement?

Meagan asked for city staff to weigh in on the problems we have heard so far and make any needed clarifications. Andrew added to the list from previous conversations:

- Use of sober homes not regulated. Staff is exploring whether or not the city can regulate them.
- Definition of treatment versus care.
- Large facility regulation (and size definition)
- Concentration of facilities: safety, congestion

Andrew also noted that the city is working to limit conflicts in city codes, so they won’t take on occupancy standards. A suggestion was made to consider referencing other parts of the code.

5. NEXT STEPS & CLOSE
The group agreed that they will meet again on a day other than a Monday in about three weeks. Andrew will send a Doodle poll to find the best date and time. At that meeting, we will get to agreement on the list of problems to be addressed and draft the group’s problem statement. Denver staff will prepare a draft, based on what they have heard so far, for the group to use as a starting place.