

Group Living Advisory Committee

Transitional-Special Care Subgroup Meeting 1, Phase 3

Date and Time: Tuesday, January 22, 2019, 4:00 – 7:00 PM

Location: Webb Municipal Building, Room 4.1.4

Attendees

ADVISORY COMMITTEE MEMBERS

Michael Henry
Paul Scudo
Polly Kyle
Chris Coddington
Don Elliott
Lex Papesh
Brice Hancock

DENVER STAFF MEMBERS

Andrew Webb
Kyle Dalton
Edson Ibanez
Will Lindsey
Stephen Elkins

FACILITATOR

Meagan Picard

Meeting Summary

1. WELCOME AND CHECK-IN

Meagan Picard opened the meeting, welcomed and invited everyone to check in and share any new learning since the group last met in June. Participants primarily shared learning about state legislation on residential recovery homes and efforts to define and credential residential recovery/sober living.

2. SCHEDULE, AGENDA, OBJECTIVES AND HOUSEKEEPING

After a brief review of the committee member goals and agreements and the meeting agenda and objectives, Meagan talked about how this phase will require decisions and that those decisions need to come only from official committee members. Guest participation is valued and helpful for informing discussions. Guests are asked to abstain from decision-making. All agreed.

3. RESIDENTIAL CARE DEFINITIONS

Andrew gave a brief overview of residential care definitions and, Meagan facilitated a Q&A session. Comments/discussion included:

- People-first language: Committee members said that city staff should use people-first language when making future text amendments to the DZC, and staff agreed.
- Institutionalization language: The group discussed how there are no specific spacing requirements for small residential care uses, but “institutionalization” language is in place to mitigate effects of concentration. For instance, mixed use nature of the zone was a significant consideration in Marion Street determination to allow residential care use. (FOLLOW-UP ITEM: Distribute Marion Street res care determination by Steve Elkins to the group for educational purposes.)
- Permanent Supportive Housing (PSH): More discussion ensued about how PSH is not covered in the DZC and why. PSH is often subsidized housing with services available but optional on-site. PSH must be in a zone district that allows the services as permitted uses since they don’t take place in the individual units. These are permanent, private residences.
- Transitional clarifications: Definition of Transitional Living requires one unit per individual. FHA can allow more than one resident per unit, but providers must go to Denver Board of Adjustment (BOA) for a variance that will allow more than one resident per unit.
- Special Care Home/custodial care clarifications: Are they exclusive to people who would be protected by the Federal Fair Housing Act (FFHA)? This was not fully clarified. Rather, the group discussed custodial (12+ hours on premises) care for individuals who aren’t transitioning into a PSH living situation. Custodial/Special care is not defined in the DZC, has been open to staff interpretation for what that type of care means. Different care types have a lot of cross-over that creates problems with interpretation.

4. HOUSEHOLD VERSUS SELECTED RESIDENTIAL CARE USES – DIFFERENCES IN CHARACTERISTICS AND IMPACTS

Before beginning an exercise to clarify the differences in characteristics and impacts of residential care and household uses, the group discussed whether or not Sober Living should be considered specifically when looking at differences among residential care uses. Ultimately, the group determined sober living should be specifically considered primarily because the majority of permits are for Sober Living (Development Services staff estimated 70-80%), and there are not clear regulations for this use. Understanding sober living characteristics and impacts specifically can help to determine what, if any, regulations should be included in DZC update.

During this conversation, the group also discussed whether or not the city should have a definition of recovery/sober living and how it would be treated in relation to a state definition. Local/City definition will often win out against the state definition, but our Decision-Making Criteria guides us to seek language consistent with other regulations. Additionally, the group’s goals include having clarity of the code and how it is administered.

It was also noted that it is important to determine how to address other housing scenarios protected by Fair Housing Act and to remember that the majority of the people entering into these residential care uses are vulnerable populations.

The group also discussed the implications of the full committee’s recommendations that the city treat related and unrelated household members the same (unlimited for both). If the city follows

this recommendation, the household definition would no longer be available to limit unregulated residential care situations like Sober Living.

Characteristics of Transitional/Special Care/Sober Living Homes initially identified as distinct from general households:

- Potentially shorter duration of stay
- Potentially more cars/parking needs
- Potentially focuses on specific demographic groups
- Protected by ADA/FHA in many cases
- Operate under strict set of rules/norms/regulations (more structured living arrangements)
- Staff onsite sometimes (more time for supervision/custodial situations)
- No drug/alcohol use
- Seems to be move toward being in house-type structure versus multi-unit structures

In preparation to look at impacts of these characteristics, the group discussed any assumptions they may have been making when creating the list and reviewed city complaint and violation data (see meeting handout). The group grappled with the fact that the data did not confirm some assumptions, including that there are more cars/parking challenges. The group supported removing parking from the impacts list but recognized that perception will be a challenge. They also acknowledged that the most frequent violations were related to property management issues (trash, etc.), not zoning issues.

The conversation shifted to address this question: How do you get the general population to realize that a different population (i.e. sober living) might generate fewer impacts (such as parking) than the current households in an area? It was noted that many assumptions are based on fear, and these fears must be addressed in some way. *How can we get data that shows people who are in transitional/sober living situations are no threat to neighborhoods?* It was suggested that a process needs to be in place where the City is able to mediate presence and permitting of transitional/special care uses from start to finish. Upfront education of the public and providers was also suggested.

The group determined that they will likely submit a set of recommended solutions that may include a mix of zoning and non-zoning solutions.

5. NEXT STEPS AND CLOSE

Next, staff will synthesize feedback on differences between HH and Transitional/Special Care uses and come back to the group with some draft ideas/definitions. The group shared several things that they would like to see staff address/grapple with as they develop alternative solutions/recommendations:

- Populations served by these uses are vulnerable and growing.
- Those people who are in early recovery are the most vulnerable and need the most help and protection.
- Zoning should be easy enough that it does not deter people.
- What should the process look like from start to finish? What is the City's role throughout the entire process?

- Most neighborhood representatives would advocate that there needs to be a more obvious and balanced process for residents and the applicants.
- Consider the existing distinctions between residential households and transitional/special care homes. Why is there a vetting process for these uses and not for typical residential uses?

The meeting closed at 7:01 PM.

DRAFT