11-0262

Community Care Facilities Ordinance

Sharon Commins <smcommins@msn.com> Fri, Dec 7, 2012 at 8:03 PM
To: john.white@lacity.org

December 7, 2012

VIA EMAIL

TO: THE PUBLIC SAFETY COMMITTEE OF THE LOS ANGELES CITY COUNCIL
Councilmember Mitchell Englander, Chair
Councilmember Jan Perry, Vice Chair
Councilmember Joe Buscaino, Councilmember Paul Krekorian, Councilmember Dennis Zine
Legislative Assistant J. White: john.white@lacity.org

RE: COMMUNITY CARE FACILITIES ORDINANCE

Dear Councilmembers:

The Mar Vista Community Council has taken the following two official positions with regard to community care facilities and low density neighborhoods:

MVCC APPROVED POSITION SPECIFICALLY ON CCFO: At the regular meeting of the Mar Vista Community Council Board of Directors held October 12, 2010, the following policy motion was approved:
Whereas the operation of illegal group homes is a priority issue not only for the Community of Mar Vista but for many other residential areas throughout the city of Los Angeles and stakeholders have approached the Mar Vista Community Council for help in obtaining stricter regulations Therefore the Mar Vista Community Council requests additional language be inserted into proposed ordinance CPC-2009-800-CA; ENV-2009-801-ND 'COMMUNITY CARE FACILITIES' to:
1. Clearly establish an over-concentration distance metric requiring all community care facilities be located 300 feet or more from each other and 1,000 feet or more from schools and other sensitive uses; and
2. Specifically stating that there will be no public benefit test for any unlicensed home which serves seven (7) or more residents and/or specifically prohibiting unlicensed facilities serving six (6) or fewer residents in the R1 zone and
3. No "grand-fathering" in for existing community care facilities that are currently in existence but operating unlicensed or illegally licensed, and
4. Public hearings shall be required before City may make a determination relative to the "Public Benefits" test, and
5. Correctional or Penal Institutions, including group homes, shall be entirely prohibited from locating in residential zones – meaning that there is no chance for these operators to use the CUP process

MVCC APPROVED GENERAL POSITION ON HOUSING TRANSPARENCY: At the regular meeting of the Mar Vista Community Council Board of Directors held September 11, 2012, the following policy motion was approved:

Whereas Los Angeles County, the City of Los Angeles and various other public and private entities will "focus funds on chronically homeless and public officials and private donors will spend $105 million on more than a thousand chronic street dwellers" [Los Angeles Times article By Alexandra Zavis, posted 6:59 PM PDT, August 15, 2012] and

Whereas the siting of such housing with appropriate support to transition the chronic homeless to a stable living environment is of paramount importance to Neighborhoods throughout the City of Los Angeles and

Whereas the purchase of low density property is the biggest lifetime investment most families will ever make in the City of Los Angeles and

Whereas the City of Los Angeles Department of Building And Safety has opined there is no limit to the occupancy of a single family dwelling and

Whereas Neighborhoods have a right to know what decision making process will be employed to site such homes in low density Neighborhoods; how such homes and the resources needed to sustain them will be funded long term; whether the number of such homes per block will be limited; what the occupancy level of such homes will be; and which agency/agencies/not for profits will be directly accountable to the community wherein such homes are located once established

Therefore the Mar Vista Community Council calls for the complete transparency of this process, including full disclosure and accountability to the public and to Neighborhood and Community Councils concerning:

1.How and where chronic homeless with mental health issues would be placed and spaced and supervised in low density Neighborhoods
2.How and where parolee/probation homes would be placed and spaced and supervised in low density Neighborhoods
3.How and where so called 'wet houses' [homes where chronic drug and alcohol abusers can use off the street] would be placed and spaced and supervised in low density Neighborhoods

The official MVCC letters are attached to this email
Thank you for your thoughtful consideration of these matters.

Sincerely,
Sharon Commins, Chair
Mar Vista Community Council
smcommins@marvista.org
310-650-5119 mobile

2 attachments

MVCC concerns regarding Community Care Facilities (1).pdf
114K

MVCC-120911-POLICY MOTION HOUSING TRANSPARENCY.pdf
435K

John White <john.white@lacity.org>

Please Read Before Monday's CCFO Vote

1 message

Christopher Walling <chrisgwalling@gmail.com> Sat, Dec 8, 2012 at 8:57 PM
To: Councilmember.Wesson@lacity.org
Cc: John.White@lacity.org

Herb & John:

I am writing to encourage you to recognize the consequences of the Community Care Facilities Ordinance Monday. I know that there is a lot of fear mongering that pressures this thing into an exacerbated state of paranoia. I further recognize the desire to stop slum lords from continuing to create risks in our communities and neighborhoods, but this ordinance is not the way to do it.

There are already existing laws in place to combat those few who make it hard for quality caring organizations to help those in need. Organizations like ours. The CCFO will only manage to shut down our organization, and many of our sister non-profits who help combat homelessness in Los Angeles county.

These veterans, these disabled and elderly people need us to invite them into our community centers, churches, and synagogues, not to try to cast them back out on the street. They need us to show them that we believe they can heal, and that we care about their livelihood and well being. And that we are not afraid of their disease.

We have an obligation as human beings to not shut down the only shelters that an estimated 50,000 Angelenos people depend upon. I trust you will meet some of these 50,000 on Monday at the vote.

This ordinance is not the way to address the concerns of a few bad sober living homes, and hence why organizations like the United Way, and yours truly are urging you to VOTE NO on the CCFO Monday.

Please don't let fear cause your hearts to grow cold, I encourage you to find the place that I know is in each of you that recognizes this ordinance is simply inhumane.

I and so many others are praying that your own sense of humanity will prevail, and that you will vote NO on the CCFO come Monday.

Yours,

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Manuscript Information

Journal name: Addiction research & theory
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Principal Investigator: Douglas L. Polcin (dpolcin@arg.org)
Submitter: Vicky Fagan (vfagan@arg.org)

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Name	Support ID#	Title
Douglas L. Polcin	R21 DA025208-02	Community Impact on Adoption of Sober Living Houses

Manuscript Files

Type	Fig/Table #	Filename	Size	Uploaded
manuscript		Community Context of Sober Living Houses.docx	70214	2012-02-08 18:27:50
figure	Table 1	Community Context Paper Table 1.docx	16147	2012-02-08 18:27:50
table	Table 2	Community Context Paper Table 2.docx	21274	2012-02-08 18:27:50

Community Context of Sober Living Houses

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Key Words: Sober Living Houses, Residential Treatment, Environmental Influences, Neighborhood, NIMBY

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In Press: ***Addiction Research & Theory***

ABSTRACT

The success or failure of programs designed to address alcohol and drug problems can be profoundly influenced by the communities where they are located. Support from the community is vital for long term stability and conflict with the community can harm a program's reputation or even result in closure. This study examined the community context of sober living houses (SLHs) in one Northern California community by interviewing key stakeholder groups. SLHs are alcohol and drug free living environments for individuals attempting to abstain from substance use. Previous research on residents of SLHs showed they make long-term improvements on measures of substance use, psychiatric symptoms, arrests, and employment. Interviews were completed with house managers, neighbors, and key informants from local government and community organizations. Overall, stakeholders felt SLHs were necessary and had a positive impact on the community. It was emphasized that SLHs needed to practice a "good neighbor" policy that prohibited substance use and encouraged community service. Size and density of SLHs appeared to influence neighbor perceptions. For small (six residents or less), sparsely populated houses, a strategy of blending in with the neighborhood seemed to work. However, it was clear that larger, densely populated houses need to actively manage relationships with community stakeholders. Strategies for improving relationships with immediate neighbors, decreasing stigma, and broadening the leadership structure are discussed. Implications for a broad array of community based programs are discussed.

The premise of this paper is that it is insufficient to study the effectiveness of community based services without examining characteristics of the community context in which those services are delivered. How services are perceived by key stakeholder groups will affect whether they are implemented, the level of support they receive, and the types of barriers they encounter (Guydish, et al., 2007; Jason, et al., 2005; Polcin, 2006). As an example, we describe a study of the community context of Sober Living Houses (SLHs), which are alcohol- and drug-free living environments for individuals attempting to achieve sustained abstinence. The study compliments previous research showing that SLH residents make improvements in a variety of areas, including reductions in substance use, arrests, psychiatric severity and unemployment (Polcin et al., 2010). The community context of SLHs is assessed by conducting qualitative interviews with stakeholders, including managers of the houses, neighbors, and local key informants in one Northern California County. A typology of factors supporting and hindering operations and expansion of SLHs in the community is provided.

Alcohol- and drug-free housing

Few problems in the treatment of addictive disorders have been more challenging than helping clients find long-term, alcohol- and drug-free living environments that support sustained recovery. The progress that clients make in residential treatment programs is often jeopardized by the lack of appropriate housing options when they leave (Braucht, et al., 1995). For clients attending aftercare or outpatient treatment, progress is often jeopardized by their return to destructive living environments at the end of the treatment day (Hitchcock, et al., 1995). These are often the same environments that originally contributed to their addiction. Finding affordable housing has also become more difficult because of tight housing markets in urban areas and the rise in unemployment.

One approach to the need for alcohol- and drug-free living environments has been to refer individuals to residential treatment programs. However, as funding for residential services has decreased over the years it has become an option for very few. Even when clients are admitted

to residential services, the length of treatment is typically short, often only a few weeks. Although some programs have developed "half-way" or "step-down" living facilities, these too have maximum lengths of time after which residents must leave regardless of their readiness. Cost is an additional issue for halfway houses because frequently public and private funders are unwilling to pay for services that are not medically oriented. In addition, halfway houses tend to be available only to individuals who have completed rigorous inpatient treatment, which diminishes the potential pool of individuals who might make use of them.

Sober living houses

Polcin et al (2010) suggested sober living houses (SLHs) were an underutilized housing option for a variety of individuals with addictive disorders, including those completing residential treatment, attending outpatient treatment, being released from criminal justice incarceration, and seeking non-treatment alternatives to recovery. SLHs offer an alternative alcohol- and drug-abstinent living environment for individuals attempting to establish or maintain sobriety (Wittman, 1993, 2009). Residents are free to come and go during the day and are not locked into a group schedule, as is typical in most treatment programs. This allows residents to pursue activities vital to recovery such as finding work or attending school. Residents in most SLHs are afforded social support through shared meals, socialization with recovering peers, house meetings, and access to a house manager. To help residents maintain abstinence, SLH's use a peer oriented, mutual-help model of recovery that emphasizes social model recovery principles (Polcin & Borkman, 2008). As such, they emphasize learning about addiction through personal recovery experience and drawing on one's own recovery as a way to help others.

Although management of SLHs varies, some include a residents' council as a way to empower residents in operation of the facility. While SLHs offer no formal counseling or case management, they do either mandate or strongly encourage attendance at self-help groups such as Alcoholics Anonymous or Narcotics Anonymous. Costs of living at the facility are primarily

covered by resident fees. Although some residents are able to draw upon entitlement programs or financial help from their families, most must find work to meet house rent and fees. Because SLHs are typically not part of formal treatment systems, they are available to a broad range of individuals provided they follow basic house rules, such as maintaining abstinence from substances, paying rent and fees, attending house meetings and participating in upkeep of the facility.

SLHs are similar to Oxford Houses for recovery, which are widely known in the U.S. and developing in other countries as well (Jason, et al., 2005). Similarities between the two housing models include prohibition of alcohol and drug use, social support for sobriety, encouragement or a requirement to attend 12-step meetings and work a program of recovery, and no limit on how long residents can live in the house. The main difference is that Oxford houses have more regulations for structure, size, density and management of the houses. Similar to our outcome studies of SLHs, which are described below, research on Oxford houses has documented significant improvement of resident functioning over time. For a more complete description of similarities and differences between the two housing models see Polcin and Borkman (2010).

Jason and colleagues (2005) studied neighbor perceptions of Oxford Houses and found very favorable views. However, they did not study other key stakeholders in the community, such as local government officials and criminal justice staff. They also did not aim to understand the impact of regulatory policies on the houses or what various stakeholders felt would improve relationships. Finally, the study was limited to Oxford houses and might not generalize to other types of recovery houses, including SLHs.

Purpose

The purpose of this study was to provide data that depicted the community context where SLHs operate. We wished to understand views about SLHs among key stakeholder groups and ways they support and hinder SLHs. To achieve our aim, we conducted qualitative interviews with key stakeholders in the same geographic area where we conducted a quantitative program

evaluation of SLHs, Sacramento County (i.e., Polcin, et al., 2010). We wanted to assess areas where stakeholder groups were in agreement about SLHs as well areas where they disagreed. The ultimate goal was to create a typology of factors supporting and hindering SLHs within as well as across stakeholder groups.

METHODS

Sample

To assess the community context of SLHs we conducted 43 in-depth qualitative interviews with 1) neighbors of SLHs (N=20); 2) SLH managers (N=17), which included the owner of the houses and the coordinator, and 3) key informants (N=6). Key informants included representatives from the criminal justice system, local government, housing services, and drug and alcohol treatment. The overall sample consisted of 18 women (43%), 3 from the SLH manager group, 4 key informants and 11 neighbors. Eighty six percent of the sample was white and ages ranged from 19 to 70. See Table 1 for a list of characteristics by stakeholder group.

TABLE 1 GOES HERE

Data collection site

Clean and Sober Transitional Living (CSTL) in Fair Oaks, California was one of our data collection sites for our earlier quantitative study (Polcin et al., 2010). Because the current study was designed to complement our previous work, we interviewed house managers at CSTL and neighbors who resided near one of the 16 CSTL houses. Key informants were recruited from Sacramento County, the county in California where CSTL is located.

CSTL is slightly more structured than some SLHs because the houses are divided into six phase I and ten phase II houses. Phase I houses are adjacent to each other and operate as one unit, which includes shared dining and meeting spaces. The close proximity provides residents a sense of community that facilitates their commitment to the program. Although much less restrictive than residential treatment programs, there is some degree of external control and structure. Phase I residents have a curfew, must sign in and out when they leave and must have

five 12-step meetings per week signed by the meeting chairperson. A minimum of 30 days in a phase I house is required before transitioning to phase II. The stability developed in phase I helps residents to be more successful in phase II, which includes increased freedom and autonomy. Phase II houses are conventional single-family homes and are dispersed in residential neighborhoods rather than part of a single complex.

Although CSTL houses are owned by one individual, there are a number of ways that residents are involved in management and operations. There is a "resident congress" that develops rules for the community, a "judicial committee" committee comprised of residents who enforce rules, and senior peers who monitor the behaviors of residents and bring rule violations to the attention of the judicial committee. In addition, each house also has one designated house manager and residents have an opportunity for input into the operation of CSTL through this person.

CSLT tests for drugs and alcohol at random and may conduct a test at any time if substance use is suspected. A positive test is grounds for dismissal from the house. However, a resident with a positive urine screen may appeal to the judicial committee for reinstatement. Other dischargeable offenses include drug use on the property, acts of violence, and sexual misconduct with other residents. For a more complete description of CSTL see the Polcin and Henderson (2008).

Our quantitative research on 250 CSTL residents who were tracked over an 18-month period showed significant improvement in multiple areas of functioning, including alcohol and drug use, employment, arrests, and psychiatric symptoms (Polcin et al., 2010). Importantly, residents were able to maintain improvements even after they left the SLHs. By 18 months nearly all had left, yet improvements were for the most part maintained. Although individuals with a wide variety of demographic characteristics showed improvement, those who benefited the most were those who were most involved in 12-step groups such as Alcoholics Anonymous and those who had social networks with few or no heavy substance users.

Procedures

All participants taking part in qualitative interviews were contacted by a research interviewer and asked if they were willing to participate. They were informed about the overall purpose of the study and if they agreed to participle they signed an informed consent document. Interviews lasted about one hour and participants were offered $20 for their time. All study procedures were approved by the Public Health Institute Institutional Review Board in Oakland, California.

Content of the interviews

The overall goal of the qualitative interviews for all three stakeholder groups (i.e., house managers, neighbors and key informants) was to identify areas of strength and weakness for SLHs as well as barriers to expansion. Therefore, there was considerable overlap in the questions asked of the three groups. Examples of questions asked of all three groups included:

What are the strengths of SLHs? What are the weaknesses? What type of impact have SLHs had on the surrounding neighborhood/community? What are the key barriers to operating and expanding SLHs? How might SLHs be improved?

Because the three groups had different relationships with SLH facilities, there were also some differences in content of interviews. For example, house managers were asked:

What types of individual do well in SLHs? What types of individuals need a different environment? How often are residents asked to leave because they cannot pay rent and fees? How do you think management of the houses affects residents' experiences and outcomes? Are there specific local government policies that impact SLHs, such as housing, zoning or health policies? Describe some of the resistance, if any, that was encountered when this house first opened. How were the resistances over come? What actions were not effective? Describe how complaints or concerns from neighbors are handled.

There were also questions that were specific to neighbors. Interviews with neighbors began by asking them whether they knew about SLHs in the neighborhood and when they first became aware of them. If they had no knowledge about SLHs the interviews was terminated. If they were aware of SLHs in the neighborhood they were asked:

How would you describe them as neighbors? Have you or other neighbors had complaints? Describe any interactions that you have had with SLHs in your neighborhood. Describe any specific ways that you think SLHs impact alcohol and drug problems in your community. What do you think of SLHs compared with other

approaches to addiction, such as formal treatment programs or criminal justice consequences?

In addition to general questions asked of all the participants, key informant interviews contained questions designed to elicit information about policies and local laws that might impact SLHs. We queried these officials about their own views about SLHs, the roles SLHs might play in the larger addiction recovery system, and ways they think public policy could be modified to provide more support to SLHs. Examples of questions included:

What role does housing play for individuals attempting to establish sustained recovery? What is your sense of how well housing needs for individual with alcohol or drug problems are being addressed in your community? How would you describe your department's relationship with SLHs? Describe how SLHs support and hinder the mission of your department. How do local politics affect SLHs in your area?

Analytic plan

A triangulation design (Creswell & Plano-Clark, 2007) was created by drawing on data from the three different stakeholder groups (SLH managers, key informants and neighbors). A preliminary coding list was developed prior to the analysis of the interviews. These codes were based on key research interests, such as factors supporting and hindering SLHs. To analyze the qualitative interviews, we transcribed all sessions and entered text into a qualitative data management program, NVivo, for coding and analysis (Bazeley & Richards 2000; Richards 2002). Team members then coded transcripts independently and met to check coding accuracy and improve coding validity (Carey, Morgan, & Oxtoby, 1996).

RESULTS

The final coding scheme reflecting themes across all three stakeholder groups included codes depicting drug and alcohol problems in the local community, strengths and weaknesses of SLHs, barriers to operation and expansion, perceived impact of SLHs on the surrounding community, views about SLHs in comparison to other approaches to alcohol and drug problems (e.g., more intensive treatment and incarceration), and suggestions for improving SLHs. Some additional codes were applicable to some stakeholder groups but not others. For example, codes for

neighbors included knowledge about SLHs and interactions with SLHs near them. SLH manager interviews yielded codes depicting views about characteristics of good candidates for SLHs, the extent to which cost functioned as a barrier, the perceived impact of zoning laws and other local policies, SLH relationships with various professionals and local government, and past conflicts with neighbors and how those conflicts were resolved. Codes that were relevant to key informants included ways SLHs support goals of their departments and perceived impact of policies on SLHs.

Knowledge about SLHs

SLH managers provided extensive comments explaining how SLHs work to promote recovery. Typical was this description from a phase I manager.

> *...I believe that it [SLHs] definitely plays a substantial role in that it – I would say the biggest role it plays is it offers relief from isolation and that it can make people aware...That one doesn't have to worry about bills or that everything is inclusive is a very significant role as well.*

However, managers were only vaguely aware of problems and challenges the houses faced in relation to the larger community. They noted these issues were handled by the owner of CSTL. Managers offered little information in response to questions addressing the larger context of SLHs, such as the types of relationships CSTL has with local and state government, the effects of regulatory mechanisms (e.g., zoning laws), and how issues such as NIMBY (not in my back yard) were addressed at the community level.

Key informants varied in their perceptions about how much they knew about SLH. Those who felt most familiar with SLHs in general and CSTL specifically were those who worked most closely addressing alcohol and drug problems. Surprisingly, the representative from housing services had very little information about SLHs. When asked how familiar she/he was with SLHs the reply was, "not very." Although other key informants felt they had some general knowledge about SLHs, it was nonetheless limited. For example, one key informant stated, "I don't know that we spend a lot of time hanging out at programs to see what's going on."

Many of the neighbors also had a limited understanding of SLHs. In some cases they had no idea a SLH existed in the neighborhood; it seemed to them like any other house. For those who were aware that there was a SLH in their neighborhood there was often a fairly vague notion of the population served and how the program operated. Without information, some neighbors expressed fears that the residents were mostly parolees or that they included sex offenders. They did not seem to be aware that a minority (about 25%) of CSTL residents was referred from the criminal justice system (i.e., jail or prison) and CSTL does not accept individuals convicted of sex offenses.

Who succeeds and who fails

Many of the respondents, and especially house managers, had very strong ideas about who would be a successful candidate within the sober living environment. Paradoxically, many house manager respondents said that a person had to 'hit bottom' to benefit, yet they also noted potentially successful candidates needed to have enough strength to check themselves into a recovery program and to have the motivation to "push through." Success was viewed as more likely for residents of the SLH who had accepted substance abuse as a disease, one that isn't going away on its own.

> *....[to be successful] they have had to accomplish what we refer to as the first step in the program of AA... that there's no denying of their alcoholism, that they're passed that point; that they're willing to accept that they're an alcoholic, that their lives are unmanageable and they need to do something about it. I think that anybody who comes in these places too soon it's not going to work you.*

It was suggested that people who were too young and unmotivated might fail. Such individuals were not as likely to have hit bottom, were often still supported (or 'enabled') by family members and just did not have the long history of failures to motivate them. Prospects for success or failure were also influenced by the right kind of financial support. Most respondents felt that people who paid for their housing themselves from their own earnings did the best as opposed to those who had a family member footing the bill.

... A lot of the kids around here, the parents just let 'em run amuck and they did whatever they want and now they're in trouble and they're goin' "Mommy help me" and when they screw it up they still get help from mommy. A lot of these kids around here have been through a lot of programs... They're just not ready.

On the other hand, many of the managers, all of whom were in recovery, said that they would never have made it unless the first few months had been paid for by a social agency, the criminal justice system, a family member or some other external form of support. Some felt that more people would be successful if the funds for maintaining themselves at the SLH were more easily available, especially for beginning recovery.

House managers also felt residents who are dual diagnosed with psychiatric disorders were more likely to have a low probability of success. It was felt that such individuals needed many more services than those provided for by the SLH and that some aspects of the housing situation might exacerbate these other problems (e.g. people with social phobia having to come in contact with many strangers on a daily basis or people with paranoia having to share space with other residents). In addition, it was felt that people with more severe mental disorders such as schizophrenia might need skilled personnel to monitor medications.

Well definitely those with dual diagnosis that we are not prepared to handle – and there are special cases I mean obviously if there is some illness that runs deeper than alcoholism there's no way they can get the help they need here, nor do they pretend that they can offer that sort of help. ..' And it's not like people here don't go see psychiatrists or therapists or whatever because I know there are more than one that do but just if the problems are running much deeper.

People who had been coerced into coming to the SLH were also thought to be unlikely to succeed in the long-term. If an individual had chosen treatment instead of prison or parole, or were forced by the courts, it was thought that they would be less likely to be successful. Such individuals often end up as 'fake it to make it' individuals who try to get by with the bare minimum of effort.

... they just want to be clean enough just to satisfy the court; once they've got that done they're on their merry way.

Strengths and weaknesses

Virtually all of the house managers and a majority of neighbors and key informants as well mentioned that the strengths of sober living houses are that they provide structure and support for a recovering substance abuser. The role models provided by the longer term residents, the social support and encouragement of staff and residents, the house rules and regulations and the availability of AA meetings all help to keep a person from relapsing. One of the house managers described the importance of social support for abstinence:

> *... a lot of people in their usual neighborhoods are family. Like it's not [a good area] for them to get clean 'cause they know a lot of people who they did drugs with. So being like a place where you can live with other people trying to do the same thing and are all about the same thing is really supportive and it helps you stay positively influenced to stay clean and get your life together...*

Another house manger emphasized the importance of a supportive community:

> *Community, everybody gettin' along, everybody helpin' each other. Everybody's always helpin' each other around here. If they see that you're down and out they'll ask you 'What's wrong?' or start the coffee or whatever and that's what it is people around here care about each other.*

On the other hand, the factor of density was mentioned as an area of strength and as a weakness, sometimes by the same respondents. Density of the SLH was viewed as an area of strength for house residents because it allows a range of services to be on hand (including meals, meeting places, AA and other types of classes) as well as a wide range of role models and positive normative pressure. Yet, because there are separate houses, the residents do not have the feeling of being in an institution; with one exception, the houses are approximately family-sized and offer the opportunities to build skills, develop social relationships and offer a degree of privacy. However, there is one neighborhood where there are six adjacent houses together in one complex. Some neighbors experienced this high density arrangement as having a negative impact on the surrounding neighborhood.

Impact on SLH residents and the surrounding community

Participants across all three stakeholder groups generally felt SLHs had a positive impact on the residents who lived in them and the surrounding community. This was particularly evident

when respondents considered the consequences of ignoring alcohol and drug problems or alternative approaches to dealing with them, such as criminal justice incarceration. House managers were particularly strong proponents of this view.

> *I think we've raised property value. There is no crime going on here. You've got seven houses here and the police don't get called. Cars aren't broken into, there's no burglary you know. I mean the level of integrity of the hundred people that live here is gonna be three times as high as the people living on the street...one over....*

Key informants, especially those who worked closely with SLHs and drug treatment, also had positive views about the impact of SLHs. For example, one stated, "I would think that it's just more people that aren't out there drinking and using." Other key informant comments included:

If they work I think they have a great impact...They're good citizens, neighbors, don't create a nuisance within our community, and I think they have a great impact.

The more you can be in a home as opposed to an institution or shelter to me that is beneficial to not only the individual but it's actually probably beneficial to the community at large too...

...if there were a lot of calls for service out there I'd be hearing about it...then we know there are other things going on that we've gotta address but it's usually not been [the case] with CSTL.

A number of neighbors had family members or friends who had a history of addiction problems. Their concern about family and friends who had addiction problems appeared to influence their views about the impact of SLHs.

> *Well I don't think that incarcerating people rehabilitates them. You know it's like my daughter if she was in that situation where she could at least was trying to get herself cleaned up and can go to a home, I'd be all for that.*
>
> *...my younger sister had a problem and so she's – so I know she's been in a couple in and out...It's rare you talk to anyone you know honestly that doesn't have a sister or brother, a parent , an uncle, you know what I mean..*
>
> *...Yeah they need help you know we have a daughter that's a meth user and so I'm all for anything that will help...Yeah and we've been estranged from her for the last 20 years...*

Although views about the impact of SLHs were generally favorable, concerns were raised about the potential for detrimental impact to residents and the surrounding community if the

houses were not well managed. This was the view even among house managers. The owner of CSTL emphasized the importance of standards and integrity.

> *We have a class here called Sober Living Specialist and it's a 36-hour class that I put together....What we're trying to do is create minimum standards and a high level of integrity. And it goes beyond just having a house, I mean you've got recovery integrity, you have fiscal integrity, you have community integrity you know. So we talk about ADA [Americans with Disabilities Act], we talk about FHA [Fair Housing Act]; we talk about structure and management; we talk about how to keep your books and pay taxes and be financially in integrity. We talk about confidentiality and do no harm and a code of ethics.*

Phase I and phase II houses

Despite generally positive views about the impact of SLHs on surrounding communities, key informants and some phase I neighbors raised concerns about the impact when houses were too densely located in one neighborhood. One key informant commented:

Well, it changes the atmosphere; I think that when you walk through, you drive through and there's a group of adults sitting outside you often wonder what's that all about. Is it a halfway house, is it sober living? What's going on is it just about a big family and you know those sorts of things. So it makes you wonder about the neighborhood.

When we looked at the characteristics of the neighbors who had concerns it became clear that they lived in the vicinity of the six phase I houses that were densely located along a two block area in one complex. One neighbor stated, "I hate to say this, but I would say it's been negative. One would've been fine (laughs) but the whole block is too many for this small street." Some complaints of neighbors had to do with nuisance issues such as noise and parking.

...The only thing that gets people in the neighborhood kind of upset is if you have too many cars and sometimes if there's too many people there, if they have too many guests it'll get the neighbor across the street upset...

> *...I don't see them as strict enough...I mean they're lifting weights at all hours of the night, there is no – back there is no control of their language at all... every now and then obviously there are screaming and yelling matches and sometimes they are – they're just you know people have lost their cool.*

> *... they [should] cut the size of it and not have so many people over there in so many houses and that they exercise control when they have these large groups and stuff over there. Because these groups have to be coming from more than just those houses because there's been times when I saw hundred or more people there and cars are parked not only up and down the entire street but over in the Safeway parking lot there's so many people there. And I just don't understand why they need that many people at one time.*

A few phase I neighbors expressed fears about safety, the potential for an increase in crime, and declining values of houses in the neighborhood. However, when pressed by the interviewer, they had difficultly providing examples of these issues. A phase I neighbor stated she assumed housing values would fall as a result of the SLH in their neighborhood, but did not elaborate or provide examples of declining values. Another neighbor described concerns about crime:

...there were a couple of incidences where in the night...we had a couple of break-ins and you don't know if it was them or not.

Interviewer: So I'm wondering if the break-ins were close to each other and how long ago it was or how recently?

Well, one of them was 5 years ago, the other one was in '89.

The concerns raised by some neighbors of phase I houses were not unanimous. Different points of view from phase I neighbors included:

Well, for me like I say to me it's positive that there's been a positive impact...the crime situation has reduced. I mean we were broken into three times here before...madhouse came.

It seems to be a big success. They have on you know specific nights of the week and specific nights of the month they have a lot of people gathered there in support of the people that are graduating from the program or hopefully successfully moving on from that program. So I have a lot of support for that, I've known several people in my lifetime through friends or employees that have been working for us that had issues with drugs and needed to clean up. And so I think it's a huge benefit to helping people get back on track and finding that support system and other people that are going through the same situations that can be there for each other and be a good support structure for each other.

Another phase I neighbor succinctly summed up the pros and cons of having a large community of phase I houses:

...because you have it the way it is the level of support is incredible as opposed to having the phase 2 houses which are more isolated. But of course you have to work to get that and...having large phase I houses is probably a good thing but it you know it is in a residential neighborhood area and so you create a traffic issue and the streets line up, I mean that's what they have to do. And we were real worried 'cause we thought that whole frontage area was gonna be gone on this latest modification and it was like okay now what are they gonna do? But it isn't, and they are considerate, they do a good job, but it is a lot –they have a lot of people on Sunday night.

Reactions from neighbors of phase II houses were nearly all positive. Neighbors were either unaware that a SLH existed in their neighborhood and when they did know about one they were perceived as good neighbors. One neighbor of a phase II house reported a positive incident with a SLH resident who lived next door. During a violent late night altercation with his wife, he was forced to leave his home. He found refuge and counsel from his next-door neighbor. It was then he learned this was a SLH. In another neighborhood, a single mother reported feeling "safe" because of the SLH residents living across the street. They kept an eye on her house and reported to her when a group of teenagers climbed the fence to her property. She also commented that the SLH residents were good role models for her teenage son.

Residents of phase II houses were viewed as quiet and they maintained their properties well. A few reports suggested there was admiration among neighbors for the changes the residents were attempting to make in their lives:

> *...I would hope that people would be more observant and respectful to them because they chose to take a different road with their life...they're trying to make a difference for their lives and themselves and their families so I would hope people would respect that.*

One phase II SLH manager told a story of a neighbor expressing appreciation for their work recovering from alcohol and drug problems.

> *...she likes to bake a lot so she brought me like cake, right and she's like 'hi, I'm so and so. I live next door and I just came down here to support you and tell you that I'm so proud of you and I like what you guys are doing here and keep doing the right thing' and I was like "who are you?"...they're like an awesome old couple next door and they have a couple grandchildren and like I said I walk out of the house, they ask me how I'm doing.*

Improving the community context

All three stakeholder groups felt the reputation of CSTL in the local community benefited from a variety of volunteer activities in which residents participated. These included involvements in activities such as hosting a Christmas holiday party open to the local community and volunteering to support various events (e.g., parades, Veteran's Day activities and seasonal festivals). One house manager noted:

...so we do stuff like volunteer so that we don't get a [bad] name. Because you know a lot of us we stole a lot, we hurt a lot of people through our actions. So when we give back it shows the community that we're not like that now. We're trying to change. We're still people. We just had problem and we're fixing it now.

Phase I neighbors felt providing more information about SLHs and developing forums for more interaction would be good ways to improve relationships:

> *"Well maybe if they had more interaction with the community as far as letting the community know what's goin' on, what their goals are, what their success rate is.*

Other suggestions from phase I neighbors included distributing brochures about CSTL to local neighbors, inviting them to attend a question and answer meeting at the main facility, and promoting a neighborhood barbeque. One man appeared to be frustrated not having the phone number for whom to call if there were concerns. Another felt intimidated by the residents and feared he would be misunderstood if he raised his concerns. One neighbor suggested CSTL residents get involved in volunteer work, apparently not aware that CSTL residents were already involved in a variety of volunteer activities.

It is important to note that like neighbors of CSTL, house managers also felt increased contact and communication would improve relationships. Managers felt many concerns that neighbors had were based on fear rather than information about the program:

> *I would challenge the skeptics to come spend a day or two around here and see how the people are; see how these places work; see what they promote, what kind of lifestyle they promote and you know see if their opinion hadn't changed in that period of time.*

Another house manager felt similarly:

> *Like come on in and check it out. Bring a city council member, bring a newspaper reporter, you know bring whoever you'd like and come and see. It's not a cult....its people trying to better themselves.*

Finally, like one of the neighbors, the coordinator of CSTL expressed a wish that residents could be involved in more volunteer activities, mentioning breast cancer awareness as an example.

Regulatory impact on SLHs

There is no state or local licensing of SLHs. Because anyone can set up a SLH and operate it as they wish, stakeholders felt there was a need for standards for SLHs. When asked about

obstacles to expanding SLHs, several house managers noted that standards were important for both the houses and the operators, "I think there should be more strict guidelines on who can operate these places." One of the key informants noted, "...you know licenses or having somebody in the neighborhood that would involve you know the code of enforcement people." There was a clear sense among all participants that poorly run houses were a threat to all SLHs and they therefore needed to be dealt with "swiftly because they are the ones that make it bad for everybody else." None of the participants mentioned that CSTL was a member of the California Association of Addiction and Recovery Resources (CAARR), which does certify SLHs for compliance with basic safety, health, and operations standards.

There were differences of opinion among stakeholders about the need for a special use zoning permit. A few neighbors and key informants felt that any house containing more than six individuals required a special use permit or it would violate zoning laws. The owner challenged that contention citing the Americans with Disabilities Act and the Fair Housing Act:

> *...since we are considered disable Americans, which the total public and the whole government want to ignore... we're protected by the Fair Housing Act which says that people with addiction have to be treated like any other family. They can live together; they can have more than six people. Now if the county wants to limit it to six people and then anything over six people you get a use permit then that should apply to every family in Sacramento County as well.*

When we asked house managers about the impact of regulatory laws and policies on SLH operations the nearly unanimous response was that these issues that were dealt with exclusively by the owner of CSTL. This individual is active in the local community and also has connections in state government. It is important to note that some of the earlier critics of CSTL now support the program. The owner attributes much of this shift to familiarity; the fact that critics were able to get to know him personally and observe what actually goes on in the houses.

Typology of factors supporting and hindering SLHs

Table 2 shows a summary of factors that support and hinder SLHs from the vantage point of different stakeholders.

TABLE 2 GOES HERE

DISCUSSION

Overall, there was significant support for SLHs across stakeholder groups. To some extent, our finding that phase II houses were either viewed favorably by neighbors or were not perceived as different from any other house in the neighborhood replicates the study by Jason et al (2005) of Oxford Houses. Even when neighbors or key informant had criticisms of phase I houses, they nevertheless supported the importance of this type of service in the community and viewed it as preferable to alternative responses to alcohol and drug problems (e.g., criminal justice).

Concerns about phase I houses appeared to center mostly on issues such as the larger size and higher density of these houses in one area, as well as related concerns about noise and traffic. Only a few mentioned issues related to resident behavior, such as offensive language and leaving cigarette butts in the area. It is worth noting that even the most critical phase I neighbors supported the importance of recovery programs and sober housing as a concept. They tended to want the program to have more control over resident behavior and find solutions to the high density of houses and corresponding problems such as limited parking.

CSTL faces a dilemma in that the larger, higher density phase I houses were viewed as helpful to recovery by house managers and even by one of the neighbors. The large complex of adjacent phase I houses creates a sense of independent living blended with extensive support and some degree of structure, both of which are felt to be essential to recovery. The design also allows the owner, coordinator, house managers, and senior peers to monitor the behavior of new residents and address problems promptly. One could argue that the increased oversight and sense of community in phase I prepares residents for success in phase II, and thus leads to stable phase II houses in the community. Given the current scenario, the program might consider collaborating with neighbor about ways to address issues such as parking and traffic congestion. Examples might include holding some meetings off-site or developing alternative places to park

when large meetings are held at the facility. Efforts to maintain a "good neighbor" policy by enforcing rules that limit noise, offensive language, cigarette butts, etc. are clearly important.

In a number of areas there was significant agreement among stakeholder groups. Most of the factors supporting and hindering SLHs were identified by participants from at least two groups. For example, the importance of volunteering was mentioned by most of the house managers as well as some neighbors. Size and density were viewed as hindrances by neighbors, especially those who lived near phase I houses, as well as some of the key informants. Both house managers and key informants viewed characteristics and activities of the owner as important to the success of CSTL. Neighbors and managers both felt increased communication and familiarity with SLH operations could help improve relationships. Nuisance problems (e.g., parking) were viewed as a hindrance by neighbors and key informants and all three groups felt that even a limited number of poorly run houses could threaten the viability of all SLHs. Adopting "good neighbor" practices was viewed as essential by nearly all participants.

Communication with neighbors

One of the clearest findings was that both house managers and phase I neighbors felt the need for more communication and interaction. Phase II neighbors, in contrast, were fairly unanimous in their praise of SLHs in their neighborhood and thus felt little need to take action to improve relationships. Given the current stability and successes of phase II houses, the best approach might be to leave well enough alone.

Phase I neighbors and managers proposed specific suggestions for increasing communication that could be readily implemented. These included neighbors attending open houses at the program, the program distributing brochures about CSTL to local neighbors, neighbors spending a day at the program to experience what actually goes on, the program implementing a neighborhood barbeque and developing regular meetings with managers and neighbors to address questions and concerns that arise.

It should be mentioned that the owner of CSTL reported some previous efforts in this regard that were not very successful. One involved going door to door in the neighborhood to introduce the program, which yielded some negative comments and threats. The other involved some ice cream socials that were poorly attended. On at least two occasions letters were sent out to neighbors containing a brief description about CSTL and contact numbers. It is not clear why these efforts were not more successful. It could be that developing a meaningful and sustained impact on the surrounding neighbors will require regular and varied activities, such as regular social events, more substantive forums to address neighborhood issues and problems, and a monthly or quarterly brochure that is distributed to each neighbor.

Although CSTL residents are involved in extensive volunteer work in the local area, there may be a need for more of those activities in the immediate neighborhood. Several immediate neighbors did not appear to be aware of volunteer activities in which CSTL residents participate and they suggested volunteering would improve relationships with the community.

Addressing stigma

House managers believed that stigma plays a strong role in biasing some neighbors against SLHs and their residents. This view was shared by participants in our previous work (e.g., Polcin et al., in press), where addiction counselors and mental health therapists rated stigma as the main obstacle to expanding SLHs. Stigma was rated as a higher obstacle than practical issues such as not have sufficient financial resources to pay for residence in a SLH. In our interviews for this study we found negative assumptions about SLHs when neighbors expressed concerns about increasing crime and decreasing housing values but were not able to support their claims with specific examples.

A good way of addressing stigma was suggested by several house managers. They argued convincingly that the more the local community understood about the day to day operations of CSTL and the residents who lived there the more they would support SLHs in this and other communities. Instead of relying on preconceived biases and notions, they would increasingly

base their views on observations about what occurs and interactions with residents. Contact with stigmatized groups as a way to decrease stigma is a strategy supported by a variety of stigma researchers (e.g., Corrigan et al., 2001). It might be particularly helpful to create forums where successful residents could interact with neighbors and share the stories about addiction and recovery. In addition to decreasing negative assumptions about addicts and alcoholics, such interactions might offer hope to families who have a member suffering from a substance use disorder.

Managing community relations

A number of managers and key informants noted how the owner was well connected within the local community (e.g., president of the local chamber of commerce) and used those connections in service of CSTL. A notable limitation of this scenario is that mobilizing community influences in ways that support CSTL was the purview solely of the owner. There is considerable risk that if this individual were not around, the relationships with local and state officials would evaporate. It was striking how little house managers and residents knew about critical issues directly affecting the viability of CSTL, such as zoning laws, the Fair Housing Act, Americans with Disabilities Act, and initiatives at the state level to limit SLHs. Increasing their knowledge of and involvement in these issues would leave the program less vulnerable. This could be accomplished through delegating house managers to attend selected meetings and discussion with the owner about how to best represent the interests of CSTL.

Implications for community based programs

Study findings suggest important considerations, not only for SLHs, but for community based programs more generally. One area where there was nearly unanimous agreement across stakeholder groups was the importance of being good neighbors. Therefore, community based programs need to have policies and resources that ensure upkeep of the facilities to standards consistent with the local neighborhood. Further, there need to be policies in place to contain potentially destructive behaviors, such as drug use and other behaviors that would be

experienced as unacceptable (e.g., destruction of property). For example, "Housing First" models for substance use disorders that tolerate alcohol and drug use would not do well in the neighborhoods we studied. To avoid open community resistance, it would seem that these types of harm reduction services would need to be located in areas where substance use is more tolerated. In addition, community based programs need to have mechanisms for handling complaints from neighbors. While CSTL was praised by key informants for responding to complaints promptly, a few phase I neighbors were unsure whom to contact and others felt intimidated and that left them feeling frustrated and more negative toward the program. Phase II neighbors did not express this uncertainty and seemed comfortable approaching residents of phase II houses.

Another consideration is how to handle the issue of anonymity. We found that small, sparsely populated phase II houses were viewed favorably or were unknown to neighbors. One workable option for community programs in such circumstances might be to maintain a relatively low profile and simply blend in with the local community. However, when programs are larger and their presence is obvious, it may be necessary to directly address the concerns of local neighbors, especially to counteract negative assumptions associated with stigma. Such a strategy requires forums for such interaction to occur. Both house managers and neighbors had suggestions in this regard, ranging from neighborhood barbeques to information meetings that describe the program and respond to neighbor questions and concerns.

All of our stakeholder groups emphasized the importance of volunteer work. The specific types of activities that community programs get involved in might be dependent in part on the types of clients served and their capabilities. However, it seems that some very public way of showing involvement in and support for the community is important to garner support. In part, volunteer work might be viewed as important because volunteer work contradicts assumptions associated with the stigma of addiction, such as crime and exploitation of others.

It was clear from our interviews that the owner of CSTL had a long history of successfully managing challenges to CSTL and navigating through the political and regulatory environment. He appeared to persevere using a combination of knowledge about his rights and applicable laws, involvement in local and state politics, and personal relationships that he was able to develop with individuals who were once his adversaries. Such an individual can be invaluable to the development of successful organizations. However, there are serious questions about how the program could maintain its position in the community and its political strength if this individual were not around. CSTL and other community based programs might do well to consider shared models of leadership and responsibility (e.g., Polcin, 1990) for promoting the program's agenda within political and regulatory circles.

Limitations

There are some inherent limitations in our study that are important to note. First, all of the interviews took place in one Northern California County and the issues relative to SLHs there might not generalize to other geographic regions. Second, all of the house managers were part of CSTL and all of the neighbors resided near CSTL facilities. Although CSTL has implemented the sober living house principles promoted by the California Association of Addiction and Recovery Resources in California, there may be individual factors that are unique to CSTL that limit generalization of results. Other SLHs with different characteristics (e.g., size, management, cost and house rules) might have different issues. Finally, the results are specific to SLHs and might not generalize to other types of housing, such as halfway, step down and Oxford houses.

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Type of file: figure
Label: Table 1
Filename: Community Context Paper Table 1.docx

Table 1.
Sample characteristics by stakeholder group

STAKE-HOLDER GROUP	GENDER		RACE				MARITAL STATUS				
	MALE	FEMALE	WHITE	BLACK	HISPNIC	MIXED RACE	SINGLE	MARRIED	DIVORCED	SEPARATED	WIDOW/ WIDOWER
House Managers N = 17	14 (82%)	3 (18%)	15 (88%)			2 (12%)	10 (59%)	1 (6%)	4 (23%)	2 (12%)	
Neighbors N = 20	10 (50%)	10 (50%)	18 (90%)	1 (.05%)	1 (.05%)		3 (15%)	13 (65%)	1 (5%)	2 (10%)	1 (5%)
Key Informants N = 6	2 (33%)	4 (67%)	5 (83%)	1 (17%)			1 (17%)	5 (83%)			

Type of file: table
Label: Table 2
Filename: Community Context Paper Table 2.docx

Table 2.
Factors supporting and hindering sober living houses

	Supporting	Hindering
House Managers	Volunteering Characteristics of Owner Familiarity with SLHs Addressing Complaints Promptly Scope of Addiction Problems Communication	Poorly run houses Stigma Criminal Justice Mandated Dual Diagnosis Finances
Neighbors	Volunteering Familiarity with SLHs Addiction in Family Good Neighbor Behaviors Addressing Complaints Promptly Communication	Poorly run houses Nuisance Problems Perceptions of Crime Perceptions that housing values decline Large houses Densely populated houses
Key Informants	Characteristics of Owner Addressing Complaints Promptly Scope of Addiction Problems	Poorly run houses Nuisance problems Zoning Laws Large houses Densely populated houses Finances

Note: Poorly run houses include factors such as poor appearance and lack of resident accountability.
Nuisance problems include factors such a noise level, parking, offensive language and cigarette butts.

HOUSING Council File No. 11-0262

Doug Polcin <dpolcin@arg.org> Sun, Dec 9, 2012 at 5:21 AM
To: "Councilmember.Wesson@LACity.org" <Councilmember.Wesson@lacity.org>
Cc: "John.White@LACity.org" <John.White@lacity.org>, "jeffc@lacslc.org" <jeffc@lacslc.org>, Fried Wittman <clew_associates@msn.com>

Dear Councilmember Wesson,

Californians who care about affordable housing are deeply disturbed by Council File No. 11-0262. The restrictions outlined represent an attack upon individuals in the community who are vulnerable and who have limited housing options. As a research scientist who studies housing, I can say there is very little ojective data to support the need for these proposoals. As I am sure you know, research studies show that supportive housing for persons with alcohol and drug problems, mental illness and other diabilities results in less homelessness and reduction of crime in communities where they are located. Although there may be loud complaints from one or two neighbors, the vast majority of neighbors of these types of residences find those who live there to be good neighbors. I am attaching a recently published paper documenting these facts and can send others upon request.

Sincerely,

Douglas L. Polcin, Ed.D., MFT

Senior Scientist

Alcohol Research Group

ART Community context paper.pdf
354K

Doug Polcin <dpolcin@arg.org> Sun, Dec 9, 2012 at 5:27 AM
To: "Councilmember.Wesson@LACity.org" <Councilmember.Wesson@lacity.org>
Cc: "John.White@LACity.org" <John.White@lacity.org>, "jeffc@lacslc.org" <jeffc@lacslc.org>, Fried Wittman <clew_associates@msn.com>

[Quoted text hidden]

John White <john.white@lacity.org>

opposition to Council File No. 11-0262, the Community Care Facilities Ordinance.

Inbox

David Powers <david@vipbarter.com> Sun, Dec 9, 2012 at 6:00 AM
To: Councilmember.Wesson@lacity.org
Cc: John.White@lacity.org

I am disabled and can not afford to live on my own. I need to live in shared housing. I will be homeless if this ordinance passes and so will 1000's of other people.

David Powers

Opposed to CCFO

Peggy Edwards <peggyedwards@uhhpla.org> Sun, Dec 9, 2012 at 7:39 AM
To: Councilmember.Wesson@lacity.org
Cc: John.White@lacity.org

RE: Council File No. 11-0262, the Community Care Facilities Ordinance.

Tomorrow at the Public Safety Committee meeting, because of the short notice, you will see just a small number of the organizations that I represent as Executive Director of both United Homeless Healthcare Partners and Los Angeles Regional Reentry Partnership. UHHP has 150 participating organizations and LARRP has 127 participating organizations. **All are uniformly opposed to the so-called Community Care Facilities Ordinance** and have been actively involved in work to defeat it.

Please do not let Councilmember Englander's political grandstanding derail the work done to date.

Councilmember Englander does his constituents and the City a disservice when he takes advantage of the recent tragedy to promote his misguided, illegal and ill-conceived agenda. The real resolution to slum housing is housing code enforcement. Councilmember Englander should be working with Building & Safety to inspect and repair slum housing in single family homes instead of confusing the issue with the CCFO which would only make people homeless.

Best regards,

Peggy Edwards

Executive Director
United Homeless Healthcare Parters

Executive Director
Los Angeles Regional Reentry Partnership

John White <John.White@lacity.org>

CCFO

Joe Perez <jbabalu@gmail.com> Sun, Dec 9, 2012 at 8:27 AM
To: "John.White@LACity.org" <John.White@lacity.org>

Please stop the current ordinance set for a hearing this mon!!!
I can not afford my mortgage payment if this ordinance passed I would lose my house!!! Renters help me afford my payment!! Also, many renters would be devastated as many can't afford an apartment and are forced to rent a room. They might be homeless if this ordinance went into effect!!
Please HELP!!
Joe 818 336 0648

Sent from my iPhone

Community Care Facilities Ordinance - OPPOSED!

Charlie Whitehouse <charliewhitehouse@me.com> Sun, Dec 9, 2012 at 11:21 AM
To: John.White@lacity.org

To Whom It May Concern,
I am writing this email to OPPOSE Council File No. 11-0262, the Community Care Facilities Ordinance.
While I understand the concerns neighbors might have with noise/nuisance, it is my strong belief that those issues should to be handled as need arises and not with sweeping legislation to ban any and all housing/facilities that serve the needs of the handicapped/elderly, etc.
There is a huge need for facilities across LA and, apparently, no state monies to fund them.
Banning private sources of help is, in my opinion, NOT the way to go.
Respectfully,
Charlie Whitehouse

John White <john.white@lacity.org>

(no subject)

fwittman@berkeley.edu <fwittman@berkeley.edu> Sun, Dec 9, 2012 at 3:40 PM
To: Councilmember.Wesson@lacity.org
Cc: John.White@lacity.org

Dear Councilmember Wesson:

As a researcher who has studied sober housing for two decades, I want to register three major concerns about Council File No. 11-0262, the Community Care Facilities Ordinance. First the proposed ordinance fails to recognize that sober housing is an under-appreciated asset, not a threat. Properly designed and managed sober housing provides safe, affordable accommodation for people who are otherwise housed in prisons, residential rehab facilities, high-risk residences such as SRO hotels, or are homeless, or are trapped in destructive family cycles. The operation of sober living residences is conventional in every respect except for the fact that the residents don't drink or do drugs. Such housing fills an important gap for people in the process of overcoming alcohol and drug dependence.

Second, the propose ordinance fails to recognize that most sober residents come from similar neighborhoods and have backgrounds similar to those living nearby. Nearly all sober-living residents have the same capabilities to manage their own lease-agreements and otherwise behave appropriately in a rental situation. To impose arbitrary special restrictions on their freedom to seek rental accommodations (that is, on their freedoms of movement and of association), as recovering individuals seeking to live with others who seek the same, is subject to review by the courts as a violation of the US Fair Housing Amendments Act of 1988, and the Americans With Disabilities Act. I am astounded that the LA City Attorney has allowed this ordinance to proceed this far in this form in light of this exposure.

Third, the proposed ordinance is barking up the wrong tree to solve the right problem. It is important to ask "how can the city of LA tell a responsible sober living residence from one that is poorly managed, and what steps can the city take to support the former while discouraging the latter?" This important question is completely ignored by the proposed ordinance while the answers hide in plain sight through actions by organizations such as the Sober Living Network to create a network of reliable sober living residences, and through oversight by the nuisance abatement and code-compliance departments of the City of Los Angeles. Yet the City has not lifted a finger to work with the sober living community to create linkages that both recognize well-run sober houses and assure action against problematic and abusive houses. Attention to these concerns is where the City's efforts should be directed - not toward denying access and denying rights to its people seeking to live a sober life style.

Sincerely,

Friedner D. Wittman, Ph.D., M.Arch.
Director (retired) Community Prevention Planning Program
Center for the Study of Social Change
University of California, Berkeley

Concerns about Council File No. 11-0262

fwittman@berkeley.edu <fwittman@berkeley.edu> Sun, Dec 9, 2012 at 3:41 PM
To: councilmember.wesson@lacity.org, john.white@lacity.org

> Dear Councilmember Wesson:
>
> As a researcher who has studied sober housing for two decades, I want to
> register three major concerns about Council File No. 11-0262, the
> Community Care Facilities Ordinance. First the proposed ordinance fails
> to recognize that sober housing is an under-appreciated asset, not a
> threat. Properly designed and managed sober housing provides safe,
> affordable accommodation for people who are otherwise housed in prisons,
> residential rehab facilities, high-risk residences such as SRO hotels, or
> are homeless, or are trapped in destructive family cycles. The operation
> of sober living residences is conventional in every respect except for the
> fact that the residents don't drink or do drugs. Such housing fills an
> important gap for people in the process of overcoming alcohol and drug
> dependence.
>
> Second, the propose ordinance fails to recognize that most sober residents
> come from similar neighborhoods and have backgrounds similar to those
> living nearby. Nearly all sober-living residents have the same
> capabilities to manage their own lease-agreements and otherwise behave
> appropriately in a rental situation. To impose arbitrary special
> restrictions on their freedom to seek rental accommodations (that is, on
> their freedoms of movement and of association), as recovering individuals
> seeking to live with others who seek the same, is subject to review by the
> courts as a violation of the US Fair Housing Amendments Act of 1988, and
> the Americans With Disabilities Act. I am astounded that the LA City
> Attorney has allowed this ordinance to proceed this far in this form in
> light of this exposure.
>
> Third, the proposed ordinance is barking up the wrong tree to solve the
> right problem. It is important to ask "how can the city of LA tell a
> responsible sober living residence from one that is poorly managed, and
> what steps can the city take to support the former while discouraging the
> latter?" This important question is completely ignored by the proposed
> ordinance while the answers hide in plain sight through actions by
> organizations such as the Sober Living Network to create a network of
> reliable sober living residences, and through oversight by the nuisance
> abatement and code-compliance departments of the City of Los Angeles. Yet
> the City has not lifted a finger to work with the sober living community
> to create linkages that both recognize well-run sober houses and assure
> action against problematic and abusive houses. Attention to these
> concerns is where the City's efforts should be directed - not toward
> denying access and denying rights to its people seeking to live a sober
> life style.
>
> Sincerely,

>
> Friedner D. Wittman, Ph.D., M.Arch.
> Director (retired) Community Prevention Planning Program
> Center for the Study of Social Change
> University of California, Berkeley
>
>
>
>

Letter from Disability Rights California opposing the Community Care Facilities Ordinance, 11-0262

Autumn Elliott <Autumn.Elliott@disabilityrightsca.org> Sun, Dec 9, 2012 at 7:14 PM
To: "councilmember.krekorian@lacity.org" <councilmember.krekorian@lacity.org>, "adrin.nazarian@lacity.org" <adrin.nazarian@lacity.org>, "daniel.brumer@lacity.org" <daniel.brumer@lacity.org>, "councilmember.zine@lacity.org" <councilmember.zine@lacity.org>, "jimmy.blackman@lacity.org" <jimmy.blackman@lacity.org>, "jonathan.brand@lacity.org" <jonathan.brand@lacity.org>, "councilmember.englander@lacity.org" <councilmember.englander@lacity.org>, "john.s.lee@lacity.org" <john.s.lee@lacity.org>, "phyllis.winger@lacity.org" <phyllis.winger@lacity.org>, "councilmember.perry@lacity.org" <councilmember.perry@lacity.org>, "kathy.godfrey@lacity.org" <kathy.godfrey@lacity.org>, "jeff.catalano@lacity.org" <jeff.catalano@lacity.org>, "councilmember.buscaino@lacity.org" <councilmember.buscaino@lacity.org>, "doane.liu@lacity.org" <doane.liu@lacity.org>, "jenny.chavez@lacity.org" <jenny.chavez@lacity.org>
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Attached please find a letter opposing the Community Care Facilities ordinance and an accompanying copy of a complaint the U.S. Department of Justice filed in federal court last month against the City of San Jacinto regarding an anti-shared housing ordinance similar to the one coming before the Public Safety Committee on Monday, December 12.

Autumn M. Elliott
Associate Managing Attorney

Disability Rights California
California's protection and advocacy system

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2 attachments

US v San Jacinto Complaint.pdf
585K

2012.12.09 Letter to Public Safety Committee.pdf
156K

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UNITED STATES OF AMERICA

IN THE UNITED STATES DISTRICT COURT
FOR THE CENTRAL DISTRICT OF CALIFORNIA
EASTERN DIVISION

UNITED STATES OF AMERICA,	)	
	)	
Plaintiff,	)	EDCV12-1966 VAP (SPx)
	)	
v.	)	Case No.
	)	
CITY OF SAN JACINTO, CALIFORNIA	)	**COMPLAINT**
	)	
Defendant.	)	

The United States of America alleges as follows:

Jurisdiction

1. This action is brought by the United States to enforce the provisions of Title VIII of the Civil Rights Act of 1968 ("the Fair Housing Act"), as amended by the Fair Housing Amendments Act of 1988, 42 U.S.C. §§ 3601 *et seq.*, Title II of the Americans with Disabilities Act ("the ADA"), § 202, 42 U.S.C. § 12132 *et seq.*, and the regulations implementing Title II, 28 C.F.R. Part 35.

2. This Court has jurisdiction over this action under 28 U.S.C. §§ 1331 and 1345, 42 U.S.C. § 3614(a) and (b), and 42 U.S.C. § 12133.

3. Venue is proper under 28 U.S.C. § 1391(b) because the events giving rise to the United States' claims occurred in the Central District of California.

The Defendant

4. Defendant City of San Jacinto ("the City") is a municipal corporation located in Riverside County, California, established and organized under the laws of the State of California.

5. The City of San Jacinto, through its Mayor and City Council, exercises zoning and land use authority over land within its boundaries. The City's Code of Ordinances contains the City's zoning and land use regulations.

6. The City's Zoning Code divides the City into numerous zoning districts, including four residential districts: single family residential districts (R-1), two family residential districts (R-2), multi-family residential districts (R-3), and "light agricultural" districts (A).

7. The Zoning Code defines "family" as "[a]n individual or two (2) or more persons related by blood, marriage or legal adoption, or a group of not more than 6 persons who are not related living together as a single house-keeping unit in a dwelling unit."

The Complainants

8. Rajeeyah Bilal-Varney is a resident of the Central District of California. Since May of 2007, she and her husband have operated a group home for persons with mental and other disabilities,

including schizophrenia and bipolar disorder, at 1835 Rogers Way in a single-family (R-1) residential zone in San Jacinto.

9. Aurora Beltran is a resident of the Central District of California and, since 2005, has operated a group home for persons with mental and other disabilities at 325 E. 3rd Street in a single-family (R-1) residential zone in San Jacinto.

10. The disabled residents of the Rogers Way and 3rd Street homes operate as family units and share meals and household responsibilities. They are responsible for their own medications, do not receive medical treatment or counseling on the premises, and do not undergo drug or alcohol testing on site. A number of tenants at both homes have, over the years, arranged for State and County-funded supportive services delivered to the home by third-parties, such as training with respect to personal care.

Regulation of "group homes" under the City's Zoning Code

11. On July 10, 2008, the City's Planning Commission issued a staff report recommending that the City Council amend the City's Zoning Code by approving Ordinance 08-14 ("the Ordinance"). The Ordinance was passed by unanimous vote of the Council on September 4, 2008, and became effective on October 3, 2008.

12. The Ordinance effected three changes to the City's Zoning Code. First, it amended the Code's definition of "group homes" to "[a] residence or dwelling, other than a hotel, wherein two (2) or more rooms, with or without individual cooking facilities, are rented to individuals under separate rental agreements or leases, either written or oral, whether or not an owner, agent or rental manager is in residence, in order to preserve the residential character of the neighborhood."

13. Second, the Ordinance created a separate category of congregate living known as the "organizational house." The term is defined by the Ordinance as "[a] residential lodging facility operated by a membership organization, such as a school, convent, monastery, or religious

organization, and includes dormitories, fraternities, sororities and other institutionally-operated student housing.

14. Third, the Ordinance specifically exempted certain licensed congregate living facilities, such as "community care facilities," from its definition of "group homes," making those with six or fewer residents permitted uses in residential zones.

15. Under the Zoning Code as amended by the Ordinance, group homes that are not required to be licensed by the State are not permitted uses in any zoning district within the City. Such homes may operate in multi-family (R-3) zones if they seek and are granted a conditional use permit.

16. The City adopted the Ordinance to address purported problems with group homes for persons with disabilities.

17. The Ordinance was enacted at least in part because of complaints about group homes from members of the community that the City knew, or should have known, were based on the disability of the homes' residents.

18. On November 4, 2008, approximately a month after the Ordinance was enacted, the City conducted an early morning sweep of nineteen homes, including the Bilal-Varney home located at 1835 Rogers Way, to determine, among other things, whether they were "group homes" for persons with disabilities operating in residential zones in violation of Ordinance 08-14.

19. City officials, including the City Attorney and representatives from the City's Code Enforcement, Public Works and Police Departments, and Riverside County officials under contract to and acting as agents for the City, including armed and uniformed sheriff's deputies, and uniformed fire department officials, appeared at the homes unannounced.

20. After inquiring on the threshold as to the nature of the homes, the officials entered those they determined to be group homes for persons with disabilities, separated the residents with disabilities and interrogated them individually from a prepared questionnaire targeted to persons with mental disabilities. The questions included why the residents were in the home; whether they were or

had ever been drug addicts or alcoholics; whether they were suffering from any form of mental illness, and if so, what type; whether they were taking "psych" medications, and if so, what kind; whether they were in treatment programs; whether they or other residents were currently using illegal drugs or alcohol; whether they were on parole or probation; whether they were registered sex offenders; whether they were collecting SSI or disability benefits; and whether medical treatment, counseling and drug treatment were provided on site.

21. Of the homes included in the sweep, at least fifteen were homes for persons with mental disabilities, including the home at 1835 Rogers Way. The officials did not inspect, or interrogate the residents of the four homes they determined were not group homes for persons with disabilities.

22. From the time the Ordinance was adopted through at least September 2011, the City brought no enforcement actions under the Ordinance against any group homes that were not occupied by persons with disabilities.

23. Each of the group homes covered in the sweep is a dwelling within the meaning of 42 U.S.C. § 3602(b), and current and former residents of those homes are "handicapped" within the meaning of 42 U.S.C. § 3602(h).

24. As a result of the Ordinance and the City's enforcement activities, some group homes for persons with disabilities closed. Others that continue to operate in residential zones, including the home at 1835 Rogers Way, have been repeatedly visited by the City and cited for violations of the Ordinance and other regulations. The City has issued fines to owners of group homes for persons with disabilities ranging from $100 to $1,000 per day.

25. Prior to enactment of the Ordinance, City officials informed at least one individual that she would have to close a home for five persons with mental disabilities on Garcia Drive in San Jacinto because City law prohibited the operation of the home in a residential zone. The home was closed after repeated contacts by City officials who claimed the home was being operated as an illegal group home.

26. After the sweep, the City continued to cite providers of group homes for persons with disabilities, including some not covered in the sweep, for "illegal" operation of a group home in a residential zone. The home operated by complainant Aurora Beltran at 325 E. 3rd Street is one such home.

27. Group homes for persons with disabilities included in the sweep, as well as those targeted by the City for enforcement activities after the sweep, were occupied by as few as three disabled tenants at a time. The City's actions against group homes for persons with disabilities, including the issuance of citations for the operation of illegal group homes, has continued into 2012.

28. The Garcia Drive home, the 325 E. 3rd Street home and other group homes investigated and/or cited by the City before and after the sweep, are dwellings within the meaning of 42 U.S.C. § 3602(b), and current and former residents of those homes are "handicapped" within the meaning of 42 U.S.C. § 3602(h).

29. Based on the sweep and other City actions, Ms. Bilal-Varney filed a complaint with the Department of Housing and Urban Development ("HUD") on or about December 2, 2008, alleging discrimination in housing on the basis of disability in violation of the Fair Housing Act. On or about July 6, 2009, HUD referred the complaint to the Department of Justice pursuant to 42 U.S.C. § 3614(a) of the Act.

30. Based on enforcement and other activities by the City, Ms. Beltran filed a complaint with HUD pursuant to 42 U.S.C. § 3610(a) of the Fair Housing Act on or about June 9, 2012, alleging discrimination in housing on the basis of disability. On or about June 12, 2012, HUD referred the complaint to the Department of Justice pursuant to 42 U.S.C. § 3610(g)(2)(C) of the Act.

Requests for Reasonable Accommodation

31. On May 16, 2011, complainant Rajeeyah Bilal-Varney sent a request to the City for a reasonable accommodation to continue operating the group home at 1835 Rogers Way.

32. On March 29, 2011, complainant Aurora Beltran sent a request for a reasonable accommodation to continue operating the group home at 325 E. 3rd Street.

33. On April 30, 2012, the provider of a group home for persons with disabilities on De Anza Drive in San Jacinto requested that her home be treated by the City as a single-family dwelling "for all purposes."

34. The City informed each of the providers that it did not have a process established by ordinance for deciding reasonable accommodation requests.

35. The City conditioned approval of the providers' requests on the acceptance of onerous, unjustified restrictions and failed to address legitimate inquiries of counsel for the providers, thereby effectively denying the requests.

36. The City of San Jacinto's zoning regulations and enforcement of those regulations impose conditions and prohibitions on housing for persons with disabilities that are not imposed on housing for an equal or greater number of persons without disabilities.

37. Persons with disabilities are more likely to live in congregate living facilities than are persons without disabilities in and around San Jacinto.

38. The City's actions as described herein have the intent and effect of discriminating against providers and residents of housing for persons with disabilities.

COUNT I
Fair Housing Act

39. The allegations in paragraphs 1-38, above, are incorporated herein by reference.

40. By the actions set forth above, the City has:

a. made housing unavailable on the basis of disability in violation of 42 U.S.C. § 3604(f)(1);

b. imposed different terms, conditions, or privileges in housing on the basis of disability in violation of 42 U.S.C. § 3604(f)(2);

c. failed or refused to make reasonable accommodations in rules, policies, practices, or services, when such accommodations may have been necessary to afford persons with disabilities an equal opportunity to use and enjoy a dwelling in violation of 42 U.S.C. § 3604(f)(3)(B); and

d. coerced, intimidated, threatened, or interfered with persons in the exercise or enjoyment of, or on account of their having exercised or enjoyed, their rights under the Fair Housing Act, in violation of 42 U.S.C. § 3617.

41. The conduct of the City as described above constitutes (a) a pattern or practice of resistance to the full enjoyment of rights granted by the Fair Housing Act, 42 U.S.C. § 3601-3619, or (b) a denial of rights to a group of persons that raises an issue of general public importance under 42 U.S.C. § 3614(a).

42. There are persons who have been injured by Defendant's discriminatory actions and practices who are aggrieved persons as defined in 42 U.S.C. § 3602(i).

43. The Defendant's discriminatory actions were intentional, willful, and taken in disregard of the rights of others.

COUNT II
Americans with Disabilities Act

44. The allegations in paragraphs 1-43, above, are incorporated herein by reference.

45. The United States Department of Justice has notified the City in writing that based on its investigation, it had determined that enforcement action was warranted because of violations of the ADA. Resolution of the United States' claims has not been achieved by voluntary means. All conditions precedent to the filing of this Complaint have occurred or been performed.

46. The United States Department of Justice is the federal agency responsible for administering and enforcing Title II of the ADA, 42 U.S.C. §§ 12131 *et seq.*

47. The Defendant, through the actions described above, has:

a. excluded persons with disabilities from participation in and denied them the benefits of the services, programs, or activities of a public entity, in violation of 42 U.S.C. § 12132 and 28 C.F.R. § 35.130; and

b. failed to make a reasonable modification in its policies, practices, or procedures, which resulted in the Defendant excluding persons with disabilities from participating in and denying them the benefits of the services, programs, or activities of the City of San Jacinto in violation of 42 U.S.C. § 12132 and 28 C.F.R. § 35.130(b)(7).

48. The Defendant's discriminatory actions were intentional, willful, and taken in disregard of the rights of others.

49. Persons who have been subjected to Defendant's conduct have suffered and will continue to suffer irreparable harm in the absence of relief.

PRAYER FOR RELIEF

WHEREFORE, the United States prays that the Court enter an ORDER that:

1. Declares that the actions of the City of San Jacinto described above constitute violations of the Fair Housing Act, as amended, 42 U.S.C. §§ 3601 *et seq.*, and Title II of the Americans with Disabilities Act, 42 U.S.C. §§ 12131 *et seq.*;
2. Enjoins the City of San Jacinto, its agents, employees, assigns, successors, and all other persons in active concert or participation with them, from enforcing its Zoning Code in a way that discriminates on the basis of disability in violation of the Fair Housing Act, as amended, 42 U.S.C. §§ 3601 *et seq.*, and Title II of the Americans with Disabilities Act, 42 U.S.C. §§ 12131 *et seq.* and its accompanying regulations;
3. Enjoins the City of San Jacinto, its agents, employees, assigns, successors, and all other persons in active concert or participation with them, from failing to make reasonable accommodations in their policies, practices, rules, or services, as required by the Fair Housing Act and Americans with Disabilities Act, including accommodations that permit the establishment and operation of housing for persons with disabilities pursuant to 42 U.S.C. § 3604(f)(3)(B), 42 U.S.C. § 12132, and 28 C.F.R. § 35.130(b)(7);
4. Awards compensatory damages in an appropriate amount to aggrieved persons for injuries suffered as a result of the City of San Jacinto's failure to comply with the requirements of the Fair Housing Act and Americans with Disabilities Act; and

5. Assesses a civil penalty against the City of San Jacinto in an amount authorized by 42U.S.C. § 3614(d)(1)(C), in order to vindicate the public interest.

The United States further prays for such additional relief as the interests of justice may require.

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UNITED STATES DISTRICT COURT, CENTRAL DISTRICT OF CALIFORNIA
CIVIL COVER SHEET

I (a) PLAINTIFFS (Check box if you are representing yourself ☐)
United States of America

DEFENDANTS
City of San Jacinto, California

(b) Attorneys (Firm Name, Address and Telephone Number. If you are representing yourself, provide same.)
Nancy F. Langworthy, United States Department of Justice, 950 Pennsylvania Avenue, N.W., Washington, D.C. 20530; (202) 616-8925; Overnight Address: 1800 G Street, N.W., Suite 7002, Washington, D.C. 20006

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II. BASIS OF JURISDICTION (Place an X in one box only.)

☑ 1 U.S. Government Plaintiff ☐ 3 Federal Question (U.S. Government Not a Party)

☐ 2 U.S. Government Defendant ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES - For Diversity Cases Only
(Place an X in one box for plaintiff and one for defendant.)

	PTF	DEF		PTF	DEF
Citizen of This State	☐ 1	☐ 1	Incorporated or Principal Place of Business in this State	☐ 4	☐ 4
Citizen of Another State	☐ 2	☐ 2	Incorporated and Principal Place of Business in Another State	☐ 5	☐ 5
Citizen or Subject of a Foreign Country	☐ 3	☐ 3	Foreign Nation	☐ 6	☐ 6

IV. ORIGIN (Place an X in one box only.)

☑ 1 Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from another district (specify): ☐ 6 Multi-District Litigation ☐ 7 Appeal to District Judge from Magistrate Judge

V. REQUESTED IN COMPLAINT: JURY DEMAND: ☐ Yes ☑ No (Check 'Yes' only if demanded in complaint.)

CLASS ACTION under F.R.C.P. 23: ☐ Yes ☑ No ☐ MONEY DEMANDED IN COMPLAINT: $ Not Specified

VI. CAUSE OF ACTION (Cite the U.S. Civil Statute under which you are filing and write a brief statement of cause. Do not cite jurisdictional statutes unless diversity.)
federal Fair Housing Act, as amended, 42 U.S.C. 3601, et seq., and Title II of the Americans with Disabilities Act, Section 202, 42 U.S.C. 12132, et seq.

VII. NATURE OF SUIT (Place an X in one box only.)

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☐ 450 Commerce/ICC Rates/etc.
☐ 460 Deportation
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☐ 540 Mandamus/ Other
☐ 550 Civil Rights
☐ 555 Prison Condition

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☐ 620 Other Food & Drug
☐ 625 Drug Related Seizure of Property 21 USC 881
☐ 630 Liquor Laws
☐ 640 R.R. & Truck
☐ 650 Airline Regs
☐ 660 Occupational Safety /Health
☐ 690 Other

LABOR
☐ 710 Fair Labor Standards Act
☐ 720 Labor/Mgmt. Relations
☐ 730 Labor/Mgmt. Reporting & Disclosure Act
☐ 740 Railway Labor Act
☐ 790 Other Labor Litigation
☐ 791 Empl. Ret. Inc. Security Act

PROPERTY RIGHTS
☐ 820 Copyrights
☐ 830 Patent
☐ 840 Trademark

SOCIAL SECURITY
☐ 861 HIA (1395ff)
☐ 862 Black Lung (923)
☐ 863 DIWC/DIWW (405(g))
☐ 864 SSID Title XVI
☐ 865 RSI (405(g))

FEDERAL TAX SUITS
☐ 870 Taxes (U.S. Plaintiff or Defendant)
☐ 871 IRS-Third Party 26 USC 7609

EDCV12-1966

FOR OFFICE USE ONLY: Case Number: _____

AFTER COMPLETING THE FRONT SIDE OF FORM CV-71, COMPLETE THE INFORMATION REQUESTED BELOW.

UNITED STATES DISTRICT COURT, CENTRAL DISTRICT OF CALIFORNIA
CIVIL COVER SHEET

VIII(a). IDENTICAL CASES: Has this action been previously filed in this court and dismissed, remanded or closed? ☑ No ☐ Yes
If yes, list case number(s): _____

VIII(b). RELATED CASES: Have any cases been previously filed in this court that are related to the present case? ☑ No ☐ Yes
If yes, list case number(s): _____

Civil cases are deemed related if a previously filed case and the present case:
(Check all boxes that apply) ☐ A. Arise from the same or closely related transactions, happenings, or events; or
☐ B. Call for determination of the same or substantially related or similar questions of law and fact; or
☐ C. For other reasons would entail substantial duplication of labor if heard by different judges; or
☐ D. Involve the same patent, trademark or copyright, and one of the factors identified above in a, b or c also is present.

IX. VENUE: (When completing the following information, use an additional sheet if necessary.)

(a) List the County in this District; California County outside of this District; State if other than California; or Foreign Country, in which EACH named plaintiff resides.
☑ Check here if the government, its agencies or employees is a named plaintiff. If this box is checked, go to item (b).

County in this District:*	California County outside of this District; State, if other than California; or Foreign Country

(b) List the County in this District; California County outside of this District; State if other than California; or Foreign Country, in which EACH named defendant resides.
☐ Check here if the government, its agencies or employees is a named defendant. If this box is checked, go to item (c).

County in this District:*	California County outside of this District; State, if other than California; or Foreign Country
Riverside County	

(c) List the County in this District; California County outside of this District; State if other than California; or Foreign Country, in which EACH claim arose.
Note: In land condemnation cases, use the location of the tract of land involved.

County in this District:*	California County outside of this District; State, if other than California; or Foreign Country
Riverside County	

*** Los Angeles, Orange, San Bernardino, Riverside, Ventura, Santa Barbara, or San Luis Obispo Counties**
Note: In land condemnation cases, use the location of the tract of land involved

X. SIGNATURE OF ATTORNEY (OR PRO PER): Nancy E. Meyerhoff Date November 9, 2012

Notice to Counsel/Parties: The CV-71 (JS-44) Civil Cover Sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law. This form, approved by the Judicial Conference of the United States in September 1974, is required pursuant to Local Rule 3-1 is not filed but is used by the Clerk of the Court for the purpose of statistics, venue and initiating the civil docket sheet. (For more detailed instructions, see separate instructions sheet.)

Key to Statistical codes relating to Social Security Cases:

Nature of Suit Code	Abbreviation	Substantive Statement of Cause of Action
861	HIA	All claims for health insurance benefits (Medicare) under Title 18, Part A, of the Social Security Act, as amended. Also, include claims by hospitals, skilled nursing facilities, etc., for certification as providers of services under the program. (42 U.S.C. 1935FF(b))
862	BL	All claims for "Black Lung" benefits under Title 4, Part B, of the Federal Coal Mine Health and Safety Act of 1969. (30 U.S.C. 923)
863	DIWC	All claims filed by insured workers for disability insurance benefits under Title 2 of the Social Security Act, as amended; plus all claims filed for child's insurance benefits based on disability. (42 U.S.C. 405(g))
863	DIWW	All claims filed for widows or widowers insurance benefits based on disability under Title 2 of the Social Security Act, as amended. (42 U.S.C. 405(g))
864	SSID	All claims for supplemental security income payments based upon disability filed under Title 16 of the Social Security Act, as amended.
865	RSI	All claims for retirement (old age) and survivors benefits under Title 2 of the Social Security Act, as amended. (42 U.S.C. (g))

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

NOTICE OF ASSIGNMENT TO UNITED STATES MAGISTRATE JUDGE FOR DISCOVERY

This case has been assigned to District Judge Virginia A. Phillips and the assigned discovery Magistrate Judge is Sheri Pym.

The case number on all documents filed with the Court should read as follows:

EDCV12- 1966 VAP (SPx)

Pursuant to General Order 05-07 of the United States District Court for the Central District of California, the Magistrate Judge has been designated to hear discovery related motions.

All discovery related motions should be noticed on the calendar of the Magistrate Judge

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NOTICE TO COUNSEL

A copy of this notice must be served with the summons and complaint on all defendants (if a removal action is filed, a copy of this notice must be served on all plaintiffs).

Subsequent documents must be filed at the following location:

[ ] **Western Division**
312 N. Spring St., Rm. G-8
Los Angeles, CA 90012

[ ] **Southern Division**
411 West Fourth St., Rm. 1-053
Santa Ana, CA 92701-4516

[✓] **Eastern Division**
3470 Twelfth St., Rm. 134
Riverside, CA 92501

Failure to file at the proper location will result in your documents being returned to you.

Disability Rights California

California's protection and advocacy system

LOS ANGELES REGIONAL OFFICE
350 South Bixel Street, Suite 290
Los Angeles, CA 90017
Tel: (213) 213-8000
TTY: (800) 719-5798
Toll Free: (800) 776-5746
Fax: (213) 213-8001
www.disabilityrightsca.org

December 9, 2012

Los Angeles City Council, Public Safety Committee:
Councilmembers Mitchell Englander, Jan Perry, Joe Buscaino,
Paul Krekorian, and Dennis P. Zine
200 N. Spring Street
Los Angeles, CA 90012

Re: Proposed Ordinance on Community Care Facilities, et al.
Council File No. 11-0262

Dear Members of the Public Safety Committee:

We write on behalf of Disability Rights California, and the people with disabilities whom it is our legal mandate to represent, to urge you to reject the Community Care Facilities ("CCF") ordinance.

On November 9, 2012 – just a month ago – the Department of Justice filed a lawsuit on behalf of the people of the United States against the City of San Jacinto, California on the grounds that San Jacinto had, *inter alia*, violated the Americans with Disabilities Act and the Fair Housing Act by passing an ordinance very similar to the one before you. San Jacinto, which is located in nearby Riverside County, had amended its zoning code to prohibit people from living together "under separate rental agreements or leases, either written or oral," in low-density residential neighborhoods of the City. As with the CCF ordinance, San Jacinto exempted "community care facilities" of six or fewer residents from these restrictions.

The CCF ordinance, like the one at issue in San Jacinto, would prevent people who share housing and need to be on separate leases from living in low-density residential areas of the City. As the Department of Justice's Complaint against San Jacinto (attached) explains, people with

disabilities are more likely to live in shared housing; correspondingly, people who need to have separate leases within the same household are disproportionately people with disabilities.

As Disability Rights California and other organizations have explained in prior letters to the Council, the separate lease provision is one of a number of problems with the CCF ordinance, which, if passed, would violate fair housing laws, the Americans with Disabilities Act and similar state law provisions, state land use and zoning ordinances, and the state and federal constitutions. These letters include those from Disability Rights California to the Planning Commission, PLUM Committee, or the Council dated October 14, 2010; November 4, 2010; February 10, 2011; March 28, 2011; May 31, 2011; and March 20, 2012 and are hereby incorporated by reference.

When it accepts federal money such as HOME and CDBG funds, the City certifies to the federal government that it is affirmatively furthering fair housing. If the City fails to do so, the government can withdraw millions of dollars of federal funds. The Council would be inviting such repercussions if it passed an ordinance so similar to San Jacinto's after a Department of Justice fair housing lawsuit has been filed against that city. Before moving forward with the CCF ordinance, the Public Safety Committee must ask itself where in the City budget it might find a replacement for those millions of dollars.

The Americans with Disabilities Act, the Fair Housing Act, and other civil rights laws were enacted to promote equality for all people and to fight against segregation and other forms of discrimination. We hope that these are principles that the members of this committee stand behind, and that each of you will refuse to take actions based on fear and stereotype.

DISABILITY RIGHTS CALIFORNIA

Dara Schur, Director of Litigation
Autumn M. Elliott, Associate Managing Attorney

John White <john.white@lacity.org>

Opposition to council file No. 11-0262

Ms O <theonlyword@yahoo.com> Sun, Dec 9, 2012 at 7:29 PM
Reply-To: Ms O <theonlyword@yahoo.com>
To: "councilmember.wesson@lacity.org" <councilmember.wesson@lacity.org>
Cc: "John.white@lacity.org" <John.white@lacity.org>, Orlanda Cunningham <theonlyword@yahoo.com>

I am strongly opposed to the community care facilities ordinance to change the laws for housing for the disabled and housing for the disadvantaged.
If you were to change a law, it should be a law to order care for the mentally ill when they publicly display a mental illness. There are too many
people walking the streets with severe mental illnesses and under the law they can't be cared for if they don't want it, only if they are under court orders.
Someone needs to care and mandate that care is required if a person displays a mental illness.

Opposition to Council File No. 11-0262

Mgale510@aol.com <Mgale510@aol.com> Sun, Dec 9, 2012 at 7:36 PM
To: Councilmember.Wesson@lacity.org
Cc: John.White@lacity.org

Dear Council President Wesson,

The Community Care Facilities Ordinance is a poorly written ordinance that casts far too wide a net. If the City of Los Angeles has operators of sober living facilities or unlicensed group homes that have become neighborhood problems, then deal with them via behavioral ordinances designed to cope with nuisance abatement. Don't zone people into homelessness! The ordinance that will be voted on will essentially take all of the people who now can only afford to live in shared living arrangements and do not belong in licensed board and cares and allow them only to live in socio-economic ghettos. One of the biggest problems is that many people with disabilities will be caught up in this wide net and they will be made homeless by the reckless actions of our City Council should this terrible law pass. What provisions is the City making to accommodate all of the people who will be displaced by the actions of the City Council, especially people with disabitlies?

As a member of NAMI Sam Fernando Valley, the local affiliate of the National Alliance on Mental Illness, I can tell you we are all very concerned by the actions of our City Council. It is imperative that the council not support this discriminatory ordinance and find a sensible way of dealing with a few problem group homes. Casting people with disabilities onto the street is not a sensible solution.

I urge you to vote NO on the Community Care Facilites Ordinance before the Council tomorrow.

Mark Gale
24116 Clarington Drive
West Hills, CA 91304
818-621-3134

Council File No. 11-0262

Fiona Ray <fray@visionsteen.com> Mon, Dec 10, 2012 at 7:54 AM
To: "councilmember.wesson@lacity.org" <councilmember.wesson@lacity.org>
Cc: "john.white@lacity.org" <john.white@lacity.org>

Dear Council Member Wesson,

With regard to the file number listed above, I strongly oppose this ordinance. The widespread impact this would have on various demographics is broad and difficult to solve.

Thank you,
Fiona Ray

Sent from my iPhone

RE: Council File No. 11-0262- Community Care Facilities Ordinance.

Jim Coddington <admin@jceaglesgift.com> Mon, Dec 10, 2012 at 8:05 AM
Reply-To: Jim Coddington <admin@jceaglesgift.com>
To: "Councilmember.Wesson@LACity.org" <Councilmember.Wesson@lacity.org>
Cc: "John.White@LACity.org" <John.White@lacity.org>

Dear Councilmemebr Wesson,

I hope you're doing well. I am adamantly opposed to the Community Care Facilities Ordinance which would strip quality sober living homes of their federally protected right to provide a supportive environment for those suffering from addiction. This ill advised ordinance would also adversely impact countless other individuals.

I realize the value of the quality sober living homes provide, both personally and professionally. I have just under 13 years of sobriety, I have lived in and I have operated sober living in Los Angeles.

Councilmember Wesson, I implore you to vote against and do everything in your power to stop this detrimental ordinance whose negative impact will be felt throughout the community.

Make it a great day,
Jim Coddington, MSW, CTRTC
Eagle's Gift Recovery Resources
Recovery Specialist/Interventionist
www.jceaglesgift.com
310-591-0657

CCFO

Christine Larocque <mclprods@yahoo.com> Mon, Dec 10, 2012 at 8:48 AM
Reply-To: Christine Larocque <mclprods@yahoo.com>
To: "councilmember.wesson@LACity.org" <councilmember.wesson@lacity.org>
Cc: "John.White@LACity.org" <John.White@lacity.org>

Good morning,
As supported by the LA Times, I believe there is a need for group homes where people who have a problem, whether maintaining sobriety, PTSD, any kind of handicap can be in a supportive environment. The residents can help each other and live in a community, even within one house where they can interact.
True, some rules have to exist such as the number of people who can live in the same house, noise (but you find this problem even with just one family in one home. Some families have lots and lots of children.)
Veterans, handicapped people, people in need of help maintaining sobriety ask that you vote NO on this bill.
Thanks
Christine Larocque

Vote No on the CCFO!

Deanna <itc@homesforlife.org> Mon, Dec 10, 2012 at 9:46 AM
To: Councilmember.Wesson@lacity.org
Cc: John.White@lacity.org

Disabled Mentally Ill Adults need assistant living, otherwise, they'd be homeless. Please do not let this law pass, thank you!

Deanna Bedoyan

Intermediate Typist Clerk

Homes for Life Foundation

8939 S. Sepulveda Blvd., Suite 460

Los Angeles, CA 90045

Bus. (310)337-7417, ext. 27

Fax (310)337-7413

www.homesforlife.org

John White <John.White@lacity.org>

The Community Care Facilities Ordinance

Lake House <lakehouse.recoveryadvocates@gmail.com> Mon, Dec 10, 2012 at 11:00 AM
To: John.White@lacity.org

I am opposed to the Community Care Facilities Ordinance.

Ann Marie Richards
805-236-8712

File 11-0262

Fran LaMountain <flamgolf@gmail.com> Mon, Dec 10, 2012 at 12:41 PM
To: Wesson@lacity.org
Cc: John.White@lacity.org, Sal Wilson <sal52gracie@yahoo.com>, Jeff Christensen <jeffc@lacslc.org>

I oppose the subject Community Care Facility Ordinance. The enactment of this ordinance would devastate the efforts of those of us who have been providing "safe harbor" for thousands of people in recovery for chemical dependency.

Respectfully Yours

Fran LaMountain

Friends of Choices
501 c 3

since 1994

--

francisjosephstephen

Fran LaMountain

Community care

David Marvin <david.a.marvin@gmail.com> Mon, Dec 10, 2012 at 12:54 PM
To: John.White@lacity.org

John,

I oppose this and don't agree please don't support this it against federal fair housing with people with disability's and will bring legal issues fro federal government.

Regards,
David

--
David A. Marvin
310 592 0139