

## MOTION

Residential neighborhoods in Los Angeles have seen a dramatic growth in two types of drug and alcohol rehabilitation facilities: licensed and unlicensed facilities. This has resulted in some facilities which are not actually serving the best interests of their clients. This has also caused real issues and problems for some communities where they are located

Drug and alcohol addiction rehabilitation facilities come in many forms including, but not limited to, community care facilities, sober living homes, and group homes. The California State Health and Safety Code (Sections 11834.20-11834.25) provides for the encouragement of the establishment of 'sufficient number and types of alcoholism or drug abuse recovery or treatment facilities as are commensurate with local need.' Section 1566.3 of the California State Health and Safety Code (Community Care Facilities Act of 1973), further provides that whether or not unrelated persons are living together, a residential facility that serves six or fewer persons shall be considered a residential use of property... and in addition, the residents and operators of such facility shall be considered a family for the purposes of any law or zoning ordinance which relates to the residential use of property pursuant to this article.'

There are an estimated 3.5 million persons with diagnosable substance use disorders in California and a limited number of available recovery residences to effectively provide healthy living environments for long-term recovery. It is estimated that, to recover from addiction, an individual needs four to five years of sustained, comprehensive treatment in a compassionate and supportive environment. Further, it is imperative that the first 30 to 90 days provide sufficient treatment to prevent relapse. However, pursuant to City Council File 14-0118-S1 the City of Los Angeles Department of City Planning identified 934 licensed substance-addiction rehabilitation facilities with 18,723 total beds available for patients within Los Angeles. This means that on average 20 patients are housed in each facility. Such residential patient density intensifies the concern that patients are not provided the expected level of care. It also raises concerns about community impacts that result from an overconcentration of people.

Unlicensed facilities can, through the juxtaposition of State laws and local zoning, provide rehabilitative-style programs for up to six residents which may resemble licensed programs. Bad actor facilities can abuse the Federal and State laws designed to protect them to create a cycle whereby patients are received, processed, and provided basic care on paper, but not in reality. This abuse of patients and the healthcare process is not regulated by local, county, or state laws.

The California Department of Healthcare Services (DHCS) has legal jurisdiction over licensed facilities and subsequent enforcement. Within the DHCS, the Substance Use Disorder Compliance (SUDC) Division Licensing and Certification Branch (LCB) is responsible for assuring that quality services are provided to all patients in a safe, sanitary, and supportive healthy environment through licensure, certification, and regulation. This does not necessarily mean the patients receive high-quality care and support. Currently, licensed facilities are not required to provide evidence-based care, comprehensive rehabilitative programming, critical overdose

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medicine, and other follow other measures that provide the expected quality of care congruent with the patients' human and legal rights.

One questionable business or programmatic structure known as "integral programs," that are a form of facility within which a licensed facility is associated or affiliated with an unlicensed treatment facility. Without comprehensive oversight and regulatory structures in place, the patients can be shuffled from one facility to another without regard to the patients' needs, treatment status, or enrollment in evidence-based treatment.

In addition, recent changes to City laws regarding accessory dwelling units (ADUs) pose a particular problem for local zoning and planning. An ADU is treated as a separate dwelling unit than the primary residence, and in conjunction with State laws defining the number of residents, poses a concern that bad actor facilities will abuse ADUs to add more residents than prescribed in the intention of these laws.

Past efforts to address the adverse impacts of these types of facilities, licensed or unlicensed, in neighborhoods throughout the City have encountered many land use regulatory complexities, legal, and public policy constraints. As such, these issues need to be carefully addressed to mitigate any adverse impacts of sober living and other drug and alcohol addiction rehabilitation facilities upon the myriad of residential neighborhoods citywide, whether they are licensed or unlicensed or integrated together.

I THEREFORE MOVE that the City Council instruct the Planning Department with the assistance of the City Attorney, to prepare a report relative to sober living homes, community care facilities, group homes, and other alcohol and drug rehabilitation facilities that addresses the following issues:

- 1) City, County, State, and Federal laws that define the human and legal rights of drug and alcohol addiction rehabilitation patients or define the rights of the drug and alcohol addiction rehabilitation facilities, licensed, unlicensed, or integrated.
- 2) County, State, or Federal laws that allow, restrict, or prohibit a city from regulating or banning these licensed or unlicensed facilities, any aspect of their operations, or any aspect of their impacts on surrounding communities.
- 3) County, State, or Federal laws that allow, restrict or prohibit a city from regulating the over-concentration of licensed and unlicensed drug and alcohol addiction rehabilitation facilities.
- 4) Efforts by other cities to regulate drug and alcohol addiction facilities, such as Newport and Costa Mesa, and the outcome of any legal challenges in those cities.
- 5) The legality of integral programs and similar associations between licensed and unlicensed facilities.

6) How the occupancy rules, including but not limited to Uniform Housing Code's Section 503.2 as well as State and local fire codes, relate to the number of patients and workers on-site at a drug and alcohol addiction rehabilitation facility.

7) Whether 24/7 staff on-site counts towards the practical occupancy rate of a house beyond the occupancy rate outlined in City, State, and Federal laws.

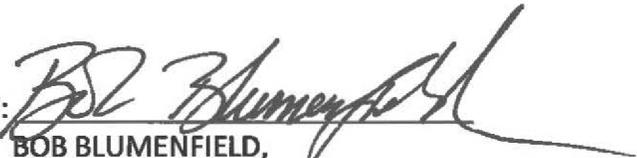
8) Whether anything in the codes for building and safety address the existence of two dwellings on one property, such as accessory dwelling units and accessory living quarters, which would allow or prohibit these facilities to circumvent laws related to the number of people living on a property, lot, and/or structure.

9) The legality of operating a drug and alcohol addiction rehabilitation facility's administrative office on residentially zoned property of a facility, in an accessory dwelling unit, in an accessory living quarter, or in a converted garage unit functioning as a commercial business.

10) Recommendations for the purpose of determining if licensed or unlicensed drug and alcohol addiction rehabilitation facilities are operating in a manner appropriate to businesses in commercially zoned lots rather than small-businesses permissible in residential lots.

11) Suggest opportunities and options for what the City can do to address this issue in a more comprehensive manner.

PRESENTED BY:

  
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SECONDED BY:



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