Community Based Residential Facilities in the Twin Cities...

In recent years the concept of community care as an alternative to traditional institutions has become increasingly important. Some professionals suggest that the movement toward deinstitutionalization and community care has been spurred on by the increasing awareness among professionals that generally large institutions have not worked; they have not, in the case of the mentally ill, helped people get well; they have not, in the case of the mentally retarded, helped people to learn and improve their functioning; nor in the case of offenders, have they taught them to lead non-criminal lives.

Community-based Residential Facilities, as an alternative living and therapeutic arrangement, can be conceived as part of a "normalization services system". Proponents of deinstitutionalization point to the need for normalization and continuum of care services. Normalization services would involve people who have traditionally been faced with institutionalization in a supervised setting where "patterns and conditions of everyday life...are as close as possible to the norms and patterns of the mainstream of society." 1

Availability of a continuum of care network providing the support services needed to equip these people for independent living or a return to mainstream society is an essential complement to normalization services.

Community response is an essential element in the movement toward deinstitutionalization. Are communities willing to accept a residential facility? Why should they?

Planning meetings with a community-based residential facility on the agenda have exposed the lack of information about these facilities. Proponents and opponents have had no common data on which to base discussion. One of the most significant deficiencies has been the absence of an inventory of the number and type of facilities already in place in the Twin Cities Metropolitan area.

In summer 1975 the Center for Urban and Regional Affairs started a preliminary study of the community-based residential facilities in the Twin Cities area. The study was designed to determine how many and what types of facilities are operating in the area and to investigate the process which determines the location of these facilities. One of the central questions addressed during the study was "Has some undefined system been active in the facility locational process?"

The study report issued by CURA in December 1975 points to the absence of a well designed system characterized by an evident rational process — the situation is such that a number of independent and uncoordinated actions are aggregated to determine both the type and location of a facility.

City records, primarily hearing records, provided much of the basic data for the study. Because of its impact on locational decisions and its potential influence on the future of the facility, community response was given major emphasis.

One of the basic insights of the report is the significance of the perspective — metropolitan, municipal or neighborhood — from which the community-based facility is viewed. The problems of conflicting perspectives are evident in the report documentation.

The report has been organized to provide basic reference material for policy makers, program administrators and community organizations. The authors feel that material in the report will be helpful in clarifying the issues involved in establishing community-based residential facilities and hope that the report will aid in the development of a reasonable system for handling community-based residential facilities.

For copies of the full report send a $2.00 check (made payable to the University of Minnesota) to CURA, 311 Walter Library, University of Minnesota, Minneapolis, MN 55455.

INVENTORY OF FACILITIES

247 community-based residential facilities in the Twin Cities Metropolitan area have been identified and classified. Map 1 provides an overview of the relative locations of facilities within the 7-county area. Considerable functional overlap exists between facilities categorized as "adolescent group home", "child-caring institutions" and "juvenile community corrections”. Facilities currently receiving primary financial support through the Governor’s Commission on Crime


Prevention and Control (L.E.A.A. funds), Ramsey County Community Corrections appropriations, or Anoka and Dakota County Court Services have been classified as "juvenile community-based corrections". For example, Zion Northside Group Home is licensed under DPW Rule #8 (adolescent group home) but receives its primary funding through the Governor's Commission on Crime Prevention and Control. It has been classified as a "juvenile community-based corrections" facility, not as an "adolescent group home".

"Child-caring institutions" represent facilities which primarily serve emotionally-disturbed children and juveniles with behavioral problems. A child-caring institution is distinguished from a group home on the basis of the intensity of its therapeutic program or the scale of its operations, i.e., having at least 10 residents.

The inclusion in this study of board and care homes serving adults with mental health problems reflects their impending licensing under the Department of Public Welfare's Rule #36. Those board and care homes that acknowledge serving adults with mental health problems were included. For the most part, these facilities are certified as Intermediate Care Facilities under Title XIX (Medicaid). Additionally, many boarding and rooming houses located in the same geographical areas as those homes have significant numbers of residents with histories of mental illness. The extent to which this is the case, however, awaits further study.

The most extensive development of community-based residential facilities has occurred during the last three years. Data about when program operations began was obtained for 83 percent (163) of 196 facilities, excluding the 51 juvenile community corrections group homes supported by Ramsey, Dakota, and Anoka Counties. Approximately 55% of the 163 facilities (95) began operations between 1974 and 1975. It is important to note that only 13 new facilities began operation in 1976, contrasted with 30 new programs in 1974. Moreover, one-third of the facilities that began operation in 1975 are attributable to one operator: Browndale, Minnesota (childcaring institution for emotionally-disturbed children).

Prior to 1972, the predominant types of community-based residential facilities were: 1) the board and care home; 2) institution-like residences serving mentally retarded children; 3) apartment-like residences serving mentally retarded adults; 4) a few group homes and child-caring institutions administered by private social service agencies; and 5) a few halfway houses for alcoholic persons adhering to an Alcoholics Anonymous treatment model. 1972 through 1975 witnessed the emergence of community-based corrections programs, a variety of chemical dependency programs serving the needs of special target groups, and the emergence of the number of adolescent group homes. This growth can be attributed to an availability of federal funds, particularly in the areas of chemical dependency and corrections, and to foundation seed money support.

During the period from 1972 to 1975, 29 facilities either closed or changed their location. 19 of these 29 facilities were located in South Minneapolis (13) and Summit-University (6) areas. Among the 22 facilities that closed, adolescent group homes (7) and juvenile community corrections facilities (7) predominated. Seven facilities, including five chemical dependency facilities, changed location and are still operating. Certain homes once vacated remained in a "community-based residential facilities market" and were subsequently occupied by another residential program.

Some Implications of Facility Clustering

Facility clustering patterns exist. It can be assumed that the proximal location of similar and dissimilar target groups may have both positive and negative client-related effects. For example, the area bounded by Pillsbury, Franklin, 26th Street and 35W has six chemical dependency halfway houses representing four different programs. Such a situation is potentially conducive to the sharing of professional services. As an example, one job counselor could be hired to serve client needs.

Similarly, four residences for mentally retarded adults are located on the fringe of downtown Minneapolis. Location of a sheltered workshop at one of these sites, proximal to the other three residences, represents an additional example of a positive client-related locational effect. In such a situation, implications for shared transportation services are also evident.

In contrast, the hypothetical location of a home for mentally retarded adults in proximity to a juvenile community-corrections residence may be associated with negative client-related effects. A value judgment is implied in this statement. In such a situation, the potential for victimization of mentally retarded persons is assumed to be high. Further research is needed to confirm the validity of such assumptions and to investigate further what the positive and negative interactive effects are between similar and different types of facilities located near one another.

A related question also merits examination: what are the relative advantages and disadvantages for particular target groups of inner-city versus suburban residential facility locations? For example, in the case of chemical dependency halfway houses, should access to a lower-skilled job market, such as a day labor pool, be considered an important criterion in evaluating site selection? Or, does "psychological distance" aid recovery, such that chemically dependent persons would rather seek care outside their immediate neighborhood or away from areas with high drug use?

As yet, these questions of the user-associated effects of facility location are unanswered. Meanwhile, 95 new facilities began operations within the last 3 years. Associated with this development are neighborhood impact effects that for the most part have also gone unstudied. In the following section the phenomenon of community resistance to residential facilities is examined. It is argued that an inherent structural conflict exists between the planning and allocation of resources to community-based residential facilities at the county and regional level and local municipal attempts to control the development of these facilities through land use and zoning practices. As will be shown, the issues surrounding the location of community-based residential facilities not only reflect a conflict between levels of government in defining jurisdictional responsibilities, but raise broader questions concerning equity in public investment and human valuation.

Community Resistance

Those who advocate establishing community-based programs for a particular target group are asking that a neighborhood absorb these persons into its social fabric. However, community-based residential facilities are generally regarded as "noxious facilities"; operations generally acknowledged by all as needed, but not necessarily desired by the residents at any potential site.

Examination of who decides when a public facility, e.g., community-based residential facility, is "noxious" and by what criteria is central to addressing pragmatic policy issues concerned with the spatial distribution of these facilities. At least five different participants are involved in the process of establishing a community-based residential facility. These participants are: 1) property owners adjacent or proximal to the proposed facility; 2) the "broader community" surrounding the facility; 3) various
bureaucratic constituencies and elected officials impacting upon the operations of the facility; 4) the residential facility owner, operator, or program director; and 5) persons who will reside in the facility and/or advocacy groups organizing to establish facilities in behalf of these persons. It is important to bear in mind that the goals of these groups are distinctly different.

The primary social conflict revealed in the locational decision concerning group homes and halfway houses is between two values which have been termed to as “inherent equality” and “actual productive contribution”. “Inherent equality” assumes that all individuals have equal claims to entitled societal benefits regardless of the quantity or quality of their contribution. “Actual productive contribution” posits that individuals who produce more output — measured in some meaningful way — have a greater claim to societal benefits than those producing less.

Community-based residential facilities have as a goal the assimilation of both the physical structure and residents’ social behavior into the everyday community life of the surrounding neighborhood. The “inherent equality” value is embodied in this goal of community integration. However, the “actual productive contribution” value emerges in a variety of ways to provide the primary rationalization for neighborhood opposition to community-based residential facilities.

**Analysis of Location Decisions**

46 community-based residential facility locational decisions were examined to determine the frequency of different arguments used by individuals and organized community groups to oppose the location of a facility in their neighborhood.

Three general observations can be made from this analysis. First, it appears that no type of community-based residential facility escapes opposition. Neighborhood residents do not positively discriminate between the persons who will occupy the home. For example, homes for both mentally retarded children and ex-offenders are as likely to encounter resistance although different arguments are invoked to buttress the opposition. While such resistance may differ in intensity, the intent is identical.

Second, if the facility can withstand a community’s initial antagonisms, its survival, barring financial failure, is seemingly assured. In only one case examined was a conditional use permit revoked as a result of organized community opposition. How-
family and multiple-family use. Further investigation into the extent of this re-conversion and the characteristics of the new occupants appears warranted, particularly in light of the relationship between the growth and development of community-based residential facilities and issues of neighborhood succession.

Data used in the analysis were generated through planning memoranda and zoning decisions obtained from the planning and zoning departments of Minneapolis, St. Paul, and seven suburban Twin Cities municipalities.

The range of facilities covered in terms of geographic distribution, facility type, and stage of operation (already operating, attempting to occupy an existing structure, or negotiating for the right to use a parcel of land to construct a new facility) lead the authors to believe that findings are representative of arguments used to rationalize opposition to community-based residential facilities and have generalizability in this regard.

149 negative arguments were identified in the analysis and classified into four types:

1. **Property values/economic:** including a) "property devaluation" and b) "erosion of neighborhood tax base". (10 percent of responses) [15]

2. **Land use compatibility:** including a) "density of area"; b) "already too many in the area"; c) "availability of property elsewhere" (fair share argument); and d) "zoning incompatibility leading to flooding of other nosier facilities". (24 percent of responses) [36]

3. **Neighborhood quality of life compatibility:** including a) "safety of children and elderly"; b) "lifestyle of residents"; and c) "interference with quality of life", "housekeeping matters" (parking, traffic, property maintenance) (39 percent of responses) [59]

4. **Program evaluation:** including a) "lack of supervision of residents"; b) "not enough space for facility to operate effectively"; c) "qualifications or program staff"; and d) "financing of program". (27 percent of responses) [59]

Investigation of community responses during locational decision indicates a strong community interest in issues of residential services planning. Presently, neighborhoods appear to view deinstitutionalization policies as thrust upon them, with the source of authority for these policies ill-defined. Such ambiguity leaves many of the locational and programmatic decisions regarding these facilities unjustified. While advocacy planning efforts have been initiated to assist potential and current facility operators to gain a foothold in a community, little has been done to systematically work with community groups in a similar advocacy style.

Human service planners have imposed on various communities and neighborhoods a set of values — deinstitutionalization is a desirable goal and community-based residential facilities are an expedient means to this end. However, little appears to have been done to work with affected citizens groups on an on-going basis to involve these persons, for instance, in devising an equitable facilities distribution plan. It appears that planners have chosen to play, on a case-by-case basis, a broker role between the facility operator and a potentially hostile community. It seems that those who have been involved in these conflicts have yet to mobilize interested citizens on a broader level to confront neighborhood succession issues related to deinstitutionalization.

Community residents may be caught in a clash of interests between their own desires to protect the integrity of what they define as "community standards" (the actual productive contribution value), and the desire to be responsive to more powerful segments of society, i.e., government and church, who state that deinstitutionalization is both necessary and desirable (the inherent equality value). The implications of this dissonance with respect to understanding planning issues related to urban social change requires further explanation.

Although the continuum of care, "normalization", and "transition" principles have become established human services planning concepts, a critical planning problem lies not only in defining the dimensions of the target populations (how many persons with certain socio-demographic characteristics having what extent of social disability) but in designing effective and efficient residential programs carefully matched with identifiable client needs.

Program need determination and subsequent funding support generally involve county-level negotiations, however, issues concerning location are not the direct concern of this level of government. Thus, as noted earlier, an inherent structural conflict between county control over the allocation of resources and local municipal land use control appears evident.

In public hearings held in December 1973 to consider proposed revisions in St. Paul's zoning code, a community representative noted:

... these organizations are routinely locating in this area [Summit-University] far in excess of the needs of the community and in fact this excess is resulting in changing the character of this area from what it presently is — a residential area — to an institutional area.

From the perspective of community-based facility opponents, the fundamental issue is what kind of protection can be given the neighborhood such that its residential character can be retained? From a more conceptual point-of-view, an underlying dilemma is how to define the characteristics of a "normal residential neighborhood"?

A North Minneapolis community group in voicing its opposition to an adolescent group home noted:

The problem is metropolitanwide and until the suburbs share the concern, we do not feel that the cities of Minneapolis and St. Paul should carry the entire burden. North Minneapolis has enough problems in maintaining our neighborhoods without taking on more. We sympathize with our South Minneapolis neighborhoods where the majority of these houses and homes are concentrated.

In contrast, the suburban case more clearly reflects issues related to the general purposes of zoning — to regulate and control the use of land so as to insure the health, safety, morals, and general welfare of the residents of the area in question. Often in the suburban case, the community-based residential facility is viewed as a precursor to the intrusion of more noxious forms of land use which may also require issuance of conditional or special use permits or the granting of zoning variances, e.g., double bungalows, townhouses, or apartment buildings in areas zoned single-family residential. Moreover, newly constructed community-based residential facilities in suburban areas have been perceived as potential "white elephants" should the program cease operation. For example, if three cottages, to be occupied by mentally retarded persons, are built on a large suburban lot and the program should close, what will become of those residences? How will they be able to enter the suburban housing market?

**The Cost Efficiency Question**

Consideration in planning of the essential linkages between the community-based facility and relevant support services is crucially important in considering whether policies of deinstitutionalization are likely to result in cost reduction or merely cost redistribution.

A simple comparison of community residential per diem rates with
institutional rates does little to take into account the costs associated with providing requisite support services that are critical to the success of community re-integration efforts.

Earlier discussion focused on difficulties related to allocating resources to community-based residential facilities on the basis of needs assessment. Alternatively, the present "normalization services system" represents a situation in which significant competition can be assumed to exist between programs for residents. The optimal allocation of resources for community-based residential facilities might be better left to the market as a reflection of client demand, rather than to professional definitions of need.

As reflected in utilization patterns, it is apparent that demand for community-based residential facilities is regional in scope. While the authors were unable to conduct a comprehensive client-origin study, it is clear that the service area of an individual residential facility often exceeds a single county or municipal boundary. Host-county purchase-of-service agreements, under the Department of Public Welfare administered Title XX, provide significant fiscal support to such inter-county placements. To what extent the small scale of many facilities allows them to confine client pools to a specific geographical area, or whether the specialized nature of the services provided coupled with a program's reputation results in facilities drawing clients from a widespread area, is a question requiring further investigation.

A critical question regarding future planning of residential facilities is — should the determination of what residential needs are worth meeting and at what cost be worked out in a "residential services market-place" through an inter-play of supply and demand?

The State of Minnesota allows licensed residential facilities to be operated for profit. Such a situation begs a question requiring further investigation: Are there any differences between not-for-profit and for-profit community-based residential facilities within a given facility type, particularly with respect to the characteristics of the persons served or the treatment modalities employed?

The Control Setting

The attempt to generate a zoning program for equitable distribution of community-based residential facilities spotlights the necessity for determining the appropriate geographical perspective for facility planning. The authors of this report investigated the current jurisdictional implications of state, metropolitan and local zoning authority in terms of community-based residential facility applications.

Lack of clear-cut planning criteria for the equitable distribution of community-based residential facilities and difficulty in identifying who is responsible for such planning has led at various times to calls for a "moratorium" on all new facilities in both St. Paul and Minneapolis. In light of State policies and statutes encouraging deinstitutionalization, the legality of any local moratorium would be questionable. In Hepper vs. Town of Hillsdale, the New York State Court ruled:

...It can be safely said that the state has an abiding interest in the control and rehabilitation of addicts and in furtherance of that interest has legislated an extensive and comprehensive program including the use of qualified private facilities... The Town of Hillsdale takes the position that drug and narcotic addiction is a social evil and its ordinance is salutary in that it combats such evil. However, little argument is required after a comprehensive and sympathetic reading of the ordinance, to conclude that the thrust and import of the act is not to regulate or control a drug rehabilitation center in the Town but to prohibit such centers from operating. The purpose of the ordinance is obviously inconsistent with the organic law of the state, and therefore, is unreasonable, arbitrary, and oppressive to a valid state purpose... such legislation cannot be so oppressive in nature so as to remove the Town from participation in an overall state program.

In striking down a local ordinance expressly prohibiting the establishment of a chemical dependency halfway house, the Court, however, offered no guidance to the local municipality on how it could act to control the distribution of these facilities. By implication, if state policies are encouraging deinstitutionalization, then the state should assume a more visible and active planning role in the development of these facilities.

The primary difficulty in developing a neighborhood-level institutional density measure is its implementational feasibility. Assuming a quarter-mile radius restriction and the combined number of persons to be served by both the proposed and existing facilities located within this radius set at less than ten percent of the total number of persons residing within the radius, it is readily apparent that for each proposed facility a different population base would have to be computed. While this might not be particularly difficult in communities with few facilities, situations such as in South Minneapolis or Summit University would make such calculations burdensome. In all likelihood, radii would not be coterminal with census tracts, and calculations would have to be performed on a block by block basis.

Implications of controlling over-concentration through this approach are significant for planning purposes. Utilizing acceptable distance zones will discourage single facility operators and encourage residential operators who can realize economies of scale through the administration of multiple facilities.

A complementary approach to density control would be to couple the quarter-mile restriction with control of square footage requirements at the individual facility level. Such an approach would weight residential districts differently to take into account the differential absorption capacities of high density versus low density residential districts. The acceptable distance criterion would thus control residential density at the neighborhood level, while reasonable square footage requirements would assure adjacent and proximal neighbors that the facility does not represent an instance of overcrowding.

In developing model zoning legislation with respect to the community-based residential facility, four issues need to be addressed — how are these facilities to be defined, what will be the extent of their permitted versus conditional use, how is over-concentration to be controlled, and in what ways can a community integration or citizen participation requirement be made a provision of the zoning ordinance?

Report Recommendations

1. A study be concluded to answer the question: Does a clustering of community-based residential facilities have a negative impact on surrounding property values?

2. Local municipalities move to explicitly define this type of land use in their local zoning ordinances and to make clear whether special or conditional use permits will be required for facilities to operate in specific residential zones. Optimally, all municipalities should adopt a set of uniform definitions for community-based residential facilities in general conformance with State definitions.

If local municipalities desire further control over this type of land use then an "acceptable distance criterion" and/or a measure of "institutional density" computed at the individual facility level ought to be included in any zoning amendments enacted.
3. Individual State Agencies (principally the Department of Public Welfare and the Department of Corrections) make explicit to the general public through the media and relevant community organizations how policies of deinstitutionalization are being developed, how they are to be implemented (the licensing process, funding channels, and use of paraprofessionals), and what the nature of a workable community-facility relationship can be.

In this educational effort, stress ought not to be placed on marketing conceptual arguments such as the "continuum of care" or "normalization" principles. This role is best left to advocacy groups and to residents who are evidence that the program "works". Rather, State agencies should be making clear to affected communities the facts behind the initiation of their policies, arguing program merits on the basis of program evaluation results. It is clear that if this is not done, community resistance in the face of unpredictability and uncertainty will continue to mount, with or without State enabling legislation superseding local zoning restrictions.

4. The Department of Public Welfare, working through County Welfare Departments and Area Mental Health Boards, begin to develop formal mechanisms that intervene in resource allocation to community-based residential facilities in ways which encourage, rather than discourage, competition among service providers.

5. A Regional Community-Based Residential Services System Task Force be established with the objective of critically examining and proposing solutions to spill-over-related issues concerning implementation of Policy 54 in the Health Chapter of the Metropolitan Development Guide: STATE AND FEDERAL AGENCIES, FOUNDATIONS, UNITS OF LOCAL GOVERNMENTS, AREA PROGRAMS, AND OTHER PUBLIC AND PRIVATE AGENCIES SHOULD BE ENCOURAGED TO EXPAND ELIGIBILITY AND FUNDING FOR SERVICES WHICH PROVIDE ALTERNATIVES TO INSTITUTIONALIZATION.

The Department of Public Welfare and Department of Corrections should jointly convene such a body and provide it with high public visibility. In selecting persons to serve on this Task Force, maximum effort should be placed on creating constructive interchange between representatives of County-level government and local municipalities. Furthermore, residents of communities or neighborhoods in which facilities are located and facility operators should be given significant representation on this body.

6. Community Residential Services Boards be established in Minneapolis and St. Paul with the primary objective of working in an ongoing manner with residential facilities toward the goal of community integration. Principal activities of such a body could include:

1. Developing location plans aimed at redistributing facilities throughout the city. [Planning Role]

2. Maintaining an up-to-date register of vacant residences suitable for occupancy as community-based residential facilities. [Facilitator Role]

3. Assessing the relationship between the facility and its neighborhood context, addressing the question: What can the facility and the neighborhood offer each other? [Broker and Evaluator Roles]

As this report attempted to show, the growth and development of community-based residential facilities reflects a broader social policy issue — a conflict between the values of "inherent equality" and "actual productive contribution". Those who advocate deinstitutionalization policies associate themselves most clearly with the former value. While those who are entrusted with administering land use policies identify more strongly with the latter value.

The future viability of community-based residential facilities is contingent on developing formal mechanisms that will allow for the resolution of the differences between these positions, giving equal weight to the need to implement principles of normalization and the right to communities to come to grips with issues of neighborhood succession which they perceive as affecting their "quality of life."

Since community-based residential facilities are innovations in human services delivery, extensive documentation as to the efficacy of many of these programs has yet to be produced. As a final note, program evaluation can be viewed not only as a means for addressing questions of program efficiency and effectiveness but as a mechanism for mitigating community resistance. Evaluation represents a mechanism by which the individual program and its funding source can demonstrate accountability to both the host neighborhood and general community.

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