

Treatment Centers Can Impact Home Prices

October 17, 2014

Residential substance abuse treatment centers can impact the price of neighboring homes, according to a study that uses MLS data to show just how much it can potentially hamper nearby values.

Centers for treating substance abuse are increasingly being located within residential neighborhoods, and the number is expected to grow. Many property owners respond with a "not in my backyard" attitude when a center is proposed, with nearby residents arguing that recovering addicts could bring higher crime risk to their community.

Researchers Claire Reeves La Roche, Bennie D. Waller, and Scott A. Wentland at Longwood University in Farmville, Va., used MLS data from central Virginia to estimate the impact of substance abuse treatment centers on nearby home values. They also used the data to figure out whether homes near substance abuse treatment centers stayed on the market for a longer amount of time.

They found that home values within one-eighth mile of a residential treatment center is associated with an 8 percent reduction in home prices when measured against comparable homes that are farther away. The discount is magnified even more when the treatment centers are for those that specifically treat opiate addiction, which includes addictions to heroin or morphine. In those cases, home values are reduced by up to 17 percent, researchers found.

However, research did not find evidence that nearby treatment centers affect a for-sale home's time on the market.

"Operating a treatment center is a growing industry and it is reasonable to assume that new centers will be built nationally, many of which will be sited near residential communities," researchers note in the study. "Indeed, there is very little that individuals and localities can do to prohibit a substance abuse treatment center from locating in a residential area because alcohol and drug addiction is considered to be a handicap and thus alcoholic/addicts in recovery are members of a protected class under the federal anti-discrimination housing laws. Hence, as residential treatment centers become more common, it is important to understand all their effects, including the effects they may have on nearby real estate and how markets price the potential risk of nearby externalities."

Source: "Not in My Backyard": The Effect of Substance Abuse Treatment Centers on Property Values <<http://benniewaller.com/areas-of-expertise/>>"

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The Magazine

Report: Abandoned Homes Still a Drag in Some Cities

May 16, 2018

The number of vacant homes in the U.S. surged during the Great Recession. Many cities recovered and fewer homes are standing empty, but not everywhere. The number of homes that have been abandoned has risen 2.1 million nationally in recent years, and vacant properties continue to be a drag on former industrial epicenters or the nation's "legacy" cities, according to a newly released report. These are properties that are sitting unused and are not for sale or rent.

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Vacancies have grown more widespread since the 1990s in cities like Detroit, Cleveland, and St. Louis, all former industrial powerhouses, according to the report from the Lincoln Institute of Land Policy, "The Empty House Next Door" <https://www.lincolnst.edu/publications/policy-focus-reports/empty-house-next-door>." The vacancies are driving nearby property values down, hampering the city's financial health, and leading to higher crime rates, the report notes.

The number of effectively vacant homes has grown from 3.7 million in 2005 to 5.8 million in 2016, according to the report. Hypervacancies—areas in which one in five properties sit vacant—have also continued to plague a handful of cities. For example, in 2015, more than 49 percent of tracts in Flint, Mich., 46 percent of tracts in Detroit, and 42 percent of tracts in Gary, Ind., saw “extreme hypervacancy,” where more than a quarter of units were vacant in each tract, the report notes.

At levels like that, “the market effectively ceases to function,” the report’s author Allan Mallach, a city planner and housing advocate, notes. “Houses sell, if they sell at all, only to investors at rock bottom prices while neighborhoods become areas of concentrated poverty, unemployment, and health problems.”

Some cities are taking steps to rehabilitate, demolish, and reuse vacant properties as new housing or as green space, the report notes. For example, in Cleveland and Youngstown, Ohio, collaborative public-private efforts have combined strategic demolition with rehabilitation to make refurbished homes available to new buyers at more affordable prices. In Baltimore, city officials are using receivership to place vacant properties with for-profit and nonprofit developers, which has brought 1,300 units back to use since 2010.

In areas with less redevelopment, city planners are converting vacant properties into green space. In Cleveland, vacant land has been converted into green space and the city worked with a nonprofit partner to use \$500,000 in grants to add 56 small parks, rain gardens, and architectural projects.

The report urges that cities collect better data on vacancies, remove impediments to reuse, and adopt public strategies to drive a reuse of these abandoned properties so that vacancies no longer have to hold back a community’s progress.

Source: “The Empty House Next Door <<https://www.lincolnst.edu/publications/policy-focus-reports/empty-house-next-door>>,” Lincoln Institute of Land Policy (May 2018)

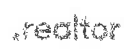
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Not In My Backyard: Communities resist mental health, and alcohol and drug treatment facilities



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Researchers have documented the importance of providing evidence-based treatments (http://www.justicepolicy.org/images/upload/08_01_rep_drugtx_ac-ps.pdf) to people with mental illnesses, including substance use disorders (SUDs), not only to improve their quality of life, but also to lessen the social and economic burden of these conditions on society as a whole. Although many people agree that individuals with alcohol and drug use problems benefit considerably from receiving treatment (<https://www.drugabuse.gov/publications/drugfacts/treatment-approaches-drug-addiction>), local governments and residents often adopt a "not in my backyard" (http://digitalcommons.law.umaryland.edu/cgi/viewcontent.cgi?article=1072&context=fac_pubs) (NIMBY) mentality when it comes to having such facilities located in their communities.

This strong opposition to mental health and substance abuse treatment facilities and other forms of supportive housing for people with physical and mental disabilities is often fueled by residents' unjustified fears (<http://www.nytimes.com/1989/11/13/nyregion/fears-of-neighbors-frustrate-a-drug-care-center.html>) that allowing these types of businesses into their communities will reduce their property values and bring in more drugs and crime (<http://www.csh.org/wp-content/uploads/2012/07/BeyondNIMBYpdf.pdf>) to their neighborhoods, despite the lack of evidence available to support these claims.

"It baffles me why communities think that it would be better to have people running around with untreated substance abuse rather than people who are actually in treatment programs. The community would seem like it would have a lot more to fear from untreated substance abuse rather than programs that are getting people into treatment," said Thomas Renfree, Deputy Director, Substance Use Disorder Services at County Behavioral Health Directors Association California (CBHDA), in an interview with Sovereign Health.

In recent years, the expansion of drug and alcohol treatment facilities, sober living homes and group homes in affluent beach communities in Southern California has been a focal point of concern for residents. At times, local governments have imposed strict zoning regulations and moratoriums unfairly targeting patient residences and other forms of community-based housing, some of which clearly violate federal and state laws protecting individuals with disabilities. What is most disconcerting is that residents continue to resist having drug and alcohol treatment facilities, despite living in areas where the need for treatment is substantial. For residents living in a geographically isolated city like San Clemente, the need for treatment is especially high.

- Learn more: Appendix: Tables and graphs of crimes in San Clemente from 2009 to 2015 (<https://www.sovhealth.com/editorials/not-in-my-backyard/appendix-tables-graphs-crimes-san-clemente-2009-2015/>)

This piece provides an overview of the substance abuse and crime problem that exists in San Clemente as well as some of residents' major concerns regarding drug and alcohol treatment facilities locating near their homes. Subsequent articles will take a deeper look at some of the major topics discussed in this article.

What is 'not in my backyard'?

The phenomenon known as, "not in my backyard," or NIMBY, syndrome is defined as the strong opposition of residents to having alcohol and drug treatment facilities and other community services located in their communities. Typically based on unfounded fears and negative stereotypes (e.g., that drug treatment facilities bring in more crime), NIMBY can have a number of negative consequences for people with physical and mental disabilities. For example, communities that adopt a NIMBY mentality can promote the discrimination and stigmatization of people with physical and/or mental illnesses (e.g., schizophrenia, SUDs and AIDS), which can further prevent them from seeking and receiving necessary treatment and services.

This community resistance can also prevent alcohol and drug treatment facilities — as well as many other types of community care, health care and social services facilities for people with physical and mental disabilities — from opening, expanding or running their businesses so they can provide treatment, care and support to people who need it, an important issue that will be addressed later in this article.

- See also: Myths about mental illness that make matters worse (<https://www.sovhealth.com/mental-health/myths-about-mental-illness-that-make-matters-worse/>)
- To learn more about stigma, check out: Bob Weather's presentation on Recovery without Shame or Stigma (<https://www.sovhealth.com/news-media/webinars/view-past-webinars/recovery-without-shame-stigma/>)

Complaints about residential treatment facilities

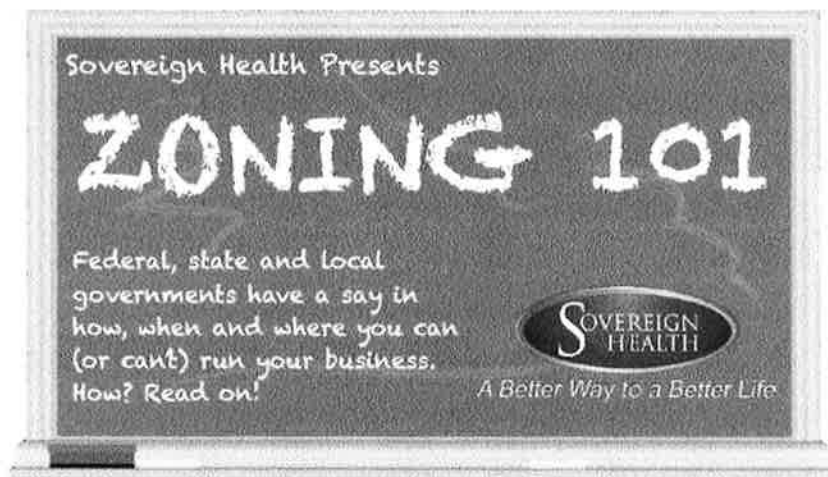
Residents living in communities with high property values and highly desirable housing — including cities such as San Clemente, Malibu, Newport Beach and Dana Point (<http://www.danapointtimes.com/a-sobering-discussion/>) — are particularly concerned about having addiction treatment facilities in their neighborhoods, wrote Paul J. Weinberg (http://www.pjwmediation.com/_pdfs/West_ZPLR_2008_OctAlcoholandDrugRehabHomes.pdf), J.D., a real estate attorney in Irvine, California, in a 2008 Zoning and Planning Law Report. Along the southern coast of California, residents from the city of San Clemente and other affluent beach communities have grown increasingly hesitant and fearful about having people with mental health and substance use problems coming in and out of their cities to receive treatment from residential facilities, sober living homes and group homes.

Many residents have expressed complaints about the lack of street parking, overcrowding and increased traffic, noise and trash around their cities. In some instances, residents have exhibited overly aggressive and hostile behavior toward staff members and people receiving treatment at these mental health, and drug and alcohol rehabilitation facilities. For example, Joe Scolari, a manager of one of the sober living homes in San Clemente, told the Dana Point Times (<http://www.danapointtimes.com/news-next-door-san-clemente-sober-living-facility-moratorium-ladera-ranch-bank-robbery/>) that he'd been sued, followed and harassed so much by people in town that he was forced to move out of the area.

Federal and state laws protecting individuals with disabilities

Local governments have responded to the influx of residential treatment facilities, group homes and sober living homes in California by implementing stringent zoning laws as a way to regulate, eliminate or drastically reduce the number of these types of businesses trying to locate within their communities. Many of the regulatory tactics and zoning ordinances established by local governments are unlawful and even discriminatory under federal and state laws protecting people with physical and mental disabilities (<https://www.ssa.gov/disability/professionals/bluebook/12.00-MentalDisorders-Adult.htm>), including individuals who have schizophrenia, mental impairments and SUDs.

- Learn more about zoning in this interactive SlideShare:



(<http://www.slideshare.net/SovereignHealthGroup1/zoning-101>)

The principal federal laws protecting people with disabilities from discrimination include:

- The Fair Housing Act [FHA (http://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp/FHLaws/yourrights)], which protects people from being discriminated against when renting, buying or securing any housing on the basis of their race, ethnicity, national origin, religion, sex, disability or family status (e.g., having children). It also prohibits local land use rules from discriminating on the basis of these categories.
- Section 504 of the Rehabilitation Act of 1973 (<https://www.dol.gov/oasam/regs/statutes/sec504.htm>), which prohibits the discrimination, denial of benefits or exclusion of persons with disabilities by any program or activity receiving federal financial assistance.
- The Americans with Disabilities Act [ADA (https://www.ada.gov/2010_regs.htm)], which protects persons with disabilities against discrimination and ensures their equal opportunity in employment, state and local government services, public accommodations, commercial facilities and transportation. The ADA protects the civil rights of people who have successfully completed, or are currently enrolled in, a drug rehabilitation program.



Local municipalities can violate federal laws when they attempt to implement zoning and land use laws that “treat groups of unrelated persons with disabilities less favorably than similar groups of unrelated persons without disabilities.” In addition to federal laws, the state of California provides further protections to those with physical and mental disabilities, including the California Planning and Zoning Law (<https://www.cacities.org/Resources-Documents/Policy-Advocacy-Section/Hot-Issues/Group-Homes/California-Land-Use-Laws-Related-to-Recovery-Facil>), which prohibits the discrimination of individuals based on their disability in land-use decisions, and the California Fair Employment and Housing Act (FEHA), which prevents the discrimination and harassment of individuals based on their age, sex, gender, sexual orientation, race, ethnicity, religion, marital status, nationality, familial status or disability.

Pushback laws and new California legislation

Unfortunately, not all legislation has been favorable for people with disabilities. An ordinance passed by the Newport Beach City Council in 2008 placed regulations on sober living homes; soon thereafter, three sober living homes sued the city of Newport Beach on the grounds that the ordinance violated laws in place for fair housing and protecting individuals with disabilities from discrimination. After a seven-year legal battle (<http://www.oeregister.com/articles/city-671919-group-court.html>) between the three sober living homes and Newport Beach, the judge ruled a multimillion dollar settlement in favor of the sober living homes in July 2015. The judge ruled that the ordinance was discriminatory against people with SUDs and that the city was unfairly targeting alcohol and drug treatment programs.

In the first quarter of 2016, four bills (AB 2403 (http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160AB2403), SB 1283 (https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160SB1283), AB 2772 (http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160AB2772) and AB 2255

(https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160AB2255) were introduced in California that would allow local governments to apply more restrictive zoning laws on facilities that provide services to people in treatment and recovery for alcohol and drug use problems. "Cities should not be allowed to get around the ADA and Fair Housing laws to try to restrict where treatment programs, residential treatment or sober living homes can locate," said Renfree of CBHDA.

How has crime changed in San Clemente in the last 10 years?

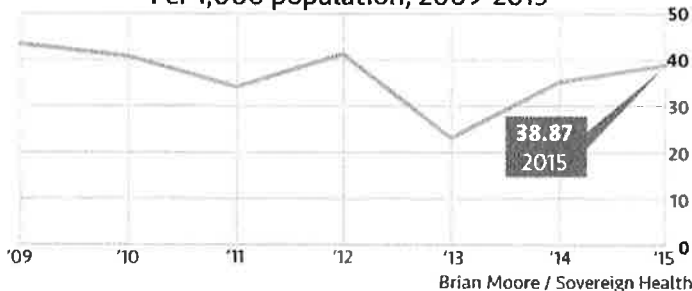
The total crime rate *has* gone up in many California cities. From 2014 to 2015, crime increased by 23 percent (<http://www.ocregister.com/articles/crime-711355-county-criminals.html>) in Orange County, and the total crime rate went up by about 10 percent in San Clemente, according to crime data compiled from the Orange County Sheriff's Department (http://ws.ocsd.org/EServices/CrimeStats_CrimeByArea.aspx) (OCDS). Notably, San Clemente's crime rate has increased in proportion to the population. In 2015, San Clemente's crime rate of 39.8 per 1,000 people has actually decreased compared to previous years. In fact, San Clemente's crime rate in 2015 is lower than it was in 2009 (43.4 total crimes per 1,000 people), 2010 (40.8 total crimes per 1,000 people) and 2012 (41.3 total crimes per 1,000 people).

Total crimes
San Clemente, 2009-2015

Year	Population	Total crime	Rate per 1,000	% Change
'09	61,610	2,674	43.40	-
'10	63,635	2,593	40.75	-6.12%
'11	64,326	2,197	34.15	-16.18%
'12	64,738	2,672	41.27	+20.85%
'13	65,040	1,503	23.11	-44.01%
'14	64,865	2,286	35.24	+50.51%
'15	65,399	2,542	38.87	+10.29%

Source: Orange County Sherriff's Department

Total crime rate in San Clemente
Per 1,000 population, 2009-2015



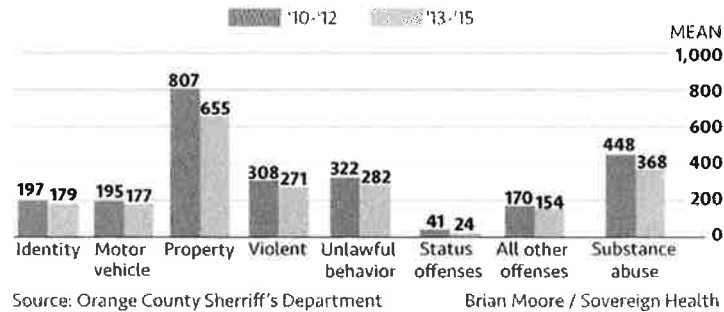
One factor that may contribute to crime in San Clemente could be the 30 percent population growth rate from 2000 to 2014, according to the 2015 Profile of the City of San Clemente (<https://www.scag.ca.gov/Documents/SanClemente.pdf>) report published by the Southern California Association of Governments' (SCAG) Regional Council. In addition to San Clemente's huge population growth, high unemployment (<http://www.homefacts.com/unemployment/California/Orange-County/San-Clemente.html>) rates, homelessness, untreated mental illness and substance abuse, and financial hardships (<http://california.apcmag.net/financial-facts-in-san-clemente-ca.html>) among residents can also contribute to increases in crime. Importantly, although there are various reasons for changes in crime rates, not one of these factors solely contributes to increased crime.

Furthermore, a comparison of the average number of crimes that were reported from 2010-2012 to 2013-2015 reveals a much different picture — compared to the average crimes reported from 2010-2012, the average crimes reported in San Clemente decreased in all categories of crime in 2013-2015. Some of the major decreases in the average crimes reported in San Clemente from 2010-2012 to 2013-2015 included the following:

- Fraud and identity theft crimes decreased by 9 percent.
- Drug possession crimes decreased by 10.4 percent.
- Violent crimes decreased by 12 percent.
- Property crimes decreased by 18.8 percent.
- Crimes for drug make and sale decreased by 25 percent.
- Alcohol-related crimes decreased by 25.1 percent.



Average crimes reported in San Clemente From 2010-2012 to 2013-2015



Unfounded concerns about the link between treatment facilities and crime

Many residents living in affluent beach communities in Orange County, California, have expressed concerns that allowing persons to receive alcohol and drug treatment in their neighborhoods will upset the foundations of their communities and contribute to a rise in crime; however, the data reveals quite the opposite. While many residents fear that alcohol and drug treatment facilities will increase crime rates due to the established link between substance abuse and crime, there is no evidence that suggests that people with SUDs who receive adequate treatment are any more likely to commit crimes than other people in the general population.

"One of the problems is that treatment programs get blamed as part of the problem, instead of credited as part of the solution," Richard Pruss (<http://www.nytimes.com/1989/11/13/nyregion/fears-of-neighbors-frustrate-a-drug-care-center.html>), the president of Samaritan Village, a residential drug treatment program, told The New York Times. "Drug abuse has far more of an effect on a neighborhood than a drug-treatment center." In fact, studies have shown that individuals with SUDs who receive treatment are actually less likely to commit crimes. While the link between substance abuse and crime is clear, facilities that provide treatment to individuals with SUDs help to reduce the substantial impact of substance abuse and crime on communities.

Read more: [State of Addiction Policy: The growing shift to treat addiction as a health issue rather than a crime](https://www.sovhealth.com/editorials/state-of-addiction-policy/state-of-addiction-policy-growing-shift-treat-addiction-health-issue-no-crime/) (https://www.sovhealth.com/editorials/state-of-addiction-policy/state-of-addiction-policy-growing-shift-treat-addiction-health-issue-no-crime/)

Is crime higher near drug treatment facilities?

Very few studies have investigated the claim that alcohol and drug treatment facilities bring in more crime into communities. The unyielding community resistance toward drug addiction treatment centers in Baltimore sparked the interest of Debra M. Furr-Holden, Ph.D., an epidemiologist and professor at Michigan State University. In a recent study (<http://www.jsad.com/doi/abs/10.15288/jsad.2016.77.17>), Dr. Furr-Holden and her colleagues from The Johns Hopkins School of Medicine compared the 2011 violent crime statistics in Baltimore in the areas near publicly funded treatment centers with areas near liquor, corner and convenience stores.

"Our goal was to deal with some of the concerns that people have – that substance abuse treatment facilities bring in more crime and disorder," stated Dr. Furr-Holden in an interview with Sovereign Health. Contrary to the belief that drug treatment facilities bring in more crime to communities, the researchers found that the mean count of violent crime was significantly lower around drug treatment facilities compared to areas around liquor stores and corner stores, and there was no significant difference between the crime count around drug treatment centers and convenience stores.

The results of this study indicated that the areas around drug treatment centers *did not* have more crime than the other commercial business areas in the study. "Drug treatment centers had even smaller crime than other medical treatment centers," stated Dr. Furr-Holden. In fact, as they got closer to drug treatment facilities, there was actually less crime.

"It's an irrational fear that ties rising crime rates to alcohol and drug residences or residential treatment. There's no connection. Crime rates rise or fall for a number of reasons, but there's absolutely no connection between crime rates and the presence of alcohol- and drug-free residences or treatment programs," said Renfree of CBHDA. "I think that it would be foolish to not want to have these programs, because then you have people there who have untreated substance abuse and that can certainly be a crime problem."

Follow this series

Sovereign Health will continue to publish articles related to the local crime rates in San Clemente, California. Check back for updates on the "Not in my backyard" editorial series at Sovereign Health's website, and on Facebook or LinkedIn. You can also follow the discussion on Twitter by searching for #NIMBY, #NotInMyBackyard, #SanClemente, #Crimes and #SovTalk. Stay tuned for the next installment in the series, which will explore the endemic problems of mental illness and substance abuse in San Clemente.

About the author

Amanda Habermann is a staff writer for Sovereign Health. A graduate of California Lutheran University, she received her M.S. in clinical psychology with an emphasis in psychiatric rehabilitation. Her master's thesis was written on "The effect of parental codependency on elementary school children's social and emotional development," and her research has been accepted for poster presentations at the Western Psychological Association. She brings to the team her extensive clinical background and skills in psychological testing and assessment, clinical diagnosis, research and treatment, and recovery techniques for patients with mental illness. She is a passionate researcher and enjoys staying up to date on the newest topics in the field. For more information and other inquiries about this article, contact the author at news@sovhealth.com.

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For any additional information or inquiries, please contact Wendy Allen, Public Relations Manager at Sovereign Health at 866-686-0090.

Editor's note

The Orange County Sheriff's Department (OCSO) provides online public access to crime statistics for the city of San Clemente. The data provided in this article reflect the most current crime statistics, as of April 2016, reported by OCSO. As the database is continuously updated, it is subject to change. If you believe that any information is inaccurate or incorrect for any reason, please contact OCSO.

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