



**To:** Richmond City Council **Date:** May 24<sup>th</sup>, 2002  
**From:** Mayor Malcolm D. Brodie **File:** 8060-20-7340  
Chair, General Purposes Committee  
**Re:** **MANAGING 7-10 SIZED GROUP HOMES IN RICHMOND**

The General Purposes Committee, at its meeting held on May 21<sup>st</sup>, 2002, considered the attached report, and recommends as follows:

**Committee Recommendation**

(Opposition: Mayor Brodie, Cllr. McNulty to Part (1); Mayor Brodie, Cllrs. Greenhill, E. Halsey-Brandt and McNulty to Part (2); Mayor Brodie to Part (3); and Cllrs. E. Halsey-Brandt and McNulty to Part (4) of the recommendation)

*That:*

- (1) The staff revisions to the October 31, 2001 Richmond Group Home Task Force Final Report and Recommendations (Attachment 1) be approved.*
- (2) Staff be directed to finalize the proposed Protocol Agreement (Attachment 2) with the Richmond Health Services.*
- (3) Zoning Bylaw No.7340 to require all 7 to 10 sized licensed and unlicensed group home operations to be located a minimum of 200 metres, lot to lot, from any other Residential Care Facility, Residential Group Home, or Special Care Residential Facility be given first reading.*
- (4) A two year monitoring period be established for any further changes to the City's 7-10 sized group home management approach to allow the City, Richmond Health Services, and community to determine its practicality, unless Council determines that an alternative approach would be better due to changes to provincial legislation (e.g. Community Care Facilities Act, new Provincial Community Charter legislation, etc.).*

Mayor Malcolm D. Brodie, Chair  
General Purposes Committee

Attach.

VARIANCE

Please note that staff recommended the following for Part (1):

- (1) The Revised October 31, 2001 Richmond Group Home Task Force Final Report and Recommendations (Attachment 1) be approved.*

## Staff Report

### Origin

At the April 2<sup>nd</sup>, 2002 meeting, the General Purposes Committee endorsed the following:

*That the October 31<sup>st</sup>, 2001 Richmond Group Home Task Force Final Report Recommendations be endorsed, with an amendment to the final paragraph Page 2 of the Group Home Task Force report, under "E.2 – City Process", to:*

- (1) delete the words "conveys neighbours comments", and*
- (2) substitute the following, "Council publicly reviews the:  
(i) proposed building requirements for fire, health and location,  
(ii) comments of the neighbours, and  
(iii) City staff recommendations, and forwards a decision as a recommendation to the".*

*That the report (dated March 25<sup>th</sup>, 2002, from the Manager, Policy Planning), be referred to staff for a report to the General Purposes Committee as quickly as possible on guidelines and procedures with regard to:*

- (1) licenced and unlicenced group homes operations;*
- (2) building permits and protocol which would have to be established;*
- (3) ensure that the City had control over the location of group home facilities; and*
- (4) how a "triggering" mechanism could be initiated which would alert the City to the location of an unlicenced group home facility with its boundaries.*

This report responds to the above-noted Council motions, and presents recommendations for Council's consideration.

### Findings Of Fact

#### Revised Richmond Group Home Task Force Final Report Recommendations

The Group Home Task Force Final Report (**Attachment 1**) has been revised to include the Council recommended wording in the Report's E.2 section (underlined in Attachment 1) to ensure City and public reviews, and Council's input into the City's information referral to the Richmond Health Services.

#### 7-10 Sized Group Home Management Procedures

##### *Licensed 7-10 Sized Group Home Operations*

The draft protocol agreement (**Attachment 2**) has been revised to incorporate the Council recommended wording in the section titled "3. City/Neighbourhood Comments & Referral to Health Services" (underlined in Attachment 2) to ensure City staff, public, and Council's reviews into the Richmond Health Services referral on new 7-10 sized licensed group home operation applications.

Under the protocol agreement, the City, once notified by Richmond Health Services would review zoning, fire, and building requirements, neighbours would be notified for input, and

October 31, 2001

# Final Report and Recommendations

## City of Richmond Group Home Task Force

### A. Purpose

The Group Home Task Force, a 10-member working group, was formed by a Council resolution on March 12, 2001 and held its first meeting on May 8, 2001.

This report presents the Task Force's recommended policy for new licensed group homes with 7-10 persons in care.

### B. Summary

The Group Home Task Force recommends a comprehensive policy, unique to Richmond, and designed to address issues and concerns raised by all citizens. Recommendations for the policy are consistent with the City's vision and history, and supportive of community consultation, clear definition of stakeholder roles, and harmony within the City's multicultural community.

Task Force recommendations include:

- *Adding the term "Residential Care Facility" to the Zoning Bylaw and ensuring that a location criterion for Residential Care Facilities is applied;*
- *Implementing a neighbourhood information and notification process, and consolidating the process with a Protocol Agreement between the City of Richmond and Richmond Health Services. The process includes the City soliciting comments from neighbours within a five-house radius of a proposed Residential Care Facility, and conveying those comments to Richmond Health Services for review with the Residential Care Facility operating team. The process also includes Richmond Health Services issuing a 1-year interim permit to operate a Residential Care Facility and the City conducting*

a second neighbourhood notification and consultation process prior to the expiry of the interim permit;

- *Designating a City staff person to manage the process of establishing Residential Care Facilities;*
- *Establishing an Advisory Committee to oversee the implementation of recommendations, and to monitor ongoing issues, as required;*
- *Providing ongoing information about Residential Care Facilities to Richmond residents through a revised "Group Homes in Richmond" publication;*
- *Establishing a Cultural Relations Committee to promote harmony within the City's multicultural community.*

### C. Process Followed by the Task Force

The Group Home Task Force retained the services of two consultant teams, one to provide overall support, and one to act as media liaison.

The Task Force met 26 times during the six month process. Highlights of the process followed by the Task Force include:

- Regular formal meetings, open to the public, where information was gathered and presentations were provided by group home operators and residents, representatives of Richmond Health Services, social planners, a member of the recovery community and neighbours of the Turning Point Recovery Home;
- Development of the "Group Homes in Richmond" publication to help inform the community about different aspects of group homes;

#### Group Home Task Force:

Janet Corbett  
Alexander Kostjuk  
Kelly Lam  
Everett Mackenzie  
Brenda Reynolds  
Cecilia Tanne  
Janet Tyler  
Brian Wardley  
John Wong  
Yisong Yu

- Public consultation meetings where an overview of information learned was presented and members of the public were invited to provide input;
- A series of informal Task Force workshops to develop the Final Report and Recommendations;
- Presentation of the Final Report and Recommendations to Council.

**D. Background to the Recommendations**

**D.1. Support for the City Vision and History**

The Group Home Task Force recommendations are consistent with:

- The City of Richmond vision identified in the Official Community Plan (page 3), that “the City of Richmond be the most appealing, liveable and well-managed community in Canada”;
- The City of Richmond tradition of inclusiveness and history of support for those with special needs.

**D.2. Guiding Principles**

The Group Home Task Force recommendations are consistent with the following guiding principles:

- Communication and consultation with the community on issues of concern to citizens is an important requirement of a “well-managed” City;
- A “well-managed” City is one where the responsibilities of the stakeholders, including the City, the community or neighbourhoods, and others who may be involved (in this case Richmond Health Services) are clearly defined;
- Although Richmond’s multicultural makeup is one of its strengths, ongoing efforts must be made by the City to ensure harmony within the community.

**E. Recommendations**

**E.1. Zoning Bylaw**

**The Group Home Task Force recommends:**

That the term “Residential Care Facility” be added to the Zoning Bylaw and defined as a licensed group home for 7-10 persons in care.

That Residential Care Facilities be allowed as permitted uses in all zones where residential uses are permitted, and that they be required to be located a minimum of 200 meters, lot to lot, from another Residential Care Home or Residential Care Facility.

**E.2. City Process**

**The Group Home Task Force recommends:**

That the following process be implemented by the City upon notification by Richmond Health Services that an application for a Residential Care Facility has been received:

City reviews proposed building for fire and health requirements, and location criterion as identified in the Zoning Bylaw.

City notifies neighbours within a five-house radius of the proposed Residential Care Facility, in writing, that an application for a Residential Care Facility has been received, and invites neighbour comments. Notification to also include:

- Invitation to an informal neighbourhood meeting, hosted by City staff and to include representatives from Richmond Health Services and appropriate Residential Care Facility operators. The purpose of the neighbourhood meeting is to provide information to area residents and to address possible concerns;
- Name and contact information for a designated member of the Residential Care Facility operating team;
- Fact Sheet about the Residential Care Facility with information about number of residents, type of facility and expected resident turnover, number of staff, level of supervision, hours of operation, referral process, funding, expected building alterations, parking provisions, and information related to any other expected physical changes or provisions to the property;
- An updated copy of the publication “Group Homes in Richmond”.

Council publicly reviews the (i) proposed building requirements for fire, health and location, (ii) comments of the neighbours, and (iii) City staff recommendations, and forwards a decision as a recommendation

to the Richmond Health Services for information and review with Residential Care Facility operating team.

Richmond Health Services may issue a 1-year interim permit to operate a Residential Care Facility.

Six weeks prior to expiry of the 1-year interim permit, City contacts neighbours within a five-house radius of the Residential Care Facility, in writing, for additional comments and feedback related to the operation of the Residential Care Facility. City may also wish to host an additional (optional) neighbourhood meeting to address any issues and concerns.

Council publicly reviews the (i) proposed building requirements for fire, health and location, (ii) comments of the neighbours, and (iii) City staff recommendations, and forwards a decision as a recommendation to the Richmond Health Services for information and review with Residential Care Facility operating team.

Richmond Health Services may issue a full Community Care Facilities License to operate a Residential Care Facility.

In the event that issues and concerns emerge during the interim period and beyond, City may wish to establish a working group, with membership to include a City staff member, a representative of Richmond Health Services, and an area resident(s) to address issues of concern.

**E.3. Protocol Agreement**

**The Group Home Task Force recommends:**  
That a Protocol Agreement between the City of Richmond and Richmond Health Services be prepared to formalize the process for establishing a Residential Care Facility as identified above.

That the specific responsibilities of the City of Richmond and Richmond Health Services, and the relationship between them, be defined.

**E.4. Designated City Staff Person**

**The Group Home Task Force recommends:**  
That a City of Richmond staff person be designated to manage the process of

establishing Residential Care Facilities and to serve as a point of contact for Residential Care Facility operators, Richmond Health Services, and members of the public.

**E.5. Advisory Committee**

**The Group Home Task Force recommends:**

That a Residential Care Facilities Advisory Committee be established to (1) oversee the implementation of the recommendations in this report, and (2) advise on issues related to Residential Care Facilities in Richmond, as required. Recommended membership on the Committee to include one representative of City Council, the designated City staff person, one operator of a Residential Care Facility, one representative of Richmond Health Services, and selected representatives of the Group Home Task Force.

**E.6. Ongoing Information**

**The Group Home Task Force recommends:**

That the “Group Homes in Richmond” publication (September 2001) be revised and made available to Richmond citizens as an information document.

**E.7. Cultural Relations**

**The Group Home Task Force recommends:**

That a Cultural Relations Advisory Committee be established to assist with ongoing efforts to promote understanding and harmony among the citizens of Richmond.

**F. Acknowledgements**

The Group Home Task Force would like to thank the following:

- City of Richmond Mayor and Council for the opportunity to participate in this process and for providing the necessary time and funding to complete the work;
- Richmond citizens for attending meetings and for their suggestions and submissions;
- Invited speakers at Task Force meetings for providing information and perspective;
- City of Richmond staff members for providing expertise and support;
- Richmond Health Services for providing information and feedback;

**Protocol Agreement  
between  
The City of Richmond  
And  
Richmond Health Services**

The City of Richmond and Richmond Health Services wish to establish a mutually agreeable arrangement to rationalize the process of reviewing, licensing and establishing a Residential Care Facility (licensed group home for 7-10 persons in care). At this time, the parties wish to define the specific responsibilities for the City and Richmond Health Services.

The City and Richmond Health Services have a common objective, which may be summarized as the well being of the community and those individuals in care.

The City and Richmond Health Services have a profound effect on each others' daily work. It is in the best interests of both the City and Richmond Health Services to combine their efforts whenever appropriate and to resolve amicably any issues of mutual concern involving the licensing of group homes.

The City has jurisdiction for land use, location, and fire and building code requirements. Richmond Health Services, under the auspices of the Vancouver Coastal Health Board, operates as the coordinator of applications for group homes, and administers the Community Care Facility Act in respect to Community Care Licensing. On behalf of the province, in consultation with municipal departments and sponsoring agencies, it issues approval of licenses to applicants or rejects them, as appropriate.

The City and Richmond Health Services agree to participate in the following guiding principles and process to review, consult and consider the establishment of licensed group homes in Richmond:

**GUIDING PRINCIPLES**

- ❑ Communication and consultation with the community on issues of concern to citizens is an important requirement of a "well-managed" City.
- ❑ A "well-managed" City is one where the responsibilities of the stakeholders, including the City, the community or neighbourhoods, and others who may be involved (including Richmond Health Services) are clearly defined.
- ❑ Richmond's multicultural makeup is one of its strengths, and therefore ongoing efforts must be made by the City and Richmond Health Services to ensure harmony with the total community.

## **PROCESS**

The following process will be implemented upon notification to the City by Richmond Health Services that an application for a Residential Care Facility has been received.

### **1. City Review**

The City reviews proposed building for fire, building code and locational requirements.

### **2. City's First Notification**

The City notifies neighbours within a five-house radius of the proposed Residential Care Facility, in writing, that an application for a Residential Care Facility has been received, and invites neighbour comments.

Notification to also include:

- Invitation to an informal neighbourhood meeting, hosted by City staff and to include representatives from Richmond Health Services and proposed Residential Care Facility operator. The purpose of the neighbourhood meeting is to provide information to area residents and to address possible concerns;
- Name and contact information of a designated member of the Residential Care Facility operator;
- Fact Sheet about the Residential Care Facility with information about number of residents, type of facility and expected resident turnover, number of staff, level of supervision, hours of operation, referral process, funding, expected building alterations, parking provisions, and information related to any other expected physical changes or provisions to the property; and
- "Group Homes in Richmond" publication.

### **3. City/Neighbourhood Comments & Referral to Health Services**

Council publicly reviews the (i) proposed building requirements for fire, health and location, (ii) comments of the neighbours, and (iii) City staff recommendations, and forwards a decision as a recommendation to the Richmond Health Services for information and review with the Residential Care Facility operating team.

### **4. Issuance of One Year Interim Permit**

If Richmond Health Services is going to issue a permit, it will only issue a one year interim permit to operate a Residential Care Facility.

### **5. City's Second Notification**

Six weeks to nine weeks prior to expiry of the one year interim permit, the City will contact (in writing) neighbours within a five-house radius of the Residential Care Facility for additional comments and feedback related to the operation of the Residential Care facility.

The City may host a neighbourhood meeting to address any issues and concerns that arise from the comments from the neighbourhood.

**6. Issuance of Full Community Care Facilities License**

Richmond Health Services may issue a full Community Care Facilities License to operate the Residential Care Facility, after considering the input from step 5 (City Second Notification).

**7. Dispute Resolution**

In the event that issues and concerns emerge during the interim period and beyond, the City may establish a working group, with membership to include a City staff member, a representative of Richmond Health Services, and an area resident(s) to address issues of concern.

**8. Transition**

The parties recognize that implementation of this agreement will require time. It is presumed that both parties will act with all due diligence and expedition. Each will apprise the other of causes for delay and anticipated completion dates. Notwithstanding any technical difficulties, the parties will in all matters be guided by the spirit and intention of this agreement.

**9. Cancellation Clause**

Either party may cancel this agreement with six months advance notice in writing.

This Agreement was signed on the        day of        , 2002.

Malcolm Brodie  
Mayor  
City of Richmond

Dr. Jeff Coleman  
Chief Operating Officer  
Richmond Health Services

Richmond McKenna  
City Clerk  
City of Richmond

Kelvin Higo  
Chief Public Health Inspector  
Richmond Health Services



Council advised of all deliberations to ensure informed City input about the proposal to the Richmond Health Services.

Effectively, when a group home operator applies the above process works.

When no application has been made, and the operator is discovered and asked to apply, the above process is workable because the Richmond Health Services will enforce its regulations and procedures, and refer the application to the City. Once the City referral has been completed, staff would present the information (e.g. City zoning, building and fire compliance, and community input) to Council in the form of either a:

- formal staff report, or
- memorandum

for their information and comment.

It is important to note under this management option, if all City standards are met, Council has no discretion on decision making role.

Accordingly, if Council is notified by a formal staff report it has no decision to make, but can provide comments to Richmond Health Services.

#### *Unlicensed 7-10 Sized Group Home Operations*

The primary issue with unlicensed 7-10 sized group homes is a matter of definition. Unlicensed 7-10 group homes can provide a range of community services (e.g. battered women's shelters, hospice, etc.), some of which can be easily defined as a group home and others not so easy.

Unlicensed 7-10 sized group home operations can only be reviewed, when information about the existence of the operation is made available to the City.

There is no valid and legitimate process to monitor the existence of unlicensed group homes. The triggering mechanism to alert the City about the existence of unlicensed 7-10 sized group homes will come about from Richmond Health Services, City staff, and/or the public. Once this information is made available, the City can then ask a group home operator to apply for approval (e.g. City zoning, fire and building), and undertake the review of the unlicensed 7-10 sized group home for zoning, fire, and building permit requirements, advise adjacent residents of the operation's location for their information and comment, and advise Council.

It is noted that the monitoring of unlicensed group home operations is a problem throughout the Lower Mainland, even in those municipalities that require rezoning for licensed and unlicensed 7-10 sized group homes.

Effectively, when the group home operator applies the above process works.

When no application has been made, and the operator is discovered and asked to apply, the above process is workable because the City will review the application for zoning, fire, and building requirements. Once the City referral has been completed, staff would present the information (e.g. zoning, building and fire compliance, and community input) to Council in the form of either a:

- formal staff report, or
  - memorandum
- for their information and comment.

It is important to note that under this management option, if all City standards are met, Council has no discretion on decision making role.

Accordingly, staff recommend that Council be notified by a memorandum and not a staff report because there is no decision for Council to make.

*Legal Action*

As with any City issue, if the City needs to take legal action, staff will formally advise Council.

*Location of 7-10 Sized Group Home Operations*

To ensure that the City has control over the location of licensed and unlicensed group homes, Bylaw No. 7340 is attached. The bylaw will require all new 7-10 sized group home operations (licensed or unlicensed) be located a minimum of 200 metres, lot to lot, from any other Residential Care Facility or Residential Group Home

The 7-10 Sized Group Home – Zoning and Policy Options report (**Attachment 3**) presented at the April 2, 2002 General Purposes Committee is presented for background information (Attachment.

**Financial Impact**

Not applicable.

**Conclusion**

The topic of 7 to 10 licensed and unlicensed sized group home operations has received significant discussion among the Group Home Task Force, the community, and Council. At this time, the report recommendations proposed represent the most suitable City direction and option for the management these operations in Richmond.



Kari Huhtala  
Senior Planner

KEH:cas



City of Richmond

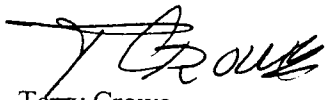
Report to Committee

**To:** General Purposes Committee  
**From:** Terry Crowe  
 Manager, Policy Planning  
**Re:** 7-10 size Group Home  
 Zoning and Policy Options

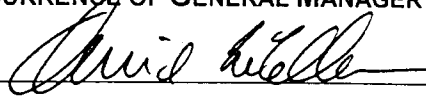
To General Purposes - April 2, 2002  
 Date: March 25, 2002  
 File: 4057-03

**Staff Recommendation**

1. That, as per the Manager, Policy Planning report dated March 25, 2002, Council select one of the following Group Home Management Zoning and Policy Options:
  - 1) Zoning Options
    - a) Zoning Bylaw No.7345 (**Attachment 2**) for 7 to 10 sized licensed and unlicensed drug and alcohol group home operations.
    - b) Zoning Bylaw No.7344 (**Attachment 3**) for 7 to 10 sized licensed group home operations.
    - c) Zoning Bylaw No.7340 (**Attachment 4**) for all 7 to 10 sized licensed and unlicensed group home operations.
  - 2) Policy Options
    - a) "City Policy on 7-10 Sized Group Homes" (**Attachment 5**) for managing licensed 7 to 10 sized group home operations by endorsing the October 31<sup>st</sup> 2001 Richmond Group Home Task Force Final Report and Recommendations (**Attachment 6**).

  
 Terry Crowe  
 Manager, Policy Planning

Att.

FOR ORIGINATING DIVISION USE ONLY		
<b>ROUTED TO:</b>	<b>CONCURRENCE</b>	<b>CONCURRENCE OF GENERAL MANAGER</b>
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## Staff Report

### Origin

The February 18<sup>th</sup>, 2002, General Purposes Committee considered the Group Home Task Force Final Report and Recommendations, and referred it to staff for a report back to the Committee on whether drug and alcohol recovery homes could be managed by a rezoning bylaw and process.”

This report:

- Discusses the locational requirements of drug and alcohol group homes, and whether further clarification on the draft protocol agreement can be achieved with Richmond Health Services,
- Discusses the various management options for managing 7 to 10 sized resident group home operations, and
- Presents for Council’s consideration four management options.

### Analysis

The suggested Protocol Agreement presented as part of the Group Home Task Force Final Report (between the City and Richmond Health Services) is based on the Provincial requirement to licence certain group homes. The Provincial Government recently ruled that the type of recovery homes which provide supportive care services (e.g. medical care, detoxification services or intensive residential treatment) will still require licensing.

#### Locational Considerations – 7 to 10 Sized Drug & Alcohol Group Homes

From the discussions, it is clear that the major public concern relates to those group homes, which accommodate recovering drug and alcohol dependent individuals.

In reviewing the matter as to whether drug and alcohol group homes should be managed and located differently (on arterials, from parks and schools) than other 7 to 10 sized group homes, staff prefer not doing so because:

1. The Law Department states that this direction is in violation of the Canadian Charter of Rights.
2. Health, RCMP and other research evidence shows that there has been no negative impact from drug and alcohol group homes being located within residential areas.
3. All 7 to 10 sized group homes have similar land use, servicing, yard, and parking requirements, so it is not appropriate to zone them differently.
4. All the occupants of all group homes equally require access to parks, and schools.
5. There is no justification for requiring 7 to 10 sized drug and alcohol group home occupants to be the only ones required to live on arterials. As well, these people may also benefit by having the opportunity to live in and benefit from other locations in Richmond.
6. It does not promote desirable inclusive communities.
7. If the motive to restrict 7 to 10 sized drug and alcohol group homes along arterials is based on misunderstandings and apprehension this is best managed, as it always is, by enhanced community awareness, continued education, dialogue, factual information, and the principles of inclusiveness - not misinformation and segregation.

However, it is noted that the proposed minimum 200 metre distance (proposed by the Richmond Group Home Task Force Final Report) between new and existing licensed 7 to 10 sized group home operations is suitable, as it ensures that these facilities will not be clustered in one area.

Accordingly, the Group Home Task Force Report Final Report and Recommendations are preferred, noting that the Richmond Intercultural Advisory has already been endorsed by Council, and is currently being formed.

Managing 7 to 10 Sized Licensed & Unlicensed Group Homes

It is Richmond Health Services under the Community Care Facilities Act that regulates all licensed group home operations in Richmond.

Examples of licensed group homes include: mentally challenged, mental health, children, continuing care, alcohol drug, etc. Managing licensed group homes is easier for the City, than managing unlicensed group homes because of Richmond Health Service's criteria and assistance.

Examples of unlicensed group homes are hospices, battered women shelters, etc. In managing unlicensed group homes, Richmond Health Services does not get involved. If they become aware of a questionable unlicensed group home operation, Richmond Health Services can inspect the facility to determine whether a license for the operation is required.

Generally, the City has been interested in managing and accommodating both licensed and unlicensed group home operations. However, as unlicensed group homes are difficult to define, monitor, manage and control, and are not perceived to be a problem, City staff believe, that if the City is going to establish zoning regulations for 7 to 10 sized group homes, that the City's zoning focus should be only with licensed group homes, because they are easier to define, and the Richmond Health Services can more readily assist the City in monitoring and managing them.

Protocol Agreement (Coordinating First Contact)

The group home application process as outlined in the proposed Protocol Agreement notes that Richmond Health Services notify the City when they have received an application for a group home. The City then initiates the resident notification and meeting process to receive public input. Alternatively, if the City first receives an enquiry for a group home application, the City would request the applicant to contact the Richmond Health Services to receive the application and inform the City to initiate the review process.

If the City chooses this approach, staff would refine and present the Protocol Agreement for signature and execution (**Attachment 6**).

Group Home Management Options

To assist Council in considering the most appropriate management approach for new 7 to 10 sized groups, the table on **Attachment 1** presents the three possible zoning options and a policy option, and the pros and cons under each option.

Should Council wish to endorse one of the management options presented in this report, the three corresponding zoning bylaw amendments and the City Policy on Group Homes have been prepared and are attached as:

Zoning Options

**Attachment 2:** Zoning Bylaw No.7345 for 7 to 10 sized drug and alcohol group home operations only (licensed and unlicensed).

**Attachment 3:** Zoning Bylaw No.7344 for 7 to 10 sized licensed group home operations.

**Attachment 4:** Zoning Bylaw No.7340 for all 7 to 10 sized group home operations (licensed and unlicensed).

Note: If Council selects any of the above three zoning options, a specific zoning must occur to implement the bylaw option.

Policy Option

**Attachment 5:** "City Policy on 7-10 Sized Group Homes" (**Attachment 5**) for managing licensed 7 to 10 sized group home operations by endorsing:

- The October 31<sup>st</sup> 2001 Richmond Group Home Task Force Final Report and Recommendations (**Attachment 6**), and

- City Policy on Group Homes for establishing a minimum 200 metre distance between another licensed 7 to 10 sized group home operations.

This City Policy option is to be used with the Group Home Final Task Force Report and Recommendations.

The Group Home Task Force Final Report and Recommendations are attached as **Attachment 6** for Council's consideration.

**Financial Impact**

Not Applicable.

**Conclusion**

1. If Council wishes to better control 7 to 10 sized group homes, it should do so by establishing a uniform policy or zoning requirements.
2. Staff prefer:
  - a) A solution which best provides community awareness, information and education, and
  - b) The Richmond Group Home Task Force Final Report and Recommendations, because they:
    - Are legally sound,
    - Based on sound planning principles,
    - Better address the need for education and awareness, and
    - Better promote community harmony.
3. If Council endorses the Richmond Group Home Task Force Final Report and Recommendations, the next step would be to:
  - Prepare the Protocol Agreement for execution and signature, and
  - Apply the policies in Final Report as outlined.
4. If Council selects a zoning option, the bylaw will be implemented, when a group home application has been received.



Kari Huhtala  
Senior Planner

KEH:keh

Table – 7 to 10 Sized Group Home Management Zoning Bylaw and Policy Options

Options	1	2	3	4
Zoning Bylaw No.	Zoning Bylaw 7345 for Licensed and Unlicensed 7 to 10 sized Drug & Alcohol Group Homes Operations Only	Zoning Bylaw 7344 for Licensed 7 to 10 sized Group Homes Operations	Zoning Bylaw 7340 for Licensed and Unlicensed 7 to 10 Sized Group Home Operations	<ul style="list-style-type: none"> <li>- No Zoning Bylaw Requirement</li> <li>- Policy to be Established to endorse Richmond Group Home Task Final Report &amp; Recommendations for 7 to 10 Sized Licensed Group Home Operations</li> </ul>
Condition	All options proposed new group home to be located 200 metres from one another.			
Pros	<ul style="list-style-type: none"> <li>- All drug &amp; alcohol group homes to be considered through a rezoning process</li> </ul>	<ul style="list-style-type: none"> <li>- All licensed group homes operations will be considered through a rezoning process</li> </ul>	<ul style="list-style-type: none"> <li>- All licensed and unlicensed group homes will be considered through a rezoning process</li> </ul>	<ul style="list-style-type: none"> <li>- City and Richmond Health Services sign a protocol agreement to work together to review and consider licensed group home proposals.</li> <li>- All licensed group home operation proposals will be circulated to the public for information and input.</li> <li>- Includes an City information/ education pamphlet on group homes in Richmond.</li> <li>- Includes a one year interim license period, after which the public is consulted for comment on the operation.</li> <li>- Incorporates conflict resolution process to resolve outstanding local concerns.</li> </ul>

Options	1	2	3	4
Zoning Bylaw No.	<p>Zoning Bylaw 7345 for Licensed and Unlicensed 7 to 10 sized Drug &amp; Alcohol Group Homes Operations Only</p>	<p>Zoning Bylaw 7344 for Licensed 7 to 10 sized Group Homes Operations</p>	<p>Zoning Bylaw 7340 for Licensed and Unlicensed 7 to 10 Sized Group Home Operations</p>	<p>No Zoning Bylaw Requirement                      Policy to be Established to endorse Richmond Group Home Task Final Report &amp; Recommendations for 7 to 10 Sized Licensed Group Home Operations</p>
Cons	<ul style="list-style-type: none"> <li>- Violates the Canadian Charter of Rights and Freedoms, because the rezoning process would target a single type of group home and occupants</li> </ul>	<ul style="list-style-type: none"> <li>- Includes licensed group homes which are not a concern to the public</li> <li>- Does not consider, unlicensed group home operations</li> </ul>	<ul style="list-style-type: none"> <li>- Includes unlicensed homes that are confidential, safe havens for certain individuals in the community (e.g. battered women's shelters, hospice houses, etc.)</li> <li>- Unlicensed group homes are difficult to manage, because are not required to notify the City of their existence and may be difficult to inspect and enforce.</li> </ul>	<ul style="list-style-type: none"> <li>- City has no formal say in the proposed group home use, with the exception of ensuring land use and building code compliance.</li> <li>- Does not address unlicensed group homes.</li> </ul>





City of Richmond

Bylaw 7345

## Richmond Zoning and Development Bylaw 5300 Amendment Bylaw 7345

The Council of the City of Richmond, in open meeting assembled, enacts as follows:

1. Richmond Zoning and Development Bylaw 5300 is amended in Division 100: Scope & Definitions, 104 Definitions, by adding the following definition:

- **SPECIAL CARE RESIDENTIAL FACILITY.**

“Special Care Residential Facility” means a facility which contains sleeping units for 7 to 10 persons in care, receiving on-site care and/or support for recovery from alcohol or drug dependency, which may be licenced or unlicenced, subject to the Community Care Facility Act. Such facilities required to be located a minimum of 200 metres, lot to lot, from any other Residential Care Facility, Residential Group Home, or Special Care Residential Facility.

2. Richmond Zoning and Development Bylaw is amended by adding to Division 200: Zoning District Schedules, after section 288, Section 289 “**SPECIAL CARE RESIDENTIAL FACILITY. ( SCRF/1).**”

### “289 SPECIAL CARE RESIDENTIAL FACILITY (SCRF/1)

The intent of this zoning district is to accommodate and regulate the development of a licenced or unlicenced 7 to 10 persons in care, alcohol and drug recovery Special Care Recovery Residential Facility.

#### 289.1 PERMITTED USES

**SPECIAL CARE RESIDENTIAL FACILITY**, to accommodate 7 to 10 persons in care.

**RESIDENTIAL**, limited to **One-Family Dwelling**;

**OFFICE**, limited to physical and mental health services, and counselling;

**ACCESSORY USES**, but excluding **secondary suites**.

#### 289.2 PERMITTED DENSITY

.01 Maximum Number of **Dwellings**: One.

.02 Maximum **Floor Area Ratio**:

0.55 to a maximum of 464.5m<sup>2</sup> (5,000ft<sup>2</sup>) of the lot area, together with 0.30 applies.

**289.3 MAXIMUM LOT COVERAGE:**

45% for **buildings** only; 80% for **buildings** and any non-porous surfaces or **structures** inclusive; and the remainder of the lot area restricted to landscaping with live plant material.

**289.4 MINIMUM & MAXIMUM SETBACKS FROM PROPERTY LINES**

.01 **Front Yard:** 6 m (19.685 ft.)

.02 **Side Yard:**

- i) for lots of less than 18 m (59.055 ft.) in width: 1.2 m (3.937 ft.);
- ii) for lots of 18 m (59.055 ft.) or more but less than 20 m (65.617 ft.) in width: 1.8 m (5.905 ft.);
- iii) for lots of 20 m (65.617 ft.) or more in width: 2.0 m (6.562 ft.);

PROVIDED THAT where a **lot** has a width of 18 m (59.055 ft.) or more, portion of the principal **building** which does not exceed 5 m (16.404 ft.) in height (chimneys excepted) may project into the required **side yard**, but in no event closer to a **side property line** than 1.2 m (3.937 ft.);

AND FURTHER PROVIDED THAT where a **side property line** abuts a **public road**, the minimum **side yard** to that property line shall be 3 m (9.843 ft.).

.03 **Rear Yard** 6 m (19.658 ft.); or in the case of a **corner lot** on which the **side yard** setback abutting a **public road** is maintained at a minimum of 6 m (19.658 ft.): 1.2 m.

Portions of the principal **building** which are less than 2 m (6.526 ft.) in height, and **accessory buildings** of more than 10 m<sup>2</sup> (107.64 ft<sup>2</sup>) in area may be located within the **rear yard** setback area but no closer than:

- i) 3.0 m (9.843 ft.) to a property line which abuts a **public road**; or
- ii) 1.2 m (3.937 ft.) to any other property line.

There is no property line setback requirement for an **accessory building** which has an area of 10 m<sup>2</sup> or less.

.04 **Maximum Setback:** 50 m (164.042 ft.).

(see Interpretation Section 201.04 for explanation.)

**289.5 MAXIMUM HEIGHTS**

- .01 **Buildings:** 2½ storeys, but in no case above the residential vertical envelope (lot width) or the residential vertical envelope (lot depth).
- .02 **Structures:** 20 m (65.617 ft.).
- .03 **Accessory Buildings:** 5 m (16.404 ft.).

**289.6 MINIMUM LOT SIZE**

- .01 A **dwelling unit** shall not be constructed on a lot of less than 270 m<sup>2</sup> (2,906.35 ft<sup>2</sup>).
- .02 Regulations which determine the minimum dimensions and area of a lot which may be created by subdivision will be found in Division 600 of this bylaw.

**289.7 MINIMUM BUILDING SEPARATION SPACE: 1.2 m (3.937 ft.)."**

- 3. This Bylaw may be cited as **"Richmond Zoning and Development Bylaw 5300, Amendment Bylaw 7345"**.

FIRST READING

PUBLIC HEARING

SECOND READING

THIRD READING

ADOPTED

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CITY OF RICHMOND
APPROVED for content by originating dept.
APPROVED for legality by Solicitor

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MAYOR

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CITY CLERK



City of Richmond

Bylaw 7344

## Richmond Zoning and Development Bylaw 5300 Amendment Bylaw 7344

The Council of the City of Richmond, in open meeting assembled, enacts as follows:

1. Richmond Zoning and Development Bylaw 5300 is amended in Division 100: Scope & Definitions, 104 Definitions, by adding the following definition

- **RESIDENTIAL CARE FACILITY. ( GROUP HOME ).**

“Residential Care Facility ( Group Home )” means a facility which may be licenced under the Community Care Facilities Act, or unlicenced, that house 7 to 10 persons with physical, mental, emotional or related disabilities and/or problems that provide food and/or lodging and that is developed for the personal rehabilitation of its residents through self help and/or professional care, guidance and supervision. Such facilities required to be located a minimum of 200 metres, lot to lot, from any other Residential Care Facility or Residential Group Home.

2. Richmond Zoning and Development Bylaw is amended by adding to Division 200: Zoning District Schedules, after section 287, Section 288 “**RESIDENTIAL CARE FACILITY. ( RCF/2).**”

### “288 RESIDENTIAL CARE FACILITY (RCF/2)”

The intent of this zoning district is to accommodate the development of a 7 to 10 persons in care licenced under the Community Care Facility Act, Residential Care Facility.

#### 288.1 PERMITTED USES

**RESIDENTIAL**, limited to **One-Family Dwelling**;

**RESIDENTIAL CARE FACILITY**, to accommodate 7 to 10 persons in care, licenced under the Community Care Facility Act;

**OFFICE**, limited to physical and mental health services and counselling;

**ACCESSORY USES**, but excluding **secondary suites**.

#### 288.2 PERMITTED DENSITY

.01 Maximum Number of **Dwellings**: One.

.02 Maximum **Floor Area Ratio**:

0.55 to a maximum of 464.5m<sup>2</sup> (5,000ft<sup>2</sup>) of the lot area, together with 0.30 applies.

**288.3 MAXIMUM LOT COVERAGE:**

45% for **buildings** only; 80% for **buildings** and any non-porous surfaces or **structures** inclusive; and the remainder of the lot area restricted to landscaping with live plant material.

**288.4 MINIMUM & MAXIMUM SETBACKS FROM PROPERTY LINES**

.01 **Front Yard:** 6 m (19.685 ft.)

.02 **Side Yard:**

- i) for lots of less than 18 m (59.055 ft.) in width: 1.2 m (3.937 ft.);
- ii) for lots of 18 m (59.055 ft.) or more but less than 20 m (65.617 ft.) in width: 1.8 m (5.905 ft.);
- iii) for lots of 20 m (65.617 ft.) or more in width: 2.0 m (6.562 ft.);

PROVIDED THAT where a **lot** has a width of 18 m (59.055 ft.) or more, portion of the principal **building** which does not exceed 5 m (16.404 ft.) in height (chimneys excepted) may project into the required **side yard**, but in no event closer to a **side property line** than 1.2 m (3.937 ft.);

AND FURTHER PROVIDED THAT where a **side property line** abuts a **public road**, the minimum **side yard** to that property line shall be 3 m (9.843 ft.).

.03 **Rear Yard** 6 m (19.658 ft.); or in the case of a **corner lot** on which the **side yard** setback abutting a **public road** is maintained at a minimum of 6 m (19.658 ft.): 1.2 m.

Portions of the principal **building** which are less than 2 m (6.526 ft.) in height, and **accessory buildings** of more than 10 m<sup>2</sup> (107.64 ft<sup>2</sup>) in area may be located within the **rear yard** setback area but no closer than:

- i) 3.0 m (9.843 ft.) to a property line which abuts a **public road**; or
- ii) 1.2 m (3.937 ft.) to any other property line.

There is no property line setback requirement for an **accessory building** which has an area of 10 m<sup>2</sup> or less.

.04 **Maximum Setback:** 50 m (164.042 ft.).

(see Interpretation Section 201.04 for explanation.)

**288.5 MAXIMUM HEIGHTS**

- .01 **Buildings:** 2½ storeys, but in no case above the residential vertical envelope (lot width) or the residential vertical envelope (lot depth).
- .02 **Structures:** 20 m (65.617 ft.).
- .03 **Accessory Buildings:** 5 m (16.404 ft.).

**288.6 MINIMUM LOT SIZE**

- .01 A dwelling unit shall not be constructed on a lot of less than 270 m<sup>2</sup> (2,906.35 ft<sup>2</sup>).
- .02 Regulations which determine the minimum dimensions and area of a lot which may be created by subdivision will be found in Division 600 of this bylaw.

**288.7 MINIMUM BUILDING SEPARATION SPACE: 1.2 m (3.937 ft.).”**

- 3. This Bylaw may be cited as “Richmond Zoning and Development Bylaw 5300, Amendment Bylaw 7344”.

FIRST READING

PUBLIC HEARING

SECOND READING

THIRD READING

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CITY OF RICHMOND
APPROVED for content by originating dept.
APPROVED for legality by Solicitor

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MAYOR

\_\_\_\_\_  
CITY CLERK



**Richmond Zoning and Development Bylaw 5300  
Amendment Bylaw 7340**

The Council of the City of Richmond, in open meeting assembled, enacts as follows:

1. Richmond Zoning and Development Bylaw 5300 is amended in Division 100: Scope & Definitions, 104 Definitions, by adding the following definition:

- **RESIDENTIAL CARE FACILITY. ( GROUP HOME ).**

“Residential Care Facility ( Group Home )” means a facility which may be licenced under the Community Care Facilities Act, or unlicenced, that house 7 to 10 persons with physical, mental, emotional or related disabilities and/or problems that provide food and/or lodging and that is developed for the personal rehabilitation of its residents through self help and/or professional care, guidance and supervision. Such facilities required to be located a minimum of 200 metres, lot to lot, from any other Residential Care Facility or Residential Group Home.

2. Richmond Zoning and Development Bylaw is amended by adding to Division 200: Zoning District Schedules, after section 286, Section 287 “**RESIDENTIAL CARE FACILITY. ( RCF/1).**”

**“287 RESIDENTIAL CARE FACILITY DISTRICT ( RCF/1)**

The intent of this zoning district is to accommodate the development of a 7 to 10 persons in care Residential Care Facility, which may be licenced subject to the Community Care Facility Act, or an unlicenced Residential Care Facility.

**287.1 PERMITTED USES.**

**RESIDENTIAL**, limited to **One-Family Dwelling**;  
**RESIDENTIAL CARE FACILITY**, to accommodate 7 to 10 persons in care;  
**OFFICE**, limited to physical and mental health services, and counselling;  
**ACCESSORY USES**, but excluding **secondary suites**.

**287.2 PERMITTED DENSITY**

.01 Maximum number of **Dwellings**: One.

.02 Maximum **Floor Area Ratio**:

0.55 to a maximum of 464.5m<sup>2</sup> (5,000ft<sup>2</sup>) of the lot area, together with 0.30 applies.

10% of the floor area total calculated above for the **lot** in question, which area must be **used** exclusively for covered areas of the principal **building** which are open on one or more sides; together with

50m<sup>2</sup> (538.21 ft<sup>2</sup>) which may be **used** only for **accessory buildings** and off-street parking.

### 287.3 MAXIMUM LOT COVERAGE:

45% for **buildings** only; 80% for **buildings** and any non-porous surfaces or **structures** inclusive; and the remainder of the lot area restricted to landscaping with live plant material.

### 287.4 MINIMUM & MAXIMUM SETBACKS FROM PROPERTY LINES

.01 **Front Yard:** 6 m (19.685 ft.)

.02 **Side Yard:**

- i) for lots of less than 18 m (59.055 ft.) in width: 1.2 m (3.937 ft.);
- ii) for lots of 18 m (59.055 ft.) or more but less than 20 m (65.617 ft.) in width: 1.8 m (5.905 ft.);
- iii) for lots of 20 m (65.617 ft.) or more in width: 2.0 m (6.562 ft.);

PROVIDED THAT where a **lot** has a width of 18 m (59.055 ft.) or more, portion of the principal **building** which does not exceed 5 m (16.404 ft.) in height (chimneys excepted) may project into the required **side yard**, but in no event closer to a **side property line** than 1.2 m (3.937 ft.);

AND FURTHER PROVIDED THAT where a **side property line** abuts a **public road**, the minimum **side yard** to that property line shall be 3 m (9.843 ft.).

.03 **Rear Yard** 6 m (19.658 ft.); or in the case of a **corner lot** on which the **side yard** setback abutting a **public road** is maintained at a minimum of 6 m (19.658 ft.): 1.2 m.

Portions of the principal **building** which are less than 2 m (6.526 ft.) in height, and **accessory buildings** of more than 10 m<sup>2</sup> (107.64 ft<sup>2</sup>) in area may be located within the **rear yard** setback area but no closer than:

- i) 3.0 m (9.843 ft.) to a property line which abuts a **public road**; or
- ii) 1.2 m (3.937 ft.) to any other property line.

There is no property line setback requirement for an **accessory building** which has an area of 10 m<sup>2</sup> or less.



.04 **Maximum Setback:** 50 m (164.042 ft.).

(see Interpretation Section 201.04 for explanation.)

**287.5 MAXIMUM HEIGHTS**

.01 **Buildings:** 2½ storeys, but in no case above the residential vertical envelope (lot width) or the residential vertical envelope (lot depth).

.02 **Structures:** 20 m (65.617 ft.).

.03 **Accessory Buildings:** 5 m (16.404 ft.).

**287.6 MINIMUM LOT SIZE**

.01 A dwelling unit shall not be constructed on a lot of less than 270 m<sup>2</sup> (2,906.35 ft<sup>2</sup>).

.02 Regulations which determine the minimum dimensions and area of a lot which may be created by subdivision will be found in Division 600 of this bylaw.

**287.7 MINIMUM BUILDING SEPARATION SPACE:** 1.2 m (3.937 ft.).”

3. This Bylaw may be cited as “**Richmond Zoning and Development Bylaw 5300, Amendment Bylaw 7340**”.

FIRST READING

PUBLIC HEARING

SECOND READING

THIRD READING

ADOPTED

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CITY OF RICHMOND
APPROVED for content by originating dept.
APPROVED for legality by Solicitor

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MAYOR

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CITY CLERK



Page 1 of 1

Adopted by Council: ✪

Policy ✪

File Ref: ✪

7 to 10 Sized Group Homes

**Policy ✪:**

It is Council policy that:

The City of Richmond shall respond to the need for 7 to 10 sized "Group Homes" by taking a pro-active role and prepare an action plan involving a series of initiatives in cooperation with the private and public sectors and non-profit groups.

For the purpose of this policy, "Group Homes" refer to:

**Residential Care Facility:** means a facility which may be licenced under the Community Care Facilities Act, or unlicenced, that house 7 to 10 persons with physical, mental, emotional or related disabilities and/or problems that provide food and/or lodging and that is developed for the personal rehabilitation of its residents through self help and/or professional care, guidance and supervision. Such facilities are required to be located a minimum of 200 metres, lot to lot, from any other Residential Care Facility or Residential Group Home (e.g. 1 to 6 sized licensed group home).

**Special Care Residential Facility:** means a facility which contains sleeping units for 7 to 10 persons in care, receiving on-site care and/or support for recovery from alcohol or drug dependency, which may be licenced or unlicenced, subject to the Community Care Facility Act. Such facilities are required to be located a minimum of 200 metres, lot to lot, from any other Residential Care Facility, Residential Group Home, or Special Care Residential Facility (e.g. 1 to 6 sized licensed group home).

1. The following goals shall be the basis for a group home strategy:
  - a) Encourage the provision of a variety of housing types and tenure for a diversity of lifestyles at all income levels.
  - b) Ensure that the specialized housing needs are met.
  - c) Ensure a geographical distribution of group home housing throughout the community by requiring new 7 to 10 sized licensed homes to be located a minimum of 200 metres, lot to lot, from any other Residential Group Home, or Special Care Residential Facility (e.g. 1 to 6 sized licensed group home).
2. Council shall take the following actions:
  - a) Endorse the October 31, 2001 Richmond Group Home Task Force Final Report.
  - b) Continue to encourage new 7 to 10 sized licensed group home locations throughout the community, where residential uses are permitted, based on the minimum 200 metre location restriction.
  - c) Review appropriate City actions which may require amendments to the Local Government Act.



City of Richmond

6911 No.3 Road, Richmond, BC V6Y 2C1  
Telephone (604) 276-4000  
www.city.richmond.bc.ca

October 31, 2001  
File: 0100-20-GHOM1-01

Mayor Brodie and Members of Council  
City of Richmond  
6911 No. 3 Road  
Richmond, BC V6Y 2C1

Dear Mayor Brodie and Members of Council:

Re: **Group Home Task Force Final Report and Recommendations**

We are very pleased to submit our Final Report and Recommendations for your consideration.

We would like to thank you for the confidence you placed in us to review the group home issue and for providing us with the necessary time and funding to complete our work.

This was not an easy process for our Task Force. In many ways Task Force membership reflected the opposing views about group homes in our community. However, during this process, we developed a sense of trust and appreciation for the opinions each of us held and we are proud of the consensus and agreement we reached. We are encouraged to know that issues of this type can be addressed when there is a willingness to listen to all sides, to share perspectives, and to work cooperatively towards resolution.

Yours truly,

Members of the Group Home Task Force

*Janet Corbett*  
Janet Corbett

Alexander Kostjuk

*Kelly Lam*  
Kelly Lam

*Everett Mackenzie*  
Everett Mackenzie

*Brenda Reynolds*  
Brenda Reynolds

*Cecilia Lanne*  
Cecilia Lanne

*Janet Tyler*  
Janet Tyler

*Brian Wardley*  
Brian Wardley

John Wong

*Yisong Yu*  
Yisong Yu



October 31, 2001

# Final Report and Recommendations

## City of Richmond Group Home Task Force

### A. Purpose

The Group Home Task Force, a 10-member working group, was formed by a Council resolution on March 12, 2001 and held its first meeting on May 8, 2001.

This report presents the Task Force's recommended policy for new licensed group homes with 7-10 persons in care.

### B. Summary

The Group Home Task Force recommends a comprehensive policy, unique to Richmond, and designed to address issues and concerns raised by all citizens. Recommendations for the policy are consistent with the City's vision and history, and supportive of community consultation, clear definition of stakeholder roles, and harmony within the City's multicultural community.

Task Force recommendations include:

- *Adding the term "Residential Care Facility" to the Zoning Bylaw* and ensuring that a location criterion for Residential Care Facilities is applied;
- *Implementing a neighbourhood information and notification process*, and consolidating the process with a *Protocol Agreement between the City of Richmond and Richmond Health Services*. The process includes the City soliciting comments from neighbours within a five-house radius of a proposed Residential Care Facility, and conveying those comments to Richmond Health Services for review with the Residential Care Facility operating team. The process also includes Richmond Health Services issuing a 1-year interim permit to operate a Residential Care Facility and the City conducting

a second neighbourhood notification and consultation process prior to the expiry of the interim permit;

- *Designating a City staff person to manage the process of establishing Residential Care Facilities;*
- *Establishing an Advisory Committee to oversee the implementation of recommendations, and to monitor ongoing issues, as required;*
- *Providing ongoing information about Residential Care Facilities to Richmond residents through a revised "Group Homes in Richmond" publication;*
- *Establishing a Cultural Relations Committee to promote harmony within the City's multicultural community.*

### C. Process Followed by the Task Force

The Group Home Task Force retained the services of two consultant teams, one to provide overall support, and one to act as media liaison.

The Task Force met 26 times during the six month process. Highlights of the process followed by the Task Force include:

- Regular formal meetings, open to the public, where information was gathered and presentations were provided by group home operators and residents, representatives of Richmond Health Services, social planners, a member of the recovery community and neighbours of the Turning Point Recovery Home;
- Development of the "Group Homes in Richmond" publication to help inform the community about different aspects of group homes;

#### Group Home Task Force:

Janet Corbett  
Alexander Kostjuk  
Kelly Lam  
Everett Mackenzie  
Brenda Reynolds  
Cecilia Tanne  
Janet Tyler  
Brian Wardley  
John Wong  
Yisong Yu

- Public consultation meetings where an overview of information learned was presented and members of the public were invited to provide input;
- A series of informal Task Force workshops to develop the Final Report and Recommendations;
- Presentation of the Final Report and Recommendations to Council.

#### D. Background to the Recommendations

##### D.1. Support for the City Vision and History

The Group Home Task Force recommendations are consistent with:

- The City of Richmond vision identified in the Official Community Plan (page 3), that “the City of Richmond be the most appealing, liveable and well-managed community in Canada”;
- The City of Richmond tradition of inclusiveness and history of support for those with special needs.

##### D.2. Guiding Principles

The Group Home Task Force recommendations are consistent with the following guiding principles:

- Communication and consultation with the community on issues of concern to citizens is an important requirement of a “well-managed” City;
- A “well-managed” City is one where the responsibilities of the stakeholders, including the City, the community or neighbourhoods, and others who may be involved (in this case Richmond Health Services) are clearly defined;
- Although Richmond’s multicultural makeup is one of its strengths, ongoing efforts must be made by the City to ensure harmony within the community.

#### E. Recommendations

##### E.1. Zoning Bylaw

The Group Home Task Force recommends:

That the term “Residential Care Facility” be added to the Zoning Bylaw and defined as a licensed group home for 7-10 persons in care.

That Residential Care Facilities be allowed as permitted uses in all zones where residential uses are permitted, and that they be required to be located a minimum of 200 meters, lot to lot, from another Residential Care Home or Residential Care Facility.

##### E.2. City Process

The Group Home Task Force recommends:

That the following process be implemented by the City upon notification by Richmond Health Services that an application for a Residential Care Facility has been received:

City reviews proposed building for fire and health requirements, and location criterion as identified in the Zoning Bylaw.

City notifies neighbours within a five-house radius of the proposed Residential Care Facility, in writing, that an application for a Residential Care Facility has been received, and invites neighbour comments. Notification to also include:

- Invitation to an informal neighbourhood meeting, hosted by City staff and to include representatives from Richmond Health Services and appropriate Residential Care Facility operators. The purpose of the neighbourhood meeting is to provide information to area residents and to address possible concerns;
- Name and contact information for a designated member of the Residential Care Facility operating team;
- Fact Sheet about the Residential Care Facility with information about number of residents, type of facility and expected resident turnover, number of staff, level of supervision, hours of operation, referral process, funding, expected building alterations, parking provisions, and information related to any other expected physical changes or provisions to the property;
- An updated copy of the publication “Group Homes in Richmond”.

City conveys neighbour comments to Richmond Health Services for information and review with Residential Care Facility operating team.

Richmond Health Services may issue a 1-year interim permit to operate a Residential Care Facility.

Six weeks prior to expiry of the 1-year interim permit, City contacts neighbours within a five-house radius of the Residential Care Facility, in writing, for additional comments and feedback related to the operation of the Residential Care Facility. City may also wish to host an additional (optional) neighbourhood meeting to address any issues and concerns.

City conveys neighbour comments to Richmond Health Services for information and review with Residential Care Facility operating team.

Richmond Health Services may issue a full Community Care Facilities License to operate a Residential Care Facility.

In the event that issues and concerns emerge during the interim period and beyond, City may wish to establish a working group, with membership to include a City staff member, a representative of Richmond Health Services, and an area resident(s) to address issues of concern.

### **E.3. Protocol Agreement**

**The Group Home Task Force recommends:**

That a Protocol Agreement between the City of Richmond and Richmond Health Services be prepared to formalize the process for establishing a Residential Care Facility as identified above.

That the specific responsibilities of the City of Richmond and Richmond Health Services, and the relationship between them, be defined.

### **E.4. Designated City Staff Person**

**The Group Home Task Force recommends:**

That a City of Richmond staff person be designated to manage the process of establishing Residential Care Facilities and to serve as a point of contact for Residential Care Facility operators, Richmond Health Services, and members of the public.

### **E.5. Advisory Committee**

**The Group Home Task Force recommends:**

That a Residential Care Facilities Advisory Committee be established to (1) oversee the implementation of the recommendations in this report, and (2) advise on issues related to Residential Care Facilities in Richmond, as required. Recommended membership on the Committee to include one representative of City Council, the designated City staff person, one operator of a Residential Care Facility, one representative of Richmond Health Services, and selected representatives of the Group Home Task Force.

### **E.6. Ongoing Information**

**The Group Home Task Force recommends:**

That the "Group Homes in Richmond" publication (September 2001) be revised and made available to Richmond citizens as an information document.

### **E.7. Cultural Relations**

**The Group Home Task Force recommends:**

That a Cultural Relations Advisory Committee be established to assist with ongoing efforts to promote understanding and harmony among the citizens of Richmond.

## **F. Acknowledgements**

The Group Home Task Force would like to thank the following:

- City of Richmond Mayor and Council for the opportunity to participate in this process and for providing the necessary time and funding to complete the work;
- Richmond citizens for attending meetings and for their suggestions and submissions;
- Invited speakers at Task Force meetings for providing information and perspective;
- City of Richmond staff members for providing expertise and support;
- Richmond Health Services for providing information and feedback;
- Don Cameron Associates for providing administrative support, facilitation, writing and translation services;
- Chinese Informedia Consulting Group Inc. for providing media liaison services.

**Acute Treatment**  
The Richmond Hospital

**Community Care**  
Long Term Care  
Home Care  
Minor Residence  
Richmond Lions Manor

**Mental Health**  
Child and Youth Services  
Adult/Older Adult Services

**Population Health**  
Environmental Health  
Health Promotion and  
Prevention

The Richmond Hospital Site  
7000 Westminster Highway  
Richmond, BC V6X 1A2  
Telephone: (604) 278-9711  
Facsimile: (604) 244-5191



**Richmond  
Health Services**

*Part of the Vancouver-Richmond Health Board*

October 31<sup>st</sup>, 2001

City Council  
City of Richmond  
6911 No. 3 Road  
Richmond, B.C.  
V6Y 2C1

Dear Council Members:

Re: **Richmond Group Home Task Force Recommendations**

We have reviewed the last draft of the report from the Group Home Task Force with respect to policies for licensed homes with 7-10 persons in care. We understand that this report has received the full support of the Task Force and we commend them on reaching consensus on this important community issue.

We will be pleased to work with the City on the development of a protocol which addresses the concerns and recommendations expressed in the Task Force's final report. This is with the understanding that our participation on any proposed policy or issue will be guided by the requirements of the Community Care Facilities Act and Regulations.

We would like to acknowledge the Task Force members for their many hours of service, research and deliberation on this matter. We are supportive of the basic principles behind the work done to date, and look forward to working with the Residential Care Facility Advisory Committee.

Sincerely,

Ron Climenhaga,  
Chief Operating Officer

/bs

**Protocol Agreement  
between  
The City of Richmond  
And  
Richmond Health Services**

The City of Richmond and Richmond Health Services wish to establish a mutually agreeable arrangement to rationalize the process of reviewing, licensing and establishing a Residential Care Facility (licensed group home for 7-10 persons in care). At this time, the parties wish to define the specific responsibilities for the City and Richmond Health Services.

The City and Richmond Health Services have a common objective, which may be summarized as the well being of the community and those individuals in care.

The City and Richmond Health Services have a profound effect on each others' daily work. It is in the best interests of both the City and Richmond Health Services to combine their efforts whenever appropriate and to resolve amicably any issues of mutual concern involving the licensing of group homes.

The City has jurisdiction for land use, location, and fire and building code requirements. Richmond Health Services, under the auspices of the Vancouver Coastal Health Board, operates as the coordinator of applications for group homes, and administers the Community Care Facility Act in respect to Community Care Licensing. On behalf of the province, in consultation with municipal departments and sponsoring agencies, it issues approval of licenses to applicants or rejects them, as appropriate.

The City and Richmond Health Services agree to participate in the following guiding principles and process to review, consult and consider the establishment of licensed group homes in Richmond:

**GUIDING PRINCIPLES**

- Communication and consultation with the community on issues of concern to citizens is an important requirement of a "well-managed" City.
- A "well-managed" City is one where the responsibilities of the stakeholders, including the City, the community or neighbourhoods, and others who may be involved (including Richmond Health Services) are clearly defined.
- Richmond's multicultural makeup is one of its strengths, and therefore ongoing efforts must be made by the City and Richmond Health Services to ensure harmony with the total community.



## **PROCESS**

The following process will be implemented upon notification to the City by Richmond Health Services that an application for a Residential Care Facility has been received.

### **1. City Review**

The City reviews proposed building for fire, building code and locational requirements.

### **2. City's First Notification**

The City notifies neighbours within a five-house radius of the proposed Residential Care Facility, in writing, that an application for a Residential Care Facility has been received, and invites neighbour comments.

Notification to also include:

- Invitation to an informal neighbourhood meeting, hosted by City staff and to include representatives from Richmond Health Services and proposed Residential Care Facility operator. The purpose of the neighbourhood meeting is to provide information to area residents and to address possible concerns;
- Name and contact information of a designated member of the Residential Care Facility operator;
- Fact Sheet about the Residential Care Facility with information about number of residents, type of facility and expected resident turnover, number of staff, level of supervision, hours of operation, referral process, funding, expected building alterations, parking provisions, and information related to any other expected physical changes or provisions to the property; and
- "Group Homes in Richmond" publication.

### **3. City/Neighbourhood Comments & Referral to Health Services**

City conveys neighbour comments to Richmond Health Services for information and review with the Residential Care Facility operating team.

### **4. Issuance of One Year Interim Permit**

If Richmond Health Services is going to issue a permit, it will only issue a one year interim permit to operate a Residential Care Facility.

### **5. City's Second Notification**

Six weeks to nine weeks prior to expiry of the one year interim permit, the City will contact (in writing) neighbours within a five-house radius of the Residential Care Facility for additional comments and feedback related to the operation of the Residential Care facility.

The City may host a neighbourhood meeting to address any issues and concerns that arise from the comments from the neighbourhood.

**6. Issuance of Full Community Care Facilities License**

Richmond Health Services may issue a full Community Care Facilities License to operate the Residential Care Facility, after considering the input from step 5 (City Second Notification).

**7. Dispute Resolution**

In the event that issues and concerns emerge during the interim period and beyond, the City may establish a working group, with membership to include a City staff member, a representative of Richmond Health Services, and an area resident(s) to address issues of concern.

**8. Transition**

The parties recognize that implementation of this agreement will require time. It is presumed that both parties will act with all due diligence and expedition. Each will apprise the other of causes for delay and anticipated completion dates. Notwithstanding any technical difficulties, the parties will in all matters be guided by the spirit and intention of this agreement.

**9. Cancellation Clause**

Either party may cancel this agreement with six months advance notice in writing.

This Agreement was signed on the \_\_\_\_\_ day of \_\_\_\_\_, 2002.

Malcolm Brodie  
Mayor  
City of Richmond

Dr. Jeff Coleman  
Chief Operating Officer  
Richmond Health Services

Richmond McKenna  
City Clerk  
City of Richmond

Kelvin Higo  
Chief Public Health Inspector  
Richmond Health Services



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**Richmond Zoning and Development Bylaw 5300  
Amendment Bylaw 7340**

The Council of the City of Richmond, in open meeting assembled, enacts as follows:

1. Richmond Zoning and Development Bylaw 5300 is amended in Division 100: Scope & Definitions, 104 Definitions, by adding the following definition:

- **RESIDENTIAL CARE FACILITY. ( GROUP HOME ).**

“**Residential Care Facility ( Group Home )**” means a facility which may be licenced under the Community Care Facilities Act, or unlicenced, that house 7 to 10 persons with physical, mental, emotional or related disabilities and/or problems that provide food and/or lodging and that is developed for the personal rehabilitation of its residents through self help and/or professional care, guidance and supervision. Such facilities required to be located a minimum of 200 metres, lot to lot, from any other Residential Care Facility or Residential Group Home.

- **SPECIAL CARE RESIDENTIAL FACILITY.**

“**Special Care Residential Facility**” means a facility which contains sleeping units for 7 to 10 persons in care, receiving on-site care and/or support for recovery from alcohol or drug dependency, which may be licensed or unlicensed, subject to the Community Care Facility Act. Such facilities required to be located a minimum of 200 metres, lot to lot, from any other Residential Care Facility, Residential Group Home, or Special Care Residential Facility.

2. This Bylaw may be cited as “**Richmond Zoning and Development Bylaw 5300, Amendment Bylaw 7340**”.

FIRST READING  
PUBLIC HEARING  
SECOND READING  
THIRD READING  
ADOPTED

\_\_\_\_\_  
MAYOR

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CITY OF RICHMOND
APPROVED
for content by originating dept. <i>AC</i>
APPROVED for legality by Solicitor <i>[Signature]</i>

\_\_\_\_\_  
CITY CLERK