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REPORT TO COUNCIL

TO: Richmond City Council
FROM: Councillor Malcolm Brodie, Chair
Planning Committee
**RE: GROUP HOME (RESIDENTIAL CARE HOME & FACILITIES) MANAGEMENT
FRAMEWORK**

To Council - Mar. 12/01
DATE: March 8th, 2001
FILE: 8060-20-7206

The Planning Committee, at its meeting held on Tuesday, March 6th, and on Wednesday, March 7th, 2001, considered the attached report, and recommends as follows:

COMMITTEE RECOMMENDATION (Cllr. Greenhill opposed to Parts 1, 2 and 4)

- (1) ***That Bylaw 7206, to amend Zoning and Development Bylaw 5300 by deleting existing group home references and requirements, and by substituting requirements to manage "residential care homes and facilities", and "health care facilities", be introduced and given first reading.***
- (2) ***That the Vancouver/Richmond Health Board be:***
 - ***advised of these changes once approved, and***
 - ***requested, along with operators and funders, to communicate regularly with neighbours when locating and managing residential care homes and facilities.***
- (3) ***That the City appoint a Task Force to formulate a recommended Group Homes Policy (7-10).***

The mandate of the Task Force will be to:

- (i) ***inquire into the negative and/or positive impact on the community of existing group homes;***
- (ii) ***educate and inform the community about the role and operation of the various types of group homes;***
- (iii) ***recommend a model for citizen/community input into the location and operation of group homes; and***
- (iv) ***recommend a City process for the consideration of new group homes in Richmond.***

The Task Force will have the power to:

- (i) ***retain consultants;***
- (ii) ***hold public information meetings/public hearings;***
- (iii) ***advertise/communicate; and***
- (iv) ***request staff resources/support (including RCMP and media).***

The Composition of the Task Force will be as follows:

- (i) Two nominated by the Association of Richmond Homeowners;***
- (ii) One selected at random from those who spoke at the Planning Committee in favour of a rezoning requirement for group homes;***
- (iii) Three nominated by the Richmond Community Services Advisory Council;***
- (iv) Four chosen at random from the civic voters' list and who are willing to serve.***

Quorum will be five.

Voting will be majority of those in attendance at a meeting.

Must report to Council by October 31, 2001.

\$50,000 to be allocated from the Casino Fund to establish the Task Force.

- (4) That the existing Group Homes Policy 4001 be rescinded.***

Councillor Malcolm Brodie, Chair
Planning Committee

Attach.

VARIANCE

Please note that staff only recommended Parts 1 and 2 above.

STAFF REPORT

Note: This report dated February 27, 2001 is the same report as was presented at the February 6, 2001 Planning Committee Meeting, except that the proposed attached Bylaw 7260 has been modified as follows:

- clarifying that the proposed Residential Care Facility distance requirements are minimums,
- adding clarification to the definition of "Residential" by referring to "Residential Care Homes and Facilities" instead of "Group Homes",
- improving the wording of the proposed Section 512 "Health Care Facility", to improve clarity.

ORIGIN

Planning Committee has directed staff to prepare housekeeping amendments to the City's existing Group Home Policy and guidelines to clarify a number of issues:

- the jurisdiction for managing group homes,
- the process for communicating with the Vancouver/Richmond Health Board now that the Board is separate from the City,
- the intent of the City's policy related to size, locational criteria and process for communicating with the neighbourhood, and
- the impact of any proposed City changes for provincial agencies which fund and manage group homes.

This report summarizes the issues, identifies options and provides a recommendation from staff.

FINDINGS OF FACT

1. Jurisdiction:

a) General

To assist in clarifying the respective roles of the Province, the Regional Health Authority and the City, staff have had a series of consultations with Richmond Health Services Society staff and Ministry of Children and Families representatives. To assist in understanding the authority of the Province (e.g., the Community Care Facility Act) and the authority of the City, **Attachment A** has been prepared.

Attachment A identifies the extent of jurisdiction based primarily on the number of persons in care (e.g., people who receive care and live in the facility), as this is a determining factor in the legal authority to regulate group homes.

It should also be noted that the Province has recently changed its Adult Care Regulations which it uses to licence group homes. Provincial licences are now issued based on the size of the facility rather than the type of care. There are two categories in the Provincial legislation, namely:

- "Residential Care Homes": for 3-6 persons-in-care.
- "Residential Care Facility": for 7 or more persons in care.

b) Group Homes (up to 6 persons-in-care) (now called Residential Care Homes)

In essence, the Community Care Facility Act enables the Regional Health Authority to issue a licence for a home in any location, as long as it has 6 or fewer persons in care and meets City fire and health standards. The City therefore has no control over the location of homes of this size, except to ensure that applicable fire and health standards are met.

c) Group Homes (7 or more persons-in-care) (now called Residential Care Facilities)

The Community Care Facility Act also enables the Regional Health Authority to licence homes that house 7 or more persons in care. However, for facilities with 7 or more persons in care, the City can manage these, including their location, through a variety of means including: the OCP, a group home policy, provisions in the Zoning Bylaw and the Building Code. These City regulations, except for fire and health, would not preclude the provincial issuance of a licence under the Community Care Facility Act.

d) Health Care Facility

The City currently considers a facility of 11 or more persons in care to be a "Health Care Facility" because it is larger in size and scale, and therefore subject to different criteria (e.g., the rezoning process) when locating in residential areas.

The Province would licence this as a residential care facility. Once a facility reaches an occupancy level of 11 or more persons it is classed as "Assembly Use" under the BC Building Code.

2. Current City Group Home Policy Framework and Regulations

As summarized in **Attachment B**, the City currently manages group homes as follows:

- The existing Official Community Plan provides for "specialized residential uses", which accommodates a variety of housing types, including group homes.
- The existing Zoning Bylaw provides:
 - for homes up to 10 persons-in-care to be managed as a residential use and permitted outright in all zones where residential uses are allowed,
 - for homes of up to 6 unrelated persons, through the definition of "family",
 - for homes with 7-10 persons in care, through the definition of "group home" with a maximum of 10 residents,
 - for facilities with 11 persons in care or more by treating them as Institutional uses and regulating them through a rezoning process to Health Care Facilities District to control their location, siting and other requirements.
- The existing Group Home Policy and guidelines:
 - identify the City's preferences and are voluntary
 - encourages a range of group homes to locate throughout the community
 - avoids concentrating them in one area
 - sets a guideline of 8 persons in care in homes to allow for live in staff but not to exceed the maximum of 10 residents in total
 - sets out a good neighbour procedure as a means of facilitating communication between the group home operator and the immediate neighbours to address any issues which may arise.

ANALYSIS

1. Jurisdictional Implications

When City staff began working through a number of housekeeping amendments to the City's Group Home Policy to address the Planning Committee's concerns, it became clear that even with adjustments to the current City policy and guidelines, the Province, by virtue of the Community Care Facility (CCF) Act, could override any City regulations or policies that were in place to manage group homes with 6 or fewer persons in care. This Provincial authority has occurred as a result of various challenges in locating such homes in residential neighbourhoods.

This raised the issue for City staff of whether or not merely adjusting the current City Group Home policy would be an appropriate approach given that it would be unenforceable. Further, while it was administratively practical to utilize the voluntary compliance approach when City staff and Health Services staff were part of the same organization, this is not the situation today, given that the Health Board is now a separate organization with separate but related interests. Consequently, any group home policy or guidelines which the City might continue or establish would strictly be based on the voluntary compliance by the respective parties.

As well, some of the existing Group Home Policy requirements are not enforceable because they are not in the Zoning Bylaw. Further, Health Services staff would be required to issue a Community Care Licence if the requirements of the Community Care Facility Act were met and the group home complied with City fire and health standards, regardless of its location.

For group homes with 7 or more persons in care, the legal opinion is that the City can regulate these homes through its OCP, zoning regulations and applicable policies. Health Services staff advise that they would be required to issue a provincial license, if the CCF Act requirements and City fire, health and Building Code requirements are met. The group home would also have to conform to applicable City zoning requirements and the City's approval would occur separately.

Therefore, in discussing what approach might be used that would satisfy Council's objectives, staff have concluded that to continue to rely on a City Group Home policy and guidelines which are based on a voluntary compliance approach would not adequately address Council's concerns. Consequently, staff have looked at a number of alternate options which would take into account the changed context and are more regulatory in nature.

Even with clarified jurisdictions and authority, an important consideration in any discussion of what approach and techniques are to be used in managing group homes is to recognize that some community resistance may still occur. Experience in communities all across Canada and the United States indicates that developing housing for persons with special needs is a challenging process, and one that needs to find a balance between the needs of the group home occupants and the immediate neighbourhood. Over the years in Richmond, once group homes have been licenced in the City and have established themselves, there have been very few complaints.

2. City Policy Options for Managing Group Homes

a) Intent of the Revised City Group (Residential Care) Home Management Framework

The current City Group Home Policy framework and regulations were originally developed to provide opportunities for a range of group homes to locate in residential areas. This reflects the philosophy of supporting those with special needs to live in their home communities and to provide for a variety of housing options. This is evident as currently the City allows group homes (1-10 residents) to locate as an outright permitted use where any residential use is permitted in the City. The current policy sets out voluntary distance separation criteria, size guidelines and procedures for communicating with neighbours as a means of ensuring their distribution throughout to community and their positive integration into neighbourhoods.

City Objectives

In looking at alternate City policy options, staff have identified a number of City objectives that any revised City group home management framework needs to achieve:

- to support the City's Vision of creating a livable, appealing and well managed City and diverse neighbourhoods,
- to continue to support a range of group home development in the community,
- to take into account the respective authority of the provincial Community Care Facility Act and the City's policies and regulations,
- to respect the rights of group home residents to live in the community while recognizing the needs of the adjacent neighbours,
- to ensure consistency among the City's OCP, policies and Zoning Bylaw,
- to ensure that the City's approach does not unduly constrain operators' and funders' plans for the future development of homes and facilities as they provide a valuable service.

b) Regulatory Approach (Recommended)

General

The regulatory approach which is proposed involves rescinding the City's Group Home Policy and replacing it with Zoning Bylaw amendments that will allow for:

- Residential Care Homes
 - Continue to permit homes with 6 or less persons in care as an outright use to locate in all zones where residential uses are permitted.
- Residential Care Facilities
 - Continue to permit group homes with between 7 - 10 persons in care as an outright use in all zones where residential uses are permitted and introduce three location criteria:
 - 200 m from another residential care home or facility (measured lot to lot; straight line),
 - 50 m from a school/park site (measured lot to lot; straight line),
 - on an arterial road.
- Health Care Facility
 - Continue to manage group homes which involve 11 or more persons in care as institutional uses and use a rezoning process (as is done now).

Attachment C summarizes this approach.

Discussioni) Size and Location

- For Residential Group Homes (1-6 in care)

Using this approach, homes with six or fewer persons in care would continue to be permitted as an outright use and, consistent with the Community Care Facility Act, could locate anywhere in the City.

- For Residential Group Facilities (7-10 in care)

As these facilities become larger in size with 7 –10 persons in care, somewhat more impact in neighbourhoods occurs. For these reasons, a location on the edges of a subdivision, or on an arterial road is preferable. Including this requirement confirms a practice which has already been utilized by a number of operators in selecting sites. Including a distance separation requirement of 200 metres between facilities and homes also continues the practice of encouraging their distribution throughout the community. The overall intent of these requirements is to help to minimize any impact of larger size facilities. For some facilities, particularly those where privacy or separation from school/ park sites is desirable, a 50 m distance separation is recommended. This requirement is not considered to be too onerous for other facilities with clients, such as youth, where proximity to a school/park site may be desirable.

- For Health Care Facilities (11 or more persons in care)

No change is proposed to manage group home facilities of 11 persons in care or more – they would continue to be considered as an “institutional” use and regulated through a rezoning and public hearing process to “Health Care Facilities District”.

ii) Neighbourhood Consultation

- The proposed amendments to the Zoning Bylaw set out the requirements outlined above for homes and facilities in terms of size and location.
- No public hearing process would apply for homes and facilities up to 10 persons.
- However, the City, Health authorities and funders could continue the past practice of encouraging operators to contact immediate neighbours when they locate on neighbourhoods. This would be voluntary as it cannot be legally required.
- The City should encourage this communication.

iii) Required City Group Home Policy and Zoning Bylaw Changes

- Group Home Policy

The current City Group Home Policy would be rescinded when the proposed Zoning Bylaw amendments are in place.

- Zoning Bylaw Amendments

- A copy of the proposed Zoning Bylaw amendment is attached to this report.
- These proposed zoning regulations would apply to **new** residential care homes and facilities established after the proposed Zoning Bylaw amendments are approved.
- Those homes and facilities which currently exist would be considered to be grandfathered in.
- The proposed Zoning Bylaw amendments will also update the terms to reflect recent changes to the provincial Adult Care Regulations which now make reference to “residential care homes” and “residential care facilities”.
- This change means that the facility and home are not licenced according to the type of care within a facility, only the size.
- The term of “group home” will be deleted in the Zoning Bylaw to reflect this change.
- The new wording allows the City to manage both licenced and provincially unlicensed facilities (see additional comments below).

iv) Communication Process

- The City would continue to work with Health Services Staff, funders and operators as new facilities are established.
- The City would be informed about new developments when an application is made for a provincial licence and plans are referred for review with respect to compliance with City regulations.
- The City would encourage Health Services staff, funders and operators to consult with the community.

c) Other Options Considered But Not Recommended:i) Provision in the OCP & Group Home Policy, & A Voluntary Compliance Approach

- Under this option, the City would continue to make provision for specialized residential housing in the OCP and for residential care homes with 6 or fewer residents consistent with the Act.
- For facilities homes with 7-10 persons in care, the City's Group Home Policy would set out guidelines for location, distance separation, form and scale.
- Staff are not recommending this option because it would:
 - rely on voluntary compliance and would not be enforceable
 - be less effective than the option recommended above, and
 - raise false expectations about neighbourhood communications.

ii) Create a Special Zone for Group Homes with 7-10 persons in care:

- This option would involve the creation of a new zone for residential care facilities with 7 – 10 persons in care.
- The zoning regulations would be similar to a single family zone but would permit facilities only. Using this approach, Council would be involved in reviewing each rezoning application, and would apply criteria for location, form and scale in reviewing each application.
- Members of the public would have the opportunity for input to Council through a rezoning and public hearing process.

Staff are not recommending this approach because:

- it is deemed to be an administratively excessive and unnecessary way to manage such facilities and balance the community's interests.
- it would require Planning Committee, Council and public hearing meetings for every individual new residential care facility proposal in this category, and
- the interests of the City, community, group home operators and provincial agencies can be effectively balanced and managed in a more efficient administrative manner as recommended above.

d) Provincially "Unlicensed" Group (Residential Care) Homes and Facilities

There are two types of provincially "unlicensed" group homes, namely:

Type 1

- Homes and facilities which need a Provincial license and do not obtain one (e.g., denied, don't apply).
- This type should not and cannot operate.
- The Province would be responsible for enforcing its legal requirements.

- For this type, the City would work closely with Health to have operators meet all requirements.
- Ideally, the City would not issue any approvals until proof was shown that all provincial requirements are met.

Type 2

- Homes and facilities which the Province says do not need a license from the Province.
- This kind can be approved by the City, if they meet all City requirements.
- The City would manage this type according to the proposed Zoning Bylaw changes (see **Attachment C**).

FINANCIAL IMPACT

None.

CONCLUSION

City staff have reviewed the City's existing Group Home Policy and regulations and have determined that to make amendments of a housekeeping nature that would not be legally enforceable, would:

- not give Council adequate control over the location of group (residential care) homes and facilities involving 7-10 persons in care, and
- create expectations which cannot be met.

Therefore, staff recommend that:

- The existing City Group Home Policy should be rescinded.
- The Zoning Bylaw should be changed to manage "group homes and facilities" as follows:
 - delete existing group home references
 - add the following:
 - Residential Care Homes (1-6 in care)
These homes have up to 6 persons in care and should continue to be allowed as an outright permitted use in all zones where residential uses are permitted (recognizing that the City has no control over the location of group homes of this size).
 - Residential Care Facilities (7-10 in care)
These facilities have between 7 and 10 persons in care and should be:
 - allowed as outright permitted uses in all zones where residential uses are permitted, and
 - regulated in a legally enforceable manner, subject to location and distance separation criteria in the Zoning Bylaw.
 - Health Care Facilities (11+ in care)
These homes have 11+ persons in care and should continue to be considered as Institutional Uses and regulated through the City's "Health Care Facilities District".

Benefits

The proposed arrangement:

- clarifies the Province's jurisdiction
- clarifies the City's jurisdiction
- clarifies the City's policy intent
- is based on legally enforceable City requirements
- establishes clear City requirements for:
 - residential care homes (1-6)
 - residential care facilities (7-10)
 - health care facilities (11+) (same)
- avoids false expectations about neighbourhood communications
- continues to encourage City, Health, operator, funder and community communication.

City staff have consulted with Health and Ministry staff in preparing this report. They have been invited to comment on this report.

Note

Once Bylaw 7206 is approved, staff will bring forth appropriate recommendations for Council to rescind the existing City of Richmond Group Home Locations Policy, 4001 adopted by Council on February 25, 1991.



Terry Crowe
Manager, Policy Planning



Margaret Picard
Social & Community Planner

TC:MJP:cas

Existing Jurisdiction for Group Homes City of Richmond

Role	Size of Group Home		
	Persons in care: max 6 Live-in Staff: may vary Max. Live-in Total: 10	Persons in care: 7-10 Live-in Staff: may vary up to 3 Max. Live-in Total: 10	Persons in care: 11+ Live in Staff: may vary Max: 11+
<u>Provincial Role</u> <ul style="list-style-type: none"> Authority 	<ul style="list-style-type: none"> Licences Can supercede City regulations except fire and health standards to issue licence in any location Applies only for facilities with max. 6 persons in care (max. 10 residents) Must meet City fire and health standards before a licence is issued. 	<ul style="list-style-type: none"> Licences Must meet City fire and health standards 	<ul style="list-style-type: none"> Licences Must meet City fire and health standards
<u>City Role</u> <ul style="list-style-type: none"> Authority 	<ul style="list-style-type: none"> Current OCP, policy and zoning makes provision for facilities. Cannot regulate other than fire and safety Compliance with the City's group home policy is <u>voluntary</u> and is not legally enforceable 	<ul style="list-style-type: none"> City can only encourage Group Home policies to be met City can regulate through OCP, zoning, building by-law requirements Does not require a rezoning or public hearing process 	<ul style="list-style-type: none"> City can regulate through OCP, zoning, building by-law requirements. City considers facilities of this size an Institutional use and regulates them through the "Health Care Facilities District". Requires a rezoning and public hearing process.

Current Municipal Policy Framework & Regulations City of Richmond

GROUP HOME SIZE	CITY OCP	CURRENT CITY GROUP HOME POLICY	CITY ZONING	BUILDING CODE
Persons in Care: 1 – 6 Live - in staff: can vary Live in total: up to 8	<ul style="list-style-type: none"> Considered as special needs housing and permitted in areas designated for residential use 	<p>NOTE: NOT ENFORCEABLE as, CCF ACT CAN LEGALLY SUPERCEDE ALL CITY GROUP HOMES POLICY REQUIREMENTS</p> <ul style="list-style-type: none"> Policy used to encourage City's interests to be met. Maximum of 10 residents with no more than 8 persons in care Sets out City's preferences: <ul style="list-style-type: none"> location, distance separation and good neighbour guidelines. 	<ul style="list-style-type: none"> Defines "family" as including "up to six unrelated persons" Permitted in all zoning districts which allow residential uses (R1, R2, R3, R4, R5, R7, R8; CD Zones A61S2; ASY 	<ul style="list-style-type: none"> Must conform with fire and health requirements for single family homes
Persons in Care: 7-10 max. Live - in staff: 0-3 Total: 10	<ul style="list-style-type: none"> As above 	<ul style="list-style-type: none"> Policy used to encourage City's interests to be met. Maximum of 10 residents with no more than 8 persons in care Sets out City's preferences: <ul style="list-style-type: none"> location, distance separation and good neighbour guidelines. 	<ul style="list-style-type: none"> Defines "residential" as a use which includes a group home of up to 10 residents excluding a facility operated under the Correction Act 	<ul style="list-style-type: none"> Must conform with fire and health requirements for single family homes
Persons in Care: 11+ Live – in staff: can vary Total: 11 +	<ul style="list-style-type: none"> Managed as an Institutional Use 	<ul style="list-style-type: none"> Policy not applicable as rezoning requirements and process are required public hearing required 	<ul style="list-style-type: none"> Health Care Facilities District 	<ul style="list-style-type: none"> Assembly Occupancy Use requirements

**Proposed Arrangement for Managing Group Homes
(Residential Care Homes & Facilities)
City of Richmond**

Role	Size of Group Home (Residential Care Homes & Facilities)		
	Persons in care: max 6 Live-in Staff: may vary Max. Live-in Total: 10	Persons in care: 7-10 Live-in Staff: may vary up to 3 Max. Live-in Total: 10	Persons in care: 11+ Live in Staff: may vary Max: 11+
Provincial			
Terms	Residential Care Home	Residential Care Facility	
Role • Authority	<ul style="list-style-type: none"> • Licences • Can supercede City regulations except fire and health standards to issue licence in any location • applies only for facilities with max. 6 persons in care (max. 10) • Must meet City fire and safety standards before a licence is issued. 	<ul style="list-style-type: none"> • Licences • Must meet City fire and health standards 	<ul style="list-style-type: none"> • Licences • Must meet City fire and health standards
City			
Terms	Residential Care Homes	Residential Care Facilities	Health Care Facilities
Role • Authority	<ul style="list-style-type: none"> • Cannot regulate other than fire and health requirements • Current OCP policy and zoning make provision for facilities. • No City Group Home Policy • No public hearing process • City encourages community consultation. 	<ul style="list-style-type: none"> • City can regulate through OCP, zoning, building by-law requirements • Apply certain zoning criteria: <ul style="list-style-type: none"> - 200 m from other residential care homes and facilities - 50 m from a school or park on an arterial road. • No City Group Home Policy • No public hearing process • City encourages community consultation. 	<ul style="list-style-type: none"> • City can regulate through OCP, zoning, building by-law requirements • City considers facilities of this size an Institutional use and regulates them through the Health Care Facilities District Zone. • Rezoning process • Public Hearing Process