



**POLICY REPORT
DEVELOPMENT AND BUILDING**

Report Date: October 24, 2012
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TO: Standing Committee on Planning, Transportation and Environment
FROM: General Manager of Planning and Development Services
SUBJECT: Amendments to the Community Care Facilities - Class B and Group Residence Guidelines

RECOMMENDATION

That the Community Care Facility - Class B and Group Residence Guidelines, as contained in Appendix A, be amended to provide added direction regarding location, neighbourhood compatibility and form for new or expanding long-term residential care facilities.

COUNCIL AUTHORITY/PREVIOUS DECISIONS

Council, on October 18, 1979, adopted definitions for Special Needs Residential Facilities (SNRF), which included sub-categories for Community Care Facilities and Group Living Facilities.

On June 24, 2008 Council adopted updated definitions for the Community Care Facility - Class B and Group Residence use, and Guidelines to provide a framework for assessing applications with regard to compatibility with adjacent uses and related City policy, and to describe the application process.

REPORT

Background/Context

For the City of Vancouver, the term Community Care Facility (CCF) refers to an institutional use that provides short- or long- term accommodation and care to people who are unable to live independently. Clients in CCF have significant cognitive impairment, physical or functional impairment and/or complex health conditions. The term "CCF" refers to a range of facilities that includes:

- long-term residential care for seniors;
- care for individuals dealing with mental health or substance abuse;
- community living - care for adults with developmental disabilities;
- care for individuals with acquired brain injuries;
- hospice care.

The City distinguishes between two classes of CCF. A Community Care Facility - Class B is the City's term for as a facility licensed under the Community Care and Assisted Living Act of B.C. to provide residential care to seven or more unrelated individuals while Community Care Facility - Class A covers facilities that accommodate six or fewer individuals. Some facilities are owned and operated directly by Providence Health Care or Vancouver Coastal Health (VCH), however, the majority are operated by either not-for-profit or for-profit providers who are under contract to VCH.

While the CCF definition encompasses a diversity of facility types, this report focuses on long-term residential care (LTRC) facilities for seniors -- people whose needs cannot be met in senior's supportive housing or assisted living facilities. The median age of residents in LTRC facilities in Vancouver is 86 years, and the average length of stay at a facility is just over 3 years.

Current City policies, expressed in zoning and in guidelines, envision LTRC facilities in neighbourhoods across Vancouver. As such, they are a conditional approval use in all residential and commercial zones, as well as in MC-1, MC-2 and HA-3 district schedules. The Community Care Facility - Class B and Group Residence Guidelines provide direction regarding location, spacing requirements, and application procedures. LTRC facilities are widely distributed across the City, often found within or near to residential areas, as well as in more intensively developed areas. At present, there are currently 41 LTRC facilities in Vancouver providing over 4200 beds.

While the average number of beds in a facility is just over 100, existing facilities range in size from about 50 beds to 200 beds. As shown in the table below, development of beds in LTRC facilities was vigorous between 1960 and 1990 with about 70 per cent of the City's constructed supply of beds having been provided in that period. Given the age of the majority of the supply of LTRC beds in the City, it is not surprising that the City has recently seen an increase in the number of development inquiries for the rejuvenation and expansion of the supply, including proposals for the development of new LTRC facilities.

	1950s	1960s	1970s	1980s	1990s	2000s
Number of facilities constructed	2	10	4	8	8	3
Number of beds	262	1079	603	978	672	229
Average number of beds	131	108	151	122	84	76

Appendix B provides detailed information regarding the facilities that exist in the City of Vancouver.

Strategic Analysis

The purpose of this report is to review the City’s policies and guidelines for CCF facilities given the recent interest and activity in the sector. It would be appropriate to ensure that City policies and guidelines are aligned with current and emerging VCH policy directions so that these facilities continue to be sensitively integrated into neighbourhoods throughout the City. The following sections lay out VCH’s strategic direction and issues regarding LTRC facilities, followed by a discussion of City issues and the recommended approach to address them. VCH, working with City staff, have provided the information presented below.

VCH Policy Directions and Issues

VCH regularly generates forecasts of the projected demand for LTRC beds in Vancouver. The current forecast suggests that demand will remain stable until 2020, but that it is expected to increase thereafter.

While not needing to respond to increasing demand in the short term, VCH has a number of strategic priorities that they are working to address. One key priority is to support clients to remain in their homes for as long as possible, based on the principle that “Home is Best”. VCH is focusing on providing home and community services to assist seniors to age in place for as long as possible. Some of these services will be offered through LTRC facilities, which requires that any new or redeveloping facilities should be located to ensure easy access for clients residing in the community. Locations in or near residential areas with easy access to transit would also allow seniors to remain in or close to their neighbourhood and to maintain social relationships as they access end-of- life care. Additionally, easy access to LTRC facilities for spouses and family members (who are also aging) would facilitate family involvement and support of residents in care.

Another key priority is the rejuvenation of existing stock. A significant proportion of the existing LTRC beds do not adequately meet the needs of the clients they are intended to serve. VCH is interested in opportunities to upgrade existing bed stock to include single rooms with ceiling lifts, in buildings designed around clusters of about 25 residents who share dining, bathing, social areas and outdoor space. The overall size of a new or rejuvenated facility would be some multiple of 25.

One key challenge that VCH faces is the limited availability of land for new facilities, and funding formulas that do not adequately recognize land costs in Vancouver. It is particularly

challenging for VCH to provide improved bed stock while maintaining sustainable per diem costs. VCH is interested in looking at creative opportunities to rejuvenate LTRC beds, and notes that larger facilities make better use of the higher land costs that can be expected in the most highly urbanized locations.

City of Vancouver Policy Directions and Issues

The existing City framework of policy and regulation for LTRC facilities is laid out in the zoning regulations and guidelines for Community Care Facilities - Class B. There is no policy specific to the role of LTRC facilities in the City. The CCF regulations and guidelines, as applied to LTRC facilities, encourage a broad distribution across the city and provide some direction for the review of development applications for this use, but little direction for rezonings and how these changing facilities might best respond to their neighbourhood context. Further, the guidelines apply to a wide range of facilities, in terms of both size (e.g. they apply equally to a 20 bed project or a 200 bed project) and client group (e.g. seniors, individuals dealing with mental health and/or substance abuse issues).

While City staff recognize the need for LTRC facilities throughout the City and acknowledge the benefits of their location within neighbourhoods and "close to home", the latter may result in impacts on nearby properties depending on the size of a facility and its relationship to neighbouring uses. The height and massing of proposed facilities need to consider the neighbourhood context, as some LTRC facilities may be large institutional buildings which can be challenging to integrate into residential areas. While many of the existing facilities are low-rise buildings located on large lots, it is likely that VCH's plan to rejuvenate existing facilities will result in intensification of some facilities. Furthermore, LTRC facility operations, including 24 hour staffing, and noise and traffic related to operational realities such as parking, loading, deliveries, ambulances and Handi-dart need to consider adjacent physical context. Staff note that impacts related to both physical form and operating requirements have been raised as concerns by neighbouring residents when learning of LTRC facility proposals. Currently, two proposals for LTRC facilities are the subject of neighbourhood concern: one is the proposed expansion of Point Grey Hospital from 75 beds to 170 beds, and the other is for a new facility of about 100 beds on Southwest Marine Drive (Casa Mia).

To better address the current proposals, and to prepare for future ones, staff propose that the existing Community Care Facilities - Class B and Group Residence Guidelines be amended to add clarity specific to matters of location, siting and form for all CCF - Class B proposals. These proposed amendments would be beneficial for facility operators, health authorities, neighbourhoods, City staff and Council.

The proposed amendments to the Community Care Facilities - Class B and Group Residence Guidelines are included in Appendix A, and are summarized as follows:

- suitable locations for larger facilities include neighbourhood centres and higher intensity areas on or near arterials well served by public transit; non-arterial locations are acceptable where site conditions assist in reducing impacts on adjacent residential areas;
- siting of facilities should limit visual and noise impacts (from facility operations) on adjacent residential areas;

- the form and massing should be consistent with the neighbourhood; consideration should be given to prevailing built height and density as well as approved plans and policies; increased height and density may be considered, however, the proposal must minimize impacts on views, overlook and shadowing;
- access to circulation and parking should minimize impacts on nearby residential uses.

Staff believe the recommended guideline amendments are appropriate to provide greater clarity around the City's expectations for the location, form and siting of LTRC facilities in neighbourhoods. With development activity in this sector expected to continue and perhaps even increase, staff will track rezoning and development applications for LTRC facilities, will continue to work with VCH to facilitate its goals for rejuvenation and future expansion of the supply of LTRC beds, and will bring forward for Council's consideration any further amendments to zoning and guidelines if and as needed.

Implications/Related Issues/Risk (if applicable)

Financial

There are no financial implications.

Human Resources/Labour Relations

There are no human resource or labour relation impacts.

Environmental

There are no environmental impacts.

Legal

There are no legal impacts.

CONCLUSION

The proposed amendments to the Community Care Facility - Class B and Group Residence Guidelines will provide greater clarity about the City's expectations regarding the location, form and siting of LTRC facilities in neighbourhoods throughout the City and will better align with current and emerging VCH policy directions for LTRC. Should further amendments to zoning and guidelines become necessary as current and future proposals are tracked, staff will bring them forward for Council's consideration.

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City of Vancouver *Land Use and Development Policies and Guidelines*
Community Services, 453 W. 12th Ave Vancouver, BC V5Y 1V4 F 604.873.7344 fax 604.873.7060
planning@vancouver.ca

Note: ~~STRIKE OUTS~~ INDICATE DELETIONS
ITALICS INDICATE ADDITIONS

COMMUNITY CARE FACILITY - CLASS B AND GROUP RESIDENCE GUIDELINES

*Adopted by City Council on June 24, 2008
Amended on xx, 2012*

These guidelines are to be used in conjunction with a district schedule of the **Zoning and Development By-law** or with an official development plan by-law for conditional use approval of the following uses:

- Community Care Facility- Class B
- Group Residence

The above facilities are defined in the Zoning and Development By-law. *These guidelines will also be used in assessing rezoning applications which involve these uses.*

1 Intent

The intent of these Guidelines is to support the integration of Community Care Facility, Class B and Group Residences throughout the city, by providing a framework for assessing applications which considers the needs of facility residents, *suitability of location, compatibility of siting and form* with other adjacent uses, any relevant City policies or planning objectives that may apply to a given site, and measures to support accountability in the operation of these facilities.

The guidelines outline factors which the Director of Planning, Director of Social Planning and other relevant Civic Departments will take into consideration in *assessing rezoning applications* for a Community Care Facility, Class B or a Group Residence or a development permit application for these uses.

2 Guidelines

- 2.1** In assessing a *rezoning or development* application for a Community Care Facility - Class B or a Group Residence, the Director of Planning, in consultation with the Director of Social Planning will:

- (a) review the information provided by the applicant regarding number of residents, programming, length of stay, staffing, referral procedures, funding, traffic, parking, and any other relevant features;
- (b) consider any features of the proposed facility or its operation which differ from adjacent residential uses and may affect neighbours e.g. amount of parking needed for staff/residents; noise; frequent turnover of residents.
- (c) review the applicant's proposal for responding to queries/concerns.

2.2 *The assessment of a rezoning or development application for a new Community Care Facility - Class B or for expansion or redevelopment of an existing Community Care Facility - Class B will also consider the following:*

(a) *Location:*

Larger facilities are most appropriately located in neighbourhood centres and higher intensity areas, and on or near arterials well served by public transit. This provides for ease of access for staff and visitors, and reduces impacts on lower density areas. Non-arterial locations are acceptable where site conditions (e.g. large sites, corner location, sites adjacent to public open space) assist in reducing impacts on adjacent areas.

(b) *Siting:*

Facilities should be sited to mitigate visual and noise impacts and intrusion on adjacent uses, including the sensitive siting of loading areas, smoking areas, and recycling and garbage areas.

(c) *Form:*

In determining the appropriate form of a facility, consideration will be given to:

- (i) *the fit of the proposed development given the intent and regulations of the district schedule of the Zoning and Development By-law for the zoning district in which it is located and with the intent and regulations applying to adjacent sites, if different from the proposal site;*
- (ii) *any plans or guidelines approved by Council for the area, including long range policies that anticipate future changes to built form in the area, recognizing that facilities should contribute to the objectives outlined in approved area plans and policies, and should be consistent with the overall character of the neighbourhood;*
- (iii) *the prevailing ("as built") height and density of nearby sites, in cases where no plans or policies exist; and*
- (iv) *the provisions of Section 11.17 of the Zoning and Development By-law and the provisions of the Parking By-law.*

Applications that propose height or densities greater than surrounding properties may be considered appropriate provided that the design minimizes negative impacts on views, massing, overlook and shadowing.

(d) *Circulation and Access:*

Access to parking and loading should be designed to mitigate impacts on neighbouring uses.

- 2.23** In low density zones (RS, RT and First Shaughnessy), these uses should be spaced 200 metres (656 feet) or more from each other. Exceptions may be made for Community Care Facilities for seniors or for any facility which operates as an annex to another facility.
- 2.34** In higher density residential, commercial or other higher density zones (RM, C, DD, DEOD, FCN, SEGS, FCCDD and Coal Harbour), additional assessment criteria will be used in place of a spacing guideline. The Director of Planning, in consultation with the Director of Social Planning, will:
- (a) consider the need for the facility, as documented by the applicant, or supported by government policy or by research,
 - (b) determine how the proposal relates to existing city-wide or regional plans for this type of facility,
 - (c) assess other locational factors, including the suitability of the location for the prospective residents; the number and type of existing Community Care Facilities or Group Residences in the vicinity; other adjacent uses; and other City policy or planning objectives which may apply.
- 2.45** The Director of Planning, in consultation with the Director of Social Planning, may require the applicant to provide information to and meet with neighbours regarding the proposal, and may also suggest that such information be provided prior to submitting an application.
- 2.56** As a condition of approval, the Director of Planning, in consultation with the Director of Social Planning, may require that the applicant:
- (a) develop a plan for ongoing communication with adjacent neighbours, including the name of a liaison person satisfactory to the Director of Social Planning to whom neighbours may direct inquiries;
 - (b) develop a management plan which states how the facility will operate.
- 2.67** Development permits for Community Care Facility - Class B and Group Residences may be granted for limited periods of time, with the understanding that permits to continue use may be granted as long as operations prove compatible with neighbourhood life.
- 2.78** Operation of the proposed facility shall only commence when necessary permits and licenses have been approved and all requirements fulfilled.
- Note:** Applicants are advised to read carefully and follow the attached “Application Procedure for Community Care Facility – Class B and Group Residence Development Permits.”

APPENDIX

Application Procedure for Community Care Facility – Class B and Group Residence Development Permits

Pre-application

The applicant should contact the Enquiry Centre, Development Services, prior to filing an application, for pre-application advice.

Staff will make a preliminary determination whether the proposed use complies with:

- (a) The intent and use provisions of the district schedule of the **Zoning and Development By-law** for the zoning district in which it is to be located *and the criteria set out in the "Community Care Facility – Class B and Group Residence Guidelines"*;
- (b) Any plans or guidelines approved by Council for the area;
- (c) The provisions of Section 11.17 of the **Zoning and Development By-law**; and
- (d) The provisions of the **Parking By-law**.

Staff will refer the applicant to the Social Planning Department to determine:

- (a) Whether the proposed facility meets the definition of a Community Care Facility – Class B or a Group Residence in Section 2 of the **Zoning and Development By-law**;
- (b) If so, whether the proposed site meets the locational guidelines as set out in the "Community Care Facility – Class B and Group Residence Guidelines";
- (c) Whether contact has been made with the Community Care Facilities Licensing authorities to establish if a Community Care Facility License is required; and
- (d) Whether funding for the proposed facility has been confirmed.

The intent of this review is to allow the Planning and Social Planning Department staff to determine whether there are any serious problems with the proposed use or its location and to advise the applicant against totally unsuitable proposals **before the applicant signs any agreements or pays any non-refundable deposits**.

If the applicant must sign an interim agreement for sale or lease at any time before a development permit is granted, he/she may wish to consider inserting a condition pertaining to the granting of the development permit.

A development permit application may be filed at this point, however it is generally recommended that the applicant notify neighbours and discuss the proposal with them before an application is submitted.

This applicant-lead notification process should be determined in consultation with City staff. In general, staff may recommend the following process:

- Preparation by the applicant of a fact sheet describing the program, target group; number, type and turnover of clients; number of staff; level of supervision; hours of operation; referral process; and funding. The applicant should also discuss alterations to any existing building, parking provisions and any other physical changes/provisions to be made. This fact sheet must be discussed with City staff prior to distribution to neighbours.

- That the applicant contact neighbours in the "official notification area" (to be determined by Development Services) as well as community organizations such as Business Improvement Associations, prior to the official City notification. In such cases, contact should be made in person to all houses and businesses in the area, and the fact sheet describing the proposal should be accompanied by a verbal description of the facility and the proposed use. A follow-up written contact should be made to ensure that all neighbours in the notification area are informed. The applicant may wish to solicit written and signed approval from neighbours for the proposed facility at this time. Applicants should also consider translating the fact sheet into languages other than English.
- That the applicant sponsor an "open house" at which the proposal could be discussed with neighbours.

Application submission

As part of the development permit application, the applicant must prepare a fact sheet describing the program, target group, number, type and turnover of clients; number of staff; level of supervision; hours of operation; referral process; and funding. The applicant should also discuss alterations to any existing building, parking provisions and any other physical changes/provisions to be made. As noted above, this fact sheet may be used as part of the applicant's initial contact with neighbours, and will be included in the official City notification to neighbours. Applicants should consider translating this fact sheet into languages other than English.

Development Services will formally notify all residents within the official notification area and ask for their comments. (Neighbours are to be given a minimum of ten working days from the date of mailing in which to respond). The notification letter will be prepared in consultation with the Director of Social Planning. At the same time, reports will be requested from the City Inspectors, Social Planning and other relevant City Departments.

The City may hold a public information meeting to discuss the application with neighbours. The Development Permit Board or the Director of Planning, as the case may be, may consider the development permit application at this point.

The Development Permit Board or the Director of Planning, as the case may be, may refer the proposal to the Community Services Committee of City Council or to Council for information and advice. In such a case, the required staff report to Committee or Council will be coordinated by the Planning Department and will include all relevant particulars of the proposal, a summary of the notification responses and comments from the Social Planning and other City Departments.

Applicants should be aware that development permit applications take a minimum of six to eight weeks to process. Applicants should contact the Project Coordinator after submission for more information on scheduling.

Existing LTRC Facilities in Vancouver

Facility	No. Beds	Operator	Address	# Stories	Built	Renovated	Zone
Adanac Park Lodge	72	Little Mountain Residential Care & Housing Society (non-profit)	851 Boundary Rd	2	2000		CD-1 (300)
Amherst Private Hospital	74		375 West 59th Ave	1	1964		RS-1
Arbutus Care Centre	162	Revera (private)	4505 Valley Dr	2	1964	1980	CD-1 (242)
Banfield Pavilion (VGH)	192	VCH	2785 Ash Street	4	1972		CD-1 (59)
Blenheim Lodge	97	Calling Foundation (non-profit)	3263 Blenheim	2	1969	1971	RS-1
Bradden Private Hospital	51	the care group (private)	2450 W 2nd Ave	4	1962	2001	CD-1 (388)
Broadway Pentecostal Lodge	116	Broadway Pentecostal Care Assn (non-profit)	1377 Lamey's Mill Rd	4	1981		FCCDD
Brock Fahrni Pavilion (St. Vincent's)	150	PHC	4650 Oak Street	3	1983	1997	CD-1 (126)
Central City Lodge	100	City Centre Care society (non-profit)	415 W Pender St	7	1992		DD
Columbus Residence	99	Knights of Columbus (non-profit)	704 W 69th Ave	4	1990		CD-1 (202)
Crofton Manor	215	Revera (private)	2803 W 41st	3	1974		CD-1
Dogwood Lodge	113	VCH	500 W 57th Ave	1	1973		RT-2
Fair Haven	100	Fair Haven United Church Homes (non-profit)	2720 E 48th Ave	2	2002		CD-1 (7A)
Finnish Home	64	Finnish Canadian Resthome Assoc (non-profit)	2288 Harrison Dr	2	1962	1995	CD-1
George Pearson Centre	120	VCH	700 W 57th	1	1952	1960	RT-2
German Canadian Care Home	137	German-Canadian Benevolent Society	2010 Harrison Dr	3	1969		CD-1 (313)
Haro Park Centre	218	Haro Park Centre Society	1233 Haro St	5	1980		RM-5B
Holy Family Hospital	142	PHC	7801 Argyle St	3	1956	1990s	RS-1
Kopernik Lodge	87	Kopernik Fndn (non-profit)	3150 Rosemont Dr	2	1972	several small renos	CD-1 (72)

Facility	No. Beds	Operator	Address	# Stories	Built	Renovated	Zone
Lakeview Care Centre	165	Revera (private)	3490/99 Porter St	5/6 floors (2 towers)	1993		C-2
Little Mountain Place	117	Little Mountain Residential Care & Housing Society (non-profit)	330 E 36th Ave	3	1987		RM-3A
Louis Brier Home and Hospital	218	Jewish Home for the Aged of BC (non-profit)	1055 W 41st Ave	2	1968	1992	CD-1 (407)
Mount Saint Joseph Hospital	100	PHC	3080 Prince Edward St	4			RM-4
Point Grey Private Hospital	75	the care group (private)	2423 Cornwall Ave	4	1965	2006	RM-4
Renfrew Care Centre	88	Retirement Concepts (private)	1880 Renfrew St	5	1995	2012/13	C-2C1
Royal Arch Masonic Home	151	Royal Arch Masonic Homes Society	7850 Champlain Cres	3	1982	1999	CD-1 (317)
Royal Ascot Care Centre	82	private	2455 E Broadway	3	1996		CD-1 (308)
Simon KY Lee Seniors Home	103	SUCCESS	555 Carrall St	3	2001		CD-1 (378)
South Granville Park Lodge	120	private	1645 W 14th Ave	4	1969		RM-3
St. Jude's Anglican Home	55	St. Jude's Anglican home (non-profit)	810 W 27th Ave	2	1991		CD-1 (39)
St. Vincent's Hospital, Langara	221	PHC	255 W 62nd Ave	3	1991	2011	CD-1 (8)
Sunrise Senior Living	106	Sunrise Senior Living (private)	999 W 57th Ave	4	2002		CD-1 (410)
Three Links Care Centre	90	Three Links Care Society	2934 E 22nd Ave	3	1982	2000	CD-1 (90)
Villa Carital	84	Carital Continuing Care society	3050 Penticton	3	1995		CD-1 (181)
Villa Cathay Care Home	150	Villa Cathay Care Home Society (non-profit)	970 Union	3	1978/1991		CD-1
Windermere Care Centre	197	Windermere Care Centre Inc	900 W 12th Ave	15			CD-1 (295)
Yaletown House	130	Yaletown House (non-profit)	1099 Cambie St	4	1985		BCPED
Youville Residence	84	PHC	4950 Heather St	6	1969		CD-1 (10)