

TO: CITY MANAGER 2002 March 18

FROM: DIRECTOR PLANNING AND BUILDING

SUBJECT: **REZONING REFERENCE # 01-34 AT 5938 SPROTT STREET
(FRASERSIDE COMMUNITY SERVICES SOCIETY PROPOSED HOME)
PUBLIC HEARING CONCERNS**

PURPOSE: To provide a response to a number of questions raised at the Public Hearing on 2002 February 19 regarding the proposal to convert an existing home to a short term stay residential home.

RECOMMENDATIONS:

1. **THAT** copies of this report be provided to those persons who spoke at or submitted correspondence to the Public Hearing on 2002 February 19 for this rezoning application.
2. **THAT** the following Prerequisite (e) be added as a prerequisite to the completion of Rezoning Reference #01-34:

“The provision of a Section 219 Covenant stating that the site is to be used only for a short term (30 day) stay shelter for up to 10 mental health clients referred by the Fraser Health Authority and that the shelter is to be staffed by qualified persons twenty-four hours a day.”

REPORT

An application to rezone an existing house at 5938 Sprott Street from R3 Residential District to Comprehensive Development District (based upon the R3 Residential District and P5 Community Institutional District) to accommodate a short term stay residential home was advanced to a Public Hearing on 2002 February 19. Second Reading of the bylaw was granted on 2002 March 04

A number of questions and issues about the proposed change of use were raised by speakers at the Public Hearing as well as by members of Council. Council requested that staff submit a report on these matters.

The questions and issues raised were ones largely needing to be answered by the applicant, the Fraserside Community Services Society (FCSS) represented by its Executive Director Caroline Bonesky, who provided much of the following information.

a. What facilities are operated by FCSS? Are any of these facilities for the mentally ill?

FCSS operates mental health related facilities and services such as:

- i. Ibsen House, a facility for 4 to 6 clients for longer stays of 6 months to 2 years.
- ii. Friendship House, a club house daytime facility serving 120 to 150 clients in total and 25 to 30 clients each day.
- iii. an after hours, emergency mental health service with telephone and personal outreach services.

FCSS also operates other social service facilities such as an emergency shelter for families and four community living houses for persons with developmental disabilities, whether physical or mental.

FCSS does not currently operate a similar operation to the subject proposal. However, the subject proposal is modelled on Scottsdale, an existing short term stay shelter in Delta for mental health clients which has been deemed to be a success. Scottsdale is operated by a private independent operator under the auspices of the Delta Mental Health Centre, Fraser Health Authority.

b. How many bedrooms does the existing home have and how many are proposed?

The house presently has seven bedrooms. The applicant is proposing to alter the interior to create ten bedrooms. The total floor area of the house is approximately 3,760 square feet.

c. What is the anticipated occupancy rate? Is it expected to be frequently full?

The FCSS advises that the occupancy would range from 70% in a low month to 95% during a busy month.

d. What is the maximum stay permitted?

With the exceptions noted in "e" below, a maximum stay of 30 days will be observed. Clients and their case managers will be advised of this maximum stay limit as part of their orientation to the shelter and all clients will be encouraged to leave within two weeks. Individual cases will be considered for a stay longer than two weeks in consultation with the client's case manager. By way of comparison, the average length of stay at a similar operation, the Scottsdale facility in Delta, is 12.5 days (2001).

e. *What happens when people use up the time? Are they required to leave after the 30 days?*

The FCSS advises that in the event clients must stay longer because they have applied to a boarding home (the paperwork may take considerably longer than 30 days), clients will be granted permission to remain after consideration of their present stay at the shelter. Otherwise the case manager will be asked to find alternative housing for the client while they wait to move to the boarding home.

f. *What illnesses or mood disorders or other mental health issues do the residents have?*

The diagnosable mental health issues would be depression, bi-polar, schizophrenia and similar disorders. Part of the referral process to the short term stay facility is to ensure that the clients are stable and compliant and just awaiting availability of residence.

g. *How does the referral process work? Where do the residents come from?*

Professional Case Managers within the Regional Mental Health Teams and Centres as well as the Emergency Mental Health Services (EMHS) at Fraserside (services provided Monday to Friday 2:00 p.m. to 1:00 a.m. and 11:00 a.m. to 1:00 a.m. on weekends and holidays) are the referring agents. All referrals will be submitted to the Program Supervisor during daytime hours until 4:30 p.m. or through the EMHS Team Clinicians during the evening/night hours and on weekends and holidays. All referrals must be faxed to the shelter or to the EMHS Team and approved prior to the client's arrival.

The short term stay shelter is available to clients of the Mental Health Teams in the Simon Fraser area of the Fraser Health Authority. This area covers Burnaby, New Westminister, Tri Cities and Maple Ridge.

h. *What does "incident free" or no community incidents mean? Have the police had to be called?*

An "incident", according to FCCS is any event with potential to harm clients or staff. Scottsdale, an existing similar short term stay shelter in Delta, has reported that they have not had any incidents at their facility requiring police intervention in their 7 years of existence.

i. *Will the parking be adequate?*

Clients with cars are definitely the exception due to their very limited disability incomes. There are three clear parking spaces on site plus two more if cars are stacked on the drive way behind the garage. These spaces are expected to exceed the day to day needs of the use.

j. What do the residents do during the day?

With respect to the activities of clients/residents during the day, clients will be encouraged to be actively looking for housing options. If accommodation is secured, the clients will be moving almost immediately. Others who are waiting for the availability of housing will be encouraged to participate in activities such as day programs in the community. Programs will not be offered in the house. The case managers with the input of the clients will have developed overall rehabilitation treatment plans with goals. There is a nightly curfew of 11:00 p.m. (12:00 a.m. on Saturday) for clients.

k. Will the kitchen be a common one?

Meals will be prepared by staff and served three times a day in the common eating area.

l. What is the staff ratio?

There is a permanent staff with some casual staff required for relief, all of whom are similarly trained.

- Day staff will consist of the Program Supervisor and one staff - 8:30 a.m. to 4:30 p.m.
- Evening staff will consist of two staff - 4:30 p.m. to 12:30 p.m.
- Night staff will be one staff who will remain awake during the shift - 12:30 a.m. to 8:30 a.m.

m. What is the age range of the residents and how mentally stable and compliant with medication are they? Would any represent a risk to small children in the neighbourhood?

All of the clients will be men and women 19 years of age and older, predominantly 25-55 years of age. The accommodation is part of a continuum of service and is designed for those persons who have finished their course of treatment in a treatment facility, have become stable and are now requiring a short term stay shelter until their housing option becomes available. As this shelter is not a treatment facility, it is not suitable for anyone who is not stable. In addition, it is important to note that this shelter is not available to persons to self refer, neither is it a half-way house accommodation. Clients have been deemed stable to be integrated into the general population.

During the course of their treatment and their ongoing involvement with mental health services, the clients speak about their own history. Part of this assessment includes any involvement with the criminal system. Any person who would be considered to pose a risk to themselves, other residents, the staff or the community would not be referred to the shelter. As part of the screening protocol, the accommodation is not available to anyone:

- a. currently involved in the criminal system,
- b. involved in or leaving the forensic mental health system (i.e. mental health problems related to a criminal act),
- c. with a problematic health history. Clients are screened with respect to any history of violent or aggressive behaviour or sexual offences.

This careful screening process has been put in place to ensure that the operation of this shelter poses no risk to neighbourhood residents or the community at large. A similar facility in Delta has not had any incidents in their seven years of operation.

n. *What qualifications are the staff of the residence required to have? Do all staff have this training?*

All staff will be trained in working with clients with mental illness and preference will be given to candidates who have the Mental Health Worker Certificate that is taken through community colleges. The Program Supervisor will have a Registered Nurse or Registered Psychiatric Nurse designation with background in community mental health issues and extensive assessment skills. All staff will be certified in Non-Violent Crisis Intervention and First Aid and CPR. Each will have completed a criminal record check to work for the Agency. All the staff will have the knowledge base to anticipate potential problems and will have the resources to deal with these situations. All of the staff members at EMHS, the referring agency, are Registered Psychiatric Nurses. The role of staff is not to dispense medication. As with the general population, clients are responsible to care for themselves, including the taking of any prescribed medication.

o. *What will happen if the house were to be sold in the future?*

The Society has no plans to sell the house in the future since this shelter will be a very important resource for the community. The zoning on the site permits this specific short term stay shelter and would also allow the use to revert to the use of the house as a single-family home under the terms of the R3 Residential District that is also included as part of the Comprehensive Development zoning. The R3 zoning does permit licensed group homes for up to six persons.

In order to more specifically describe the use of this property, it is considered appropriate to request that a Section 219 Covenant be registered stating that the site is to be used only for a short term (30 day) stay shelter for up to 10 mental health clients referred by the Fraser Health Authority and that the shelter is to be staffed by qualified persons twenty-four hours a day. Therefore arising out of this report, it is recommended that a Prerequisite "e" to this effect be made a condition of this rezoning.

p. Could the rear of the site be fenced to provide a barrier to the lane?

The FCSS advises that fencing the rear property line, as requested by the neighbours, may be difficult due to the fact that currently the rear yard is all paved. The FCSS has indicated that a wire link fence could be installed which would have a sliding gate for access into the driveway and garage. Such a proposal for a gate/fence at the rear property line will be pursued as part of the "suitable plan of development". The FCSS advises that it is the general operational procedure for such a facility that clients be restricted to use of the front door entry only.

Summary/Conclusions:

The preceding detailed response has been largely provided by the Fraserside Community Services Society to the issues raised at the Public Hearing for this rezoning that was held on 2002 February 19. Based upon the information provided, the FCSS has stated that the types of clients/residents are at low risk of criminal or anti- social behaviour. There is a high level of supervision by staff who are trained for this responsibility. To address the stated concerns of the community and Council, it is recommended that the FCSS provide a Section 219 Covenant regulating the appropriate use of the site as indicated in point (o) of this report.



J. S. Belhouse
Director Planning and Building

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cc. City Clerk