

**COBOURG ZONING BY-LAW REVIEW**

**ISSUES & OPTIONS TECHNICAL PAPER**

**Rehabilitation Treatment Centres**

**Crisis Care Centres**

**For Discussion Purposes**

**June 14, 2021**

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## 1.0 INTRODUCTION

During the mid-twentieth century, large publicly funded institutions made up almost all of the mental health and related social assistance services in Canada. Between the 1960s and 1970s, the move from institutional to community care became the prevalent ideology and led to the concept of residential care. Advocates viewed the move as more humane and far superior compared to the care provided in large psychiatric hospitals.

Residential care in home-like centres within the community of origin was considered the more appropriate and dignified setting. The goal of this approach was to prepare an individual to rejoin society, family and community life.

In 1978, the “Provincial Policy on Group Homes” and the “Group Home Initiative” adopted a policy on de-institutionalizing adults and children who required support, supervision, or rehabilitation in some form and capacity. Municipalities were encouraged to amend their Official Plans and Zoning By-laws to permit Group Homes into all residential zones as appropriate.

‘Group Homes’ was the initial term coined to describe a residence-based model of support and care. Key elements included a single housekeeping unit in a residential dwelling accommodating between 3 to 10 unrelated residents, exclusive of staff or receiving family. Group Homes also required a license or approval from the Province.

The Municipal Act (1980) also defined ‘Group Home’, which has remained unchanged since that time. The Municipal Act defines a Group Home as follows:

*“A residence licensed or funded under a federal or provincial statute for the accommodation of 3 to 10 persons, exclusive of staff, living under supervision in a single housekeeping unit and who, by reason of their emotional, mental, social or physical condition or legal status, require a group living arrangement for their well-being.”*

Permissions for Group Homes in accordance with the above is now commonplace in most if not all Ontario municipalities. In this regard, Group Homes are typically permitted in any zone that permits single detached dwellings.

However, new forms of short and long term crisis care models have been emerging, with these uses including a treatment component in a more institutionalized setting. Examples include short term crisis care centres and addiction recovery facilities that are designed for emergency situations and which are characterized by short term stay and a high turnover. These uses do not typically function as a 'housekeeping unit' which is a cornerstone of the Group Home model.

The demand for different types of community-based facilities such as crisis care centres and addiction recovery facilities has been increasing to meet the growing need for care. Accordingly, there is a need for municipalities to develop appropriate rules on where these uses should be permitted. A key consideration in this regard is the complexity of the care and the number of clients or patients that are accommodated in these facilities. As a result, these facilities may be located in higher density residential areas, mixed uses areas, commercial areas or the downtown.

The Town of Cobourg recognizes the need to identify a land use framework to accommodate what has become a very complex and inter-related system of group living arrangements.

This Technical Paper has been prepared to provide the Town with a number of options on how the Town's zoning by-law could address these emerging types of uses. The need to complete this analysis was first identified in a Town staff report dated July 27, 2020 where the following was indicated:

*"A number of enquiries and concerns have been received in recent weeks from members of the public, Council and the KPRD School Board regarding the possible use of one or more properties in the Town of Cobourg for residential Rehabilitation Treatment Centres. Furthermore, the Planning Department has been approached by a number of proponents investigating various sites throughout the municipality for these facilities."*

The information available from proponents is that these facilities would offer in-patient and/or out-patient care, treatment, and/or rehabilitation services for persons addicted to drugs or

alcohol. While many support the need for rehabilitation treatment centres in the community, concerns have been expressed about land use compatibility, particularly the proximity of such facilities to sensitive uses, such as schools, daycares, playgrounds and other community facilities, and seniors/nursing homes.

The following was also indicated in the staff report with respect to the planning for these types of uses and the need to carry out further analysis:

*"Substance addiction and abuse is an emerging problem in communities across Ontario and Canada. The Town of Cobourg is not immune to this issue but has few addiction treatment centres in the community and no residential rehabilitation/treatment operations which involve overnight accommodation. The emergence of Rehabilitation Treatment Centres aimed at responding to the needs of society is well-recognized, and is recently evidenced locally by the number of enquiries planning staff have received in recent months from proponents of such facilities."*

It is apparent that the Town's Zoning By-law is quite dated and does not recognize or define rehabilitation treatment centres nor does it appear well-equipped to address the nature of the use or the potential land use planning issues unique to these operations. This includes such issues as:

- location within the community;
- concentration of uses;
- spatial separation between similar uses and spatial separation from sensitive land uses;
- incompatibility to sensitive land uses such as schools, daycares and playgrounds;
- site planning and design; and,
- public health and safety.

Similarly, an understanding of the issues surrounding crisis care centres (shelters) and how land use planning can play a role in their location and operation in the community appears to be lacking.

It is the opinion of planning staff that further review is required to better understand a number of key aspects associated with this issue:

- i) the link between rehabilitation treatment centres and crisis care centres and the needs of the community as a whole;
- ii) how these facilities operate and function;
- iii) where these facilities should locate in the community; and,
- iv) whether there are any land use compatibility issues that may impact public safety and quality of life.

It is felt that this is a comprehensive, proactive approach to addressing and responding to an emerging issue of great importance to the community and is based on sound planning principles.

On the basis of the above, this Technical Paper reviews the two specific uses as described below:

- 1) **Rehabilitation Treatment Centre** - these facilities offer in-patient and/or out-patient care as well as treatment and/or rehabilitation services for persons addicted to drugs or alcohol and include as a component, 24-hour accommodation where meals may/may not be served to residents. These uses may also have offices, lounges and meeting rooms and would be open to visitors and are generally not accessible at all hours of the day.

For the purposes of this Technical Paper, a rehabilitation treatment centre is considered to be an institutional use, because the primary activity and purpose of the use is to provide medical treatment and counselling services to those who are suffering from drug or alcohol addiction. While residential accommodation is being offered, it is in support of the primary activity and purpose of the use.

- 2) **Crisis Care Centre** - these facilities provide shelter for individuals in a crisis situation over short periods of time in a highly secure setting and would include 24-hour accommodation where meals may/may not be served to residents in a common area. These uses may also have offices, lounges and meeting rooms and would not generally be open to visitors but would be accessible at all hours to those who are experiencing a personal crisis.

For the purposes of this Technical Paper a crisis care centre is considered to be primarily an institutional use, even though the primary activity and purpose of the use is to provide temporary living accommodation to those who are experiencing a personal crisis. However, this use is intended to be accessed in a crisis situation 24 hours per day in some circumstances and as a consequence, such a use may not be appropriate in all residential settings.

This Technical Paper is organized as follows:

**Section 2** reviews the relevant legislative and policy context that has an impact on planning for rehabilitation treatment centres and crisis care centres;

**Section 3** reviews the legislative requirements that frame how regulatory controls for rehabilitation treatment centres and crisis care centres may be implemented at the municipal level and provides an overview of how this has been approached across a number of case study municipalities;

**Section 4** addresses zoning within the Cobourg context including an assessment of the existing zoning framework and options to better regulate rehabilitation treatment centres and crisis care centres; and,

**Section 5** provides a summary of the recommended steps and options for moving forward with this issue.



## 2.0 LEGISLATIVE AND POLICY CONTEXT

In considering how rehabilitation treatment centres and crisis care centres can best be provided within the Town of Cobourg, it is important to understand the policy framework within which these uses would be established. At a Provincial level, both the *Planning Act*, R.S.O. 1990, c.P. 13 (the Planning Act) and the Provincial Policy Statement (PPS) support the attainment of safe, healthy communities that are supported by accessible health and social services as well as a full range of housing, including housing for those in crisis.

### 2.1 Planning Act – Purpose and Matters of Provincial Interest

The *Planning Act* establishes the framework for land use planning in Ontario at a Provincial and municipal level. Section 1.1 of the *Planning Act* states that the purposes of the Act are as follows:

- “(a) To promote sustainable economic development in a healthy natural environment within the policy and by the means provided under this Act;*
- (b) To provide for a land use planning system led by provincial policy;*
- (c) To integrate matters of provincial interest in provincial and municipal planning decisions;*
- (d) To provide for planning processes that are fair by making them open, accessible, timely and efficient;*
- (e) To encourage co-operation and co-ordination among various interests;*
- (f) To recognize the decision-making authority and accountability of municipal councils in planning.”*

Section 2 of the *Planning Act* sets out the responsibilities for the Council of a municipality as follows:

*"The Minister, the council of a municipality, a local board, a planning board and the Tribunal, in carrying out their responsibilities under this Act, shall have regard to, among other matters, matters of provincial interest such as,*

- (a) The protection of ecological systems, including natural areas, features and functions;*
- (b) The protection of the agricultural resources of the Province;*
- (c) The conservation and management of natural resources and the mineral resource base;*
- (d) The conservation of features of significant architectural, cultural, historical, archaeological or scientific interest;*
- (e) The supply, efficient use and conservation of energy and water;*
- (f) The adequate provision and efficient use of communication, transportation, sewage and water services and waste management systems;*
- (g) The minimization of waste;*
- (h) The orderly development of safe and healthy communities;*
- (h.1) The accessibility for persons with disabilities to all facilities, services and matters to which this Act applies;*
- (i) The adequate provision and distribution of educational, health, social, cultural and recreational facilities;*
- (j) The adequate provision of a full range of housing, including affordable housing;*
- (k) The adequate provision of employment opportunities;*
- (l) The protection of the financial and economic well-being of the Province and its municipalities;*
- (m) The co-ordination of planning activities of public bodies;*
- (n) The resolution of planning conflicts involving public and private interests;*

- (o) *The protection of public health and safety;*
- (p) *The appropriate location of growth and development;*
- (q) *The promotion of development that is designed to be sustainable, to support public transit and to be oriented to pedestrians;*
- (r) *The promotion of built form that,*
  - (i) *Is well-designed,*
  - (ii) *Encourages a sense of place, and*
  - (iii) *Provides for public spaces that are of high quality, safe, accessible, attractive and vibrant.*
- (s) *the mitigation of greenhouse gas emissions and adaptation to climate change.”*

At a Provincial level, the *Planning Act* establishes a land use planning system led by Provincial policy and Provincial matters of interest. In considering rehabilitation treatment centres and crisis care centres, the following Provincial interests as provided above are most relevant:

- (h) **The orderly development of safe and healthy communities** –The location of rehabilitation treatment centres and crisis care centres should be compatible with adjacent land uses. Public safety must be considered while providing for the needs of those who require these facilities.
- (i) **The adequate provision and distribution of educational, health, social, cultural and recreational facilities** - There is a general need, whether it be public or private, for rehabilitation treatment centres and crisis care centres to support the social and physical well-being of that segment of the community that rely on these facilities.
- (j) **The adequate provision of a full range of housing, including affordable housing** – Crisis care centres are a critical element of the housing continuum where emergency temporary shelter is offered to those trying

to bridge current housing instability, whether due to social, safety or other crisis situations, to more permanent housing solutions;

- (n) **The resolution of planning conflicts involving public and private interests** - This may become necessary where there may be potential conflicts that exist when these facilities are sited near certain sensitive land uses.
- (o) **The protection of public health and safety** - Health and crisis care services should be provided to those members of society that require such assistance while also maintaining the broader community considerations for public safety.
- (p) **The appropriate location of growth and development** - There is a need to ensure compatibility amongst land uses and to manage or mitigate impacts where necessary.

It is clear through this network of Provincial matters of interest that the health and safety of communities is an essential component of the community fabric supported by Provincial directives. Rehabilitation treatment centres and crisis care centres are two of the social supports that work to respond to community needs in keeping with these Provincial priorities.

## 2.2 Provincial Policy Statement – Impact on Decision Making

The Provincial Policy Statement (PPS), which came into effect on May 1, 2020, provides the broad over-arching policy direction on matters of Provincial interest and is the foundational policy document for regulating land use and development across Ontario. The PPS is issued under the authority of Section 3 of the *Planning Act*. In respect of the exercise of any authority that affects a planning matter, Section 3 of the *Planning Act* requires that all planning matters “shall be consistent with” the policy statements issued under the Act.

Further, Sections 3(5)(a) and 3(6)(a) of the *Planning Act* provide that any decisions, comments, or direction provided by a municipal Council must be consistent with the requirements of the PPS as well as any other additional policy statements issued under the Act. Sections 3(5)(a) and 3(6)(a) provide as follows:

*"A decision of the council of a municipality, a local board, a planning board, a minister of the Crown and a ministry, board, commission or agency of the government, including the Tribunal, in respect of the exercise of any authority that affects a planning matter,*

*(a) shall be consistent with the policy statements issued under subsection (1) that are in effect on the date of the decision; and,*

*(b) shall conform with the provincial plans that are in effect on that date, or shall not conflict with them, as the case may be."* (Planning Act, R.S.O. 1990, c.P. 13, Section 3(5)(a))

*"Comments, submissions or advice affecting a planning matter that are provided by the council of a municipality, a local board, a planning board, a minister or ministry, board, commission or agency of the government,*

*(a) shall be consistent with the policy statements issued under subsection (1) that are in effect on the date the comments, submissions or advice are provided; and,*

*(b) shall conform with the provincial plans that are in effect on that date, or shall not conflict with them, as the case may be."* (Planning Act, R.S.O. 1990, c.P. 13, Section 3(6)(a))

Expanding on the matters of Provincial interest articulated in Section 2 and the authorities provided for in Section 3 of the *Planning Act*, it is the stated intent of the PPS to provide for public health and safety as a matter of Provincial interest which must in turn be upheld in municipal decision-making. The preamble of the PPS specifically provides that:

*"The Provincial Policy Statement provides for appropriate development while protecting resources of provincial interest, public health and safety, and the quality of the natural and built environment. The Provincial Policy Statement supports improved land use planning and management, which contributes to a more effective and efficient land use planning system."*

In more general terms, the policies of the PPS seek to enhance the quality of life for all Ontarians, by accommodating a range of uses, including institutional uses, to meet long-term community needs. Section 1.1.1 b) of the PPS states the following:

*"Healthy, livable and safe communities are sustained by:*

*(b) accommodating an appropriate affordable and market-based range and mix of residential types (including single-detached, additional residential units, multi-unit housing, affordable housing and housing for older persons), employment (including industrial and commercial), institutional (including places of worship, cemeteries and long-term care homes), recreation, park and open space, and other uses to meet long-term needs;"*

Within in the context of this policy, rehabilitation treatment centres and crisis care centres could be considered as 'institutional uses', which are not limited in scope by the examples listed in the above policy.

Section 1.1.1 c) of the PPS more specifically addresses the need to account for public health and safety as part of the planning process:

*"Healthy, livable and safe communities are sustained by:*

*(c) avoiding development and land use patterns which may cause environmental or public health and safety concerns;"*

The application of Section 1.1.1 c) of the PPS has been tested at the Local Planning Appeal Tribunal (LPAT) in terms of what land use activities are perceived to have a negative impact on public health and safety and those which provide for public health and safety. A recent decision of the LPAT in the City of London provides some guidance on how Section 1.1.1.c) of the PPS has been interpreted as it relates to a proposed consumption treatment site.

Consumption treatment sites are locations for social services where opioid users may go to use illicit drugs in a controlled environment and to receive other services that are designed to help overcome addiction to opioids. While a consumption treatment site is not the same as a

rehabilitation treatment centre, in that it does not offer accommodation for example, it could attract a similar clientele.

In the London case, the opponents of a proposed consumption treatment site were of the view that a proposed re-zoning to permit a consumption treatment site would conflict with Section 1.1.1 c) of the PPS 2014 as per the extract from the LPAT decision provided below. (Note that Section 1.1.1.c of the PPS (2020) remains unchanged from that same section from the PPS (2014) that is referenced in the quote below.)

*"[26] The Appellants contend that the ZBA conflicts with PPS 1.1.1 (c) in that it would introduce a use into the existing and planned land use pattern of a neighbourhood in a manner that may cause public health and safety concerns. Potential impacts they contend include discarded used syringes, loitering in the area by addicted persons who are vulnerable to and in need of dealers of illicit drugs and who also resort to criminal activity to acquire the drugs upon which they are dependent. Further they contend that this will cause increased safety concerns for neighbourhood residents and students and community members from nearby school facilities and existing businesses."*

After hearing evidence on this issue, the LPAT found that the establishment of the proposed consumption treatment site did in fact take into account public health and safety and that the proposed zoning by-law amendment upheld the requirements of Section 1.1.1 (c) of the PPS. More specifically, the decision of the Tribunal found that:

*"[30] The Tribunal finds that there is no inconsistency with regard to policy 1.1.1(c) of the PPS. Rather the Tribunal finds that the proposed SCF will assist in addressing issues of public health and safety concerns. The evidence is that there is an opioid-related drug epidemic in the Province of Ontario and in the City of London, that the Subject Lands are well located in between two "hot spots" for discarded sharps and the Tribunal finds that the provision of an SCF in this location will be a positive step to bettering public health and reducing safety issues to the community at large."*

*"[73] In these circumstances the Tribunal finds that the impugned ZBA is consistent with the PPS, and in particular with policy 1.1.1(c) concerning public health and safety."*

*The Tribunal finds that the proposed ZBA is consistent with the PPS in regard to section 1.1.1(c) in as much as it avoids development and land use patterns which may cause environmental or public health and safety concerns. The Tribunal finds that the ZBA enabling the SCF at the Subject Lands will advance issues of public health and safety and is intended to save lives."*

Thus, it is the policy direction of the PPS as upheld by the LPAT, that the location of facilities that provide social services and support for addiction and related health issues do not inherently pose a threat to public health and safety if such facilities are established in appropriate locations and any potential impacts to surrounding land uses are mitigated. It was further the finding of the LPAT that such facilities actually advance public health and safety objectives by providing these services to those members of the community that need them.

## **2.3 Town of Cobourg Official Plan**

The Official Plan is a general policy document which establishes a long-range blueprint to guide future land use and manage growth within the Town. The current Town of Cobourg Official Plan (Cobourg OP), was approved by the OMB in May 2017 and last consolidated in May 2018. The policies of the Plan are intended to manage growth and guide land use in the Town to the year 2031.

More specifically, the Official Plan is the over-arching planning document that frames the regulation of rehabilitation treatment centres and crisis care centres at a local level. It functions as the connecting link that implements the health and safety policies of the PPS while at the same time establishing the structure for the implementing zoning by-law. The Official Plan addresses health and safety considerations in its vision, principles, and objectives as well as providing more detailed land use policies within each of the relevant land use designations.

### **2.3.1 VISION, PRINCIPLES AND OBJECTIVES**

The vision for the Town as set out in Section 2.2 of the Official Plan is a high level statement of local priorities. These are the pillars of the land use approach that follows. Importantly, Cobourg's vision recognizes and reinforces Cobourg's role as a regional centre within Northumberland County and by extension, as the primary service centre for health and social



services such as rehabilitation treatment centres and crisis care centres that service Cobourg's urban area as well as surrounding rural areas.

The vision for the Town provides that:

*"COBOURG IS A REGIONAL CENTRE FOR NORTHUMBERLAND COUNTY AND ITS POSITION AS A STRONG, LIVEABLE AND HEALTHY COMMUNITY PROVIDING A FULL RANGE OF OPPORTUNITIES TO LIVE, WORK, PLAY AND SHOP WITHIN THE TOWN WILL BE REINFORCED THROUGH:*

- i) the enhancement and preservation of its historical, natural and rural heritage, including a linked greenlands system, and its vibrant and active downtown heart, waterfront and main streets;*
- ii) an emphasis on sustainable, accessible and compact development, particularly transit supportive, mixed use built form along its main streets, which will enable Cobourg to enhance its function as a vibrant, environmentally aware urban centre;*
- iii) new residential development which will primarily occur through a mix of intensification and greenfield development with a variety of housing types and densities. Any intensification will be designed in keeping with existing stable residential neighbourhoods where it is located within or adjacent to such areas;*
- iv) a mix of employment uses, including innovative employment opportunities, which will promote Cobourg's role as a major employment centre in Northumberland County; and,*
- iv) a transportation system which will support multiple modes of travel including transit, cycling and pedestrian movement, as well as goods movement."*

Section 2.5 of the Official Plan expands on this vision, broadly addressing one of the Town's foundational principles to maintain a "healthy and economically viable community". Section 2.5 provides that:

*"Principle: Decisions made with respect to the future of the Town of Cobourg will reflect the need to maintain a healthy and economically viable community.*

*The intent of this principle is to encourage a broadly based planning approach which will maintain and, where feasible, enhance the social and economic health of the Town and its residents. Components of this healthy community include economic vitality (e.g. provision of a wide range of employment opportunities, strong core area); lifestyle choices for residents (e.g. housing and service opportunities for seniors, youth and young families); the availability of community services and facilities (e.g. access to recreation); a safe community; and general liveability."*

To a large extent, rehabilitation treatment centres and crisis care centres support the above principle. Such facilities provide community supports to those in need and strive to provide the necessary community services and facilities that contribute to the overall health and safety of the community and its residents. This policy intent is again reinforced through two of the associated objectives under this principle in the Official Plan:

*"vii) To ensure that all changes to the community promote safety and security through the use of appropriate design strategies;"*

*"x) to minimize or prevent conflict between sensitive development and potentially incompatible industrial, commercial and institutional land uses;"*

### **2.3.2 LAND USE POLICIES**

Rehabilitation treatment centres and crisis care centres are not specifically referenced in the Official Plan. However, Table 1 in the Official Plan identifies a number of uses that are permitted in all land use designations of the Town, including group homes. While rehabilitation treatment centres and crisis care centres are distinct and separate uses compared to group homes, the uses do share some similarities as community support facilities with similar land use considerations. Table 1 permits the following uses within all designations:

- Public uses;
- Home occupations;

- Group homes, subject to regulations in the zoning by-law dealing with distance separation requirements;
- Accessory apartments;
- Garden suites;
- Accessory uses;
- Renewable energy projects;
- Day nurseries;
- Convenience commercial uses; and,
- Wayside pits and quarries and portable asphalt plants.

Other sections of the Official Plan provide more specific policy direction that can be relied upon to determine the most appropriate location for rehabilitation treatment centres and crisis care centres within the community. Sections 3.4 (Residential Area), 3.5 (High Density Residential Area), 3.6 (Major Institutional Area) and 3.7 (Main Central Area) of the Official Plan provide more detailed policy direction to guide the establishment of new rehabilitation treatment centres and crisis care centres within Cobourg. Sections 3.4 and 3.5 of the Cobourg OP apply to the residentially designated areas of the Town. Section 3.4 provides policies to guide development within the Residential Area Designation by permitting a full range of low and medium density residential uses. Section 3.5 provides policies to guide development within the High Density Residential Area Designation where medium and high density uses are permitted. Institutional uses are not permitted in either of the above land use designations, meaning that a rehabilitation treatment centre or a crisis care centre would not be a permitted use within these residential areas.

Section 3.6 of the Official Plan provides policy direction for uses within the Major Institutional Area designation. The stated intent and function of the Major Institutional Area is as follows:

*"The Major Institutional Area designation on Schedule "A" is designed to recognize major institutional uses which serve the Town as a whole, as well as the surrounding area or which serve as focal points for major areas of the Town."*

Uses permitted in the Major Institutional Area designation are set out in Section 3.6.2 of the Official Plan as follows:

- "i) Institutional uses including hospitals, schools and other major educational uses, large religious facilities, water intake and filtration plants and related uses, supportive housing including seniors housing, and large scale group homes;*
- ii) Service, retail commercial, residential, office and/or other uses which are related to the institutional use including a residential unit for a manager or caretaker for the operation;*
- iii) Park and recreation uses; and,*
- iv) Residential uses unrelated to any institutional uses subject to the policies of Section 3.6.3.2."*

The Major Institutional Area designation is intended to permit a wide range of institutional uses. As a result, a rehabilitation treatment centre or a crisis care centre could be considered a permitted use in this designation. While residential uses are permitted, they are only permitted in cases where an existing institutional use is being closed.

Finally, Section 3.7 of the Official Plan provides policy guidance for the Main Central Area Designation. The purpose and function of the Main Central Area Designation is as provided in Section 3.7.1 of the OP:

*"The Main Central Area designation on Schedule "A" recognizes the existing historic community core. The purpose of the designation is to identify the core as the major focal point of community life in the Town, and to provide for its continuing maintenance and enhancement, including redevelopment and new development which is in keeping with the existing character of the area. The objective is to promote the multi-use function of the area and to ensure that it remains, together with the adjacent Harbour Area, an attractive pedestrian-oriented environment in which to shop, live, work and visit recognizing that many visitors will also arrive in private vehicles or other modes of transportation.*

*Strong connections to the Harbour Area shall be maintained to help ensure the attainment of this objective."*

Uses permitted in this designation include all forms of residential development and institutional uses, meaning that a rehabilitation treatment centre and a crisis care centre would be a permitted use in this designation.

In general terms, a rehabilitation treatment centre is best characterized as an institutional use given that the primary purpose of the use is treatment and rehabilitation where any accommodation associated with the use is temporary and subordinate to the primary health care and treatment use. In accordance with the existing policies of the Official Plan, such uses are currently permitted within the Major Institutional Area, Main Central Area, Mixed Use Area, Shopping Node Area, and Employment Area land use designations of the parent Official Plan as well as in the New Amherst, Cobourg West Business Park and Cobourg East Secondary Plan Areas.

While a crisis care centre is also considered to be an institutional use, some types of crisis care centres may be appropriate in residential areas because of their scale and function (such as a womens' shelter), however, crisis care centres that provide temporary accommodation for the homeless may not be appropriate in residential areas and should be directed to areas where institutional uses are permitted.

## 3.0 REGULATORY ZONING FRAMEWORKS

Rehabilitation treatment centres and crisis care centres are two types of ‘crisis care facilities’ that fulfill a support function within the community. As a result of rising demand, there is a renewed need for municipalities to reconsider how best to address this broad category of uses within existing zoning regimes. These are facilities, that similar to rehabilitation treatment centres and crisis care centres, may provide short term accommodation as part of the principle community support services being offered. As both the needs within the community and the types of facilities being offered are becoming more nuanced, so too must the municipal zoning framework in which these uses exist. Municipalities are tasked with providing a zoning response that weighs the requirements of both the Ontario Human Rights Code as well as the Planning Act in providing for these uses within the local community.

### 3.1 Ontario Human Rights Code

The Ontario Human Rights Code (the Code) and its enabling legislation are distinct from other Provincial legislation in that this legislation is almost as important as the constitution thus making it ‘quasi-constitutional’ in nature. Accordingly, the Ontario Human Rights Code takes precedence over other general statutes and legislation at both the Provincial and the municipal level. Thus, all municipal Zoning By-laws and decisions of Council must be consistent with the Code.

The Code directs that it is public policy in Ontario to recognize the dignity and worth of every person and to provide equal rights and opportunities without discrimination. The Code prohibits actions that discriminate against people based on a protected ‘ground’ in a protected ‘social area’. Protected grounds are identified as: age; ancestry, colour, race; citizenship; ethnic origin; place of origin; creed; disability; family status; marital status; gender identity, gender expression; receipt of public assistance as it applies to housing; record of offences; sex; or sexual orientation. Protected social areas are identified as: accommodation (housing); contracts; employment; goods, services and facilities; and, membership in unions, trade or professional associations. Considerations for the services offered at various types of crisis care facilities, including rehabilitation treatment centres and crisis care centres, are captured within the identified grounds and social areas subject to the Code.

In order to assist municipalities, the Ontario Human Rights Commission developed the “In the Zone” guide to provide an overview of the human rights responsibilities of municipalities with particular regard to housing and social services. Consequently, the Town of Cobourg must be cognizant of the requirements of the OHC when applying zoning controls to rehabilitation treatment centres and crisis care centres as uses within the community.

### 3.2 Ontario Planning Act

Zoning was the first planning tool used by municipalities to restrict land use. The original intent of zoning was to:

- Promote public welfare;
- Preserve existing property from depreciation;
- Ensure orderly development; and,
- Protect residential neighbourhoods from incompatible uses such as industrial and commercial uses.

Early zoning by-laws were relatively simple and were designed to identify where certain uses were prohibited and where others were permitted. This was an early attempt to separate incompatible uses from each other.

Zoning was also used as an early tool to protect the character of certain neighbourhoods by requiring certain types of construction and minimum floor areas. As municipalities became more sophisticated, standards began to be introduced respecting the minimum sizes of lots, minimum setbacks for buildings and structures from lot lines and maximum heights. Again, the by-laws were designed to recognize, maintain and/or establish a certain character in a defined area.

Section 34 of the *Planning Act* enables municipalities to pass zoning by-laws to legally control land uses. The statutory framework does not permit regulation of the land or use according to the user(s) or nature of the user(s) of any such premises. A zoning by-law provides a legal way of managing land use and future development. According to Section 34(1) of the Planning Act, a Zoning By-law can among other things:

- Regulate the proportion of a lot that any building or structure may occupy;
- Prohibit the use of land or buildings for any use that is not specifically permitted by the by-law;
- Prohibit the erection or siting of buildings and structures on a lot except in locations permitted by the by-law; and
- Regulate the type of construction and the height, bulk, location, size, floor area, spacing and use of buildings or structures.

Section 35 (2) of the *Planning Act* specifically addresses this matter in relation to occupancy and accommodation. Section 35(2) provides that:

*"The authority to pass a by-law under Section 34 does not include the authority to pass a by-law that has the effect of distinguishing between persons who are related and persons who are unrelated in respect to the occupancy or a use of a building or structure or a part of a building or structure, including the occupancy or use as a single housekeeping unit."*

It should be noted that the provision above, does not distinguish between long or short term accommodation. Thus, the provision applies equally to conditions of short term occupancy where accommodation is being offered as a short term community support as well as to longer terms of occupancy such as for some group homes.

By way of example, this section of the *Planning Act* has been relied upon extensively to support permissions for group homes wherever single detached dwellings are permitted. It has similarly been relied upon to restrict the use of separation distances between certain types of uses based on the people that occupy the uses. There are some parallels between the zoning approaches used for group homes and those that would apply to rehabilitation treatment centers and crisis care centres.



### 3.3 Legal Precedents

The statutory requirements of Section 35(2) are consistent with the requirements of the Ontario Human Rights Code and have further been supported by both the LPAT, its predecessor, and the courts. In this regard, by-laws that characterize a use by the type of user or that include provisions that effectively control the user have been determined to be invalid by the courts. Cases from the City of Kitchener and City of Toronto provide good examples of how zoning must account for human rights.

#### 3.3.1 CITY OF KITCHENER

In 2010, the Ontario Municipal Board (OMB) decided an unprecedented case at the nexus between land-use controls and human rights. In this case, the Advocacy Centre for Tenants Ontario (ACTO) challenged municipal zoning bylaws in the City of Kitchener that limited or banned the development of new Residential Care Facilities and assisted housing in a neighbourhood called Cedar Hill to respond to the “overconcentration of single person low-income households” and “residential care facilities and social/supportive housing.” The City’s objective was to develop a bylaw that decentralized institutions, fostered a neighbourhood mix, and distributed such facilities throughout the municipality.

Although the OMB found that the City’s objectives for implementing these by-laws were reasonable, the OMB was unconvinced that the potential discriminatory consequences of the by-laws had been fully considered because the effect of the municipality’s initiative was to exclude persons with physical or mental disabilities and recipients of social assistance as the primary users of residential care facilities, assisted housing and lodging houses from new developments in Cedar Hill.

The OMB did not decide whether the City of Kitchener violated the Code but gave city council fifteen months to assess the impact of these by-laws on people protected by the Code and redraft its initiative with Code objectives in mind. The OMB ordered that:

*“Restrictive measures targeting the accommodation of persons with a disability, or in receipt of public assistance, would require analysis of how they comply with the Code and Charter.”*

It is particularly important that in its reasons, the OMB asserted that municipalities are bound by the Code and must fulfill their obligations towards rights holders when drafting zoning bylaws.

The OMB decision emphasized that any bylaw or planning instrument that has a discriminatory effect is prohibited under the Code, unless the municipality can justify the imposition of the discriminatory policy.

Moreover, the OMB concluded that it has the jurisdiction to consider the human rights implications of by-laws in cases before it, and will assert this jurisdiction in the future. The City of Kitchener repealed its bylaw banning certain forms of housing in Cedar Hill in June 2012.

The OMB stated that when restricting prospects for housing for persons with disabilities or receiving social assistance, a sufficient planning analysis was required. This planning analysis should have included consideration of the Code and whether or not the City had engaged in "people zoning," which is prohibited.

### **3.3.2 CITY OF TORONTO**

In 2013, the City of Toronto was involved in a matter brought before the Ontario Human Rights Commission related to Group Homes. The application being brought forward to the Human Rights Tribunal related to the inclusion of a separation distance required between Group Homes. The City of Toronto retained a planning expert to conduct a review and provide advice to City Council on the land use planning and human rights issues related to Group Homes. The study examined policies and the City-Wide Zoning By-law.

The report recommended that the City change the definition of a Group Home from:

*“means premises used to provide supervised living accommodation, licensed or funded under Province of Ontario or Government of Canada legislation, for 3 to 10 persons, exclusive of staff, living together in a single housekeeping unit because they require a group living arrangement by reason of their emotional, mental, social, or physical condition or legal status.” to:*

*“means premises used to provide supervised living accommodation as per the requirements of its residents, licensed or funded under Province of Ontario or*

*Government of Canada legislation, for a maximum of 10 persons, exclusive of staff, living together in a single housekeeping unit.”*

One of the outcomes of the Study concluded that there was no evidence of a planning rationale to justify the current required minimum 250 metres separation distance. The rationale was that if the City had a reason to believe that a land use had an unwanted impact on its surroundings, then separation distances could be considered to alleviate such an impact. These distances would need to be rationalized through further studies of the facilities, activities, and functions associated with the specified land use and their impacts along with public consultation.

To remedy this, the City introduced a Citizens Guide to the proposed City-wide Zoning By-law, that would include clarifications about, considerations of, and a brief rationale behind separation distances, if they are included.

The City also initiated a training program for the City’s land use planners and policy makers to help them understand and apply the provisions of the Ontario Human Rights Code, the Accessibility for Ontarians with Disabilities Act, and the Canadian Charter of Rights and Freedoms in the context of municipal planning policies and practice.

### 3.4 Municipal Case Studies

As part of this study, the regulation of rehabilitation treatment centres and crisis care centres were reviewed under the broader banner of ‘residential care facilities.’ A summary of the best practices review for ‘residential care facilities’ is provided in this Technical Paper. The complete municipal case study data set and findings are provided as Appendix A.

The municipalities examined for the best practices review include Port Hope, Oshawa, Whitby, Burlington, Kingston, Belleville and Brockville. In reviewing the subject case studies it quickly became evident that the level of detail contained within each of the subject Zoning By-laws varied as did the terminology and characterization of the uses. The variable terms used to describe what are broadly characterized as ‘residential care facilities’ are provided on **Table 1**. While the approaches used in other municipalities provide some context as to how these uses are addressed in other municipalities, the Town of Cobourg will need to establish its own continuum of uses and definitions as well as regulatory standards within the Zoning By-law.

**Table 1: Terminology Associated with Residential Care Facilities**

Municipality	Term Used in Zoning By-law
Port Hope	Emergency Housing Group Home Type 1 Group Home Type 2
Oshawa	Crisis Care Residence Group Home Group Home, Correctional
Whitby	Crisis Centre Crisis Residence Group Home
Burlington	Group Home Group Home, Correctional Shelter Shelter, Emergency Residential Social Service
Kingston	Community Home Community Support House Corrections Residence Crisis Care Shelter Detoxification Centre Recovery Home Residential Care Facility
Belleville	Residential Care Facility Residential Care and Counselling
Brockville	Group Home Homeless or Emergency Shelter Institutional Residence

As part of the best practice review, the case study municipalities were compared against a number of common zoning elements included within each of the applicable Zoning By-laws. Where there is a variation in regulations, this variation can be attributed to the local context, history and characteristics of the municipality. Some municipal Zoning By-laws include more detailed provisions whereas others have more streamlined provisions. The common zoning elements that were examined are as summarized below.

- 1) **Terminology and Zoning permissions** – Almost all of the case study municipalities were prescriptive in terms of where residential care facilities are permitted in the municipality. Generally, such uses were permitted in the central business district, downtown and mixed use zones as well as higher density residential zones depending on the specific use.
- 2) **Definitions** – When examining the Zoning By-laws across each municipality, many of the definitions used were similar in scope however, some municipalities were more prescriptive than others. There are a range of similar residential care facilities within each municipality and at times, it can be difficult to distinguish between the definitions. The municipalities of Kingston, Belleville and Brockville offered the most clarity in identifying a specific continuum of uses that fall under the umbrella of ‘residential care facilities’ and provided a correspondingly higher level of detail in the associated definitions.
- 3) **Capacity** – Most of the Zoning By-laws included provisions regulating the number of patients or clients that may be accommodated within a given facility. The purpose of establishing a minimum or maximum number of occupants is to establish the capacity level at which a facility can operate. This reflects back upon past practices for group homes as framed by the provisions of the Municipal Act. Approximately half of the case study municipalities include zoning regulations that cap the maximum number of occupants, while the other half of the municipalities included regulations for the minimum number of occupants with no specified maximum.
- 4) **Minimum Distance Separation** – Applying a minimum distance separation to residential care homes generally restricts the location and density of such uses within the community.

There were 2 approaches to minimum distance separation within the case study municipalities:

- i) Minimum distance separation requirements between residential care homes; and,
- ii) Minimum distance separation requirements from the residential care home and other zone categories.

Historically, there have been 2 primary lines of rationale for why minimum distance separations have been implemented. The first rationale is to require the minimum distance separation to equally distribute such uses across the community. The second rationale is to ensure land use compatibility between neighbouring uses. In either case, the application of minimum distance separations has been challenged as being contrary to the Ontario Human Rights Code.

If applied, there must be a strong planning rationale as to why a minimum distance separation is required and how the setback effectively mitigates the impact of a use. It should further be demonstrated how the separation distance is not contrary to the requirements of the Human Rights Code. Approximately half of the case study municipalities included minimum distance separations or setbacks for residential care facilities in their respective Zoning By-laws. Setbacks between similar uses generally ranged from 160 to 400 metres. In the case of Port Hope, the separation distances between residential care facilities ranged from 1000 to 4000 metres depending on whether the facilities were located in residential, rural or agricultural zones. It is noted that the Municipality of Port Hope is also currently reviewing its by-law and this provision will be deleted.

- 5) **Frontage on A Specified Road Classification** – Zoning regulations requiring residential care facilities to have frontage on a particular road classification is another means of regulating where in the community such uses can be located. Only two of the case study municipalities had this type of zoning regulation. In this case, the Town of Whitby requires such uses to have frontage on a collector or arterial road. Presumably such roads have improved access to transit and other community services. Burlington requires that such uses have frontage or a side lot line along an arterial road.

- 6) **Minimum Parking** – Residential care facilities do not generally generate a high demand for parking. There is a greater need to ensure that such facilities are transit accessible. Parking requirements were variable across the case study municipalities. Only one of the case study municipalities – Burlington – did not include a parking requirement for a residential care or similar facility.
- 7) **Additional or ‘Other’ Zoning Provisions** – Most of the case study municipalities contained additional zoning regulations requiring that a residential care facility occupy an entire building and not be combined with any other use. These zoning regulations would serve to provide for compatibility between land uses.

Additionally, the City of Kingston Zoning By-law includes zoning regulations that require adequate buffering, fencing and screening in instances where residential care facilities abut residential uses. In terms of the residential care facility, the Kingston Zoning By-law also requires a minimum floor area and a minimum outdoor amenity area calculation per patient or client accommodated at the facility.

The overall finding of the review of case studies indicates that this is an area of zoning that is evolving in tandem with these uses. Some municipalities have opted for a broader approach that is less prescriptive, while others such as the City of Kingston, have provided a very detailed zoning framework to regulate these uses. In the end, the Town of Cobourg will need to determine the level of detail needed to regulate rehabilitation treatment centres and crisis care centres within a broader continuum of care facilities provided within the community.

## 4.0 ZONING FOR THE COBOURG CONTEXT

Cobourg's implementing Zoning By-law (By-law 85-2003), was passed on October 14, 2003 and applies to all lands within the Town. Currently, the Town of Cobourg is undertaking a review of the Comprehensive Zoning By-law (85-2003). In this section of the Technical Paper, an examination of both Cobourg's existing zoning regulations and potential options for regulation are reviewed for both rehabilitation treatment centres and crisis care centres.

Presently, Cobourg's Zoning By-law does not directly address rehabilitation treatment centres or crisis care centres. However, it does recognize a Group Home - Type I and Group Home - Type II. A Type I group home allows no more than 6 residents and Type II group home no more than 10 residents. An analysis of the Town's current regulations for group homes provides the starting point for an assessment as to how the Town may more directly regulate rehabilitation treatment centres and crisis care centres within the continuum of residential care facilities.

### 4.1 Existing Zoning Regulations for Group Homes

The Provincial definition for a group home in part makes reference to allowing between "3 to 10 persons" exclusive of staff. Generally, a group home is smaller in scale and intensity than an institutional use and is intended to blend into the surrounding residential neighbourhood to enjoy the benefits of the community. The definition of both Group Home Type I and Group Home Type II provides that a group home "shall mean a Residential Care Facility" although a 'residential care facility' is not a defined term within the Zoning By-law.

By-law 85-2003 offers the following definition for a Group Home – Type I:

*"Shall mean a residential care facility in a single housekeeping unit in a dwelling in which not more than six (6) persons as residents, exclusive of staff or receiving family, live together under responsible supervision consistent with the particular needs of residents, provided that the group home is the subject of a currently valid license or funding approval under provincial statute and is in compliance with all municipal by-laws of the Corporation. Group Home Type I may also locate in a two unit dwelling (duplex or semi-detached) if the group home is the sole*



*occupant of both units of the two unit dwelling and the total number of residents in the entire building does not exceed six (6) residents.”*

A Group Home – Type 1 refers to a residential care facility in a single housekeeping unit in a dwelling accommodating no more than six residents. The facility must have a valid license or funding approval from the Province in order to operate. A Group Home – Type 1 is permitted in a single detached dwelling or a two-unit dwelling such as a duplex or semi-detached dwelling, provided that the total number of residents does not exceed six.

A group home is also permitted in a two-unit dwelling subject to being the sole occupant of both dwellings and having more than six residents in the entire building.

By-law 85-2003 offers the following definition for a Group Home – Type 2:

*“Shall mean a residential care facility in a single housekeeping unit in a dwelling in which not more than ten (10) persons as residents, exclusive of staff or receiving family, live together under responsible supervision consistent with the particular needs of residents, provided that the group home is the subject of a currently valid license or funding approval under provincial statute and is in compliance with all municipal by-laws of the Corporation.”*

A Group Home – Type 2 is a residential care facility in a single housekeeping unit in a dwelling with no more than ten residents and which has a valid license or funding approval from the Province. A Group Home – Type 2 must be located in a single detached dwelling.

Group homes are generally permitted throughout the Town of Cobourg, subject to the specific requirements of each respective zone.

The ‘R’ zones generally comprise single-detached, semi-detached, duplex, linked and converted dwellings. The ‘NR’ zones generally contain single-detached, semi-detached, duplex, linked, converted, triplex, fourplex and townhouse dwellings. Both types of group homes are permitted in Residential (R1), Residential (R2), Residential (R3), Neighbourhood Residential One (NR1), and the Neighbourhood Residential Two (NR2) zones.

Group homes are also permitted within the Main Central Commercial (MC), Institutional (I), and Rural (RU) zones, provided that they are located within a single detached dwelling. The Main Central Area (MC) zone is the historic mixed use centre along King Street adjacent to the harbour area on Lake Ontario. The Institutional (I) zone is located intermittently within areas of Cobourg. Areas zoned Rural (RU) are found on the fringe of the urban area.

Section 5.23 of the Zoning By-law (General Provisions) prescribes the specific regulations applied to any group homes located within the Town. Subsection 5.23 states that Group Homes – Type 1 are permitted in any residential, institutional, main central commercial or rural zone while Group Homes – Type 2 are permitted in any institutional, main central commercial or rural zone.

The By-law also requires that no new group home in any zone can be sited within 120 metres (390 ft.) of any other established group home. Section 5.23 of the Zoning By-law provides that:

*“Group Homes Type I and Type II shall be permitted subject to the following regulations:*

- i) Group Homes - Type I shall be permitted in any Residential, Institutional, Main Central Commercial or Rural Zone;*
- ii) Group Homes - Type II shall be permitted in any Institutional, Main Central Commercial or Rural Zone;*
- iii) no new group home in any zone shall be located within 120 m (390 ft) of any other established group home;*
- iv) Group Homes Type II shall be located in a single, detached dwelling;*
- v) Group Homes Type I shall locate in either a single, detached dwelling or a two unit dwelling (duplex or semi-detached) if the group home is the sole occupant of both units of the two unit dwelling and the total number of residents in the entire building does not exceed six (6) residents.*

- vi) *the use shall be in conformity with the regulations of the zone in which it is located, and no group home may locate in an existing building which does not comply with the By-law regulations;*
- vii) *all Group Home - Type I located in Residential Zones, with the exception of those for the mentally retarded, senior citizens, the physically disabled and children under the age of 16, shall only be located on lots fronting on arterial roads within the Town of Cobourg."*

Section 6 – Parking and loading provisions for a group home in residential zones require a minimum parking standard of 0.5 spaces per bed.

In terms of the type of care provided from the literature reviewed, the difference between a group home and rehabilitation treatment centre is that a group home's primary function is to be a supportive home environment. In contrast, a rehabilitation treatment centre is focused on various treatments such as medical, mental health or counselling services associated with addiction and is a more intense form of care where the accommodation component is subordinate to the primary treatment function of the facility.

Alternatively, the primary function of a crisis care centre is to provide emergency, short term accommodation to its clients. Crisis care centres often receive individuals in a distressed state and at various hours of the day and night. The duration of stay is short, meaning between overnight and up to a few days. The closest fitting definition to this type of use in Cobourg's Zoning By-law is an Emergency Care Establishment which is defined as:

*"An institutional use that provides a means of immediate, temporary accommodation and assistance for a short term period, generally less than one week for the majority of the residents. Emergency Care Establishments are distinct from Group Homes in that the former has a shorter length of stay, and that their capacity usually exceeds ten (10) residents (excluding staff or the receiving family)."*

There are no specific provisions in the Cobourg Zoning By-law for an Emergency Care Establishment although the use is permitted in the Institutional (I) zone under Section 19 of the By-law.

## 4.2 Overview of Recommended Residential Care and Associated Facilities

Currently, the Town's Zoning By-law provides for two types of residential care facilities. This includes two different classifications of group home and an emergency care establishment which are permitted within the zones indicated on Table 2.

**Table 2: Existing Residential Care Facilities Permitted Within Cobourg Zoning**

Use	Residential Zones	Institutional Zones	Main Central Commercial Zone	Rural Zone
Group Home Type 1	✓	✓	✓	✓
Group Home Type 2		✓	✓	✓
Emergency Care Establishment		✓		

There is now a need to expand upon the current zoning permissions and provide for additional types of residential care facilities, in particular, rehabilitation treatment centres and crisis care centres as part of an expanded continuum of care facilities. In keeping with the applicable Provincial legislative requirements and a review of case studies, Table 3 below includes our recommendations on how various types of facilities should be defined and where they could be permitted:

**Table 3: Recommended Definitions**

Term/Definition	Residential or Institutional Use	As-of-Right Zoning - Yes/No	Suggested Setbacks or Restrictions
<p><b>Group Home Type I:</b></p> <p>Means a premises used to provide supervised living accommodation, licensed or funded under Province of Ontario or Government of Canada legislation, for up to ten persons, exclusive of staff, living together in a single housekeeping unit because they require a supervised group living arrangement. A Group Home Type I may locate:</p> <ul style="list-style-type: none"> <li>a) in a single detached dwelling; or,</li> <li>b) in a two-unit building (duplex or semi-detached) if the group home is the sole occupant of both units of the two-unit building and the total number of residents in the entire building does not exceed ten (10) residents.</li> </ul>	Residential	Yes - Within any Zone that permits single detached, semi-detached and duplex dwellings	None
<p><b>Group Home Type II:</b> Means a premises used to provide supervised living accommodation, licensed or funded under Province of Ontario or Government of Canada legislation, for more than ten persons, exclusive of staff, living together</p>	Residential	No	None

Term/Definition	Residential or Institutional Use	As-of-Right Zoning - Yes/No	Suggested Setbacks or Restrictions
in a single housekeeping unit because they require a supervised group living arrangement. A Group Home Type II may only be located in a single detached dwelling.			
<p><b>Crisis Care Centre I</b> - Means an establishment that provides shelter in a highly secure setting for persons who require intervening shelter, protection, counselling or support from their existing place of residence. As a component, the establishment includes 24-hour accommodation where meals may be served. The premises may be accessible at all hours of the day and may contain offices, lounges and meeting rooms.</p> <p>A Crisis Care Centre I shall not include a Medical Clinic, a Group Home I or II, an Emergency Care Centre, a Crisis Care Centre II, or a Rehabilitation Treatment Centre.</p>	Institutional - but it has residential elements as well	<p>Yes -</p> <p>Wherever institutional uses are permitted</p> <p>Could also be permitted in residential areas subject to re-zoning</p>	None
<p><b>Crisis Care Centre II</b> - Means a supervised establishment operated by or for a public authority, non-profit community group, or place of worship that provides shelter, specialized programming or other support services for individuals who are facing homelessness or are in need of emotional,</p>	Institutional	<p>No -</p> <p>subject to a re-zoning and could be permitted in</p>	<p>Yes</p> <p>Use should be setback some distance (to be determined on case by case</p>

Term/Definition	Residential or Institutional Use	As-of-Right Zoning - Yes/No	Suggested Setbacks or Restrictions
<p>mental, social or physical support. The premises may be accessible at all hours of the day and may include offices, lounges and meeting rooms.</p> <p>A Crisis Care Centre II shall not include a Medical Clinic, a Group Home I or II, a Crisis Care Centre I, or a Rehabilitation Treatment Centre.</p>		<p>commercial areas only</p> <p>Use could also be considered on lands that are zoned for institutional uses subject to re-zoning</p>	<p>basis) from schools, childcare centres and parks. Also recommended that use be in self-contained building</p>
<p><b>Rehabilitation Treatment Centre</b> - Means a facility providing secure, supervised specialized care, treatment and/or rehabilitation services on an in-patient or out-patient basis for individuals who are addicted to chemical substances and/or alcohol. Services generally include 24-hour accommodation for a period equal to or greater than seven (7) consecutive days where meals may also be prepared on site and served to patrons. The premises may also include accessory offices, lounges and meeting rooms. For the purposes of this use, 'secure' shall mean monitored and controlled ingress and egress to the facility at all times.</p>	Institutional	No - subject to a re-zoning and could be permitted where institutional or commercial uses are permitted	<p>Yes -</p> <p>Use should be setback some distance (to be determined on case by case basis) from schools, childcare centres and parks. Also recommended that use be in self-contained building</p>

Term/Definition	Residential or Institutional Use	As-of-Right Zoning - Yes/No	Suggested Setbacks or Restrictions
A Rehabilitation Treatment Centre shall not include a Medical Clinic, Clinic, a Group Home I or II, a Crisis Care Centre I or II, a Boarding or Lodging House or Hotel/Motel.			

### 4.3 Options for Regulating Rehabilitation Treatment Centres

The municipal case studies reviewed highlight a number of common zoning provisions that are relied upon to regulate rehabilitation treatment centres and similar facilities. These provisions may offer additional insight for the Town's consideration in the drafting of additional zoning regulations.

#### 4.3.1 NUMBER OF PATIENTS/CLIENTS

Limiting the occupancy of a rehabilitation treatment centre, possibly through maximum gross floor area limits when considering applications for re-zoning, controls the intensity and character of the use to ensure that the character of the surrounding community is not altered or adversely impacted. Limiting occupancy would help distinguish a rehabilitation treatment centre from another type of centre such as a group home. There are a few ways of articulating this:

- Option A: Establish minimum and/or maximum capacities by limiting the number of accommodation rooms or through a maximum gross floor area for the facility.
- Option B: Establish the minimum and/or maximum capacities within the definition. This method is generally found to be the case from a review of the case studies.
- Option C: Establish the minimum capacity in the definition and the maximum capacities within the individual zones depending on the density and zone category being applied.

The total number of patients and/or clients must correlate with the intensity of the use and the impact that it may cause from a land use perspective.



#### **4.3.2 MINIMUM DISTANCE SEPARATION**

A number of municipalities have minimum distancing requirements between rehabilitation treatment centres and other similar facilities as well as between the rehabilitation treatment centre and other incompatible land uses.

As examined earlier in this Technical Paper separation distance requirements should be justified on a rational planning basis in good faith and in the public interest. The Ontario Human Rights Commission has been advocating for the removal of these types of provisions on the basis that they are discriminatory and limit choices for operators. On the basis of our review of this issue, it is not recommended that minimum separation distances be considered.

#### **4.3.3 FRONTAGE**

This provision is intended to provide good access to services and public transit which generally are found on major streets. Despite such intentions the provision may also restrict facilities from locating in optimal locations. This was thought to address community concerns regarding the placement of facilities in areas that are mainly residential. The restriction to major roads can also function to direct facilities to the periphery of residential areas as opposed to in the middle.

The Ontario Human Rights Commission has been advocating for the removal of these types of provisions on the basis that they are discriminatory and limit choices for operators. As a result, we do not recommend that there be any restrictions based on frontage.

#### **4.3.4 MINIMUM PARKING**

The intent of parking standards for rehabilitation treatment centres is to ensure there is adequate on-site parking for staff as well as for the patients and/or clients that are receiving treatment.

A review of the case studies indicates that parking standards in many municipalities are flexible and mainly determined as a ratio relative to the size of the facility. Given the potential intensity of this use, parking requirements for rehabilitation treatment centres should be required relative to the size of the facility. Generally 0.25 parking spaces per bed has been found to be commonplace in the scan of best practices. The parking standard applied to the use conversion at 420 Division Street is 0.5 parking spaces per bed. However, it is recommended that any parking

standards be based on a unit of measurement that is not dynamic such as occupancy or beds. It is recommended that gross or net floor area is a more static metric upon which to base parking standards.

Bicycle parking requirements may also be appropriate, particularly for facilities which are more central and more dependent on alternative modes of transportation. Brockville is the only municipality that includes such a provision, at 0.25 bicycle spaces per room/suite.

#### **4.3.5 OTHER CONSIDERATIONS**

Other options to contemplate in an assessment of rehabilitation treatment centres include minimum floor area and a minimum side or rear yard amenity area, which could be considered through a re-zoning process. Area requirements for a particular treatment centre will be dependent upon the maximum potential occupancy and the specialized facilities and/or support services required to care for the patients or clients.

Only Kingston addresses such consideration in their zoning requirements. The Kingston Zoning By-law requires a minimum floor area of 18 square metres per patient or client and a further minimum rear yard amenity area of 18.5 square metres per patient or client.

It may be the case that this is best left to the agencies involved with the treatment centres as they possess the expertise and experience necessary to determine appropriate floor area requirements for each patient or client. Additional consideration should be given to this matter.

Kingston is also the only municipally to require adequate buffering, fencing and screening to ensure privacy for abutting residential properties. Consideration for this may be needed if such facilities are located in proximity of residential zones.

### **4.4 Options for Regulating Crisis Care Centres**

The municipal case studies reviewed highlight a number of common zoning provisions that are relied upon to regulate crisis care centres and similar facilities. These provisions may offer additional insight for the Town's consideration to carry forward in a new Zoning By-law.

#### **4.4.1 MINIMUM DISTANCE SEPARATION**

The reason to implement separation distances between uses is to distribute crisis care centres equitably across locations in the municipality. The result of this provision decentralizes these care centres where a number of facilities may otherwise be concentrated.

As examined earlier in this Technical Paper, the Ontario Human Rights Commission has been advocating for removal of these types of provisions on the basis that they are discriminatory and limit choices. For reasons already mentioned, it is not recommended that minimum separation distances be considered.

#### **4.4.2 MINIMUM PARKING**

The intent of parking standards for crisis care centres is to ensure there is adequate on-site parking for staff and temporary clients. However, it is worth noting that most crisis care centres are located centrally within the community thus making them accessible by transit. As a result, parking may not be critical to the operation of the centre. Consideration may be given to applying a parking standard that would be dependent on the zone in which the crisis care centre is located. Planning staff may also wish to consider bicycle parking requirements, particularly for facilities which are more central and dependent on alternative modes of transportation. Brockville is the only municipality that includes such a provision, at 0.25 bicycle spaces per room/suite.

#### **4.4.3 OTHER CONSIDERATIONS**

Other options to consider in regards to zoning for crisis care centres include a requirement for minimum floor area and minimum rear yard amenity area, which could be considered through a re-zoning process. As suggested in options for rehabilitation treatment centres, these requirements depend on a variety of factors pertaining to the capacity and needs of the centre. Kingston's Zoning By-law is the most comprehensive requiring a minimum floor area and minimum rear yard amenity per client. This would ultimately be regulated by the maximum occupancy of the facility which may over time be a dynamic metric. If included within the proposed zoning, it is recommended that this standard be applied based on gross floor area of

the building. It is recommended that staff consider these additional provisions when contemplating zoning options for crisis care centres.

## 5.0 SUMMARY

The Town of Cobourg recognizes the need to provide a more comprehensive land use framework to provide for what has become a very complex and inter-related system of crisis care supports within the community. As both the needs within the community and the types of facilities being offered are becoming more nuanced, so too must the municipal zoning framework in which these uses exist. Municipalities are tasked with providing a zoning response that weighs the requirements of both the Ontario Human Rights Code as well as the Planning Act in providing for these uses within the local community.

This Technical Paper has been prepared to provide the Town with a number of options as to how the Town's Zoning By-law could be amended to better regulate and provide for two types of crisis care centres and rehabilitation centres. The emergence of rehabilitation treatment centres aimed at responding to the needs of society is well-recognized, and is evidenced locally by the number of inquiries Town staff have received in recent months from proponents of such facilities. Given the apparent need for such facilities, the Town determined that further review is required to better understand a number of key aspects associated with these short term crisis care uses. In particular, the Town initiated this study in order to better understand:

- i) the characteristics and needs of rehabilitation treatment centres and crisis care centres as well as the needs of the community as a whole;
- ii) how these facilities operate and function;
- iii) where these facilities should most appropriately locate in the community; and,
- iv) whether there are any land use compatibility issues that may impact public safety and quality of life that should be addressed.

A comprehensive, proactive approach to addressing and responding to the establishment of crisis care support uses is of great importance to the community and must be based on sound planning principles.

As part of this study, a review of how other comparable municipalities regulate short term rehabilitation treatment centres and crisis care centres through zoning was undertaken. These case study municipalities include Port Hope, Oshawa, Whitby, Burlington, Kingston, Belleville and Brockville. In reviewing the subject case studies it quickly became evident that the level of detail contained within each of the subject Zoning By-laws varied as did the terminology and characterization of the uses. The case study municipalities were compared against a number of common zoning elements included within each of the applicable Zoning By-laws. The common zoning elements that were examined are as follows:

- Terminology and zoning provisions;
- Definitions;
- Location;
- Minimum distance separation;
- Capacity;
- Parking; and,
- Additional regulations such as amenity area requirements and buffering.

Ultimately, as a result of best practices used elsewhere, this Technical Paper is recommending the inclusion of updated definitions for group homes, new definitions for two types of crisis care centres and a new definition for rehabilitation treatment centre. In addition this Technical Paper has concluded that permitting smaller scale group homes and crisis care 1 facilities as of right in certain parts of the Town represents good planning. For larger group homes, crisis care 2 facilities and rehabilitation treatment centres, it is recognized that they are needed in the community; however, it is recommended that proposals for these uses be considered on their merits through a re-zoning process. This allows for a fulsome review of the merits of the proposal and its location in relation to other uses.

Appendix A – Case Study Comparison Table  
Recently Updated Zoning By-laws and Official Plans from Local Municipalities

<i>Municipality</i>	<i>Zoning By-law Definitions</i>	<i>Zoning By-law Provisions</i>	<i>Official Plan Policies</i>
<p><b><i>Municipality of Port Hope</i></b></p> <p>ZBL 20/2010 Updated January 2019</p> <p>Official Plan Updated February 2017</p>	<p><b>Emergency Housing</b> Means Emergency shelters or facilities that accommodate not less than three and not more than ten residents, and provide temporary lodging, board, and personal support services to homeless individuals in a 24-hour supervised setting, for up to 30 days.</p> <p><b>Treatment Centre</b> A single detached dwelling which is occupied by not more than 20 persons exclusive of staff, who live as a single housekeeping unit, and require 24-hour residential, sheltered, specialized or group care, and treatment and rehabilitation for addiction to drugs or alcohol.</p>	<p><b>Permissions:</b> Emergency Housing permitted in the Institutional Urban (IU) Zone and Institutional Rural (IR) Zone.</p> <p>Treatment Centre only permitted by amendment.</p> <p><b>General Provisions:</b> Section 4.36 – Special Setbacks Setback between a Treatment Centre and a Type 1 or Type 2 Group Home in a residential zone – 1000 metres. In the Agricultural or Rural Zones this setback shall be 4000 metres.</p> <p><b>Parking Provision:</b> 1 space / 0.25 beds</p>	<p>No specific policies for emergency housing or treatment centres. Group homes are permitted in any designation that permits residential uses in the Urban Area or Hamlet Area.</p>
<p><b><i>City of Oshawa</i></b></p> <p>ZBL – 60-94 Updated April 2020</p> <p>Official Plan Updated Sept. 2019</p> <p>Continued...</p>	<p><b>Crisis Care Residence</b> Means an establishment that provides a means of immediate, temporary accommodation and assistance for a short-term period, which is generally less than one week for the majority of the residents and includes a hostel.</p>	<p><b><u>Crisis Care Residence</u></b></p> <p><b>Permissions:</b> Crisis Care Residence permitted in CBD – Central Business District Zones, PSC – Planned Strip Commercial Zones</p> <p><b>General Provisions:</b> None</p> <p>Table 39.3B - Residential Parking Provisions: Min. parking: 1 space for every 4 beds</p>	<p><b>Permitted in the following designations:</b></p> <p><b>2.2.5 Planned Commercial Strip</b> 2.2.5.2 Areas designated as Planned Commercial Strip shall permit commercial uses that, by nature of their function, require direct access or exposure afforded by frontage on an arterial road. In addition, limited office development and limited retail and personal service uses may be permitted in areas designated as Planned</p>

Appendix A – Case Study Comparison Table  
Recently Updated Zoning By-laws and Official Plans from Local Municipalities

<i>Municipality</i>	<i>Zoning By-law Definitions</i>	<i>Zoning By-law Provisions</i>	<i>Official Plan Policies</i>
			Commercial Strip provided that such uses are compatible with their surroundings and do not detrimentally affect the development and function of Central Areas and Corridors in accordance with Section 2.1 of this Plan. Generally, the gross retail and personal service use components of Planned Commercial Strip developments shall not exceed 1,400 square metres (15,070 sq. ft.) of floor space.
<b><i>Town of Whitby</i></b>  ZBL – 2585 Consolidated 2018  Official Plan Consolidated 2018  Continued...	<p><b>Under separate section of ZBL, “Downtown Secondary Plan”:</b></p> <p><b>Crisis Residence</b>  Means a dwelling unit that is licensed and/or approved for funding under Provincial or Federal statute for the temporary accommodation of three or more persons, exclusive of staff, living under supervision in a single housekeeping unit who, by reason of their emotional, mental, social, or physical condition or legal status, require a group living arrangement on an immediate emergency basis for their well-being, and in which counseling or support services are provided. A crisis residence in this By-law shall not include: a group home, a clinic, a boarding or lodging house, a foster home, a Long</p>	<p><b><u>Crisis Residence</u></b>  <b>Under separate section of ZBL “Downtown Secondary Plan”:</b></p> <p><b>Permissions:</b>  Permitted in Residential Type 3 – Downtown Zone (R3-DT), Residential Type 4 – Downtown Zone (R4-DT), Residential Type 5 – Downtown Zone (R5-DT) and Residential Type 6 – Downtown Zone (R6-DT).</p> <p>Includes provision that the lot containing the crisis residence shall have frontage on a collector or arterial road.</p> <p>Table 6.A (1) Residential Parking Provisions:  Min. parking: 2 spaces / dwelling unit plus 1 space / 3 residents or portion thereof.</p>	<p><b>Solely Permitted in the downtown under the ‘Downtown Whitby Secondary Plan’:</b></p> <p><b>11.3 Downtown Whitby Secondary Plan</b>  11.3.3.6 New government agency offices and health and social service agency facilities shall be encouraged to locate in the Downtown.</p>



Appendix A – Case Study Comparison Table  
Recently Updated Zoning By-laws and Official Plans from Local Municipalities

<i>Municipality</i>	<i>Zoning By-law Definitions</i>	<i>Zoning By-law Provisions</i>	<i>Official Plan Policies</i>
	<p>Term Care Home, a home for the aged, or a retirement home.</p> <p><b>Crisis Centre</b> Means building or portion thereof containing business and professional offices wherein counseling or support services are provided to persons who, by reason of their emotional, mental, social, or physical state require such specialized services on an immediate emergency basis. A crisis centre shall not include a clinic or any residential use.</p>	<p><b>General Provisions:</b> None</p> <p><u><b>Crisis Centre</b></u> <b>Under separate section of ZBL “Downtown Secondary Plan”:</b></p> <p><b>Permissions:</b> Permitted in Commercial (C3-R) – Mixed Use, Central Commercial 3 - Downtown Zone (C3-DT), Institutional I – Downtown Zone (I1-DT)</p> <p><b>General Provisions:</b> None</p>	
<p><b>City of Burlington</b></p> <p>Zoning By-law 2020</p> <p>Official Plan Consolidated 2018</p>	<p><b>Shelter</b> A non-profit institutional establishment providing counselling, assistance and temporary emergency shelter for the victims of domestic or marital conflict or physical assault.</p> <p><b>Emergency Shelter</b> A facility providing temporary accommodation and associated support services for persons in a crisis situation.</p> <p><b>Residential Social Service</b> A facility supervised by staff on a daily</p>	<p><u><b>Residential Social Service</b></u></p> <p><b>Permissions:</b> Not identified</p> <p><b>General Provisions:</b> <b>2.21 Uses Permitted in All Zones</b></p> <p>i) Shelter/ Emergency Shelter</p> <p>- Not permitted in General Employment Zones (GE1, GE2), Business Corridor Zones (BC1, BC2) and, Industrial/Automotive Uses (MXE) or Mixed use (UE) zones.</p>	<p>No policies found on health/medical/social services in the Official Plan</p>

Appendix A – Case Study Comparison Table  
Recently Updated Zoning By-laws and Official Plans from Local Municipalities

<i>Municipality</i>	<i>Zoning By-law Definitions</i>	<i>Zoning By-law Provisions</i>	<i>Official Plan Policies</i>
Continued...  <b>City of Burlington</b>	basis which provides special care and treatment to persons for physical or mental deficiency, physical handicap or other such cause. A residential social service facility shall be funded, licensed, approved, or supervised by the Province of Ontario under a general or specific Act, for the accommodation of 9 or more residents, exclusive of staff, within the Urban Improvement Area boundary.	<ul style="list-style-type: none"> <li>- Min Lot width: 30 m</li> <li>- Lot shall have a front or side lot line in common with a Major Arterial, Multi-Purpose Arterial, or Minor Arterial Road.</li> <li>- Separation distance: 30 m from a railway right-of-way</li> <li>- Setback from any street line shall be 3 m for the first storey plus 1 m for each additional storey, except in the downtown, setbacks shall be in accordance with <a href="#">Part 6, Subsection 4.1</a></li> <li>- Setback from all other lot lines: 15 m</li> <li>- Parking: not permitted within 3 m of a residential property in a residential zone</li> <li>- Minimum distance between emergency shelter properties: 400 m</li> <li>- Minimum distance between correctional facility properties: 400 m</li> <li>- Minimum distance between a residential social services property and /or an emergency shelter property and/or a correctional facility property and/or a group home and/or a correctional group home: 400 m</li> <li>- Min Parking: 0.85 spaces per employee + 0.25 visitor spaces per resident</li> </ul> <p>j) Residential Social Services</p>	

Appendix A – Case Study Comparison Table  
Recently Updated Zoning By-laws and Official Plans from Local Municipalities

<i>Municipality</i>	<i>Zoning By-law Definitions</i>	<i>Zoning By-law Provisions</i>	<i>Official Plan Policies</i>
<b>Continued...</b>  <b>City of Burlington</b>		<ul style="list-style-type: none"> <li>- Not permitted in General Employment Zones (GE1, GE2), Business Corridor Zones (BC1, BC2) and, Industrial/Automotive Uses (MXE) or Mixed use (UE) zones.</li> <li>- Min. Lot width: 18 m</li> <li>- Lot shall have a front or side lot line in common with a Major Arterial, Multi-Purpose Arterial, or Minor Arterial Road.</li> <li>- Separation distance: 30 m from a railway right-of-way</li> <li>- Setback from any street line shall be 3 m for the first storey plus 1 m for each additional storey, except in the downtown, setbacks shall be in accordance with Part 6, Subsection 4.1</li> <li>- Setback from all other lot lines: 3 m</li> <li>- Minimum distance between residential social services properties: 400 m</li> <li>- Minimum distance between emergency shelter properties: 400 m</li> <li>- Minimum distance between correctional facility properties: 400 m</li> <li>- Minimum distance between a residential social services property and /or an emergency shelter property and/or a correctional facility property and/or a group home and/or a correctional group home: 400 m</li> <li>- Min Parking: 0.85 spaces per employee + 0.25 visitor spaces per resident</li> </ul>	

Appendix A – Case Study Comparison Table  
Recently Updated Zoning By-laws and Official Plans from Local Municipalities

## Appendix A – Case Study Comparison Table

### Recently Updated Zoning By-laws and Official Plans from Local Municipalities

<p><b>City of Kingston</b></p> <p>Zoning By-law 84-99 Restricted Area Zoning By-law for the City of Kingston</p> <p>Updated November 2020</p> <p>~ and ~</p> <p>Zoning By-law 96-259 for Downtown &amp; Harbour Updated December 2020</p> <p>Official Plan Updated 2019</p> <p>Continued...</p>	<p><b>Crisis Care Shelter</b> Means a group living arrangement, in a single housekeeping unit, for persons in a crisis situation requiring shelter, protection, assistance, counselling or support and in which it is intended that short term accommodation of a transient nature be provided. A Crisis Care Shelter is licensed, funded or approved by the Province of Ontario.</p> <p><b>Residential Care Facility</b> A community-based group living arrangement, in a single housekeeping unit, for eight (8) or more individuals, exclusive of staff and/or receiving family, who are receiving care and/or supervision consistent with their needs. A Residential Care Facility is licensed, funded or approved by the Province of Ontario. A Residential Care Facility includes open custody homes for young or adult offenders but shall not include a “Crisis Care Shelter”, “Corrections Residence”, “Community Support House”, “Detoxification Centre” or “Recovery Home” as defined elsewhere in this By-Law.</p> <p><b>Detoxification Centre</b> means an institution or single housekeeping unit in which persons who are addicted to chemical substances and/or alcohol are admitted for withdrawal, treatment</p>	<p><b><u>Crisis Care Shelter</u></b> (See Section 5.33 of ZBL 84-99 and Section 5.12 of ZBL 96-259)</p> <p><b>Permissions:</b> Permitted in the Special Education and Medical Uses (E) Zone, Commercial Uses (C) Zone (Central Business District and Upper Princess Street), and Williamsville Main Street Commercial (C4) Zone in ZBL 84-99. Permitted in the Central Business System (C1) and Market Square Commercial (CMS) Zone of ZBL 96-259.</p> <p><b>General Provisions:</b> 5.12.1 GENERAL (a) Crisis Care Shelters shall comply with the requirements of the zoning category in which the Crisis Care Shelter is located unless otherwise specified by the By-Law or amendments to the By-Law.  (b) A Crisis Care Shelter shall be registered with the City of Kingston according to a By-Law passed by Council for that purpose.</p> <p>5.12.2 MINIMUM SEPARATION A Crisis Care Shelter shall be located at least 250.0 metres (673 feet) from any other Crisis Care Shelter, Recovery Home, Corrections Residence, Detoxification Centre, Residential Care Facility,</p>	<p><b>Permitted in the following designations under referred as, Community and Care Facilities:</b></p> <p><b>3.2 Community and Care Facilities</b> Community facilities support educational, social, cultural or religious activity within the City and are permitted in many land use categories. Community facilities are often owned and operated by different levels of government or not-for-profit groups, but are smaller and more local in scale than uses designated as Institutional.</p> <p><b>Goal:</b> To provide for social, educational, cultural or religious facilities that support the function and operation of many land uses in the City in locations those are convenient and compatible with adjacent land uses.</p> <p><b>Special Needs Facilities 3.2.10.</b> Special needs facilities are permitted in specific zones in residential, commercial and institutional areas, subject to the provisions of the zoning by-law. Proposals for new special needs facilities must address the land use compatibility criteria of Section 2.7 of this Plan. When considering a proposal for a new special needs facility, Council will have regard for:</p>
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## Appendix A – Case Study Comparison Table

### Recently Updated Zoning By-laws and Official Plans from Local Municipalities

<p><b>City of Kingston</b></p>	<p>and/or rehabilitation and live together under responsible twenty-four (24) hour supervision consistent with the requirements of its residents. A Detoxification Centre is licensed, funded or approved by the Province of Ontario and shall be registered with the City of Kingston. A Detoxification Centre shall not include a “Community Home”, “Community Support House”, “Crisis Care Shelter”, “Residential Care Facility” or “Recovery Home” as defined elsewhere in this By-Law.</p> <p><b>Recovery Home</b> means a group living arrangement, in a single housekeeping unit that is developed for the treatment and education of persons with alcohol or drug related problems and/or dependencies. Recovery Homes provide a continuum of care through short-term or long-term residential programs offering a wide variety of therapies dealing with the individual's physical, social, psychological, occupational, spiritual and nutritional needs. Recovery Homes shall provide responsible twenty-four (24) hour supervision, consistent with the needs of the residents. A Recovery Home is licensed, funded or approved by the Province of Ontario. A Recovery Home shall not include a “Community Home”, “Community Support House”, “Crisis Care Shelter”,</p>	<p>Community Support House and Community Home.</p> <p>5.12.3 MINIMUM REAR YARD AMENITY AREA There shall be a minimum rear yard amenity area of 150.0 square metres (1,615 square feet) for each Crisis Care Shelter.</p> <p>5.12.4 BUILDING TYPE A Crisis Care Shelter shall occupy the whole of: (a) a single detached or duplex dwelling; (b) a semi-detached dwelling (both units); (c) a converted commercial building or a building constructed as a Crisis Care Shelter.</p> <p>5.12.5 MINIMUM FLOOR AREA There shall be a minimum of 9.0 square metres (97 square feet) of floor area per resident.</p> <p>5.22.5.2 Residential Parking Ratios: 2 / 100 m2 (1076 ft2) but no less than 2</p> <p><b><u>Residential Care Facility</u></b> (See Section 5.34 of ZBL 84-99 and Section 5.15 of ZBL 96-259)</p> <p><b>Permissions:</b> Not permitted as-of-right in ZBL 84-99. Permitted in the Central Business System</p>	<p>a. the scale and intensity of the proposed facility; b. proximity and access to commercial, community support facilities and transit; c. adequate parking, and landscaped and amenity areas; d. appropriate site services and utilities; and, e. the size of the floor area used for counseling services, offices or other accessory uses, which may be limited in the zoning by-law. (Added by By-Law Number 2017-57, OPA Number 50)</p> <p>Site Plan Control 3.2.11. The development of any new special needs facility, including the conversion of, or addition to, an existing building, may be subject to site plan control. (Added by By-Law Number 2017-57, OPA Number 50)</p> <p><b>Other Permitted Uses</b> 3.4.C.6. Community facilities and open space are also permitted in the Main Street Commercial designation. Specialized residential uses including senior citizen accommodation, boarding houses, special needs facilities, supportive housing, hostels and similar uses may be permitted by the zoning by-law.</p> <p><b>Medium and High Density Residential</b></p>
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Appendix A – Case Study Comparison Table  
Recently Updated Zoning By-laws and Official Plans from Local Municipalities

Continued...  <b>City of Kingston</b>	“Detoxification Centre” or “Residential Care Facility” as defined elsewhere in this By-Law.	<p>(C1) and Market Square Commercial (CMS) Zone in ZBL 96-259.</p> <p><b>General Provisions:</b></p> <p><b>5.15 RESIDENTIAL CARE FACILITY</b> No lot shall be used or developed, and no building or structure shall be erected, altered, renovated, enlarged, used or maintained for the purpose of a Residential Care Facility, except in accordance with the following regulations:</p> <p><b>5.15.1 GENERAL</b> (a) Residential Care Facilities shall comply with the requirements of the zoning category in which the Residential Care Facility is located unless otherwise specified by the By-Law or amendments to the By-Law.</p> <p>(b) A Residential Care Facility shall be registered with the City of Kingston according to a By-Law passed by Council for that purpose.</p> <p><b>5.15.2 MINIMUM SEPARATION</b> A Residential Care Facility shall be located at least 250.0 metres (673 feet) from any other Residential Care Facility, Community Support House, Recovery Home, Crisis Care Shelter, Corrections Residence, Detoxification Centre and Community Home.</p>	<p><b>Uses 10A.2.13.</b> Among other uses permitted in the downtown, “Specialized residential uses with universal access design including senior citizen accommodation, boarding houses, special needs facilities, supportive housing, hostels, and similar uses are also permitted in the Central Business District in accordance with the above conditions.”</p>
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Appendix A – Case Study Comparison Table  
Recently Updated Zoning By-laws and Official Plans from Local Municipalities

Continued...		<p>5.15.3 MINIMUM REAR YARD AMENITY AREA There shall be a minimum rear yard amenity area of 18.5 square metres (199 square feet) per resident of the Residential Care Facility, inclusive of staff and/or receiving family.</p> <p>5.15.4 DWELLING TYPE A Residential Care Facility shall occupy the whole of: (a) a single detached or duplex dwelling; (b) a semi-detached dwelling (both units); (c) a converted institutional building or a building constructed as a Residential Care Facility.</p> <p>5.15.5 MINIMUM FLOOR AREA Including staff and/or receiving family, there shall be 18.0 square metres (194 square feet) of gross floor area per resident.</p> <p>5.15.6 MINIMUM OFF-STREET PARKING There shall be two (2) off-street parking spaces per Residential Care Facility, plus one (1) additional space for each four (4) employees (based on the maximum at any one time).</p> <p>5.15.7 BUFFERING Adequate provision for buffering, fencing and screening shall be made to ensure privacy of abutting residential properties.</p>	
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Appendix A – Case Study Comparison Table  
Recently Updated Zoning By-laws and Official Plans from Local Municipalities

<p>Continued...</p> <p><b>City of Kingston</b></p>		<p><b><u>Detoxification Centre</u></b> (See Section 5.38 of ZBL 84-99 and Section 5.13 of ZBL 96-259)</p> <p><b>Permissions:</b> Permitted in the Special Education and Medical Uses (E) Zones, Commercial Uses (C) Zone (Central Business District and Upper Princess Street) of ZBL 84-99. Not permitted as-of-right in ZBL 96-259.</p> <p><b>General Provisions:</b> 5.13 DETOXIFICATION CENTRE No lot shall be used or developed, and no building or structure shall be erected, altered, renovated, enlarged, used or maintained for the purpose of a Detoxification Centre, except in accordance with the following regulations:</p> <p>5.13.1 GENERAL (a) Detoxification Centres shall comply with the requirements of the zoning category in which the Detoxification Centre is located unless otherwise specified by the By-Law or amendments to the By-Law.</p> <p>(b) A Detoxification Centre shall be registered with the City of Kingston according to a By-Law passed by Council for that purpose.</p>	
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Appendix A – Case Study Comparison Table  
Recently Updated Zoning By-laws and Official Plans from Local Municipalities

<p>Continued...</p> <p><b>City of Kingston</b></p>		<p><b>5.13.2 MINIMUM SEPARATION</b> A Detoxification Centre shall be located at least 250.0 metres (673 feet) from any other Detoxification Centre, Community Support House, Recovery Home, Crisis Care Shelter, Corrections Residence, Residential Care Facility and Community Home.</p> <p><b>5.13.3 MINIMUM REAR YARD AMENITY AREA</b> There shall be a minimum rear yard amenity area of 18.5 square metres (199 square feet) per resident of the Detoxification Centre, inclusive of staff and/or receiving family.</p> <p><b>5.13.4 DWELLING TYPE</b> A Detoxification Centre shall occupy the whole of: (a) a single detached or duplex dwelling; (b) a semi-detached dwelling (both units); (c) a converted institutional building or a building constructed as a Detoxification Centre.</p> <p><b>5.13.5 MINIMUM FLOOR AREA</b> Including staff and/or receiving family, there shall be 18.0 square metres (194 square feet) of gross floor area per resident.</p> <p><b>5.13.6 MINIMUM OFF-STREET PARKING</b> There shall be two (2) off-street parking</p>	
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Appendix A – Case Study Comparison Table  
Recently Updated Zoning By-laws and Official Plans from Local Municipalities

<p>Continued...</p> <p><b>City of Kingston</b></p>		<p>spaces per Detoxification Centre, plus one (1) additional space for each four (4) employees (based on the maximum at any one time).</p> <p>5.13.7 MIN LOT AREA Any new Detoxification Centre being constructed or any Detoxification Centre being established in an existing building shall comply with the minimum lot area requirement as set out in the zoning category in which the Detoxification Centre is being located.</p> <p><b><u>Recovery Home</u></b> (See Section 5.36 of ZBL 84-99 and Section 5.14 of ZBL 96-259)</p> <p><b>Permissions:</b> Permitted in the Special Education and Medical Uses (E) Zone, Commercial Uses (C) Zone (Central Business District and Upper Princess Street), and Williamsville Main Street Commercial (C4) Zone in ZBL 84-99. Permitted in the Central Business System (C1) and Market Square Commercial (CMS) Zone of ZBL 96-259.</p> <p><b>General Provisions:</b> 5.14 RECOVERY HOME No lot shall be used or developed, and no building or structure shall be erected,</p>	
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Appendix A – Case Study Comparison Table  
Recently Updated Zoning By-laws and Official Plans from Local Municipalities

Continued...		<p>altered, renovated, enlarged, used or maintained for the purpose of a Recovery Home, except in accordance with the following regulations:</p> <p>5.14.1 GENERAL (a) Recovery Homes shall comply with the requirements of the zoning category in which the Recovery Home is located unless otherwise specified by the By-Law or amendments to the By-Law.</p> <p>(b) A Recovery Home shall be registered with the City of Kingston according to a By-Law passed by Council for that purpose.</p> <p>5.14.2 MINIMUM SEPARATION A Recovery Home shall be located at least 250.0 metres (673 feet) from any other Recovery Home, Community Support House, Detoxification Centre, Crisis Care Shelter, Corrections Residence, Residential Care Facility and Community Home.</p> <p>5.14.3 MINIMUM REAR YARD AMENITY AREA There shall be a minimum rear yard amenity area of 18.5 square metres (199 square feet) per resident of the Recovery Home, inclusive of staff and/or receiving family.</p> <p>5.14.4 DWELLING TYPE A Recovery Home shall occupy the whole</p>	
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Appendix A – Case Study Comparison Table  
Recently Updated Zoning By-laws and Official Plans from Local Municipalities

Continued...		<p>of:</p> <p>(a) a single detached or duplex dwelling;</p> <p>(b) a semi-detached dwelling (both units);</p> <p>(c) a converted institutional building or a building constructed as a Recovery Home.</p> <p>5.14.5 MINIMUM FLOOR AREA Including staff and/or receiving family, there shall be 18.0 square metres (194 square feet) of gross floor area per resident.</p> <p>5.14.6 MINIMUM OFF-STREET PARKING There shall be two (2) off-street parking spaces per Recovery Home, plus one (1) additional space for each four (4) employees (based on the maximum at any one time).</p> <p>5.14.7 MIN LOT AREA Any new Recovery Home being constructed or any Detoxification Centre being established in an existing building shall comply with the minimum lot area requirement as set out in the zoning category in which the Detoxification Centre is being located.</p>	
<p><b>City of Bellville</b></p> <p>Zoning By-law 10245 for Urban</p>	<p><b>Residential Care Facility</b> A dwelling unit which provides long term residential accommodation and the appropriate level of care and counselling services to a group of not more than eight (8) persons, excluding supervisory staff.</p>	<p><b><u>Residential Care Facility</u></b> <b>Permissions:</b> Permitted in the Residential (R1), (R2), (R3), (R4), (R5), (R6), (R7C1) and (R8) Zones.</p>	<p>SECTION 2 A VISION FOR THE CITY OF BELLEVILLE</p> <p>2.2.9 Social Needs The City of Belleville will be a healthy community with a high quality of life for all of its citizens. While the City will offer an attractive location</p>

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### Recently Updated Zoning By-laws and Official Plans from Local Municipalities

Area of Belleville			
Official Plan 2002			
<b>City of Bellville</b>	<p>The residents shall be directly or indirectly supervised by a public or private agency and the Facility shall be licensed, approved or funded by a federal or provincial government body. The Residential Care Facility shall be the primary residence of the occupants and, as such, any general administrative office uses associated with the supervisory or sponsoring agency shall not be permitted within the dwelling. Further, a foster home used for the accommodation of foster children under the direction of the Children's Aid Society, or a home serviced by the Victorian Order of Nurses or similar service provided by Registered Nurses, shall not be considered to be a Residential Care Facility.</p> <p><b>Residential Care and Counselling Centre</b> A building used for the provision of temporary short-term residential accommodation, shelter, advocacy, education and support to persons in crisis situations. The Centre will contain multiple sleeping units without cooking facilities and facilities/areas for ancillary uses such as food preparation/dining, office/administration, counselling/support, and play/recreation. The Centre will be staffed by a public or private agency with a minimum of one staff member on duty at all times (7 days per</p>	<p><b>General Provisions:</b></p> <p>(1) Minimum Floor Area 18.5 m2 per resident</p> <p>(2) Minimum Yard Area 7 m2 per resident (to be maintained as accessible landscaped open space)</p> <p>(3) Distance Separation (i) Within R1, R2, R3, and R4 Residential Zones, a minimum distance separation of 250 metres (820 feet) shall be required between Residential Care Facilities or between a Residential Care Facility and a Transition Home.</p> <p>(ii) Within R5, R6, R7, R7C1, and R8 Residential Zones, a minimum distance separation of 160 metres (525 feet) shall be required between Residential Care Facilities. A minimum distance separation of 250 metres (820 feet) shall be maintained between a Residential Care Facility located within a medium or high density residential use and a Transition Home. (Note: Distance separation as required in (i) and (ii) above shall be measured as a radius around the location of the facility and shall be measured from the closest points of the property lines between the two facilities.)</p> <p>(iii) A maximum number of one (1) Residential Care Facility or Transition</p>	<p>for retirees, it is intended that all age groups will find the City a pleasant and enjoyable environment in which to live. The well-being of the City's residents will depend upon the effective delivery of:</p> <ul style="list-style-type: none"> <li>• professional health care services (i.e. a full range of professional medical service providers, public health programs, emergency care, full service hospital);</li> <li>• affordable and well maintained housing for people of all ages, financial capacity and levels of independence (single detached homes, multiple residential, home sharing, nursing homes, homes for the aged, etc.);</li> <li>• health and community services including those that rely greatly on the efforts and donations of volunteers from within the community;</li> <li>• education that provides skills for healthy living, professional development, self-fulfillment and employment opportunities within the City;</li> <li>• recreational programs and events that encourage physical activity and social interaction for all age groups;</li> <li>• cultural programs and activities that offer enrichment and education and that</li> </ul>

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Continued...	<p>week, 24 hours per day).</p>	<p>Home shall be permitted per 1000 population.</p> <p>(4) Parking Not more than eight (8) and not less than five (5) residents, a minimum of three (3) parking spaces in either the side or rear yard. Not more than four (4) residents, a minimum of two (2) parking spaces in either the side or rear yard.</p> <p>Distance separation from other uses: Transition Homes – Min 250 metres</p> <p>A maximum of one (1) Transition Home or Residential Care Facility per 1000 population.</p> <p><b><u>Residential Care and Counselling Centre</u></b> <b>Permissions:</b> None</p> <p><b>General Provisions:</b> None</p>	<p>foster an appreciation of the City's cultural heritage;</p> <ul style="list-style-type: none"> <li>• a healthy environment and bio-diversity to be enjoyed by all; and</li> <li>• opportunities for investment to create employment for all ages and abilities, and services for the local population. Health care and social services will be</li> </ul>
<p><b>City of Brockville</b></p> <p>ZBL 050-2014 Consolidated</p> <p>Official Plan Consolidated 2019</p>	<p><b>Institutional Residence</b> Means a residence or facility that is licensed or funded under an Act of the Parliament of Canada or Province of Ontario for the accommodation of more than six (6) persons living under supervision, and who by reason of their emotional, mental, social or physical condition, or legal status, require a group</p>	<p><b><u>Institutional Residence</u></b> <b>Permissions:</b> Permitted in the Residential-General (R4) and Residential - Multiple (R5) Zones.</p> <p><b>General Provisions:</b> Section 3 – General Provisions 3.19 GROUP HOMES AND INSTITUTIONAL</p>	<p>Permitted in the City Centre (Section 3.8) and Residential Land use (Section 3.10) designations under referred as “supportive housing” “emergency shelters”;</p> <p>3.5 - STRENGTHENING OUR ESSENTIAL HUMAN SERVICES 3.5.1.3 Special Needs Housing</p>

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<p>Continued...</p> <p><b>City of Brockville</b></p>	<p>living arrangement for their well-being, but does not include a jail, prison, reformatory or penitentiary. See also the definition for “Group Home Dwelling”.</p> <p><b>Homeless or Emergency Shelter</b> Means a facility, whether or not for profit, used for the temporary accommodation of persons in need.</p>	<p><b>RESIDENCES</b> Where a group home or institutional residence is permitted by this By-law, the group home or institutional residence shall be in accordance with the following provisions:</p> <p>a) Parking shall be provided in accordance with Subsection 3.34.</p> <p>b) The group home or institutional residence shall comprise the sole use of the dwelling.</p> <p>c) Group homes and institutional residences shall be in accordance with all other provisions of this By-law, including the provisions of the applicable Zone.</p> <p>Table 3.34(a): Parking Requirements for Residential Uses: 0.5 spaces/bed</p> <p><b>3.9 BICYCLE PARKING REQUIREMENTS</b> Min. Required Bicycle Parking: 0.25 spaces/room or suite</p> <p><b>Homeless or Emergency Shelter Permissions:</b> None</p> <p><b>General Provisions:</b> None</p>	<p>Special needs housing includes housing for the physically and developmentally challenged and disabled, chronically mentally ill, youth and children with emotional difficulties, seniors, those requiring emergency shelter, assisted housing accommodating individuals, and households with low to moderate incomes. The City intends to improve access to housing for those individuals with special needs, including assisted housing for low income individuals, seniors housing, as well as various forms of supportive housing, including group homes, emergency shelters and transitional housing, subject to the policies of this Plan.</p> <p>It shall be the policy of the City that:</p> <ol style="list-style-type: none"> <li>1. The City shall work with other agencies and local groups to assess the extent of the need of these forms of housing.</li> <li>2. The City shall support community agencies interested in pursuing additional funding from the Provincial government to address identified needs for special needs housing.</li> <li>3. The City shall support the distribution of special needs housing provided by community groups.</li> <li>4. The City shall work with other agencies</li> </ol>
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<p>Continued...</p> <p><b>City of Brockville</b></p>			<p>and providers of housing for those individuals with special needs to assist in identifying lands that are available and suitable for special needs housing.</p> <p>5. Group homes shall not be concentrated and shall be generally located within the Urban Area. To prevent an undue concentration of group homes, the provisions in the Zoning By-law shall address the separation distances, spatial location, number, type and size of group homes. Group homes shall be compatible with adjacent uses. Existing facilities that do not comply with the requirements shall be allowed to continue but shall not be permitted to expand without a minor variance or Zoning By-law amendment.</p> <p>6. When reviewing any proposal for the purposes of establishing, through new construction or re-use of existing structures, transitional housing, emergency shelters, or other similar forms of special needs housing, the City shall be satisfied that:</p> <p>i. the traffic generated from the facility can be adequately accommodated by the road network and will not have a significant impact on adjacent land uses, particularly residential uses;</p>
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Continued...  <b>City of Brockville</b>			<p>ii. the facility is of a design which maintains the scale, density, appearance, character and continuity of existing land uses in the surrounding area and immediate neighbourhood;</p> <p>iii. the land, buildings and structures for the proposed facility conform to the provisions of the Zoning By-law, including those related to parking requirements, ensuring that on-site parking is sufficient to meet the needs of residents, support staff and visitors; and</p> <p>iv. where appropriate, that a license has been granted by the licensing Provincial or Federal agency</p>
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