

## APPENDIX A

### PRINCIPLES OF INDEPENDENT LIVING BC

**Independence** — Supporting Tenants' capabilities, and encouraging and facilitating use of those abilities. Independence is supported through barrier-free structures and specially designed equipment and devices.

**Individuality** — Recognizing variability in the Tenants' needs and preferences and having the flexibility to organize services in response to such needs and preferences. Individuality is supported by a hospitality approach to personal support.

**Choice** — The creation by the Tenant of viable options within the boundaries that recognize general limits imposed by society and the Tenants' individual characteristics and circumstances which enable them to exercise greater control over their life. Choice is supported by the provision of private and common space that affords opportunities to select where and how the Tenant spends time and receives personal assistance.

**Dignity** — The provision of support in a way that the self-worth of the individual is validated. Dignity is supported by structural design that allows personal assistance to be provided in privacy, and by delivering services in a manner that shows courtesy and respect for the Tenants' right to make decisions.

**Privacy** — The specific area and time over which the Tenant maintains a large degree of control. Privacy is supported by the design of living space that is not shared with others, except by personal choice. Privacy is supported by services being delivered in a manner that respects the Tenants' rights.

**Home-like environment** — The creation of a living environment that supports the Tenant's preferred lifestyle. The residential building materials and furnishings also support a home-like environment. In addition, Tenants bring their own furnishings, decorations, linens and other important belongings so they are surrounded by possessions that have meaning to them and add to their spiritual-contentment. In further fostering a natural and home-like environment many Operators also encourage Tenants to bring their small pets to live with them.

**Autonomy, self-determination and self-governance** — The main underlying philosophy and ethical principle of *Independent Living BC* is one of autonomy of the individual or the right of self-determination and self-governance. This philosophy includes both the autonomy of decision-making and the autonomy of execution. This means that the individual not only has the capacity and freedom to make decisions about their life but also has the ability and freedom to carry them out.

## **APPENDIX B**

### **INFORMATION AND REQUIREMENTS FOR VANCOUVER COASTAL HEALTH AUTHORITY**

The Vancouver Coastal Health Authority (the “VCHA”) is pleased to provide the following information to help non-profit societies respond fully and appropriately to this call for Expressions Of Interest.

Health authorities in British Columbia are embarking on a major redesign of their home and community care services. This redesign will focus on a shift from residential care to the community and will involve:

- the creation of new supportive living residences;
- more appropriate utilization of residential care facilities for clients with complex care needs;
- enhancement of home care services;
- expansion of palliative care services; and
- development of alternatives to acute care.

The redesign supports the government’s New Era Commitments to:

- develop an Intermediate and Long Term Care Facilities Plan that addresses the needs of our aging population and frees up existing acute care beds;
- build and operate an additional 5,000 new intermediate and long term care beds by 2006;
- provide expanded home care and palliative care services to assist chronically and terminally ill patients with supportive home environments, as an option to institutional care;
- ensure that patients living at home in palliative care or long term care are entitled to the same pharmaceutical benefits as they would have if they were in hospital; and
- provide better home support and home care services.

Redesign of home and community care services means that where residential care facilities are obsolete and do not meet modern requirements for care of clients with complex care needs, these care facilities will be upgraded, converted or closed.

### **Independent Living/Supportive Living Program**

#### **Philosophy**

To provide a continuum of housing options with 24-hour support and hospitality services that will assist people to live independently in a safe environment

#### **Mission**

To assist older adults and individuals with disabilities live with dignity and retain responsibility for making decisions related to their own care needs.

## Principles

The principles that will guide the implementation of the Supportive Living Program are the following:

- Encourage and provide opportunities for individual choice and decision making.
- Provide a range of affordable housing options that have sufficient support services and care available to allow individuals to “age in place.”
- Individuals will be encouraged to become members of the community within the supportive living setting.
- Existing connections and/or linkages with family, friends, church groups will be encouraged and/or supported to maintain.
- Establish collaborative and supportive partnerships among VCHA – Vancouver Community Health Services, support service providers and housing providers to develop a network that will support individuals to live independently in the community.

## Description of Supportive Living Services

- Supportive living describes an individual living/housing arrangement.
- Supportive living housing options are affordable across the range of income levels.
- Hospitality, personal care, social recreation and emergency response services are available within a supportive living environment.
- Individuals are supported to ‘age in place’ in a safe community setting.
- People will continue to access community services and programs.
- Linkages with family, friends and informal supports in larger community.
- Supportive Living program sites will promote development of sense of community.
- Community medical professionals will be available to provide services as required.
- Individuals who require 24-hour medical care will be referred to resource that can meet complex care needs.

## Service Delivery Objectives

The primary focus of the Supportive Living Program is to provide safe, affordable housing options for persons who are becoming physically frail due to aging or are at-risk if support services are not available on a 24-hour basis. Supportive Living program framework includes three components: housing, hospitality services and personal care support services.

Housing services include: Rental of a suite, room, parking, etc

Hospitality services include: Meals, weekly laundry of linens, cleaning services

Personal Care / Support Services: Assistance with personal care, 24-hour emergency response, social and recreation opportunities

## Characteristics of a Supportive Living Setting

- Safe, home-like and “barrier-free” living environment
- Private lockable rooms furnished by the tenant
- Access to 24-hour support
- At least one prepared meal daily
- Regular light housekeeping and linen services
- Assistance with personal care from regular community health care workers
- Enhanced opportunities for socialization and recreation activities
- Affordability based on income
- Opportunity for tenants to be involved in decision making within Supportive Living site

## Target Population

The individuals who will benefit from Supportive Housing are persons who do not require 24-hour professional care. These individuals are usually living independently in a community setting, but could be somewhat at risk due to personal health issues or experiencing environmental vulnerability in the setting where they currently reside. In many situations, these individuals will be receiving a high number of home support hours in an effort to maintain the current living situation.

Individuals who will experience major benefits from a Supportive Living environment include:

- Individuals who require 24-hour support services, but do not require 24-hour medical services;
- Older adults who have become physically frail due to aging or declining physical health conditions;
- Older adults who are socially isolated;
- Older individuals who have inadequate nutrition and poor hygiene;
- Older individuals who have minimal or no social support systems;
- Older individuals who are living “at risk” in a poor living environments that do not meet their safety and security needs.

## Qualifications for Staffing

Supportive Living Workers will have a Home support/Residential Care Aid certification with additional enhancements certification for CPR, Food Safe, Super Host, PSR.

## Guidelines for Service to be available within Supportive Living Sites

Supportive Living sites will be expected to have:

- Coordinating position to serve as a resource for tenants and other service providers;
- Coordinator/person who will be responsible for problem solving/leadership with the SLP site;
- Coordinator/person who will arrange process to assist SLP tenants with appointments and/or coordinate care needs with community health professionals;
- Staff person to organize social and recreational opportunities for tenants and coordinate volunteer activities;
- Establish Tenants Council to participate in decision making/ provide feedback to service provider;
- Housekeeping/maintenance/security staff will expected to meet basic SLP competencies and participate in maintaining a supportive living environment;
- Staff providing hospitality services must demonstrate ability/willingness to respond to dietary needs of culturally diverse populations;
- Staff members who can communicate in languages represented among tenants of the Supportive Living site;
- Procedures for SLP tenants to be informed about use of emergency response system and process to report any concerns about safety or security within the SLP site; and
- Orientation and ongoing training for SLP staff to create and maintain a positive living environment.

## APPENDIX C EVALUATION CRITERIA

Submissions will be evaluated on a dual basis:

- the relative merit of the housing concept as compared to other submissions competing in the same geographic area; and
- the ability indicated by the Society to provide the required services to the Tenants in accordance with the philosophy and purpose of the Program.

BC Housing and Vancouver Coastal Health Authority will score the Society's capacity, the physical development concept, the financials (capital and operating budget) and the schedules. Vancouver Coastal Health Authority will evaluate the services concept, including the "philosophy of care," on a "pass/fail" basis. BC Housing and Vancouver Coastal Health Authority will also evaluate the size of the proposed Project in relation to the community on a "pass/fail" basis.

Submissions which do not receive a "pass" on both the services concept and the Project rationale will not be considered any further. The scoring matrix follows.

Category	Weighting	Minimum required
Society Capacity: <ul style="list-style-type: none"> <li>• corporate experience</li> <li>• governance</li> <li>• community base</li> <li>• Project development team/partners</li> </ul>		
<b>Scoring sub-total</b>	<b>30</b>	<b>18</b>
Housing concept: <ul style="list-style-type: none"> <li>• site and location</li> <li>• building accessibility</li> <li>• units</li> <li>• amenity/service spaces</li> <li>• life safety systems</li> </ul>		
<b>Scoring sub-total</b>	<b>30</b>	<b>18</b>
Financials: <ul style="list-style-type: none"> <li>• capital budget</li> <li>• operating budget</li> </ul>		
<b>Scoring sub-total</b>	<b>30</b>	<b>18</b>
Schedules: <ul style="list-style-type: none"> <li>• schedule I</li> <li>• schedule II</li> </ul>		
<b>Scoring sub-total</b>	<b>10</b>	<b>6</b>
<b>TOTAL</b>	<b>100</b>	<b>70</b>
Services concept: <ul style="list-style-type: none"> <li>• philosophy</li> <li>• hospitality services</li> <li>• personal care (when applicable)</li> </ul>		
<b>Evaluation</b>	<b>Pass/fail</b>	<b>Pass</b>

**APPENDIX D**  
**SITE DESCRIPTION**  
**4900 BLOCK OF KIWANIS AVENUE, POWELL RIVER**

**TARGET UNITS:**                      **40**

**SITE DESCRIPTION:**

The property is located in the 4900 Block of Kiwanis Avenue in the District of Powell River. The Powell River Regional Hospital District will lease up to a two acre portion of the site (to be subdivided) for a nominal rent to the successful sponsor for a sixty year term.

**Legal Description**

Lot C, Block 36, Plan LMP26052, District Lot 450, New Westminster Group 1 Land District, Permissive Exemption

The site is zoned RM3, which is consistent with the proposed use. For further information regarding the site please contact:

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