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Sionito: An Alternative Apartment Housing Model

Firstly, An Aside by the Author
This is not a strategic plan. This is not a research paper. Although the author has given many a sermon, it is not that either. This is a blog. It exists as an amalgam of experience fed intuitive opinion, grounded in research-based knowledge, applied to societal envisioning. More specifically it explains how one team member perceives Sionito as representing the best practices in creating greater life-ability for challenged seniors. A research-based paper providing the data supporting the model is being updated. A book on the role of social entrepreneurship in creating 'the more civil society' with a proposal that the private non-profit sector of our three-sector society be governed by a non-partisan elected Canadian Senate; is being pondered.

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PS
A model can simply be a description. For those such as funders and placement co-ordinators a model is simply to explain the practices of the organization; go directly to Part Three.

For those with a bent of the academia with some need for context, Part One may be of passing interest with Part Two more applicable.

For those like the author, who live within the complexities of a search for the more meaningful life, Part One is necessary reading. After, let's dialogue. *brycet@rogers.com*

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Executive Summary Statement

A) The Sionito Context

The human condition is such that we now have the ability to design our individual futures. This is called liberalism. Its anti-thesis is authoritarianism. Liberalism is internally energized by entrepreneurship. The Sionito Model is an example of social entrepreneurship designing within a liberal societal context.

Liberalism practiced is the source of life-ability. Sionito emerging from a liberal context is focused on increasing the abilities of senior citizens to live within an apartment culture of independence as they age. The Life-ability Housing model allows for this possibility.

B) The Sionito Model

The Sionito Model providing an alternative housing model for seniors consists of three components:

Life-ability Living (program operations),
Life-ability Housing (development and construction)
Life-ability Partnering (funding and financing).

1) Life-ability Living is the tenancy facilitating program that allows the innate source of independence assumed in all liberal societies to be experienced by seniors. The model when applied to 'aging in place' does not care for, provide services for, nor control seniors choices. Rather, it facilitates their individual independence, allowing a community-based health care system to support their medical needs in their own private home on an as needed basis. It affirms that 'aging in my place' is the preferred economic and psychological option for seniors into the future. It suggests that "smart" technologies can support this form of independence focused program.

2) Life-ability Housing is the physical platform for 'aging in my place' consisting of the considerations for developing and constructing environmentally "smart" buildings for seniors.

3) Life-ability Funding refers to the sources of financing for construction and operations that comes from government, private and charitable sources and gives life to 1 and 2 above.

Part One: Text Without Context is Pretext

'What do we want to want?' Those who are not spooked by this question probably haven't given it enough thought. (Sapiens Yufal Noah Harari)

The Human Condition

The fundamentalist quest for truth has been replaced by the scientific search for natural evidence in support of knowledge. The difference between truth and knowledge is the degree of certainty required. Within the scientific method, knowledge is an uncertain commodity. Within the scientific paradigm, science is better described as a continual search in progress. Its proven ability is life-ability. This uncontested affirmation has been realized in numerous medical, technological, and engineering breakthroughs. However, its reason for being, is the growth of knowledge. Its conclusions are tentative, always open to critical analysis followed by new insights, some deduced by contemplation, others induced from observation; some strengthened by evolution, others replaced by revolution. (Karl Popper / Thomas S. Kuhn). Within the halls of science, the dogmatic authority of the truth dialogues is now contested by an open and competitive dialogue amongst peers, often referred to as critical thinking. The elites of this group struggle with the data and with each other for publication privileges and honors. At the more common levels science is also reviewed energetically within communities ranging from students in lecture halls to citizens in Tim Hortons. At both levels it follows that one must choose their community judiciously to avoid the ever-present populist attraction for authoritarian assertions of truth, clothed convincingly in unexamined evidence or at times brazenly with even no evidence; freely publicized across our latest invention, social media. Critical thinking and now free thinking are entwined. Admittingly, the scientific way of understanding can be challenging, especially if one's life commitments or one's acceptance into community or family are at stake. As a result, not everyone is willing to give up truth for science. COVID with its anti-vaxxers comes to mind; some of whom gave their life as a result of popularized social media explanations, supernatural personal religious beliefs or their innate distrust of the scientist elites when given political authority. We live within a culture of complex independent decision-making that through social media can be influenced by belief, by cultural pressures and lastly by knowledge. Influencers now abound making more money than analytic journalists. Knowledge now exists within a dual intellectual world supported by a dichotomized culture where the search for meaning conflicts with the search for understanding.

For example, not everyone is willing to accept the indifference of the universe assumed by astro-physics and biological evolution. Life (excuse the reification) may not emit inherent meaning, but it certainly makes up for it in persistence. Biological life, once ignited, energetically evolved itself by the reproduction of what is, and the mutations of the new; all the way to us! Life has direction. It moves towards more and greater life-ability even while experiencing false starts and extinctions along the way. It's one of the wonders of existential thought, to ponder all the 'tweeks' and providential occurrences, all fortuitous, that had to happen to achieve your present personal existence. In the greatest lottery of all time, we won. In life, it is difficult for the human mind, the ultimate beneficiary of an indifferent evolutionary process, to not respond with some form of thanks, but to what; and so, poets are born, and meanings are birthed, fiction is novelized and the supernatural is pondered. The result is the separation between meaning and knowledge. Both as human constructs, compete to present an acceptable reality beyond existential angst. This represents the human condition.

Presently, for the first time, the human condition may be emerging out of the meaninglessness of the evolutionary lottery towards something, so far, completely understated. Again, excusing the reification, life seems to have some sense of the teleological. It favours survival over all else and goes to great lengths to overproduce everything from pollen to sperm in order to assure its future. In terms of this one thing survival; the evolving system seems to leave little to chance and in doing so establishes the first crack in the teleological door. Life (pardon the reification again) may not have all the meaning and explanation of design attributed by the supernatural, but it certainly has a goal; natural biological survival with an upward quest towards more types and a greater abundance of life-ability in general. Having achieved the immortality of the gene, (Dawkins) life now seems to be intent on pressing on in the teleological quest by energizing its pinnacle achievement, human reflective consciousness, the undeniable source of both meaning and knowledge. It is the universe discovering itself. (Neil deGrasse Tyson). This is a whole new order of existence marked by the diminishment of the natural determinism of evolution and the ascension of self-determined design or teleological determinism. Whether we Thank God for Evolution (Michael Dowd) or simply acknowledge that by whatever route taken, teleology has arrived, the new stage of evolution by design has already begun. Just ask any medical researcher or farmer. Not restricted to biology, the concept of a rational designed future (both meaningful and knowledgeable) across the many expressions of the human condition is with some trepidation now being accepted. Even the usage of the term evolution has broadened and now often applied to all types of progressive changes ranging from new memes, new knowledge, new technologies or new cultural changes that occur beyond our biological base. The apocalyptic supernatural explanations, sometimes elevated to the level of truths supported by cultural thought, proposing a predestined foreordained end of times summation of earthly life are no longer unchallenged accounts of the human condition. The human condition has achieved a teleological ability to design itself into an open future. As an aside, teleology does not necessarily portend the 'death of theology'. Theologies may continue to be needed to provide the meanings required to inspire and guide the teleological designs towards greater life-ability and away from existential angst.

Sionito takes from these musings on context, with some bemusement, that its quest to design a better life for seniors is in line with the activities of the universe! Sionito, the name, can be interpreted in Spanish as "the small perfect community" and as such the name stands for building beyond the present into the future by design towards 'the more civil society'. At the microcosmic level of practice but still within the above context, the Sionito Group of Charities chooses to dwell less on (deductive) mission statements and more on prototypes (inductive) that can be studied, researched and improved upon. Growing a pragmatic base of knowledge and experience is an important component of the Sionito model. Highly appreciative of; but moving beyond the "imagine" of John Lennon's poetry, Sionito is focused on using the teleological abilities of the human condition to design meaning as well as health into the lives of seniors. This achieves the Sionito Model's focus on "facilitating" seniors' life-abilities.

Designability: The Human Condition of Modernity

If science has reduced the status of authoritarian control of truth, then the enlightenment's attack (quite literally) on the monarchial control over the citizen has been yet another blow to centralized authoritarianism. While we are at it, we must add the third and final blow, economic enterprise. It moved the feudal economy of controlled centralized wealth of the rural property holdings, to the

urban streets consisting of endless rows of wealth producing storefronts and servicing offices. Properly understood the citizen designing a new cognitive understanding using a scientific methodology open to free enquiry is in step with the citizen searching to design an open social order using a free democratic methodology, and both are in step with the citizen of entreprise open to participating in a free market-based economic environment. Non-authoritarian openness allowing for ongoing flexible and diverse designs allows the evolution of knowledge, governance and entreprise to co-exist within a common environment.

The three anti-authoritarianisms, the control of truth, governance and property, introduced above have synergistically replaced the tribal and totalitarian societies with both the open society (Popper) and the open mind (Rogers) leading to new expressions of independent individualism. The human condition has moved from the biological evolutionary focus on meaningless survival of life to a focus on designing both the knowledgeable and the meaningful life. Synergistically, these three forces have produced within the human spirit of modernity, the search for knowledge and the search for meaning, and it isn't confined to the remoteness of the meditative studio or quiet library. Although independent by source it is relational by practice. Intuitively confusing, we now have a globalized individualism, and each of us carry its reality within the global reach of picking up our cell phone. Individual usage of the web is the first expression of a globalized existentialism, a strange step in cultural evolution. Few projected how interested we are in each other and how strong the desire is to communicate. It would be interesting to interview the first person stating, "it takes a village to raise a child." They would have no idea of this new global village and the type of child that it is evolving; nor do we. Without going into the details, the human condition has been transformed. The human being of modernity can now pursue an 'existentialized' free and open search for knowledge as well as for a life of meaning (Frankl) all in the quest for greater life-ability, for themselves and/or for mankind. (Y.N. Harari). This represents the birth of entrepreneurship.

Designability and the Spirit of Entrepreneurship

Perhaps always bubbling under the surface for eons, the spirit of entrepreneurship has most recently emerged in its present form out of a period of history referred to as the Enlightenment. It has touched all areas of the human condition. (Pinker). The release of independent agency, allowing each citizen to pursue their aspirations as individuals or through the entity of incorporation, considered in law to be a natural individual; has dramatically improved the human condition. The strong individualism of the human condition is breaking down the authoritarian tribalism of past conditions and even the present conditions of nationalisms, as can be witnessed by the mass migrations across the globe as well as an amazing uptake in global trade. Interestingly, in peer reviewed science, in democratic dialogue and lastly in the interactions of a marketplace of consumers, improving one's existential fortunes can only be achieved when one finds a way of improving the lives of your neighbours (Mark 12:30). Entrepreneurship seems to possess an inherent morality, not readily understood. Rather than fulfilling the common intuitive expectations of selfishness that might be expected to arise; through entrepreneurial pursuits humanity is evolving towards a new level of the empathetic, and new expressions of a more inclusive pluralistic morality, centred on compassion. (Karen Armstrong). Co-operation and mutual respect can be shown through hard data to have exponentially increased. (Pinker) (Rifkin). If time travel was as available as geographic travel, few in modernity living in entrepreneurial societies would choose to go back to a time in the past.

Liberalism is the term used to characterize the synergy of the three dynamics of modernity stated above. It stands wary of authoritarian controls, understanding that authoritarianism, in all of its manifestations, diminishes the human condition. It kills the human spirit. 'Demonstrationally', from patriarchal families, to captured slaves, to acculturated castes; it removes the spirit of life-ability from individuals. The axiomatic premise that some human lives have more worth than others, are more intelligent than others, are more deserving than others, deserving of more service from others, are more anything; is only held by authoritarians; hidden or overt, unknowingly or purposefully. In fact, it is the first indicator that one is speaking to one. Accepting the equal worth of all, is the only cost of liberalism. Under liberalism, truth assertations based on authoritarian pronouncements, usually higher in volume than in rationality, no longer survive without critical review. In modernity, the opposing cultural force rising against authoritarianism, if properly understood, is the core voice of liberalism, the spirit of entrepreneurship. Its quest is to increase worth by allowing greater life-ability to emerge from the spirit of humanity residing within each human being. Entrepreneurship is often too narrowly defined. Properly understood, it includes all the new expressions of life and life-abilities that have been designed into modernity. In essence, entrepreneurship is the modern expression of the human spirit. It has energized the quest for more life-ability in the form of entreprise and in doing so it has dramatically improved the human condition.

The pragmatist asks how far can this go? Can knowledge change meanings? Can the paradigms of science finally convey how silly it is to racially denigrate someone within the reality that the only difference between them and me is simply skin pigments. Someone needs to write a history of skin pigments as the most misunderstood piece of knowledge ever devised. Can the research show how ridiculous it is to come up with a pejorative term for enemy soldiers, when the reality is that there are no distinctions, physical, psychological, or sociological when it comes to soldiering. They all are simply someone's child wanting to find their way home. The pragmatics are simply that war will end someday when mothers of the world simply say no, not my son, not today. War has already set a precedent for how far this can this go. In the minds of humanity, it has been transformed by liberalism, from hot to cold. The amazing lesson of the cold war and the resurgence of China on the world stage is that regardless of governance, the only rational way to fight is to compete from within an economic paradigm. Offer your citizens and your neighbouring country better health care, better education, better products and better pensions and better entrepreneurial possibilities and they will send their youth to you to be educated and in some cases, they might even vote to become one of your provinces or states (Puerto Rico)!

However, we must pause to consider the minds of the remaining authoritarians who seem to find meaning by looking back and wanting to make a former time great again. Both Russian and United States political actors come to mind, as well as the school yard bully. Sheer power supported by emotionalisms, rather than earned power centred on designed platforms is still a harsh reality that can diminish the expansion of life-abilities across the globe. There is a complexity to be understood in the authoritarian liberal contest. Authoritarianism remains the fall-back position. It is never far removed from active involvement. Populists in following authoritarian leaders are doing so because these are the only leaders that seem to understand that the authoritarian elites in government bureaucracy have overstepped their bounds and are intruding into the lives of citizens with social programs and taxation

requests that have never been tested by the public vote. Modernity seems to accept a populace that will turn to authoritarian solutions, even to support their liberalist entrepreneurial freedoms. The pragmatist in this confusing period of history works by faith, recognizing that the entrepreneurial trend, while under momentary attack from time to time, in place to place; has such a deep foundation and momentum that it will eventually prevail. The pragmatist in reviewing modernity cannot deny the universal oneness of our shared humanity. The hope is that a humanity that can communicate with each other directly will always be able to circumvent the tribalism and minuteness of the authoritarian model. As China has shown, even authoritarians have to work within an entrepreneurial context, not the reverse. Modernity has achieved through the modern expression of the human spirit, the ability to increase our fortunes by improving the lives of our neighbours, not conquering them. Liberalism practiced is the source of life-ability. What we have is our shared humanity and it is from there that we design a shared morality and lives of meaning.

Again, Sionito takes from these musings on context, with some bemusement, that its quest to design a better life for seniors is in line with the most meaningful trends responsible for improving the human condition. Our seniors are a part of our shared humanity. In fact, for eons the truest test of the success of a culture has been the life-ability of their seniors.

Sionito's envisioning above helps centre its programming below. The greater the number of citizen entreprises focused on helping citizens the less government intervention will be required and this is the promise of the non-profit sector of our economy. The non-profit sector is the third pillar in 'the more civil society.' Sionito is interested in pursuing ways of strengthening this sector from expanding the impact of its dialogue to considering it as the major expression of the Canadian Senate.

Part Two: Social Entrepreneurship and Life-ability Housing

Designability Applied

In modernity, there are two ways to respond to life; in the short term to be entertained by it all or in the long term be engaged in contributing to it. The social entrepreneurial spirit searches for and finds meaning in choosing the latter. Within this context the Sionito group has developed social entrepreneurship as the basis for energizing its model. It invites all who aspire to build, 'the more civil society', to consider social entrepreneurial pursuits. The nature of the task ahead requires more than charity handouts, it requires a complete societal response emerging from the context of entreprise that characterizes present day modern societies.

Within the Canadian national context, upscaling this spirit of entrepreneurship to make a societal impact requires a three-sector cultural partnership consisting of:

1) the mission zeal of **independent** private non-profit corporations
2) the entreprise of **independent** professional management and development corporations
3) the policies of governments empowering **independent** citizens towards solving the challenges of their fellow citizens.

Governments cannot do it all, and if they do the citizenry becomes 'careless' or 'care less' in their response and attitudes. (John McKnight). However, a recognition that the classical liberal society has these three sectors, as opposed to the traditional restricted two sector private/public discourse found in daily news reports, encourages grassroots citizen participation, and provides for an inter-sector dialogue of innovativeness capable of achieving 'the more civil society.' This all happens as a result of entrepreneurship, the modern expression of the human spirit.

It is of interest to ponder the goals of such a spirit or how one would measure its success. The Platonic classical quests for teleological commonalities such as goodness, happiness or the more recent concept of 'well-being' may be too generalized and perhaps 'relaxed' for the unrestrained human spirit of modernity. Modernity seeks to have life and live it more fully. (John 10:10). The Sionito model understands impoverishment as a diminishment of life and the ability to live it fully. In summary, Sionito chooses to respond with both the 'preferential option for the poor' (Mathew 25), that can be found in all religious cultures as well as the 'reasonable accommodation for the marginalized' that has been mandated by the courts into our more secularized cultures. In the words of Hillel taken out of context, "the rest is commentary." Sionito using the classical understandings of liberalism translates these ideals into developing life-abilities for an independent lifestyle. In terms of authoritarian discussion above, Sionito builds on the classical liberal understandings that citizens find it more meaningful to aspire, rather than be required. The 'oppress no one' a credo of social work practice, operationalizes in simple terms that individual life-ability, expressed existentially is the quest to be achieved. As a result, life-ability within a Liberal context does not emerge from the number of services provided, it emerges from facilitating the inherent quest within all humans to live life and to live it more fully, independently, and in control. This is why 'facilitation' is the core principle guiding the model. This is why life-ability will be the measurement of success.

Life-ability Practiced

Life-ability in modernity is confronted by the three existential challenges; 1) biological health, 2) societal civility (understood as peaceful co-existence with the ability to thrive relationally) and 3)

environmental sustainability. Sionito can support the observation that to solve the challenges in each of these societal areas of concern requires social entrepreneurship. Entrepreneurship has an almost endless creativity when it comes to applications. However, it needs focus to be practised.

The Sionito Model focused on designing social programs with a preferential option for the marginalized, in examining the research, has come to the conclusion that it all starts with housing. The Sionito Model is based on the understanding that all social programming is housing centric. Housing stability is the unrecognized, understated, essential determinant of health for all forms of acute and chronic care conditions. In fact, housing is the determinant of a successful health care system. Housing centric policy and programs are foundational for success against each of these three challenges cited above. Life-ability is dependent on housing.

Housing, properly understood, is a determinant and a resource for combating heath challenges, societal failure and compromised environmental sustainability. Impoverishment is one exemplar of the observation. Impoverishment is a break-down of civil society. The Homes First programs in Toronto have shown a high retention rate of over 80% as those in shelters or on the street are taken, not to treatment centres, but directly to a private residential setting, accompanied by an intensive social work support network for the first 6 months. This proven ability of stable, suitable housing to solve societal challenges as problematic as homelessness is what gives direction to the entrepreneurial pursuits of the Sionito Group of Charities. Life-ability housing success will be measured simply by how many units of social housing following the Sionito Model that the team produces on a year over year basis and the retention rates of its tenants. The Sionito Model is a housing centric model that has faith in the tenants to do the rest on their own.

Life-ability Housing Challenges

Almost all seniors require care supports at points along the ‘aging in place’ journey. Understood by few, the most worrisome challenge for aging is that the present housing options of retirement home living, supported housing, and long-term care all require institutional zoning. There just aren’t enough institutionally zoned properties in urbanized residentially serviced neighbourhoods to serve the emerging seniors demographic. A new model is required. Beyond, the zoning issue, these institutional settings are not an answer to the coming demographic tsunami of seniors. They are much too expensive to be considered a general response to an aging populace.

Consequently, for this and many other reasons we cannot rely on the present models of institutional congregate housing to house the tsunami of seniors peeking over the horizon into a post-employment aging in place future. In short, the only solution is locating the growing population of seniors in residentially zoned lands; ranging from backyard granny suites, extensions to houses, and the development of small, medium and large apartment buildings; all in abundant Residential Zones that come with various density permissions already in place, including for apartments, (RAZ).

What is needed is an expanded dialogue that emerges from the understanding that this is a housing centric challenge. Sionito is a housing centric model applied to this demographic and it exists to raise the reality of the seniors’ demographic into the dialogues of government policy platforms, at a cost that can be a general response to an aging populace.

Life-ability Housing Applied to Health Care

Health care is expensive, growing towards 50% of Provincial budgets. The Health Care System, centred around globally recognized hospital practices, increasingly and rightfully, reserves its hospital beds for high level intensity care resources and services, on a short-term basis. As a result, the duration of hospital stays for mental health and for acute treatments have been dramatically reduced over the last decades pushing care out into community-based agencies, clinics and the informal care networks of families and friends. Research shows that an aging citizen without a private housing option with no informal care givers available is an expensive consideration. This citizen takes up ALC beds in hospitals due to discharge challenges, initiates repeat visits through the ERs, and postpones care until they require higher levels of resources than normal or require premature admission into fully subsidized long term care facilities, sometimes more for economic reasons than medical. In contrast citizens with a private home and an informal care network consisting of a family doctor, a spouse and other family members fulfill the economic design of the universal health care system. Research shows that private housing and informal caregivers are the 'base funding' for the health care system, amounting in value to 50% of costs. (Marcus Hollander). Sionito's model is based on the reality that housing is "the" determinant of a successful health care system. Sionito is amazed at how housing is but a whisper in the dialogues, publish studies and conferences of health care professionals and government policy designers. Governments since the 80's, at all levels have placed housing in a separate ministry, legislating policies that relate to private developers whose lobbying powers are nothing short of immense. The non-profit sector is absent from these dialogues, with some exceptions, however, this may be changing. The Federal Government did announce and has funded a national housing program for Canada. The City of Toronto announced the largest non-profit development project (Scarborough) in the history of the City. (Toronto Star Jan 12, 2024). Sionito exists to raise this housing centric reality into the dialogues of government policy platforms, across all spectrums of social programing.

Life-ability Housing – A Housing Centric Health Care Model

Apartments do not provide health care services using internal staff, consequently institutional zoning is not a development requirement for zoning nor is it a licensing a requirement for operations. Apartment units are considered private homes, whether they are owned as in condominium corporations or rented as in tenanted apartments. In terms of seniors' care requirements, all private homes qualify for Ministry of Health care supports through the Home and Community Care Support Services that are available in every community with care coordinators or case managers capable of assessing needs and developing a care plan providing services into the home on an as needed basis. This flexible private home care model is in contrast to cementing a full time staff team within an institutional care setting. Private apartment units with community-based health care services available on an as needed basis is the least cost model for providing for the seniors of tomorrow and it is the only model that will provide for those impoverished by mental health challenges. Properly understood, social policy emerging from a housing centric policy platform is the only option available to deal with the new reality of seniors' demographics. It will be the determinant of health care efficiencies into the future.

The Sionito Model emerges from a sociological context that if not clearly stated is overlooked in the rush to provide more and more services within the health care system. Understanding this context provides the support needed for an alternative housing model for seniors. A least cost model that is minimalist in its intrusion into the lives of seniors.

Life-ability Housing – Aging in My Place

Seniors in Canadian society have a choice in terms of aging in place. They can choose a supported living setting or an independent living setting. Each of these settings produce a very different living culture.

A) Cultures of Support

The supported living setting of retirement homes and supportive housing (the model for younger citizens) offers a large number of support services provided by various teams of in-house staff ranging from cleaners through levels of personal care right up to nursing and medical support services. These, along with nursing homes, are commonly referred to as congregate care settings and operate within a health care culture of policies and staff hierarchies. Retirement homes in Ontario are privately owned and consequently the level of care in the past was self-regulated. Presently, in order to ensure that minimal standards of health care are applied consistently across the sector the Ontario Government is using a regulatory enforcement model. There are other regulatory model types such as Habitat Services in Toronto which gives private Boarding Homes a higher subsidy if they maintain minimal standards of service set out in their Agreement with Habitat. In Ontario the Retirement Homes Regulation Act (RHRA) has been legislated in order to offer enforced protection to seniors in these private care settings. This is necessary for seniors who do not have strong family supports. On their own they are vulnerable because 1) they cannot easily move out if intolerable conditions arise; 2) they can be forced to move out if their supports become too onerous or expensive to maintain; 3) they are dependent on private market fee changes that result in decisions based on affordability rather than assessed needs 4) they have little ability to challenge operators who may have personal support staff who are controlling and in rare cases abusive and 5) there are operations in which investment or investor returns may seem to be taking priority. However, in general, most retirement homes in order to maintain their brand and marketability offer a wide listing of well supervised services ranging from personal health care through to hotel hospitality. These services are available to ‘those of means’ who are willing to pay for a complete package of services that is beyond the reach of the majority of Canadian seniors. (See funding component below.)

Regardless of what is available in the market, without going into the detail, Sionito research indicates that most seniors would rather remain in their own home if at all possible. This does not always mean the family home that they have now outgrown, but it can mean a condo or apartment that is private. Private space on its own produces a culture of independence. The policy and literature often fails to recognize the deep seated sense of independence that a senior aspires to maintain. Referencing back to the Liberalized context in which our society exists facilitation of independent aging in place both culturally and economically may be the better road to travel.

B) Cultures of Independence

In working towards making a measurable difference in the lives of tenants, Sionito again builds on the classical liberal understandings that citizens find it more meaningful to aspire rather than be required. The spirit of citizen independence, a product of the Enlightenment, is possessed by all citizens raised in modernity. Why would we assume that we lose this spirit of independence as we age? Why would we assume that it isn't possessed by the impoverished or any other consequence of societal breakdown. In its simplest terms Sionito has designed a model engaged in facilitating the independent life-abilities of seniors aging in place.

The independent living setting consisting of private homes, owned apartments (condos) or rented apartments offers an independent private living space into which informal family/friendship supports, community-based agency supports, or private service supports can be invited on an as needed basis. Sionito's study of the research observing the sheer numbers of senior citizens coming over the horizon brings it to the conclusion that the societal model required will be private citizen based independent living models allowing for 'aging in my place'. The independent living model produces a culture of independence. Sionito refers to this as the 'Sionito Model for an Independent Life-ability Experience' (SMILE). The purpose of SMILE is to facilitate ageing in my place.

a) The Sionito Personnel Team

It takes a community of external societal partners and internal governors and staff to operate the present projects and build the coming Sionito initiatives. The Sionito community, when inviting citizens to partner with us in designing a new 'facilitation of aging in place project', offers those joining our journey, the promise of vocation. It offers a life energized through a sense of calling rather than charitable gifting or payment for work time. It offers the experience of social entrepreneurship, an often over-looked modern expression of the human spirit.

The central core mindset of those working the Sionito Model is tenant facilitation. They understand that they are present to facilitate the independence of the tenant. In regular senior apartments, with seniors who have strong family or spousal supports, independence is naturally maintained and when acute issues arise, they can be quickly dealt with, and independence regained. However, for seniors with chronic mental health challenges, and who are societally isolated living essentially on their own for a number of reasons, their independence is always fragile. The Sionito staff step into their lives under 1) a facilitation mindset, 2) a setting that fosters private independent apartment living culture, 3) amenity supports that allow activities of daily living to be successfully achieved by the tenant and 4) an external community-based health care system organized to provide care on an as needed basis into each home.

b) The Sionito Tenants

Sionito will measure its success by measuring how well its program maintains the independent life-abilities of its tenants. Through its partners, it will do the research to show support for the fact that the more independent any citizen is within and from government programs the less cost it will be to those governments. Seemingly trite, in reality where, it is in the interests of CEOs across the sectors to increase staff and to increase services and to introduce new programs, there needs to be a countervailing initiative. The Sionito model can be shown to be a least cost, least staffed, most efficient approach to realize housing centric social policy and programming.

c) The Sionito Property Asset

As will be outlined in detail below the Sionito model depends on finding medium and high density zoned residential lands, which are plentiful in most municipalities. The genius of the Model is that in designing the apartment building one amenity space is added, a community kitchen. As will be explained below this added space is what allows SMILE to be realized and the apartment building to be labelled a Sionito Life-ability Housing project.

Sionito: The Implementation of Life-ability Housing and Programing

Sionito, recognizing that text without context is simply pretext, offers the above conceptual rationalization in support of its modeling initiatives. Emerging out of the understandings of the above societal context is the Sionito Model. This aspiration for all to have life and live it more fully is contingent on a housing centric understanding of societal realities, both internally through its leadership and governance teams, externally with its funders and community-based partners and perhaps most importantly, this is the Sionito hope for each of its tenants.

Part Three: The Sionito Model

The Sionito Model providing an alternative housing model for seniors consists of three components: Life-ability Living Developments (programming), Life-ability Housing Developments (construction) and Life-ability Funding Partnerships (financing).

1) The Life-ability Living Component - Introducing the SMILE Program

The ambition of Sionito is to provide seniors with the hope of retaining their independence regardless of physical and/or mental health challenges. Essentially, challenges exist only to make life interesting. The motto applicable is "your attitude sets your altitude" (Schuller). The therapeutic process used to go beyond hope to a sense of accomplished reality is facilitation. Facilitators and facilitation are a professional discipline that has its own theoretical understandings and practices. This is a central concept, purposefully introduced within the Sionito Model. Seniors inherently possess a spirit of independence. Sionito perceives itself not in terms of serving or even helping or even caring; rather, it facilitates by releasing seniors from whatever circumstances are suppressing their 'independent life-abilities'. The popularized practice pledge of the Social Work profession as "Oppress No One" in partnership with the medical pledge of "Firstly, Do No Harm", represents the spirit of the Sionito Model. Greater life-ability is the goal. To achieve this goal requires focusing on the abilities of each senior (rather than their fragilities) and focusing on their independent living skills (rather than supplying interventionalist services). This is referred to as the 'Sionito Model for an Independent Life-ability Experience' (SMILE). Instead of care plans, it favours life-ability plans. Instead of long-term care, it favours long-term independence. Properly understood, "aging in place" and "aging in the right place," on both an economical and a civil society basis, require a balance between health care supports on an as needed basis and independence facilitation on a sustained basis.

Three Expressions of SMILE

Aging in My Place Expression One – Facilitating Independence Already Achieved

Governments will not have the capacity to establish a universal supply of specialized housing spaces (retirement homes) for all of its seniors in the future as they did in the past to meet their educational space requirements with portable classrooms. Senior's residential spacing is a whole different kind of requirement. It will only be met societally by facilitating citizen independence. For seniors living in their private homes this will require exempting them from property taxes and subsidizing their utility bills, perhaps providing government reverse mortgages on their houses, allowing them to add as of right apartments in their homes or granny pods on their properties; anything and everything that will allow them to remain independent in their privately paid for space rather than transfer to a space funded by government grants or financing.

Aging in My Place Expression Two - Facilitating Downsizing to Retain Independence

This culture of independent privacy is cherished by this group of seniors and is especially supportive of senior couples down-sizing by selling the family home after the children move out. This also prevents the adult children from moving back! This model of independent living is economically beneficial to both the seniors and the government as it frees up home equity built up over a lifetime. It allows seniors to move back to small town Ontario, perhaps to their original area of birth. It allows seniors to move into smaller accommodations such as condos, apartments or detached one story homes that form senior villages. Again, all the benefits of expression one above should follow the seniors so they are not forced towards congregate spaces funded by government grants or financing.

Aging in My Place Expression Three – Home Bound with Facilitated Independence

The most challenging events of aging in place are when seniors become home bound. This occurs

i) when seniors age through the car driving and public transportation phases
ii) when health related fragilities emerge in terms of physical mobility or mental acuity reducing the ability to easily go outside unaccompanied
iii) when a senior's family moves away physically or emotionally
iv) when a senior is widowed, or their spouse loses i or ii above.

Becoming homebound is just an inconvenience, it does not mean that one has received a sentence of isolation. Within a vibrant apartment culture aging in place can continue unabated with walks into the common areas of the building during inclimate weather and into the grounds and surrounding neighbourhood and plazas at other times. Often mobility can be restored through walkers or electric vehicles and the mobility reach extended out into the surrounding community. Amazon has tremendous potential in breaking down the effects of home bound isolation. Almost anything can be ordered and brought to the units from door or apartment mail room, sometimes within 24 hours. Some seniors adapt to tablets and cell phones while others need "social media assistants". Staff can do this, however, outside groups such as NORC (see appendix C below) have professional community developers who can enter a high-density senior's building and train some tenants to become "ambassadors" in almost anything that a senior would need assistance in learning how to use. Home Bound, yet with independence, is now a reality.

The experience of Sionito is that a senior experiencing the challenges of aging in place outlined above can continue all their independent activities of daily living (ADL) in the comfort of their own home except for one activity; dietary maintenance. Shopping for food, bringing it home, preparing nutritional meals and dealing safely with kitchen equipment is the first critical challenge of aging in place. In some cases, informal assistance is available from a spouse or family, however one of the realities of aging in place is that family has moved away and even in rare cases if they are close by they are leading busy lives easily sensed by a senior who begins to feel that they are being a burden, and this leads to an extreme loss of their sense of independence. Some neighbourhoods have meals on wheels programs that provide a few subsidized meals prepared off site each week. In general, however, a senior in this phase of life can relatively quickly find themselves isolated and dependent on nutritionally draining diets of tea and toast. These seniors are most often identified first by hospital emergency intake centres as these have the data collection systems identifying reoccurring patients.

Overcoming this home bound barrier is the "plus" that ageing in place requires. SMILE has been developed to create the Aging in Place^{+} experience.

SMILE Program Design Considerations

In response to challenges of independent living Sionito has developed the Sionito Model for an Independent Life-ability Experience (SMILE). The SMILE model has the following life-ability attributes that it designs into the operations program of its apartments.

a) Rental Subsidy Considerations without Program Funding

Uniquely, SMILE does not require addition program funding. Supportive and support housing that have in house staff models all require advance commitments from the program funding Ministries. The Sionito Model avoids this by receiving health care supports from already funded community-based agencies and provides one support service that is funded from the pension income of the senior's themselves.

Since the mandate of Sionito is facilitates senior living by partnering with governments for rental subsidies. These subsidies come in the form of grants during the capital building program that reduce financing costs OR monthly subsidies provided by the municipality with shared funding from the Province. The model requires no further supportive service funding from other service focused government programs. When mental health or supportive care services are required community-based agencies that are already funded to provide home care are called in to do assessments and arrange for the care required on an as needed basis. In contrast, supportive housing that does require other funding requires co-ordination levels between government Ministries that lengthens the development phase, as these funds have to be secured before a project's construction funding can be pursued. This often stalls the development altogether.

The tenant themselves from their government pensions can afford to pay for the other minimal activities of daily living (ADL), that form the components of the SMILE model.

b) Senior's Community Building Considerations – The Communal Kitchen Amenity
Sionito recognizes increased amenity spaces are needed that allow seniors to generate mutual supportive community dining and other gathering experiences focused on breaking down isolation. The Sionito Model is unique in offering a communal kitchen and dining space that allows the home bound tenant to retain their independence by simply coming down the elevator for all meals. This allows them to focus on their Activities of Daily Living (ADL) and secondarily it ensures they are receiving the nutrition so important to stabilizing and maintaining their health.

c) Smart Programming for Safety with Independence
The Sionito Model recognizing that some seniors with cognitive challenges may wander within the apartment building and may exit the building for a walk and simply get lost. Part of the facilitating the independence of such tenants Sionito will provide a GPS location fob to seniors that would find this reassuring. This allows the Sionito staff and in worse cases the police to find a wandering tenant and bring them home to their community.

The Sionito Model, recognizing that some seniors when feeling unwell with chills might increase the heating in their units beyond safe levels, will have sensors placed linked to the WiFi backbone that will alert the office dashboard screen.

Depending on the need fobs and sensors can be provide to seniors on request that:
i) monitor movement or non movement in a unit
ii) monitor falls and allow the senior to communicate directly to the office
iii) monitor carbon dioxide sensing unsafe smoking is occurring in the unit
iv) monitor humidity levels to ensure windows and unit air levels are within healthy ranges.

d) Assessing / Reporting / Training
The Sionito Model is based on professional property management practices in the areas of both building system management and tenant systems management.

Property Management Systems
i) Building systems are established to guide inspections for wear and preventative maintenance activities. Reports are available following work orders from initial inspection to final test of the repairs, all completed using cell phone-based maintenance programs.
ii) Tenants can communicate directly at the office or if knowledgeable develop work orders through the web directly to the maintenance roster and then they can track the times their unit will need to be entered and the results of the work order.

Tenancy Management Systems
i) Assessment to ensure that a tenant applicant falls within the mandate of the Sionito Charity and can thrive in the SMILE environment is an important first step in management.
ii) As a result of the dining amenity tenants can be observed by staff first in terms of attendance routines and secondly in terms of frailness or sickness. If a tenant is missing from meals, then a staff can be sent up to their unit to make enquiries. If a tenant is not well their meals can be served up to their unit.
iii) Tenants who have a serious chronic condition or a short-term acute condition are placed on a watch list (health observation section) so that staff can attend at their unit and make a report on the tenant's health condition. If a change of concern occurs the staff will report immediately to the tenant's community-based support worker.
iv) Tenants who have a safety risk, such as attempting to smoke in their units, hoarding problems, experiences with bed bug or other infestations or has wandering issues, can be placed on the watch list (safety observation section) so that staff can attend at their unit and develop a series of trend reports to provide to support workers or in worse case scenarios help develop the paperwork for the eviction tribunal.
v) Tenants will all have a care plan summary filled out by their community-based support worker that is available so tenant management staff in an emergency can provide it immediately to the paramedics that will be called into the building. This will include pharmaceuticals that the tenant has been prescribed as well as any other health conditions that the ER should be made aware of.

Summary
In summary, SMILE facilitates a "smart" independent living culture within the apartment setting and allows aging in place to continue long into the future. SMILE's one adaptation to apartment living, the on-site community kitchen, can change the long-term care model to a long-term independence model and save governments tremendous amounts in terms of housing and health care dollars and it can be readily replicated throughout medium density residentially zoned lands as well as renovated into already built apartments that have large senior concentrations.

The SMILE Life-ability Considerations Summarized

1) The Model Demonstrates that Senior's Independent Housing Requires One Distinctive Amenity
The model builds apartments in medium to high density residential zoned neighbourhoods with one added amenity space, a community kitchen with an on-site food program designed for seniors too frail to drive or go grocery shopping or cope with the anxiety of cooking and preparing nutritional meals. Sionito reduces meal anxiety to increase ADL independent life-abilities.

2) The Model Demonstrates a Changing Tenancy Spectrum Needing Community Based Supports
A growing realization in the non-profit housing sector is that more of our tenants, seniors and adults, are requiring social work case management type supports in order to function in our independent living settings. The Housing First program has shown that if community-based service workers are available tenancy retention in independent apartments is at 80%. A tenant with a support worker is the new model.

3) The Model Demonstrates the Viability of a Community-based Home Care System
The health care sector since de-institutionalizing mental health care has funded specialized highly flexible community-based agencies who can provide ongoing case work supports and care services on an as needed basis into the "home" of their client. This permits the independent housing sector to partner into the health care sector without changing its basic independent housing or funding model. It does not need supportive housing funding. It simply needs to generate service partnerships that match its tenancy composition and welcome them into their housing projects.

4) The Model Demonstrates that Tenancy Is A Health Determinant That Reduces Health Care Costs
Institutional health care costs per day are comparable to the monthly rents of independent housing. The health care system to remain financially viable for an aging population has to be housing centric. It must be designed to retain seniors independent home-based life-styles. The model effectively reduces health care costs by reducing the rotation of seniors through the hospital emergency departments, allows for ALC beds to be emptied and delays pre-mature entry into nursing homes.

5) The Model Demonstrates that Seniors' Gov't Pensions are Sufficient To Retain Fee Based Independence
There are only three ways to cover housing costs; tenants' income streams, government capital development grants or government rent subsidies. Rents are designed to carry the administration, financing, utility and maintenance costs of operating an apartment building. Offering the independence maintaining amenities of food services, motel laundry and light housekeeping on even an as needed basis requires a housing model that adds fees to rents. The Sionito revenue model indicates that if 30% to 35% of a tenant's pension income is used for rent, then there is sufficient pension income to pay for these added fees if combined in economic scale with fellow tenants in an apartment setting of seniors. In an isolated single apartment or home the lack of economy of scale makes this model unworkable on an individual basis. However, in an apartment building context these minimalist ADL supports can be covered by fees paid from the tenants' government pension base. The model does however depend on government pension increases matching inflationary levels.

6) The Model Demonstrates that Strengths of a Mission Focused Non-profit Apartment Sector
The mission owns the project. This changes the apartment investment model with the only contact being off site collection, into an apartment governance, administrative and facilitating team much more involved in the life of the tenant. Their goal is to take in tenants requiring ADL facilitation without requesting Ministry funding. Already funded community-based agencies provide the heavier psychogeriatric therapeutic, pharmaceutical and counselling supports. Citizen boards can be energized by this type of citizen involvement across the country. Apartment superintendents, become apartment administrators, taking on the role of health care navigation in order to facilitate tenants' ageing in place. In summary, costs for administering ADL services and co-ordinating community-based care supports are fee based and sourced from pensions. Costs for administering building operations, rent collections and tenant retention are sourced from rents. Housing subsidies are already built into the social housing apartment system limiting rents to 30% of a tenant's income, consequently, the Sionito model requires no changes in this respect. This leaves 70% of their income to be focused on ageing in place ADL fees and personal expenses.

7) The Model Demonstrates the Strengths of Mission Zeal partnered with Professional Entreprise

A Board of Directors focus is on governance, not on operations. It is their responsibility to establish the mission and ensure it is achieved effectively and efficiently. Sionito as a charity in recognition of this separation of responsibilities has established a long-term management relationship with the Tiomara Management and Development Ltd. They expect the management company they retain along with the employees of that company to have the professional experience and expertise to manage the building operations as well as the program activities that facilitate the life-abilities of the tenants. In this particular instance, they are also expecting Tiomara, as a social housing developer, to achieve new projects replicating the present one. By having all personnel employed by the private management company the Directors of the charity protect themselves from personnel liabilities such as severance and wrongful dismissal suites. Under present laws directors can be sued personally for these type of actions. By delivering the governance for the charity they allow it to have the non-profit status that attracts government tax exemptions (property, HST, etc.) and government secured financing. When all three sectors of the economy (private non-profit, private and government) are brought together with a common purpose 'the more civil society' comes closer to becoming a reality. Society needs more Civil Society Organizations (CSOs) and their directors.

Sionito Organizational Chart for Apartment Operations
(with personnel levels)

A) Sionito Responsibilities
1) Administration: Funded by Tenant Rents with Government Housing Subsidies
2) Facilitation: Funded by Tenant Pension Sourced Fees

Introduction
The Sionito Staff Model consists of Administrators (property asset facing) and Facilitators (tenant facing). Within the Model an administrator is expected to have policy development, strategic planning and personnel management skills, whereas a facilitator is expected to have personal encouragement and community development skills. Each staff position within the model emerges from one of these two platforms because Sionito is a housing provider, not a care provider. The mandate of its housing is the facilitation of independent living for those 1) aging in place 2) those with mental health challenges. Consequently, its goal is to achieve 'an apartment culture with accommodations'. The accommodations can include access enabling designs of the apartment building itself, fobs to open doors easily, sensors to alert staff to falls and wanderings and tenant facing staff; all facilitating the tenants' abilities to remain in an independent setting.

In terms of the development of property, construction of buildings and maintenance of housing projects, the Sionito staff are Administrators. In terms of community development expertise resulting in an independent apartment culture of tenants, the staff are Facilitators. Facilitators are focused on tenant unit retention, tenant self-management of finances, tenant navigation of the health care system including pharmaceuticals, tenant self-management of positive personal activities of daily living and positive social interactions.

Caregivers are focused on the health care the tenants so that each tenant independently receives the as needed supports and services from the external universal health care system to regain and maintain health. There are no caregivers, support workers, assisted living workers or care administrators on site in the Sionito Staff Model. Each tenant that needs accommodations is linked up with a community-based agency support worker before they are considered for tenancy. This case worker is expected to provide the care co-ordination for the tenant.

It is important that this distinction between an apartment culture and a care culture be maintained, as funding and legislative regulatory implications are quite separate for the two cultures. Gerontological research on the economical and long-term aging effectiveness of the Sionito Model depends on clearly maintaining this distinction.

1)Administration
a) Exec. Director (ED)– Responsible for Tenant, Personnel and Property Administration
This is Board of Directors facing position. Responsible of ensuring the Board receives regular reports on the State of the Mission at each Board meeting.

This is a funders facing position. Responsible for applying to and developing funding Agreements and maintaining their regulations. Responsible for encouraging foundation and private donors to consider Sionito in their charitable giving.

This is a personnel facing position. Responsible to hire an in-house staff team, sign employment contracts and determine job descriptions, manage all personnel training and employment issues. The central focus is to impress upon staff that in the Sionito Model they are a facilitation team, each with specific responsibilities and skills associated with maintaining an independent culture.

This is a property management facing position. Responsible to deal with property maintenance and maintenance prevention issues.

This is a tenant facing position. Responsible for vacancy issues, approving all tenant applicants to ensure they fit the Sionito mandate and the funder's parameters. Tenant retention is the core responsibility of this position, so searching out agency-based support workers introducing them to tenants singularly and as a group is important in apartment buildings dedicated to seniors. Responsible for partnering with the Ministry Care Co-ordinators as well as the Community Based Care Co-ordinators in each agency. (The City of Toronto Senior's Housing refers to this as their Integrated Services Program (ISM) and they employ their own project tenant facing care co-ordinators in each building.) Responsible for developing an independent living apartment culture as opposed to a supported living or care home culture.

This is a community agency facing position. Responsible for helping tenants find the right support worker or right health care supports that are community based. Responsible for providing a welcoming atmosphere for these off-site workers, providing them with an in-house (leased setting) to write their reports if needed, washroom availability, and providing cluster care workers with coffee and water stations. If a tenant does not have a support worker this position is responsible for that tenant's health care navigation and care co-ordination until a support worker can be engaged.

Although this employment position has a high level of independence (in setting project budgets, strategic plans for maintenance and upgrades), the position receives back-up support from the Sionito Board of Directors, the Tiomara Chief Executive Officer, the Tiomara Systems Officer and the Tiomara Operations Officer.

b) Finance Administrator
Responsible for all book-keeping / accounting / annual audit preparation and charitable submissions to CRA, deals with all report filings, smart building tracking sensors trend analysis reports, maintenance invoices and payroll administration. Oversees recording of Tenant Trust accounts.

c) Policy Operations Administrator
Responsible for administrative assistance to the ED. Examples of responsibilities are general office duties: phone calls, tenant daily relations in terms of requests for information, assistance, unit maintenance work orders, office electronic filings for tenants and for operations, etc.

Responsible for assisting ED in all tenant lease applications, tenant subsidy applications and subsidy reports, tenant rent and fee arrears, reviewing tenant income changes and rent increases on an annual basis.

Responsible for assisting ED in all personnel data information, establishing skill training sessions, etc.

2) Facilitation
The Sionito staff have an immediate presence with the tenant community as a result of the constant interactions that occur on a daily basis as staff and tenants interact on a 24/7 basis. These interactions are not care focused. They are focused on ensuring that each tenant's independence is retained. We refer to this community development model as our SMILE program. No duty is delegated to a Sionito staff member from a regulated care professional. Responsibility for care practice is provided by community-based home care providers. Only in emergency short term situations will Sionito allow delegated interventions to its UCP staff members by a community based regulated care professional. They are not care providers.

a) Tenant Facilitation SMILE Administrator
Responsible for:
a) on site community kitchen services team and tenant nutrition
b) unit weekly common and unit surface cleaning services team
c) unit weekly towel and sheets laundry services team
d) 24/7 security services team
e) reporting bed bug, lice and hoarding manifestations to ED so correct outside agency can be retained
f) responsible for community development and de-isolation activities facilitating the tenants in organizing their own social clubs, celebrations, etc. and finding programs that have been funded to bring activation programs into senior settings.

B) Community-Based Home Health Care (Care Services As Requested by Tenants)
Specialized Intensive Interdisciplinary Integrated Clinical Care Program (Funded by Ministry of Health)

There are three ways this component is being funded throughout Ontario.
Option A: Ministry of Health funds passed through community based Mental Health Agency or Care Provider to a Sionito non-profit apartment housing provider. This is a model CAMH has used in the past and results in the operator employing and supervising the personnel under the oversite of the hospital.
Option B: Community-based mental health or health care service provider provides support workers into the apartment building on an as needed basis in close liaison with the apartment management.
Option C: Ministry of Health using cluster model funds private agency to provide and manage permanent on-site support service workers.

"When supported at their level of need, clients are able to maintain their independence, autonomy, and dignity." (VON Manual: Practice, Quality Risk Standards). To retain apartment zoning a Sionito Life-ability Apartment on receiving funding from the Ministry of Health is exempted from retirement home licensing and zoning implications. This makes Option A favourable to the model. Options B and C are also viable as long as the community-based staff provided include Medication Practices as part of their responsibilities. Sionito staff cannot participate in the administration of pharmaceuticals without possessing a retirement home license.

Care Co-ordination
Toronto Seniors Community Homes Corporation refers to care interventions and co-ordination as their Integrated Service Model (ISM). The Ontario Ministry of Health also has district Care Co-ordinators. Ontario Health Care Co-ordinators ensure the right program, and the right services and staff skills are being provided to the apartment complex. Sometimes referred to as aging in the right place. Their responsibility is to activate the service plans they source and co-ordinate the activities of community-based agency support workers. The following are examples of the community-based support care that they can activate and regulate.

a) Care Co-ordination and Navigation
A 'tenant-facing care co-ordinator' from a community-based agency or from Ministry of Health funds supplied to Sionito is responsible for the care services into the apartment housing or in some cases is responsible for a geographical HUB consisting of several apartment buildings. Care navigation is provided for each tenant with the goal of each tenant having i) a mental health support worker as needed and ii) a primary medical care provider (GP) available as needed. This care co-ordinator is responsible for assessing a tenant's level of independence, developing a facilitation / care plan and monitoring each of the plans. It is important that data collection and trends analysis becomes a component of the health care program.

b) Agency (Mental Health) Case Work Support Programs
Sionito recommends and makes it part of their application policy that a tenant with a chronic mental health history have an assigned support worker from a community based mental health agency (or other appropriate support) before being accepted into the apartment tenancy. On an as needed basis, a community-based mental health support worker provides the addiction and social work counselling requirements in the apartment setting and often in the surrounding HUB. They assist by bringing referrals to the ED for review, assessing independence levels of the potential tenant, on acceptance developing the first care plan and maintaining incident files. This support worker when appropriate also encourages tenants to use the OPGT supports for financial management, encourages tenants to apply for maximum pension amounts or ODSP pension levels, and locates or provides low-cost income tax preparation service, etc. Tenant retention is an important component of the program. An exemplar of this model is CAMH in Toronto which for assessed cases provides Flexible Assertive Community Treatment Team (FACT Teams) as support for tenants placed in the community.

Support Workers can establish care plans for their clients and track the health care needs of their tenants. They should provide the Tenant Facilitation Administrator with a summary of the plan that can be given to paramedics if a client is required to be taken to the ER department of a hospital.

c) Agency or Ministry of Health Personal Service Workers (PSW) Program Including Cluster Care
On an assessed basis this team assists with personal hygiene, morning dress up, evening dress down. A cluster care model can be used if the apartment building has sufficient tenants needing these supports, otherwise a community-based agency on a part time basis would send in a worker to a specific unit. Exemplar of ratios needed: presently, the 88 high maintenance residents at the Sionito Bill McMurray apartments have 3 full time PSW workers funded by the 'cluster' program of Ontario Health. There are community-based agencies that are providing even higher levels of support ranging from podiatry care to daily toileting support.

d) Medication Practices Program – Community-Based Agency Administered / Supervised
Research shows that a high proportion of hospital visits are due to citizens with a reaction or a crisis that is related to the medicines they are taking. This is why a medication program supervised by community-based staff is important. The medication practices program deals only with medicines prepared by a dispensing pharmacy that is filling a doctor's prescription, that are delivered in blister packs, each one containing all the pills to be taken by the tenant at a certain time during each day. The blister packs are clearly labelled with date and time to be taken, with name of the tenant and any related instructions.

Within the Sionito life-ability apartment culture tenants will be required to self-administer their prescription drugs. However, the reality of mental health care is that the OHT Care Co-ordinator will need to establish a medication administration program in apartment buildings that have high concentrations of seniors. There are always some seniors who need assistance ranging from simple reminders to actually reading and then helping them to open the blister pact for them.

Facilitation
Using the Sionito Model the following program meets the criteria outlined above with the apartment in-house staff facilitating tenants' receipt of drugs and preparing reports, as they do for safety, maintenance issues and other items, but not providing medication administration, supervision, or management.

Monitor
In order to ensure that the facilitation model is clearly separate from what occurs in a licensed retirement home setting with regulated supervision and management of pharmaceutical drug routines, the Sionito Model is using the term monitor, as this clearly indicates that the action is related to observing and reporting; not assisting. It's a word used in property management sites and defined by Microsoft Word helps as "observe and check the progress or quality or something over a period of time and keep under systematic review."

The monitoring program will have five levels of tenant facilitation.
For greater safety, once a quarter, a licensed pharmacist, nurse or doctor will review the staff monitoring reports for each tenant, provide updated training to staff, and review the medicine related actions to ensure they are following the Sionito policies and meeting all legislated regulatory standards of the RHRA and RHPA, if they are applicable.

In order to minimalize disruption to tenants sleeping habits, and/or the mail-box system and provide greater security, facilitation by having Sionito office staff receive and keep the blister pacts until a tenant comes down and picks it up is generally acceptable. It is similar to how the mail service is presently handled with the delivery directly into the office for tenant pick up at a convenient time. However, this will be a decision the tenant makes and since they have a private apartment unit, they can request the pharmacy to deliver the pharmaceuticals directly to their apartment, by knocking on the door and having the tenant or their spouse receive them personally. Sionito reserves the right at anytime to make unit door delivery of medicines a requirement. They allow office delivery only as a way to facilitate the program. However, for tenants receiving unit door delivery, Sionito will provide monitoring of the blister pacts usage on a regular basis as determined by each care plan. This is similar to the watch list and reporting that is kept for tenant monitoring for other purposes.

In order to facilitate tenants leaving the premises for a whole day, a weekend or vacation or whatever, tenants can request that they be provided the blister pacts in advance for the time they will be away. Support Workers will be advised that the request was received and granted, however, it is the responsibility of the support worker to know where the tenant is going and whether they can safely take their medicines with them. The Sionito staff will attempt

to get immediate clearance from the staff Support Worker by cell phone, however, if the tenant insists Sionito will provide the blister pacts and then report as soon as possible to the Support Worker.

Level One) Self-administration / self-management of Medication
Pharmacy recommended by Sionito (for ease of servicing more than one tenant and for uniformity of labelling etc.) delivers blister pack to tenant's unit. Tenant takes drugs independently at the appropriate times, making no request for assistance.

Level Two) Independent Self-administration of Medication with Watch List Staff Reporting
Pharmacy delivers blister pack to the front office, tenant takes blister pact to their place of choice (office dining room or their unit) and takes the medicines independently at the appropriate times, makes no request for assistance. However, for facilitation if a tenant consents or requests due to memory challenges they can be put on the apartment's regular watch list (used when a tenant is sick and needs check ins) that results in an office staff trained in reporting medicine usage, coming to the tenant's unit door once each day, viewing the blister packs that are empty and the ones still to be opened and checks with the tenant if they have any medicine related issues or needs, then reports on the tenant's actions to the main office and if needed sends a memo to the tenants support worker asking them to re-examine the support level given to this tenant.

Level Three) Self-administration of Medication with Office Staff Reporting
Pharmacy delivers blister pack to the front office where it is stored appropriately (some pharmaceuticals require refrigeration, others require that they be locked and carefully accounted for) and the tenant comes to the office at the appropriate times and with the assistance of the office staff, trained in reporting medicine usage, invites the tenant to identify their blister pack and visually views the tenant receiving and taking the medicines and makes a report on the actions of the tenant.

Level Four) Self-administration of Medication with Office Staff Reporting and Support Worker Follow-up Supervision / Management / Administration
Pharmacy delivers blister pack to the front office where it is stored appropriately (some pharmaceuticals require refrigeration, others require that they be locked and carefully accounted for) and the tenant comes to the office at the appropriate times and with the assistance of the office staff, trained in reporting medicine usage, invites the tenant to identify their blister pack and visually views the tenant receiving and taking the medicines independently and makes a report on the actions of the tenant. A community-based support worker trained in supervision of medicines, during their regular case management visit reviews the Sionito staff reports, monitors tenants empty blister packs and reviews prescriptions from GP, asking the tenant about side effects or need to re-adjust the prescriptions, etc. and then follows up supporting the tenant in their relationships with their GP, and determining if tenant can increase medication independence.

Level Five) Administration of Medication by Licensed Professional
In some cases, it may require that the community-based support agency provides workers trained to administer the drug to come to the tenant's home at whatever times the drugs are to be taken OR for the tenant to go to the agencies clinic offices and take the medications there.

The goal of the program is to move tenants receiving prescribed medications from level five towards level one, but at all times maintain monitoring. After successful participation in each stage the community-based support worker will coordinate a meeting with the client and the Sionito monitoring staff administrator with the decision being made jointly with input from the client, the client's clinician/team and the Sionito monitoring staff.

Logistics: Filing of Reports
Logistically, this will require a locked medical file system, or a dedicated computer folder that stores the monitoring reports for a six-month period along with the latest updated medicine care plan prepared by the clinic's support workers for that tenant. This may consist of an iPad system in which the tenant marks off that they received the drugs; if this is not possible then the office staff will check off who has come down to receive their pacts. It will be the responsibility of the tenant's support clinician to reconcile the reports with the prescription on a regular basis as determined by them and their client. They need to leave some indication that the weekly or monthly receipts have

been reconciled. It is important that the clinical support worker have a summarized emergency action sheet that is available to the Sionito staff, in order for them to send with the tenant should they be picked up by ambulance in an emergency situation.

Logistics: Receipt and Pick-up of Storage of Blister Pacts
The pharmacy will provide a delivery sheet listing the tenants receiving packages. The Sionito staff will check that it is accurate as they place the packages in storage. The tenant's clinician / support worker will review the receipt lists to ensure their client or clients have received the medications and that they accurately reflect the latest prescription from the doctors in terms of type of drug and times to be taken.

Logistics: Storage of Blister Pacts
A mailbox type system will be developed that is in a secure place within the office that has a locked box or drawer for each tenant using the pick-up program.

Logistics: MARS Sheets
It is important to note that there are pill release robotic machines that can be placed in a tenant's unit that will release the correct blister pact or pill at the right time. The Sionito Model intends to continually search for ways that tenant independence is increased in terms of taking medicines.

At the pick-up site Sionito will have a computerized or paper-based MAR sheet that the tenant either marks off as in an iPad check list that can be reviewed by the clinician to ensure that their client is following the correct routine and is understanding the prescription. The staff as part of monitoring depending on the level of facilitation assigned for each tenant, will check off that they observed the medicine being picked-up by the tenant, etc.

Mars sheets usually have the exact list of drugs and each drug is checked off to indicate it was in the blister pact and it was delivered to the tenant. It is important to note that Sionito facilitation staff are not examining the blister pacts to ensure the proper drugs have been delivered and are being taken by the tenant. This is a care level record and not available in the Sionito Model. The Support Staff from a community based agency should make test examinations from time to time to ensure that the blister pact does include the appropriate pills, otherwise on all occasions the tenant is depending on the pharmacy to have made its checks (usually three checks) prior to releasing the blister package for delivery. Sionito only reviews that a blister pact has been received, that it was picked up by the tenant at a certain time and place and that if the level assigned to the tenant requires they will visually watch and then record whether the pill or medicine has been consumed/taken.

Logistics: Medicines in Bottles or Liquid Form or by Needles
Sionito will not be able to dispense these type of medications as they require in some cases pouring, mixing or crushing. These will require a regulated professional to attend or the tenant will take them on their own.

Logistics: Monitoring Tenant Attendance
The Sionito Model for monitoring tenants in general to ensure they are safe has a staff check off system that is focused on the attendance of tenants at their dining-room sitting. If a tenant misses two sittings, then staff must locate them visually when they are awake and ensure they have not fallen or are not unconscious. By monitoring tenants when observing them picking up their blister pact and then taking the pills, the Sionito staff are simply expanding what they would normally do in terms of ensuring each tenant in the building is safe. Monitoring various types of attendance facilitates tenant retention and safety.

e) Community Development Community Funded Program
Research shows that loneliness and social isolation are a determinant of health and life-ability. Activation staff from community-based agencies, mental health peer workers or volunteers will be invited to develop tenant activation programs such as celebrating holidays, birthdays, etc. and facilitating the tenants' clubs in maintaining a calendar of events, newsletter services, electronic bulletin board services, etc. This can include volunteers with ministerial training that can support tenants sent to hospital or who otherwise have requested spiritual based ministry. It is important however that each of these programs have staff trained in Community Development practices that result in

the tenants' themselves identifying leaders in their midst who are capable of organizing and activating a vibrant culture of community.

f) Psychogeriatric Professional Services Program (On As Needed Basis)

i) PCM – 'psychogeriatric casework management' of tenants presenting mental health challenges, management of ALC sourced residents, management of crisis outbreaks, management of all professional health services (physical or mental), management of moves to higher support levels short term or permanent,

ii) PCM Assistants – enhanced supported clinical mental health and behaviour support services available with regular check ins with tenants, annual review of tenant mental and physical health status and care plans, crisis response support, etc.

iii) CAN Assistants – nursing level enhanced supported administrative health navigation services for tenants with physical issues, pharmaceuticals management needs, physical health supports including disability accommodations and access to nursing care and primary care physicians

iv) DPTA Assistants - Physical Therapist / Rehabilitation Therapist - retaining physical fitness, balancing, etc.

2) Sionito Model – The Life-ability Housing Component

The Sionito Model is focused on locating already zoned medium density residential land, and then moving it quickly through to Site Plan Agreement.

A) Life-ability Design Considerations

a) Residential Zoning Considerations

Life-ability Housing consists of designing apartment buildings in residentially zoned (as opposed to institutionally zoned) areas of our cities, producing a least cost apartment building dedicated for seniors that allows the senior to choose to remain independent and in control of their life. The fact of the geographics of our urban society is that there is much more land available zoned medium to high residential density than land zoned institutional. It takes many years of working with municipal councils and staff to move land from residential to institutional zoning levels which accounts for why this type of land is extremely expensive in comparison to residential apartment lands. This becomes reflected in the rents and fees that tenants pay at the end of the day; and government subsidies if they are applied.

In order to move forward with apartment zoned properties, it is important to understand the role of the Retirement Homes Regulatory Authority. It exempts a senior's apartment buildings from licensing requirements (and indirectly from retirement home zoning requirements) offering two options.

i) RHRA Compliance Option One

In this regards it complies with the RHRA legislation that a residential building with one care service would not be considered a retirement home. The one service that makes the difference for our mental health mandate is a community food program. In this scenario the partnering agency providing care services might be best to be located in an adjacent leased space, separate from the building itself, so its not deemed to be a second service being provided by the apartment project itself. The legislation is quite clear on this and we are working with legal counsel to ensure that an apartment status is maintained under the Sionito Model.

ii) RHRA Compliance Option Two

Sionito as part of a health service agreement with a community-based Ministry health care funded agency is deemed to be in partnership with a Ministry funded agency. The partnership can provide any number of health care services into or be located in the building or provide funds directly to Sionito the charity, to hire staff for services. As long as the funding is from the Ministry of Health there is no retirement home or nursing home licensing required and the zoning can remain residential apartment dwelling. In this scenario the Sionito project simply remains an apartment building with tenants, in partnership with the Ministry of Health which through a partnering agency is providing services and funding to the apartment owner. See Appendix for further information on RHRA considerations.

In conclusion, if the project has this one community amenity space for dining, this allows the project to remain designated a residential apartment building and there are no zoning conflicts.

b) Residential Apartment Zoning with Commercial Options (RA to RAC Zoning) Considerations

Community based agency offices, health care clinic offices and even confectionary stores are all welcomed additions to the ground floor of a senior's apartment building, even when they are not located in a storefront avenue or street. However, municipalities are beginning to allow apartment buildings to include some appropriate commercial activity within the buildings.

Beyond the ground floor an apartment building relying on attracting community-based support workers should have the ability to rent office spaces for writing reports or conducting assessment interviews or whatever the professionals need. Apartment zoning needs to be versatile, and some organizations are working towards this reality.

Naturally Occurring Retirement Communities (NORC) recommendations to the 2023 Mayoral Election Candidates under Zoning and Development asked that RAC Zoning be expanded. "The City has already allowed Residential Apartment Zoning on more than 400 buildings across the City. RAC Zoning allows for small-scale non-residential uses like retail and community facilities in buildings that were previously residential-only. RAC Zoning should be expanded across the City, with a priority on NORCs, as it can be leveraged to offer programming that helps older adults age in place. The City should also improve incentives for the RAC zoning uptake." (https://norcinnovationcentre.ca/wp-content/uploads/NIC-Recommendations-for-Mayoral-Election-.pdf) pg. 3.

c) Location Considerations: Inter City Urban Versus Suburban

Life-ability Housing consists of recognizing that the walking circle around a project controls the life-ability of its tenants, consequently, inner city locations characterized by immediately accessible local coffee shops, professional offices of all kinds, dollar stores and convenience stores are to be considered. Beyond this, areas where regular short wait public transportation rates are immediately available. All of this to create a sense of independent life-ability as mobility distances contract.

d) Senior's Building Accessibility and Mobility Considerations

Life-ability Housing recognizes that senior dedicated buildings have unique requirements for safe accommodations. The following considerations inform the design of a Life-ability Housing project.

i) Wheelchair accessible accommodations are required for entrances and elevators.
ii) Portion of units require accessible bathrooms with turning and transitioning spacing.
iii) Tripping hazards need to be removed including removal of tile to carpet change levels in floors and any other elevation changes in common areas
iv) Automatic door openers in common areas, activated by Fobs.
v) Security cameras so hallways can be monitored for falls.
vi) Stairs for staff and emergency use only; all elevations accessible by elevators.

e) Smart Building Design Considerations

Buildings with a strong Wi-Fi backbone can now talk back to the property managers. Sionito recognizes that building towards low carbon footprints will affect operations. A tightly sealed

building with enhanced safety features will require added “smart” sensing technologies chosen from among the following options.

a) air circulation and renewal cycles will have to be designed into each unit
b) sensors of carbon dioxide levels
c) sensors for humidity levels
d) sensors for heat levels
e) sensors for water overflow
f) sensors for water usage
g) sensors for electricity usage
h) sensors for motion detection
i) sensors for smoke detection
j) sensors to turn on lights and off again
k) video monitoring of all common areas
l) fobs to conveniently unlock entrances

B) The Life-ability Housing Environmental Considerations

The Sionito Model originally focused almost primarily on being a housing provider for impoverished citizens. Presently, it has added to its mandate the creation of environmental proto types. Buildings that generate electricity are now a reality. Not only from roof top solar panels but from the actual cladding envelop of the building itself. Buildings are now reaching higher and higher levels of insulating effectiveness. Energy conservation is being achieved using unit-based heat pumps that can extract heat and coolness from the outside air across all seasons. This is an extra-ordinary energy savings model when compared to gas or electric sourced heat generation. Beyond this unit-based water heaters reduce the energy needs of pumping hot water and cold water throughout a multi-story building. The Sionito Model with its Environmental Engineers at HIDI are constructing the prototype of buildings that will become quite common over the next 20 years. This is all made possible by the innovative funding programs provided by the Federation of Canadian Municipalities (FCM).

Low carbon footprints are also a consideration of the housing construction sector. Sub-trades are being asked to use recycled materials and green manufactured materials in the Sionito projects where appropriate. In operations with fewer large mechanical systems, reduced energy usage and careful garbage collection and separation the Sionito apartment projects are exemplary in terms of low carbon footprints.

C) The Environmental, Social and Governance (ESG) Impact Considerations

Sionito Community Development Corporation is a registered charity with a mandate to produce projects that have high Environmental, Social and Governance (ESG) values. This value is no longer a philanthropic based, tax driven part of corporate operating statements. Rather, it is becoming an economic asset, part of the balance sheet, for corporations operating in the economic marketplace, as they attract employees, consumers as well as investors. The Sionito development model has been designed to align with and participate in this transition towards the more civil society. Those tendering for contracts at Sionito are required to produce their ESG

statement and this becomes a consideration in the awarding of contracts. (For further information view www.sionito.ca).

D) The Life-ability Housing Development Phases
Phase One: Locating Patient Land
The non-profit housing developer, at this point usually does not have a land purchasing fund to allow it to establish a land bank. Consequently, it seeks partners with patient land holdings. These can be churches, governments at all levels and private owners etc. who have land that is not immediately listed for sale but is presently underutilized in terms of its redevelopment potential.

Sionito seeks initial meetings with potential partners to determine if there is a fit between the owner's sale plans and Sionito's development phased development model outlined below.

Sionito does not require land to be valued below market levels, however, market levels will have to be professionally appraised. Sionito intends to be a competitive purchaser of land.

The non-profit housing developer and Tiomara Development Management Contract is signed for the new project. It is conditional on the following phases producing positive / affirmative results.

This answers the question whether the owner is willing to entertain the Sionito Development Model.

Phase Two: Sionito's Due Diligence
After introductions, if there is a potential ability to apply the Sionito Model to the land, Sionito at its own cost will:
a) Have lawyer examine the registered title of the land looking for easements, liens, etc.
b) Have planners examine Official Plan covering the land and then the specific zoning status of the land, examining if there is a former/present Site Plan Agreement in place and have them contacting the municipality planning department to have an introductory meeting and submit with fees a request for the City Planners to respond in writing to the concept being proposed.
c) Based on the zoning and density allowances of the land have the architect develop and introduce to the municipalities planning division a conceptual site plan design of placing a Sionito Apartment building on the site with SMILE requirements:

i) unit count in the range of 80 to 160
ii) unit sizes from 275 to 375 sq.ft.
iii) reduced number of parking spaces
iv) high level of environmental standards.

Determine if a Committee of Adjustment request for variance would allow for the above changes to former site plan or to zoning restriction; including any other changes required to proceed with the site development.
d) Explore a needs assessment for the SMILE model within the community to determine:

i) if community based mental health support groups already exist and indicating a need for units
ii) if community based senior services already exist and are indicating a need for more units
iii) if the municipality or the Region have conducted recent housing studies outlining specific needs for specific areas

e) Request that the Owner produce any in-house information, past environmental studies, Building Condition Studies, surveys, past site plan agreements, etc. that would be helpful in Sionito pursuing the next phases of its development model.
f) Establish a draft budget including soft and hard costs.

This answers the question whether the land area and location will fit the Sionito's Model's requirements with a budget that will meet funders and the Sionito's goals.

Phase Three: Board of Directors Review
The Board at this point will in a meeting review Phase One and Two and have an opportunity to raise concerns or questions so that it clearly understands the status of their CEO's review of the patient land parcel. Their approval will not be officially required until the Offer of Purchase and Sale is available for review.

This answers the question as to whether the Board of Directors of Sionito is prepared to entertain this particular piece of land.

Phase Four: Sionito's Funding Partnerships: Municipality
In this phase Sionito partners with the municipality making several significant asks from them:
a) that the Sionito property during development, construction and later during operations be tax exempt
b) that Sionito have development fees, educational fees, park land fees and building permit fee exemptions
c) willingness of key councillors and the professional planners to advocate for the project during community meetings and in council hearings
d) willingness to consider exemption from the property transfer tax owed on purchase of land to the municipality and to the province
e) commitment to provide grants to reduce the rentals in the building and partner with the Federal grant/financing programs that require municipal contributions.

In this phase the owner of the land will have to provide letters or other assurances to the municipality that they will allow Sionito to represent them to the city.
In this phase the City Councillors and the City Planning Department will provide letters of support.

This answers, is the municipality willing to financially partner with Sionito to produce affordable housing.

Phase Five: Sionito's Funding Partnerships: Federal (Next Step)

In this phase Sionito approaches the Federal Gov't through CMHC to determine if the municipality and the Sionito Model will qualify for any of their affordable housing programs.

If the initial meeting is positive then Sionito will officially make an application to CMHC for what they refer to as Seed Funding. This is funding provided to non-profits and charity housing providers to hire the planning and architectural consultants required to gather and provide, in the proper format, the information that a CMHC funding application requires.

This answers, is the land financially fundable by the Federal Government's current affordable housing programs.

Phase Six: Letter of Intent with Owner

In this phase Sionito begins to do costly studies, that require a significant outlay of funds by Sionito. These studies will be used in the applications above and in determining the final Sionito purchase price. It will:

a) complete a land market appraisal
b) complete a building condition assessment if asset improvements are on the land
c) complete an Environmental Site Assessment Phase One to determine if there is a history of any usage that would have contaminated the land
d) complete a municipal water, waste management and hydro/utilities availability preliminary enquiry
e) complete a market study for the proposed apartment configuration.

If any of these studies have been conducted by the owner, Sionito will review them.

This phase requires a soft Letter of Intent (LOI) in which the Owner conveys that they understand the Sionito Model and that Sionito and its consultants will be conditionally allowed to be its development agents in applications and relationships to all government, development and professional bodies.

LOI Conditions

The Letter of Intent will include a proposed timeline that Sionito can extend appropriately if conditions are in the process of being met but delayed by circumstances beyond its control.

The Letter of Intent will indicate clearly that all studies are paid for and are the property of Sionito.

The Letter of Intent will indicate clearly when the LOI Term is to begin and when it is planned to end (the Term).

The Letter of Intent will indicate clearly that Sionito by paying for the above studies is committing to the project and that until this phase is complete the Owner intends to convey the land to Sionito, if an agreed price satisfactory to both parties can be achieved within 30 days of the end of the LOI term.

The Letter of Intent will convey that the owner will not list the property for sale or sell the property during the LOI term.

The Letter of Intent will include a clause indicating that during the term of the LOI and the Offer of Purchase and Sale Phase, that Sionito has the right of first refusal to match competing offers within 30 days of being given a copy of such Offers.

The letter of Intent will include a clause that indicates that Bryce Taylor as CEO of the purchasing charity can assign the LOI to another charity or non-profit entity should the Sionito Board of Directors at anytime decide not to support the LOI or the Offer of Purchase and Sale.

This answers the question of whether this is "Patient Land" as defined by the Sionito Development Model and it gives control of the land to Sionito during this period.

Phase Seven: Offer of Purchase and Sale (APS)
The Offer of Purchase and Sale will include the final price of the land and will come with a series of refundable deposits and then a series of non-refundable deposits that will be established to occur in sequence as the following assurances are received by Sionito:
a) when zoning applications or Committee of Adjustment applications are approved by Council
b) when the Site Plan Agreement is signed with the municipality
c) when the affordable housing agreements are signed by the municipality
d) when the Seed Funds are received by Sionito from CMHC
e) when CMHC issues its LOI to Sionito.

Closing, at least for patient land, will occur when CMHC signs its Agreement and releases its financing. Since this date is not under Sionito's total control, if it is delayed by unforeseen circumstances Sionito has the right to ask for an extension in the closing date, perhaps balanced by the pre-determined consideration of a price escalation.

Other considerations:
a) Vendor Take Back mortgage consideration to help Sionito achieve its equity obligations with CMHC for the first three to five years.

b) Vendor charitable donation for furnishing some of the units that will be used by seniors impoverished by mental health challenges, as CMHC requires that citizens in the community provide funds for a portion of the project; the vendors contribution often seeds this community-based fund-raising effort. Room furnishings will have a plaque placed in the foyer or at the end of each hallway indicating names of donors for that area of the building.

c) Vendor can negotiate "naming" rights for the dining room, recreation room or in some cases the total building, subject to the inclusion "A Project of the Sionito Group of Charities" occurs on the same signage.

This answers the question as to whether this project can be accepted fully as a Sionito Model and is ready for full funding and permit applications leading to completion of the project in phase eight, nine and ten.

Phase Eight: Project Design Stages

a) Design
First set of drawings are prepared for the Site Plan Agreement with the City. These portray the bulk, design and placement of the building. They also include the civil drawings for water and sewer hook-up and demands, access to and from the building, relationship to municipal boundaries, etc.
At this stage CMHC will provide a Letter of Intent indicating that they are prepared to approve the application for potential funding of the project as per the budget submitted by the provider and their consultants.

b) Tendering and CMHC Agreement
Set is upgraded by engineers to convey the hoarding, shoring, foundation, structural, mechanical, electrical, finishings of the building in preparation for tendering to sub-trades.
At this stage CMHC will provide a signed Agreement based on a market tested budget.

Soft costs to this point will exceed the Seed Fund and are responsibility of the non-profit housing provider.
c) Building Permits
set is upgraded to permit application level and applications are made to the City Buildings Department
At this stage CMHC will provide its first draw down.
d) Construction
set is upgraded to reflect City review and detailed for construction purposes.

Phase Nine: Construction
At this stage the Construction Management contract is signed. If the choice is a design build consulting group then they will have been signed into a consulting pre-construction contract earlier on in the process. Often these types of consultants have knowledge of and experience working with the engineers and other professionals that are in the locale of the project. The design part of the contract can be based on hourly rates. The Construction Management contract can be one of two approaches.
1) A Construction Turn-Key approach in which the construction manager provides a construction budget and assumes the risk if the budget has overages.
2) A Construction Management approach in which the owner assumes the risk if the budget has overages. In order to support the budget reliability at this stage a Quantity Surveyor is retained by the owner, often required by the funders, in order to reduce the risk.

Construction takes 18 to. 24 months from breaking ground to occupancy hand over.

Phase Ten: Building Handover with Warranties followed by Occupancy

The Development Considerations Summarized

The Life-ability Housing Component

1) The Model Demonstrates Social Entrepreneurship

The private sector has failed on their own to establish affordable housing. What is needed now is the social entrepreneurship and mission zeal of the citizen-based non-profits, the resolve of strong government action and the entreprise of the private sector; all working together to maintain seniors' independence. Entrepreneurship is the modern expression of the human spirit and when partnered with the mission zeal of community-based citizen groups the result will be higher levels of life-ability for all citizens.

2) The Model Demonstrates the Strength of Developments Being Placed in Residentially Zoned Areas

Residential zoning at various density levels is the most common type of zoning. To take advantage of this so that more senior housing can be developed without the long process of going through a rezoning application that entails several neighbourhood meetings and long sessions with municipal planning staff and councillors, Sionito uses a residential apartment dwelling model that can be built as of right within medium and high-density zones. In contrast Retirement Homes and Long-Term Care Homes are required to go through the municipal re-zoning process that changes the land to an institutionally zoned property. Such residences are deemed to be congregate institutions not suitable for residentially zoned areas.

3) The Model Demonstrates a Mandate into Perpetuity

The non-profit housing sector in order to continually grow in unit numbers needs to establish projects that have a wealth generating social housing mandate into perpetuity. Non-profit projects receiving gov't grants or cost exemptions during development or during operations become part of the civil society expression within the marketplace and that is where they should remain in perpetuity. Once a project establishes the financing costs emerging from these grants and subsidies, a base market rent should be established that influences the project into perpetuity. Each building would have a different market rent on occupancy.

4) The Model Suggests Adversarial Development Planning Be Replaced By A Consensus Planning Culture

3he model is based on the reality that a tsunami of seniors is coming over the horizon that will overwhelm present government financing models and present apartment development streams. Consequently, units must follow the larger societal trends of living smaller and finding ways to furnish less to conserve spaces. Development time-lines need to be shortened by replicating drawings from site to site, increasing municipality staff capacities, using industrialized building methods and modular assembly strategies. The development and operating models of the future must withstand real time data monitoring of results.

5) The Model Combines Environmental Sustainability with Housing Sustainability in Perpetuity

The model is based on the reality that the non-profit sector is the only sector with the mission zeal to take on the environmental goals required globally to address the human condition. The future is electrified buildings held in perpetuity within the sector rather than quick sells that allow the condo developer to walk away at occupancy.

The Sionito Model is the most efficient, least cost, apartment housing development and operating model available to deal with the tsunami of seniors coming over the horizon. It applauds the new focus of governments on citizen-based non-profit housing models.

Appendix B
Sionito Organizational Chart for New Apartment Developments
(with personnel levels)

Development Manager Consultants Team
The development manager has to have contacts throughout the non-profit and private sector capable of assembling the following team. A development team in the non-profit sector needs to have contacts with the private sector's professionals as well as the social sector's government professionals. They also need to vet for ESG statements from all contacts and sub-trades working on the project to ensure each member of the team has civil society values as wells as their business interests.

Lawyer - Social Housing Solicitor LLP – experienced in real estate purchases, CMHC mortgages
Lawyer - Municipal Property Development Solicitor LLP – experienced in dealing with City policies and municipal lawyers for review of SPA, Committee of Adjustment, etc.
Lawyer – Tax HST LLP – experienced in corporate HST allowances, property tax, transfer taxes, etc.
Accountant - Experienced Business Land Development Consultant CA
Broker - Experienced CMHC Loans Consultant
Broker - Experienced Bridge Financing Private Market Consultant
Appraiser - Land Appraiser, As Built Valuations
Surveyor: Land and Topographical
Planner – Full-service company design, zoning, variances, SPA
Architect – full service or ability to locate Landscape, Finishing, etc. architect specialists
Architect – Landscape
Engineer – hydro consulting with city hydro: from street to switch boxes to transformers to electrical room
Engineer – Environmental Site Assessment
Engineer – Soils and Geotechnical Studies
Engineer – SWM, studies re: water mitigation during construction, sanitary and water demand study
Engineer – intersection study, in and out car access study, in and out refuse collection study
Engineer – car parking justification study
Engineer – Mechanical Systems with environmental efficiencies experience
Engineer - Electrical/Lighting with environmental efficiencies experience
Engineer – Commercial Kitchen design
Engineer - Elevator
Engineer - Construction Management Consultant – if design build then can set first budget, and help locate local engineers, etc.
Insurance Consultant – experienced in construction and bonding insurance as well as operations and Board risk protections
Quantity Surveyor – compares budget with current market costs
Operations Consultants – experienced in cost of operations of apartments, retirement homes and nursing homes and employee human relations law
Lawyer – tenancy tribunal experience and rental lease reviews etc.

Development Manager Municipal Support Consultants Team
Politicians - Local Council Members, Mayors executive team, MPP and MP executive teams
Staff - Municipal housing development / affordable housing / officers in charge of grants / subsidies and support for affordable housing
Staff – Municipal environmental sustainability division
Staff – CMHC affordable housing program division
Staff – Federal level environmental support divisions
Staff – Provincial Ministry of Municipalities and Housing
Staff – Provincial Ministry of Health
Staff – ONPHA membership and relationships

Staff – ORCA relationships
Staff – Community Based Agencies for assessing needs, and eventual partnerships

Phase 1
A concept design drawing and notations of density and placement on the lot is produced and formally submitted to the Municipal Planning Office for Stage 1 pre-consultation.

Phase 2
Site Plan Application and Minor Variance Submissions (referred to as Stage 2 Pre-consultation)
RFPs will be issued to obtain proposals for the required consultants needed for this project.

RFPS are to be reviewed and the selected consultants authorized to work on this project (consultants will likely all require retainers).

Once all of the required consultants have been retained, a coordination meeting will be scheduled to discuss all the PAC comments provided by Orillia Staff and establish timelines.

Consultant team will work on preparing the required plans and reports for the submission. We would estimate 1 – 2 months for this.

Once all materials are coordinated and completed, the submission package will be prepared for submission to the City. Weston will file the submission.
Planning staff will review the submission to ensure all materials have been provided and will circulate to the required City Departments and agencies for review and comment.

Once all City and external agency comments have been received by the City Planner, they will be circulated to Weston. These comments will be distributed to and reviewed with the consultant team so that a resubmission can be prepared.

At the time of the first resubmission, the Planner will also file the required Minor Variance application submission.

Phase 3
Apply for Municipal Funding and Exemptions

Phase 4
Begin engineering tender drawings for Hoarding, Site Prep, Shoring, Foundations, Structure, Mechanical, Electrical, Kitchen, Finishings

Phase 5
Apply for Building Permits

Phase 6
Tender the sub-trades
Sign Sub-trade Contracts
Sign Construction Manager and Break Ground

3) Sionito Model – The Life-ability Funding Component

Construction Financing Prototype

The economics of the model is less complex than the operational and development components, however, it is the most important component. The economics are based on the scale of the model and the market location of the model, both in terms of geography and time related economical cycles. The Development Officer has to develop and maintain current information in respect to the cost of land, cost of construction labor and materials and revenues that can be expected. In the non-profit sector, there is still need to have surplus to build up reserve funds, cover times of vacancy and invest in new projects. In the non-profit sector the mission owns the project. The board of directors govern the mission and government grants and subsidies along with charity donations are provided in order to make the units affordable for the proposed tenants. Table 1 provides a capital economics outline of the model based on actual 2024 project of over 150 units.

Assumptions: City of Toronto location, 2026-24, in last 5, 3-500 sq. ft. units, minimalized underground parking	**COST PERCENTAGES**	**COST / BUILDABLE SQ. FT.**	**COST / UNIT**
PROJECT COSTS			
Land	9.55%	86	45,600
Bridge Financing	3.26%		
Financing Fees	2.98%		
Soft Costs	4.13%		
Hard Construction Costs	70.32%	504	335,443
Development Fees	8.00%		
Administration	.27%		
HST (for a charity)	1.49%		
Total Project Cost	**100%**	**695**	**462,025**
PROJECT FINANCING			
Public Donations	.74%		
Provider Equity	2.00%		
Municipal Exemptions	7.70%		
Municipal Grants	6.16%		
Municipal Land Transfer Tax	0%		
Provincial Grants	0%		
Provincial Financing	0%		
Provincial HST Tax Portion	.74%		
Provincial Land Transfer Tax	0%		
Federal Energy Grants	6.84%		
Federal Energy Financing	6.84%		
Federal HST Tax Portion	.75%		
CMHC Grants	16.22%		
CMHC Financing	52.01%		
Total	**100%**		

Operations Financial Prototype

Once the project is built, non-profit financial operating statements are unique. In the past their goal was to operate at break even after setting aside some of their surplus each year in the reserve funds. Projects who use all of their units for tenants on very low incomes such as ODSP and Senior's pensions alone, require one of two government sources of funding:

a) rental subsidies so that the tenants can pay 30% of their income on rent and then have 70% of their income left for living expenses.

b) capital reducing grants at the front end of a project so that the rents required to carry the financing and operating costs of the project can be obtained by setting the rents at 60-80% of market rents in the same market area. If the rent rates are reduced, then the tenant's government-based pensions will pay for their share of the rent and any fees required to facilitate the tenants life-abilities.

Uniquely, the Sionito Model does not require addition program funding. Supportive and support housing that have in house staff models all require advance commitments from the program funding Ministries. The Sionito Model avoids this by receiving health care supports from already funded community-based agencies and provides one support service that is funded from the pension income of the seniors themselves.

Since the mandate of Sionito is facilitates senior living by partnering with governments for rental subsidies. These subsidies come in the form of grants during the capital building program that reduce financing costs OR monthly subsidies provided by the municipality with shared funding from the Province. The model requires no further supportive service funding from other service focused government programs. When mental health or supportive care services are required community-based agencies that are already funded to provide home care are called in to do assessments and arrange for the care required on an as needed basis. In contrast, supportive housing that does require other funding requires co-ordination levels between government Ministries that lengthens the development phase, as these funds have to be secured before a project's construction funding can be pursued. This often stalls the development altogether.

The tenant themselves from their government pensions can afford to pay for the other minimal activities of daily living (ADL), that form the components of the SMILE model.

On projects ranging in the 60 to 80 million dollars range the following explains the relationship between the grant received and the rent reduction resulting.

<1 dollar reduction in unit monthly rent requires grant of 32,827> <10 requires 328,273> <100 requires 3,282,733>

Table 2 provides an operations financial statement for an actual project over 100 units with two types of gov't subsidies.

Project Operational Revenues (Per Unit)		One Bedroom		One Bedroom		RGI Equivalence One Bedroom
		80% Median		60% Median		100% Median
PROJECT Revenues	**100%**	**1,833.00**	**100%**	**1,833.00**	**100%**	**2,669.10**
Rent Operations Portion from Tenant (30% of income)	**33.27%**	609.90	**33.27%**	609.90	**22.85%**	609.90
ISM portion from Tenant (Co-ordinated Care / Navigation Admin)	**34.45%**	631.54	**17.52%**	321.14	**0.00%**	
ADL fee from Tenant (Food & Cleaning)	**32.27%**	591.56	**49.21%**	901.96	**45.82%**	1,223.10
Rental Subsidy from Grants		0.00		0.00	**31.33%**	836.10
Market Med Rent		**1,552.00**		**1,552.00**		**1,446.00**
Revenue from Tenant	**79.99%**	1,241.44	**78.60%**	1,219.80	**42.18%**	609.90
Revenue from Gov't Subsidy/Grant	**20.01%**	310.56	**40.01%**	620.96	**57.82%**	836.10
Project Revenues		**1,833.00**		**1,833.00**		**2,669.10**
Project Fees	**32.27%**	591.56	**49.21%**	901.96	**45.82%**	1,223.10
Project Rents	**33.27%**	1,241.44	**33.27%**	931.04	**22.85%**	1,446.00
Tenant Affordability		**2,048.00**		**2,037.00**		**2,033.00**
Rent	**29.78%**	609.90	**29.78%**	609.90	**29.78%**	609.90
ISM	**30.84%**	631.54	**15.68%**	321.14	**0.00%**	
ADL	**28.88%**	591.56	**44.04%**	901.96	**59.72%**	1,223.10
Pocket	**10.50%**	215.00	**9.96%**	204.00	**9.77%**	200.00

Note: On 70,527,096 project difference in project revenues is 836.10 in monthly rents with grants of 27,446,933.
<1 dollar reduction in unit monthly rent requires grant of 32,827> <10 requires 328,273> <100 requires 3,282,733>

PROJECT Operational Expenses	
Financing	55.13%
Insurance	0.62%
Replacement Reservices / Contingency	2.18%
Administration (Operations)	6.46%
Administration (ISM)	3.65%
ADL Community Meal	6.12%
ADL Food	5%
ADL Laundry of Bedding and Towels	6%
Maintnance / Common Cleaning	4%
Utilities - Gas	0%
Utilities -Hydro	1%
Utilities - Water	3%
Management Fee (Program & Shelter)	6%
Total	**100%**

Summary

In concluding, the three components of the Sionito Model applied to a three-sector society has the promise of working towards a civil society response to seniors aging in place with full life-ability. It is a least cost, least intrusive model waiting to be replicated. From working through zoning restrictions to facilitating the recovery of chronic mental health challenges, the model seeks to fit into the fabric of our present Canadian society and allow our elders to have life and to live it more fully, both existentially and in community. All that is required is an apartment culture with one added amenity, a community kitchen to ensure nutritional health and isolation breaking, community building is realized. It is one step in achieving the hope embedded in 'the more civil society'.

Appendix A
Present Exemplar: The 150 Dunn Street Project (Toronto Star Article Oct 2023)

A UHN 51 Unit Project to attack homelessness and healthcare at the same time gets research support from At Home/Chez Soi housing study in Canada that is showing that permanent homes improves health outcomes for those facing mental health emergency situations.

Part of a larger agreement to open 500 units around the City over the next 5 years. Healthcare will be supported by UHN – 150 Dunn Street On site health services through the Gattuso Centre for Social Medicine.

This project started in 2019 when the University Health Network (UHN) with CEO Kevin Smith began to study how its emergency services were being used in the city. They found out that "just 230 people accounted for 15,000 visits in one year alone. It's unlikely that they're here for true medical, acute needs. It's because they had nowhere else to go. At the same time… Dr. Andrew Boozary was considering the non-medical factors that influence health outcomes and recognized housing as a key part of health improvement… The United Way is also investing in a community kitchen that will run inside the supportive housing project. It will serve meals for the residents…" (Toronto Star U3 November 9, 2023).

Valesa Faria – City representative states the project received 14 million from federal gov (Rapid Housing), 10.3 million from Open Door and 2.5 million annually from Prov Gov to fund social support services and United Way will fund some of the social support services such as 24-7 mental health, addiction and social work counselling as well as sponsoring the on-site food program, including the cost of furnishing the community kitchen and looking at navigators connecting residents with community-based agencies.

Appendix B
Present Exemplar: The City of Toronto Integrated Service Model (ISM)

Research shows that housing is a social determinant of health. Safe, affordable, and quality housing is a profound determinant of health for seniors who experience increased risk for housing instability, homelessness, and related health and social impacts. (https://www.toronto.ca/legdocs/mmis/2016/hl/bgrd/backgroundfile-97428.pdf)

The City of Toronto detached its 83 seniors-designated buildings from Toronto Community Housing around 2019 and it now operates separately as Toronto Seniors Housing Corporation. It immediately recognized that senior apartment living requires that the housing provider achieves partnerships with the community-based service providers. The analysis conducted by the newly formed corporation found that "Seniors living in social housing are disproportionately affected by poverty, social isolation, mobility issues, and cognitive and health challenges that negatively impact their wellbeing." (Integrated Service Model 2021 Evaluation Report pg. 72). The result was the creation of the Integrated Service Model for senior's apartments. One of its objectives paralleling the Sionito Model is stated to "Increase access to health and community agencies and integration of services directly in TSHC buildings." They now have a partnership with the Provincial Health Ministry's Home and Community Care Services as well as community agencies and research partnerships. A central component of the ISM seniors' housing model is the creation of a staff role called Care Coordinators that is a tenant facing role helping the tenant to find the right community-based service supports for their health conditions.

Appendix C
Present Exemplar: Naturally Occurring Retirement Community (NORCs)

The Model provides health and everyday supports that allow elderly Canadians to Age in Place
https://behindthebreakthrough.podbean.com/e/dr-howard-abrams-champions-innovative-housing-solution-to-help-seniors-age-at-home/
Host Christian Cote in conversation with Dr. Howard Abrams

Highlights of the Podcast
Program birthed through the Toronto's University Health Network – Canada's largest research / teaching hospital. Dr. Howard Abrams a researcher at the Toronto Rehabilitation Institute Research Centre within a program called Knowledge Innovation Talent Everywhere (KITE).

Leads a team of scientists studying gap between housing and health support options for seniors who want to age at home. The gap exists because the private sector to date cannot monetize this model and the government sector needs further research to determine if it saves health care dollars.

The Context
1) By 2030 20% of Canadian population will be over 65. Governments have no plans to meet the shortage in housing that will occur, so privately owned housing has to be considered.
2) Most Canadians want to age in place at home, "that is how you know to do best".
3a) Private Options
- Large multigeneration homes – some but no longer the norm.
- Home Care – publicably available, can supplement family-based support in home, but not enough nor right types
- Private Retirement Homes - expensive
- Private Care at Home - expensive

3b) Public Options
- Long Term Care Homes – not choice of 96% of seniors (Study by National Institute on Aging) and there is not sufficient supply
- Home Care not fully developed or easily available

3c) Conclusions for Aging in Place
- a) Growing need but not sufficient supply in any of the above options
- b) Growing need but not sufficient choice in respect to mental and physical support

The Solution: An Alternative Model of Housing
Naturally Occurring Retirement Community (NORC)
These communities already exist in our society.
- Ontario has 2000 buildings 30% seniors over 65
- Toronto has 500 buildings 30% seniors over 65
- More residents in these than in all long-term institutions

Some apts / Condos in Toronto have 75% senior population, who just happen to be living in the same place, these are not purpose built, just regular homes.

These communities could be a co-op, low-income subsidized units in aging apt building, high end condo.

NORC Program

1) Maximize Ability of Seniors to Provide Mutual Support (Ambassador Program)

Professional Community Development staff know how to:

maximize the ability of this group for example:

to identify potential volunteer ambassadors

give community and program development training

give conflict reduction training

The result is that NORC produces trained "ambassadors" who rally the residents and work to increase mutual supports and a sense of community using a Community Development concept called Relational Caring rather than transactional caring.

2) Integrate Health Care into Community of Seniors

Research showed that within these communities the highest requests were for health care.

a) UHN has amazing health care services, with even a Connected Care Program with the Integrated Care Model followed at UHN

b) so the task was to connect UHN care services with NORC communities to form a health and social network, not hierarchical but with supported self-management and empowerment of the community itself so it can integrate with the Integrated Care Model of UHN

c) this is a wider spectrum for Hospital models that allows them to reach into the community with health prevention results and release patients back into a supportive community after acute care is completed

d) developed a care co-ordinator role within the NORC communities; someone on site who could be consulted with in order to get a GP, or to get a GP to make a referral or to get a GP help in getting an expedited referral into higher testing and treatment within UHN, someone to navigate the system and assist the citizen in managing their resulting care plans

e) this is not a supported housing model but a supported self-management model.

3) Profile Health Status of Building

NORC has the ability to source health profiles of a building and then track the number of 911 calls, ER visits, ALC usage rates, essentially through data determining the health profile and status of the whole building, which indicates if the self-management is working or if further assistance is needed.

4) Profile Community Supports Surrounding the Building

NORC develops a complete list of community based agencies and programs that surround a NORC community of seniors and actively introduces them to the seniors.

5) NORC Working with Apartment Owners

One owner renovated the building to produce a communal space at no cost to the residents. Seniors are good tenants, they don't have wild parties and they pay on time all the time.

6) NORC On Site Co-ordinator
In this option in a high density seniors' building could have their own (traditionally called care co-ordinator) NORC Co-ordinator that is tenant facing, monitoring tenants and acting as a health care resource for tenants searching for specific health services such as a podiatrist etc.
7) NORC Replication
The program since it is self-generating can be taken out to OHT health teams across Ontario as more senior concentrations are identified and ask to have the NORC Community Developers help them set up a mutual care building, health and social integrated experience in their building. NORC will consult and advise – not do. Residents are to do it on their own, but with support from NORC staff

8) NORC Implementation Research Model
Evidence data is the basis of change
They have PHD researchers: presently partnering with Women's Aging Lab at Women's College Hospital.

Data: reduction in 911 calls, how many ERs avoided, hospital admissions avoided, reduction
Data on total health care utilization in each building is available
9) Projected Results
In house care support services will likely go up
In hospital care support services should go down.

10) NORC Mission
Helping older adults age in the place they want to be at home, with choice and dignity. Integrating life experience across the spectrum of social and health living as catalysts rather than providers, but ensuring providers are discovered and in relation to the needs of the building's seniors, so those who want to stay healthy and those who need health supports can both be assisted in their aging in place tasks.

Summary
UHN getting involved in a new vision, expanding what a hospital's role should be in society:
i) getting involved in living arrangements of the population it serves
ii) getting involved in the life of their surrounding community.

Hospitals have been trying to deal with increasing numbers needing care by increasing in-hospital efficiencies however, long ER lines and hallway beds persist as they have no support place to send them back to… so plugged up ERs and ALC beds become commonplace.

A new hospital model is required. It means going into the community and increasing acute preventions at one end and appropriate post-hospital supports at the other end.

Appendix D
Zoning Exemplar

Bill McMurray (BM) is owned by a non-profit corporation (The Bill McMurray Residence Inc.) that has charitable status. BM property is a Residential Apartment Zoned building RAZ.
Ward 9 Davenport
Zone Label R (d1.0) (x810)
Link to Bylaw Chapter 10.htm, Link to Bylaw Section 10. 10.htm, Link to Bylaw exception Chapter 900 2.htm#900.2.10(810)

On 180 Sheridan Ave., former City of Toronto by-law 124-73.

(810) Exception R 810

The lands, or a portion thereof as noted below, are subject to the following Site Specific Provisions, Prevailing By-laws and Prevailing Sections.

(7) Exception R 7 at Chapter 900 2.htm#900.2.10(810)

The lands, or a portion thereof as noted below, are subject to the following Site Specific Provisions, Prevailing By-laws and Prevailing Sections:

Site Specific Provisions:

(A) The following uses are permitted if they comply with the specific conditions set out for each use below:
Nursing Home;
Retirement Home; and
Religious Residence; and

(B) A **nursing home**, **retirement home** or a combination of these two uses, must occupy the whole of the **building** and not be combined with any other permitted use, and must:

(i) be located in a **building** that was originally constructed and used as a **detached house**, a **semi-detached house**, or a **townhouse**; or

(ii) be on a **lot** that has a **front lot line** or **side lot line** abutting:

(a) a major **street** on the Policy Areas Overlay Map; or

(b) a **street** that intersects a major **street** on the Policy Areas Overlay Map, and the **lot** is located, in whole or in part, within a distance of 80 metres from that intersection; and

(2) Purpose of the Residential Zone Category

The Residential Zone category permits uses associated with the Neighbourhoods designation in the Official Plan. This zone category includes a range of **residential building** types in different zones. The zones within this category also include permission for **parks** and local institutions.

(3) Purpose of the Zones in the Residential Zone Category

The purpose of each zone in the Residential Zone category is as follows:

(A) Residential (R)
The purpose of the R zone is to provide areas for a variety of **residential building** types, including **detached houses**, **semi-detached houses**, **townhouses**, **duplexes**, **triplexes**, **fourplexes** and **apartment buildings**.

(B) Residential Detached (RD)
The purpose of the RD zone is to provide areas for **detached houses**.

(C) Residential Semi-Detached (RS)
The purpose of the RS zone is to provide areas for **detached houses** and **semi-detached houses**

(D) Residential Townhouse (RT)
The purpose of the RT zone is to provide areas for **detached houses**, **semi-detached houses** and **townhouses**.

(E) Residential Multiple (RM)
The purpose of the RM zone is to provide areas for **detached houses**, **semi-detached houses**, **duplexes**, **triplexes**, **fourplexes**, and low-rise **apartment buildings**.

1.40.15 Residential Apartment Zone Category

(1) Residential Apartment Zones
The zones in the Residential Apartment Zone category are:

ZONE NAME	ZONE SYMBOL
Residential Apartment	RA
Residential Apartment Commercial	RAC

(2) Purpose of the Residential Apartment Zone Category
The Residential Apartment Zone category permits uses associated with the Apartment Neighbourhoods designation in the Official Plan. This zone category includes **apartment buildings**, **parks**, local institutions and small scale retail.

(3) Purpose of the Zones in the Residential Apartment Zone Category
The purpose of each zone in the Residential Apartment Zone category is as follows:

(A) Residential Apartment (RA)
The purpose of the RA zone is to provide areas for **apartment buildings**.

(B) Residential Apartment Commercial (RAC)
The purpose of the RAC zone is to provide areas for **apartment buildings** with local institutions and small scale retail.

1.40.30 Commercial Zone Category

(1) Commercial Zones
The zones in the Commercial Zone category are:

ZONE NAME	ZONE SYMBOL
Commercial Local	CL

(2) Purpose of the Commercial Zone Category
The Commercial Zone category permits **parks**, **recreation uses**, commercial uses and institutional uses associated with the Neighbourhoods and Apartment Neighbourhoods designations in the Official Plan.

(3) Purpose of the Zones in the Commercial Zone Category
The purpose of each zone in the Commercial Zone category is as follows:

(A) Commercial Local (CL)
The purpose of the CL zone is to provide areas for small-scale commercial uses to serve the needs of the local residential area.

1.40.40 Commercial Residential Zone Category

(1) Commercial Residential Zones
The zones in the Commercial Residential Zone category are:

ZONE NAME	ZONE SYMBOL
Commercial Residential	CR

(2) Purpose of the Commercial Residential Zone Category
The Commercial Residential Zone category permits uses associated with the Mixed Use designation in the Official Plan. This zone category includes a range of commercial, residential and institutional uses, as well as **parks**.

(3) Purpose of the Zones in the Commercial Residential Zone Category
The purpose of each zone in the Commercial Residential Zone category is as follows:

(A) Commercial Residential (CR)
The purpose of the CR zone is to provide areas for a broad range of uses, including retail, service commercial, office and residential uses, often in **mixed use buildings**. The CR zone has development standard sets which set out specific requirements, such as permitted maximum height for a **building**, required minimum and permitted maximum **building setbacks**, and **angular planes**, based on the different physical contexts found in the downtown, "main-streets" and suburban areas.

1.40.80 Institutional Zone Category

(1) Institutional Zones
The zones in the Institutional Zone category are:

ZONE NAME	ZONE SYMBOL
Institutional	I
Institutional Hospital	IH
Institutional Education	IE
Institutional School	IS
Institutional Place of Worship	IPW

(2) Purpose of the Institutional Zone Category
The Institutional Zone category permits uses associated with the Institutional Areas designation in the Official Plan. This zone category includes major educational, health, and government uses within different zones. Some zones may have cultural and institutional uses and institutional residences.

(3) Purpose of the Zones in the Institutional Zone Category
The purpose of each zone in the Institutional Zone category is as follows:

(A) Institutional (I)
The purpose of the I zone is to provide areas for a variety of institutional uses. [By-law: 1092-2021]

(B) Institutional Hospital (IH)
The purpose of the IH zone is to provide areas for **hospitals** and associated uses.

(C) Institutional Education (IE)
The purpose of the IE zone is to provide areas for **post-secondary schools** and associated uses in a campus setting.

(D) Institutional School (IS)
The purpose of the IS zone is to provide areas for **public schools** and **private schools**, and associated uses.

(E) Institutional Place of Worship (IPW)
The purpose of the IPW zone is to provide areas for **places of worship** and associated uses.

(13) Rooming House
A rooming house in the R zone must comply with the specific use regulations in Section 150.25.

(14) Secondary Suite
A **secondary suite** in the R zone must comply with the specific use regulations in Section 150.10.

(15) Seniors Community House
A **seniors community house** in the R zone must comply with the specific use regulations in Section 150.30.

Appendix E
Medicine Practices Considerations

Mental Health treatment relies on pharmaceutical interventions, consequently certified workers across a series of disciplines are confronted with the question of who can assist and to what extent can they assist a client in taking medicine. The issue is when does assistance slide towards administrative dependence.

The Blister Pact and Senior Independence

Pharmacies in recognition of this issue in terms of seniors will replace bottles of pills that younger clients receive, with blister pacts. “In the United States, pharmaceutical oral solid dosages are dispensed in bottles about 80% of the time. European countries, on the other hand, prefer using blister packaging by roughly the same percentage.” www.amcor.com/insights/blogs/blister-vs-bottle . Under the Sionito Model it is an expectation that most tenants receive medications in blister pacts.

Blister pacts can come with all the pills for one consumption, or they can consist of a series of blister openings together with up to a month’s worth of blister containers for daily consumption. The safety and convenience of blister pacts is as follows:

a) a pharmacy can provide all the pills in one blister pact for those clients who have more than one drug prescription but can take the various pills together

b) seniors are able to independently examine the pact to make sure the date and time written on it is now, and then they can open the pact and take out all the pills

c) if pills are not taken for any reason the blister pact can be sent back for disposal. This will inform the pharmacy and doctor that the client has not taken their medicine and requires a follow up contact

d) high level, controlled pharmaceuticals not taken can be sent back and appropriately destroyed by the pharmacy.

Most seniors using blister pacts can retain their independence and self-administer or self-manage their pharmaceuticals.

Other Considerations

Several initiatives are being developed for virtual remote care monitoring programs. Toronto Grace Health Centre serving 8,000 homes across Ontario providing SOS/Falls/GPS locating Pendants, Passive Home Monitoring System, Automated Medication Dispensing Device and medical monitoring devices for chronic disease management. (https://www.torontograce.org/programs-services/remote-care-monitoring/). Naturally Occurring Retirement Communities (NORC Innovation Centre at UHN) is also involved in providing a program model that supports aging in place at home by linking community-based agencies with medicine taking supervision as one of the services available.

The OCSWSSW in its Practice Guidelines for Medication Practices states that social workers in programs such as the Assertive Community Treatment Teams (ACTT) “may be confronted with situations involving assisting clients with medications and may be unsure about whether or not to

assume these tasks." They continue by stating that administration of a medication is not a controlled act under the Regulated Health Professions Act (RHPA) (unless a person is administering the medication by injection or inhalation), and therefore is within the public domain. It goes on to indicate that "a controlled act may only be performed by a member of a regulated health profession…a controlled act may also be performed where the performance of the controlled act has been delegated to a person by a member of a regulated health profession college."

VON in their Manual: Practice, Quality Risk Standards supports safe medication practices through the appropriate use of Unregulated Care Provider (UCP) employees, in medication assistance. UCP's according to the VON interpretation of legislation can provide assistance services referred to as Medication Assistance which "means helping or assisting clients to take their medications, (as this assistance) is functional, not clinical, and does not require any knowledge of pharmacology. This is appropriate when a client has physical and/or cognitive issues that affect their ability to take their medications by themselves, (as it) supports the client to remain as independent as possible." Medication Assistance Plan is a plan that outlines only the approved or prescribed medications that the client takes and for which the UCP is providing medication assistance. Medication Reminders are prompts for clients to take medications at a certain time, it is not medication assistance.

Appendix F
RHRA Licensing Information

a) Apartment Designation Compliance: Residential Zoning

Life-ability Housing consists of designing apartment buildings in residentially zoned (as opposed to institutionally zoned) areas of our cities, producing a least cost apartment building dedicated for seniors that allows the senior to choose to remain independent and in control of their life. The fact of the geographics of our urban society is that there is much more land available zoned medium to high residential density than land zoned institutional. It takes many years of working with municipal councils and staff to move land from residential to institutional zoning levels which accounts for why this type of land is extremely expensive in comparison to residential apartment lands. This becomes reflected in the rents and fees that tenants pay at the end of the day; and government subsidies if they are applied.

In order to move forward with apartment zoned properties, it is important to understand the role of the Retirement Homes Regulatory Authority. It exempts a senior's apartment building from licensing requirements (and indirectly from retirement home zoning requirements) offering two options.

i) RHRA Compliance Option One

In this regards it complies with the RHRA legislation that a residential building with one care service would not be considered a retirement home and as such would be exempted from licensing. The one service that makes the difference for our mental health mandate is a community food program. If we have only this one community amenity space for dining, this allows the project to remain designated a residential apartment building and there are no zoning conflicts.

The legislation is quite clear on this and we are working with legal counsel to ensure that an apartment status is maintained under the Sionito Model.

ii) RHRA Compliance Option Two

Sionito as part of a health service agreement with a community-based Ministry health care funded agency is deemed to be in partnership with a Ministry funded agency. The partnership can provide any number of health care services into or be located in the building or provide funds directly to Sionito the charity, to hire staff for services. As long as the funding is from the Ministry of Health there is no retirement home or nursing home licensing required and the zoning can remain residential apartment dwelling. In this scenario the Sionito project simply remains an apartment building with tenants, in partnership with the Ministry of Health which through a partnering agency is providing services and funding to the apartment owner.

b) RHRA Rationale

The RHRA legislation recognizes that many more senior dedicated apartments are required to meet the coming market demand. To its credit it allows for one care service to be made available to seniors within an apartment setting without licensing or designating the building as a retirement care home. This allows senior's dedicated buildings to be built in residential zones. The central core of the

Sionito model is this harmonization with the RHRA regulations. Otherwise, our society will have to rezone this class of senior apartments as retirement homes requiring institutional zoning. This lengthens the development process by years increasing costs making Sionito's low rental goals impossible to achieve. It essentially would end the development of new seniors' dedicated apartments buildings with age in place cultures.

The RHRA legislation recognizes that seniors can live independently with community-based government funded services rather than in-house fee services supporting their independence. This especially applies to impoverished seniors. They also recognize that residences supporting in-house staff with government funding assures society that those residents will be supervised and regulated by policies of the funding government agency. The RHRA (Website - FAQ) states that "Retirement homes do not receive government funding…It is important to remember that retirement homes are homes, not institutions."

At one of Sionito's apartments approx. 30 of its units receive enhanced rental subsidies indirectly through Habitat Services from the Ministry of Health and as such these units are not included in the retirement home unit count. This also gives the Sionito Model the option of not only receiving services from community-based care agencies, but it can also partner with them in receiving Ministry funds through or with them. The results would be that the RHRA and other government levels would be satisfied that there is professional level arm's length oversite protecting the seniors living within the protection of an integrated 'care partnership' model. Further regulatory authority from the higher levels of government would not be required. It is to be stated however, that at the municipal level there will continue to be building, health and fire inspection protocols in place. Most importantly for the tenants, an apartment culture of independence would be realized.

c) SMILE Rationale

The RHRA legislation recognizes that seniors may require one level of assistance and that this should not require institutional placement. SMILE acknowledging the RHRA incentive to allow for the independence of seniors, designs into residentially zoned apartment buildings for seniors one added amenity space, an on-site community kitchen. The RHRA is silent in terms of cleaning services so weekly bedding laundry and light unit housekeeping can be added as needed to the common area cleaning expected in all apartment settings, without effecting zoning. This discerning legislative consideration allows for seniors, facilitated by a least staffed, least cost operational model, to exist independently within an apartment culture.