

**STAFF REPORT TO THE PLANNING & PROTECTIVE SERVICES COMMITTEE
MEETING OF WEDNESDAY, OCTOBER 24, 2007**

SUBJECT: VICTORIA COOL AID SOCIETY/AIDS VANCOUVER ISLAND ACCESS HEALTH CENTRE

PURPOSE/ISSUE:

Consideration of a capital funding request for the redevelopment of the building at 713 Johnson Street as a primary health centre for the downtown homeless and indigent population.

BACKGROUND:

The Victoria Cool Aid Society (VCAS) and AIDS Vancouver Island (AVI) are major service providers for the downtown homeless and indigent people. They provide medical care (laboratory, psychiatry, drug and alcohol counselors), mental health and addiction services, specialized Hepatitis C treatment programs, health and wellness programs for persons with AIDS and Hep.C, a pharmacy that dispenses HIV medications and methadone, and a full service dental suite.

The number of homeless and indigent people has grown significantly over the last five years. Over the last two years the rate of growth of the homeless population is in the range of 25-30% and there are no signs that this rate of increase will slow down.

Other salient facts include:

- The majority of homeless people have multiple health problems but over 70% do not have a doctor.
- Over 30% of the estimated 3,000 injection drug users in the CRD do not access primary health care even though 22% have AIDS and 70% have Hepatitis C.
- The VCAS health clinic turns away between 6 to 10 patients per day for lack of space and medical professionals who want to work or volunteer at the clinic cannot be accommodated.

The facilities used by VCAS and AVI are cramped and inadequate rendering them unable to effectively serve the current downtown population. This un-served or under-served population eventually becomes so ill as to require more costly emergency, diagnostic and overly long inpatient stays at the region's hospitals. Treating and supporting these people in a downtown centre can divert people from acute care and also lessen the adverse impact of this very visible and sometimes disruptive group of people. Cool Aid's and AVI's programs are also in various locations and this proposal will lead to both easier patient access and the provision of more effective program operations through sharing the same space.

To remedy this problem the two agencies purchased the three-floor building at 713 Johnson Street for the purpose of making it into the Access Health Centre. The building is currently used by Our Place as a drop-in centre and will be vacated later this year when Our Place's new facility on Pandora Street is complete.

The applicants have a redevelopment plan and an associated capital budget (Attachment 8a).

The applicant proposes to fund the project with the following funding partners:

TABLE TWO: Summary of Funding Partners

Source	Value	Currently Secured
Cool Aid/AVI	500,000	500,000
Government		
• Federal	150,000	
• Province/VIHA	1,050,000	
• BC Gaming	300,000	200,000
• CRD	700,000	
• City of Victoria	85,000	20,000
Government Total	2,285,000	
Charitable Foundations: (Victoria Foundation, Vancouver Foundation, United Way)	360,000	30,000
Cool Aid Fundraising	1,450,000	350,000
TOTAL	4,595,000	1,100,000

The applicants advise that their recent meetings with senior provincial officials went well and there is confidence in their funding request. The provincial and Regional District funding approvals would allow the project to proceed. These two funding approvals would also provide the momentum to the applicant's capital campaign. The applicants have retained a leading charity fund development firm who has advised that the remaining \$1,100,000 is achievable and that the federal government, business and philanthropic sectors will support the ACCESS Health Centre provided the province and the CRD shows commitment first.

This project is eligible for a Regional Hospital District grant. The applicants have requested a contribution based on a 40% share of their combined \$1,750,000 request to the province and the Regional District.

Similar to the Pender Island Community Centre expansion project for which the District approved a \$454,852 contribution in May 2007, this project is not part of VIHA's Capital Plan. VIHA's Capital Plan tends to ignore these smaller projects in favour of the large scale acute hospital projects most of which occur in VIHA-owned facilities. Were it not for the diligence of these small organizations, their contributions, the contributions of the CRD and others, these important projects would not likely proceed.

These types of health facilities are currently not incorporated in VIHA's Capital Plan; however, they offer significant potential to reduce the use of VIHA's hospital facilities and thereby ultimately reduce capital requirements.

To accommodate small-scale, important projects excluded from the VIHA Capital Plan, the District includes a \$1,000,000 annual allocation in its Ten Year Plan.

ALTERNATIVES:

There are three alternatives:

1. Reject the funding request.
2. Approve the request in the full amount of \$700,000.
3. Approve the requests within the 2007 allocation or the equivalent of \$545,148.

For Alternative 1, rejection of the application makes the project much more difficult to realize. The downtown situation with so many homeless and indigent people and the disruption they bring is unacceptable. This is one of a number of projects which can start to redress the lives of these people and divert activity away from the regions hospitals which are already under major pressure. The 2007 budget has a provision to partially fund this project.

Alternative 2 supports this application but approving it would exceed the 2007 budget by \$154,852.

Alternative 3 also supports the application but at a reduced amount of \$545,148, taking into account the \$454,852 contribution approved in May to the Pender Island Community Health Centre expansion.

FINANCIAL IMPLICATIONS:

On the basis of a five year term borrowing at 6%, Alternatives 2 and 3 have the following financial implications for the average assessed residential value (\$477,646).

Alternative 2 is \$1.06 (\$0.22 per 100,000 assessed residential value).

Alternative 3 is \$ 0.83 (\$0.17 per 100,000 assessed residential value).

SUMMARY/CONCLUSIONS:

The need to undertake this project is clear and obvious. The downtown has experienced serious decline and projects like this are needed to improve the lives of homeless and other marginalized people and the safety, security and quality of the experience of the Capital Region's downtown. A comprehensive downtown health centre also has the benefit of providing health services for people in a location that they are more likely to use, meaning that treatment will occur earlier and before conditions have worsened to the point of requiring much more expensive emergency care, diagnostics and/or inpatient stays. Regional acute care hospitals are already under constant ongoing emergency and admissions pressure.

The project has the support of the Downtown Service Providers Committee, the United Way and VIHA.

The province is giving very serious consideration to funding this project and the applicants' fundraising campaign is considered achievable, provided that provincial and Regional District approve their funding first. Other lesser funding sources are expected to follow the provincial and Regional District leadership.

Alternatives 2 and 3 support this application. Alternative 2 with a \$700,000 Regional District contribution exceeds the 2007 budget for non-traditional projects by \$154.852.

Alternative 3 with a Regional District contribution of \$545,148 stays within the annual \$1 Million non-traditional project budget.

Alternative 3 is recommended, subject to confirmation of a provincial funding commitment.

RECOMMENDATION:

That the Committee recommends the Capital Regional Hospital District Board:

1. Approve a \$545,148 grant to the Victoria Cool Aid Society and AIDS Vancouver Island as a contribution to the completion of construction of the ACCESS Health Centre at 713 Johnson Street.
2. Direct staff to bring forward a borrowing bylaw to finance the CRHD share through MFA borrowings based on a five year term.
3. That the grant be subject to confirmation of a provincial funding commitment.

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COMMENTS: