Carlington Health and Housing Hub...hopefully!

Barron Meyerhoffer, Director of Planning and Engineering
Ottawa Community Housing Corporation

Cameron MacLeod, Executive Director
Carlington Community Health Centre

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Established as a CRC in 1984 with Jack McCarthy as ED

Converted schoolhouse – built in 1923, purchased and renovated to accommodate CHC in 1994

Currently supported by Champlain LHIN + over 30 other funders

120+ Staff = 70 FTE in current complement

Catchment population is about 53,000

One of Ottawa’s most at-risk communities with over 23% of residents living on ODSP and over 35% living on low income

21% of children scored “low” in 2 or more EDI domains
About Carlington

- Services are broken into four domains:
  - PHC
  - Parent Child
  - HPCT
  - ACTT

- Budget is about $7.5 million - $5 million from the LHIN

- Other revenue lines include City of Ottawa, MCSS, MCYS, MoE, United Way, Community Foundation, Ontario Trillium Foundation

- Programs served over 300 Syrian refugees in the first quarter of 2016
Primary Care Team

- 6.7 FTE Practitioners – 3.7 MD and 2.5 NP
- 6 operational exam rooms ranging from 90 to 110 square feet
- Panel size is 3,500 and climbing
- Allied health includes chiropody, foot care, diabetes education, midwifery, primary care outreach, midwifery, lung health, rapid HIV testing
- Served over 320 Syrian GARs in early-2016 at 2 reception centres
- High number of people with serious mental health and addictions
- Open 09:00 to 16:30 Monday to Friday; and until 20:00 Tuesday to Thursday
- Active participant in the Nurse Graduate Program
- Accept students annually from RN, NP and MD programs
About Ottawa Community Housing (OCH)

- Housing agency for the City of Ottawa
- One of 73, but with 70% of all available affordable housing in the City
- Standalone corporation, City is the single shareholder
- Governed by a Board (12 members), and four committees (Board appointed)
- $150 million per annum operating budget
- Approximately 350 employees
About Ottawa Community Housing (OCH)

- 15,000 for over 32,000 residents
- In-house administration of all tenant accounts (leases, transfers, move outs)
- Community Safety Services: patrol cars and Officers
- Community development through 16 staff
- Day to day maintenance via in-house staff
- Life cycle repairs via in-house project management team
- Regulatory maintenance on life/safety building systems through contracted services with a team of four in-house experts (elevator, fire, HVAC, primary electrical, etc)
- Develop/build new housing
Many residents are combatting the social determinants of health

High number of immigrants and newcomers – over 100 languages spoken at the CHC; 1 in 5 has a mother tongue other than English or French

Clients are very high users of ED services

In Carlington catchment, there are over 770 OCH residents over 65; over 70% live alone; over 36% are over age 75; 61% are women

In Carlington’s catchment, there are 4,272 people living in 1,927 OCH units
The Business Case
Clinic Challenges

- Limited to SIX exam rooms = one per practitioner on duty some days
- Exam room sizes and layouts – some are 80 square feet and the largest is 105 square feet (current standard is 120 square feet)
- Scheduling must be done depending on: type of visit, number of clients to be seen (e.g. families), day of the week, etc.
- Practitioners’ offices are small and have poor access to exam rooms, files and are not ergonomic
- Clinic is located on the second floor of the building with a long staircase and a small elevator
- Small lab (used to draw blood and do basic analyses only)
- Lack of storage
The NOW
The NOW
The Project

The Partnership

- Both organizations see ever increasing need for supports and services
- Both organizations ever increasing need for access to affordable supports and services
- Both organizations are committed to providing excellent services to aging Ottawans
- Ever dwindling resources available to provide supports and services
- Both organizations recognize the link between health, housing, and quality of life
- Ongoing partnership between OCH and CCHC in Community Development and other initiatives
- Both organizations were willing to take a risk, based on good will and the desire to do something innovative to fill a pressing need
Environmental Considerations

- Aging population with increasing health requirements
- Cost of retirement homes out of reach for many
- Aging in place a much better model providing a better quality of life
- The Premier is actively promoting service hubs as the way of the future to enhance access to services and efficiencies in delivery
- The government is actively seeking opportunities to reduce costs in health care through (a) reducing use of emergency departments in situations where primary care is a viable option; (b) improving management of chronic disease by improving access to primary care and health promotion services for seniors; (c) preventing early admissions to long-term care through upstream strategies, including health promotion and place-based primary care
The Project

Other Driving Factors

- Two Ottawa MPPs became champions of the concept
  - Innovative and aligned with the government’s desire to create service hubs
  - Aligned with the Ontario Senior’s Strategy that promotes aging in place, reduced use of ED services by seniors, providing services to seniors close to home (or in their homes)
  - Seen as a replicable model that could be used in other jurisdictions
- OCH had a strong desire to create new housing stock and was particularly interested in senior’s accommodations
- City politicians got behind the idea and worked to see it to fruition
- Both Boards were on-board and excited about the concept
The Project

The Solution

• Housing to be built will be purpose-designed for seniors and affordable
• 42 units in total, 12 market units at $971, 30 units at $432, 12 units barrier-free
• Clinic and access to programs at the CHC is an incredible opportunity
• Carlington CHC area has access to pharmacy, affordable groceries, transportation and more
• Development efficiencies for clinic and housing through sharing of land, site servicing and construction
The VISION!

- Leveraging of current land to accommodate renovation of existing building and new clinic + housing units
- Leveraging OCH’s construction experience to build in the most efficient way
The Politics and the Money

• Pre-Capital Submission was approved by the LHIN and made by CCHC in August 2011
• It lay essentially dormant until September 2013, when meetings were held with MPP Chiarelli and then with OCH CEO Jo-Anne Poirier
• The 2011 MOU was updated and an agreement in principle was struck
• The problem for both agencies was getting the funding
• CCHC had no substantial reserves
The Politics and the Money

• In April 2014, then-Minister of Health and Long-Term Care, Deb Mathews joined MPP Bob Chiarelli at CCHC to announce $4.85 million to be invested in the clinic expansion and the renovation of the current space.

• This news was shared with OCH and they began the process of securing the financing to complete the housing portion of the project, which was estimated at $10 million.
The Funding Journey

CCHC
- HCIB Grant - $4.85 million
- Total estimated project cost = $8 million - build + renovation
- “Own Funds” commitment for renovation = 22%
- Will use City of Ottawa capital funding and reserve fund to honour “own funds” portion
- Subject to HCIB 5-stage submission process

OCH
- Study completed to determine funding options
- Engaged City Councillors
- Submitted grant to City’s housing capital fund in September 2015; and was successful
- Leveraged assets and reserves for balance of require funds
- “All-in” at May 2015
The Timelines
The Timelines
Planning

CCHC

- Project Prime Consultant engaged in August 2015 to write Stage I
- Stage I completed and submitted December 16, 2015
- HCIB responded early-March 2016
- LHIN responded early-May 2016
- Stage I still not approved

- Proceeding “at risk” as OCH required footprint and structural elements to be defined in order to plan units
- Still need to convince HCIB that a new clinic is needed and additional space cannot be added to existing structure
- Working with OCH to allow for “construction management” model to be employed
OCH

- OCH acts as its own general contractor
- OCH uses construction management to help implement the construction
- Zoning amendment went in September 2015
- Site Plan application submitted in March 2016
  - Includes building footprint, site layout, servicing, geotech, ESA, etc
  - Design at 20%

Planning

- Design currently at 60%
- Housing is well defined, the clinic only conceptually due to MOH process
- Site logistics are being prepared (parking, construction, safety)
- Grant money for housing requires OCH to begin construction in 2016
The Legal Stuff

- Two main items are being managed by lawyers:
  - Project Agreement
    - How costs will be shared
    - Roles and responsibilities during construction – including construction methodology
    - Ground lease of property to OCH to facilitate construction
  - Ownership and Operating Structure (Post-Construction)
    - Boards have agreed that when the construction is complete a two-unit condominium will be created – this is of significant concern to HCIB.
    - The Champlain LHIN has endorsed the model and will sign off at the same time as it completes its review and approval of the Stage I submission
    - Operating agreement and/or reciprocal agreement
Project Status

- Active
- On Hold
- Completed
- Dropped
Lessons Learned

- Capital Projects of this type are “new territory” to HCIB and they are apprehensive and cautious
- Capital Projects are less about need and more about politics
- Data is king – in order to move a project of this nature ahead, the data must be clean and clearly presented
- Getting funds committed does not mean you actually get to spend them as they were intended
- Construction and primary care and two very distinct skill sets!
- Don’t assume “it’s a little thing” – like a community garden
- HCIB doesn’t care of you are building a hospital or an outhouse, the rules are the same...and so are the timelines!
- HCIB does not have its head around joint ventures
- Good ideas are worth sharing!
QUESTIONS???