Minutes – Executive Policy Committee – June 7, 2006

REPORTS

Minute No. 427 Mount Carmel Clinic, 886 Main Street
File PR-2.6(35)

EXECUTIVE POLICY COMMITTEE RECOMMENDATION:

The Executive Policy Committee received as information the recommendation of the Riel Community Committee regarding identifying an alternate funding source for the Mount Carmel Clinic Complex Phase I project.

DECISION MAKING HISTORY:

Moved by Councillor Clement,

That the Riel Community Committee recommendation be received as information.

Carried

COMMUNITY COMMITTEE RECOMMENDATION:

On May 30, 2006, the Riel Community Committee recommended that the Executive Policy Committee identify an alternate funding source for the Mount Carmel Clinic Complex Phase I project.

On May 23, 2006, the Lord Selkirk-West Kildonan Community Committee filed the application from Mount Carmel Clinic for a Community Incentive Grant in the amount of $100,000.00 to assist with the cost of the Mount Carmel Clinic Complex Phase 1 project. Further, the Community Committee also requested the applicant to meet with the Administration for the purposes of filing a new application that would meet the criteria of the Community Incentive Grant Program.

COMMUNITY INCENTIVE GRANT PROGRAM
APPLICATION EVALUATION

Applicant:	Mount Carmel Clinic	**Total Project Cost:**	$1,130,410.00
Project Description:	Mount Carmel Clinic Complex Phase I	**Grant Requested:** **Maximum Allowed:**	**$100,000.00** $565,205.00
Date of Application:	May 8, 2006	**% of Total Project Cost:**	**9%**

Funding Sources:	**Amount**	**Confirmed**
Mount Carmel Clinic	$250,000.00	Yes
Winnipeg Partnership Agreement	$250,000.00	No
Intergovernmental Affairs	$100,000.00	No
Winnipeg Foundation	$50,000.00	Yes
Total	$650,000.00	

	Meets Program Eligibility and Selection Criteria	**Yes**	**No**
1a)	Organization is a **non-profit community organization offering sport or recreation services** or is a non-profit community organization that **contributes to the health and well-being of the community**;	X	
b)	through the development of a **sport or recreation capital project**;		X
c)	that is **accessible to the community**.	X	
2	Makes a significant contribution to the **long-term benefit** of the community at large in terms of **improved facilities.**	X	
3	Does not compete with or duplicate other community facilities.	X	
4	**Benefits the community at large** and remains **accessible to all members of the community**.	X	
5	Includes confirmation of sufficient resources to maintain and operate completed projects.	X	
6	Clearly articulates a plan of activities including projected work schedules, material, labour, equipment and other project requirements. Project leads to the completion of a substantial physical product.	X	
7	Is feasible within the project management capabilities of the applicant.	X	
8	Total project funding is confirmed.		X
9	**Does not include any funds from the City**.	X	

Criteria Exceptions:

- Organization is a non-profit community organization offering sport or recreation services or is a non-profit community organization that contributes to the health and well-being of the community; **but not** through the development of a sport or recreation capital project; that is accessible to the community.

Department Financial Implications:

Departmental Recommendations:
That this application be denied.

Prepared by: Community Services Department
Date: **May 11, 2008**
Application Evaluation Revised September 25, 2003

THE CITY OF WINNIPEG
COMMUNITY INCENTIVE GRANT PROGRAM
APPLICATION

Please refer to the "Guide to Applicants" for assistance completing this form.

1. Name of Organization: MOUNT CARMEL CLINIC
2. Mailing Address: 886 MAIN STREET
   Postal Code: R2W 5L4 Phone No.:
   Fax No: 582-1341 Email:
3. Name of designated officials to be contacted about this application:
   Name: BRENDA SLOBOZIAN Phone (Res.):
   Position: EXECUTIVE DIRECTOR Phone (Bus.):
   Name: TRACY CAPPELLO Phone (Res.):
   Position: DIRECTOR OF FINANCE Phone (Bus.):
4. How long has the organization been in operation? 80 YEARS
5. **CIGP Requested Amount** $100,000. (Max. 50% of Total Project Cost)

LIST OTHER SOURCES OF FUNDING	AMOUNT	CONFIRMED
SOURCE # 1. MOUNT CARMEL CLINIC	$250,000.	YES ☑ NO ☐
SOURCE # 2. WINNIPEG PARTNERSHIP AGREEMENT	$250,000.	YES ☐ NO ☑
SOURCE # 3. INTERGOVERNMENTAL AFFAIRS	$100,000.	YES ☐ NO ☑
SOURCE # 4. WINNIPEG Foundation	$50,000	YES ☑ NO ☐
Total Project Cost	$1,130,410.00	

Has this project received prior funding under the Community Incentive Grant Program? YES ☐ NO ☐

6. Name of Project: MOUNT CARMEL CLINIC COMPLEX PHASE I
7. Location of Project: 886 MAIN STREET, WINNIPEG, MANITOBA
   Preferred Start Date: NOV./06 End Date: March/07
8. **Detailed Project Description: Attach on separate sheets or use the reverse side of this application.** PLEASE SEE ENCLOSED.

APPLICANT SIGNATURES

I/We hereby certify that I/we am/are the authorized signing officer(s) of the applying organization and this application is accurate to the best of my/our knowledge.

SIGNATURE	TITLE/POSITION	DATE
B. Slobozian	Executive Director	April 27/06.
P. G. Gibb	BOARD CHAIR	May 1/06

SIGNATURE TITLE/POSITION DATE

MOUNT CARMEL CLINIC



Mount Carmel Foundation

886 Main St. Winnipeg, MB - R2W 5L4 Ph: 582-2311 FAX: 582-1341

May 4, 2005

Deputy Mayor Mike Pagtakan
Community Incentive Grant Program
c/o Community Services Department
8th Floor-395 Main Street
Winnipeg, Manitoba
R3B 3N8

Dear Mr. Pagtakan:

Re: **Mount Carmel Clinic Complex**
Phase 1

Mount Carmel Clinic was established in 1926 as a non-profit organization with the objective of providing Jewish immigrants with access to basic medical and dental services. The Clinic has evolved over the years to provide a much broader range of programs and, although we continue to serve clients predominantly from Winnipeg's North End, the demographic has changed significantly. Our current clientele is comprised of a large population of Aboriginal people, including Aboriginal women, children and at-risk youth. As well, the Multicultural Wellness Program serves immigrants and refugees from 33 countries of origin, and these clients have access to counselling, as well as primary care, dental and other clinic services. Community advisory committees have been established to set the agenda for education, support and capacity building within three newcomer communities.

Recently, the CIBC gifted their Main Street Branch building (888 Main Street) to the clinic. This provided the impetus for Mount Carmel Clinic to engage the community in the creation of a long-term vision to accommodate the evolving and growing needs of inner city residents.

Local citizens and agency representatives participated in a series of consultations to determine how this gifted space could best be used collaboratively. Prairie Architects Inc. facilitated a collective design process held in the CIBC building involving seventy representatives from the North End community, non-profit agencies, local businesses, board members and staff. This process was used to inform our vision for the Mount Carmel Clinic Complex, with the development of the CIBC building as ***Phase I*** of a three-phase design.

Inner City Renovations, a local company, has been hired to provide construction management in keeping with community economic development principles. Prairie Architects will be incorporating the LEED and C-2000 concepts to create a showcase of sustainability for the total complex.

We will be partnering with the Community Financial Services Centre as they will be included in this building as part of our community development focus. This service will enhance access to mainstream financial services for low-income residents while reducing reliance on pawn shops, money marts and other predatory financial services. **All of the direct health services will remain in the existing clinic building. This new space will provide a home for the Multicultural Wellness Program, Parenting Student Support Program and satellite offices will be offered to many of the sister non-profit organizations we work with and other North end community groups**(please refer to the enclosed grant). In addition, letters of support from Community Partners supporting this project are attached .

Please accept our application for a grant from the the Community Incentive Program to assist us with a portion of the cost of the Mount Carmel Clinic Complex-***phase 1.*** We are requesting a one time capital contribution of $100,000.00 in support of this project as we anticipate a shortfall of $99,410.00. Contributions from the Clinic, grant funders and private donations collectively will ensure a successful outcome.

Thank you for considering this proposal.

Yours truly,

Brenda Slobozian
Executive Director
Mount Carmel Clinic

Mindy Barsky-Veitch
Executive Director
Mount Carmel Foundation

A. Mount Carmel Clinic Complex-*Phase 1*

B. Mount Carmel Clinic
886 Main Street
Winnipeg, Manitoba R2W 5L4

Primary Contact: Ms. Brenda Slobozian
Executive Director, Mount Carmel Clinic

Secondary Contact: Ms. Tracy Cappello
Director of Finance, Mount Carmel Clinic

C. Mount Carmel Clinic was established by the Jewish community in 1926 and is considered to be the first community health centre in Canada. The Clinic offers a broad range of physician, nursing, diagnostic, pharmaceutical, dental, social and outreach, counselling, adolescent health, community education, health promotion, early childhood education and care services. Programs are focused on meeting the needs of core area residents, many of whom experience complex health and social concerns.

The Clinic currently employs 170 individuals in full, part-time and casual positions, representing a broad range of position classifications and a diversity of backgrounds, as well as 5.9 physicians and 1.1 dentists. Our staff recognizes the many barriers clients face as they attempt to access service and sensitively address issues related to transportation, child care, language and literacy.

The Board of Mount Carmel Clinic has adopted a vision of population health, a framework designed to positively influence the health of the community that extends far beyond the traditional orientation towards health service provision. Research has demonstrated that health is influenced by a complex inter-relationship among an entire range of determinants, including economic, social, cultural, educational, employment and health care factors. It is therefore incumbent upon community health agencies such as ours to broaden our scope of programming to achieve the greatest possible impact on these influencing factors. Several key initiatives have recently been undertaken by the Clinic that are consistent with a population health approach:

- *A new Director of Community Development has initiated activities that include the Anti-Poverty Legislation Coalition and the development of a food security strategy for the North End in partnership with the Social Planning Council, Winnipeg Harvest and other North End agencies;*
- *Support for local economic development as an inaugural purchasing partner in the Social Purchasing Portal, and through the development of local purchasing policies;*
- *Selection of an architect for development of the CIBC branch building who is supportive of our desire to procure goods and services for the construction project from local businesses;*

- *Initial steps towards the development of a workforce representative of our community, through a partnership agreement with the Manitoba Metis Federation and the Assembly of Manitoba Chiefs;*
- *Active participation in the Employment Development Systems initiative of the North End Community Renewal Corporation, a partnership designed to reduce barriers to meaningful employment for North End residents;*
- *Intent to house and to work collaboratively with the Community Financial Services Centre designed to provide basic financial services to low-income individuals at a cost similar to that experienced by those in middle and upper income brackets;*
- *Involvement with the Winnipeg Chamber of Commerce in a committee exploring issues of poverty.*
- *Partnerships with Winnipeg Integrated Services Initiative: 40 agencies represented in a Homelessness Initiative: three priority areas in which the committee is involved include primary care service delivery, mental health services and housing.*

D. The North End/Point Douglas community served by Mount Carmel Clinic is one of the earliest settlements in Winnipeg. Today, the major ethnocultural groups represented in the area are Aboriginal (26%), Filipino (16%) and Ukrainian (14%). The residents of this inner city community are confronted on a daily basis with the profound impacts of poverty, which contributes to health status indicators significantly below the regional average.

It is widely acknowledged that income and social status are important factors influencing the health of a community, with an emerging understanding that health is impacted not so much by the absolute wealth of a society as inequities in the distribution of that wealth. With each downward step on the socioeconomic ladder, a significant decline in health status is observed. Within Winnipeg's poorest communities, widening regional inequality is reflected in premature mortality and morbidity.

Educational attainment and employment opportunities are considered key components of socioeconomic status and are positively associated with health. People with higher levels of education have improved access to healthy physical environments, are better able to prepare their children for school, are more physically active, have access to better nutrition and smoke less. The benefits of employment extend beyond the purpose of providing money, to offering individuals a sense of purpose and opportunity for personal growth.

Several socioeconomic indicators* are therefore of concern within the North End/Point Douglas community served by Mount Carmel Clinic:

- *Average household income is $33,831 with a median household income of $26,749;*
- *Median income for females is $14,229 and for males $18,688;*
- *Incidence of low income for private households is 41%, compared to Winnipeg Region at 20%, Manitoba at 18% and Canada at 16%;*
- *Percentage of residents aged 20 and over with less than a high school education is 17%, with approximately 27% attaining a high school diploma; this represents the lowest level of educational attainment across the Winnipeg Region;*

- *Labour force participation rates for those 15 years and older is 59% (51% female and 67% male) compared with 68% for Winnipeg Region; this represents the lowest rate of labour force participation across the Winnipeg Region.*

**Data obtained from Community Health Assessment Report, Winnipeg Regional Health Authority, 2003 www.wrha.mb.ca*

The following services and programs will be relocated to the new building:

- *The Multicultural Wellness Program (formerly Cross Cultural Counselling Program) which offers linguistically appropriate and culturally sensitive support services to immigrants and refugees. In the last fiscal year, this program delivered 1296 counselling sessions to 758 individuals from 33 countries of origin;*

- *The Parenting Student Support Program, an early intervention program that works with pregnant or parenting youth who wish to stay in school, go back to school, or enter a vocational training program;*

- *Finance and Administration*

In addition, welcoming community space has been added with the intent of providing programming designed to impact the broader determinants of health, including:

- *Housing the Community Financial Services Centre, with access to the CIBC ABM machine to provide serve to low-income clients;*
- *Complimentary access to computers and telephones for area residents;*
- *Space for local community groups to deliver a broad range of cultural, educational and other offerings specific to their needs (e.g. language classes, addictions support groups, craft classes, etc.);*
- *Space for local agencies to improve access through delivery of their programs in a second location (e.g. employment counselling, income tax preparation, legal services, etc.);*
- *Space for the Clinic to provide a broad range of health education programs (e.g. CPR, First Aid, diabetes education, nutrition education, pre-natal classes, etc.);*
- *Space for the Mount Carmel Foundation offices.*

OTHER PARTNERSHIPS INCLUDE:

Strengthening the Family Project

Sexuality Education Resource Centre
Klinic
Immigrant Women's Counselling Service

North End Safer Corridors Project/Biindigen!

North End Community Renewal Corporation
North End Schools: William White, Strathcona, David Livingstone, Holy Ghost, Imm. Heart of Mary, Neechi Mahkwa
North End Women's Centre
N'Dinawe
MaMaWi Wi Chi Itata Inc
Elisabeth Fry

Good Food Box

Community Economic Development Technical Assistance (CEDTAS) SEED Winnipeg
WRHA
Public Health Agency of Canada
FACT Coalition
Healthy Start for Mom and Me
Harvest
Health Living

Multicultural Wellness Program

Indo Canadian Community Advisory Committee
Filipino Community Advisory Committee
Columbia Community Advisory Committee

Individual Counselling

Lord Selkirk Resource Centre

Parenting Student Support Program

FACT Coalition
Urban Circle Training Centre
Winnipeg Youth Committee for Safety

OUR DEVELOPMENT STRATEGY

Mount Carmel Clinic has recognized the need to proceed with the various components of our space development plan through a phased approach.

Phase I	*Development of the CIBC building*
Phase II	*Redevelopment of the existing Clinic space*
Phase III	*Development of the link structure*

Together with the Mount Carmel Foundation, we have recently embarked on a fundraising strategy designed to build internal fund development capacity, and to raise the necessary capital to develop the Mount Carmel Clinic complex. This strategy

includes a combination of funding requests to government agencies, corporations and individual donors as well as the use of existing Foundation and Clinic resources.

The Mount Carmel Foundation has committed to supporting the ongoing operating costs of this facility as required for the life of the project. This is a significant financial commitment for the Mount Carmel Foundation, given their early stage of development as a fundraising organization. It is our hope to reduce their obligation over the long term using a combination of cost reduction and revenue generating strategies. To date, we have successfully appealed to the City of Winnipeg for a reduction in property taxes, with the possibility that a second stage appeal may result in further reductions. Operating costs have been further reduced through the integration of the security needs of the CIBC facility with those of the Clinic building. As well, it is our intent to explore all opportunities for rental revenue through partnerships with community agencies, the Winnipeg Regional Health Authority and other compatible organizations.

CIBC Renovation Project
Financial Plan
As of April 30, 2006

Mount Carmel Clinic - CIBC Renovation					Amount	Status
Expenses						
Project Budget					1,130,410.00	
Bridge Financing						
Mount Carmel Clinic/Foundation						
Expansion Plan Funding				250,000.00		
In Kind				-	250,000.00	Confirmed
Grant Applications						
Winnipeg Partnership Agreement				250,000.00		Applied
Manitoba Community Places				50,000.00		Applied
Manitoba Community Incentive Grant						
Ministr of Intergovernmental Affairs				100,000.00	400,000.00	Applied
Foundation Applications						
Mount Carmel Foundation 2003/2004	Mar-04			18,500.00		Confirmed
Mount Carmel Foundation 2004/2005	Mar-05			20,000.00		Confirmed
Mount Carmel Foundation 2005/2006	Mar-06		*Note 1*	5,000.00		Planned
Mount Carmel Foundation 2006/2007	Mar-07		*Note 1*			Planned
Mount Carmel Foundation 2007/2008	Mar-08		*Note 1*			
Winnipeg Foundation				50,000.00		Confirmed
Other Foundations				20,000.00	113,500.00	Planned
Donations						
Canadian Imperial Bank of Commerce				240,000.00		Confirmed
Prairie Architectural Services				2,500.00		Confirmed
Corporate				15,000.00		Planned
Private				10,000.00	267,500.00	In Progress
CIBC Bridge Financing(Re Foundation 2007/2008)						
Shortfall					(99,410.00)	

Note 1 *Requires Foundation Approval*