



Notice of Meeting and Meeting Agenda Hospitals and Housing Committee

Wednesday, March 2, 2022

1:30 PM

6th Floor Boardroom
625 Fisgard St.
Victoria, BC V8W 1R7

J. Loveday (Chair), G. Orr (Vice Chair), D. Blackwell, S. Brice, F. Haynes, L. Helps, G. Holman,
K. Murdoch, D. Screech, C. Plant (Board Chair, ex officio)

The Capital Regional District strives to be a place where inclusion is paramount and all people are treated with dignity. We pledge to make our meetings a place where all feel welcome and respected.

1. Territorial Acknowledgement

2. Approval of Agenda

3. Adoption of Minutes

3.1. [22-155](#) Minutes of the February 2, 2022 Hospitals and Housing Committee Meeting

Recommendation: That the minutes of the Hospitals and Housing Committee meeting of February 2, 2022 be adopted as circulated.

Attachments: [Minutes - February 2, 2022](#)

4. Chair's Remarks

5. Presentations/Delegations

The public are welcome to attend CRD Board meetings in-person.

Delegations will have the option to participate electronically. Please complete the online application for "Addressing the Board" on our website and staff will respond with details.

Alternatively, you may email your comments on an agenda item to the CRD Board at crdboard@crd.bc.ca.

6. Committee Business

6.1. [22-145](#) Tenant Advisory Committee 2021 Year End Report

Recommendation: That the Tenant Advisory Committee 2021 Year End Report be received for information.

Attachments: [Staff Report: Tenant Advisory Committee Year End Report](#)
[Appendix A: Tenant Advisory Committee 2021 Annual Work Plan](#)

6.2. [22-142](#) Oak Bay Lodge Redevelopment Public Engagement Update

Recommendation: The Hospitals and Housing Committee recommends to the Capital Regional Hospital District Board:
That the Oak Bay Lodge Redevelopment Public Engagement Update report be received for information and that staff be given the direction to proceed with exploring financing and funding options with Island Health while simultaneously proceeding with project scoping, design and procurement for general rezoning. Staff will report back with a cost to proceed and award of contracts.

Attachments: [Staff Report: Oak Bay Lodge Redev't Public Engagement Update](#)
[Appendix A: Round 2 Consultation Summary Report, Sept 2021](#)
[Appendix B: Round 2 Community Consultation Discussion Guide](#)
[Appendix C: Summary Feedback Rec'd from District of Oak Bay](#)

6.3. [22-143](#) Hospital District Act Amendment Request

Recommendation: The Hospitals and Housing Committee recommends to the Capital Regional Hospital District Board:
That a joint letter with the Regional Hospital Districts (RHDs) be sent to the Ministry of Health requesting the Hospital District Act be updated and that the RHDs be consulted and engaged in the process as part of the legislative review.

Attachments: [Staff Report: Hospital District Act Amendment Request](#)
[Appendix A: Letter to Hon. Adrian Dix, Minister of Health](#)

6.4. [22-144](#) Regional Housing Affordability Strategy Status Report

Recommendation: The Hospitals and Housing Committee recommends to the Capital Regional District Board:
That the Regional Housing Affordability Strategy Status Report be received for information.

Attachments: [Staff Report: Reg'l Housing Affordability Strategy Status Rpt](#)
[Appendix A: Reg'l Housing Affordability Strategy Status Rpt 2022](#)

6.5. [22-086](#) Capital Regional Hospital District Investment Portfolio Holdings and Annual Performance Update

Recommendation: The Hospitals and Housing Committee recommends to the Capital Regional Hospital District Board:
That the Capital Regional Hospital District Investment Portfolio Holdings and Annual Performance Update report be received for information.

Attachments: [Staff Report: CRHD Investment Portfolio Update](#)
[Appendix A: Market Analysis CRHD](#)

6.6. [22-087](#) Capital Region Housing Corporation Investment Portfolio Holdings and Annual Performance Update

Recommendation: The Hospitals and Housing Committee recommends to the Capital Region Housing Corporation Board:
That the Capital Region Housing Corporation Investment Portfolio Holdings and Annual Performance Update report be received for information.

Attachments: [Staff Report: CRHC Investment Portfolio Annual Update](#)
 [Appendix A: Market Analysis CRHC](#)

7. Notice(s) of Motion

8. New Business

9. Adjournment

The next meeting is April 6, 2022.

To ensure quorum, please advise Tamara Pillipow (tpillipow@crd.bc.ca) if you or your alternate cannot attend.

Meeting Minutes

Hospitals and Housing Committee

Wednesday, February 2, 2022

1:30 PM

6th Floor Boardroom
625 Fisgard St.
Victoria, BC V8W 1R7

PRESENT

Directors: J. Loveday (Chair), G. Orr (Vice Chair) (EP), D. Blackwell (EP), J. Brownoff (for S. Brice) (EP), S. Potts (for L. Helps) (EP), G. Holman (EP), K. Murdoch (1:33 pm EP), D. Screech (EP)

Staff: R. Lapham, Chief Administrative Officer; K. Lorette, General Manager, Planning and Protective Services; M. Barnes, Senior Manager, Health and Capital Planning Strategies; D. Elliott, Senior Manager, Regional Housing; M. Lagoa, Deputy Corporate Officer; S. Orr, Senior Committee Clerk, J. Dorman, Committee Clerk, T. Pillipow, Committee Clerk (Recorder)

EP - Electronic Participation

Guests: Jamie Braman, Vice President, Communications, Island Health; Sarah Crawford-Bohl, Executive Director, Island Health; Scott McCarten, Executive Director, Island Health

Regrets: Directors S. Brice, F. Haynes, L. Helps, C. Plant (Board Chair, ex officio)

The meeting was called to order at 1:30 pm.

1. Territorial Acknowledgement

Chair Loveday provided a Territorial Acknowledgement.

2. Approval of Agenda

MOVED by Director Blackwell, **SECONDED** by Director Orr,
That the agenda for the February 2, 2022 Hospitals and Housing Committee
meeting be approved.
CARRIED

3. Adoption of Minutes

- 3.1. [22-060](#) Minutes of the December 1, 2021 Hospitals and Housing Committee Meeting

MOVED by Director Blackwell, **SECONDED** by Director Murdoch,
That the minutes of the Hospitals and Housing Committee meeting of December
1, 2021 be adopted as circulated.
CARRIED

4. Chair's Remarks

Chair Loveday spoke of the recent extreme weather events which have presented us with the challenge of ensuring we are providing affordable, environmentally responsible housing.

The Chair also acknowledged the good work done by staff to lessen the impact to residents during these events.

5. Presentations/Delegations

5.1. [21-862](#) Presentation: Jamie Braman and Sarah Crawford-Bohl, Island Health Re: Urgent and Primary Care Centres

J. Braman and S. Crawford-Bohl presented the Urgent and Primary Care Centres (UPCC) report.

Discussion ensued on the following:

- the recruitment and retention strategy of medical staff
- criteria for an area to qualify for a UPCC
- how local politicians can advocate to the Province for additional support in the capital region
- the future vision of patient care
- challenges of the fees-for-service model of remuneration
- positive progress related to the key challenges being faced by Island Health
- including a physician on the Island Health Board of Directors
- a progress report on the registry for residents in search of a new family doctor

There were no delegations.

6. Committee Business

6.1. [22-024](#) 2022 Hospitals and Housing Committee Terms of Reference

K. Lorette spoke to Item 6.1.

**MOVED by Director Murdoch, SECONDED by Director Blackwell,
That the Hospitals and Housing Committee receive the 2022 Terms of Reference
attached at Appendix A.
CARRIED**

6.2. [22-076](#) Regional Housing Advisory Committee Terms of Reference Amendment

K. Lorette spoke to Item 6.2.

Discussion ensued on inclusion of private developers as Members at Large.

**MOVED by Director Murdoch, SECONDED by Director Orr,
That the amended Terms of Reference for the Regional Housing Advisory
Committee as presented in Appendix A be approved.
CARRIED**

6.3. [22-077](#) Community Advisory Board Terms of Reference Amendment

K. Lorette spoke to Item 6.3.

Discussion ensued on the following:

- honorariums for members of the Community Advisory Board (CAB) with lived experience
- that staff take comments to the next CAB meeting and report back with any additional comments

**MOVED by Director Murdoch, SECONDED by Alternate Director Potts,
That the amended 2022 Reaching Home Community Advisory Board Terms of
Reference as presented in Appendix A be received for information.
CARRIED**

6.4. [22-036](#) Previous Minutes of Other CRD Committees and Commissions for Information

**MOVED by Director Murdoch, SECONDED by Alternate Director Potts,
That the following minutes be received for information:**

- a) Regional Housing Advisory Committee minutes - September 23, 2021

CARRIED

7. Notice(s) of Motion

There were no notice(s) of motion.

8. New Business

There was no new business.

9. Adjournment

**MOVED by Director Murdoch, SECONDED by Alternate Director Potts,
That the February 2, 2022 Hospitals and Housing Committee meeting be
adjourned at 2:50 pm.
CARRIED**

CHAIR

RECORDER

REPORT TO HOSPITALS AND HOUSING COMMITTEE MEETING OF WEDNESDAY, MARCH 02, 2022

SUBJECT Tenant Advisory Committee 2021 Year End Report

ISSUE SUMMARY

To provide the Capital Regional District's (CRD) Hospitals and Housing Committee (HHC) an overview of 2021 activities of the Tenant Advisory Committee (TAC) in accordance with the TAC Terms of Reference.

BACKGROUND

At the April 11, 2018 CRD Board meeting, the TAC was established through the HHC. The recommended membership of the TAC includes the Chair or a delegate of the HHC and up to eight tenant representatives in good standing. Tenants in good standing are individuals who have been tenants with the Capital Region Housing Corporation (CRHC) for 12 consecutive months, have paid their rent on time and in full for the previous six months, have maintained their unit in good condition with no damage in excess of normal wear and tear, and have ensured that their standard of conduct has not resulted in a warning letter from CRHC.

The purpose of the TAC, through the HHC, is to promote effective communication, engagement and collaboration between the CRHC and its tenants, and provide information, feedback and advice regarding tenant-related policies and programs to support healthier and more livable communities. An overview of 2021 TAC activities is attached as Appendix A – Tenant Advisory Committee 2021 Annual Work Plan.

ALTERNATIVES

Alternative 1

That the Tenant Advisory Committee 2021 Year End Report be received for information.

Alternative 2

That the Tenant Advisory Committee 2021 Year End Report be referred back to staff for further review based on Hospitals and Housing Committee direction.

IMPLICATIONS

Social Implications

Staff received feedback from TAC in 2020 that additional clarity on the specific role of TAC members on identified work plan items would support increased engagement and would solicit more fulsome feedback. The 2021 Annual Work Plan was built using the International Association for Public Participation (IAP2) spectrum for public participation with the intent of introducing increased clarity on the purpose of engaging TAC on the work plan items. This can be seen in the specific anticipated outcomes as outlined in the Plan.

The TAC met a total of five times in 2021 beginning with 2020 year end reporting, new member orientation, election of TAC Co-chair and ranking a number of priorities identified in a survey conducted in late 2020. Staff worked in support of hybrid meetings through 2021 as some TAC members preferred in-person meetings while others could only participate electronically. This enabled a relatively high and ongoing rate of participation among members. However, there were some instances where members were absent for multiple meetings and staff are working to continue to increase participation rates for 2022.

The TAC approved the 2021 Annual Work Plan in Q2, 2021, which then informed how staff were able to advance specific items forward to the TAC for information, consultation, or involvement. The TAC moved through all of the identified 2021 Annual Work Plan items that touched on various policies and programs implemented by CRHC and relevant legislation that defines the rights and responsibilities of tenants and landlords. Work on safety issues and CRHC process and some aspects of place-making were deferred to 2022 and will inform the 2022 Annual Work Plan currently under development.

Going into 2021, the Terms of Reference for the TAC were changed to establish length of term for each member. As of December 31, 2021, four TAC members have ended their terms with four continuing to serve throughout 2022. Notices were distributed to all CRHC tenants asking for applications for the 2022-2024 TAC term. Thank you gifts were given to all exiting members to acknowledge their contributions.

Service Delivery Implications

The TAC plays an important role in providing information, feedback and advice to CRHC staff. In total, the TAC approved 10 specific items to tackle in the 2021 Annual Work Plan. Of these 10 items, eight were fully completed, one is 50% completed and one was deferred to 2022. A critical project completed in 2021 where TAC was consulted includes the Tenant Orientation Pilot Project Presentation. These videos can be found:

[Welcome to the CRHC](#)
[Who to Contact](#)
[Maintenance](#)
[Being a Good Neighbour](#)

Other areas where the perspective of the TAC helped to enhance service delivery include communications with tenants, accessibility efforts, tenant engagement projects, and place-making activities. The TAC also provided a venue to hear about what is working well. Examples of what is currently working well included the ongoing work of caretakers and office staff, the work undertaken by the Tenant Engagement team, the general tidiness and landscaping at properties, the orientation for new tenants and the responsiveness and speed of issue resolution.

Tenant Engagement (TE) as a related function of the TAC continues to be impacted by COVID-19 regulations, particularly in CRHC's apartments for seniors and people with disabilities, many of whom are still being very cautious with regard to contacts and interactions. TE supported the following projects and activities. The Pet Policy review and dog pilot was completed. Accessibility was examined with the assistance of the TAC and several areas were put forward for review. TE continues to maintain relationships with vulnerable tenants and partner organizations to support eviction prevention and quality of life for CRHC tenants.

Alignment with Board & Corporate Priorities

The CRD's 2019-2022 Board Priority of Community Wellbeing includes housing as a key component. Specifically, that the CRD will advocate, collaborate and form partnerships to address affordable housing needs of a growing and diverse population. The TAC represents residents across a range of CRHC properties and helps to inform service planning, trend identification, tenant engagement and policies that contribute to enhanced community wellbeing.

CONCLUSION

The TAC continues to play an important role in providing information, feedback and advice regarding tenant-related policies and programs to support healthier and more livable communities across CRHC's 50 buildings. Staff made efforts to introduce enhanced clarity for TAC members on an item-by-item basis to increase the quality of engagement and support the continued participation of TAC members. In total, the TAC completed 85% of the identified 2021 Annual Work Plan activities with those deferred items being used to inform the 2022 Annual Work Plan currently under development.

RECOMMENDATION

That the Tenant Advisory Committee 2021 Year End Report be received for information.

Submitted by:	Don Elliott, MUP, Senior Manager, Regional Housing
Concurrence:	Kevin Lorette, P. Eng., MBA, General Manager, Planning & Protective Services
Concurrence:	Robert Lapham, MCIP, RPP, Chief Administrative Officer

ATTACHMENTS

Appendix A: Tenant Advisory Committee 2021 Annual Work Plan

TENANT ADVISORY COMMITTEE						
2021 ANNUAL WORK PLAN						
Goals	S/N	Key Tasks	Status	Timeframe	Meeting Format	Anticipated Outcomes
1.0 Recommend Priorities	1.1	Receive survey of TAC members to inform priorities for 2021 Work Plan	Complete	April	1. Survey Results	Consult: Receive and review survey results to identify priorities for 2021.
	1.2	Approval of 2021 Annual Work Plan	Complete	April	1. 2021 Work Plan	Empower: Receive and review draft 2021 Work Plan to see how CRHC staff have incorporated 2021 TAC priorities into operational activities.
	1.3	Carry out survey of TAC members to inform priorities for 2022 Work Plan	Complete	December	1. Survey Distributed	Involve: Develop and launch survey to help inform 2022 Work Plan.
2.0 Improve Tenant Satisfaction	2.1	Accessibility In All Its Forms	Complete	October	1. Facilitated conversation	Inform: Staff to provide overview of current accessibility and accommodation at sites & for individual tenant needs. Consult: Facilitate discussion to highlight TAC's areas of focus or where more information is required. Involve: Next steps?
	2.2	Snow Removal	Complete	June	1. Presentation on snow removal	Inform: Staff to provide information regarding current practice with respect to snow removal.
	2.3	Place-Making Activities	In progress	December October	1. Presentation on waste removal. 1 a. Identification of approach to resourcing clean-up. 2. Presentation on CRHC signage across properties. 2a. Discussion of improvements to support increased Pride of Place.	1. Inform: Staff to provide overview of waste management at sites; CT role vs contractor role including tenant role. 1a. Consult: Facilitated discussion to gather ideas from TAC on positive engagement strategies. 2. Inform: Staff to provide overview of site sign changes. 2a. Consult: Facilitated discussion to gather input - details to be determined.
	2.4	Safety Issues and CRHC Processes	Delayed	December	1. Presentation on Rules, Enforcement, Rights/Responsibility and the law.	Inform: Staff to provide outline of the law governing tenancies as it relates to safety issues. Sharing the impact these laws have on CRHC's policies (such as; eviction prevention), procedures, rules and enforcement throughout tenancies.
3.0 Inform Development of Tenant Engagement Plans	3.1	Tenant Orientation Pilot Project Presentation	Complete	June	1. Presentation on video-based Tenant Orientation. Draft In-Person Orientation Materials.	Inform: Staff to present Tenant Orientation videos. Consult: Facilitated discussion to develop needs of tenants at move in to improve our in-person rollout.
	3.2	Tenant Engagement Overview	Complete	December	1. Presentation on Tenant Engagement activities. (Community building within Community) a. Facilitated discussion: Emergency Preparedness	Consult: Facilitated discussion to examine engagement successes and areas of focus for the future. Involve: To work with TAC members to determine strategies for future engagement opportunities.
4.0 Provide Feedback on Policy	4.1	Pet Policy	Complete	April through December	1. Presentation on Pet Pilot Program.	Inform: (2020) Staff provided Pet Policy and outlined pilot program underway to allow dogs at some buildings. Provided the outcome of staff engagement (working group & survey) which highlighted challenges and concerns for health & safety issues. Consult (2020): CRHC asked for feedback from TAC on possible solutions to the challenges and concerns identified by staff. Inform (2021): Staff will provide a memo outlining the benefits & challenges of pet ownership along with an outline of the current pilot program, including key operational indicators marking success or failure.
	4.2	Non-Smoking Policy	Complete	June	1. Information on current policy. 2. Review current mitigation efforts. Clean Air Bylaw not applicable.	Inform: Staff will provide information on the current Non-Smoking Policy and how it was applied to certain sites. Highlighting the smoke mitigation Pilot Project employed through Tenant Engagement.

REPORT TO HOSPITALS AND HOUSING COMMITTEE MEETING OF WEDNESDAY, MARCH 02, 2022

SUBJECT Oak Bay Lodge Redevelopment Public Engagement Update

ISSUE SUMMARY

To provide an update on the second round of public engagement and next steps.

BACKGROUND

The Capital Regional Hospital District (CRHD) took ownership of Oak Bay Lodge (2251 Cadboro Bay Road) from Vancouver Island Health Authority (Island Health) effective August 14, 2020. On October 14, 2020 the CRHD Board approved the award of contract to Kirk & Co. Consulting Ltd. for public engagement on the Oak Bay Lodge Redevelopment project. At the June 02, 2021 Hospitals and Housing Committee, staff reported on the first stage of the public engagement process focused on seeking community feedback and ideas regarding the future development of the Oak Bay Lodge property. The first round of consultation took place between January 6 and February 4, 2021. There was significant interest from the community in this initial consultation period, with over 759 public and stakeholder interactions. We engaged the community on three healthcare service areas: primary care, senior's hub, and a public health unit. There were also comments and questions related to engagement, decision-making and project timeline, including involvement of other agencies, covenants on the property, municipal zoning, demolition and construction.

As part of the CRHD's mandate to develop and improve healthcare facilities, in partnership with Island Health, a second round of engagement was undertaken to seek feedback from the public on project design options and the priorities for the use of the site. This report provides an update on the second round of public engagement which took place between July 08 and August 06, 2021. CRHD received a total of 295 public and stakeholder interactions, including: 235 surveys, 8 emails, and 52 attendees at online open houses. A representative from Island Health Capital Planning also participated in the second round of public engagement and was available to answer questions from the community during the open houses. At the second round of public engagement the CRHD provided information about three potential development options for the property and sought input from the public and stakeholders. These options were identified through collaboration with Island Health based on a needs assessment of services for the region. A copy of the full report is attached as Appendix A.

Three options for the site were proposed to the public and stakeholders. Table 1 outlines the options and summarizes the percentage of respondents who strongly agree or agree with each option.

	% of respondents who strongly agree or agree	Proposed Services
Option 1	60%	Maximized Health Services Includes only healthcare-related services and up to 10 services identified by Island Health
Option 2	28%	Maximized Site Use with Health and Non-Healthcare Includes one-two healthcare-related services and a non-healthcare component
Option 3	57%	Senior Focused Health Services Includes one-three healthcare related services related to seniors and non-healthcare components
	Healthcare Services	Senior Focused Health Services; Primary and Community Care Public Health; Intermediate Care and Short-term Housing; Outpatient Services
		<i>Long term care, adult day program, GP offices, community health worker space, public health services, hospital to home patients, transitional care housing including mental health and substance use services, physio, brain injury/complex head pain, hospital rehabilitation services</i>
	Non-Healthcare Services	Affordable housing; Independent Seniors Housing; Commercial

Table 1

ALTERNATIVES

Alternative 1

The Hospitals and Housing Committee recommends to the Capital Regional Hospital District Board:

That the Oak Bay Lodge Redevelopment Public Engagement Update report be received for information and that staff be given the direction to proceed with exploring financing and funding options with Island Health while simultaneously proceeding with project scoping, design and procurement for general rezoning. Staff will report back with a cost to proceed and award of contracts.

Alternative 2

That the Oak Bay Lodge Redevelopment Public Engagement Update report be referred back to staff for additional information based on Hospitals and Housing Committee direction.

IMPLICATIONS

Intergovernmental Implications

Following the second round of public engagement Capital Regional District (CRD) staff presented the results of all public engagement activities to Oak Bay Council on October 12, 2021. It was clear from the discussion that this property is an important opportunity to see community needs

met within Oak Bay and regionally. The council discussion was in support of further consultation with the public as an important next step prior to a redevelopment application being submitted to Oak Bay council. Oak Bay staff also shared feedback received from the community regarding the future of the site. A summary is attached in Appendix C and where relevant and applicable will be incorporated in the next steps.

On November 22, 2021 CRD staff met with Island Health executive, Oak Bay Mayor and staff, and a representative from MLA Rankin's office to discuss the importance of the Oak Bay Lodge redevelopment site and next steps. As a result of this discussion Island Health agreed to bring the topic forward to its Board. Island Health's Board of Directors held a special board meeting on December 13, 2021 and requested Island Health staff work with CRHD staff to explore financing and funding options to advance the Oak Bay Lodge redevelopment project that will not impact Island Health's ability to fund its other higher priority initiatives.

Island Health's recommendation is for the former Oak Bay Lodge site to be a community hub with a focus on seniors' care, including:

- Community Health Services and a new Wound Care Clinic;
- Long Term Care Housing;
- Alternative Assisted Living;
- Hospice and Respite (run by Victoria Hospice Society);
- Adult Day Program and
- Primary Care and Primary Care Network Spaces.

Island Health services are subject to Board and Ministry approval. After consultation with Oak Bay, the public and Island Health, CRHD will incorporate the feedback as well as Island Health's recommendations and future demographic regional needs as we conduct feasibility on the site with the goal of maximizing services and overall value to the community and the region.

Financial Implications

Given limited capital availability from Island Health, innovative financing and funding strategies will need to be explored in order to advance this project. Resources will be required to advance a general rezoning application including hiring consultants for the design and procurement phase of the project, as well as phase three of public engagement. Staff will report back to the Board with a cost to proceed and award of contracts in the near future. Island Health's Board and the Ministry of Health have not secured funding or given approval for a project on this site at this time, however staff feel it is important to proceed with the steps necessary to facilitate a general rezoning on the site irrespective of Island Health approvals. Staff will continue to work with Island Health as they assess available operating and capital funds relative to other priorities within the region.

Next Steps

CRHD and Island Health will work on a financing and funding model to achieve the community vision for this site, followed by business planning and approvals at the Island Health Board and Ministry of Health. CRHD staff will also begin work toward a general rezoning on the site including developing schematic design options and feasibility analysis of these options including legal, geotech, surveyor, quantity survey, architect, and development consulting. Once this initial work is complete additional work will be required to prepare the development application including a traffic study, architect, landscape, civil, structural, mechanical, building envelope, a project development agreement, and a lease.

Phase 1 Project Scoping	Timeline
Work with Island Health on financing options for the project.	TBD
Develop Business Plan in Partnership with Island Health.	TBD
Island Health and Ministry approvals.	TBD
Phase 2 Design and Procurement	
Preliminary Design Phase: Visioning and Site Plan; Technical Site Analysis; Preliminary Design Report.	Q2 - Q3 2022
Schematic Design Phase: Functional program(s) outline specifications (mechanical etc.); Class D costing; Pre-Application meeting with District of Oak Bay; CRHD approval.	Q3 2022
Design Development Phase: Public Consultation, Submission of Development Proposal to Oak Bay.	Q4 2022
Contract Documentation Phase: Contractor Build/Operate RFP; Architect Peer Review; Traffic Study; Environmental Assessment; Class B; Building Permit Application.	TBD

The schematic design options will be brought back to each organizations respective boards for approval and a third round of community engagement is recommended prior to submission of a development proposal to the District of Oak Bay.

CONCLUSION

A multi-round consultation and engagement process is complete. There was significant interest from the community throughout the process and those suggestions will be shared and incorporated into the schematic design and next steps of the project. Project scoping including working with Island Health on financing and funding options and developing a business plan are ongoing while the CRHD proceeds with preparations toward a general rezoning of the site.

RECOMMENDATION

The Hospitals and Housing Committee recommends to the Capital Regional Hospital District Board:

That the Oak Bay Lodge Redevelopment Public Engagement Update report be received for information and that staff be given the direction to proceed with exploring financing and funding options with Island Health while simultaneously proceeding with project scoping, design and procurement for general rezoning. Staff will report back with a cost to proceed and award of contracts.

Submitted by:	Michael Barnes, MPP, Senior Manager, Health & Capital Planning Strategies
Concurrence:	Kevin Lorette, P. Eng., MBA, General Manager, Planning & Protective Services
Concurrence:	Robert Lapham, MCIP, RPP, Chief Administrative Officer

ATTACHMENTS

- Appendix A: Round 2 Consultation Summary Report, September 2021
- Appendix B: Round 2 Community Consultation Discussion Guide
- Appendix C: Summary Feedback Received From District of Oak Bay



Consultation Summary Report

September 2021

Future use of the Oak Bay Lodge property

Community Consultation – Round Two

July 8, 2021 – August 6, 2021

Kirk&Co.

ABOUT KIRK & CO. CONSULTING LTD.

Kirk & Co. is a recognized industry leader in designing and implementing comprehensive public and stakeholder consultation and engagement programs. Utilizing best practices, consultation and engagement programs are designed to maximize opportunities for input. Kirk & Co. independently analyzes and reports on public and stakeholder feedback.

The views represented in this engagement summary report reflect the priorities and concerns of engagement participants. They may not be representative of the views of the public and other stakeholders because participants self-selected into the community engagement, and therefore do not reflect a random sample.

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Appendix A

Notification materials

Appendix B

Engagement materials

1.0

Executive summary

The Capital Regional Hospital District (CRHD) is advancing the planning for the future use of the Oak Bay Lodge property with valuable feedback and guidance from the community. As part of the CRHD's mandate to develop and improve healthcare facilities, in partnership with Island Health, a second round of engagement was undertaken to seek feedback from the public on project design options and their priorities for the use of the site. This follows the consideration of ideas and input from the first round of community consultation that took place earlier this year.

In the second round of consultation, the CRHD provided information about three potential development options for the property and sought input from the public and stakeholders. These options were identified through collaboration with Island Health based on a needs assessment of services for the region.

FEEDBACK HIGHLIGHTS

Top services ranked as *extremely important* or *very important*:

Seniors housing and support



73%

Intermediate care and short-term housing (mental health and substance use services)



28%

Primary and community care, public health



70%

Rehabilitation services



28%



Preferred options that were noted as *strongly agree* or *agree* to each of the following statements:

60%
Option 1

is preferred because
it delivers the
maximum health
services on
the site

28%
Option 2

is preferred because it maximizes
the use of the site and provides a
blend of health services and
non-health services such as
affordable housing

57%
Option 3

is preferred because
it is focused on
seniors health services
and health-related
housing

This report summarizes the notification, engagement methods, and key themes based on input received from engagement participants.

How input will be used

The CRHD is reviewing and considering all input received in community meetings, online, and in written submissions from this round of consultation. The input will be used to help shape the development proposal to the District of Oak Bay for the redevelopment of the Oak Bay Lodge property. The District of Oak Bay is responsible for the review and approval of any rezoning applications for the property.

2.0

Engagement overview

Between July 8, 2021 and August 6, 2021, there were a total of 295 public and stakeholder interactions, including:



235

completed surveys
(220 online, 15 hard copy)



8

emails received to
project email address



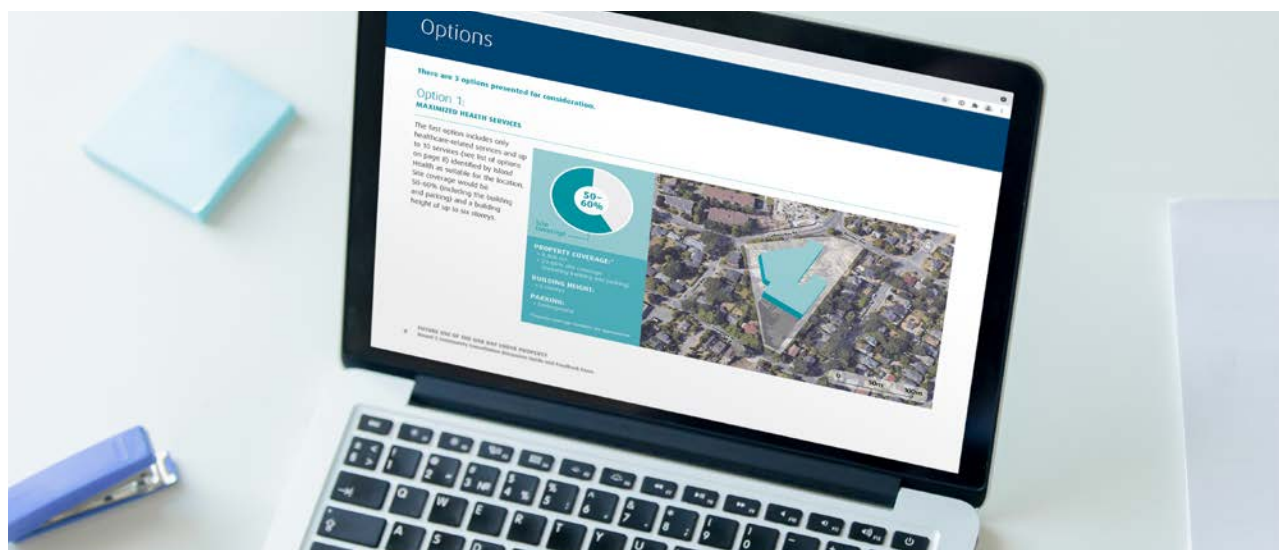
52

online open house attendees
66 total questions and comments

Notification of the opportunity to participate included a media release, newspaper advertising, social media, stakeholder outreach, the CRD Events Calendar and the project webpage.

FIRST NATIONS

Notification of the consultation process and engagement materials were shared with four First Nations in the capital region: Pauquachin, Songhees Nation, Esquimalt Nation and the W̱SÁNEĆ Leadership Council (which includes Tseycum, Tsartlip and Tsawout). As well, the CRD has reached out to coordinate any meetings or receive feedback.



3.0

Notification

Stakeholders and the public were notified about the public engagement opportunities using several notification methods – all of which included the link to the project webpage at crd.bc.ca/oakbaylodge.

MEDIA RELEASE

A **media release** was issued on July 8, 2021: *Capital Regional Hospital District seeks feedback on future use of Oak Bay Lodge property*. The release was distributed by the CRD to media in the local region and was **posted on the CRD Twitter account**.

Media stories

- **Feedback sought on plans for former Oak Bay Lodge site** (Times Colonist)
- **Future uses up for debate as conversation continues on former Oak Bay Lodge site** (Saanich News, Oak Bay News, Vic News, Sooke News Mirror, and Peninsula News Review)

NEWSPAPER ADVERTISING

Eight advertisements ran in community newspapers in the engagement period. The ads appeared in both the print and digital versions.

- Saanich News – July 14 and 21, 2021
- Oak Bay News – July 15 and 22, 2021
- Victoria News – July 15 and 22, 2021
- Times Colonist – July 12 and 19, 2021

SOCIAL MEDIA

Multiple posts were shared on the CRD's social channels to create awareness of the engagement and how to participate. Posts were also re-tweeted and shared by other groups and organizations.

- Twitter (@[crd_bc](https://twitter.com/crd_bc)): 9 posts
- Facebook (@[CapitalRegionalDistrict](https://www.facebook.com/CapitalRegionalDistrict)): 8 posts
 - There were two Facebook boosts during the engagement period.

STAKEHOLDER OUTREACH

There were 19 interactions with key stakeholders by phone or email to keep them informed about the engagement period, including links to the Oak Bay Lodge Redevelopment webpage, Discussion Guide and two online open houses.

Two emails were sent to stakeholders and members of the public who signed up through the project webpage to receive periodic email updates. The first email provided information on the engagement process, including links to project materials and registration. The second email thanked participants who were part of the online open houses and also encouraged recipients to submit a feedback form to provide their input.

- July 9, 2021 – sent to 106 contacts
- August 6, 2021 – sent to 118 contacts

CRD EVENTS CALENDAR

The two online open house events on July 20 and July 22, 2021 were both listed on the CRD's Events Calendar and included links to register for the events.

PROJECT WEBPAGE

All notification materials directed participants to the project webpage at crd.bc.ca/oakbaylodge.

The CRD homepage highlighted the Oak Bay Lodge Redevelopment webpage link as a feature topic starting on July 8, 2021. A panel was also added on the CRD's website under "Get Involved" to encourage feedback and participation.

Copies of the notification materials can be found in Appendix A.

4.0

Engagement methods

ONLINE OPEN HOUSES

There were 52 attendees at two online open houses on July 20 and 22, 2021. At each online open house, Michael Barnes, Senior Manager of Health and Capital Planning Strategies at the Capital Regional District, and Scott McCarten, Executive Director, Capital Management & Finance Projects at Island Health, presented an overview of the second round of engagement, and a summary of the first engagement findings, introduced the three development options being considered, and explained next steps.

- Tuesday, July 20, 2021 – 6:00-7:30 p.m.
- Thursday, July 22, 2021 – 6:00-7:30 p.m.

Following the presentation, Kirk & Co. facilitated a question and comment period. 66 total questions and comments were made during the two open houses. Attendees were encouraged to complete a feedback form following their participation in the open houses.

PROJECT WEBPAGE

All community consultation materials were available on the project webpage at crd.bc.ca/oakbaylodge starting July 8, 2021. This included information about the engagement period, options for participation, the Discussion Guide, feedback form link, media release, online sign-up for the two open houses, and frequently asked questions. As well, a link to the project email address at OBLengagement@crd.bc.ca and an option to subscribe to updates were available.

The project webpage will exist throughout the life of the project and will be updated as more information and engagement opportunities become available.

EMAIL

Eight emails were received to the project email address at OBLengagement@crd.bc.ca, which was established for the duration of the engagement period to accept submissions of feedback and to answer questions. This email address was available on the project webpage at crd.bc.ca/oakbaylodge.

HARD COPY MATERIALS

Due to COVID-19 restrictions and precautions, engagement activities took place online. To ensure that the engagement was accessible to all, more than 140 hard copies of the Discussion Guide, with the feedback form attached, were distributed to community and recreation centres in Oak Bay. The public was also able to request a copy of the materials sent to them by mail.

DISCUSSION GUIDE

A 12-page Discussion Guide provided information about the roles of the CRHD and Island Health, the two-round consultation process, a summary of the previous engagement, the location of the property, a description of the three development options being considered, and next steps for the project.

FEEDBACK FORM

235 surveys were received between July 8 and August 6, 2021. The online feedback form was available through a link on the project webpage at crd.bc.ca/oakbaylodge and was hosted on a civic engagement platform. Hard copies of the feedback form were also available at community and recreation centres in Oak Bay and upon request by mail.

The feedback form had eight questions, including about the importance of possible healthcare and non-healthcare related services, options provided in the Discussion Guide, preferences on density, notification for future project information, and respondent location. It also provided an opportunity for open-ended feedback regarding the future use of the property.

- 220 online feedback forms were received
- 15 hard copy feedback forms were received

Copies of the engagement materials can be found in Appendix B.

5.0

What we heard

ONLINE OPEN HOUSES

There were 52 attendees at two online open houses, where 66 total questions and comments were shared. The following provides a summary of the number of questions and comments from each of the open houses, as well as the key themes observed in the feedback.



Online open house 1

Tuesday, July 20, 2021

6:00-7:30 p.m.

- 32 attendees
- 26 questions and comments (26 written)



Online open house 2

Thursday, July 22, 2021

6:00-7:30 p.m.

- 20 attendees
- 40 questions and comments (38 written, 2 oral)

Themes

Building height, size, density, and proximity to neighbouring residences, including concerns about impacts of construction and operation for neighbours

Island Health, regional needs assessments and the studies that informed the service options

Mental health and addictions and transitional housing on site, mostly expressing opposition to the services being provided as part of the development

Primary health capacity need and resourcing in Oak Bay

Themes

Mental health and addictions services and transitional housing, including requests for more information about what this would look like and opposition to the services being provided as part of the development

Engagement and approval process for the project, including the service options presented, other entities involved, the covenants on the property, and suggestions to prioritize local input over regional input

Effects to neighbourhood residents as a result of the development, including increased traffic, parking spillover into the community, and facility smoking areas

Proposed health services and health services combinations, including requests for elaboration on what the proposed services entail

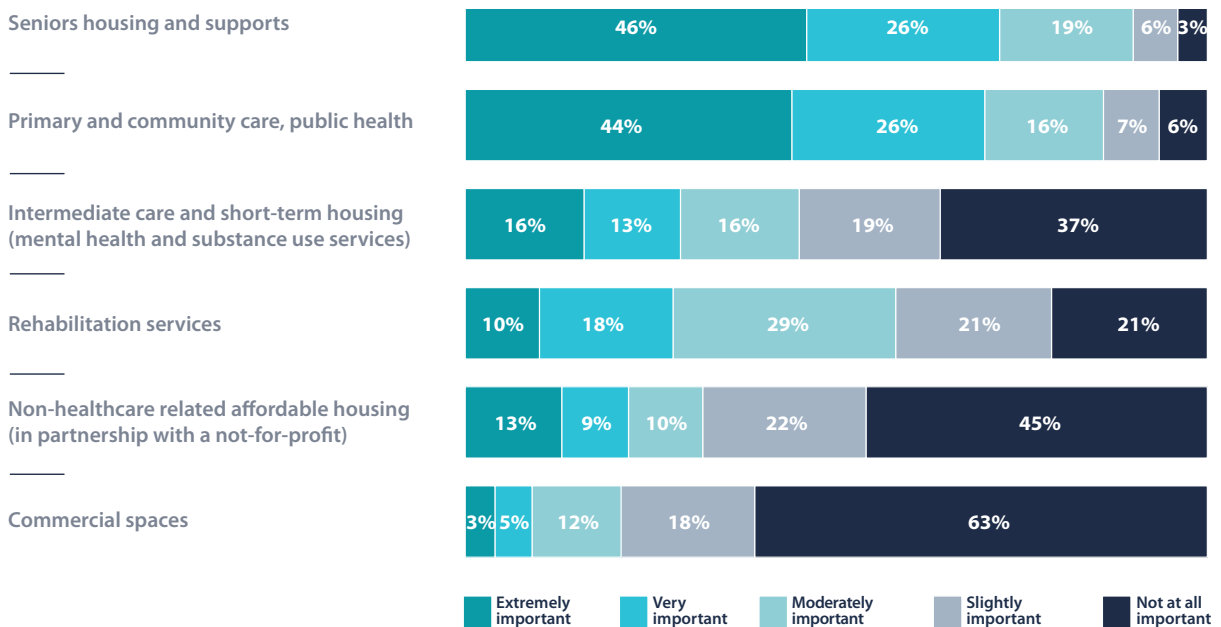
FEEDBACK FORM

235 feedback forms were received between July 8 and August 6, 2021. There were 220 feedback forms received online, and 15 were received as hard copies through the mail. The following shows the quantitative results of the feedback form, as well as the key themes observed in the open-ended questions.

- Did the Discussion Guide help you understand the options available for the Oak Bay Lodge property site and possible services that could be located there?



- Based on the options being considered, how important are the following services:

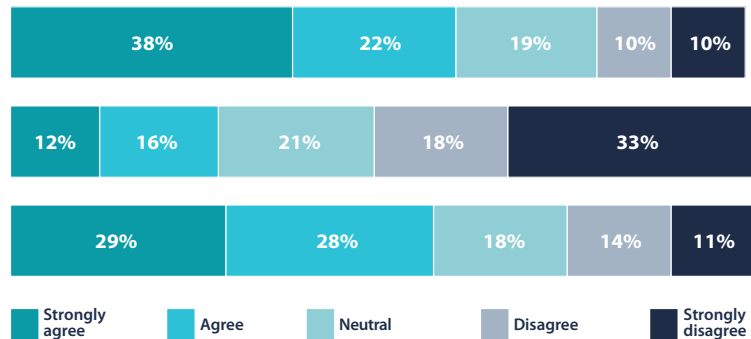


3. From strongly agree to strongly disagree, please provide your perspective on the following statements based on the options provided in the Discussion Guide:

Option 1 is preferred because it delivers the maximum health services on the site.

Option 2 is preferred because it maximizes the use of the site and provides a blend of health services and non-health services such as affordable housing.

Option 3 is preferred because it is focused on seniors health services and health-related housing.



4. Do you prefer greater density to accommodate more health and non-healthcare related services to maximize the use of the property?

35%
Yes

50%
No

15%
Not sure

5. Which of the three options best fits within the community?

44%
Option 1
Maximized health services

16%
Option 2
Maximized site use with health and non-healthcare services

41%
Option 3
Seniors focused health services and housing

6. How do you prefer to be notified about future opportunities for community input? (Check all that apply)

25%
Facebook

43%
Community newspaper advertising

43%
CRD email list

9%
Twitter

21%
Notices at community and recreation centres

10%
Other

7. Please provide any additional questions or comments you have regarding future use of the property.

Themes	Number of mentions
Opposition to mental health and addiction services and transitional housing being provided at the site, including concern about neighbourhood safety and safety of vulnerable populations such as children and the elderly	37
Comments about prioritizing seniors health services and long-term care , including rehabilitation programs, day programs, and comments about honouring the covenants and seniors being able to age close to home	35
Support for affordable housing being included in the development – 8 of whom specified that the affordable housing be for seniors	18
Comments about providing health services for the whole community , not just seniors	17
Concern about building height and density , including comments about maintaining neighbourhood character and preference for shorter and smaller building	17
Comments expressing a need for primary care and public health unit capacity in Oak Bay, with discussion of the benefits related to having a consistent primary care physician rather than going to a drop-in clinic	16
Comments about the engagement materials or process , including requests for more or different kinds of engagement and comments about the engagement topics being vague or misleading	14
Comments about maintaining the natural environment , including suggestion for green/park space as part of the development plans	11
Support for mental health and addiction services and transitional housing services being provided as part of the development	10
Comments suggesting combinations of services that differ from the options presented	9
Comments expressing the importance of maintaining respect for the local existing community and direct neighbours when making building and construction decisions	8
Opposition to commercial services being included as part of the development	7
Concern about adequate parking being provided for employees and visitors and the possibility of parking spillover into the community	7
Comments about the importance of maximizing site use , in terms of size, services delivered and public good achieved	7

Themes	Number of mentions
Opposition to affordable housing being included as part of the development	6
Comments about Island Health services, including Primary Care Networks	5
Comments expressing that Option 3 would be preferred if it didn't include mental health and addictions services and transitional housing	4
Comments about increased traffic in the area as a result of the facility, including concern about the safety of children	4
Comments about Oak Bay needing to "share the load" related to addressing regional healthcare and housing issues	4
Comments expressing that Option 2 would be preferred if it didn't include commercial services	3
Support for commercial services being included in the development	3
8. I live in...	
Oak Bay	63%
Victoria	14%
Saanich	8%
Central Saanich, Colwood, Esquimalt, Esquimalt Nation, Juan de Fuca Electoral Area, Langford, Pacheedaht First Nation, Sidney	<1% each

EMAIL

Eight emails were received to the project email address at OBLengagement@crd.bc.ca.
The following key themes emerged:

Themes

Comments about effects to **neighbourhood residents and character** as a result of the development, including concern about building height and density, increased traffic, parking spillover into the community, and facility smoking areas

Comments about the **engagement materials or process**, including requests for more or different kinds of engagement and comments about prioritizing local input over regional input and engagement topics being vague or misleading

Opposition to **mental health and addiction services and transitional housing** being provided at the site, including concern about neighbourhood safety and safety of vulnerable populations such as children and the elderly

Inquiries about **engagement process** details

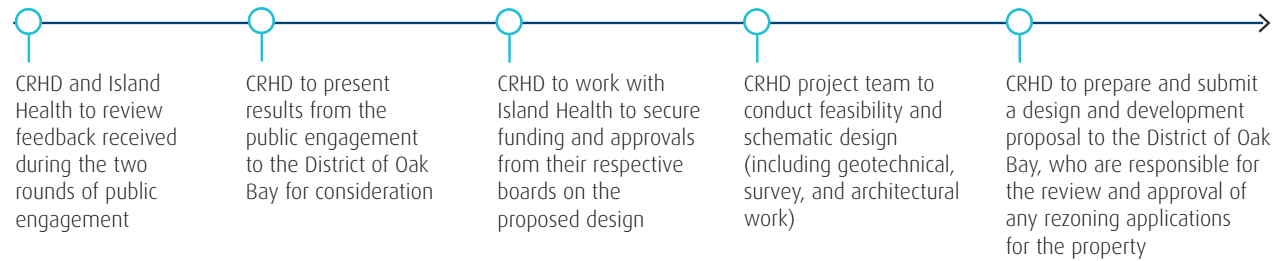
Comments about prioritizing **seniors health services and long-term care** and honouring the covenants on the property

6.0

Next steps

The feedback from the second round of the community consultation will be considered and will help guide the next phase of planning for the former Oak Bay Lodge property.

Next steps include:



Appendix A

Notification materials

Media Release

For Immediate Release

July 8, 2021

Capital Regional Hospital District seeks feedback on future use of Oak Bay Lodge property

Victoria, BC - The Capital Regional Hospital District (CRHD) is launching the second round of public engagement on the future use of the Oak Bay Lodge property at 2251 Cadboro Bay Road, starting today until August 6, 2021.

The CRHD is seeking feedback on proposed services and building options for the property. The options presented are informed by a regional healthcare assessment in collaboration with Island Health. As well, feedback from participants in round one of public consultation provided valuable input to the CRHD on key healthcare priorities.

"The CRHD is focused on improving healthcare facilities in the region," said CRHD Board Chair Denise Blackwell. "The redevelopment of Oak Bay Lodge is an opportunity for us to meet the growth and demands of the future and to ensure individuals and families have the care they need. We look forward to hearing from the community on options for this next phase of engagement."

There are multiple ways to participate in this engagement process, including submitting a feedback form and signing up for an online open house on July 20 and July 22, 2021. The open house will have a presentation and an opportunity to ask questions and provide comments. A discussion guide and materials are available on the project website at www.crd.bc.ca/oakbaylodge.

After this round of engagement, a rezoning application will be submitted to the District of Oak Bay for consideration.

The former Oak Bay Lodge property is currently under demolition until the end of 2021.

A corporation of the CRD, the Capital Regional Hospital District partners with Island Health and community stakeholder agencies to develop and improve healthcare facilities in the Region, including replacing buildings that have reached the end of their economic and functional life. Through capital and other community investments, the CRHD supports a healthy, vibrant and livable region for all citizens.

For media inquiries, please contact:

Andy Orr, Senior Manager

CRD Corporate Communications

Tel: 250.360.3229

Cell: 250.216.5492



Newspaper ads



The Capital Regional Hospital District (CRHD) is asking for feedback with a second round of community consultation on the future use of the **Oak Bay Lodge property** at 2251 Cadboro Bay Road.

HOW TO PARTICIPATE

Attend an online open house

Tuesday, July 20, 2021
6:00 – 7:30 pm

Thursday, July 22, 2021
6:00 – 7:30 pm

Submit an online feedback form
July 8 – August 6, 2021

For more information, to find the online feedback form or to register for an online open house visit:
www.crd.bc.ca/oakbaylodge



The Capital Regional Hospital District (CRHD) is asking for feedback with a second round of community consultation on the future use of the **Oak Bay Lodge property** at 2251 Cadboro Bay Road.

HOW TO PARTICIPATE

Attend an online open house


Thursday, July 22, 2021
6:00 – 7:30 pm

Submit an online feedback form
July 8 – August 6, 2021

For more information, to find the online feedback form or to register for the online open house visit:
www.crd.bc.ca/oakbaylodge


Social media

Facebook

 **Capital Regional District**
July 22 at 11:30 AM · 🌐

Join our online open house tonight, July 22, from 6:00 to 7:30pm, to learn more and provide your feedback on the services and building options being proposed for the future use of the Oak Bay Lodge property at 2251 Cadboro Bay Road. Sign up to register at <http://ow.ly/HIUs50FuvNC>

You can also read the discussion guide and submit an online feedback form at <https://www.crd.bc.ca/project/oak-bay-lodge-redevelopment> #OakBay #Saanich #Victoria #crd



1 2 Shares

Twitter

 **CRD** @crd_bc · Jul 13

Contribute your thoughts! The CRHD wants your feedback on the future services and building options for the Oak Bay Lodge site. For more information visit crd.bc.ca/oakbaylodge #OakBay #Saanich #Victoria #crd



2 2


Email to subscribed list

Future use of the Oak Bay Lodge property – Round 2 Community Consultation

MessageOptions

From:

To:



The Capital Regional Hospital District (CRHD) is responsible for a comprehensive planning and public consultation process for the future of the former Oak Bay Lodge property at 2251 Cadboro Bay Road.

From July 8 to August 6, 2021, following consideration of public input from **Round 1 Community Consultation** and discussions with Island Health, the CRHD is seeking your feedback on the services and building options being proposed for the property. We will use your feedback to inform our design as we continue to review options and have discussions with Island Health regarding the region's healthcare priorities.

We invite you to participate in Round 2 Community Consultation by attending an online open house where there will be a presentation followed by an opportunity to provide comments and ask questions.

The online open house dates are:

- Tuesday, July 20, 2021, 6:00pm - 7:30pm, to register click [here](#)
- Thursday, July 22, 2021, 6:00pm - 7:30pm, to register click [here](#)

We also invite you to read the [online discussion guide](#) and submit an online [feedback form](#).

Please visit our webpage (crd.bc.ca/oakbaylodge) for answers to the most frequently asked questions and for more project information.

Thank you
Capital Regional Hospital District.

CRD Events Calendar and website

Agendas & Minutes | Electoral Areas | Maps | Careers | Media Room | Community Events | Data | Contact Us

Search Site

CRD
Making a difference...together

Capital Regional District

ABOUT THE CRD | SERVICES | PARKS, RECREATION & CULTURE | PROJECTS & INITIATIVES | EDUCATION & ENVIRONMENT | I WANT TO

Events

CRD Home > About CRD > Events

Events

Events Calendar

Filters (0)

Events on July 20, 2021
Show all events »

Online Open House 1: Future use of the Oak Bay Lodge property (Round 2 Community Consultation)
Jul 20, 2021, 6pm-7:30pm

July 2021

S	M	T	W	T	F	S
27	28	29	30	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
1	2	3	4	5	6	7

Board and Committee Meetings

Agendas & Minutes | Electoral Areas | Maps | Careers | Media Room | Community Events | Data | Contact Us

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Events

CRD Home > About CRD > Events

Events

Events Calendar

Filters (0)

Events on July 22, 2021
Show all events »

Online Open House 2: Future use of the Oak Bay Lodge property (Round 2 Community Consultation)
Jul 22, 2021, 6pm-7:30pm

July 2021

S	M	T	W	T	F	S
27	28	29	30	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
1	2	3	4	5	6	7

Board and Committee Meetings

Meeting Schedule

Get Involved

CRD Home > Projects & Initiatives > Get Involved

Get Involved

Get Involved & Learn More about CRD in Your Community

Find out about current projects and the 200+ services provided by the CRD. Provide feedback to help shape future initiatives. Get Involved.

Current Feedback Opportunities

Corporate Initiatives

Regional Trail Widening and Lighting

The Capital Regional District (CRD) is considering widening and lighting certain sections of the Galloping Goose and Lochside regional trails and is seeking feedback on a 6.5 metre separated use pathway design.

As part of the initial engagement, the public is invited to fill out a survey to offer feedback about the trail widening and lighting proposal. The survey is now open until midnight June 13, 2021, and can be accessed [here](#).

Oak Bay Lodge Redevelopment

Connect With Us





Capital Projects




Throughout different stages of capital projects initiatives, the CRD may seek input on infrastructure, facility upgrades and construction, and community projects through open houses, workshops, surveys, online tools and social media. View a listing of current projects and subscribe to

Project webpage



[ABOUT THE CRD](#) [SERVICES](#) [PARKS, RECREATION & CULTURE](#) [PROJECTS & INITIATIVES](#) [EDUCATION & ENVIRONMENT](#) [I WANT TO](#)



Oak Bay Lodge Redevelopment

[CRD Home](#) > [Projects & Initiatives](#) > [Oak Bay Lodge Redevelopment](#)

Oak Bay Lodge Redevelopment

Envision the Future

The Capital Regional Hospital District (CRHD) is responsible for a comprehensive planning and public consultation process for the future use of the former Oak Bay Lodge property at 2251 Cadboro Bay Road.

Working with the community to envision the future use of the property is a priority for the CRHD. This project presents an important opportunity to identify and address the growing healthcare needs for the region.

Share Your Feedback

The CRHD is asking for feedback with a second round of community consultation on the future use of the Oak Bay Lodge property, from July 8 to August 6, 2021.

We're requesting your feedback on the services and building options being proposed by the Capital Regional Hospital District (CRHD) following consideration of input from Round 1 Community Consultation and discussions with Island Health regarding the region's healthcare priorities.

Read the [Online Discussion Guide](#) and Submit Your Feedback before August 6, 2021.

Thank you to participants in our July 20 & 22, 2021, Online Open Houses for

Construction Notices

- [Hazmat Abatement May 18](#)

Resources

- [Online Discussion Guide - Round Two \(PDF\)](#)
- [Submit your Feedback - Round Two \(July 8 to August 6, 2021\)](#)
- [Media Release \(July 8, 2021\)](#)
- [Future of Oak Bay Lodge Consultation Summary Report - Round One \(March 2021\)](#)
- [Media Release \(January 6, 2021\)](#)
- [Discussion Guide - Round One \(PDF\)](#)

Project Updates

- [Subscribe](#)

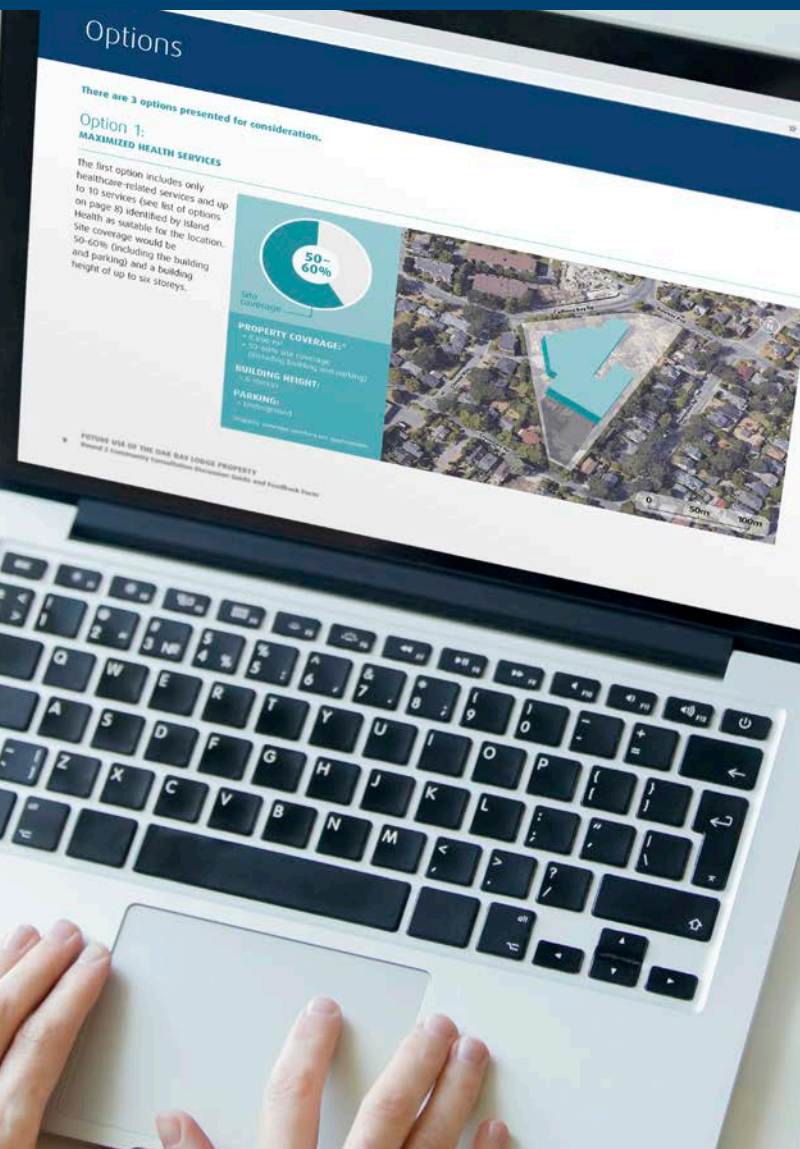


Future use of the Oak Bay Lodge property

Round 2 Community Consultation Discussion Guide

July 8, 2021 to August 6, 2021

We want to hear from you



From July 8 to August 6, 2021, we're seeking your input on the future use of the Oak Bay Lodge property at 2251 Cadboro Bay Road.

During this second round of engagement, we're requesting your feedback on the services and building options being proposed by the Capital Regional Hospital District (CRHD). This follows consideration of public input from Round 1 Community Consultation and discussions with Island Health regarding the region's healthcare priorities.

Learn more and participate by visiting the project website at:

crd.bc.ca/oakbaylodge

HOW TO PARTICIPATE

- [Submit an online feedback form](#)
- [Sign up for an online open house](#) (presentation and an opportunity to ask questions and provide comments)

ONLINE OPEN HOUSES

[Tuesday, July 20, 2021](#)
6:00–7:30pm

[Thursday, July 22, 2021](#)
6:00–7:30pm

HOW YOUR INPUT WILL BE USED

We are committed to engaging with the public throughout this process. The CRHD will use your feedback to inform our design as we continue to review options and have discussions with Island Health. All input is considered prior to submitting our application to the District of Oak Bay for rezoning and approval, anticipated in late 2021/early 2022, subject to approvals.

Who are we and what do we do?

CRHD MANDATE

A corporation of the Capital Regional District (CRD), the Capital Regional Hospital District partners with Island Health and community stakeholder agencies to develop and improve healthcare facilities in the region.

The CRHD provides the local share of capital funding for healthcare infrastructure (such as hospitals) in the capital region. Working with Island Health, the CRHD supports a healthy region by investing in healthcare services and strategic capital priorities such as:

Upgrades and renewal of existing health facilities and medical equipment to meet changing service requirements and to prolong the economic life of buildings;

Replacement of existing buildings that have reached the end of their economic and functional life; and

New projects and expansion of existing facilities to meet increasing demand for healthcare services.

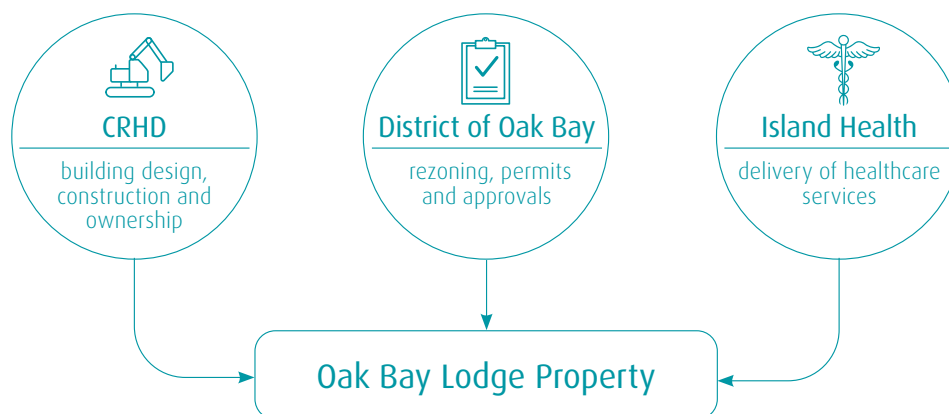
ISLAND HEALTH MANDATE

Island Health is one of the five regional health authorities in British Columbia that delivers health services to meet the needs of the population within its geographic region. It is the body responsible for the delivery of healthcare on Vancouver Island and surrounding areas for more than 850,000 people. Island Health provides healthcare services through a network of hospitals, clinics, centres, health units, and long-term care locations.

Island Health and the CRHD work together to align health service planning with facility needs in the capital region.

FUNDING

The CRHD funds its share of health capital expenditures through property tax requisition, and Island Health funds its share, as well as the ongoing operating costs that follow from capital investment, through Federal and Provincial funding.



Location

The property is located in the District of Oak Bay at 2251 Cadboro Bay Road, directly adjacent to Cadboro Bay Road, Cranmore Road, Hampshire Road and Bowker Avenue in Oak Bay.

Centrally located, the property is in close proximity to many community and public amenities including Ecole Willows Elementary School, Oak Bay Secondary School, Glenlyon Norfolk Junior School, businesses at Fort Street and Foul Bay Road, and at Cadboro Bay Road, Oak Bay Recreation Centre, the Royal Jubilee Hospital, and Willows Park and beach.

The lot size measures 3.9 acres or approximately 15,800 m².

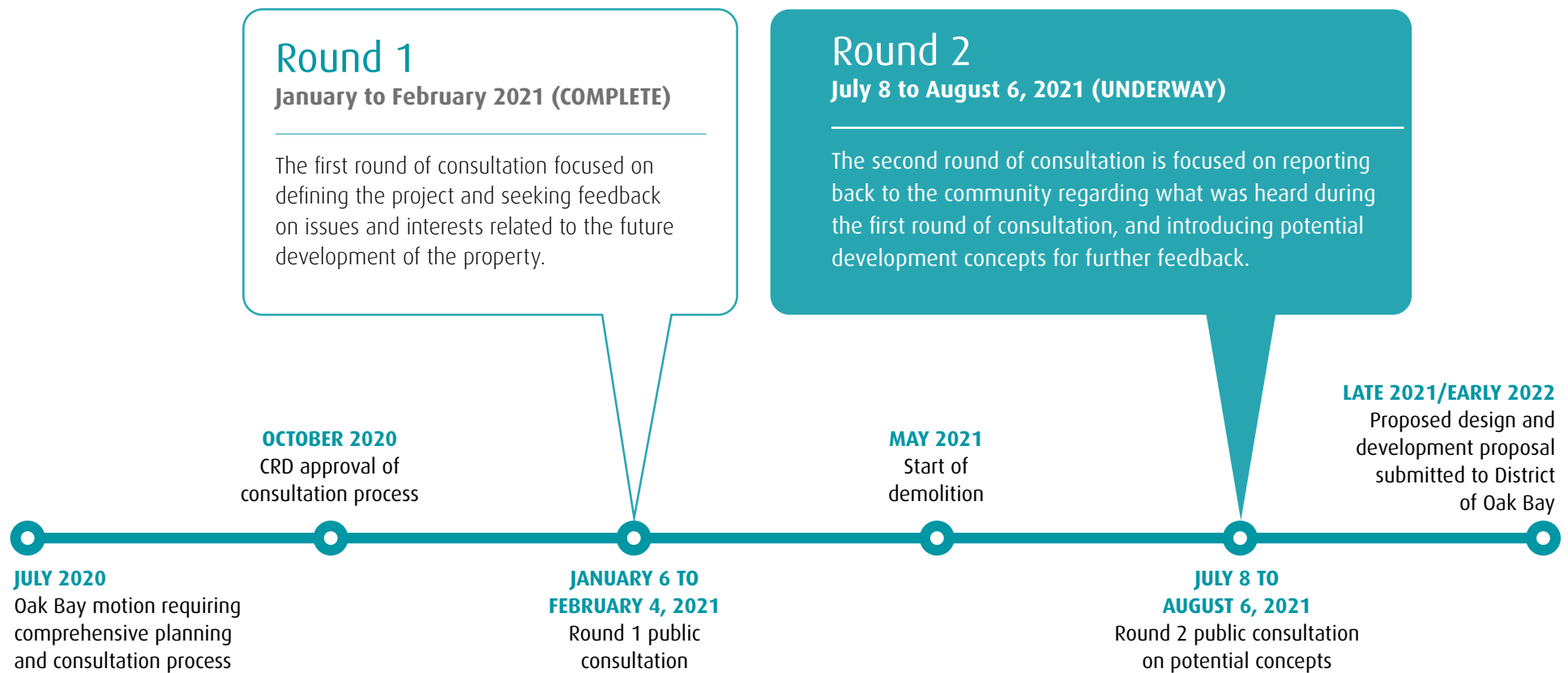


Two-round consultation process



We are now in Round 2 of the public engagement process.

Our goal is to work with the community as we redevelop the former Oak Bay Lodge property. The CRHD is responsible for a comprehensive planning and consultation process for the future use of this site. The first of two open houses of public engagement took place in January and February 2021. The second round is underway from July 8 to August 6.



Previous engagement



Round 1 Summary

The first round of public engagement about the future of the Oak Bay Lodge property focused on gathering feedback and ideas from the community about the region's healthcare priorities and their vision for the future of the property. There was significant interest from the community in this initial consultation period.

There was a total of 759 public and stakeholder interactions in the first round of engagement, including 615 completed surveys and 121 attendees at two open houses. The first round also included comprehensive notification, interviews with community representatives, two online stakeholder meetings, a project email, neighbourhood canvassing and engagement materials provided on a project webpage including a Discussion Guide.

Due to provincial COVID-19 restrictions, engagement activities in the first and second rounds of engagement are taking place online using tools such as Zoom webinar and online feedback forms, to enable safe interactions. Hard copies of engagement materials have been distributed to community centres and to those who request them.



615
completed surveys



121
online open house attendees
155 total questions and comments



14
attended two
small group meetings



9
written emails received
to project email address

Previous engagement



What we've heard from the community so far.

The CRHD engaged the community on three healthcare services areas in Round 1 of consultation: health unit, primary care, and a seniors hub. Below are the high-level healthcare suggestions that participants would like to see as part of any new proposed development. Based on community input, another key healthcare priority identified was addictions and mental health.

Primary Care



Healthcare services including general practitioners, nurse practitioners, urgent care, acute care, hospital overflow and more

Seniors Hub



Healthcare services specific to seniors including long-term care, extended care, assisted living, independent living, adult day programs, dementia care and more

Public Health Unit



Healthcare services including a walk-in clinic, diagnostics and testing, immunization clinic, youth health services, maternity services, nutrition services and more

Addictions and Mental Health



Healthcare services for addictions and mental health including outpatient and inpatient detox and rehabilitation support and more

There were also comments and questions received and information shared related to engagement, decision-making and project timeline, including involvement of other agencies, covenants on the property, municipal zoning, demolition and construction.

We used the community's feedback to develop proposed plans to guide the future of the Oak Bay Lodge property.

A **CONSULTATION SUMMARY REPORT** was developed to summarize the feedback provided in the first round of engagement and can be found at crd.bc.ca/oakbaylodge

Round 2 Community Consultation



It is the intention of the CRHD to ensure the future use of the property is aligned with our mandate to develop and improve healthcare facilities in the CRD in partnership with Island Health.

In the first round of engagement, the CRHD sought feedback from the community on how the property could be used to support healthcare in the region, as well as to consider other possible uses as a secondary priority.

Island Health has recently completed a needs assessment to understand what services are most appropriate for the catchment area surrounding Oak Bay Lodge. This assessment included:

- Alignment with Island Health's Strategic Direction, Service Plan and Ministry of Health's Mandate
- An examination of current capacity and anticipated future demand for a variety of community based health services
- An assessment of which needed services would most benefit from co-location on one site
- A review of existing infrastructure in need of replacement in the vicinity
- A review of investment opportunities within the context of current and projected available capital funding sources

The CRHD wants your input on the proposed options, including healthcare services, building and property specifications.

THE RESULT OF THESE DISCUSSIONS IS THE FOLLOWING THREE PROPOSED OPTIONS FOR THE SITE.



Option 1:
MAXIMIZED HEALTH SERVICES



Option 2:
MAXIMIZED SITE USE WITH HEALTH AND NON-HEALTHCARE SERVICES



Option 3:
SENIORS FOCUSED HEALTH SERVICES AND HOUSING

Overview



PROGRAMS AND SERVICES OPTIONS

Depending on the size and design of the future facility, there are a variety of services that could be included in a new building. Through Island Health's assessment study, there are programs that would be suitable for the space and location at the site, and could include some, or all, of the following:

Seniors Housing and Supports

- Long-term care
- Adult Day program space

Primary and Community Care, Public Health

- General Practitioner (GP) offices
- Community health worker space
- Public health services, such as vaccinations

Intermediate Care and Short-term Housing

- Space for patients who are currently in the hospital but do not need hospital care, but are not well enough to return home
- Transitional care housing, includes mental health and substance use services

Rehabilitation Services

- Outpatient physiotherapy
- Brain injury/complex head pain
- Rehabilitation services that are currently offered in the hospital

NON-HEALTHCARE RELATED HOUSING OPTIONS:

Affordable Housing

- Affordable housing (as defined by BC Housing) is considered affordable when 30 per cent or less of your household's gross income goes towards paying for your housing costs

Independent Seniors Housing

- Privately provided services for seniors

The former Oak Bay Lodge was a regional long-term care and seniors-care support facility, with 235 publicly subsidized units and an Adult Day program on site. The building was built in 1972 and closed in summer 2020.

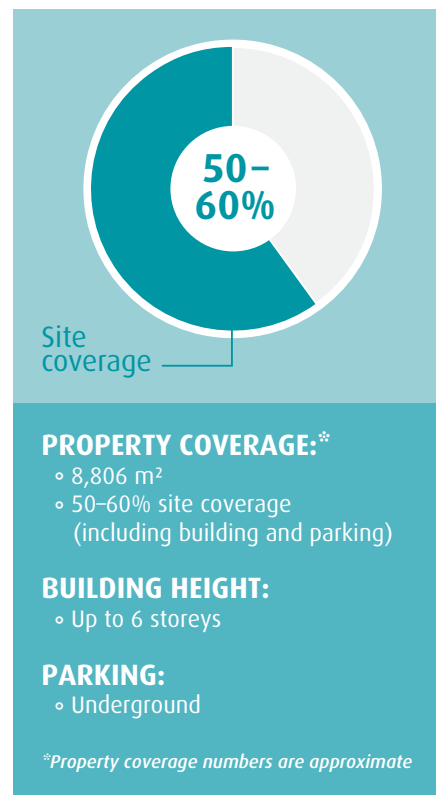
Options



There are 3 options presented for consideration.

Option 1: MAXIMIZED HEALTH SERVICES

The first option includes only healthcare-related services and up to 10 services (see list of options on page 8) identified by Island Health as suitable for the location. Site coverage would be 50-60% (including the building and parking) and a building height of up to six storeys.



Options



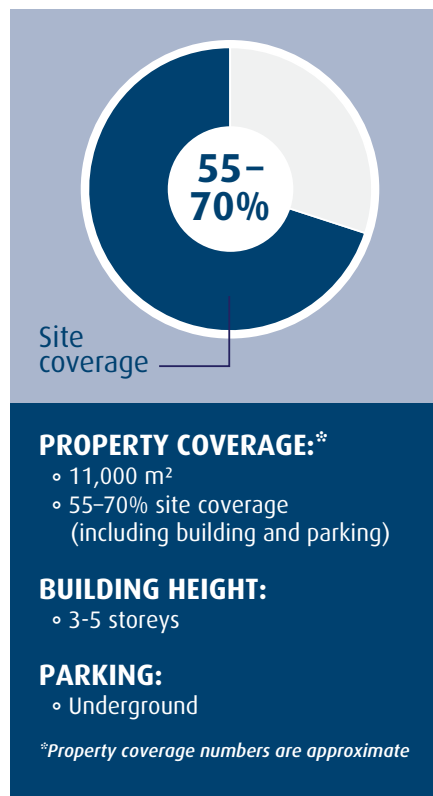
Option 2:

MAXIMIZED SITE USE WITH HEALTH AND NON-HEALTHCARE SERVICES

The second option includes one to two healthcare-related services (see list of options on page 8), as well as a non-healthcare component. Site coverage would be 55-70% (including the building and parking) with the building standing three to five storeys tall.

NON-HEALTHCARE COMPONENTS COULD INCLUDE:

- Affordable housing
- Independent seniors housing
- Commercial



Options



Option 3:

SENIORS FOCUSED HEALTH SERVICES AND HOUSING

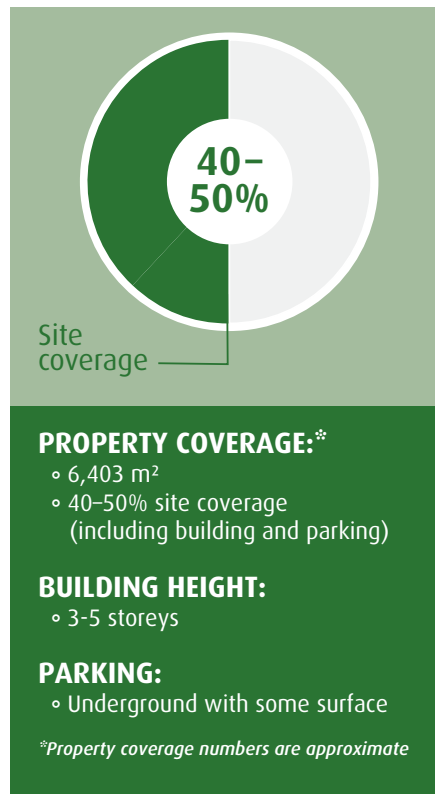
The third option includes one to three health services related to seniors (see list of options on page 8). It would be 40-50% site coverage (including the building and parking) with a building height of three to five storeys.

HEALTHCARE SERVICE OPTIONS COULD INCLUDE:

- Long-term care
- Adult day program
- Primary care practice
- Transitional care housing, includes mental health and substance use services

NON-HEALTHCARE COMPONENTS COULD INCLUDE:

- Affordable housing
- Commercial



Next Steps



Your feedback will be considered as the CRHD continues to advance options and discussions with Island Health ahead of finalizing the redevelopment concept and zoning. Island Health and CRHD working together collaboratively will each require approval from their respective boards on the final design, cost and funding of any proposed redevelopment project at Oak Bay Lodge. Once these approvals have been received the CRHD will issue a Request for Proposals (RFP) for a consultant to design the proposed facility.

The next step in the redevelopment process (following CRHD and Island Health Board approvals) is to submit a rezoning proposal with the District of Oak Bay. The District of Oak Bay is responsible for the review and approval of any rezoning applications for the property. This application would include more detailed plans and a schematic design for consideration. The community would have an opportunity for feedback again at this stage through the District of Oak Bay.

All proposed development options for the Oak Bay Lodge property require a rezoning application with the District of Oak Bay.

The community would have an opportunity for feedback again at this stage with the District of Oak Bay.

The Oak Bay Lodge property has two covenants on it which restrict how the property can be used by the CRHD.

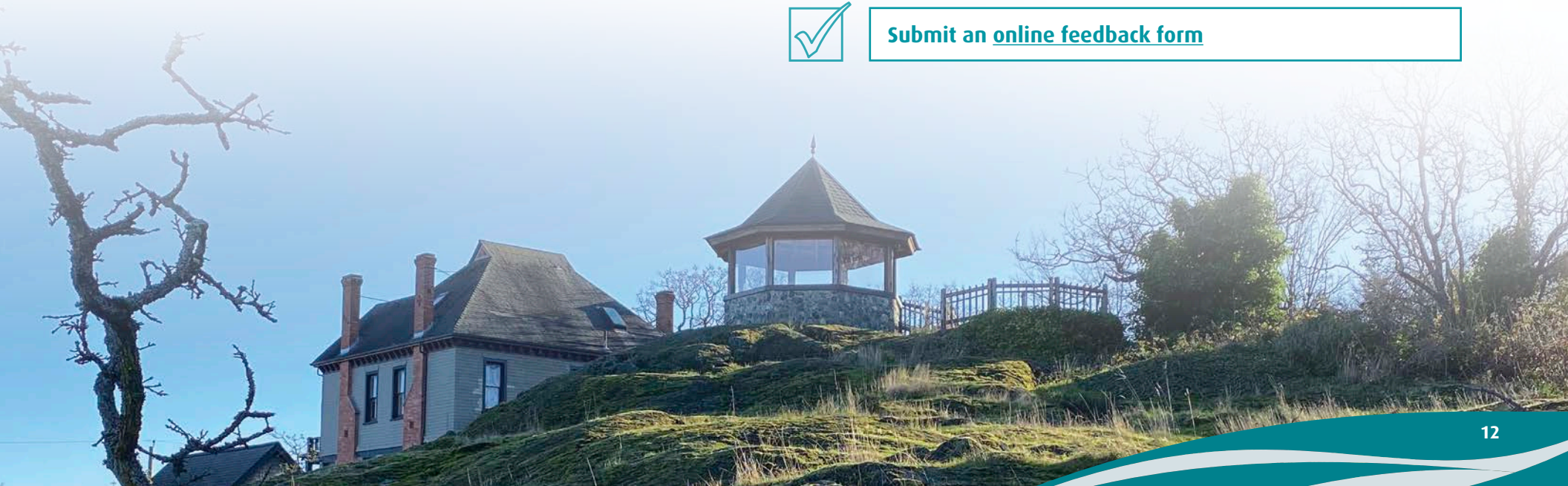
Those covenants are:

- 1. The property must be used for the 'public good'; and**
- 2. The property must be used as a 'retirement home'.**

These covenants are ultimately subject to municipal rezoning and/or Island Health approval processes.



Submit an [online feedback form](#)



Feedback Form

Feedback Form

Round 2 Community Consultation

Information collected in this survey is in accordance with Section 26(e) of the Freedom of Information and Protection of Privacy Act. Questions about the collection or use of information in this form can be directed to Michael Barnes, Senior Manager Health and Capital Planning at 250.360.3114.

1. Did the Discussion Guide help you understand the options available for the Oak Bay Lodge property site and possible services that could be located there?

2. Based on the options being considered, how important are the following services:

	Extremely important	Very important	Moderately important	Slightly important	Not at all important
Seniors housing and supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary and community care, public health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate care and short-term housing (mental health and substance use services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-healthcare related affordable housing (in partnership with a not-for-profit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commercial spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Kirk&Co.



Please recycle if printed.

Feedback Form

Round 2 Community Consultation

Information collected in this survey is in accordance with Section 26(e) of the Freedom of Information and Protection of Privacy Act. Questions about the collection or use of information in this form can be directed to Michael Barnes, Senior Manager Health and Capital Planning at 250.360.3114.

1. Did the Discussion Guide help you understand the options available for the Oak Bay Lodge property site and possible services that could be located there?

2. Based on the options being considered, how important are the following services:

	Extremely important	Very important	Moderately important	Slightly important	Not at all important
Seniors housing and supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary and community care, public health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate care and short-term housing (mental health and substance use services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-healthcare related affordable housing (in partnership with a not-for-profit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commercial spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. From strongly agree to strongly disagree, please provide your perspective on the following statements based on the options provided in the Discussion Guide:

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Option 1 is preferred because it delivers the maximum health services on the site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Option 2 is preferred because it maximizes the use of the site and provides a blend of health services and non-health services such as affordable housing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Option 3 is preferred because it is focused on seniors health services and health-related housing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Do you prefer greater density to accommodate more health and non-healthcare related services to maximize the use of the property?

- ☐ Yes
- ☐ No
- ☐ Not sure

5. Which of the three options best fits within the community?

- ☐ Option 1 - Maximized health services
- ☐ Option 2 - Maximized site use with health and non-healthcare services
- ☐ Option 3 - Seniors focused health services and housing

6. How do you prefer to be notified about future opportunities for community input? (Check all that apply)

- ☐ Facebook
- ☐ Twitter
- ☐ Community newspaper advertisements
- ☐ Notices at community and recreation centres
- ☐ CRD email list
- ☐ Other (please specify)

7. Please provide any additional questions or comments you have regarding future use of the property.

8. I live in...

Select... | v

Other (question 8)



Previous

Next



Thank you for completing this feedback form.

Thank you for completing this feedback form. The input you provide during the community consultation process will be summarized and considered as the CRHD develops a plan for the future use of the property.

Sign up for project updates and learn more at crd.bc.ca/oakbaylodge

How to stay involved

Learn more about the project and discover other opportunities to have your say.

Project webpage

Kirk&Co.



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Summary Feedback Received from District of Oak Bay

Service Area / Topic of Interest	Feedback / Request for Information
Mental Health & Addiction Services	What type of services would be provided and how would patients be supported in recovery? What support would be provided to patients in residence? Close proximity of these services to schools and residential community removes the safe, nurturing environment and setting that is Oak Bay.
Community Crime	What actions will be undertaken to address increased criminal activity associated with drug and alcohol use of patients? What actions would be taken to protect students and community at large? Would there be requirement for additional police services? Policing and medical services already overwhelmed.
Smoking & Bylaw Enforcement	How will smoking residents be accommodated given Island Health has no smoking policy? Will there be enough parking on site for staff and visitors? Is there funding to increase bylaw enforcement?
Intermediate Care & Short Term Housing	How is short term housing defined? Will those in addiction services care be housed in short term housing? What would be typical length of short term care? What health issues would short term housing support? How does this use relate to services currently provided at Eric Martin Pavilion? Close proximity of services to schools is concerning.
Community Interaction	Would short-term residents' interact with community or with potential seniors' housing or programs provided on site?
Communication & Engagement Process	Lack of open communication and information to date is concerning; online info sessions and survey data, poor advertising does not support meaningful community engagement. Covid 19 protocol used to limit public engagement. Request that Oak Bay Council slow down the process, and allow more input. More consultations with Oak Bay community at large requested. Summary of the Consultation report needs to be shared, allowing for open questions from the community. A transparent consultation protocol provides opportunity to reflect on information collected, and provide feedback regarding inferences made. Genuine community dialogue has been missed in the process. Neighbours closest to site need more thorough engagement. How will Council interpret the results as being consistent with interests and concerns of residents who will be most impacted? Online community consultation blacked out faces, and allowed for typed questions only. Not sufficient public engagement.
Support for Services & Redevelopment	Seniors health services are supported, but building needs to be appropriate and safe for all users. Mixing services leaves some populations vulnerable under one roof. Public health authority buildings do not pose a risk to the community as they are managed well. Property values will not be impacted, redevelopment is a positive move for economic and social consequences of current health impacts such as Covid and opioid addiction. Project, done right, could offer safe space for rehabilitation. A proactive approach by Oak Bay and CRHD demonstrates inclusive medical care and compassion.
Traffic, Parking, Tree Preservation, & Desired Site Attributes	Traffic increases and parking demands will impact and create unsafe streets for those residing in the area. The development across the street has also increased traffic dramatically. Daily gridlock experienced during peak hours. What traffic calming plans will accommodate this on a single arterial road in and out of the area? Site should include public accessibility; preservation of Garry Oaks, view points for public use. Green space prioritizes mental health. What outside features will residents have access to?

REPORT TO HOSPITALS AND HOUSING COMMITTEE MEETING OF WEDNESDAY, MARCH 02, 2022

SUBJECT *Hospital District Act Amendment Request*

ISSUE SUMMARY

Hospital District Act (HDA) Amendment Request to Ministry of Health.

BACKGROUND

In 2016 the Comox Strathcona Regional Hospital District (RHD) sent a letter to the Ministry of Health requesting that the *HDA* be updated to reflect the recommendations from the 2003 Ministry of Health review. Deputy Minister Brown responded in a letter and agreed amendments to the *HDA* would bring it into closer alignment with current practices and policies, noting that the Ministry would seek to consult with RHDs likely in 2017 or 2018. Regrettably, RHDs have not been engaged on this matter as suggested and upon enquiry in 2019, were disappointed to be advised that consideration of proposed amendments to the *HDA* were not a priority at that time. We understand from our colleagues and partners that there has been a variety of correspondence with the Ministry of Health on this issue since the 2003 Ministry of Health review and the issue is only becoming of greater concern to the RHDs. At the quarterly RHD meetings the need to have the *HDA* updated has been a point of discussion for several years and the group recently agreed that sending a joint letter (see attached Appendix A) to the Ministry of Health was desirable.

ALTERNATIVES

Alternative 1

The Hospitals and Housing Committee recommends to the Capital Regional Hospital District Board:

That a joint letter with the Regional Hospital Districts (RHDs) be sent to the Ministry of Health requesting the *Hospital District Act* be updated and that the RHDs be consulted and engaged in the process as part of the legislative review.

Alternative 2

That the *Hospital District Act Amendment Request* report be referred back to staff for additional information based on Hospitals and Housing Committee direction.

IMPLICATIONS

Intergovernmental Implications

To date the RHDs have identified a variety of challenges with the current legislation including eliminating the need for Ministry sign off on designation of facilities that can be cost shared by RHDs and the need for consultation with the Ministry on capital bylaws. RHDs would also like to see the *HDA* provide RHD boards with the power to designate signing authority to staff, similar to Regional District legislation. Other issues of concern include matching funding eligibility language around project and operational needs to current practices and provisions to reduce RHD share in special circumstances such as funding a tertiary care facility with a broad spectrum serving

multiple regions. Lastly, RHDs would like to see broadening language of “hospitals and hospital facilities” to make it less restrictive.

Financial Implications

Requesting an update to the *HDA* has no short term financial implications and a future update and amendment to the *Act* has the potential to provide more flexibility and efficiency in the way the CRHD conducts business in the future.

CONCLUSION

An update and amendment to the *HDA* is long overdue and has the potential to increase CRHDs efficiencies, meet the increasing demand on our funding and administrative resources and strengthen our relationship with healthcare partners in British Columbia.

RECOMMENDATION

The Hospitals and Housing Committee recommend to the Capital Regional Hospital District Board:

That a joint letter with the Regional Hospital Districts (RHDs) be sent to the Ministry of Health requesting the *Hospital District Act* be updated and that the RHDs be consulted and engaged in the process as part of the legislative review.

Submitted by:	Michael Barnes, MPP, Senior Manager, Health & Capital Planning Strategies
Concurrence:	Kevin Lorette, P. Eng., MBA, General Manager, Planning & Protective Services
Concurrence:	Robert Lapham, MCIP, RPP, Chief Administrative Officer

ATTACHMENT

Appendix A: Letter to Honourable Adrian Dix, Minister of Health



PO Box 1000
625 Fisgard Street
Victoria, BC, V8W 2S6

T: 250.360.3221
F: 250.360.3300
www.crd.bc.ca

By Email
March 9, 2022

Honourable Adrian Dix
Minister of Health

Re: Revisions to *Hospital District Act (HDA)*

On behalf of the Vancouver Island Regional Hospital Districts (RHDs) we are restating our concerns regarding current *HDA* legislation and the need for it to be updated. We understand from our colleagues and partners that there has been a variety of correspondence with the Ministry of Health on this issue since the 2003 Ministry of Health review and the issue is only becoming of greater concern.

In 2016, Deputy Minister Brown agreed amendments to the *HDA* would bring it into closer alignment with current practices and policies, noting that the Ministry would seek to consult with RHDs likely in 2017 or 2018. Regrettably RHDs have not been engaged on this matter as suggested and upon enquiry in 2019, were disappointed to be advised that consideration of proposed amendments to the *HDA* were not a priority at that time.

Some examples of specific concerns and suggested amendments raised by RHDs thus far include but are not limited to:

- Eliminating the need for Ministry sign off on designation of facilities that can be cost-shared by RHDs;
- Eliminating the need for consultation with the Ministry on capital bylaws;
- Providing RHD Boards with the power to designate signing authority to staff, similar to Regional District legislation;
- Matching funding eligibility language around projects and operational needs to current practices;
- Broadening restrictive language of “hospitals and hospital facilities”; and
- Provisions to reduce RHD share in special circumstances such as funding a tertiary care facility with a broad spectrum serving multiple regions.

An updated *Hospital District Act* will serve to increase our efficiencies, meet the increasing demand on our funding and administrative resources and strengthen our relationship with health care partners in British Columbia.

In moving forward, we ask that the Minister work with RHDs on planning a session to discuss *HDA* amendments as a priority in 2022. Specifically, we request the RHD representatives be engaged with the process and included in the legislative review.

Thank you for attention to our request.

Sincerely,

All RHD signatures

**REPORT TO HOSPITALS AND HOUSING COMMITTEE
MEETING OF WEDNESDAY, MARCH 02, 2022**

SUBJECT **Regional Housing Affordability Strategy Status Report**

ISSUE SUMMARY

A Regional Housing Affordability Strategy (RHAS) Status Report is being provided to update the Capital Regional District (CRD) Board on data related to the five performance measures outlined in the 2018 RHAS.

BACKGROUND

Originally approved in 2001, the RHAS was updated in 2007 and has provided the framework for addressing housing affordability challenges and supporting a collaborative regional approach for the creation of a healthy, sustainable housing system. The RHAS was updated in 2018 to reflect the CRD's evolving role and identify ways to better respond to changing housing market conditions and new developments in government housing programs and policies. A Regional Housing Advisory Committee (RHAC) provides advice to the CRD with respect to the RHAS.

The RHAS outlines key goals, with underlining objectives and strategies that the CRD and its partners might consider in supporting a broad-based effort to impact homelessness and improve housing affordability. Five performance measures are identified in the RHAS:

1. Number of net new units within the affordability target areas
2. Number of renter households in core housing need
3. Reduction in the number of individuals who are chronically homeless
4. Individuals experience shorter episodes of homelessness
5. Number of new units built within acceptable proximity to transit routes

The RHAS Status Report (Appendix A) provides updated data, where available, related to the five performance measures outlined in the 2018 RHAS. Monitoring trends helps the CRD and its partners address issues in the market and helps gauge the effectiveness of actions to impact homelessness and improve housing affordability in the region.

Development of the Status Report involved engagement with a range of partners, including the CRD's Regional and Strategic Planning Division to obtain updated data reported through the Regional Growth Strategy, BC Housing and the Greater Victoria Coalition to End Homelessness with respect to data related to homelessness. At its September 23, 2021 meeting, the RHAC was provided opportunity to give input on the draft report, as well as input for consideration in development of future reports.

The Status Report uses available data to report on performance measures. Limitations to available data, including age of data and timing of the data in relation to the COVID-19 pandemic, may affect interpretation. Data sources include Statistics Canada Census, Canada Mortgage and Housing Corporation Housing Market Information Portal, CRD Building Permit Database, BC Transit data, BC Housing shelter use data, and Point-in-Time Homeless Counts. The

Government of Canada has begun to release 2021 Census Data which included population and dwelling counts in February 2022. Moving forward, the 2021 Census Data releases relating to housing will include type of dwelling in April 2022, income in July 2022, housing in September 2022, as well as mobility and migration in October 2022. These releases will allow for updated information related to the RHAS five performance measures. In addition, in the coming months, the Province of British Columbia is expected to release new information related to homelessness, allowing for updated information on chronic and episodic homelessness.

ALTERNATIVES

Alternative 1

The Hospitals and Housing Committee recommends to the Capital Regional District Board: That the Regional Housing Affordability Strategy Status Report be received for information.

Alternative 2

That the Regional Housing Affordability Strategy Status Report be referred back to staff for additional information based on Hospitals and Housing Committee direction.

IMPLICATIONS

Alignment with Existing Plans & Strategies

The RHAS Status Report provides updated data related to the five performance measures outlined in the 2018 RHAS. The Status Report aligns with indicators reported in the 2020 Regional Growth Strategy Indicator Report, including core housing need and vacancy rate by rental price quartile.

Social Implications

The capital region, like many communities across Canada and around the world, continues to experience challenges related to escalating cost of housing, affordability and homelessness. The population of the region is expected to continue to grow from an estimated 425,000 in 2021, to an estimated 478,500 in 2038¹, adding housing pressure in the region. This Status Report suggests a continued trend of low vacancies in the lower price quartiles and high rates of core housing needs for renters. At the same time, as of March 31, 2020, there were 12,957 subsidized housing units in the Growth Management Planning Area (GMPA), representing an increase of 1,046 units over the previous year.

In the GMPA, between 2012 – 2015, the region saw as much as 43% of growth in net new dwelling units within 400m of frequent transit. In the period of 2016 – 2020, 33% of growth in net new dwelling units was within 400m of frequent transit. The CRD Housing and Transportation cost study found that annual automobile purchase, maintenance and insurance had the greatest impact on household transportation expenditures, thus locating new units in areas amenable to active travel has the potential to lower overall combined housing and transportation costs.

The 2020 Greater Victoria Point-in-Time homeless survey estimated 1,523 individuals experiencing homelessness in the region, compared to 1,525 in 2018². 2020 survey results

¹ [bylawno-4328.pdf \(crd.bc.ca\)](#)

² 2018: [2018-pit-count---community-report---final---july-19.pdf \(crd.bc.ca\)](#); 2020: [crd-pit-count-2020-community-report-2020-07-31.pdf](#)

showed higher numbers of unsheltered individuals (270, as compared to 158 in 2018) and higher numbers of people couch surfing (145, as compared to 95 in 2018). While the 2020 Point-in-Time homeless survey did not indicate a higher number of people experiencing homelessness than in 2018, the survey took place prior to the start of the COVID-19 pandemic. The Status Report notes small increases in the percentages of individuals experiencing chronic homelessness between 2018 and 2020, and decrease in the average length of shelter stay between 2019/20 and 2020/21.

CONCLUSION

The RHAS Status Report provides updated data related to the five performance measures outlined in the 2018 RHAS. Updated data indicates the capital region continues to experience challenges related to housing affordability and homelessness, including high demand for rental housing, high percentages of people experiencing chronic homelessness and lower percentages of growth in net new dwelling units within 400m of frequent transit.

RECOMMENDATION

The Hospitals and Housing Committee recommends to the Capital Regional District Board:
That the Regional Housing Affordability Strategy Status Report be received for information.

Submitted by:	Don Elliott, BA, MUP, Senior Manager, Regional Housing
Concurrence:	Kevin Lorette, P. Eng., MBA, General Manager, Planning & Protective Services
Concurrence:	Robert Lapham, MCIP, RPP, Chief Administrative Officer

ATTACHMENT

Appendix A: Regional Housing Affordability Strategy Status Report

Regional Housing Affordability Strategy *Status Report 2022*



Making a difference...together



BACKGROUND

The Capital Regional District's (CRD) Regional Housing Affordability Strategy (RHAS) presents a plan of action for meeting housing priorities identified in the Regional Growth Strategy considered integral to the long term livability and sustainability of the region.

Originally approved in 2001, the RHAS was updated in 2007 and has provided the framework for addressing housing affordability challenges and supporting a collaborative regional approach for the creation of a healthy, sustainable housing system.

The RHAS was updated in 2018 to reflect the CRD's evolving role and identify ways to better respond to changing housing market conditions including new developments in government housing programs and policies.

The RHAS outlines five key goals, with underlining objectives and strategies, that the CRD and its partners might consider in supporting a broad-based effort to impact homelessness and improve housing affordability.

The five goals are:

1. Build the right supply of housing across the spectrum
2. Sustain a shared regional response to existing and emerging housing demand
3. Protect and maintain existing non-market and market rental housing stock
4. Develop and operationalize a regionally coordinated housing and homelessness response
5. Create community understanding and support for affordable housing developments

The RHAS Status Report provides updated data related to five performance measures identified, including:

1. Number of Net New Units within the Affordability Target Areas
2. Number of Renter Households in Core Housing Need
3. Reduction in the number of individuals who are chronically homeless
4. Individuals experiencing shorter episodes of homelessness
5. Number of new units built within acceptable proximity to transit routes



REGIONAL CONTEXT

The capital region continues to experience challenges related to housing affordability and homelessness, including high demand for rental housing and the cost of ownership remaining out of reach for many households.

The population of the region is expected to continue to grow from an estimated 425,000 in 2021, to an estimated 478,500 in 2038, adding housing pressure in the region*.

In 2020, to help better respond to housing needs in the region, and in response to new provincial legislation, 11 local government entities collaborated on regional Housing Needs Assessment Reports to compile and present housing data. The reports include data related to local demographics, economics, existing housing supply, projections of the estimated number of units needed in the next five years and other factors. The reports will help communities to better understand current and future housing needs, and identify gaps.

The COVID-19 pandemic placed enormous pressure on individuals and communities throughout the region. Many in our communities lost income, resulting in greater housing insecurity or housing loss. Individuals without homes living outside or in shelter were challenged to comply with public health recommendations to maintain physical distance. Communities worked together to establish emergency programs to address housing needs, including urgent response centres to bring people inside and provide essential supports and services.

The March 2020 Greater Victoria Point-in-Time (PiT) homeless survey estimated 1,523 individuals experiencing homelessness in the region, compared to 1,525 in 2018**. The 2020 survey results showed higher numbers of unsheltered individuals (270, as compared to 158 in 2018) and higher numbers of people couch surfing (145, as compared to 95 in 2018).

*bylawno-4328.pdf (crd.bc.ca)

** 2018: 2018-pit-count---community-report---final---july-19.pdf (crd.bc.ca);
2020: crd-pit-count-2020-community-report-2020-07-31.pdf

PERFORMANCE MEASURES

MEASURE	DATA SOURCE	PERFORMANCE TO DATE
1. Units Within the Affordability Target Areas*	Canada Mortgage & Housing Corporation (CMHC) Rental Market Survey	<ul style="list-style-type: none"> • Very low vacancies in the region, especially at the lower price quartiles. • Marginal increase in vacancies, most significantly in units renting for more than \$1,119.
2. Number of Rental Households in Core Housing Need	CMHC Housing Market Information Portal and Statistics Canada Census Population 2011, 2016	<ul style="list-style-type: none"> • 2011: 14.7% (7% owners, 29.7% renters) in core housing need. • 2016: 14.2% (5.9% owners, 28.7% renters) in core housing need.
3. Reduction in the number of individuals who are chronically homeless	2018 Greater Victoria PiT Count	<ul style="list-style-type: none"> • 2018: 78.8% of survey respondents identified being homeless for a total time of six months or more over the past year.
	2020 Greater Victoria Point-in-Time Count	<ul style="list-style-type: none"> • 2020: 82% of survey respondents identified being homeless for a total time of six months or more over the past year.
4. Individuals experience shorter episodes of homelessness	BC Housing Homeless Individuals & Families Information System (HIFIS) data	<ul style="list-style-type: none"> • 2019/20: average length of shelter stay of 155 days in year-round shelters. • 2020/21: average length of shelter stay of 126 days in year-round shelters.
5. Number of new units built within acceptable proximity to frequent transit routes	CRD Building Permit Database and BC Transit	<ul style="list-style-type: none"> • 2012-2015: 43% of the gross new dwelling units were within 400m of frequent transit. • 2016-2020: 33% of the gross new dwelling units were within 400m of frequent transit.

* This measure has been adjusted to align with available data.

2018: 2018-pit-count---community-report---final---july-19.pdf (crd.bc.ca); 2020: crd-pit-count-2020-community-report-2020-07-31.pdf

What is being measured?

This indicator measures the rental vacancy rate by rental price quartiles in the Victoria Census Metropolitan Area (CMA) over time.

How are we doing?

- There has been a general trend of very low vacancy rates in the region, especially at the lower price quartiles.
- Data from past three years shows a marginal increase in vacancies, most significantly in units renting for more than \$1,119.



* This measure has been adjusted to align with available data.

What is being measured?

This indicator measures the percentage of households in core housing need. A household in core housing need falls below at least one of the housing standards: adequacy (property does not require major repairs); affordability; or suitability (number of bedrooms match household size); and it would have to spend 30% or more of its total before-tax income to pay the median rent for housing that is acceptable.

How are we doing?

The percentages of households in core housing need reduced slightly between 2011 and 2016 (most recent available data)*. However, many individuals and households in the region remained in core housing need. In particular, there remained a high number of renters in core housing need in the region. Updated core housing need data will be available in 2022, using 2021 census data.

Households in core housing need:

- 2011: 14.7% (7% owners, 29.7% renters)
- 2016: 14.2% (5.9% owners, 28.7% renters)

Core housing need was high for seniors and lone-parent households who rent in the region in 2011 and 2016.

*Canada Mortgage and Housing Corporation, <https://www03.cmhc-schl.gc.ca/hmip-pimh/en#Profile/2440/3/Victoria>

What is being measured?

Those who have been homeless for a cumulative period of six months or longer are considered to be experiencing chronic homelessness.

How are we doing?

- In the Greater Victoria 2020 PiT survey, the majority (82%) of survey respondents identified being homeless for a total time of six months or more over the past year. This was an increase from 78.8% in the 2018 PiT survey. 61% of respondents reported that they had been homeless for the past 365 days or more.
- Indigenous people are disproportionately represented among those experiencing homelessness. The 2020 PiT survey found 35% of respondents identifying as Indigenous, up from 32% in 2018. The number of Indigenous people experiencing chronic homelessness in 2020 was higher at 84%, than compared to overall percentage of survey respondents. In the 2016 census, 4.5% of the Greater Victoria population identified as Indigenous.

*Source: 2020 Greater Victoria Point-In-Time Count, <https://communitycouncil.ca/wp-content/uploads/2020/07/crd-pit-count-2020-community-report-2020-07-31.pdf>

What is being measured?

This indicator measures average length of shelter stay in year-round, permanent shelters in the capital region, funded by BC Housing, generally operating 24/7.

How are we doing?

- In fiscal year 2019/20, BC Housing reports an average length of shelter stay of 155 days in year-round shelters in the capital region*.
- In fiscal year 20/21, BC Housing reports a decrease in an average length shelter stay to 126 days in year-round shelters in the capital region.

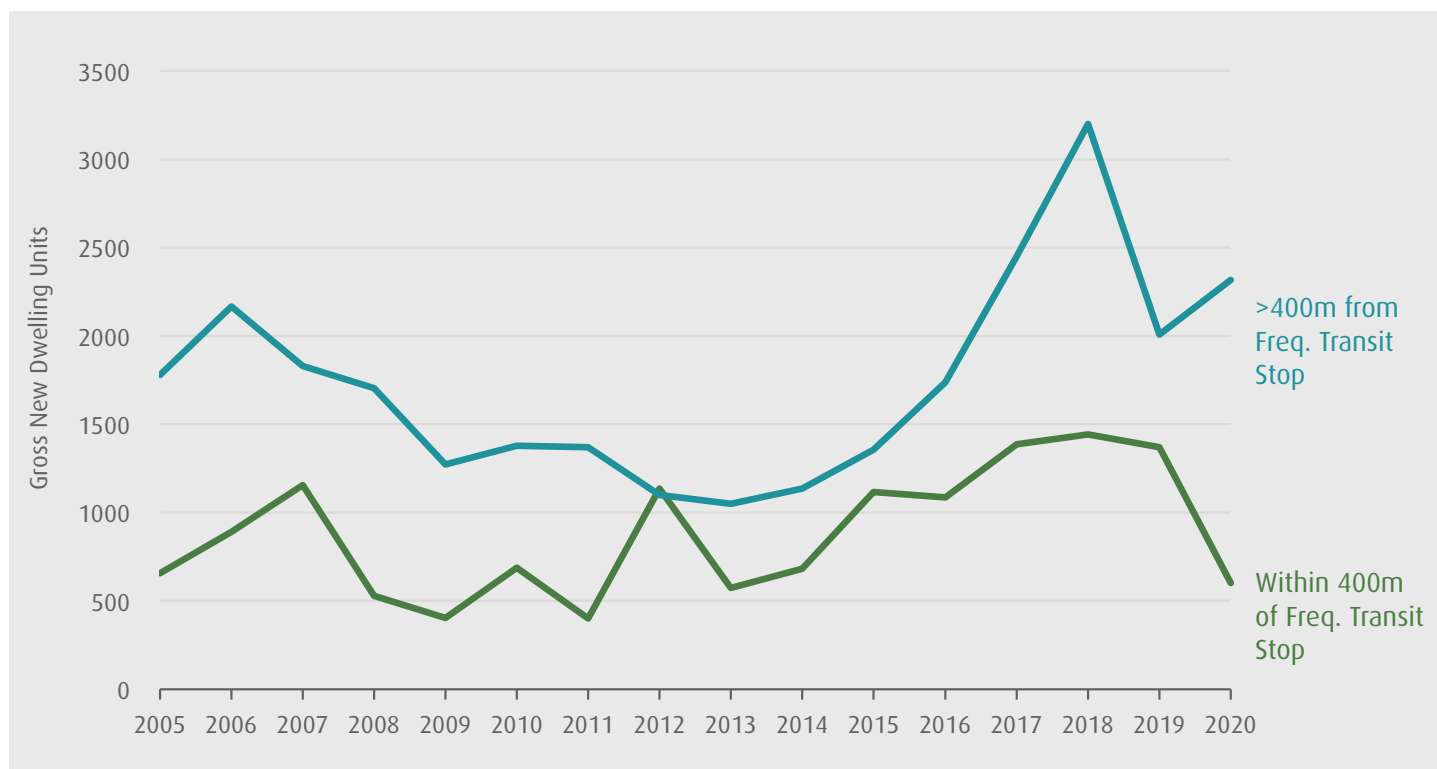
*Source: BC Housing HIFIS AN055 Data Model. Prepared by BC Housing's Research and Corporate Planning Department, October 2021

What is being measured?

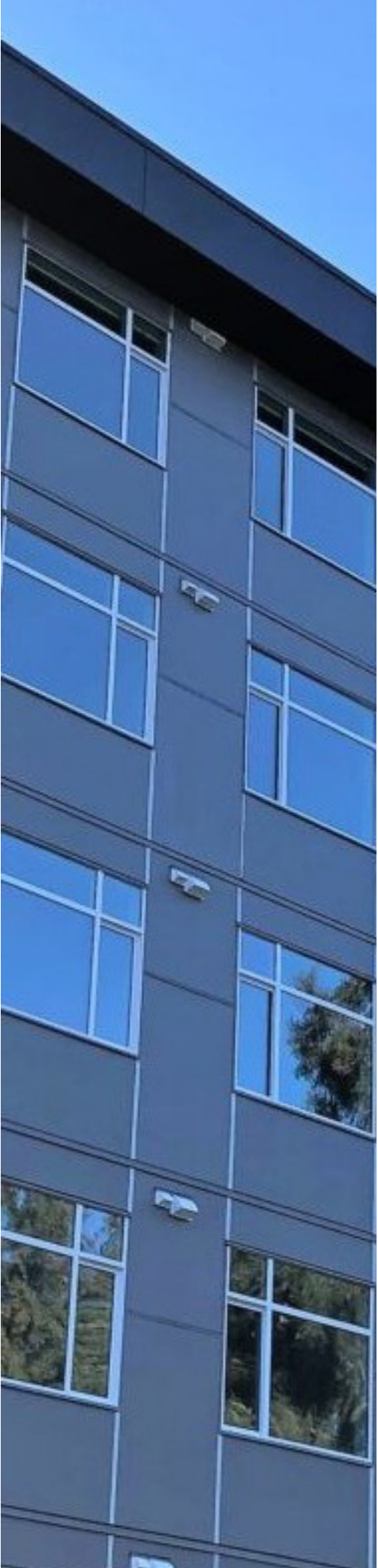
This indicator tracks gross number of new units located within 400m walking distance (network) of a frequent transit stop.

How are we doing?

- In the CRD between 2012-2015: 43% of the gross new dwelling units were within 400m of frequent transit.
- In the CRD between 2016-2020, 33% of the gross new dwelling units were in areas within 400m of frequent transit.
- The CRD Housing and Transportation Cost Estimate Study found that annual automobile purchase, maintenance and insurance had the greatest impact on household transportation expenditures, thus locating new units in areas amenable to active travel has the potential to lower overall combined housing and transportation costs.



Source: CRD Building Permit Database and BC Transit



CRD

Making a difference...together

**REPORT TO THE HOSPITALS AND HOUSING COMMITTEE
MEETING OF WEDNESDAY, MARCH 02, 2022**

SUBJECT **Capital Regional Hospital District Investment Portfolio Holdings and Annual Performance Update**

ISSUE SUMMARY

Provide an annual update on Capital Regional Hospital District (CRHD) investment holdings and performance for the period ended December 31, 2021.

BACKGROUND

The Capital Regional District (CRD) invests operating, capital, and reserve funds in accordance with the *Local Government Act*, *Community Charter*, and Board approved Investment Policy. The Investment Policy applies to the investment activities for all funds maintained by the CRD, the Capital Region Housing Corporation (CRHC) and the Capital Regional Hospital District (CRHD). The types and terms of investments purchased are evaluated on four fundamental objectives: safety of principal, liquidity, responsible investing, and return on investment in alignment with the policy.

The policy also provides the minimum ratings of investment vehicles that can be purchased. Currently, investments in chartered banks or savings institutions must be rated R-1 (low) or higher for short-term investment and A- for long-term as published by major credit rating agencies. Both ratings indicate a superior credit rating on all investments.

Investments are continuously monitored to ensure the appropriate strategy through current and forecasted economic conditions. The CRHD invests net working capital and reserves in a mix of products including high-interest savings accounts (HISA), fixed term guaranteed investment certificates (GICs) and Municipal Finance Authority (MFA) pooled funds. The placement or divestiture of investments are timed with forecasted cash requirements.

Investments through 2021 have been made in alignment with the Board approved Investment Policy. Although economic and market conditions resulted in a low rate environment and drove uncertainty in the portfolio, performance exceeded expectations for the year ended December 31, 2021, as detailed in the report.

IMPLICATIONS

Financial Implications

Performance

In comparison to 2020, 2021 returns were lower, driven by historic low rates attributed to Bank of Canada policies and the fixed income market. Returns in excess of benchmark were a result of active portfolio management and improvements in cashflow forecasting throughout the year.

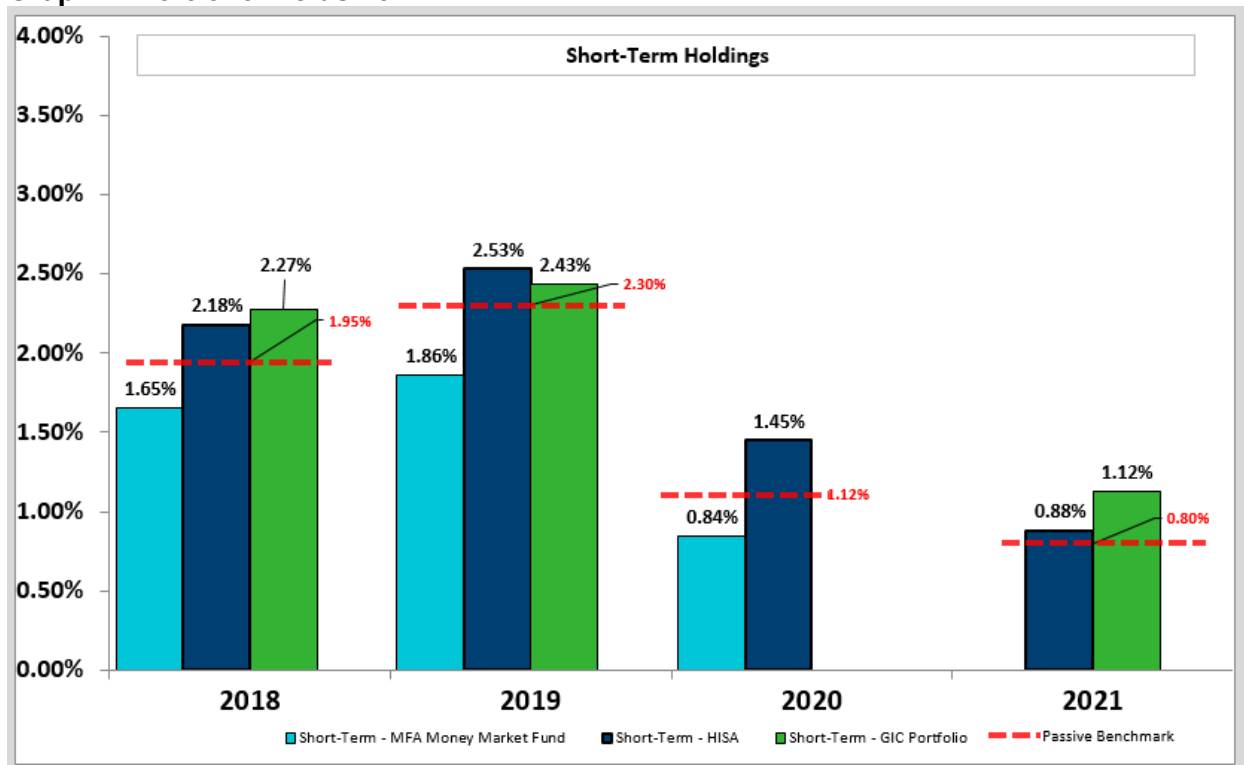
In 2021, capital project cash outflows were relatively consistent where average monthly distributions were ~\$4.5 million.

Major construction projects such as Oak Bay Lodge, Urgent Primary Care Centres, Royal Bay Land acquisition and the release of non-traditional project grant to the Broadmead Care Society necessitated higher levels of liquidity in 2021, and thus a higher ratio of short-term investments. As major projects and land acquisitions wind down, short-term liquidity requirements will decrease. As the CRHD grows reserves in alignment with Island Health capital planning and capital asset replacement, portfolio holdings in longer term products will increase.

An active investment strategy, continued improvements in tools, and maturing cash flow management remain critical to performance. Targeting specific reserve spending allows a more active investment approach where cash can be invested in potentially higher rate products when liquidity is known. This approach increases investment activity but helps achieve better performance against benchmark. To take advantage of rate premiums on short-term investments, cash was placed in facilities yielding optimum return while still meeting liquidity targets.

Graph 1 below provides a detailed report on portfolio yields for 2021

Graph 1: Portfolio Yields 2021



The passive benchmark represents the expected return from a liquid investment strategy with limited active management. Passive rates over the past 4 years were 1.95%, 2.30%, 1.12% and 0.80% respectively.

During 2021, short-term GIC investments were placed yielding 1.12% while the short-term HISA accounts returned 0.88%.

Table 1 below summarizes the three year trend on investment income. Realized income is distributed annually on a pro-rata basis to reserves.

Table 1: CRHD Investment Income 3-Year Trend (\$ Millions)

	2019		2020		2021	
Passive Income	2.3%	\$0.9M	1.1%	\$0.2M	0.8%	\$0.2M
Value-Add	0.2%	\$0.1M	0.3%	\$0.1M	0.1%	\$0.1M
Total	2.5%	\$1.0M	1.4%	\$0.3M	0.9%	\$0.2M

The total effective rate of return on investments, during 2021, was 0.90%. Total investment income for 2021 was \$0.2 million on a total portfolio of \$18.6 million. For comparison, the total portfolio size was \$19.6 million in 2020 and \$25.8 million in 2019.

Portfolio Holdings

At December 31, 2021, the CRHD held \$18.6 million invested in short-term investments, as outlined in Table 2 below.

Table 2: Investment Holdings – as at Dec 31, 2021

Investments	Balance (\$millions)	% Share
Investments Short-Term (less than 2 years)		
CIBC High Interest Savings Account (Cash)	0.0	0.3%
Scotiabank High Interest Savings Account (Cash)	3.7	19.7%
Scotiabank Notice Plan (Cash)	9.8	52.8%
National Bank/MFABC High Interest Savings Account (Cash)	0.1	0.4%
GIC (< 2 year)	5.0	26.9%
Total Investments:	\$18.6	100.0%

As noted in Table 2 above, the CRHD investment portfolio at December 31, 2021, was distributed 100% to short-term investments. Investments with maturities less than two years are classified as short-term.

CONCLUSION

Overall, the Capital Regional Hospital District portfolio of investments reflects the four fundamental objectives of safety of principal, liquidity, responsible investing and return on investment. Investments have been made in keeping with requirements under the Investment Policy and investment performance was in line with expectations for the year ended December 31, 2021.

RECOMMENDATION

The Hospitals and Housing Committee recommends to the Capital Regional Hospital District Board:

That the Capital Regional Hospital District Investment Portfolio Holdings and Annual Performance Update be received for information.

Submitted by:	Rianna Lachance, BCom, CPA, CA, Senior Manager, Financial Services
Concurrence:	Nelson Chan, MBA, FCPA, FCMA, Chief Financial Officer
Concurrence:	Robert Lapham, MCIP, RPP, Chief Administrative Officer

ATTACHMENT(S)

Appendix A: Market Analysis

Market Analysis

Applies to the Capital Regional District (CRD), the Capital Regional Hospital District (CRHD), and the Capital Region Housing Corporation (CRHC)

As part of overall portfolio management, staff regularly monitor market trends and key metrics such as the Bank of Canada overnight interest rate, the Government of Canada bond rates and other market commentary issued by banks and investment brokers. Additionally, the Municipal Finance Authority (MFA) provides regular market commentary on new product developments and based on outlook reports provided by Phillips, Hager & North Investment Management (PH&N).

In 2021, the Bank of Canada held its key overnight constant at 0.25%. For most of 2021, both the short term high-interest savings accounts and short term GICs were offering competitive returns when compared to long-term GICs. The table below presents key indicator rates at December 31 for the period 2018 to 2021:

Table A1: Indicative Market Rates 2018 to 2020

Rate	2018	2019	2020	2021
Bank Of Canada – Overnight Rate	1.25% - 1.75%	1.75%	0.25% - 1.75%	0.25%
HISA	1.96% - 2.46%	2.46%	0.80% - 1.06%	0.80 – 0.95%
RBC – Bank Rate	1.70% - 2.30%	2.30%	0.80% - 2.30%	0.80%
Fixed GIC – 180 day /1 Year (sample)	1.57% / 2.68%	1.68% / 2.30%	0.92% / 1.24%	0.40 – 0.70%

Investment Marketplace

Throughout 2021, HISA rates fell making them less competitive compared to fixed term GIC products. HISA allocations were driven by liquidity needs.

The CRD remains in the queue to invest in the MFA Mortgage Fund, which invests in existing PH&N pooled fund products, providing investment exposure to commercial investment grade mortgages.

The CRD placed \$30 million in the MFA introduced a Fossil Fuel-Free Bond Fund (FFF). The FFF Bond Fund invests in securities similar to the existing bond fund except that the FFF option excludes those holdings directly related to non-renewable energy extraction, processing, and transportation. This additional screening is estimated to exclude approximately 4% of the population of investible securities compared to the existing bond fund.

Over the full calendar 2021 year, the MFA Fossil-Fuel-Free Bond Fund (FFF Fund) underperformed the MFA Bond Fund on an annual basis by approximately 0.10% (-0.92% versus -0.82% respectively). This discrepancy was almost entirely due to the difference in corporate exposure between the two portfolios. The FFF Fund held a higher weight to the communications sector, which experienced the most significant widening over the year. Additionally, the FFF Fund had a lower weight in the energy sector, which experienced spread tightening on the back of recovering oil prices. Finally, the FFF Fund held a higher weight to the financial sector, which also experienced spread widening over the year. Cumulatively, these positioning changes resulted in the MFA Bond Fund outperforming the FFF Fund by approximately 0.10% over the full year 2021.

At the end of 2021, the MFA had plans to introduce a Diversified Multi-Asset Class (DMAC) Fund. This DMAC Fund will invest in a diverse universe of securities such as corporate fixed income, common stocks and alternative asset classes such as infrastructure and real estate. The first \$15 million CRD investment was placed in the DMAC fund upon its opening by the MFA on January 17, 2022

Staff will assess investment placements in new MFA pooled funds in the future, for the CRD, the CRHD, and the CRHC, as the need to place long-term funds arises.

**REPORT TO HOSPITALS AND HOUSING COMMITTEE
MEETING OF WEDNESDAY, MARCH 02, 2022**

SUBJECT **Capital Region Housing Corporation Investment Portfolio Holdings and Performance Annual Update**

ISSUE SUMMARY

Provide an annual update on Capital Region Housing Corporation (CRHC) investments held and performance for the period ended December 31, 2021.

BACKGROUND

The Capital Regional District (CRD) invests operating, capital, and reserve funds in accordance with the *Local Government Act*, *Community Charter*, and Board approved Investment Policy. The Investment Policy applies to the investment activities for all funds maintained by the CRD, the Capital Region Housing Corporation (CRHC) and the Capital Regional Hospital District (CRHD). The types and terms of investments purchased are evaluated on four fundamental objectives: safety of principal, liquidity, responsible investing, and return on investment in alignment with the policy.

The policy also provides the minimum ratings of investment vehicles that can be purchased. Currently, investments in chartered banks or savings institutions must have a risk rating of R-1 (low) or higher for short-term and a rating of A- for long-term as published by major credit rating agencies. Both ratings achieve a superior credit rating on all investments.

Investments are continuously monitored to ensure the appropriate strategy through current and forecasted economic conditions. The CRHC invests net working capital and replacement reserves in a mix of products including high-interest savings accounts (HISA), fixed term guaranteed investment certificates (GICs) and Municipal Finance Authority (MFA) pooled funds. The placement or divestiture of investments are timed with forecasted cash requirements.

Investments through 2021 have been made in alignment with the Board approved Investment Policy. Although economic and market conditions resulted in a low rate environment and drove uncertainty in the portfolio, performance exceeded expectations for the year ended December 31, 2021, as detailed in the report.

IMPLICATIONS

Financial Implications

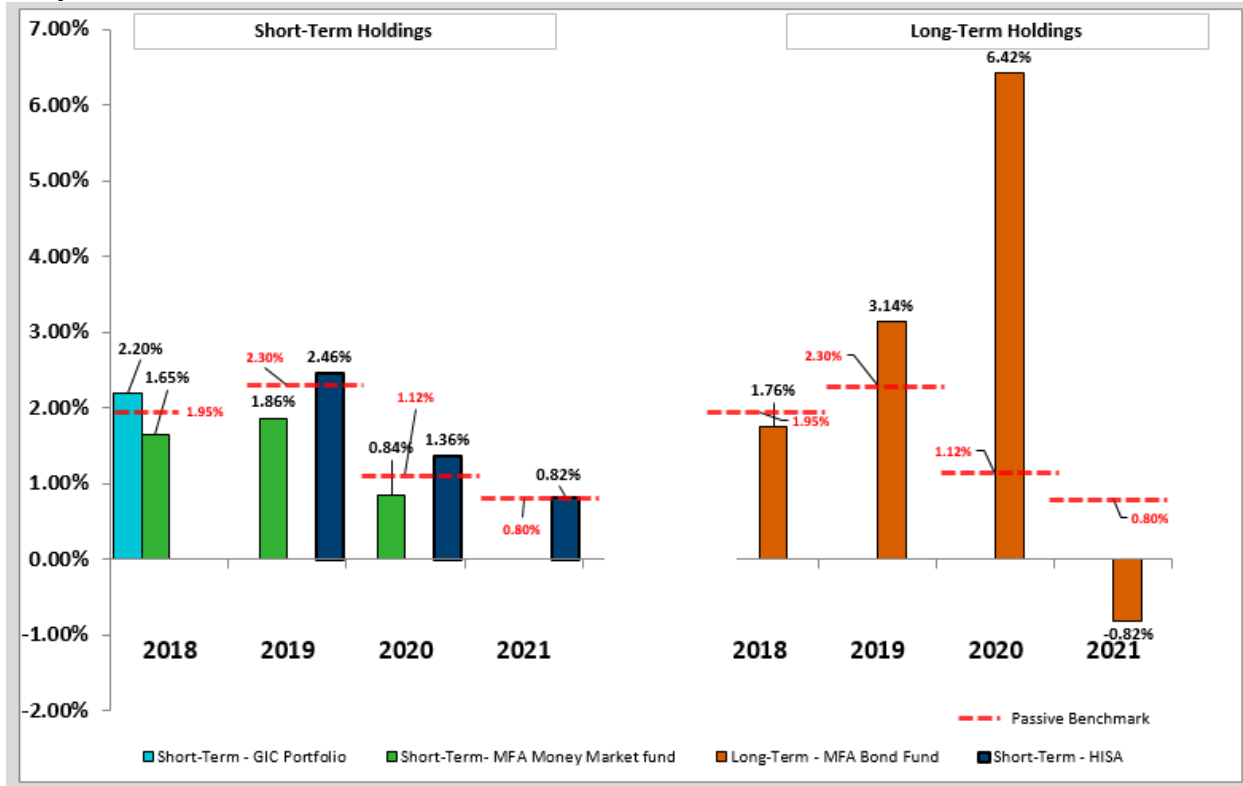
Performance

In comparison to 2020, 2021 returns were lower, driven by historically low rates attributed to Bank of Canada policies and the fixed income market. Returns in excess of benchmark were a result of active portfolio management and improvements in cashflow forecasting throughout the year.

Most of the investment portfolio is long term in nature and remains invested in the MFA Bond Fund, mitigating short term market fluctuations. Short term investments are actively managed and placed in high yield liquid products.

Graph 1 below provides a detailed report on portfolio yields for 2021.

Graph 1: Portfolio Yields 2021



The passive benchmark represents the expected return from a liquid investment strategy with limited active management. Passive rates over the past 4 years were 1.95%, 2.30%, 1.12% and 0.80% respectively.

During 2021, the High Interest Savings Accounts earned 0.82%. The MFA Bond Fund posted a loss of -0.82% in 2021 due to the inverse relationship between interest rates and the long term bond yield. This is in contrast to the annual return in 2020 of 6.42% when interest rates dropped sharply due to coordinated monetary policy responses to the global pandemic. When evaluating performance of long term holdings, it is preferable to set a longer time horizon. Since 2014, the compounded annual return is 2.2%, resulting in approximately \$1.4 million in investment growth over this period.

Table 1 below shows the three-year trend on investment income.

Table 1: CRHC Investment Income 3-Year Trend (\$ Thousands)

	2019		2020		2021	
Passive Income	2.3%	\$226.6K	1.1%	\$115.4K	0.8%	\$80.0K
Unrealized gain (loss)	0.5%	\$45.6K	3.5%	\$351.6K	-2.5%	-\$253.5K
Value-Add	0.2%	\$22.9K	1.0%	\$95.7K	1.1%	\$112.8K
Total	3.0%	\$295.0K	5.6%	\$562.7K	-0.6%	-\$60.7K

The total effective rate of return on investments during 2021 was -0.6% with an investment loss of \$60.7 thousand including unrealized losses on the MFA Bond Fund of (\$253.5) thousand. The overall decrease in annual investment income over prior year was due to historic low rates and unrealized losses in the MFA pooled funds. An active investment management strategy helped mitigate low yields and economic uncertainty through 2021.

Portfolio Holdings

At December 31, 2021, the CRHC held \$10.5 million invested in short-term and long-term investments, as detailed in Table 2 below.

Table 2: Investment Holdings – as at Dec 31, 2021

Investments	Balance (\$millions)	% Share
Investments Short-Term (less than 2 years)		
CIBC High Interest Savings Account (Cash)	1.5	15%
Total Short-term:	1.5	15%
Investments Long-Term (more than 2 years)		
MFA Bond Fund	8.9	85%
Total Long-term:	8.9	85%
Total Investments:	\$10.5	100%

The portfolio was distributed between short-term and long-term investments in a 15/85 split. Investments with maturities or approaching maturities less than two years are classified as short-term. While the MFA Bond Fund is a liquid investment, investments placed in the fund are recommended for long term holdings only.

CONCLUSION

Overall, the Capital Region Housing Corporation portfolio of investments reflects the three fundamental objectives of safety of principal, liquidity, and return on investment. Investments have been made in keeping with requirements under the Investment Policy Statement and investment performance exceeded expectations for the year ended December 31, 2021.

RECOMMENDATION

The Hospitals and Housing Committee recommends to the Capital Region Housing Corporation Board:

That the Capital Region Housing Corporation Investment Portfolio Holdings and Performance Annual Update be received for information.

Submitted by:	Rianna Lachance, BCom, CPA, CA, Senior Manager, Financial Services
Concurrence:	Nelson Chan, MBA, FCPA, FCMA, Chief Financial Officer
Concurrence:	Robert Lapham, MCIP, RPP, Chief Administrative Officer

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