



## REGIONAL SERVICES COMMITTEE

WEDNESDAY, JULY 22, 2009

6:00 p.m. / Board Room  
175 Ingram Street

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	AGENDA	PAGES
1.	<u>APPROVAL OF AGENDA:</u>	1 - 2
2.	<u>ADOPTION OF MINUTES:</u>	
	2M1 Adoption of Minutes of Regular Meeting of Regional Services Committee held May 27, 2009	3 - 5
3.	<u>BUSINESS ARISING FROM THE MINUTES:</u>	
4.	<u>DELEGATIONS:</u>	
	4D1 Michelle Nowzek, Coalition Member, representing Fair Health Funding for Cowichan NOW Re: Lack of Mental Health Funding, Struggles of the Emergency Ward at CDH, Lack of Addiction Funding, and the Connection Between the Upcoming Closure of Cowichan Lodge and the Ripple Effect it will have on Other Areas of Healthcare within the Valley	6 - 28
5.	<u>CORRESPONDENCE:</u>	
	5C1 N. Avery, General Manager, Finance and Information Services Re: Boundary Adjustment – Nanaimo Airport Lands (Referred from Board Meeting of July 8, 2009)	29 - 31
	5C2 North Oyster Volunteer Fire Department—Ad Hoc Building Replacement Committee Re: Proposed Replacement Update and Suggested Process	32 - 35
6.	<u>STAFF REPORTS:</u>	
	6SR1 Staff Report from the Corporate Secretary Re: CVRD Bylaw No. 3003 – Fireworks Sale and Discharge Regulation	36 - 45

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6SR2	Staff Report from the Economic Development Manager Re: Tourism Cowichan Restructure	46 - 60
6SR3	Staff Report from the General Manager, Parks, Recreation and Culture Re: Distribution of CVRD 2009 Annual Budget, October 31, 2009 Olympic Torch Relay and Community Celebration Marketing and Promotion Fund	61
6SR4	Staff Report from the General Manager, Corporate Services Re: Cowichan Valley Regional Hospital District Audit	62 - 69

**7. ADJOURNMENT:**

The next Regional Services Committee meeting is scheduled for Wednesday, August 26, 2009 at 6:00 p.m. in the Board Room at the CVRD, 175 Ingram Street, Duncan, BC.

**DISTRIBUTION:**

**Regional Services Committee**

Director P. Kent, Chair  
Director T. Walker, Vice-Chair  
Director K. Cossey  
Director M. Dorey  
Director L. Duncan  
Director G. Giles  
Director B. Harrison  
Director D. Haywood

Director R. Hutchins  
Director L. Iannidinardo  
Director K. Kuhn  
Director M. Marcotte  
Director T. McGonigle  
Director I. Morrison  
Director G. Seymour

**Cowichan Valley Regional District**

Warren Jones, Administrator  
Joe Barry, Corporate Secretary  
Mark Kueber, General Manager, Corporate Services

**(Agenda Cover Only):**

Ron Austen, General Manager, Parks, Recreation & Culture  
Tom Anderson, General Manager, Planning & Development  
Brian Dennison, General Manager, Engineering & Environmental Services  
Dan Derby, General Manager, Public Safety  
Sharon Moss, Manager, Finance  
Jacob Ellis, Manager, Corporate Planning  
Kate McIntosh, Human Resources Manager  
Bob McDonald, Manager, Recycling & Waste Management  
Geoff Millar, Manager, Economic Development  
Brian Farquhar, Manager, Parks & Trails  
Kate Miller, Manager, Regional Environmental Policy

Minutes of the Regular meeting of the Regional Services Committee held in the Board Room, 175 Ingram Street, Duncan, BC, on Wednesday, May 27, 2009 at 6:00 p.m.

**PRESENT:** Chair P. Kent  
Directors M. Dorey, L. Duncan, G. Giles, D. Haywood,  
R. Hutchins, L. Iannidinardo, K. Kuhn, M. Marcotte,  
T. McGonigle, I. Morrison and G. Seymour  
Alternate Director R. Hartmann

**ABSENT:** Directors K. Cossey, B. Harrison and T. Walker

**ALSO**

**PRESENT:** Warren Jones, Administrator  
Kathleen Harrison, Deputy Corporate Secretary  
Mark Kueber, General Manager, Corporate Services  
Tracy Bowen, Accountant, Corporate Services  
Tom Anderson, General Manager,  
Planning & Development  
Kate Miller, Manager, Regional Environmental Policy  
Jacob Ellis, Manager, Corporate Planning  
Dominique Beesley, Recording Secretary

**APPROVAL OF  
AGENDA**

**It was moved and seconded that the agenda be amended with the addition of New Business Item:**

**NB1 Staff Report from the Parks and Trails Manager  
Re: Projects for Application to the Western Economic  
Diversification Canada Program;**

**and that the agenda, as amended, be approved.**

**MOTION CARRIED**

**ADOPTION OF  
MINUTES  
2M1**

**It was moved and seconded that the minutes of the May 27, 2009 Regular Regional Services Committee meeting be adopted.**

**MOTION CARRIED**

It was the consensus of the Committee to vary the order of the agenda by placing Item 5SR1 before Item 4D1.

**STAFF REPORTS**

**5SR1**

Staff Report from the Manager, Finance Division dated May 19, 2009, re: Cowichan Valley Regional District's 2008 Financial Statements and 2008 Audit Report, was considered:

The General Manager, Corporate Services, introduced Baljeet Basi, Assurance Manager and Terry Shepherd, Business Advisor, both of Meyers Norris Penny, who conducted an audit of the CVRD's 2008 Financial Statements.

Terry Shepherd provided an overview and answered questions from the Committee.

**It was moved and seconded that it be recommended to the Board:**

- 1. That the Cowichan Valley Regional District's 2008 Financial Statements be accepted.**
- 2. That the Directors' 2008 Statement of Remuneration and Expenses be accepted.**
- 3. That the Audit Findings Report dated April 24, 2009 be received.**

**MOTION CARRIED**

#### **DELEGATIONS**

##### **4D1**

The Manager, Corporate Planning, introduced Kyle Braid and Paul Musca, representing Ispos Reid who presented and distributed the first draft of the Cowichan Valley Regional District 2009 Strategic Planning Survey. Mr. Braid provided an overview and answered questions regarding the Survey which included responses from 400 residents from all areas of the Regional District.

#### **NEW BUSINESS**

##### **NB1**

Staff Report from the Parks and Trails Manager dated May 27, 2009, re: projects for application to the Western Economic Diversification Canada Program, was considered:

**7:01 p.m.**

Director Seymour left the meeting at 7:01 p.m.

**It was moved and seconded that it be recommended to the Board that the following two projects for application to the Western Economic Diversification Canada Program Grants be approved:**

- 1. Recreational Infrastructure Canada Program: Cowichan Valley Trail – Lake Cowichan to Nanaimo Regional District Section**
- 2. Community Adjustment Fund – Historic Kinsol Trestle Rehabilitation.**

**MOTION CARRIED**

**ADJOURNMENT**

It was moved and seconded that the meeting adjourn.

**MOTION CARRIED**

**7:03 p.m.**

The meeting adjourned at 7:03 p.m.

\_\_\_\_\_  
Chairperson

\_\_\_\_\_  
Recording Secretary

Dated: \_\_\_\_\_



**Request to Appear as a Delegation****Meeting Information**

Request to Address:\*

☒ CVRD Board☐ Committee

If Committee, specify the Committee here:\*

Regular Board Meeting

Meeting Date:\*

07/08/2009

Meeting Time:\*

6pm**Applicant Information**

Applicant Name:

Michelle Nowzek

Representing:

Fair Health Funding for Cowichan NOW

(Name of organization if applicable)

As:

Coalition Member

(Capacity / Office)

Number Attending:

4**Applicant Contact Information**

Applicant Mailing Address:

135 Third St.

Applicant City:

Duncan

Applicant Telephone:

250.746.1004 x250

Applicant Fax:

Applicant Email:

info@socialplanningcowichan.org**Presentation Topic and Nature of Request:**

Coalition members will present information regarding lack of mental health funding, struggles of the Emergency Ward at CDH, lack of addiction funding, and the connection between the upcoming closure of Cowichan Lodge and the ripple effect it will have on other areas of healthcare within the Valley.

\* indicates required fields.





- 5 People returning from treatment or incarceration struggle to maintain their gains due to lack of follow up treatment, housing, and choices that don't include those who are still involved in drugs/alcohol and the crime that goes along with it
- 6 Support and services are required for people who have no place to safely keep their possessions, who expend huge amounts of energy to meet basic needs, who are banned from many businesses, who cannot find and keep a doctor, who do not have the skills to access needed resources.

#### What is the result?

- Children do not learn, parents haven't the energy to search for work or upgrade skills to make themselves more employable
- The traditional community supports aren't filling the need
- More people are becoming homeless and the community currently lacks the resources to assist them.

For more information, please contact:

Christina Martens, Executive Director  
Canadian Mental Health Association  
Cowichan Valley Branch  
250-746-5521

or:

Dr. Robin Routledge  
Duncan Mental Health and Addiction Services  
250-709-3040

## Fair Health Funding for Cowichan NOW! is a coalition of individuals and organizations including:

Cowichan Valley Independent  
Living Resource Centre

Canadian Mental Health Association  
Cowichan Valley

Dr. Crosbie Watler

Dr. Robin Routledge

Cowichan Senior Care Foundation

BCNU

Social Justice and Outreach  
Committee, Duncan United Church:

Ronnie Phipps

Joan Barwise

E. Daisy Anderson

Chrystal Ocean, Poverty Activist

Simone Dina-Blunck

Cowichan Valley Hospice Society

Concerned Citizens for Cowichan Lodge

Cowichan Lodge Auxiliary

## Fair Health Funding for Cowichan NOW!

Historically the Vancouver Island Health Authority has been discriminatory in the allocation of fair health funding for the Cowichan Valley. Recently, this discrimination has meant a crisis in our health care services. With the October 2006 VIHA announcement of support for homelessness initiatives in Victoria and no subsequent funding to date for anywhere else on Vancouver Island, this inequality in funding increased significantly for Mental Health and Addiction services.

**Fair Health Funding for Cowichan NOW!** is a coalition of concerned individuals and organizations in the Cowichan Valley who will no longer allow this situation to continue. This Coalition is adamant that health funding must be equitable, based on the determinants of health, and structurally implemented by VIHA.

Below is a sample of how this funding affects all the Citizens of the Cowichan Valley.

#### Mental Health Services

Our Mental Health and Addiction Service is funded at barely more than 50 cents on the dollar relative to Victoria:

- 1 Victoria has 800 Supported Beds, Cowichan has 19 (200 would give us parity)
- 2 Victoria has 5 assertive community treatment teams, we have none

On a per capita basis all our core programs are grossly understaffed

- 2 Victoria receives \$216 per capita while Cowichan receives \$124 (numbers obtained from VIHA as of March 31, 2009)

### What is the result?

- 3 Accumulating wait lists for our outpatient Mental Health and Addictions services
- 4 Seriously mentally ill and frail elderly clients clogging our 15 inpatient beds, with no access to decent community accommodations
- 5 An inpatient environment too congested and under-staffed to deliver optimal care  
Serious morale and burnout issues, with implications for recruitment and retention of staff
- 7 Little to no ability for community based services to fill the gaps between patient and citizen even though these networks are identified as determinants of health

*"Today, I am happy and well. That was not my life for 37 years when I was labeled seriously mentally ill. The 18 psychiatrist I saw, multitude of hospital stays and over 30 psychiatric drugs in all combinations and doses did not help me. I was a mess. My life turned around when the mental health centre sent me to a non-profit society. The society figured out my problem and knew what was needed. During the 17 years it took to get better and get off the medications, I relied on community-based societies and churches for support. My story is a prime example of community bringing back the life of a lost citizen and doing it cost effectively."*

### Addiction Services

- 1 No supported recovery beds – Victoria has 90
- 2 2 detoxification beds up island – Victoria has 20 locally
- 3 No stabilization beds – Victoria has 17

### What is the result?

- 1 People who have completed acute detoxification often have to return to substandard or non-supportive housing situations prior to getting into a treatment facility

- 2 People continue on their addictions cycle with little way out

### Seniors and Residential Services

- 1 All available residential care beds are full
- 2 Families are experiencing caregiver burnout
- 3 Cowichan Lodge sits with only 10 patients and room for 95
- 4 Redeploying the Cowichan Lodge site requires significant community input

### What is the result?

- 3 8 out of 15 psychiatric inpatient beds are taken up by seniors with serious dementia who have nowhere else to go
- 4 Elderly people are showing up more and more at the Emergency department
- 5 Waiting lists grow, with families having to care for loved ones with serious medical conditions

### Hospital Services

- 6 Hospital at almost constant overcapacity,
- 7 Despite years of underfunding, no solution from VIHA to address these ongoing concerns
- 8 People who are at risk in community waiting for beds, turn up in ER
- 9 Nurses working overtime to support an overcrowded hospital

### What is the result?

- 1 Non-emergency surgeries are often cancelled due to overcrowding
- 2 Patients are left in inhumane areas awaiting treatment
- 3 The hospital is operating at overcapacity and staff are burning out

### End of Life Care

- 1 Over 600 individuals received emotional support and information from Hospice last year.
- 2 Currently the 9 hospices outside Victoria including Cowichan Valley Hospice, share \$54,000 in uncommitted funding, while Victoria Hospice receives \$3 million annually. Local fundraising and donations sustain Cowichan Valley Hospice, contributions that are compromised by economic downturn.
- 3 Three end of life beds serve the Cowichan region: two located at the Lodge on 4<sup>th</sup> in Ladysmith and one in Chemainus Health Care centre.

### What is the result?

- 1 Acute symptom management can be provided at Cowichan District Hospital, however without a designated palliative care unit, dying patients are often cared for in four bed wards.

### Community Based Services

- 3 Adequate and affordable housing is key to just about everyone who seeks assistance. Cowichan has little rent-geared to income housing.
- 4 Supported housing would significantly reduce the number of evictions for people struggling with mental health and or addictions. Many people report that no matter what they do, their "reputation" precludes acceptance in any building in town. Not having a place to call home requires constant search for food, clothing, safe shelter and somewhere to go.

## RESOLUTION FOR THE C.V.R.D. REGIONAL SERVICES COMMITTEE

" Be it resolved that the C.V.R.D. REGIONAL SERVICES COMMITTEE write a letter to Mr. Howard Waldner, President and CEO of the Vancouver Island Health Authority, endorsing in full the three requests made by Fair Health Funding for Cowichan Now in the June 19, 2009 letter to Premier Campbell.

These requests are:

1. That health funding disparities in the Cowichan Valley be rectified starting immediately;
2. That a **meaningful dialogue** be initiated between the Cowichan Valley community represented by members of the Fair Health Funding for Cowichan Now Coalition and VIHA in regard to the health care crisis **before** final decisions are made;
3. That Cowichan Lodge remain in operation as a residential care facility and current residents not be transferred while discussions are ongoing.

We further recommend that copies be sent to:

- The Honourable Gordon Campbell, Premier of British Columbia
- The Honourable Kevin Falcon, Minister of Health Services
- Adrian Dix, NDP Opposition Critic for Health"
- Jac Kreut Chair of the Board of Directors of V.I.H.A.

Differences between analyses:

2007 based on population age 20 and older versus estimated 2008 population age 19-64 used in 2009 LHA 84 (Vancouver Island West - pop of 1,511) was included in OPW, now included in CCC 2007 excluded Island-Wide; 2009 includes Island-wide budget, apportioned proportional to population

# Comparisons: Actual MHAS Budgets vs Population-Based Budgets

04-Apr-07

Year 2006 Population Figures: Total Population 20 and Older - includes dedicated psychogeriatric funds (except for Sandringham)

Pop. Figures				Actual (not including the projected CISL \$\$) vs Population-Based Budgets					
Local Health Area (LHA)	Year	Pop. Total	% pop.	Actual Budget Total	Actual \$/per pop.	% Budget	Adjusted Pop. Budget	Pop. Budget Adjustment	% Adjusted Budget
South Island	2006	284902	49.3%	\$40,753,177	\$143	57.1%	\$35,232,040	\$5,521,137	13.5%
Cowichan	2006	61472	10.6%	\$5,772,114	\$94	8.1%	\$7,601,802	-\$1,829,689	-31.7%
Nanaimo	2006	77116	13.4%	\$10,632,243	\$138	14.9%	\$9,536,399	\$1,095,844	10.3%
OPW	2006	62706	10.9%	\$5,656,059	\$90	7.9%	\$7,754,432	-\$2,098,373	-37.1%
CCC	2008	81275	14.1%	\$7,405,833	\$91	10.4%	\$10,050,821	-\$2,644,988	-35.7%
North Island	2006	8991	1.7%	\$1,191,582	\$119	1.7%	\$1,235,555	-\$43,973	-3.7%
TOTALS	2006	577461	100.0%	\$71,411,008		100.0%	\$71,411,050		

\*Actual Budget Total = Gross Expenditure Budget minus CISL, plus St. Joes, with adjustments for Nanaimo services to other areas

\*\*Based on Adjusted Budget Total

\*\*\*Actual Budget Total = Gross Expenditure Budget plus projected CISL, plus St. Joes, with adjustments for Nanaimo services to other areas

# Comparisons: Actual MHAS Budgets vs Population-Based Budgets

31-Mar-09

Year 2008 Population Figures: Population 19 - 64; 2009/10 Base Budget

Figures from Working Budget spreadsheet, Table 1

calculated

Local Health Area (LHA)	2008 Pop: 19-64 years		TOTAL 2009/10 MHAS BASE BUDGET (before adjustments*)	TOTAL AREA-SPECIFIC BUDGETS (Adjusted Seniors excl. Island-wide incl. Special Services adjusted)	Area-specific % of total (Actual Adjusted)	Actual \$/pop.	PER POPULATION BUDGET Distributed According to Pop. Distribution	% Actual Adj Budget above or below Per Pop Budget
	% pop							
South Island (#61, 62, 63, 64)	235,307	60.5%	\$56,020,834	\$50,811,267	58.1%	\$216	\$44,194,606	15.0%
Cowichan (#65, 66, 67)	48,717	10.5%	\$7,165,322	\$6,028,352	6.9%	\$124	\$9,149,871	-34.1%
Nanaimo (#68)	63,424	13.6%	\$13,322,020	\$12,909,000	14.7%	\$204	\$11,912,092	8.4%
OPW (#69, 70)	44,454	9.5%	\$6,071,736	\$6,980,707	8.0%	\$157	\$8,349,208	-16.4%
CCC (#71, 72, 84)	66,962	14.2%	\$8,629,103	\$9,454,631	10.8%	\$142	\$12,463,898	-24.1%
North Island (#85)	7,737	1.7%	\$1,190,390	\$1,338,856	1.5%	\$173	\$1,453,139	-7.9%
ISLAND-WIDE			\$8,942,136					
TOTALS	466,001	100.0%	\$101,341,541	\$87,522,813	100.0%	\$188	\$87,522,813	

Change in key figures from 2007 to 2009

Local Health Area (LHA)	% Change in key figures from 2007 to 2009	% Above or Below Per Population Budget: 2006	% Above or Below Per Population Budget: 2009
South Island (#61, 62, 63, 64)	-17%	13.5%	
Cowichan (#65, 66, 67)	-21%	-31.7%	
Nanaimo (#68)	-18%	10.3%	
OPW (#69, 70)	-28%	-37.1%	
CCC (#71, 72, 84)	-18%	-35.7%	
North Island (#85)	-23%	-3.7%	
TOTALS	-19%		

\$188 is the per capita expenditure if the budget is distributed according to the population distribution

# Mental Health: People Speak Out

Compiled by E Daisy Anderson  
Supported by CV-CMHA

June 16, 2009

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"...people who have shown significant or complete recovery from severe mental illness – by that I mean schizophrenia, bipolar disorder, or schizoaffective disorder – have cited hope as an extraordinarily important component in their recovery. Part of the recovery was being around people who saw their condition as not permanent, a condition from which they could take increasing control of their life and reestablish a place in society."

An Empowerment Model of Recovery from Severe Mental Illness: An Expert Interview with Daniel B. Fisher, MD, PhD., *Medscape Psychiatry & Mental Health* 10(1), 2005. Retrieved from [http://www.medscape.com/viewarticle/496394\\_print](http://www.medscape.com/viewarticle/496394_print) March 2, 2005

We thank the twenty citizens who took the time to answer the questions so honestly and openly.

The purpose of this project is to hear what people are saying about Cowichan Valley services that they used to help with their emotional or addiction issues. It was distributed to a variety of citizens, somewhat at random. This report will be used to support the advocacy of the Fair Funding Coalition and to assist with increasing the effectiveness of services.

The answers in this report are copied word for word from the submissions and listed under each question. The answers speak for themselves. Six surveys that speak as a complete story are included at the end.

Preamble to the four questions:

We would appreciate your help with a local group [Fair Funding for Cowichan Now]. This group is working hard to get more money to improve our mental health services and would like to know your experiences with mental health care. It doesn't matter what assistance you have received or where you received it. It could be from the Psychiatric Ward, Emergency, Mental Health Center, a psychiatrist, Med Clinic, Mood Clinic, GP, community groups, peer support and churches.

You will be doing your part by answering four simple questions. We will put everything together in one report and give it to Fair Funding Cowichan Now. You do not have to use your name

Because these are your stories we will make the report available at the CMHA office at 371 Festubert Street, Duncan. The office will have updates on how your input has made a difference. Thank you for your thoughts.



Client	Answers: What would make a difference in your life today?
1	Subsidized housing that allows pets, preferably with a tiny patch of land (or a balcony - if there's elevators) to grow food.
2	Those of us who use or have used VIHA programs have a safe venue to say what works, what does not and how to make the services work for us.
3	There is simply nothing like the Cowichan Valley Mood Clinic as far as true, honest, effect help is concerned. I have attended since my son was killed in an avalanche and I credit all those who have attended Mood with helping significantly with my recovery. The help goes on during the meeting, it continues right after the meeting and in the time before the next meeting. Unlike the attitude of many friends and even your own family, no one criticizes you for the horrors of your struggle to recover. They listen and understand and provide good ideas and care. I wouldn't be alive if it weren't for the help of those at Mood Clinic and the care of my psychiatrist. Losing a child is like losing a whole part of yourself.
3	What would make a difference to me personally is that I had to move to West Vancouver to find inexpensive housing and I would greatly appreciate financial help so that I could continue to come to Mood each week.
5	The difference today is that the psychologist's counseling through crime victim's services I learned that I was probably misdiagnosed 37 years ago. Because of the nephrectomy from kidney cancer and my other kidney failing from the drugs I had to go off all psych medications and I am well.
6	Although I am content, I would like to be healthier, that is have more energy and fewer aches. However, I don't want to take drugs because you can become addicted and they always have side effects. I prefer to do things in the most natural ways possible. God gave us healthy foods to nourish our bodies.
8	Knowing that if I was ever to need to be hospitalized again on the psychiatric ward there would be beds available instead of being used for geriatric patients. No beds no help!
9	Knowing that there are services available in the Cowichan Valley if I were to sick again. Having confidence in the quality of service offered here would make me feel better.
10	Couples rehab
11	Less fragmentation in the system.

Client	Answers: What would make a difference in your life today?
12	Having access to professional counselling at free or low costs for young people of low incomes and these services be available outside regular working hours. The average price for counselling appears to be \$90, doing this once a week is not realistic for folks working at minimum wages or slightly above. Granted there are free services available via a variety of agencies, but young people in low end day jobs do not have the luxury of telling their boss they need time off to deal with personal problems. There should be regular evening and Saturday counseling available to all.
13	Continue to get the help I have been receiving.
14	Getting my children back.
15	100 million dollar.
16	Winning the lottery, then I could help all the people in my life, that truly need help.
17	<ul style="list-style-type: none"> <li>• More money to live.</li> <li>• Shorter wait times to see specialist.</li> <li>• More help with dental procedures. I don't have extra money to pay over and above what province allows and dentist bills.</li> <li>• Lower rents</li> <li>• I need a knee brace, its not covered by pharmacare.</li> <li>• Would like to be in a program at Providence farm in woodshop or machine shop.</li> </ul>
18	Knowing that there was enough funding available to support not only Mood Clinic, but all the other health programs tat being short-changed across the board. This lack of funds has resulted in over taxing of all the health care facilities in the Cowichan Valley.
19	I would feel less anxious about going to the emergency room when I am very ill with PTSD and Disassociation. The wait in the emergency room make everything that I am feeling escalate to the point where I can longer even contemplate going there, unless taken by ambulance.
19	I would like to be able to live my life without feeling like I am some kind of box of medication walking around.
19	If I could explain to others what PTSD is and if they could understand the way I feel or at least learn more about Post Traumatic stress Disorder.



Client	Answers: What would make a difference in your life today?
19	There does not seem to be any group in this area that deals with PTSD. Wish there were but I know the funding and help is not there.
20	Cowichan valley's homeless/mentally ill citizens do not seem happy and appear dangerous and hostile to others. As a result, Duncan is not a great place to live, work and play.

Client	Answers: What has helped? Would you like to say more?
1	My two cats, without whose presence I wouldn't be alive today. They have helped me maintain my humanity and prevented my committing suicide.
2	My feisty determination and never ending hope knowing there must be a solution. At age 22 I went to a psychiatrist with serious issues, believing it would take about 6 months to heal. The six months turned out to be 37 years.
2	When I started to see that my childhood experiences were part of my difficulties, I learned about abuse by reading the literature. I learned about, and how to practice respect, trust and forgiveness from my faith group.
2	It took years to realize that I had to leave the public system, and go to a psychologist to get better. I engaged the support of many community resources including my faith group. Then I was able to speak for myself to say what is right and is not.
3	I think I have sufficiently covered that in the previous paragraph. Attending Mood Clinic has been life saving. What I would like to add is that Mood Clinic needs good funding though so that speakers and workshops and uplifting events can be held without everyone worrying about whether or not there will be enough money. Trust me, this is money well invested and the return in success will, in the long run, actually save money for the mental health system.
5	Developed a stronger faith in God and the prayers of the church carried me. My GP was caring and calm. The transition house gave me a book on abuse. It is hard to know what is emotional abuse. I did not realize was being emotionally abused. I learned about how to get counseling through crime victim's services. And that counseling did more good than anything ever had.
6	A friend was getting some counseling and reading about co-dependency and even though I didn't get counseling and I wouldn't make the effort to read the book on my own, our discussions helped me identify and change things in my life in relation to co-

Client	Answers: What has helped? Would you like to say more?
	<p>dependency. That improved the relationships with my family. Also helped my self-esteem.</p> <p>I joined a support group for narcolepsy. Although they did not have a local chapter, I received support by telephone and emails. I learned that some of what I experienced that I thought was normal, actually had to do with narcolepsy.</p> <p>After a difficult experience with a psychiatrist [see below] I went without help and finding it harder and harder to manage my life. That is why I moved near my family.</p> <p>I attend church that supports me emotionally. They help me in practical matters as well. I have very supportive friends. I have to figure out my life myself, and how to do it better, no one else can do it for me. The most important thing is I could not do it without God. He's my biggest support.</p>
8	Mood clinic has been the greatest support in my recovery, I do not know what I would have done without this support. The availability for the mood clinic to meet at the mental health clinic enables the support group to continue.
9	I have a wide variety of helpful services, Psych unit stays, consistent doctor visits, continuing support in Mood Clinic.
10	Groups at adult addictions.
11	Good relationships.
12	The services at Community Options Society are fantastic. Addiction services have been most helpful. However their regular office hours did not meet our needs.
13	Friends in the community and being able to work at Providence Farm.
14	Meetings
15	More p.t. [patient] P.R.
16	The groups and my therapy truly have helped me be the person I am today.
17	<ul style="list-style-type: none"> <li>• My psychiatrist for his time and understanding.</li> <li>• Mood Clinic for the info and support and feeling of safety. And Friends.</li> </ul>

Client	Answers: What has helped? Would you like to say more?
	<ul style="list-style-type: none"> <li>• CMHA for info and help with income tax.</li> <li>• Monday morning women's teas.</li> <li>• Cowichan Independent Living for Art group,</li> <li>• Free bread.</li> <li>• Open Door companionship, lunches,</li> <li>• Providence Farm 2005-6 some 2007.</li> </ul>
18	Mood Clinic, CMHA. My psychiatrist, my family and friends have all "helped" but without money there is not real progress.
19	I attend a group called Mood Clinic and this has helped me so much. It is not a funded group per say, it is a non-profit organization. Here I get to see my psychiatrist, and other people in the group that help me understand and never judge me.

Client	Answers: What did not help? Would you like to say more?
1	The subsidized housing developments in this community, none of which allow pets.
2	Although there were pockets of useful services, overall, my psychiatric care was not helpful. My health deteriorated to the point the social worker was trying to put me into a psychiatric boarding home.
3	Having the meeting time changed to a later time in the afternoon. It has made it awkward and almost impossible for some people to attend at this particular time. It was far better for everyone when Mood was held earlier.
5	I did not know the community resources and what they could do. I went for 15 years to a psychiatrist who knew there were problems in my relationship with my spouse. The doctor passed them off and it seemed to me to be like a joke.
6	When I was first diagnosed, I to several specialists and had some tests. Then when a psychiatrist was giving the results of all the tests and I burst into tears. He couldn't get me out the office fast enough. He didn't want to help me with my feelings; he just wanted to give me Ritalin. All I needed someone to say "Ya, it's OK and we'll get you through it" The Ritalin made me sick so I threw it away.
8	The frustration with the lack of funding for the needs of mental health issues, I was declined help because of lack of available psychiatrists or lay counselors over a year ago that led to my attempted suicide last summer. And I am hoping this is not to continue with a successful attempt taking place for anyone else, lost in the system.

Client	Answers: What did not help? Would you like to say more?
9	The overload of mental health services makes me hesitant to get help before my health problems become a crisis.
10	Asking for help at hospital.
11	Slackness
12	Appointments with regular psychiatrists in town were not helpful and caused more pain than relief. One psychiatrist used put downs and swear words during sessions.
12	Very limited services in town to support families and friends who have lost a loved one to suicide. Hospice provides the best services, but have to do this with limited funding and off the side of their plate.
14	Addiction
16	Hanging out with m y friends that still use, after I quite it was very hard to stop hanging out with them.
17	<ul style="list-style-type: none"> <li>• Needed psych help when on 2<sup>nd</sup> floor last year.</li> <li>• I lost my case manager feel abandoned</li> <li>• Being poor all the time and able to eat enough nutritious food on allowance.</li> <li>• More nutritious snacks on 4<sup>th</sup> floor.</li> <li>• Substitute psychiatrist on 4<sup>th</sup> when admitted last year was not compassionate.</li> <li>• The way meds are handed out on 4<sup>th</sup>...wanted names of these before swallowing. And explanations why differences.</li> <li>• Long waits in Emerge to talk to someone. I was ignored. For the better part of an hour.</li> <li>• Being in lengthy pain mentally and physically.</li> </ul>
18	Lack of funds in all areas.
19	Not being able to see my doctor as often as I need.
19	No room and long wait list to the 4 <sup>th</sup> floor for help.
19	The hours for the Crisis Response Team are not the kind of hours that suit myself and many others. Crisis comes at all hours.

Client	Answers: What did not help? Would you like to say more?
19	Waiting in emergency when I so scared, sick and need to be with one on one right away.
19	When getting to the psych Unit at CDH there are so many elderly patients that take up the time of the staff that I feel I am just sitting in a holding tank and do not want to bother the staff. Then I am stuck, again, alone and wondering how I can get help without causing a big scene.

Client	Answer: What else would you like to say?
1	For eight years, I have qualified for subsidized housing yet not one subsidized development in this community - and only a rare few anywhere in BC - 'allow' pets. This treats renters as second-class citizens, since home-owners can choose to have pets. Because I cannot survive without my pets, I'm left with no choice. It's either continue to pay more than 70% of my income on shelter and thus eat poorly and eventually become homeless, or give up the only things keeping me alive, my two furry companions. It's no choice at all.
2	I had no idea my childhood experiences were behind my adult distress. I was I was so ashamed and so silenced by them I would not talk. All it took for me to find my voice was to be accepted and supported.
3	<p>On the whole, I think it is still difficult for the Mental Health community of professionals to accept and realize that there is much wisdom and intelligence and help available from those who are ill and attending Mood. This input, for example, from those who have walked the road will be helpful. Many quite amazing things were revealed when The Echo Study was done a few years ago and I would humbly suggest it is time to do another one in order to get a true reading on what REALLY works and what REALLY helps those struggling with a mental illness.</p> <p>Conventional 'one hour once a week' psychiatry does not work. It is one-sided with the professional sitting in the role of the expert where, in fact, the patient is the one who knows best what he/she is feeling and simply needs to be reaffirmed in themselves that they truly have the answers, that they are the ones who can make themselves better in the long run providing they believe they have the strengths and abilities. I had two terrible hospitalizations in my early life during episodes of PTSD. However, I recovered well, with no hospitalization (therefore no cost to the government) by attending Mood Clinic and seeing my psychiatrist at Mood Clinic. Mood Clinic is one of the most practical and valuable functions of the Mental Health system. Believe me.</p>
4	There is no support for at-home detox or assistance with detox from psychiatric drugs such as benzodiazepines, sleeping pills, anti-depressants and anti-psychotics. These drugs cause intense and severe withdrawal reactions and should be withdrawn over many weeks and months with support and information provided at home! Use of legally prescribed prescription psychiatric drugs causes far far more problems and illness than the use of illegal street drugs.

Client	Answer: What else would you like to say?
	In addition, more should be done in the mental health system to recognize the harmful effects of these drugs. Patients should be fully informed of the risks of addiction and the process they might undergo when they withdraw.
5	Because I was labeled bipolar my daughter worried for years about getting sick. My eldest son was on drugs for 15 years because he was so messed up because of I was not well and my husband was not loyal.
6	I've said about everything that covers it.
7	Emotionally I don't want to go there. I don't want to think about what happened. I have so many bad memories. From the psychiatrists, the drugs and how badly I was treated. They disgusted me. They are not there for anyone as a human being. Please, just be respectful.
8	All we ask is for fair funding to meet the needs of our community.
9	The mental health staff, nurses and doctors are amazing considering the working conditions they deal with day to day. I would like to see more money for decent working conditions before they need the services themselves.
10	Get more addictions services.
11	Keep up the good work.
12	We need more funding to provide equitable services for people of different incomes and different working hours. We need a lot more counseling.
13	I plan to stay in Duncan, perhaps once or twice per year I would like to take holidays.
14	Thank you.
15	That first one would "B" sweet.
16	Surveys like this one truly help people to understand each other.
18	We are all aware of what the problems are, from a psych ward filled with geriatric patients, to a severe lack of tertiary care for

Client	Answer: What else would you like to say?
	consumers emerging from hospital, or a group home. The cause of these problems and most of the others, is insufficient funding, period. With an infusion of cash, it will be amazing to see these difficulties evaporate.
19	I would like to say that the staff in the emergency are burnt out and I can feel it every time I have had to go emergency for myself and others.
19	We desperately need more beds and staff at CDH, not just for emergency departments but for surgical and ped's. The only way I can see this happening in the futures is for more funding for our community and better useage of existing facilities in our area. I have been to and seen the Cowichan Lodge many times and am wondering why it is to be closed when we have so much need of space and help here in the Cowichan Valley? If only we could open a few more beds there it might help the Hospital and its staff. I can not solve this problem alone and it worries me to think that soon I may be having to depend on emergency again and am so afraid to go because I know there are people out there who are extremely ill and need the bed that I might need at the same time. I suffer from PTSD and of course the worry of not having access to help makes this condition even worse.
20	It is encouraging to see some of our local "characters" looking good after receiving services. But then it is discouraging to see that after a few days they fall back into their old patterns.

### Six Stories as a Whole:

[#1]

1. WHAT WOULD MAKE A DIFFERENCE IN YOUR LIFE TODAY? Subsidized housing that allows pets, preferably with a tiny patch of land (or a balcony - if there's elevators) to grow food.

2. WHAT HAS HELPED? [WOULD YOU LIKE TO SAY MORE ABOUT THIS?] My two cats, without whose presence I wouldn't be alive today. They have helped me maintain my humanity and prevented my committing suicide.

3. WHAT HAS NOT? [WOULD YOU LIKE TO SAY MORE ABOUT THIS?] The subsidized housing developments in this community, none of which allow pets.

4. WHAT ELSE WOULD YOU LIKE TO SAY? For eight years, I have qualified for subsidized housing yet not one subsidized development in this community - and only a rare few anywhere in BC - 'allow' pets. This treats renters as second-class citizens, since home-owners can choose to

have pets. Because I cannot survive without my pets, I'm left with no choice. It's either continue to pay more than 70% of my income on shelter and thus eat poorly and eventually become homeless, or give up the only things keeping me alive, my two furry companions. It's no choice at all.

[#2]

1. WHAT WOULD MAKE A DIFFERENCE IN YOUR LIFE TODAY? Those of us who use or have used VIHA programs have a safe venue to say what works, what does not and how to make the services work for us.

2. WHAT HAS HELPED? [WOULD YOU LIKE TO SAY MORE ABOUT THIS?] My feisty determination and never ending hope knowing there must be a solution. At age 22 I went to a psychiatrist with serious issues, believing it would take about 6 months to heal. The six months turned out to be 37 years.

When I started to see that my childhood experiences were part of my difficulties, I learned about abuse by reading the literature. I learned about, and how to practice respect, trust and forgiveness from my faith group.

It took years to realize that I had to leave the public system, and go to a psychologist to get better. I engaged the support of many community resources including my faith group. Then I was able to speak for myself to say what is right and is not.

Now I am well, live successfully on my own and work to make MH better for others.

3. WHAT DID NOT? [WOULD YOU LIKE TO SAY MORE ABOUT THIS?] Although there were pockets of useful services, overall, my psychiatric care was not helpful. My health deteriorated to the point the social worker was trying to put me into a psychiatric boarding home.

4. WHAT ELSE WOULD YOU LIKE TO SAY? I had no idea my childhood experiences were behind my adult distress. I was I was so ashamed and so silenced by them I would not talk. All it took for me to find my voice was to be accepted and supported.

[#3]

1. WHAT WOULD MAKE A DIFFERENCE TO YOUR LIFE TODAY? There is simply nothing like the Cowichan Valley Mood Clinic as far as true, honest, effect help is concerned. I have attended since my son was killed in an avalanche and I credit all those who have attended Mood with helping significantly with my recovery. The help goes on during the meeting, it continues right after the meeting and in the time before the next meeting. Unlike the attitude of many friends and even your own family, no one criticizes you for the horrors of your struggle to recover. They listen and understand and provide good ideas and care. I wouldn't be alive if it weren't for the help of those at Mood Clinic and the care of Dr. Routledge. Losing a child is like losing a whole part of yourself.

What would make a difference to me personally is that I had to move to West Vancouver to find inexpensive housing and I would greatly appreciate financial help so that I could continue to come to Mood each week.



2. WHAT HAS HELPED? [WOULD YOU LIKE TO SAY MORE ABOUT THIS?] I think I have sufficiently covered that in the previous paragraph. Attending Mood Clinic has been life saving. What I would like to add is that Mood Clinic needs good funding though so that speakers and workshops and uplifting events can be held without everyone worrying about whether or not there will be enough money. Trust me, this is money well invested and the return in success will, in the long run, actually save money for the mental health system.

3. WHAT DID NOT? [WOULD YOU LIKE TO SAY MORE ABOUT THIS?] Having the meeting time changed to a later time in the afternoon. It has made it awkward and almost impossible for some people to attend at this particular time. It was far better for everyone when Mood was held earlier.

4. WHAT ELSE WOULD YOU LIKE TO SAY? On the whole, I think it is still difficult for the Mental Health community of professionals to accept and realize that there is much wisdom and intelligence and help available from those who are ill and attending Mood. This input, for example, from those who have walked the road will be helpful. Many quite amazing things were revealed when The Echo Study was done a few years ago and I would humbly suggest it is time to do another one in order to get a true reading on what REALLY works and what REALLY helps those struggling with a mental illness.

Conventional 'one hour once a week' psychiatry does not work. It is one-sided with the professional sitting in the role of the expert where, in fact, the patient is the one who knows best what he/she is feeling and simply needs to be reaffirmed in themselves that they truly have the answers, that they are the ones who can make themselves better in the long run providing they believe they have the strengths and abilities. I had two terrible hospitalizations in my early life during episodes of PTSD. However, I recovered well, with no hospitalization (therefore no cost to the government) by attending Mood Clinic and seeing Dr. Robin Routledge at Mood Clinic. Mood Clinic is one of the most practical and valuable functions of the Mental Health system. Believe me.

[#5]

1. What would make a difference in your life today? The difference today is that the psychologist's counseling through crime victim's services I learned that I was probably misdiagnosed 37 years ago. Because of the nephrectomy from kidney cancer and my other kidney failing from the drugs I had to go off all psych medications and I am well.

2. WHAT HAS HELPED? [WOULD YOU LIKE TO SAY MORE ABOUT THIS?] Developed a stronger faith in God and the prayers of the church carried me. My GP was caring and calm. The transition house gave me a book on abuse. It is hard to know what is emotional abuse. I did not realize I was being emotionally abused. I learned about how to get counseling through crime victim's services. And that counseling did more good than anything ever had.

3. WHAT DID NOT? [WOULD YOU LIKE TO SAY MORE ABOUT THIS?] I did not know the community resources and what they could do. I went for 15 years to a psychiatrist who knew there were problems in my relationship with my spouse. The doctor passed them off and it seemed to me to be like a joke.

4. WHAT ELSE WOULD YOU LIKE TO SAY? Because I was labeled bipolar my daughter worried for years about getting sick. My eldest son was on drugs for 15 years because he was so messed up because of I was not well and my husband was not loyal.

[#6]

#1. WHAT WOULD MAKE A DIFFERENCE IN YOUR LIFE TODAY? Although I am content, I would like to be healthier, that is have more energy and fewer aches. However, I don't want to take drugs because you can become addicted and they always have side effects. I prefer to do things in the most natural ways possible. God gave us healthy foods to nourish our bodies.

2. WHAT HAS HELPED? [WOULD YOU LIKE TO SAY MORE ABOUT THIS?] A friend was getting some counseling and reading about co-dependency and even though I didn't get counseling and I wouldn't make the effort to read the book on my own, our discussions helped me identify and change things in my life in relation to co-dependency. That improved the relationships with my family. Also helped my self-esteem.

I joined a support group for narcolepsy. Although they did not have a local chapter, I received support by telephone and emails. I learned that some of what I experienced that I thought was normal, actually had to do with narcolepsy.

After a difficult experience with a psychiatrist [see below] I went without help and finding it harder and harder to manage my life. That is why I moved near my family.

I attend church that supports me emotionally. They help me in practical matters as well. I have very supportive friends. I have to figure out my life myself, and how to do it better, no one else can do it for me. The most important thing is I could not do it without God. He's my biggest support.

3. WHAT DID NOT? [WOULD YOU LIKE TO SAY MORE ABOUT THIS?] When I was first diagnosed, I to several specialists and had some tests. Then when a psychiatrist was giving the results of all the tests and I burst into tears. He couldn't get me out the office fast enough. He didn't want to help me with my feelings; he just wanted to give me Ritalin. All I needed someone to say "Ya, it's OK and we'll get you through it" The Ritalin made me sick so I threw it away.

4. WHAT ELSE WOULD YOU LIKE TO SAY? I've said about everything that covers it.

[#19]

1. WHAT WOULD MAKE A DIFFERENCE IN YOUR LIFE TODAY? I would feel less anxious about going to the emergency room when I am very ill with PTSD and disassociation. The wait in the emergency room makes everything that I am feeling escalate to the point where I can no longer even contemplate going there, unless taken by ambulance. I would like to be able to live my life without feeling like I am some kind of box of medication just walking around. If I could explain to other what PTSD is and if they could understand the way I feel or at least learn more about Post

Traumatic stress Disorder. There does not seem to be any groups in this area that deals with PTSD. Wish there were but I know the funding and help is not there.

2. WHAT HAS HELPED? [WOULD YOU LIKE TO SAY MORE ABOUT THIS?] I attend a group called Mood Clinic and this has helped me so much. It is not a funded group per say, it is a non-profit organization. Here I get to see my psychiatrist, and other people in the group that help me understand and never judge me.

3. WHAT DID NOT? [WOULD YOU LIKE TO SAY MORE ABOUT THIS?] Not being able to see my doctor as often as I need. No room and long waiting to get to the 4<sup>th</sup> floor for help. The hours of the Crisis Response Team are not the kind of hours that suit myself and many others. Crisis comes at all hours. Waiting in the emergency when I am so scared, sick, and need to be with one on one right away. When getting to the psychiatric Unit at CDH there are so many elderly patients that take up the time of the staff that I feel I am just sitting in a holding tank and do not want to bother the busy staff. Then I am stuck, alone and wondering how I can get help without causing a big scene.

4. WHAT ELSE WOULD YOU LIKE TO SAY? I would like to say that the staff in the emergency are burnt out and I can feel it every time I have had to go to emergency for myself or for others. We desperately need more beds and staff at CDH, not just emergency departments but for surgical and ped's. The only way I can see this happening in the future is for more funding for our community and better usage of the existing facilities in our area. I have been to and seen the Cowichan Lodge many times and am wondering why it is to closed when we have so much need of space and help here in the Cowichan Valley? If only we could open a few more beds there it might help the Hospital and its staff. I can not solve this problem alone and it worries me to think that soon I may be having to depend on emergency again and am so afraid to go because I know there are people out there who are extremely ill and need the bed that I might need at the same time. I suffer from PTSD and of course the worry of not having access to help makes this condition even worse.

# TIMES

# COLONIST

Breaking news at [timescolonist.com](http://timescolonist.com)

Thursday, July 9, 2009

## Cowichan Valley needs mental health resources

Re: "Addiction, mental illness require joint approach" June 30

The Vancouver Island Health Authority wrote that its \$7.6 million helped the Victoria mentally ill.

Now it is fair that those living north of the Malahat receive equal funding.

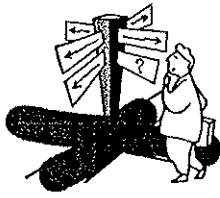
I lived with serious mental illness for 35 years and got better by leaving the public system, relying on the support of community organizations serving people with disabilities, cultural differences, women's concerns, nature and my faith. With this support and the assistance of a private psychologist, I sorted out my life. I can name five friends who are now well because of similar help.

While working as a mental health nurse, I was directed to send patients to non-profit groups only to hear, "We don't have the money to keep taking your clients." Yet, these community organizations are vital to our health and well-being.

Why cannot others living with mental illness have the same as my friends and I? Why do we have to be addicted, a public nuisance and live in Victoria?

As a Cowichan Valley citizen who knows mental health inside out as a nurse and patient, I ask VHA to do the right thing. Ensure fair funding so our communities can decide upon and implement the services that we know are effective.

E. Daisy Anderson  
Duncan



# **Cowichan Valley Mental Health and Addictions Community Response for Equitable Funding**

## **Fact Sheet**

### **Mental Health Info**

<b>Cowichan</b>	<b>South Island</b>
19 supported beds	812 supported beds
15 in-patient hospital beds	Eric Martin Pavilion
0 Assertive Community Treatment teams	4 Assertive Community Treatment teams
0 Longer term tertiary beds	Seven Oaks Tertiarty care facility

### **Addictions Info**

<b>Cowichan</b>	<b>South Island</b>
0 detox beds (can access 2 beds at Clearview in Nanaimo)	20 bed sobering centre 21 community detox beds 17 beds for 30 day stabilization
0 supported recovery beds (no access)	10 supported housing beds up to three month stay expanding to 20 beds in 2009
No outpatient detox	Outpatient detox and counselling

### **Homelessness Initiatives**

<b>Cowichan</b>	<b>South Island</b>
0 dollars for homelessness initiatives	7.6 million for homelessness initiatives
Cold weather shelter Oct 15-Mar31 138 individuals housed this year	Permanent shelter beds at Cool Aid, Salvation Army, Our Place, Open Door

Warmland House opening 2010  
 24 transitional apartments  
 15 Emergency shelter beds

New facility with Open/Door and Cool  
 Aid to supplement already existing  
 stock

## Community Services

Cowichan	South Island
Public Education	Too numerous to list
CMHA	
Vocational Rehab	
Open Door	
Providence Farm	
Support Groups	
CMHA	
DMAS	
BC Schizophrenia Society	
Cowichan Lake Comm	
Services (?)	

## Per Capita Inequalities (as of March 31, 2009)

Region	Per Capita Funding
Victoria	\$216
Cowichan	\$124
Nanaimo	\$204
Oceanside Port West	\$157
Courtenay/Comox Campbell River	\$142
North Island	\$173

**\*\*\$188 is the per capita expenditure if the budget is  
 distributed according to population distribution**

4. That Schedule A to the agreement with the Town of Lake Cowichan to provide fire protection to the Lake Cowichan Protection Service Area, be amended to include the expanded boundary.
5. That the Chair and Corporate Secretary be authorized to sign the amended Lake Cowichan Fire Protection Service Area agreement.
3. 1. That the *Certificate of Sufficiency* confirming that the petitions for inclusion in the North Oyster Fire Protection Service Area is sufficient, be received.
2. That it be recommended to the Board that CVRD Bylaw No. 1689 be amended by extending the boundaries of the service area to include the following two properties:
  - District Lot 51, Oyster District, Except the Right of Way of the Esquimalt and Nanaimo Railway Company, Except Part Coloured Red on Plan Deposited Under DD272791, and Except Part Shown Outlined in Red on Plan Deposited Under DD285551 (PID 009-439-714)
  - District Lot 51, Oyster District, Shown Coloured in Red on Plan Deposited Under DD272791 (PID 000-879-185).
5. That the procedure section of the Parks Commission Bylaws for Areas A, C, D, G and I be amended to include the election of a Co-Chair.
6. That a letter be forwarded to BC Hydro requesting them to appoint a designated individual to coordinate responses and claims by residents of Electoral Area F respecting the recent hydro power surge and resultant damages.

**MOTION CARRIED**

It was moved and seconded:

4. That a letter of response be forwarded to the Regional District of Nanaimo advising that the Cowichan Valley Regional District does not support their proposed Nanaimo Airport lands boundary adjustment.

09-349



It was moved and seconded that Recommendation number 4, Nanaimo Airport lands boundary adjustment, be referred to the Regional Services Committee.

Opposed: Directors Marcotte, Morrison and Cossey

**MOTION CARRIED**







RECEIVED  
C.V.R.D. 5C1  
JUN 29 2009

June 22, 2009

Cowichan Valley Regional District  
175 Ingram Street  
Duncan, BC  
V9L 1N8

Attention: **Gerry Giles**  
Chairperson

Dear Mr. Giles:

**RE: Boundary Adjustment – Nanaimo Airport Lands**

It has been brought to our attention that a portion of the Nanaimo Airport lands is bisected by the boundary between our two Regional Districts. We are not familiar with the history of how the airport land boundaries were established, but it does appear that one section of the property has always extended beyond the land district boundary between the Nanaimo and Cowichan Valley Regional Districts. I have included a map showing the location of the property boundary in question.

We would like to approach the Province to make an adjustment so that the local government boundary follows the property line at this eastern location. This would avoid potential confusion with regard to taxation or other matters affecting this particular part of the property. Before proceeding further, we are seeking the Cowichan Valley Regional District's support for this change. We would appreciate the Board's response at its earliest moment.

Should you have any questions or would like further information, please do not hesitate to contact me.

Sincerely,

N. Avery  
General Manager, Finance & Information Services

NA:nat

Encls.

cc C.Mason, Chief Administrative Officer  
Joe Burnett, Director Electoral Area A  
Joe Stanhope, Chairperson

6300 Hammond Bay Rd.  
Nanaimo, B.C.  
V9T 6N2

Ph: (250)390-4111  
Toll Free: 1-877-607-4111  
Fax: (250)390-4163

RDN Website: [www.rdn.bc.ca](http://www.rdn.bc.ca)

Original: <i>file</i>	Copies to: <i>Chair</i>
Board: <i>Chair</i>	<i>D. Stanhope</i>
Committee(s):	<i>W</i>
Directed by: <i>SA</i>	Date: <i>June 29/09</i>
File #	

2009-06-30

5C2

Cowichan Valley Regional District  
175 Ingram Street  
Duncan, BC V9L 1N8

Attention: Mary Marcotte, Director, Area H

Dear Mary,

**Re: North Oyster Volunteer Fire Department – Ad Hoc Building Replacement Committee**

At your request the undersigned have undertaken a review of the proposed replacement of the North Oyster Volunteer Fire Departments Station Number One located at 4251 Yellow Point Road, Ladysmith, BC. The purpose of this review was to determine whether the project proposed to and rejected by the public in the summer of 2008 could be or should be modified to reduce overall costs and to confirm that the building design and physical site are appropriate for the long term objectives of the department. Additionally the committee was to make recommendations regarding the taxation method and the public approval process.

The committee has met roughly every two weeks since its inception in January 2009 and has received detailed technical and programmatic presentations from Dan Derby of the CVRD, Jason DeJong of the North Oyster Fire Department and Bil Derby of Tectonica Management Inc. Following the initial presentations Mr. Bil Derby was invited to join the committee as a technical resource based on his involvement in the original project as the CVRD's project manager. The architect for the project graciously donated his services to explore some building site modifications proposed by the committee. Preliminary design floor plans showing modifications from the original project were prepared and, together with detailed costing input from a metal building supplier, formed the basis of a preliminary estimate of project costs and construction costs.

We would like to present our recommendations in the form of answers to what we believe to be the key questions affecting the project:

1. Is this the right site / is another site available?
  - a. Based on the technical information presented by the CVRD and the Fire Chief we believe that:
    - i. No other suitable sites are readily available in the immediate area that would meet the departments needs any better than the existing site;
    - ii. The existing site, while relatively small in area, is in the most appropriate geographic location notwithstanding the Coffin Point fire service issue which was clearly stated as beyond the scope of this committee;
    - iii. While not crucial to the project the existing site would benefit from the addition of approximately 10,000 square feet (100'-0" x 100'-0") of land along Yellow Point Road to the west thereby meeting the potential long term requirement of a fourth apparatus bay; and,
    - iv. While not crucial to the project the existing site would benefit from an additional 10'-0" along the north property line.

2. Is this the right building?

- a. Based on the technical information presented by the CVRD and the Fire Chief we believe that:
  - i. The proposed floor plans respond to the needs of the department but that space efficiencies could be found which would reduce the total building area and have a positive impact on construction costs;
  - ii. The building plan should be flipped on the site to locate the apparatus bays to the west side of the site thereby providing for the long term possibility of adding a fourth apparatus bay and to locate the truck exit routes as close to the crest of the hill as possible thereby increasing truck driver visibility of the street traffic;
  - iii. The construction costs could be reduced by using a pre-engineered metal building system designed to meet the applicable building code requirements as well as the life cycle considerations normal to a municipal building;

3. Is this a reasonable cost?

- a. It is our opinion that the original project was too expensive for the community and that cost reducing measures would be required;
- b. Based on preliminary drawings prepared for the committee together with construction cost figures provided by a reputable metal building supplier and augmented by the direct local experience of the committee members it is our opinion that the Probable Project Costs would range between One Million Seven Hundred Thousand and One Million Nine Hundred Thousand dollars including costs to date and professional fees but excluding any further potential reductions due to local, provincial or federal grants and/or forgivable funding ; and,
- c. After considering the confirmed grants from the UBCM (Union of BC Municipalities) and Terasen we feel that a project with a cost to the taxpayers in the range of One Million Four Hundred Thousand and One Million Five Hundred Thousand dollars would be supportable by the community.

4. Which taxation model should be used to fund the project?

- a. Assessment based taxation would be the preferred method to fund this project.

5. How should the construction of the project be procured?

- a. A Design-Build project should not be considered as it relocates the overall quality control from the Owner to the Contractor.
- b. A Stipulated Price Construction Cost Contract would be reasonable provided that the project was tendered to properly prequalified General Contractors.

- c. A Construction Management procurement methodology would provide the best compromise of owner retained design, quality and cost control while retaining the flexibility of pre-purchasing long lead items, securing market driven cost savings in a recessionary economy. This delivery method would also provide an opportunity for local (electoral area) trade contractor involvement at the sub trade level provided they meet the trade specific tendering criteria and are successful in an open tendering process in accordance with local government constraints.

While the issue of fire service within the entire electoral area is beyond the terms of reference of this committee, the committee feels it is important to note that the residents of the Coffin Point area, which lies beyond the 8.0km service limit of Station One, are being asked to fund the replacement of Station One which has, in our opinion, led to a lack of support for this project in the Coffin Point area.

It is the opinion of this committee that the issue of fire service within the electoral area as a whole should be addressed through the development of a Fire Safety Plan so that a long term proposal for fire service in the Coffin Point area can be included in the argument for a replacement of Station One.

The best case scenario would include a satellite hall for the Coffin Point area in any proposal to replace Station One. This may not be pragmatic given the immediate need to replace Station One and the unknown schedule for addressing the Coffin Point issue.

At present the committee feels that they have achieved the mandate set out for them at the beginning of the process. All committee members are focused and committed to providing service to the North Oyster Fire Department as the project moves forward and would welcome the opportunity to initiate a series of small venue neighbourhood meetings to present the committee's recommendation and to solicit feedback on the project before the CVRD commits to retaining, once again, the necessary architects and engineers to develop a new building design.

With this commitment in mind we would suggest the following process for moving the project forward:

1. July 2009: Director Marcotte and Howie Davis, Committee Chair review the committee's recommendations with and receive approval to proceed from the Fire Commission followed by CVRD Management and, as required, the CVRD Board of Directors;
2. August 2009: CVRD retains the project architect to prepare a new site plan, building floor plans and architectural imagery for use by the committee in the series of informal small venue neighbourhood meetings intended to solicit both supportive and critical feedback from the taxpayers;
3. September - October 2009: Committee members complete the series of small venue neighbourhood meetings and compile feedback for use by the CVRD;
4. October 2009 – March 2010: Assuming that the community supports the project based on the information presented the CVRD Board approves the project in principal, retains the required architects and engineers to complete the revisions to the project design drawings and specifications, commissions a new Quantity Survey (professional opinion of probable cost), obtains a new Development Variance Permit, approves a Borrowing Bylaw, requests approval of a referendum from the Province, and once authorized, completes the referendum process.
5. The committee will be available throughout the process to assist in any way.

As witnessed by the signatures below the recommendations contained in this letter represent the unanimous decisions and agreements reached by the committee.

We trust that the foregoing information meets with your satisfaction. Please contact Mr. Howie Davis, Committee Chair if you wish to discuss the contents of this letter.

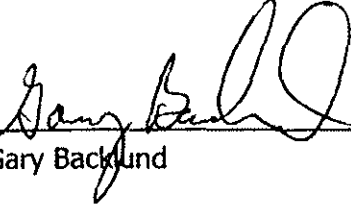
Thank you for the opportunity to serve our community.

Respectfully,

**North Oyster Volunteer Fire Department – Ad Hoc Building Replacement Committee**



Howard Davis, Chair



Gary Backlund



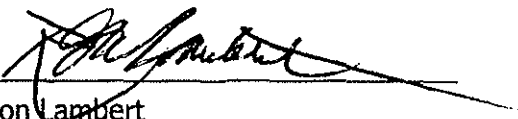
Kara Derby, Secretary



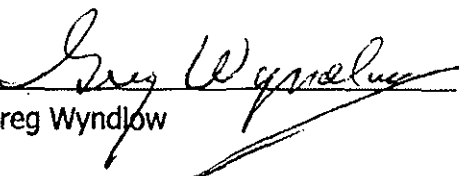
William Derby



Landis Heib



Ron Lambert



Greg Wyndlow

Dated this 30<sup>th</sup> day of June 2009



## STAFF REPORT

### REGIONAL SERVICES COMMITTEE MEETING OF JULY 22, 2009

**DATE:** July 16, 2009

**FROM:** J.E. Barry, Corporate Secretary

**BYLAW No:** 3003

**SUBJECT:** CVRD Bylaw No. 3003 – Fireworks Sale and  
Discharge Regulation Bylaw, 2008

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#### **Recommendation:**

That “CVRD Bylaw No. 3003 – Fireworks Sale and Discharge Regulation Bylaw, 2008” be forwarded to the Board for consideration of third reading.

#### **Purpose:**

To ban the sale and possession of fireworks on the existing handful of days in October that the sale and possession of fireworks are currently permitted.

#### **Existing Regulations:**

CVRD Bylaw No. 39, Fireworks Sale and Discharge Regulation Bylaw, 1970 applies throughout the Cowichan Valley Regional District EXCEPT in the City of Duncan and the Municipality of North Cowichan.

The sale of fireworks is currently prohibited throughout the year except for a small window between 4:00 pm on October 28<sup>th</sup> and 6:00 pm on October 31<sup>st</sup>.

The discharge of fireworks is currently prohibited throughout the year except for a small window between 4:00 pm on October 28<sup>th</sup> and 11:59 pm on November 1<sup>st</sup>.

Permits for special events or festivals are available from the Fire Marshall or Local Assistant to the Fire Marshall.

#### **Proposed Regulations:**

Currently, the legal sale of fireworks in the CVRD is only permitted during a small 74 hour window and the legal discharge of fireworks is only permitted during a small 104 hour window. The purpose of Bylaw No. 3003 is to close these two small windows of opportunity.

Bylaw No. 3003 received first two readings on February 13, 2008. The Board expressed a desire to hear comments from key stakeholders such as municipal participants, valley Fire Chiefs and First Nations for their comments prior to adoption.

### Problems with Fireworks

The following are just some of the problems associated with fireworks:

- Minors in possession of fireworks.
- Roman Candles being misused or fireworks being modified.
- Fireworks being discharged without sufficient clearance from buildings, people, pets or combustible items.
- The use of fireworks not approved by the Explosives Regulatory Division of Natural Resources Canada which are purchased from unlicensed sources in BC and the USA.
- A truckload of fireworks stored on a dock exploded two weeks ago in North Carolina.

Local governments throughout British Columbia receive complaints every year leading up to and during Halloween with respect to property damage, injuries and noise due to irresponsible behaviour associated with fireworks. The BC SPCA has also stated that they see a significant increase in calls during Halloween regarding escaped or injured pets.

### First Nations

There was concern expressed by some Board members in the past that banning fireworks wouldn't make any difference since the sale of fireworks would continue on First Nations lands. However, First Nations bands are acknowledging that the sale and possession of fireworks is problematic. The Songhees Nation was one of the first native bands on the Island to ban fireworks.

Cowichan Tribes has just enacted a bylaw banning the sale and possession of fireworks on their land. In correspondence dated June 15, 2009, the Cowichan Tribes had provided the CVRD with a copy of their new bylaw (copy attached). Council passed the bylaw for the observance of law and order and the prevention of disorderly conduct.

### Fire Chiefs

In 2005, the Canadian Association of Fire Chiefs (CAFC) requested the Government of Canada to bring about a complete ban on the sale and use of consumer fireworks in Canada. The CAFC also passed a resolution that banning the sale and use of consumer fireworks should be regarded as an important part of the fire prevention responsibilities of every Fire Department in Canada and that all CAFC members ensure that their municipalities have in place a bylaw banning totally the sale and use of consumer fire works.

### Other Organizations

The BC Association of Chiefs of Police; Union of British Columbia Municipalities; and the Society for the Prevention of Cruelty to Animals have all supported a Province wide ban on the sale of fireworks.

### Environmental Lens

The CVRD Board has directed that an environmental lens be embedded into all decision making. The discharge of explosives resulting in smoke, noxious fumes, and fire is clearly not environmentally friendly.

### Duncan and North Cowichan

The CVRD, through Supplementary Letters Patent in 1970, was granted the function of the regulation of fireworks within the Regional District except in the City of Duncan and the District of North Cowichan. In order to add these two municipalities (and to convert the function of fireworks regulations to a Service), the Board gave first three readings to CVRD Bylaw No. 3002 – Fireworks Conversion Bylaw, 2007.

There was no need to proceed with Bylaw No. 3002 until the Board decided to proceed with Bylaw No. 3003. In essence, if the total ban on fireworks sale and possession is going forward, then it is appropriate to add Duncan and North Cowichan to the Service Area. If the total ban is defeated, then there is no reason to add the two municipalities to the Service Area.

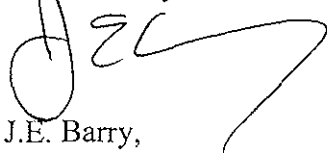
If Bylaw No. 3003 receives third reading, Fireworks Conversion Bylaw No. 3002 will be sent to the two municipalities for their consent and then forwarded to the Province for Ministerial Approval. The Board will be able to adopt both bylaws prior to Halloween.

### Summary

If Bylaw No. 3003 is adopted, the sale and discharge of fireworks would be prohibited throughout the year. Enforcement of the selling and/or discharging regulations would be performed by any person(s) that the applicable Local Government designates to administer or enforce this bylaw.

Fireworks may be discharged at a public special event or festival provided the organization has a fire safety plan and the person discharging the fireworks has a valid Fireworks Supervisor Card and be over the age of eighteen.

Submitted by,



J.E. Barry,  
Corporate Secretary







**COWICHAN VALLEY REGIONAL DISTRICT**

**BYLAW NO. 3003**

**A Bylaw to Prohibit the Sale and Regulate the Use of Fireworks Within the  
Cowichan Valley Regional District**

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**WHEREAS** the Board of the Cowichan Valley Regional District converted its Fireworks Regulation function to a service under the provisions of CVRD Bylaw No. 3002, cited as "CVRD Fireworks Regulation Service Conversion Bylaw, 2007", with all of the municipalities and electoral areas in the Cowichan Valley Regional District participating in the service;

**AND WHEREAS** pursuant to Section 728 of the *Local Government Act*, and subject to the *Fireworks Act*, the Board may, by bylaw, regulate or prohibit the sale or disposal to any person of firecrackers and other fireworks of every nature or kind;

**AND WHEREAS** under the Cowichan Valley Regional District Fireworks Regulation Service Conversion Bylaw No. 3002, the CVRD has the same powers as a municipality under subsections 8(3)(d), (7) and (8) of the *Community Charter* to regulate, prohibit and impose requirements in relation to firecrackers, fireworks and explosives;

**AND WHEREAS** the Board of the Cowichan Valley Regional District wishes to prohibit the sale and regulate, including prohibit and impose requirements, with regard to the discharge of fireworks and firecrackers within the Cowichan Valley Regional District, including at public special events and festivals;

**AND WHEREAS** this bylaw is designated under Section 266.1 of the *Local Government Act* and Section 264 of the *Community Charter* as a bylaw that may be enforced by means of a ticket and fines;

**AND WHEREAS** the Regional Board voted on and received the required majority vote of those present and eligible to vote at the meeting at which the vote was taken, as required pursuant to subsections 791(2) and (3)(b) of the *Local Government Act*;

**NOW THEREFORE** the Board of Directors of the Cowichan Valley Regional District, in open meeting assembled, enacts as follows:

1. **CITATION**

This Bylaw may be cited for all purposes as "CVRD Bylaw No. 3003 – Fireworks Sale and Discharge Regulation Bylaw, 2008".

## 2. DEFINITIONS

**"Authority having jurisdiction"** means, for the purposes of this bylaw, any person designated by a Council or Board of the applicable Local Government to administer or enforce this bylaw.

**"Board"** means the Board of Directors of the Cowichan Valley Regional District.

**"Council"** means the Council of the City of Duncan, the District of North Cowichan, the Town of Lake Cowichan, or the Town of Ladysmith.

**"Class 7"** means the "Class 7 - Firework Class" of explosives designated in the *Canada Explosives Act Regulation*; **"Class 7.2"** means the manufactured fireworks defined in Class 7, Division 2 of that Regulation; and a reference in this bylaw to *Fireworks in Class 7.2*, for example, **"Class 7.2.2 Fireworks"**, means the definition assigned by that Regulation to the manufactured fireworks within Class 7, Division 2 and further defined as one of the 5 Subdivisions within Class 7.2, namely Subdivision 2 for this example.

**"Discharge"** means to fire, ignite, explode or set off or cause to be fired, ignited, exploded or set off.

**"Firecracker"** means, for the purposes of this bylaw, any one or more of the fireworks defined in Class 7, Subdivision 2 of Division 2 [7.2.2] as high hazard fireworks generally used for recreation, such as rockets, serpents, shells, bombshells, tourbillions, maroons, large wheels, bouquets, barrages, bombardos, waterfalls, fountains, batteries, illumination, set pieces, pigeons and firecrackers.

**"Fire Safety Plan"** means a plan detailing the procedures to protect public safety when discharging fireworks.

**"Fireworks"** means, for the purposes of this bylaw, any one or more of the fireworks defined in Class 7, Subdivision 1 of Division 2 [7.2.1] as low hazard fireworks generally used for recreation, such as fireworks showers, fountains, golden rain, lawn lights, pin wheels, Roman candles, volcanoes, sparklers, Christmas crackers and caps for toy guns.

**"Fireworks Supervisor Card"** means documented proof of the completion of either the Fireworks Supervisor Level 1 or 2 training course conducted by the Explosives Regulatory Division of the Explosives Branch of the Minerals and Metals Sector of Natural Resources Canada.

**"Jurisdiction"**, for the purposes of this bylaw, means a Local Government or a CVRD fire service area.

**"Local Government"** means, for the purposes of this bylaw, the City of Duncan, the District of North Cowichan, the Town of Lake Cowichan, the Town of Ladysmith or the Cowichan Valley Regional District.

.../3

**"Public Special Event or Festival"** means the observance or celebration of a public special event, festival or other ceremony sponsored or conducted by a society, organization or individual.

**"Pyrotechnic Special Effects Firework"** means any one or more of the fireworks defined in Class 7, Subdivision 5 of Division Two [7.2.5] as high hazard fireworks that are used to produce a special pyrotechnic effect and include black powder bombs, bullet effects, flash powders, air bursts, smoke compositions, gerbs, lances and wheels.

### 3. **APPLICATION**

This Bylaw applies to every Local Government and electoral area in the Cowichan Valley Regional District namely, the City of Duncan; the District of North Cowichan; the Town of Lake Cowichan; the Town of Ladysmith; Electoral Area A – Mill Bay/Malahat; Electoral Area B – Shawnigan Lake; Electoral Area C – Cobble Hill; Electoral Area D – Cowichan Bay; Electoral Area E – Cowichan Station/Sahtlam/Glenora; Electoral Area F – Cowichan Lake South/Skutz Falls; Electoral Area G – Saltair/Gulf Islands; Electoral Area H – North Oyster/Diamond; and Electoral Area I – Youbou/Meade Creek.

### 4. **PROHIBITIONS**

- a) Except as permitted by Section 5 of this bylaw, no person shall sell or cause to be sold, keep with the intent to sell or dispose of to any person, give, accept from another person, discharge or facilitate the discharge of fireworks or firecrackers within the Cowichan Valley Regional District. As an exception, this prohibition does not include sparklers, Christmas crackers or caps for toy guns or the high hazard Class 7.5.2 fireworks, such as large distress signals, sound signals, railway track signals, distress and line-throwing rockets and wildlife control devices when any of them are used for a practical use but this exception does not apply to the recreational use of them.
- b) Except as permitted under Section 5 of this bylaw, no person shall discharge firecrackers, fireworks or pyrotechnic special effects fireworks in any public road, street, lane or other public place at any time within the Cowichan Valley Regional District.
- c) No person under the age of eighteen (18) years may hold, have, store, discharge, or otherwise use any firecrackers, fireworks or pyrotechnic special effects. As an exception, this prohibition does not include sparklers, Christmas crackers or caps for toy guns.

### 5. **REQUIREMENTS FOR SPECIAL EVENTS**

Despite subsections 4(a) and (b), any person or organization may possess and discharge firecrackers, fireworks or pyrotechnic special effects fireworks at a public special event or festival if the person or organization has a fire safety plan and holds a valid Fireworks Supervisor Card for the level appropriate to the nature of the fireworks being possessed and discharged, as confirmation of their knowledge and ability to safely possess and discharge fireworks in a sufficiently controlled environment.

**6. RIGHT TO ENTER**

The authority having jurisdiction may enter upon any property to exercise the authority under Section 16 of the *Community Charter* or Section 268 of the *Local Government Act*, as applicable, with respect to this bylaw.

**7. PENALTIES**

A person who contravenes any of the provisions of this Bylaw, or who permits any act or thing to be done in contravention or violation of any of the provisions of this Bylaw, commits an offence and is liable, on summary conviction, to a fine and penalty of not less than \$50.00 and no more than the maximum permitted by law.

**8. SEVERABILITY**

If any section, subsection, sentence, clause or phrase of this Bylaw is for any reason found invalid by a court of competent jurisdiction, that decision shall not affect the validity of the remaining portions of this bylaw.

**9. REPEAL**

CVRD Bylaw No. 39 cited as "Fireworks Sale and Discharge Regulation Bylaw No. 39, 1970", is hereby repealed.

READ A FIRST TIME this      13<sup>th</sup>      day of      February      , 2008.

READ A SECOND TIME this      13<sup>th</sup>      day of      February      , 2008.

READ A THIRD TIME this      \_\_\_\_\_ day of      \_\_\_\_\_ , 2008.

ADOPTED this      \_\_\_\_\_ day of      \_\_\_\_\_ , 2008.

\_\_\_\_\_  
Chair

\_\_\_\_\_  
Corporate Secretary

## MEMORANDUM



Ref #: FAX

Date: June 15, 2009

From: Calvin Swustus  
Cowichan Tribes Justice Coordinator

To: Contact  
Corporate Secretariat Division  
175 Ingram St.  
Duncan, BC V9L1N8

Ph: 250.746.2508  
Ph: 800.665.3955 Toll Free  
Fx: 250.746.2513

Re: Cowichan Tribes Ban of Sale and Possession of Fireworks

This fax is to advise you that Cowichan Tribes Council past a by-law for 'The Ban of Sales and Possession of Fireworks' within Cowichan Tribes lands.

If you have any questions please contact Calvin Swustus, at 250-748-3196 ext: 231.

Thank You

  
Calvin Swustus

Original: File	Copies to: Bylaw File No. 3003
Board: Info Package	
Committee(s)	
Directed by: [Signature]	Date: 06/15/09
File #	

**BY-LAW NO, 2009-01**  
**OF THE COWICHAN TRIBES**  
**A BY-LAW TO BAN THE SALE, POSSESSION AND USE OF FIREWORKS**  
**ENACTED ON THE 9 DAY OF JUNE, 2009**

**WHEREAS** the Council of the Cowichan Tribes desires to make a By-Law respecting to ban the sale, possession, and use of fireworks, with respect to any matters arising out of ancillary to the exercise of powers under section 81 of the *Indian Act*, and for the imposition of a penalty for violation thereof;

**AND WHEREAS** paragraph 81 (1) (c), (d), (q) & (r) of the Indian Act, R.S.C. Ch1-5, empowers the Council of a band to make By-laws for the observance of law and order, the prevention of disorderly conduct, matters ancillary thereto, and a penalty for the violation thereof;

**AND WHEREAS** nothing in the By-Law shall deem to alter, diminish, derogate or abrogate our Aboriginal or Treaty Rights;

**THEREFORE**; the Council of the Cowichan Tribes enacts this By-Law as follows;

**SHORT TITLE**

- 1) This By-Law may be cited as the "Cowichan Tribes Ban The Sale, Possession and Use of Fireworks By-Law"

**INTERPRETATION**

"Council of the band" means

- (a) in the case of a band to which section 74 applies, the council established pursuant to that section
- (b) in the case of a band to which section 74 does not apply, the council chosen according to the custom of the band, or, where there is no council, the chief of the band chosen according to the custom of the band;

"Cowichan Tribes Lands" means

The villages located within the boundaries of Cowichan Tribes named:

- 1: 06799- Cowichan No#1
- 2: 06800- Theik No.2
- 3: 06801- Kil-Pah-Las No.3
- 4: 06802- Est-Patrolas No.4
- 5: 06803- Tzart-Lam No.5
- 6: 06804- Kakalatza No.6
- 7: 06805- Skutz No.7

8: 06806- Skutz No.8

9: 06807 Cowichan No.9

"peace officer" means any police officer, constable, or other person charged with the duty to preserve and maintain the public peace, and a by-law officer or any other person appointed by Council for the purpose of maintaining law and order on the reserve;

1 In this by-law, "fireworks", includes cannon crackers, fireballs, firecrackers, mines, Roman Candles, sky-rockets, squibs, torpedoes, and such other explosives as may be designated as such by the Lieutenant Governor in Council.

2 a) No person shall sell, dispose of, directly or indirectly, any fireworks of any kind at any time within Cowichan Tribes Lands

b) No person shall fire or set off fireworks or have in his possession fireworks of any nature or any kind at any time within the Cowichan Tribes Lands

3 Notwithstanding the provisions of this by-law, fireworks may be sold to and discharged by any organization conducting a public or private display if such a display is held with the written permission of Council or designated agent, and is adequately supervised.

4 A peace officer may, investigate, and seize fireworks from a person found to be in breach or infraction of this bylaw.

5 Every person who offends against any of the provisions of this by-law or who suffers or permits any act or thing to be done in contravention of any of the provisions of this by-law, shall be guilty of an infraction of this bylaw and shall be liable, on summary conviction, to a fine not more than \$1000.







6SR2

## STAFF REPORT

### REGIONAL SERVICES COMMITTEE MEETING OF JULY 22, 2009

DATE: June 17, 2009

FILE NO: EDC 2009

FROM: Geoff Millar, Economic Development Manager

SUBJECT: Tourism Cowichan Restructure

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#### Recommendation:

That it be recommended to the Board:

1. That a Tourism Cowichan Community Working Committee be created to develop and plan for the restructuring of Tourism Cowichan; to examine all aspects of the program, determine reasonable timelines for implementation, expanded Committee membership, expand on the principles for regional operation and collaboration made in the Duncan Tourism Plan with a goal to create and develop a reasonable and logical business/operational plan including a seamless transition from the present structure to the new "Tourism Cowichan Council".
2. That the Tourism Cowichan Community Working Committee consist of 10 to 20 individuals representing all stakeholder groups including operators and sector representatives from within the Region including political appointees and representation from the Economic Development Commission.
3. That Economic Development Commission member Mike Kelly be appointed as the EDC representative on the Tourism Cowichan Community Working Committee.

#### Purpose:

To create a new structure for Tourism Cowichan with dedicated representation from Tourism stakeholders.

#### Background:

Tourism Cowichan is currently under the immediate direction of the Economic Development Division of the CVRD with a part time Marketing Coordinator facilitating external tourism marketing initiatives on behalf of all tourism businesses in the Region. There have been efforts over the past 18 months to determine a more direct method of administering the tourism program through strategic leadership and guidance by a representative group of tourism industry members within the CVRD Region.

The City of Duncan has completed and approved a Tourism Development Plan (April 2008-February 2009) and a number of the recommendations from that plan pertain to regional tourism. A letter of request from the City of Duncan to Warren Jones – CAO – CVRD dated March 19, 2009 is part of this Staff Report. The letter request was forwarded to the Economic Development Division.

The letter takes its primary recommendation directly from the Duncan Tourism Development Plan – *“That the governance structure of Tourism Cowichan be modified to ensure adequate representation of stakeholders throughout the region, with a re-structured committee being accountable to the CVRD, the municipalities and industry stakeholders through the Economic Development Commission.”*

In order to follow through on the request from the City of Duncan, the matter was referred to the Economic Development Commission meeting held on 14 May 2009.

### **Program Details:**

A Power Point presentation has been edited to generally review the specific City of Duncan recommendations and focus directly on the recommendations with CVRD regional implications.

Tourism BC has approved an application submitted by the CVRD Economic Development Commission to fund the creation of a Regional Tourism Development Plan. The creation of the plan will draw from the work already completed in the CVRD including the Tourism Development Plans for the Town of Ladysmith and the City of Duncan as well as the regional Visitor Servicing Strategy completed in 2008. It will include more specific tourism planning for sub-regions in South Cowichan, Chemainus and the Cowichan Lake area.

**Tourism BC does not require a financial contribution from our region for this process, but, in their words, “It is paramount that we (Tourism BC) receive the necessary stakeholder commitment to ensure the appropriate input is provided.”**

We will have a core group called the Tourism Cowichan Community Working Committee of 10 – 20 individuals to begin this process and include representation from all stakeholder groups including operators and sector representatives. Also incorporated in the list are political representations or appointees plus regional representation from the Economic Development Commission.

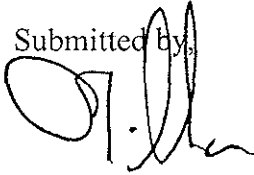
The Tourism Cowichan Community Working Committee will examine all aspects of the program and determine reasonable timelines for implementation, further membership in the Committee and will expand on the principles for regional operation and collaboration made in the Duncan Tourism Plan. The goal is to create and develop a reasonable and logical business and operational plan with a seamless transition from the present structure to the new Tourism Cowichan Council.

An important component of the new organization will be a Terms of Reference for the Council and an appropriate fiscal reporting policy. Economic Development staff will develop a suitable structure and report back to the Economic Development Commission and the CVRD Board.

...3

If approved by the CVRD Board of Directors, the creation of the Tourism Cowichan Community Working Committee will begin immediately with further recommendations to be brought forward to the Board for approval before December 2009.

Submitted by:

A handwritten signature in black ink, appearing to be 'G. Millar', written over the text 'Submitted by:'.

Geoff Millar  
Economic Development Manager

Rosa/EconomicDevelopment\StaffReports2009\TCRestructure.



C.V.R.D.  
**RECEIVED**

MAR 23 2009

## CITY OF DUNCAN

March 19, 2009

Warren Jones  
Chief Administrative Officer  
Cowichan Valley Regional District  
175 Ingram Street  
Duncan, BC V9L 1N8

Dear Mr. Jones:

**RE: Tourism Cowichan governance**

City of Duncan Council, at its meeting of March 16, 2009, passed a resolution directing "that the City write to the CVRD and suggest that it review the governance of Tourism Cowichan and work with stakeholders to implement a new model of governance, as a priority."

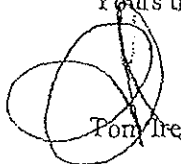
As you are probably aware, the City of Duncan recently completed the Duncan Tourism Development Plan 2009 – 2014. This project, commissioned jointly by the City of Duncan, Duncan-Cowichan Chamber of Commerce, and Cowichan Tribes, was to help develop a Tourism Strategy specifically for the urban Duncan area (including the Tribes). A consultant of Tourism BC led the development of the Plan through a steering committee that was representative of the industry and which included staff from the Cowichan Economic Development Commission and Tourism Cowichan.

One of the most significant findings is that in order to strengthen regional and local organizational capacity to deliver tourism effectively, that the governance structure of Tourism Cowichan be modified "to ensure adequate representation of stakeholders throughout the region, with a restructured committee being accountable to the CVRD, the municipalities and industry stakeholder through the Economic Development Commission".

I am attaching a copy of the final Tourism Development Plan. I would like to direct your attention specifically to pages 8 to 12, wherein a new model for Tourism Cowichan is discussed.

City Council hopes that you will take this request to your Board as soon as possible and advise us of the outcome of their deliberations.

Yours truly,

  
Tom Ireland, CAO

cc: Mayor & Council

TO: <i>file</i>	FROM: <i>Jim</i>
SUBJECT: <i>10. letter only</i>	
DATE: <i>Mar. 25/09</i>	



May 7, 2009

Geoff Millar  
Cowichan Valley Regional District  
135 Third Street  
Duncan, BC V9L 1R9

Dear Geoff,

Thank you for your application to the Community Tourism Foundations® program.

Your submission has been reviewed, and I am pleased to inform you that Tourism BC is able to work with the Cowichan Valley in order to develop a Tourism Development Plan. The creation of this plan will include stakeholder involvement and draw from the work already completed in communities within the Cowichan Valley through their respective participation in the Community Tourism Foundations program.

The Community Tourism Foundations program primarily consists of Tourism BC providing professional resources to assist communities in developing a tourism plan. While most of the efforts in putting this plan together are performed by one of our seven program facilitators, it is based on the input of each respective community we are working with. Tourism BC does not require a financial contribution from a community for this process, but it is paramount that we receive the necessary stakeholder commitment to ensure the appropriate input is provided. This will involve community stakeholders agreeing to participate in two to three meetings within the following six month period. At the end of the development process, a document is produced that captures where the stakeholders wish to proceed with tourism in the Cowichan Valley.

With this in mind, a community working committee of ten to twenty individuals will be required and should include representation from the following stakeholder groups:

- Mayor and/or council representation;
- Tourism agency/organization;
- Visitor Centre Manager;
- First Nations;
- Chamber of Commerce;
- Business Association;
- Arts/Culture/Heritage organizations;



- Tourism business operators (accommodation, food & beverage, outdoor adventure, etc.); and
- Other groups/individuals that you feel can provide important insight to your community's tourism efforts.

Please forward a list of proposed initial meeting attendees (with contact information) to the Community Development Coordinator, Monique Brunel at [Monique.Brunel@tourismbc.com](mailto:Monique.Brunel@tourismbc.com). Monique will then be in contact with you regarding the next steps.

Tourism BC looks forward to the opportunity to work with the Cowichan Valley on your tourism development plans.

If you have any questions please feel free to contact Monique at 604-660-3763 or myself at 604-660-3754.

Yours truly,




Caterina Papadakos  
Manager, Community Partnerships  
Tourism British Columbia


Cc: Bobbi-Jean Goldy, Tourism Vancouver Island





COMMUNITY  
TOURISM  
FOUNDATIONS



## Tourism Development Plan



Prepared for:  
City of Duncan  
Duncan-Cowichan Chamber of Commerce  
Cowichan Tribes

(adapted for)  
Cowichan Valley Regional District  
24 June 2009

Tourism BC Facilitator:  
Jenniffer Houlettebeag

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COMMUNITY  
TOURISM  
FOUNDATIONS



## The Planning Process

- Initial meeting held in February 2008
- Visioning Workshop – April '08
  - Overview of the current situation
  - Established strategic directions
- April/May development of tactics through small working groups
- 5-Year Plan framework – review workshop – June '08
- Draft Tourism Plan – review workshop – December '08
- Preparation of 1-Year Action Plan
- Presentation to Duncan City Council – February 2009

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COMMUNITY  
TOURISM  
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## The Planning Process

Participants:

- City of Duncan – staff and Council
- Duncan-Cowichan Chamber of Commerce
- Quw'utsun' Cultural Conference Centre/Cowichan Tribes
- Duncan Business Improvement Centre
- Tourism Cowichan
- Cowichan Region EDC
- Municipality of North Cowichan
- Accommodation sector – hotels and B&Bs
- Arts & culture sector
- Retail sector
- Attractions
- Tourism Vancouver Island
- Tourism BC


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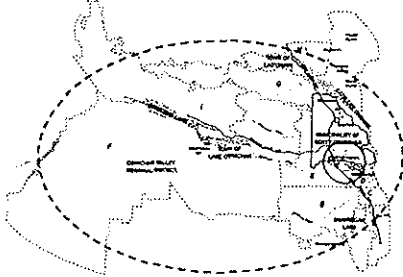
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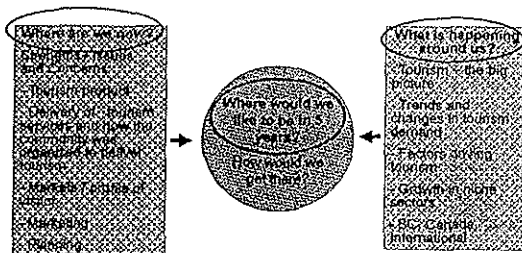
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## The Planning Process

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## The Planning Process



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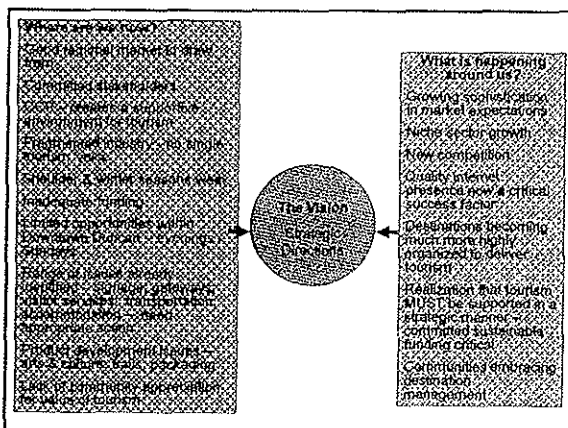
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COMMUNITY  
TOURISM  
FOUNDATIONS


Duncan Tourism Goals

**GOAL:**  
Establish a Duncan Tourism Committee as a sub-committee of Tourism Cowichan

**GOAL:**  
Establish a stronger and sustainable funding formula for both regional and local initiatives

**GOAL:**  
Commit to working towards the implementation of the 2% Additional Hotel Room tax throughout the region

**GOAL:**  
To enhance the attractiveness of Downtown as a core visitor product/experience.

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COMMUNITY  
TOURISM  
FOUNDATIONS


Duncan Tourism Goals

**GOAL:**  
To improve the competitiveness of Duncan through strengthening and consolidating existing product offerings.

**GOAL:**  
To improve the competitiveness of Duncan through servicing the visitor effectively, and delivering a memorable experience.

**GOAL:**  
To support Tourism Cowichan in undertaking key destination management functions that will assist in strengthening the tourism industry regionally and locally

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COMMUNITY  
TOURISM  
FOUNDATIONS


Duncan Tourism Goals

**GOAL:**  
To increase awareness of the Duncan area in the regional markets, and generate a greater volume of visitors and increased visitor spending in the community year round.

**GOAL:**  
To strengthen the tourism industry locally through building a greater appreciation for tourism within the Duncan area and supporting Tourism Cowichan in related tactics.

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## The Planning Process

Next.....  
Regional Goals

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## Regional Tourism Goals from the Duncan Plan




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## Regional Tourism Goals from the Duncan Plan

**GOAL:**  
To strengthen regional and local organizational capacity to deliver tourism effectively.

*"That the governance structure of Tourism Cowichan be modified to ensure adequate representation of stakeholders throughout the region, with a re-structured committee being accountable to the CVRD, the municipalities and industry stakeholders through the Economic Development Commission."*

Quote from the Duncan Tourism Development Plan – February 2009

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COMMUNITY  
TOURISM  
FOUNDATIONS



Regional Tourism Goals  
from the Duncan Plan

**GOAL: (continued)**  
*To strengthen regional and local organizational capacity to deliver tourism effectively.*

➤Mandate of new Council – to oversee the growth and development of tourism within the Cowichan region and to promote the interests of all tourism stakeholders

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COMMUNITY  
TOURISM  
FOUNDATIONS



Regional Tourism Goals  
from the Duncan Plan

**GOAL:**  
*To strengthen regional and local organizational capacity to deliver tourism effectively.*

- Recommend a restructuring of Tourism Cowichan and the establishment of a new Tourism Cowichan Council to replace the existing committee
  - Mandate of Tourism Cowichan – to be extended to include a range of marketing and tourism management roles for the overall region
    - Benefits ➡ Cost efficiencies, improvement of visitor services, strengthening of the regional brand and market position, and a reduction in duplication

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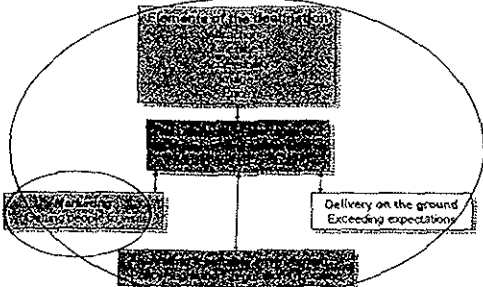
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COMMUNITY  
TOURISM  
FOUNDATIONS



Regional Tourism Goals  
from the Duncan Plan



Source: Carter 2007

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## Regional Tourism Goals from the Duncan Plan

- Establish a stronger and sustainable funding formula for both regional and local initiatives
  - Commit to working towards the implementation of the 2% Additional Hotel Room tax throughout the region
  - Implications of pursuing this as a regional initiative to be reviewed in the regional planning process

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## Regional Tourism Goals from the Duncan Plan

- Implement range of tactics aimed at improving customer service and quality of experience
  - Consider working towards becoming a "WorldHost Region"
- Move forward with regional signage program
- Work towards providing an integrated Visitor Centre network
  - Duncan VC location issue
  - Develop regional service agreements
  - Provide extended services in areas such as Downtown Duncan

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## Regional Tourism Goals from the Duncan Plan

### IMPORTANT NOTE

Support for Tourism Cowichan relates to a range of management functions that the private sector cannot do on its own

- Maintain regional database of product inventory
- Develop systems for maintaining an ongoing scan on market trends
- Measure the value of tourism to the regional economy
- Measure the effectiveness of marketing initiatives
- Report trends and findings to stakeholders
  - Assist small businesses in being more responsive to market changes and opportunities

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## Regional Tourism Goals from the Duncan Plan

Support an integrated regional marketing approach led by Tourism Cowichan

➤ Several Duncan related goals also included here.

Tourism Cowichan to take a lead in continuing an internal communications strategy

- Develop press release policy
- 'Be a visitor in your own region'
- Annual regional tourism event
- Regional e-newsletter for tourism stakeholders

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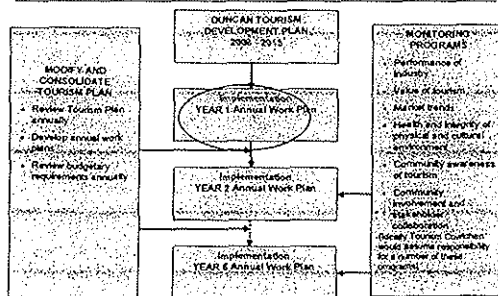
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## Implementation




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## Implementation

The Economic Development Commission Recommends to the CVRD Board:

1. The CVRD plan for and initiate the process of restructuring Tourism Cowichan and establish a new Tourism Cowichan Council to replace the existing committee.
2. Approve and ratify the EDC appointment to the Community Working Committee for the Regional Tourism Development Plan.

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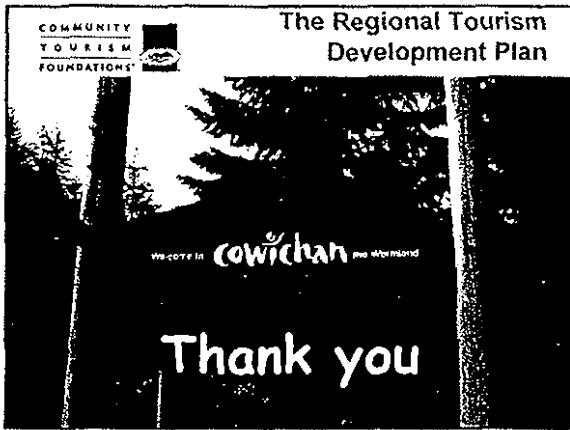
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## STAFF REPORT

### REGIONAL SERVICES COMMITTEE MEETING OF JULY 22, 2009

**DATE:** June 23, 2009

**FROM:** Ron Austen, General Manager, Parks, Recreation & Culture Department

**SUBJECT:** Distribution of CVRD 2009 Annual Budget, October 31, 2009 Olympic Torch Relay and Community Celebration Marketing and Promotion Fund

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**Recommendation:**

That the Board approve the distribution of the CVRD 2009 Annual Budget allocations of \$20,000 in \$1,000 increments to each of the six (6) Community Torch Relay Committees within the Cowichan Valley Torch Relay Routes (Mill Bay Cowichan Bay, Lake Cowichan, Crofton, Chemainus and Ladysmith) and that the remaining \$14,000 of the Fund be distributed to the City of Duncan / District of North Cowichan / Cowichan Tribes Olympic Torch Relay Community Celebration Committee for region – wide marketing and promotion purposes.

**Purpose:**

To seek the Board's approval for the recommended distribution of the CVRD 2009 Annual Budget allocation of \$20,000 to the Cowichan Valley Olympic Torch Relay and Community Celebration Marketing and Promotion Fund.

**Financial Implications:**

\$20,000 has been budgeted in the CVRD 2009 Annual Budget to market and promote region – wide the October 31, 2009 Olympic Torch Relay and Community Celebrations in the Cowichan Valley.

**Background:**

Planning for the October 31, 2009 Olympic Torch Relay Celebrations in the Cowichan Valley is currently underway. There are six (6) Route Communities identified on the [www.winter2010.com](http://www.winter2010.com) website within the Cowichan Valley Regional District where the Torch Relay will travel.

There is also one (1) Community Celebration destination at the Cowichan Place Plaza (between the Cowichan Aquatic Centre and the Cowichan Arena) where an official two (2) hour mid day public event will take place. As the Cowichan Valley is the first stop after the October 20, 2009 Olympic Torch Relay launch in Victoria in the 106 day trans-Canada tour, it is anticipated that the Cowichan Valley will receive both National and International media coverage.

It is also anticipated that the Community Celebration Committee and the six (6) individual Torch Relay Route Committee's will work together to mount a region – wide marketing campaign to promote our Cowichan Valley throughout this event.

Submitted by,





## STAFF REPORT

### REGIONAL SERVICES COMMITTEE MEETING OF JULY 22, 2009

**DATE:** July 15, 2009 **FILE NO:**

**FROM:** Mark Kueber, General Manager  
Corporate Services Department **BYLAW NO:**

**SUBJECT:** Cowichan Valley Regional Hospital District Audit

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#### **Recommendation:**

That it be recommended to the Regional Hospital District Board,

1. That the Audit findings report dated June 5, 2009 be received and filed.
2. That the Independence Letter dated June 5, 2009 be received and filed.
3. That the Cowichan Valley Regional Hospital District's 2008 Financial Statements be received and filed.

#### **Purpose:**

To provide the Committee with correspondence and information from the Cowichan Valley Regional Hospital District's Auditors, as well as present the 2008 Audited Financial Statements.

#### **Financial Implications:**

Not applicable.

#### **Interdepartmental/Agency Implications:**

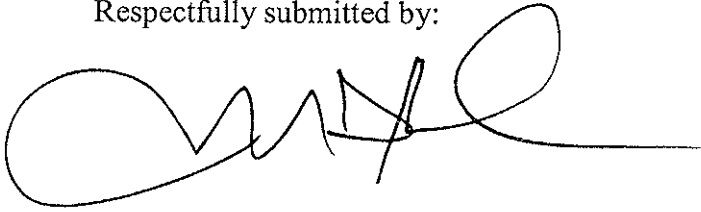
Our auditors have sent a number of documents that pertain to the Hospital District's Audit. Generally accepted auditing practices require that these documents be forwarded to the Committee that oversees the results of the Financial Statements audit. This is an attempt to ensure that you have an understanding of the important issues and decisions that are made during the Audit and Financial Statement preparation process, as well as the results of the Audit.

#### **Background:**

The first document is the Audit findings report; this report clarifies the Auditors role and responsibility, their method of performing the audit as well as their findings. It should be noted that the Regional Hospital District received a clean Audit Report and there was nothing noted that concerned the Auditors. Also included is the Independence letter where Meyers Norris Penny is required to state their relationship to the Regional Hospital District. The letter states that in their opinion they are independent from the Regional Hospital District.

The third item the Board is being asked to approve is the completed 2008 Cowichan Valley Regional Hospital District's Audited Financial Statements.

Respectfully submitted by:

A handwritten signature in black ink, appearing to be 'Mark Kueber', with a large loop at the end.

Mark Kueber, C.G.A.  
General Manager, Corporate Services Department  
MK:tk

Attach.

Z:\Mark\Staff Reports - 2009\Staff Report - CVRHD Audit 09.doc



MEYERS NORRIS PENNY LLP

June 5, 2009

Board of Directors  
Cowichan Valley Regional Hospital District  
175 Ingram Street  
Duncan, BC V9L 1N8

Re: **Audit Findings Report to the Board of Directors**  
Year ending December 31, 2008

Dear Sirs:

We are pleased to submit to you this report for discussion of our audit of the financial statements of Cowichan Valley Regional Hospital District (the "Hospital District") for the year ended December 31, 2008. In this report we cover those significant matters which, in our opinion, you should be aware of as members of the Board of Directors.

## 1. The Audit

Our responsibility, as auditor of Cowichan Valley Regional Hospital District, is to report to the members on the fair presentation of the 2008 financial statements, in accordance with Canadian generally accepted accounting principles. To properly discharge this responsibility, we designed our audit process to assess the risk of material misstatement within the statements by examining and assessing the effectiveness of Cowichan Valley Regional Hospital District's controls and accounting systems and the evidence supporting the amounts and disclosures in the statements, including the appropriateness of accounting principles and significant estimates made by management.

We have considered the Hospital District's internal control as part of the financial statement audit. This included obtaining an understanding of the internal controls relevant to our audit; evaluating the design of these controls; and determining whether they have been implemented. This understanding was sufficient to allow us to identify and assess the risks of material misstatement of the financial statements and to design and perform audit procedures. We have not determined whether relevant controls are operating effectively, as such, our understanding of internal controls should not be relied upon for any other purposes.

Our audit procedures, consisting of separate examination of each material year-end balance, key transaction, and other event considered significant to the financial statements, were concentrated in areas where risks were identified and therefore differences were most likely to arise.

Management has provided us with written representations, acknowledging, among other things, their responsibility for the implementation and maintenance of appropriate reporting systems and controls including those designed to detect and prevent fraud, and to ensure the appropriateness of the amounts recorded in the accounting records, and the amounts and disclosures in the financial statements.

## 2. Audit Results

We have satisfactorily completed our audit and are prepared to sign our Auditors' Report after the Board of Directors's review and approval of the financial statements. A substantive approach was used in auditing Cowichan Valley Regional Hospital District's financial statements; thus, the Hospital District's controls were not relied upon. **Final materiality calculated and used to assess the significance of misstatements or omissions identified during the audit and determine the level of audit testing performed was \$30,000.** The audit report will provide an unqualified opinion to the members. Key matters noted during our audit are summarized in the table below.

SUBJECTS	2008	2007
Significant doubt concerning entity's ability to continue as a going concern	None	None
Illegal or fraudulent acts	None noted	None noted
Fraud by employees/management with key roles in control activities	None noted	None noted
Differences that may:		
- Cause future statements to be materially misstated	None	None
- Indicate significant weaknesses in controls	None	None
Irregularities having a material financial statement effect	None	None
Limitations placed on the scope of our audit	None	None
Significant transactions not in the ordinary course of business	None	None
Unusual significant transactions given the entity and its environment	None	None
Non-monetary transactions	None	None
Transactions that increase risk	None	None
Concerns with management breach of corporate conduct	None	None
Conflicts of interest	None	None
Disagreements with management	None	None
Matters influencing audit appointment	None	None
Difficulties encountered during the audit	None	None
Disagreements with management's accounting estimates	None	None
Disagreements with management's adoption of accounting policies or emphasis on the need for a particular accounting treatment	None	None
Significant weaknesses in the entity's risk assessment process within the design and implementation of controls	None	None
Material weaknesses in controls resulting from inappropriate response by management regarding implementing controls over significant risks	None	None
Matters giving rise to questions regarding the honesty and integrity of management	None	None

All significant management estimates were reviewed and no material differences were noted. The methodologies and processes used by management were consistent with prior periods. There were no unadjusted differences of any significance noted.

## 3. Auditor Independence

We confirm to the Board of Directors that we are independent of Cowichan Valley Regional Hospital District. Our letter to the Board of Directors discussing our independence is included as Appendix A to this report.

## 4. New and Proposed Reporting and Auditing Developments

For your information, we have included at Appendix B a summary of recent financial reporting and auditing developments which may impact your Hospital District's future financial statements.

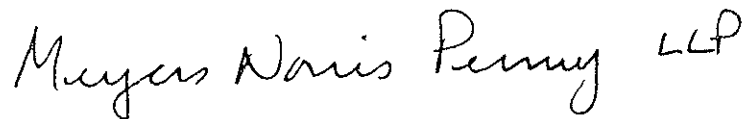
Cowichan Valley Regional Hospital District

We would like to take this opportunity to formally acknowledge the excellent cooperation and assistance we received from the management and staff of Cowichan Valley Regional Hospital District.

The matters raised in this and other reports that will flow from the audit are only those which have come to our attention arising from, or relevant to, our audit that we believe need to be brought to your attention. They are not a comprehensive record of all the matters arising and, in particular, we cannot be held responsible for reporting all risks in your business or all control weaknesses. This report has been prepared solely for your use and should not be quoted in whole or in part without our prior written consent. No responsibility to any third party is accepted as the report has not been prepared for, and is not intended for, any other purpose.

We appreciate having the opportunity to meet with you and respond to any questions you may have about our audit, and to discuss any other matters that may be of interest to you.

Yours truly,

A handwritten signature in black ink that reads "Meyers Norris Penny LLP". The signature is written in a cursive, flowing style.

MEYERS NORRIS PENNY LLP

TS/wah  
encs.





MEYERS NORRIS PENNY LLP

Page 4

Cowichan Valley Regional Hospital District

Appendix A

June 5, 2009

Cowichan Valley Regional Hospital District  
175 Ingram Street  
Duncan, BC V9L 1N8

Dear Sirs:

We have been engaged to audit the financial statements of Cowichan Valley Regional Hospital District ("the Hospital District") for the year ending December 31, 2008.

CICA Handbook 5751, *Communications With Those Having Oversight Responsibility for the Financial Reporting Process* ("the Standard"), requires that we communicate at least annually with you regarding all relationships between the Hospital District and Meyers Norris Penny LLP that, in our professional judgment, may reasonably be thought to bear on our independence. In determining which relationships to report, the Standard requires us to consider relevant rules and related interpretations prescribed by the appropriate provincial institute and applicable legislation, covering such matters as:

- (a) Holding a financial interest, either directly or indirectly, in a client;
- (b) Holding a position, either directly or indirectly, that gives the right or responsibility to exert significant influence over the financial or accounting policies of a client;
- (c) Personal or business relationships of immediate family, close relatives, partners or retired partners, either directly or indirectly, with a client;
- (d) Economic dependence on a client; and
- (e) Provision of services in addition to the audit engagement.

We are not aware of any relationship between the Hospital District and Meyers Norris Penny LLP that, in our professional judgment, may reasonably be thought to bear on our independence, which have occurred from January 1, 2008 to June 5, 2009.

Generally Accepted Auditing Standards require that we confirm our independence to the Audit Committee. Accordingly, we hereby confirm that Meyers Norris Penny LLP is independent with respect to the Hospital District within the meaning of the Rules of Professional Conduct of the Institute of Chartered Accountants of BC as of June 5, 2009.

This report is intended solely for the use of the Board of Directors, management and others within the Hospital District and should not be used for any other purposes.

Page 5

Cowichan Valley Regional Hospital District

We look forward to discussing with you the matters addressed in this letter as well as other matters that may be of interest to you. We will be prepared to answer any questions you may have regarding our independence as well as other matters.

Yours truly,

*Meys Norris Penny LLP*

MEYERS NORRIS PENNY LLP

TS/wah  
encs.

## Appendix B

### **Financial statement presentation (PS 1200 Amendment)**

PS 1200 provides recommended general reporting principles and standards for the disclosure of information in government financial statements. This Section has been amended to incorporate local governments within its scope and to introduce a new financial statement reporting model based on full accrual accounting principles, consistent with PS 3150 Tangible capital assets. Following adoption of these amended standards, local governments will be required to include in their general purpose financial statements:

- A statement of financial position reporting both net debt/net financial assets and accumulated surplus/deficit calculated on a full accrual basis of accounting;
- A statement of operations (previously a statement of financial activities) reporting the annual surplus/deficit as the difference between revenue and expenses;
- A new statement of change in net debt, including current year budget figures calculated on a full accrual basis of accounting, highlighting the effects of capital spending on net debt; and
- A statement of cash flows (previously a statement of changes in financial position) that includes a new capital category.

This amendment applies to local governments for fiscal years beginning on or after January 1, 2009. Earlier adoption is encouraged.

### **Funds and reserves (PSG-4 Amendment)**

This Guideline has been amended to expand its scope to include local governments. It provides guidance on presenting information related to a government's financial funds and reserves, excluding externally restricted funds and reserves, which are addressed in PS 3100 Restricted assets and revenues. To maintain consistency with PS 1200 Financial statement presentation, PSG-4 specifies that funds and reserves may only be disclosed in notes and schedules to the financial statements. Therefore, local governments can no longer separately report funds and reserves in the statement of financial position. The Guideline applies to a local government when it adopts PS 1200.

### **Introduction to CAS**

The Auditing and Assurance Board (AASB) will adopt the International Standards on Auditing (ISA) that the International Auditing and Assurance Board (IAASB) will issue as part of its clarity project. The IAASB's clarity project will result in all new ISAs being redrafted. As a result of this, ISAs and Canadian Auditing Standards (CAS) will have five distinct categories:

- Introduction;
- Objectives;
- Definitions;
- Requirements; and
- Application and other explanatory materials.

The AASB recognizes that there may be circumstances when it would be appropriate to modify proposed ISAs when adopting them as CASs. The AASB has developed guidelines for identifying the instances when it would consider it appropriate to "Canadianize" the auditing standards.

The AASB has released Exposure Drafts for the new CAS at the same time as the IAASB has released the ISA to allow users to have input on the Canadian modifications.

The AASB expects to issue all CAS exposure drafts by the third quarter of 2008, with final CASs receiving approval by fall of 2008. The CASs will have the same effective date as the respective ISAs. The effective date for the new CASs will be for audits of financial statements for years ending on or after December 14, 2010.

**COWICHAN VALLEY REGIONAL HOSPITAL DISTRICT**

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**FINANCIAL STATEMENTS**

**December 31, 2008**

**INDEX**

	Page
Management's Responsibility	
Auditors' Report	
Directory of Officials	1
Participating Areas	2
Statements	
1 Consolidated Statement of Financial Position	3
2 Consolidated Statement of Financial Activities	4
3 Consolidated Statement of Cash Flows	5
Notes to the Consolidated Financial Statements	6
Schedules	
A Schedule of Revenue Fund Activities	8
B Schedule of Reserve for Section 20(2) Expenditures	9
C Schedule of Capital and Loan Fund Activities	10
D Schedule of Long-term Debenture Debt	11
E Schedule of Grants to Health Care Facilities	12



## Management's Responsibility

To the Members of the Board of the Cowichan Valley Regional Hospital District:

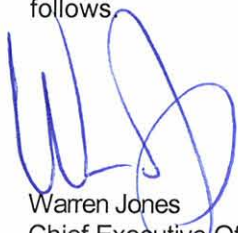
This statement is provided to clarify and outline the roles and responsibilities of the management team, elected Board of directors and independent auditors in relation to the preparation and review of the Cowichan Valley Regional Hospital District's (the "Hospital District") annual financial results.

Management is responsible for the preparation and presentation of the accompanying consolidated financial statements, including responsibility for significant accounting judgments and estimates in accordance with Canadian generally accepted accounting. This responsibility includes selecting appropriate accounting principles and methods, and making decisions affecting the measurement of transactions in which objective judgment is required.


In discharging its responsibilities for the integrity and fairness of the consolidated financial statements, management designs and maintains the necessary accounting systems and related internal controls to provide reasonable assurance that transactions are authorized, assets are safeguarded and financial records are properly maintained to provide reliable information for the preparation of the consolidated financial statements.

The Hospital District's Board of Directors is composed entirely of Directors who are neither management nor employees of the Hospital District. The Board is responsible for overseeing management in the performance of its financial reporting responsibilities, and for approving the financial information in the consolidated financial statements. The Board fulfils these responsibilities by reviewing the financial information prepared by management and discussing relevant matters with management. The Board is also responsible for the appointment of the Hospital District's external auditors.

Meyers Norris Penny LLP, an independent firm of Chartered Accountants, is appointed by the Regional Hospital District's Board of Directors to audit the financial statements and report to them; their report follows.



Warren Jones  
Chief Executive Officer  
June 5, 2009



Mark Kueber  
Chief Financial Officer  
June 5, 2009

## Auditors' Report

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To the Members of the Board of the Cowichan Valley Regional Hospital District:

We have audited the consolidated statement of financial position of the Cowichan Valley Regional Hospital District as at December 31, 2008, and the consolidated statements of financial activities and cash flows including Schedules A to E for the year then ended. These financial statements are the responsibility of the Hospital District's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Hospital District as at December 31, 2008 and the results of its financial activities and changes in financial position for the year then ended in accordance with Canadian generally accepted accounting principles.

Duncan, British Columbia

June 5, 2009

*Megis Norris Penny LLP*

Chartered Accountants

# **COWICHAN VALLEY REGIONAL HOSPITAL DISTRICT**

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## **DIRECTORY OF OFFICIALS**

**2008**

### **CHAIRPERSON**

J. Peake –Town of Lake Cowichan

### **VICE-CHAIRPERSON**

J. Lefebure – District of North Cowichan

### **DIRECTORS**

P. Kent	City of Duncan
G. Seymour	District of North Cowichan
R. Hutchins	Town of Ladysmith
M. Walker	Electoral Area "A" – Mill Bay/Malahat
K. Cossey	Electoral Area "B" – Shawnigan Lake
G. Giles	Electoral Area "C" – Cobble Hill
M. Tansley	Electoral Area "D" – Cowichan Bay
L. Duncan	Electoral Area "E" – Cowichan Station/Sahtlam/Glenora
J. Allan	Electoral Area "F" – Cowichan Lake South/Skutz Falls
M. Dorey	Electoral Area "G" – Saltair/Gulf Island
M. Marcotte	Electoral Area "H" – North Oyster/Diamond
B. Hodson	Electoral Area "I" – Youbou/Meade Creek

### **OFFICERS**

Administrator	-	W. Jones
Secretary	-	J. Barry
Treasurer	-	M. Kueber

### **AUDITORS**

Meyers Norris Penny LLP

### **BANKERS**

Bank of Nova Scotia, Duncan, B.C.

# COWICHAN VALLEY REGIONAL HOSPITAL DISTRICT

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## PARTICIPATING AREAS Incorporated September 26, 1967

### MUNICIPALITIES

City of Duncan  
District of North Cowichan

Town of Ladysmith  
Town of Lake Cowichan

### ELECTORAL AREAS

A - Mill Bay/Malahat  
B - Shawnigan Lake  
C - Cobble Hill  
D - Cowichan Bay  
E - Cowichan Station/Sahtlam/Glenora

F - Cowichan Lake South/Skutz Falls  
G - Saltair/Gulf Islands  
H - North Oyster/Diamond  
I - Youbou/Meade Creek

### SCHOOL DISTRICTS

No. 79 - Cowichan District

No. 68 - Nanaimo

### CHAIRPERSONS

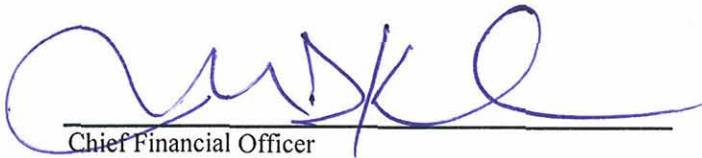
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2003-05  
2006-07  
2007-08

J.K. Bateson  
G.W. Whittaker  
A. Smith  
W.J.B. Devitt  
W. Wyllie  
M.L. Robertson  
T.L. Daniels - Jan-May  
R.D. Keir - June - Dec.  
R.D. Keir  
P. Clements  
K. Paskin  
C. Boas  
L. Kuta  
M. Lukaitis  
G. Giles  
J. Philp  
B. Harrison  
E. Darling  
J. Barker  
J. Allan  
R. Hutchins  
T. Walker  
M. Marcotte  
J. Lefebure  
J. Peake



**COWICHAN VALLEY REGIONAL HOSPITAL DISTRICT**  
**CONSOLIDATED STATEMENT OF FINANCIAL POSITION**  
**YEAR ENDED DECEMBER 31, 2008**

	<u>2008</u>	<u>2007</u>
<b>Financial Assets</b>		
Cash	\$ 4,880,852	\$ 4,163,191
<b>Total Financial Assets</b>	<u>4,880,852</u>	<u>4,163,191</u>
<b>Liabilities</b>		
Accrued interest	118,619	118,857
Long-term debt (Schedule D)	3,296,176	3,706,333
<b>Total Liabilities</b>	<u>3,414,795</u>	<u>3,825,190</u>
<b>Net Financial Assets</b>	<u>\$ 1,466,057</u>	<u>338,001</u>
<b>Regional Hospital District Equity Position</b>		
Revenue Fund Deficit (Schedule A)	(272,280)	(328,024)
Reserve for Section 20(2) Expenditures (Schedule B)	5,034,513	4,372,358
<b>Fund Balances</b>	4,762,233	4,044,334
Capital and Loan Fund (Schedule C)	(3,296,176)	(3,706,333)
<b>Regional Hospital District Equity Position</b>	<u>\$ 1,466,057</u>	<u>338,001</u>




Chief Financial Officer

The accompanying notes are an integral part of these financial statements.

**COWICHAN VALLEY REGIONAL HOSPITAL DISTRICT**  
**CONSOLIDATED STATEMENT OF FINANCIAL ACTIVITIES**  
**YEAR ENDED DECEMBER 31, 2008**

	<u>2008</u>	<u>2007</u>
<b>Revenue</b>		
Tax requisition	\$ 2,400,000	\$ 2,833,727
Grants in lieu of taxes	1,516	2,673
Interest and other revenue	137,871	177,468
<b>Total Revenue</b>	<u>2,539,387</u>	<u>3,013,868</u>
<b>Expenditure</b>		
Debenture debt interest (Schedule D)	505,545	507,318
Other expenses	50,022	50,022
Grants to health care facilities (Schedule E)	1,008,523	1,878,476
<b>Total Expenditure</b>	<u>1,564,090</u>	<u>2,435,816</u>
<b>Net Revenue before Financing Activities</b>	<u>975,297</u>	<u>578,052</u>
<b>Financing Activities</b>		
Sinking fund installments	410,157	392,143
Principal debt repayments (Schedule D)	(257,398)	(257,221)
<b>Change in long-term financing</b>	<u>152,759</u>	<u>134,922</u>
<b>Change in Fund Balances</b>	1,128,056	712,974
<b>Beginning Fund Balances</b>	338,001	(374,973)
<b>Ending Fund Balances</b>	<u>\$ 1,466,057</u>	<u>\$ 338,001</u>



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Chief Financial Officer

The accompanying notes are an integral part of these financial statements.

## COWICHAN VALLEY REGIONAL HOSPITAL DISTRICT

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 CONSOLIDATED STATEMENT OF CASH FLOWS  
 YEAR ENDED DECEMBER 31, 2008
 

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	<u>2008</u>	<u>2007</u>
<b>Operations</b>		
Net operating revenue (Statement 2)	\$ 975,297	\$ 578,052
Change in accounts payable	-	(56,272)
Change in accrued interest	<u>(238)</u>	<u>(83)</u>
	<u>975,059</u>	<u>521,697</u>
<b>Financing</b>		
Principal debt repayments (Schedule D)	<u>(257,398)</u>	<u>(257,221)</u>
<b>Change in Cash</b>	<b>717,661</b>	<b>264,476</b>
<b>Beginning Cash</b>	<u><b>4,163,191</b></u>	<u><b>3,898,715</b></u>
<b>Ending Cash</b>	<u><b>\$ 4,880,852</b></u>	<u><b>\$4,163,191</b></u>



Chief Financial Officer

The accompanying notes are an integral part of these financial statements.

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**COWICHAN VALLEY REGIONAL HOSPITAL DISTRICT**  
**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS**  
**YEAR ENDED DECEMBER 31, 2008**

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1. **Purpose**

**British Columbia Hospital Districts**

The Cowichan Valley Regional Hospital District is incorporated under the British Columbia Hospital District Act. Its purpose is to secure and administer capital funding for hospitals within the Cowichan Valley Regional Hospital District. These activities are funded through property taxes and debenture debt.

2. **Significant Accounting Policies**

a) **Basis of Presentation**

The consolidated financial statements have been prepared in accordance with the recommendations of the Public Sector Accounting Board (PSAB).

b) **Reserve for Section 20(2) Expenditures**

Reserve funds are held for future grants of capital equipment and capital construction projects.

c) **Use of Estimates**

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent liabilities at the date of financial statements, as well as the reported amounts of revenues and expenditures during the reporting period. Significant areas requiring management estimates are determination of accrued liabilities. Actual results may vary from the estimates and adjustments will be reported and reflected in operations as they become known.

d) **Sinking Fund**

The Hospital District records net long-term debt in accordance with amortization schedules issued at the inception of debenture issues. Sinking fund assets are recorded at the cost amount of the contributions made, plus required actuarial amounts. No adjustment for sinking fund surpluses due to market experience is recorded until realized at extinguishment of debenture debt.

e) **Financial instruments**

The Hospital District's financial instruments consist of cash, accrued interest and long term debt. Unless otherwise noted, it is management's opinion that the Hospital District is not exposed to significant interest, currency or credit risk arising from these financial instruments.

f) **Revenue Recognition**

The Hospital District recognizes tax requisition revenue based on assessments issued to the property owners in its service area. These assessments are issued on an annual basis to meet the expenditures of the Hospital District. Interest revenue is recorded when earned. Grants in lieu of taxes are recorded on an accrual basis when it is possible to reasonably estimate the amounts receivable.

g) **Recent Accounting Pronouncement**

In February 2007, the Canadian Institute of Chartered Accountants issued amendments to the recommendations in Section PS 1200 Financial Statement Presentation. PS 1200 establishes general reporting principles and standards for the disclosure of information in government financial statements. The amendments to this section consisted of expanding its scope to include local governments and introducing a new financial statement reporting model based upon full accrual accounting principles. Revised PS 1200 is effective for interim and annual financial statements of local governments with fiscal years beginning on or after January 1, 2009.

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**COWICHAN VALLEY REGIONAL HOSPITAL DISTRICT**  
**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS**  
**YEAR ENDED DECEMBER 31, 2008**

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**3. Debenture Debt**

Payments of principal on issued debt of the Hospital District for the next five years are approximately as follows:

2009	\$254,435
2010	\$254,435
2011	\$254,435
2012	\$254,435
2013	\$209,671

**4. Related Party Transactions**

Administrative costs totalling \$50,000 (2007 - \$50,000) were charged to the Cowichan Valley Regional Hospital District from the Cowichan Valley Regional District, a Regional District controlled by the same board of directors.

**5. Debt Reserve Fund**

The Municipal Finance Authority of British Columbia provides capital financing for Regional Hospital Districts. The Authority is required to establish a Debt Reserve Fund which represents 1% of each Debenture Debt issued. When the Cowichan Valley Regional Hospital District borrows from the Authority 1% is kept by the Authority and put into the fund. The Authority must then use this fund if at any time there are insufficient funds to meet payment on debt obligations.

Upon the maturity of the debt issue, the debt reserve fund plus any interest earned less expenditures for that issue will be discharged to the Cowichan Valley Regional Hospital District. These amounts do not appear elsewhere in the financial statements and as at December 31, 2008 amounted to \$3,578,920 (2007 - \$3,168,763).

**6. Comparative Figures**

Comparative figures have been reclassified to conform with current year presentation. The presentation was adjusted to conform with PSAB presentation standards.

## COWICHAN VALLEY REGIONAL HOSPITAL DISTRICT

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**SCHEDULE OF REVENUE FUND ACTIVITIES**  
**YEAR ENDED DECEMBER 31, 2008**


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	<u>2008</u>	<u>2007</u>
<b>Revenue</b>		
Tax requisition	\$ 2,400,000	\$ 2,833,727
Grants in lieu of taxes	1,516	2,673
Interest and other revenue	137,871	177,468
<b>Total Revenue</b>	<u>2,539,387</u>	<u>3,013,868</u>
<b>Expenditure</b>		
Debenture debt interest (Schedule D)	505,545	507,318
Other expenses	50,022	50,022
Contribution to Reserve Fund (Schedule B)	1,670,678	2,147,326
<b>Total Expenditure</b>	<u>2,226,245</u>	<u>2,704,666</u>
<b>Net Revenue before Financing Activities</b>	313,142	309,202
<b>Financing Activities</b>		
Principal debt repayments (Schedule D)	<u>257,398</u>	<u>257,221</u>
<b>Change in Fund Balance</b>	55,744	51,981
<b>Beginning Fund Balance</b>	(328,024)	(380,005)
<b>Ending Fund Balance</b>	<u>\$ (272,280)</u>	<u>\$ (328,024)</u>

## COWICHAN VALLEY REGIONAL HOSPITAL DISTRICT

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SCHEDULE OF RESERVE FOR SECTION 20(2) EXPENDITURES  
YEAR ENDED DECEMBER 31, 2008

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	<u>2008</u>	<u>2007</u>
<b>Fund Balance, Beginning</b>	\$ 4,372,358	\$ 4,103,508
<b>Add:</b>		
Contribution from Revenue Fund (Schedule A)	1,670,678	2,147,326
<b>Less:</b>		
Grants to District Hospitals (Schedule E)	<u>(1,008,523)</u>	<u>(1,878,476)</u>
<b>Fund Balance, Ending</b>	<u>\$ 5,034,513</u>	<u>\$ 4,372,358</u>

## COWICHAN VALLEY REGIONAL HOSPITAL DISTRICT

## SCHEDULE OF CAPITAL AND LOAN FUND ACTIVITIES

YEAR ENDED DECEMBER 31, 2008

	<u>2008</u>	<u>2007</u>
<b>Fund Balance, Beginning</b>	\$ (3,706,333)	\$ (4,098,476)
<b>Add:</b>		
Principal debt repayments (Schedule D)	257,398	257,221
Actuarial adjustments	<u>152,759</u>	<u>134,922</u>
<b>Fund Balance, Ending</b>	<u>\$ (3,296,176)</u>	<u>\$ (3,706,333)</u>



## COWICHAN VALLEY REGIONAL HOSPITAL DISTRICT

**SCHEDULE OF LONG-TERM DEBENTURE DEBT  
AS AT DECEMBER 31, 2008**

<u>Issue No.</u>	<u>Bylaw No.</u>	<u>Maturity Date</u>	<u>Authorized and Issued</u>	<u>Regional Dist. Share</u>	<u>Debt Payments</u>	
					<u>Interest</u>	<u>Principal</u>
621	79	2013	155,400	62,160	5,284	2,011
505	86	2014	658,590	263,436	13,172	3,317
626	79/94/97	2014	1,135,969	454,388	43,735	14,846
506	85/86	2014	964,751	385,900	19,295	4,968
627	94/97	2013	1,680,587	672,235	64,534	24,377
612	97	2013	2,600,446	1,040,178	88,415	40,867
613	97	2013	3,227,635	1,291,054	109,740	50,725
624	97	2016	1,649,669	659,868	51,965	24,815
507	101/102	2008	104,878	41,951	1,106	2,963
511	85/102	2015	608,998	243,599	17,661	5,238
78	116	2022	2,262,532	905,013	48,599	27,370
78	121	2012	624,352	249,741	13,411	19,856
78	120	2022	330,788	132,315	7,105	4,001
92	121	2012	333,058	133,223	6,062	11,096
92	125	2012	414,565	165,826	7,545	13,812
93	120	2022	<u>435,523</u>	<u>174,209</u>	<u>7,916</u>	<u>7,136</u>
				6,875,096		
				(3,578,920)		
Less sinking fund balance						
<b>TOTAL</b>			<u>\$17,187,741</u>	<u>\$ 3,296,176</u>	<u>\$505,545</u>	<u>\$257,398</u>
<b>TOTAL DEBT PAYMENTS</b>						<u>\$762,943</u>

## COWICHAN VALLEY REGIONAL HOSPITAL DISTRICT

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**SCHEDULE OF GRANTS TO HEALTH CARE FACILITIES**  
**YEAR ENDED DECEMBER 31, 2008**


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	<b>Total</b>	<b>2008</b>	<b>Total</b>
	<b>2007</b>	<b>Grants to health care facilities</b>	<b>2008</b>
	<hr/>	<hr/>	<hr/>
Cowichan District	\$17,578,994	\$1,000,689	\$18,579,683
Nanaimo District	671,164	3,670	674,834
Chemainus	4,940,024	-	4,940,024
Ladysmith	<hr/> 2,157,446	<hr/> 4,164	<hr/> 2,161,610
	<hr/> \$25,347,628	<hr/> \$1,008,523	<hr/> \$26,356,151