

Discussion Paper

Funding Allocation
for the DTES/HIV/AIDS/ IDU
Action Plan

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Community Coordinating

Committee

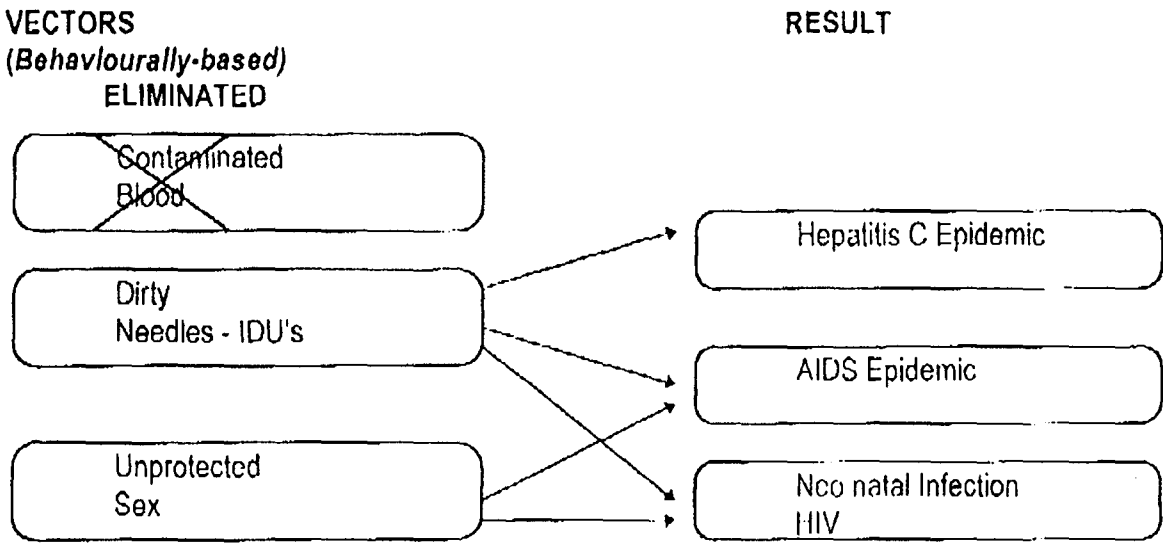
April 1998

Discussion Paper
 John Cameron - Community Coordinating Committee
 April 21, 1998
 in response to:

DTES/HIV/AIDS/IDU Action Plan
Suggestions and Comments on Funding Allocation

A. PHILOSOPHICAL CONSIDERATIONS
1. MORE FOCUS ON AIDS:

In simple pictorial form the AIDS epidemic in the DTES can be expressed as follows:



To date the primary focus of the Action Plan has been services/resources related to IV drug use. This focus is reflected in the Action Plan itself and in original funding. We must recognize that we are dealing with an AIDS epidemic; the IV drug use epidemic is only part of the problem (*"cart before the horse" approach*)

For the Action Plan to be effective it must address all aspects of the epidemic.

Remember:

- a/ IDU's have sex
- b/ Gay men still comprise approximately 60% of the current HIV positive population. There is a large "hotbed" contingency of gay men, especially Natives in the DTES.

More funding should be allocated to the AIDS portion of the epidemic, namely general public and school education, counselling, possible library and information centre, treatment information, advocacy.

RECOMMENDATION:

More funding allocated for AIDS education, services, resources and prevention.

2. ENTIRE COMMUNITY APPROACH:

Recognize that everyone in the DTES community is affected by the epidemic. Support and involvement of everyone is needed for the Action Plan to be effective.

Examples:**Chinese Business Community:**

Property values on Pender Street have declined 40% over the last year - primarily fallout from the neighbouring IV drug use epidemic.

Average Residential Family:

Concerns re their children and the epidemic concerns re crime due to IV drug use epidemic.

Problems with needles discarded on properties.

RECOMMENDATION:

Allocate some funding for proposals that encourage an "entire community approach" to the epidemic and that engenders community support for the Action Plan.

3. COOPERATIVE APPROACH/ELIMINATION OF RIFTS:

Three types of destructive rifts exist in the AIDS world:

Geographical

- exclusion of agencies from funding on a geographical basis (refer to V/RHB funding map)

Between Agencies

- "turf wars" for funding - competition is an unpleasant reality
- different focuses, philosophies, approaches and agendas

Amongst Consumers

- West End gays/East End IDU's
- Aboriginal/Caucasian/Asian
- Women/Men/children

- Heterosexual/Homosexual/Transgendered
- Etc.

3. COOPERATIVE APPROACH/ELIMINATION OF RIFTS:

The HIV virus does not recognize any of the above barriers or distinctions. For the Action Plan to be effective all consumers and agencies must work together as harmoniously as possible as a united front.

RECOMMENDATION:

The Action Plan should endorse the removal of barriers and rifts amongst agencies and consumers; this philosophy should be given consideration when allocating funding.

B. SPECIFIC COMMENTS, SUGGESTIONS AND RECOMMENDATIONS ON FUNDING ALLOCATION

1. GEOGRAPHICAL BOUNDARIES - EXCLUSION OF CERTAIN AGENCIES

The exclusion of certain agencies from funding due to arbitrarily imposed geographical boundaries (mailing address) has created considerable bitterness, frustration and hostility amongst agencies and consumer groups. Close examination of this policy shows that it makes little sense, especially if we recognize that the agencies excluded are those best equipped and most experienced in dealing with the "AIDS part" of the epidemic.

Specific Agencies Excluded:

I AIDS Vancouver

- 15 years experience in dealing with AIDS
- expertise: library/advocacy/training/counselling/foodbank
- three outreach workers active in DTES and other initiatives
- 60% of present caseload - DTES IDU's

II BC Persons With AIDS

- 13 years experience dealing with AIDS
- expertise: treatment information (cadillac program)
- counselling/oldest support group in Canada/monthly bulletin/TIPS/complimentary health fund
- treatment information counsellors actively working in East End
- growing number of members from DTES

III Positive Womens Network

- 9 years experience in dealing with all aspects of women and AIDS
- services: counselling/advocacy/lunch programs/caregiving/family support/retreats/newsletters
- 65 - 70% of client load - DTES women
- *Remember:* there is a growing number of women infected especially in DTES

IV ASIA

- specific experience and expertise in dealing with AIDS in the Asian community

V Healing Our Spirit

- specific experience, expertise and government mandate in dealing with AIDS in the Native community
- ties to the Aboriginal AIDS Task Force

VI Youthco

- specific experience in dealing with street youth and in provision of peer counselling and school AIDS educational programs

Question: *Why was the Dr. Peter Centre afforded funding under the Action Plan even though they are located in the West End?*

RECOMMENDATION:

Remove/revise geographical boundaries to funding allocation; establish a level playing field in funding allocation to various agencies; open funding door to above agencies to promote establishment of "branch offices" (*consumers better dealt with in their own community*); recognize that such action will promote cooperation amongst and agencies, reduce hostility and remove rifts.

2. FUNDING PROPOSALS FROM NEW AGENCIES

- I. Before funding is approved new agencies or groups should produce: letters of recommendations or support, credentials or references.
- II. Before funding is approved new agencies should show some initiative in terms of accomplishment and organization and demonstrate capability.
- III. Before funding is approved new agencies should show some financial initiative i.e. secure funding from other sources - e.g. Vancouver Foundation, Mac Cosmetics, ACAP, collection cans, income from AIDS walks, private donations, income from community events, etc.
- IV. Before funding is approved new agencies should have a volunteer base.
- V. Suggest a "grandfathering approach" - new agencies are tied to established, reputable agencies.
- VI. Funding for new agencies should be progressive ("*if you use a small amount effectively, you get more*").

Questions: *Is the V/RIB in the business of setting up businesses? Should they fund society registration costs? Should they fund computers and office equipment? (Use facilities and office equipment at community agencies?)* **Note:** *Computers and office equipment can be secured through small grants and private donation.*

RECOMMENDATION:

Impose restrictions on new agencies/groups applying for funding.

4. ACCOUNTABILITY FOR ADDITIONAL OR CONTINUED FUNDING:

- I. Must produce a record of community work (synopsis of accomplishments).
- II. Must show measured definitive results in terms of objectives of past funding.
- III. Must produce detailed financial statements.
- IV. Must show letters of recommendation for work performed under previous funding.
- V. Must show that alternative funding was secured from other sources.

RECOMMENDATION:

Impose restrictions before allocating additional funding to agencies.

5. CREDENTIALS:

Question: Is the V/RHB in the business of setting up private persons in business (e.g. Tai Chi/Acupuncture)? References? Credentials?

6. PROPOSALS - "PADDING":

In my personal opinion most of the funding proposals I have reviewed on the Funding Allocation Committee show considerable "padding". Having produced grant applications myself, I should point out that this is standard practice - apply for extra money and "perks" in the hope that you may receive them.

Examples:

Honorariums - To whom? To do what? Where is the volunteer base?
(specify and detail)

Bus Tickets - Why? For how many people? Don't most PWA's get annual bus passes? (specify and detail)

Food - For whom? Clients or paid staff? Should the V/RHB provide meals for paid staff and for persons attending committee meetings? (specify and detail)

Client Support - what is this? (specify and detail)

Unspecified number of trips to Seattle - Why? How many? Purpose of trips in detail? To do what? Should the V/RHB open the funding door for travel expenses?

RECOMMENDATION:

Examine funding requests in detail for "padding"; return to applicant for clarification and revision before funding is approved.

7. FUNDING FOR SUPPORT GROUPS

I established and facilitate two AIDS support groups, and should point out there is little cost involved.

What do you really need to run a support group? A place (*usually can be acquired free*), volunteers (*perhaps provide small honorariums*), pamphlets and brochures, gifts and cards for guest speakers, cookies and coffee (*can be acquired free from Starbucks, Tim Horton's, Buns Master Bakery, etc.*).

RECOMMENDATION:

Set amount for basic funding for all support groups; must demonstrate initiative before funding for new support groups is allocated; must show attendance records before continued funding is allocated.

8. FUNDING FOR DEVELOPMENT OF PROPOSALS

In my view, a ridiculous concept, hardly worth consideration. If you have not got the initiative, capability or "wherewithal" to develop and submit a funding proposal at your own cost, time and energy, you should not be awarded funding.

RECOMMENDATION:

Nix

9. EVENTS

Events such as AIDS walks, candlelight memorials, workshops, educational forums and dinners, and conferences can provide a vehicle to bring consumers, agencies and communities as a whole together.

RECOMMENDATIONS:

Provide partial funding for community events and initiatives that promote a cooperative approach amongst agencies, consumers and the general public in dealing with the AIDS epidemic.

10. RESOURCE CENTRE

In my opinion the establishment of a resource centre in the DTES is the key initiative for effectively dealing with the AIDS epidemic.

In the West End there are two umbrellas: St. Paul's Hospital and PARC; in the East End there are none.

The resource centre should be comprised of two basic elements:

1. Services and resources for IDU's; prevention and educational programs related to the IV drug epidemic.

II. Services and resources for PWA's; prevention and educational programs related to the AIDS epidemic.

Resource centre amenities should include: 24 hour telephone line ("hotline"), advocacy programs, community information board, meeting rooms for support groups, educational dinners, forums and community events, AIDS library, treatment information and counselling.

To reduce costs use the resource centre primarily as a referral centre; invite agencies to participate but provide only partial funding.

A resource centre should not be run by a specific agency or agencies; a revolving community board is preferable.

RECOMMENDATION:

Allocate partial funding for a resource centre and agency programs at the centre.

11. POSITIVE MEDIA COVERAGE

As a PWA, actively involved in community AIDS work, I am alarmed at the growing backlash against services and initiatives that address the AIDS epidemic and the IV drug use epidemic.

Perhaps the V/RHB should provide funding to promote understanding and positive support of the Action Plan and its objectives and the *Harm Reduction Model*.

RECOMMENDATION:

Possible funding for positive media coverage, advertising, public forums and other initiatives that promote and support the Action Plan.

12. INCOMPLETE FUNDING PROPOSALS

All funding requests and submissions should consist of four parts:

- I. Background information on the agency, society or group and a synopsis of accomplishments to date.
- II. All information related to the funding proposal itself - objectives, scope, timeframe, needs that will be met, involvement of other agencies, evaluation mechanism, etc.
- III. A detailed concise budget.
- IV. All pertinent supportive documentation such as: attendance records, letters of support and recommendation, pamphlets and brochures, proof of credentials, technical information, minutes from meetings, proof of alternative funding, etc.

Note: In my opinion, of the 18 or so funding applications reviewed at the first two meetings of the Funding Allocation Committee, only one was acceptable as submitted. The remainder required revision, clarification or further information or documentation.

Of the 18, about 12 were appropriate in principal (or in part) and deserved funding consideration.

Discussion Paper
DTE&AIDS/HIV/IDU Action Plan

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RECOMMENDATION:

If funding proposals are incomplete return to applicant for revision, clarification, *additional* information or documentation and removal of "padded" expenditures. After revision and resubmission consider funding allocation.

13. FULL FUNDING

Having written grant applications myself, I know firsthand that almost everyone applies for more funding than they expect to receive. If I need and expect \$5,000 I apply for \$8,000.

RECOMMENDATION:

With the rare exception, never award the full grant amount requested.

C. GENERAL COMMENTS

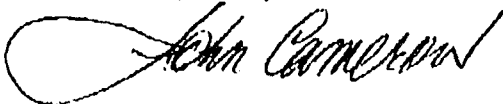
Tight control and regulation of funding allocation, as well as follow-up evaluation, is essential. Poor allocation results in financial improprieties and wastage of public funds. Such improprieties and wastage eventually come to light. The end result is often a reduction or removal of overall funding.

Public sympathy for PWA's and IV drug users is waning. Recent criticisms regarding the needle exchange and services for IDU's demonstrate declining public support for the Action Plan and its initiatives. On World AIDS Day last year what little coverage there was in the newspapers was primarily critical and negative.

It is imperative that the V/RHB allocate the funds appropriately and that funding recipients use the money wisely. If not, "*we cut our own throats*".

We must all remember that this is public funding. The V/RHB administers the funding; the agencies receive and utilize the funding; the consumers are the beneficiaries of the funding. All parties are accountable.

Respectfully submitted,



John Cameron
Community Coordinating Committee

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