CENTRAL CITY COMMUNITY HEALTH SERVICE

Presenter: Dean Griggs, Manager Community Safety and Wellbeing

Purpose and background

1. The purpose of this report is to provide an overview of the business case (Attachment 2) for the proposed Central City Community Health Service to be located within 51-57 Victoria Street, Melbourne (formerly known as ‘Drill Hall’ site).

2. In November 2010, when considering a report on support for homeless people in Melbourne, Council resolved that ‘management work with Doutta Galla Community Health Services (DGCHS) to develop a business case for a community health service, including proposed service models and any potential cost implications to Council’.

3. This work forms part of Key Strategic Activity for Homelessness in 2011-12 and is a key initiative as part of Pathways: City of Melbourne Homelessness Strategy 2011-13.

Key issues

4. The proposed service model is to provide a mix of site based and outreach services. DGCHS will be the anchor tenant for the building and will relocate some services from other locations to operate from the site including, nurses, mental health workers, dieticians and physiotherapists providing support for homeless people. DGCHS will also engage other partners to deliver specialist services such as youth, drug and alcohol and housing workers (refer to Attachment 2).

5. Spatial options for delivery of the Central City Community Health Service include using the ground floor only, known as Option 1 or using the ground floor and the first floor as Option 2 (Attachment 3). The first floor is owned by Housing Choices Australia (HCA) and is not an area included in their peppercorn lease arrangement with the Council.

6. Option 2 is the preferred option as locating outreach staff on the first floor provides increased space and capacity for a greater and broader level of service for clinical counselling with additional functional amenity unable to be accommodated on the limited ground floor.

7. The key issue with option 2 however is the additional rental cost associated with use of the first floor. In June 2011, HCA confirmed that the first floor can be made available to DGCHS at a rental of $10,000 per annum for a period of five years. DGCHS have agreed to meet this cost.

8. It is anticipated that the building will be made available to Council in November 2011 at which time final capital works and clinical fit out can take place. Council has allocated $180,000 in the 2011-12 capital works budget to enable building works to establish the facility. It was hoped that DGCHS would be able to access State Government funding for the clinical fit out and information and technology requirements. Discussions with the State Government have indicated this is not the case.

9. It is estimated the cost of the specialist clinical fit out and infrastructure is approximately $195,000 including professional fees (see Attachment 4 for an outline of fit out and infrastructure costs). It is proposed that the Council provide basic office furniture that is surplus to its needs.
Recommendation from management

10. That the Future Melbourne Committee:

10.1. endorses option two for the establishment and delivery of a Central City Community Health Service for homeless people;

10.2. recommends that the Council allocates a further $195,000 to the 2011-12 capital works budget to enable the clinical fit out and purchase and installation of computer and telephony hardware and infrastructure;

10.3. requests management negotiate with Housing Choices Australia and Doutta Galla Community Health Service (DGCHS) to determine the most appropriate lease arrangements; and

10.4. requests a further report prior to November 2011 regarding the proposed lease arrangements, including a sublease with DGCHS for the ground floor of 51-57 Victoria Street, Melbourne.
SUPPORTING ATTACHMENT

Legal

1. Any proposal to enter into tenancy arrangements will be subject to compliance with the processes in the Local Government Act 1989.

2. Ongoing legal advice will be provided as required.

Finance

3. The property will be leased by HCA to the Council under a lease for 299 years and has been designated as part of the community portfolio - available to provide services within the municipality. As such, the tenant receives a concessional rental of $1 per annum.

4. The market rental value of the property is estimated to be in the order of $140,000 per annum.

5. The operating costs associated with service provision from the facility will be covered by DGCHS. In accordance with Council’s leasing policies, DGCHS will also cover outgoing costs. The total operating costs, including outgoings and rent, are estimated to be $745,000 per annum.

6. The draft 2011-12 capital works budget sets aside $180,000 for a general office fit out. Additional funding of $195,000 for the clinical fit out is now being requested.

Conflict of interest

7. No member of Council staff or other person engaged under a contract and involved in advising on or preparing this report has declared a direct or indirect interest in relation to the matter of the report.

Stakeholder consultation

8. Ongoing meetings between DGCHS have taken place over the last year. A number of community organisations have also been consulted, including; Royal District Nursing Service, Winteringham, Homeground, St Vincent’s Hospital, Hanover, Council to Homeless Persons Peer Educators.

Relation to Council policy


Environmental sustainability

10. Environmental sustainability principles will be adhered to wherever possible in the construction and fit out of the facility.
Options Paper
July 2011

Central City Community Health Service
Creating pathways out of homelessness
Contents

1. Background ............................................................................................................3
2. The Service Model..................................................................................................4
3. The Options............................................................................................................5
  3.1 Option one: ground floor only .......................................................................5
  3.2 Option two: ground floor, plus first floor .......................................................6
4. Analysis - Option one versus Option two ..........................................................6
  4.1 Service Analysis ...............................................................................................6
  4.2 Risk Issues .......................................................................................................6
  4.3 Occupational Health and Safety (OHS) ............................................................7
  4.4 Client Safety ....................................................................................................7
  4.5 Social Environment ..........................................................................................7
  4.6 Building Works ...............................................................................................7
5. Proposed Option and Business Model Summary ..............................................8
  5.1 Summary .........................................................................................................8
  5.2 Lease and property management arrangements ..............................................8
  5.3 Operations .......................................................................................................8
  5.4 Governance and Management .......................................................................8
6. Costs and Funding ...............................................................................................9
  6.1 Costs ...............................................................................................................9
  6.2 Capital Funding ..............................................................................................9
  6.3 Recurrent Funding .........................................................................................9
  6.4 Outstanding Items for Funding ......................................................................9

Prepared by
City of Melbourne and Doutta Galla Community Health Service

Contact
Manager, Community Strengthening
City of Melbourne
Tel: 9658 9907
1. Background

In 2007 the Melbourne City Council resolved to sell the Drill Hall site to Housing Choices Australia (HCA) for $10 for the purpose of developing and providing affordable housing. As part of the land sale, Council provided an additional $1.25 million toward the refurbishment of the ground floor of the Drill Hall, including the ceremonial hall, to be returned to Council for use as a community centre. In 2009 Council considered a report into the needs of homeless people within the central city and resolved to investigate the provision of accommodation, health service and day shelter services in the central city.

In November 2010 Council resolved “that [City of Melbourne] management work with Housing Choices Australia, Doutta Galla Community Health Services and the Department of Health to develop a more detailed business case for a community health services, including the proposed service models and any potential cost implications to Council”. In May 2011 Council adopted Pathways: City of Melbourne Homelessness Strategy 2011-13 in which Council has committed to providing a central city health service for people who are homeless.

In 2010 the City of Melbourne funded a feasibility study which found that people who are homeless often have complex health needs that are not addressed through mainstream health services and homelessness services. This is particularly the case for those people who are homeless dealing with physical and mental health conditions. The report analysed statistics on the prevalence of untreated mental illness in the homeless population and determined that there are virtually no treatment options available for people at risk of homelessness in the central city. The research also suggests that the homeless population is not homogenous; diverse groups of homeless people including women, women with children, young adults, singles, families, aged and people with disabilities require different services and engagement strategies. Women in particular have higher needs for safety and security, and research suggests that despite similar numbers of men and women who are homeless in Melbourne, women do not access services in equal numbers. Common health issues amongst people who are homeless which were identified in the study include:

- Problematic substance-use related concerns including, poor liver functioning and respiratory conditions
- Poor mental health, including dementia, depression, anxiety, schizophrenic disorders, alcohol related, drug induced and other psychosis
- Poor dental and eye health
- Poor nutrition and food insecurity impacting on health
- Infectious diseases such as tuberculosis, viral hepatitis and sexually transmitted diseases
- Infestation disorders from self neglect and lack of facilities for personal hygiene
- Lack of pain management and routine health care
- Low compliance with treatment and or inappropriate use of medication

Given the complexity of their health, social, welfare, housing and other needs, people experiencing homelessness require new and innovative responses. Any service response that seeks to address their complex care needs requires an integrated service with a practice approach that includes outreach to engage people who are homeless.

The City of Melbourne has worked with Housing Choices Australia (HCA) and Doutta Galla Community Health Service (DGCHS), the proposed operator of the service (and lead tenant), to consider in more detail the service model and viable options for delivery of a community health service at the Drill Hall site.

This document provides a summary of the possible options for the service and the proposed facility, with consideration of the significant financial and physical constraints associated with a new service in this location.
2. **The Service Model**

A Central City Community Health Service (CCCHS) will be an innovative health service at the Drill Hall site, targeting the complex health and care needs of people who are homeless in Melbourne’s central city area. More specifically, the CCCHS will also include access to services for women and their children who experience homelessness.

The objectives for the proposed Central City Community Health Service are to:

- Operate within a social model of health, empowerment and social inclusion;
- Coordinate and integrate health/welfare and housing services to proactively work with clients to improve outcomes for people experiencing homelessness; and
- Implement the *Central Business District (CBD) Health and Homelessness Protocol* that creates ways for workers to better support people experiencing homelessness to access health services.

In summary the service model for the CCCHS outlines the four pillars of service (identified in diagram one) as being:

1. **Centre based** services providing an integrated and comprehensive range of medical, allied health, and counselling services to homeless people by DGCHS complemented by specialist co-located services. Volunteers will also be used to facilitate referrals to key health providers’ (e.g. dental services).
2. **Outreach services** provided in partnership with a range of existing central city homelessness services.
3. **Facilitated referrals** utilising the Primary Care Partnership Health and Homeless Protocols and the DGCHS Priority Access Policy to services within DGCHS and other agencies.
4. **Sector support and education** to contribute to peer support training and mentoring opportunities.

*Diagram 1. The Central City Community Health Service Model.*
A number of assumptions and factors need to be embedded as part of the new service model to increase the likelihood of positive outcomes for people accessing the services. The assumptions and principles that underpin the service model include:

- An assertive multi-practice outreach model provided where homeless people gather and linked to co-located service site.
- Discrete services and safe spaces to engage homeless women.
- Creative partnerships and co-location arrangements.
- Existing program funding is supplemented to better cover increased costs associated with co-ordinating service delivery.
- Integration of services is supported by CBD Homelessness Protocols to ensure priority access and improved referral pathways.
- Facility design and amenities meet mandatory risk, regulation and facility requirements.
- Best practice risk management systems are implemented and reviewed.

The proposed service provider is Doutta Galla Community Health Service (DGCHS). DGCHS are leaders in integrated health service delivery by working in partnership with others to increase the community’s access to responsive services. DGCHS are well placed with their existing services, partnerships and capacity to develop and deliver the CCCHS.

The partnership approach to the CCCHS will be the foundation to improving integration of services and increasing the accessibility of services for people who are homeless. Agencies such as the Royal District Nursing Services, Victorian Association for The Care and Resettlement of Offenders (VACRO), Royal Women’s Hospital, St Vincent’s hospital, Homeground, Hanover, Wintringham, Young People’s Health Service and the Council to Homeless Person’s Peer Mentoring Program, have already given in principle commitments to support this initiative and see it as a positive opportunity to integrate their services with DGCHS in a more discrete location.

3. The Options

The options in this paper are premised on the notion that the CCCHS’s first priority is to establish an integrated model for the delivery of health services to people who are (or at risk of being) homeless in the central city of Melbourne, namely at the Drill Hall site on Therry Street.

These options do not necessarily provide a facility that will address all needs or all risks associated with providing health services to people who are homeless and who often have complex needs. The value of this initiative lies in its ability to use health as a vehicle to reach people who are homeless and achieve the necessary integrated health, housing and wellbeing outcomes that are required to prevent individuals from entering homelessness and support them to exit from homelessness.

Both options are deliverable in the immediate term, and are within the capacity and known constraints of both DGCHS and the City of Melbourne.

3.1 Option one: ground floor only

Option one proposes the use of the ground floor only in the Drill Hall site (refer to Attachment 3). This option delivers a range of outreach and centre based services. The services proposed include:

- Community Connections program;
- Community health service and nurse;
- Mental health service and Mental Health Nurse;
- General Practitioner;
- Youth Services Transition Project;
- Outreach Dietician and Café Meals Program;
- Outreach Podiatrist;
- Outreach Health Nurse; and
- Volunteers to facilitate access to key services e.g. dental services.
3.2 Option two: ground floor, plus first floor
Option two proposes the use of the ground floor and the first floor in the Drill Hall site (refer to Attachment 3). This option is consistent with the service model as proposed in this paper, and delivers a similar range of outreach with additional centre based services. In addition greater opportunities for integration and coordination of service provision from a one-stop central city location.

- Community Connections program;
- Community health service and nurse;
- Mental health service and Mental Health nurses;
- Outreach mental Health Program;
- General Practitioner;
- Youth Services Transition Project;
- Recreation/activities worker;
- Drug and Alcohol Worker;
- Counsellor/psychologist;
- Physiotherapist/Occupational Therapist;
- Housing intake;
- Outreach Dietician/Café Meals Program/generalist dietician;
- Outreach Podiatrist/generalist podiatrist;
- Homeless Women’s community space and worker;
- Hospital at risk of Admission Program (HARP) Program Worker;
- Home and Community Care (HACC) personal care worker;
- Aged care assessment;
- HACC day programs; and
- Volunteers to facilitate access to key services e.g. dental services.

4. Analysis - Option one versus Option two

4.1 Service Analysis
Both option one and two are able to deliver similar level of outreach services. With option two the level of centre based clinical, counselling and other services will be greater, primarily through the increase in available space as a result of locating most centre staff on the first floor.

Option two provides a greater range of services across the service delivery model and includes a depth of service provision and service sector collaboration. Option two provides all services delivered under option one, plus:

- Potential to double the number of clients receiving services due to the expanded range of services offered each day as a result of more client space.
- The capacity for increasing integrated service delivery and strengthened partnerships could increase the number of people exiting homelessness and retaining housing.
- Strengthening the Central City health and homeless service networks will provide a better safety net for people who are homeless.
- Improved case planning and coordination of services for complex care clients due to the concentration of service and specialist staff at one site.
- Provide for a safe and permanent space for women and women with children.
- Improved capacity of mainstream health services to better respond to complex needs of people who are homeless due to increased facilitation and referral capacity.
- Improved health literacy of the Central City homeless workforce due to training and professional development capacity and opportunities available at a co located service site.

4.2 Risk Issues
There is a commitment to reducing risks to clients, employees and visitors to the CCCHS, as well as the material resources in the CCCHS. A number of building design responses will reduce some risks inherent in a facility with physical limitations (i.e. the building has significant constraints due to heritage issues) and a service of this nature. Most of the identified risks and safety issues will require explicit operational and management strategies to reduce their impact, and will feature in subsequent operational plans.
4.3 Occupational Health and Safety (OHS)
Option two provides for staff to be located on the first floor, which option one does not provide. (Note both options are required to provide a staff space). Although this greater staff space is well separated from the key client space on the ground floor, it is noted that access to the first floor space is not disability compliant due to the existing stairwell being the only access to this space. It is the advice of DGCHS that both option one and two provide basic, OHS compliant facilities for staff and workers.

4.4 Client Safety
In order to improve access to services for women and children, who are the most marginalized group of people experiencing homelessness in the Central City, a number of strategies will be in place. Both option one and two are designed to reduce the risk of men, coming into conflict with women and children when visiting the centre at the same time. This involves the construction of separate toilet and shower facilities, including baby change, that will reduce safety and security issues that might occur in combined gender facilities. Option two also provides an ongoing separate space for women and children’s activities and/or spaces. This is not possible in option one.

4.5 Social Environment
City of Melbourne will consider Crime Prevention through Environmental Design (CEPTD) in the development of the centre and continue to liaise with Victoria Police to support desired safe and secure behaviour in and around the CCCHS site. DGCHS have demonstrable experience in managing facilities and spaces where clients may have anti-social behaviour and there are other potential staff and client risks associated with the client group. Targeted programming, a calming environment and highly experienced staff with strategies and approaches to effectively manage challenging situations will be embedded in the daily operations and management of the CCCHS.

4.6 Building Works
HCA will deliver the ground floor of the Drill Hall site back to Council in November 2011, on completion of their construction. The spaces will be fitted out for general community/office use (ie. lighting, walls painted, floor covering) and in order to deliver a community health service of this nature additional works will need to be undertaken. The main items for refurbishment will be:

- Reception desk joinery and plaster wall (over door to main hall)
- Existing toilets to be reconfigured for male client toilets and staff unisex shower and toilet block
- New female client toilet and one DDA compliant female toilet shower and baby change room
- Laundry with mounted exhaust fan
- Work on a the bin enclosure to ensures secure storage and collection of clinical waste
- Rewiring of building
- Basic security fit out

Option two will provide for use of the first floor and will be fitted out by HCA for general office use. Therefore in option two the first floor requires minimal works as it is for staff/office use area for the CCCHS. The estimated cost for the refurbishment works is $195,000

In order to set up and deliver the clinical services further works will need to be done in three rooms to convert them to clinical consulting rooms, this combined with office equipment and services will require an additional $150,000.
5. Proposed Option and Business Model Summary

5.1 Summary
In summary, Option two is the proposed option and model because:

- The space to be provided via option two is greater, which significantly increases the potential for a more expansive range of services to be provided from the CCCHS (refer to p 6);
- This option provides for greater separation between staff and clients that enhances the occupational health and safety environment for staff;
- It is a more attractive proposition and facility for other agency partners to engage with and the agreement of other agencies to provide services from this facility is critical to the success of the CCCHS.

5.2 Lease and property management arrangements
HCA own the first floor of the Drill Hall site and have agreed to lease this floor for the purpose of the Central City Community Health Service for $10,000 p/a for five years. DGCHS will enter into a sub lease with the City of Melbourne for the ground floor for $1 p/a; ‘a pepper corn rent’. The commercial value of the property is above $50,000, and as such the Local Government Act 1989 (‘the Act’) requires that the statutory advertising and submissions process be undertaken when entering such a lease.

While DGCHS would be responsible for all ‘outgoings’, as a not-for profit organisation they would be exempt from rates, taxes, charges and levies during the lease period, but responsible for maintenance, cleaning and utilities.

5.3 Operations
DGCHS currently operate four community health facilities, with 230 staff and deliver $16 million worth of services each year in metropolitan Melbourne. As a major provider of community health services, their capacity is strengthened by best practice management systems and procedures to support high risk health services.

Many services that will be delivered from the CCCHS site are existing DGCHS services for people who are homeless in the central city. Other services providers in the partnership likewise will bring existing services and staff to the centre so no significant additional operational funding will need to be sought in the immediate future to establish the CCCHS.

DGCHS will enter into Memorandum of Understanding (MoU) arrangements with all other service providers. This MoU will include the shared vision of the CCCHS, the shared planning and partnership roles of the CCCHS and dispute resolution.

5.4 Governance and Management
A DGCHS will provide a site manager who will be responsible for implementing the centres operating and management systems and procedures, and ensuring OHS and risk management objectives are managed and monitored. DGCHS have an existing governance structure that includes the management and operations of facilities, that ultimately reports to the CEO of DGCHS. DGCHS will establish the governance layer for CCCHS that includes a Client Advisory Panel, health managers and partners.
6. Costs and Funding

6.1 Costs
The estimated costs for capital and operations of the CCCHS in Year One are:

<table>
<thead>
<tr>
<th>Item</th>
<th>Estimated Cost</th>
<th>City of Melbourne</th>
<th>DGCHS</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Capital (p/a)</td>
<td>Capital (p/a)</td>
<td>Capital (p/a)</td>
</tr>
<tr>
<td>Refurbishment</td>
<td>$195,000</td>
<td>$180,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establishment (including clinical fit out)</td>
<td>$170,000</td>
<td></td>
<td></td>
<td>$170,000</td>
</tr>
<tr>
<td>Operational p/a</td>
<td>$735,000</td>
<td></td>
<td>$735,000</td>
<td></td>
</tr>
<tr>
<td>Rent p/a</td>
<td>$10,001</td>
<td></td>
<td>$10,001</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1,110,001</strong></td>
<td><strong>$180,000</strong></td>
<td><strong>$745,001</strong></td>
<td><strong>$170,000</strong></td>
</tr>
</tbody>
</table>

Note: the above figures exclude professional fees and charges.

6.2 Capital Funding
In addition to the capital grant being provided to HCA, the City of Melbourne has allocated $180,000 in the 2011-12 Capital Works budget to enable the refurbishment of the ground floor.

Capital costs not yet funded include the establishment (clinical fit out) cost, and the security system. It is estimated that $170,000 will provide for fixtures and fittings required as part of providing a specialised health service, for example a podiatry chair, a pathology chair, showers, and furnishings for sterile areas. Other establishment costs include office equipment, phones, computers and a photocopier. HCA will implement two keying/swipe access doors in the building, but additional security doors and a PA/intercom system will be required and is estimated to cost $15,000.

6.3 Recurrent Funding
DGCHS will relocate existing programs and personnel from their other sites to the CCCHS site. The recurrent operational costs to be absorbed by DGCHS are estimated to be $745,001 p/a, which includes the proposed $10,001 rent being $10,000 payable to HCA for the first floor and $1 per annum for the ground floor.

6.4 Outstanding Items for Funding
DGCHS and the City of Melbourne will work together on securing funding for the items not currently funded. The two items that are unfunded are $170,000 for the establishment costs and $15,000 refurbishment cost to install a security system. Discussions have been held with the Department of Health, but to date it appears unlikely that government funding of the shortfall will be able to be achieved this financial year. Consequently, other groups such as philanthropic organisations and private sector foundations, who are interested in supporting people who are homeless, will need to be engaged.
OPTION 2 GROUND FLOOR

CLIENT
COMMUNITY STRENGTHENING

PROJECT
CENTRAL CITY COMMUNITY HEALTH SERVICE

AUTHORIZED

PASSED

APPROVED

DRAWN
MG

DATE
29.06.2011

SCALE
NTS

PROJECT No.
902450

DRAWING No.
BF-02

REVISION
F

ARTIST'S IMPRESSION ONLY. THESE IMAGES ARE INTENDED AS A GUIDE ONLY AND ARE NOT TO BE USED FOR TENDERING OR CONSTRUCTION PURPOSES

COPYRIGHT CITY OF MELBOURNE.
OPTION 2 FIRST FLOOR

CLIENT
COMMUNITY STRENGTHENING

PROJECT
CENTRAL CITY COMMUNITY HEALTH SERVICE

AUTHORIZED

PASSED

APPROVED

DRAWN
MG

DATE
29.06.2011

SCALE
NTS

PROJECT No.
902450

DRAWING No.
BF-03

REVISION
F

ARTIST'S IMPRESSION ONLY. THESE IMAGES ARE INTENDED AS A GUIDE ONLY AND ARE NOT TO BE USED FOR TENDERING OR CONSTRUCTION PURPOSES.

COPYRIGHT CITY OF MELBOURNE.

COMMUNITY STRENGTHENING

CENTRAL CITY COMMUNITY HEALTH SERVICE

STAFF DINING

MEETING

KITCHEN

OFFICE

NO NEW WORK TO THIS FLOOR

STAIR

MALE

FEMALE

LOBBY
Central City Community Health Service

Establishment Costs

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3 Clinical Rooms</strong></td>
<td>$65,000</td>
</tr>
<tr>
<td>These figures are based on the recent clinical refurbishment at the Kensington site. Each room requires; adjustable clinical bed, Heine diagnostic set x 2, x-ray viewing box, examination light, scales, work station printer (need separate printer for confidentiality), 5 draw mobile unit, bed screen and tracking, infection control requirements, desk with return and drawers and pedestal.</td>
<td></td>
</tr>
<tr>
<td><strong>Podiatry Chair</strong> (multi use design can be used also for physiotherapy)</td>
<td>$5,000</td>
</tr>
<tr>
<td><strong>Hub</strong> to connect computer ports (included in works) to access connectivity at designated area (included in works)</td>
<td>$8,000</td>
</tr>
<tr>
<td><strong>Phones</strong> (14 @ $857 including software bundled with computer for VOIP (voice over the internet protocol))</td>
<td>$12,000</td>
</tr>
<tr>
<td><strong>Computers</strong> (14 @ $2500 including software)</td>
<td>$35,000</td>
</tr>
<tr>
<td><strong>Photocopier/Printer</strong></td>
<td>$15,000</td>
</tr>
<tr>
<td><strong>Security System</strong></td>
<td>$15,000</td>
</tr>
<tr>
<td><strong>Contingency</strong> (electrics etc.)</td>
<td>$15,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$170,000.00</strong></td>
</tr>
</tbody>
</table>

**NOTES:**
The computers and phones are for the upstairs area that will enable other co-located services to operate out of the facility. DGCHS will provide computers and phones for their relocated staff.

Desks will be sourced from City of Melbourne stocks (surplus to requirements)
Connectivity is based on all wiring being in place to central point as is indicated in existing design drawings.

DGCHS July 2011