

Annual Report 2011–2012

**HELPING
REBUILD
THE LIVES OF
MEN, WOMEN
& FAMILIES
LIVING WITH
HIV/AIDS**



Keith Hambly, Executive Director
& Bruce Mayhew, Board President



MESSAGE FROM THE EXECUTIVE DIRECTOR AND PRESIDENT OF THE BOARD

Since 1988, Fife House has responded to the ever-changing housing needs of people living with HIV/AIDS. Our mission is “to provide secure and affordable housing”, yet the people we help have shown us they have an even greater mission – they rebuild their lives.

Currently Fife House provides five models of residential programs, each providing a flexible accommodation and supportive programming solution depending on each individual’s needs and circumstances. Within our combined house, apartment and outreach programs, Fife House serves more than 600 residents & clients each year – providing most some type of daily support.

Fife House has also been a leading national research partner looking at the cause and the impact of homelessness on HIV+ people. Through this we’ve earned the reputation as experts, and have quickly identified new ways to help people at risk. For example:

- After a pilot project with another agency, we’re now helping a unique group of HIV+ people with significant substance use issues. Not only does this new program help 32 people break free from hardships most of us can not imagine, we’re also saving the city hundreds of thousands of dollars each year in hospital and emergency care fees.
- Last year, we helped convene a round table on HIV, aging and complex care with other agencies, health care professionals and government representatives. Discussion suggested this issue is becoming crucial. A swift response has led to another pilot project launching in the coming year, led by Fife House, bringing seven service providers together to develop a model of care and integrated response to address this emerging challenge.

As we approach our 25th Anniversary, Fife House is proud of its history of responding with creativity, flexibility and foresight to the housing issues impacting men, women and families living with HIV/AIDS. We thank you for the financial and volunteer support you offer that gives us the resources we need to help others.

Fife House is grateful for the support it receives from corporate and foundation donors, which help provide programs and services to our residents and clients. The following is a list of these donors for the 2011-2012 fiscal year.

CORPORATIONS

BMO Financial Group
Bring Your Stuff
Borden Ladner Gervais LLP
Entechnevision Inc.

Prodigy Retail Construction
Sun Life Financial
TD Bank Financial Group

FOUNDATIONS

A & A King Family Foundation
Audrey S. Hellyer Charitable Foundation
BMO Employee Charitable Foundation
CHUM Charitable Foundation

John Howard Society of Toronto
M•A•C AIDS FUND
Ontario Trillium Foundation
The Georgina Foundation
The T.R. Meighen Family Foundation

FUNDERS

Toronto Central Local Health Integration Network (TCLHIN)

Public Health Agency of Canada

Ontario Ministry of Health and Long Term Care:
Ontario Non-Profit Housing Program
AIDS Bureau

City of Toronto:
Shelter, Support and Housing Administration – Hostel Services
Homeless Initiatives Fund
AIDS Prevention Community Investment Program

Ontario HIV Treatment Network

Centre for Independent Living in Toronto, Inc.

Toronto Community Housing Corporation

McEwan Housing and Support Service/LOFT Community Services

Human Resources and Skills Development Canada

VOLUNTEER SERVICES

Volunteers continue to provide key support to Fife House and our clients and residents. In the past two years, volunteers with 10, 15 and 20 years of service were recognized for helping us do our work. They contribute the equivalent of eight full-time staff and promote our presence in the community.

Volunteers enrich the lives of our clients – they help prepare community lunches and dinners, act as social support, accompany clients to appointments, assist clients in housing searches and offer immeasurable support at Events and in Administrative capacities. Our Wellness Centre continues to increase services to clients, augmenting the professional team of practitioners. The addition of a weekly masseuse, a naturopath and students from an accredited massage college, have increased the number of residents able to benefit. Dental hygienists are also in the building once a month, providing free care.

On behalf of our residents and clients, and most particularly the staff, we sincerely thank all of our volunteers – we could not provide the service we do without you!

2011-2012
Board of Directors



OHSUTP

The Ontario HIV and Substance Use Training Program (OHSUTP) continues to provide training across the province. This past year 32 sessions were held reaching 655 participants. The majority of these were two-day workshops covering HIV, Hepatitis C and Harm Reduction and delivered to a broad range of health and social service providers. Combining the most up-to-date technical knowledge with group exercises and discussion, as well as hearing from people with lived experience, the workshops are consistently well received and highly rated.

This year OHSUTP went further north than everbefore. Partnering with the Sioux Lookout First Nations Health Authority, addiction and mental health counsellors from 28 First Nations communities in Northern Ontario were brought together in Sioux Lookout (5 hours north-west of Thunder Bay!) for training. This provided an opportunity for staff to adapt the delivery of some of the information and make it more culturally appropriate - key to making this work well was Rene Boucher, our peer facilitator from Thunder Bay.

We also continue to provide some in-house training including working with staff at Black Coalition for AIDS Prevention as they develop their harm reduction policies and programs.

To learn more about OHSUTP visit www.ohsutp.ca.

FINANCIALS

Condensed statement of financial position
year ended March 31, 2012 with comparative figures for 2011

	2012	2011
assets		
current assets:		
cash and short-term deposits	\$934,398	\$939,342
other	107,888	64,856
	1,042,286	1,004,198
capital assets	723,801	818,663
	\$1,766,087	\$1,822,861
liabilities, deferred contributions and net assets		
current liabilities	\$289,944	\$257,290
mortgage payable - long term	264,755	282,189
deferred contributions-other	733,105	800,936
deferred contributions-capital campaign	243,491	240,433
	1,531,295	1,580,848
net assets	234,792	242,013
	\$1,766,087	\$1,822,861

Condensed statement of operations
year ended March 31, 2012 with comparative figures for 2011

	2012	2011
revenue:		
grants:		
core	\$2,650,885	\$2,265,348
one time	166,455	42,522
development	354,954	426,963
capital campaign	9,750	932
other income	469,676	395,304
	3,651,720	3,131,069
	\$289,944	\$257,290
operating expenses:		
salaries and benefits	2,337,397	2,156,388
programs	887,078	478,535
rent	134,921	137,367
administration	96,249	108,106
development	52,561	64,881
advertising and recruitment	16,644	22,397
other	133,172	128,624
	3,658,022	3,096,298
excess of revenue over expenses (expenses over revenue)	\$(6,302)	\$34,771

Complete audited Financial Reports are available on request.

Volunteer leads Wii Games night
with Sherbourne Resident



SHERBOURNE

The Sherbourne Apartments Supportive Housing Program operates 24 hours per day, 7 days a week providing support services and building life skills through assistance with activities of daily living. Support provided to residents varies depending on what service needs were established and recorded in the residents individual Plan of Service during scheduled Case Managements. Staff place emphasis towards promoting the residents' independence by helping them acquire new skills to complement each person's established and unique skill set. The Support Staff provide daily assistance to 45 units in the building that are a combination of bachelors, one bedroom units and two bedroom units to accommodate families.

"All support staff have been positive towards me and provide the best assistance to their abilities. Whether it be at 2:00pm or 4:00am staff have been around to assist if I needed. Since moving here my viral load has been undetectable because the staff take the time to remind me and ensure that I take my meds as prescribed. I am grateful for the ongoing support that I receive at the Sherbourne Apartment Program" —Sherbourne Resident



JARVIS

The Jarvis Program, housed in an 82-unit apartment building, provides support services 12 hours per day, 7 days per week, and an on-call person available overnight. The varied services correspond to the diverse population, encompassing life skills teaching, advocacy and eviction prevention as well as meal preparation, housekeeping, personal support services and palliative care. Informal counseling and referrals are available on a drop-in basis, or as part of a more formalized process which can include a personalized plan of service, designed according to the individual needs and preferences of residents.

Staff has seen an increase in the number of clients seeking support, due in part to the aging population in the building. Other clients present with complex needs as they struggle with mental health and addictions.

“There is no typical client at Jarvis, but one of the most memorable successes this year has been that of a senior gentleman with serious mobility challenges, who after a long hospitalization and what he thought was permanent placement in a nursing home, is now living comfortably in his own apartment with support from the Jarvis team.”—Jarvis Staff

Staff and Volunteers provide programming intended to reduce isolation by promoting social interaction and a strong sense of community. Frequent Meal and Coffee Programs, and special event dinners and BBQ's, mark occasions such as Pride Week, St Patrick's Day and Thanksgiving.



Denison is home to 5 residents with staff onsite to provide 24 hour support services. Additionally the team also supply assistance to 18 individuals in the community at 3 satellite locations with the acquisition of 2 new units in the last year. Through case management, residents are able to maintain their health and to identify and work towards their goals. Help with issues ranging from eviction prevention to mental health and substance use issues is always available. This support allows individuals to live independently and sustain stable, affordable housing.

This type of environment was particularly important to one of the residents recently. She had waited 24 years to have surgery on her arm, which was non-functional due to a stroke. With support of staff, she was able to undergo the operation and able to make a full recovery.

As the first Fife House residence, opened in 1990, the Denison building required some significant renovations, which have been ongoing for a year. A new emergency exit was installed and drainage and foundation issues resolved. For the enjoyment of all, a new and expanded front porch was built. With construction complete we are finally able to address landscaping in the backyard and turn it into a practical, private and attractive outdoor living area.

ASH

The Addictions Supportive Housing Program (ASH) blends the dedicated work of two outstanding AIDS service organizations; LOFT Community Services- The McEwan House Community Support Program, and Fife House. ASH provides 32 single-dwelling units of subsidized, independent housing in partnership with private market landlords around Toronto, with funding from the Ministry of Health and Long Term Care, in conjunction with the Local Health Integration Network.

The Program focuses on assisting community members living with HIV/AIDS who have a history of homelessness, severe addictions and who have a record of hospitalization and/or frequent use of emergency health services. Furthermore, The Addiction Supportive Housing Program will seek to decrease the health care inequalities experienced by this population and to increase the quality of life and social determinants of health for this community. Members of the program are supported in this process through provisional participation in individualized support services by staff of the LOFT Community Support Program. The following is a statement by an ASH client:

"Today I feel proud of my home and where I live. The most important aspect of the program is having an apartment in a mixed building. People in my building do not know my history – the stigma aspect is not there. I am not judged on my history of addiction and mental health and it is my choice who to tell and who not to tell. The program provides me with Community Support – a worker that I meet once a week and who has become essential to my wellbeing. The ratio of clients to workers is great and I can see my case manager more often if necessary. This is important to me and helps me maintain my sobriety. The ASH program... is my lifeline should I need urgent help with my addictions and my mental health. The area I live in is beautiful and I finally feel connected and engaged." –ASH Client

HOMELESS OUTREACH PROGRAM

The Homeless Outreach Program (HOP) works exclusively with individuals and families living with HIV/AIDS in the city of Toronto who are homeless or at risk of being homeless. Outreach to other social services and off-site availability allow easy access to those in need. Clients often contact HOP after other avenues have failed. One such story involves a woman who had come to Fife House after staying in a shelter for many months.

“She was 8 months pregnant and was very worried about the soon-to-be-born child. She had just recently moved to Canada where she found out that she was HIV positive. While in the shelter, many people had discovered her status and were harassing her. With motherhood imminent, she didn’t know what to do and was very confused about services in Toronto.”

Staff assisted her in getting connected with other AIDS Service Organizations which provided her with a variety of supports, and she was subsequently approved for financial assistance. HOP was then able to find safe, affordable housing for her and her child. This young family is still living in their home and the mother is now going back to school to stabilize her future and better provide for her child.

In the past year, HOP has assisted more than 390 clients, including 45 families, helping 160 to secure affordable housing. The Program also provides peer workers, funded by the Public Health Department of Toronto, to aid residents in maintaining their homes and offer workshops that build capacity to stabilize their health and quality of life. A recent re-alignment of a staff position allows more extended follow-up to supplement assistance to residents.

TRANSITIONAL HOUSING PROGRAM

The Transitional Housing Program (THP) provides temporary supportive housing to persons living with HIV/AIDS to build life skills and support individuals to accomplish their housing goals using a Case Management model. The THP is a communal living environment for 11 persons, with a maximum residency of nine months.

"I just completed serving time in the prison system, released into shelters, struggling with an addiction issue and feeling completely hopeless. I was referred into the THP and felt overwhelmed with all of the work I needed to do so I could get my life back on track. My time in THP was a turning point. Staff motivated me to be determined and to take ownership of my actions. With this sense of determination I felt a huge lift of hope, I gained an awareness of myself and what I was capable of. By the end of my occupancy, through attending bi-weekly case managements I have received 4 certificates of Graduation from a Structural Relapse Prevention Program on various topics, secured and maintained independent living and looking forward to reuniting with my daughter this summer after many years. I am amazed at what I have accomplished in one year and the impact THP and my support workers have had, I feel proud of my accomplishments and hopeful about the future" – Former THP Resident

HIV, HOUSING, AGING, COMPLEX CARE & COGNITIVE ISSUES.

Fife House was instrumental in convening the Community Roundtable on HIV, Housing, Aging, Complex Care & Cognitive Issues in June of 2011, bringing together more than 50 agencies, funders, health professionals, government representatives and people living with HIV/AIDS.

In response to the report, Fife House submitted an application to the AIDS Community Action Program (ACAP), Public Health Agency of Canada for a multi-agency pilot project to begin to address gaps in services identified in the roundtable report. We received funding for a two year Pilot Project to develop an enhanced model of community care and support, and housing. The project aims to increase access to services and health management for PHAs who are experiencing aging related illnesses, accelerated aging, complex care and cognition issues.



FIFE HOUSE/ TRILLIUM PLHA ENGAGEMENT PROJECT

A four year project funded by the Ontario Trillium Foundation, it's aimed at developing training, structured mentorship support and experiential learning opportunities for people living with HIV/AIDS. The project will also enhance the capacity, leadership, and volunteer opportunities, within Fife House Community programs and the Homeless Outreach Program, for people living with HIV/AIDS from diverse and marginalised communities.

Three peers have undertaken a comprehensive needs assessment (see Research report) and undergone an extensive training process to prepare them to recruit, help train and mentor Fife clients to volunteer in community programs, the Homeless Outreach program and other volunteer opportunities at Fife. Training and orientation for clients to become peer volunteers is underway and we anticipate having 8 to 10 new peers involved throughout this coming year.

Ontario
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The Ontario Trillium Foundation is
an agency of the Government of Ontario

PHA PEER HEALTH AND NAVIGATION PROJECT

The PHA Peer Health and Housing Navigation Project, funded by City of Toronto Public Health, had a very successful year. The focus of the project is to develop the capacities of homeless and under-housed people living with HIV. Three peer workers of diverse backgrounds assist Homeless Outreach Program clients in acquiring and maintaining their housing and to increase their skills to improve their health. More than 150 persons have participated in 13 workshops on topics such as Naturopathic care and herbal therapies and mental health and substance use issues.

As one participant illustrated the goal of the effort when they stated after a workshop: *"The Responsibility of my success is me"*

COMMUNITY PROGRAMS

Community Programs engage residents and clients of Fife House in social-recreational, health promotion, and leadership-building activities, drawing on personal strengths, and encouraging independent community living.

Resident-led initiatives, include a Breakfast Club, a Community Kitchen, a Gardening Committee, a Fresh Bread Delivery, and a Community Room Monitor Program.

"The community kitchen makes me feel happy knowing I am supporting and helping others." Fife House resident

Alternative therapies, popular among PLHA, are provided through the Wellness Centre. Professional practitioners provide no-cost services, including massage, naturopathy, energy balancing and reflexology. This year, a partnership with the Canadian College of Massage & Hydrotherapy, offers a weekly massage clinic on-site. Other activities include field trips, weekend brunches, evening video game nights, gentle exercise, family-centered activities, and friendly dog visiting. Additional services such as dental hygiene and haircutting are also available on-site to all clients.

DEVELOPMENT

The Development Department is responsible for all of the fundraising initiatives of the Foundation. While the obvious face of these activities is events, almost as much money is raised through individual, corporate and foundation giving. Gifts-in-Kind also make up a substantial portion of cost savings and provide additional amenities and experiences for our residents.

The year kicks off with our largest single fundraising event – **A Taste For Life**. With the help of volunteer hosts and the generosity of restaurateurs throughout



the city, we benefit from people simply dining out at one of the dozens of participating establishments. Always held the last Wednesday of April, this popular and lucrative evening has become a mainstay of many diners. What could be easier than dining out for a good cause! Due to the voluntary contributions, less than 10% of money raised goes to hard costs, with fully 92% spent on programs and services for clients and residents.

By Fall, the **Performers for Life** campaign kicks off at several live theatres in the city. For a week at a time, performance venues host a coterie of volunteers to solicit donations from



exiting patrons, after an announcement has been made from the stage. Companies large and small support this venture; from Nightwood Theatre, Buddies in Bad Times and Tarragon Theatre to Mirvish productions, where the pace is fast, fun and furious – and inevitably raises the most money. Like our dining event, the generous participation of the live theatre community and our terrific volunteers, 93% of the funds go to benefit our residents.

Finally, we close our year with **Spotlight**, an evening of cocktails, food and live performance, often at venues our guests have yet to visit. This past year, the GRAMMY and JUNO Award winning Canadian recording artist, **Alannah**

Myles shared her incredible talent with an up close and personal Black Velvet Benefit to an intimate audience. Her struggles and resilient spirit and strength lent a very strong and sometimes emotional connection to the work we do and the people we help.

“We go to a lot of fundraising events....but we have never been to one where the event and the performance so connected with the charity.” —Spotlight 2011 Guests

Look for another unique opportunity to spend an evening with other performance legends at this year’s event, scheduled for late October.

On a final note, we want to thank everyone – volunteers, donors, sponsors, attendees, Board and Committee members - who, in any way, support the work that we do.

Whether financially or otherwise, your help makes it possible for us not only to provide housing to hundreds of men, women and families living with HIV/AIDS, but the resources to make it a home and help rebuild lives. Thank you.



Alannah Myles performs at Spotlight



RESEARCH AND EVALUATION

The Department of Research and Evaluation investigates and reports on issues of housing and HIV. Information obtained is used to inform program development and adaptation. Below are highlights of recent research funding and studies.

TRANSITIONAL HOUSING: A PILOT STUDY

In March 2012, Fife House received funding for this research study from Canadian Institutes of Health Research. This community-based research study was developed by Fife House in collaboration with Bruce House, John Gordon Home, Loft Community Services, people living with HIV, and University Researchers. It will generate preliminary findings on housing-readiness, service use, and changing support needs of People living with HIV/AIDS (PHAs) accessing transitional housing.

Expected Outcomes

- (1) Generate literature beneficial for further research on housing options and effective transitional housing models best suited for evolving housing needs of PHAs.
- (2) Knowledge gained will inform practice for collaborators of the pilot study.
- (3) Bring together housing providers, decision makers and service users to develop longitudinal study that will look at the long-term housing sustenance and health outcomes of program users.

CLIENT ENGAGEMENT AS VOLUNTEERS: A NEEDS ASSESSMENT STUDY

The main objective of this study was to identify meaningful ways and opportunities to engage PHA clients as volunteers in Fife House programs and services.

Main Findings:

- Majority of clients are currently or have been in the past engaged in volunteer roles with community-based organizations or AIDS service organizations (ASOs). Although other community-based agencies were also mentioned, the findings indicate that people living with HIV have a greater comfort level engaging with agencies that understand their issues and are perceived as safe environments, where there is less likelihood of stigmatization because of their HIV status.

"I feel more confident because I don't feel like I'm outed, because they already know my status, and that's another big bonus, and that's why it's a place where I belong, I am not going to be vulnerable in case someone says something because you know nobody's going to be outed."

- The desire to be meaningfully engaged in volunteer roles was seen as an opportunity to give back to the community but was also seen as an opportunity for personal growth by the participants.

“From hopelessness to hope, here we are and it’s important to utilize all the good, and the great things everyone’s done for you, to give it back, and to be visible, get out there... to give back to the community, and offer that same hope to other people, who are in the same position you were three years ago.” –Fife House client

- Engagement of clients in volunteer roles also reduces their own isolation and marginalization while being positive role models for others.

“A lot of people are stigmatized overall and they don’t want to go and talk about it. They don’t want to open up about it. They see me opening up. I see myself as a positive influence.” –Fife House client

- Incongruent volunteer placement limits the client’s ability to become involved and may act as a deterrent to meaningful engagement.

“I think it’s important to use people appropriately and effectively and I think if you have volunteers, sometimes you’re not taking advantage of their full potential, and just looking at them as a pair of extra hands, someone to mop the floor, when there might be some great skills that they can offer far beyond that.” –Fife House client

Recommendations:

- Develop strategies for meaningful client-volunteer recruitment by utilizing the existing education, experiences and interests of the client.
- Develop a communication strategy to inform clients about volunteer positions/roles available.
- Develop a formal complaint process with regards to resolving conflicts arising out of client-volunteer engagement.
- Develop a structured review process for volunteers.
- Develop three levels of trainings: General (roles, responsibilities, confidentiality etc), Specific (to role) and Practical.
- Use peer-mentor model to strengthen support for new volunteers.
- Develop flexi-time schedule and back-up support structure to enhance client – volunteer engagement.

STRATEGIC DIRECTIONS 2009–2012

Leadership in Strategic Partnerships – Fife House will continue to take a leadership role in seeking strategic partnerships to provide expanded housing options and number of units for diverse PHA communities in the GTA.

Diversity and Inclusion in our Services and Organization – Fife House will expand the reach of our services so that they are more accessible and empowering of underserved populations of PHAs. Our board, staff and volunteers will reflect our clients and the communities we serve.

Cultivate a Quality Work Environment – Fife House will promote and celebrate the development of individual staff and the organization. We will create an environment where all staff and volunteers are encouraged to co-create our culture and workplace.

Known and Valued Organization – Fife House will embrace open and transparent relationships with its funders and the community and raise its public profile to inspire giving and investment.

Governance – Fife House will foster a governance model that embraces stewardship, enables change and facilitates innovation to improve the effectiveness and strength of the organization.

Research and Evaluation – Fife House will lead innovative, action-oriented, community-based research and evaluation investigating housing and other determinants of health by fostering strategic research partnerships that lead to the provision of housing and supports that contribute to PHA empowerment and improved quality of life.

OUR MISSION

To provide secure and affordable supportive housing and support services for persons living with HIV/AIDS (PLWHA).

OUR VALUES

We believe that:

- Access to secure and affordable housing is a key determinant for health and well-being of people living with HIV/AIDS.
- Our services must be provided in a flexible manner in order to meet the diverse needs of residents, clients and those who support them.
- Co-operation, collaboration and partnership with other service agencies are essential to the delivery of focused, cost-effective services.
- Principles of equity, access and respect of diverse communities are the cornerstone to helping PHAs thrive.
- The meaningful involvement of diverse PHA communities is essential to building and leading our agency to bring about positive and lasting change.
- Our research informs our direction through knowledge creation, transfer and exchange that lead to improved services that enhance the quality of PHA's health outcomes and lives.
- All people have the right to live and work in an environment of mutual respect, compassion and dignity.
- Hope is essential.

Contact us

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