SALUS

Where hope finds a home...

June 2015

ANNUAL REPORT

Ottawa Salus
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INSIDE

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MESSAGE FROM THE CHAIR OF THE BOARD OF DIRECTORS AND THE EXECUTIVE DIRECTOR

This year we celebrate 38 years as a leading provider of Housing and Supports to individuals who are living with a serious mental illness. The most important part of anything we do at Salus is the impact we have on clients, tenants and our community. We strive, daily, to make a positive difference to ensure the most successful outcomes for those individuals with whom we work.

In these pages you will read about programming that is unique in our community. You will hear about accomplishments and innovative approaches to support. You will most definitely read about our newest building, Clementine.

An Annual Report for any organization is its opportunity to say: Look at what we have done this year! It is also the place where we acknowledge and thank the many individuals and organizations who are our partners in that success. And again, we partner for one purpose: to improve the positive impact we can have on Salus clients, Salus tenants, their families and the community in which we all live and work.

2014 was a year of many firsts, particularly in the growing awareness and support for Salus' work: from a massive *WODfest* in Orleans that brought dozens of competing athletes together and whose contribution to Salus was significant, to members of our community who gathered friends for a lunch and listened to our story, to the newest incarnation of the power of women coming together: 100 Women Who Care. All agreed that they would join us because they support our vision of independence and integration.

Over the past 12 months we realized significant progress in our plans to expand our housing capacity. We succeeded in obtaining approval to build a much-needed, new, energy efficient, 42-unit building. The City of Ottawa is providing a significant portion of the funding; however, the organization is also embarking on a major capital fundraising campaign to finance the remainder.

We would be nowhere in this work without the dedication of our staff and the support of the Board of Directors. This was a challenging year, particularly with Collective Bargaining, given the funding constraints imposed by the Ontario government. We continue to feel the effects of change and yet, we also recognize that Salus has faced many changes over 38 years and stayed ahead of the curve. To retiring Directors, Alison Clayton, Lise Labelle and Melanie Lacroix, a heartfelt *thank you* for your contributions to Salus.

To our funders, the Champlain LHIN and the City of Ottawa, our gratitude for their belief in the work we do and the opportunity to contribute to this community.

And to the clients and tenants who continue to trust that we want the best for them, our deepest appreciation for inspiring us to do our work every day.

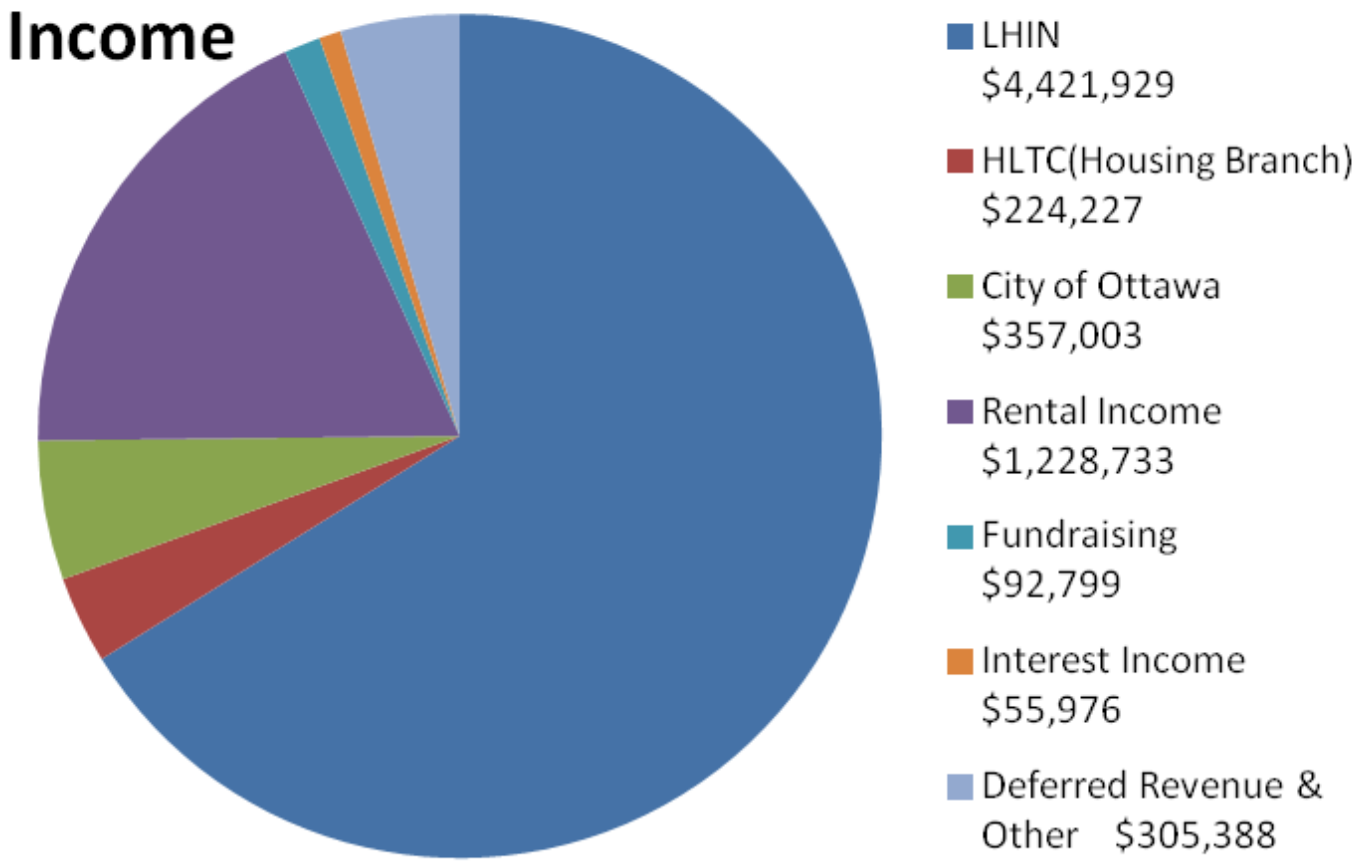
FINANCIAL UPDATE FOR 2014-15

Our finance team consisting of 2.5 Finance Officers and 1 Finance Manager processed total revenue of $6,686,055 for Ottawa Salus Corporation. The breakdown for that figure is as follows: The Program funds received from the Local Health Integration Network and the City of Ottawa total $4,778,932. Additional funding received of $224,227 from the LHIN (Housing) brought the total funding revenues to $5,005,172. In addition rental income of $1,228,733, fundraising income of $92,799 and other miscellaneous income of $361,364 for the year ending March 31st 2015.

All funds were used to cover the programming costs and maintenance of the13 Salus buildings.

Major renovations totalling $106,356 were undertaken at various locations in the portfolio. Replacement Reserve dollars contributed to these repairs, and a total of $129,985 was contributed to that budget, producing a final balance of $640,187 to the Replacement Reserve account at year end.

A new fundraising reporting system was introduced and implemented, allowing for the ability to accept Visa/Mastercard/Direct Debit for on-line donations on Salus' website.



FISHER REHABILITATION AND RECOVERY PROGRAM

The Fisher program is a living and learning environment where people can pursue their recovery goals in a large modern home. It is a voluntary program with a maximum stay of 12 months. There are 15 residents in private rooms with 24 hour staff. The house is a dry house and is staffed by an interdisciplinary team comprised of rehabilitation workers, a Social Worker, an Occupational Therapist, a Psychoeducator, a Recreologist and a manager.

The three basic tenets of the Fisher program are the belief that a **residential milieu** supports people and can be a catalyst for change, that person-directed **rehabilitation activities** help facilitate community integration and that **reciprocal relationships** are the core of recovery.

Graduates of the program have reported that living and learning together can be a catalyst for change, that person-directed activities teach skills that facilitate community integration and that the positive relationships that are nurtured among housemates, loved ones and workers through various activities within the program are an important element in ongoing recovery and rehabilitation.

Some would maintain that the most important tenet and the one that is often challenging for people at Fisher is reciprocal relationships. There are many ways that reciprocal relationships are fostered at Fisher. From the positive regard and unconditional acceptance that is demonstrated by Fisher staff, to the creation of warm fuzzy books and the use of the praise board, this core tenet of the Fisher program is fostered and respected.

Warm fuzzy books are created during module 2, which is the second phase of the Fisher program. They are an element of Recovery Group and are a valued aspect of peoples' participation at Fisher. Program participants create books for each other that are circulated between the participants and staff for feedback. Feedback ranges from how a person has done thus far in the program, to kind words about the relationships that a person is developing to an appreciation for a delicious meal a person has cooked.

The books are presented to each participant for them to keep as a memento from Fisher and as a reminder of the work they have done and relationships they have built while in the program. Some participants in the program have commented that they have never received such feedback and are very moved by it. A total of 30 warm fuzzy books were created this year.

From April 2014 to April 2015 Fisher has supported the recovery journeys of 34 people. A graduation was held for eight participants, which was attended by family and friends, professional supports, Salus staff and board members.

GROVE TRANSITIONAL REHABILITATION HOUSING PROGRAM

The Salus Grove transitional program, located in a quiet Ottawa neighborhood, has developed its reputation as one of the leading programs in the City supporting individuals with their mental health. This program, in partnership with the Royal Ottawa Health Care Group and CMHA-Ottawa, began in 2007 as a program to strengthen independent living skills, coping strategies and knowledge around one's own mental health. With a continuation of its philosophy and traditional programs, Grove is now looking beyond the durations of individuals stay, in order to nurture and promote the feeling that is created while at Grove, the feeling of belonging.

The feeling of belonging is a result of the sense of community that exists within the program. This sense of community is built around four elements:

1. **Membership-**Active participation and personal responsibility for one's own actions.
2. **Influence-** Residents have the right to suggest and lead change. Residents act as supports to one another and encourage one another on their journeys.
3. **Needs-** Identifying and fulfilling both individual and collective needs.
4. **Shared emotional connection-** A strong emotional bond and investment due to the shared experiences and histories of residents.

Amidst all the program elements at Grove lies consistent, yet gentle preparation for an eventual move out to an independent apartment. Grove supports individuals while they are living in their own apartment, and considers support during this stage of change, vital and transformative.

2014-2017 STRATEGIC PLAN :

Our Approach

Where Hope Finds a Home.
Là où l'avenir trouve un chez-soi.

The Strategic Plan was developed under the guidance of the Planning and Priorities Committee of Salus' Board of Directors and with participation of the management team. The planning process was developed over the course of nine months and involved the following activities:

- A consulting engagement with Janet LeBlanc + Associates Inc. to design and facilitate our strategic planning process.
- Stakeholder interviews with key community leaders from the City of Ottawa, the Champlain Local Health Integration Network, Canadian Mental Health Association (Ottawa Branch), Royal Ottawa Health Care Group, Youth Services Bureau, University of Ottawa, Ottawa Community Housing, Artswell, and Cornerstone Housing for Women.
- A survey of board members and management staff in preparation for participation in a facilitated session to review our strengths and weaknesses and to reaffirm our mission, vision and value statements.
- Participation in four sessions by the members of the Strategic Planning sub-committee of the Board to confirm our 3-year strategic goal and strategic imperatives and to identify action plans and measurable objectives.
- Development of the operational plan by management staff (in progress).

Our 3-Year Strategic Plan

VISION: **Well-being and full participation in the community of adults living with mental illness.**

3-YEAR STRATEGIC GOAL: **By 2017, Salus will have raised $2M and increased its capacity by 20%.**

STRATEGIC IMPERATIVES:

- **Raise Funds**
- **Expand Housing & Support Capacity**
- **Enhance Client / Tenant Experience**

STRATEGIC PILLARS:

- **Establish Fundraising Infrastructure**
  - Board Development & Recruitment
  - Fund Development Committee Establishment & Policy Development
  - Training & Change Management
  - Communications & Marketing
- **Develop Fundraising Campaign**
  - Awareness & Engagement
  - Annual Fundraising Campaign
  - Major Capital Campaign
  - Sustainable Fundraising
  - Donor Stewardship and Engagement
- **Expand Housing Capacity**
  - Build Clementine
  - Conduct portfolio review
  - Establish plan to leverage capital investments
- **Strengthen Partnerships**
  - Conduct needs assessment
  - Explore new partnership opportunities
  - Strengthen existing partnerships
  - Establish resource sharing partnerships
- **Evaluate & Enhance Programming**
  - Map current client/tenant experience
  - Establish criteria and evaluate current programs
  - Define future Salus program model
  - Measure impact of Salus programs

COMMUNITY DEVELOPERS fighting stigma every day

stig·ma / *noun*

A mark of disgrace associated with a particular circumstance, quality, or person.
"the stigma of mental disorder"

Synonyms: shame, disgrace, dishonor, ignominy, opprobrium, humiliation, (bad)

Yes. Google defines stigma like this. They actually use the example of mental disorder to define stigma; that is how common this type of stigma is. Luckily, Salus and similar agencies work hard to try to eliminate, or at least minimize, such stigma. Fighting stigma is a daunting battle. It is not an object you can hold, and measure, and displace. It is for the most part intangible. And those that cause stigma do not recognize it as such. How do you help people change when they don't see a problem? The answer is "not alone".

There is a special team of people at Salus who are at the forefront of fighting stigma: community developers. By the nature of their work, they hold a pivotal role in overcoming stigma. They develop activities for communities, large or small, to help people living with a mental illness integrate with other people. Sometimes this means organizing an activity for a group of 5 to 10 people with similar challenges. Sometimes this means organizing public events, open to everyone, in a venue like a large apartment complex, a restaurant or even city hall. Community developers are the ones who make these events happen.

Whether these activities have only a few people or a whole community doesn't really matter; it is the variety that counts. Acceptance comes easier when you are with a small group of people who understand your difficulties. This is important to those who are shy, are challenged by social skills, or who have had more than their share of stigma. It is a way of introducing them to new social situations, to help them gradually mingle in the crowd as it were. Equally important are the larger activities. They are the events that have the most impact on fighting stigma among the greater community. They give a public voice to our clientele, allow them to be known and recognized for who they are: average people with above-average challenges. They allow different people to "rub elbows" and realize they are not so different after all.

Some of these events hold lofty goals. You might wonder how community developers achieve all this. Well, the answer again is "not alone". They will meet workers and clients, they will pound the phones, they will knock on doors, they will network with a friend of a friend. In short, they get in touch with members of the community to help their clientele become fully integrated into that same community. Of course the activities themselves aim to get rid of shame and embarrassment for their clients. But the planning and organization of the activities are already steps in fighting stigma by engaging people in that conversation. Sometimes, as it is here, the means is already half the battle won. And these battles are fought by, among others, community developers.

So the next time you check Google to look up the definition of stigma, let's hope it says "community developers got rid of it".

CASE MANAGEMENT REPORT

This year is quite exceptional for the team of four Francophone case managers at Salus: each one will be receiving an award to commemorate their years of service: Richard 15 years, Julie 15 years, Ewa 10 years and Yves 5 years for a combined total of 45 years of service - of which 44 are in Francophone Case Management. What a wealth of experience for a small team!

In addition to our regular activities geared towards our francophone clients like the annual visit to the *cabane à sucre*, Salus organised a very special activity this year: Stéphane Bouchard is a professor in the department of psychoeducation and psychology at the University of Quebec in Outaouais. A specialist in cognitive behavioral therapy for the anxiety disorders and in the use of the virtual reality and telepsychotherapy in videoconferencing, he presented in French to both clients and staff. The attendance was excellent and everyone left the presentation with a better understanding of anxiety disorders and strategies to address them.

The Anglophone Case Management team welcomed three new case managers on temporary contract. Jessica, Alanna, and Michelle have integrated into the team very well and all case managers did amazing work in minimizing the impact of the transition periods on clients.

We also held our Craft Day shortly before the holiday's season and we have moved our Chili Day to February, a time when community activities are sparse. As usual, we have gotten very good feedback from participating clients.

IAR and OCAN

The Ontario Common Assessment of Needs (OCAN) is a province-wide mandatory tool for all agencies offering mental health services. It is a tool that was implemented a few years ago as means for case manager's clients to have a place to voice their needs. The intention is for people to "tell their story" once and then it can be shared between mental health agencies. The Integrated Assessment Record (IAR) has been created to assist with sharing information. This is a central database into which OCANs (and other tools) can be uploaded and where agencies can see OCANs completed by other agencies.

Salus has been using the OCAN for three years, but because of confidentiality considerations, we haven't been uploading to the IAR. There are now answers to our concerns and more respect for the confidentiality of clients' information with the IAR. In the coming months, case managers will be informing their clients about the IAR and asking their written consent to share their OCAN to the IAR.

2013-14 REPORT ON SALUS HOMES

Salus owns and operates thirteen buildings ranging in size from a single family home to a 40-unit apartment building, providing quality affordable housing for 182 individuals living with mental illness. A number of our units are designated as couple and family housing with 5% of our housing stock being fully wheelchair accessible.

In addition to ownership, partnerships with other housing providers is another way Salus is providing affordable housing opportunities for people recovering from mental illness.

Salus Owned Housing Opportunities: 174

- Transitional: 19 beds
- Communal Living Environment: 15 beds
- Respite Apartments: 2 units
- Apartments: 137 units
- Single Family Home: 1 (5 bedroom home)

2014/15 RENTAL STATISTICS:

- ✓ Vacancy Rate: 0.99% (Ottawa's 2014 vacancy rate was 2.6%)
- ✓ Turnover Rate: 4.27%
- ✓ Eviction Rate: 0%

HOUSING PARTNERSHIPS:

100 Affordable Housing Opportunities

City of Ottawa:
- 12 Rent Supplements
- 25 Housing Allowances

Ottawa Community Housing Corporation:
- 42 Direct Referral Agreements
- 8 Sub Lease Agreements

Centretown Citizens Ottawa Corporation:
- 12 Direct Referral Agreements

Co-op Voisins:
- 1 Sub Lease Agreement

With over 1500 people waiting for supportive housing in Ottawa, Salus is committed to meeting this growing need for affordable housing. A new, forty-two unit apartment building has been in the planning and development phase for over two years. The project has been designed to achieve LEED for Homes Platinum status, while adhering to the Passive House standard – with energy savings performance of 80 to 90 per cent compared to conventional Canadian construction. This energy efficient and durable design will reduce operating costs; an ongoing savings critical to ensuring the long term viability of any affordable housing project.

DURABLE DESIGN + **REDUCED COSTS** = **LONG TERM VIABILITY**

With a leading edge design and building permit in hand, construction is underway. With a one year schedule to build, 42 deserving individuals will have a new place to call home in the Spring of 2016.

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Hope has already found a home for 5 individuals through our new program at Clementine. The Clementine project is geared towards individual who are homeless and living with a serious mental illness. With a total combined of 17.5 years of homelessness (of which almost 16 were spent in the shelters) these apartments were more than welcome for these 5 individuals who are now clients and tenants at Salus. Some clients moved in last summer and others, this winter. They now have a combined total of 3.5 years of housing stability. What a great success!

You are probably asking yourself: "How is this possible when there is not even a building at Clementine yet?" 5 of the 42 individuals designated for this project integrated into a Salus unit that became vacant among our current housing. The advantages of this approach are numerous: choice of housing, integration of new individual into an existing stable environment, rapid access to housing to name only a few. With the goal of having Clementine built in 2016, next year will likely be filled with memorable moments like the ones we have seen already. Stay tuned for more on the development of the services for this exciting program!

FUND DEVELOPMENT

Everyone's talking about mental health.
We're doing something about it.
You can too.

It's been a busy year for Salus in the Fund Development program.

Our social media accounts on both Twitter and Facebook that allow us a broader connection with the community and partner agencies have doubled in followers over the last year. The continued growth of followers and community members taking interest in our stories and the work we do is both motivating and inspirational. The Salus Social Media Committee is made up of an enthusiastic group of staff members, who work very hard supporting the growth of this type of communication.

Our Annual Campaign has shown great strides this year with an increase in both our direct mail and online giving efforts; we expect significant growth next year.

Our Clementine Capital Campaign is kicking into gear. Clementine will be the first affordable housing project of its kind to meet the "Passive House" environmental standard. By meeting this standard, we are ensuring that the public investment in new homes for our city's most vulnerable citizens will save significantly on utility costs for the life of the building. That approach allows Salus to reinvest the money we save where it is needed the most: in mental health services for our clients**.** This is an enthusiastic and lofty goal for our staff and volunteers, and what a fabulous project to be part of!

This focus on Fund Development here at Salus has created an environment that is more supportive to our donor base, and engages both staff and volunteers.

We are about to embark on an exciting year ahead. Please join us!