Community Plan
2007-2009

Homelessness Partnering Strategy

Framework

Community: Halifax Regional Municipality

Region: Nova Scotia

Date sent to Service Canada:

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Canada

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Who should complete this Framework?

As is the case with all community planning efforts, the Community Plan cannot be completed by a single individual in isolation. It is the expectation of the Homelessness Partnering Secretariat (HP Secretariat) that completion of this Plan will be led by the Community Advisory Board (CAB), Community Entity (CE), Community Coordinator and/or relevant subcommittees in each of the designated communities through consultation with each community's homelessness stakeholders (as identified by each community).

We recognize that some communities may have set aside funds to hire a consultant to complete some or all of the information compilation and interviews with stakeholders. This is not an issue as long as the CAB/CE, Coordinator and/or relevant subcommittees continue to play an active role in the process.

Use of the word "Community" in the Framework

As there are two very different delivery models for the HPS, and nuances in delivery within each designated community, we have chosen to use the word "community" throughout this Framework to cover all possible homelessness strategy structures. For the purposes of the Framework, whenever "community" is used, it refers to the homelessness strategy structure in place in your community and, more specifically, the group of individuals or stakeholders, committee or series of committees in your community with lead responsibility for community planning, implementation and decision-making relative to your homelessness strategy.

Component One: Community Profile

Element 1 – POPULATION, HOUSING AND INCOME DYNAMICS
1.1 – Demographic and Socio-Economic Trends

Please reflect on the demographic and socio-economic trends in your community over the past few years and briefly describe the population, housing and income dynamics that affect your community. Please refer to the **"A" Series Tables** you have completed in the Data Tools, as well as the information you provided in the Community Plan Assessment (CPA).

Tables A.1 and A.2 have been updated with the release of 2006 Census information from Statistics Canada.

The NS Department of Community Services, Housing Division, provides the following information regarding self-contained social housing units as HRM as of September 2007:

Type of units	
Public Housing *	
* Family units	1,595
* Seniors' units	2,229
Co-operative housing	1,200
Non-profit housing	586
Rent supplement	579
Affordable housing [1]	89
TOTAL SELF-CONTAINED UNITS	**6,179**

Additionally, there are 608-self-contained rental units designated as rural & Native Housing Units in HRM.

The Market Rental Report from the Canada Mortgage and Housing Corporation (CMHC), dated October 2006, says the total number of rental units available in Halifax CMA was 37,992. The average vacancy rate was 3.2%. This suggests a very slight decrease from a vacancy rate of 3.3% in 2005. It does not, however, tell the full story. An examination of vacancy rates by neighbourhood suggests variance within the municipality: rates on Halifax Peninsula decreased an average of 1% from 2005 while they increased in parts of Dartmouth (to 4.8% from 3.1% in Dartmouth North; to 7.2% from 3.6% in Dartmouth East).

Average rents also vary by neighbourhood. Peninsula South commands the highest rent in HRM at $933.00 for a two-bedroom apartment that would cost an average of $685.00 in Dartmouth North and $647.00 in Dartmouth East. Not surprisingly, newer apartment buildings with more than 50 units tend to command higher rents and experience lower vacancies than older buildings with smaller numbers of units. For economic reasons, some renters are upgrading to newer, more modern units; this is increasing the demand for such units, particularly on the Peninsula. Additionally, some empty-nesters are moving into the rental market from home ownership.

Halifax Regional Municipality experienced a huge loss in the number of rental units from 2001 to 2006, with total numbers declining from 50,285 to 37,992. This relates to a decline in older housing stock as well as a rise in condominium development. The CMHC report shows that the construction of apartments started to rebound in 2006 but the actual number of new units won't be included until completion.

According to the 2001 Census, we can see that 16,595 households in HRM – representing 12 % of all households ---- spend approximately 50% of gross income on shelter costs. Many of these households are but one step away from homelessness; a sudden illness, emergency or missed paycheque could put them at immediate risk.

The 2006 Market Rental Report from the CMHC puts a total of 25,180 households in core housing need, which represents an increase of 51% in 15 years. These households have an average income of $18,495 and on average pay 46% of their income on shelter.

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[1] More affordable units are under construction but will not be counted until complete.

Another report, this time from the HRM *Halifax Portrait of Streets and Shelters*, Vol 2, 2004, estimates that 18% of households in HRM are in core housing need: unable to access housing that is affordable, suitable or adequate. This figure climbs to 35% in some HRM populations including 33% of all renters. In 1991, 39% of senior renters were said to be in core need. By 2001, the numbers affected had grown considerably to 52%. The percentage of homeowners in core housing need is estimated to be 9%. On average, households in HRM spend 22% of gross income on shelter; households in core need spend more than double at 46%.

Table A.3 has not been updated since the submission of our community's CPA. We await the release of national data later this year and in 2008 for complete analysis.

Effective April 2007, the minimum wage increased in Nova Scotia to $7.60 an hour. This has the potential to increase the minimum annual income to $15,808.00 for those persons working full-time (40 hours/week for 52 weeks).

This compares with an average annual income of $56,631.00 in HRM and $35,526.00 in Nova Scotia (based on an average hourly wage of $16.95/hour). A report from the Federation of Canadian Municipalities: *Incomes, Shelter and Necessities* says that households earning less than $27,400 per year cannot afford their basic needs.

A report from the Canadian Housing and Renewal Association on Minimum Housing Wage (2007) looked at average rents in Halifax in October 2006 and computed the minimum wage that would be required to ensure that persons spent only 30% of income on housing, in meet the definition of affordable. Here's what the report discovered:

Rental unit	Average rent October 2006	Required wage to afford housing at 30% of income
Bachelor	$575.00	$11.06 / hr
1 bedroom	$648.00	$12.46 / hr
2 bedroom	$799.00	$15.37 / hr
3 bedroom	$1,029.00	$19.79 / hr

Minimum housing wage based on working 40 hours/wk for 52 weeks/year.

This table demonstrates that the average rental units are not accessible to minimum wage earners in HRM unless every household has 1.5 to 2.2 full-time minimum wage-earners sharing the rent (which by definition is a barrier to single adults). Even then, says the report, "this table shows that the "just get a job" mantra often directed at the poor or homeless is not a sufficient step to address the problem of housing affordability – which reinforces poverty by causing the person or household to spend too much for housing, leaving too little for other necessities."[2]

The same report notes that the overall average hourly wage for all of Nova Scotia for 2006 was $16.95. This compares with an average wage in sales and service occupations of $11.47/hour. This may point to the need to address access to education and skills development for individuals currently working at minimum wage jobs, as well as the need to address housing affordability.

The NS Department of Community Services lists the following information on the government website, regarding monthly income assistance shelter rates:
- Single adult can receive between $300 and $535 depending on a range of special needs
- Family of two (2) can receive approximately $570
- Family of + three (+3) can receive approximately $620
  Amounts may vary up or down depending on individual circumstances

Approximately 64% of individuals in receipt of Income Assistance in Nova Scotia are disabled. Half of those are single adults. The NS Department of Community Services reports that the number of clients has been decreasing by about 5% per year. (To some degree, the out-migration of Nova Scotians may contribute to this trend as large numbers of individuals and families to Alberta, in search of employment in the oil sands.)

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[2] *Report on Minimum Housing Wage 2006*, Canadian Housing & Renewal Association, January 2007

Neighbourhoods in Halifax-Dartmouth that have lower average rental rates and higher availability rates may still be out of reach for some persons on income assistance with special needs. That's because these neighbourhoods may lack (some of) the community-based support services that help individuals to maintain their capacity to live independently in the community.

Of the 266 homeless individuals interviewed in the 2004 HRM *Halifax Portrait of Streets and Shelters*, 36% of women reported no income compared to 17% of men. A total of 43% of women reported that they relied solely on government assistance versus 21% of men. Men reported a higher rate of receipt of pension or disability benefits (29%) compared to women (3%). This may reflect the fact that homeless women are, on average, younger than homeless men and therefore less likely to qualify for pension benefits.

The fastest growing groups of homeless persons are youth and families with children. Single men in their mid-30s to mid-40s continue to be the largest group of homeless persons in HRM at a rate of about 2:1 when compared with women.

New immigrants, refugee claimants and visible minorities are over-represented among the homeless population. According to the 2001 Census, 7% of the population in HRM is identified as a "visible minority". The *Halifax Portrait of Streets and Shelters* found that 16% of households headed by members of visible minorities pay more than half their income on shelter. According to the 2001 Census, households headed by visible minorities in Halifax experience the following:

- Earn 68 cents on each dollar earned by other households
- Are twice as likely to pay more than 50% of their income on shelter (23 % versus 12 % of other households)
- Are more likely to be renters (55 % vs 38 %)
- More than 41 % of Aboriginal households in HRM are in core housing need.

1.2 – Upcoming Demographic and Socio-Economic Trends
Please describe how your community expects these dynamics to change over the next 2 years. Are there trends which you foresee will continue or change?

In-migration to Halifax, from rural parts of the province, continues to place an increased burden on services in the provincial capital. The out-migration of young and middle aged Nova Scotians to western Canada is likely to remain significant in both size and scope over the next two years.

The age statistics for Nova Scotia – though not available for this exercise – have been described by some observers as an inverted pyramid. In other words, most provinces have young people at the base of their pyramids and as you move toward the top, the older population forms the minority. In Nova Scotia, it is the opposite. Senior men and women and challenges related to the quality of their lives – including housing issues – will command increasing attention.

1.3 – Policy and Structural Trends
Please describe any recent changes in the policy and regulatory environment you work within. This includes government structures at the local or provincial/territorial level, and changes to legislation or regulations which may affect homelessness and housing. Do you anticipate additional changes in this environment that could affect your community's activities regarding homelessness in the next two years?

The Business Plan for 2007-2008 of the NS Department of Community Services lists a number of priorities that have the potential to affect housing and homelessness-related issues in our community. These include:
1 – Development of a multi-year poverty reduction strategy, to be made public in November 2007
2 – Implementation of annual adjustments to basic personal allowances
3 – Increase and preserve the supply of affordable housing. This priority includes an acceleration of the implementation of the Affordable Housing Program, Phase II, implementing the Federal Affordable Housing Trust, the Off Reserve Aboriginal Housing Trust and a homeless review project.

Element 2 – TRENDS IN HOMELESSNESS AND THE RISK OF HOMELESSNESS

2.1 – Homelessness Trends

Referring to your completed **"B" Series tables**, please *profile, identify and explain the trends* in each of your community's homeless and at-risk populations, as well as any trends you foresee for the next two years. In completing your analysis, please consider the current profile of each population or sub-population (Table B.2) as well as the socio-economic factors in the "A" Series tables. The HP Secretariat recognizes that many communities may not have data (numbers or estimates) for each of these populations or they may not collect data on the population groupings as listed here. If this is the case for your community, please consult the Guide on how to complete this element.

It is not possible to update the "B" Series Tables in this Framework at this time, given the lack of baseline data or methodology of data collection. We submit two snapshots of the homeless population in HRM: *Halifax Portrait of Streets and Shelters* (2003 & 2004), in which sample sizes of fewer than 300 individuals were available during one-night "counts" of persons living on the streets or in emergency shelters. Despite the lack of baseline data, these reports provide insight into who is vulnerable to homelessness in Halifax Regional Municipality.

a. Population at risk of homelessness

As stated earlier, the 2001 Census reports that almost 17,000 households in HRM are at risk of homelessness because they spend in excess of 50% of gross income on shelter. Increases in the provincial Income Assistance rates and the minimum wage do not compare with the increases in shelter costs, utility expenses and the cost of basic necessities in our community.

As the CMHC 2006 Rental Market report shows, a 1-bedroom apartment in Halifax rents for $648.00 a month on average (up from $626 in 2005). This is 21% more than the $535.00 available for housing costs (rent and utilities) through Income Assistance. Affordability remains out of reach for this population. Similarly, the increase in the minimum wage to $7.60 leaves minimum wage earners far behind the $12.46/hr required to be able to afford a 1-bedroom apartment.

In a background paper titled *Possible Directions for Housing Policy in Nova Scotia,* Steve Pomeroy points to the market distortion that exists in Nova Scotia and in HRM in particular: what people can afford and what is available. Most renters have lower than average incomes; the majority of new rental units are geared to higher income levels. Pomeroy's report for the Affordable Housing Association of Nova Scotia says that 35% of renters have annual incomes below $20,000 while only 23% of units are available at or below $500/m, an amount determined to be affordable for this group.

According to Pomeroy, we are fast losing ground in HRM. While affordable housing providers seek to build new options or remodel old ones, it is far too common for other private investors to acquire low rent properties and gradually move rents up and out of the reach of low- and moderate-income households. For every new unit of affordable housing created, he estimates that two or three existing units are being eroded from the low rent stock.

One other result of the phenomena observed by Pomeroy is that fewer and fewer properties in central HRM are within the reach of non profit providers that would be interested in purchasing buildings to convert into supportive and/or affordable housing options. As prices are driven up by the private developers, non profit agencies find themselves unable to compete in the acquisition of property.

b. Hidden homeless population

It is difficult to calculate the number of individuals who experience hidden homelessness in our community. If, however, we look at the trends in income and housing costs, we can safely project that hidden homelessness is on the rise when increases in income are outpaced by increases in rent.

New statistics from the 2006 Census show that adult children in Canada remain in or return to their parental homes at previously unheard of rates; 60% of 20-24 year-olds and 44% of children aged 20-29 years. Economic pressures, including the inability to secure housing independently, are mostly to blame. Anecdotally, we know that many young adults couch surf with family members other than parents and/or friends.

Halifax has one shelter dedicated to youth only with the capacity to accommodate 20 persons between the ages of 16 and 24 years. The service operates at or near capacity throughout the accessing adult shelters; some youth indicate that they are concerned for their safety when mixed with an adult population while others say shelter staff is not always trained to understand their particular needs and circumstances. Anecdotally, we know that a number of youth sleep rough and in squats; they choose not to use the formal shelter system.

Research conducted in Halifax Regional Municipality in 2003 had this to say about hidden homelessness in a random survey of 400 households in Metro Halifax: Seven percent (26 individuals) said that they "had someone staying with them who was not a usual member of the household but who was staying with them due to severe financial problems, eviction, discrimination, recent immigration, domestic or other problems. Five of the 26 respondents said that they had two people staying with them under those conditions, which means that 31 relatively homeless individuals were uncovered in a sample of 400 households. In 20 of those cases, the person stayed for more than one month. Given that the result is accurate +/-4.6 %, it is difficult to extrapolate this number but it could potentially mean that between 3,000 and 10,000 households may be supporting a relatively homeless individual for extended periods of time."

   c. **Living on the street population** (also make specific reference to the **sub-population chronically living on the street** in your community)

Trends in the demographic profile of the most visible population of persons experiencing homelessness in HRM come from a comparison of findings from the *Halifax Portrait of Streets and Shelters* Volumes I and II (2003, 2004). Overall, the survey reached 13% more individuals in 2004 than in the previous year. Despite a change in the actual number of persons surveyed, the same gender split was observed: 67% men, 33% women and one trans-gendered individual. Interestingly, the same proportion of women was reached through shelters in both years (85%) but a smaller proportion of men were reached through shelters in 2004 (60% vs. 70% in 2003). Independent youth under 24 years represented 34% of all respondents but 63% of all those surveyed outside the shelter system. There was a notable increase in the proportion of youth under 24 years reached through the survey, going from 19% of all respondents in 2003 to 22% in 2004. The age distribution remained largely the same as in 2003 with 34% being under 24 years; 39% between 25 and 44 years; and 28% being over 45 years. Only one-third of the youth were surveyed through the shelter system. The average of all respondents was 35 with women being, on average, younger than men (32 years vs. 36 years) and the street population being younger than those persons surveyed in shelters (average age 27 years vs. 38 in shelters).

In 2004, homeless respondents reported having a total of 41 dependent children in their care, representing a 17% increase over the previous year. Ten of those children were reported through emergency shelters, 24 through transitional housing and seven through the street survey. The vast majority of respondents were single (94); 15% were part of family units that included couples and single parents.

In the 2003 survey, 31% of respondents were members of a visible minority. This compares with only 16% in the 2004 report.

Family violence or breakdown, related to parental or spousal conflict, was the most frequently cited immediate reason for homelessness in 2004 (32%) as well as in 2003 (21%). This was followed by substance abuse (26% in 2004; 12% in 2003), the inability to find accommodation (23% in 2004; 14% in 2003), and lack of income (19% in 2004 compared to 16% in 2003). Housing-related reasons including the lack of affordable accommodation, eviction, fire and unsafe premises were cited by 35% of respondents (n=89 in 2004 compared to n=54 in 2003).

The 2004 snapshot of homelessness observed an increase in the homeless population experiencing mental health issues and addictions. This combination of health concerns in individuals presents a significant barrier to stable housing and contributes to recurrent

homelessness. Service providers of emergency and short-term shelter report an inability to accommodate all individuals with addictions and/or mental ill health. The lack of services to specifically assist this population is consistently referred to in the literature and by community stakeholders as a gap in the continuum of services for homeless persons.

The *Halifax Portrait of Streets and Shelters* observed a small increase in the percentage of people experiencing homelessness more than once, going from 58% of respondents in 2003 to 66% in 2004. Both surveys found that the vast majority of homeless respondents – 80% - are homeless for less than six months. Men as well as those persons surveyed on the streets (as opposed to in shelters) were more likely to report repeated episodes of homelessness. Women and those surveyed on the streets reported longer periods of homelessness. Individuals who experience recurrent homelessness and individuals who are homeless for long periods of time often require social and medical supports as well as housing to address their multiple needs.

d. Short-term or crisis sheltered population (also make specific reference to the **episodically sheltered sub-population** in your community)

Shelter providers who work with men[3] report seeing an increase in older men using shelters as well as an increase in the length of stay beyond six months. This can be compared to an average length of stay of 9-12 days for shelters serving female youth, women and children. Shelter providers also say that the majority of men using emergency shelters for extended periods of time have multiple health needs, including mental ill health and addictions. They may also behave in ways that prevent them from accessing other shelter and housing options.

One shelter provider in HRM reports seeing an increasing number of women between ages 60-82 years who are being discharged to shelters from hospitals without discharge plans and with medical and/or mobility concerns. Shelters are, in general, not able to provide for these needs.

Issues of family conflict, violence and family breakdown continue to be reported as key underlying factors of homelessness. The provincial Framework for Action has addressed significant issues related to family violence; still, services continue to be under-resourced and clients face regular waiting lists.

Occupancy rates in the Halifax shelters usually remain above 80% according to an informal survey of five shelters conducted in the first half of 2007. As we head toward the last months of the year, it has become apparent that all of those shelters experienced higher occupancy over the summer and into the autumn of 2007 with most operating at full capacity.

e. Supportive housed population

It has been estimated that as many as 80%[4] of shelter users experience mental health and/or substance use problems and require ongoing supportive services in conjunction with affordable housing in order to stabilize their housing situation. Almost half of men who stay in shelters are described as being chronic visitors. This relates to a lack of housing options that are affordable and provide support services to assist individuals to maintain their tenancy.

The ongoing backlog within the shelter systems and the increase in the prevalence of mental health and substance use problems, as noted by service providers, point to a significant gap in the housing continuum in our community -- insufficient supportive housing options for the long term. The lack of provincial policy that would link support services to housing further underscores this problem and presents a barrier to addressing it.

Element 3 – COMMUNITY ASSETS ANALYSIS
3.1 – Assets
Referring to **Tables C.1 and C.2**, please comment on the nature and availability of your community assets or resources for the next two years (2007-2009) e.g. do you expect the assets

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[3] Corporate Research, April 2003. Metro Quarterly Survey. See also P. Richards Consultant. Public Perception of Homelessness and Housing Affordability in HRM.
4 Metro Turning Point, Salvation Army Booth Centre and Pendleton Place
5 Halifax Portrait of Streets and Shelters, II, 2004

in your community to be maintained at the same level, or do you expect some assets to grow or be reduced?

As mentioned earlier (2.1.a), assets in our community are being eroded as private investors move affordable rents up and out of the reach of low- and moderate-income households. Barring some unforeseen intervention, this trend, sadly, is expected to continue.

Gaps in the housing continuum that have existed already for many years were identified in the Moving Forward section of our Community Plan Assessment as being:

- Housing First facilities
- Long-term supportive housing, in particular for men
- Community based support services that are sensitive to aboriginal persons and visible minorities, particularly in the areas of mental health and/or substance use problems

Component Two: Issues and Priorities

Element 4 – ISSUE IDENTIFICATION

4.1 – Issues and related homeless and at-risk populations

Based on the *Moving Forward* section of your CPA, your updated Community Profile, as well as consultation with a broad range of community stakeholders, please list below the main issues which must be addressed in your community in order to prevent and reduce homelessness. To support your work, you may use **Worksheet - D** in the Data Tools.

Four "Issue" tables have been included in the *Framework*. As a first step, copy and paste as many supplementary tables as you need to ensure that each of your identified issues has its own numbered table, and then complete the tables.

Issue # 1
a. Please briefly describe the *issue*:
Individuals who experience chronic homelessness or are accommodated in shelters on an episodic basis in Halifax Regional Municipality (HRM) often deal with concurrent mental health and substance use problems. Shelter workers report that the number of individuals who can be described in this way has been increasing. HRM has a limited number of options to the emergency shelters and/or living on the street. However, the existing options operate at near or full capacity; they do not have the resources to meet the special needs of individuals experiencing concurrent issues. A continuum of care for individuals described here would, for the purposes of this plan, require a general category of services including (but not limited to) the potential to access staff support on a 24/7 basis, assistance in paying essential bills (including rent), reminders of and accompaniment to medical appointments, etc. An essential feature of this work is that it be carried out in a non-judgmental atmosphere.
b. Affected Homeless and at-risk population For this issue, please select the most affected at-risk or homeless population. You may select more than one.
[   ] *At-risk* of homelessness [   ] *Hidden homeless* [**X**] *Living on the street* 　　[**X**] *Chronically living on the street* (subpopulation) [**X**] *Short-term or crisis sheltered* 　　[**X**] *Episodically sheltered* (subpopulation) [   ] *Supportive housed* [   ] Not Applicable (The issue does not involve direct service provision to homeless and at-risk individuals.)
c. Population characteristics Please briefly outline the key characteristics of the at-risk or homeless population(s) who are most affected by the issue (as in **Table B.2** in the *Data Tools)*. Again, if the issue does not involve direct service provision to homeless and at-risk individuals, write "N/A".
The HRM ***2004 Portrait of Streets and Shelters*** found that individuals with mental illness and/or substance use problems continue to count for a significant proportion of those who are homeless, and who may have limited housing options available to them. In HRM, adult men represent the largest proportion of this population, although a number of adult women and seniors of both genders experience chronic homelessness here. We include a few snapshots below, of individuals who are personally affected by this first issue. With a broader range of supports available, we – as a community – would be better equipped to work with these individuals. T is a young man living with schizophrenia. He has stayed at a men's shelter periodically and over an extended time. With the support of a trustee worker and the local housing support centre, T moved into a supportive housing arrangement. T was ecstatic to have a bed of his own and happily furnished his apartment. He was able to physically maintain his apartment.

Issue # 1

Shortly after T moved in, individuals involved in street level drug trafficking began to use his apartment. Support staff talked with T in an effort to help him to break these ties. Staff took out Protection of Property Orders against the people involved. T felt too much pressure; he was trying to be a responsible tenant but it was difficult to break old ties with the drug culture. He voluntarily returned to a men's shelter. T was convinced to try once again to maintain an apartment but after one month, in which he could not keep the building safe for others, the supportive facility decided not to continue to house T. He would have had a much better chance at success if the building was staffed 24/7 with a support worker available and awake through the night.

Workers at a local church brought S to the attention of a supportive facility. S had been staying at a men's shelter for some time. He is obese with multiple health problems. He seems unable to maintain himself in an apartment; he cannot go grocery shopping, clean an apartment or manage money. Given the facility's current level of staff, it is not able to assist S. A higher staffing component would possibly help S to overcome many of his barriers.

M has been cycling in and out of women's shelters for almost a decade. Sometimes, she manages to rent an apartment but always – within a few months – she has to move out. She has difficulty keeping friends from using her place to smoke crack. M has tried two residential programs as well as day programs to address her own addictions. She is the survivor of many abusive relationships. Sometimes, M sees professional therapists on a regular basis; sometimes, she decides not to continue. M has spent time in jail. She is now preparing to move into a supportive housing unit. In preparation, M is working with staff to plan her days. M also wants a trustee to manage her money. She wants to pay off her outstanding balances with NS Power and the phone companies. M says she is tired of feeling ashamed of herself.

Issue # 2

a. Please briefly describe the *issue*:

Many individuals who experience homelessness or are at risk of recurring homelessness depend on emergency shelters in HRM as their <u>core</u> service provider. The community lacks sufficient services and supports to respond to the range of needs that are presented by individuals experiencing homelessness or are at risk of recurring homelessness.

b. Affected Homeless and at-risk population

For this issue, please select the most affected at-risk or homeless population. You may select more than one.

[**X**] *At-risk* of homelessness

[   ] *Hidden homeless*

[**X**] *Living on the street*
    [**X**] *Chronically living on the street* (subpopulation)

[**X**] *Short-term or crisis sheltered*
    [**X**] *Episodically sheltered* (subpopulation)

[**X**] *Supportive housed*

[   ] Not Applicable (The issue does not involve direct service provision to homeless and at-risk individuals.)

c. Population characteristics

Please briefly outline the key characteristics of the at-risk or homeless population(s) who are most affected by the issue (as in **Table B.2** in the *Data Tools*). Again, if the issue does not involve direct service provision to homeless and at-risk individuals, write "N/A".

Adult men and women as well as seniors of both genders are in need of a broad range of supportive options, such as day programs, activity centres, etc.

According to figures available for HRM, adult men represent the largest proportion of this population. Organizations that provide shelter to men report that an increasing number of service users stay beyond six months. This can be compared to an average length of stay of 9-12 days for shelters serving female youth, women and children. The men's extended usage of

Issue # 2

emergency shelters indicates a lack of availability or access to supportive housing options, support services and affordable housing.

The number of homeless older adults is expected to increase with the aging of the baby boomer population. This is especially true in Nova Scotia where seniors are the fastest growing segment of the population (Hightower et al (2003) *Out of Sight, Out of Mind: The Plight of Seniors and Homelessness* and Seniors Citizens' Secretariat (2005) *Strategy for Positive Aging in Nova Scotia*).

Issue # 3

a. Please briefly describe the *issue*:

The Steering Committee of Community Action on Homelessness has identified the lack of consistent and accurate data as a significant issue. While the Homeless Individuals and Families Information System (HIFIS) has proven to be the ideal tool for data collection and analysis in other communities across Canada, there have been historical challenges to the implementation of HIFIS in the HRM and across Nova Scotia. However, since a Community Coordinator model has been used in N.S., 23 of 41 shelters and services providers are using HIFIS, and the statistics for over 85% of the shelter beds in N.S. are being captured via this database. The Community Coordinator for HIFIS is working with shelters and other service providers to develop the capacity for a coordinated and integrated approach to data collection and ongoing monitoring and analysis. Community Action on Homelessness hopes to work with the N.S. Community Coordinator and participating agencies, by working to develop a Report Card that will present a profile of homelessness in Halifax Regional Municipality and introduce some of the strategies to reduce homelessness in our community. Over time and the publication of successive Report Cards, we would hope to measure progress in the struggle to reduce homelessness in HRM.

b. Affected Homeless and at-risk population

For this issue, please select the most affected at-risk or homeless population. You may select more than one.

[ ] *At-risk* of homelessness

[ ] *Hidden homeless*

[ ] *Living on the street*

    [ ] *Chronically living on the street* (subpopulation)

[ ] *Short-term or crisis sheltered*

    [ ] *Episodically sheltered* (subpopulation)

[ ] *Supportive housed*

[**X**] Not Applicable (The issue does not involve direct service provision to homeless and at-risk individuals.)

c. Population characteristics

Please briefly outline the key characteristics of the at-risk or homeless population(s) who are most affected by the issue (as in **Table B.2** in the *Data Tools*). Again, if the issue does not involve direct service provision to homeless and at-risk individuals, write "N/A".

N/A

Issue # 4

a. Please briefly describe the *issue*:

The housing stock in Halifax, including much of the shelter housing stock, is aging. Community agencies that provide shelter, supportive housing and a variety of services to individuals who are homeless and/or at risk run on tight budgets that are already limited in terms of operations. It is difficult for agencies to plan ahead and raise funds sufficient to pay for capital replacement and repairs.

Issue # 4

b. Affected Homeless and at-risk population

For this issue, please select the most affected at-risk or homeless population. You may select more than one.

[ ] *At-risk* of homelessness

[ ] *Hidden homeless*

[ ] *Living on the street*
    [ ] *Chronically living on the street* (subpopulation)

[**X**] *Short-term or crisis sheltered*
    [ ] *Episodically sheltered* (subpopulation)

[**X**] *Supportive housed*

[ ] Not Applicable (The issue does not involve direct service provision to homeless and at-risk individuals.)

c. Population characteristics

Please briefly outline the key characteristics of the at-risk or homeless population(s) who are most affected by the issue (as in **Table B.2** in the *Data Tools)*. Again, if the issue does not involve direct service provision to homeless and at-risk individuals, write "N/A".

This issue has the potential to affect all those in HRM and those who come to HRM to access emergency shelters, supportive housing facilities and support services currently available in the municipality.   The loss of any one facility or service due to inadequate health and safety conditions would be a loss to the whole community, not just those individuals accessing the service.

Issue # 5

a. Please briefly describe the *issue*:

There are significant numbers of young people sleeping rough in HRM. There are relatively few services in the community that take young peoples' unique experiences and cultural norms into account, which forces many youth to access adult-oriented services. This points to a gap in the continuum of services and supports to meet the diverse range of needs and of choice.

b. Affected Homeless and at-risk population

For this issue, please select the most affected at-risk or homeless population. You may select more than one.

[ ] *At-risk* of homelessness

[**X**] *Hidden homeless*

[**X**] *Living on the street*
    [ ] *Chronically living on the street* (subpopulation)

[**X**] *Short-term or crisis sheltered*
    [ ] *Episodically sheltered* (subpopulation)

[ ] *Supportive housed*

[ ] Not Applicable (The issue does not involve direct service provision to homeless and at-risk individuals.)

c. Population characteristics

Please briefly outline the key characteristics of the at-risk or homeless population(s) who are most affected by the issue (as in **Table B.2** in the *Data Tools)*. Again, if the issue does not involve direct service provision to homeless and at-risk individuals, write "N/A".

Both male and female youth between the ages of 16 and 24 years are affected. This includes a number of females who are pregnant or new mothers.

Element 5 – COMMUNITY PLAN PRIORITIES

5.1 – Community Plan priorities 2007 to 2009

From the issues outlined in **Element 4**, please identify those your community will focus on as priorities for the next two years (2007-2009). To support your work, you may use **Worksheet – D** in the *Data Tools*.

Two Community Priority tables have been included by default in the *Framework*. As a first step, copy and paste as many supplementary tables as you need to ensure that each priority has its own numbered table, and then complete the tables.

Community Plan Priority # 1
a. Statement of the priority
Please copy the issue statement from Element 4.

Individuals who experience chronic homelessness or are accommodated in shelters on an episodic basis in Halifax Regional Municipality (HRM) often deal with concurrent mental health and substance use problems. Shelter workers report that the number of individuals who can be described in this way has been increasing.   HRM has a limited number of options to the emergency shelters and/or living on the street. However, the existing options operate at near or full capacity; they do not have the resources to meet the special needs of individuals experiencing concurrent issues. A continuum of care for individuals described here would, for the purposes of this plan, require a general category of services including (but not limited to) the potential to access staff support on a 24/7 basis, assistance in paying essential bills (including rent), reminders of and accompaniment to medical appointments, etc. An essential feature of this work is that it be carried out in a non-judgmental atmosphere.

b. Focus on the at-risk or homeless population
Of the populations identified in **b.** and **c.** in **Element 4**, will your priority focus on all of them?

[**X**] Yes

[   ] No - *Please describe the groups which your priority will address.*

c. Rationale
Please provide the rationale for identifying this issue as a priority for 2007-2009. In the rationale, please refer to the "Moving Forward" section of your CPA, your updated Community Profile and the HPS objectives.

The "Moving Forward" section of our CPA identifies, as the primary objective for Halifax Regional Municipality, the need to develop more facilities that work from an approach of Housing First. This approach "holds the philosophy that before someone can break the cycle of homelessness, a safe, comfortable home is necessary. Unlike conventional "housing ready" programs that require medication, abstinence from drugs or alcohol and participation in social services before receiving housing, Housing First places priority on providing permanent housing immediately with few entry requirements. The services typically associated with supportive housing are "unbundled" from the housing, they are still offered when required on an individual basis."[5]

Furthermore, "Moving Forward" identifies the need to increase access to timely and culturally sensitive services for mental health / substance use problems which are linked to affordable housing options. Both objectives speak to the need to find long term housing solutions for the individuals who are experiencing chronic homelessness in our community.

Upon reviewing our Community Asset Inventory, it is clear that there are an inadequate number of supportive housing units in HRM to meet the needs of this population and there is no supportive housing with a particular focus on those individuals who often deal with concurrent mental health and substance use problems.   Existing shelter providers do not have the resources to offer specialized services and supports to this population. Indeed, emergency

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[5] *The Cost of Homelessness and the Value of Investment in Housing Support Services in Halifax Regional Municipality*, Cities & Environment Unit Dalhousie University, June 2006

Community Plan Priority # 1

shelters or the streets are simply not acceptable housing options for vulnerable persons in our community. The experience of the last three years, during the cold weather months in Halifax, tells the story.

In each of the last three years, from November 1 through to April 30, there has been an emergency shelter open from late afternoon until morning for those youth, men and women who are not able to access the traditional shelters. A total of 273 individuals were sheltered during that six-month period in 2006-2007 and 223 different people in 2005-2006, all of them individuals who were refused entry to an existing shelter due to behaviour issues, addictions, conflict with other residents, safety concerns, a combination of the above or a simple lack of bed space. A community evaluation of the Halifax Cold Weather Strategy undertaken in 2006 found that the cold weather shelter was certainly filling gaps in service for people with mental illness and addictions. The number of clients who could not be accommodated elsewhere "sends an undeniable message about the need for flexible, harm-reduction-based accommodation in Halifax". While a shelter of last resort is a critical, life-saving part of any response to homelessness among the hard to house, it is neither a full response nor a long term one.

Long periods spent outdoors lead to health complications. A recently published report by Street Health in Toronto revealed that the health of persons who are homeless is much poorer than the general population. The Street Health survey found that homeless persons are 29 times more likely to have hepatitis C, 20 times more likely to have epilepsy, 5 times more likely to suffer from heart disease, 3.5 times more likely to have asthma, 3 times more likely to have arthritis and twice as likely to have diabetes. (*Street Health Report survey, January 2007*) The report offers a snapshot of life on the streets of Toronto; Community Action on Homelessness cannot say that the prevalence of disease among homeless persons in Halifax is equally poor. Anecdotally, however, shelter workers say that many service users experience a myriad of health concerns including those highlighted in the Street Health survey.

Individuals who experience chronic homelessness need a safe place to live and appropriate support services, be it the month of December or July. Reading the statistics above, it is easy to understand why a response that is tied only to cold weather is an insufficient response. Furthermore, a response that is designed only to provide a safe place to sleep for the night is also insufficient. Our community needs to have housing (and shelter) options first, and then address non-housing barriers for individuals with multiple health needs.

The situation in Halifax is further complicated by the fact that individuals from elsewhere in the province migrate to the provincial capital in search of services such as a methadone program (not readily available elsewhere). This in-migration of persons experiencing homelessness and/or at risk places an added strain on the existing services.

Our decision to prioritize the reduction of homelessness - with a particular focus on individuals who experience mental health and/or substance use problems - is in keeping with the objectives of the HPS. It would offer the added advantage of reducing the pressures placed on the existing shelter system.

d. Funding used
How will your community priority be funded for the next two years?

[**X**] HPS funding (may also include other, leveraged funding sources)

[   ] No HPS funding

e. Activity area
Please select the activity area to which the priority relates by marking an "X" in the appropriate area. Please note that your priority may apply to more than one area:

[**X**] Continuum of Housing and Supports

[   ] Knowledge and Communication (including Data Collection)

[   ] Community Development

Community Plan Priority # 2

a. Statement of the priority

Please copy the issue statement from Element 4.

Many individuals who experience homelessness or are at risk of recurring homelessness depend on emergency crisis shelters in HRM as their <u>core</u> service provider. The community lacks sufficient services and supports to respond to the range of needs that are presented by individuals experiencing homelessness or at risk of recurring homelessness.

b. Focus on the at-risk or homeless population

Of the populations identified in **b.** and **c.** in **Element 4**, will your priority focus on all of them?

[**X**] Yes

[   ] No - *Please describe the groups which your priority will address.*

c. Rationale

Please provide the rationale for identifying this issue as a priority for 2007-2009. In the rationale, please refer to the "Moving Forward" section of your CPA, your updated Community Profile and the HPS objectives.

(Repeatedly) Being without shelter is often a function of being unable to fund secure, stable, safe, affordable housing. Working poor individuals and families who cannot meet rent obligations and individuals in crisis for other reasons (e.g. women and children feeling violent domestic situations) are made vulnerable twice – first, because they lose their existing shelter and second, because they cannot find appropriate affordable housing once the immediate crisis is addressed.

The "Moving Forward" section of our CPA recognizes that single men in particular require transitional and long-term supportive housing services. Over the six-year life of Supporting Communities Partnership Initiative, a total of 102 supportive housing units were created in HRM with SCPI funding. Of that total, 68 units are for women (with/out children), 26 units are for women or men and only six are reserved just for men. In other words, the vast majority of new supportive housing units (and associated support services) that have been created in recent years in this community have been to the specific benefit of women (and children) experiencing homelessness or at risk.

Our "Moving Forward" section also identifies the need for more operational funds for supports and programs associated with supportive housing facilities. Two key principles here are to accept that service users experience a wide range of non-housing barriers and that any given individual will experience a change in his/her needs over time.

Service providers, particularly those offering supportive housing in the Halifax – Dartmouth area, attest to the fact that individuals can be safe and stable for a period of time and then experience a shock or crisis that demands a change in the type and level of service/support they need. No one wants to see individuals lose their housing during such periods of crisis, but that is often what happens. The community needs to have appropriate and flexible responses across a very broad range in order to support individuals to maintain their housing and prevent more homelessness.

(Depending on the nature of a crisis an individual or family may experience, movement along the continuum of housing supports may be in either direction and not necessarily from point to point. It is possible to jump from one point to another, missing points on the continuum altogether.)

In HRM, many services providers operate at or near capacity. They do not have the resources to extend services further. Ideally, services such as day programs, including health education, parenting classes, anger management, financial planning, job searching and other basic life skills should be made available both at shelters and in supportive housing to reinforce and further develop what people have learned already.

Community Plan Priority # 2

It has been noted that many of the services currently available are designed to assist individuals to improve their potential to be employed. A full range of services would include those individuals who are not preparing for or able to consider paid employment.

d. Funding used

How will your community priority be funded for the next two years?

[**X**] HPS funding (may also include other, leveraged funding sources)

[   ] No HPS funding

e. Activity area

Please select the activity area to which the priority relates by marking an "X" in the appropriate area. Please note that your priority may apply to more than one area:

[**X**] Continuum of Housing and Supports

[   ] Knowledge and Communication (including Data Collection)

[   ] Community Development

Community Plan Priority # 3

a. Statement of the priority

Please copy the issue statement from Element 4.

The Steering Committee of Community Action on Homelessness has identified the lack of consistent and accurate data as a significant issue. While the Homeless Individuals and Families Information System (HIFIS) has proven to be the ideal tool for data collection and analysis in other communities across Canada, there have been historical challenges to the implementation of HIFIS in the HRM and across Nova Scotia. However, since a Community Coordinator model has been used in N.S., 23 of 41 shelters and services providers are using HIFIS, and the statistics for over 85% of the shelter beds in N.S. are being captured via this database. The Community Coordinator for HIFIS is working with shelters and other service providers to develop the capacity for a coordinated and integrated approach to data collection and ongoing monitoring and analysis. Community Action on Homelessness hopes to work with the N.S. Community Coordinator and participating agencies, by working to develop a Report Card that will present a profile of homelessness in Halifax Regional Municipality and introduce some of the strategies to reduce homelessness in our community. Over time and the publication of successive Report Cards, we would hope to measure progress in the struggle to reduce homelessness in HRM.

b. Focus on the at-risk or homeless population

Of the populations identified in **b.** and **c.** in **Element 4**, will your priority focus on all of them?

[**X**] Yes

[   ] No - *Please describe the groups which your priority will address.*

c. Rationale

Please provide the rationale for identifying this issue as a priority for 2007-2009. In the rationale, please refer to the "Moving Forward" section of your CPA, your updated Community Profile and the HPS objectives.

The lack of accurate, integrated data has – over the life of the Supporting Community Partnerships Initiative (2001-2006) – hampered the community of shelters and service providers in HRM in their efforts to assess and to demonstrate need to potential funders, particularly at the provincial level.

This priority is in line with the HPS goal of "strengthening accountability and measurement" and will provide baseline data for future community planning efforts. Furthermore, accurate data on shelter use and service provision will be central to the Community Plan Assessment process and

Community Plan Priority # 3

will support the demonstration of tangible results, as well as provide the information required by financial supports at the provincial and municipal levels.

A Report Card can also be used to increase awareness of issues related to poverty and homelessness in our community. This could have implications for the development of public policy.

Apart from HIFIS, other ongoing and long-term research into outcome analysis is not evident at this time. The "Moving Forward" section of our community's HPS identified the *Halifax Portraits of Streets and Shelters* as a critical component to understanding the profile of the homeless population in HRM. "Moving Forward" also recognized that the office of Community Action on Homelessness – while effective at fulfilling many facets of its job – has work to do in terms of measuring what has (not) been achieved according to stated priorities and targets for HRM. The CAH office has an important role to play in terms of monitoring and evaluating the work undertaken by the community involved in homelessness and housing issues.

Along with increasing knowledge within the community of baseline levels of homelessness, and assisting organizations in the community to better understand gaps and needs in addressing the issues, the Steering Committee of Community Action on Homelessness also recognizes the importance of communicating this knowledge of homelessness in Halifax to relevant stakeholders towards increasing partnership and supprt for initiatives that reduce homelessness for individuals and increase opporutnties for social integration. Therefore it is a priority for the local community to continue the partnership development, communications and social integration activities of the CAH ofice.

d. Funding used
How will your community priority be funded for the next two years?

[**X**] HPS funding (may also include other, leveraged funding sources)

[   ] No HPS funding

e. Activity area
Please select the activity area to which the priority relates by marking an "X" in the appropriate area. Please note that your priority may apply to more than one area:

[   ] Continuum of Housing and Supports

[**X**] Knowledge and Communication (including Data Collection)

[   ] Community Development

Community Plan Priority # 4

a. Statement of the priority
Please copy the issue statement from Element 4.

The housing stock in Halifax, including much of the shelter housing stock, is aging. Community agencies that provide shelter, supportive housing and a variety of services to individuals who are homeless and/or at risk run on tight budgets that are already limited in terms of operations. It is difficult for agencies to plan ahead and raise funds sufficient to pay for major capital replacement and repairs.

b. Focus on the at-risk or homeless population
Of the populations identified in **b.** and **c.** in **Element 4**, will your priority focus on all of them?

[**X**] Yes

[   ] No - *Please describe the groups which your priority will address.*

c. Rationale
Please provide the rationale for identifying this issue as a priority for 2007-2009. In the

Community Plan Priority # 4

rationale, please refer to the "Moving Forward" section of your CPA, your updated Community Profile and the HPS objectives.

The "Moving Forward" section of the CPA for HRM does not specifically mention the protection of existing housing stock for shelters and service providers. It is, however, a cornerstone of any plan to move forward; facilities and space that already exist must be safe for service users.

The Halifax community is particularly concerned about repairs that relate to health and safety. An appropriate and timely response to capital replacement and repair is critical in terms of managing the level of risk across an organization as well as across the community. Under capital repairs and replacement, our community would prioritize the following areas: work to protect the structural integrity and/or fabric of a building; to upgrade in order to better meet current building and health and safety Codes; and to mitigate risk.

d. Funding used

How will your community priority be funded for the next two years?

[**X**] HPS funding (may also include other, leveraged funding sources)

[   ] No HPS funding

e. Activity area

Please select the activity area to which the priority relates by marking an "X" in the appropriate area. Please note that your priority may apply to more than one area:

[**X**] Continuum of Housing and Supports

[   ] Knowledge and Communication (including Data Collection)

[   ] Community Development

Community Plan Priority # 5

a. Statement of the priority

Please copy the issue statement from Element 4.

There are significant numbers of young people sleeping rough in HRM. There are few services in the community that take young peoples' unique experiences and cultural norms into account, which forces many youth to access adult-oriented services. This points to a gap in the continuum of services and supports to meet the diverse range of needs and of choice.

b. Focus on the at-risk or homeless population

Of the populations identified in **b.** and **c.** in **Element 4**, will your priority focus on all of them?

[**X**] Yes

[   ] No - *Please describe the groups which your priority will address.*

c. Rationale

Please provide the rationale for identifying this issue as a priority for 2007-2009. In the rationale, please refer to the "Moving Forward" section of your CPA, your updated Community Profile and the HPS objectives.

The "Moving Forward" section of our CPA identifies the need for more youth-specific interventions in Halifax Regional Municipality. However, our community has decided that with the expected envelope from the HPS, there will not be sufficient funds to fully develop this priority.

d. Funding used

How will your community priority be funded for the next two years?

Community Plan Priority # 5
[   ] HPS funding (may also include other, leveraged funding sources)
[   ] No HPS funding

e. Activity area
Please select the activity area to which the priority relates by marking an "X" in the appropriate area. Please note that your priority may apply to more than one area:

[X] Continuum of Housing and Supports

[   ] Knowledge and Communication (including Data Collection)

[   ] Community Development

Component Three: Community Plan Outcomes

Element 6 – OUTCOMES RELATED TO COMMUNITY PRIORITIES

6.1 – Continuum of Housing and Supports: Priorities and Related Objectives

For each of the issues identified as community priorities under the Continuum of Housing and Supports, please identify the objective(s) and the related outcomes your community plans to achieve by 2009.

To support your work, you may use **Worksheet – E** in the Data Tools.

In this section:
6.1.1 is *required* for priorities your community will fund under the HPS
6.1.2 is *optional* for priorities your community will not fund under the HPS, but wishes to include in the *Plan*.

Two Community Priority tables have been added by default in this section. First, copy and paste **as many tables as you have objectives** (grouped according to priority) and then complete the tables.

CONTINUUM OF HOUSING AND SUPPORTS

6.1.1 – Community Priorities f u n d e d   u n d e r   t h e   H P S

Community Priority # 1

a. Please state the *exact wording* of the issue identified as a community priority:

Individuals who experience chronic homelessness or are accommodated in shelters on an episodic basis in Halifax Regional Municipality (HRM) often deal with concurrent mental health and substance use problems. Shelter workers report that the number of individuals who can be described in this way is actually increasing. HRM has a limited number of options to the emergency shelters and/or living on the street. However, the existing options operate at near or full capacity; they do not have the resources to meet the special needs of individuals experiencing concurrent issues. A continuum of care for individuals described here would, for the purposes of this plan, require a general category of services including (but not limited to) the potential to access staff support on a 24/7 basis, assistance in paying essential bills (including rent), reminders of and accompaniment to medical appointments, etc. An essential feature of this work is that it be carried out in a non-judgmental atmosphere.

b. Statement of Objective

Please state the objective your community plans to achieve by 2009:

Deliver new services in the priority area: Create 16-24 new long-term supportive housing spaces in HRM that operate from a Homes First approach for individuals who experience chronic homelessness, particularly those persons facing mental health and/or substance use problems, so they can achieve a permanent home with low entry demands

c. Measurement Strategy

c.1   Indicator(s)

Please identify the *specific measure* of the progress your community plans to make toward meeting your objective. Please use the indicators from Annexes C and D in the *Reference Guide* as well as any additional indicators which your community has identified.

1. 16-24 new supportive housing units created in HRM, with a target of 19 units

2. Transition in housing status: 19 individuals moving to supportive housing units from the street or from lengthy and/or recurrent stays at Halifax shelters who are considered to be amongst the hardest to house due to mental health and/or substance use problems

   Sixteen of the 19 individuals maintain their housing for a 3-month follow-up period after receiving housing placement services

CONTINUUM OF HOUSING AND SUPPORTS

6.1.1 – Community Priorities f u n d e d u n d e r t h e H P S

Community Priority # 1

3. Reduction in the number of individuals who experience chronic homelessness in HRM

Please indicate the sources of information that will be used to measure the selected indicator(s). Please refer to Annexes C and D for suggestions for data sources.

Stakeholders in HRM receiving HPS funding will provide data using the Project Results Reporting Form and related data Collection Tools

c.3   Current Situation or Baseline (OPTIONAL)

Please indicate:

a) the *current situation or baseline* against which you will measure your progress; and

b) the *strategy used* to determine your baseline if you do not have a current level:

Currently, there are several hundred supportive housing units available in HRM. Some are designed to support individuals with mental health concerns; none is set up to work specifically with those persons having substance use problems or concurrent problems.

The number of individuals who experience chronic homelessness in HRM is not known. This points to a gap in our community's data.

c.4   Target(s)

Please indicate the *specific results you hope to achieve* in relation to this objective.

1. Nineteen individuals who are considered hard to house are placed in supportive housing by March 31, 2009

2.a Transition in housing status: 69 individuals moving from homelessness to greater housing stability

2.b Housing maintenance: 16 individuals from 2.a have maintained their housing for a 3-month follow-up period after receiving housing placement services

3. Reduction in the number of individuals who experience chronic homelessness in HRM, by 35.

Please select the generic outcome which is related to this objective:

[**X**] Reduction of homelessness and transitions to housing stability	[ ] Social integration
[ ] Prevention of homelessness	[**X**] Improvement in service quality or service capacity

CONTINUUM OF HOUSING AND SUPPORTS

6.1.1 – Community Priorities f u n d e d u n d e r t h e H P S

Community Priority # 2

a. Please state the *exact wording* of the issue identified as a community priority:

Many individuals who experience homelessness or are at recurring risk of homelessness depend on emergency crisis shelters in HRM as their core service provider. The community lacks sufficient services and supports to respond to the range of needs that are presented by individuals experiencing homelessness or at recurring risk of homelessness.

b. Statement of Objective

CONTINUUM OF HOUSING AND SUPPORTS

6.1.1 – Community Priorities f u n d e d   u n d e r   t h e   H P S

Community Priority # 2

Please state the objective your community plans to achieve by 2009:

Deliver new and expanded services in the priority area: Help individuals who have repeatedly entered the shelter system or remained in the system for a lengthy period of time to move into adequate, stable housing and help those persons who have housing to retain their homes so as to prevent renewed homelessness.

c. Measurement Strategy

c.1   Indicator(s)

Please identify the *specific measure* of the progress your community plans to make toward meeting your objective. Please use the indicators from Annexes C and D in the *Reference Guide* as well as any additional indicators which your community has identified.

1. Transition in housing status: number of adults moving from lengthy and/or recurrent stays at Halifax shelters toward greater housing stability (number of individuals moving to supportive housing and regular housing with community supports ands services arranged)
2. Housing maintenance: number of individuals who have maintained their housing for a 3-month follow-up period

c.2   Data Sources

Please indicate the sources of information that will be used to measure the selected indicator(s). Please refer to Annexes C and D for suggestions for data sources.

1. Transition in housing status: stakeholders involved in housing placement programs will record this information using the Results Reporting Form and related Data Collection Tools
2. Housing maintenance: Project Results Reporting Form for projects funded by HPS

c.3   Current Situation or Baseline (OPTIONAL)

Please indicate:
   a) the *current situation or baseline* against which you will measure your progress; and
   b) the *strategy used* to determine your baseline if you do not have a current level:

The achievement of Community Priority #1 under Knowledge and Communication will assist in measuring and reporting to the HIFIS Community Coordinator on the selected indicators.

1. Housing placement:
    No baseline is available.

c.4   Target(s)

Please indicate the *specific results you hope to achieve* in relation to this objective.

1. Transition in housing status: 69 adults moving from lengthy and/or recurrent stays at Halifax shelters toward greater housing stability (number of individuals moving to supportive housing and regular housing with community supports and services arranged).
2. 3. Housing maintenance: 41 individuals will have maintained their housing for a 3-month follow-up period.

Please select the generic outcome which is related to this objective:

| [X] Reduction of homelessness and transitions to | [ ] Social integration |
| | [ ] Improvement in service quality or service |

CONTINUUM OF HOUSING AND SUPPORTS

6.1.1 – Community Priorities f u n d e d   u n d e r   t h e   H P S

Community Priority # 2

housing stability	capacity
[X] Prevention of homelessness	

CONTINUUM OF HOUSING AND SUPPORTS

6.1.1 – Community Priorities f u n d e d   u n d e r   t h e   H P S

Community Priority # 3

a. Please state the *exact wording* of the issue identified as a community priority:

The housing stock in Halifax, including much of the shelter housing stock, is aging. Community agencies that provide shelter, supportive housing and a variety of services to individuals who are homeless and/or at risk run on tight budgets that are already limited in terms of operations. It is difficult for agencies to plan ahead and raise funds sufficient to pay for major capital replacement and repairs.

b. Statement of Objective

Please state the objective your community plans to achieve by 2009:

Ensure that the living space and program space at shelters, supportive housing facilities and service agencies are safe and pose no major health risks.

c. Measurement Strategy

c.1   Indicator(s)

Please identify the *specific measure* of the progress your community plans to make toward meeting your objective. Please use the indicators from Annexes C and D in the *Reference Guide* as well as any additional indicators which your community has identified.

1. Emergency shelter beds: 1-4 beds (shelters) renovated or improved
2. Supportive housing: 1-4 beds/units renovated or improved
3. Between 1-4 other facilities are renovated or improved

c.2   Data Sources

Please indicate the sources of information that will be used to measure the selected indicator(s). Please refer to Annexes C and D for suggestions for data sources.

Stakeholders in HRM that receive HPS funding will provide data using the Project Results Reporting Form and related data Collection Tools or other data collection tools.

c.3   Current Situation or Baseline (OPTIONAL)

Please indicate:

a) the *current situation or baseline* against which you will measure your progress; and

b) the *strategy used* to determine your baseline if you do not have a current level:

In the previous round of applications for support from SCPI, a total of seven agencies applied for modest levels of assistance to address health and safety concerns. All seven agencies were recommended for support, though not necessarily at the level of financial assistance requested. It is reasonable to expect that similar levels of assistance would be requested in a new round of applications.

CONTINUUM OF HOUSING AND SUPPORTS

6.1.1 – Community Priorities f u n d e d u n d e r t h e H P S

Community Priority # 3

c.4   Target(s)

Please indicate the *specific results you hope to achieve* in relation to this objective.

All existing shelter space, supportive housing units and service agencies in the community are protected against loss of use due to health and safety risks.

A total of 4-7 renovations or improvement projects are realized in shelters, supportive housing facilities or other service providers.

d. Generic Outcomes

Please select the generic outcome which is related to this objective:

[ ] Reduction of homelessness and transitions to housing stability	[ ] Social integration
[ ] Prevention of homelessness	[**X**] Improvement in service quality or service capacity

6.1.2 – Community priorities not funded under the HPS

Note: This Section is optional. We have provided an additional table should your community wish to include priorities that are not funded under the HPS. Please follow the instructions for section **6.1 - Continuum of Housing and Supports: Priorities and Related Objectives**.

We included only our priorities that are eligible for funding under the HPS.

6.2 – Knowledge and Communication: Priorities and Related Objectives

For each of the issues identified as community priorities under Knowledge and Communication, please identify the objective(s) and the related outcomes your community plans to achieve by 2009.

To support your work, you may use **Worksheet – E** in the Data Tools.

In this section:
6.2.1 is *required* for priorities your community will fund under the HPS
6.2.2 is *optional* for priorities your community will not fund under the HPS, but wishes to include in the *Plan*.

Only one Community Priority table has been added by default in this section. First, copy and paste **as many tables as you have objectives** (grouped according to priority) and then complete the tables.

KNOWLEDGE AND COMMUNICATION

6.2.1 – Community Priorities f u n d e d u n d e r t h e H P S

Community Priority # 1

a. Please include below the *exact wording* of the issue identified as a community priority:

The Steering Committee of Community Action on Homelessness has identified the lack of consistent and accurate data as a significant issue. While the Homeless Individuals and Families Information System (HIFIS) has proven to be the ideal tool for data collection and analysis in other communities across Canada, there have been historical challenges to the implementation of HIFIS in the HRM and across Nova Scotia. However, since a Community Coordinator model has been used in N.S., 23 of 41 shelters and services providers are using HIFIS, and the statistics for over 85% of the shelter beds in N.S. are being captured via this database. The Community Coordinator for HIFIS is working with shelters and other service providers to develop the capacity for a coordinated and integrated approach to data collection and ongoing monitoring and analysis. Community Action on Homelessness hopes to work with

KNOWLEDGE AND COMMUNICATION

6.2.1 – Community Priorities f u n d e d   u n d e r   t h e   H P S

Community Priority # 1

the N.S. Community Coordinator and participating agencies, by working to develop a Report Card that will present a profile of homelessness in Halifax Regional Municipality and introduce some of the strategies to reduce homelessness in our community. Over time and the publication of successive Report Cards, we would hope to measure progress in the struggle to reduce homelessness in HRM.

b. Statement of Objective
Please state the objective your community plans to achieve by 2009:

Take a new snapshot of life on the streets in our community so as to compare with the profiles developed through the *Halifax Portrait of Streets and Shelters* 2003 and 2004

Coordinate the development of a Report Card on Homelessness for Halifax Regional Municipality

Utilize the resources and skills of the CAH office to implement a partnership development and communication strategy to communicate this knowledge of homelessness in Halifax to relevant stakeholders towards increasing support for initiatives that reduce homelessness for individuals and increase opportunities for social integration.

c. Measurement Strategy

c.1   Indicator(s)
Please identify the *specific measure* of the progress your community plans to make toward meeting your objective. Please use the indicators from Annex D in the *Reference Guide* as well as any additional indicators which your community has identified.

1. Coordination and completion of the first Report Card on Homelessness for the Halifax Regional Municipality (HRM)
2. Conduct a snapshot of life on the streets in the HRM to compare with profiles established in 2003 and 2004

c.2   Data Sources
Please indicate the sources of information that will be used to measure the selected indicator(s). Please refer to Annex D for suggestions for data sources.

Data from community counts, HIFIS, HPS data collection tools, a food insecurity project, etc. using existing data and developing sources to the extent possible. Part of this process is to identify who has been collecting data and who is prepared to participate as we move forward with the Report Card. In a real sense, we will be working collectively to build a comprehensive picture of homelessness in our community.

c.3   Target(s) if applicable
Please indicate the *specific results you hope to achieve* in relation to this objective.

1. Publication on the first community report on homelessness including HIFIS data by April 1, 2009.
2. Publication of a new *Halifax Portrait of Streets and Shelters* by April 1, 2009.

6.2.2 – Community Priorities not funded under the HPS

Note: This Section is optional. We have provided an additional table should your community wish to include priorities that are not funded under the HPS. Please follow the instructions for section **6.2 – Knowledge and Communication: Priorities and Related Objectives**.

We included only our priorities that are eligible for funding under the HPS.

6.3 – Community Development: Priorities and Related Objectives

For each of the issues identified as community priorities under Community Development, please identify the objective(s) and the related outcomes your community plans to achieve by 2009.

To support your work, you may use **Worksheet – E** in the Data Tools.

In this section:
6.3.1 is *required* for priorities your community will fund under the HPS
6.3.2 is *optional* for priorities your community will not fund under the HPS, but wishes to include in the *Plan*.

Only one Community Priority table has been added by default in this section. First, copy and paste **as many tables as you have objectives** (grouped according to priority) and then complete the tables.

COMMUNITY DEVELOPMENT

6.3.1 – Community Priorities f u n d e d   u n d e r   t h e   H P S

Community Priority # 1

a. Please state the *exact wording* of the issue identified as a community priority:

As the Community Action on Homelessness Office is the acting administrator of the HPS program under a shared-delivery model, this office necessarily falls under the 10% allowable administrative costs for program administration out of the total Halifax allotment of HPS funds.

The CAH Office has been in place in Halifax since the beginning of the SCPI program where it proved to be an efficient and successful model of administering this program. Under Moving Forward in the CPA, the Community Action on Homelessness model has been recommended by the local community to continue as acting administrator for the Homelessness Partnership strategy and oversee the implementation, monitoring and achievement of the Halifax HPS Community Plan 2007-2009. The CAH office supports the Halifax Community Advisory Board (CAB), known locally as the Steering Committee through carrying out all administrative tasks associated with the HPS program as well as other activities related to all of the Community Plan priorities.

b. Statement of Objective

Please state the objective your community plans to achieve by 2009:

Support the implementation of the Homelessness community plan through the Halifax Community Advisory Board. This involves monitoring and evaluating the achievement of the priorities laid out in the community plan, communication of the plan, and partnership development. To enhance community involvement, awareness and education related to homelessness issues will engage stakeholders. Strategies to increase social integration of First Voice individuals will be examined.

c. Measurement Strategy

c.1   Indicator(s)

Please identify the *specific measure* of the progress your community plans to make toward meeting your objective. Please use the indicators from Annex D in the *Reference Guide* as well as any additional indicators which your community has identified.

1. Number of HPS-funded priorities addressed through the funding of projects
2. Number of HPS-funded priorities and objectives achieved
3. Number of workshops/training sessions held for shelter, housing and service providers
4. Models of first voice participation reviewed/developed and recommended

c.2   Data Sources

Please indicate the sources of information that will be used to measure the selected indicator(s). Please refer to Annex D for suggestions for data sources.

CAH agreement with Service Canada; manual tracking of activities by CAH; the Community Plan; meetings and records of Community Advisory Board; Expected and Annual Results reports of HPS funded projects.

COMMUNITY DEVELOPMENT

6.3.1 – **Community Priorities f u n d e d   u n d e r   t h e   H P S**

Community Priority # 1

c.3   Target(s) if applicable

Please indicate the *specific results you hope to achieve* in relation to this objective.

1. All five HPS-funded priorities will be addressed through the funding of projects by 2009
2. All five HPS-funded priorities and objectives achieved
3. Two workshops/training sessions held for shelter, housing and services providers by 2009
4. Model recommended or developed in consultation with community partners to enhance engagement and social integration of First Voice

6.3.2 – Community Priorities **not funded under the HPS**

Note: **This Section is optional**. We have provided an additional table should your community wish to include priorities that are not funded under the HPS. Please follow the instructions for section **6.3 – Community Development: Priorities and Related Objectives**.
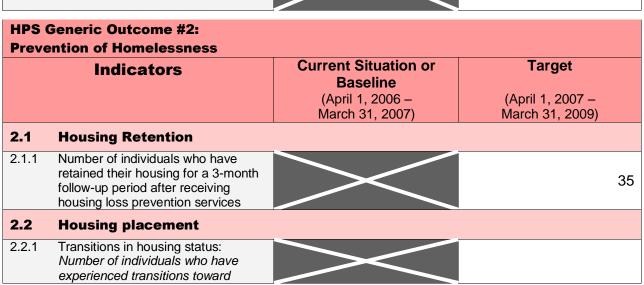
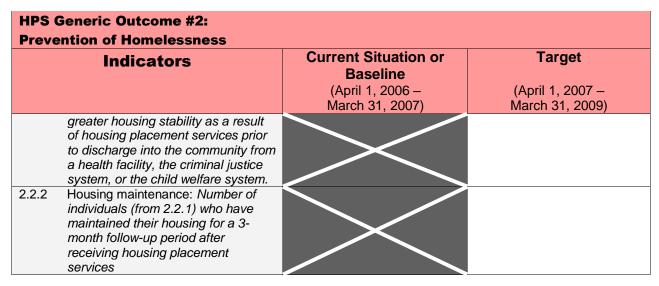### Element 7 – HPS GENERIC OUTCOMES

There are four groups of HPS Generic Outcomes:
1) Reduction of homelessness and transition to housing stability
2) Prevention of homelessness
3) Social integration
4) Improvement in service quality or service capacity

Please complete the Baseline and Target columns of this table. The targets are for the community-level outcomes your community expects to achieve by 2009. Note that Baseline data is not required for all the outcomes.

HPS Generic Outcome #1: **Reduction of homelessness and transitions to housing stability**		
Indicators	**First Measurement Period** (Nov 1, 2007 – Feb 29, 2008)	**Second Measurement Period** (Nov 1, 2008 – Feb 28, 2009)
1.1 Shelter use		
1.1.1 Number of different people using shelters		
1.1.2 Average length of stay in shelters		
1.1.3 Occupancy rate of shelter beds		

HPS Generic Outcome #1: **Reduction of homelessness and transitions to housing stability**		
Indicators	**Current Situation or Baseline** (April 1, 2006 – March 31, 2007)	**Target** (April 1, 2007 – March 31, 2009)
1.2 Changes in housing status		
1. 1.2.1 Transitions in housing status: *number of adults moving from lengthy and/or recurrent stays at Halifax shelters toward greater housing stability (number of individuals moving to supportive housing and regular housing with community supports ands services arranged)*		19
1. 1.2.2 Housing maintenance: *Number of individuals who have maintained their housing for a 3-month follow-up period*		16

HPS Generic Outcome #2: **Prevention of Homelessness**		
Indicators	**Current Situation or Baseline** (April 1, 2006 – March 31, 2007)	**Target** (April 1, 2007 – March 31, 2009)
2.1 Housing Retention		
2.1.1 Number of individuals who have retained their housing for a 3-month follow-up period after receiving housing loss prevention services		35
2.2 Housing placement		
2.2.1 Transitions in housing status: *Number of individuals who have experienced transitions toward*		

HPS Generic Outcome #2: Prevention of Homelessness		
Indicators	**Current Situation or Baseline** (April 1, 2006 – March 31, 2007)	**Target** (April 1, 2007 – March 31, 2009)
greater housing stability as a result of housing placement services prior to discharge into the community from a health facility, the criminal justice system, or the child welfare system.		
2.2.2 Housing maintenance: *Number of individuals (from 2.2.1) who have maintained their housing for a 3-month follow-up period after receiving housing placement services*		

HPS Generic Outcome #3: Social Integration		
Indicators	**Current Situation or Baseline** (April 1, 2006 – March 31, 2007)	**Target** (April 1, 2007 – March 31, 2009)
3.1 Changes in income		
3.1.1 Number of individuals whose income improved due to receiving relevant services		
3.2 Changes in employment status		
3.2.1 Number of individuals whose employment status improved due to receiving relevant services		
3.3 Participation in volunteer work		
3.3.1 Number of individuals going from non-participation to participation in volunteer work due to receiving relevant services		
3.4 Participation in education		
3.4.1 Number of individuals whose educational attainment improved due to receiving relevant services		

HPS Generic Outcome #4: Improvement in service quality or service capacity						
Indicators	**Current Situation or Baseline** (March 31, 2007)	**Target** (April 1, 2007 – March 31, 2009)				
4.1 Service Quality/ Service Capacity	**Number of beds/units**		**Number of beds/units renovated or improved**		**Number of beds/units added**	
	Beds	**Units**	**Beds**	**Units**	**Beds**	**Units**
4.1.1 Number of emergency shelter beds and mats	244		1-4			
4.1.2 Number of transitional housing beds and units	126		1-4			
4.1.3 Number of supportive housing beds and units (this figure includes 4500 units of the Metropolitan Housing Authority and 10 group homes or small option homes)		4500 10 523	1-4		16-24	16-24

HPS Generic Outcome #4: Improvement in service quality or service capacity

Indicators	Current Situation or Baseline (March 31, 2007)	Target (April 1, 2007 – March 31, 2009)
4.1 Service Quality/ Service Capacity		
4.1.4 Number of services offered in the community		**Number of Services added**
		2

Component Four: Implementation Strategies

Element 8– IMPLEMENTATION STRATEGIES FOR THE COMMUNITY PRIORITIES

8.1 – Continuum of Housing and Supports: Priorities and Related Strategies

For each objective in the Continuum of Housing and Supports, please identify the strategies that your community will implement in the course of the next two years to achieve the planned outcomes.

In this section:
8.1.1 is *required* for priorities your community will fund under the HPS
8.1.2 is *optional* for priorities your community will not fund under the HPS, but wishes to include in the *Plan*.

Two Community Priority tables have been added by default in this section. First, copy and paste **as many tables as you have objectives** (grouped according to priority) and then complete the tables.

CONTINUUM OF HOUSING AND SUPPORTS
8.1.1 – Community Priorities f u n d e d   u n d e r   t h e   H P S
Community Priority # 1
a. Please state the *exact wording* of the community priority and related objective:
• **Priority**: Individuals who experience chronic homelessness or are accommodated in shelters on an episodic basis in Halifax Regional Municipality (HRM) often deal with concurrent mental health and substance use problems. Shelter workers report that the number of individuals who can be described in this way is actually increasing. HRM has a limited number of options to the emergency shelters and/or living on the street. However, the existing options operate at near or full capacity; they do not have the resources to meet the special needs of individuals experiencing concurrent issues. A continuum of care for individuals described here would, for the purposes of this plan, require a general category of services including (but not limited to) the potential to access staff support on a 24/7 basis, assistance in paying essential bills (including rent), reminders of and accompaniment to medical appointments, etc. An essential feature of this work is that it be carried out in a non-judgmental atmosphere. • **Objective**: Create 16-24 new long-term supportive housing spaces in HRM that operate from a Homes First approach for individuals who experience chronic homelessness, particularly those persons facing mental health and/or substance use problems, so they can achieve a permanent home with low entry demands.
b. Please describe the programs, services or activities your community intends to develop or enhance to meet this objective and achieve the expected outcome.

CONTINUUM OF HOUSING AND SUPPORTS

8.1.1 – Community Priorities f u n d e d   u n d e r   t h e   H P S

Community Priority # 1

With a concentrated focus on housing outcomes, we will develop the following work:
- Between 16 and 24 housing units will be built and/or renovated for service users.
- If new construction is to be undertaken, the municipal government will be approached to donate the land.
- We will approach Capital District Health Authority to extend Shared Care services to residents living in the housing units by making bi-weekly visits.
- Mobile Crisis will be invited to provide assistance in emergencies, either by phone or with personal visits when deemed appropriate.
- The Nova Scotia Home Builders' Association will be invited to contribute to the design of the new units in an effort to ensure they meet R-2000 standards (which will affect energy consumption and long term operating costs).

c. Please identify the sectors in your community that will potentially be involved in the implementation of this strategy, and the expected relationships among these sectors. To support your work, you may use **Worksheet - F** in the Data Tools.
(*Sector* refers to: the various levels of government, Aboriginal communities or organizations, homelessness agencies, mainstream agencies, private sector, etc. For types of *relationships*, please refer to the definitions in Annex A).

- We will seek a formal agreement with Capital District Health Authority.
- We will seek a formal agreement with Mobile Crisis.
- Halifax Regional Municipality, including the planning department will be included in discussion related to the planning and building of any new units.
- We will seek a partnership with the Nova Scotia Home Builders' Association.
- Service clubs such as the local business association, Rotary Club and others will be invited to support this initiative in a volunteer capacity and/or to support fundraising efforts.

d. Please indicate what proportion of your HPS funding will be allocated to the implementation strategy under this objective. (This information will also be in **Table G.2** in the Data Tools.)

- Total HPS funding that your community will allocate to total projects
  - **HPI Designated communities:** $3,200,000
  - **HPI Aboriginal partnerships: $**
- Amount and percentage of the HPS funding allocated to this objective
  - **HPI Designated communities**
    - $1,920,000
    - 60 %
  - **HPI Aboriginal partnerships**
    - $
    -          %

e. Please identify any other sources of financial or in-kind support that will be invested for this objective:

- Any donation of land by Halifax Regional Municipality would represent in-kind support
- Technical advice from the Nova Scotia Home Builders' Association would also represent in-kind support

CONTINUUM OF HOUSING AND SUPPORTS

8.1.1 – Community Priorities f u n d e d   u n d e r   t h e   H P S

Community Priority # 2

a. Please state the *exact wording* of the community priority and related objective:

CONTINUUM OF HOUSING AND SUPPORTS

8.1.1 – Community Priorities funded under the HPS

Community Priority # 2

- **Priority**:

Many individuals who experience homelessness or are at risk of recurring homelessness depend on emergency crisis shelters in HRM as their core service provider. The community lacks sufficient services and supports to respond to the range of needs that are presented by individuals experiencing homelessness or at recurring risk of experiencing homelessness.

- **Objective**:

Help individuals who repeatedly enter the shelter system or remain in the system for a lengthy period of time to move into adequate, stable housing and help those persons who have housing to retain their homes so as to prevent renewed homelessness.

Increase capacity in the community to provide service and supports.

b. Please describe the programs, services or activities your community intends to develop or enhance to meet this objective and achieve the expected outcome.

We expect to see an expansion of existing services and supports, as well as the creation of new programs and services (such as day programs) for those individuals who have – to date – primarily depended on shelters for much of their service provision. Our community will look to project proponents to define better what specific activities will be developed to meet the objectives of this priority.

In addition, the community is recommending that at least one full-time housing worker be hired using HPS funding to support individuals to move from homelessness toward greater housing stability and to support those individuals at risk of homelessness to maintain their housing (around eviction prevention, for example). The housing worker(s) would provide social casework services while navigating through a variety of government programs (including income assistance, community care housing and psychiatric services). One goal of this work is to ensure that in a crisis, no one is involuntarily on the streets. Additionally, the housing worker(s) would offer direct service support such as supportive counselling to enhance and encourage client compliance and promote support and flexibility among service providers. This service will provide an opportunity to ensure that existing services are used and that clients are more aware of all available resources while, at the same time, helping to enhance the community's capacity to work collaboratively in direct service provision. It is the express desire of the community that this position(s) would promote collaboration among existing agencies servicing homeless persons and at-risk individuals.

c. Please identify the sectors in your community that will potentially be involved in the implementation of this strategy, and the expected relationships among these sectors. To support your work, you may use **Worksheet - F** in the Data Tools.
(*Sector* refers to: the various levels of government, Aboriginal communities or organizations, homelessness agencies, mainstream agencies, private sector, etc. For types of *relationships*, please refer to the definitions in Annex A).

- We will enter into discussions with the province to explore opportunities to partner with government to demonstrate results through the housing worker(s) initiative. The municipal level of government will be included.
- We will also explore opportunities to partner on the housing worker(s) initiative with off-reserve organizations that work with aboriginal service users.
- We will approach a variety of agencies and government to explore the potential for housing this initiative.

d. Please indicate what proportion of your HPS funding will be allocated to the implementation strategy under this objective. (This information will also be in **Table G.2** in the Data Tools.)

- Total HPS funding that your community will allocate to total projects
  - o **HPI Designated communities:** $3,200,000

CONTINUUM OF HOUSING AND SUPPORTS

8.1.1 – Community Priorities f u n d e d   u n d e r   t h e   H P S

Community Priority # 2

- o **HPI Aboriginal partnerships: $**
- Amount and percentage of the HPS funding allocated to this objective
  - o **HPI Designated communities**
    - ▪ $640,000
    - ▪ 20 %
  - o **HPI Aboriginal partnerships**
    - ▪ $
    - ▪   %

e. Please identify any other sources of financial or in-kind support that will be invested for this objective:

CONTINUUM OF HOUSING AND SUPPORTS

8.1.1 – Community Priorities f u n d e d   u n d e r   t h e   H P S

Community Priority # 3

a. Please state the *exact wording* of the community priority and related objective:

- **Priority**:

The housing stock in Halifax, including much of the shelter housing stock, is aging. Community agencies that provide shelter, supportive housing and a variety of services to individuals who are homeless and/or at risk run on tight budgets that are already limited in terms of operations. It is difficult for agencies to plan ahead and raise funds sufficient to pay for major capital replacement and repairs.

- **Objective**:

Ensure that the living space and program space at shelters, supportive housing facilities and service agencies is safe and poses no major health risks.

b. Please describe the programs, services or activities your community intends to develop or enhance to meet this objective and achieve the expected outcome.

- We are establishing a Proposal Evaluation Committee whose members will have the technical background to comment on the validity of the health and safety issues that are presented.

c. Please identify the sectors in your community that will potentially be involved in the implementation of this strategy, and the expected relationships among these sectors. To support your work, you may use **Worksheet - F** in the Data Tools.
(*Sector* refers to: the various levels of government, Aboriginal communities or organizations, homelessness agencies, mainstream agencies, private sector, etc. For types of *relationships*, please refer to the definitions in Annex A).

- Through discussions with the province, we will ensure that no applicant under the HPS program will access a Shelter Enhancement Grant from the provincial government for the same funding allotment for the same work (i.e. no double-dipping).

d. Please indicate what proportion of your HPS funding will be allocated to the implementation strategy under this objective. (This information will also be in **Table G.2** in the Data Tools.)

- Total HPS funding that your community will allocate to total projects
  - o **HPI Designated communities: $3,200,000**
  - o **HPI Aboriginal partnerships: $**

CONTINUUM OF HOUSING AND SUPPORTS

8.1.1 – Community Priorities f u n d e d   u n d e r   t h e   H P S

Community Priority # 3

- Amount and percentage of the HPS funding allocated to this objective
  - **HPI Designated communities**
    - $160,000
    - 5 %
  - **HPI Aboriginal partnerships**
    - **$**
    -         **%**

e. Please identify any other sources of financial or in-kind support that will be invested for this objective:

8.1.2 – Community priorities not funded under the HPS

Note: This Section is optional. We have provided an additional table should your community wish to include priorities and related objectives not funded under the HPS in the *Plan*. Please follow the instructions for section **8.1 - Continuum of Housing and Supports: Priorities and Related Strategies**. If your community does not identify any priorities and objectives not funded under the HPS, please indicate so in the space below (e.g. 'We included only our priorities funded under the HPS') and delete the table.

We included only our priorities that are eligible for funding under the HPS.

8.2 – Knowledge and Communication: Priorities and Related Strategies

For each objective under Knowledge and Communication, please identify the strategies that your community will implement in the course of the next two years to achieve the planned outcomes.

In this section:
8.2.1 is *required* for priorities your community will fund under the HPS
8.2.2 is *optional* for priorities your community will not fund under the HPS, but wishes to include in the *Plan*.

Only one Community Priority table has been added by default in this section. First, copy and paste **as many tables as you have objectives** (grouped according to priority) and then complete the tables.

KNOWLEDGE AND COMMUNICATION

8.2.1 – Community Priorities funded under the HPS

Community Priority # 1

a. Please state the *exact wording* of the community priority and related objective:

- **Priority**:

The Steering Committee of Community Action on Homelessness has identified the lack of consistent and accurate data as a significant issue. While the Homeless Individuals and Families Information System (HIFIS) has proven to be the ideal tool for data collection and analysis in other communities across Canada, there have been historical challenges to the implementation of HIFIS in the HRM and across Nova Scotia. However, since a Community Coordinator model has been used in N.S., 23 of 41 shelters and services providers are using HIFIS, and the statistics for over 85% of the shelter beds in N.S. are being captured via this database. The Community Coordinator for HIFIS is working with shelters and other service providers to develop the capacity for a coordinated and integrated approach to data collection and ongoing monitoring and analysis. Community Action on Homelessness hopes to work with the N.S. Community Coordinator and participating agencies, by working to develop a Report Card that will present a profile of homelessness in Halifax Regional Municipality and introduce some of the strategies to reduce homelessness in our community. Over time and the publication of successive Report Cards, we would hope to measure progress in the struggle to reduce homelessness in HRM.

- **Objective**:

   To work towards a Report Card on homelessness for our community

   To gather a new snapshot of life on the streets and in shelters in Halifax Regional Municipality.

b. Please describe the programs, services or activities your community intends to develop or enhance to meet this objective and achieve the expected outcome.

There exists a great opportunity to work together to provide a report on homelessness for HRM using all of the contextual information at our disposal, including statistics from government and the focussed statistics from HIFIS, as well as data collected under the HPS, through a provincial

KNOWLEDGE AND COMMUNICATION

8.2.1 – Community Priorities f u n d e d u n d e r t h e H P S

Community Priority # 1

food insecurity project and by other sources to be identified.

In order to have all participants involved in the "Report Card" and the HPS tools, significant training and support capacity needs to be built.

c. Please identify the sectors in your community that will be potentially involved in the implementation of this strategy and the expected relationships among these sectors. To support your work, you may use **Worksheet – F** in the Data Tools.
(S*ector* refers to: the various levels of government, Aboriginal communities or organizations, homelessness agencies, mainstream agencies, private sector, etc. For types of *relationships*, please refer to the definitions in Annex A).

- We will work in close coordination with the NS Community Coordinator for the Homeless Individuals and Families Information System (HIFIS).
- Our community is considering to, once again, work in close coordination with the municipality and a wide-ranging group of stakeholders to develop a new Halifax Portrait of Streets and Shelters.

d. Please indicate what proportion of your HPS funding will be allocated to the implementation strategy under this objective (This information will also be in **Table G.2** in the Data Tools.):

- Total HPS funding that your community will allocate to total projects
  - **HPI Designated communities: $3,200,000**
  - **HPI Aboriginal partnerships: $**
- Amount and percentage of the HPS funding allocated to this objective
  - **HPI Designated communities**
  - To be identified
  - **HPI Aboriginal partnerships**
    - **$**
    - **%**

8.2.2 – Community Priorities not funded under the HPS

Note: This Section is optional. We have provided an additional table should your community wish to include priorities and related objectives not funded under the HPS in the *Plan*. Please follow the instructions for section **8.2 – Knowledge and Communication: Priorities and Related Strategies**.

We included only our priorities that are eligible for funding under the HPS.

8.3 – Community Development: Priorities and Related Strategies

For each objective under Community Development, please identify the strategies that your community will implement in the course of the next two years to achieve the planned outcomes.

In this section:
8.3.1 is *required* for priorities your community will fund under the HPS
8.3.2 is *optional* for priorities your community will not fund under the HPS, but wishes to include in the *Plan*.

Only one Community Priority table has been added by default in this section. First, copy and paste **as many tables as you have objectives** (grouped according to priority) and then complete the tables.

COMMUNITY DEVELOPMENT
8.3.1 – Community Priorities **f u n d e d   u n d e r   t h e   H P S**
Community Priority # 1
a. Please state the *exact wording* of the community priority and related objective:
• **Priority**: • **Objective**:
b. Please describe the programs, services or activities your community intends to develop or enhance to meet this objective and achieve the expected outcome.
c. Please identify the sectors in your community that will be potentially involved in the implementation of this strategy and the expected relationships among these sectors. To support your work, you may use **Worksheet – F** in the Data Tools. (S*ector* refers to: the various levels of government, Aboriginal communities or organizations, homelessness agencies, mainstream agencies, private sector, etc. For types of *relationships*, please refer to the definitions in Annex A).
d. Please indicate what proportion of your HPS funding will be allocated to the implementation strategy under this objective (This information will also be in **Table G.2** in the Data Tools.):

• Total HPS funding that your community will allocate to total projects
 o **HPI Designated communities: $**
 o **HPI Aboriginal partnerships: $**
• Amount and percentage of the HPS funding allocated to this objective
 o **HPI Designated communities**
  ▪ **$**
  ▪   **%**
 o **HPI Aboriginal partnerships**
  ▪ **$**
  ▪   **%**

e. Please identify any other sources of financial or in-kind support that will be invested for this objective:

8.3.2 – Community Priorities **not funded under the HPS**

Note: This Section is optional. We have provided an additional table should your community wish to include priorities and related objectives not funded under the HPS in the *Plan*. Please follow the instructions for section **8.3** – **Community Development: Priorities and Related Strategies**.

We included only our priorities that are eligible for funding under the HPS.

Component Five: Developing and Communicating the Community Plan

Element 9 – COMMUNITY PLAN DEVELOPMENT AND APPROVAL PROCESS

a. Please describe your *homelessness initiative's planning process*, describing:
- who was involved or engaged in the development of the community plan;
- the organizational structure in place to facilitate the development of the community plan at its various stages (community profile, issue and priority identification, objectives and outcomes, etc.)

A community plan can never be developed alone if it is to be meaningful. This plan is no exception. It has been developed with the input and feedback of individuals who themselves have experienced homelessness as well as service providers and advocates who have been active in the Halifax region for – in some cases – in excess of 20 years.

Members of the community – including representatives of government, housing and service providers, the business sector and individuals including those with first-hand experience of homelessness – held a day-long consultation session. Additionally all members of the Steering Committee of Community Action on Homelessness and staff have had opportunities to contribute information, insight and experience. A sub-committee spent one half day refining the priorities and the full Steering Committee spent another half day on review and revision. The NS Community Coordinator for HIFIS also provided valuable input.

Two other significant developments have taken place since our Community Plan Assessment was completed in the summer of 2007: the provincial Department of Community Services has reviewed its representation at the table and re-engaged in the CAH initiative at the Steering Committee level; and terms of reference have been developed to establish a technical sub-committee to review proposals submitted to the CAH for HPS funding. Members will be recruited for specific experience and technical expertise in areas such as finance, project development and municipal engineering / construction. Both developments will help to strengthen planning and decision-making processes as our community moves forward with the HPS.

b. Has the community plan been approved? By whom? (Community of stakeholders? Community Advisory Board (CAB)? Community Entity?)

The Steering Committee of Community Action on Homelessness has had opportunity to comment on successive draft versions of the community plan and will consider the final draft document at its next regular monthly meeting.

Element 10 – COMMUNICATING THE COMMUNITY PLAN
Please describe your community's strategy to communicate the homelessness plan and priorities to: a) the homeless and at-risk populations; b) the homelessness agency sectors; c) the mainstream agency sectors; d) the private sector; e) the public and e) elected officials.

The Community Plan will go out by electronic mail to 550 addresses on the server list of Community Action on Homelessness.
The Community Plan will be mailed by post to First Voice members of CAH.
The Community Plan will be posted on CAH's website.
The Plan will be made available at all future public workshops, etc. that are attended and/or hosted by CAH.

Component Six: Sustainable Development

Element 11 – FINANCIAL AND NON-FINANCIAL RESOURCES

a. Please complete Table H, to identify the sources and amounts of matching funds or in-kind contributions secured by your community for the implementation of your homelessness initiative for the next two years. Please attach letters of confirmation.
Note that this step is not required for Aboriginal Community Entities.

b. Does your community have a funding strategy to increase its financial and non-financial resources for the next two years?
What efforts will your community make to increase the number of different sources or amounts?

Element 12 – HUMAN RESOURCES

a. Please describe your community strategies for developing knowledge and skills related to strategic planning, fundraising, public awareness, etc.

b. Please describe your community strategies to address human resources stability within the homelessness sector to improve the effectiveness of this sector.

Nova Scotia continues to lose qualified and unqualified workers to western Canada. The homelessness sector is affected by this movement, as are other sectors of the local economy.

In this province, positions within the homelessness sector are relatively low-paying. Opportunities for the long term are not particularly favourable, especially when compared with salaries and benefits made available to workers in similar agencies in Ontario and elsewhere.

Furthermore, many front line workers are transitory in the sense that they enter the field, gain experience and return to school to further their educational opportunities. Once higher education is achieved, they are (often) attracted to better-paying positions than those available within the homelessness sector.

If available, please include a plan with your submission. Let us know if your community would be willing to share information on your human resources strategies with other communities

Element 13 – ENVIRONMENTAL INITIATIVES

Please describe your community strategies to address environmental sustainability in capital projects (e.g. incorporating energy efficiency into capital project designs) or operating projects (e.g. recycling and conservation education).

We will encourage proponents to introduce energy efficiency in design, wherever possible. We will remind proponents of the long-term savings in operating costs, when energy efficiency measures are introduced.

Community Action on Homelessness can link proponents with the building industry, where advice and guidance are readily available.

If available, please include a plan with your submission. Let us know if your community would be willing to share information on your environmental initiatives with other communities

The Last Word

There has been broad based participation in the development of the 2007-2009 Community Plan, by community, first voice and the three levels of government in Halifax Regional Municipality. One of the challenges we identify is that the nature of the Homelessness Partnering Strategy is, like many of our clients, transient. The HPS carries a two-year commitment. This is a remarkably short period of time in which to realize all the work related to the articulation of a community plan, project proposals, assessments, recommendations and the implementation and actualization of projects. Across the country, communities like ours need to work with a permanent government program that seeks to develop and deliver permanent solutions for those persons who are homeless or at risk.

Element 12 of this Community Plan specifically encourages us to look at strategies to address human resources stability within the sector. In our community, we consider ourselves fortunate to have retained a strong staff component in the office of Community Action on Homelessness. But the insecurities associated with not knowing the true length of the Supporting Communities Partnership Initiative and the current Homelessness Partnering Strategy do little to assist us in the retention of staff and improvements in effectiveness. It has, at times, come down to the week before the program (and budget) was to end that we have been notified and could say with certainty that jobs and CAH work would continue. This further underscores the need to have a permanent program to end homelessness, not one that moves along in fits and starts.

Hannah Taylor is the nine-year-old girl from British Columbia who started the Ladybug Foundation, which has so far raised $500,000 for charitable organizations which provide food, shelter and other needs for the homeless and near-homeless in Canada.

For Hannah, this issue is not complicated. Hannah believes that "*everyone should have a home*." We do, too.