



Community Plan 2011–2014

Homelessness Partnering Strategy

Annex B: Community Plan

Community:

Province or Territory:

Delivery Model:
(For HPS Designated Communities Funds)

Date of CAB approval: Day Month Year

Date sent to Service Canada: Day Month Year

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1. The Community Planning Process

1.1. Community Advisory Board (CAB)

Purpose

The purpose of this section is to identify how representative your CAB is of the stakeholders in your community. You will also consider the strengths of your CAB and any challenges you may face.

Your CAB should be representative of your community, including representation from:

- The Province/Territory
- Municipality/Regional government
- Aboriginal sector
- Private sector
- Not-for-profit/charitable sector
- Your client groups (homeless and at-risk individuals, including youth and Aboriginal people where appropriate)
- Service providers

It could also include other representatives important in your community, for example:

- Academic/research/policy group



Note: The Reference Guide includes an example for completing this section.

- a. Before answering this question, complete **Table A** (Community Advisory Board Membership) in the Data Tables.

Is there any sector or organization you would like to include in the future to make the CAB more representative of your community? **Table A** (Community Advisory Board Membership) in the Data Tables will help you to identify which sectors are already represented on your CAB.

yes no

If yes, please identify the sector or organization and describe how you will engage it.

The CAB is keen to engage additional persons/organizations who can contribute to the work of the Advisory Board and are primarily from Halifax and Dartmouth.

While promoting inclusivity, there is a delicate balance to maintain; we do not want to have such a large group that we cannot get things done.

- This may include, but is not limited to: members of the Afro-Nova Scotian community, representatives from the Department of Health and Wellness with specific interest in health protection & promotion and mental health, and/or from the business sector.

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b. What are the strengths of your CAB?

- Community-based model with depth of on-the-ground experience of members
- Knowledgeable and committed members
- The link to Community Action on Homelessness where the CAH has played a key role in data collection and analysis, advocacy and consultations, in addition to facilitating and supporting the CAB
- First Voice participation
- Tenure: new members bring fresh approaches; long time members bring consistency and a sense of the history in this community
- Inclusive membership

c. What challenges, if any, are faced by your CAB?

This exercise has helped the CAB to identify issues that, once addressed, can strengthen our internal functioning. Additionally, we face two significant challenges. The transition to a Community Entity model, from a Shared Entity, is an emerging issue for us. Secondly, the time required to be active and engaged in the work of the CAB is a barrier to participation, particularly for smaller organizations and First Voice participants. Day time hours taken away from work, for the CAB, often have to be made up elsewhere. This comes at a cost, both to organizations and to the individuals involved.

1.2. Stakeholder Engagement

Purpose

The challenges of homelessness are complex and are best addressed through strong support and cooperation between all levels of government, as well as the private and voluntary sectors.

The purpose of this section is to describe the support and cooperation within your community for your homelessness strategy. It is expected that you will demonstrate broad support, representing all key sectors in your community.

a. Before answering this question, complete **Table B** (Partners and Their Involvement) in the Data Tables

How did you consult your community as you prepared this Community Plan? **Tables A** (Community Advisory Board Membership) and **B** (Partners and their Involvement) in the Data Tables may help you to identify who was involved in your community planning process. Please include information about the extent of your consultation.

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The Halifax CAB undertook a variety of activities in person, on line, by phone, at public events, etc. in order to invite broad participation. From time to time, throughout this document, the voices of different people will be heard who have been a part of this consultation. Overall, here's who we heard from, and under what circumstances.

Community Consultation in November 2010: 60 participants including shelter and service providers, the Minister of Community Services and senior staff, CAB members, faith-based community members and First Voice completed a dot-mocracy exercise to identify priorities for the coming period. They were also invited to provide general comments and feedback.

Online survey: 170 respondents representing a broad cross-section of the population including First Voice, CAB members, federal-provincial-municipal government employees, self-identified concerned citizens, nurses, faith-based community members, etc. answered a short survey to identify priorities and prioritize the needs of various populations in terms of housing, shelter, services, etc. An invitation to take part in the survey was circulated to 1050 people via email, Twitter and in personal meetings with persons who do not use computers or have access to the Internet. Additionally, anyone viewing the website of Community Action on Homelessness throughout much of December and early January 2011 would have been asked to take part.

Face to face interviews with:

- 13 people who are currently homeless or marginally housed
- three Aboriginal service providers
- one representative of the provincial government's Department of Community Services

Focus group: with six Aboriginal service providers

Email contributions from members of the CAB and a meeting of the CAB to review the material and finalize priorities for this Community Plan.

- b. Are there stakeholders or potential partners other than those listed in Table B (Partners and their Involvement) that are critical to your community's homelessness strategy?

yes no

If yes, identify these stakeholders and describe the contribution they would make to your homelessness strategy.

Housing Week has become a popular vehicle for engaging the broader community in Halifax around issues of housing and homelessness. Events throughout the week

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have traditionally appealed to a variety of population groups (for example: university students, shoppers at a mall, etc.) and created spaces for them to learn about and to comment on priorities, innovations, etc. Future work may use a different vehicle but would certainly seek to engage the broader community.

If yes, how will you engage these stakeholders?

Once established, a housing and homelessness network would provide individuals, community groups, faith-based groups, persons who are homeless (or at risk), business organizations, academic researchers, etc. to become involved in working to address homelessness, in all its aspects.

- c. How is your CAB working with the Aboriginal sector to identify and implement Aboriginal priorities? Please note: Each Community Advisory Board is responsible for allocating a level of funding for Aboriginal homelessness that is representative of the percentage of the Aboriginal population in that community. Where feasible and appropriate, Aboriginal groups working with people who are homeless should be considered as the preferred funding recipients to deliver culturally relevant services to homeless or at-risk Aboriginal people.

Currently two members of the CAB are from the Aboriginal Community. One represents the only off-reserve housing provider in Nova Scotia. The other member has personal experience with homelessness. He is also able to speak for the Native Friendship Centre in our community.

In preparation for the new Community Plan, we sought the views of many more service providers, service users and community members who identify as Aboriginal. Through this consultation, issues emerged that are specific to their experience of unstable / unsafe / inadequate housing and homelessness.

- d. Please answer this question only if your community receives funding from the HPS Aboriginal Homelessness Funding Stream and your CAB manages this funding; otherwise, enter n/a in the box below.

Please describe how your community will ensure Aboriginal Homelessness funding will primarily target projects from Aboriginal service providers to address the specific needs of the off-reserve homeless Aboriginal population. Your answer should include how you will ensure that the activities undertaken will respect Aboriginal identity and practices, to ensure services are integrated and culturally appropriate.

n/a

1.3. Other Related Strategies, Programs and Community Plans

Purpose

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It is important to take an integrated approach to addressing homelessness issues. In this section, you will demonstrate how your work on homelessness links to other strategies, programs and plans.

- a. In the table provided below, please identify federal, provincial or territorial strategies or programs (other than HPS) which fund activities in your community related to your homelessness strategy (please see the Reference Guide for examples). If you are not aware of any relevant strategies or programs in your community, please put n/a in the first box under “Name of federal, provincial or territorial broad-based community strategies or programs”.
- In the first column, please identify the strategy or program.
 - In the second column, briefly describe how it complements your homelessness strategy.
 - In the final column, please identify the primary focus of the strategy or program. From the drop-down menu in the final column, you can choose from Aboriginal, youth, children, seniors, women, people with disabilities, mental health, employment, crime prevention, and anti-drug.

Name of federal, provincial or territorial community strategies or programs	Briefly describe (max 250 characters)	Primary focus of strategy or program
Affordable Rental Housing Program under the Canada Nova Scotia Affordable Rental Housing Agreement	This program contributes to the development of new affordable rental housing units to a maximum of \$25,000/unit. It has been used to co-finance capital cost projects recommended for HPS support by the Halifax CAB.	Click to choose
		Click to choose

- b. In the table below, please identify any other plans developed by or in your community since April 1, 2007 to address issues related to homelessness. These plans may range from plans required by the Province or Territory to local plans intended to better integrate all the strategies undertaken in your community. If you are not aware of any other community plans related to homelessness in your community, please put n/a in the first box under “Title of plan”. In the column

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“What issue was the plan designed to address?” please choose from the drop-down menu. Your choices are: homelessness, affordable housing, poverty, or mental health.

Title of plan	What is the main issue the plan was designed to address?
Poverty Reduction Strategy, April 2009	Poverty
CAH Task Force for Affordable Housing	Homelessness
Mental Health Court Program, Nova Scotia	Mental Health
Framework for a Poverty Reduction Strategy, Community Coalition to End Poverty in Nova Scotia	Poverty
	Please choose one

2. Community Plan Assessment

Purpose

The purpose of this section is to assess your progress in addressing the priorities in your 2007-2009 Community Plan (and any updates) under the three HPS Activity Areas, and to identify what led to your results.



Note: The Reference Guide includes an example for completing this section.

This section and your Community Plan Priorities (2007-2011) in the information package are colour-coded by activity area, in the same way as the Community Plan Priorities you submitted for 2007–2011.

- The Continuum of Housing and Supports priorities are coloured green.
- The Knowledge and Communication priorities are coloured orange.
- The Community Development priorities are coloured yellow.

If you have no priorities in an activity area, type “n/a” into the box under “Please describe your success ...” and proceed to the next activity area.

Use your information package:

- The *Community Plan Priorities (2007–2011)* lists the priorities you set for 2007—2011.
- The *HPS Projects and Priorities Report* identifies which priorities were implemented through projects in your community.
- The *HPS Investments and Results Report* identifies the results (outcomes) achieved by the HPS-funded projects in your community.

Before you begin this section, you must complete **Table C** (Assessing Community Plan Priorities 2007—2011) in the Data Tables. In this section, use this Table C to identify your level of success in implementing your priorities.

a. Continuum of Housing and Supports Priorities

Please describe your success in implementing your Continuum of Housing and Supports priorities. Please make reference to your *HPS Investments and Results Report* to describe how you know that you have been successful.

The first priority of our most recent Community Plan was to create 16-24 new long-term supportive housing spaces in HRM that would operate from a Homes First approach. We wanted to see those individuals who experience chronic homelessness find a permanent home in our community. Our expectation was that 19 individuals

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would move into these new housing units from the street or from lengthy or recurring stays at Halifax shelters, and that 16 of 19 individuals would maintain their housing for a 3-month follow-up period. Our community has exceeded those goals. Thirty-eight new permanent beds were added to the stock of supportive housing units by November 12, 2010. Two additional projects have been approved that are expected to house another 30 individuals by April 2011.

Overall, the HPS helped to finance a total of 15 capital projects in Halifax from April 1, 2007 to November 12, 2010. Aside from construction of new housing, we wanted to address health and safety concerns at shelters, supportive housing facilities and the premises of service providers. Additionally, we sought to improve a modest number of services for street-involved people by enhancing the locations where they are offered. Here's how the impact of this work is described by one service provider who accessed the HPS: "Our expanded studio space is beautiful and honours the creativity and expressive talents of youth at ARK."

Our community also focused on the prevention and reduction of homelessness by delivering new and expanded services. The idea was to help individuals who had repeatedly entered the shelter system or remained in the system for a lengthy period of time to move into adequate, stable housing and to help those persons who had housing to retain their homes to prevent renewed homelessness. Our goals were to realize a transition in housing status for 69 adults and see 41 individuals maintain their housing.

Four projects financed by the HPS have reported on their activities in this area. Together, they have helped a total of 457 individuals transition into more stable housing since April 1, 2007. That's 663 % greater than initially planned. The largest gains, by year, were realized in 2009-2010 when 252 people were supported to move to more stable housing. The individuals came from a variety of locations: emergency shelters, the criminal justice and child welfare systems, health facilities, transitional and supportive housing units and from situations of hidden homelessness.

After placing someone in more stable housing, projects are required to follow up after three months to see whether an individual is able to maintain housing. The experience with HPS-funded projects is encouraging. It was possible to contact almost all of the people who transitioned from an institution. A little more than half had maintained housing for at least three months.

During the reporting period, three projects report helping 526 persons to maintain housing through an intervention designed to prevent housing loss. An example of this type of support is when a supporting organization steps in to liaise between a landlord and tenant, to help to resolve issues that might otherwise lead to an eviction or a hearing at the Residential Tenancy Board. Of those persons who received direct support, 489 were contacted for a follow-up after three months; 337 of them

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remained housed. The achievements realized are amazing given that the initial goal was to see only 41 individuals maintain their housing.

To date, four projects reached out to 138 people during the life of the HPS with interventions aimed at improving the conditions of those people who are homeless or at risk of homelessness in Halifax. These projects helped to improve access to income, employment, volunteer work and education with 49 % reporting an improvement as a result of HPS-funded projects.

Please describe any challenges faced by your community in implementing your Continuum of Housing and Supports priorities and how you addressed them. (If your community did not face challenges, please enter n/a.)

Despite the achievements described above, we can always do better. Certainly the short length of the HPS program is a challenge to non-profit organizations involved in housing and homelessness. This is particularly true for capital projects. It takes time to identify properties ripe for development and zoned correctly under municipal law. It takes more time to prepare local communities for new neighbours, if NIMBYism is to be minimized and support forthcoming. When adequately resourced, non-profit organizations have been willing partners in our community, despite the short timelines.

Another challenge has been to get the provincial and municipal governments to the table as funding partners. To date, only one provincial initiative has been identified to co-finance activities related to the Halifax homelessness strategy. From time to time, projects are able to attract private funding partners but their participation tends to be case-by-case and modest. More often, private participation amounts to gifts-in-kind such as services provided on a pro bono basis (architectural, for example) or contributions of construction materials (cement, siding, etc.).

A funding partnership relates not only to the capital or hard costs of construction. In Halifax, it has been difficult to build partnerships that contribute to sustainable operations. We want to ensure that when we create supportive housing, it is adequately resourced for the long term, to offer ongoing supports to its tenants.

The municipality is fairly removed from the homelessness table in Halifax. A vacancy for municipal representation on the CAB is unfilled. And there is no clear path to address issues such as the high cost of building permits in HRM or delays in issuing permits. It is paradoxical to see a project that has federal and possibly provincial funding stall at the municipal level. Our community would benefit from having all three levels of government work in tandem.

It is worth noting that several cities in North America have adopted, in recent years, multi-year plans to end homelessness. The point is to coordinate resources, energy

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and people to 1) house people and 2) provide them with wraparound services to keep them housed, beyond the independent, isolated projects funded by the HPS. There is no such effort going on in HRM although a few respondents to our on-line survey in preparation for this Community Plan have indicated interest in exploring the potential for a coordinated initiative.

The Departments of Health and Wellness and of Justice are not currently at the homelessness table in a meaningful way. Yet individuals who experience homelessness have significant impacts on both departments in terms of usage of service and the costs of the service provided. It can be argued that services would be designed and delivered in more appropriate ways if the departments would be more involved and knowledgeable about homelessness and risk.

b. Knowledge and Communication Priorities

Please describe your success in implementing your Knowledge and Communication priorities. Please make reference to your HPS Investments and Results Report to describe how you know that you have been successful.

This body of work relates to the role of Community Action on Homelessness in helping to facilitate discussion and advance the community's response to homelessness in Halifax. It is about building partnerships and networks and promoting collaboration. It's about creating space and ways for people and groups to contribute, with a specific interest in the voices of those persons with direct experience of homelessness who are known in our community as First Voice.

In 2008 and again in 2009, our community published a Halifax Report Card on Homelessness. These reports document the then-current state of homelessness, using indicators that looked at changes in homelessness, housing and income over time. The goal of the report cards was to profile the challenges and introduce some of the organizations and services that are working to reduce the impact of living in Halifax without a home. The Report Cards were the basis for the development of a cost-benefit analysis of providing shelter to individuals experiencing homelessness. In turn, this work is influencing ongoing discussions with the province about where and how to invest resources to reduce shelter use by helping people to transition to and maintain housing.

Our community has a great capacity to gather and use information from HIFIS. In part, this relates to the fact that all shelters in Halifax are using the system and support for HIFIS throughout Nova Scotia is strong.

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The community carried out a count of homeless individuals, to compare with a snapshot of life that was conducted on the streets in the HRM in 2003 and 2004. Additionally, we chose to examine the daily living conditions of homeless people and the barriers they face as they interact with the health care system. The results from this outstanding study are published in Health & Homelessness in Halifax, A Report on the Health Status of Halifax's Homeless Population, 2009. This report had to be reprinted not long after publication, and there is an enormous appetite for a new report on street health, expected in 2011.

Please describe any challenges faced by your community in implementing your Knowledge and Communications priorities and how you addressed them. (If your community did not face challenges, please enter n/a.)

The community cannot always gather or gain access to existing information that would help to better describe and define the scope of the housing and homelessness crisis in Halifax. For example, the province did not provide information that was requested for the first and second Report Cards on Homelessness, such as the numbers of people on the wait list for public housing units in Halifax.

c. Community Development Priorities

Please describe your success in implementing your Community Development priorities. Please make reference to your HPS Investments and Results Report to describe how you know that you have been successful.

Halifax gained from a wide range of activities in an effort to enhance community involvement, awareness and education related to homelessness. Fact sheets and newsletters were developed, local research projects and surveys were launched and there were staff training sessions and workshops. In each of the last four years, 'Building Community' was published as part of the annual housing week in Halifax. This publication - highlighting the experience of and solutions to homelessness, and the societal conditions that contribute to homelessness and risk - found its way into tens of thousands of Halifax households, offices and businesses. It has become an effective vehicle for educating and informing the much wider community.

Four projects were designed to bring about improvements in community services and service delivery in Halifax over the reporting period. Partnerships were developed in each of the three years, from a high of 72 reported in 2008-2009 to a low of 37 in 2009-2010. Additionally, there were a variety of community development activities each year, ranging from 53 -70 activities a year.

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Please describe any challenges faced by your community in implementing your Community Development priorities and how you addressed them. (If your community did not face challenges, please enter n/a.)

n/a

3. Good Practices

Purpose

The purpose of this section is to highlight HPS-funded projects implemented in your community since April 1, 2007 that have been particularly successful.

- a. Please describe the HPS-funded projects implemented in your community which you consider to be good practices in preventing and reducing homelessness (maximum of three, maximum length 1500 characters).

Please consult your HPS Projects and Priorities Report for a list of HPS-funded projects implemented in your community.

1. Education / employment

Based on a model of social enterprise, the Elizabeth Fry Society's Our Thyme Café and Catering is an education and employment program for women and female youth who are homeless or at risk. Participants may also have experience with the criminal justice system and/or face other barriers that contribute to living in poverty.

Since its inception, Our Thyme has trained 68 women. About half completed the full program; the remaining half took part in some modules. Two valuable partnerships - with the provincial Employment Support Program and Service Canada's Employment Program - provide a wage subsidy and job creation money.

The project seeks to:

- train women to work in the culinary arts and food safety sector. Most of the participants, who face barriers to employment, need a second chance.
- prepare women for jobs in the food service industry in a non-judging environment that provides and promotes life skills, job readiness and hands-on training.
- increase women's confidence and strengthen their ability to obtain long term employment or return to school to support educational goals in culinary arts.
- build skills in hygiene, food preparation, food tastes, food smells, food storage, costing, management, service, food delivery, customer relations, advertising, cooking and budgeting.
- offer certificates in WHMIS, OHC, First Aid and Food Handling Safety.

Some participants have since found jobs in the food industry; others have been accepted to study at the Nova Scotia Community College. Most have left feeling better about themselves and what they can do. In the words of one graduate, "I enjoy being part of the Our Thyme Café family. I have learned a lot and look forward to what comes next!"

3. Good Practices

2. Wrap-around support

The Halifax Housing Help (HHH) program of Metro Non-Profit Housing Association provides enriched housing support and trusteeship services to single individuals who experience on-going barriers to housing stability. Throughout 2009-2010, HHH worked with more than 500 people to find and maintain housing. Key aspects of the HHH model include trusteeship services, housing search assistance, on-going case management and support coordination, as well as emergency funds to prevent immediate financial barriers to housing stability.

The approach used by HHH recognizes the complex barriers of mental health and/or addiction and coordinates an individual's key support systems. This approach ensures that individuals receive coordinated support, contributing to a greater sense of the community around them. HHH regularly connects with diverse supports, as each individual has his/her own unique needs. HHH commonly works with Income Assistance caseworkers, medical professionals, landlords, staff at drop-ins and shelters, employers and family members and close friends of the individuals served.

Another project funded by the HPS has offered similar support, but with a focus on sex workers who repeatedly enter the shelter system in Halifax or remain in the system for long periods of time before moving into adequate housing. The project designed by Stepping Stone addresses the unique challenges that sex workers experience in attaining safe, secure and affordable housing. Some of their challenges stem from criminalization of the trade (loss of housing due to incarceration on prostitution-related offences) and from stigma and discrimination.

Stepping Stone's program was more than housing referrals. It developed and enhanced the skill base of street-based sex workers through literacy training and computer skills. It established community partnerships. Program participants reported improved self-esteem and enhanced employment prospects. More than 50 individuals benefited directly with safe and secure housing, training and employment.

3. Transitional housing / private landlords

A program that provides supported housing has proven to be a great model in our community. Originally developed by the YWCA Halifax to offer housing to women, was adapted by the Saint Leonard's Society of Nova Scotia to pilot a program for homeless men in 2010. Here's how it works. A support worker screens applicants and matches people up with apartments. On becoming tenants, they continue to receive ongoing support from the worker and can access a mobile crisis team that operates 24/7. Property owners and managers benefit from having a single contact at the implementing agency. One of the city's largest property owners, Killam Properties, provides the units to Saint Leonard's clients along with subsidies ranging

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from five to 22 per cent off market rents. This makes the units affordable to recipients of social assistance.

Since March 2010, a selection committee has reviewed 34 applications. Seventeen men have been accepted into the program; 12 are currently housed. The average length of stay in housing, to date, is 115 days or almost four months. Prior to becoming housed, the average length of their most recent stay at a local men's shelter was 313 days. On average, each participant in the program has received almost six hours of individual support. The average age of participants is 54 years.

While this model works well for tenants, it is also earning recognition for the landlord. By demonstrating leadership in the private sector, Killam has helped to sign up at least four other local landlords in a similar partnership. This year, the CMHC presented Killam Properties with a Housing Award for Best Practices in Affordable Housing.

- b. The HP Secretariat is committed to learning about and sharing good practices across Canada and may wish to follow up to learn more about the successful HPS-funded projects in your community. For each of the good practices you have described, please indicate your preferences by filling in the appropriate fields in the table below.

Good Practice	May the HP Secretariat contact someone about the good practice described above?	If yes, please provide contact information in the space(s) below (name, organization, telephone, e-mail)	May the HP Secretariat share this good practice with others?
1.	Yes	Jeanette Milley, Elizabeth Fry Society of Mainland Nova Scotia, (902) 454-5041, mjmilley@efrynovascotia.com	Yes
2.	Yes	Carol Charlebois, Metro Non-Profit Housing Association, (902) 466-8714, carol_charlebois@hotmail.com Rene Ross, Stepping Stone, (902) 420-0103, rene@stepping-stone.org	Yes
3.	Yes	Tanis Crosby Executive Director Tanis Crosby P. 902.423.6162 x230 t.crosby@ywcahalifax.com	Yes

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Good Practice	May the HP Secretariat contact someone about the good practice described above?	If yes, please provide contact information in the space(s) below (name, organization, telephone, e-mail)	May the HP Secretariat share this good practice with others?
		<p>Bill Pratt, Saint Leonard's Society of Nova Scotia, (902) 463-2574, billpratt@saintleonards.com</p> <p>Jeremy Jackson, Killam Properties, (902) 453-9000, jjackson@killamproperties.com</p>	

4. Current Situation

4.1. Demographic and Socio-economic Trends

Purpose

The purpose of this section is to identify the changes or trends you have seen in your community as a whole and in the homeless and at-risk populations within your community. This information should help you to identify any changes in the needs of the homeless and at-risk populations in your community.



Note: The Reference Guide includes an example for completing this section.

- a. Please identify any population, housing or income changes or trends in your community since 2007 and explain how these changes or trends have affected your community. Please refer to the Census and housing data included in your information package and any other recent environmental scan produced in your community.

The Canada Mortgage and Housing Corporation Rental Market Survey, which was conducted in October 2010, reported that there were fewer apartments available for rent compared to a year ago in Halifax. The overall vacancy rate for the Halifax CMA was just 2.6% compared to 2.9% last year and just 1.8% for peninsular Halifax compared to 2.0% in 2009. This is despite the fact that there has been a steady rate of rental construction in Halifax over the past number of years, adding new units to the rental stock, albeit most in the higher end of the market. This redevelopment has contributed to a conflict of lifestyles in some parts of the city. Traditionally, north end Halifax has been home to lower-income individuals/families and many service providers. Upscale rental units, lofts and condos have mushroomed and houses are being renovated, to serve newcomers to the area. The gentrification of Gottingen Street and small streets to the immediate west is identified as a stressor for the community.

Rents, meanwhile, are mostly on the rise, which impacts the working poor and those persons who are at risk of becoming homeless. The average rent for a two-bedroom apartment in Halifax increased 2.9 per cent in 2010 to \$891, and almost seven per cent from 2008. In some neighbourhoods, average rents were higher (Peninsula North at \$923 and Mainland North at \$898) while two of the least expensive neighbourhoods were Dartmouth North at \$757 and Dartmouth South at \$690.

That's beyond what many families living in poverty can afford. In the words of one respondent to our on-line survey, "The decrease in apartments available / being

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coupled with the constantly increasing rent rates are forcing families into finding apartments in the slums (areas where landlords do not repair apartments). These areas are usually occupied by people on social assistance or disability as they only get \$500.00 or less for rent and are therefore forced to spend what little they have for food on rent."

The average rent for a one-bedroom apartment went up in each of the past three years. Only the average rent for a bachelor apartment declined, modestly, to \$632/month in 2010 from \$638 in 2009. But here's the grim reality, as explained in the Halifax Report Card on Homelessness 2010: an individual working 40 hours a week at minimum wage would have to pay 43 per cent of his/her gross salary for an average bachelor apartment in HRM.

Power rates in Nova Scotia increased again in January 2011, putting an even bigger burden on the poor. This time, residential customers of Nova Scotia Power are seeing their power bills climb by 5.7 per cent. This is the sixth rate increase in nine years, with power bills for residential customers rising by 34 per cent since 2002. Water bills also increased significantly this year, by about 27 per cent for residential users in Halifax.

Increases in essential services can have dramatic and sometimes devastating effects on people who are already living in dire poverty. Prior to being elected the Member of Parliament for Halifax, Megan Leslie was quoted as saying, "We see families where a lack of electricity was a factor in a child protection decision to take children from their parents; we see households burning clothing and furniture to heat their homes; we see seniors forgoing medication to keep the lights on." Increasing power rates are also a concern to respondents to our on-line survey. "People need to know what is going on ... why there is a need for food banks/shelters, etc." "Increasingly, we see people having to move to unsafe housing ... We have seen a rise in people accessing the food bank."

- b. Before answering this question, complete **Table D.1** (Homeless and At-risk Populations) in the Data Tables.

How have the homeless and at-risk populations in your community changed since 2007?

With the support of the Homeless Individuals and Families Information System (HIFIS), Halifax was able to document the numbers of overnight guests to all shelters in the city in 2009. In total, 1,751 persons were homeless and stayed in a shelter. By age and gender, 51 per cent were single men; 33 per cent were single women; 10 % were youth between the ages of 16 and 19 years; and almost six per cent were children under 16 years who were accommodated with their mothers or

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legal guardians (women only). By 2010, the number of individuals who were homeless and stayed in a shelter in Halifax had climbed to 1,900.

Unfortunately, these numbers cannot be compared with statistics for 2007 and 2008. HIFIS was not been used by all shelters at that time.

4.2. Support Services

Purpose

The purpose of this section is to describe any changes needed to services in your community because of changes in the characteristics of the homeless and at-risk populations.



Note: The Reference Guide includes an example for completing this section.

- a. How have changes in the needs of the homeless and at-risk populations since April 1, 2007, affected the type of support services needed in your community?
A few different services have been initiated in Halifax since 2007 with the goals of moving individuals into stable housing and helping to keep them there, in order to prevent anew an experience of homelessness. These support services have been used by hundreds more people - mostly single adults - than was originally planned, which demonstrates great need in our community. No one has specifically directed these supports to youth experiencing homelessness, or to families or Aboriginal persons but all three population groups have been identified as being in need

4.3. Shelter and Housing

Purpose

The purpose of this section is to describe any changes needed in emergency shelter or transitional or supportive housing in your community because of changes in the homeless and at-risk populations in your community.



Note: The Reference Guide includes an example for completing this section.

- a. Before answering this question, complete **Table E** (Shelter Verification Form) and **Table F** (Residential Facilities for Homeless People) in the Data Tables.

How have changes in the needs of the homeless and at-risk populations since April 1, 2007, affected the need in your community for emergency shelter, transitional or supportive housing?

4. Current Situation

It is safe to say that there has been an increase in the number of persons seeking emergency shelter in Halifax. There has also been an increase in the number of beds made available. In 2008, two organizations that were providing shelter in Halifax merged. Newly configured, they increased the numbers of beds at their men's and women's shelters instead of operating a cold weather location that had previously been open every November-April, called Pendleton Place. Along with these changes came a move to a harm-reduction approach.

In the winter of 2009, a new community-based volunteer-run shelter opened to accommodate persons who are homeless through the winter months. The Out of the Cold Shelter aims to serve people who cannot readily access the existing shelter system; couples who do not want to be separated, individuals who may be temporarily barred from other locations or feel unsafe or unable to access larger crowded shelters, and/or to address the increasing capacity issues experienced by other shelters.

The Out of the Cold Shelter ran at capacity 43 per cent of the nights it was open from November 22, 2009 to April 30, 2010. At least 75 persons were turned away for lack of space. We know that number is under-reported because record-keeping for turnaways was not collected in the first months of operation. This winter, the doors of the Out of the Cold Shelter are again open. Shelter staff and volunteers are in daily contact with other shelters, to improve communication and planning so as to have as few people as possible staying on the streets through the cold months.

Among other things, this experience demonstrates that in Halifax - as elsewhere across the country - youth represent a fast-growing portion of the homeless population. Youth between the ages of 16 and 24 years accounted for almost 40 percent of all stays at the Out of the Cold Shelter last year. Of those youth who were sheltered by Out of the Cold, 31 per cent were female youth.

The only shelter in Halifax that is designed specifically for youth between 16 and 24 years is Phoenix Youth Shelter. In 2010, Phoenix operated at 94 per cent occupancy with 19 of 20 beds full consistently. On average, 11 beds were used by youth aged 19 years and over (9 males and 2 females) and 8 beds were taken by youth under 19 years (5 males and 3 females). Aside from the shelter, Phoenix runs a variety of programs including one that provides support to parents. Currently about 70 youth on Phoenix's caseload are parents themselves.

A recent study by the Pathways to Resilience Research Project led by Dr. Michael Ungar at Dalhousie University surveyed 75 youth at Phoenix between November 2007 and August 2009. Some important findings from this research include:

- Average age of youth is 19 years old.
- Average grade completed is 10.

4. Current Situation

- Less than 14% of youth identified living in a household with a parent (either single or two-parent household)
- 32.4% of youth said they'd lived in a foster placement at least once in their life
- 83.6% said they'd stayed in a homeless shelter at least once (with just under 55% having used a homeless shelter three or more times)
- 58.1% of youth have been to court at least twice and 52% have been in jail at least once.

The folks who run ARK Outreach, a drop-in for street-involved and homeless youth in Halifax, report seeing younger youth, in greater numbers, on a consistent basis. They say there are large numbers who have been released from being 'in care and custody', who are living without housing and stability while experiencing frustration and anger at their situations. Many others between 14 and 19 years of age live entirely off the grid and call the street their home.

4.4. Collection of Emergency Shelter Data

Purpose

The purpose of this section is to identify:

- the current situation in your community regarding the collection and export of emergency shelter data;
- how your community will prepare to export shelter data.

The answers will help you to prepare to meet the National Homeless Information System requirements. Note: The Reference Guide includes details on the requirements for HPS reporting over the period 2011–2014.

As you answer the questions in this section, please start thinking about how you will use this data once collected. For example:

- You can use this data to do reliable analysis of admission trends, and profiles of the homeless population in your community (well-organized data coordination activities amongst service providers allow whole communities/provinces to collect similar information, defined in the same way).
- You can use this data to identify: the average length of shelter stays; the number of chronically homeless individuals; the progress you are making on implementing your priorities; and trends in the homeless populations in your community.
- You will be able to track movement of individuals between service providers.

The use of a common data collection tool (HIFIS or non-HIFIS data collection system) will provide you with accurate, reliable data that will assist in your reporting requirements for HPS.

When you send this information to the HP Secretariat, it will help us to:

- determine the scope of homelessness in Canada;

4. Current Situation

- demonstrate how the face of homelessness is changing;
- create policy that better responds to these changes, taking an evidence-based approach to policy options and decision-making.



Note: The Reference Guide includes an example for completing this section.

- a. Is shelter data compiled at the community level?

yes no

If yes, by whom? Do they produce regular reports?

yes via HIFIS

- b. Before answering this question, complete **Table D.2** (Data Sources for Homeless and At-risk Populations) in the Data Tables.

What actions will your community have to take to collect emergency shelter use data to share with the Homelessness Partnering Secretariat? What additional resources will you require? Please refer to **Table D.2** (Data Sources for Homeless and At-risk Populations) and **Table E** (Shelter Verification Form) in the Data Tables to help you assess your current situation.

All shelters in HRM are using HIFIS. Discussions are currently underway, by the province and shelters, to decide what additional information will be collected and shared with the broad community regarding shelter use and the individuals and families who are using this service.

5. Issues

Purpose

The purpose of this section is to:

- identify the most important issues related to homelessness in your community, and
- explain how your community contribution will support your efforts to address these issues.

This section will help you to identify your 2011–2014 Community Plan priorities.

- a. Please identify and describe the most important or pressing issues related to homelessness in your community.
 - Please consider the facilities, services and supports which the homeless and at-risk populations in your community need or will need in the next three years.
 - Please also consider any improvements needed in community coordination, partnership development and data management by your community.

You should identify only those issues that are of a high enough priority that you intend to address them in the next three years. The issues could either become a priority for funding through HPS or another source of funding. In section 6 (Priorities 2011-2014), you will have the opportunity to identify your priorities for HPS funding. In **Table G** (Community Contribution) in the Data Tables, you will identify your community contribution, which includes funding to address any of the issues you have identified.

(You can include a maximum of ten issues)

1. affordable housing

Contributors to the development of this Community Plan singled out affordable housing as their most pressing priority. Listen to some of their voices.

"I think shelters are important and provide for those in need but I believe the goal should be real homes for real people."

"Affordable housing prevents homelessness! And when it's also decent, well-run, and appropriate to the needs of those who live there, it facilitates HEALTH, stability, and well-being ... as well as healing, growth, and may even JOY."

"More affordable housing should be made a priority to help people to afford a place to live. The most vulnerable people are welfare recipients, jobless, transient and Aboriginal people, even those who qualify for welfare. That does not even cover the lowest rents in the HRM. Many are forced onto the streets to survive."

Throughout the consultation process, community and government were encouraged to think broadly about affordable housing, to invest not only in the capital cost of building non-profit and co-op housing but also to fund infrastructure / operating / governance support, public housing outside of large tracts as well as options for lower-to-moderate-income home ownership.

2. Supportive housing

Supportive housing has been shown to be a cost-effective and successful way of housing people with mental illness and other barriers to good housing. According to the 2006 study *The Cost of Homelessness* by Dalhousie University, “substantial broad cost savings of about 40% can be achieved by investing in supportive housing.” This is because “people in supportive housing, on average, spend only one third as much time in hospitals, psychiatric care, prisons and jails as the homeless population.”

By connecting people with quality homes, where they are surrounded by a supportive community as well as people with similar needs, supportive housing helps people transition off the streets while maintaining their independence and a sense of control over their lives.

One woman describes finding peace in her life, perhaps for the first time, after accessing supportive housing. In her words, “I have now been clean from my drug of choice for six years ... The supports have made all the difference in the world for me.”

3. Aboriginal shelter, housing and support services

The 2006 Census shows that 5,235 persons in HRM or 1.4% of the municipal population identified as Aboriginal. In many urban settings across Canada, including Halifax, Aboriginal persons are over-represented among the homeless population. Twelve percent of the sample of homeless people who took part in the Health and Homelessness survey in Halifax identified as Aboriginal or First Nations.

Tawaak Housing owns 149 units in Nova Scotia, 59 of them in metro Halifax. At any given time, there is a list of 150-200 people waiting to be accepted, and Tawaak doesn't know everybody.

Specific issues have emerged in the community. “People leave the reserve to come to the city, with thoughts of getting a job/house/etc. They leave the reserve and get cut off from Social Assistance because they no longer have an address.” It's difficult to make it in the city. “Many people lack basic skills, such as how to do dishes, laundry, banking, and how to take the bus.”

The list of needs is long. It includes Aboriginal social workers and support workers; shelter beds and supportive housing; non-residential programs related to mental health and addictions and a trustee program. "Race, ethnicity, culture and experience have profound effects on how individuals perceive and react to the world around them. The Aboriginal community in HRM needs more culturally appropriate supports and services."

4. poverty

Low wages, part-time/seasonal employment and inadequate government income support programs just don't provide enough money to live on. Employment Insurance (EI), the Canada Child Tax Benefit (CCTB) and Employment Support and Income Assistance (ESIA or IA) are all termed "inadequate" by large numbers of people who completed our on-line survey. Respondents also say those programs have policies that are problematic. EI, for example, excludes many workers. The child tax benefit is "too low" and based on last year's income instead of this year's reality. IA is described as painfully low, especially for single adults without disabilities. Not everyone qualifies. In Nova Scotia, destitute teens between the ages of 16 and 18 years most often do not qualify for income assistance without a committed and skilled advocate.

Contributors to this Plan point to the many practical consequences of inadequate income. People cannot live in a home with furnishings, telephone, electricity and heat. They cannot buy nutritional food and clothing. They do not live a healthy life or manage to pay for medicines and dental care. Transportation is described as a huge challenge; you can't get a job if you don't have a bus ticket for the interview.

Respondents also spoke of the debilitating stigma and discrimination associated with being poor and/or homeless. "The selfishness of most people who think "that's not my problem" or "they should just get a job.""

5. mental health

The needs are overwhelming. Almost 48 per cent of homeless individuals surveyed for the Health and Homelessness survey in 2009 rate their mental health as fair to poor, compared to six per cent of the housed population in Halifax. Almost half of the sample had seriously considered suicide in their lifetime. Fifty-two per cent had a mental health diagnosis and a third were taking medication for that diagnosis. Twenty-two per cent had a learning disability. A third had been hospitalized for an emotional or mental health problem, an average of four times in their lifetime.

Respondents to our on-line survey decried the state of care for the homeless. "Mental health care? It practically does not exist if you are a person of no fixed address."

Others point to the need for a better continuum of care for those leaving hospital for community such as Project 205, an innovative program at Capital Health. Program users are being connected to reasonably priced apartments that wouldn't necessarily be available to them, based on their financial means and rental history. A coordinator who is also a registered nurse is the go-to person when there is an issue between a landlord and tenant. To date, the program has placed 80 people.

6. Addictions

Many people who are homeless have addictions which create and exacerbate their physical and mental health problems. Statistics from the Health and Homelessness Survey tell a compelling story. Twenty-three per cent of those surveyed said their addiction was the reason for their homelessness. Twenty-three per cent had no street drugs in the last year while 23 per cent said they'd used six or more. Eighty-seven per cent smoked cigarettes. Seventy-nine per cent had a drink of alcohol in the month prior to being surveyed. A total of 48 per cent said they would use a program to quit drugs if it were available, for free, in places where they spend time.

Aboriginal service providers concur with that picture, saying addictions as well as mental health are a root cause of homelessness among Aboriginal people. They say people are using drugs and alcohol to cope with untreated mental health issues. They identify organized peer support as an important model. "When community members who have been through some stuff (addictions / mental health) are made available to others they can say, "This is how I navigated.""

7. Families

All vulnerable families need adequate income support, a decent place to live and comprehensive support from trusted and trustworthy persons in order to create a healthy life trajectory for their children. At the top of the list is housing in areas that are desirable. One person explains, "This means areas with good bus service and 'good' schools. "Let's all commit to NO MORE low-income family housing in areas with 'troubled' schools!"

Food and good nutrition are frequently cited as a challenge for families. Within the Aboriginal community, it's been presented this way. "Many people cannot afford milk for their children's cereal, so children are eating their cereal with pop instead. This affects children's behavior and performance in school. There is an Aboriginal outreach worker with the schools, but the school board resists their presence. They

are usually not allowed to promote their services in the school; students have to ask for their services."

Sadly, families lack the comprehensive, responsive and holistic services to really help them address what one respondent describes as the "difficult underlying issues that contribute to homelessness - namely, healing from significant trauma, low literacy & unaddressed learning problems, and the resulting problems of addictions, abuse, mental illness, low self-worth and limited life skills, etc. It's sickening that getting abused and knocked around as a child can prime a person for the same as an adult."

8. youth

Raising the Roof, which bills itself as the only national charity dedicated to longterm solutions to homelessness, sees the "greatest opportunity to prevent long-term chronic homelessness is to address the issue when people are young". Raising the Roof cites abuse and neglect as two of the major reasons why young people leave home and it points to several studies showing that nearly 70% of homeless youth have experienced some form of sexual, physical or emotional abuse. Homeless youth are exposed to significantly more physical abuse, sickness, injury and mental health problems than their non-homeless peers, with often long-term implications for their self-esteem, relationships, and ability to become self-supporting.

At its daily drop-in, in Halifax, ARK Outreach witnesses a lot.

- Poverty and the stress it brings
- Stringent policies around Income Assistance that limit housing options for youth under 19 years
- No affordable, safe housing
- Youth forced to live on the outskirts of the city, isolated from supports and disconnected in general
- Mental illness that is undiagnosed and untreated; there's no free counseling beyond psychiatric treatment
- Alternatives that embrace diversity and alternative educational options
- Untreated teeth
- No eye care
- No detox program designed specifically for youth

9. partnership development

Contributors to the development of this Community Plan repeatedly expressed frustration in 'rating' priorities as low, medium or high saying all of the issues that we've identified need to be addressed. What we need is a strategy and partnership.

"There needs to be a true collaborative effort by stakeholders: government, private industry, healthcare, churches, support groups, the community, families ... must manage what currently is in place, eliminate duplication of services, streamline ... and then there must be a plan for the future. It is astounding to me that we on the East coast, known for our hospitality/generosity, for cooperative development, for taking care of our own, that we cannot solve this problem. ... I am willing to be part of looking at the problem and being part of the solution."

One respondent pointed to the success of the volunteer Out of the Cold Shelter as an amazing combined effort of many people and groups across the wider community 3-
"We need more opportunities like this to bring us together ... recognizing what we bring to the table that is good, instead of looking at our differences."

10. |
supports & services to attain and maintain housing

At our community consultation in November, we heard why support is so important. "It's hard to come off the street when there isn't enough support. There are pieces to the puzzle. (It's) Hard to address one without the others. You can have all the apartments in the world but people don't have the support to stay in them."

A few projects and pilots that have been supported with HPS funding in Halifax have demonstrated success in helping to transition people into homes and prevent renewed periods or episodes of homelessness by supporting them to maintain their homes. The real difficulty has been to attain sustainable funding for ongoing operations.

Additionally, these supports are highly valued but not currently available to all who might benefit in our community. Specific population sub-groups already mentioned elsewhere in this plan, including Aboriginal persons, sex workers, youth and families, cannot currently access this support from knowledgeable dedicated support workers.

- b. Before answering this question, complete **Table G** (Community Contribution) in the Data Tools.

How will the funds you receive from your other funders (your community contribution) add to your homelessness strategy?

The initial approval from HPS often helps project sponsors to leverage other funds. One example of this is the Affordable Rental Housing Program which came to the table twice, in the past year, to contribute to the capital cost of building supportive housing (under HPS) that is also affordable. It meant that HPS funds went farther, in the community, and achieved more than was initially planned. Our CAB anticipates

that this particular program and other funders will step up, in the next round of the HPS as they have in the past, to help us achieve this Community Plan.

6. Priorities (2011–2014)

Purpose

The purpose of this section is to:

- identify your priorities for 2011–2014;
- indicate how you plan to distribute your HPS allocation to achieve these priorities;
- explain how you will ensure that the organizations which implement projects are aware of the outcomes you have identified.



Note: The Reference Guide includes an example for completing this section.

- a. Please copy and paste each Priority from Section P-1 in your Community Plan Annex C: Priorities (2011—2014) (maximum of ten) into the table below. Then enter the percentage of your community’s total HPS Designated Communities funding allocation you plan to use for each priority. Please complete the column on Aboriginal Homelessness funding only if your community receives Aboriginal Homelessness funding and your CAB is responsible for managing these funds. When you have completed all priorities, please add these numbers up; the total percentage should equal 100%.

Priority Number	Priority from P-1	Percent of Designated Communities Funding	Percent of Aboriginal Homelessness Funding
1	Supportive housing for homeless individuals and families	54%	■ %
2	Renovations to aging shelters and service providers' spaces	2%	■ %
3	Community coordination and partnership development	7%	■ %
4	Housing placement and housing retention for youth, individuals and families	37%	■ %
5		■ %	■ %
6		■ %	■ %
7		■ %	■ %
8		■ %	■ %
9		■ %	■ %
10		■ %	■ %
Total percentage of Designated Community allocation and Aboriginal Homeless funding (if applicable): (this must equal 100%)		100%	■ %

- b. In your Community Plan Annex C: Priorities (2011—2014) you identified at least one outcome indicator or *Coordination and Data Management* activity for each

priority (section P-5 to P-7). How will you communicate these indicators and outcomes to project sponsors?

The Call for Proposals is one vehicle for sharing the priorities, indicators and activities with project sponsors. Additionally, the CAB will encourage service providers to circulate information to all their staff, so they can appreciate the significance of the information that they've collected .



Homelessness Partnering Strategy Community Plan Annex C: Priorities (2011–2014)

Community:

HRM

Priority Number:

1

Instructions:

Please create one document for each of your 2011-2014 Community Plan priorities.

- To create a document, open the template. Each time you open the Community Plan Priorities template, the computer will create a new document.
- Save the document. The computer will prompt you to give it a name.
- Please name your document using the name of the community and the priority number (e.g. Winnipeg_1.doc).
- Please number your priorities sequentially (e.g. 1, 2, 3, etc.). This number is to facilitate on-going tracking and coordination, not to demonstrate the order of importance.
- Please include this number in the box on page one of each of your Community Plan Priorities (2011-2014) documents.

Please refer to the Reference Guide for further information.



Note: The Reference Guide includes examples for each section of this template.

1. What are your Community Plan Priorities?

P-1: Priority

a. Statement of Priority

(maximum 255 characters)

Supportive housing for homeless individuals and families

b. Related Issue(s)

Which issue (or issues) from Section 5a. of **Annex B: Community Plan** does this priority address? Please note the issue number(s).

Issues # 2 - supportive housing; 3 - Aboriginal housing, shelter & supports; 5 - mental health, 6 - addictions, 7 - families

P-2: Rationale

Why is this a priority for your community? If the priority was identified in another related plan or planning process, please explain (maximum 1,500 characters).

International, national and local research all indicate a disproportionate representation of people who suffer mental illness, addictions, or lack basic life skills among the homeless population. While a shelter may provide safety in the short term, it is a temporary solution to a symptom of a more complicated problem. Emergency housing is not enough. Individuals and families need stable housing where they can address the issues that contribute to their homelessness, for themselves and for their families. Stability and consistency is not possible in an emergency shelter setting, particularly for families. It is difficult to establish, much less maintain, family routines, nor is there opportunity for family members to engage with one another in a private way. Individuals and families need stability and ongoing support to overcome underlying issues of trauma, mental health, addictions, and life skills management in order to be provided with a reasonable opportunity to depart from the patterns that result in homelessness.

A housing facility that would specifically accommodate Aboriginal persons/families could be integrated and include a modest shelter component. The lack of culturally appropriate shelter beds has been identified as a specific need in Halifax, by those organizations providing service to Aboriginal persons who leave their reserves, as well as Aboriginal individuals who have experienced homelessness and risk.

2. What will you Achieve?

Instructions

Under “What will you achieve?” you will:

1. Identify the objective you plan to achieve by implementing this priority
2. Identify the HPS Activity Area(s) related to this priority
3. Identify the target group(s) served by the priority (if applicable)
4. Indicate how you will measure your achievements according to the HPS Outcomes
5. Include your own outcome indicators (optional)

Please refer to the Reference Guide for more information.

Steps

1. In section P-3, identify the objective you plan to achieve by March 31, 2014
2. In section P-4, identify the Activity Area(s) that relates to your priority
3. Complete sections P-5, P-6 and/or P-7. **Important Note:** you only need to complete the section(s) related to the Activity Area(s) you identified in section P-4
4. Optional: Identify other outcomes in section P-8

P-3: Objective

What is the specific, measurable objective you plan to achieve by **March 31, 2014** by implementing this priority? You may include up to three objectives if needed (maximum 500 characters).

1. minimum of 24 new supportive housing units created in HRM
2. transition in housing status: individuals and/or families move to supportive housing units from the street, from Halifax shelters or from inadequate or unsafe housing
3.

P-4: HPS Activity Area

Please click on the box beside the HPS Activity Area(s) related to your priority. Note that the activities eligible for funding have changed with the renewal of the Homelessness Partnering Strategy. HPS now funds (1) client services, (2) capital investments and (3) coordination and data management.

Definitions:

1. **Client Services** (for homeless individuals and families, and those at risk of homelessness), including:
 - * Assistance to address basic needs such as shelter and food services
 - * Individual support services, also known as, wrap-around services and other case-managed support services (including referrals to treatment or health services)
 - * Assistance with housing placement and housing retention (e.g., services to help transition people out of homelessness, or help those at imminent risk of homelessness to remain housed)
 - * Bridging to existing employment programs, removing barriers to employment, or skill enrichment to facilitate labour market readiness
2. **Capital Investments** (e.g., pre-development, purchase, construction, renovation and purchase of appliances and furniture), including:
 - * Emergency shelter facilities
 - * Transitional housing facilities
 - * Supportive housing facilities
 - * Non-residential facilities
3. **Coordination and Data Management**, including:
 - * Coordination of community consultation; community planning; and needs assessment
 - * Local research and information collection and sharing (specific to the particular community); partnership and network development; and coordination of service delivery
 - * Emergency shelter usage data collection activities; data development; data coordination activities; and reporting on, for example, progress against community progress indicators

1. Client Services

If checked, complete section P-5: Client Services

2. Capital Investments

If checked, complete section P-6: Capital Investments

3. Coordination and Data Management

If checked, complete section P-7: Coordination and Data Management

P-5: Client Services

Instructions

Complete section P-5: Client Services only if you selected “Client Services” in section P-4.

a. Target Group(s)

Please click on the box to identify which group(s) this priority will address:

- Homeless individuals or families
 Individuals or families at risk of homelessness

Please describe in more detail the group(s) this priority will address (maximum 300 characters).

b. HPS Outcomes

Please select one or more indicators below.

Outcome #1: Transitions to Housing Stability
<input type="checkbox"/> Indicator 1.1 Number of individuals who have experienced housing transitions as a result of housing placement/discharge planning
Outcome #2: Housing Loss Prevention
<input type="checkbox"/> Indicator 2.1 Number of individuals who retained their housing after receiving housing loss prevention services (after a three-month follow-up period)
Outcome #3a: Economic Integration
<input type="checkbox"/> Indicator 3a.1 Number of individuals whose income status improved
<input type="checkbox"/> Indicator 3a.2 Number of individuals whose employment status improved
<input type="checkbox"/> Indicator 3a.3 Number of individuals who started or finished a job training program
Outcome #3b: Social Integration
<input type="checkbox"/> Indicator 3b.1 Number of individuals who started doing volunteer work
<input type="checkbox"/> Indicator 3b.2 Number of individuals who started or finished an education program
<input type="checkbox"/> Indicator 3b.3 Number of individuals who experienced other social improvements

P-6: Capital Investments

Instructions

Complete section P-6: Capital Investments only if you selected “Capital Investments” in section P-4.

a. Target Group(s)

Please click on the box to identify which group(s) this priority will address:

- Homeless individuals or families
- Individuals or families at risk of homelessness

Please describe in more detail the group(s) this priority will address (maximum 300 characters).

Many individuals and families who experience homelessness or are accommodated in shelters require access to support staff in order to maintain stable housing. For them, a continuum of care may include reminders of and accompaniment to medical and court appointments, help in paying bills, etc.

b. HPS Outcomes

Please select one or more indicators below.

Outcome #4: Capital Investments	
<input checked="" type="checkbox"/>	Indicator 4.1 Number of new permanent emergency shelter beds, either in a new facility or added to an existing facility
<input type="checkbox"/>	Indicator 4.2 Number of new transitional housing beds/units, either in a new facility or added to an existing facility
<input checked="" type="checkbox"/>	Indicator 4.3 Number of new supportive housing beds/units, either in a new facility or added to an existing facility
<input type="checkbox"/>	Indicator 4.4 New or expanded non-residential facilities

P-7: Coordination and Data Management

Instructions

Complete section P-7: Coordination and Data Management only if you selected “Coordination and Data Management” in section P-4.

a. HPS Outcomes

Which of the following activities will you implement? Select one or more.

OUTCOME #5: Coordination and Data Management
<input type="checkbox"/> Community planning
<input type="checkbox"/> Local research, knowledge development
<input type="checkbox"/> Information sharing
<input type="checkbox"/> Partnership and network development
<input type="checkbox"/> Coordination of service provision
<input type="checkbox"/> Emergency shelter usage data collection activities (including HIFIS) (Please refer to the Reference Guide sub-section 4.4 (Collection of Emergency Shelter Data) for more information)
<input type="checkbox"/> Data development
<input type="checkbox"/> Data coordination activities (including annual reporting)

P-8: Other Outcomes (Optional)

Instructions

This section is optional. You can use this section to identify any outcomes, indicators and data sources not included in sections P-5 to P-7.

a. Additional Outcome Indicators

Which indicators, in addition to the HPS indicators, will you use to measure the achievement of your objective(s)?

b. Data Source(s)

Which data sources will you use to measure the indicator(s) identified in P-8a?



Homelessness Partnering Strategy Community Plan Annex C: Priorities (2011–2014)

Community:

HRM

Priority Number:

2

Instructions:

Please create one document for each of your 2011-2014 Community Plan priorities.

- To create a document, open the template. Each time you open the Community Plan Priorities template, the computer will create a new document.
- Save the document. The computer will prompt you to give it a name.
- Please name your document using the name of the community and the priority number (e.g. Winnipeg_1.doc).
- Please number your priorities sequentially (e.g. 1, 2, 3, etc.). This number is to facilitate on-going tracking and coordination, not to demonstrate the order of importance.
- Please include this number in the box on page one of each of your Community Plan Priorities (2011-2014) documents.

Please refer to the Reference Guide for further information.



Note: The Reference Guide includes examples for each section of this template.

1. What are your Community Plan Priorities?

P-1: Priority

a. Statement of Priority

(maximum 255 characters)

Renovations to aging shelters and service providers' spaces

b. Related Issue(s)

Which issue (or issues) from Section 5a. of **Annex B: Community Plan** does this priority address? Please note the issue number(s).

Issues # 2 - supportive housing; 3 - Aboriginal housing; shelter & supports; 5 - mental health; 6 - addictions; 7 - families; 8 - youth; 10 - housing supports & services

P-2: Rationale

Why is this a priority for your community? If the priority was identified in another related plan or planning process, please explain (maximum 1,500 characters).

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.

2. What will you Achieve?

Instructions

Under “What will you achieve?” you will:

1. Identify the objective you plan to achieve by implementing this priority
2. Identify the HPS Activity Area(s) related to this priority
3. Identify the target group(s) served by the priority (if applicable)
4. Indicate how you will measure your achievements according to the HPS Outcomes
5. Include your own outcome indicators (optional)

Please refer to the Reference Guide for more information.

Steps

1. In section P-3, identify the objective you plan to achieve by March 31, 2014
2. In section P-4, identify the Activity Area(s) that relates to your priority
3. Complete sections P-5, P-6 and/or P-7. **Important Note:** you only need to complete the section(s) related to the Activity Area(s) you identified in section P-4
4. Optional: Identify other outcomes in section P-8

P-3: Objective

What is the specific, measurable objective you plan to achieve by **March 31, 2014** by implementing this priority? You may include up to three objectives if needed (maximum 500 characters).

1.
2.
3.

P-4: HPS Activity Area

Please click on the box beside the HPS Activity Area(s) related to your priority. Note that the activities eligible for funding have changed with the renewal of the Homelessness Partnering Strategy. HPS now funds (1) client services, (2) capital investments and (3) coordination and data management.

Definitions:

1. **Client Services** (for homeless individuals and families, and those at risk of homelessness), including:
 - * Assistance to address basic needs such as shelter and food services
 - * Individual support services, also known as, wrap-around services and other case-managed support services (including referrals to treatment or health services)
 - * Assistance with housing placement and housing retention (e.g., services to help transition people out of homelessness, or help those at imminent risk of homelessness to remain housed)
 - * Bridging to existing employment programs, removing barriers to employment, or skill enrichment to facilitate labour market readiness
2. **Capital Investments** (e.g., pre-development, purchase, construction, renovation and purchase of appliances and furniture), including:
 - * Emergency shelter facilities
 - * Transitional housing facilities
 - * Supportive housing facilities
 - * Non-residential facilities
3. **Coordination and Data Management**, including:
 - * Coordination of community consultation; community planning; and needs assessment
 - * Local research and information collection and sharing (specific to the particular community); partnership and network development; and coordination of service delivery
 - * Emergency shelter usage data collection activities; data development; data coordination activities; and reporting on, for example, progress against community progress indicators

1. Client Services

If checked, complete section P-5: Client Services

2. Capital Investments

If checked, complete section P-6: Capital Investments

3. Coordination and Data Management

If checked, complete section P-7: Coordination and Data Management

P-5: Client Services

Instructions

Complete section P-5: Client Services only if you selected “Client Services” in section P-4.

a. Target Group(s)

Please click on the box to identify which group(s) this priority will address:

- Homeless individuals or families
 Individuals or families at risk of homelessness

Please describe in more detail the group(s) this priority will address (maximum 300 characters).

b. HPS Outcomes

Please select one or more indicators below.

Outcome #1: Transitions to Housing Stability
<input type="checkbox"/> Indicator 1.1 Number of individuals who have experienced housing transitions as a result of housing placement/discharge planning
Outcome #2: Housing Loss Prevention
<input type="checkbox"/> Indicator 2.1 Number of individuals who retained their housing after receiving housing loss prevention services (after a three-month follow-up period)
Outcome #3a: Economic Integration
<input type="checkbox"/> Indicator 3a.1 Number of individuals whose income status improved
<input type="checkbox"/> Indicator 3a.2 Number of individuals whose employment status improved
<input type="checkbox"/> Indicator 3a.3 Number of individuals who started or finished a job training program
Outcome #3b: Social Integration
<input type="checkbox"/> Indicator 3b.1 Number of individuals who started doing volunteer work
<input type="checkbox"/> Indicator 3b.2 Number of individuals who started or finished an education program
<input type="checkbox"/> Indicator 3b.3 Number of individuals who experienced other social improvements

P-6: Capital Investments

Instructions

Complete section P-6: Capital Investments only if you selected “Capital Investments” in section P-4.

a. Target Group(s)

Please click on the box to identify which group(s) this priority will address:

- Homeless individuals or families
- Individuals or families at risk of homelessness

Please describe in more detail the group(s) this priority will address (maximum 300 characters).

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.

b. HPS Outcomes

Please select one or more indicators below.

Outcome #4: Capital Investments	
<input checked="" type="checkbox"/>	Indicator 4.1 Number of new permanent emergency shelter beds, either in a new facility or added to an existing facility
<input checked="" type="checkbox"/>	Indicator 4.2 Number of new transitional housing beds/units, either in a new facility or added to an existing facility
<input checked="" type="checkbox"/>	Indicator 4.3 Number of new supportive housing beds/units, either in a new facility or added to an existing facility
<input checked="" type="checkbox"/>	Indicator 4.4 New or expanded non-residential facilities

P-7: Coordination and Data Management

Instructions

Complete section P-7: Coordination and Data Management only if you selected “Coordination and Data Management” in section P-4.

a. HPS Outcomes

Which of the following activities will you implement? Select one or more.

OUTCOME #5: Coordination and Data Management	
<input type="checkbox"/>	Community planning
<input type="checkbox"/>	Local research, knowledge development
<input type="checkbox"/>	Information sharing
<input type="checkbox"/>	Partnership and network development
<input type="checkbox"/>	Coordination of service provision
<input type="checkbox"/>	Emergency shelter usage data collection activities (including HIFIS) (Please refer to the Reference Guide sub-section 4.4 (Collection of Emergency Shelter Data) for more information)
<input type="checkbox"/>	Data development
<input type="checkbox"/>	Data coordination activities (including annual reporting)

P-8: Other Outcomes (Optional)

Instructions

This section is optional. You can use this section to identify any outcomes, indicators and data sources not included in sections P-5 to P-7.

a. Additional Outcome Indicators

Which indicators, in addition to the HPS indicators, will you use to measure the achievement of your objective(s)?

b. Data Source(s)

Which data sources will you use to measure the indicator(s) identified in P-8a?



Homelessness Partnering Strategy Community Plan Annex C: Priorities (2011–2014)

Community:

HRM

Priority Number:

3

Instructions:

Please create one document for each of your 2011-2014 Community Plan priorities.

- To create a document, open the template. Each time you open the Community Plan Priorities template, the computer will create a new document.
- Save the document. The computer will prompt you to give it a name.
- Please name your document using the name of the community and the priority number (e.g. Winnipeg_1.doc).
- Please number your priorities sequentially (e.g. 1, 2, 3, etc.). This number is to facilitate on-going tracking and coordination, not to demonstrate the order of importance.
- Please include this number in the box on page one of each of your Community Plan Priorities (2011-2014) documents.

Please refer to the Reference Guide for further information.



Note: The Reference Guide includes examples for each section of this template.

1. What are your Community Plan Priorities?

P-1: Priority

a. Statement of Priority

(maximum 255 characters)

Community coordination and partnership development

b. Related Issue(s)

Which issue (or issues) from Section 5a. of **Annex B: Community Plan** does this priority address? Please note the issue number(s).

Issue #9 - partnership development

P-2: Rationale

Why is this a priority for your community? If the priority was identified in another related plan or planning process, please explain (maximum 1,500 characters).

During our community consultations, 'working together' was highlighted frequently as a valued activity and approach, as folks seek ways to effectively address homelessness. People want to combine their efforts in a constructive way. In the words of one contributor who had taken part in a community intervention: "We need more opportunities like this to bring us together ... recognizing what we bring to the table that is good, instead of looking at our differences."

The development of real partnerships would help community to share insights and ideas, identify service needs and develop effective strategies to address the continuum of shelter, supportive housing and other support needs for people who are homeless or at risk in Halifax. Our community also values a continued coordination of other activities that we have traditionally vested in the office of Community Action on Homelessness, including community consultation, community planning, local research and information collection and sharing and the reporting on progress against community performance indicators.

2. What will you Achieve?

Instructions

Under “What will you achieve?” you will:

1. Identify the objective you plan to achieve by implementing this priority
2. Identify the HPS Activity Area(s) related to this priority
3. Identify the target group(s) served by the priority (if applicable)
4. Indicate how you will measure your achievements according to the HPS Outcomes
5. Include your own outcome indicators (optional)

Please refer to the Reference Guide for more information.

Steps

1. In section P-3, identify the objective you plan to achieve by March 31, 2014
2. In section P-4, identify the Activity Area(s) that relates to your priority
3. Complete sections P-5, P-6 and/or P-7. **Important Note:** you only need to complete the section(s) related to the Activity Area(s) you identified in section P-4
4. Optional: Identify other outcomes in section P-8

P-3: Objective

What is the specific, measurable objective you plan to achieve by **March 31, 2014** by implementing this priority? You may include up to three objectives if needed (maximum 500 characters).

1. Support the implementation of the Community Plan through the Halifax Community Advisory Board. Awareness and education related to homelessness, as well as strategies to engage First Voice and other stakeholders, will continue.
2. Work collaboratively and creatively to develop a network of individuals, organizations and governments that is committed to working on issues related to homelessness and housing.
3.

P-4: HPS Activity Area

Please click on the box beside the HPS Activity Area(s) related to your priority. Note that the activities eligible for funding have changed with the renewal of the Homelessness Partnering Strategy. HPS now funds (1) client services, (2) capital investments and (3) coordination and data management.

Definitions:

1. **Client Services** (for homeless individuals and families, and those at risk of homelessness), including:
 - * Assistance to address basic needs such as shelter and food services
 - * Individual support services, also known as, wrap-around services and other case-managed support services (including referrals to treatment or health services)
 - * Assistance with housing placement and housing retention (e.g., services to help transition people out of homelessness, or help those at imminent risk of homelessness to remain housed)
 - * Bridging to existing employment programs, removing barriers to employment, or skill enrichment to facilitate labour market readiness
2. **Capital Investments** (e.g., pre-development, purchase, construction, renovation and purchase of appliances and furniture), including:
 - * Emergency shelter facilities
 - * Transitional housing facilities
 - * Supportive housing facilities
 - * Non-residential facilities
3. **Coordination and Data Management**, including:
 - * Coordination of community consultation; community planning; and needs assessment
 - * Local research and information collection and sharing (specific to the particular community); partnership and network development; and coordination of service delivery
 - * Emergency shelter usage data collection activities; data development; data coordination activities; and reporting on, for example, progress against community progress indicators

1. Client Services

If checked, complete section P-5: Client Services

2. Capital Investments

If checked, complete section P-6: Capital Investments

3. Coordination and Data Management

If checked, complete section P-7: Coordination and Data Management

P-5: Client Services

Instructions

Complete section P-5: Client Services only if you selected “Client Services” in section P-4.

a. Target Group(s)

Please click on the box to identify which group(s) this priority will address:

- Homeless individuals or families
 Individuals or families at risk of homelessness

Please describe in more detail the group(s) this priority will address (maximum 300 characters).

b. HPS Outcomes

Please select one or more indicators below.

Outcome #1: Transitions to Housing Stability
<input type="checkbox"/> Indicator 1.1 Number of individuals who have experienced housing transitions as a result of housing placement/discharge planning
Outcome #2: Housing Loss Prevention
<input type="checkbox"/> Indicator 2.1 Number of individuals who retained their housing after receiving housing loss prevention services (after a three-month follow-up period)
Outcome #3a: Economic Integration
<input type="checkbox"/> Indicator 3a.1 Number of individuals whose income status improved
<input type="checkbox"/> Indicator 3a.2 Number of individuals whose employment status improved
<input type="checkbox"/> Indicator 3a.3 Number of individuals who started or finished a job training program
Outcome #3b: Social Integration
<input type="checkbox"/> Indicator 3b.1 Number of individuals who started doing volunteer work
<input type="checkbox"/> Indicator 3b.2 Number of individuals who started or finished an education program
<input type="checkbox"/> Indicator 3b.3 Number of individuals who experienced other social improvements

P-6: Capital Investments

Instructions

Complete section P-6: Capital Investments only if you selected “Capital Investments” in section P-4.

a. Target Group(s)

Please click on the box to identify which group(s) this priority will address:

- Homeless individuals or families
- Individuals or families at risk of homelessness

Please describe in more detail the group(s) this priority will address (maximum 300 characters).

b. HPS Outcomes

Please select one or more indicators below.

Outcome #4: Capital Investments	
<input type="checkbox"/>	Indicator 4.1 Number of new permanent emergency shelter beds, either in a new facility or added to an existing facility
<input type="checkbox"/>	Indicator 4.2 Number of new transitional housing beds/units, either in a new facility or added to an existing facility
<input type="checkbox"/>	Indicator 4.3 Number of new supportive housing beds/units, either in a new facility or added to an existing facility
<input type="checkbox"/>	Indicator 4.4 New or expanded non-residential facilities

P-7: Coordination and Data Management

Instructions

Complete section P-7: Coordination and Data Management only if you selected “Coordination and Data Management” in section P-4.

a. HPS Outcomes

Which of the following activities will you implement? Select one or more.

OUTCOME #5: Coordination and Data Management	
<input checked="" type="checkbox"/>	Community planning
<input checked="" type="checkbox"/>	Local research, knowledge development
<input checked="" type="checkbox"/>	Information sharing
<input checked="" type="checkbox"/>	Partnership and network development
<input type="checkbox"/>	Coordination of service provision
<input type="checkbox"/>	Emergency shelter usage data collection activities (including HIFIS) (Please refer to the Reference Guide sub-section 4.4 (Collection of Emergency Shelter Data) for more information)
<input type="checkbox"/>	Data development
<input checked="" type="checkbox"/>	Data coordination activities (including annual reporting)

P-8: Other Outcomes (Optional)

Instructions

This section is optional. You can use this section to identify any outcomes, indicators and data sources not included in sections P-5 to P-7.

a. Additional Outcome Indicators

Which indicators, in addition to the HPS indicators, will you use to measure the achievement of your objective(s)?

b. Data Source(s)

Which data sources will you use to measure the indicator(s) identified in P-8a?



Homelessness Partnering Strategy Community Plan Annex C: Priorities (2011–2014)

Community:

HRM

Priority Number:

4

Instructions:

Please create one document for each of your 2011-2014 Community Plan priorities.

- To create a document, open the template. Each time you open the Community Plan Priorities template, the computer will create a new document.
- Save the document. The computer will prompt you to give it a name.
- Please name your document using the name of the community and the priority number (e.g. Winnipeg_1.doc).
- Please number your priorities sequentially (e.g. 1, 2, 3, etc.). This number is to facilitate on-going tracking and coordination, not to demonstrate the order of importance.
- Please include this number in the box on page one of each of your Community Plan Priorities (2011-2014) documents.

Please refer to the Reference Guide for further information.



Note: The Reference Guide includes examples for each section of this template.

1. What are your Community Plan Priorities?

P-1: Priority

a. Statement of Priority

(maximum 255 characters)

Housing placement and housing retention for youth, individuals and families

b. Related Issue(s)

Which issue (or issues) from Section 5a. of **Annex B: Community Plan** does this priority address? Please note the issue number(s).

Issues #8 - youth; 10 - supports and services to attain and maintain housing

P-2: Rationale

Why is this a priority for your community? If the priority was identified in another related plan or planning process, please explain (maximum 1,500 characters).

The Halifax CAB has been advised of the great need to provide these services to Aboriginal persons, in culturally appropriate ways. The CAB has also heard that youth-serving organizations would be best to work on housing placement and retention with youth; young people do not feel safe or well understood in locations that work mostly with adults. Families are needing somewhere to go that specializes in the kinds of barriers that they experience around homelessness, such as the fear of a child protection intervention. Others, including sex workers, want specialized services that respond to the stigma they experience.

Our community is choosing not to prioritize one particular group of potential service users over another. If anything, it has been argued that all of the groups mentioned here (and more) are high priorities for action. What we do know - from the first phase of HPS in our community - is that supports to gain and maintain housing are effective interventions to move people to housing stability and prevent renewed periods of homelessness. We therefore seek to provide more of these services, to greater numbers of people.

2. What will you Achieve?

Instructions

Under “What will you achieve?” you will:

1. Identify the objective you plan to achieve by implementing this priority
2. Identify the HPS Activity Area(s) related to this priority
3. Identify the target group(s) served by the priority (if applicable)
4. Indicate how you will measure your achievements according to the HPS Outcomes
5. Include your own outcome indicators (optional)

Please refer to the Reference Guide for more information.

Steps

1. In section P-3, identify the objective you plan to achieve by March 31, 2014
2. In section P-4, identify the Activity Area(s) that relates to your priority
3. Complete sections P-5, P-6 and/or P-7. **Important Note:** you only need to complete the section(s) related to the Activity Area(s) you identified in section P-4
4. Optional: Identify other outcomes in section P-8

P-3: Objective

What is the specific, measurable objective you plan to achieve by **March 31, 2014** by implementing this priority? You may include up to three objectives if needed (maximum 500 characters).

1. Help 120 individuals a year, including youth, 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, including youth, who have housing to retain their homes so as to prevent renewed homelessness.
2. Help 40 families a year who have remained in the shelter system or in unsafe/inadequate housing for a lengthy period of time to move into adequate, stable housing and help those families who have housing to retain their homes so as to prevent renewed homelessness.
3.

P-4: HPS Activity Area

Please click on the box beside the HPS Activity Area(s) related to your priority. Note that the activities eligible for funding have changed with the renewal of the Homelessness Partnering Strategy. HPS now funds (1) client services, (2) capital investments and (3) coordination and data management.

Definitions:

1. **Client Services** (for homeless individuals and families, and those at risk of homelessness), including:
 - * Assistance to address basic needs such as shelter and food services
 - * Individual support services, also known as, wrap-around services and other case-managed support services (including referrals to treatment or health services)
 - * Assistance with housing placement and housing retention (e.g., services to help transition people out of homelessness, or help those at imminent risk of homelessness to remain housed)
 - * Bridging to existing employment programs, removing barriers to employment, or skill enrichment to facilitate labour market readiness
2. **Capital Investments** (e.g., pre-development, purchase, construction, renovation and purchase of appliances and furniture), including:
 - * Emergency shelter facilities
 - * Transitional housing facilities
 - * Supportive housing facilities
 - * Non-residential facilities
3. **Coordination and Data Management**, including:
 - * Coordination of community consultation; community planning; and needs assessment
 - * Local research and information collection and sharing (specific to the particular community); partnership and network development; and coordination of service delivery
 - * Emergency shelter usage data collection activities; data development; data coordination activities; and reporting on, for example, progress against community progress indicators

1. Client Services

If checked, complete section P-5: Client Services

2. Capital Investments

If checked, complete section P-6: Capital Investments

3. Coordination and Data Management

If checked, complete section P-7: Coordination and Data Management

P-5: Client Services

Instructions

Complete section P-5: Client Services only if you selected “Client Services” in section P-4.

a. Target Group(s)

Please click on the box to identify which group(s) this priority will address:

- Homeless individuals or families
- Individuals or families at risk of homelessness

Please describe in more detail the group(s) this priority will address (maximum 300 characters).

b. HPS Outcomes

Please select one or more indicators below.

Outcome #1: Transitions to Housing Stability
<input checked="" type="checkbox"/> Indicator 1.1 Number of individuals who have experienced housing transitions as a result of housing placement/discharge planning
Outcome #2: Housing Loss Prevention
<input checked="" type="checkbox"/> Indicator 2.1 Number of individuals who retained their housing after receiving housing loss prevention services (after a three-month follow-up period)
Outcome #3a: Economic Integration
<input type="checkbox"/> Indicator 3a.1 Number of individuals whose income status improved
<input type="checkbox"/> Indicator 3a.2 Number of individuals whose employment status improved
<input type="checkbox"/> Indicator 3a.3 Number of individuals who started or finished a job training program
Outcome #3b: Social Integration
<input type="checkbox"/> Indicator 3b.1 Number of individuals who started doing volunteer work
<input type="checkbox"/> Indicator 3b.2 Number of individuals who started or finished an education program
<input type="checkbox"/> Indicator 3b.3 Number of individuals who experienced other social improvements

P-6: Capital Investments

Instructions

Complete section P-6: Capital Investments only if you selected “Capital Investments” in section P-4.

a. Target Group(s)

Please click on the box to identify which group(s) this priority will address:

- Homeless individuals or families
- Individuals or families at risk of homelessness

Please describe in more detail the group(s) this priority will address (maximum 300 characters).

b. HPS Outcomes

Please select one or more indicators below.

Outcome #4: Capital Investments	
<input type="checkbox"/>	Indicator 4.1 Number of new permanent emergency shelter beds, either in a new facility or added to an existing facility
<input type="checkbox"/>	Indicator 4.2 Number of new transitional housing beds/units, either in a new facility or added to an existing facility
<input type="checkbox"/>	Indicator 4.3 Number of new supportive housing beds/units, either in a new facility or added to an existing facility
<input type="checkbox"/>	Indicator 4.4 New or expanded non-residential facilities

P-7: Coordination and Data Management

Instructions

Complete section P-7: Coordination and Data Management only if you selected “Coordination and Data Management” in section P-4.

a. HPS Outcomes

Which of the following activities will you implement? Select one or more.

OUTCOME #5: Coordination and Data Management
<input type="checkbox"/> Community planning
<input type="checkbox"/> Local research, knowledge development
<input type="checkbox"/> Information sharing
<input type="checkbox"/> Partnership and network development
<input type="checkbox"/> Coordination of service provision
<input type="checkbox"/> Emergency shelter usage data collection activities (including HIFIS) (Please refer to the Reference Guide sub-section 4.4 (Collection of Emergency Shelter Data) for more information)
<input type="checkbox"/> Data development
<input type="checkbox"/> Data coordination activities (including annual reporting)

P-8: Other Outcomes (Optional)

Instructions

This section is optional. You can use this section to identify any outcomes, indicators and data sources not included in sections P-5 to P-7.

a. Additional Outcome Indicators

Which indicators, in addition to the HPS indicators, will you use to measure the achievement of your objective(s)?

b. Data Source(s)

Which data sources will you use to measure the indicator(s) identified in P-8a?



Community Plan 2011-2014

Homelessness Partnering Strategy

Annex A: Data Tables

Note: Please refer to the Reference Guide for support to complete and use these tables

Community:

Halifax

Province / Territory:

03 - Nova Scotia

Community Advisory Board		
NAME	TITLE / ORGANIZATION	SECTOR
Andrew Sherin	Chair, Social Justice Subcommittee / Diocese of Nova Scotia and Prince Edward Island	Faith
Bill Pratt	Executive Director / Saint Leonard's Society of Nova Scotia	Non-profit
Billy Lewis	First Voice	First Voice
Carol Charlebois	Executive Director / Metro Non-Profit Housing Association	Non-profit
Charlie Aucoin	Senior Advisor, Affordable Housing Centre / Canada Mortgage and Housing Corporation	Government
Cindy McIsaac	Executive Director / Direction 180	Non-profit
Dan Troke	Director of Housing / Department of Community Services	Government
Donna Smith	Patient Navigation Community Liaison / Department of Community Services	Government
Ida Vincent	Tenant Relations Director / Tawaak Housing	Housing
Jane Moloney	Executive Director / North End Community Health Centre	Non-profit
Jann Griffin		First Voice
Juan Carlos Canales-Leyton	Editor / Street Feat	Non-profit
Lorna MacPhee	Business Manager / North End Community Health Centre	Non-profit
Miia Suokonautio	Director, Community Programs / Phoenix Youth	Non-profit
Pamela Harrison	Coordinator / Transition House Association of Nova Scotia	Non-profit
Patti Melanson	Street Nurse / North End Community Health Centre	Non-profit
Paul O'Hara	Social Worker / North End Community Health Centre	Non-profit
Sandra Hennigar	Special Projects, Capital District Mental Health Program	Health
Sheri Lecker	Executive Director / Adsum for Women and Children	Non-profit
Sue Barr	Director of Community Investments / United Way Halifax	Charitable

E-MAIL ADDRESS	TELEPHONE NUMBER
asherin@ncf.ca	466 7965
billpratt@saintleonards.com	463-2574
4bluefrogs@gmail.com	
mnpha@ns.sympatico.ca	466-8714
caucoin@cmhc-schl.gc.ca	426-8465
direction180@ns.aliantzinc.ca	420-0566
TROKEDP@gov.ns.ca	424-8402
smithdl@gov.ns.ca	424-5133
tawaakhousing@hfx.eastlink.ca	455-2900
jmoloney@nehc.com	422-5642
jangriffin1844@gmail.com	466-3261
street.feat@ns.sympatico.ca	453-5519
lmacphee@nehc.com	422-5642
msuokonautio@phoenixyouth.ca	446-4533
coordinator@thans.ca	429-7287
pmelanson@nehc.com	802-9696
ohara@nehc.com	422-5642
Sandra.Hennigar@cdha.nshealth.ca	464-3003
sheri.lecker@adsumforwomen.org	425-3566
sbarr@unitedwayhalifax.ca	461-3068

Table A

Name of Partners	Involvement (Check at least one of the four columns)				Type of Partnership (Check at least one of the two columns)	
	Community Advisory Board Member	Community Planning	Data Collection	Other	Formal Partnership	Informal Partnership
[Enter name of private sector organization]						
▼▼ CHARITABLE/OTHER SECTORS ▼▼						
Rotary Club					x	
Nova Voce Choir						x
[Enter name of organization]						

Table C – Assessing Community Plan Priorities (2007-2011)

Table C will help you to answer the following Community Plan questions:

- 2.a Continuum of Housing and Supports Priorities
- 2.b Knowledge and Communication Priorities
- 2.c Community Development Priorities

A	B	C
Reference Number	Priority	Progress Made in Addressing Priority
1	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.	Priority addressed beyond expectations
2	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.	Priority addressed beyond expectations
3	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.	Priority addressed beyond expectations

A	B	C
Reference Number	Priority	Progress Made in Addressing Priority
4	<p>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.</p>	Priority addressed beyond expectations
5	<p>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.</p> <p>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.</p>	Priority addressed beyond expectations
6		
7		
8		
9		
10		

Table C

Table D.1 – Homeless and At-Risk Populations

Table D.1 will help you to answer the following Community Plan question:

- 4.1. b Demographic and Socio-Economic Trends

Use Table D.2 to describe the sources you used for the data in this table.

	A	B	C	D
Populations	2007	2008	2009	2010
	Number of individuals	Number of individuals	Number of individuals	
HOMELESS POPULATION ▼▼				
1 Living on the Street				
2 Living in Emergency Shelters	718	1,267	1,751	1,900
3 Living in Transitional Housing	80	91	95	78
TOTAL HOMELESS POPULATION (Rows 1 to 3)	798	1,358	1,846	1,978
AT-RISK POPULATION ▼▼				
4 At Imminent Risk of Eviction or Living in Unaffordable or Unacceptable Housing	6,596	6,688	8,622	9,869

Table D.2 – Data Sources for Homeless and At-Risk Populations

Table D.2 will help you to answer the following Community Plan question:

- 4.4. b Collection of Emergency Shelter Data

This table explains the data sources used to complete Table D.1.

Populations	Data source(s)/Methodological comments (Table D.1)
Homeless Population	
1 Living on the Street	We have no process for actually counting those who live on the street
2 Living in Emergency Shelters	This data was collected using the Homeless Individuals and Families Information System (HIFIS)
3 Living in Transitional Housing	Data for this figure was collected using both HIFIS and data received from service providers themselves.
At-Risk Population	
4 At Imminent Risk of Eviction or Living in Unaffordable or Unacceptable Housing	The service provider in Halifax that does housing retention and eviction prevention is not using HIFIS. Staff at the SP provided us with their data for 2010. At the very least, this "at-risk" population would include anyone who accessed an HRM shelter for the year, those who needed housing retention and eviction prevention services and those who were in a transition house. There is no statistically accurate way to count this population. Feed Nova Scotia also provided numbers for food bank access for the HRM for 2010.

Table E – Shelter
Verification Form

Table E will help you to answer the following Community Plan qu

Designated Community:		
Halifax, NS	Shelter 1	Shelter 2
Closed	FALSE	FALSE
Umbrella Organization	Saint Leonard's Society of Nova	Adsum for Women and Children
Service Provider Name	Metro Turning Point Centre	Adsum House Emergency Shelter
Gender Served	Male	Female/Transgender
Target Clientele	General	Women with or without Children
Service Provider Type	Emergency	Emergency
City	Halifax	Halifax
Regular Beds	75	16
Overflow Beds	5	0
Method of Data Collection	HIFIS	HIFIS
HIFIS Version	3.70	3.70
Address	2170 Barrington street	2421 Brunswick Street
Postal Code	B3K 2W4	B3K 2Z4
Website	http://www.saintleo	http://www.adsumforwomen.org/
Contact Person	Michelle Wheeler	Sheri Lecker
Email Address	michellewheeler@saintleonards.com	sheri.lecker@adsumforwomen.org
Phone Number	9024203282	9024253466
Extension		

Table E – Shelter
Verification Form

estions:

Designated Community:	
Halifax, NS	Shelter 3
Closed	FALSE
Umbrella Organization	Saint Leonard's Society of Nova Scotia
Service Provider Name	Barry House
Gender Served	Female
Target Clientele	Women with or without children Children
Service Provider Type	Emergency
City	Halifax
Regular Beds	20
Overflow Beds	5
Method of Data Collection	HIFIS
HIFIS Version	3.70
Address	2706 Gottingen St
Postal Code	B3K 3C7
Website	http://www.saintleonards.com/index.php?c
Contact Person	Terra Simpkins
Email Address	terrasimpkins@saintleonards.com
Phone Number	4902228324
Extension	

Table E – Shelter
Verification Form

Designated Community:			
Halifax, NS		Shelter 4	Shelter 5
Closed		FALSE	FALSE
Umbrella Organization	Phoenix Youth Programs		The Salvation Army Halifax
Service Provider Name	Phoenix Youth Shelter		Salvation Army Halifax Booth Centre
Gender Served	Male		Male
Target Clientele	Youth		Men
Service Provider Type	Emergency		Emergency
City	Halifax		Halifax
Regular Beds		20	46
Overflow Beds		4	0
Method of Data Collection	HIFIS		HIFIS
HIFIS Version	3.70		3.70
Address	1094 Tower Rd		2044 Gottingen St.
Postal Code	B3H 2Y5		B3K 3A9
Website	http://www.phoenixyouth.ca/programs/youth-shelter/		
Contact Person	Jenny Wright-Elliott		Matt Simpson
Email Address	jwright-elliott@phoenixyouth.ca		matt.simpson@sahalifax.ca
Phone Number	902-405-3083		9024222363
Extension			

Table E – Shelter
Verification Form

Designated Community:		
Halifax, NS	Shelter 6	
Closed		FALSE
Umbrella Organization	Halifax Transition House Association	
Service Provider Name	Bryony House	
Gender Served	Female/Transgender	
Target Clientele	Abused women, with or without children	
Service Provider Type	Emergency	
City	Halifax	
Regular Beds		24
Overflow Beds		
Method of Data Collection	HIFIS	
HIFIS Version		3.7
Address	3499 Novalea Dr, Halifax, NS	
Postal Code	B3K 3E6	
Website	http://bryonyhouse.ca/	
Contact Person	Kathleen Westhaver	
Email Address	kathleenwesthaver@live.ca	
Phone Number		
Extension		

Table E – Shelter
Verification Form

Designated Community:
Halifax, NS

Closed
Umbrella Organization
Service Provider Name
Gender Served
Target Clientele
Service Provider Type
City
Regular Beds
Overflow Beds
Method of Data Collection
HIFIS Version
Address
Postal Code
Website
Contact Person
Email Address
Phone Number
Extension

Table E – Shelter
Verification Form

Designated Community:
Halifax, NS



Closed
Umbrella Organization
Service Provider Name
Gender Served
Target Clientele
Service Provider Type
City
Regular Beds
Overflow Beds
Method of Data Collection
HIFIS Version
Address
Postal Code
Website
Contact Person
Email Address
Phone Number
Extension

Table E – Shelter
Verification Form

Designated Community:
Halifax, NS

Closed
Umbrella Organization
Service Provider Name
Gender Served
Target Clientele
Service Provider Type
City
Regular Beds
Overflow Beds
Method of Data Collection
HIFIS Version
Address
Postal Code
Website
Contact Person
Email Address
Phone Number
Extension

Table F – Residential Facilities for Homeless People

Table F will help you to answer the following Community Plan question:

- 4.3. a Shelter and Housing

A	B C		D E		F G H I			
Residential Facilities	2007		2010		Change 2007-2010			
	Number of Beds	Number of Units	Number of Beds	Number of Units	Gains		Losses	
	Number of Beds	Number of Units	Number of Beds	Number of Units	Number of Beds	Number of Units	Number of Beds	Number of Units
Emergency shelters	229	 	253	 	24	 		
Transitional housing facilities		80		78			2	
Supportive housing facilities		213		233	20			

Name of Funder	Type of Funder	Contact Information		Financial contribution	Non-financial contribution	Total Contribution
		(Contact person)	(E-mail or Phone Number)	(dollars)	(estimate in dollars)	(dollars)
Total Community Contribution				\$ -	\$ -	\$ -
HPS Designated Communities Funding Stream allocation						1,600,000