

Homelessness Partnering Strategy Community Plan 2014–2019

Community: *Halifax*

Region: *Nova Scotia*

The plan has been approved by Canada for implementation.
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As one of the 10 Large Cities, this community is required to commit at least 65% of its HPS allocation towards a Housing First approach starting April 1, 2015.

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Current Situation: Establishing your Baseline Data

Data

Please report on your current situation based on the following indicators. All CABs should review their progress annually against these indicators. This review will form part of the annual update. Note: Although this data is not required at this time, data for 2013 will be required as part of the first annual update.

1. Number of unique individuals who used an emergency homeless shelter in the twelve month period between January 1, 2012 and December 31, 2012	1,716
2. Number of shelter users who were chronically homeless in 2012	107
3. Number of shelter users who were episodically homelessness in 2012	75
4. Number of homeless veterans who used an emergency homeless shelter in 2012.	
5. Estimated number of homeless veterans who were chronically or episodically homeless in 2012.	
6. Number of homeless individuals identified during the latest point in time count (if available)	
7. Date count was undertaken	

Readiness for Implementing Housing First

Please rate your community's readiness to implement Housing First based on the following questions. Each component of the scale has a rating of one to four with four demonstrating full implementation of the HPS HF model. Use this information to decide where to focus your efforts in implementing your HF program. Because implementing Housing First may take some adjustments, communities will have the opportunity to rate progress annually and use the information to update priorities. Note: Responses will only be used by ESDC to understand the selection of the HF priorities and activities.

Criterion	Community's Rating
CORE PRINCIPLES	
Rapid Housing with Supports. Program directly helps participants locate and secure permanent housing as rapidly as possible and assists them with moving-in or re-housing if needed.	-3-: Program supports participants in locating housing within 1-3 months and offers participants who have lost their housing a new unit if they meet readiness requirements.
Housing Choice. Program participants choose the location and other features of their housing.	-1-: Participants have no choice in the location or other features of their housing and are assigned a unit without having a say in decorating and furnishing.
Separating housing provision from other services. Extent to which program participants are not required to demonstrate housing readiness.	-2-: Participants have access to housing only if they meet many readiness requirements.
Integrated Housing. Extent to which housing tenure is assumed to be permanent housing with no actual or expected time limits, other than those defined under a standard lease or occupancy agreement.	-2-: There are some time limits on housing tenure or the housing is considered transitional.
Tenancy Rights and Responsibilities. Extent to which program participants have legal rights to the unit.	-2-: Participants have a written agreement (such as a lease or occupancy agreement), which specifies the rights and responsibilities of tenancy, but contains special provisions regarding adherence to treatment or other clinical provisions.

Criterion	Community's Rating
<p>Reasonable Cost for Housing. Extent to which participants pay a reasonable amount of their income for housing costs and/or program has access to rent supplements or subsidized housing units.</p>	<p>-1-: Participants pay 61% or more of their income for housing costs and program does not have access to rent supplements.</p>
<p>Housing Support. Extent to which program offers services to help participants maintain housing, such as offering assistance with landlord relations and neighborhood orientation.</p>	<p>-2-: Program offers some housing support services initially but no follow-up or ongoing services are available.</p>
<p>SERVICE PHILOSOPHY</p>	
<p>Service choice. Extent to which program participants choose the type, sequence, and intensity of services such as recovery, medical and other services.</p>	<p>-2-: Participants have little say in choosing, modifying, or refusing services.</p>
<p>Participant-Driven Program & Services. Extent to which the program and services are participant-driven.</p>	<p>-2-: Program offers few opportunities for input on their individual services or more generally on program services.</p>
<p>Contact with Participants. Extent to which program maintains regular contact with participants.</p>	<p>-2-: Program meets with participants once every 4 to 8 weeks to ensure participants' safety and well-being.</p>
<p>Continuous Services. Extent to which program participants are not discharged from services even if they lose housing.</p>	<p>-1-: Participants are discharged from program services if they lose housing for any reason.</p>
<p>Directly Offers or Brokers Services. Program directly offers or brokers support services to participants, such as recovery, medical and other services.</p>	<p>-1-: Program does not offer services to participants, either directly or through brokering.</p>
<p>Selection of Vulnerable Populations. Extent to which program focuses on chronic and/or episodically homeless individuals.</p>	<p>-1-: Program has no method to identify and select participants who are chronic and/or episodically homeless.</p>
<p>TEAM STRUCTURE/HUMAN RESOURCES</p>	
<p>Low Participant/Staff Ratio. Extent to which program consistently maintains a low participant/staff ratio.</p>	<p>-2-: 36-50 participants per 1 FTE staff.</p>

Community Advisory Board Membership

1. **Name of the Community Advisory Board:** Halifax Community Advisory Board
2. **Number of members in your CAB:** 10

Community Advisory Board Membership					
Last Name	First Name	TITLE ORGANIZATION	SECTOR(S)	Role on CAB	Include on Distribution List?
LaPierre	Sue	United Way	- Non-profit	Co-chair	Yes
Sherin	Andy	Anglican Diocese of Nova Scotia & PEI	- Non-profit	Co-chair	Yes
MacDonald	Neil	Housing Nova Scotia	- Housing and social housing	Member	No
Glode	Pam	MicMac Native Friendship Society	- Aboriginal	Member	No
Maclsaac	Cindy	Direction 180	- Healthcare, including mental health and addictions treatment	Member	No
Parris	Sylvia	Halifax Regional Municipality	- Other: Municipality	Member	No
Piedalue	Jamie	Capital District Health Authority	- Healthcare, including mental health and addictions treatment	Member	No
Palmer	Judy	Correction Services Canada	- Police and/or corrections	Member	No
Jahn	Claudia	Affordable Housing Association of Nova Scotia	- Non-profit	Ex-officio member	Yes
Graham	Jim	Affordable Housing Association of Nova Scotia	- Non-profit	Ex-officio member	Yes

3. Given the requirement to allocate funding to the Housing First approach, which involves both housing and individual supports, are there any sectors or organizations the CAB needs to include and/or engage in the future to more fully represent your community? (for example, Provincial or Territorial representatives responsible for housing and/or mental health, landlord organizations, people with lived experience, police, corrections, health and health promotions (including the Health Authority), income supports, other funders, addictions treatment)

Yes

Please identify the sectors or organizations and describe how they will be engaged.

The CAB has approached the NS Department of Community Services to have a representative of the Income Assistance Program and the Support Program for Persons with Disabilities participate in the CAB. Both of these divisions can play an important role in policy development and funding parameters which would augment the community based service regimes currently in place.

Planning and Reporting

Your Planning Process

1. Stakeholder Engagement

- a. **Who and how did the CAB consult in your community as you prepared this Community Plan? Please include information about the approach you took and the extent of your consultations.**

Regular monthly & dedicated CP development meetings were held to discuss: shelter/service provision and addiction/mental health policies/programs. A CAB member & a CE staff person visited Edmonton to see a coordinated HF program in action. Once in draft form 2 community consultations were held; the first with the shelter operators and agencies employing Housing Support Workers and secondly with the more broadly based community agencies.

- b. **How is the CAB working with the Aboriginal sector and/or local Aboriginal CAB to identify and implement Aboriginal homelessness priorities?**

Meetings were held specifically with the 2 Urban Aboriginal groups in Halifax on how to reflect culturally relevant responses in a Housing First model & to meet the priorities of the Urban Aboriginal Homelessness Community Action Plan developed during the previous HPS program.

2. Other Related Strategies and Programs

- a. **In this section, you will identify and describe the federal, provincial, territorial, or local strategies, programs (other than HPS) which fund activities in your community that you will access to support your Housing First and other homelessness effort.**

How many have you identified? 5

Name of federal, provincial or territorial or local strategies and programs	Focus of strategy or program
Mobile Health Street Outreach	- Healthcare
Direction 180	- Addictions

Name of federal, provincial or territorial or local strategies and programs	Focus of strategy or program
Mainline Needle Exchange	- Addictions
Clubhouse Connections	- Mental health
Housing Support Worker Program	- Social housing - Rent supplements

b. Does your Province or Territory have a plan or strategic direction to address homelessness, poverty, housing, or another related issue?

Yes

How does your HPS Community Plan complement Provincial or Territorial direction in this area?

Partially aligns

Please explain.

Housing Nova Scotia and the Provincial Department of Health and Wellness (Mental Health and Addictions) have adopted strategic plans; A Housing Strategy for Nova Scotia, Spring 2013 (which includes a commitment to developing a Housing First approach) and Together We Can: Mental Health and Addictions Strategy: April 2012. Both are in the process of developing the specific tactics, activities and metrics which will be needed to see the Plans implemented and monitored.

c. The Housing First approach requires access to a range of client supports. How will you engage (or how are you engaging) provincial or territorial programs to facilitate access to provincial/territorial services for Housing First clients?

AHANS is a member of the recently formed Halifax Housing and Homelessness Partnership. Among the other members are the United Way, Capital District Health Authority, the City of Halifax, Housing Nova Scotia, the Department of Community Services and the Investment Property Owners Association of Nova Scotia. The Partnership has formed a Homelessness Working Group with the intent of ending or a least substantially reducing shelter usage in Halifax. This is an opportunity to gain commitment from the other funders and service providers needed to marshal the resources to successfully implement a Housing First program in the City.

3. Community Contribution

As part of the eligibility for HPS Designated Community funding, each community must be able to demonstrate that it has mobilized funding partners to contribute to its homelessness efforts.

- **Your community must show that it can identify \$1 contributing to your homelessness efforts from other sources for every dollar in your Designated Community allocation.**
 - **The community contribution can include funding from any partner other than HPS such as: governments (Federal, Provincial/Territorial or Municipal/Regional); public institutions, such as hospitals, schools or universities; aboriginal organizations; private sector organizations; and not-for-profit/charitable sector organizations, such as foundations or the United Way.**
 - **If an organization is contributing (financial or in-kind) to more than one activity, you may combine all the amounts received and enter the information once.**
- **The Community Entity (CE) will be required to report annually on the actual amount received.**

You will be asked to provide this information during the annual update. At this time, we need information about your community contribution for 2014-2015.

- a. **How many funders have you identified? 2**

Name of Funder	Type of Funder	Contact Information		Financial Contribution (dollars)	Non-Financial Contribution (Estimate in Dollars)	Total Contribution (Dollars)
		Contact Person	(E-mail or Phone Number)			
Provincial Department of Community Services	Province/Territory	Kim Stewart	kstewart@ns.gov.ca	11,500,000	0	11,500,000
United Way	Not for profit/Charity	Sue LaPierre	slapierre@unitedwayhalifax.ca	375,000	0	375,000
Total Community Contribution (dollars)						\$11,875,000
HPS Designated Communities Funding Stream allocation (dollars)						\$1,654,247

Reporting

The Community Advisory Board is expected to report to its funder (Employment and Social Development Canada), its stakeholders and the broader community on what it is doing and the progress the community is making in reducing homelessness.

The HPS was renewed with a commitment to using a Housing First approach and demonstrate reductions in homelessness. The collection of data and results will be critical to this change. As part of your community planning process, you will set priorities and select activities. Projects should lead to results that contribute to reductions in homelessness. The HPS has identified specific results that it will be collecting through Results Reporting, but the CAB and CE should also be working together to identify other results they would like to gather.

Your Priorities

Priorities	The percentage of your HPS Designated Community (DC) allocation that will be invested in this priority in:					Activities Selected	Targets for 2014-2015 Where a target is set at 0 it could be because: (1) The community will not be implementing the activities in 2014-2015. (2) The activities will lead to outcomes different from the ones identified in the targets.
	2014	2015	2016	2017	2018		
	2015	2016	2017	2018	2019		
To reduce homelessness through a Housing First (HF) approach*	18% DC	65 % DC	65 % DC	65 % DC	65 % DC	% of HF Funds by activity selected (Related to 2014-2015 only) <ul style="list-style-type: none"> ● 8%: HF Readiness ‡ ● 30%: Client Intake & Assessment § ● 30%: Connecting to and Maintaining Permanent Housing ** ● 30%: Accessing Services through case management †† ● 2%: Data, Tracking & Monitoring †† 	

Priorities	The percentage of your HPS Designated Community (DC) allocation that will be invested in this priority in:					Activities Selected	Targets for 2014-2015 Where a target is set at 0 it could be because: (1) The community will not be implementing the activities in 2014-2015. (2) The activities will lead to outcomes different from the ones identified in the targets.
	2014	2015	2016	2017	2018		
	2015	2016	2017	2018	2019		
To improve the self-sufficiency of homeless individuals and families and those at imminent risk of homelessness through individualized services †	35% DC	0% DC	35% DC	35% DC	35% DC	Connecting clients to income supports	120 people will increase their income or income stability.
						Pre-employment support and bridging to the labour market	18 people will increase their employment stability or will start part-time or full-time employment. 5 people will start a job training program.
						Life skills development (e.g. budgeting, cooking)	The HPS has not asked for targets related to this activity.
						Supports to improve client's social integration	The HPS has not asked for targets related to this activity.
						Culturally relevant responses to help Aboriginal clients	The HPS has not asked for targets related to this activity.
						Connecting clients to education and supporting success	5 people will start part-time or full-time education.

Priorities	The percentage of your HPS Designated Community (DC) allocation that will be invested in this priority in:					Activities Selected	Targets for 2014-2015 Where a target is set at 0 it could be because: (1) The community will not be implementing the activities in 2014-2015. (2) The activities will lead to outcomes different from the ones identified in the targets.
	2014	2015	2016	2017	2018		
	2015	2016	2017	2018	2019		
						Housing loss prevention (only for individuals and families at imminent risk of homelessness)	30 people will remain housed at three months after receiving a housing loss prevention intervention.
						Liaise and refer to appropriate resources	The HPS has not asked for targets related to this activity.
						Basic or urgent needs services	The HPS has not asked for targets related to this activity.
To preserve or increase the capacity of facilities used to address the needs of people who are homeless or at imminent risk of homelessness.	43 % DC	35 % DC	0 % DC	0 % DC	0 % DC	Transitional housing facilities	8 new transitional housing units will be added to a new or existing housing unit.
						Supportive housing facilities	8 new permanent support housing units will be added to a new or existing housing unit.

Priorities	The percentage of your HPS Designated Community (DC) allocation that will be invested in this priority in:					Activities Selected	Targets for 2014-2015 Where a target is set at 0 it could be because: (1) The community will not be implementing the activities in 2014-2015. (2) The activities will lead to outcomes different from the ones identified in the targets.
	2014	2015	2016	2017	2018		
	2015	2016	2017	2018	2019		
To ensure coordination of resources and leveraging	0% DC	0% DC	0% DC	0% DC	0% DC	- Tracking non-Housing First clients - Point-in-time counts - Community indicators (beyond the requirements for HPS)	The HPS has not asked for targets related to these activities.
To improve data collection and use	4% DC	0% DC	0% DC	0% DC	0% DC	- Information collection and sharing (including implementing and using HIFIS)	

Notes:

- * **The Housing First model includes both housing and access to supports primarily for chronically and episodically homeless individuals. The services provided are offered through an integrated approach and are interdependent. Generally, the approach will be to ensure that Housing First clients have access to all the existing services required.**
- ‡ **Housing First readiness activities include:**
 - **Determining the Housing First model (e.g. consultation, coordination, planning, and assessment)**
 - **Identifying, integrating and improving services (including staff training on Housing First activities and functions)**
 - **Partnership development in support of a Housing First approach**
 - **Working with the housing sector to identify opportunities for and barriers to permanent housing (e.g. establishing landlord relationships, mapping of current available assets)**

- § Client intake and assessment activities include:**
- **Coordinated intake management (where feasible)**
 - **Client identification, intake and assessment, focusing on the chronically and episodically homeless populations.**
- ** Connecting to and maintaining permanent housing require communities to establish housing teams that implement the following activities:**
- **Facilitate access to housing, which could include providing emergency housing funding to bridge clients to provincial/territorial system**
 - **Set-up apartments (insurance, damage deposit, first and last months' rent, basic groceries and supplies at move-in, etc.)**
 - **Furnish apartments for HF clients (furniture, dishes, etc.)**
 - **Repair damages caused by HF clients**
 - **Provide Landlord-tenant services**
 - **Re-housing (if required)**
- †† Accessing services through case management include the following activities:**
- **Coordination of a case management team**
 - **Peer Support**
 - **Working with clients to set goals**
 - **Identifying a strategy for reaching the goals**
 - **Connecting clients to services needed to reach the client's goal**
 - **Monitoring progress**
 - **Support services to improve the self-sufficiency of chronically and episodically homeless individuals and families in the Housing First program through individualized services, including: connecting clients to income supports; pre-employment support, and bridging to the labour market; life skills development (e.g. budgeting, cooking); supports to improve clients' social integration; and culturally relevant responses to help Aboriginal clients; and connecting clients to education and supporting success**

**** Data, tracking, and monitoring activities include:**

- **Identifying the size and make-up of the chronically and episodically homeless population by accessing shelter data**
- **Tracking HF Clients**

† These services are offered primarily to individuals who are homeless or imminently at risk that are not part of the Housing First program.

Results

With renewal, the HPS is increasing the focus on achieving results. All projects are expected to contribute to reducing or preventing homelessness and CABs and CEs should be working together to determine how they will measure project success. The HPS has identified a number of indicators it will be using to measure the success of the HPS at reducing and preventing homelessness.

Description of your Priorities

Housing First (HF) Priority

Rationale

Why is this a priority for your community? If the priority was identified in another related plan or planning process, please identify it.

According to the most recent CPI Report there are 175 are chronically/ episodically homeless in HRM and this number has remained constant since 2009. It appears that current service delivery models are not effective at reducing shelter usage by this population. The experience of At Home/Chez-Soi and similar programs in other jurisdictions demonstrates that the adoption of Housing First principles and practices offers the opportunity for better results.

What other resources can you leverage to contribute to your HF efforts?

- **HF Readiness**

The community reaction to the change in focus of the HPS guidelines to projects that adopt Housing First principles is varied. Some believe they are already working in a HF model, some do not believe there are enough resources available to implement a workable HF model. Others believe there are philosophical and programmatic barriers in service delivery that will impede progress toward such a model.

HF principles accept people where they are and expect service delivery to be based on choice and harm reduction principles. There does not appear to be an effective working arrangement between the local health authority and community based service delivery organizations. The health authority does community based support for mental health clients but it is only available to those with “official” diagnosis and then only if those clients remain “compliant”. There are no supported housing options for active users of drugs or alcohol.

The Provincial housing agency, Housing Nova Scotia, does not have an active rental assistance program. Both the number of available subsidies and the amount of individual monthly benefit appear to be capped and there is no indication that Housing NS will be seeking authority to increase the available pool. Further, should the pool of funding be increased there is no commitment that HF clients would receive priority. Currently the most affordable apartments for those individuals on Income Assistance are all located in the same neighbourhoods. The former Deputy Minister of Health publically stated that this was a contributing factor to the failure of many individuals to make significant progress toward self-sufficiency.

It is also important to recognize that there are agencies and individuals who are willing to embrace HF principles and are anxious to see improvements made in the quality of community based programs. They would like to have the resources they believe they need to improve the personal outcomes of their clients. In a resource scarce environment the ability and willingness of community to collaborate effectively on a large scale will be tested.

- **Client Intake & Assessment**

At present all the permanent shelters in HRM use HIFIS. Other agencies which might be described as “walk-in” do not use HIFIS or alternate integrated client intake system; some keep paper files only. Likewise the 5 shelter operators and the “walk-in” service points do not share a common client assessment “tool”. It is not known to what extent which individual agencies are developing ISPs, developing performance measures, documenting results, or using an electronic Data base to track results.

- **Connecting to and Maintaining Permanent Housing**

Housing Nova Scotia, does not have an active rental assistance program. The number of rooming houses has declined by over 90% in the last decade and the gap between average market rent and a single person’s shelter component is \$200 per month. Apartments that are affordable for those who are dependent on social assistance tend to be clustered in areas of high crime and low quality housing. On the upside the Housing Support Worker program for 2012-2013 placed 351 individuals in permanent housing directly from shelters

- **Accessing Services**

There are no community based Integrated Case Management teams in HRM. Any case management efforts – goal setting, strategy development, services coordination, and result monitoring is determined by the individual service delivery agencies. It is not known to what extent this information is aggregated or shared (within the parameters of privacy protocols).

- **Data, Tracking & Monitoring**

All the shelters in HRM use HIFIS. Beyond that there is not appear to be a community wide, integrated data base tracking service delivery and outcomes for vulnerable populations.

Description of the Housing First (HF) Approach

Please describe your Housing First approach, identify what percentage of your allocation will be used towards furnishing and repairing housing for HF purposes and provide a timeline for HF implementation.

The HF approach in Halifax will need to be developed in collaboration with the community, service providers, private sector housing providers and the provincial and municipal levels of government. At present only a few examples of the

components of HF are evident in the community. It is the intention of the CAB to develop an approach to HF with as high a level of fidelity as the challenges outlined above permit. The first phase of development will establish an ICM team to provide support services for a subset of persons who are chronically and episodically homeless. A similar team is envisaged to service aboriginal clients. To prepare the community for HF awareness training will be conducted and professional development for service providers. A coordinated intake system will be established using a standard assessment tool. A review of past HPS investments will be conducted to identify resources to include in the HF system. The establishment of a supportive housing residence or a residence with supports to help residents with substance abuse issues will be explored. The expectation is the first 3 quarters of 2014-2015 will be spent in HF readiness (assessment tool identification; training; staff training; client assessment; baseline data collection, HIFIS modifications; etc.) A very small number of HF clients will be housed in the final quarter of 2014-2015. For the 5 year program 6% of expenditures will be for housing repairs and furnishings associated with the chronically & episodically homeless.

Target Group(s)

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

- Chronically homeless individuals
- Episodically homeless individuals

Individualized Services priorities

Rationale

Why is this a priority for your community? If the priority was identified in another related plan or planning process, please identify it.

Priority 1. Improving the self-sufficiency of homeless individuals & those at imminent risk of homelessness through individualized services remains a priority. According to the CPI Report 1716 individuals stayed at a shelter in the HRM in 2013. 10% will be eligible for housing first services, 60% are one-time users. The needs of the remaining ±500 individuals must be addressed w/ only 35 % of the HPS allocation.

Target Group(s) within the homeless and at imminent risk of homelessness populations

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

- | | |
|-------------------------|---|
| - Families and children | - People with a mental health issue |
| - Youth | - People with disabilities (other than mental health) |
| - Aboriginal people | - People with addictions |
| - Men | |
| - Women | |

Facilities priorities

Rationale

Why is this a priority for your community? If the priority was identified in another related plan or planning process, please identify it.

There is a segment of the chronically & episodically homeless that will not succeed in a HF model. These individuals need permanent housing that has 24/7 onsite support. No dedicated housing exists in Halifax & this gap must be filled to reduce persistent shelter usage. HPS has previously funded 166 transitional & permanently supported housing units & preserving or increasing the capacity of these facilities is an integral component of broader, systemic & coordinated approach to address the needs of the homeless or who are at imminent risk of homelessness

Target Group(s) within the homeless and at imminent risk of homelessness populations

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

- Families and children
- Youth
- Aboriginal people
- Men
- Women
- People with a mental health issue
- People with addictions

Data Collection and Use Priority

Rationale

Why is this a priority for your community? If the priority was identified in another related plan or planning process, please identify it.

The success of the CP requires the collection of baseline data on the homeless & those of imminent risk of homelessness, shared data collection tools, standardized assessment processes; a common platform in order to both measure outcome & make timely adjustments to service delivery practice to achieve success.