



Ending Homelessness in St. John's: Our 5-Year Plan (2014–2019)

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What will it take to end homelessness in St. John's?

Our community has seen significant changes in recent times. With opportunity and growth, we are also facing new challenges – especially for our most vulnerable. Our vision is that St. John's is a community where all benefit from prosperity, and where community comes together to lift all its members.

In this Plan - developed by our community and for our community - we propose a bold vision: to end homelessness in St. John's by 2019. This does not mean we will never have someone who needs emergency shelter or loses housing: that would not be realistic. But, we can have a community with the coordination and supports in place to reduce average shelter stays to 7 days or less by 2019, with the ultimate goal of ensuring that no one in our city will live on the streets or in emergency shelter for longer than 7 days before having access to the housing and supports they need.

Moving forward, a range of supports and housing will be needed to end homelessness in our community, using a systems approach grounded in Housing First as our guiding philosophy. Housing First calls for a person-centered approach where housing is a right, rather than a privilege. It's about getting people housed quickly, with the right supports, at the right time. It is not about requiring them to 'prove' their right to housing through sobriety or other requirements.

We know no single group can do this on their own – be it from the government, non-profit, business, academic or faith sector. It takes all of us, working in a coordinated manner, building upon the strong foundation of cooperation we already have in place. We will have to work smarter and we will have to let some things go in the process. We will also have to try new ways of doing the work needed to make an end to homelessness a reality for our city.

It will take more than money: we will have to put everything on the table and critically examine whether and how it helps us meet our common objectives. By 2019, we will have collectively developed and implemented an effective, client-driven homeless-serving system that reduces average shelter stays to 7 days or less, with the long-term goal of ensuring no one in St. John's will have to sleep rough or stay in emergency shelters for longer than 7 days.

To end homelessness by 2019, we will aim to develop the necessary housing and supports to assist over 460 individuals – 160 of whom will be chronically and episodically homeless. We will need the coordinated efforts and resources of government, non-profit and business sectors, as well as our research and faith communities. We estimate that the total cost of implementing the measures outlined in this Plan will be approximately \$7.7 million. Our federal Homelessness Partnering Strategy allocation will contribute about \$3.5 million of this cost, but we need other government partners and private investors to help meet our resource needs.

In the long run, we know it's much more cost-effective to end rather than manage homelessness. Research shows that for every \$10 invested in Housing First supports, an

average savings of \$7.75 is realized from reductions in the use of emergency services in the health, shelter, and corrections systems.¹

This direction aligns with both the recent shift of the federal Homelessness Partnering Strategy (HPS) towards Housing First as a guiding investment philosophy, and the Government of Newfoundland and Labrador's emerging approach to homelessness moving forward. In addition, the City of St. John's has identified affordable housing and homelessness as priority issues for action. Our community welcomes the support of all levels of government as we move in this new direction. We will continue to provide on-the-ground leadership and expertise, ensuring that our Plan is driven by our community, and for our community.

About End Homelessness St. John's

The multi-stakeholder St. John's Community Advisory Committee on Homelessness (one of 61 HPS Community Advisory Boards or CABs across Canada), was established in 2000 to develop and implement previous HPS plans to address homelessness, and will be redesigned to implement the new 2014-2019 Community Plan based on Housing First principles.

The City of St. John's will continue to administer the Plan's federal homelessness funds for the CAB (through the Non-Profit Housing Division of its Community Services Department) - performing the function of HPS Community Entity (CE) - while providing the critical community development and brokering necessary to move our community forward together. The restructuring of the CAB will be essential to provide the leadership and infrastructure 'backbone' needed to implement the Plan and meet our performance goals.

Our new CAB will be named End Homelessness St. John's, in keeping with our new purpose - and will build on the work of the previous CAB over the past decade, which laid a solid foundation for our future success, investing \$18.3 million in Homelessness Partnering Strategy funds (levering significant funding from other partners) to address community priorities through a range of initiatives, including the creation of 65 emergency shelter beds, 37 transitional housing beds (22 units), and 237 supportive housing beds (163 units). Other CAB-supported projects have included renovations and accessibility improvements to shelters, transitional and supportive housing, non-residential service facilities and new social enterprises, plus a range of initiatives to engage partners, raise awareness, mobilize knowledge, and build capacity.

None of this would have been possible without strong partnerships across all sectors.

¹ Mental Health Commission (2014) Moncton Final Report. Available online at: http://www.mentalhealthcommission.ca/English/system/files/private/document/at_home_report_moncton_eng.pdf

Our Guiding Principles

Our Plan is grounded in the following guiding principles that everyone has the right to:

1. Choice
2. Self-managed housing
3. Self-identification of support needs
4. Disability-related supports
5. Choose where one lives
6. Respect
7. Personal safety
8. Take risks
9. Change one's mind

Plan Development & Implementation

End Homelessness St. John's has actively engaged key stakeholders across multiple sectors, including provincial partners leading social housing, homelessness and poverty work, the regional health authority, diverse service providers, and the municipality. We have also engaged persons who have experienced homelessness throughout the planning process. We led consultations with CAB members and their teams, and other stakeholders from the public, private and community sectors towards the development of the Plan to End Homelessness.

In total, 35 separate sessions with stakeholders were conducted during 2013-2014 engaging more than 150 participants. These included public systems at all levels of government, faith and business communities, and a diversity of service providers (shelters, transitional and supportive housing operators, youth services, etc.).

Focus groups with 80 people who have lived experience of homelessness were coordinated involving youth, adults and seniors, including shelter users. In addition, a Community Forum was held on May 26-27, 2014, where 80 cross-sectoral participants discussed the Plan's priorities, strategies and areas of focus.

To facilitate the CAB's shift to a community-wide Housing First approach, a technical expert with practical experience in guiding other Canadian communities across this bridge, Dr. Alina Turner (Turner Research & Strategy), was engaged to design and facilitate the Community Forum and assist in preparing the new Plan.

Based on this engagement process and research undertaken, the consultant worked with End Homelessness St. John's to develop the broader Plan, which includes the Homelessness Partnering Strategy (HPS) Community Plan to guide federal investments locally.

Although this Plan reaches beyond HPS, this funding stream will play a critical role to support implementation moving forward. St. John's will have an HPS allocation of approximately

\$697,000 per year over five years (2014-2019) totalling about \$3.5 million - of which 40% at minimum is required to be invested in Housing First activities by 2016. The CAB was mindful and purposeful in the development process to ensure alignment between the broader Plan and the HPS Community Plan.

State of Homelessness in St. John's

Using available data and information gathered from key stakeholders, the ensuing analysis provides a summary of emerging trends impacting housing stability and homelessness. Housing market and macro-economic indicators, as well as HIFIS (Homeless Individuals & Families Information System) shelter data information were used to complete this analysis.

Socio-Economic Trends

It is no surprise that our city's current economic growth, tied to a flourishing resource industry, is impacting incomes and housing costs. On one hand, income growth and low unemployment are welcome news; however, they have also placed additional pressures on lower income households.

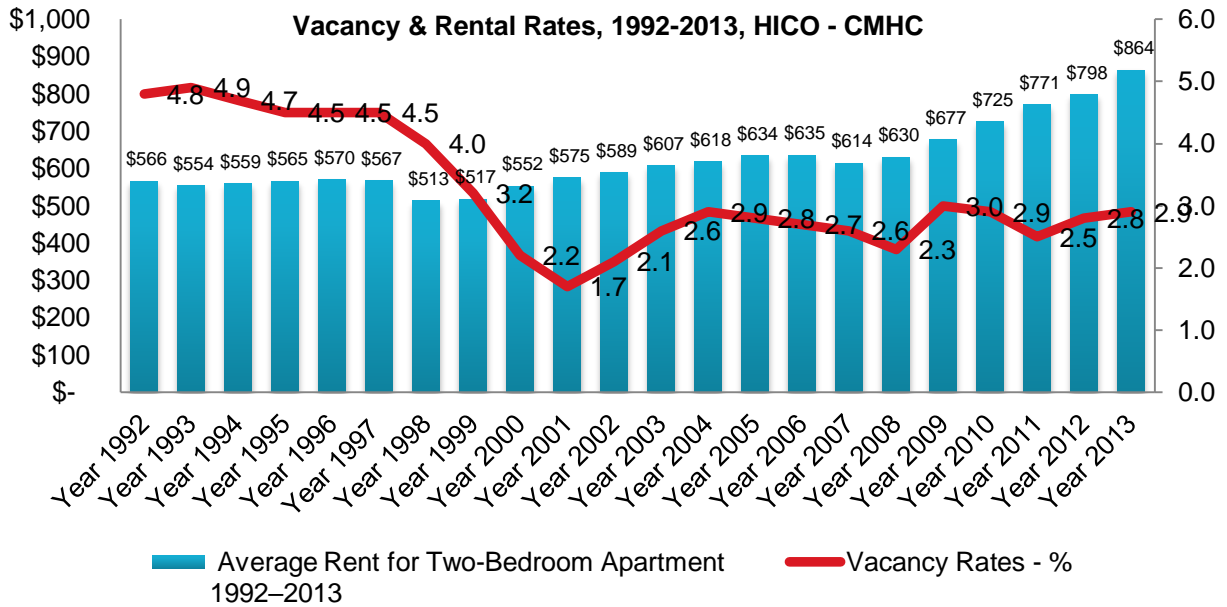
Improved labour opportunities and incomes draw migration, putting pressure on limited rental stock. According to the St. John's City Economic Forecast (2013), unemployment dipped to 6.1% in 2013, while earnings were up 57% in 2013 compared to 2005. From 2001-2011, the city's population grew by 7%.²

This growth adds increasing pressure on housing costs, particularly for lower income populations. The City of St. John's (2013) reports that the average MLS housing price rose 62% between 2008-2013 - from \$187,571 to \$301,333 - an increase of \$113,762³ High homeownership costs make the transition from renting more difficult as well, especially for the younger population. As the following chart illustrates, rental rates have continued to increase, while vacancy declines.⁴ Notably, from 2008-2013, average rental costs for 2-bedroom units increased by 37% from \$636 to \$877.

² City of St. John's (2013) St. John's City Economic Forecast 2013. Available online at: <http://www.stjohns.ca/sites/default/files/files/publication/State%20of%20the%20Economy%20Mar%202014.pdf>;

³ Ibid.

⁴ CMHC – HICO 2014, Vacancy and Rental Rates, Canadian Housing Observer. Available online at: http://www.cmhc.ca/en/corp/about/cahoob/data/upload/Table11_EN_w.xlsx
http://www.cmhc.ca/en/corp/about/cahoob/data/upload/Table12_EN_w.xlsx



In fact, looking at the 2012 – 2013 trends, we note that increases in rates occurred despite a seeming increase in the vacancy rate – particularly in larger units.

	Vacancy Rates			Rental Rates		
	Oct-12	Oct-13	Change	Oct-12	Oct-13	Change
Bachelor	4.2%	4.8%	0.6%	\$610	\$648	\$38
1 Bd	2.3%	2.5%	0.2%	\$718	\$744	\$26
2 Bd	3.0%	3.1%	0.1%	\$813	\$877	\$64
3 Bd+	2.0%	3.9%	1.9%	\$902	\$919	\$17
Total	2.8%	3.2%	0.4%	\$771	\$815	\$44

Source: CMHC Rental Market Statistics Fall 2013, Vacancy and Availability Rates (%) in Privately Initiated Rental Apartment Structures of Three Units and Over (Zones 1 & 2 - St. John's City).

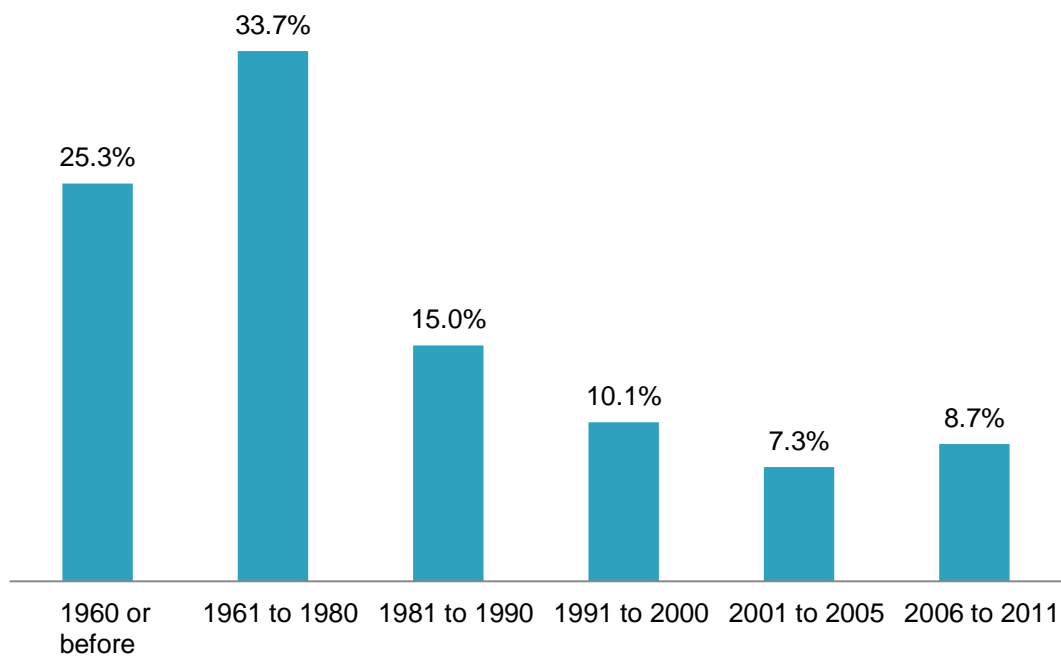
A key reason for this is the notable increase in secondary rental units coming onstream – these are units that are not purpose-built rentals – such as basement suites or units/rooms within homes. These units in the secondary market make up the largest component of St. John's rental stock, however, they are on average higher in cost than purpose-built units. Rising costs of shelter in recent years have prompted a growing secondary market as homeowners create additional income streams.

	Rental Rates			Estimated # Households in Secondary Units		
	12-Oct	13-Oct	Change	12-Oct	13-Oct	Change
Single Detached	\$ 1,110	\$ 1,090	-1.8%	1,444	1,581	+9.5%
Single Detached, Row, Duplex	\$ 596	\$ 725	+21.6%	7,595	7,994	+5.3%
Accessory Suites	\$ 740	\$ 665	-10.1%	n/a	n/a	n/a
Total	\$ 704	\$ 734	+4.3%	15,376	15,464	+0.6%

Source: CMHC Rental Market Statistics Spring 2014

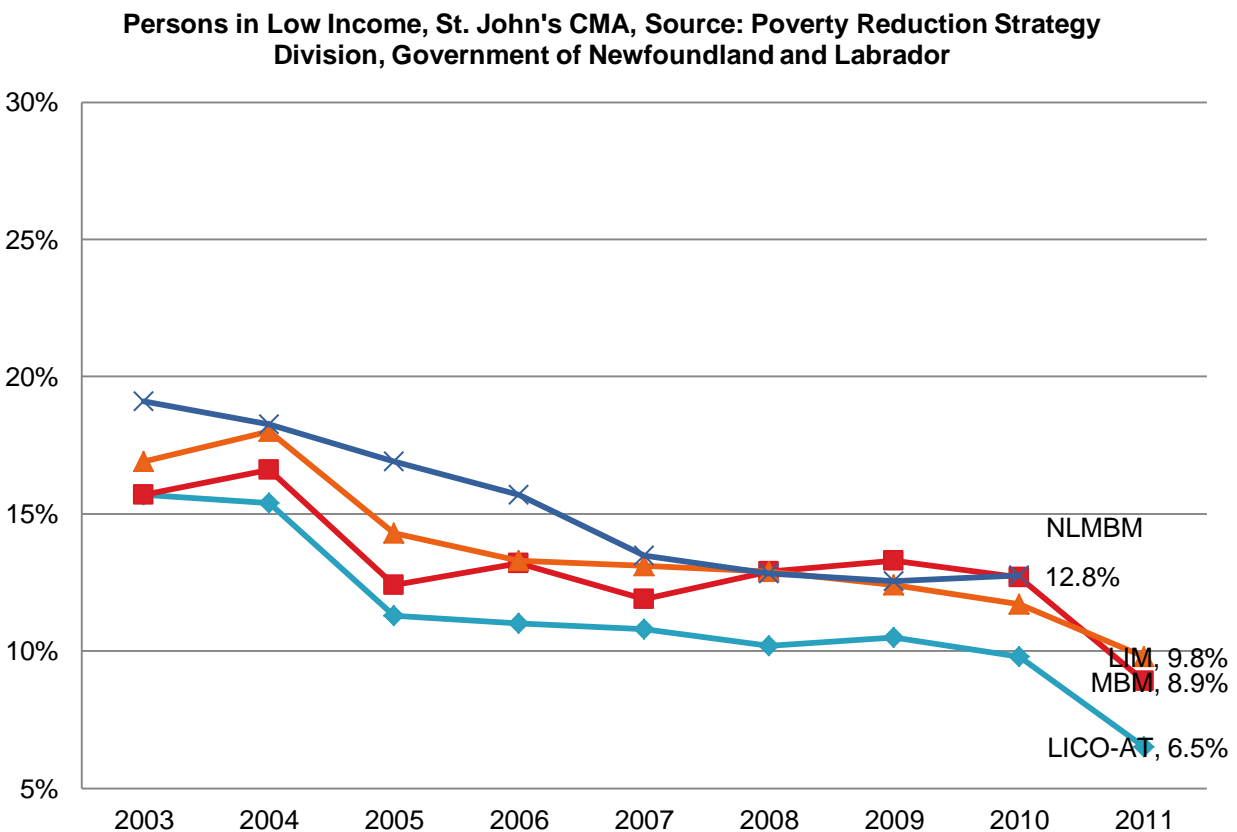
Another notable trend of relevance to housing affordability is the age of St. John's housing stock. Because of the age of most dwellings, quality of stock suffers: the Statistics Canada National Household Survey (2011) reports that about 7% of dwellings in St. John's were in need of major repair.

Dwellings by Construction Period, Statistics Canada NHS 2011, Census Subdivision - St. John's



Impacts on Housing Stability

While considerable dispute exists regarding measures that aim to assess poverty, overall the following four commonly used measures generally suggest a downward trend in low income. They suggest that about 9-10% - or 9,000 to 10,000 of St. John's residents remain in low income despite the recent economic growth. While the overall trend is encouraging, we must consider income measures in relation to housing costs as well – particularly for those struggling with multiple barriers (mental health, addictions, disabilities, domestic violence) and on fixed incomes.



NLMBM: Newfoundland and Labrador Market Basket Measure, NL Statistics Agency.
LIM, MBM and LICO: Low Income Measure, Market Basket Measure, and Low Income Cut-Offs, Statistics Canada, table 202-0802; Survey of Labour and Income Dynamics - 3889.

When we look to shelter costs, Statistics Canada National Household Survey data (2011) reports that about 1 out of 4 households in St. John's were paying more than 30% of income on shelter; as a result, they would be considered to be in Core Housing Need as result of affordability challenges.

A total of 11,205 households in St. John's were reported to be in this situation – with renters having a much higher likelihood to be in this group. In fact, 41.5% of renter households were paying more than 30% of their income on shelter compared to 14.7% of owner households.

Not surprisingly, given low rental vacancy and higher rents, as of May 2014, Newfoundland and Labrador Housing's St. John's waitlist numbered 264 applications, while the City of St John's Non-Profit Housing waitlist sat at 358.

It is important to note that housing costs and low income are not the only factors that play into someone's risk of becoming homeless however. When the imbalance of income and housing costs combines with other individual and systemic factors, vulnerability to homelessness increases. In particular, the following factors can play key roles in homelessness risk along with structural issues relating to discrimination, housing market dynamics and the support system to mitigate homelessness and housing instability:

- Chronic health issues (mental health, disabilities/physical health),
- Addictions,
- Experiences of abuse and trauma,
- Interaction with public systems, particularly correctional and child intervention services.⁵

Shelter Use Trends

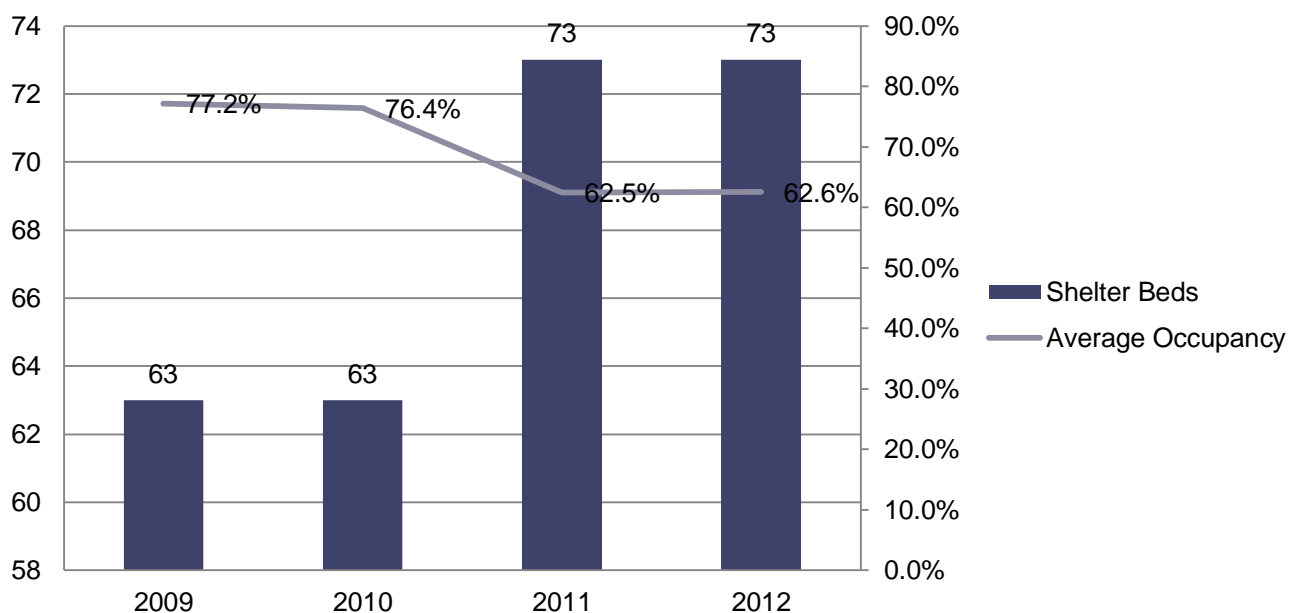
It is important to note that the City of St. John's does not currently have an ongoing homeless count in place to assess trends longitudinally. Though such counts are limited as they only provide a point-in-time snapshot, they do complement other sources of community-level data to gauge patterns. Nevertheless, the Homeless Individuals & Families Information System (HIFIS) has been implemented in emergency shelters since 2009, currently covering 73 beds among 6 providers; this section summarises findings from the HPS 2012 Community Progress Indicators Report for St. John's in 2012 using HIFIS data.

Notably, shelter occupancy rates have trended downward to 62.6% in 2012. However, data quality challenges were reported that point to the need for further examination. Further, utilization was uneven when we look across the system: some facilities ran over capacity during certain periods of the year, while others had lower occupancy rates. It is important that further analysis is undertaken to assess the causes behind these divergences⁶, particularly to determine if these are a result of data quality issues or reflective of other trends.

⁵ Tutty, L., Bradshaw, C., Worthington, C., MacLaurin, B., Waegemakers Schiff, J., Hewson, J., Dooley, D. (2011) Preliminary analysis only from phase 2 of the HART research project.

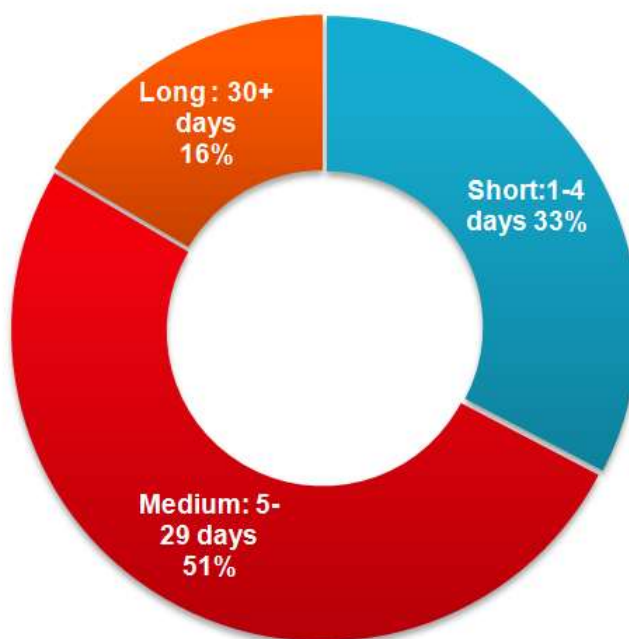
⁶ The Shanawdithit Shelter was not included in the analysis until 2011; therefore, unique shelter users for 2009 and 2010 are not comparable to the later years and family rates were not available for 2009 and 2010.

2009-2012 HIFIS Emergency Shelter Occupancy



Looking at the 2012 data, of the 769 unique shelter users, most stay under 1 month (84%); in fact, 33% are only using shelters 1-4 days during the course of the year.

2012 HIFIS Data



Of the 769 clients in 2012:

- 136 (17.7%) were in families;
- 61.5% males, 38.5% females;
- There were 71 children 0-15 yrs (9.2%);

St. John’s 2009-2012 HIFIS Emergency Shelter Clients: Gender x Age x Year

	Child (0-15)		Youth (16-24)		Adult & Senior (25+)	
	Male	Female	Male	Female	Male	Female
2009	40 (50.0%)	40 (50.0%)	108 (59.0%)	75 (41.0%)	292 (67.6%)	140 (32.4%)
2010	45 (54.9%)	37 (45.1%)	110 (55.6%)	88 (44.4%)	270 (66.2%)	138 (33.8%)
2011	47 (46.1%)	55 (53.9%)	116 (52.0%)	107 (48.0%)	309 (62.8%)	183 (37.2%)
2012	34 (47.9%)	37 (52.1%)	133 (57.6%)	98 (42.4%)	296 (63.5%)	170 (36.5%)

Notably, there were 231 youth 16-24 years were reported – about 30.0% of the total. This is a growing sub-population, based on 2009-2012 HIFIS data.

HIFIS Emergency Shelter Occupancy - Youth				
Year	2009	2010	2011	2012
% Youth	26.3%	28.6%	26.9%	30.0%
# Youth	183	198	223	231

No data on Aboriginal, ethnicity, migration was available for analysis.

Chronic & Episodic Homelessness

As the HIFIS system is developed and operated at the national level by HPS, reports using data collected are analyzed according to the following HPS definitions of chronic and episodic shelter users:

A **chronic** shelter user is a user who has stayed at shelters for more than 180 days in the past year.

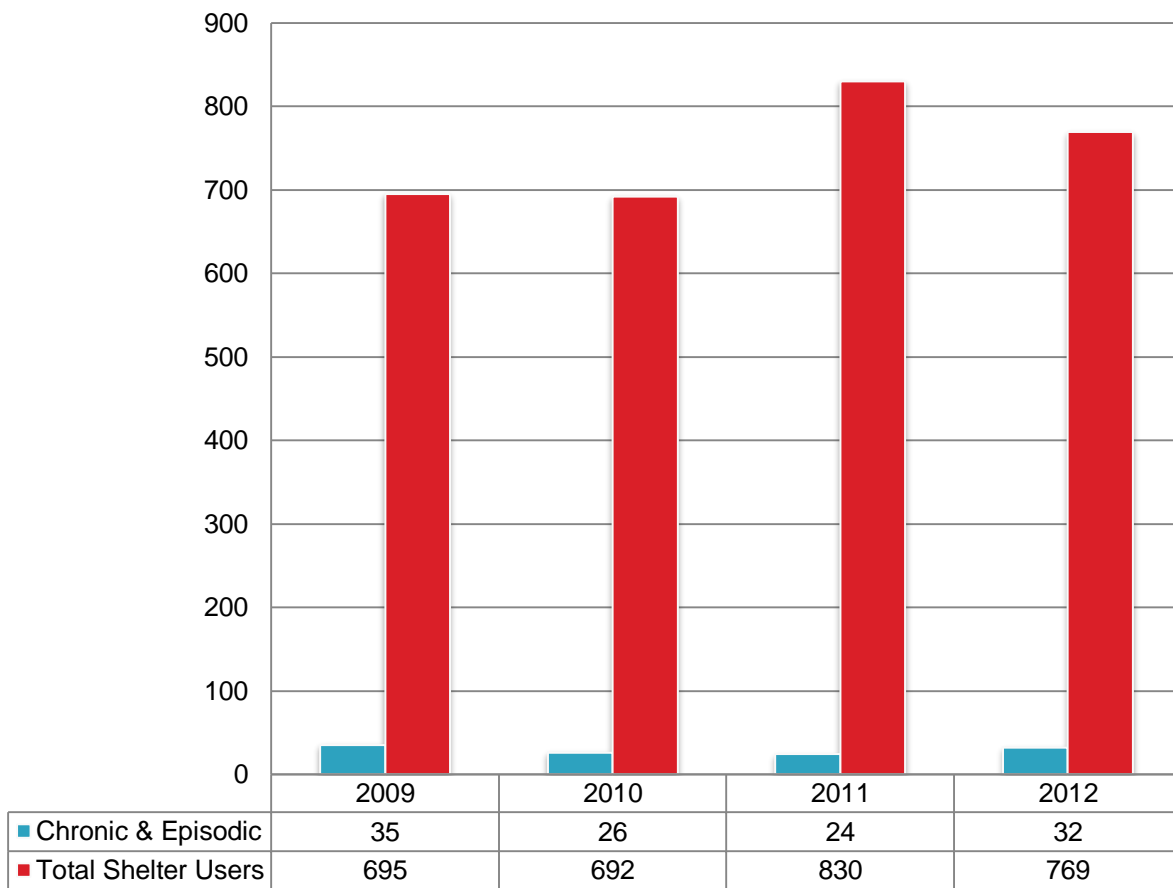
An **episodic** shelter user is a user who has three or more episodes of homelessness in the past year. A single stay or stays within 30 days of each other are considered an episode. A new episode is counted when a user stays at a shelter after 30 days since their last stay at a shelter.

Using these definitions, the chart on the following page illustrates trends in unique shelter users from 2009-2012 as well as the proportion of chronic and episodic shelter users.

Based on these calculations, in 2012 there were 769 unique shelter users in St. John's, of which a relatively low concentration of chronic (7, 0.9%) and episodic (25, 3.3%) shelter users were reported. The majority would be considered transitional shelter users, who move through the system quickly with 1 to 2 shelter stays in the year.

It is important to note that the HIFIS data does not include rough sleepers, turnaways, or those who are homeless but do not use the shelter system (couch surfing, living in makeshift shelter, with No Fixed Address in jail, health system, etc.) Also, it provides a one-year snapshot: we do not yet know how many of those who are considered episodic shelter users may have had shelter stays in other years. A fuller, longitudinal analysis would provide a better sense of shelter use patterns.

HPS-Defined Chronic & Episodic Shelter Users, HIFIS, 2009-2012



HPS definitions specific to chronic and episodic shelter use can be built upon based on the research literature and data from other communities to ensure we are not underestimating the overall chronic and episodic homeless population in our community.

To account for the populations that may not be captured in the HIFIS data and a longer-term approach to defining chronic and episodic homelessness, we estimate that in 2014 of about 800 homeless persons, 120 (15%) were chronically and episodically homeless. This is also confirmed by the HIFIS data showing about 15% of shelter users stayed longer than 1 month. We will work to confirm these figures with better data moving forward, however, we would rather plan for flexible capacity now and ramp down rather than underestimate need and fall flat in implementation.

Based on the research done by other Housing First implementing communities⁷ and the Canadian Homelessness Research Network, we propose the following definitions to breakdown the homeless population in St. John's.

- **Transitionally homeless:** Most people experience homelessness for a short time and infrequently in their lifetime. Usually, this is a result of lack on income or housing affordability challenges. Most exit homeless with minimal or no intervention. We estimate about 680 people or 80% of the homeless population in St. John's falls within this category.
- **Episodically homeless:** Some people who experience homelessness, experience recurring episodes throughout their lifetime. This group is likelier to face more complex challenges involving health, addictions, mental health or violence. About 10% of the homeless population, or 80 people, are estimated to be in this group.
- **Chronically homeless:** A small portion experience long-term and ongoing homelessness as result of complex barriers and high acuity, particularly related to mental health and addictions. About 40 chronically homeless persons are estimated – or 5% of the total homeless population.

The diagram on the following page presents the breakdown of the homeless population in St. John's using the definitions above. Notably, the episodically and chronically homeless are the highest users of the system and are the most vulnerable due to poor health. As a result, communities that aim to end homelessness often prioritize tailored interventions for these groups, then move upstream to address transitional homelessness and the at risk population.

⁷ See pages 10-11 from Calgary Plan to End Homelessness, Calgary Homeless Foundation, online at: <http://calgaryhomeless.com/assets/10-Year-Plan/10-year-plan-FINALweb.pdf>.

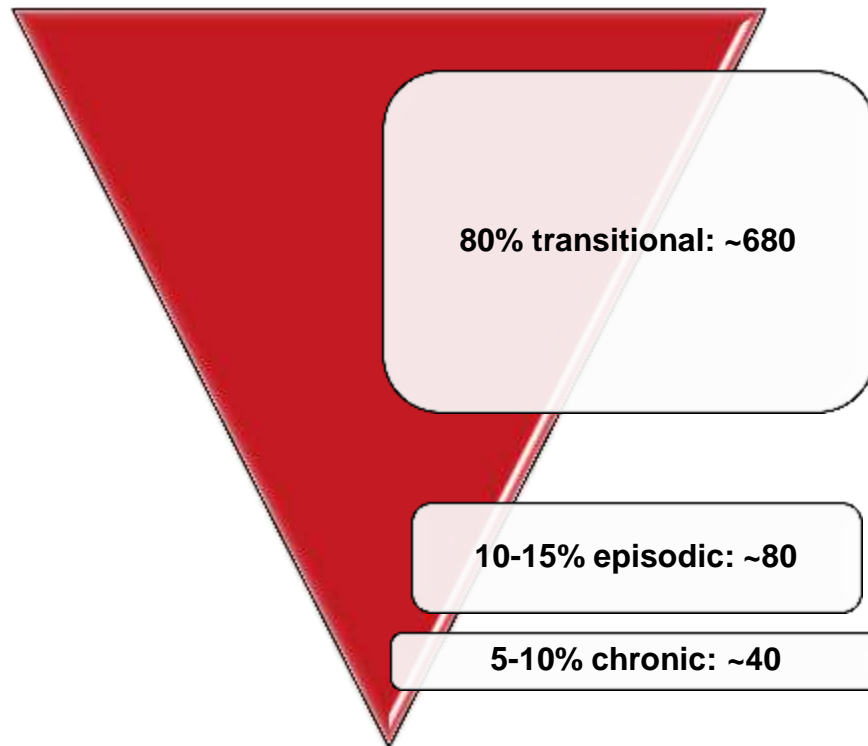
See the Government of Alberta definitions of chronic and episodic homelessness online at: <http://humanservices.alberta.ca/homelessness/14630.html>.

These are:

- **Chronic:** Those who have either been continuously homeless for a year or more, or have had at least four episodes of homelessness in the past three years. In order to be considered chronically homeless, a person must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency homeless shelter.
- **Episodic:** A person who is homeless for less than a year and has fewer than four episodes of homelessness in the past three years.

Also see the Canadian Homelessness Research Network's review of chronic, episodic, and transitional definitions internationally online at: <http://www.homelesshub.ca/sites/default/files/BackgroundCHRNhomelessdefinition.pdf>
Canadian Definition of Homelessness: What's being done in Canada & elsewhere? (2012)

2014 - Estimated Homeless Population, St. John's: ~800 persons



Building on a Strong Foundation

It is important that we build on a strong existing foundation. Excellent services are in place, along with a continuum of social housing. The community has already implemented Housing First programming at the organization level and through service partnerships. What we need to do is expand and coordinate these, while addressing key gaps. Affordable housing, emergency shelter transitional housing are part of this important foundation to a Housing First systems approach.

Facility Type	Units/Beds
Emergency Shelter	86
Transitional Housing	37
Supportive Housing	237
Affordable Housing	4,057
City of St. John's	454
NL Housing	2,583
NL Housing Rent Supplements	1,020

Key Support Services	Details
NAVNET - Navigators & Networks	A collaboration involving provincial government and the regional health authority, income and social supports programs and supportive housing service providers. NAVNET has piloted a coordinated system response for individuals with complex service needs.
Assertive Community Treatment Team (ACTT) - Eastern Health	This team provides intensive case management and other multidisciplinary services for individuals with severe and persistent mental illness. Services are available on an on call basis 24/7.
Case Management Services - Eastern Health	A service designed to ensure that individuals with complex mental illness receive appropriate and integrated level of care, treatment and support. Services are delivered by front line mental health providers, primary nurses and social workers, who work closely with clients and families to meet an array of needs. Supportive care in a person's home and community is meant for persons experiencing functional disabilities as a result of mental illness who require ongoing support in their daily lives.
Community-based Intensive Case Management, Rapid Re-housing	There are a number of promising Housing First (HF) initiatives at the government program and community service delivery levels. For example, NL Housing's Supportive Living Program encourages and financially supports a HF approach through its provincial programming, and a number of its funding recipients in St. John's deliver components of an HF model.

Our Approach

Housing First

Our guiding philosophy – Housing First – is about those we serve: it calls for the recognition of housing as a basic human right. As a recovery-oriented approach, Housing First is focused on quickly moving people from homelessness into housing and then providing supports necessary to maintain it. Rather than requiring homeless people to first resolve the challenges that contributed to their housing instability, including addictions or mental health issues, Housing First approaches propose that recovery should begin with stable housing.

There is an important distinction between Housing First as a philosophy that emphasizes the right to a place of one's own to live, and as a specific program model of housing and wrap-around supports based on consumer choice. We will use the philosophy as guiding principle for our Plan – but also implement specific new housing and supports to support our vision.

HPS has defined the six Housing First principles:

1. **Rapid housing placement with supports:** This involves helping clients locate and secure accommodation as rapidly as possible and assisting them with moving-in.
2. **Offering clients a reasonable choice:** Clients must be given a reasonable choice in terms of housing options as well as the services they wish to access.
3. **Separating housing provision from treatment services:** Acceptance of treatment, following treatment, or compliance with services is not a requirement for housing tenure, but clients are willing to accept monthly visits.
4. **Providing tenancy rights and responsibilities:** Clients are required to contribute a portion of their income towards rent.
5. **Integrating housing into the community** to encourage client recovery.
6. **Recovery-based and promoting self-sufficiency:** The focus is on capabilities of the person, based on self-determined goals, which may include employment, education and participation in the community.

The following Housing First specific program types will be particularly important for the St. John's Plan moving forward.

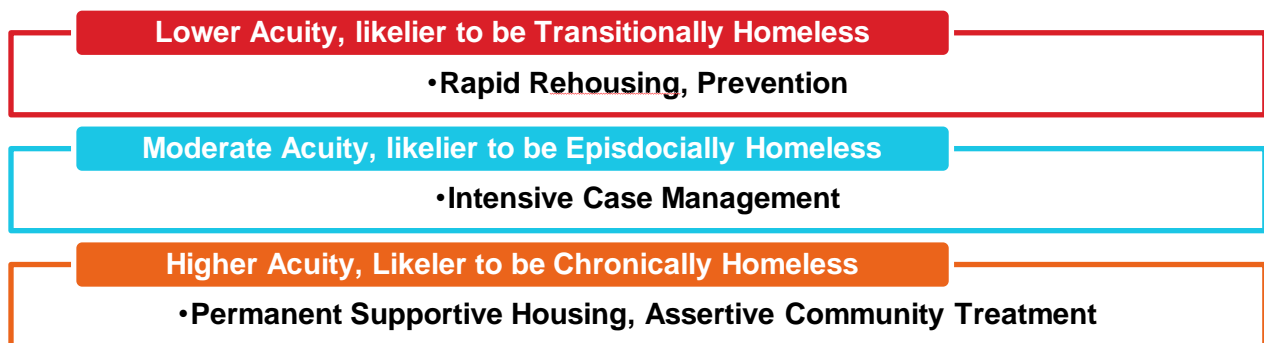
Intensive Case Management (ICM): longer-term case management and housing support to high acuity homeless clients facing addictions, mental health, and domestic violence and the length of stay generally between 12 and 24 months. Programs are able to assist clients in scattered-site housing (market and non-market) through wrap-around services and the use of financial supports to subsidize rent and living costs and increase self-sufficiency.

Permanent Supportive Housing (PSH): long-term housing and support to individuals who are homeless and experiencing complex mental health, addiction, and physical health barriers. PSH can be delivered in a place-based or scattered-site model to the highest acuity clients. While support services are offered and made readily available, the programs do not require participation to remain in housing; there is also no limit to the length of stay in the program. Assertive Community Treatment (ACT) programs are an example of PSH using scattered-site housing.

Rapid Rehousing provides targeted, time-limited financial assistance and support services for those experiencing homelessness in order to help them quickly exit emergency shelters and then retain housing. The program targets clients with lower acuity levels using case management and financial supports to assist with the cost of housing. The length of stay is usually less than one year in the program as it targets those who can live independently after receiving subsidies and support services⁸.

Prevention programs, particularly Eviction Prevention and Diversion, provide assistance to individuals and families at risk of becoming homeless. Prevention programs couple financial support (rent and utility arrears, damage deposit etc.) with case management to achieve housing stabilization. Eviction prevention programs stabilize those at imminent risk for homelessness using supports and connecting program participants to financial assistance; diversion programs divert clients at the shelter door and connect clients to financial assistance.⁹

Though not an exact science, matching client need to program type and housing in Housing First systems generally follows the guideline that the higher the client need, the more intensive the intervention. Generally, we also see that those with longer homelessness histories tend to have higher levels of need (or acuity), thus are likelier to need more intensive supports. Ultimately, client-choice and tailoring supports are essential.



⁸ CE Guide to Performance Management (2014). Prepared for HPS by Alina Turner, Turner Research & Strategy.

⁹ Ibid.

The Business Case

Not only does Housing First make sense from a human rights perspective, it has well documented economic benefits as well. Across the US, Europe and Canada, communities have reported significant success.¹⁰ In a study of homelessness in four Canadian cities, Pomeroy reports that institutional responses to homelessness including prison and psychiatric hospitals can cost as much as \$66,000 - \$120,000 per year.¹¹ This is notably higher compared to the cost of providing housing with supports (between \$13,000 and \$18,000 annually).

The Mental Health Commission's national study of Housing First *At Home/Chez Soi*¹² estimates that about \$9,250 per person per year is saved when clients received housing and supports compared to those who did not.

Since 2008, when Alberta's 7 Cities began implementing Housing First, more than 8,700 clients have been rehoused. Across the board, clients had decreased days in jail and hospital, as well as reduced interactions with police, emergency rooms and ambulance services. The community impact has been notable:

- Edmonton's homeless population decreased by 29.4%;
- Wood Buffalo's (Fort McMurray) homeless population decreased by 43.7%;
- Lethbridge's homeless population decreased by 58.7%;
- Medicine Hat reported a 32.0% reduction in shelter use;

Challenging the status quo approach that relies on emergency and institutional responses makes sense from a client-outcome and cost-savings perspective.

¹⁰ Gaetz, Stephen (2012) The real cost of homelessness: Can we save money by doing the right thing? Canadian Homelessness Research Network. Retrieved from:
http://www.homelesshub.ca/ResourceFiles/costofhomelessness_paper21092012.pdf.

¹¹ Pomeroy, S. (2005) The Cost of Homelessness: Analysis of Alternate Responses in Four Canadian Cities. Ottawa, ON: National Secretariat on Homelessness.

¹² Mental Health Commission of Canada (2012) At Home/Chez Soi Interim Report. Retrieved from:
<http://www.mentalhealthcommission.ca/English/document/5032/home-interim-report>.

Priority Areas for St. John's Plan to End Homelessness

Based on the consultations and the research undertaken, the following priority areas have been identified:

1. System Coordination: A coordinated approach to housing and supports following the Housing First philosophy.

- Organize the homeless-serving system.
- Implement coordinated access and assessment.
- Develop discharge/transition planning measures.

2. Integrated Information System & Research: Integrated information system and research to support ending homelessness efforts.

- Implement an integrated information system.
- Build partnerships with the research community.

3. Housing & Supports: Developing a range of housing and supports choices to meet diverse client needs.

- Support measures to increase housing affordability and reduce homelessness risk.
- Introduce and ramp up a range of Housing First programs.
- Tailor supports to meet the needs of diverse groups.
- Support the enhancement of service quality and impact.

4. Leadership & Resources: Securing the necessary leadership and resources to support the Plan to End Homelessness.

- Develop the infrastructure necessary to implement the Plan.
- Coordinate funding to maximize impact.
- Champion an end to homelessness.

Outcomes

The implementation of the actions outlined in the Priority Areas will result in the following outcomes:

1. End chronic and episodic homelessness.
2. Rehouse and support 460 homeless persons: of these, a minimum of 160 will be chronically and/or episodically homeless.
3. Reduce average length of stay in emergency shelters to 7 days.
4. Develop a coordinated homeless-serving system.
5. Enhance the integration of public systems to reduce discharging into homelessness
6. Align resources and funding across diverse sectors to support the St. John's Plan to End Homelessness.

Priority Areas in Detail

1. System Coordination: *A coordinated approach to housing and supports following the Housing First philosophy.*

Best practices in ending homelessness have increasingly recognized the importance of system planning as integral to community responses. System planning considers the homeless-serving system as an integrated whole comprised of defined program components working towards a common end. Rather than managing homelessness and its impacts, the focus of the response is to end it.

1.1. *Organize the homeless-serving system.*

This requires that we define the basic components of our local homeless-serving system and understand how these relate to one another and as part of the whole. These components all play a role in ending homelessness following Housing First as a guiding philosophy.

The key program components common in successful homeless-serving systems include a number of programs working together in a coordinated fashion:

- Emergency Shelters
- Transitional Housing
- Permanent Supportive Housing
- Rapid Rehousing
- Intensive Case Management
- Prevention
- Affordable Social & Private Housing
- Outreach
- Coordinated Access

Moving forward, we need to do some work on defining the various parts of our system and make sense of how they tie together.

1.2. *Implement coordinated access and assessment.*

By working out how various services relate to one another as a system, we can begin to develop processes that ensure alignment to increase collective impact. This includes coordinating access across services to make it easier for those in need to get the right support, at the right time. By standardizing referral processes, eligibility and prioritization criteria, we can ensure right-matching of clients to housing and services.

Rather than moving from program to program, or shelter to shelter, our coordinated response will enable quicker entry and access to housing and supports, tailored to individual needs. The use of standardized acuity assessments to determine the appropriate level, intensity and frequency of supports will also be needed to support this effort.

1.3. Develop discharge/transition planning measures.

To end homelessness, we have to integrate the homeless-serving system with other key public systems and services, including justice, child, youth and family services, education, health, income support and poverty reduction. This can be achieved through partnerships and shared protocols and policies.

We have to develop measures that ensure clients do not cycle in and out of public systems like jails and hospitals and homeless shelters by developing discharge/transition planning processes. As we introduce new programs, we can implement these in collaboration with public systems to reduce discharging into homelessness. We can work in close partnership with public system service providers (discharge nurses, corrections officers, doctors, etc.) to leverage their expertise and complement our resources.

2. Integrated Information System & Research: Integrated information system and research to support ending homelessness efforts.

2.1. Implement an integrated information system.

To support this systems approach, an integrated information system will be essential. Such locally administered, electronic data collection systems allow various services to share information to enhance coordination efforts. This means that we have to better align data collection, reporting, intake, assessment, and referrals across the homeless-serving system.

As HIFIS (Homeless Individuals and Families Information System) is already implemented in St. John's emergency shelter facilities, we can begin with an assessment of its potential expansion across other services. Having this tool in place will support better-coordinated and effective housing and service delivery. We will need significant local stakeholder input and collaboration to develop consistent definitions and data sets, as well as operational alignment, as we move this priority forward.

Common data elements and performance indicators of progress can also facilitate assessments on whether the community is making an impact against Plan targets. This requires agreement on benchmarks and indicators of success, as well as their continuous monitoring and analysis.

2.2. Build partnerships with the research community.

To ensure the Plan implementation is on track and builds on evidence-based practice, we have to find ways of integrating research and data into our ongoing decision-making. St. John's already has a strong foundation in this regard that can be leveraged, particularly if a shared information system is introduced. However, we can leverage the local and national research community further and engage in strategic partnerships to further the objectives of our Plan.

Working collaboratively with research partners in academia, we can develop research priorities to answer key questions that will drive the Plan forward. New research can also be integrated in real-time to ensure the Plan is a 'living document,' updated as new knowledge emerges.

A better understanding of the 'hidden homeless' population has been identified as a research priority already. Further, the introduction of a point-in-time count in alignment with the national methodology proposed by the Canadian Homelessness Research Network can enhance and complement HIFIS-generated data to guide Plan implementation.

3. Housing & Supports: Developing a range of housing and supports choices to meet diverse client needs.

The bottom line is that we need more housing and supports to meet the need. Both place-based supportive housing and scattered-site programs that leverage units in the social and private rental markets are needed. More affordable housing and rent supplements are also required to mitigate risk for those on low incomes.

3.1. Support measures to increase housing affordability and reduce homelessness risk.

We know that without adequate measures that tackle housing affordability and broader-based prevention, our efforts will be hampered. We will continue to encourage the development of policies that reduce homelessness risk, including:

- development of affordable housing;
- availability of rent supports (rent supplements, helping tenants meet basic responsibilities);
- adequate income assistance to meet housing costs;
- integration of social housing and homeless services to support the Plan;
- residential tenancy legislation to ensure habitability standards and tenant rights;
- child, youth, and family services reform to reduce the risk of youth homelessness;
- integration of poverty initiatives and homeless services to reduce vulnerability.

This will be essential moving forward, especially in light of the tightening housing market St. John's growth has contributed to. Here, our provincial and federal partners will be essential in ensuring new affordable housing and rent supports are in place to meet need.

3.2. Introduce a range of new Housing First programs.

Specific Housing First programs must be part of this coordinated system response as well. In particular Intensive Case Management, Permanent Supportive Housing, Rapid Rehousing and Prevention are critical pieces of the puzzle in our community. This involves the allocation of both capital and operating funds to support implementation.

While we recognize the importance of addressing long-term homelessness (chronic and episodic) as an immediate priority, we will implement measures to address the needs of all homeless persons and mitigate risk for those on the edge.

Under the renewed funding stream, HPS Housing First funds can be used by designated communities to support Housing First programs, particularly Intensive Case Management (ICM) and some specific non-clinical aspects of Assertive Community Treatment (ACT) approaches. This presents a significant shift from the predominant use of HPS funds for capital projects in St. John's. These are choice- and client-driven, harm reduction approaches focused on recovery and long-term sustainability.

It is important to note that Housing First as a guiding philosophy leaves room for a range of programs to play a key role in ending homelessness, including transitional housing and emergency shelter, though the shift will mean changes in practice. For example, transitional housing may be supported for sub-populations where there is a clear evidence base (e.g. youth, women & children fleeing domestic violence, etc.). The Housing First philosophy is "a rights-based intervention rooted in the philosophy that all people deserve housing, and that adequate housing is a precondition for recovery"¹³.

We stress once again that it will take all of us to successfully implement this Plan and the proposed approach, with support from our partners. Provincially, this includes Advanced Education and Skills, Justice, Health and Community Services, Child, Youth and Family Services, Newfoundland and Labrador Housing, as well as Health and Community Services. At the federal level, Canada Mortgage and Housing Corporation, Correctional Services Canada, the Public Health Agency of Canada, and Aboriginal Affairs and Northern Development Canada will be key partners, along with HPS (Employment and Social Development Canada, and Service Canada).

We will aim to re-house and support about 460 individuals by 2019 through these initiatives. Of these 460, a minimum of 160 will be chronically and/or episodically homeless.

The following program types will be priority investment areas which will leverage HPS allocations.

Program	Target Client Group	Total Estimated Individuals Served
Intensive Case Management	Chronically & episodically homeless	155
Permanent Supportive Housing	Chronically homeless	13
Rapid Rehousing/Prevention	Transitionally homeless	300 (app. 200 households)

¹³ Available online at: <http://www.homelesshub.ca/housingfirst>

To realize this, we will need to invest in both operations and capital. About \$7.7 million is needed, of which \$1.5 million is allocated to capital to develop 7-10 new units of Permanent Supportive Housing. The remaining \$6.2 million is needed for operations (see Budget section).

3.3. Tailor supports to meet the needs of diverse groups.

As we noted earlier, meeting the needs of diverse groups will be essential moving forward. Program and housing design and operations need to be tailored to address the specific needs of youth, families, Aboriginal people, newcomers, and seniors, and persons with complex needs, disabilities, corrections backgrounds, or fleeing domestic violence.

3.4. Support the enhancement of service quality and impact.

To increase service quality across our system, we will develop standards that articulate common expectations across housing and support services. Service standards will help us gauge quality across interventions and enhance client outcomes. Capacity building and technical assistance will be required to support service providers in meeting such standards and transitioning to Housing First.

Supporting frontline service providers and landlords to deliver Housing First is an essential part of successful Plan implementation. This requires the development and delivery of targeted training to communities of practice serving the homeless and technical assistance.

Similarly, we will need to work together to agree on common performance management processes to ensure we are all moving towards the same goals in day-to-day practice, and that we can demonstrate progress at the client, program, and system levels.

4. Leadership & Resources: Securing the necessary leadership and resources to support the Plan to End Homelessness.

4.1. Develop the infrastructure necessary to implement the Plan.

Successful communities implementing Housing First have strong implementation bodies that manage system coordination and Plan implementation. The roles of such coordinating bodies include a number of functions developed over time.

Such a focus may mean that the roles of End Homelessness St. John's as the CAB and the City of St. John's as the HPS Community Entity (CE) may require further changes: operations and governance will likely need to shift to support Plan implementation.

We will need to have the capacity in place to support ongoing awareness and education to support policy change and investment, and the in-house infrastructure needed to support Plan

implementation and ongoing renewal. Having access to data to measure and report on success is essential to maintaining support for ongoing investment in Housing First and ending homelessness.

4.2. Coordinate funding to maximize impact.

Leveraging diverse resources and funding streams is essential for maximum impact. We have to find ways to leverage the diverse funding streams in our community to support common objectives. As funders become more coordinated, the reporting burden on service providers can also be decreased. This can free up time, money, and attention to focus on direct client service.

The use of the integrated information system across funders can go a long way in addressing the need to report to diverse funders by leveraging one, common data collection process. This would also mean that funders work together to develop common performance expectations and objectives.

4.3. Champion an end to homelessness.

The shift to ending homelessness requires us to ramp up awareness about homelessness to keep the issue on the political agenda and top of mind for the broader community. We need the leadership and engagement of all levels of government, the non-profit and business sector - landlords, developers and homebuilders in particular. We have to engage the faith and voluntary sectors, and leverage informal support networks to raise awareness and resources. We will strategically work with the media and ensure we share our success and accomplishments with the broader community.

We need strong champions across the board. Activities that increase awareness and mobilize our community will help us keep up momentum and secure the resources needed to realize our objectives. Leadership at the municipal, provincial and federal levels will be required to also move critical policy directions forward to support our Plan.

We will also develop formalized client engagement processes to help assess progress, identify priorities and gaps moving forward. We will strive to embed the client voice throughout our system and its alignment processes and implementation initiatives.

End Homelessness St. John's Implementation Plan

While this Plan was developed to identify the directions for our community to end homelessness, End Homelessness St. John's has a key role in moving implementation forward. Particularly as the CAB for federal homelessness funds (HPS), we can serve as a convenor and coordinator for the Plan moving forward leveraging our resources along with our public and private sector partners.

To this end, this section will outline in further detail the implementation process and the CAB's role in moving the Plan priorities forward over the next 5 years. We will focus on the first three years in detail to describe the Plan's initial roll-out, while outlining in broader strokes the remainder of the time period.

Accompanying financial projections add further detail specific to HPS allocations and complementary resources needed for implementation. Note that the matching sources of funds needed are not confirmed; we will work with our partners moving forward to refine these projections.

The projections used are based on costs common to other communities refined for St. John's. As implementation rolls out, these will require updating and refinement on an ongoing basis.

Cost and Performance Projections at a Glance

The total costs of implementation of the measures outlined in the plan are delineated below. About \$7.7 million is needed over the 5 year period. This includes HPS and matching allocations needed.

5 Year Investment Projections				
	HPS	Matching Sources Needed	Total	
Housing First System Coordination	\$ 1,099,123.75	\$ 1,099,123.75	\$	2,198,247.50
Permanent Supportive Housing (PSH) Capital	\$ 697,425.00	\$ 802,575.00	\$	1,500,000.00
Permanent Supportive Housing (PSH) Operations	\$ -	\$ 600,000.00	\$	600,000.00
Intensive Case Management (ICM)	\$ 1,097,765.00	\$ 1,097,765.00	\$	2,195,530.00
Rapid Rehousing/Prevention	\$ 592,811.25	\$ 592,811.25	\$	1,185,622.50
TOTAL	\$ 3,487,125.00	\$ 4,192,275.00	\$	7,679,400.00

ICM projections reflect early ramp up in Years 2 and 3, with capacity reaching 70 clients. Ramp down in Years 4 and 5 would see capacity down to 40 clients per year. About 155 clients will be served over the 5 year period as result of turnover in the program.

Intensive Case Management Projections		Year 2	Year 3	Year 4	Year 5	Total Served
HPS	Unique New Clients Served (Turnover)	35	18	13	12	78
	Ongoing Capacity	35	35	20	20	
Matching Funding Needed	Unique New Clients Served (Turnover)	35	18	12	12	77
	Ongoing Capacity	35	35	20	20	
Combined	Total New Clients	70	36	25	24	155
	Total Capacity	70	70	40	40	

For Permanent Supportive Housing, we anticipate a 10-bed capacity with minimal turnover, resulting in 13 clients served over the 5 year period.

The number of households served in Rapid Rehousing/Prevention is anticipated to be about 200 over the 5 years. Assuming a 1.5 person per household average, this would total 300 individuals. Ramp up begins in Year 3 with 90 households served, going up to 70 thereafter.

Rapid Rehousing/ Prevention Projections		Year 2	Year 3	Year 4	Year 5	Total Hshds	Est. # Persons
HPS	Households Served	0	30	35	35	100	150
Matching Funding Needed	Households Served	0	30	35	35	100	150
Combined	Total Households/Year	0	60	70	70	200	300

These measures will result in a total of 468 individuals served: 13 and 155 in PSH and ICM respectively and 300 in the Rapid Rehousing/Prevention stream. The former two programs are targeted towards chronic and episodically homeless, thus their combined total would serve 168 such individuals. The 300 remaining clients would be lower acuity, transitionally homeless.

Year 1 (2014-2015): Establishing a Solid Foundation

Implementation Action 1: Develop 7-10 units of Permanent Supportive Housing targeting chronically homeless, long-term shelter stayers.

The shelter statistics indicate there are a small, but notable number of individuals who are long term stayers, and likely chronically homeless with high levels of acuity. They are very vulnerable and require targeted immediate attention and long term support. We estimated this group to be as large as 40 individuals, though using HPS definitions it would only include 7 shelter users. This group would benefit from low barrier, long-term housing and supports using the Housing First approach that characterises Permanent Supportive Housing.

The CAB and CE (City of St. John's) have significant experience with capital projects and a relatively short turnaround time to move funds into the community to meet HPS requirements. By using the majority of HPS funds in Year 1 to develop 7-10 units of PSH, the CAB meets its Community Priority to end chronic homelessness, reduces pressure on shelters and public systems, and leverages HPS funds.

The total cost necessary to develop these units are estimated at \$1.5M, with an ongoing minimum cost of \$150,000 in operations annually. This means that \$523,000 in HPS funds for this capital investment activity will require supplementary matching sources, either through federal and provincial or municipal contributions. It is also likely that this HPS investment will span over 2 years.

To operate the supportive housing, provincial funds should be sought long-term, which could be leveraged given the significant health and housing needs of this population.

Implementation Action 2. Develop essential homeless-serving system planning infrastructure.

To end homelessness, a coordinated and integrated approach is essential. St. John's requires a fulsome assessment of available services and their alignment at the policy and operational levels with the goal of ending homelessness. This requires that a coordinated access process is established to ensure consistent intake and referrals are made across the system, including Housing First programs.

This process will have to be developed in tandem with an integrated information management system that allows providers to track unique clients and their needs longitudinally. The expansion of HIFIS beyond shelters would need to be explored to this end.

Given the current lack of a coordinated intake and assessment process across homeless-serving programs, it would be important that Year 1 include at minimum the development of a service inventory, coordinated intake and assessment tools, including acuity assessments to

determine service match. This can be undertaken as part of a fulsome Housing First readiness assessment.

Tracking client movement across services to monitor progress and identify emerging gaps will also be essential. Again, an integrated information system is needed to enable this coordination. The information system will also support the development of comprehensive quality assurance and performance management processes moving forward to meet and exceed HPS reporting requirements.

Data sharing protocols among key stakeholders will need to be developed to enable real-time information access. A coordinating body to manage information analysis and strategic planning functions moving forward will be necessary. Part of the work of the CAB and CE is to develop this capacity in-house, or identify alternates in the community to move system planning into practice.

The development of a consistent Point-in-Time Count of the homeless population will further enhance system planning implementation by creating another data point to complement current HIFIS implementation. The Count - to be developed during Year 1 (2014-2015) and introduced during Year 2 (2015-2016) - can be used as a needs assessment across homeless populations to enhance understanding of their needs and assist in future planning activities.

To ensure homelessness remains a priority at the policy levels, active engagement strategies will be required to ensure ongoing investments. Public education about housing instability and its impacts on community wellbeing will be another important vehicle to engage the general public in solutions.

To support the critical work outlined above, the CAB will leverage HPS funds through the establishment of a Housing First System Coordination Initiative. The Initiative will help support initiatives that enhance system coordination and enhancing Housing First readiness in community. In total, about \$1 million in HPS funds will be allocated to this initiative (this includes the CE's 5-year allocation of \$523,000) – and we anticipate matching funds from our partners. In Year 1, the HPS allocation is approximately \$174,000.

Implementation Action 3. Develop the foundations for Housing First program capacity.

In order to effectively implement Housing First programs, targeted community building with partner agencies will be necessary to increase knowledge of the program model and operations. Training of partner agencies and public systems on aspects of Housing First will be important to increase local capacity and encourage uptake across the homeless-serving system.

A slate of training and capacity building activities would follow an analysis of Housing First readiness among existing providers. We will engage our partners in a comprehensive analysis of current capacity to serve those experiencing homelessness and at risk to identify gaps and

opportunities for enhanced coordination at the system level. The Housing First System Coordination Initiative will support this critical work.

At the same time, program planning will be necessary to prepare the CAB and CE for investment in 2015/16. By reviewing current investment allocation processes and materials, and updating these from a Housing First system planning perspective, the CAB and CE can ensure a streamlined competitive process is in place for HPS allocations.

A review of current CE contracting practices, especially with respect to quality assurance and performance management, can also be undertaken to ensure alignment with Housing First principles and best practices in system planning and coordination. An integrated information system will enable the implementation of performance management activities in Housing First, emergency shelters, supportive housing, etc. as part of a systems approach to ending homelessness. CAB and CE capacity to manage Housing First implementation in this manner may require additional capacity and expertise.

Working with provincial and local partners to leverage funds to enhance HPS investment will also be critical. Provincial sources can be used to enhance clinical services for Housing First clients as well as streamlined access to income, housing and disability supports. Similarly, developing relationships with landlords and affordable housing providers can set up the foundation for later implementation, particularly for scattered site programs.

Particular attention should be given to Housing First implementation for priority sub-groups. Given their vulnerability, the chronic and episodic population will be the immediate focus however, other groups may require attention as well. As the consultation process revealed, youth, women and children, newcomers, Aboriginal people, persons involved with the justice system, and individuals living with complex needs and disabilities will require particular focus moving forward.

Though not all populations can be addressed immediately, the consultation process and data available suggest a notable number of youth are using shelters for increasing periods. It would be advisable that capacity building activities and investment allocation processes consider developing a specific focus on homeless youth in addition to the chronic and episodically homeless.

In summary, Year 1 will focus on increasing Housing First readiness across stakeholders, and prepare the necessary infrastructure to launch programming in Year 2.

Year 1 Investment Projections		
	HPS	Matching Funding Needed
Housing First System Coordination	\$ 174,356.25	\$ 174,356.25
Permanent Supportive Housing Capital	\$ 523,068.75	\$ 523,068.75

Year 2 (2015-2016): Housing First Ramp-Up to End Chronic and Episodic Homelessness

Implementation Action 1. Implement Housing First Intensive Case Management programs to rehouse 70 chronically and episodically homeless.

Leveraging the system planning and Housing First capacity building of Year 1, a comprehensive RFP can be launched in Year 2 to fund scattered-site ICM program targeting 70 chronically and episodically homeless in Year 2.

As noted above, partnership development to leverage matching provincial operating funds and clinical supports should be pursued and aligned in tandem with this HPS federal investment.

Assuming a \$10,000 cost per client, per year, a total HPS investment of approximately \$350,000 will be needed to meet this goal. We aim to secure matching funds to enable capacity to serve 70 clients in Year 2.

Notably, there were 25 episodically homeless clients identified in 2012 as per HPS definitions using HIFIS, thus, this investment together with the 10 units of PSH funded in Year 1, would effectively end chronic and episodic homelessness in St. John's in 2016.

Housing First programs would work in a coordinated fashion with existing ACT teams and clinical services in place by ensuring supports for lower acuity episodically and chronically homeless clients.

Implementation Action 2. Expand homeless-serving system planning infrastructure to support Housing First implementation.

Performance management, data collection and outcome measurement processes will have to be in place to enable effective Housing First implementation, along with training and ongoing capacity building.

System coordination activities commenced in Year 1 can continue to expand to support Housing First impact as well through continued support from the Housing First System Coordination Initiative. These can include the continued implementation of an integrated information system across the homeless serving system, operation of coordinated access and assessment activities, and the introduction of a Point-in-Time Count of the homeless population. Communication, public education and engagement activities will continue to keep up momentum – particularly leveraging the early success of ICM program implementation.

Particular attention should be given to building effective discharge planning protocols with public systems (health, corrections, child, youth and family services) in tandem with Housing First and Permanent Supportive Housing program implementation.

Implementation Action 3. Continue to invest in Permanent Supportive Housing.

From an investment perspective, HPS funds may be required to complete the Year 1 commitment to create 7-10 new units of PSH. Matching funds should be sought to leverage HPS dollars for the capital; operating support funds from provincial sources should be sought as well. In light of the ICM program investment, approximately \$173,000 HPS would be available in Year 2 to support PSH capital.

Year 2 Investment Projections		
	HPS	Matching Funding Needed
Housing First System Coordination	\$ 174,356.25	\$ 174,356.25
Permanent Supportive Housing Capital	\$ 174,356.25	\$ 279,506.25
Permanent Supportive Housing Operations	\$ -	\$ 150,000.00
Intensive Case Management	\$ 348,712.50	\$ 348,712.50

Year 3 (2016-2017): Moving Upstream

Implementation Action 1. Maintain an end to chronic and episodic homelessness.

Year 3 would see the continuation of Housing First ICM program implementation with capacity to serve 70 clients and the operation of 7-10 new units of PSH leveraging provincial operating funds and clinical supports. Note that due to anticipated turnover in the program, 36 new clients will be served in Year 3.

Federal and provincial partners will be important for the long term sustainability of this success. These measures would ensure program capacity is in place to maintain an end to chronic and episodic homelessness in St. John's.

Implementation Action 2. Expand prevention and system integration efforts with a focus on transitional homelessness.

System planning work would continue to improve with better access to quality data, and research. Capacity building and training across the homeless-serving system can ensure service quality increases as well.

To expand this systems approach, stakeholders will be engaged in upstream prevention work to develop a focused prevention strategy aimed at reducing shelter numbers, particularly among transitionally homeless clients. This population makes up more than 95% of shelter users (according to the HPS definition using HIFIS data), thus requires targeted diversion, rapid rehousing and broader prevention strategies: affordable housing, rent supplements, and system navigation.

This work should leverage emerging discharge planning work undertaken through Housing First implementation, but begin to focus on lower acuity populations with shorter lengths of homelessness. Partnerships with existing shelters and support services, and affordable housing providers can be used to leverage direct investment in diversion and Rapid Rehousing programs.

A fulsome investment strategy and competitive RFP and contracting process would be needed to implement these measures. Specific attention to family, youth, Aboriginal, and women's homelessness among this group is advised to ensure appropriate supports are in place.

In Year 3, rapid rehousing/diversion services can aim to serve a minimum of 60 transitionally homeless households (about 90 individuals). Once again, we aim to secure matching funds to the \$174,000 HPS investments we will make in Year 3 to realize this priority.

Landlord and tenant engagement will become increasingly important as more individuals and families are moved into independent, scattered-site units through this initiative. Similarly, training and information sharing on what it takes to 'be a good landlord and tenant' will assist client's long term housing stability further, while expanding housing options.

Implementation Action 3. Review and update strategic approach.

Given the refocusing on upstream prevention work, a strategic review of the Community Plan at the half-way point (2016-2017) is recommended to determine necessary course corrections and adjust approach moving forward. Access to better information may point to emerging issues that require shifts in implementation moving forward as well. A formal assessment of the Plan's implementation, along with a consultation process and performance analysis is recommended. This process should begin early in Year 3, to ensure adequate analysis and consultation time to roll out possible strategic shifts moving into Year 4 of the Plan.

Year 3 Investment Projections		
	HPS	Matching Funding Needed
Housing First System Coordination	\$ 174,356.25	\$ 174,356.25
Permanent Supportive Housing Capital	\$ -	\$ -
Permanent Supportive Housing Operations	\$ -	\$ 150,000.00
Intensive Case Management	\$ 348,712.50	\$ 348,712.50
Rapid Rehousing/Prevention	\$ 174,356.25	\$ 174,356.25

Year 4 (2017-2018): Maintaining Focus

Implementation Action 1. Expand efforts to reduce transitional homelessness.

Due to graduation of clients from ICM programs, funds can be repurposed to support lower acuity, transitionally homeless groups. Ramping down ICM to a 40-client capacity would enable rapid rehousing and diversion programs to increase capacity to approximately 70 households per year – or about 105 individuals.

Ongoing partnership development and policy advancement to expand affordable housing, rent supports, and zero discharge into homelessness would be required to support homelessness prevention further upstream.

Implementation Action 2. Maintain an end to chronic and episodic homelessness.

As in Year 3, Year 4 would continue Housing First ICM program investment, though at a reduced pace given anticipated lower demand due to client graduation. Program capacity would stay at 40. Pending identified needs in the strategic review process, tailored investments may be made to target priority sub-populations (women, families, youth, etc.).

Implementation Action 3. Implement changes resulting from strategic review.

Shifts in system operations identified in the strategic review process in Year 3 can be addressed. Steps with respect to sustainability beyond 2019 should also be taken at this point. System planning work should continuously improve implementation in real time.

Ramping up knowledge mobilization activities to share learnings gained in implementation can be considered, along with increased research and performance management/evaluation attention to factors that can enable further success.

Year 4 Investment Projections		
	HPS	Matching Funding Needed
Housing First System Coordination	\$ 288,027.50	\$ 288,027.50
Permanent Supportive Housing Operations	\$ -	\$ 150,000.00
Intensive Case Management	\$ 200,170.00	\$ 200,170.00
Rapid Rehousing/Prevention	\$ 209,227.50	\$ 209,227.50

Year 5 (2018-2019): Focus on Sustainability

Implementation Action 1. Maintain an end to chronic/episodic homelessness and efforts to reduce transitional homelessness.

Continue Housing First ICM program investment at a reduced capacity of 40 clients. Continue rapid rehousing and diversion programs to support 70 households annually (about 105 individuals).

Implementation Action 2. Develop Community Plan beyond 2019.

Undertake a strategic community planning process to develop a Community Plan beyond 2019 in light of new learnings and emerging community needs.

Year 5 Investment Projections		
	HPS	Matching Funding Needed
Housing First System Coordination	\$ 288,027.50	\$ 288,027.50
Permanent Supportive Housing Operations	\$ -	\$ 150,000.00
Intensive Case Management	\$ 200,170.00	\$ 200,170.00
Rapid Rehousing/ Prevention	\$ 209,227.50	\$ 209,227.50

See Excel sheet "Budget Data St. John's Plan" for full HPS and Plan costs.

Homelessness Partnering Strategy Requirements

Current Situation: Establishing your Baseline Data

1. Number of unique individuals who used an emergency homeless shelter in the twelve month period between January 1, 2012 and December 31, 2012	769
2. Number of shelter users who were chronically homeless in 2012	7 (0.9%)
3. Number of shelter users who were episodically homeless in 2012	25 (3.3%)
4. Number of homeless individuals identified during the latest point in time count	N/A
5. Date count was undertaken	N/A

Readiness for Implementing Housing First

HPS funds to date have been primarily used to fund capital projects and some program designs, which together reflect a range of approaches in relation to Housing First fidelity. In the absence of a community-wide Housing First readiness assessment and services inventory (to be completed during 2014-2015), it is difficult to assess the service philosophy of housing support services currently in place, as the CAB and CE are not directly involved in their operations, and the CE has only been in operation 24 months. However, based on 2014-2019 Community Plan consultations with community partners and public systems (health, poverty reduction, etc.), there is a high level of interest in aligning with the Core Principles of Housing First and introducing programs that meet fidelity criteria. The ratings below reflect this level of perceived interest and willingness to transition to Housing First as well.

Criterion	Rating
CORE PRINCIPLES	1-4
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
Housing Choice. Program participants choose the location and other features of their housing.	3
Separating housing provision from other services. Extent to which program participants are not required to demonstrate housing readiness.	3
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.	3
Tenancy Rights and Responsibilities. Extent to which program participants have legal rights to the unit.	3
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.	3
Housing Support. Extent to which program offers services to help participants maintain housing, such as offering assistance with landlord relations and neighborhood orientation.	3
SERVICE PHILOSOPHY	
Service choice. Extent to which program participants choose the type, sequence, and intensity of services such as recovery, medical and other services.	3
Participant-Driven Program & Services. Extent to which the program and services are participant-driven.	3
Contact with Participants. Extent to which program maintains regular contact with participants.	3

Continuous Services. Extent to which program participants are not discharged from services even if they lose housing.	3
Directly Offers or Brokers Services. Program directly offers or brokers support services to participants, such as recovery, medical and other services.	3
Directly Offers or Brokers Services. Program directly offers or brokers support services to participants, such as recovery, medical and other services.	3
TEAM STRUCTURE/HUMAN RESOURCES	
Low Participant/Staff Ratio. Extent to which program consistently maintains a low participant/staff ratio.	3

Community Advisory Board Membership

1. What is the name of your Community Advisory Board?

End Homelessness St. John's

2. How many members do you have on your CAB?

The existing CAB includes 36 members. End Homelessness St. John's will be reconstituted by Fall 2014 with a membership and sub-committees aligned with its new Community Plan priorities.

Last Name	First Name	TITLE / ORGANIZATION	SECTOR (Choose one or more of the following)	Role on CAB
Skinner	Shawn		Private sector	Chair
Jarvis-Reid	Tanya	Service Canada	Public	Ex-officio
O'Brien	Gary	Service Canada	Public	Ex-officio
Smith	Ashley	St. John's Native Friendship Centre Association	Aboriginal	Member
Thornhill	Gail	Stella's Circle	Non-profit	Member
Pollett	Sheldon	Choices for Youth	Youth	Member
Hawco	Mona	AIDS Committee of NL	Non-profit	Member
George	Lloyd	Salvation Army	Non-profit	Member
Ivany	Barb	St. Luke's Anglican Homes	Non-profit	Member
Bungay	Hedley	Salvation Army	Non-profit	Member
Tobin	Gail	Iris Kirby House	Non-profit	Member
MacLeod	Leslie	St.. John's Status of Women Council	Non-profit	Member
Berrigan	Lois	Association for New Canadians NL	Non-profit	Member
Heisz	Kelly	Seniors Resource Centre NL	Non-profit	Member
Crockwell	Angela	ThriveCYN	Non-profit	Member
Basha	Sharon	The Gathering Place	Non-profit	Member
Murphy	Dave	NL Housing & Homelessness Network	Non-profit	Member
Edgar	Heidi	Canadian Mental Health Association NL	Non-profit	Member

Kelly	Rick	Waypoints NL	Non-profit	Member
Murphy	Cindy	John Howard Society NL	Non-profit	Member
Dinn	James	St. Vincent de Paul Society	Non-profit	Member
Crockwell	Jim	MacMorran Community Centre	Non-profit	Member
Trainor	Blair	Youth Care Worker	Youth	Member
Furlong	Glenn	CMHC	Housing	Member
Bussey	Iris	Correctional Services Canada	Corrections	Member
Walsh	Madonna	NL Housing	Housing	Member
Simms	Colleen	Health & Community Services	Healthcare	Member
Breen	Annette	NL Housing	Housing	Member
King	Cynthia	Advanced Education & Skills	Income supports	Member
Baldwin	Kim	Eastern Health	Healthcare	Member
Zigler	Lisa	Eastern Health	Healthcare	Member
Tobin	Judy	CE - City of St. John's	Housing	Ex-officio
Brewer	Jill	CE - City of St. John's	Housing	Ex-officio
Pearce	Bruce	CE - City of St. John's	Housing	Ex-officio
Morton-Ninomiya	Scott	City of St. John's	Housing	Ex-officio
Belbin	Victoria	Canadian Home Builders Association NL	Private sector	Member

3. Sectors or organizations the CAB needs to include and/or engage in the future.

The CAB has actively engaged key stakeholders across multiple sectors, including provincial partners leading social housing, homelessness and poverty work, the local health authority, diverse service providers, and the municipality. We have made strides engaging those with lived experience as well, particularly through the current planning process.

Moving forward, we require strategic partnerships with the private rental market sector and our correctional system partners, particularly to serve the chronic and episodically homeless. Landlord engagement to introduce scattered-site Intensive Case Management and Assertive Community Outreach programs will be essential to our success.

To mitigate the discharging into homelessness from public systems, we will need to work much closer to develop zero discharge protocols from health and correctional facilities. Further engagement of provincial child, youth and family services will also be required to implement our priority focus on youth homelessness. More partnerships with the research community will be needed to ensure our Plan is refined based on evidence-based practices and that we continuously improve its implementation.

We will also pursue partnerships with faith communities, our post-secondary and research community, and the business community, who are all expressing a desire to partner with us to end homelessness.

The recently-formed Faith Communities & Housing Committee brings together our community's spiritual leaders to focus on action to address housing and homelessness priorities, providing another significant forum for partnership and collaboration.

Memorial University's Harris Centre is involving the CAB in developing a new Civic Engagement Program as a means of working together to make a difference in the civil life of communities, and developing the combination of skills, knowledge, values, and motivation in order to make that difference. This will help provide a platform for engaging our post-secondary community in ending homelessness.

The vibrant private sector and business community in St. John's offer new opportunities for us to foster relationships and nurture new champions who can help us make the business case for ending homelessness and accelerate us towards this goal. Our Community Plan consultations have revealed a strong desire within the business community to understand the issues and solutions, and roles the private sector can play to effectively contribute to the Plan.

End Homelessness St. John's will also refocus its ongoing engagement of individuals and families who have experienced homelessness to ensure inclusion and consumer voices in guiding our collective work.

Planning and Reporting

1. Stakeholder Engagement

The CAB led consultations with its members and their teams, the Community Entity (City of St. John's), other stakeholders from the public, private and community sectors, and persons with lived experience of homelessness, towards the development of a 2014-2019 St. John's Community Plan to End Homelessness. In total, 35 separate sessions with stakeholders were conducted during 2013-2014, engaging more than 150 participants. These included public systems at all levels of government, faith and business communities, and a diversity of service providers (shelters, transitional and supportive housing operators, youth services, etc.).

Focus groups with 80 people who have experienced homelessness were coordinated, including youth, adults and seniors, and shelter users. In addition, a Community Forum was held on May 26 and 27, where 80 cross-sectoral participants discussed Plan priorities and developed its main strategies and foci.

To facilitate the CAB's shift to a community-wide Housing First approach, a technical expert with practical experience in guiding other Canadian communities across this bridge, Dr. Alina Turner (Turner Research & Strategy) was engaged to design and facilitate the Community Forum and assist in preparing the new Plan.

Based on this engagement process and research undertaken, the consultant worked with End Homelessness St. John's to develop the overall Plan, which includes the Homelessness Partnering Strategy (HPS) Community Plan to guide federal investments locally.

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

The St. John's Native Friendship Centre Association - a founding member of the CAB - was engaged in the 2014-2019 Community Planning process through a focus group and ongoing CAB and Frontline Member meetings (including the CAB's Community Planning Forum), participated in the selection of the CAB's Community Planning consultant, and engaged in discussions of Housing First best practices in the context of Aboriginal communities.

Going forward, during 2014-2015, the CAB will delineate the Aboriginal homeless population in St. John's across service providers using HIFIS data, and assess rural-urban migration patterns of this population, to gain a clearer picture of the population's characteristics and needs. With an enhanced understanding of the unique needs of the Aboriginal population, the CAB will refine its Plan implementation accordingly.

2. Other Related Strategies and Programs

Name of federal, provincial or territorial or local strategies and programs	Focus of strategy or program
2. Mayor's Advisory Committee on Affordable Housing (City)	Social housing; affordable housing
3. City of St. John's Affordable Housing Plan (City)	Social housing; affordable housing
4. Poverty Reduction Strategy (Province)	Social housing, homelessness, employment income supports, education, social integration
5. Supportive Living Program (Province)	Homeless supports
6. Provincial Homelessness Fund (Province)	Homeless supports
7. Provincial Homelessness Plan (not released at this time) (Province)	Homeless supports
8. Provincial Home Repair Program (Province)	Affordable housing
9. Rental Housing Program (Province)	Social housing
10. Rental Supplement Program	Rent supplements
11. Collaborative support services delivery for shared clients requiring housing and integrated support services from Advanced Education and Skills; Health and Community Services; Justice; and Newfoundland Labrador Housing (Province)	Housing supports; system integration
12. Emergency Supports for Victims of Violence & Victim of Violence Start Up Allowance (Province)	Income support; rent supplement
13. Persons with Disabilities: Basic Board and Lodging Benefit & Supplement Other Special Needs Funding; and Personal Care Homes Subsidy (Province)	Income support; rent supplement
14. Affordable Housing Program (Canada-NL Affordable Housing Initiative: Province & Federal)	Social housing; affordable housing
15. Newfoundland Labrador Housing Community Centres (Province)	Social integration
16. Supporting Youth with Transitions (Province)	Supportive housing; social integration
17. Income Support Benefits (Province)	Income supports
18. Employment-related programs and supports delivered by government (such as NL wage subsidy, sector skills, etc.), government-funded/community-delivered (through community partners, e.g. Linkages) or funded through the LMDA and LMAPD (Province)	Income supports; employment; social integration
19. Youth addiction, prevention and early intervention program (Province)	Addiction
20. Eastern Health Assertive Community Treatment (ACT) Team (Local)	Assertive Community Treatment (ACT) team
21. Eastern Health Housing Division (Local)	Mental health, addictions, healthcare, supportive housing
22. NAVNET (Local)	Mental health, addictions, healthcare, homeless supports, system integration
23. CMHC (Federal)	Affordable housing; social housing

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

The Government of Newfoundland and Labrador is actively working to develop a homelessness strategy in 2014. While the final plan was not available to the CAB during the course of developing the St. John's Plan to End Homelessness, there is nevertheless strong indication of alignment on prioritizing Housing First based on consultations to date and discussions with our provincial partners.

If yes, how does your HPS Community Plan complement Provincial or Territorial direction in this area?

See above; we anticipate strong alignment, if not complete. However, we do not have access to the provincial plan at this time.

How will you engage (or how are you engaging) provincial or territorial programs to facilitate access to provincial/territorial services for Housing First clients?

We have strong working partnerships in place with Newfoundland and Labrador Housing, Advanced Education and Skills, Health and Community Services and Eastern Health responsible for provincial delivery of affordable housing, housing allowances, rent supplements, health and disability support services, and income and employment supports. We will work with NL Housing to develop streamlined mechanisms for priority client groups to access existing social housing and rent supplements. In particular, we will pursue the development of agreements to have units and rent supplements set aside for chronic and episodically homeless clients to leverage HPS Housing First program investments. We will pursue similar arrangements with the City of St. John's Non-Profit Housing.

We will advance requests to the provincial and federal governments to increase the overall supply of affordable housing, with a specific focus on long-term supportive housing for chronically homeless populations.

We will leverage provincial systems and funding to develop additional supportive living beds in order to end chronic homelessness in our city. In particular, we will recommend leveraging provincial operating funds with HPS capital funding in the short term to end chronic homelessness by 2016.

Working with provincial and local health partners we aim to leverage HPS funds with complementary clinical health supports for target clients groups. We will leverage federal/provincial affordable housing capital funds. Private sector landlords will be engaged in developing a ready inventory to support our scattered-site Housing First programs. By developing enhanced Income Supports access protocols with our provincial partners, clients will have streamlined access to available provincial funds allowing better use of HPS funds.

Non-profit service providers will continue to play key roles in implementation by providing the essential supports to rehouse and stabilize clients. We will work with providers to shift practices

towards Plan priorities as required. In particular, Year 1 will focus on engaging key stakeholders in assessing Housing First readiness and mapping our homeless-serving system of care.

3. Community Contribution

How many funders have you identified for Year 1 (2014-2015)?

One confirmed municipal and one potential provincial funder have been identified (see below).

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)
City of St. John's	Municipality	Judy Tobin	(709) 576-8317	12,720	60,000	72,720
Newfoundland & Labrador Housing	Provincial	Madonna Walsh. Annette Breen	(709) 724-3059 (709) 724-3134	600,000	25,000	625,000
St. John's CAB members (36)	Multi-stakeholder	Bruce Pearce	(709) 689-9616		27,000 (36 x \$15 x 50hrs)	27,000
Total Community Contribution						724,720
HPS Designated Communities Funding Stream allocation						697,425

If you are unable to complete this chart, please describe your strategy for ensuring that for every dollar invested by the HPS, the community can identify at least one dollar from other sources.

Not applicable: The St. John's CAB's previous Community Plans (2000-2013) have demonstrated Community Contributions which match or exceed the total HPS Allocation. It is anticipated that this pattern will continue under the 2014-2019 Plan given the alignment between community and government Housing First directions, and the Plan's investment priorities which are based on broad stakeholder engagement and consensus.

Reporting

St. John's has benefited from the community-wide implementation of HIFIS across emergency shelter providers. To this end, HIFIS will be a key means of enabling consistent data collection, reporting and performance management.

Nevertheless, current implementation does not extend across the homeless-serving system: for example, no integrated information system exists to tie together emergency shelters, transitional and long term supportive housing facilities, or Housing First programs. To this end, we will work

with our HPS and NL Statistics partners to explore the expansion of HIFIS to support this need for coordinated information collection and sharing. Further, the CAB and CE need to develop HIFIS data sharing agreements based on expired agreements developed between 2008-2010 in partnership with the NL Statistics Agency and the NL Housing & Homelessness Network. These will require significant improvement to allow for real-time system coordination and analysis.

Beyond HIFIS, we will also introduce a ongoing Homeless Count, in alignment with the national methodology and definition of homelessness proposed by the Canadian Homelessness Research Network (CHRN). Our work will also build closer relations with the local and national research communities to develop specific projects that support moving our Plan forward. Research priorities will be identified in alignment with the Plan to enable innovative, community-based and relevant research.

Aside from these measures, the CE will work with the CAB and funded agencies to introduce a comprehensive performance management process that ensures regular reporting and data collection in alignment with HPS and Community Plan expectations. We are using the HPS CE Guide to Performance Management in a Housing First Context to develop this process.

Ultimately, we aim to develop a comprehensive systems approach to ending homelessness that requires multiple key stakeholders including public systems, the private sector, funders, service providers and those with lived experience.

How will you engage (or how are you engaging) provincial or territorial programs to facilitate access to provincial/territorial services for Housing First clients?

Moving forward, to mitigate the discharging into homelessness from public systems, we will need to work much closer to develop zero discharge protocols from health and correctional facilities. Further engagement of provincial child, youth and family services will also be required to implement our priority focus on youth homelessness, and prevent exits to homelessness among youth. More partnerships with the research community will be needed to ensure our Plan is refined based on evidence-based practices and that we continuously improve in implementation. These partnerships will include Memorial University, members of the Canadian Evaluation Society NL, and the Canadian Homelessness Research Network.

We require strategic partnerships with the private and non-profit rental sectors and our correctional and health system partners, particularly to serve the chronic and episodically homeless. Landlord engagement to introduce scattered-site Intensive Case Management and Assertive Community Outreach programs will be essential to our success.

End Homelessness St. John's will be redesigned to implement the new Plan based on Housing First principles. The City of St. John's will continue to administer the Plan's federal homelessness funds and provide community development support for the CAB. The restructuring of the CAB will be essential to provide the necessary leadership and infrastructure to implement the Plan.

Demonstrating Success

Do you expect to address your entire chronic and episodic population in 2014-2015?

The entire chronic and episodic shelter population as defined by HPS will be addressed by 2015/16 fiscal year end.

Note: The following table represents HPS investments only, not the full Plan's output

	Year 1	Year 2	Year 3	Year 4	Year 5
Housing First Priority					
Number of individuals placed in housing through an HF intervention	0	30-40	30-40	25	25
Percentage of HF clients who remained housed at six months (minimum target of 80%)	n/a	85%	85%	85%	85%
Percentage of HF clients who remained housed at twelve months (minimum target of 80%)	n/a	80%	80%	85%	85%
Number of days for HF clients to move into permanent housing after intake	n/a	14	12	10	7
Percentage of HF clients who require re-housing (minimum target of less than 30%)	n/a	25%	20%	15%	10%
Improving self-sufficiency					
Improvement to housing situation (no target needed)	n/a	n/a	70-90	70-90	70-90
Number of people who increased their income or income stability	n/a	n/a	70-90	70-90	70-90
Number of people who increased their employment stability or started part-time or full-time employment	n/a	n/a	40-50	40-50	40-50
Number of people who started a job training program	n/a	n/a	30-40	30-40	30-40
Number of clients who receive Life skills development	n/a	n/a	40-50	40-50	40-50
Number of clients who receive Services to improve social integration	n/a	n/a	70-90	70-90	70-90
Number of clients who receive culturally relevant responses to help Aboriginal clients	n/a	n/a	20-30	20-30	20-30
Number of clients who are connected to education and supporting success	n/a	n/a	30-40	30-40	30-40
Number of clients who receive Liaising support and refer to appropriate resources	n/a	n/a	70-90	70-90	70-90
Number of clients who receive Housing loss prevention services			70-90	70-90	70-90
Preserving or increasing the capacity of facilities					
Number of new supportive housing beds/units, either in a new facility or added to an existing or new facility	7-10 beds			7-10 beds	7-10 beds
Coordination of resources and leveraging & improving data					
System planning implemented: <ul style="list-style-type: none"> - coordinated access - integrated information system in place - performance management process - service quality standards in place - strategic partnerships developed - discharge planning process - coordinated funding - research integrated in operations - homeless counts 					

2014-2019 HPS Investment Plan:

St. John's, NL

Year 1 Priorities	Activities	Investment Distribution	Total Funds (\$697,425)	Target Group
<p>1. To reduce homelessness through a Housing First approach.</p> <p>HF Allocation: 40% by 2016</p>	<ul style="list-style-type: none"> • HF Readiness • Client Intake & Assessment • Connecting to and Maintaining Permanent Housing • Accessing Services through case management • Data, Tracking & Monitoring 	5%	\$34,871.25	Chronic & Episodic Homeless
<p>2. To improve the self-sufficiency of homeless individuals and families and those at imminent risk of homelessness through individualized services</p> <p>Non-HF Allocation</p>	<ul style="list-style-type: none"> • Housing placement (outside of Housing First) • 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 • Culturally relevant responses to help Aboriginal clients • Connecting clients to education and supporting success • Liaise and refer to appropriate resources • Housing loss prevention (only for individuals and families at imminent risk of homelessness) • Basic or urgent needs services 	0%	\$ -	n/a
<p>3. To preserve or increase the capacity of facilities used to address the needs of people who are homeless or at imminent risk of homelessness.</p> <p>Non-HF Allocation</p>	<ul style="list-style-type: none"> • Transitional housing facilities • Permanent Supportive housing • Emergency shelter facilities • Non-residential facilities 	75%	\$523,068.75	Chronic Homeless
<p>To ensure coordination of resources and leveraging</p> <p>Non-HF Allocation</p>	<ul style="list-style-type: none"> • Determining a model in support of a broader systematic approach • Partnership development • Identifying, integrating and improving services • Working with the housing sector • Consultation, coordination, planning, and assessment (e.g. community planning) 	15%	\$104,613.75	General
<p>To improve data collection and use</p> <p>Non-HF Allocation</p>	<ul style="list-style-type: none"> • Identifying the size and make-up of the entire homeless population • Tracking non-Housing First clients • Point-in-time counts • Community indicators (beyond the requirements for HPS) • Local research, information collection and sharing (including implementing & using HIFIS) 	5%	\$34,871.25	General

Year 2 Priorities	Activities	Investment Distribution	Total Funds (\$697,425)	Target Group
<p>1. To reduce homelessness through a Housing First approach.</p> <p>HF Allocation: 40% by 2016</p>	<ul style="list-style-type: none"> • HF Readiness • Client Intake & Assessment • Connecting to and Maintaining Permanent Housing • Accessing Services through case management • Data, Tracking & Monitoring 	50%	\$348,712.50	Chronic & Episodic Homeless
<p>2. To improve the self-sufficiency of homeless individuals and families and those at imminent risk of homelessness through individualized services</p> <p>Non-HF Allocation</p>	<ul style="list-style-type: none"> • Housing placement (outside of Housing First) • 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 • Culturally relevant responses to help Aboriginal clients • Connecting clients to education and supporting success • Liaise and refer to appropriate resources • Housing loss prevention (only for individuals & families at imminent risk of homelessness) • Basic or urgent needs services 	0%	\$ -	n/a
<p>3. To preserve or increase the capacity of facilities used to address the needs of people who are homeless or at imminent risk of homelessness.</p> <p>Non-HF Allocation</p>	<ul style="list-style-type: none"> • Transitional housing facilities • Permanent Supportive housing • Emergency shelter facilities • Non-residential facilities 	25%	\$174,356.25	Chronic Homeless
<p>To ensure coordination of resources and leveraging</p> <p>Non-HF Allocation</p>	<ul style="list-style-type: none"> • Determining a model in support of a broader systematic approach • Partnership development • Identifying, integrating and improving services • Working with the housing sector • Consultation, coordination, planning, and assessment 	15%	\$104,613.75	General
<p>To improve data collection and use</p> <p>Non-HF Allocation</p>	<ul style="list-style-type: none"> • Identifying the size and make-up of the entire homeless population • Tracking non-Housing First clients • Point-in-time counts • Community indicators (beyond the requirements for HPS) • Local research, information collection and sharing (including implementing & using HIFIS) 	10%	\$69,742.50	General

Year 3 Priorities	Activities	Investment Distribution	Total Funds (\$697,425)	Target Group
<p>1. To reduce homelessness through a Housing First approach.</p> <p>HF Allocation: 40% by 2016</p>	<ul style="list-style-type: none"> • HF Readiness • Client Intake & Assessment • Connecting to and Maintaining Permanent Housing • Accessing Services through case management • Data, Tracking & Monitoring 	50%	\$348,712.50	Chronic & Episodic Homeless
<p>2. To improve the self-sufficiency of homeless individuals and families and those at imminent risk of homelessness through individualized services</p> <p>Non-HF Allocation</p>	<ul style="list-style-type: none"> • Housing placement (outside of Housing First) • 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 • Culturally relevant responses to help Aboriginal clients • Connecting clients to education and supporting success • Liaise and refer to appropriate resources • Housing loss prevention (only for individuals & families at imminent risk of homelessness) • Basic or urgent needs services 	25%	\$174,356.25	Transitionally Homeless; Youth; Aboriginal; Women; Families & Children
<p>3. To preserve or increase the capacity of facilities used to address the needs of people who are homeless or at imminent risk of homelessness.</p> <p>Non-HF Allocation</p>	<ul style="list-style-type: none"> • Transitional housing facilities • Permanent Supportive housing • Emergency shelter facilities • Non-residential facilities 	0%	\$ -	n/a
<p>To ensure coordination of resources and leveraging</p> <p>Non-HF Allocation</p>	<ul style="list-style-type: none"> • Determining a model in support of a broader systematic approach • Partnership development • Identifying, integrating and improving services • Working with the housing sector • Consultation, coordination, planning, and assessment 	15%	\$104,613.75	General
<p>To improve data collection and use</p> <p>Non-HF Allocation</p>	<ul style="list-style-type: none"> • Identifying the size and make-up of the entire homeless population • Tracking non-Housing First clients • Point-in-time counts • Community indicators (beyond the requirements for HPS) • Local research, information collection and sharing (including implementing & using HIFIS) 	10%	\$69,742.50	General

Year 4 Priorities	Activities	Investment Distribution	Total Funds (\$697,425)	Target Group
1. To reduce homelessness through a Housing First approach. HF Allocation: 40% by 2016	<ul style="list-style-type: none"> • HF Readiness • Client Intake & Assessment • Connecting to and Maintaining Permanent Housing • Accessing Services through case management • Data, Tracking & Monitoring 	40%	\$278,970.00	Chronic & Episodic Homeless
2. To improve the self-sufficiency of homeless individuals and families and those at imminent risk of homelessness through individualized services Non-HF Allocation	<ul style="list-style-type: none"> • Housing placement (outside of Housing First) • 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 • Culturally relevant responses to help Aboriginal clients • Connecting clients to education and supporting success • Liaise and refer to appropriate resources • Housing loss prevention (only for individuals and families at imminent risk of homelessness) • Basic or urgent needs services 	30%	\$209,227.50	Transitionally Homeless; Youth; Aboriginal; Women; Families & Children
3. To preserve or increase the capacity of facilities used to address the needs of people who are homeless or at imminent risk of homelessness. Non-HF Allocation	<ul style="list-style-type: none"> • Transitional housing facilities • Permanent Supportive housing • Emergency shelter facilities • Non-residential facilities 	0%	\$ -	Chronic Homeless
To ensure coordination of resources and leveraging Non-HF Allocation	<ul style="list-style-type: none"> • Determining a model in support of a broader systematic approach • Partnership development • Identifying, integrating and improving services • Working with the housing sector • Consultation, coordination, planning, and assessment (e.g. community planning) 	15%	\$104,613.75	General
To improve data collection and use Non-HF Allocation	<ul style="list-style-type: none"> • Identifying the size and make-up of the entire homeless population • Tracking non-Housing First clients • Point-in-time counts • Community indicators (beyond the requirements for HPS) • Local research, information collection and sharing (including implementing & using HIFIS) 	15%	\$104,613.75	General

Year 5 Priorities	Activities	Investment Distribution	Total Funds (\$697,425)	Target Group
1. To reduce homelessness through a Housing First approach. HF Allocation: 40% by 2016	<ul style="list-style-type: none"> • HF Readiness • Client Intake & Assessment • Connecting to and Maintaining Permanent Housing • Accessing Services through case management • Data, Tracking & Monitoring 	40%	\$278,970.00	Chronic & Episodic Homeless
2. To improve the self-sufficiency of homeless individuals and families and those at imminent risk of homelessness through individualized services Non-HF Allocation	<ul style="list-style-type: none"> • Housing placement (outside of Housing First) • 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 • Culturally relevant responses to help Aboriginal clients • Connecting clients to education and supporting success • Liaise and refer to appropriate resources • Housing loss prevention (only for individuals and families at imminent risk of homelessness) • Basic or urgent needs services 	30%	\$209,227.50	Transitionally Homeless; Youth; Aboriginal; Women; Families & Children
3. To preserve or increase the capacity of facilities used to address the needs of people who are homeless or at imminent risk of homelessness. Non-HF Allocation	<ul style="list-style-type: none"> • Transitional housing facilities • Permanent Supportive housing • Emergency shelter facilities • Non-residential facilities 	0%	\$ -	Chronic Homeless
To ensure coordination of resources and leveraging Non-HF Allocation	<ul style="list-style-type: none"> • Determining a model in support of a broader systematic approach • Partnership development • Identifying, integrating and improving services • Working with the housing sector • Consultation, coordination, planning, and assessment (e.g. community planning) 	15%	\$104,613.75	General
To improve data collection and use Non-HF Allocation	<ul style="list-style-type: none"> • Identifying the size and make-up of the entire homeless population • Tracking non-Housing First clients • Point-in-time counts • Community indicators (beyond the requirements for HPS) • Local research, information collection and sharing (including implementing & using HIFIS) 	15%	\$104,613.75	General

