



The Road Home

A Plan to End Homelessness in Fredericton



Spring 2015

Dedication

We dedicate this Plan to everyone who has experienced homelessness in Fredericton. We wish to honour the memories of those who are no longer with us by working to end homelessness in our city.

In Memory Of:

Herbert Hamilton
Murray (Sonny) Ladds
Ruby Fenton
Howard Fraser
Pierre Legresley
Dody Carmichael
Garnet Rogers
Clare Cogswell
Mike Sacobie
Allison Keith
Roger Martin
Frank Hickey
Rick (Vince) Porter
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William Brown
Allyre Thibodeau
Allyre Richard
Margaret Sacobie
Robert Bryant
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Susan Burnside
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Gary Fortune
Greg Gilmore
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Pat Moar
Rick Clayton

Acknowledgements

We would like to thank Dr. Alina Turner for leading us in the development of this Plan.



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Many thanks to Mavis Doucette, Brian Duplessis, Sue King and Ted Allingham for compiling the memorial list in the dedication.

Thank you to Kelly Baker for generously donating the photograph on the cover. ©Kelly Baker 2014

<https://www.facebook.com/kellybakerphotographyfredericton>

Thanks also to George Coppus for assistance with modelling and costs analysis.

We would also like to thank Interlingual Translators & Wordsmiths for their translation services.

Letter from the Chair

The Fredericton Community Action Group on Homelessness was honored to be tasked with leading the community's inaugural Plan to End Homelessness. In order to deliver the Plan, all levels of government, non-profits, emergency and transitional housing and service providers, the faith community, citizens and the business community, came together with the common goal of finding a sustainable way to provide safe housing to those most in need.

It was not without challenges, but with extensive engagement, collaboration and determination, and with the guidance and voice of those with lived experience *"The Road Home"* was completed. It presents our vision of Fredericton being a community where all who find themselves homeless have immediate options for housing and support, with the ultimate goal of ending homelessness.

The Plan's initial focus will be on eradicating chronic and episodic homelessness, with the final goal being that within a decade, homelessness will no longer be a sustained, enduring experience for anyone in our community. Homelessness, as a way of life, will become a thing of the past; an existence that need not be experienced by any citizen in the future.

Cooperative leadership at a broad community level is articulated throughout the Plan, and is essential to ensure the necessary effective and sustainable systems are in place to best serve those in our community who are in need. The Community Action Group on Homelessness and its friends and partners may be the shepherds of this Plan, but it cannot be successful without this leadership and without the embrace of the entire community. Fredericton is known as a caring city, and in recent years, has shown its compassion towards addressing homelessness. *The Road Home* is a welcoming channel for citizens to become even more engaged.

"The Road Home" is bold and ambitious, and it is achievable. It is, indeed, a call to action for all sectors of the community to ensure a safe road home for all of our citizens. An appropriate New Brunswick and east coast saying is "... a rising tide lifts all boats". For those experiencing homelessness, we are confident our tide is rising.

We are profoundly cognizant of the enormous responsibility entrusted to us, and are grateful for the opportunity to serve our community in this capacity.

Michael "Mike" O'Brien
Chair, Fredericton Community Action Group on Homelessness
Fredericton City Councillor

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Context

The Fredericton Community Action Group on Homelessness (CAGH) is a joint community program of non-profit organizations, government representatives and community leaders who are working together to end homelessness in Fredericton through collective planning, collaboration and community engagement.

Our Vision

Fredericton is a community where all who find themselves homeless have immediate options for housing and support, with the ultimate goal of ending homelessness.

In 2013, CAGH resolved to lead the development of a Plan to End Homelessness in Fredericton. Considerable progress toward this goal was made in 2014 through a series of stakeholder consultations and information-sharing sessions. Throughout this process, over 100 members of the Fredericton community shared their ideas on the challenges our community is facing with regard to housing and homelessness, and how we might overcome them.

A concerted effort throughout the engagement process ensured that those with lived experience were included along with representatives from diverse sectors (business, non-profits, landlords, service providers, faith communities, governments).

An external expert in plan development was brought in to complement the community's work to date in December 2014. Dr. Alina Turner (Turner Research & Strategy) worked with CAGH members to develop the final Plan. The Leadership Team of the CAGH oversaw the synthesis of a number of areas into the proposed Plan direction. This work included analysis of:

- the current Fredericton homeless-serving system,
- consultation input from diverse stakeholder groups,
- public policy and funding contexts,
- research and data on housing and homelessness,
- program impacts and gaps,
- cost modelling scenarios; and
- promising approaches to ending homelessness.

Based on this analysis, seven emerging priorities were identified and discussed by the broader CAGH group in February 2015:

1. Coordinating the homeless-serving system
2. Enhancing supports using the Housing First approach
3. Increasing affordable housing options

4. Meeting the needs of priority groups, including women, children, youth, seniors, Aboriginal people, people with disabilities, & newcomers
5. Improving system integration and service delivery
6. Leveraging research and data to support ending homelessness
7. Catalyzing cross-sectoral leadership & engagement

Based on CAGH's input, a draft of the Plan was developed and presented on February 25, 2015. The final Plan incorporates input from the CAGH sessions along with the aforementioned information sources.

Guiding Principles

Our Plan follows the following guiding principles:

1. We are committed to ending homelessness as a long-term experience, as opposed to managing it. Homelessness will no longer be a sustained, enduring experience for anyone in our community. ¹
2. We will employ an intentional system planning approach that prioritizes helping people experiencing homelessness gain and maintain permanent housing (Housing First).
3. Our approach is responsive and adaptive, recognizing the unique needs of individuals as opposed to a one-size-fits all.
4. The voice of those with lived experience is integrated in ongoing Plan implementation in a meaningful and authentic way.
5. We will demonstrate success by focusing on those with the longest experience of homelessness and high levels of needs to reduce pressure on, and free up, resources to move upstream into prevention in a phased manner.
6. We recognize the essential role of all system components in ending homelessness, including emergency shelters, transitional housing, Housing First programs, permanent supportive and affordable housing, etc. No one program, or program type can end homelessness: it takes all of us.
7. Ending homelessness is a collective responsibility that requires action from all orders of government, non-profit and private sector partners.
8. We strive to constantly evolve practices in order to improve outcomes for those at risk of or experiencing homelessness.
9. We will maximize existing and new resources, and demonstrate cost-effectiveness to the public and key stakeholders.
10. We will strive that our community, including the non-profit and service-providing sector, has the necessary resources to carry out the important tasks outlined in this Plan.
11. We are committed to ensuring to continuous improvement and grounding our approach in research and data.

¹ Please refer to the Homeless Hub's discussion on ending homelessness further:
<http://www.homelesshub.ca/solutions/ending-homelessness>.

An End to Homelessness in Fredericton

A Call to Action

Our Plan sets forth a course of action that will result in significant shifts in our community's collective approach to a widespread social challenge. We cannot promise that no one will ever experience homelessness again in our community: the root causes involved in housing instability are well beyond our capacity to redress in this Plan. Factors like poverty, the macro-economics of housing markets, public policy decisions, systemic discrimination experienced by groups including Aboriginal people, as well as the challenges of mental health and addictions play critical roles in the dynamics of homelessness. These are structural and systemic factors that we must continue to address, though we cannot resolve them in the short-term. However, there is much we can do.

This Plan is a call to action, first and foremost. It sets out a roadmap that will lead to significant improvements for those experiencing homelessness in our community. It calls for the creation of new interventions, using the proven and cost-effective Housing First approach, to rapidly house and support those in need.

The Plan proposes the enhanced coordination of our homeless-serving system, and its intentional integration with other partners, including health, corrections, police, and child protection. It calls for enhanced information sharing, performance management processes and capacity building to support our frontline service providers. The Plan recognizes the key role all partners play in our collective

What does homelessness look like?

The Plan's vision is that by 2018-19, Fredericton has implemented a coordinated response and systemic changes that result in an **end to chronic and episodic homelessness**.

In 2025-26, no one in Fredericton will experience homelessness on the street or in emergency shelter for longer than **10 days** before they have access to appropriate, permanent housing and the supports needed to maintain it.

Homelessness will no longer be a sustained, enduring experience for anyone in our community.

success: there is a place for everyone in this bold vision, and we will need everyone to achieve it.

Ending homelessness is an achievable goal in our community. It is a tall order – but we are a community with a longstanding legacy of overcoming seemingly impossible challenges. This Plan is a call to leadership for all of us, whether government, business, non-profit providers, those with lived

experience, researchers, or the broader Fredericton community. We will need everyone to make this happen, and together, we will.

Core Concepts

The Plan has incorporated the following core concepts throughout its strategies and goals:

1. **System planning following a Housing First Philosophy:** Housing First calls for immediate access to permanent housing and the supports needed to maintain it. System planning using Housing First as a guiding philosophy is a method of organizing and delivering services, housing, and programs that coordinates diverse resources to ensure efforts align with ending homelessness goals.
2. **A Phased, Strategic Approach:** Our approach focuses strategically on ending chronic and episodic homelessness initially to relieve pressure on our system and demonstrate success. Once this is achieved, we will increase focus on prevention measures and move upstream to address the needs of those at risk of or experiencing transitional homelessness.
3. **A Priority Populations Lens:** We will develop programmatic and housing interventions, including Housing First, tailored to meet the specific needs of priority populations, including women, children, youth, seniors, Aboriginal people, people with disabilities, and newcomers, and advance policy changes to address the systemic root causes of homelessness amongst these populations.

Strategies & Goals at a Glance

Strategy 1: System Planning & Coordination

1. Introduce coordinated access and assessment process to enhance access to the right service at the right time.
2. Increase adoption of a shared information systems (HIFIS) across diverse providers.
3. Expand current system coordination efforts including integrated data and performance management, quality assurance, and coordinated service delivery.
4. Enhance system planning work through collaborative planning processes and capacity building.
5. Improve integration with public system partners to end homelessness.

Strategy 2: Housing & Supports

1. Enhance the role of shelters and transitional housing in the homeless-serving system.
2. Increase available programs supports using the Housing First approach.
3. End chronic and episodic homelessness.
4. Introduce prevention measures to support households at risk.
5. Tailor interventions to meet the needs of priority populations.
6. Increase affordable housing options.

Strategy 3: Leadership & Engagement

1. Mobilize diverse stakeholders groups to enhance our collective impact on homelessness.
2. Use research and knowledge mobilization to support ending homelessness.
3. Develop and advance a policy agenda to end homelessness.
4. Identify a lead implementing organization for the Plan.

Projected Results

As result of the actions proposed over the next 10 years, the maximum time anyone will experience homelessness, on the street or in an emergency shelter, will be **10 days** before gaining access to appropriate, permanent housing and the supports needed to maintain it.

By 2018-19², we will:

- **End chronic and episodic homelessness by housing and supporting 267 individuals by 2018.**
 - Develop **39** place-based and **36** scattered-site Permanent Supportive Housing spaces.
 - Create **42** scattered site Housing First program spaces.
- **Stabilize 1,033 households at risk of or experiencing transitional homeless.**
 - Provide **623** households with rent supports and a further 239 with access to affordable housing (these are primarily existing units).
 - Create an additional **55** rent supplement units.
 - Provide **171** households with access to Rapid Rehousing programs.

An effective and well-resourced homeless-serving system, integrated with social housing, poverty reduction and other public system partners, can make a significant impact on homelessness.

See Appendix 2 for key assumptions in these estimates.

² Fiscal year beginning April 1 2018, ending March 31 2019.

Costs & Savings

The full cost of implementation for the Plan is **\$10 million** over the next 4 years. Approximately **\$5.2 million** is needed for program operations and about **\$4.8 million** is for capital.

Summary New Costs					
	2015-16	2016-17	2017-18	2018-19	Total
Operations	\$0	\$731,861	\$1,902,393	\$2,568,493	\$5,202,747
Capital	\$690,000	\$2,070,000	\$2,070,000	\$0	\$4,830,000
Total New Cost	\$690,000	\$2,801,861	\$3,972,393	\$2,568,493	\$10,032,747

Note that a portion of the funding needed may be already allocated through provincial/federal sources, financing, or fundraising. In fact, a review of current investments may enable the repurposing of resources to enable the proposed measures of the Plan to limit the need for net new investment.

The proposed measures have a lower social costs to society due to elimination of chronic and episodic homelessness, which carries the highest system use costs in health, corrections, police, and emergency responses. The social costs of homelessness are \$3.2 million lower than those of continuing our current approach. The status quo social costs are estimated at \$8 million over the next 4 years, compared to \$5 million if the Plan is implemented.

The savings realised through Plan measures will begin to outweigh the proposed costs within nine years of implementation; this figure would be even lower if funds were re-allocated as compared new investments.

The status quo social costs are estimated at \$8 million over the next 4 years, compared to \$5 million if the Plan is implemented.

Core Concepts

What is homelessness?

Homelessness describes the situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. It is the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual/household's financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination. Most people do not choose to be homeless, and the experience is generally negative, unpleasant, stressful and distressing.¹

The Canadian Definition of Homelessness describes a range of housing and shelter circumstances, including:

1. **Unsheltered, or absolutely homeless** and living on the streets or in places not intended for human habitation;
2. **Emergency Sheltered**, including those staying in overnight shelters for people who are homeless, as well as shelters for those impacted by family violence;
3. **Provisionally Accommodated**, referring to those whose accommodation is temporary or lacks security of tenure; and finally,
4. **At Risk of Homelessness**, referring to people who are not homeless, but whose current economic and/or housing situation is precarious or does not meet public health and safety standards. It should be noted that for many people homelessness is not a static state but rather a fluid experience, where one's shelter circumstances and options may shift and change quite dramatically and with frequency.

Homelessness is further defined in the following categories:

- **Chronic Homelessness** – A small portion experience long-term and ongoing homelessness as result of complex barriers, particularly related to mental health and addictions. Someone who is currently homeless and has been homeless for six months or more in the past year is considered to be experiencing chronic homelessness.²
- **Episodic Homelessness** – 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. It includes those who are currently homeless and have experienced 3 or more episodes of homelessness in the past year.
- **Transitional Homelessness**: 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.

Housing First

Housing First as a guiding approach calls for a rethinking of how we address homelessness. Rather than requiring someone experiencing homelessness to demonstrate their sobriety, employment status, or participation in various programs, Housing First calls for immediate that access to permanent housing and the supports needed to maintain it without any conditions. As a basic human need and right, housing is considered essential to stabilization, after which other issues such as addictions, mental health, domestic violence, etc. can be addressed.

The Homeless Partnering Strategy summarises the key principles of Housing First as follows:

1. **Rapid housing placement with supports:** This involves helping service participants locate and secure accommodation as rapidly as possible and assisting them with moving-in.
2. **Offering service participants a reasonable choice:** Service participants 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 service participants are willing to monthly visits.
4. **Providing tenancy rights and responsibilities:** Service participants are required to contribute a portion of their income towards rent.
5. **Integrating housing into the community** to encourage service participant 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.

Not only is Housing First the right thing to do from an ethical and humanistic perspective, but a growing body of evidence proves it is a cost-effective strategy as well. A number of studies from the US, Europe and Canada suggest that Housing First interventions are considerably more cost-efficient than relying on emergency responses to homelessness.³ These studies show that the disproportionate use of emergency medical services, jails, police and shelters by those experiencing long-term homelessness can be redressed through access to permanent housing and supports.

Stephen Pomeroy's analysis of housing and supports in Vancouver, Toronto, Montreal and Halifax concludes that institutional responses to homelessness (prison, psychiatric hospitals) range in costs from \$66,000 - \$120,000 per year compared to the cost of providing housing with supports (between \$13,000 and \$18,000 annually).⁴

In Alberta, where Housing First has been implemented for over seven years across seven cities with the support all orders of government, nearly 10,000 people have been housed since 2009. At any given reporting period, **73%** of the people housed will still be permanently housed.

Data collected by the Alberta Human Services Ministry shows a number of promising results with respect to public system utilization amongst Housing First service participants⁵:

- Interactions with Emergency Medical Services reduced by **59.1%**.
- Emergency Room visits reduced by **54.3%**.
- Days in hospital reduced by **66.7%**.
- Interactions with police: reduced by **59.0%**
- Days in jail: reduced by **85.2%**.
- Court appearances: reduced by **51.1%**.

Closer to home, the Mental Health Commission's national study *At Home/Chez Soi* of Housing First implementation in New Brunswick (city of Moncton and rural Kent County area) estimates that over the two-year period, every \$10 invested in the program resulted in an average savings in health care, social services, and justice use of \$7.75 as a result of decreased hospitalization, office visits to community-based services, and stays in detox.⁶

The Moncton Chez Soi intervention costs were **\$20,771** per person per year on average. Over the follow-up period, the costs of services incurred by program participants resulted in average reductions of **\$16,089** in the cost of services. These cost-offsets were primarily seen in:

- total number of office visits in community health centres and with other community-based providers (**\$8,473** per person per year),
- hospitalizations in medical units in general hospitals (**\$4,220** per person per year), and
- stays in detox facilities (**\$2,731** per person per year).

In Fredericton, in a self-assessment from the John Howard Society of Fredericton's Main Street Housing and Service, data collected suggests that the Permanent Supportive Housing program showed the following results annually in the initial two years of the project:

- 97% reduction in Emergency Room Visits
- 91% reduction in hospital stays lasting more than one night
- 94% reduction involving criminal justice system
- 88% reduction in police services

As a result, the Housing First program reduced overall service costs by approximately 53%. This echoes findings from the broader body of knowledge on the cost-effectiveness of Housing First within the Fredericton context.⁷

System Planning

While Housing First, as a philosophy and specific type of program intervention, is a critical part of efforts to address homelessness, it is its strategic application across the homeless-serving system that is essential to making a sustained impact on homelessness. No one program or program type can end homelessness on its own: it takes a coordinated homeless-serving system to truly achieve this.

Housing First programs can have considerable impact; however, they should be regarded and operated as parts of a broader homeless-serving system. Housing First programs are successful because of the integrated fashion in which they work with other key system components, particularly emergency shelters, transitional housing, outreach, supportive housing, etc. It is critical that we build a coordinated homeless-serving system that is guided by a Housing First philosophy inclusive of all components necessary to end homelessness.

System planning using Housing First as a guiding philosophy is a method of organizing and delivering services, housing, and programs that coordinates diverse resources to ensure efforts align with homelessness reduction goals. Rather than relying on an organization-by-organization, or program-by-program approach, system planning aims to develop a framework for the delivery of initiatives in a purposeful and strategic manner for a collective group of stakeholders.⁸

At its most basic definitional level, a system is the integrated whole comprised of defined components working towards a common end. System planning requires a way thinking that recognizes the basic components of a particular system and understands how these relate to one another, as well as their basic function as part of the whole. Processes that ensure alignment across the system are integral to ensure components work together for maximum impact.⁹

Applying this concept to homelessness, a homeless-serving system comprises a diversity of local or regional service delivery components serving those who are homeless or at imminent risk of homelessness.¹⁰

Based on a review of homeless serving system practices, the following elements have been identified for consideration in operationalizing system planning approaches to homelessness grounded in Housing First.

1. **Planning & Strategy Development** process follows a systems approach grounded in the Housing First philosophy.
2. **Organizational Infrastructure** is in place to implement homelessness plan/strategy and coordinate the homeless-serving system to meet common goals.
3. **System Mapping** to make sense of existing services and create order moving forward.

4. **Coordinated Service Delivery** to facilitate access and flow-through for best service participant and system-level outcomes.
5. **Integrated Information Management** aligns data collection, reporting, intake, assessment, referrals to enable coordinated service delivery.
6. **Performance Management & Quality Assurance** at the program and system levels are aligned and monitored along common standards to achieve best outcomes.
7. **Systems Integration** mechanisms between the homeless-serving system and other key public systems and services, including justice, child protection, public safety, immigration and settlement, health, domestic violence, and poverty reduction.

While this framework is helpful in outlining the broad strokes of system planning in a Housing First context, it is important that the actual on-the-ground process of implementation be considered as well. None of the essentials happen in a pre-determined fashion, nor are they sequential; rather, they provide a guiding framework through which to operationalize system planning and Housing First.

The Fredericton Homeless-Serving System

The following analysis of the current homeless-serving system's key components uses available information at the time of the Plan's development in January – February 2015. It is likely that programs may have been missed as a result, thus ongoing revision and updating of this system 'map' is required on a go forward basis.¹¹

Emergency Shelters provide temporary accommodations and essential services for individuals experiencing homelessness. The length of stay should be short, ideally one to two weeks. Shelters provide essential services to the homeless and play a key role in reducing homelessness as these services often focus efforts on engaging service participants in the rehousing process.

Fredericton has 40 shelter beds in place operated by Fredericton Homeless Shelters Inc. in two separate facilities. Fredericton Homeless Shelters Inc. provides safe, stable and temporary refuge to individuals experiencing homelessness and works closely with community partners to provide assistance.

Emergency Shelter	
Name	Beds
Grace House, Fredericton Homeless Shelter Inc. (women)	10
Fredericton Homeless Shelter Inc. (men)	25
Total Emergency Beds	35

Coordinated Access manages access to the homeless-serving system and the processes that ensure appropriate program matching, consistent prioritization, and streamlined flow of program participants.

Coordinated access can be implemented across a range of options, including single to multiple entry points. Regardless of the community's implementation option, the processes used to intake, match, and prioritize service participants for service remain consistent across participating agencies.

The SUN (Supportive Network/ Supportive Housing Network) was established in April 2010 by community partners to support people who are experiencing chronic homelessness to move into permanent affordable housing. The network includes a cross-section of community groups, non-profit agencies, local faith groups, Addictions and Mental Health Services, and government.

As of February 2015, 83 people who were living in shelters, transitional housing or were precariously housed have been provided with affordable housing and on-going support. Triage and assessment also occurs in the Fredericton Homeless Shelters. Fredericton Outreach Services, currently operated by Partners for Youth Inc. (PFY), does intake and assessment into the homeless-serving system for people who are homeless or at risk of homelessness through self-referral. PFY's Outreach Social Workers attend several local drop-ins at churches, and at the Fredericton Homeless Shelters and the Fredericton Community Kitchen to connect with individuals in need of assistance. The Outreach Social Workers provide supports with finding housing and provide referrals to other relevant community services.

Ability New Brunswick provides services for persons with a mobility disability. Ability NB complete intakes, engage in planning including determination of housing needs, explore accessible housing, make linkages to other community resources and facilitate screening into programs and completion of paperwork. Ability NB's "Solutions Teams" also works with individuals and organizations who are part of the service participants support network to help find creative solutions for the person with a disability to meet their housing goals.

Transitional Housing provides place-based time-limited support designed to move families and individuals to independent living or permanent housing. The length of stay is limited and typically less than two years, though it can be as short as a few weeks. Such facilities often support those with dealing with addictions, mental health and domestic violence that can benefit from more intensive supports for a length of time before moving to permanent housing. Fredericton is home to four transitional housing facilities, primarily dedicated to women and children fleeing violence as well as youth.

Transitional Housing	
Name	Beds
Women in Transition House (women & children)	19
Gignoo Transition House (Aboriginal women & children)	18
Liberty Lane (women & children)	14
Chrysalis House, Youth in Transition (youth)	10
Total Transitional Housing Beds	61

Rapid Rehousing programs provide 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. In some instances, rapid rehousing programs can work as prevention to assist those at imminent risk from entering the system in the first place. These programs target service participants with lower acuity levels using case management and financial supports to assist with the cost of housing. The length of stay is usually about half a year in the program as it targets those who can live

independently after receiving subsidies and support services. Such programs couple financial support (rent and utility arrears, damage deposit etc.) with case management to achieve housing stabilization.

Prevention services provide assistance to individuals and families at risk of experiencing homelessness. These services are for those who can live independently after receiving services for less than one year. Prevention programs couple financial support (rent and utility arrears, damage deposit etc.) with case management to achieve housing stabilization. Burt et al. (2005)¹² outlines the homeless-serving system's role in prevention according to the type of prevention service in question:

- **Eviction Prevention:** Lead program development to stabilize those at imminent risk for homelessness using supports and connecting program participants to financial assistance.
- **Diversion:** Lead program development to divert at the shelter door using the centralized entry system using supports and connecting program participants to financial assistance.
- **Discharge Planning:** Work in partnership with key public systems (health, corrections, police, child intervention services) to align homeless programs to needs of populations at risk of experiencing homelessness.
- **Universal Prevention:** Support broad policy initiatives for increasing affordable housing stock, rent subsidies and poverty reduction measures that alleviate needs of population experiencing risk of homelessness.

Affordable Housing is intended for low income households who cannot afford rents based on market prices. Tenants in affordable housing programs should spend no more than 30% of their gross income on shelter. As supports are limited, service participants with more complex needs will likely need additional services to maintain housing.

In Fredericton, there are two primary streams of affordable housing: public housing operated by the Department of Social Development and non-profit housing operated by a number of providers in community. In addition, there are approximately 623 rent supplement units in Fredericton.

Affordable Housing	
Name	Units
Public Housing (Department of Social Development)	352
Non-Profit Housing (diverse providers)	259
Total Units of Affordable Housing	611
Total Rent Supplement Units	623

Rent supports provide assistance to households in need to obtain and maintain affordable and suitable rental accommodation. The programs provide rent subsidies in eligible rental projects. In Fredericton, these are primarily allocated by the Department of Social Development to private landlords or directly to tenants to subsidize the difference between a negotiated market rent and 30% of a household's adjusted income.

There are currently a limited number of prevention services that provide such supports through light-touch case management, referrals and information supports, including Fredericton Outreach Services.

There are also faith-based groups who provide assistance to households at risk to remain housed. There are also broader income assistance services, such as those operated by Social Development as well as poverty reduction measures as part of the New Brunswick Economic and Social Inclusion Plan.

Permanent Supportive Housing (PSH) provides 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 very high acuity service participants.

The important feature of the program is its appropriate level of service for those experiencing chronic homelessness who may need of support for an indeterminate length of time while striving to move the service participant to increasing independence. While support services are offered and made readily available, the programs do not require participation in these services to remain in the housing. **Assertive Community Treatment (ACT)** programs, such as Pathways New York, are an example of PSH using scattered-site housing.

The John Howard society operates the only place-based PSH program in Fredericton, and the New Brunswick Community Residences provide scattered-site PSH using rent supplements from the provincial government.

Permanent Supportive Housing	
Name	Spaces
John Howard Society of Fredericton (Place Based)	12
New Brunswick Community Residences (Scattered Site)	10
Total Permanent Supportive Housing Spaces	22

Housing First Intensive Case Management (ICM) programs provide longer-term case management and housing support to high acuity service participants experiencing homelessness and facing addictions, mental health, and domestic violence with a length of stay generally between 12 and 24 months. Programs are able to assist service participants in scattered-site housing (market and social housing) through wrap-around services and the use of financial supports to subsidize rent and living costs. Such programs ultimately aim to move service participants toward increasing self-sufficiency, thus services are focused on increasing housing stability in a sustainable manner.

There are a number of programs that provide case management, though it is unclear at this time what the exact capacity is in place and to what extent these programs are aligned to Housing First program standards. We estimate the programs have an estimated caseload capacity of 30 people combined. Note that these programs currently provide services using a scattered site model, rather than housing per se.

Case Management Providers
Fredericton Outreach Services
Horizon Health, Fredericton Downtown CHC
Capital Region Mental Health & Addictions
Ability NB

Outreach provides basic services and referrals to people who are sleeping rough and require more concentrated engagement into housing. Outreach aims to move those who are living outside into

permanent housing by facilitating referrals into appropriate programs. Partners for Youth and Fredericton Homeless Shelters provide housing-focused outreach services in the community.

Outreach Providers
Fredericton Outreach Services, Partners for Youth - in-kind partnership with Capital Region Mental Health & Addictions Association
Fredericton Homeless Shelters Inc., In-Reacher Worker-partnership with John Howard Society of Fredericton

Key Partners

It is important to note that other many other key supports who complement specific homeless services in our community. These include programs like the Greener Village Community Food Centre, which provides emergency access to high-quality food or the Wednesday at Wilmot (W@W) Program, which offers a safe and supportive environment for marginalized and at-risk people and assist with education, employment, housing or personal matters.

In fact, there are over 50 providers across sectors that collaborate to deliver essential supports to those at risk of or experiencing homelessness. The list of service providers and system partners aims to provide a sense of the agencies and systems involved in the work to prevent and end homelessness on the ground. Note that some stakeholders may have been missed due to limited access to a centralized list.

Service Providers

Ability NB
Addictions and Mental Health Services, Horizon Health Network
AIDS New Brunswick
Boys and Girls Club of Fredericton
Bridges of Canada
Brunswick Street Baptist Church
Capital Region Mental Health & Addictions
Chimo Helpline Inc.
Christ Central Church
Christ Church Cathedral
Dr. Everett Chalmers Regional Hospital
Fredericton Community Kitchen
Fredericton Downtown Community Health Centre
Fredericton Homeless Shelters Inc.
Fredericton Sexual Assault Crisis Centre
Gignoo Transition House
Greater Fredericton Social Innovation
Greener Village Community Food Centre/Fredericton Food Bank
John Howard Society of Fredericton
Liberty Lane Inc.
Multicultural Association of Fredericton
OPAL Family Services
Partners for Youth/Fredericton Outreach Services

Renaissance College
Saint John Human Development Council
Salvation Army Community and Family Services
Smythe Street Cathedral
St. Paul's United Church
St. Thomas University Third Age Centre
St. Thomas University School of Social Work
University of New Brunswick, Nursing Program
Wilmot United Church
Women in Transition House
YMCA Fredericton
Youth in Transition Inc.

Housing Providers

Avide Developments
Fredericton Non Profit Housing Corporation
Department of Social Development, NB Housing
New Brunswick Community Residences Inc.
New Brunswick Non Profit Housing Association

Government

City of Fredericton
Department of Aboriginal Affairs
Department of Health
Department of Healthy and Inclusive Communities

Department of Intergovernmental Affairs
 Department of Post-Secondary Education, Training
 and Labour
 Department of Public Safety
 Department of Social Development
 Economic and Social Inclusion Corporation
 Service Canada/ Employment and Social
 Development Canada

Other Contributors
 A. Foreman Consulting Inc.
 Fredericton Community Foundation
 New Brunswick Social Policy Research Network
 United Way of Central NB
 Several dedicated community members/ volunteers
 Business/Private Sector
 Academic/Research Community
 Pond-Desphande Centre

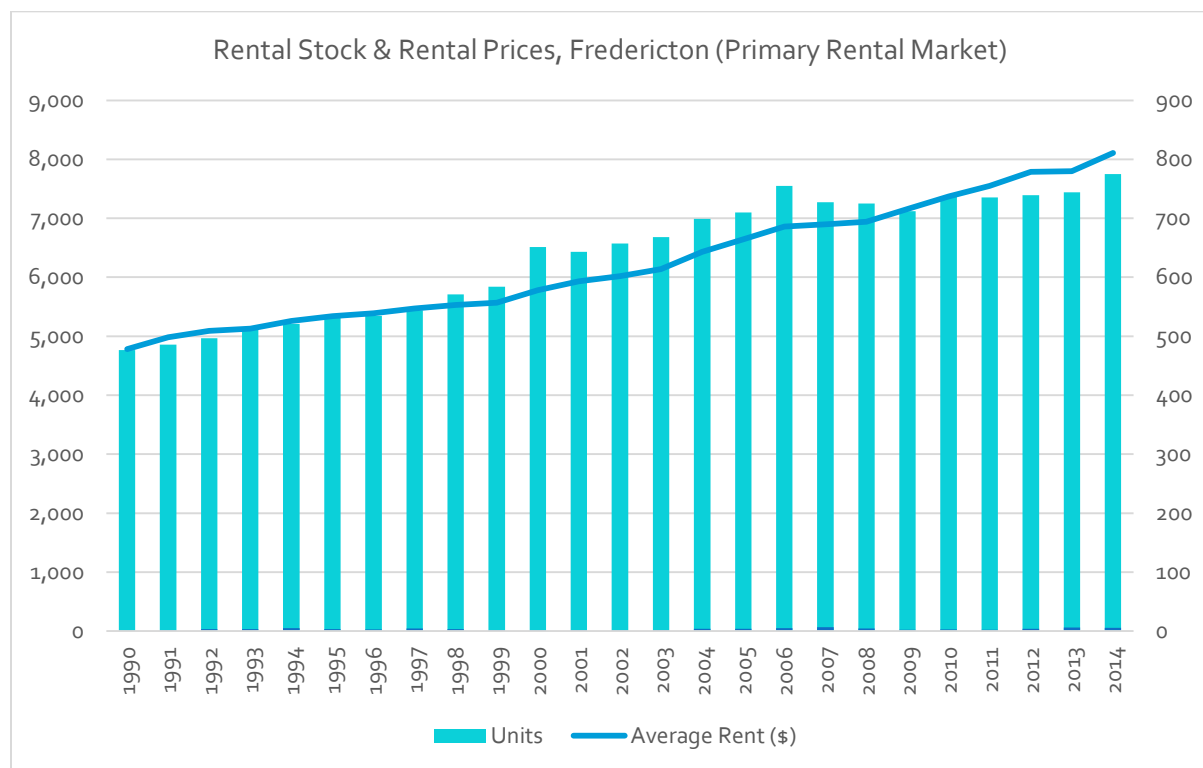
Homelessness & Housing Affordability in Fredericton

This section summarises the available data relating to the broader socio-economic context impacting homelessness in Fredericton to contextualise the Plan's approach.

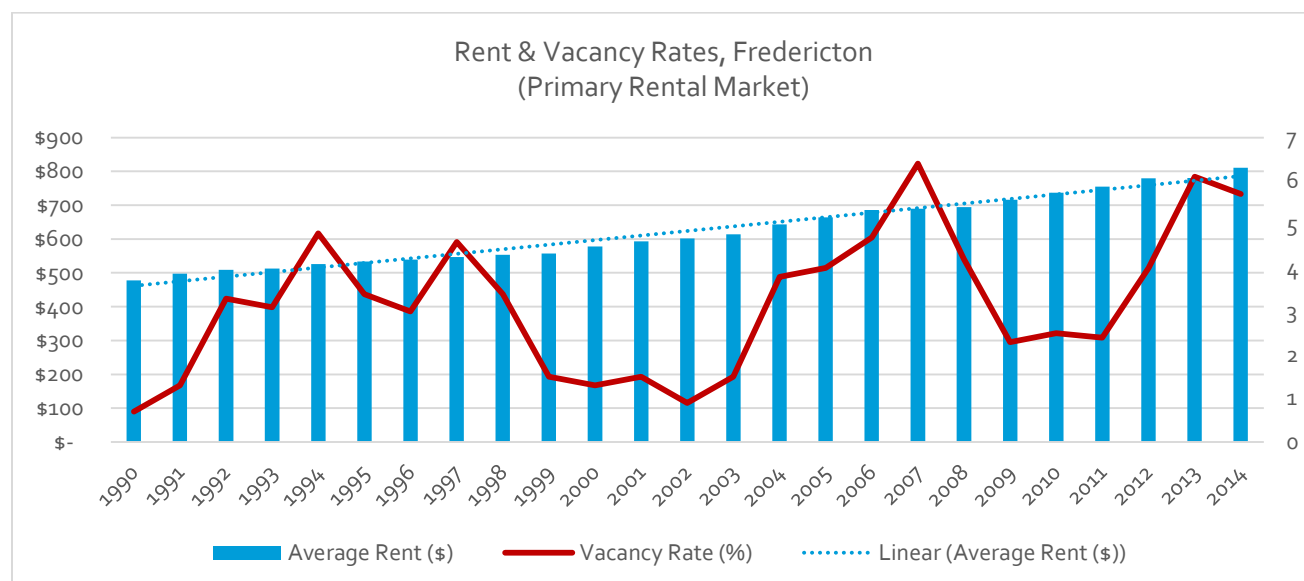
Housing Market Dynamics

It is important to understand the housing market dynamics in relation to affordable housing need and homelessness. Since 1990 when CMHC data became available, the primary rental market in Fredericton has grown from 4,765 units to 7,751 in 2014 – a 63% increase in rental stock.¹³

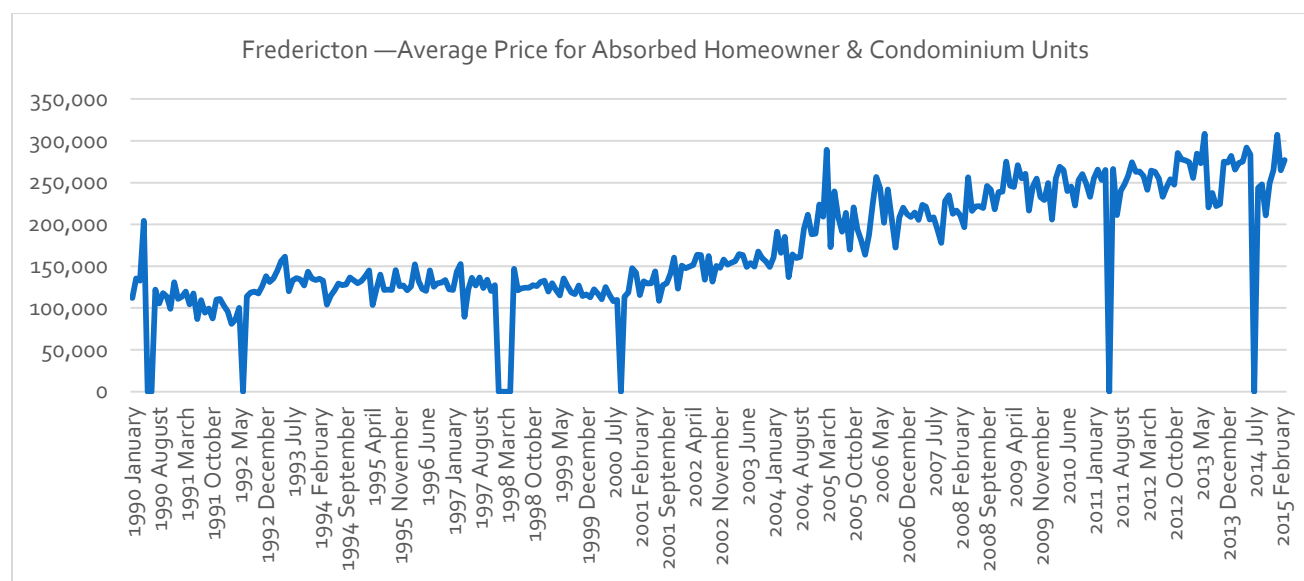
At the same time, the average cost of rental units has also increase to \$811 monthly in 2014. From 2010 to 2014, the average monthly rental costs grew by about 10%. Though this may not seem significant at first glance, we need to further examine housing costs in relation to income.



Looking at rental costs and vacancy rates, we see a recent increase in vacancy rates to 5.7% in October 2014 – nevertheless, the historical long-term trend is one of steady increase in average rental costs.



Looking at the larger homeownership market, we see a similar trend in terms of housing costs. In 1990, the average price for single and semi-detached homeownership units was \$127,269; \$175,734 in 2004; and up to \$277,204 in March 2015.



These cost pressures impact low income households' capacity to compete in the private market, whether to access rental or homeownership units, thereby increasing their risk for experiencing core housing need and even homelessness.

Housing Affordability

The 2011 Statistics Canada National Household Survey reports that 17.2% of people in Fredericton were living in poverty (LIM-AT measure). Notably, the poverty rate for children under 18 was higher than that of any other age-group: 22.9%.¹⁴

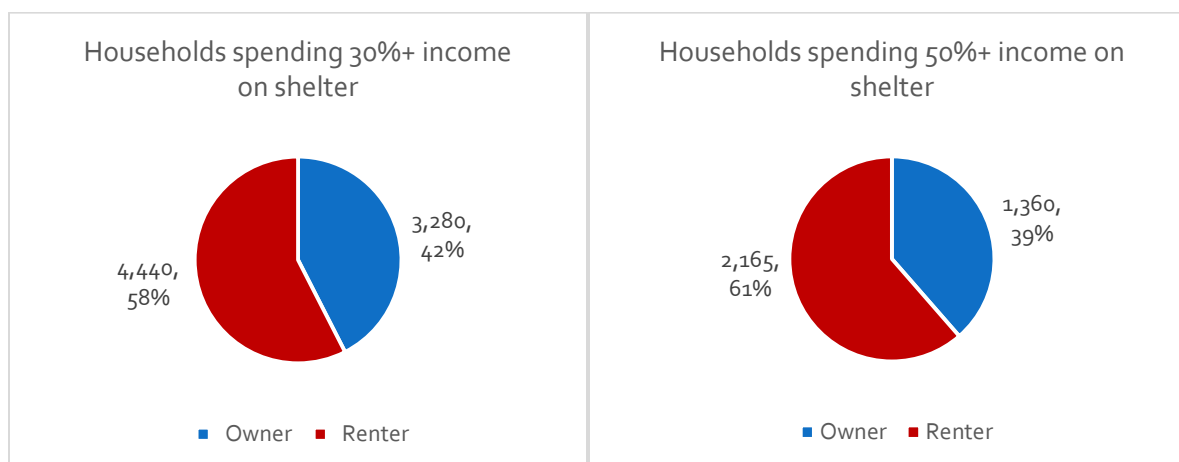
The median after-tax income of economic families in Fredericton was \$63,134 (2010), \$70,185 for couple families and \$34,770 for lone-parent families. For those living alone or with non-relatives only, the median after-tax income was \$24,074.

Economic family structure and sex	Fredericton (City)	
	Number	Median after-tax income (\$)
All economic families	15,485	63,134
- Couple families	12,765	70,185
- Lone-parent families	2,300	34,770
- Other economic families	420	47,202
Persons not in economic families	12,080	24,074

While not immediately concerning, when we break the data down further to examine shelter costs against income, the following picture emerges. NHS data shows that about one fifth of Frederictonians were in core housing need as result of spending more than 30% of their income on shelter.

There were 7,720 households who were paying more than 30% of their income on shelter using a custom-run of the NHS 2011 data for Fredericton – or 20.0% of households. Looking at the data deeper, there were 3,525 spending more than 50% of their income on shelter – 9.2% of households. Of these, there were 1,360 householder who were renters.

	Households 30%+ Shelter costs		Households 50%+ Shelter costs	
Total	7,720	20.0%	3,525	9.2%
Owner	3,280	11.8%	1,360	4.9%
Renter	4,440	41.6%	2,165	20.3%



Research suggests that renters who are over-spending on shelter and who are experiencing low incomes relative to housing costs are at particular risk for homelessness. The data shows that in

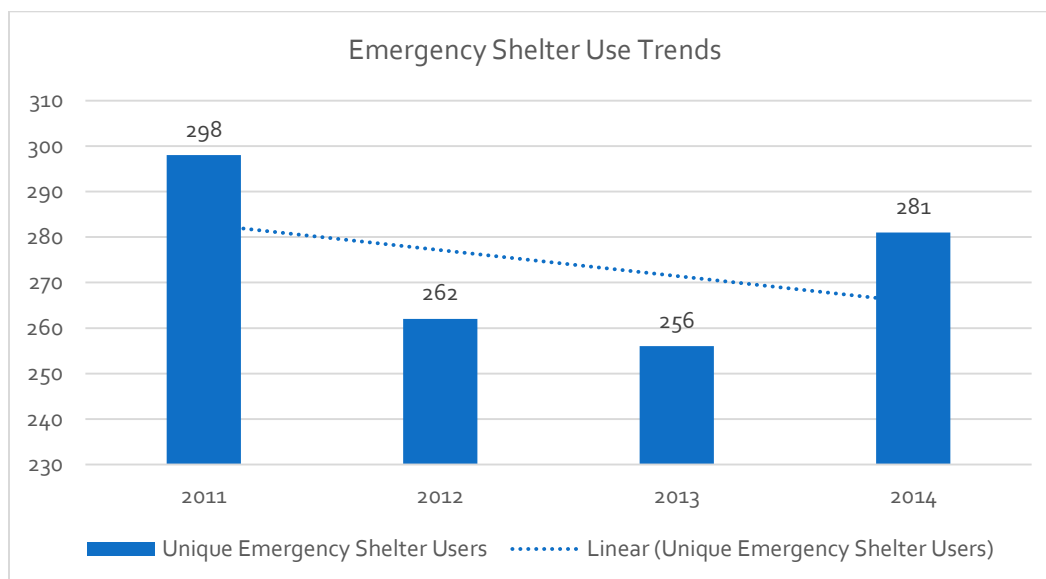
Fredericton, we have **1,160 households** in extreme core housing need who are earning \$20,000 and under and who are spending more than 50% of their income on housing – making them particularly vulnerable to homelessness.

There are **1,160 households** in extreme core housing need in our community.

It is important to add that in addition to affordability, accessibility can significantly impact someone's housing stability. New Brunswickers rate of disability was reported to be 17%¹⁵. About 12% were reported to have a mobility disability, thus often encounter physical barriers – including housing.¹⁶

Shelter & Transitional Housing Trends

We have the benefit of longitudinal data from our shelter and transitional housing providers to complement the analysis of housing market trends. As the chart below suggests, there were 281 unique individuals who used either the Fredericton Homeless Shelter men's or women's facilities in 2014. This represented a 9.8% increase compared to 2013 – though a 5.7% decrease from the high we saw in 2011 of 298 people.

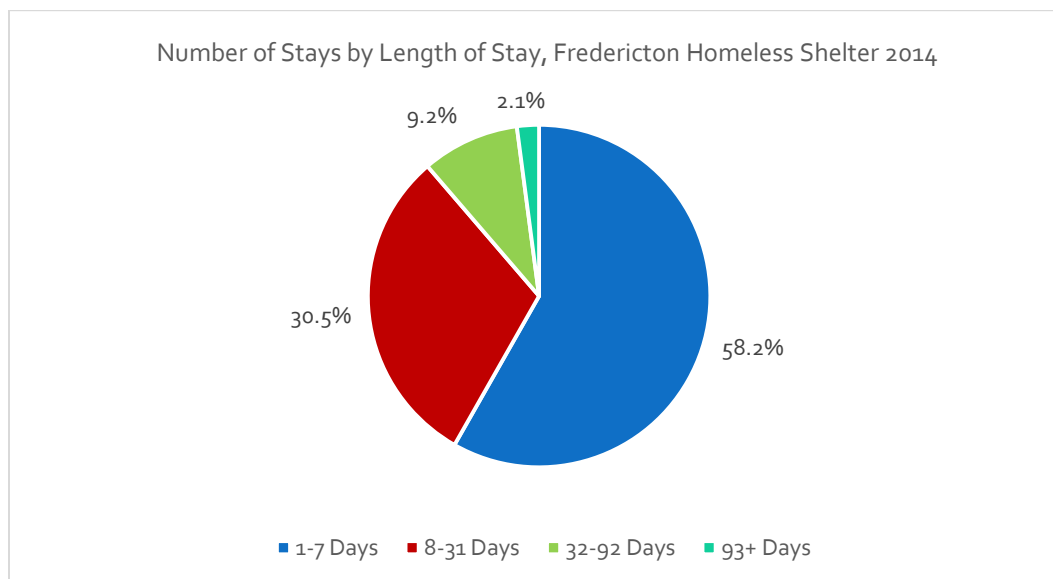


In 2014, length of stay information from the two shelters suggests that most emergency shelter users are in the facilities for a short amount of time in any given year.

About 89% are using shelter for less than one month. In fact, 58.2% are there for less than a week. This confirms that the shelters serve as a critical part of the system by providing those in need with a safe place from which to access supports on a short-term basis. However, the data also shows that about 11% of shelter service participants use the facilities for longer than a month – and 2.1% are there for longer than three months.

There were **281** people who accessed emergency shelters in 2014.

Most (89%) were there for **less than 1 month**. Some (2%) were there for **3 months or longer**.



Note that this data is limited to a one-year snapshot and does not accurately reflect longitudinal trends whereby service participants use shelters repeatedly over several years. Future analysis should delve into the data to gauge these patterns further. Also, this HIFIS data does not include information on rough sleepers, turnaways, or those who are homeless but do not use the shelter and transitional housing facilities (couch surfing, living in makeshift shelter, with No Fixed Address in jail, health system, etc.).

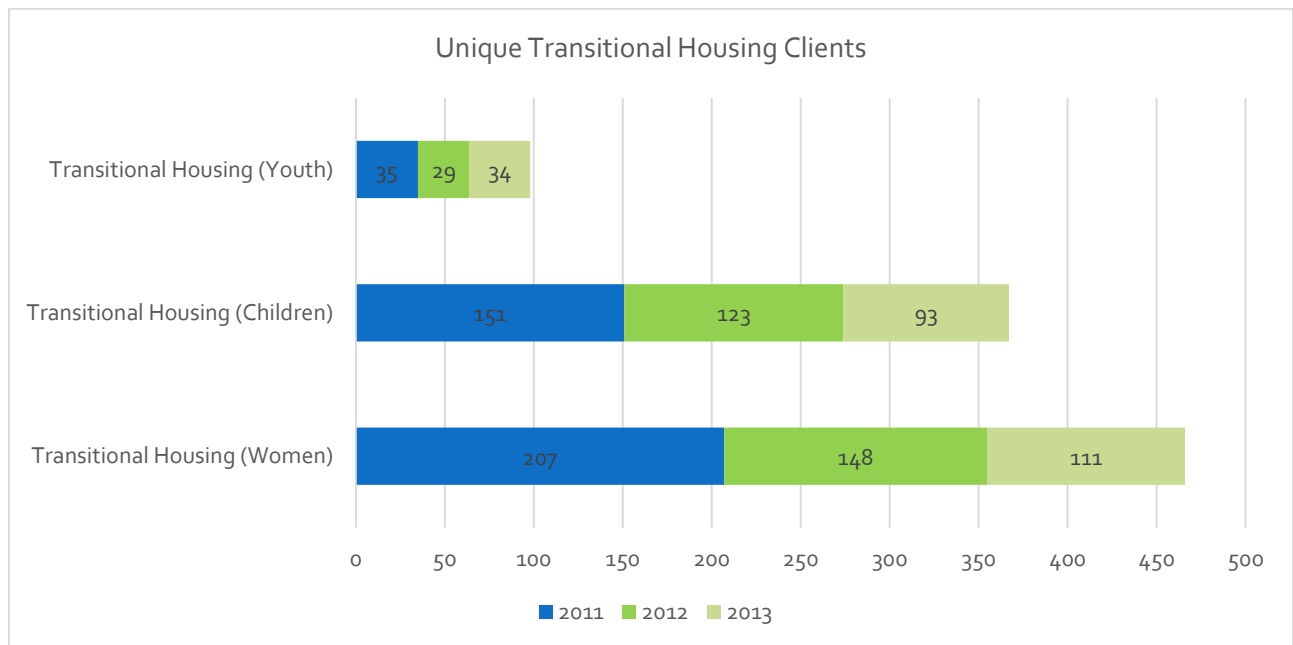
In addition to the shelter data, the following information was also available from four transitional housing providers: Women in Transition House Inc., Gignoo Transition House Inc., Liberty Lane Inc. and Chrysalis House (Youth in Transition Inc.).

	2011	2012	2013
Transitional Housing (Women)	207	148	111
Transitional Housing (Children)	151	123	93

Transitional Housing (Youth)	35	29	34
Transitional Housing (All)	393	300	238
Children & Youth as % of Total Transitional Housing	47.3%	50.7%	53.4%

There were **238** women, children and youth who accessed transitional housing facilities in 2013.

As is evident from the chart below, the overall trend suggests a decrease in overall unique individuals served. The total for 2013 of 238 was 20.1% lower than 2012 and 39.4% lower than 2011. This decrease held across the Women and Children sub-groups. Data from 2014 is forthcoming. It should be noted, however, that this decrease in individuals does not necessarily reflect a decrease in need in the community. Anecdotally, service providers express that they are experiencing challenges in assisting clients to transition into affordable housing due to a lack of options; therefore, individuals are remaining in transitional housing for longer periods, which prevents them from assisting higher numbers of individuals. More research is required to further investigate this trend.



Building a Strategic Response

Homelessness Prevalence

At the time of the Plan's development, Fredericton had not undertaken a Homeless Point-in-Time Count to gauge the number of rough sleepers. However, based on the data available from these facilities, we estimate that approximately **1.2%** of Frederictonians experience homelessness annually (unsheltered, emergency sheltered, and provisionally accommodated). In 2014, we estimate this to total **718 people**. See Appendix 2 for key assumptions in these estimates.

It is important that we consider the population dynamics involved which impact homelessness trends over time. While we can't at this point accurately assess the drivers involved in the emergency shelter and transitional housing fluctuation since 2011, we do know that, overall, Fredericton is experiencing some population growth: approximately 2.1% growth occurred annually on average between the 2011 and 2006 Census periods.

An estimated **1.2%** of Frederictonians experience homelessness during the course of a year: a total of **718 people**.

Assuming this growth rate through to 2014, we estimate the total persons estimated to experience homelessness to reach **780 individuals in 2018**. This means we need to develop solutions that address anticipated need; not just today's levels. Ongoing monitoring of trends and drivers will be required to confirm and update these projection on an ongoing basis.

Similarly, we need to look at our current estimates of households in extreme core housing need as result of low incomes and high housing costs long term, especially because the NHS data we currently was collected in 2010. We estimate that current levels are **1,235 households**, poised to reach **1,651 in 2018** using a 2.1% growth rate projection.

	Annual Projection (2.1% growth rate annually)				
	2014	2015	2016	2017	2018
Individual Experiencing Homelessness	718	733	748	764	780
Households At Risk	1,520	1,552	1,584	1,617	1,651

Acuity & Homelessness History

We need to conceptualize levels of need among the population as we develop our response. Acuity refers to the level of needs in the homeless population and considers a number of factors.

Acuity Factors			
Mental Health	Family Situation	Age, Gender, Ethnicity	Education
Substance Use	Physical Health	Life Skills	Social Supports & Connections
Domestic Violence	Homelessness & Housing History	Personal Motivation	System Interactions
Medication	Self-Care & Daily Living Skills	Income, Employment	High Risk Situations
Physical ability/disability		Legal Issues	

However, acuity levels are not distributed evenly amongst those experiencing homelessness or at risk. This is why a standardized and consistently applied acuity assessment tool is critical to coordinating the homeless-serving system. It ensures providers 'speak the same language,' thereby increasing community knowledge regarding levels of need and ensuring better program matching of those in need with resources poised to meet their needs effectively.

Unfortunately a common assessment tool has not been adopted across the Fredericton homeless-serving system at this point, though various tools are in place at various programs. We also have little information at this point to assess homelessness patterns and estimate how many people are experiencing chronic, episodic or transitional homelessness.

The reason acuity and homelessness history are critical for planning and interventions is because they help us assess as a community what type of interventions we need to ramp up (or scale down) and to what effect. If we are to build a homeless-serving system that ends homelessness, we need to ensure we deliver the right services at the right time, tailored to individual needs.

As a starting point, we are projecting the following breakdown of homelessness patterns for planning purposes using existing local information, research Housing First implementing communities¹⁷ and the Canadian Observatory on Homelessness. As better data emerges, this projection should be updated to adjust strategy and implementation in real-time. See Appendix 2 for key assumptions in these estimates.

Homelessness Patterns in Fredericton	Estimate Percent of Total Homeless	Estimated Total Number in 2014	Estimated Total Number in 2018
Transitional homelessness: 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.	87.5%	628	682
Episodic homelessness: 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.	9.0%	65	71
Chronic homelessness: A small portion experience long-term and ongoing homelessness as result of complex barriers, particularly related to mental health and addictions.	3.5%	25	27

As those who experience episodic and chronic homelessness tend to have the highest levels of public system use (health, police, corrections, police, etc.) as well as emergency shelter stays, they are also likely to have higher acuity levels as well and are often vulnerable as result of poor health, etc.

The following chart provides an estimated acuity breakdown for the estimated acuity levels amongst those experiencing homelessness or at risk.

	High Acuity Levels	Moderate Acuity Levels	Low Acuity Levels
Chronic/Episodic Homelessness	50%	40%	10%
Transitional Homelessness	10%	20%	70%
At Risk (Extreme Core Housing Need)	10%	20%	70%

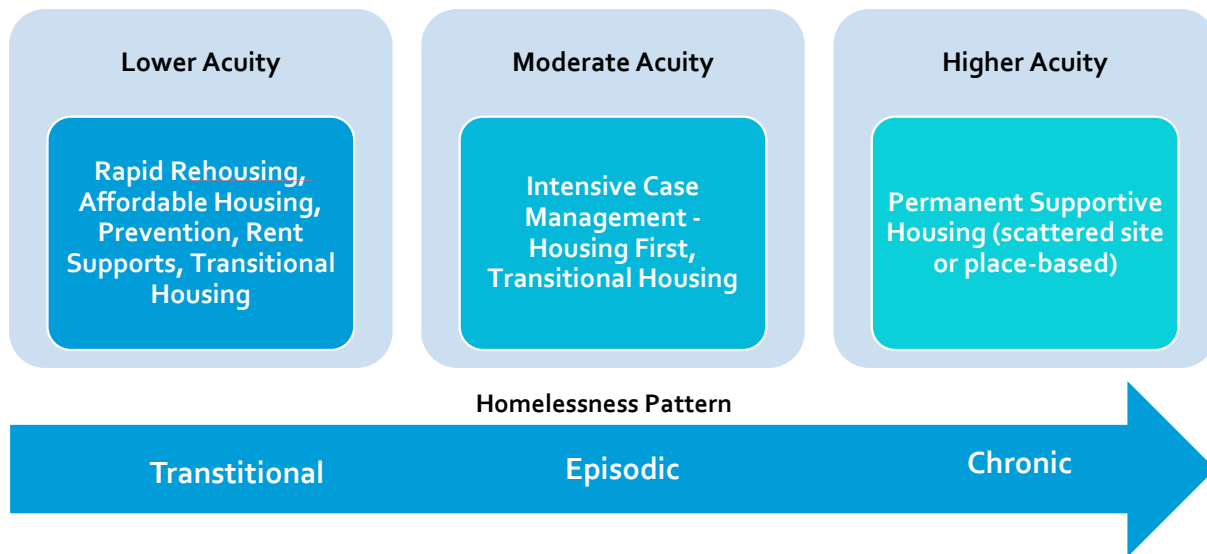
Using this framework, we can estimate how many individuals we will need to plan for by 2018 according to estimated homelessness pattern and acuity levels.

	High Acuity in 2018	Moderate Acuity in 2018	Low Acuity in 2018
Chronic/Episodic Homelessness Individuals	49	39	10
Transitional Homelessness Individuals	68	136	478
At Risk (Extreme Core Housing Need) Households	134	268	939

It is important to account for both acuity and homelessness history in projecting demand for interventions. In other words, we can't only focus on those who fit our category of chronic and episodic homelessness and ignore others with high levels of needs, but who haven't been homeless long enough to qualify for supports. Without addressing the needs of those at risk or experiencing transitional homelessness, we risk lengthening their experience of housing instability.

We need to ensure we have appropriate interventions in place to address the needs of individuals and households across the acuity and chronicity spectrums, with consistent assessment processes to match service participants to the right intervention, at the right time.

Knowing the level of demand, we can anticipate what program types we will need to enhance or introduce in our homeless-serving system as homelessness histories and acuity levels are good indicators for program matching. As the figure below suggests, a number of intervention options can be used to respond to unique service participant needs.



Focusing our Response

In light of the projected need in our community, we propose a phased approach that focuses strategically on ending chronic and episodic homelessness initially, particularly for those with higher acuity levels, to relieve pressure on our system and demonstrate success. Once this is achieved, we will increase focus on prevention measures and move upstream to address the needs of those at risk of or experiencing transitional homelessness and those at risk, likelier to have a lower level of needs.

Our approach includes a range of measures to assist those experiencing transitional homelessness or at risk with diverse levels of need: we do propose an initial focus on chronic and episodic homelessness however.

In the ideal world, we would have all the funding and policy changes necessary to end homelessness for all in short order. However, the reality is that we will likely have access to a fraction of what we need in order to address projected demands. In light of the ongoing focus on cost savings provincially, we know it is essential that we make a strong business case for support that and that we leverage investments already on the ground. It is important to also be strategic in how we introduce measures to tackle the challenge and build a foundation of success to ensure sustainability.

It is critical that we effectively use the resources we do have access to and improve their coordination and performance. We also have to be strategic in how we invest new resources as well to maximize impact and demonstrate success. Having a marked and visible impact on homelessness immediately can position our work for sustained support and help us build a case for continued and enhanced investment.

Research consistently shows that it is the high acuity, long term homeless cohorts (chronic and episodic homelessness) where cost-savings can be maximized in the immediate terms – particularly in the areas of health and justice. This is also the group likely taking up a disproportionate number of beds in the shelter system. Focusing on this group also makes sense from a vulnerability lens: those who

experience chronic and episodic homelessness face complex issues, including addictions and mental health, and are particularly vulnerable to premature death and complicating health conditions.

The Plan therefore focuses on eliminating chronic and episodic homelessness immediately, in order to relieve pressure on the current system and demonstrate success to key stakeholders. Of those who meet the definition of chronic and episodic homelessness, appropriate program matching will account for acuity levels to best serve their needs in available programs.

Nevertheless, we will continue to build a comprehensive homeless-serving system that includes all the key components needed to maintain an end to homelessness and prevent it in the first place. As housing and support of those experiencing chronic and episodic homelessness progresses to show results and cost savings, we can repurpose resources to move increasingly upstream to enhance prevention measures and continue to advocate for increased affordable housing options to alleviate housing instability in the at risk and transitionally homeless population.

A Priority Populations Lens

While acuity and homeless patterns are useful in our work, we need to recognize the underlying and systemic issues that act as key drivers in homelessness and housing instability in the first place.

The needs of priority populations, including women, children, youth, seniors, Aboriginal people, people with disabilities, and newcomers have emerged consistently through community consultations. We need to consider how we best meet the needs of these groups, while maintaining a focus on broader community-wide goals.

It is important to note that by focusing on those experiencing chronic and episodic homelessness, we are also serving individuals in these populations groups. For example, Aboriginal people are often over-represented amongst those experiencing chronic homelessness and sleeping rough. Women and children fleeing violence likely experience a number of periods in homelessness.

Nevertheless, we will need to develop programmatic and housing interventions, including Housing First, tailored to meet the specific needs of these groups as well as policy changes to address the systemic root causes of homelessness to being with.

Plan Strategies

Strategy 1: System Planning & Coordination

Introduce coordinated access and assessment process to enhance access to the right service at the right time.

As a community, we have come a long way in developing a more coordinated and collaborative approach to addressing homelessness. We want to build on this success, and enhance impact further by introducing a number of key measures. More joint ventures and collaboration between providers can enhance our collective impact and leverage what each of us does best towards common goals.

We have the benefit of a fairly centralized emergency shelter system operated under one organization, which has a vital vantage point on the homelessness dynamics. Our providers are already coming together to coordinate service delivery more effectively through SUN (Supportive Network / Supportive Housing Network). The network includes a cross-section of community groups, non-profit agencies, local faith groups, Addictions and Mental Health Services, and government working together to support people who are experiencing chronic homelessness move into permanent affordable housing.

We can build on the work already underway through SUN and Fredericton Homeless Shelters Inc. by introducing a coordinated process through which we assess service participant need and appropriate program and housing placement. Coordinated access can go a long way in reducing the run-around and frustration service participants experience by having to tell their story multiple times and being sent from one provider to the next.

Some communities have implemented a one-stop shop approach, where everyone is assessed at a particular site. Others use a decentralized model, where there is “no wrong door” to assistance, though all partners use the same process and assessment tools. In Fredericton’s case, we could explore a combination of these options, which could leverage the shelters as a possible intake and assessment site.

To implement coordinated access, we will need to choose a consistent acuity assessment tool that helps us determine the appropriate intervention match to service participant’s needs. The SPDAT is being used currently by some providers, though other tools are also currently implemented. At the national level, the Canadian Observatory on Homelessness is working with clinical research experts on developing a Housing First Assessment Tool to help providers triage and prioritize service participants as well. As a community, we will need to weigh our options and choose what makes best sense for us and those we serve moving forward.

Some communities have also introduced prioritization criteria as part of their assessment process. In this instance, service participants’ needs are ranked according to pre-determined criteria to access available resources. The VI-SPDAT for example prioritizes based on vulnerability and mortality factors; other communities prioritize particular populations, such as youth or children. Again, as a community

we will have to come together and make hard decisions about access to supports – the tools we adopt must align with our goals of ending homelessness and the core values we share.

Expand system coordination efforts including integrated data and performance management, quality assurance, and coordinated service delivery.

HIFIS is an invaluable resource in our work. We have implemented across four transitional housing programs and two emergency shelter sites: this gives us the ability to assess needs in real-time, longitudinally across our system. This is something other communities are just beginning to develop and a key strength for us to leverage locally.

Though the HIFIS system has proven to be extremely useful at a program level, not all providers in the homeless-serving system are currently using the resource. Further, data sharing across agencies is still limited and hampered by a number of barriers to information sharing.

HIFIS has the potential to be expanded across the homeless-serving system to truly act as the technological backbone of our coordinated approach. We can use it to track service participant access to services and outcomes longitudinally. This can help us build unduplicated records and have a common information database from which to make collective decision at the program and system levels.

By aggregating data from across the system, we will have a much better sense of needs and track performance at a community level. This will ensure we are able to adjust our approaches in real-time, as a community, rather than on a program-by-program basis.

We have the benefit of a service community that is dedicated to continuous improvement, constantly striving for better results and impact. Considerable work has been happening across programs to incorporate best practices, and systematically evaluate impact for those we serve and the broader community.

With a coordinated access and an expanded HIFIS system, we will explore the development of consistent measures of progress at the program and system levels, which can provide us with a better picture of how we are progressing against common goals.

We will also develop clear and transparent eligibility and referral criteria across our system, as well as standards for safety planning, case management practice, housing placement, privacy, etc. to enhance the level of service quality we all work towards.

Enhance system planning work through collaborative planning processes and capacity building.

To successfully implement the new program and housing measures proposed, along with the various coordination processes mentioned above, our non-profit sector needs access to capacity building resources and training.

We will coordinate training and capacity building as a community of providers and benefit from shared learnings to improve our approach. We will enhance training opportunities on common areas of practice and leverage expertise locally and through national resources available, such as those of the Homeless Hub and Canadian Alliance to End Homelessness, to advance our work. We have already begun this work as one of the communities that has joined a Regional Learning Network for the Mental Health Commission of Canada/Pathways to receive training and technical assistance for Housing First

At a system-level, the CAGH has active membership from all orders of government, service providers, and community leaders who have been collaborating and collectively planning on the issue of homelessness since the early 2000s. CAGH members are active proponents of an end to homelessness in Fredericton and have endorsed the Housing First philosophy.

CAGH has helped to develop our community's capacity for action by bringing people together for a common purpose of ending homelessness. This includes the work undertaken through regular report cards on homelessness that various agencies contribute to on a regular basis to assess trends and progress for us as a community. Such capacity building, ongoing communication, and technical assistance will be essential to building our homeless-serving system and implementing the Plan.

Improve integration with public system partners to end homelessness.

To end homelessness, we need to also look beyond our homeless-serving system. An integrated service delivery approach that responds to homelessness collectively is critical, leveraging expertise and resources across public and non-profit providers. This means that our work is aligned at the policy and service delivery level with that of government, particularly in the following areas (note in some cases, some of these areas are part of one department):

Adult Protection & Long-Term Care	Child Protection
Income assistance	Domestic violence
Employment supports	Education
Persons with disabilities	Aboriginal organizations/services
Health	Poverty reduction
Corrections & Police	Immigration & settlement
Affordable Housing	Economic development

Already, the Government of New Brunswick is taking steps in this direction through the recommendations outlined in the *New Brunswick Homelessness Framework: A Home for Everyone*.¹⁸ We can build on the work underway further to advance integration in our community.

We can enhance coordination with these systems on-the-ground, by ensuring our coordinated access includes representative of these key players at the table. A system integration group can be convened to identify and resolve barriers for service participants, develop and implement procedures to prevent and end homelessness. System partners, including police and health providers, already engage in

frontline work with those experiencing homelessness and can continue to be critical parts of a coordinated community response.

Such a table can facilitate enhanced access and collaborative case management between homeless system service providers and those in areas like health and addictions. This can ensure we leverage each other's skills and resources effectively, while increasing impact for those we serve. In this manner, we are better able to assist those experiencing homelessness and at risk to access appropriate income supports, long-term care spaces, addictions treatment, and mental health, and community integration supports.

Strategy 2: Housing & Supports

Enhance the role of shelters and transitional housing in the homeless-serving system.

Emergency shelters can be extremely effective entry-points to a coordinated system. Service participants can be triaged and rapidly housed from shelters into permanent housing with supports. Together with the Fredericton Homeless Shelters Inc., we can explore the potential of enhancing the role of shelters in the Housing First context.

Many cities across Canada are challenged by the need to coordinate diverse shelter providers; we are fortunate that our shelters are operated under one organization. Fredericton Homeless Shelters Inc. is one of the few shelters in Canada to be open 24 hours a day, 7 days a week that offers a safe place but also access to computers, basic needs, and program access assistance and in collaboration with community partners.

This could be a key advantage upon which we could explore building coordinated access and triage. This would lead the way in Canada, demonstrating how Housing First shelters can be strategic building blocks in homeless-serving systems. This direction will see a stable, effective, and appropriately resourced emergency shelter working in an integrated system that rapidly rehouses people with supports.

Our emergency shelters can be supported in a Housing First context by intentional prioritization of long-term shelter stayers for rehousing through targeted Housing First and Permanent Supportive Housing interventions. This can give these facilities the opportunity to function as originally intended for short-term emergency stays.

We can further enhance the role of our transitional housing providers in this work. Transitional housing provides youth and women and children fleeing violence with a stable and safe place to be, as well as support and access to a range of resources. They are essential to a well-functioning system of care and can help us ensure we appropriate tailor interventions for these populations.

We can explore ways through which we deliver proposed measures in the plan to support service participants exiting transitional housing with ready access to safe, appropriate and stable housing and supports. Already, two of these facilities, Youth in Transition and Liberty Lane, are undergoing expansions to provide a wider array of services. Youth in Transition, for example is expanding to offer the Foyer Model with a continuum of supportive housing for youth.

Increase supports to end chronic and episodic homelessness using the Housing First approach.

We know enhanced and different supports are needed to end homelessness in our community. There are a number of program and housing options that we have in place and can build on, but there are also components that completely absent from our homeless-serving system.

We need to introduce new supports and enhance current services to address identified gaps, particularly for those experiencing chronic and episodic homelessness. While we have some Permanent Supportive Housing options through John Howard and New Brunswick Community Residences, these are limited relative to the need we have projected.

We also have a number of providers who deliver case management services (Fredericton Outreach Services, Horizon Health, Fredericton Downtown CHC, Ability NB, and Capital Region Mental Health & Addictions), these remain inadequate to meet current needs. We see considerable efforts underway in our community to transition program models to Housing First and need to support this further through training, capacity building, and in some cases enhanced funding to match the program design. There are likely additional opportunities we can explore together that can leverage existing programs, buildings and transition these towards Housing First.

Housing First is the **first step, but not last** – ongoing supports are needed. Housing is the **foundation** upon which all other progress is built.

Consultation participants, Feb. 2015.

We estimate that we can end chronic and episodic homelessness in the 2018-19 fiscal year with a projected new investment of **\$10 million over 4 years**. We are not asking for these additional funds from a particular source: they will likely come together from diverse stakeholders. These funds may already exist in community in part and could be re-purposed in support of the Plan. It will take all orders of government, private donors, Frederictonians, the faith sector and more to make this happen. Some may contribute in-kind, others with funding and enabling policy changes.

Over the next 4 years, we will focus additional capital units built to meet the needs of those experiencing chronic and episodic homelessness for a total costs of **\$4.8 million**. An additional **\$5.2 million** will be needed to provide the necessary supports, which include staffing and service participant costs such as rent supports and damage deposits.

Summary New Costs					
	2015-16	2016-17	2017-18	2018-19	Total
Operations	\$0	\$731,861	\$1,902,393	\$2,568,493	\$5,202,747
Capital	\$690,000	\$2,070,000	\$2,070,000	\$0	\$4,830,000
Total New Cost	\$690,000	\$2,801,861	\$3,972,393	\$2,568,493	\$10,032,747

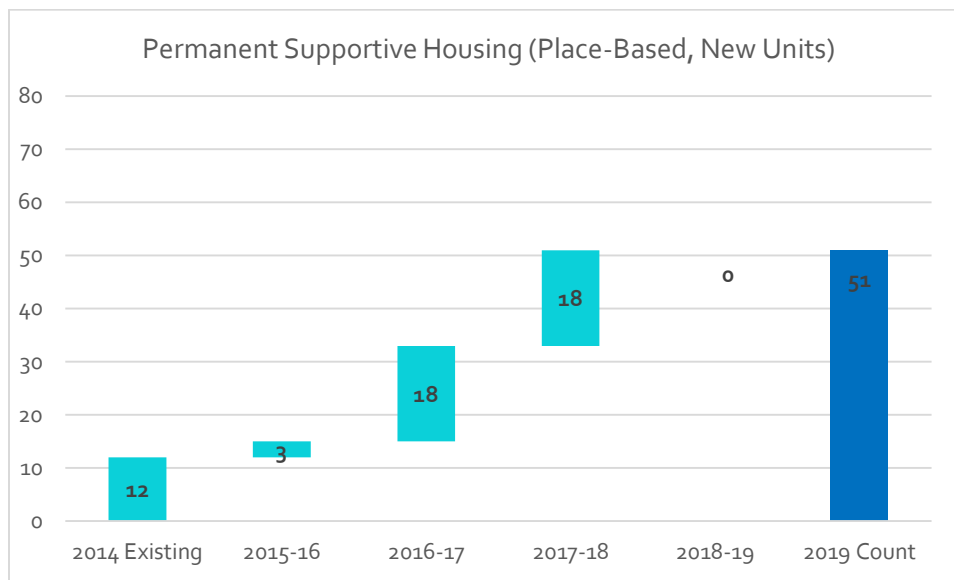
Over the next 4 years, we propose the addition of a number of programs as outlined below that will end chronic and episodic homelessness in 2018-19. This approach leverages existing resources in the community and assumes our system will have continued access to provincially-funded affordable housing units and rent supports.

The chart below describes the current capacity in our system and what we estimate to need in terms of new spaces to meet projected demand through to 2018. Note, that the number housed from 2015-18 represents service participants accessing supports in both existing and proposed new programs. The costs outlined only refer to the proposed new measures.

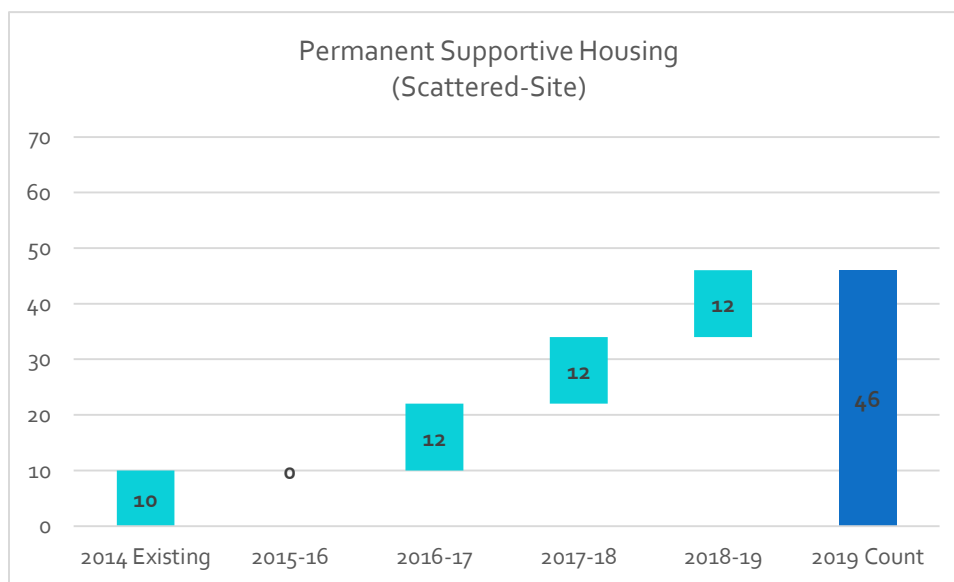
As noted earlier, these services would focus on those clients with high levels of acuity and episodic and chronic homelessness patterns, however, there is adequate capacity proposed to also meet the needs of other service participants with high acuity levels who may not qualify as chronic or episodic. It is important to ensure our system can meet this demand to prevent future long-term homelessness – however, we recommend prioritizing chronic and episodic homelessness to ensure we make visible impact in short order, then proceed with the other population groups.

Ending Chronic & Episodic Homelessness by 2018-19					
	Existing Spaces (2015)	New spaces needed	Number Housed by 2019	New Operations Costs by 2019	New Capital Costs by 2019
Permanent Supportive Housing (Place-Based – new units)	12	39	81	\$1,906,802	\$4,485,000
Permanent Supportive Housing (Scattered Site using rental subsidies)	10	36	62	\$1,063,455	\$0
Housing First – Intensive Case Management	30	42	124	\$1,096,555	\$0
Total	52	117	267	\$4,066,812	\$4,485,000

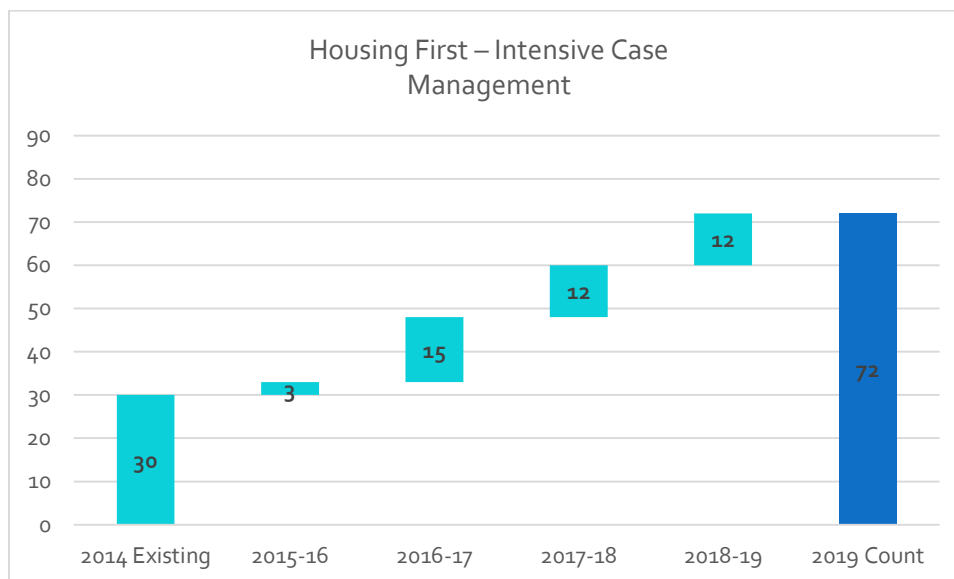
As can be seen in the diagram below, a total of **39 Permanent Supportive Housing units** are proposed in the Plan over the next three fiscal years, increasing our capacity from 12 units currently to 51.



We further propose to add **36 program spaces** to using scattered site housing in the private rental market that provide high intensity supports and rent subsidies for those with complex needs. See Appendix 2 for key assumptions in these estimates.



Housing First ICM program spaces will be enhanced to an estimated 30 to **72** over the next four years as well.



Introduce prevention measures to support households at risk or experiencing transitional homelessness.

Our projections show considerable demand for more affordable housing options to meet the needs of households at risk due to extreme core housing need. There were 7,720 households who were paying more than 30% of their income on – or 20.0% of Frederictonian households. Looking at the data deeper, there were 3,525 spending more than 50% of their income on shelter – 9.2% of households. Clearly, more affordable housing is needed in our community.

However, in the current fiscal environment, access to the necessary funds to meet this broader affordable housing need in the city is a real challenge. We know we will not have access to the necessary funds to meet the broader affordable housing need in the city in the coming several years. Our projections show that we can meet our goals with less expensive rent support programs and rapid rehousing programs, which leverage rental units in the private sector.

We therefore propose contributing approximately **\$1.5 million** to measures that support those at risk primarily through enhanced rent supports and rapid rehousing programs. While we do see a broader need for affordable housing in the city, the costs of capital are simply too high at this point given limited resources available to end homelessness. Responses that leverage existing units in the system and enhance access to private rental sources would help continue to effectively support our at risk populations. This also shows that Fredericton has a solid supply of affordable housing that can be leveraged to help end homelessness – without it, the situation would be considerably direr.

We will need to prioritize access to these limited resources further to maximize impact. As part of our triage process, we will explore prevention assessment tools – such as Homeless Asset and Risk Tool (HART) – to determine which households are at highest risk for homelessness and what type of intervention best meets their needs.

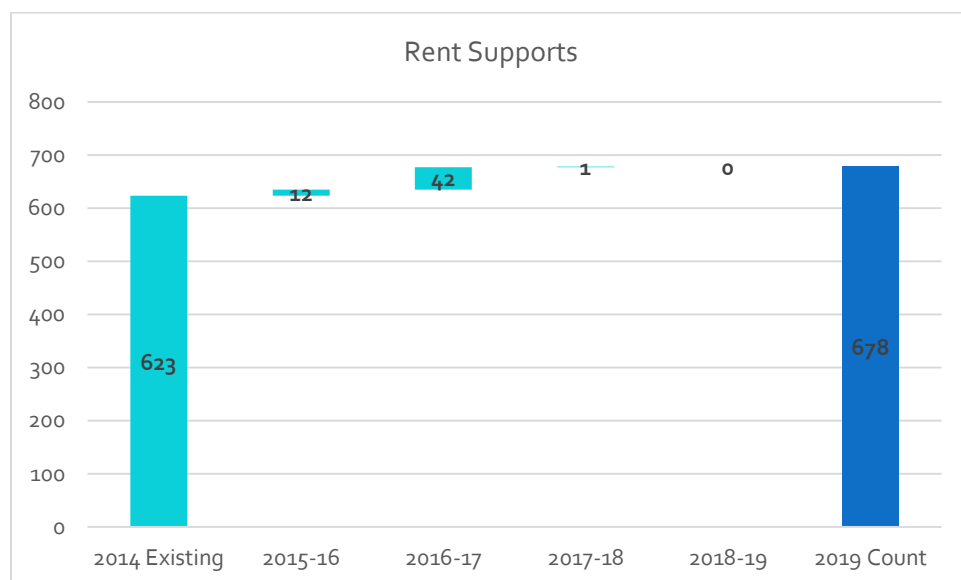
Beyond 2018, we will enhance our focus on this broader housing need in partnership with government and the private sector. We will need to work with our partners to ensure those in need have ready access to the resources that exist in community, and redress any unnecessary barriers.

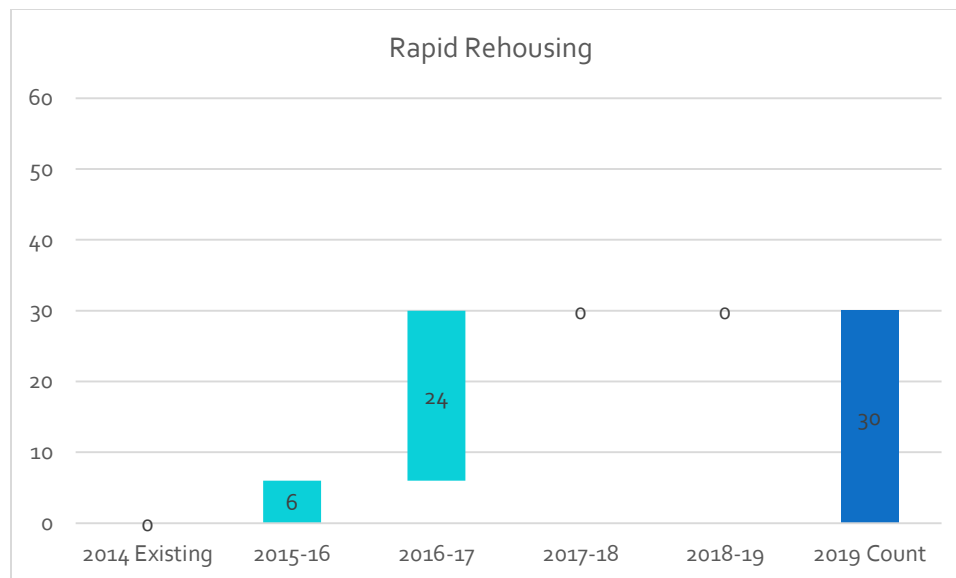
The chart below describes the current capacity in our system and what we estimate to need in terms of new spaces to meet projected demand through to 2018. The number housed from 2015-18 represents service participants accessing supports in both existing and proposed new programs; the costs outlined refer to the proposed new measures only.

These proposed measures would focus on those with moderate or lower levels of acuity and shorter homelessness histories. We recommend prioritizing households who are at a higher risk of experiencing homelessness, particularly over a longer term, to ensure most effective use of these limited resources.

Supporting Households At Risk or Experiencing Transitional Homelessness.					
Type	Existing Spaces	New spaces needed	Number Housed by 2019	Operations Costs by 2019	Capital Costs by 2019
Affordable Housing	611	3	239	\$0	\$345,000
Rent Supports	623	55	623	\$706,163	\$0
Rapid Rehousing	0	30	171	\$429,771	\$0
Total	894	88	1,033	\$1,135,934	\$345,000

As the figures below show, additional rent supports and rapid rehousing programs are proposed over the next 4 fiscal years to assist those at risk or experiencing transitional homelessness. See Appendix 2 for key assumptions in these estimates.





Tailor interventions to meet the needs of priority populations.

As noted above, we propose to tailor these investments to meet the particular needs of priority populations – including those experiencing long term homelessness with complex needs, but also women, children, youth, seniors, Aboriginal people, people with disabilities, and newcomers. No one size fits all will work and we will need to come together as a community to leverage our strengths in delivering these supports.

Focus	Tailoring to Priority Populations
Chronic & Episodic Homelessness	Aboriginal people Children
At Risk of Homelessness/Transitional Homelessness	Newcomers Non-elderly singles/couples with complex needs Women Youth People with disabilities Seniors

The needs of Aboriginal families, who may be multigenerational and larger in size, will require a different housing form and accompanying supports. Recognizing the migration into Fredericton, our response will need to be coordinated with on-reserve and off-reserve Aboriginal leadership as well.

Unique trials face newcomers as well. Many are experiencing hidden homelessness, living in unsuitable housing compounded by the challenge of transitioning to a new country.

Safety planning for women and children fleeing violence will have to be accounted for in programming, particularly in cases where we rely on rent supports and scattered site housing in community following the Housing First model.

The needs of young people further differ, particularly for those transitioning from child protection services. The type of housing options and programming supports they need as they transition to

We need a concerted effort to meet the unique needs of **women, children, youth, seniors, Aboriginal people, people with disabilities and newcomers.**

adulthood are not going to be the same as those appropriate for adults experiencing homelessness.

The growing senior’s population will challenge our response further, as additional accessibility requirements will emerge for housing stock. It is important to note that accessibility issues face a range of demographics, regardless of age requiring particular attention to be paid to the needs of people with disabilities.

Amongst these priority groups, there are common issues that intersect, including mental and physical health issues, addictions, domestic violence, and accessibility. These groups experience a range of intersecting systemic and individual challenges that can lead to housing instability and homelessness. Depending on various factors present, their experiences will play out in particular ways.

Gender	Poverty	Sexual Orientation	Ethnicity	Culture	Family Composition	Age	Health	System Interactions
women, domestic violence, female-led lone parent families, transgender, and gender non-conforming people	low incomes, high housing costs, extreme core housing need	gay, lesbian, bi-sexual and other sexually diverse people	Aboriginal people, visible minorities, immigrants	spiritual practices, traditions, belief systems, concepts of family, impacts of colonialism, intergenerational trauma, racism discrimination	lone parent families, intergenerational families, extended families	children, youth, seniors	mental health, addictions disabilities, accessibility, physical health, trauma, physical environment in relation to accessibility	correctional system, child intervention services, domestic violence, health, mental health, addictions

As the various interventions are introduced in our community, we need to ensure they are tailored to address the unique needs of these groups. Housing First or Permanent Supportive Housing will look

very different for a single senior compared to a family, for example. Yet, there are good practices we can build on within our community and complement these with learnings from elsewhere for best results.

Increase affordable housing options.

About 7,720 households were paying more than 30% of their income on – 1 out of every 5 Fredericton households. One out of 10 were spending more than 50% of their income on. Clearly, we need to enhance the range of affordable housing options in both the market and non-market sectors.

We have benefited tremendously from the rent supports invested in private rental units by the Government of New Brunswick and the Plan calls for enhanced access to such units to implement scattered site Housing First interventions. In fact, most of the measures proposed leverage the private market rental universe using rent supports and case managed supports. This means that the successful engagement of our private landlords will be critical to our success; their participation should be supported and celebrated.

However, we also need broader action on affordable housing beyond the scope of this Plan. Ultimately, affordable housing can help bring about a sustainable end to homelessness. In this Plan, we proposed to focus on those with higher levels of need; however, we fully support a call for increased affordable housing in our community to mitigate housing instability amongst those in core housing need.

To enable this, we see potential in a number of areas. Firstly, we need to continue to mobilize private and non-market housing sectors, and all orders of government to develop coordinated affordable housing responses. We need to ensure that such responses are aligned with the Plan as well. This means that as new social housing units are funded and come on-stream, we need to ensure they are appropriate and accessible to our priority populations.

We also need to develop more coordinated ways to engage public housing and non-profit housing providers, as well as private landlords, in a coordinated system. We cannot implement a system planning approach with coordinated access, triage, etc. if these key players are not onboard.

The call for policy change and investment to support affordable housing reaches well beyond our community. We will work with regional and national partners to advance the call for a national housing plan, and the increased investment in complementary provincial responses. The expiry of federal government operating subsidies for non-profit, co-operative and public housing operators is estimated to result in a cumulative of \$699 million across our province. Renewed investment would ensure the viability of a sector that comprises over 14,000 units across New Brunswick. To this end, we will continue to lend our voice to the advocacy work of the Canadian Housing Renewal Association, Canadian Alliance to End Homelessness and New Brunswick Non-Profit Housing Association on these issues.

Already, the City of Fredericton has revised zoning by-laws to encourage affordable housing development and some new rental units have come on-stream through private sector contributions. The Government of New Brunswick has continued to add to the affordable stock through new capital and rent supports. Building on this work, we will work with partners to develop and advance the “toolbox” of incentives, policy and regulatory measures that can advance the goal of increasing affordable housing options. Some options are listed in Appendix 1.

Our community has engaged in a number of efforts to attract donor investment in affordable housing. There is an opportunity for us to come together as a sector and develop a collective fundraising strategy and campaign together. We can approach philanthropic individuals and organizations, private sector developers and builders as a collective group with enhanced impact and likelihood for success. This can also be used to leverage government investment in affordable housing and act as platform to collectively explore innovative financing models like social impact bonds and social enterprise models.

Working together as a sector, we can approach private sector landlords to negotiate master leases as well. This can also facilitate an even saturation of buildings across neighbourhoods and assist us in managing scattered site housing and support program more effectively.

Strategy 3: Leadership & Engagement

Mobilize diverse stakeholders groups to enhance our collective impact on homelessness.

Ending homelessness cannot be achieved by one sector or level of government. It takes all our efforts, coordinated towards a shared vision. We will need to spark the commitment and championing of this cause widely. It will take cross-sectoral leadership and sustained engagement, and it will take change in the way we do our work.

Keeping the issue of homelessness on the public and political agenda requires a first-rate communications and government relations strategy. We need broad public support to secure the resources needed to implement the Plan, but also to welcome those we house in Fredericton’s diverse neighbourhoods. As someone in the consultation process noted, we need a “Fredericton Let’s Act” strategy to mobilize broad-based support for the Plan. Without the support of the broader public, we risk losing momentum and political will.

We will find ways to effectively engage the private sector, landlords, the media – as well as those with lived experience. We will effectively engage diverse groups, including newcomers, Aboriginal people and the LGBTQ community to provide meaningful input throughout our implementation process. Women, seniors, youth, etc. will require a tailored approaches as well.

We will continue to work with the City of Fredericton Affordable Housing Committee, which is a community educator and advocate for the provision of affordable housing and participate in national campaigns on housing and homelessness.

Use research and knowledge mobilization to support ending homelessness.

We will work with the outstanding academic institutions we have in our community to enhance the use of research and data to drive the Plan in implementation, thereby enhancing continuous improvement.

We have emerging research priorities and knowledge gaps that we need to address to advance the Plan. For example, we have access to a valuable data set through HIFIS, but have not maximized its use to date. We know little about what the key drivers in our community are and how they relate to shifting trends apparent in the HIFIS data. We have limited data on key demographics, such as Aboriginal ethnicity, migration patterns, or immigration categories, age ranges etc. We do not have a concerted way through which we can track how service participants access diverse programs, and to what effect at a system level.

We can introduce an ongoing, standardized Point-in-Time Homeless Count that can answer some of these basic knowledge gaps, but we have the opportunity to also leverage HIFIS and build partnerships with academia to tackle more complex research questions. We are also pursuing the Registry Week idea proposed by the 20K Campaign nationally to kick start rehousing work in our community.

We also know that moving research into practice requires concerted knowledge mobilization activities on an ongoing basis. We can explore the creation of platform for dialogue with other communities, such as Moncton, Saint John, Bathurst, to enhance knowledge exchange, but also to provide for stronger voice at the national level and coordination with other jurisdictions.

As we have in the past, we want to continue to help advance the broader knowledge base on homelessness as well. This means that we openly exchange our learnings with colleagues across the country and collectively advance the national movement to end homelessness.

Develop and advance a policy and funding agenda to end homelessness.

Ultimately, homelessness cannot end without considerable systemic change. Policy alignment across departments and government is needed to support an end to homelessness. We cannot fund Housing First programs through one department, yet discharge people into homelessness through another.

Government Level	Relevant Areas of Accountability
City of Fredericton	Land use planning, economic development, police.
Government of New Brunswick	Affordable housing/rent supports, homelessness, income assistance, poverty reduction, health, domestic violence, corrections, child intervention, education, disabilities.
Government of Canada	Aboriginal people, immigration and settlement, housing and homelessness, economic development.

There are also particular “policy and findings asks” we can explore and collectively advance. We have to work with stakeholders to develop a comprehensive policy agenda that advances our Plan, such as those included below.

	City of Fredericton	Government of New Brunswick	Government of Canada
Funding/in-kind support for the Plan's proposed measures	✓	✓	✓
Create an interdepartmental working group to coordinate key areas of accountability in support of ending homelessness.		✓	✓
Explore policy and regulatory changes to enhance affordable housing options.	✓	✓	✓
Develop solutions to increase incomes aligned with ending homelessness, including increased social assistance rates and access.		✓	✓

We have had the benefit of funding and in-kind support to alleviate homelessness from all orders of government, private sector and the larger Fredericton community. We will need to enhance the coordination of available resources not only at the service delivery level, but amongst government and community funders as well. This can also ensure that funding streams complement each other so that our community can develop a comprehensive homeless-serving system inclusive all program types.

Identify a lead implementing organization for the Plan.

To drive the Plan's implementation, we will need to ensure adequate organization infrastructure is in place as well. Currently, the CAGH serves this coordination role to an extent – yet we know from other communities implementing Plans that the actions we propose will require a rethinking of current governance structures. We may need to enhance current infrastructure with additional skill-sets and accountabilities, or we may need to pursue a different option altogether.

For instance, we can explore developing a champion's table to help bring the level of engagement and buy-in we identified as crucial to moving the Plan forward. This table would include decision-makers from diverse sectors in our community, able to and willing to champion an end to homelessness. Key roles for this group could include the development of vision and strategy for the Plan, advancing policy and funding asks, identify and address systematic barriers, monitor progress and assist in coordinating activities and resources.

CAGH can continue to operate as a broader collaborative as well complementing the champion's table and could explore refining its role to support the system planning and capacity building pieces of the Plan. In some communities, a key funder takes this coordination role on and serves as the backbone organization for the Plan. No matter which course of action we take, we will need to continue to evolve as a community and make decisions that advance our collective aims. See the next section for details on how CAGH proposes to evolve to implement the Plan.

Implementation

Projected Results

As result of the actions proposed over the next 10 years, the maximum time anyone will experience homelessness, on the street or in an emergency shelter, will be **10 days** before gaining access to appropriate, permanent housing and the supports needed to maintain it.

By 2018-19, we will:

- End chronic and episodic homelessness by housing and supporting 267 individuals by 2018-19.
 - Develop 39 place-based and 36 scattered-site Permanent Supportive Housing spaces.
 - Create 42 scattered site Housing First program spaces.
- Stabilize 1,033 households at risk of or experiencing transitional homeless.
 - Provide 623 households with rent supports and a further 239 with access to affordable housing (these are primarily existing units).
 - Create an additional 55 rent supplement units.
 - Provide 171 households with access to Rapid Rehousing programs.

See Appendix 2 for key assumptions in these estimates.

Key Performance Indicators

Based on learnings from other communities undertaking ending homelessness work, we have selected the following list of indicators to track over the course of the Plan's implementation.

It is important to highlight that these indicators should be used in comprehensive analyses of the progress. We need to contextualise why a particular indicator shows an increase or decrease as a number of inter-related factors could be at play. However, by establishing such measures we can gauge emerging issues and trends more systematically as a community.

Note that these indicators rely on data primarily collected through HIFIS and a Point-in-Time Homeless Count.

Indicator	Method of Measurement
Overall reduction in the number of homeless individuals and families.	Measure change in the Homeless Count year-over-year. Measure change in unique individuals using emergency shelters and transitional housing facilities year-over-year.
Reduction in the number of those experiencing chronic and episodic homelessness.	Measure total chronic and episodic housed year-over-year. Measure change in the Homeless Count year-over-year.
Extent to which individuals and families who leave homelessness experience additional spells of homelessness.	Measure service participants return to emergency shelter or transitional housing who have previously exited any part of the system to permanent housing at 12 and 24 months.
Reduction in the average and maximum length of stays in emergency shelters.	Measure the changes in emergency shelter lengths of stay.
Success at reducing the number of individuals and families who become homeless	Measure change in number of homeless persons in emergency shelter and transitional housing/outreach with no homelessness experience.
Develop an understanding of the role of transitional housing in the system of care.	Develop measures to ensure this component works to the maximum benefit of the service participant within the context of the system of care.
Preventing homelessness.	Measure whether service participants return to emergency shelter or transitional housing after having received rapid rehousing, diversion, or other prevention services.
Successful housing placement to or retention in a permanent housing destination.	Measure service participants with positive reasons for leaving and/or who remained in permanent housing programs during the reporting period.
Effective system integration.	Measure to assess the public system discharge practices into homelessness.
Targeted successful placement of service participants directly from rough sleeping.	Measure total service participants intake into housing programs, compared to proportion intake whose primary residence prior to program entry was rough sleeping

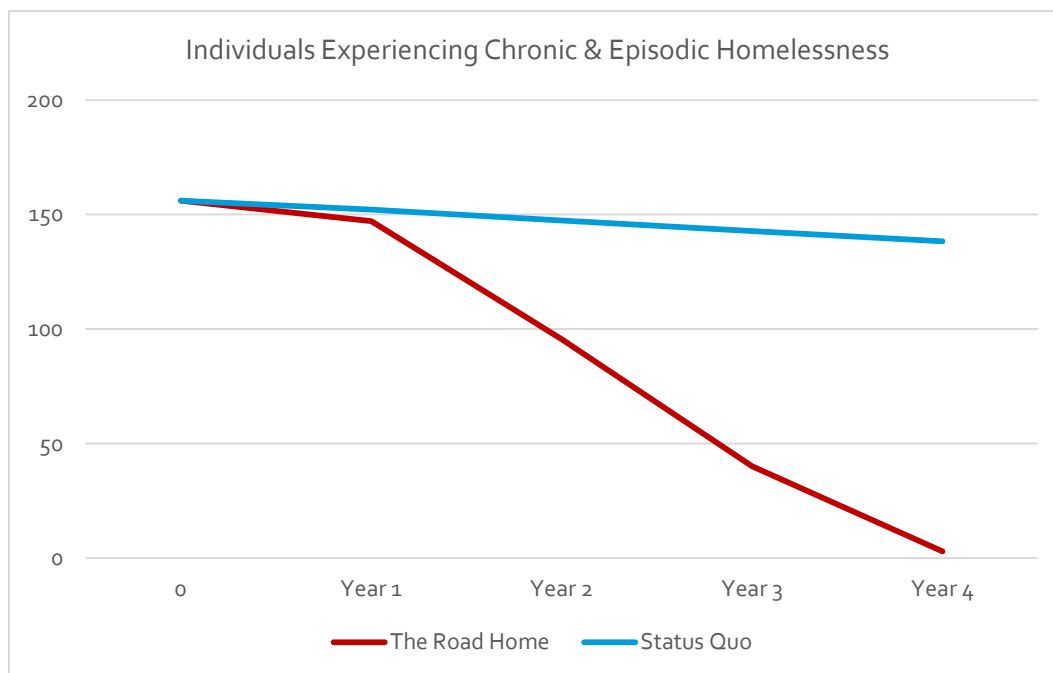
The Status Quo Alternative

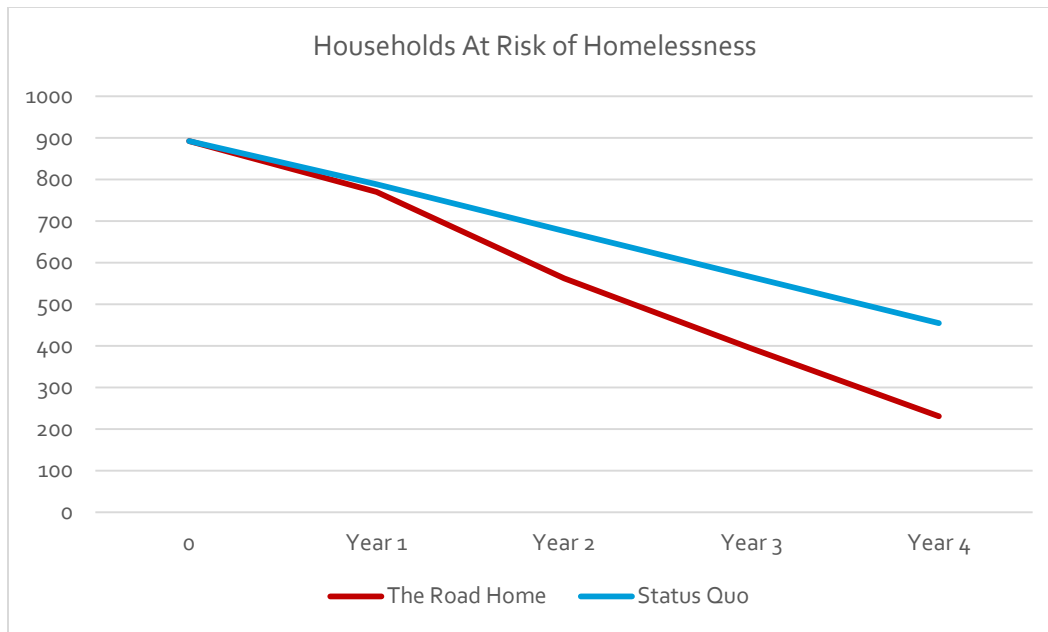
We modelled our current system's capacity to meet projected demand against the proposed Plan measures. This basically shows what the alternative of continuing with the existing approach would be, compared to the Plan's course of action. The table below summaries the key indicators resulting from the analysis. Appendix 2 outlines key model assumptions.

Case Scenario	Status Quo (no new \$)	The Road Home
Individuals Experiencing Chronic & Episodic Homelessness in 2018-19	138	3
Chronic & Episodic Homelessness Housed w/ Supports in 2018	51	160
Chronic & Episodic Homelessness Housed w/ Supports Cumulatively 2015-19	83	267

Remaining Households at Risk/Experiencing Transitional Homelessness in 2018-19	454	230
Households Supported in 2018-19	886	971
Households Supported Cumulatively 2015-19	772	1033
Total Social Cost	\$8.0 M	\$4.8 M
Total New Investment	\$0	\$10.0 M
Social Costs Difference from Status Quo	n/a	\$3.2
Chronic & Episodic Homelessness - Capital/Ops	\$0/0	\$4.5 M/4.1 M
Households At Risk - Capital/Ops	\$0/0	\$0.3 M/1.1 M

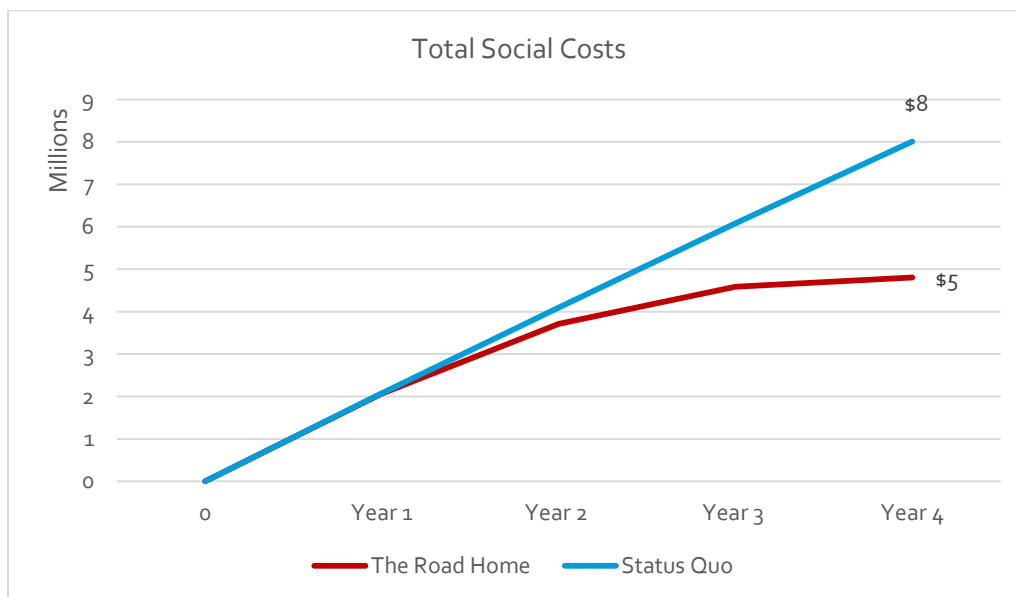
The status quo will not end chronic and episodic homelessness by 2018-19. Further, it will support fewer at-risk households. The Plan will reduce the number of households at risk.



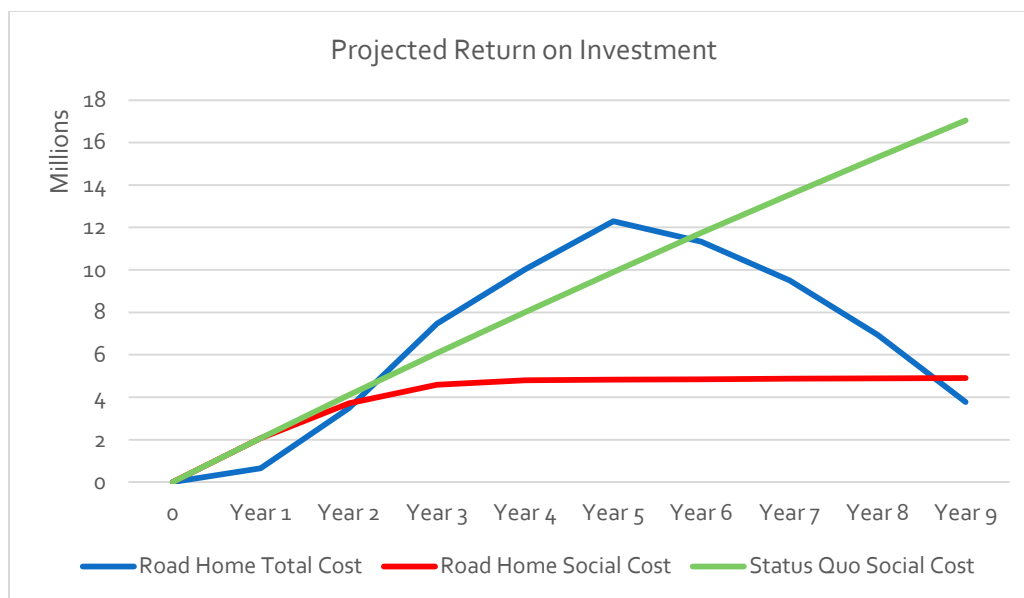


In the long run, both cases show decreasing long-term costs due to the potential redeployment of capital units once chronic and episodic homelessness is addressed. Units could be repurposed for broader affordable housing needs, or to meet the needs of an aging population as seniors housing.

The Plan has substantially lower social costs due to elimination of chronic and episodic homelessness, which carries the highest system use costs.¹⁹ As the analysis suggests, the social costs of homeless would be significantly lower in the proposed Plan (by about \$3.2 million compared to what they would have been without the new measures implemented).



Using these metrics, the savings realized through Plan measures will begin to outweigh the proposed costs within nine years of implementation.



See Appendix 2 for key assumptions in these estimates.

Implementation Strategy

CAGH has developed the following Implementation Strategy, which details an operational evolution it will undergo to become the implementing body for *The Road Home*.

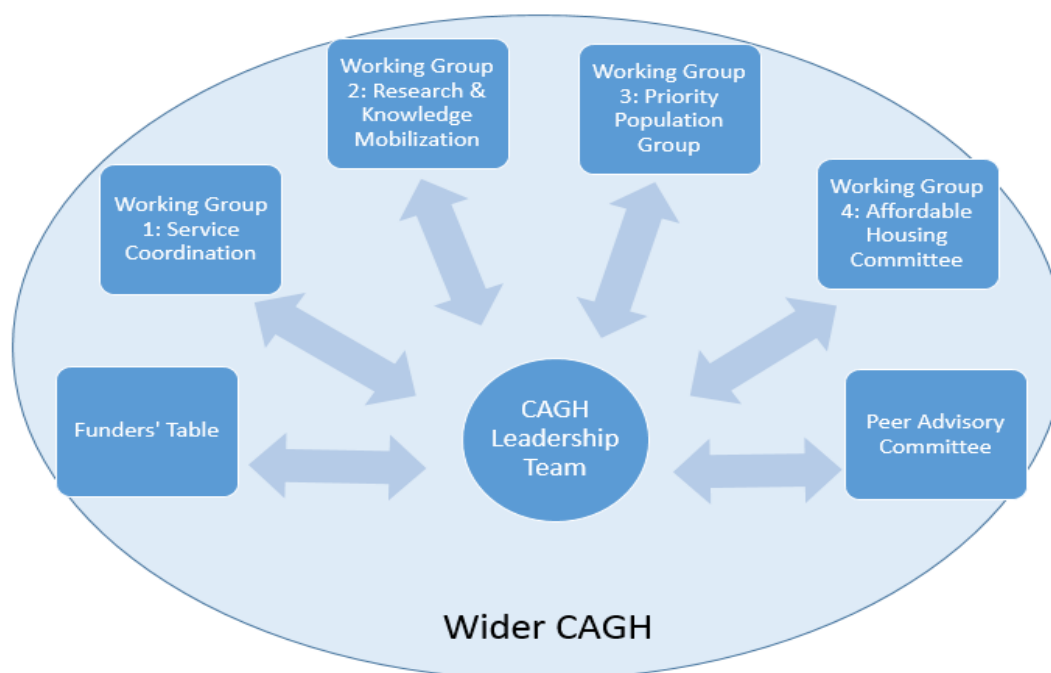
As discussed earlier, successful Plans to End Homelessness are led by a “backbone” entity equipped with the resources and operational capacity to implement the strategies and activities outlined in the Plan. Successful “backbones” share qualities such as:²⁰

- Flexible and adaptive leadership and coordination
- Dedicated resources and infrastructure
- Highly structured operational processes
- Communications and technological support
- Shared data collection and reporting process

CAGH is well-established within the Fredericton community. It has been dedicated to solving issues relating to homelessness since the early 2000s (prior to 2008, under the former title of Community Planning Group on Homelessness). CAGH possesses a well-informed, engaged membership representative of many of Fredericton’s homeless-serving agencies, government representatives, and community leaders. In addition, Capital Region Mental Health & Addictions Association employs a full-time Coordinator on behalf of the CAGH. There is also a dedicated Leadership Team that provides strategic direction to the goals and strategies developed by the wider CAGH.

These strengths and assets will serve CAGH well as it evolves to become the Backbone; however, in order to maximize the Plan’s impact, a new operational structure has been implemented by the CAGH.

This structure will elicit each member's strengths, and will allow for refined focus on each of the Strategies and Tasks outlined in *The Road Home*.



As the diagram suggests, the new structure contains six working groups, each of which focuses on tasks related to a Plan strategy. Meeting every second month, each working group will be led by a CAGH member who has dedicated the time and resources to leading the group to fulfill its mandate. Working group Leads will report back to the CAGH Leadership Team, which will consolidate working group activities and provide overall reports back to the wider membership. Such reporting will occur during meetings of the wider CAGH (which will occur during the months the Working Groups are not meeting), and in between meetings when necessary.

Overall strategic direction and decision-making will continue to be made at the wider CAGH level, as per the Terms of Reference (available at www.cagh.ca).

Each group will be responsible for performing a self-evaluation at key intervals (e.g. six months, one year). Overall progress will be evaluated annually using the indicators listed on page 47 of *The Road Home*.

This Implementation Strategy will be treated as a living document, and will evolve as necessary throughout the duration of the Plan. More information on the working groups can be found at www.cagh.ca.

Appendix 1 – Policy Considerations to Increase Affordable Housing Options

City of Fredericton

- Resolution in support of this Plan.
- Exempt development/construction fees on new affordable housing projects.
- Donate land for affordable housing.
- Introduce attractive density bonuses or other incentives for the private sector.
- Waive property taxes on affordable housing projects.
- Implement relaxations (parking) on affordable housing projects.
- Fast-track applications on affordable housing and new rental projects.
- Improve secondary suites policy to enhance safety and encourage new units.
- Ensure zoning accounts for accessibility needs amongst vulnerable groups.

Government of New Brunswick

- Develop a provincial housing strategy aligned with the goal of ending homelessness that addresses extreme core housing need.
- Develop meaningful incentive programs for the private sector to develop new rental stock.
- Introduce additional rent supplements.
- Allow municipalities the capacity to implement inclusionary zoning in land use bylaws.
- Donate land for affordable housing projects.
- Ensure accessibility needs are addressed in housing stock for those at risk and homeless.

Government of Canada

- Develop a national affordable housing strategy that includes dedicated funding to address extreme core housing need with new capital and rent supports.
- Renew operating subsidies for non-profit, co-operative and public housing operators.
- Ensure accessibility needs are addressed in housing stock for those at risk and homeless.
- Introduce a low-income housing tax credit to incent new affordable rental stock.
- Exempt capital gains tax on donations of land.
- Continue funding the Residential Rehabilitation Assistance Program.

Appendix 2 - Model Assumptions

This section outlines key assumptions in our projections and modelling. Note that a full Excel workbook with model results is in place for additional information on parameters and results. Ongoing refinement of this model is needed as new data emerges, or changes in implementation.

Intervention Capacity & Costs

- We used existing capacity in program types and augmented it with additional capacity to reach proposed goals. The list below shows known capacity at this time as the starting point for the modelling.

Target Group	Program Type	Current Spaces
Chronic/Episodic Individuals - all acuity levels	Permanent Supportive Housing – Place Based	12
Chronic/Episodic Individuals - all acuity levels	Permanent Supportive Housing – Scattered Site	10
Chronic/Episodic Individuals - all acuity levels	Housing with Supports- Scattered Site	30
At Risk/Transitional - High Acuity Individuals	Housing with Supports- Scattered Site	
At Risk Hshds/Trans Homeless	Rent Supports	623
At Risk Hshds/Trans Homeless	Rapid Rehousing/Diversion	0
At Risk Hshds/Trans Homeless	Affordable Housing	611

- Access to existing affordable housing stock for our target groups was not assumed to be 100% given that eligibility criteria for families and seniors preclude some singles from accessing this resource. As such, 271 of the 611 total existing units were considered as available for the target population in the Plan for modelling purposes.
- Cost assumptions are listed below, along with turnover rates. These were estimated based on information shared by CAGH during the development process with the researcher, and complemented by estimates from other communities in Alberta where no data was available.

Program Type	Operations Costs/Service participant/Year	Capital Costs/Unit	Turnover
Permanent Supportive Housing - Place Based	\$ 25,000	\$ 115,000	10%
Permanent Supportive Housing - Scattered Site	\$ 21,000	-	10%
Housing with Supports- Scattered Site	\$ 16,500	-	20%
Rent Supports	\$ 5,900	-	15%
Affordable Housing	\$ 3,000	\$ 115,000	15%
Rapid Rehousing	\$ 7,000	-	170%

- In our model, we targeted affordable housing, rapid rehousing, and rent support interventions to 75% of those in extreme core housing need as not all in this situation would access these resources.

- We also included households experiencing transitional homelessness in the at risk group as there is considerable overlap between those at risk and those who use shelters short term due to housing instability.
- A household size of 2.2 individuals was used, based on figures reported for the Fredericton in the National Household Survey (2011). ²¹
- Other key assumptions in the model are that turnover in the existing housing stock and programs is low as service participants use resources for extended periods of time: for example, in Permanent Supportive Housing, the average length of stay is estimated at 10 years.
- We also conservatively estimated that 25% of service participants experiencing chronic/episodic homelessness those who exit programs, do so to negative housing destinations (shelter/street) in order to account for additional pressure the system from recidivism.

Homelessness Prevalence

- The prevalence rate for homelessness of 1.2% in Fredericton used projected general population growth of 2.1% from 2010-2014 compared to the known total transitional housing (238) and emergency shelter users (281).
- The population growth assumed year-over-year in the population was set at 2.1%, based on Census data from Fredericton (city) from 2006 to 2011. ²²

2011 NHS Pop - Fredericton CS	2006 Census	Total Increase	Yearly Average
56,224	50,355	10.4%	2.1%

- We conservatively estimated that an additional 199 homeless persons are provisionally accommodated. The State of Homelessness in Canada report (2014) estimates 35,000 Canadians experience homelessness on any given night but about 42% more - As many as 50,000 - make up the 'hidden' homelessness ('couch-surfers' or individuals who stay with family, friends, or others because they have nowhere else to go). ²³ We estimated an additional 38% to include this group as well as rough sleepers - see next page for the Canadian Definition on Homelessness (Categories 1, 2, 3).

OPERATIONAL CATEGORY		LIVING SITUATION
1	Unsheltered	1.1 People living in public or private spaces without consent or contract
		1.2 People living in places not intended for permanent human habitation
2	Emergency Sheltered	2.1 Emergency overnight shelters for people who are homeless
		2.2 Violence-Against-Women (VAW) shelters
		2.3 Emergency shelter for people fleeing a natural disaster or destruction of accommodation due to fires, floods etc.
3	Provisionally Accommodated	3.1 Interim Housing for people who are homeless
		3.2 People living temporarily with others, but without guarantee of continued residency or immediate prospects for accessing permanent housing.
		3.3 People accessing short term, temporary rental accommodations without security of tenure
		3.4 People in institutional care who lack permanent housing arrangements.
		3.5 Accommodation / Reception centres for recently arrived immigrants and refugees
4	At-Risk of Homelessness	4.1 People at imminent risk of homelessness
		4.2 Individuals and families who are precariously housed.

Chronic and Episodic Homelessness Estimates

- An estimated 12.5% of the total homeless were estimated to be experiencing chronic or episodic homelessness using shelter pattern information. This is a limitation as it relies on shelter data only and assumes it for the broader population experiencing homelessness.

Estimated Pop 2014 Fredericton (2.1% annual growth)			Percent Experiencing Homeless	Percent of Homeless Experiencing Chronic/Episodic Homeless
2012	2013	2014	1.2%	12.5%
57,404	58,610	59,841	718	90

- This is cross-referenced with data from broad studies of homelessness patterns, compared to Fredericton shelter use trends that show about 12.5% re-entries in 2013 and 2014 (to June) and about 11.3% of shelter stays who were longer than stays longer than 31 days during the course of the year. HIFIS data can be used to confirm these assumptions in the course of implementation.

Location	Study	Shelter Stay Patterns		
		<i>Transitional</i>	<i>Episodic</i>	<i>Chronic</i>
New York and Philadelphia	Kuhn and Culhane (1998) ²⁴	81%	9%	10%
Toronto, Ottawa, Guelph	Aubry et al. (2013) ²⁵	87%	8%	4%
Calgary	Calgary Homeless Foundation (2014) ²⁶	84%	14%	2%

Cost Offset

- The cost savings was calculated based using data reported in the Moncton Chez Soi study by the Mental Health Commission of Canada.²⁷ The cost savings assumed \$18,928/year for individuals experiencing high chronicity of homelessness and who had high acuity, essentially assuming they would be Permanent Supportive Housing Place Based candidate.
- The costs for those eligible for Permanent Supportive Housing Scattered Site models were assumed to be 75% of the \$18,928 figure. Similarly, serving ICM service participants would result 50% of the 18,928 in cost savings annually. For Households At Risk or Experiencing Transitional Homelessness, no cost savings was assumed, which may underestimate possible impact and savings. Longer term assessments of costs and cost savings for at risk groups are needed to establish baseline. We wanted to be conservative in our estimate, and chose to assume no savings in the immediate term.

References

- ¹ Canadian Observatory on Homelessness (2012) Canadian Definition of Homelessness. Available online at: <http://www.homelesshub.ca/homelessdefinition>.
- ² Homelessness Partnering Strategy (2014) Homelessness Partnering Strategy Directives 2014-2019 - Directive 1: Chronically and Episodically homeless populations definition of chronic and episodic. Available online at: <http://www.esdc.gc.ca/eng/communities/homelessness/funding/directives.shtml#d1>.
- ³ 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.
- ⁴ Pomeroy, S. (2005) The Cost of Homelessness: Analysis of Alternate Responses in Four Canadian Cities. Ottawa, ON: National Secretariat on Homelessness. Retrieved from: http://www.homelesshub.ca/ResourceFiles/Cost_of_Homelessness_Pomeroy_English.pdf.
- ⁵ As self-reported by Housing First service participants in the Homeless Management Information System from April 1, 2009 – June 30, 2014.
- ⁷ Cities on Housing & Homelessness (2015) 2014 Alberta Point-in-Time Homeless Count: Provincial Report. Available online at: http://media.wix.com/ugd/ff2744_82ee4dec83f24f60a821cee54bec8990.pdf.
- ⁶ Mental Health Commission of Canada (2014). Moncton Final Report At Home/Chez Soi. Retrieved from: http://www.mentalhealthcommission.ca/English/system/files/private/document/at_home_report_moncton_eng.pdf
- ⁷ The John Howard Society of Fredericton (2015) Main Street Housing & Service Review 2010-2015.
- ⁸ Albanese, Tom. 2010. *Performance Measurement of Homeless Systems*. Housing and Urban Development.
- Austen, Tyrone, Pauly, Bernie. 2012. "Homelessness Outcome Reporting Normative Framework: Systems-Level Evaluation of Progress in Ending Homelessness." *Evaluation Review* no. 36 (1):3-23
- Burt, M., Pearson, C., Montgomery, A., McDonald, W. & Assoc. 2005. Strategies for Preventing Homelessness. U.S. Department of Housing and Urban Development Office of Policy Development and Research. The Urban Institute.
- Greenberg, Greg, and Robert Rosenheck. 2010. "An Evaluation of an Initiative to Improve Coordination and Service Delivery of Homeless Services Networks." *The Journal of Behavioral Health Services & Research* no. 37 (2):184-196.
- Hambrick, Ralph, and Debra Rog. 2000. "The Pursuit of Coordination: The Organizational Dimension in the Response to Homelessness." *Policy Studies Journal* no. 28 (2):353-364.
- Karper, Laurence, Michael Kaufmann, Gary Millsbaugh, Evett Vega, Glenn Stem, Gail Stem, D. James Ezrow, Shirley Giansante, and Mary Lynch. 2008. "Coordination of Care for Homeless Individuals with Comorbid Severe Mental Disorders and Substance-Related Disorders." *Journal of Dual Diagnosis* no. 4 (2):142-157.
- Mares, Alvin, Greg Greenberg, and Robert Rosenheck. 2008. "Service participant-level Measures of Services Integration Among Chronically Homeless Adults." *Community Mental Health Journal* no. 44:367-376.
- National Alliance to End Homelessness, Homelessness Research Institute. 2008. *What Gets Measured, Gets Done: A Toolkit on Performance Measurement for Ending Homelessness*.
- Nebelkopf, Ethan, and Serena Wright. 2011. "Holistic System of Care: A Ten-Year Perspective." *Journal of Psychoactive Drugs* no. 43 (4):302-308.

U.S. Department of Housing and Urban Development, Office of Policy Development and Research. 2002. *Evaluation of Continuums of Care For Homeless People Final Report*.

⁹ Ibid.

¹⁰ See Albanese (2010), Austen (2012), Burt (2005), U.S. Department of Housing and Urban Development (2002).

¹¹ The program type definitions are adapted from Turner, A. (2014) A Guide for Community Entities to Performance Management under Housing First, prepared for the Homeless Partnering Strategy, Government of Canada.

¹² Burt, M., Pearson, C., Montgomery, A., McDonald, W. & Assoc. 2005. Strategies for Preventing Homelessness. U.S. Department of Housing and Urban Development Office of Policy Development and Research. The Urban Institute.

¹³ CMHC Housing Market Information Portal for Fredericton. Available online at: <https://www03.cmhc-schl.gc.ca/hmportal/en/#Profile/3680/3/Fredericton> using data from CMHC Rental Market Survey to October 2014.

¹⁴ Statistics Canada – 2011 National Household Survey for City Fredericton available at <http://www12.statcan.gc.ca/nhs-enm/2011/as-sa/fogs-spg/Pages/FOG.cfm?lang=E&level=4&GeoCode=1310032>

¹⁵ Statistics Canada – 2006 PALS. Online at: <http://www.statcan.gc.ca/pub/89-628-x/2007002/4125021-eng.htm#a1>

¹⁶ Ability New Brunswick. Online at: <http://www.ca.thepacificinstitute.com/success/story/ability-new-brunswick>.

¹⁷ 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>.

Homelessness Partnering Strategy (2014) Homelessness Partnering Strategy Directives 2014-2019 - Directive 1: Chronically and Episodically homeless populations definition of chronic and episodic. Available online at: <http://www.esdc.gc.ca/eng/communities/homelessness/funding/directives.shtml#d1>.

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

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)

¹⁸ Government of New Brunswick available online at <http://www2.gnb.ca/content/dam/gnb/Departments/sdds/pdf/Housing/housingstrategy-e.pdf>

²⁰ Kania, John & Kramer, Mark. 2011. The Five Conditions of Collective Success. Stanford Social Innovation Review. Available online at http://www.ssireview.org/articles/entry/collective_impact

²¹ Statistics Canada – 2011 National Household Survey available at: <http://www12.statcan.gc.ca/census-recensement/2011/dp-pd/prof/details/page.cfm?Lang=E&Geo1=CSD&Code1=1310032&Geo2=PR&Code2=13&Data=Count&SearchText=Fredericton&SearchType=Begins&SearchPR=01&B1=All&GeoLevel=PR&GeoCode=1310032>

²² Statistics Canada – 2011 National Household Survey available at <http://www12.statcan.gc.ca/census-recensement/2011/dp-pd/prof/details/page.cfm?Lang=E&Geo1=CSD&Code1=1310032&Geo2=PR&Code2=13&Data=Count&SearchText=Fredericton&SearchType=Begins&SearchPR=01&B1=All&GeoLevel=PR&GeoCode=1310032>

²³ Gaetz, Stephen, Donaldson, Jesse, Richter, Tim, Gulliver, Tanya. 2013a. The State of Homelessness in Canada 2013. Homeless Hub. Available at: <http://www.homelesshub.ca/sites/default/files/SOHC2103.pdf>

²⁴ Kuhn, R. & Culhane, D. (1998) Applying Cluster Analysis to Test a Typology of Homelessness by Pattern of Shelter Utilization: Results from the Analysis of Administrative Data. *American Journal of Community Psychology*, 26(2): 207-232.

²⁵ Aubry, T., Farrell, S., Hwang, S., & Calhoun, M. (2013) Identifying the Patterns of Emergency Shelter Stays of Single Individuals in Canadian Cities of Different Sizes. *Housing Studies* 2013: 1-18.

²⁶ Calgary Homeless Foundation (2014) Patterns of Emergency Shelter Stays in Calgary. Available online at <http://calgaryhomeless.com/assets/research/DI-data-report-0214.pdf>

²⁷ Mental Health Commission of Canada (2015). At Home/Chez Soi - Moncton Final Report. Available at: http://www.mentalhealthcommission.ca/English/system/files/private/document/at_home_report_moncton_eng.pdf