Reaching Home: Canada's Homelessness Strategy

Community Homelessness Report

City of Lethbridge

2022-2023

TEMPLATE FOR COMMUNITIES

SECTION 1: COMMUNITY CONTEXT

Overview

1.1 a) Highlight any efforts and/or issues related to the work that your community has done to **prevent and/or reduce homelessness** and **increase access to safe, adequate housing** over the last year.

Ongoing Implementation & Improvement of the Integrated Coordinated Access (ICA) system - The Canadian Mental Health Association, Alberta South Region (CMHA, ASR) is the lead implementation agency of the ICA system in our community. The ICA system is an initiative formulated as part of the Community Wellbeing Safety Strategy (CWSS) and designed to fulfill contractual expectations of a Coordinated Access system. ICA is a system that helps people get to the services that they need in the most effective and efficient way possible. This is done through system navigation and ICA referral pathways, which are bolstered through a comprehensive and engaging ICA website (see www.lethbridgeica.ca). An ICA referral pathway provides quick and accurate information about available community services which includes program eligibility, who to contact, hours of operations, how to find the building/office and any other information someone may need to access the services and supports they need. As the central information hub, the ICA website has seen increased traction in the reporting period, with over approximately 5,000 unique visits from October 2022 to March 2023. Development and implementation work has been completed around universal screening, ICA Tier 2 & 3 training, SPDAT assessments, Integrated Coordinated Access Partnership Table, ICA Community of Practice, and further stakeholder engagement sessions. To date (Mar. 31, 2023), 257 individuals across 69 organizations have received Tier 1 Navigation Training. In Q3 and continuing into Q4 2022, the focus shifted to delivering Tier 2 and priority population training with 16 individuals across 6 organizations receiving Tier 2 Navigation Training, and 54 individuals received Indigenous or Youth specific training. In mid-2023, Tier 3 and SPDAT training will occur. Recruitment of organizations to the ICA system partnership continues.

Another effort to reduce/prevent homelessness that the ICA partnership facilitates via CMHA as the lead agency is ability to access community crisis/stabilization funds. These funds are available to those that require an immediate place to stay/are in crisis. From January 1 - March 31, 2023, 31 participants accessed stabilization funds. All applications received and subsequent placements were facilitated through ICA participating organizations.

Point-in-Time (PiT) Count - On September 27, 2022, the City of Lethbridge's Community Social Development department participated in the Point-in-Time (PiT) count. Over the course of six hours, with the assistance of trained volunteers and social service provision staff, individuals staying in shelters, short-term housing and sleeping rough (without shelter) were

b) What **impact** did these efforts and/or issues have on your community's outcomes over the last year (as reported in Section 4, if applicable)? Please enter N/A if the impact is not known at this time.

Ongoing Implementation & Improvement of ICA - Through continuous improvement and performance management measures for all contracted service providers, CSD is able to effectively monitor ICA system deficiencies and opportunities for improvements.

PiT Count - Conducting the PiT count highlighted where housing continuum gaps exist within the community, permitting CSD to provide up to date statistics/recommendations to help inform decision-making regarding social initiatives in the community.

Encampment Response - After the ad-hoc approach in 2022, the need for a newly collaborative and clear corporate encampment strategy was identified. Furthermore, the PiT data reinforced the need for greater housing and social supports within the community. The need of developing an encampment response ensured that corporate roles and responsibilities were clarified and the needed supports advocated for moving into the 2023 encampment season. Taking lessons learned from last year, CSD has been actively working to improve the encampment strategy.

Population Support Navigators - The PSN program has proven to have a positive impact on the community thus far, further bolstering the Coordinated Access system and having population-specific supports available for participants. Throughout 2022-2023 Q4, CSD was drafting documents to procure two additional Population Support Navigators to further bolster the PSN program and provide additional supports. One of these PSNs is intended to provide greater support at the Shelter (Shelter PSN), and the other to focus on housing supports and homelessness diversion for senior populations (Senior PSN). Procurement for the Senior PSN went out on February 22, 2023 and closed March 20, 2023; contract development is underway with the proponent. City Administration will be seeking funding approval for the Shelter PSN in June 2023. It is anticipated that these additional population-specific supports will further bolster the Coordinated

	Access system. CAB Terms of Reference - After numerous meetings regarding changes to the CWSS Advisory Terms of Reference (ToR), the Committee has landed on a governance model and proposed changes to the ToR. Despite working through these changes, the CAB remained committed in their role. Once the new ToR is adopted and operational, inclusive of new membership representation, CSD anticipates the impact will be positive by providing better clarity around roles and responsibilities, and new, more inclusive perspectives via new membership complement. Data Sharing - With one of the homelessness prevention funding streams being moved to a new CBO, it is important to ensure minimal service disruption and ongoing collaboration/data sharing to effectively system plan. It is anticipated that entering into data sharing agreements with the new OSSI CBO and Shelter Operator will ensure an ongoing, collaborative approach to gathering/analyzing data and therefore assessing individual and system-level gaps. Having data sharing agreements will permit the creation and use of a comprehensive By-Names-List. By-Names-List - As part of our Reaching Home contractual obligations, the City of Lethbridge is working on enhancing the comprehensiveness of the community By-Names-List. The anticipated impact of having a comprehensive BNL will ensure that individual-level data is gathered to help us understand where system gaps exist and continue system planning. HIFIS / HMIS - While the City will continue to utilize the Government of Alberta's Efforts-to-Outcomes information system until March 2024, it will simultaneously be looking to implement HIFIS. The anticipated impact of transitioning to HIFIS and moving away from the current ETO Legacy system will allow for the utilization of more current technology that is better able to integrate with other technologies thus increasing collaboration. This in turn will offer the ability to provide broader, more holistic support for the community's most vulnerable from both housing and preventative prespectives.
1.2	How has the community’s approach to addressing homelessness changed over the last few years? The worksheet called ***“Reflecting on the Changing Response to Homelessness”*** can help with reflecting on how the approach has changed and the impact of these changes at the local level.

In 2021, a new City Council was elected in Lethbridge. As is often the case when a government changes, the change in City Council resulted in a transition in the community's response to homelessness, as new priorities and initiatives were introduced. Additionally, as of 1 April 2023, the City of Lethbridge will no longer be the community-based organization (CBO) responsible for administering the provincial OSSI grant funds to prevent and reduce homelessness. Instead, the City of Lethbridge will only administer the Reaching Home and provincial FCSS grant dollars. The loss of OSSI will result in CSD's portfolio shrinking, necessitating a re-scoping of how the department functions. It also necessitates a reorientation of the CAB because of this change in the funding portfolio. CSD will actively work through and collaborate with stakeholders and the new CBO to ensure minimal service disruption as a consequence of the impending loss of OSSI funding. Entering into data sharing agreements, for instance, is an effort CSD is making to maintain collaboration and ensure that the appropriate data is being gathered and tracked, thereby ensuring that system planning is accurate with regard to real-time information and barriers housing participants face.

In Lethbridge, encampments continue to be a source of contention, especially considering the increase observed during the summer of 2022. This has increased the pressure on the municipality to respond, highlighting the need for additional and diverse shelter and housing options. CSD is actively collaborating with other City departments and external stakeholders to revise its encampment strategy. Without additional and diverse shelter/housing options, the response to encampments remains difficult despite these efforts.

The need for more housing and shelter options within the community has intensified in recent years. When conducting quarterly reviews with RH-funded service providers, CSD determined that this system-level deficiency persisted.

Collaboration between Indigenous and Non-Indigenous Partners		
1.3	a) Does your community, as a Designated Community (DC), also receive Reaching Home Indigenous Homelessness (IH) funding? If yes, your community has an IH Community Entity (CE) and/or Community Advisory Board (CAB).	Yes – DC and IH funding streams co-exist

b) Specific to Coordinated Access and the HMIS, has there been ongoing, meaningful collaboration between the **DC CE** and the **IH CE and/or IH CAB** over the reporting period?	Yes

c) Describe this collaboration in more detail. When did the collaboration occur and was it with the IH CE and/or the IH CAB? What aspects of Coordinated Access and/or the HMIS were discussed? How did Indigenous perspectives influence the outcome?

As described above, the development of the ICA system has been done through many community engagements, co-creation workshops, and Tier Navigation training sessions. Indigenous and non-Indigenous organizations have attended, discussed, and contributed meaningful ideas and feedback to the process. Opokaa'sin Early Intervention Society was (and remains to be) an Indigenous funded organization in 2021-22 and provided Population Navigation Support to Indigenous families and were a resource for other CSD-funded organizations for their Indigenous clients requiring further support. A component of the role of the Population Support Navigator is to stay up to date on best practices and complete a quarterly 'Situation Report' that outlines community trends and areas for further development. The work of the Population Support Navigator will be strengthened in the future through collaboration with the Blackfoot Resource Hub (BRH), a new contract that was completed in September 2022. The BRH will be working closely with service providers, starting with Permanent Supportive Housing service providers, to incorporate Indigenous knowledge, expertise, and principles into programming and provide a space for clients to connect with Elders and Indigenous cultural specialists. Since the BRH contract has been finalized, the BRH has made a notable impact on permanent supportive housing participants.

During mid-late 2022, there was a significant effort to implement and adjust the Tier 3 training curriculum, which aims to provide staff with cultural competency training to ensure that organizations are offering culturally appropriate programs. Both Opokaa'sin Early Intervention Society and the new Blackfoot Resource Hub are/will be important Coordinated Access points. Other Indigenous organizations such as Sik-Ooh-Kotoki Friendship Centre have expressed interest in getting more involved and having their staff attend ICA Tier Navigation Training in the interest of better advocating and connecting their members to the system of care. CSD will work with the Indigenous CAB to ensure these connections occur, particularly as Sik-Ooh-Kotoki is another central Access Point in the community for Indigenous peoples. There are also several Indigenous organizations and groups such as the Indigenous Recovery Coaching program and Sage clan who provide regular outreach support that we hope to bring on board within the ICA system in the future. Lastly, an orientation to the new Shelter Operator (Blood Tribe

Department of Health) regarding the ICA system will be occurring in Q1 of 2023-2024.

The Indigenous population continues to be overrepresented in the homeless serving system in Lethbridge and is a population that is a priority to support. The addition of the BRH will greatly enhance the level of care Indigenous people experience in receiving care as well as the cultural resources that they can access in the community.

1.4	a) Specific to Coordinated Access and the HMIS, has there been ongoing, meaningful collaboration between the **DC or Territorial Homelessness (TH) CE** and **local Indigenous organizations** over the reporting period? Where it exists in your province, this could include the IH non-DC CE and/or organizations funded by the IH non-DC stream in the broader area. Note that collaboration with the IH CE and/or CAB, where applicable, should only be included in Question 1.3 above.	Yes
	b) Describe this collaboration in more detail. How were Indigenous peoples engaged in these discussions? When did collaboration occur and which organizations were involved? What aspects of Coordinated Access and/or the HMIS were discussed? How did Indigenous perspectives influence the outcome?	

While CSD always engages with the Indigenous CAB prior to bringing forward funding requests, it is recognized that greater engagement with Indigenous Peoples & Communities regarding Coordinated Access and an HMIS is required.

CSD is looking into implementing a new HMIS (HIFIS) in the coming months. In the interim, however, CSD will be utilizing the provincial government's Efforts-to-Outcomes HMIS. As CSD can utilize ETO until March 31, 2024, this permits a greater opportunity to intentionally engage Indigenous Peoples & Communities in the HMIS transition and operationalization.

At the end of Q4 22-23, CSD was preparing to seek approval for HIFIS implementation. Should this be approved by the CAB and City Council, CSD will be moving forward with procuring a consultant to implement HIFIS. During dialogues with the HIFIS consultant, CSD will inquire about how to best engage equity-deserving groups in HMIS implementation. Borrowing from these best practices, CSD anticipates engaging Indigenous Peoples & Communities in the following capacities:
(1) Indigenous CAB: Funding for HIFIS implementation will first be approved by the CAB, inclusive of ICAB members, and then by City Council on May 2, 2023. Once further information is available on implementation timelines, CSD will plan to schedule a meeting with the ICAB for feedback on how a CIMS could be best tailored to support Indigenous-serving organizations. CSD has scheduled a meeting with the ICAB in May 2023 to discuss the CHR, but if more information regarding HIFIS is available at the time of meeting, initial discussions may occur at this May meeting.
(2) Indigenous-serving funded service providers: Once further information is available on implementation timelines, CSD will plan to schedule a meeting with currently funded Indigenous-serving organizations to ensure feedback is obtained. As part of this discussion, CSD will ask providers to share any gaps/concerns with current data tracking/compilation and suggested changes.
(3) Blood Tribe Department of Health: CSD will work alongside the Blood Tribe Department of Health as the Shelter Operator to ensure CIMS changes are disseminated. Further, in Q1 of 2023-2024 (April 2023), the CSD ICA Technician and Lead Agency

(CMHA) will be providing an overview of coordinated access to Shelter staff.

CSD also plans to work more closely with the City's Indigenous Relations Office and the Reconciliation Lethbridge Advisory Committee over the course of the next year to increase opportunities for Indigenous-serving organizations and Indigenous perspectives to provide feedback on Coordinated Access.

1.5	a) With respect to the completion of the Community Homelessness Report (CHR), was there ongoing, meaningful collaboration between **local Indigenous and non-Indigenous organizations and, where applicable, the IH CE and/or IH CAB**?	Yes
	b) Describe this collaboration in more detail. How were Indigenous peoples engaged in these discussions? When did the collaboration occur and which organizations were involved, such as the IH CE and/or IH CAB? What sections of the CHR were informed by Indigenous input and/or perspectives?	

This report was reviewed and approved by the CWSS Advisory Committee (CAB and Indigenous CAB). The Indigenous CAB was engaged early in the writing of this report for input on community trends and needs for the narrative sections. The CWSS Advisory Committee Chair provided written approval of this report and the rest of the Advisory Members received the full report and were provided a summary presentation with an opportunity for feedback.

In its capacity as the Collective Impact backbone organization, the City will be leveraging the CWSS Advisory in its efforts of coordinating actions to support further strategy implementation and collective impact across the community. The CWSS Advisory, acting as the Community Advisory Board, will provide input to the City's work coordinating service delivery, help foster collaboration and engagement, and increase linkages across agencies/systems.

1.6	a) Does your community have a separate IH CAB?	Yes
	b) Was the CHR also approved by the IH CAB?	Yes

Public Access to Results	
1.7	As outlined in the Reaching Home Directives, communities are required to make a summary of the CHR publicly available. How will the public have access to this information? For example, which website will be used to publish the results?

The annual CHR will be published on the City of Lethbridge - Community Social Development webpage.
https://www.lethbridge.ca/community-services-supports/community-social-development-csd/

End of Section 1

SECTION 2: COORDINATED ACCESS AND HOMELESSNESS MANAGEMENT INFORMATION SYSTEM (HMIS) SELF-ASSESSMENT

Governance		
2.1	Is there a governance model for Coordinated Access **and** has a Coordinated Access lead organization(s) been identified?	Yes
2.2	Is there a governance model for your HMIS **and** has an HMIS lead organization(s) been identified?	Yes
2.3	Do all service providers receiving funding through the Designated Communities (DC) or Territorial Homelessness (TH) stream participate in Coordinated Access?	Yes
Homelessness Management Information System (HMIS)		
2.4	a) Does your community have an HMIS to manage individual-level data and service provider information for Coordinated Access?	Yes
	b) How many service providers in the community are currently using this HMIS?	
	6	
	c) In your community, is the Homeless Individuals and Families Information System (HIFIS) the HMIS that is being used?	No
	d) Which HMIS is being used?	
	Efforts-to-Outcomes (ETO) - Government of Alberta holds the license, and the City will be accessing ETO until Mar. 2024. In the interim, transition to HIFIS will be occurring pending City Council approval on May 2, 2023 and Government of Canada approval to utilize HIFIS.	
	e) When was it implemented?	

	1-Jan-08	
2.5	Has your community signed an Agreement with Infrastructure Canada? This is **either** a Data Provision Agreement (for communities using HIFIS) or a Data Sharing Agreement (for those using an equivalent HMIS). Of note, Agreements may be signed by a community directly or on behalf of a community (e.g., where the province or another community has authority to do so, as the HMIS host).	Yes
2.6	Do you have a set of local agreements to manage privacy, data sharing and client consent related to your HMIS that comply with municipal, provincial and federal laws?	Yes
2.7	Have you established safeguards to ensure the data collected in your HMIS is secured from unauthorized access?	Yes
Access Points to Service		
2.8	Are access sites available in some form throughout the Designated Communities (DC) or Territorial Homelessness (TH) geographic area so that the Coordinated Access system serves the entire DC geographic area?	Yes
2.9	Are there processes in place to monitor if there is **easy** and **equitable** access to the Coordinated Access system and respond to any emerging issues, as appropriate?	Yes
2.10	Are there processes in place that ensure no one is denied access to service due to perceived housing or service barriers?	Yes
Triage and Assessment		
2.11	Is the triage and assessment process documented in one or more policies/protocols, including an intake protocol for entering people into the Coordinated Access system and/or HMIS when they (re)connect with an access point?	Yes

2.12	Is the same common assessment tool used for all population groups experiencing homelessness (e.g., youth, women fleeing violence, and Indigenous peoples)?	Yes
Coordinated Access Resource Inventory		
2.13	Are all housing resources funded through the Designated Communities (DC) or Territorial Homelessness (TH) stream identified as part of the Coordinated Access Resource Inventory?	Yes
2.14	For each housing resource in the Coordinated Access Resource Inventory, have eligibility requirements been documented?	Yes
2.15	For each type of housing resource in the Coordinated Access Resource Inventory, have prioritization criteria, and the order in which they will be applied, been documented?	Yes
Vacancy Matching and Referral		
2.16	Is the vacancy matching and referral process documented in one or more policies/protocols, including how vacancies are filled from the Coordinated Access Resource Inventory according to agreed-upon prioritization and referral protocols?	Yes
2.17	Do the vacancy matching and referral policies/protocols specify how individual choice in housing options will be respected (allowing individuals and families to reject a referral without repercussions) **and** do they include processes specific to dealing with vacancy referral challenges, concerns and/or disagreements (including refusals of referrals)?	Yes
2.18	Are vacancies from the Coordinated Access Resource Inventory filled using the list of people waiting for housing resources who are offer-ready (i.e., the List filtered to a Priority List)?	Yes
Section 2 Summary Tables		

The table below provides a summary of the work your community has done so far to meet the Reaching Home minimum requirements for Coordinated Access and an HMIS:

	Met	Started	Not Yet Started
Total	18	0	0

The table below shows the percentage of minimum requirements completed for each core component:

	Governance	HMIS	Access Points to Service	Triage and Assessment	Coordinated Access Resource Inventory	Vacancy Matching and Referral
Percentage Completed	100%	100%	100%	100%	100%	100%

Section 2 Summary Comment

2.19 Are there particular efforts and/or issues that you would like to highlight for this reporting period related to your community's work to achieve the Reaching Home minimum requirements?

In particular, please include:
• an update about your community's efforts to set-up, sustain and/or improve the Coordinated Access system and use of an HMIS;
• Coordinated Access and/or HMIS enhancements covered under a Reaching Home minimum requirement that were identified as "met" in a previous CHR; and,
• information about how people with lived experience of homelessness (current or former clients) are being engaged or will be engaged in one or more aspects of Coordinated Access (e.g., are they included in the governance model).

Your Summary Comment is an opportunity to provide additional context about your Section 2 Summary Tables results above.

The 'ICA guidelines' were completed in June 2021 which was a document that defined the standards, definitions, and processes for the system-wide rollout of ICA. The ICA guidelines and key concepts were developed through community involvement and co-creation workshops. Since Fall 2021, the City of Lethbridge ICA Technician has been further operationalizing the system and governance structure alongside CMHA, the lead implementation agency. As ICA has developed, the ICA guidelines have been incorporated into systems implementation via policy and procedures, training, Community of Practice, etc.

Governance & HMIS - Governance has been supported through working groups that provide input and support the progression of the development of processes and procedures which are then further operationalized by the ICA Technician in partnership with CMHA, the lead implementation agency. Once approved internally by these groups, they are brought forward to the Community of Practice for feedback and further consultation. From there, new processes, protocols, and policies are put into practice. Further feedback is gathered through various platforms such as surveys, menti polls, and collaboration with internal and external stakeholders. HMIS governance is led by the CE (City of Lethbridge Community Social Development) through new staff onboarding training, HMIS reporting guides that outline protocols and procedures, monthly data audits, and expectations outlined in all service provider agreements in terms of consent, confidentiality, and data security. CSD manages user rights within the HMIS and can perform log audits when needed. As indicated, beginning April 1, 2023, the City of Lethbridge will no longer be the OSSI CBO, impacting ETO usage. The Government of Alberta has permitted CSD to continue utilizing the ETO license until March 31, 2024. In the interim, however, CSD will be seeking approval for a consultant to implement HIFIS as the new HMIS. Governance of HIFIS will once again be supported through working groups and the expertise of funded service providers. CSD anticipates that implementing HIFIS will have positive impacts and permit

expertise of funded service providers. CCD anticipates that implementing HMIS will have positive impacts and permit synergies in maintaining a comprehensive By-Names-List.

Access Points to Service & Coordinated Access Resource Inventory - In 2021-22, the focus of the ICA system was first on defining and implementing Tier 1 System Navigation training which assists individuals looking to access services within the community that are more general in nature and requiring limited support. These are the main Access Points in the community for which only some individuals may need further support from Tier 2 & 3 System Navigators. To date, 70 organizations and 248 individuals have received Tier 1 Navigation training in Lethbridge. In Q4 2022-2023, 3719 individuals were supported through Community Links and DOT with over 300 referrals, showing the growing implementation success of the system. Staff reported an additional 4415 interactions that did not require a referral in order to support vulnerable individuals and build relationships. To date, 257 individuals across 69 organizations have received Tier 1 Navigation Training. In Q3 and continuing into Q4, the focus shifted to delivering Tier 2 and priority population training with 16 individuals across 6 organizations receiving Tier 2 Navigation Training, and 54 individuals received Indigenous or Youth specific training. Further capacity development of the ICA system has been achieved through the development of the lethbridgeica.ca website which is the main hub for Coordinated Access information. The website hosts the Getting Connected Resource Booklets (printed copies are also distributed to community service providers, volunteer groups, clients, etc.), information on how to access the counselling subsidy program and finding a counselling service provider, weekly rental listings, information for System Navigators and Community of Practice, and the ICAP table. The key connector is the ICA Referral Pathways which were developed in response to community feedback indicating that other platforms were not successful in information sharing to support referrals and meeting people where they are at, and efficiently supporting clients in getting the resources and services they needed. Currently, the ICA referral pathways are gaining momentum with community support and supporting successful system navigation.

Triage/Assessment & Vacancy Matching/Referral - Community LINKS provides support to individuals who are looking for assistance in navigating the system to achieve a goal – this goal could be finding housing, applying for funding, obtaining ID, how to complete a tax return, completing applications to programs such as rent supplement, income support, medical benefits etc. This service is available for everyone, whether it is someone trying to find a specific program, or a professional researching information to best help their clients. Individuals will be triaged to services that would be the most appropriate for their identified need(s). Community LINKS Practitioners meet clients where they are at such as other local organizations, i.e. Shelter, library, parks and at organizations such as YWCA, Woods Homes, etc. If individuals are living unhoused (homeless), at risk of being unhoused and/or have complex needs that would impact their housing stability, intake services will be

End of Section 2

SECTION 3: OUTCOMES-BASED APPROACH SELF-ASSESSMENT

Step 1. Have a List

Part A) Does the community have a List?

There are four minimum characteristics of a List.

3.1	Is the List created by a centralized database (such as an HMIS) or does it exist as a single document (outside of an HMIS)?	Yes
3.2	Does the List include people who are currently experiencing homelessness?	Yes
3.3	Do people give their consent to be included on the List?	Yes
3.4	Do individuals and families appear only once on the List?	Yes

Part B) Please provide additional information about the List

3.5 Where does data for the List come from?

a) Select all that apply:

- ☐ HIFIS
- ☐ Excel
- ☑ Other HMIS
- ☐ Other data source(s)
- ☐ Not applicable – Do not have a List yet

b) Please describe the other data source(s):

	Currently utilizing ETO until March 31, 2024.
	c) Please describe how the List is created using HIFIS (e.g., Coordinated Access module, Unique Identifier List report or custom report).
	N/A
3.6	Communities need information about people's interaction with the homeless-serving system to be able to calculate inflows into homelessness (re-engagement with the system) and outflows from homelessness (disengagement from the system).

	a) Is there a **written policy/protocol** for the List that describes how interaction with the homeless-serving system is documented, including the number of days of inactivity after which people are identified as “inactive”? The policy/protocol should define what it means to be “active” or “inactive” on the List and explain how to document when someone is included on the List for the first time, as well as any changes in “activity” or “inactivity” over time.	Yes
	b) Can the community **get data** about when people first interacted with the homeless-serving system and were included on the List? For example, can the community get data for the number of people that were newly identified on the List?	Yes
	c) Can the community **get data** about people experiencing homelessness that became “active” again on the List (re-engaged with the homeless-serving system) and those that became “inactive” (disengaged with the homeless-serving system)? For example, can the community get data for the number of people that were “reactivated” on the List after a period of inactivity?	Yes
3.7	Communities need information about where people are staying or living to be able to calculate inflows into homelessness (where people came from) and outflows from homelessness (where people went). This data is called “housing history”.	
	a) Is there a **written policy/protocol** for the List that describes how housing history is documented? The policy/protocol should define what it means to be “homeless”, “housed” or “transitional” on the List and explain how to document when someone transitions “into homelessness” and “from homelessness” over time.	Yes
	b) Can the community **get data** from the List about people that transitioned “into homelessness” and “from homelessness”? Examples of transitions include a discharge from shelter and move to permanent housing (a transition “from homelessness”) or an eviction from supportive housing to no fixed address (a transition “to homelessness”).	Yes
3.8	a) Can the community **get demographic data** from the List? Check all that apply.	
	☑ Indigenous identity (mandatory for Reaching Home)	

- ☑ Age
- ☑ Household type (e.g., single or family)
- ☑ Gender identity
- ☑ Veteran status
- ☑ Other (please define)
- ☐ Not applicable – Do not have a List yet

Please define other social demographics generated by the List here:

Ethnicity, migrant status, citizenship and residency status, primary language

b) When **chronic homelessness** is calculated using data from the List, is the Reaching Home definition used? The federal definition of chronic homelessness is 180 days of homelessness over the past year and/or 546 days of homelessness in the past three years.	Yes

Step 2. Have a real-time List		
Part A) Is the List kept up-to-date, so that data is real-time?		
	To meet the minimum characteristic for a real-time List, it must be updated regularly, monthly at minimum.	
3.9	Is information about people experiencing homelessness on the List updated on a regular basis, monthly at minimum?	Yes
Part B) Please provide additional information about the List		
3.10	How often is information about people experiencing homelessness updated on the List?	Monthly

3.11	To accurately calculate inflows into homelessness and outflows from homelessness, communities need up-to-date information about people's interaction with the homeless-serving system (activity and inactivity).	
	a) Is people's interaction with the homeless-serving system (activity and inactivity) updated regularly on the List?	Yes
	b) **Optional CHR question:** How is your community working toward higher quality data for tracking people's interaction with the system? What strategies are being used to ensure that changes in "active" or "inactive" state are made in a timely way?	
	*__Optional:__ We are currently limited by our HMIS (ETO) in our ability to track individual interactions within the system. Not all of our homeless-serving agencies in the community have access to ETO as we are limited by the number of licenses we can use. The largest gap being that the main shelter in Lethbridge uses another HMIS and we do not have a common unique identifier to cross-reference our BNL to individuals accessing the shelter. As part of a report done collaboratively with the 7 Cities Data Working Group, we engaged with the local shelter to compare our BNL to the names of participants who accessed Alpha House Shelter and Stabilization Centre in January 2022. The analysis found that 431 individuals (of the total 509 who accessed the shelter that month) were not on our BNL or current housing program caseload. Only 59 individuals on the BNL utilized the shelter in January 2022 and 19 individuals who were on the housed list also accessed the shelter during the month; however, due to the unwillingness of the shelter provider to share data, we were not able to know which 59 unhoused and 19 housed individuals those were.	
3.12	To accurately calculate inflows into and outflows from homelessness, communities need up-to-date information about where people are staying or living (i.e., their housing history).	
	a) Is housing history updated regularly on the List?	Not yet
	b) Is there a process in place for keeping chronic homelessness status on the List up-to-date? For example, if someone has been on the List for long enough to meet the threshold of chronic homelessness, is this change in status reflected on the List?	Not yet

c) **Optional CHR question**: How is your community working toward higher quality data about people's transitions "into homelessness" and "from homelessness"? What strategies are being used to address incomplete data, so that everyone has sufficient housing history documented on the List?

*__Optional:__ We are currently limited by our HMIS (ETO) in our ability to track individual transitions in and out of homelessness. This information can be extracted manually but would involve manually going through each individual file to update another spreadsheet managed outside the HMIS system. This creates a barrier to having a real-time BNL with up-to-date information. We require a new HMIS that is used more widely by the homeless serving system in Lethbridge to produce this information and keep it updated. CSD is currently seeking approval to hire a consultant to implement HIFIS. CSD is in the process of drafting data sharing agreements with the new Shelter operator to better manage and monitor participant flow and other individual-level data. While it is unconfirmed whether the new Shelter operator will implement HIFIS as the HMIS, CSD is hopeful that this will be the case, creating greater synergies/opportunities to maintain the BNL's comprehensiveness.

Step 3. Have a comprehensive List

Part A) Does the community assess the List as comprehensive?

A comprehensive List includes all of the individuals and families experiencing homelessness in the community, as much as possible right now.

3.13 a) Which household types does the List include? Select all that apply.

- ☑ Single adults
- ☑ Unaccompanied youth
- ☐ Families

	b) Does the List include family members like dependents, or just the head of household?	Select one
3.14	Does the List include individuals experiencing homelessness who identify as Indigenous?	Yes
3.15	Does the List include people experiencing homelessness as soon as they are connected with the homeless-serving system?	No – there is a waiting period before people are included on the List
3.16	Does the List include more than just people experiencing chronic homelessness?	Yes – includes more than chronic
3.17	a) Does the List include all of the individuals and families staying in all of the emergency shelters (e.g., emergency shelters, hostels, and hotel/motel stays paid for by a service provider)?	Under development
	b) Does the List include individuals and families staying in domestic violence shelters?	Not yet started
3.18	Does the List include all of the individuals and families served through outreach at all locations (hotspots) where people are living unsheltered (i.e., staying in places not meant for human habitation)?	Under development
3.19	Does the List include individuals and families who are experiencing hidden homelessness, to the best of your knowledge?	Under development
3.20	Does the List include individuals and families staying in transitional housing?	Not yet started
3.21	Does the List include individuals staying in public institutions who do not have a fixed address (e.g., jail or hospital)?	Yes

3.22	The **"Understanding Community-Level Data"** worksheet helps communities self-assess the comprehensiveness of their List. CHR question 3.22 is an **optional follow-up question** for communities that have completed this worksheet. **Optional CHR question:** How does data from the List compare to other community-level data sources that are considered accurate or valid? For example, if data is available for similar time periods, how do the numbers and/or proportions of people staying in shelters or living unsheltered compare across data sources?	
	*__Optional__: Currently, there is no commonly used unique identifier for individuals accessing services with organizations who do not use our HMIS (ETO) so we are not able to compare the List to other community-level data sources. This is an aspect we are hoping to improve with (if approved) the anticipated transition to HIFIS. The number of individuals using the main shelter is often higher than the number of individuals identified on our BNL and a direct comparison cannot be made as we have only received aggregate data back from the shelter in attempts to cross-reference our List. As described above, a recent analysis done in January 2022 identified that most individuals (85%) accessing the shelter in the month, were not on our BNL. Through working with the new shelter operator (Blood Tribe Department of Health) to better compare data and update/improve the BNL, we aim to maintain the BNL's comprehensiveness and improve its management via dedicated resourcing (CSD is seeking approval for a BNL Coordinator).	
3.23	Consider your answers to Questions 3.13 to 3.21 (and 3.22, if applicable). In your opinion, does your List include all of the individuals and families experiencing homelessness in your community, as much as possible right now?	No
Part B) Please provide additional information about the List		
3.24	a) Does the community have a document that identifies and describes all of the service providers that help people experiencing homelessness with their housing challenges?	Yes

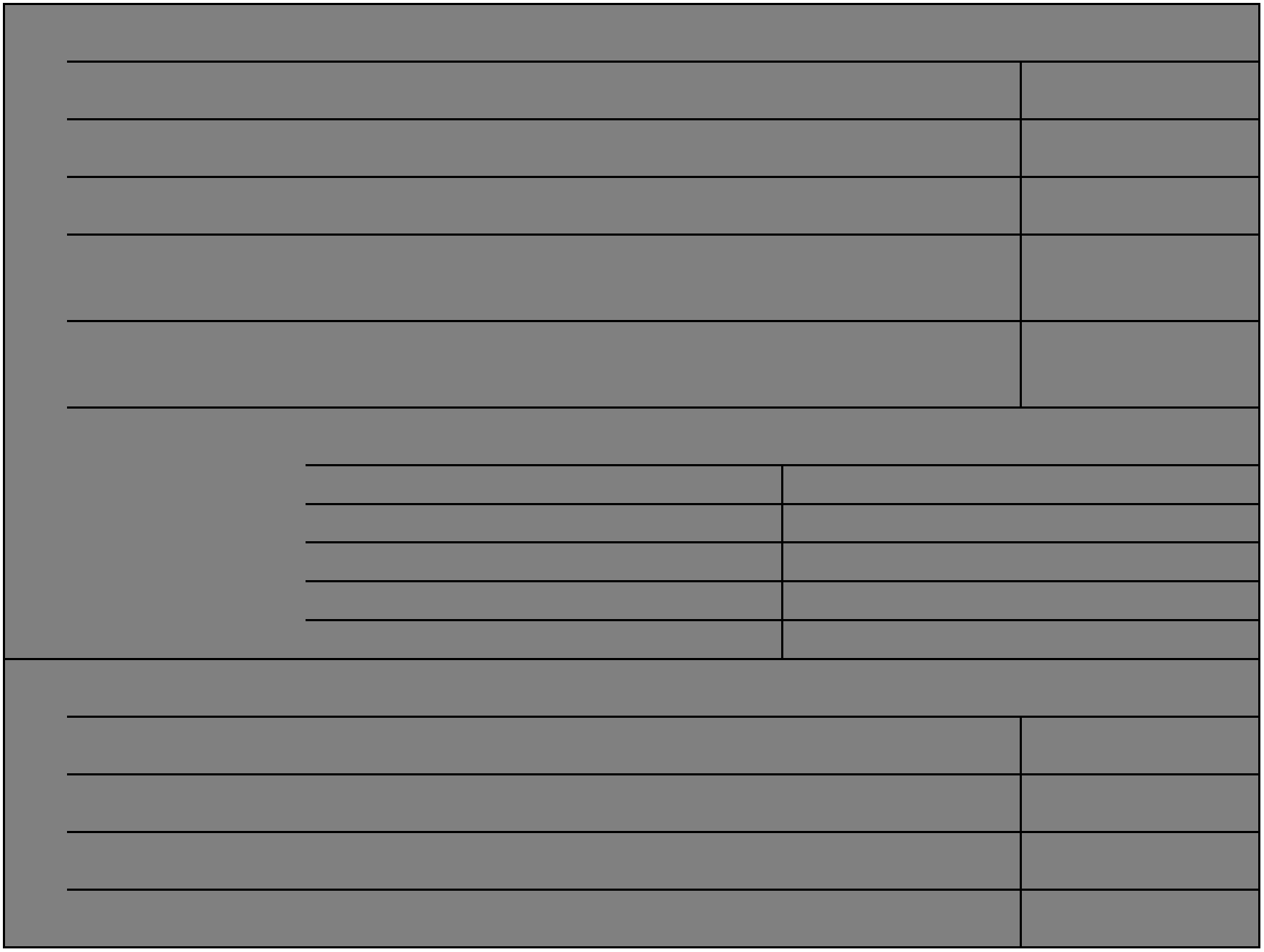
b) In this document, how many providers help to keep the List up-to-date in some way? For example, they may refer people to an access point where they can be added to the List or update the List directly in the HMIS.

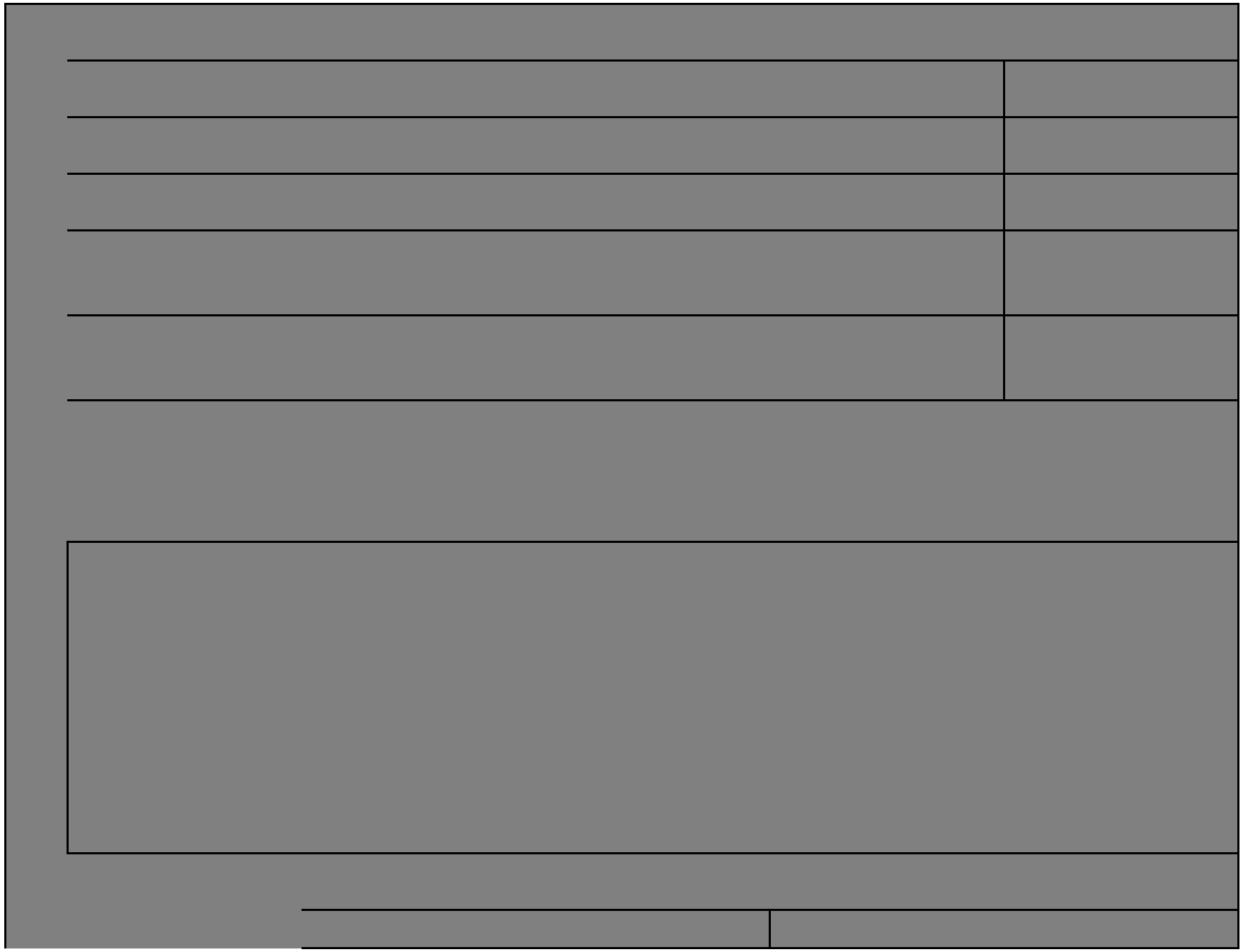
One (1) provider has been primarily responsible for collating up-to-date List data. This provider is CMHA, also the lea

c) How many of the providers identified in 3.24(b) above are funded through the Designated Communities (DC) or Territorial Homelessness (TH) stream?

As noted above, there are five (5) RH funded agencies contributing to the BNL, with majority funding drawing from RI

Step 4. Track outcomes and progress against targets using data from the List





Section 3 Summary Tables

The tables below provide a summary of the work your community has done so far to transition to an outcomes-based approach under Reaching Home.

Step 1: Has a List	Step 2: Has a real-time List	Step 3: Has a comprehensive List
Yes	Yes	Not yet

Step 4: Can report <u>monthly</u> outcomes and set targets using data from the List (reporting in Section 4 is mandatory for 2023-24 CHRs, if not earlier)

List was in place as of January 1, 2023 (or earlier)	Can generate monthly data	Has set targets	Has an outcomes-based approach in place
No	Outcome 1: No	Outcome 1: No	No
	Outcome 2: No	Outcome 2: No	
	Outcome 3: No	Outcome 3: No	

	Outcome 4: No	Outcome 4: No	
	Outcome 5: No	Outcome 5: No	

Step 4: Can report annual outcomes and set targets using data from the List (reporting in Section 4 is mandatory once annual data can be generated)			
List was in place as of April 1, 2022 (or earlier)	**Can generate annual data**	**Has set targets**	**Has an outcomes-based approach in place**
No	Outcome 1: No	Outcome 1: No	No
	Outcome 2: No	Outcome 2: No	
	Outcome 3: No	Outcome 3: No	
	Outcome 4: No	Outcome 4: No	
	Outcome 5: No	Outcome 5: No	

Section 3 Summary Comment

3.30 Are there particular efforts and/or issues that you would like to highlight for this reporting period related to your community's work to transition to an outcomes-based approach under Reaching Home? In particular, please include updates about the following:

- efforts to set-up, maintain and/or improve the List over the last year;
- plans to set-up, maintain and/or improve the List over the next year;
- examples of how data from the List was used over the last year (e.g., for service planning at the individual level or for strategic planning at the community level); and,
- if the community has a plan in place to support them to improve the quality of data being generated from their List.

Your Summary Comment is an opportunity to provide additional context about your Summary Table results.

Limitations with current database (ETO):
It is a requirement from the Government of Alberta for some housing-funded programs to use ETO, but not all, such as shelters. As ETO is not commonly used throughout the community for non-city funded service providers like emergency shelters and transitional housing facilities, data is very difficult to cross reference and data sharing agreements are not in place to support this cross-referencing. We are currently seeking approval for implementing HIFIS to support some of our programs. We will work to integrate our new technology solutions as best as possible with the new shelter operator, as this would greatly improve the comprehensiveness of our BNL.

Limitations with data and data discrepancies:
As indicated in Section 1, the Point-in-Time Count indicated that there were 454 individuals experiencing homelessness within the City of Lethbridge (with the majority of these individuals falling into the unsheltered category). In engaging with our CAB, it was noted that this seemed misaligned to the Section 4 data that generally indicates a decrease in unique individuals experiencing homelessness in 22-23 from 21-22. While the current limitations in ETO noted above play a significant role in this perceived data discrepancy, there are other factors that we wanted to identify and contextualize:
1. Historical inability to access shelter data. While we are in the process of drafting data sharing agreements with the new shelter operator and the new OSSI CBO, who have both indicated willingness to participate in the BNL project ongoing, historically the previous shelter operator did not share individual-level data with the CE - making it difficult to maintain a comprehensive BNL and thus track individual progress within the unsheltered demographic of those experiencing homelessness. Considering that the majority of those experiencing homelessness identified via the PiT were unsheltered, and that this individual-level data was not being shared with the CE, it explains why the data showcased in Section 4 may exaggerate a decrease in those experiencing homelessness - as it is data pulled from what was available and entered into ETO at time of submission.
2. ETO referral issues. Throughout the majority of 2022, service providers across Alberta ran into difficulties successfully entering referrals into ETO. While the CE had worked with service providers to support manual tracking of referrals, it is

End of Section 3

SECTION 4: COMMUNITY-LEVEL OUTCOMES AND TARGETS (MONTHLY)

Your answers in Section 3 indicate that your community currently **does not** have a real-time, comprehensive List with enough data and the capacity to generate **monthly** baselines and set targets.

Community-Level Core Outcomes – Monthly Data Reporting

Outcome #1: Fewer people experience homelessness (homelessness is reduced overall)

	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	Target
People who experienced homelessness for at least one day (that month)										

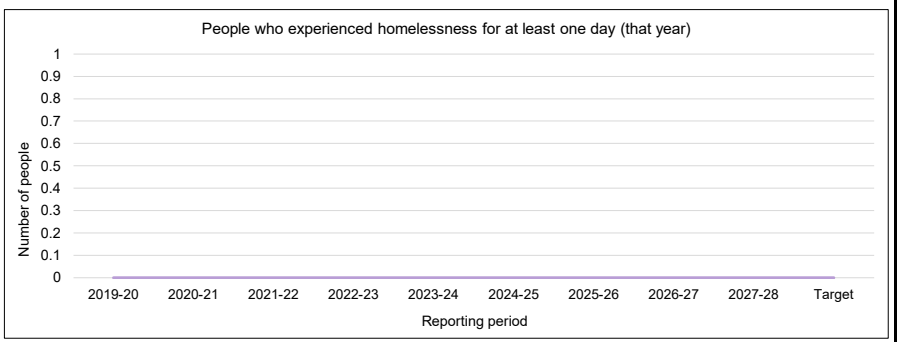
SECTION 4: COMMUNITY-LEVEL OUTCOMES AND TARGETS (ANNUAL)

Your answers in Section 3 indicate that your community currently **does not** have a real-time, comprehensive List with enough data and the capacity to generate **annual** baselines and set targets.

Community-Level Core Outcomes – Annual Data Reporting

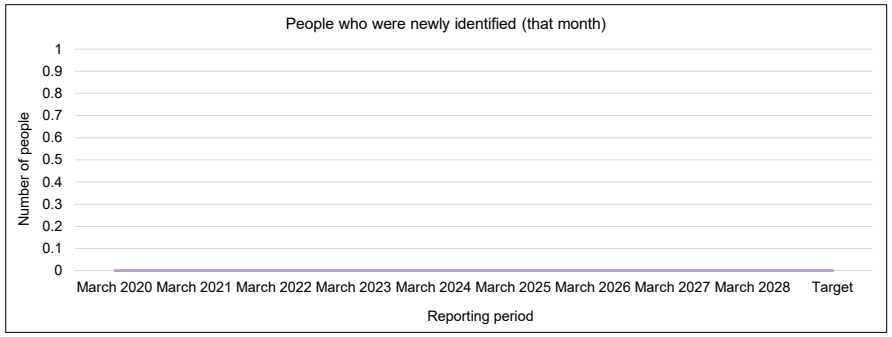
Outcome #1: Fewer people experience homelessness (homelessness is reduced overall)

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
People who experienced homelessness for at least one day (that year)										



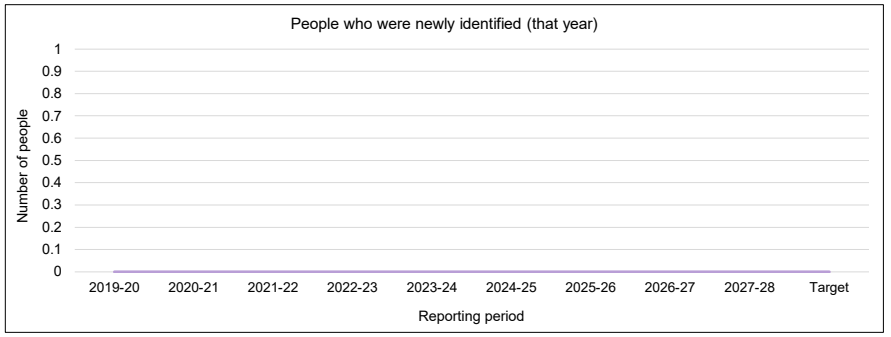
Outcome #2: Fewer people were newly identified (new inflows to homelessness are reduced)

	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	Target
People who were newly identified (that month)										



Outcome #2: Fewer people were newly identified (new inflows to homelessness are reduced)

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
People who were newly identified (that year)										



Outcome #3: Fewer people return to homelessness (returns to homelessness are reduced)

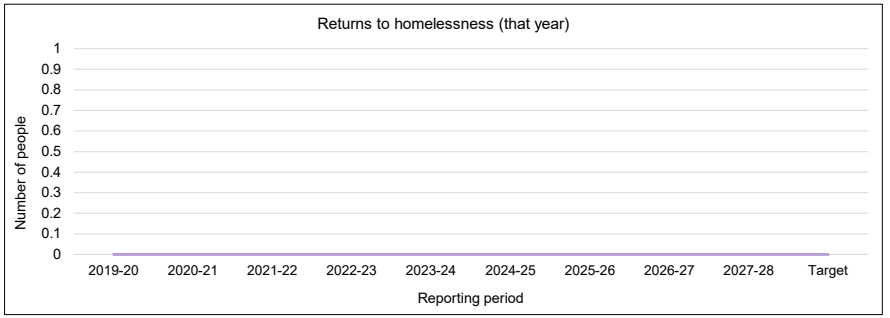
	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	Target

Outcome #3: Fewer people return to homelessness (returns to homelessness are reduced)

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target

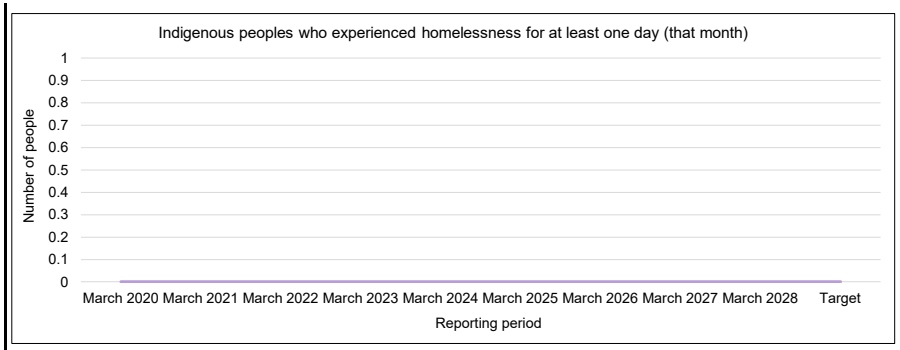
Returns to homelessness (that month)										

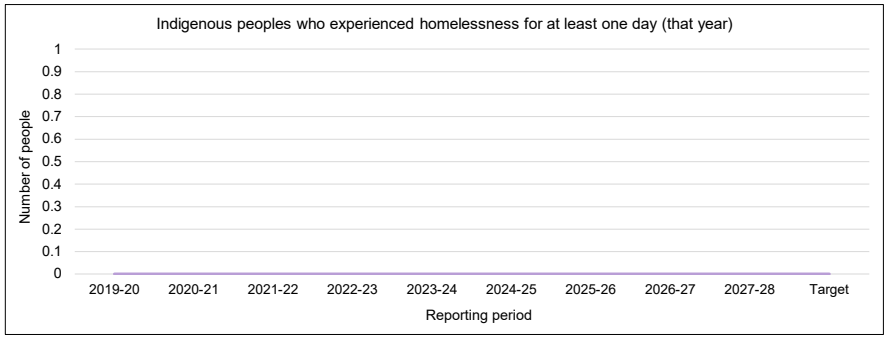
Returns to homelessness (that year)										



Outcome #4: Fewer Indigenous peoples experience homelessness (Indigenous homelessness is reduced)										
	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	**Target**
Indigenous peoples who experienced homelessness for at least one day (that month)										

Outcome #4: Fewer Indigenous peoples experience homelessness (Indigenous homelessness is reduced)										
	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	**Target**
Indigenous peoples who experienced homelessness for at least one day (that year)										



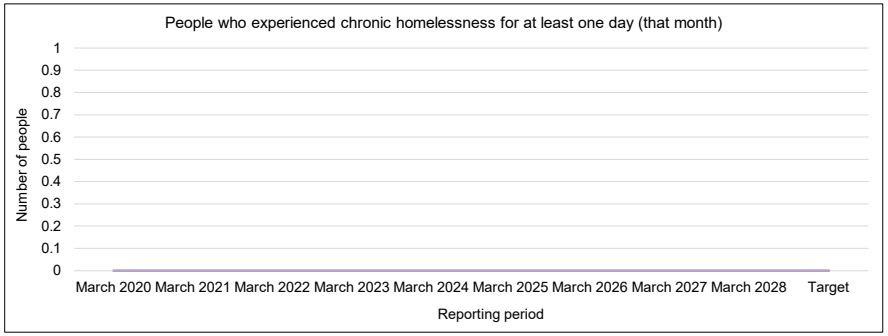


Outcome #5: Fewer people experience chronic homelessness (chronic homelessness is reduced)

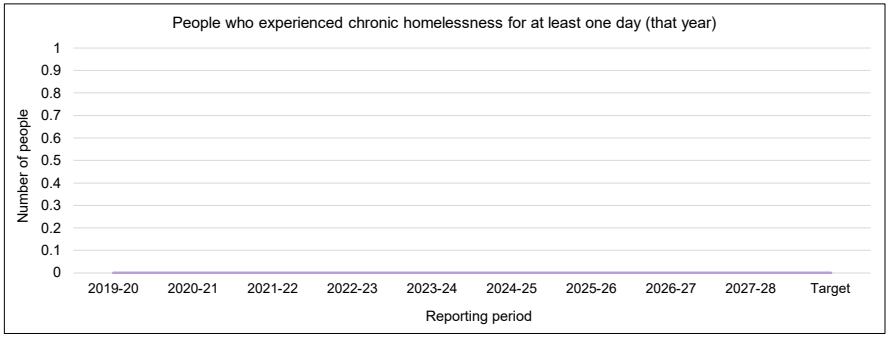
	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	**Target**
People who experienced chronic homelessness for at least one day (that month)										

Outcome #5: Fewer people experience chronic homelessness (chronic homelessness is reduced)

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	**Target**
People who experienced chronic homelessness for at least one day (that year)										



End of Section 4



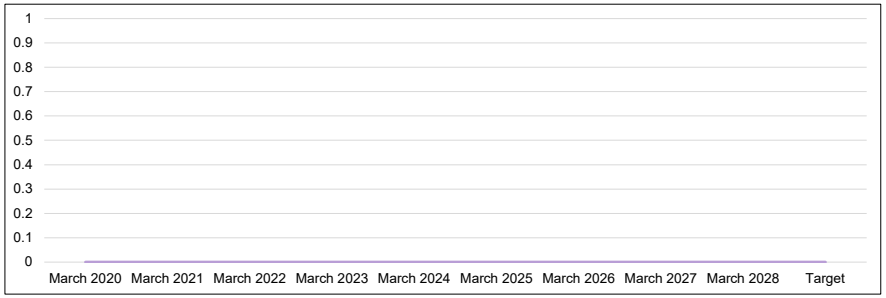
End of Section 4

OPTIONAL COMMUNITY-LEVEL OUTCOMES (MONTHLY)

Your answers in Section 3 indicate that your community currently **does not** have a real-time, comprehensive List with enough data and the capacity to generate **monthly** baselines and set targets.

Optional Community-Level Outcomes – Monthly Data Reporting

	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	Target



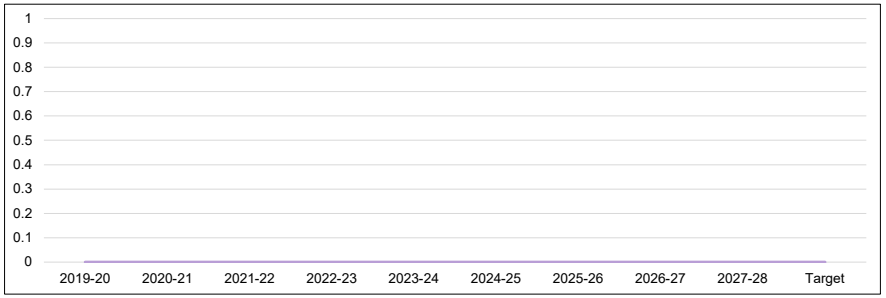
	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	Target

OPTIONAL COMMUNITY-LEVEL OUTCOMES (ANNUAL)

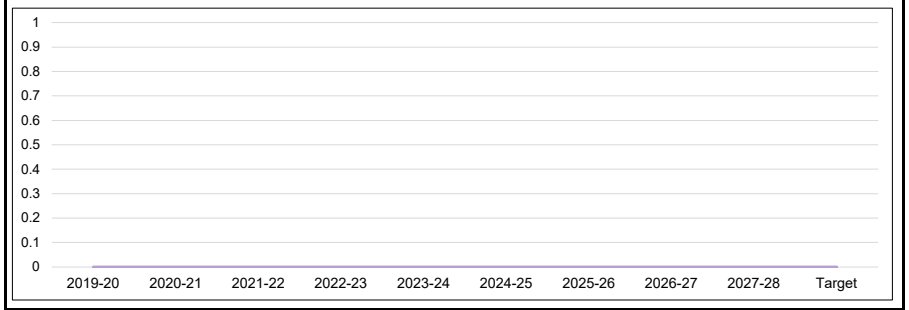
Your answers in Section 3 indicate that your community currently **does not** have a real-time, comprehensive List with enough data and the capacity to generate **annual** baselines and set targets.

Optional Community-Level Outcomes – Annual Data Reporting

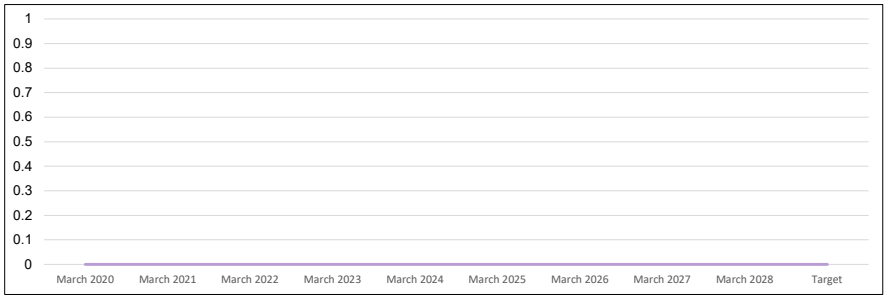
	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target



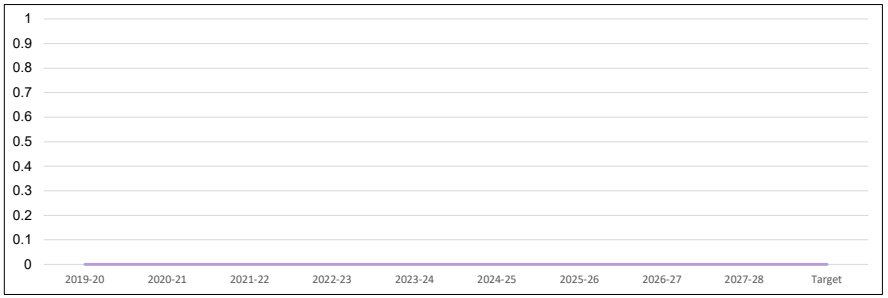
	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target



	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	**Target**

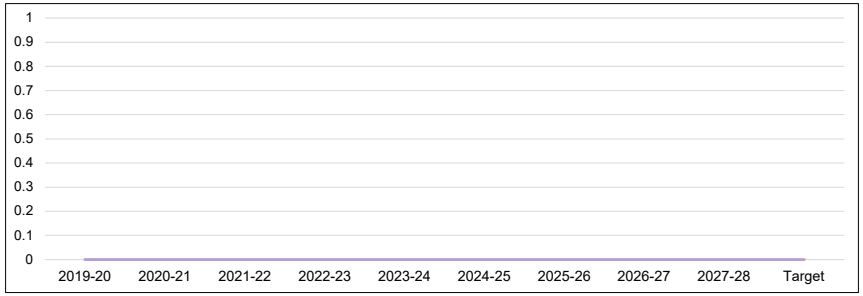


	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	**Target**



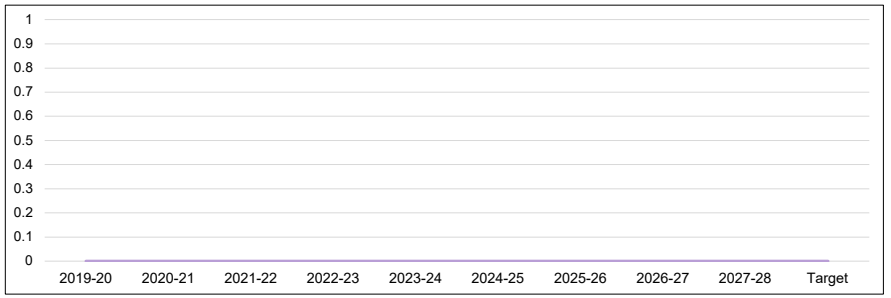
	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	Target

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target



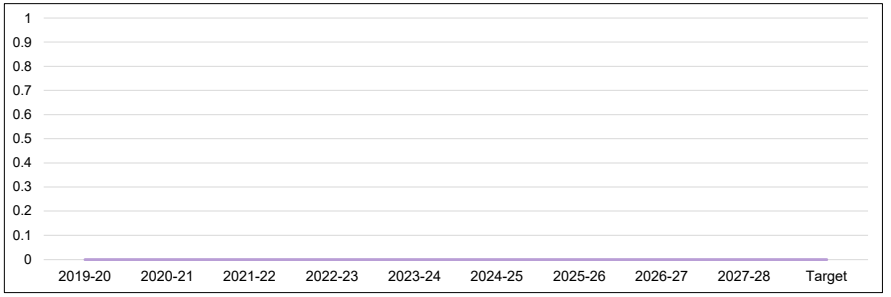
	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	Target

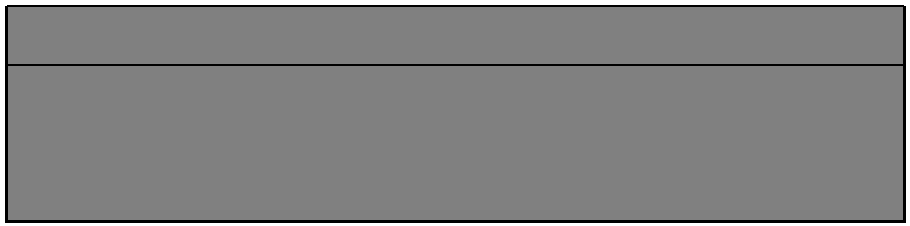
	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target

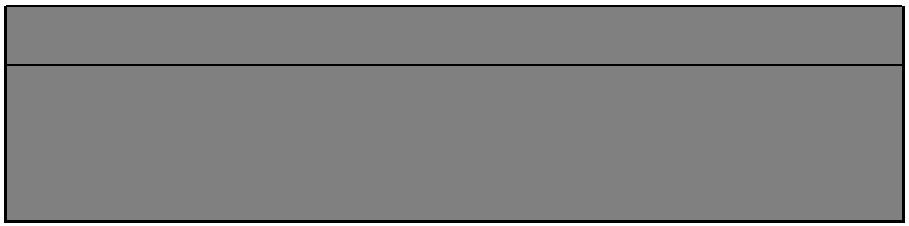


	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	**Target**

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	**Target**







COMMUNITY HOMELESSNESS REPORT SUMMARY

City of Lethbridge

2022-2023

The Community Homelessness Report (CHR) is an annual Reaching Home reporting deliverable that supports communities to prevent and reduce homelessness using a more coordinated, systems-based and data-driven response. The CHR was designed to support local discussions and decision making, using all of the information about homelessness currently available at the community level. Communities are encouraged to use their CHR data to develop clear plans of action that help them to reach their homelessness reduction targets and to leverage the collective efforts of service providers working across the community, regardless of how they are funded.

This is a summary of the CHR for the 2022-23 reporting cycle. It shows the community's self-assessment of Reaching Home implementation, which includes the following key components:

- meaningful collaboration between Indigenous and non-Indigenous partners (see Section 1);
- community-level governance, coordinated service delivery (Coordinated Access) and use of a Homelessness Management Information System or HMIS (see Section 2); and,
- an outcomes-based approach (tracking community-level outcomes and progress against targets using a Unique

dentifier or By-Name List, referred to as a List; see Section 3).
If the community was able to report on outcomes and targets, this CHR Summary also includes results for each of the five core outcomes of Reaching Home (see Section 4).

Section 1. Community Context – Collaboration between Indigenous and Non-Indigenous Partners

Does your community, as a Designated Community (DC), also receive Reaching Home Indigenous Homelessness (IH) funding?	Yes – DC and IH funding streams co-exist
Specific to Coordinated Access and the HMIS, has there been ongoing, meaningful collaboration between the DC CE and the IH CE and/or IH CAB over the reporting period?	Yes

Describe this collaboration in more detail.

As described above, the development of the ICA system has been done through many community engagements, co-creation workshops, and Tier Navigation training sessions. Indigenous and non-Indigenous organizations have attended, discussed, and contributed meaningful ideas and feedback to the process. Opokaa'sin Early Intervention Society was (and remains to be) an Indigenous funded organization in 2021-22 and provided Population Navigation Support to Indigenous families and were a resource for other CSD-funded organizations for their Indigenous clients requiring further support. A component of the role of the Population Support Navigator is to stay up to date on best practices and complete a quarterly 'Situation Report' that outlines community trends and areas for further development. The work of the Population Support Navigator will be strengthened in the future through collaboration with the Blackfoot Resource Hub (BRH), a new contract that was completed in September 2022. The BRH will be working closely with service providers, starting with Permanent Supportive Housing service providers, to incorporate Indigenous knowledge, expertise, and principles into programming and provide a space for clients to connect with Elders and Indigenous cultural specialists. Since the BRH contract has been finalized, the BRH has made a notable impact on permanent supportive housing participants.

During mid-late 2022, there was a significant effort to implement and adjust the Tier 3 training curriculum, which aims to provide staff with cultural competency training to ensure that organizations are offering culturally appropriate programs. Both Opokaa'sin Early Intervention Society and the new Blackfoot Resource Hub are/will be important Coordinated Access points. Other Indigenous organizations such as Sik-Ooh-Kotoki Friendship Centre have expressed interest in getting more involved and having their staff attend ICA Tier Navigation Training in the interest of better advocating and connecting their members to the system of care. CSD will work with the Indigenous CAB to ensure these connections occur, particularly as Sik-Ooh-Kotoki is another central Access Point in the community for Indigenous peoples. There are also several Indigenous organizations and groups such as the Indigenous Recovery Coaching program and Sage clan who provide regular outreach support that we hope to bring on board within the ICA system in the future. Lastly, an orientation to the new Shelter Operator (Blood Tribe Department of Health) regarding the ICA system will be occurring in Q1 of 2023-2024.

The Indigenous population continues to be overrepresented in the homeless serving system in Lethbridge and is a population

Specific to Coordinated Access and the HMIS, has there been ongoing, meaningful collaboration between the DC or Territorial Homelessness (TH) CE and local Indigenous organizations over the reporting period?	Yes

Describe this collaboration in more detail.

While CSD always engages with the Indigenous CAB prior to bringing forward funding requests, it is recognized that greater engagement with Indigenous Peoples & Communities regarding Coordinated Access and an HMIS is required.

CSD is looking into implementing a new HMIS (HIFIS) in the coming months. In the interim, however, CSD will be utilizing the provincial government's Efforts-to-Outcomes HMIS. As CSD can utilize ETO until March 31, 2024, this permits a greater opportunity to intentionally engage Indigenous Peoples & Communities in the HMIS transition and operationalization.

At the end of Q4 22-23, CSD was preparing to seek approval for HIFIS implementation. Should this be approved by the CAB and City Council, CSD will be moving forward with procuring a consultant to implement HIFIS. During dialogues with the HIFIS consultant, CSD will inquire about how to best engage equity-deserving groups in HMIS implementation. Borrowing from these best practices, CSD anticipates engaging Indigenous Peoples & Communities in the following capacities:
(1) Indigenous CAB: Funding for HIFIS implementation will first be approved by the CAB, inclusive of ICAB members, and then by City Council on May 2, 2023. Once further information is available on implementation timelines, CSD will plan to schedule a meeting with the ICAB for feedback on how a CIMS could be best tailored to support Indigenous-serving organizations. CSD has scheduled a meeting with the ICAB in May 2023 to discuss the CHR, but if more information regarding HIFIS is available at the time of meeting, initial discussions may occur at this May meeting.
(2) Indigenous-serving funded service providers: Once further information is available on implementation timelines, CSD will plan to schedule a meeting with currently funded Indigenous-serving organizations to ensure feedback is obtained. As part of this discussion, CSD will ask providers to share any gaps/concerns with current data tracking/compilation and suggested changes.
(3) Blood Tribe Department of Health: CSD will work alongside the Blood Tribe Department of Health as the Shelter Operator to ensure CIMS changes are disseminated. Further, in Q1 of 2023-2024 (April 2023), the CSD ICA Technician and Lead Agency (CMHA) will be providing an overview of coordinated access to Shelter staff.

CSD also plans to work more closely with the City's Indigenous Relations Office and the Reconciliation Lethbridge Advisory Committee over the course of the next year to increase opportunities for Indigenous-serving organizations and Indigenous perspectives to provide feedback on Coordinated Access.

With respect to the completion of the Community Homelessness Report (CHR), was there ongoing, meaningful collaboration between local Indigenous and non-Indigenous organizations and, where applicable, the IH CE and/or IH CAB?	Yes

Describe this collaboration in more detail.

This report was reviewed and approved by the CWSS Advisory Committee (CAB and Indigenous CAB). The Indigenous CAB was engaged early in the writing of this report for input on community trends and needs for the narrative sections. The CWSS Advisory Committee Chair provided written approval of this report and the rest of the Advisory Members received the full report and were provided a summary presentation with an opportunity for feedback.

In its capacity as the Collective Impact backbone organization, the City will be leveraging the CWSS Advisory in its efforts of coordinating actions to support further strategy implementation and collective impact across the community. The CWSS Advisory, acting as the Community Advisory Board, will provide input to the City's work coordinating service delivery, help foster collaboration and engagement, and increase linkages across agencies/systems.

Does your community have a separate IH CAB?	Yes
Was the CHR also approved by the IH CAB?	Yes

Section 2. Coordinated Access and Homelessness Management Information System (HMIS) Self-Assessment

Summary Tables

The table below provides a summary of the work your community has done so far to meet the Reaching Home minimum requirements for Coordinated Access and an HMIS.

	Met	Started	Not Yet Started
Number of minimum requirements	18	0	0

The table below shows the percentage of minimum requirements completed for each core Coordinated Access component.

Governance	HMIS	Access Points to Service	Triage and Assessment	Coordinated Access Resource Inventory	Vacancy Matching and Referral
100%	100%	100%	100%	100%	100%

Summary Comment
Are there particular efforts and/or issues that you would like to highlight for this reporting period related to your community's work to achieve the Reaching Home minimum requirements?
The 'ICA guidelines' were completed in June 2021 which was a document that defined the standards, definitions, and processes for the system-wide rollout of ICA. The ICA guidelines and key concepts were developed through community involvement and co-creation workshops. Since Fall 2021, the City of Lethbridge ICA Technician has been further operationalizing the system and governance structure alongside CMHA, the lead implementation agency. As ICA has developed, the ICA guidelines have been incorporated into systems implementation via policy and procedures, training, Community of Practice, etc. Governance & HMIS - Governance has been supported through working groups that provide input and support the progression of the development of processes and procedures which are then further operationalized by the ICA Technician in partnership with CMHA, the lead implementation agency. Once approved internally by these groups, they are brought forward to the Community of Practice for feedback and further consultation. From there, new processes, protocols, and policies are put into practice. Further feedback is gathered through various platforms such as surveys, menti polls, and collaboration with internal and external stakeholders. HMIS governance is led by the CE (City of Lethbridge Community Social Development) through new staff onboarding training, HMIS reporting guides that outline protocols and procedures, monthly data audits, and expectations outlined in all service provider agreements in terms of consent, confidentiality, and data security. CSD manages user rights within the HMIS and can perform log audits when needed. As indicated, beginning April 1, 2023, the City of Lethbridge will no longer be the OSSI CBO, impacting ETO usage. The Government of Alberta has permitted CSD to continue utilizing the ETO license until March 31, 2024. In the interim, however, CSD will be seeking approval for a consultant to implement HIFIS as the new HMIS. Governance of HIFIS will once again be supported through working groups and the expertise of funded service providers. CSD anticipates that implementing HIFIS will have positive impacts and permit synergies in maintaining a comprehensive By-Names-List. Access Points to Service & Coordinated Access Resource Inventory - In 2021-22, the focus of the ICA system was first on defining and implementing Tier 1 System Navigation training which assists individuals looking to access services within the community that are more general in nature and requiring limited support. These are the main Access Points in the community for which only some individuals may need further support from Tier 2 & 3 System Navigators. To date, 70 organizations and 248 individuals have received Tier 1 Navigation training in Lethbridge. In Q4 2022-2023, 3719 individuals were supported through Community Links and DOT with over 300 referrals, showing the growing implementation success of the system. Staff reported an additional 4415 interactions that did not require a referral in order to support vulnerable individuals and build relationships. To date, 257 individuals across 69 organizations have received Tier 1 Navigation Training. In Q3 and continuing into Q4, the focus

Section 3. Outcomes-Based Approach Self-Assessment

Summary Tables - Minimum Requirement

The tables below provide a summary of the work your community has done so far to transition to an outcomes-based approach under Reaching Home.

Step 1: Has a List	Step 2: Has a real-time List	Step 3: Has a comprehensive List
Not yet	#REF!	#REF!

Step 4: Can report monthly outcomes and set targets using data from the List (reporting in Section 4 is mandatory for 2023-24 CHRs, if not earlier)

List was in place as of January 1, 2023 (or earlier)	Can generate monthly data	Has set targets	Has an outcomes-based approach in place
#REF!	#REF!	#REF!	#REF!
	#REF!	#REF!	
	#REF!	#REF!	
	#REF!	#REF!	
	#REF!	#REF!	

Step 4: Can report annual outcomes and set targets using data from the List (reporting in Section 4 is mandatory once annual data can be generated)

List was in place as of April 1, 2022 (or earlier)	Can generate annual data	Has set targets	Has an outcomes-based approach in place
#REF!	#REF!	#REF!	#REF!
	#REF!	#REF!	
	#REF!	#REF!	
	#REF!	#REF!	
	#REF!	#REF!	

Summary Comment
Are there particular efforts and/or issues that you would like to highlight for this reporting period related to your community's work to transition to an outcomes-based approach under Reaching Home?
#REF!

More information about the Unique Identifier List	
Step 1. Have a List	
Where does data for the List come from?	☐ HIFIS ☐ Excel ☑ Other HMIS ☐ Other data source(s) ☐ Not applicable – Do not have a List yet

Step 1. Have a List (cont.)

For the List, does the community have…

A written policy/protocol that describes how interaction with the homeless-serving system is documented	#REF!
A written policy/protocol that describes how housing history is documented	#REF!

Chronic homelessness

#REF!	Federal definition
#REF!	Local definition

From the List, can the community get data for…

Newly identified on the List	#REF!
Activity and inactivity	#REF!
Housing history	#REF!

From the List, can the community get demographic data for…

Age	Yes	Indigenous identity	Yes
Household type	Yes	Veteran status	Yes
Gender identity	Yes		

Step 2. Have a real-time List

How often is information about people experiencing homelessness updated on the List?	#REF!
Is people's interaction with the homeless-serving system (activity and inactivity) updated regularly on the List?	#REF!
Is housing history updated regularly on the List?	#REF!
Is there a process in place for keeping chronic homelessness status on the List up-to-date?	#REF!

Step 3. Have a comprehensive List	
Does the community have a document that identifies and describes all of the service providers that help people experiencing homelessness with their housing challenges?	#REF!
Optional question: How does data from the List compare to other community-level data sources that are considered accurate or valid? This is an optional follow-up question for communities that have completed the "*Understanding Community-Level Data*" worksheet.	
#REF!	

Step 4. Track outcomes and progress against targets using data from the List	
Does the List meet the benchmark of a "Quality By-Name List" confirmed by the Canadian Alliance to End Homelessness?	#REF!

Section 4. Community-Level Outcomes and Targets – Monthly

Based on the information provided in the Community Homelessness Report, the community does not have to report monthly community-level outcomes for the reporting period.

Outcome #1: Fewer people experience homelessness (homelessness is reduced overall)

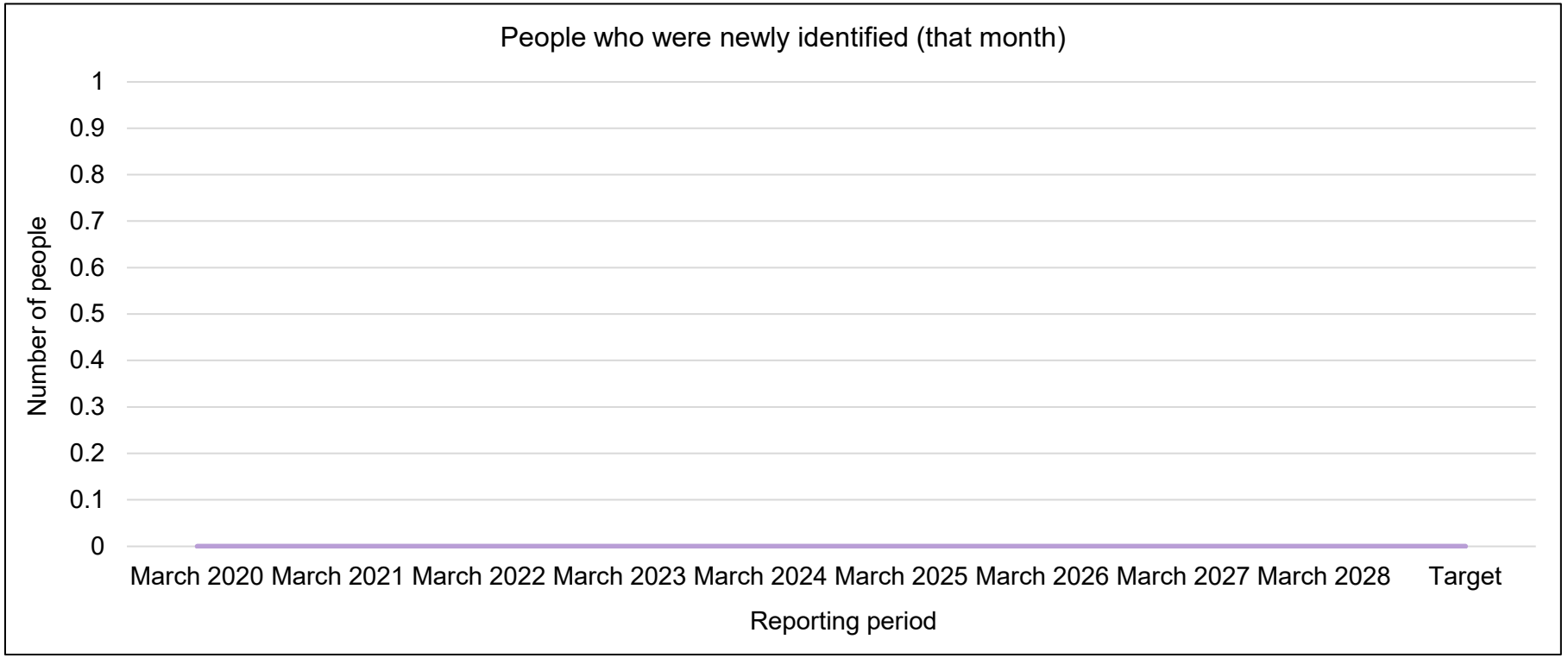
Based on the information provided in the Community Homelessness Report, the community does not have to report monthly community-level data for Outcome #1 for the reporting period.

	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	**Target**
People who experienced homelessness for at least one day (that month)										

Outcome #2: Fewer people were newly identified (new inflows to homelessness are reduced)

Based on the information provided in the Community Homelessness Report, the community does not have to report monthly community-level data for Outcome #2 for the reporting period.

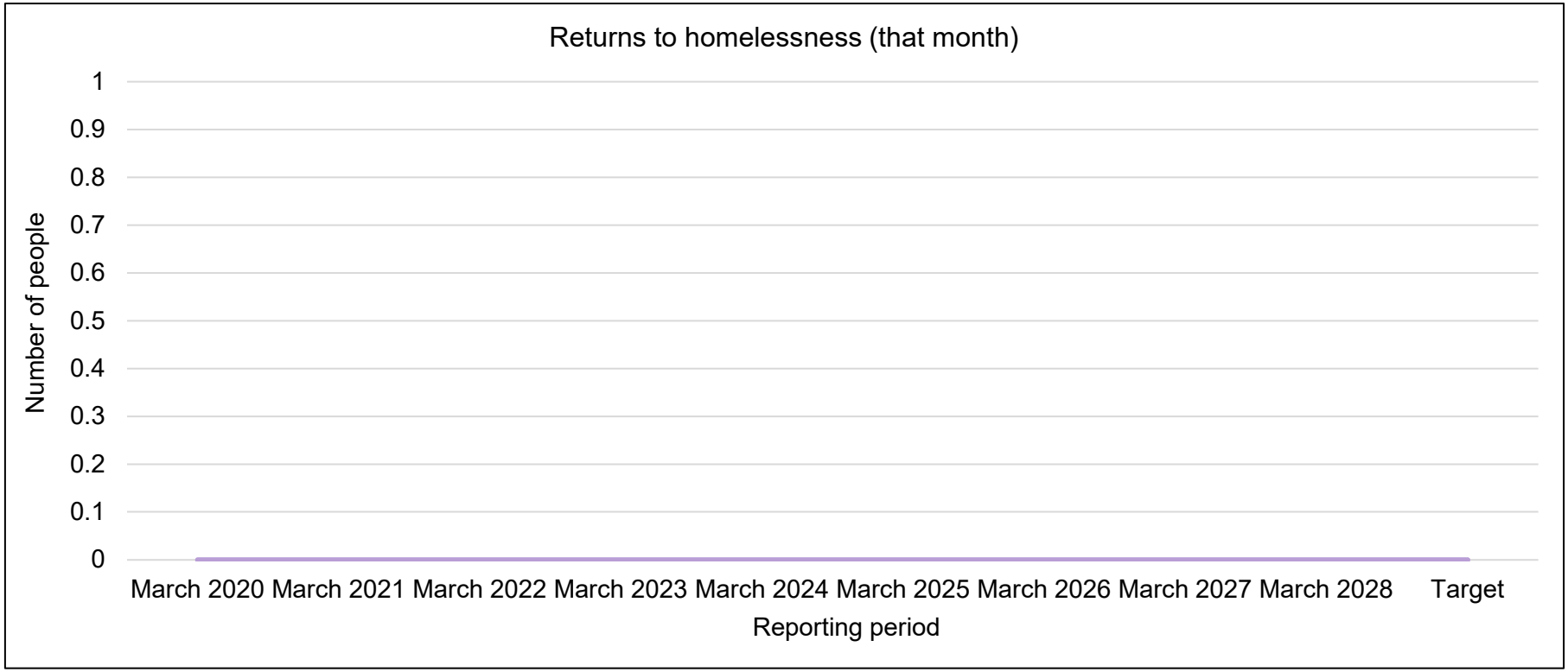
	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	**Target**
People who were newly identified (that month)										



Outcome #3: Fewer people return to homelessness (returns to homelessness are reduced)

Based on the information provided in the Community Homelessness Report, the community does not have to report monthly community-level data for Outcome #3 for the reporting period.

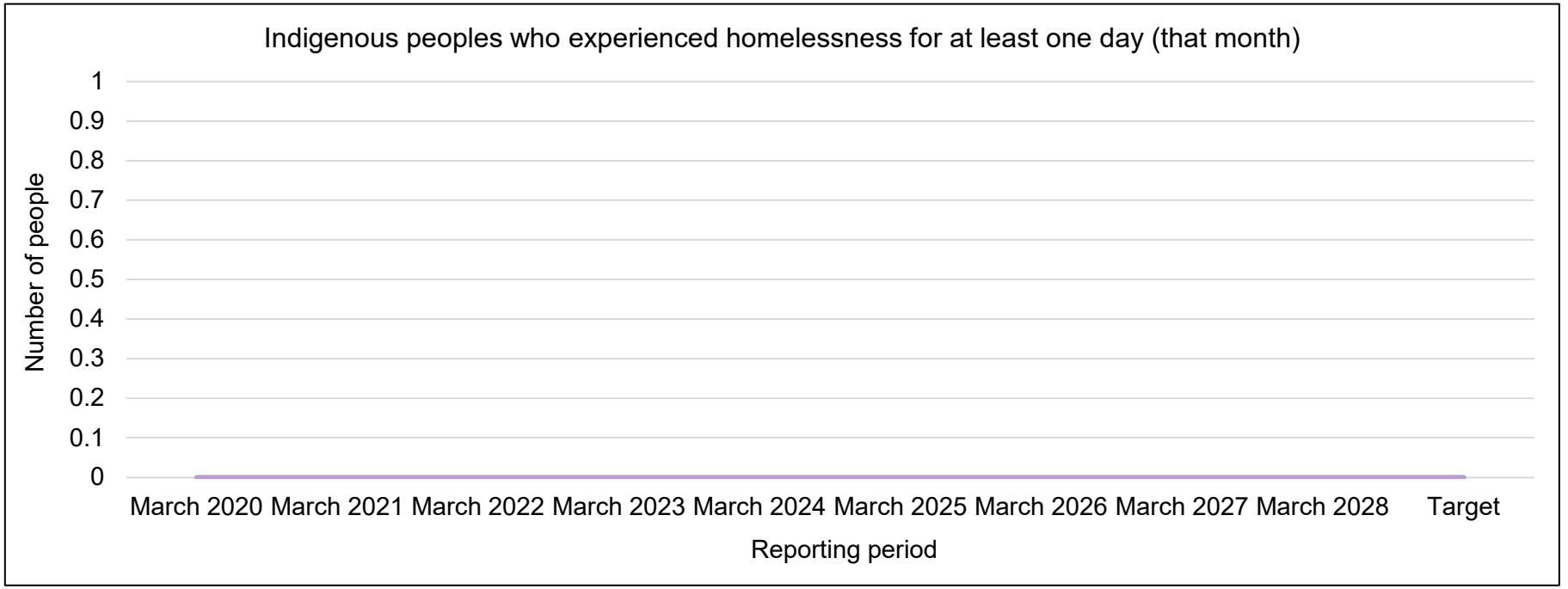
	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	**Target**
Returns to homelessness (that month)										



Outcome #4: Fewer Indigenous peoples experience homelessness (Indigenous homelessness is reduced)

Based on the information provided in the Community Homelessness Report, the community does not have to report monthly community-level data for Outcome #4 for the reporting period.

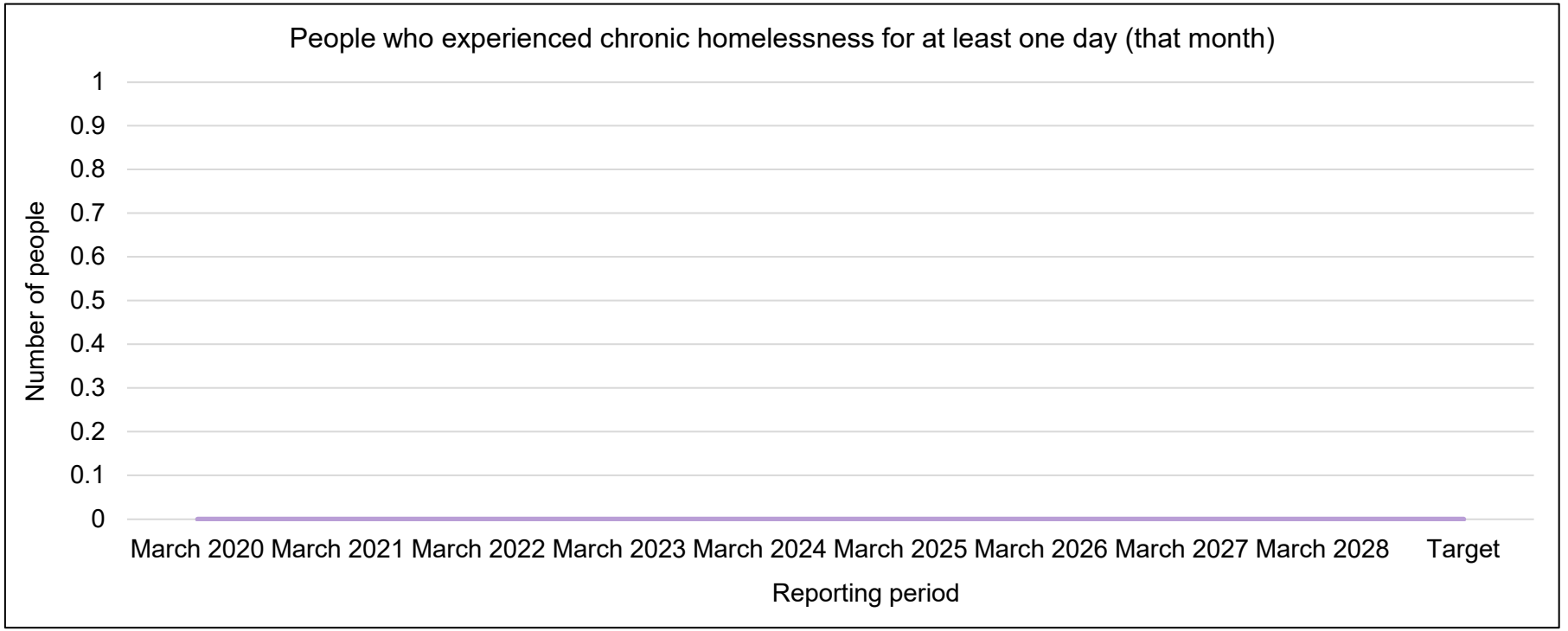
	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	**Target**
Indigenous peoples who experienced homelessness for at least one day (that month)										



Outcome #5: Fewer people experience chronic homelessness (chronic homelessness is reduced)

Based on the information provided in the Community Homelessness Report, the community does not have to report monthly community-level data for Outcome #5 for the reporting period.

	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	**Target**
People who experienced chronic homelessness for at least one day (that month)										



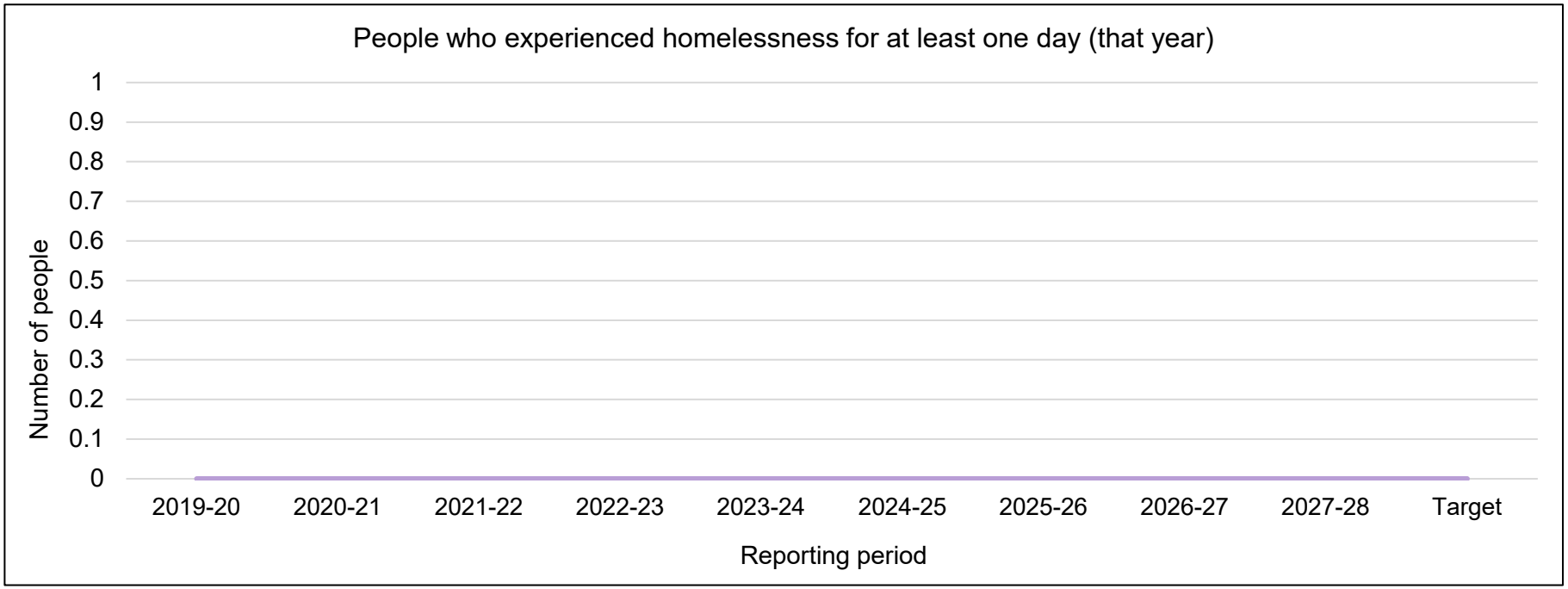
Section 4. Community-Level Outcomes and Targets – Annual

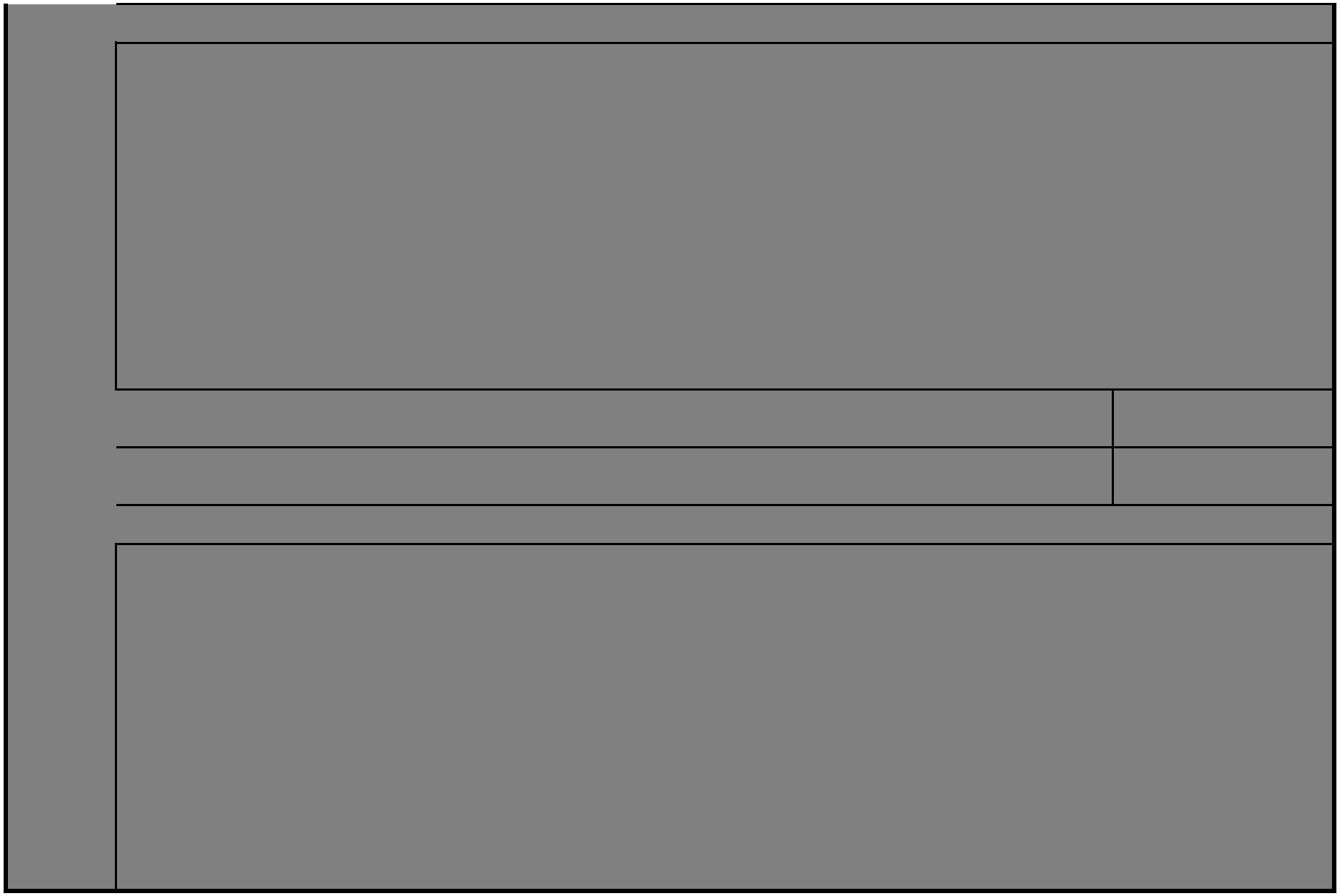
Based on the information provided in the Community Homelessness Report, the community does not have to report annual community-level outcomes for the reporting period.

Outcome #1: Fewer people experience homelessness (homelessness is reduced overall)

Based on the information provided in the Community Homelessness Report, the community does not have to report monthly community-level data for Outcome #1 for the reporting period.

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	**Target**
People who experienced homelessness for at least one day (that year)										

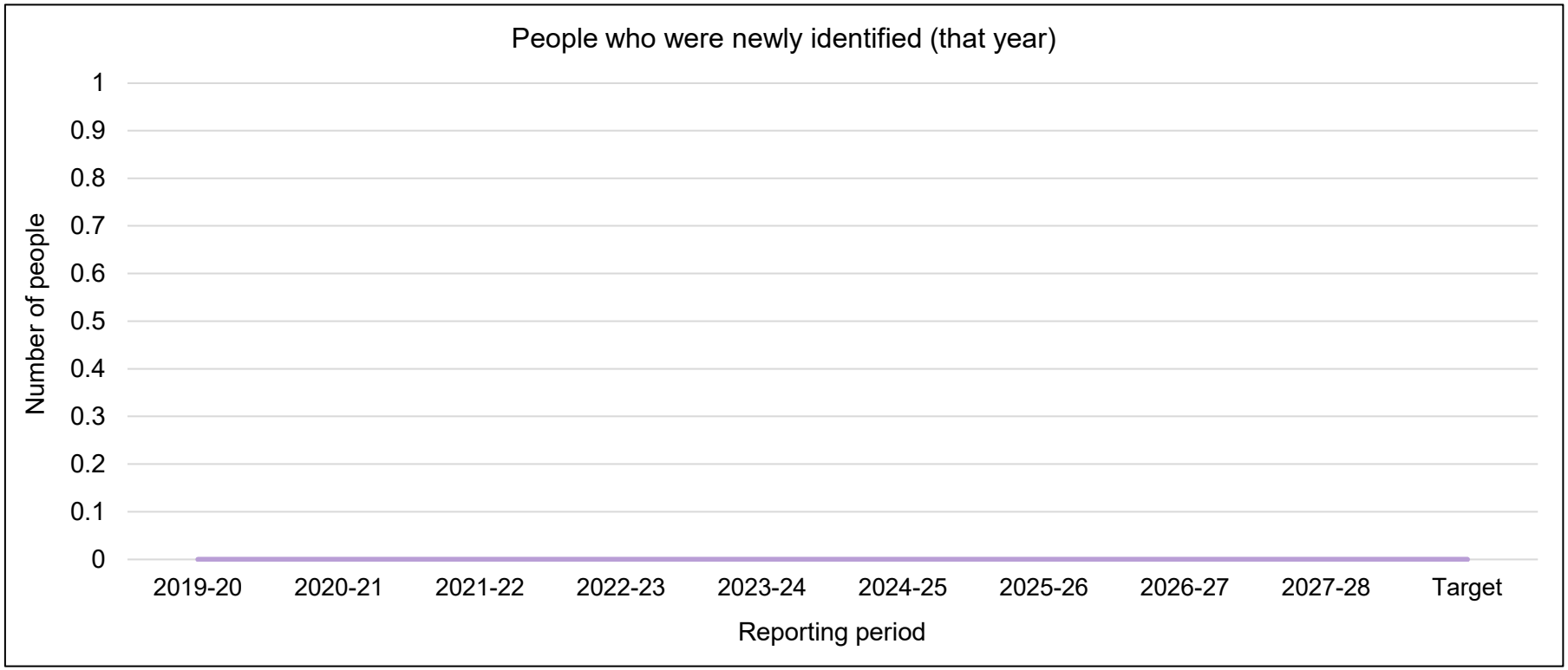




Outcome #2: Fewer people were newly identified (new inflows to homelessness are reduced)

Based on the information provided in the Community Homelessness Report, the community does not have to report monthly community-level data for Outcome #2 for the reporting period.

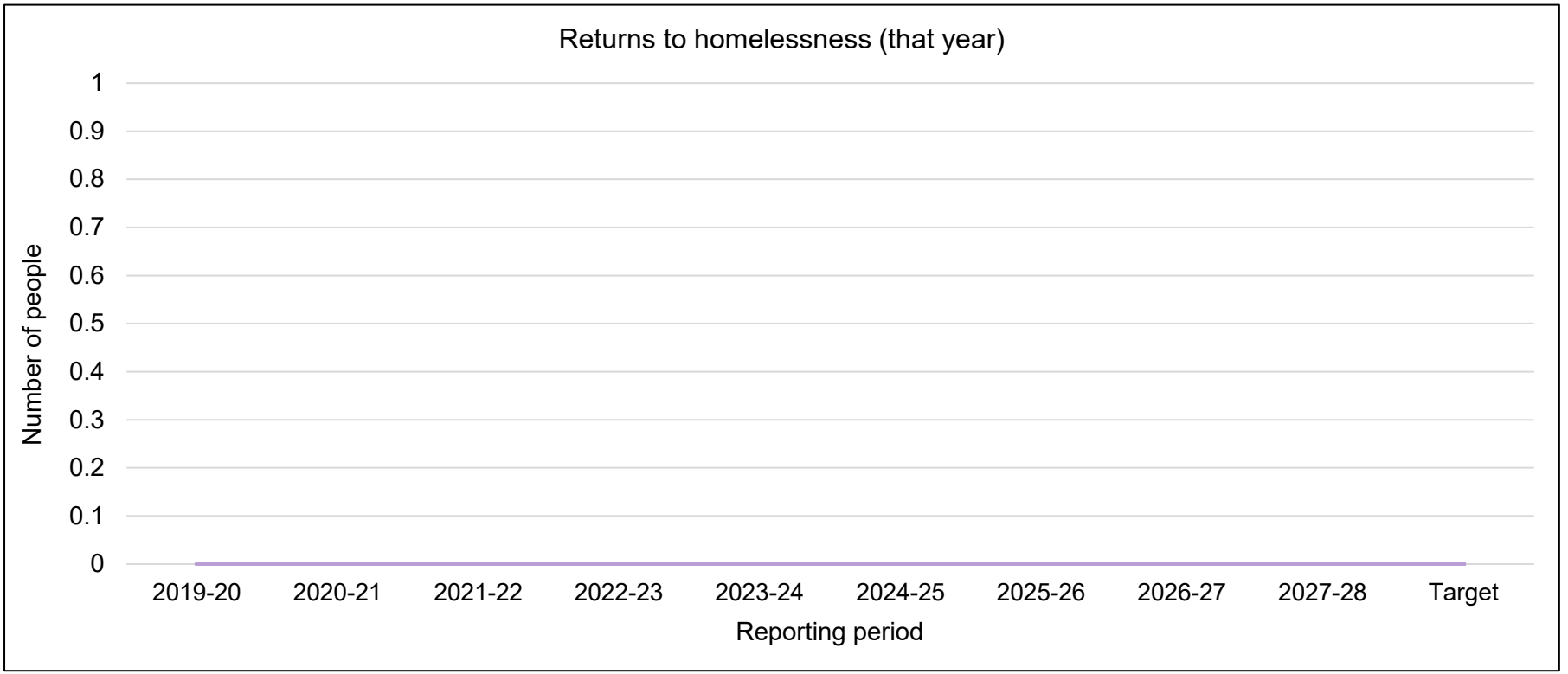
	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	**Target**
People who were newly identified (that year)										

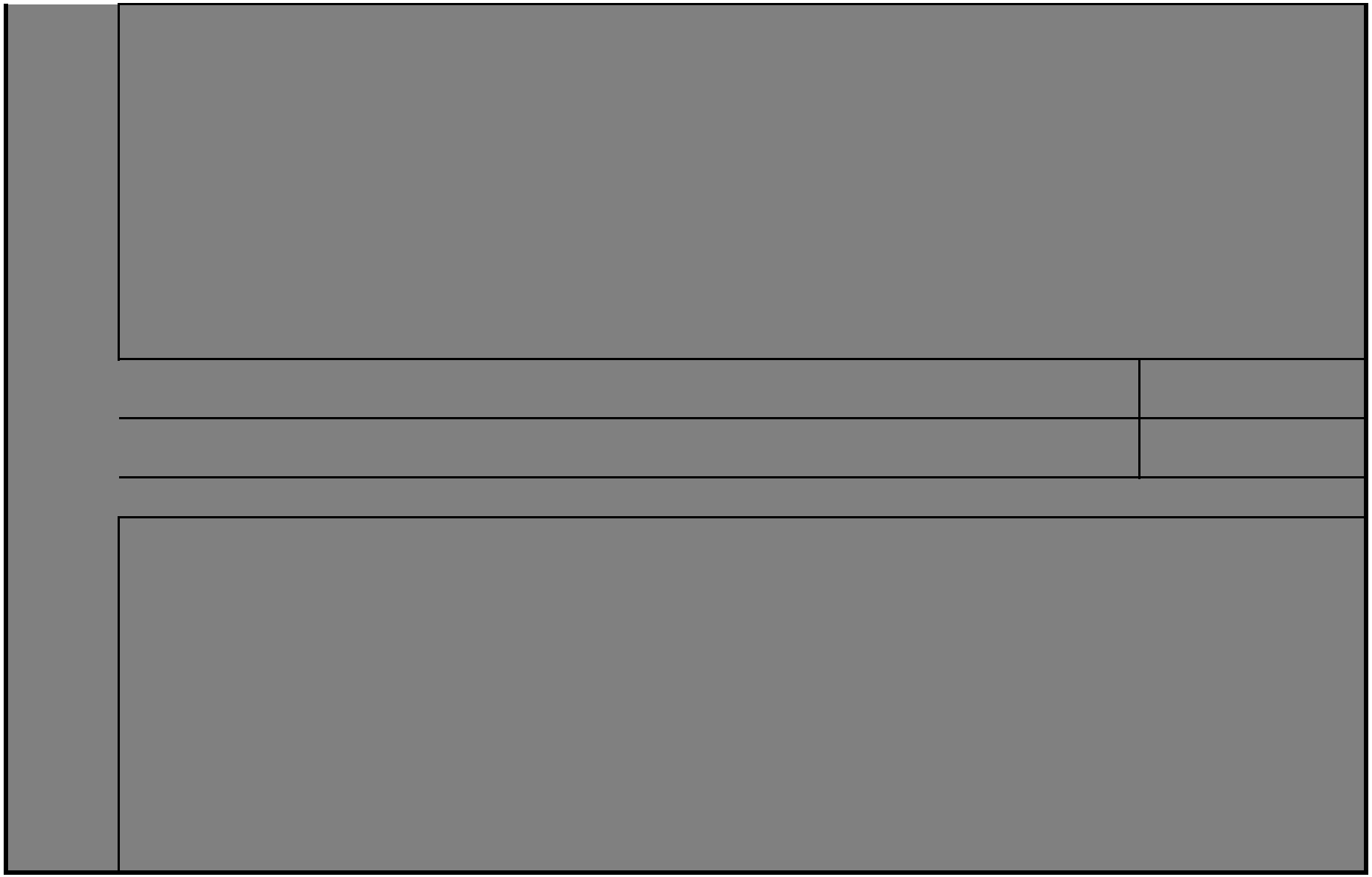


Outcome #3: Fewer people return to homelessness (returns to homelessness are reduced)

Based on the information provided in the Community Homelessness Report, the community does not have to report monthly community-level data for Outcome #2 for the reporting period.

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	**Target**
Returns to homelessness (that year)										

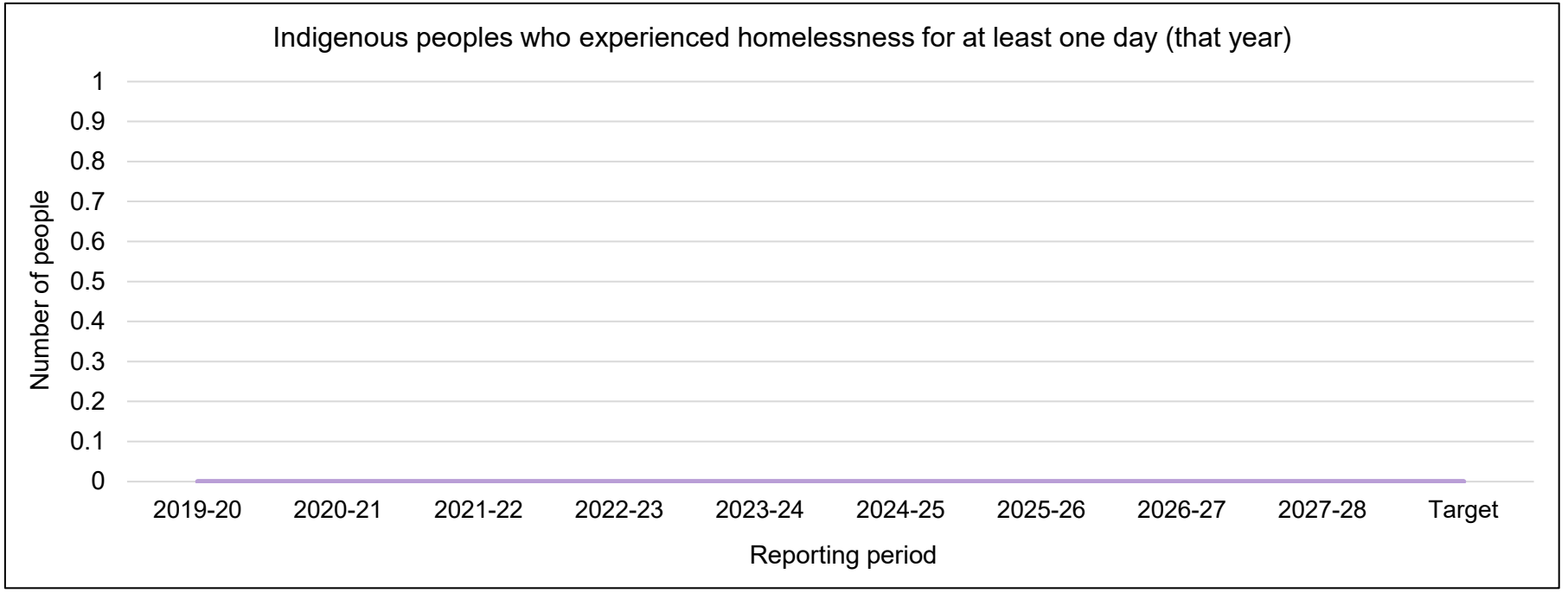


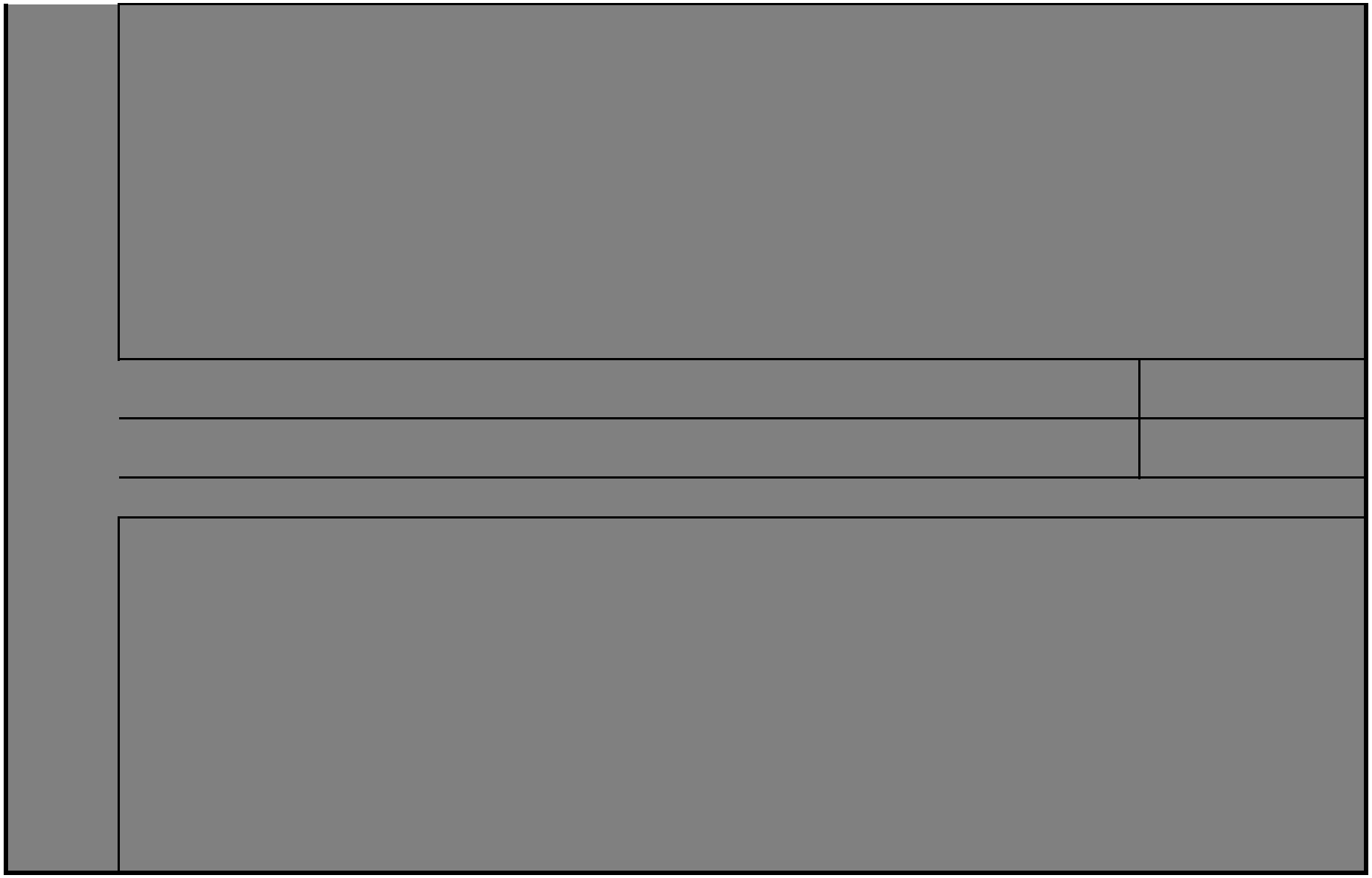


Outcome #4: Fewer Indigenous peoples experience homelessness (Indigenous homelessness is reduced)

Based on the information provided in the Community Homelessness Report, the community does not have to report monthly community-level data for Outcome #4 for the reporting period.

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	**Target**
Indigenous peoples who experienced homelessness for at least one day (that year)										

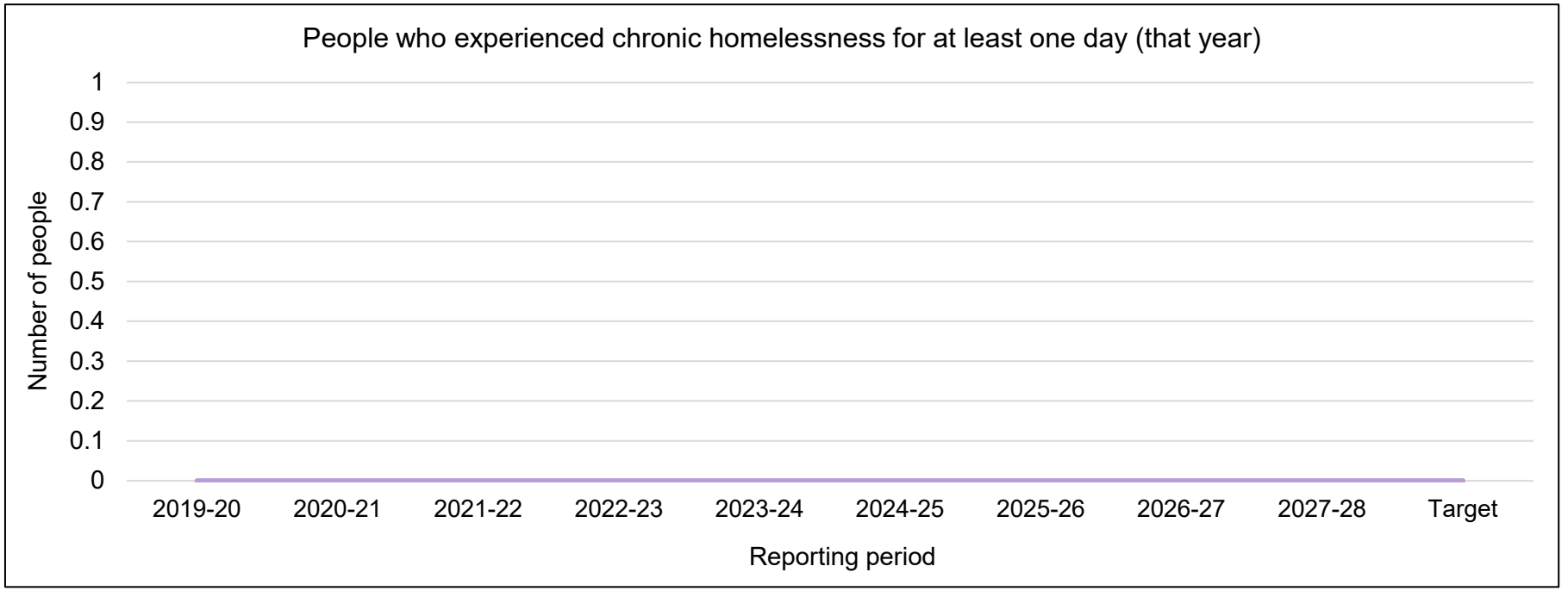


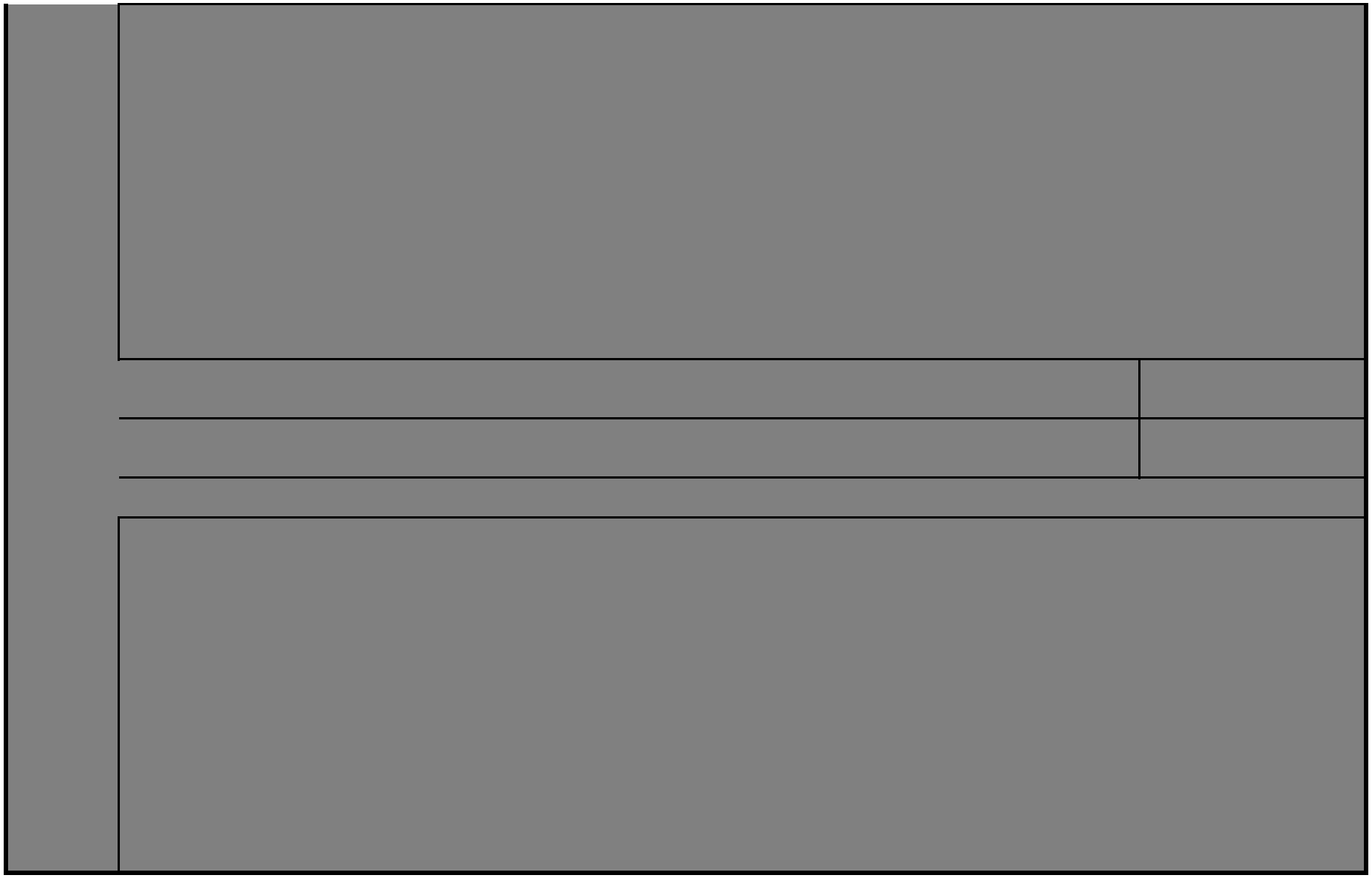


Outcome #5: Fewer people experience chronic homelessness (chronic homelessness is reduced)

Based on the information provided in the Community Homelessness Report, the community does not have to report monthly community-level data for Outcome #5 for the reporting period.

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	**Target**
People who experienced chronic homelessness for at least one day (that year)										





Designated Community – Community Advisory Board

Note: You may list more than one name or organization for each sector. ESDC will not sell, distribute, trade or transfer your information to other government departments, businesses, institutions, organizations or individuals outside ESDC for any other purposes, unless required by law.

Sector	Community Advisory Board Member(s)
Service Canada (Ex-Officio Member)	Donnell Iosefellis, Infrastructure Canada; CWSS Advisory
Provincial/Territorial government	Tobi McRae, Disability Services - Government of Alberta; CWSS Advisory
Local/Municipal government	
Indigenous peoples and organizations	Hank Shade, Retired, Treaty 7 Housing; Indigenous Cultural Advisory Samantha Many Grey Horses, Citizen at Large; Indigenous Cultural Advisory Elaine Creighton, Sik-ooh-Kotoki Friendship Society; Indigenous Cultural Advisory
Veterans Affairs Canada or veterans serving organizations	
Organizations serving women/families fleeing violence	
Youth and/or youth serving organizations (including Child Welfare Agencies)	
Organizations serving seniors	
Newcomer serving organizations	Dennis Chinner, Newcomer Sector; CWSS Advisory
Health organizations, including hospitals and other public institutions, and organizations focused on mental health and addictions	Treena Tallow, Advisor/Aboriginal Addiction & Mental Health, Indigenous Health Program - Alberta Health Services; Indigenous Cultural Advisory Jon Doan, Dean of Health Sciences - University of Lethbridge; CWSS Advisory
Individuals with lived experience of homelessness	
Organizations serving individuals experiencing or at risk of homelessness	Mac Nichol, Lethbridge Food Bank; CWSS Advisory Jen Tribble, Faith Sector; CWSS Advisory
Private sector	
Landlord associations and/or the housing sector	Hank Shade, Retired, Treaty 7 Housing; Indigenous Cultural Advisory

Other	Allan Friesen - Citizen at Large; CWSS Advisory Allan Jarvie - Citizen at Large; CWSS Advisory Cheryl Gilmore - Education Sector; CWSS Advisory Cyndi Bester - Lethbridge Chamber of Commerce; CWSS Advisory Debbie Deak - South Alberta FASD Network; CWSS Advisory Jaci Zalesak - United Way; CWSS Advisory Jeff Cove - Retired, Lethbridge Police Services; CWSS Advisory Johanna Pritchard - Citizen at Large; CWSS Advisory Ken Kissick - Streets Alive Mission; CWSS Advisory Ken Sampson - Education Sector; CWSS Advisory Shahin Mehdizadeh - Lethbridge Chief of Police; CWSS Advisory Sharon Yanicki - Citizen at Large/Lived Experience; CWSS Advisory

Community Advisory Board Chairs or Co-Chairs (if applicable):

I affirm that the above members of the Community Advisory Board have reviewed the attached Community Homelessness Report and that the majority of Community Advisory Board members approve of its content.

Name	Signature	Date
Debbie Deak, CWSS Advisory Chair	Debbie Deak	May 24, 2023

Indigenous Homelessness – Community Advisory Board

Note: You may list more than one name or organization for each sector. ESDC will not sell, distribute, trade or transfer your information to other government departments, businesses, institutions, organizations or individuals outside ESDC for any other purposes, unless required by law.

Sector	Community Advisory Board Member(s)
Service Canada (Ex-Officio Member)	
Provincial/Territorial government	
Local/Municipal government	

Indigenous peoples and organizations	Hank Shade, Retired, Treaty 7 Housing; Indigenous Cultural Advisory Samantha Many Grey Horses, Citizen at Large; Indigenous Cultural Advisory Elaine Creighton, Sik-ooh-Kotoki Friendship Society; Indigenous Cultural Advisory
Veterans Affairs Canada or veterans serving organizations	
Organizations serving women/families fleeing violence	
Youth and/or youth serving organizations (including Child Welfare Agencies)	
Organizations serving seniors	
Newcomer serving organizations	
Health organizations, including hospitals and other public institutions, and organizations focused on mental health and addictions	Treena Tallow, Advisor/Aboriginal Addiction & Mental Health, Indigenous Health Program - Alberta Health Services; Indigenous Cultural Advisory
Individuals with lived experience of homelessness	
Organizations serving individuals experiencing or at risk of homelessness	
Private sector	
Landlord associations and/or the housing sector	Hank Shade, Retired, Treaty 7 Housing; Indigenous Cultural Advisory
Other	

Community Advisory Board Chairs or Co-Chairs (if applicable):

I affirm that the above members of the Community Advisory Board have reviewed the attached Community Homelessness Report and that the majority of Community Advisory Board members approve of its content.

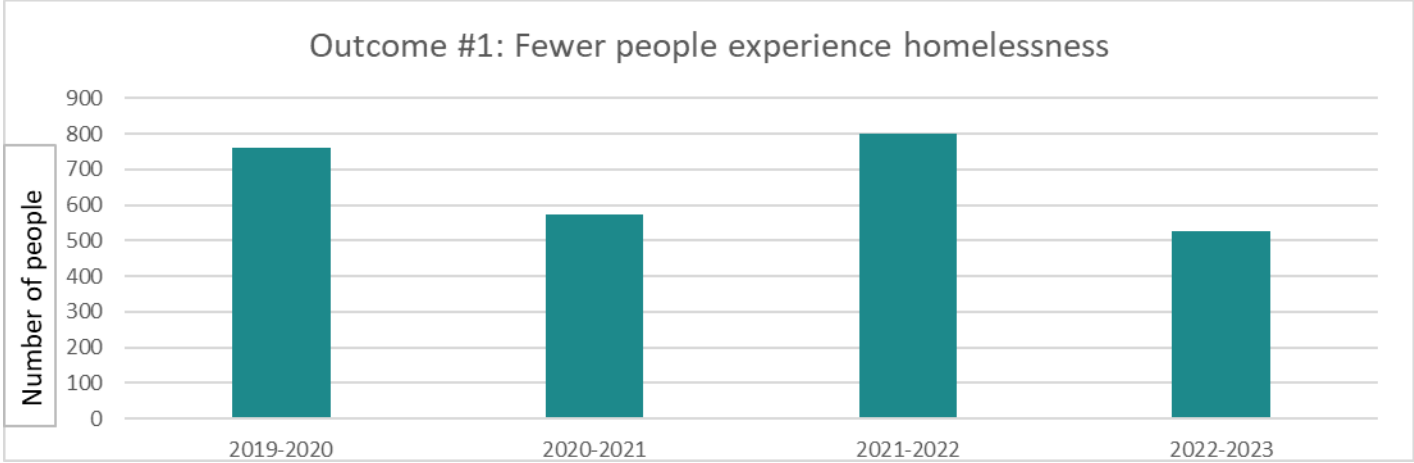
Name	Signature	Date
Name	Signature	Date
Name	Signature	Date

Community Homelessness Report – City of Lethbridge 2022-2023
Section 4&5 Attachment

**For further explanation on potential data discrepancies, please see Section 3 – Summary.*

Outcome #1: Fewer people experience homelessness

***Note:** The data below represents the number of unique individuals enrolled in the By Name List (BNL) program in our HMIS (ETO) for at least one day during the fiscal year. While participants may be enrolled in more than one BNL program during the fiscal year (e.g. Intake and Outreach), the data below represents unique individuals.*

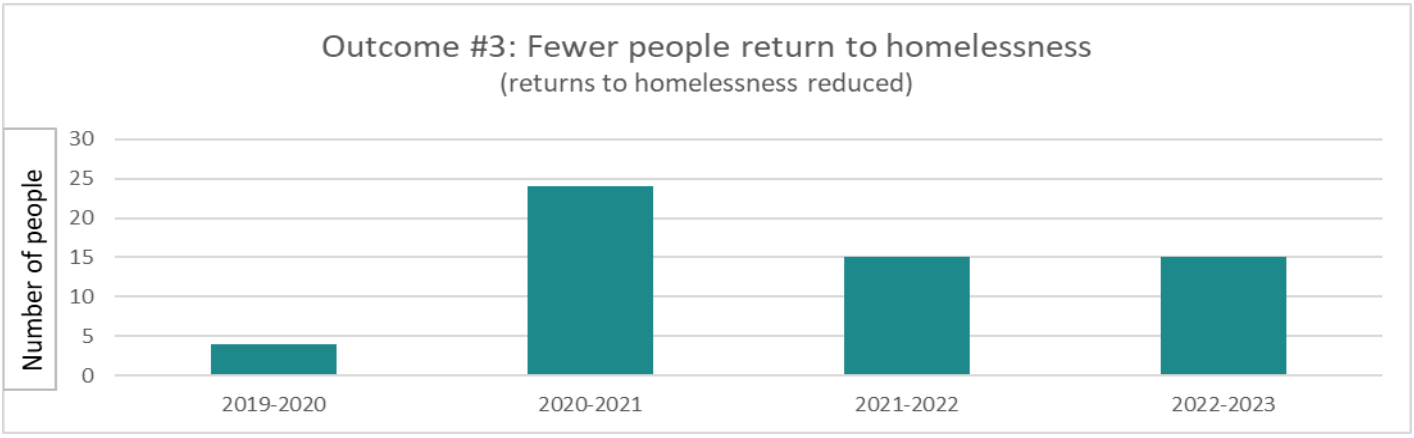


Outcome #2: Fewer people were newly identified (new inflows to homelessness are reduced)

***Note:** At this time, this data cannot be generated from any of the reports built in our HMIS (ETO). It would be difficult to pull this information into a report and it would not be comprehensive due to the limitations of our BNL not including all homeless individuals in our community (only those who have consented to service).*

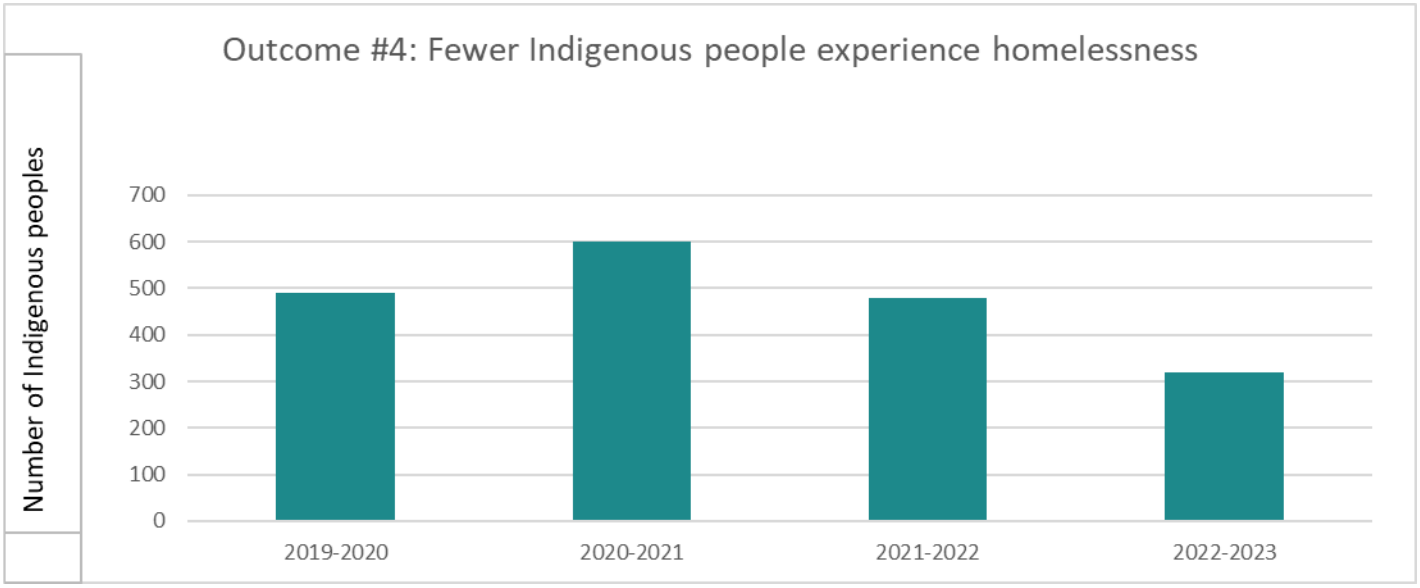
Outcome #3: Fewer people return to homelessness (returns to homelessness reduced)

Note: This represents the number of individuals that were housed and receiving case management, but returned to homelessness (unhoused for 90+ days) and are on our BNL.

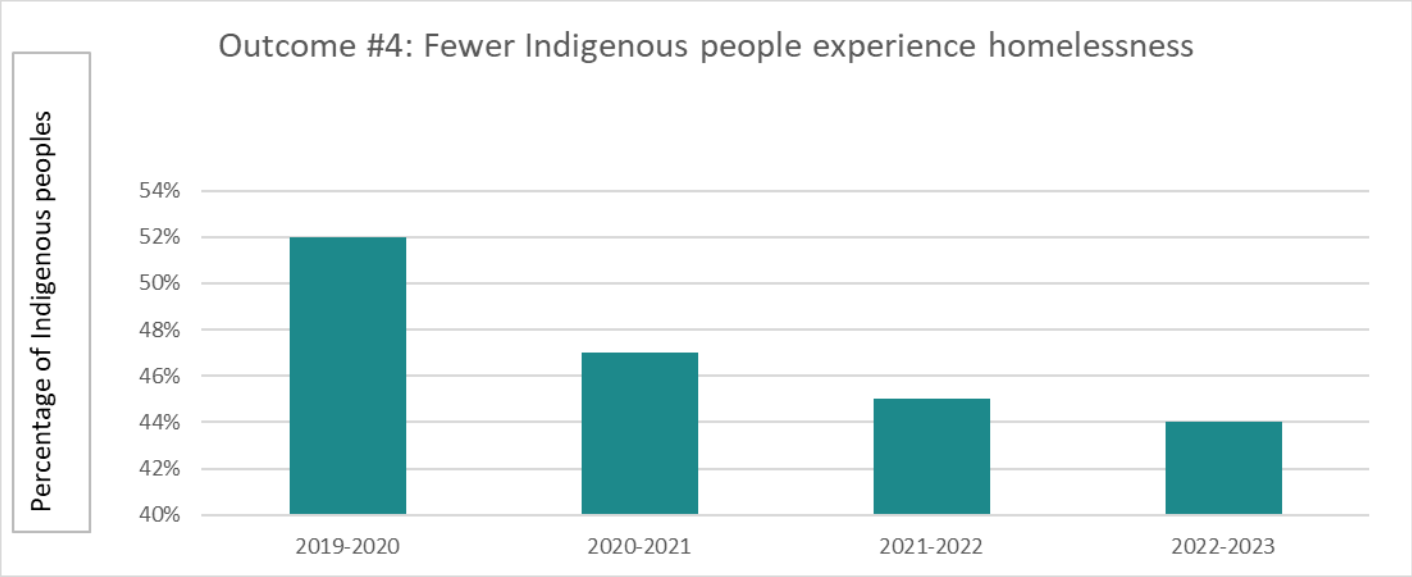


Outcome #4: Fewer Indigenous people experience homelessness (during the year)

Note: When pulling data for Indigenous status, there are duplications because a participant will often be enrolled in multiple 'By Name List' (BNL) programs within our HMIS (ETO) during a fiscal year and the current demographics reports does not break down details by individual, but rather by program or site. As such, additional tables below represent the percentage of individuals on the BNL that report Indigenous ancestry, as well.



As a percentage - % of participants served who identify as Indigenous peoples who experienced homelessness for at least one day (during the year)



Outcome #5: Fewer people experience chronic homelessness (chronic homelessness is reduced)

Note: At this time, this data cannot be generated from any of the reports built in our HMIS (ETO). It would be difficult to pull this information into a report and it would not be comprehensive because a significant number of individuals who consent to service (are on our BNL) do not follow through with completing an Intake SPDAT or Intake Interview assessment where this information is documented.