Reaching Home: Canada's Homelessness Strategy

Community Homelessness Report

CITY OF LETHBRIDGE

2024-2025

TEMPLATE FOR COMMUNITIES

SECTION 1: COMMUNITY CONTEXT

Overview

CHR 1

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

Your response could include information about:
- Homelessness prevention and shelter diversion efforts;
- Housing move-ins;
- New investments in housing-related resources;
- Gaps in services;
- Collaboration with other sectors;
- Efforts to address homelessness for specific groups (e.g., youth); and/or,
- Efforts to meet Reaching Home minimum requirements (including a brief explanation if a minimum requirement was assessed as "Completed" in a previous CHR, but is now "Under development" or "Not yet started").

In 2024, the City of Lethbridge undertook significant initiatives to prevent and reduce homelessness, enhance access to safe and appropriate housing, and address related social challenges. These efforts encompassed strategic planning, governance restructuring, targeted funding allocations, and collaborative approaches to service delivery.

Strategic Planning and Governance Enhancements:
Recognizing the evolving social landscape, the City updated the Community Wellbeing and Safety Strategy (CWSS). This comprehensive revision identified community needs, service gaps, priority populations, and strategic actions to guide funding allocations and initiatives aimed at improving community wellbeing and safety. The CWSS update was informed by a 2023 Needs Assessment and more than 20 targeted engagement sessions, including consultations with youth, seniors, individuals with developmental disabilities, immigrants, and people with lived experience of homelessness. To bolster community engagement and informed decision-making, the City completed an extensive governance review of its prior CAB (Community Advisory Board) structure and made significant revisions, ultimately establishing the Community Wellbeing Advisory Board (CWAB). Comprised of nine community members with

expertise in governance and community development, including dedicated positions for Indigenous representatives, the CWAB advises on the allocation of federal and provincial funds and provides insights on matters affecting community wellbeing.

Targeted Funding Initiatives:
In June 2024, the City launched a Call for Proposals (CFP) seeking innovative programs and services to advance community wellbeing. This competitive grant process aimed to address identified needs and gaps, encouraging community organizations to propose initiatives that align with strategic priorities. In December 2024, the City issued an additional CFP to allocate Reaching Home funding for the 2024–2025 period. This initiative, focused on one-time investments in materials and equipment, invited organizations to submit proposals by January 10, 2025. Both CFPs emphasized alignment with the priorities outlined in the CWSS, Municipal Housing Strategy (MHS), and Needs Assessment. From 2024 to 2028, the City plans to allocate over $6.2 million in Reaching Home funding, with significant investment in client support services and coordination of data and resources to support long-term system improvement.

Homelessness Prevention and Shelter Diversion Efforts:
The City enhanced implementation of its Encampment Strategy in collaboration with the Lethbridge Police Service (LPS) and the Watch Program. This integrated approach included the addition of an in-house Outreach Program to improve connections with vulnerable individuals, aiming to transition them from encampments into supportive

services. Between the 2018 and 2022 Point-in-Time (PiT) counts, the number of individuals experiencing homelessness in Lethbridge doubled from 223 to 454. However, the rate of increase slowed significantly between the 2022 and 2024 counts, rising by 15% to 522 individuals. Prevention and diversion efforts have been bolstered through additional outreach supports, including a Diversion Outreach Team and encampment response initiatives funded by municipal sources and cost-matched under Reaching Home requirements.

Housing Developments and Investments:
In 2024, through the dedicated position of Housing Solutions Coordinator (approved via the Encampment Strategy), the City increased its ability to support developers and non-profit organizations in navigating the pre-development and development processes. The City also provided capital financial support through the Affordable and Social Housing Capital Fund, bringing the total municipal investment to $7.5 million across 10 housing projects. These funds leveraged over $113 million from other sources, resulting in the creation of 415 additional units, 296 (71%) of which will be held at affordable rates for at least 20 years. These investments contributed to a 209% increase in overall housing construction, with 624 units initiated between January and October 2024, including 213 single-detached homes and 411 other residential properties. Housing initiatives were further aligned with the Municipal Housing Strategy and supported by community-based planning and engagement processes.

Collaborative Approaches and Service Integration:
The City emphasized collaboration with key partners, particularly the Government of Alberta, which is responsible for

funding and overseeing social services such as emergency shelters, addiction treatment, and mental health programs. The City's role involved supporting and coordinating local initiatives that connect individuals with these critical services. For example, the Shelter Development Strategy, approved in June 2023, clarified the City's role in land-banking and land use for shelter development. This Strategy supported the City's in-kind donation (valued at $1.4 million) of the current shelter site to the Government of Alberta, which committed an additional $4 million to expand the facility and support an additional 125 beds. The Integrated Coordinated Access (ICA) system, led by the Canadian Mental Health Association - Alberta South Region (CMHA-ASR) remains a dynamic and effective decentralized model for community service delivery, adapting to emerging needs and trends. The ICA website serves as a central hub for information, offering access to a comprehensive range of services, referral pathways, and housing resources, with significant usage in the past year. Through the ICA Community of Practice (CoP), over 30 organizations collaborate to address service gaps and share best practices. Key initiatives like the Priority Population Support Navigators and relevant standardized trainings enhance support for vulnerable populations in our community. Additionally, the Stabilization Funds Program and the annual ICA Service Fair continue to strengthen community connections, improve service coordination, and respond to the needs of those facing housing instability and needing wrap around support and services.

Addressing Homelessness Among Specific Populations:
In March 2024, ground was broken on a new supportive housing complex, with the province investing $10.2 million to build 30 permanent supportive housing units for adults experiencing homelessness, particularly those living with Fetal

Alcohol Spectrum Disorder, providing tailored support to this vulnerable group. Additionally, the City has continued to work in close partnership with Indigenous-serving organizations, including the Blackfoot Resource Hub and Blood Tribe Department of Health, to ensure culturally appropriate supports are integrated into program design and service delivery. Programs such as the Priority Support Navigator and ICA Service Fairs further reflect a coordinated approach to addressing the needs of equity-deserving and priority populations.

Efforts to Meet Reaching Home Minimum Requirements:
The City's initiatives—including strategy development, CAB governance review, the calls for proposals, and the development of housing projects—align with the Reaching Home program's objectives to prevent and reduce homelessness through community-based solutions. Additionally, extensive efforts in 2024 culminated in the implementation of HIFIS (Homeless Individuals and Families Information System) in Lethbridge, which, as of March 2025, became the first jurisdiction in Alberta to have the system go live. The following service providers were onboarded, trained, and using HIFIS as of February and March 2025:
- City of Lethbridge: Outreach (part of Lethbridge ICA system; not RH funded)
- Canadian Mental Health Association, Alberta South Region (part of Lethbridge ICA system):
  - Diversion Outreach Team (DOT) (RH-DC funded)
  - Community LINKS (RH-DC and RH-IH funded)
  - HomeBase (not RH funded)
- Peak Support Services (part of Lethbridge ICA system; not RH funded)

- Lethbridge & Region Community Housing Corporation (part of Lethbridge ICA system; not RH funded)
- Wood's Homes: Youth Intensive Case Management, and Youth System Navigation (part of Lethbridge ICA system; RH-DC funded)
- Family Ties: River House (part of Lethbridge ICA system; not RH funded)
- YWCA: Hestia Homes (part of Lethbridge ICA system; not RH funded)

The City has prioritized meaningful collaboration with Indigenous and non-Indigenous partners throughout HIFIS development, including initial meetings with funded Indigenous-serving organizations to inform culturally appropriate data tracking. A working group supporting the Unique Identifier List also meets regularly to guide implementation and address data sharing needs, further supporting Lethbridge's commitment to meeting and exceeding the minimum requirements set forth by the Reaching Home program.

CHR 2	
	How has the community's approach to addressing homelessness changed with the implementation of Reaching Home?
	Communities are strongly encouraged to use the *"Reflecting on the Changing Response to Homelessness"* worksheet to help them reflect on how the approach has changed and the impact of these changes at the local level.
	Lethbridge's approach to addressing homelessness has evolved with the Reaching Home program by shifting toward community-driven, targeted interventions. The City has prioritized prevention efforts, funding initiatives that align with strategic priorities like the Community Wellbeing and Safety Strategy (CWSS) and Municipal Housing Strategy (MHS).

Key changes include:
Creation of the outreach team, to provide proactive support to homeless individuals along with the encampment response team to ensure compassionate interactions and safety while ensuring public places are not being utilized as shelter.

Increased funding opportunities for organizations to propose innovative housing solutions.
Expansion of supportive housing, and investments into supportive housing projects.
Greater collaboration across sectors to identify service gaps and coordinate resources.
A data-driven approach to track homelessness trends and adjust strategies accordingly with development of HIFIS (Homeless individuals and Families Information System).

Collaboration between Indigenous and non-Indigenous partners	
CHR 3 Please select your community from the drop-down menu:	Lethbridge (AB)
Your community: **Has IH funding available.** **The DC CE and IH CE are the same organization.** **The DC CAB and IH CAB are the same group.**	

CHR 4

a) Has there been meaningful collaboration between the DC CE and local Indigenous partners, including those that sit on your CAB, over the reporting period specific to the work of:

• Implementing, maintaining and/or improving the **Coordinated Access system**?	Yes
• Implementing, maintaining and/or improving, as well as using the **HMIS**?	Yes
• Strengthening the **Outcomes-Based Approach**?	Yes

As a reminder, meaningful collaboration with local Indigenous partners is expected for your community.

b) In your response to **CHR 4(a)** you noted that collaboration has occurred with Indigenous partners related to **at least one** of the following: Coordinated Access, the HMIS and/or the Outcomes-Based Approach. As a follow up to this, please indicate **if any** of the following activities took place:

- Indigenous partners have roles and responsibilities related to governance for the Coordinated Access system and/or the HMIS throughout the lifecycle of these systems (implementation, maintenance and improvement).

→ Coordinated Access:	Yes
→ HMIS:	Yes

- Indigenous partners participate in Coordinated Access, use the HMIS and/or participate in the Outcomes-Based Approach.

→ Coordinated Access:	Yes
→ HMIS:	Yes
→ Outcomes-Based Approach:	Yes

Note: As applicable, these activities should be described in further detail in CHR 4(c). This list is not meant to be exhaustive. Other relevant activities not listed above should be described in CHR 4(c).

c) In your response to **CHR 4(a)** you noted that collaboration has **occurred** with Indigenous partners. As a follow up to this, please describe the collaboration that took place in more detail **as it relates to Coordinated Access, the HMIS and/or the Outcomes-Based Approach.**

Your response could include information such as when collaboration occurred, who it was with, what aspects of Coordinated Access, the HMIS and/or the Outcomes-Based Approach were discussed, and how Indigenous perspectives influenced the outcome.

The Integrated Coordinated Access (ICA) system, led by the Canadian Mental Health Association, Alberta South Region (CMHA, ASR), is a well-established model that continues to evolve to better serve our community. Developed as a decentralized coordinated access framework, ICA remains a robust system for organizing and delivering services to individuals in need. This model ensures that multiple service providers work collaboratively yet independently across various locations, without a centralized authority or single point of entry. Coordination happens seamlessly among these decentralized entities, allowing a wide range of service providers from different sectors to facilitate efficient access to essential services through systematic navigation and referral pathways. As the needs of the community grow and change, the ICA system is continually refined and improved to adapt to new challenges and enhance service delivery.

The www.lethbridgeica.ca website serves as a central hub, providing comprehensive information on community services, resources, referral pathways, system navigators, a housing registry, a robust calendar of events, and more. The website has seen increased usage with approximately 12,813 unique visits and 30,188 total visits from April 2024 to March 2025, it has proven to be a reliable and utilized resource.

The ICA Community of Practice (CoP) continues to thrive through monthly meetings that focus on addressing emerging community trends, identifying service gaps, and promoting resource sharing. These sessions offer a collaborative platform where members can work together to find solutions, discuss challenges, and exchange innovative approaches to service delivery. Along with addressing ongoing issues, the meetings often feature program presentations, allowing members to highlight successful initiatives and gain valuable insights from one another's experiences. The CoP ensures that all participants remain informed, connected, and empowered to respond to the

community's evolving needs, driving continuous improvement in service coordination and client outcomes. Currently, representatives from over 30 organizations attend these meetings.

Priority Population Support Navigators (PSN) and Tier training: Funding has been allocated to various agencies to provide tailored system navigation services for Youth, Seniors, and Indigenous populations. PSNs are dedicated to guiding and advocating for these groups in collaboration with system partners and these trainings are delivered quarterly. Over the past year, Lethbridge's ICA (Integrated Coordinated Access) system successfully trained individuals across various PSN categories. Specifically, 29 individuals received Youth PSN training, 37 completed Seniors PSN training, and 45 participated in Indigenous PSN training. Additionally, Cultural Safety training, led by the Indigenous PSN team, ensures a culturally sensitive approach when supporting Indigenous populations addressing their unique historical, social, and cultural needs. In total, 174 individuals completed Tier 1 training, while 62 completed Tier 2 training. These sessions are designed to enhance the skills and knowledge of service providers in coordinating care and effectively responding to individuals' needs. The trainings ensure that staff are well-prepared to manage and prioritize support for those experiencing homelessness or in need of support and services. A comprehensive training schedule for 2025 is available on www.lethbridgeica.ca.

The introduction of the Shelter Population Support Navigator (SPSN) role at the Lethbridge Wellness Shelter & Stabilization Unit (LWS) has further enhanced support for unhoused individuals. The SPSN connects participants to care, provides referrals, offers follow-up support, and assists with system navigation. This role also facilitates referrals to the Coordinated Access Round Table (CART) for service placement and supports shelter diversion, ensuring access to housing resources. Community Social Development (CSD) has engaged in data-sharing agreements with the Blood Tribe Department of Health and Lethbridge Housing Authority to uphold a comprehensive community By-Names-List (BNL). Additionally, the BNL Coordinator position tracks individuals experiencing homelessness in real-time, supporting coordinated access, system evaluation, and resource prioritization. Managed through ICA, the BNL Coordinator integrates data from local stakeholders such as the City of Lethbridge, Lethbridge Housing Authority, and Blood Tribe Department of Health through the Homelessness Information Management and Integration System (HIMIS). With a common unique identifier, the BNL ensures continuity of care and minimizes duplicate entries, strengthening the community's response to homelessness.

Stabilization Funding: The Stabilization Funds Program continues to provide essential support to City of Lethbridge residents facing housing stability challenges. Offering up to three months of financial assistance for rental support only, the program prioritizes assistance for youth, seniors, and families with children. Managed in partnership with community organizations and administered by the CMHA, ASR, the program ensures prompt and effective aid for those in need. From April 2024 – March 2025, the stabilization fund program processed 190 applications with 161 approvals with $164,040.28 invested into stabilizing individuals and families in our community.

In 2024, the City, in partnership with the CMHA, ASR successfully built upon the success of the previous year's ICA Service Fair, further enhancing access to essential services within the community. The event grew significantly, bringing service providers together in one location to create even more opportunities for networking, resource sharing, and collaboration. By expanding on the goals of the previous year, the 2024 fair strengthened coordination among service providers and fostered deeper connections to support the community's most vulnerable populations. Like 2023, the fair featured presentations from ICA partners on service updates, as well as resource tables that facilitated collaboration. However, this year, there was an increased focus on networking and improving referral coordination, with all participating agencies encouraged to learn about each other's services to improve frontline practices. Organizations were also invited to submit their program referral pathways for posting on the ICA website, ensuring an up-to-date, comprehensive list of ICA partners and services.

Notably, the 2024 event saw a significant increase in attendance compared to the previous year, effectively maximizing the current venue space. This growth underscores the success of the decentralized coordinated access model and highlights the increasing number of ICA system partners. As a result, discussions are already underway to explore a larger venue for the 2025 event. This expansion reflects the fair's continued success and its role in engaging stakeholders to identify needs and gaps in service delivery. The ICA Service Fair has now become a key annual event, essential for continued collaboration and strengthening the community's response to vulnerable populations.

Indigenous-serving organizations continue to play an integral role within the coordinated access system. The Blackfoot Resource Hub has become a key partner in developing and delivering cultural competency resources, significantly enhancing service providers' ability to work effectively with Indigenous participants. Indigenous

perspectives are now embedded in the ongoing Integrated Coordinated Access (ICA) implementation and maintenance processes, with ICA leads maintaining active engagement with Indigenous organizations. Regular performance management reviews and quarterly meetings with funded Indigenous organizations have established a consistent feedback loop between the Community Entity (CE) and key Indigenous partners. The CE has also deepened its engagement with the Indigenous members of the Community Advisory Board (CAB), ensuring regular consultations before bringing forward funding requests to the broader CAB.

Progress on HIFIS Implementation:
With the HIFIS license now approved, Community Social Development (CSD) has initiated discussions on how to best integrate Indigenous perspectives into data tracking and service coordination. While HIFIS remains under development, foundational work is being carried out to ensure meaningful Indigenous engagement. Engagement with Indigenous-serving providers: As HIFIS development progresses, CSD has conducted initial meetings with funded Indigenous-serving organizations to gather feedback on data tracking and reporting methods. These discussions have identified key gaps and informed planning for a more culturally appropriate approach to HMIS implementation. Collaboration with the Blood Tribe Department of Health: In preparation for future HIFIS integration, CSD has been working closely with the Blood Tribe Department of Health to ensure that system changes will be effectively communicated and adapted to support Indigenous shelter services. Strategic engagement with Acre Consulting: CSD is actively working with Acre Consulting to explore best practices for engaging equity-deserving groups in HIFIS development. These insights will help shape the future implementation process to better serve Indigenous Peoples & Communities. While HIFIS implementation is still in progress, these steps ensure that Indigenous perspectives are meaningfully incorporated into the system from the outset, reinforcing trust, engagement, and culturally responsive service delivery in Lethbridge.

| CHR 5 | a) Specific to the completion of this Community Homelessness Report (CHR), did ongoing, meaningful collaboration take place with the local Indigenous partners, including those that sit on your CAB, over the reporting period? | Yes |

As a reminder, meaningful collaboration on the CHR with local Indigenous partners is expected for your community.

b) In your response to **CHR 5(a)** you noted that collaboration occurred with Indigenous partners. As a follow up to this, please indicate which of the following activities took place:

• Engagement with Indigenous partners took place in the early stages of CHR development, to determine how collaboration should be undertaken for the CHR.	Yes
• Collaboration with Indigenous partners took place when developing and finalizing the CHR.	Yes
• Indigenous partners reviewed and approved the final CHR.	Yes

Note: As applicable, these activities should be described in further detail in CHR 5(c). This list is not meant to be exhaustive. Other relevant activities not listed here can be described in CHR 5(c).

c) In your response to **CHR 5(a)** you noted that collaboration **occurred** with Indigenous partners. As a follow up to this, please describe the collaboration that took place in more detail **related to the completion of this CHR.**

Your response could include information such as how Indigenous peoples were engaged in these discussions, when collaboration occurred, who it was with, and what sections of the CHR were informed by Indigenous input and/or perspectives.

The majority of the meaningful collaboration with Indigenous partners occurred throughout the year outside of the actual effort to complete the Community Homelessness Report (CHR). However, the CHR was completed through an iterative process that involved Indigenous members of the Community Advisory Board (CAB).

Collaboration Process & Indigenous Engagement:

• Review and Input Process: The CHR was brought forward to the CAB with active participation from Indigenous partners, who reviewed the document twice before sign-off to ensure alignment with culturally appropriate strategies and priorities.
• Timing & Consultation: Indigenous engagement occurred throughout the revision phases of the CHR, with structured feedback sessions integrated into the CAB's review timeline.

End of Section 1

SECTION 2: COORDINATED ACCESS SELF-ASSESSMENT

Note: It is expected that communities will continuously work to improve their Coordinated Access system over time. If your community is working to improve a specific Coordinated Access requirement that had been self-assessed as met in a previous CHR, you should still select "Yes" from the drop-down menu for this CHR.

Governance and Partnerships

Note: For communities that receive both Designated Communities (DC) and Indigenous Homelessness (IH) funding, this section is specific to the **DC Community Advisory Board (CAB)**.

CA 1	Communities must maintain an integrated, community-based governance structure that supports a transparent, accountable and responsive Coordinated Access system, with use of an HMIS. The CAB must be represented in this structure in some way.	
	a) Is an integrated, community-based governance structure in place that supports a transparent, accountable and responsive Coordinated Access system and use of the local HMIS?	Yes
	b) Have Terms of Reference for the integrated, community-based governance structure been documented and, if requested, can they be made publicly available?	Yes
CA 2	Does the integrated governance structure that supports Coordinated Access and use of HMIS include representation from the following: • Federal Homelessness Roles:	
	→ Community Entity:	Yes – as a CAB member with ex-officio status and a member of the overall governance structure

→ Community Advisory Board:	Yes
→ Housing, Infrastructure and Communities Canada (HICC):	Not yet
→ Organization that fulfills the role of Coordinated Access Lead:	Yes
→ Organization that fulfills the role of HMIS Lead:	Yes
● Homelessness roles from other orders of government:	
→ Provincial or territorial government:	Yes – as a CAB member and a member of the overall governance structure
→ Local designation(s) relative to managing provincial or territorial homelessness funding, as applicable (e.g., Service Manager in Ontario):	Not applicable
→ Municipal government:	Yes – as a CAB member and a member of the overall governance structure
→ Local designation(s) relative to managing municipal homelessness funding, as applicable:	Yes
● Local groups with a mandate to prevent and/or reduce homelessness, as applicable:	Yes
● Local Indigenous partners:	Yes – as a CAB member and a member of the overall governance structure

	• Population groups the Coordinated Access system intends to serve (e.g., providers serving youth experiencing homelessness):	Yes – as a CAB member and a member of the overall governance structure
	• Types of service providers that help prevent homelessness and those that help people transition from homelessness to safe, appropriate housing in the community:	Yes – as a CAB member and a member of the overall governance structure
	• People with lived experience of homelessness:	Yes
CA 3	Is there a document that identifies how various homeless-serving sector roles and groups are integrated and aligned in support of the community's overall goals to prevent and reduce homelessness and, if requested, can this documentation be made publicly available? At minimum, the following roles and groups must be included: • Community Entity; • Community Advisory Board; • Coordinated Access Lead and HMIS Lead; • Provincial or territorial and municipal designations relative to managing homelessness funding, as applicable; • Local groups with a mandate to prevent and/or reduce homelessness, as applicable; and, • Local Indigenous partners.	Yes
CA 4	a) Has a Coordinated Access Lead organization been identified?	Yes
	b) Has an HMIS Lead organization been identified?	Yes
	c) Do the Coordinated Access Lead and HMIS Lead collaborate to: • Improve service coordination and data management; and, • Increase the quality and use of data to prevent and reduce homelessness?	Yes

	d) Have Coordinated Access Lead and HMIS Lead roles and responsibilities been documented and, if requested, can this documentation be made publicly available?	Yes
CA 5	a) Has there been meaningful collaboration between the DC CE and local Indigenous partners, including those that sit on your CAB, over the reporting period specific to the work of implementing, maintaining and/or improving the Coordinated Access system? Note: The response to this question is auto-populated from CHR 4(a).	Yes
CA 6	a) Consider the CAB expectations outlined below. Is the CAB currently fulfilling expectations related to its role with addressing homelessness in the community?	Yes

Background: The Reaching Home Directives outline expectations specific to the CAB and its role with addressing homelessness in the community. These expectations are summarized below under four roles.

Community-Based Leadership: To support its role, collectively, the CAB:

- Is representative of the community;
- Has a comprehensive understanding of the local homelessness priorities in the community; and,
- Has in-depth knowledge of the key sectors and systems that affect local priorities.

Planning:

- In partnership with the Community Entity, the CAB gathers all available information related to local homelessness needs in order to set direction and priorities, understand what is working and what is not, and develop a coordinated approach to meet local priorities.
- The CAB helps to guide investment planning, including developing the Reaching Home Community Plan and providing official approval, as well as assessing and recommending projects for Reaching Home funding to the Community Entity.

Implementation and Reporting:

- The CAB engages in meaningful collaboration with key partners, including other orders of government, Indigenous partners, as well as entities that coordinate provincial or territorial homelessness initiatives at the local level, where applicable.

- The CAB coordinates efforts to address homelessness at the community level by supporting the Community Entity to implement, maintain, and improve the Coordinated Access system, actively use the local HMIS, as well as prevent and reduce homelessness using an Outcomes-Based Approach.

- The CAB approves the Reaching Home Community Homelessness Report.

Alignment of Investments:

- CAB members from various orders of government support alignment in investments (e.g., they share information on existing policies and programs, as well as updates on funding opportunities and funded projects).

- CAB members provide guidance to ensure federal investments complement existing policies and programs.

CA 7 Are the following CAB documents being maintained **and** are they available upon request?	
• Terms of Reference.	Yes
• Engagement strategy that explains how the CAB intends to:	Yes

→ Achieve broad and inclusive representation;

→ Coordinate partnerships with the necessary sectors and systems to meet its priorities (e.g., beyond the homeless-serving sector); and,

→ Integrate local efforts with those of the province or territory.

	● Procedures for addressing real and/or perceived conflicts of interest (e.g., members recuse themselves when they have ties to proposed projects), including the membership of elected municipal officials.	Yes
	● Procedures for assessing and recommending project proposals for federal funding under Reaching Home (e.g., supporting a fair, equitable, and transparent assessment process as set out by the Community Entity).	Yes
	● Exclusive and shared responsibilities between the CAB and Community Entity.	Yes
	● Membership terms and conditions, including:	Yes
	→ Recruitment processes;	
	→ Length of tenure;	
	→ Attendance requirements;	
	→ Delegated tasks; and,	
	→ Having at least two seats available for the alternate Community Entity and CAB/Regional Advisory Board (RAB) member, where applicable.	
CA 8	a) Do all service providers receiving funding under the Designated Communities (DC) or Territorial Homelessness (TH) stream participate in the Coordinated Access system?	Yes
	b) Has participation in the Coordinated Access system been encouraged from providers that serve people experiencing or at-risk of homelessness, and do not receive Reaching Home funding? They may or may not have agreed to participate at this time.	Yes

	c) Has participation been encouraged from providers that could fill vacancies through the Coordinated Access system (e.g., they have housing units, subsidies and/or supports that could be accessed by people experiencing homelessness), and do not receive Reaching Home funding? They may or may not have agreed to participate at this time.	Yes

Systems Map and Resource Inventory

CA 9	a) A systems map identifies and describes the service providers that participate in the Coordinated Access system. Does the community have a current systems map **and**, if requested, can it be made publicly available?	Yes
	b) Does the systems map include the following elements:	
	→ Name of the organization and/or service provider:	Yes
	→ Type of service provider (e.g., emergency shelter, supportive housing):	Yes
	→ Funding source(s):	Yes
	→ Eligibility for service (e.g., youth):	Yes
	→ Capacity to serve (e.g., number of units):	Yes
	→ Role in the Coordinated Access system (e.g., access point):	Yes
	→ Role with maintaining quality data used for a Unique Identifier List (e.g., keep data up-to-date for housing history):	Yes
	→ If the service provider currently uses the HMIS:	Not yet
	c) Over the last year, was the systems map used to guide efforts to improve:	

	→	The Coordinated Access system (e.g., identify opportunities to increase participation):	Yes
	→	Use of the HMIS (e.g., identify opportunities to onboard new service providers):	Not yet
	→	Data quality (e.g., increase data comprehensiveness):	Yes
CA 10	a) Are all housing and related resources funded under the DC or TH stream included in the Resource Inventory? This means that they fill vacancies using the Unique Identifier List, following the vacancy matching and referral process.		Yes
	b) For each housing and related resource in the Resource Inventory, have eligibility criteria been documented?		Yes
	c) For each housing and related resource in the Resource Inventory, have prioritization criteria, and the order in which they are applied, been documented **and**, if requested, can this documentation be made available? At minimum, depth of need (i.e., acuity) must be included as a factor in prioritization.		Yes
Service Navigation and Case Conferencing			
CA 11	a) Are there processes in place to ensure that people are being supported to move through the Coordinated Access process? This is often referred to as service navigation or case conferencing.		Yes
	b) Have these processes been documented **and**, if requested, can this documentation be made available?		Yes
	c) Do the processes include expectations for the following:		

	→ Helping people to identify and overcome barriers to accessing appropriate services and/or housing and related resources.	Yes
	→ Keeping people's information up-to-date in the HMIS (e.g., interaction with the system, housing history, as well as data used to inform eligibility and prioritization for housing and related resources).	Not yet
Access Points to Service		
CA 12	a) Are access points available in some form throughout the geographic area covered by the DC or TH funded region, so that people experiencing or at-risk of homelessness can be served regardless of where they are in the community?	Yes
	b) Have access points been documented **and** is this information publicly available?	Yes
CA 13	a) Are there processes in place to **monitor** if there is **easy**, **equitable** and **low-barrier** access to the Coordinated Access system **and** to respond to any issues that emerge, as appropriate?	Yes
	b) Have these processes been documented **and**, if requested, can this documentation be made available?	Yes
Initial Triage and more In-Depth Assessment		
CA 14	a) Is the triage and assessment process documented in one or more policies/protocols?	Yes
	b) Does the **documented** triage and assessment process address the following and, if requested, can the documentation be made available:	

→	**Consents:** Ensuring that people have a clear understanding of the Coordinated Access system, as well as how their personal information will be shared and stored. Includes addressing situations where people may benefit from services, but are not able or willing to give their consent.	Yes
→	**Intakes:** Documenting that people have connected or reconnected with the Coordinated Access system and have been entered into the HMIS, including obtaining or reconfirming consents, creating or updating client records, and entering transactions in the HMIS.	Yes
→	**Initial triage:** Ensuring safety and meeting basic needs (e.g., food and shelter), and guiding people through the process of stopping an eviction (homelessness prevention) or finding somewhere to stay that is safe and appropriate besides shelter (shelter diversion).	Yes
→	**More in-depth assessment:** Gathering information to gain a deeper understanding of people's housing-related strengths, depth of need, and preferences, including through the use of a common assessment tool(s) to inform prioritization for vacancies in the Resource Inventory.	Yes
→	**Community referrals:** Gathering information to understand what services people are eligible for and identifying where they can go to get their basic needs met, get help with a housing plan and/or connect with other related resources.	Yes

	→ **Housing plans:** Documenting people's progress with finding and securing housing (with appropriate subsidies and/or supports, as applicable).	Yes
	→ **Using a person-centered approach:** Tailoring use of common tools to meet the needs and preferences of different people or population groups (e.g., youth), while also maintaining consistency in process across the Coordinated Access system.	Yes
CA 15	a) Is a common, unified triage and assessment process being applied across all population groups in the community **and**, if requested, can this documentation be made available?	Yes
	b) If more than one triage and/or assessment tool is being used, is there a protocol in place that describes:	
	→ When each tool should be used (e.g., tools used only for youth verses those that can be used with more than one population group).	Not applicable – Only use one tool
	→ When a person/family could be asked to complete more than one tool (e.g., if an individual becomes part of a family or a youth becomes an adult).	Not applicable – Only use one tool
	→ How the matching process will be managed in situations where more than one person/family is eligible for the same vacancy and, because data to inform prioritization was collected using different tools, results are not the same (e.g., one tool gives a higher score for depth of need than the other).	Not applicable – Only use one tool
Vacancy Matching and Referral with Prioritization		

CA 16	a) Is the vacancy matching and referral process documented in one or more policies/protocols?	Yes
	b) Does your **documented** vacancy matching and referral process address the following:	
	→ **Roles and responsibilities:** Describing who is responsible for each step of the process, including data management.	Yes
	→ **Prioritization:** Identifying how prioritization criteria is used to determine an individual or family's relative priority on the Priority List (a subset of the broader Unique Identifier List) when vacancies become available (i.e., how the Priority List is filtered and/or sorted).	Yes
	→ **Referrals:** What information to cover when referring an individual or family that has been matched and how their choice will be respected, including allowing individuals and families to reject a referral without repercussions.	Yes
	→ **Offers:** What information to cover when a provider is offering a vacancy to an individual or family that has been matched and tips for making informed decisions about the offer.	Yes
	→ **Challenges:** How concerns and/or disagreements about prioritization and referrals will be managed, including criteria by which a referral could be rejected by a provider following a match.	Yes
	→ **Resource Inventory management:** Steps to track real-time capacity, transitions in/out of units, occupancy/caseloads, progress with referrals/offers, and housing outcomes.	Yes

CA 17	Are vacancies from the Resource Inventory filled using a Priority List, following the vacancy matching and referral process?	Yes

Section 2 Summary Tables

The tables below provides a summary of the work your community has done so far to meet the Reaching Home minimum requirements under the **Coordinated Access and CAB Directives**.

	Completed	Started	Not Yet Started
Total	14	3	0

Coordinated Access	Completed (score)	Completed (%)
Governance and partnerships (out of 8 points)	7	88%
System map and Resource Inventory (out of 2 points)	1	50%
Service navigation and case conferencing (out of 1 point)	0	0%
Access points (out of 2 points)	2	100%
Initial triage and more in-depth assessment (out of 2 points)	2	100%
Vacancy matching and referral with prioritization (out of 2 points)	2	100%
All (out of 17 points)	**14**	**82%**

End of Section 2

	SECTION 3: HOMELESSNESS MANAGEMENT INFORMATION SYSTEM AND OUTCOMES-BASED APPROACH SELF-ASSESSMENT	
	Context	
CHR 7	a) In your community, is the Homeless Individuals and Families Information System (HIFIS) the Homelessness Management Information System (HMIS) that is being used?	No
	b) Which HMIS is being used?	
	ETO (Efforts to Outcomes)	
	c) When was it implemented?	
	2014-01-01	
	Note: Throughout Section 3 and Section 4 of this CHR, questions that ask about the "HMIS" or the "dataset" refer to the HMIS identified in question CHR 7.	
	Homelessness Management Information System (HMIS)	
HIFIS 1	Is an HMIS being **actively used** to manage individual-level client data (i.e., person-specific data) and service provider information for Coordinated Access and for the Outcomes-Based Approach? This includes using the HMIS to generate data for the Unique Identifier List and outcome reporting.	Under development
HIFIS 2	a) Are **all** Reaching Home-funded service providers actively using the same HMIS to manage individual-level client data (i.e., person-specific data) and service provider information for Coordinated Access and for the Outcomes-Based Approach?	Yes

	b) Over the last year, were **other** non-Reaching Home-funded providers that serve people experiencing or at-risk of homelessness encouraged to actively use the HMIS? They may or may not have agreed to do so at this time.	Not yet
HIFIS 3	a) Has the Community Entity signed the latest Data Provision Agreement (find the latest version **here**, which includes the Racial Identity field in the annex) with Housing, Infrastructure and Communities Canada (HICC)? This may have been done in a previous year.	Yes
	b) Are local agreements in place to manage privacy, data sharing and client consent related to the HMIS? These agreements must comply with municipal, provincial/territorial and federal laws and include: • A Community Data Sharing Agreement; and, • A Client Consent Form.	Yes
	c) Are processes in place that ensure there are no unnecessary barriers preventing Indigenous partners from accessing the HMIS data and/or reports they need to help the people they serve?	Yes
HIFIS 4	Has the Community Entity updated HIFIS to the latest version that was most recently confirmed as mandatory by HICC?	Under development
HIFIS 5	a) Has there been meaningful collaboration between the DC CE and local Indigenous partners, including those that sit on your CAB, over the reporting period specific to the work of implementing, maintaining and/or improving, as well as the use of the HMIS? Note: The response to this question is auto-populated from CHR 4(a).	Yes

Data Uniqueness	
OBA 1 a) Does the dataset include people currently experiencing homelessness that have interacted with the homeless-serving system?	Yes
b) Do people appear only once in the dataset?	Yes
c) Do people give their consent to be included in the dataset?	Yes
OBA 2 Is there a **written policy/protocol** ("Inactivity Policy") that describes how **interaction with the homeless-serving system** is **documented**? The policy/protocol must: • Define what it means to be "active" or "inactive"; • Define what keeps someone "active" (e.g., data entry into specific fields in HIFIS); • Specify the level of effort required by service providers to find people before they are made/confirmed as "inactive"; • Explain how to document a person's first time as "active", as well as changes in "activity" or "inactivity" over time; and, • Explain how to check for data quality (e.g., run a report that shows the clients that are about to become inactive and work with outreach workers to update their files and keep them active, as needed).	Yes

OBA 3	Is there a **written policy/protocol** that describes how **housing history is documented** (e.g., as part of a broader data entry guide for the HMIS)? The policy/protocol must:
	    • Define what it means to be "homeless" or "housed" (e.g., define a housing continuum that shows which housing types align with a status of "homeless" versus "housed");
	    • Explain how to enter housing history consistently; and,
	    • Explain how to check for data quality (e.g., run a report that shows the percentage of clients that have complete housing history, so that "unknown" fields can be updated).
		Yes

Data Consistency		
OBA 4	To support Coordinated Access, is the HMIS used to generate data for a Unique Identifier List?	Yes
OBA 5	Is the HMIS used to <u>collect data</u> for setting baselines, setting reduction targets and tracking progress for the following community-level outcomes:	
	→ Overall homelessness:	Yes
	→ Newly identified as experiencing homelessness:	Yes
	→ Returns to homelessness:	Yes
	→ Indigenous homelessness:	Yes
	→ Chronic homelessness:	Yes

Data Timeliness		
OBA 6	Is the dataset updated <u>as soon as</u> new information is available about a person for:	

	→ Interaction with the system (e.g., changes from "active" to "inactive").	Yes
	→ Housing history (e.g., changes from "homeless" to "housed").	Yes
	→ Data that is relevant and necessary for Coordinated Access (e.g., data used to determine who is eligible and can be prioritized for a vacancy).	Yes
OBA 7	Is data readily available and accessible, so that it can be used for Coordinated Access, the Outcomes-Based Approach and to drive the prevention and reduction of homelessness more broadly?	Yes
Data Completeness		
OBA 8	Are processes in place to ensure that all relevant and necessary data for filling vacancies is complete? For example, is data used to determine if someone is eligible and can be prioritized for a vacancy complete for each person in the dataset?	Yes
OBA 9	Are processes in place to ensure that data for every person in the dataset is as complete as possible for:	
	→ Interaction with the system:	Yes
	→ Housing history (including data about where people were staying immediately before becoming homeless and, once they've exited, where they went):	Yes
	→ Indigenous identity:	Yes
Data Comprehensiveness		

OBA 10	Does the dataset include all household types (e.g., singles and families experiencing homelessness)?	Yes
OBA 11	Does the dataset include people experiencing sheltered homelessness (e.g., staying in emergency shelters)?	Yes
OBA 12	Does the dataset include people experiencing unsheltered homelessness (e.g., people living in encampments)?	Yes
CHR 9	The following questions aim to help consider other factors that may impact data comprehensiveness. They do not directly assess progress with the minimum requirements.	
	a) Does the dataset include the following household types, as much as possible right now:	
	→ Single adults:	Yes
	→ Unaccompanied youth:	Yes
	→ Families	Yes – All family members including dependents
	b) Does the dataset include people staying in the following types of shelter:	
	→ Permanent emergency shelter:	Yes
	→ Seasonal or temporary emergency shelter:	Yes
	→ Hotels/motel stays paid for by a service provider:	Yes
	→ Domestic violence shelters:	Yes

	c) Does the dataset include the following groups of people who have interacted with the system:	
	→ People that identify as Indigenous:	Yes
	→ People as soon as they interact with the system:	Yes – people are added on the first day
	→ People experiencing hidden homelessness:	Not yet
	→ People staying in transitional housing:	Yes
	→ People staying in public institutions who do not have a fixed address (e.g., jail or hospital):	Yes
OBA 13	Under Reaching Home, at minimum, a comprehensive dataset includes all household types (OBA 10), people experiencing sheltered homelessness (OBA 11) and people experiencing unsheltered homelessness (OBA 12), as applicable. Consider your answers to questions OBA 10, OBA 11, OBA 12 and CHR 9. Does the dataset include everyone currently experiencing homelessness that has interacted with the homeless-serving system, as much as possible right now?	Yes
Data Use		
OBA 14	**Note:** For the purpose of this CHR, the dataset can only be used for monthly reporting if there is at least one full month of data available, and for annual reporting if there is at least one full fiscal year of data available. a) **Can the dataset be used to set** monthly and annual baselines and reduction targets for the following community-level outcomes:	

→ Overall homelessness:	Yes
→ Newly identified as experiencing homelessness:	Yes
→ Returns to homelessness:	Yes
→ Indigenous homelessness:	Yes
→ Chronic homelessness:	Yes

b) **Is the dataset being used to set** monthly and annual baselines and reduction targets for the following community-level outcomes:

→ Overall homelessness:	Not yet
→ Newly identified as experiencing homelessness:	Not yet
→ Returns to homelessness:	Not yet
→ Indigenous homelessness:	Not yet
→ Chronic homelessness:	Not yet

OBA 15	Is data used to <u>inform action</u> related to preventing and reducing homelessness?	Yes

b) How is data being used to inform action? Please provide specific examples. Your response should include:
   • Examples of how data is used to develop and/or update clear plans of action for reaching your reduction targets; and/or,
   • Examples of how data is used to inform action in policy-making, program planning, performance management, investment strategies and/or service delivery.

1. Data-Driven Planning for Reduction Targets
Homelessness Reduction Targets: Data from Coordinated Access and HMIS (ETO, HIFIS is under development) is used to track progress in reducing homelessness and identify key areas requiring intervention and will be provided to the CAB as necessary to support informed action and decision-making.
Updated Plans of Action: Findings from homelessness enumeration reports guide annual updates to strategic plans, ensuring that resources are allocated to the most pressing needs.

2. Informing Policy-Making & Program Planning
Data on service usage, including shelter occupancy and length of stay, have contributed to a better understanding of trends and pressures in the homelessness response system. These insights have supported broader planning efforts, such as identifying the need for additional emergency shelter resources during peak demand periods. Similarly, data on chronic homelessness have helped underscore the importance of long-term housing solutions for individuals with complex needs, aligning with community investments in supportive housing and related services.

3. Performance Management & Service Delivery Improvements
Coordinated Access Efficiency: Performance data on service referrals and housing placements is analyzed to improve referral pathways, reducing wait times and increasing service efficiency.
Enhanced Indigenous Engagement: Data disaggregation by demographics has highlighted service gaps for Indigenous populations, leading to culturally responsive programming developed in partnership with Indigenous-serving organizations such as the Blackfoot Resource Hub.

4. Investment Strategies & Resource Allocation
Strategic Funding Allocation: Data insights have informed the distribution of Reaching Home funds, ensuring investments target service gaps such as mental health supports and rapid rehousing initiatives.

Partnerships

OBA 16	a) Has there been meaningful collaboration between the DC CE and local Indigenous partners, including those that sit on your CAB, over the reporting period specific to the work of strengthening the Outcomes-Based Approach? Note: The response to this question is auto-populated from CHR 4(a).	Yes

Data quality improvement

OBA 17	a) Are efforts being made to improve data quality?	Yes
	b) How was data quality improved? Please provide specific examples. Your response could reference one or more dimensions of data quality: • Data uniqueness • Data consistency • Data timeliness • Data completeness • Data comprehensiveness	

Data Uniqueness: Service providers track unique participants and eliminate duplicate records. This ensures that each client is uniquely identified within the Coordinated Access system.

Data Consistency: Standardized data entry protocols and training sessions towards reducing variations in how client information is recorded. This has led to greater alignment in reporting across multiple agencies. Schedule D: Reporting Requirements included within service provider agreements also ensure the consistency

Data Timeliness: Real-time reporting process allowing for faster updates on housing placements and service interactions. This ensures that data is current and can be used for timely decision-making.

Data Completeness: Enhanced data fields were in intake and service tracking forms within ICA and ETO,

significantly reducing missing or incomplete records. Providers are required to submit agreed upon data within their Schedule D: Reporting Requirements, improving the accuracy and completeness of reports.

Data Comprehensiveness: Collaboration with Indigenous-serving organizations and other community partners has expanded the breadth of collected data, ensuring that information reflects diverse client experiences, including culturally specific needs.

These improvements collectively strengthen the integrity, usability, and impact of the data for policy development and service planning.

Reporting on other Community-Level Outcomes

Section 3 Summary Tables

The tables below provides a summary of the work your community has done so far to meet the Reaching Home minimum requirements under the **HIFIS Directive**.

	Completed	Started	Not Yet Started
Total	2	3	0

Homelessness Management Information System	Completed (score)	Completed (%)
Homelessness Management Information System (out of 5 points)	2	40%
All (out of 5 points)	**2**	**40%**

The tables below provides a summary of the work your community has done so far to meet the Reaching Home minimum requirements under the **Outcomes-Based Approach Directive**.

	Completed	Started	Not Yet Started
Total	16	1	0

Outcomes-Based Approach	Completed (score)	Completed (%)
Data uniqueness (out of 3 points)	3	100%

Data consistency (out of 2 points)	2	100%
Data timeliness (out of 2 points)	2	100%
Data completeness (out of 2 points)	2	100%
Data comprehensiveness (out of 4 points)	4	100%
Data use (out of 2 points)	1	50%
Partnerships (out of 1 point)	1	100%
Data quality improvement (out of 1 point)	1	100%
All (out of 17 points)	**16**	**94%**

End of Section 3

SECTION 4: COMMUNITY-LEVEL OUTCOMES AND TARGETS

Using person-specific data to set baselines, set reduction targets and track progress – Monthly data

Your answers in Section 3 indicate that your community currently **does not** meet the standard for reporting on core m**onthly** outcomes.

Using person-specific data to set baselines, set reduction targets and track progress – Annual data

Your answers in Section 3 indicate that your community currently **does not** meet the standard for reporting on core **annual** outcomes.