

**Reaching Home: Canada's Homelessness Strategy**  
**Community Homelessness Report**

**City of Lethbridge**

**2021-2022**

**\*TEMPLATE FOR COMMUNITIES\***

## SECTION 1: COMMUNITY CONTEXT

### Overview

- 1.1 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.

Permanent Supportive Housing (PSH) Consortium - A local PSH Consortium was developed in 2021 to provide recovery-focused PSH in the community. The PSH Leadership team comprises: Alberta Health Services (Addiction & Mental Health), City of Lethbridge and PSH service providers. The development of the Consortium has been an important step in addressing the extreme lack of permanent supportive housing beds in our City. A 2018 Municipal Housing Strategy Needs Assessment outlined approximately 200 high acuity individuals in the community are in need of PSH however, recent local data from the Point-In-Time count indicates this number is likely much higher now in 2022. The PSH Consortium has developed and implemented a referral and scoring system that guides priority setting for individuals in need of PSH. The Consortium also relies on a Placement Committee comprised of representation from various organizations who support the vulnerable population in Lethbridge to ensure that placements and priority setting is community informed. Currently, all 53 PSH beds are full. The City of Lethbridge is supporting existing service providers in locating other facilities that will enable more efficient economy of scale but acknowledges that rezoning is not a short process as it relates to permanent supportive housing and there are difficulties that often come with this type of housing including community support and Not In My Backyard (NIMBY). The Government of Alberta is planning to provide the capital funding for an additional build of a 42 bed facility with operational dollars still to be determined. This facility will make a significant impact as finding facilities of a sufficient size that are appropriately zoned to meet the needs of these highly complex individuals remains a barrier for increasing cost effective PSH in our community.

Development and Implementation of 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. 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.

1.2 What impact has COVID-19 had on your community's progress with the **implementation of Coordinated Access and a Homelessness Management Information System (HMIS)** and the **transition to an outcomes-based approach** over the last year?

COVID-19 has had a profound impact on service delivery and community wellbeing in Lethbridge. There has been a significant amount of adaptability demonstrated by service providers to deliver programming since March 2020. As the Community Entity (CE), the City of Lethbridge has had to pivot a lot of time and resources into dealing with short term issues and working around COVID-19 driven emergencies as well as the worsening opioid epidemic. The impact on the implementation of an Integrated Coordinated Access system, HMIS, and transition to an outcomes-based approach has been as follows:

Integrated Coordination Access (ICA) implementation - While COVID-19 has slowed the development and rollout of the ICA system, the City of Lethbridge in partnership with the lead implementation agency CMHA have managed to successfully roll out many components of the system and conduct workshops and Tier 1 Navigation training through virtual platforms. Community buy-in and time commitment to engagement were impacted as many service providers struggled to have the capacity to take on new initiatives such as ICA. Many service providers have also struggled to hire and retain staff, particularly in frontline roles such as outreach which has impacted the number of new Intakes into the ICA system.

Homelessness Management Information System - The City of Lethbridge has been working alongside an external consultant, HelpSeeker Technologies, on the research and design phase of building a technology platform to replace our current HMIS. This work is part of the Compass project which has received investment from the Digital Technology Supercluster, Microsoft, and CMHC to develop a novel platform that leverages artificial intelligence and machine learning to create a platform that aligns the needs of individuals, service providers, and policymakers across the social services sector to streamline and improve wayfinding for community members. The Compass project was in the design and engagement phase for 2021-22. With many of the emerging issues as a result of COVID-19, the Compass project has fallen behind the initial timelines as the development of Integrated Coordinated Access as described above was given priority. The City of Lethbridge will soon receive the Compass 'Roadmap' report that will summarize the results of the community engagement pieces that included one-on-one interviews with

service providers around product design, a survey that assessed digital capacity and needs, and interviews/focus groups with community members with lived experience accessing the system of care. The Roadmap will provide recommendations for how the City of Lethbridge can move forward with implementing a new database which will encompass more than just the homeless serving sector in Lethbridge, but will serve as our HMIS.

Transition to Outcomes-Based Approach – The Lethbridge By Name List (BNL) is managed through our existing HMIS database called Efforts to Outcomes (ETO). Participants on the BNL have been identified as experiencing homelessness and have consented for services within the ICA/ACM system. They remain in ETO while their consent is still active; however, consent expires one year after it has been provided, meaning inactive individuals are dismissed from ETO and the BNL when their consent expires. We are unable to confirm whether individuals who are inactive or who are dismissed for expired consent have secured housing. We believe many of these individuals continue to experience homelessness, often, due to the lack of PSH and other services for individuals with high needs which was exacerbated by COVID-19. As such, our current ability to track community-level homelessness through a BNL is limited and only provides a partial snapshot of the number of individuals currently experiencing homelessness at any given time. Preliminary results from the 2022 Point-in-Time count indicate that the number of individuals experiencing homelessness has nearly doubled since the last count in 2018. Technology limitations and the rapidly increasing number of homeless individuals in our community (in part due to COVID) have impacted our ability to have a comprehensive BNL and fully transition to an outcomes-based approach.

### Collaboration between Indigenous and Non-Indigenous Partners

1.3	<p>a) Specific to the implementation of Coordinated Access and an HMIS, has there been collaboration between the <b>Designated Community (DC) Community Entity (CE)</b> and <b>local Indigenous organizations</b>?</p>	Yes
	<p>b) Describe how this collaboration was done and how it affected the implementation of Coordinated Access and/or the HMIS. How will it be strengthened in the future?</p>	

Development of the Integrated Coordinated Access (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 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 future through collaboration with the Blackfoot Resource Hub, a new contract under development with the Blood Tribe Administration. A large focus in the coming year will be on further implementing and adapting the Tier 2 & 3 training curriculum, of which an important component will be mandatory cultural competency training for staff to ensure organizations are delivering culturally appropriate programming. The Blackfoot Resource Hub 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. 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 interested 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. This 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 future.

In 2021-22, 38% of individuals receiving Adaptive Case Management support, 63% of individual housed in PSH, and 49% of individuals active on the By-Name List (BNL) self-identified as being of Indigenous ancestry. 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 Blackfoot Resource Hub 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.

<p>1.4 a) Specific to the implementation of Coordinated Access and an HMIS, has there been collaboration between the <b>DC CE and the Indigenous Homelessness (IH) CE and/or Community Advisory Board (CAB)</b>, where applicable?</p>	<p>Yes</p>
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b) Describe how this collaboration was done and how it affected the implementation of Coordinated Access and/or the HMIS. How will it be strengthened in the future?



Much of the early concept, allocation of funds, and development of the Integrate Coordinated Access (ICA) system was done in collaboration with the CAB and Indigenous CAB members as they bring a wealth of expertise and knowledge of community needs. Through Community Wellbeing & Safety Strategy (CWSS) Advisory Meetings, both CAB and Indigenous CAB members have been engaged and provided opportunity for feedback on ICA development, with some attending Tier 1 Navigation Training sessions and providing valuable feedback. The Indigenous CAB has been consulted for support with strategic planning, funding, and best practices to support the development of the Blackfoot Resource Hub contract with the Blood Tribe.

The CWSS Advisory Committee met recently (October 2022) to provide recommendations on 2023 CWSS contracts. The CWSS Advisory Committee expressed interest in meeting soon to further define the Terms of Reference and roles of CAB members. As the CE, CSD will facilitate and coordinate communication and meetings to ensure the expertise of this group along with their expressed desire to be more engaged in system design and programming is achieved. The Indigenous CAB has also expressed interest in more involvement in ensuring that current programming is meeting the needs and Key Performance targets set for service delivery to Indigenous participants.

Current members of the CWSS Advisory Committee have limited experience in working with our current HMIS, called Efforts to Outcomes (ETO), but have been informed that CSD is exploring other HMIS options and our involvement in the Compass project. Therefore, we have had limited actionable feedback from CAB members regarding the current HMIS but will be informing and consulting them on the recommendations coming out of the Compass Roadmap report to determine next steps in adopting a new HMIS.

1.5

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

Yes

b) Describe when this collaboration occurred and what parts of the CHR were informed by these efforts.



This report was reviewed and approved by the Community Wellbeing & Safety Strategy (CWSS) Advisory Committee, which is both our CAB and Indigenous CAB. The Indigenous CAB was engaged early on 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 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 summary of the CHR will be made publicly available on the City of Lethbridge Community Social Development webpage [lethbridge.ca/csd](http://lethbridge.ca/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 <b>and</b> has a Coordinated Access lead organization(s) been identified?	Yes
2.2	Is there a governance model for your HMIS <b>and</b> has an HMIS lead organization(s) been identified?	Yes
2.3	Do all service providers receiving funding through the Designated Communities or Territorial Homelessness 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?	
	7	
	c) In your community, is 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.	
	e) When was it implemented?	

	2008	
2.5	Has <b>either</b> a Data Provision Agreement been signed with Infrastructure Canada (INFC) if your community is currently using HIFIS <b>or</b> a Data Sharing Agreement been signed with INFC if your community is currently using an equivalent HMIS?	Yes
2.6	Do you have a set of local agreements to manage privacy, data sharing and client consent in compliance to municipal, provincial and federal laws?	Yes
2.7	Have you established safeguards to ensure the data collected is secured from unauthorized access?	Yes
<b>Access Points to Service</b>		
2.8	Are access sites available in some form throughout the Designated Communities (DC) 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 <b>easy</b> and <b>equitable</b> 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
<b>Triage and Assessment</b>		
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 or Territorial Homelessness 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) <b>and</b> 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.

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. In Fall 2021, the City of Lethbridge hired an ICA Technician who 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, protocol, 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 which 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.

**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.

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 Integrated Coordinated Access Partnership (ICAP) table. The key connector is the ICA Referral Pathways that 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 getting the resources and services they needed. Currently, the ICA referral pathways are gaining momentum with community support and supporting successful system navigation. More service providers will be coming onboard shortly.

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 explained and offered. This process includes assessing for further programs that may be applicable to the individual's needs, capacity/capabilities and supporting individuals in connecting with community supports, where follow up can be more frequent if needed/wanted by the individual.

All service providers working within the ICA system use the Service Prioritization Decision Tool (SPDAT) in tandem with their own assessment tools to assess and triage for housing. If individuals are identified as eligible and agreeable for a referral to PSH, referrals are sent to the ICA system where they are screened to determine if they meet the requirements of being chronically homeless and unsuitable for market housing or less intensive support options. PSH referrals are reviewed by the PSH Consortium on a monthly basis and they verify eligibility criteria and complete the preliminary screening tool and placement rationale. The tool outlines eligibility criteria (SPDAT scoring, intake and evidence of unsuitability for market

**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 contained in a single document or database?	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:

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



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 <b>written policy/protocol</b> 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 <b>get data</b> 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

<p>c) Can the community <b>get data</b> 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?</p>	<p>Yes</p>
<p>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”.</p>	
<p>a) Is there a <b>written policy/protocol</b> 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.</p>	<p>Yes</p>
<p>b) Can the community <b>get data</b> 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”).</p>	<p>Not yet</p>
<p>3.8 a) Can the community <b>get demographic data</b> from the List? Check all that apply. If the community does not yet have a List, they do not have to answer this question.</p>	
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Indigenous identity (mandatory for Reaching Home)</li> <li><input checked="" type="checkbox"/> Age</li> <li><input checked="" type="checkbox"/> Household type (e.g., single or family)</li> <li><input checked="" type="checkbox"/> Gender identity</li> <li><input checked="" type="checkbox"/> Veteran status</li> </ul>	

Other (please define):

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. Keep the List up-to-date so that data is real-time

**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 the List updated on a regular basis, monthly at minimum?	Yes
<b>Part B) Please provide additional information about the List</b>	
3.10 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) <b>Optional CHR question:</b> 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?	
<p><b>*Optional:</b> 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 By-Name List (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 unwillingness by the shelter provider to share data we were not able to know which 59 unhoused and 19 housed individuals those were. We provided the BNL to the shelter but only received aggregate data back thus limiting our ability to update our BNL. A lack of data sharing with the current shelter provider has been a further</p>	
3.11 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.

### 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.

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

- Single adults
- Unaccompanied youth

	<input type="checkbox"/> Families	
3.13	Does the List include individuals experiencing homelessness who identify as Indigenous?	Yes
3.14	Does the List include more than just people experiencing chronic homelessness?	Yes – includes more than chronic
3.15	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)?	Not yet started
	b) Does the List include individuals and families staying in domestic violence shelters?	Not yet started
3.16	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
3.17	Does the List include individuals and families who are experiencing hidden homelessness, to the best of your knowledge?	Under development
3.18	Does the List include individuals and families staying in transitional housing?	Not yet started
3.19	Does the List include individuals staying in public institutions who do not have a fixed address (e.g., jail or hospital)?	Yes

3.20	<p>The “CHR Community-Level Data Comparisons” worksheet was developed to help communities self-assess the comprehensiveness of their List. CHR question 3.20 is an optional follow-up question for communities that have completed the worksheet.</p> <p><b>Optional CHR question:</b> How does data from the List compare to other community-level data sources that are considered reliable? 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?</p>
	<p><b>*Optional:</b> There is no common 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. The number of individuals using the main shelter are often higher than the number of individuals identified on our By-Name List (BNL) and 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. There will be a new shelter operator in 2023 and we hope to work with them to better compare data and update our BNL.</p>
3.21	<p>Consider your answers to Questions 3.12 to 3.19 (and 3.20, 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?</p> <p style="text-align: center;">No</p>
<p><b>Part B) Please provide additional information about the List</b></p>	
3.22	<p>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?</p> <p style="text-align: center;">Yes</p>
	<p>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.</p>
	<p>CMHA is the lead agency keeping this resource up to date, on behalf of all providers.</p>






**Section 3 Summary Table**

The table below provides 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	Step 4:	
			Can report annual outcome data (mandatory)	Can report monthly outcome data (optional)
Yes	Yes	Not yet	Not yet	Not yet

**Section 3 Summary Comment**

3.27

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; and
- 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).

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

We experience significant limitations with our current database (ETO) - it is a requirement from the Government of Alberta for some housing-funded programs to use but not all, such as shelters. It is not commonly used throughout the community for non-city funded service providers like emergency shelters and transitional housing facilities so data is very difficult to cross reference and data sharing agreements are not in place to support this cross-referencing. We are currently exploring other HMIS options and are engaged in the Compass project that has received significant investment from partners like Microsoft and CMHC. We anticipate our Roadmap with recommendations to be available in late November 2022. We also have plans to adopt HIFIS to support some of our programs; however, we are awaiting more information from the Compass project, the Government of Alberta with respect to provincial funding and data obligations, as well as consulting with key community stakeholders. We will work to integrate our new technology solutions as best as possible with the new shelter operator as this would greatly improve the comprehensive of our By-Name List (BNL).

Data on the BNL includes individuals experiencing unsheltered homelessness, specifically encampments if the individual has conducted an Intake assessment and consented to service. As outlined in Section 1.1, the City of Lethbridge Encampment Response Process includes outreach teams regularly attending known encampments throughout the city and offering support and connection to services. The CMHA Outreach Mobile Team (OMT) visits encampments prior to any scheduled encampment cleanup to connect with encampment occupants and offer services and supports. Unfortunately, many of these individuals do not wish to do an Intake assessment and consent to ongoing support making it difficult to comprehensively determine the number of individuals and their needs for additional support. Data from the Point-In-Time count conducted on September 27th, 2022 indicates that at least 454 people were experiencing homelessness in Lethbridge on that night, with 235 of those individuals living unsheltered. Due to the ongoing challenges in hiring and retaining frontline outreach staff for OMT role, the current service provider (CMHA) wishes to no longer proceed with this service and we are looking to reallocate these funds to another provider in 2023.

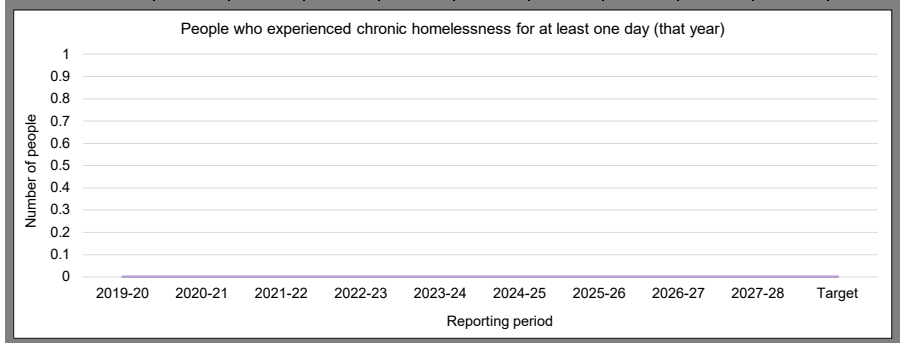
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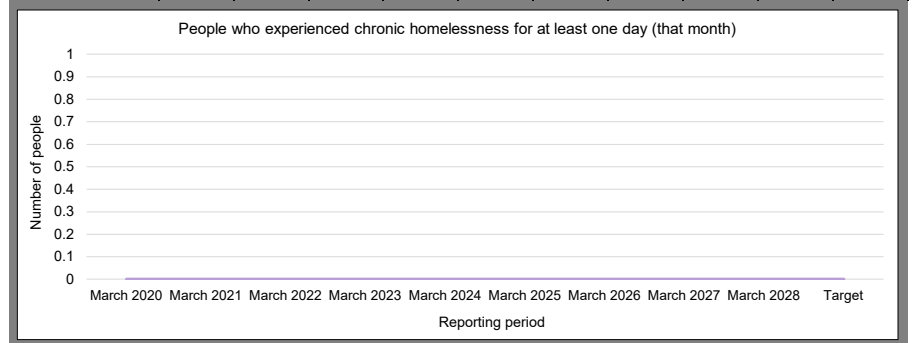


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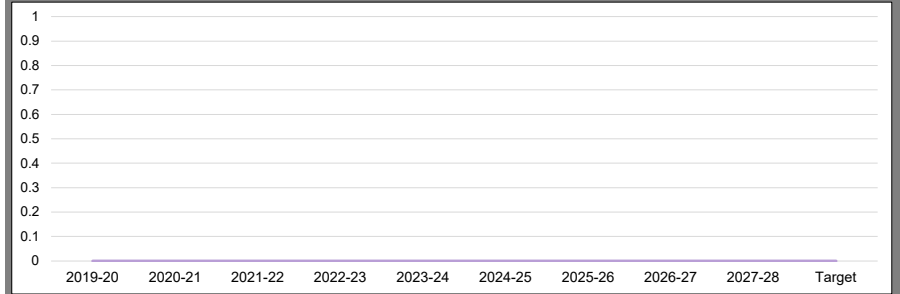



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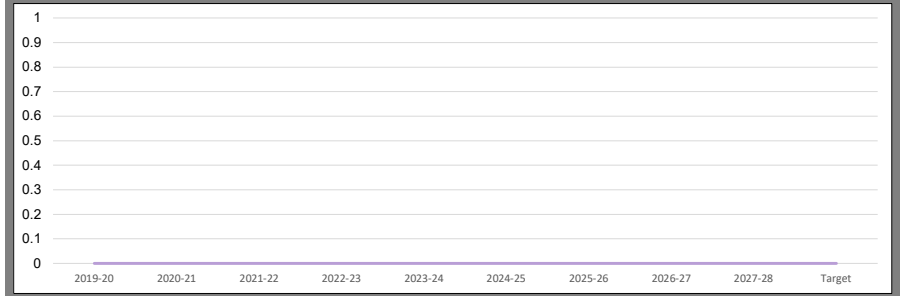




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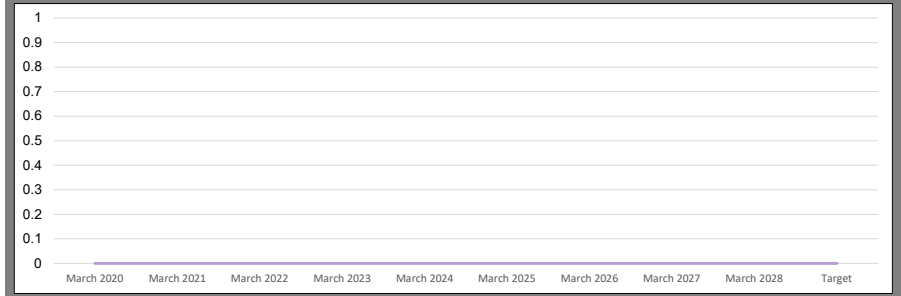




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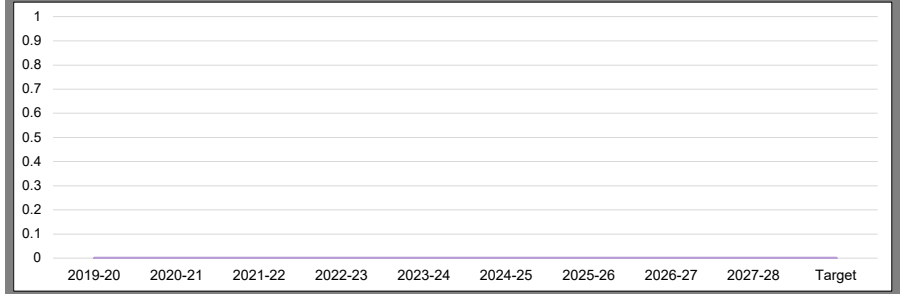




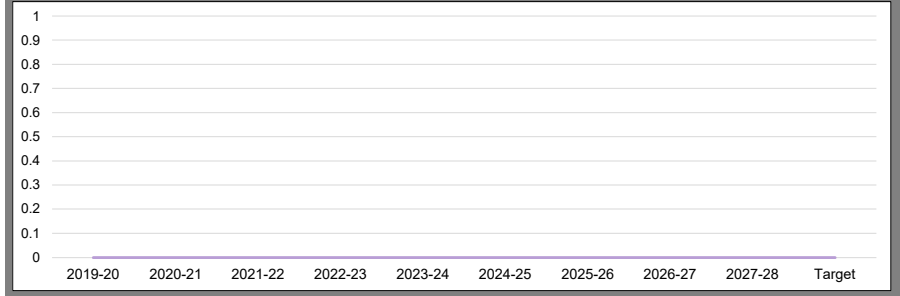




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# COMMUNITY HOMELESSNESS REPORT SUMMARY

City of Lethbridge

2021-2022

## Collaboration between Indigenous and Non-Indigenous Partners

Specific to the implementation of Coordinated Access and an HMIS, has there been collaboration between the Designated Community (DC) Community Entity (CE) and local Indigenous organizations?

Yes

Describe how this collaboration was done and how it affected the implementation of Coordinated Access and/or the HMIS. How will it be strengthened in the future?

Development of the Integrated Coordinated Access (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 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 future through collaboration with the Blackfoot Resource Hub, a new contract under development with the Blood Tribe Administration. A large focus in the coming year will be on further implementing and adapting the Tier 2 & 3 training curriculum, of which an important component will be mandatory cultural competency training for staff to ensure organizations are delivering culturally appropriate programming. The Blackfoot Resource Hub 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. 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 interested 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. This 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 future.

In 2021-22, 38% of individuals receiving Adaptive Case Management support, 63% of individual housed in PSH, and 49% of individuals active on the By-Name List (BNL) self-identified as being of Indigenous ancestry. 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 Blackfoot Resource Hub 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.

Specific to the implementation of Coordinated Access and an HMIS, has there been collaboration between the DC CE and the Indigenous Homelessness (IH) CE and/or Community Advisory Board (CAB), where applicable?

Yes

Describe how this collaboration was done and how it affected the implementation of Coordinated Access and/or the HMIS. How will it be strengthened in the future?

Much of the early concept, allocation of funds, and development of the Integrate Coordinated Access (ICA) system was done in collaboration with the CAB and Indigenous CAB members as they bring a wealth of expertise and knowledge of community needs. Through Community Wellbeing & Safety Strategy (CWSS) Advisory Meetings, both CAB and Indigenous CAB members have been engaged and provided opportunity for feedback on ICA development, with some attending Tier 1 Navigation Training sessions and providing valuable feedback. The Indigenous CAB has been consulted for support with strategic planning, funding, and best practices to support the development of the Blackfoot Resource Hub contract with the Blood Tribe.

The CWSS Advisory Committee met recently (October 2022) to provide recommendations on 2023 CWSS contracts. The CWSS Advisory Committee expressed interest in meeting soon to further define the Terms of Reference and roles of CAB members. As the CE, CSD will facilitate and coordinate communication and meetings to ensure the expertise of this group along with their expressed desire to be more engaged in system design and programming is achieved. The Indigenous CAB has also expressed interest in more involvement in ensuring that current programming is meeting the needs and Key Performance targets set for service delivery to Indigenous participants.

Current members of the CWSS Advisory Committee have limited experience in working with our current HMIS, called Efforts to Outcomes (ETO), but have been informed that CSD is exploring other HMIS options and our involvement in the Compass project. Therefore, we have had limited actionable feedback from CAB members regarding the current HMIS but will be informing and consulting them on the recommendations coming out of the Compass Roadmap report to determine next steps in adopting a new HMIS.

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

Yes

Describe when this collaboration occurred and what parts of the CHR were informed by these efforts.

This report was reviewed and approved by the Community Wellbeing & Safety Strategy (CWSS) Advisory Committee, which is both our CAB and Indigenous CAB. The Indigenous CAB was engaged early on 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 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





**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
<b>Number of minimum requirements</b>	18	0	0

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

<b>Governance</b>	<b>HMIS</b>	<b>Access Points to Service</b>	<b>Triage and Assessment</b>	<b>Coordinated Access Resource Inventory</b>	<b>Vacancy Matching and Referral</b>
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? 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.

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. In Fall 2021, the City of Lethbridge hired an ICA Technician who 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, protocol, 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 which 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.

**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.

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 Integrated Coordinated Access Partnership (ICAP) table. The key connector is the ICA Referral Pathways that 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 getting the resources and services they needed. Currently, the ICA referral pathways are gaining momentum with community support and supporting successful system navigation. More service providers will be coming onboard shortly.

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 explained and offered. This process includes assessing for further programs that may be applicable to the individual’s needs, capacity/capabilities and supporting individuals in connecting with community supports, where follow up can be more frequent if needed/wanted by the individual.

All service providers working within the ICA system use the Service Prioritization Decision Tool (SPDAT) in tandem with their own assessment tools to assess and triage for housing. If individuals are identified as eligible and agreeable for a referral to PSH, referrals are sent to the ICA system where they are screened to determine if they meet the requirements of being chronically homeless and unsuitable for market housing or less intensive support options. PSH referrals are reviewed by the PSH Consortium on a monthly basis and they verify eligibility criteria and complete the preliminary screening tool and placement rationale. The tool outlines eligibility criteria (SPDAT scoring, intake and evidence of unsuitability for market housing or less intensive supports) and ranks physical health, substance use, mental health, cognitive ability, accessibility requirements, safety concerns, and notes other relevant history of the individual. The Consortium creates a score that is then available to the PSH Placement Committee as rationale for the proposed placement. The purpose of the scoring tool and PSH Placement Committee is to have individuals identified as needing PSH on a waitlist, in a prioritized way for entry into programs that match the individuals' needs. By maintaining a wait list for each program with individuals who have been assessed and determined to meet

### Outcomes-Based Approach Self-Assessment

Where does data for the List come from?

- Excel
- HIFIS

	<ul style="list-style-type: none"><li><input checked="" type="checkbox"/> Other HMIS</li><li><input type="checkbox"/> Other data source(s)</li><li><input type="checkbox"/> Not applicable – Do not have a List yet</li></ul>

**Optional question:** How does data from the List compare to other community-level data sources that are considered reliable? This is an optional follow-up question for communities that have completed the “CHR Community-Level Data Comparisons”.

\*Optional: There is no common 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. The number of individuals using the main shelter are often higher than the number of individuals identified on our By-Name List (BNL) and 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. There will be a new shelter operator in 2023 and we hope to work with them to better compare data and update our BNL.

**Summary Table**

The table below provides 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	Step 4:	
			Can report annual outcome data (mandatory)	Can report monthly outcome data (optional)
Yes	Yes	Not yet	Not yet	Not yet

**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?

We experience significant limitations with our current database (ETO) - it is a requirement from the Government of Alberta for some housing-funded programs to use but not all, such as shelters. It is not commonly used throughout the community for non-city funded service providers like emergency shelters and transitional housing facilities so data is very difficult to cross reference and data sharing agreements are not in place to support this cross-referencing. We are currently exploring other HMIS options and are engaged in the Compass project that has received significant investment from partners like Microsoft and CMHC. We anticipate our Roadmap with recommendations to be available in late November 2022. We also have plans to adopt HIFIS to support some of our programs; however, we are awaiting more information from the Compass project, the Government of Alberta with respect to provincial funding and data obligations, as well as consulting with key community stakeholders. We will work to integrate our new technology solutions as best as possible with the new shelter operator as this would greatly improve the comprehensive of our By-Name List (BNL).

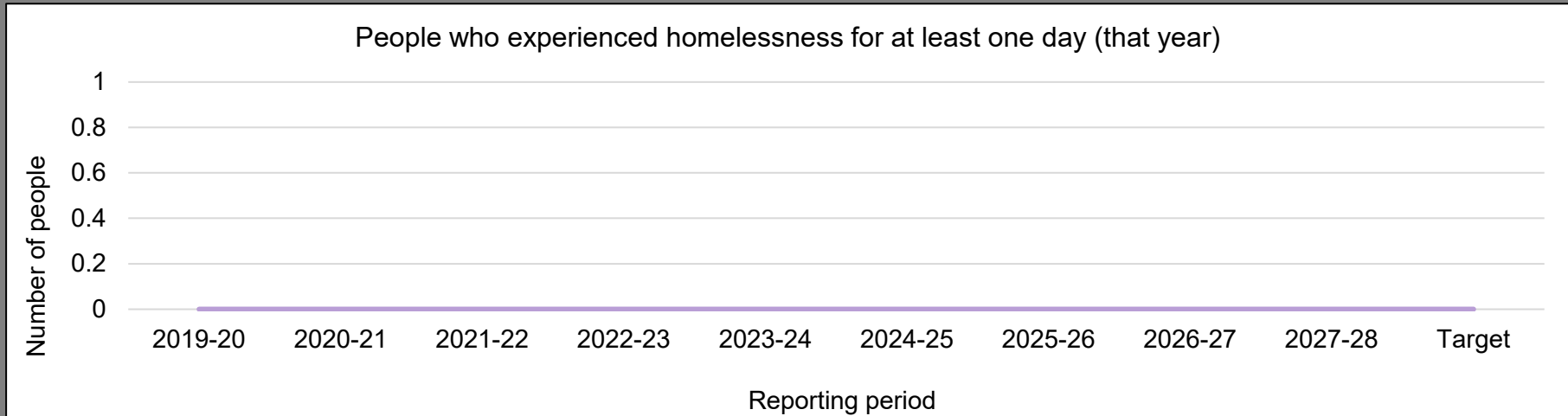
Data on the BNL includes individuals experiencing unsheltered homelessness, specifically encampments if the individual has conducted an Intake assessment and consented to service. As outlined in Section 1.1, the City of Lethbridge Encampment Response Process includes outreach teams regularly attending known encampments throughout the city and offering support and connection to services. The CMHA Outreach Mobile Team (OMT) visits encampments prior to any scheduled encampment cleanup to connect with encampment occupants and offer services and supports. Unfortunately, many of these individuals do not wish to do an Intake assessment and consent to ongoing support making it difficult to comprehensively determine the number of individuals and their needs for additional support. Data from the Point-In-Time count conducted on September 27th, 2022 indicates that at least 454 people were experiencing homelessness in Lethbridge on that night, with 235 of those individuals living unsheltered. Due to the ongoing challenges in hiring and retaining frontline outreach staff for OMT role, the current service provider (CMHA) wishes to no longer proceed with this service and we are looking to reallocate these funds to another provider in 2023.



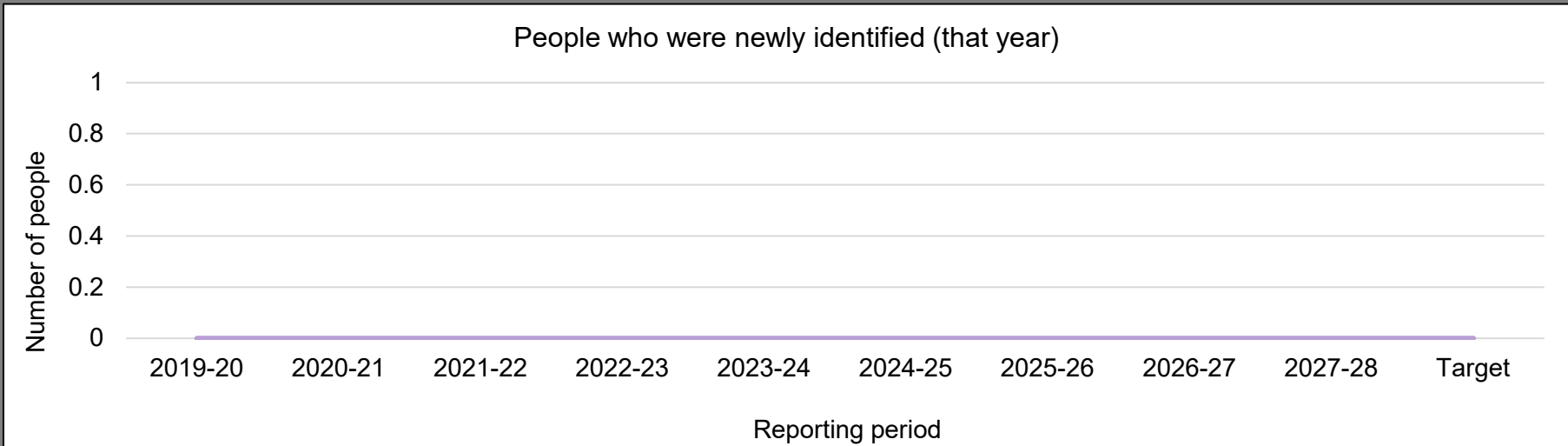
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Based on the information provided in the Community Homelessness Report, the community does not have to report annual community-level outcomes for the reporting period.

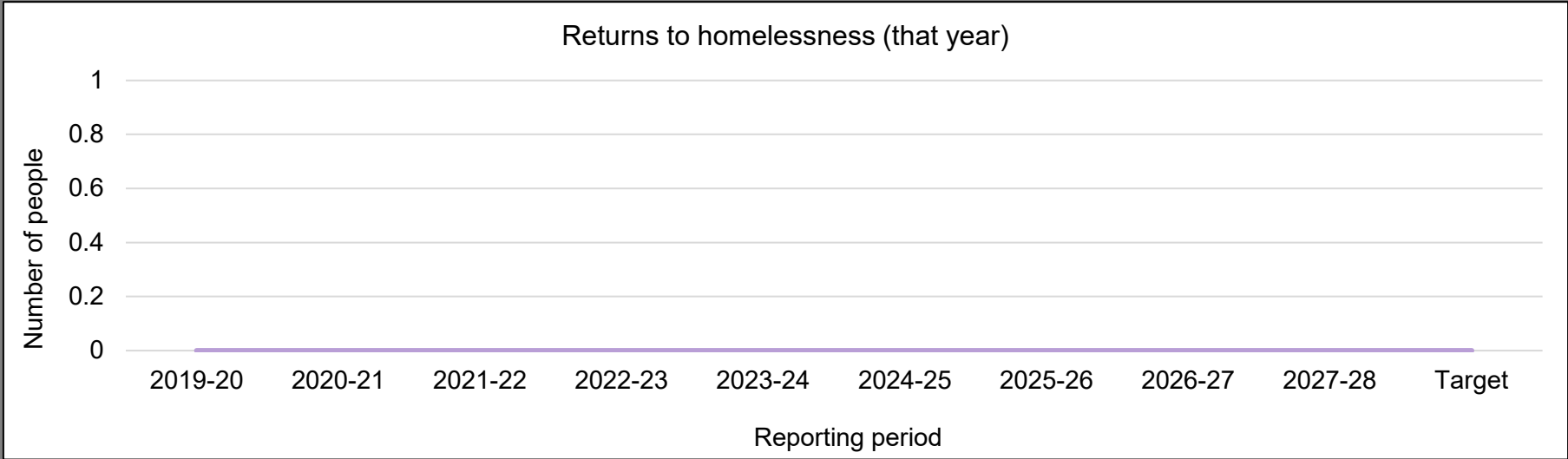


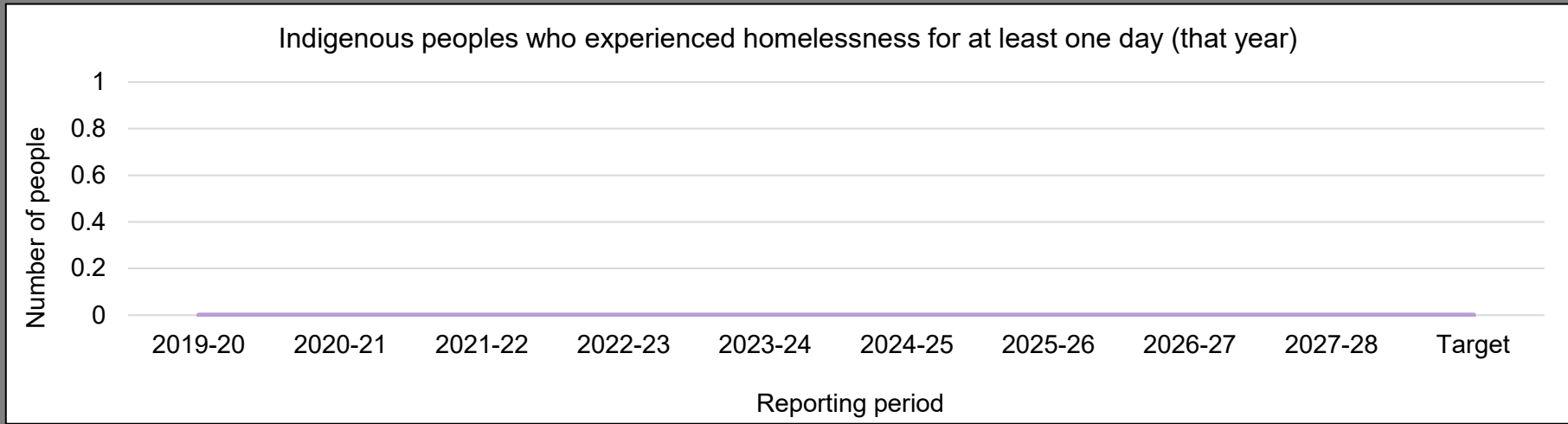




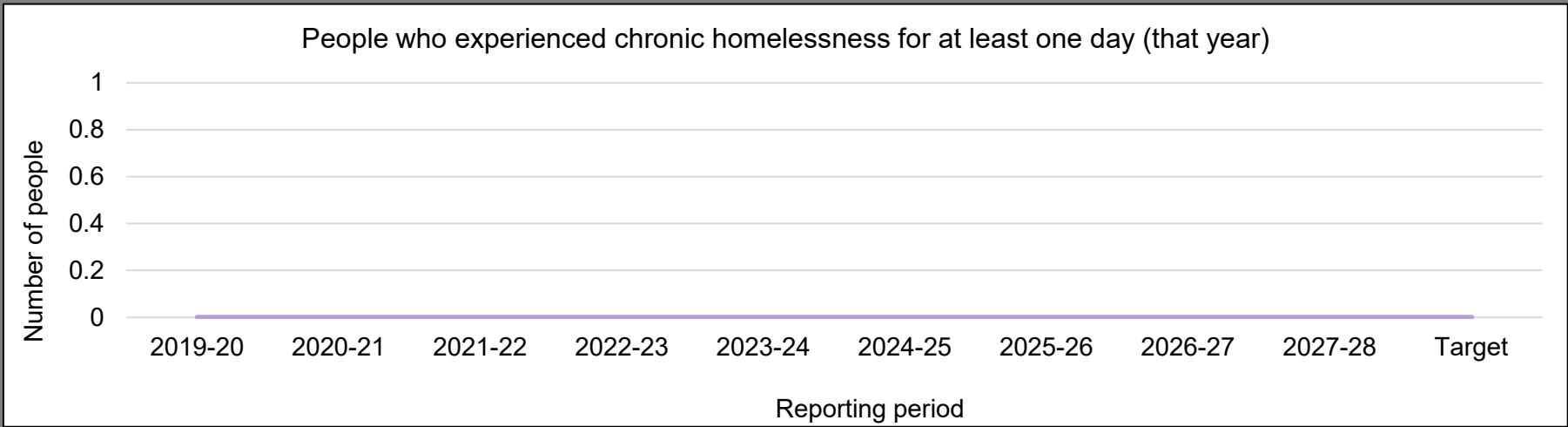








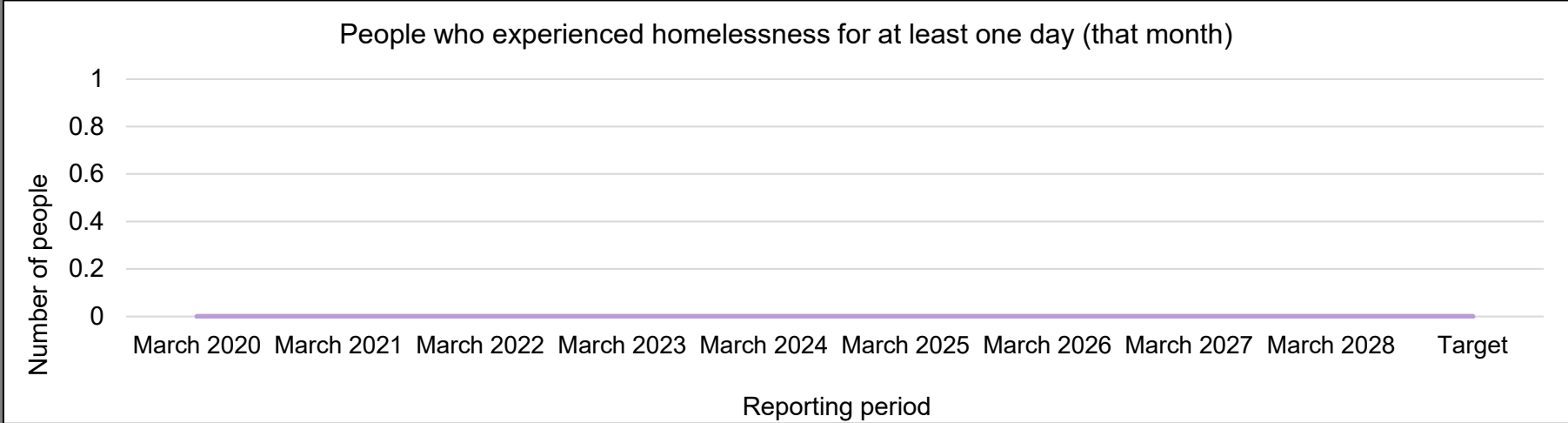





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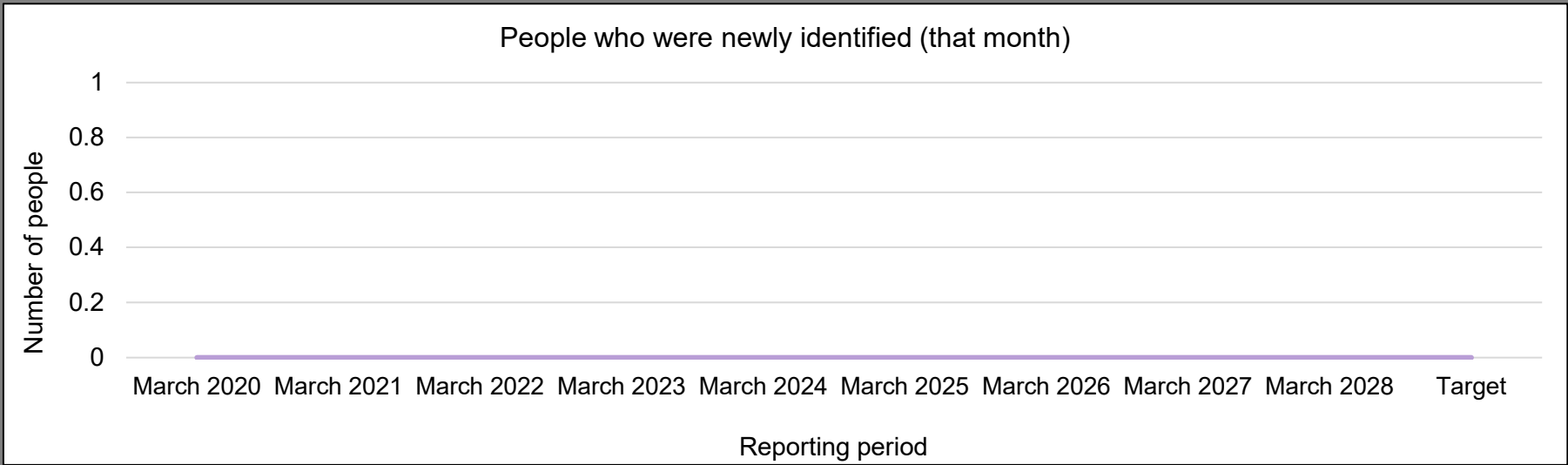
Based on the information provided in the Community Homelessness Report, the community does not have to report monthly community-level outcomes for the reporting period.





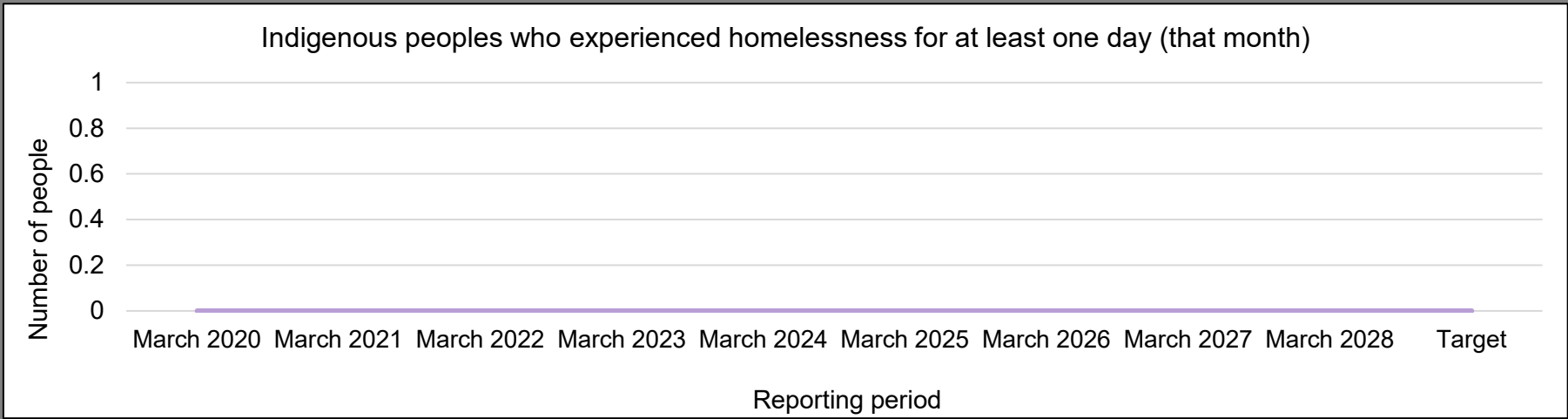




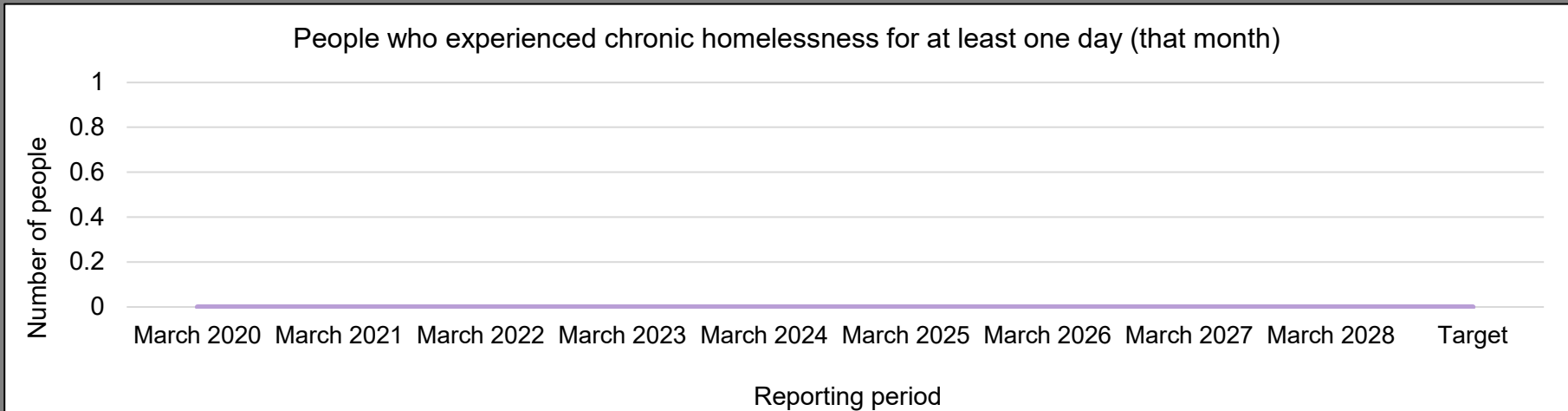













## Designated Community – Community Advisory Board

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.

<b>Sector</b>	<b>Community Advisory Board Member(s)</b>
Service Canada (Ex-Officio Member)	Anna Marinic-Griffin, Senior Development Officer, Service Canada
Provincial/Territorial government	Travis Plaited Hair, Blood Tribe Chief & Council; Tobi McRae, Director, Disability Services Government of Alberta
Local/Municipal government	
Indigenous peoples and organizations	Rachel Hoof, Indigenous Social Worker, Native Counselling Services of Alberta
Veterans Affairs Canada or veterans serving	
Organizations serving women/families fleeing	
Youth and/or youth serving organizations	
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 AHS Trevor Inaba, Director, Palliser Primary Care Network
Individuals with lived experience of homelessness	
Organizations serving individuals experiencing or at risk of homelessness	Debbie Deak, Co-Coordinator/Prevention Conversation Facilitator, Southern Alberta FASD Network
Private sector	Cyndi Bester, Chief Executive Officer, Lethbridge Chamber of Commerce; Richard Thiessen, Former President, Lethbridge Construction Association; Allan Friesen, Employee Benefit Specialist, Silverberg Group
Landlord associations and/or the housing sector	Hank Shade, Retired, Treaty 7 Housing

Other	Cheryl Currie, Associate Professor of Public Health, University of Lethbridge; Cheryl Gilmore, Superintendent, Lethbridge School Division; Ken Sampson, Superintendent, Holy Spirit Catholic School Division; Crystal Lothian, Director Support Services, Holy Spirit Catholic School Division; Jaci Zalesak, Executive Director, United Way of Lethbridge and Southwestern Alberta; Shahin Mehdizadeh, Chief of Police, Lethbridge Police Services; Tomas Ascroft, Member at large
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**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

<b>Indigenous Homelessness – Community Advisory Board</b>
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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	Travis Plaited Hair, Blood Tribe Chief & Council
Local/Municipal government	Amanda Scout, Indigenous Cultural Advisory, City of Lethbridge
Indigenous peoples and organizations	Elaine Creighton Fox, Sik Ohh Kotoki Friendship Society
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 AHS
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
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

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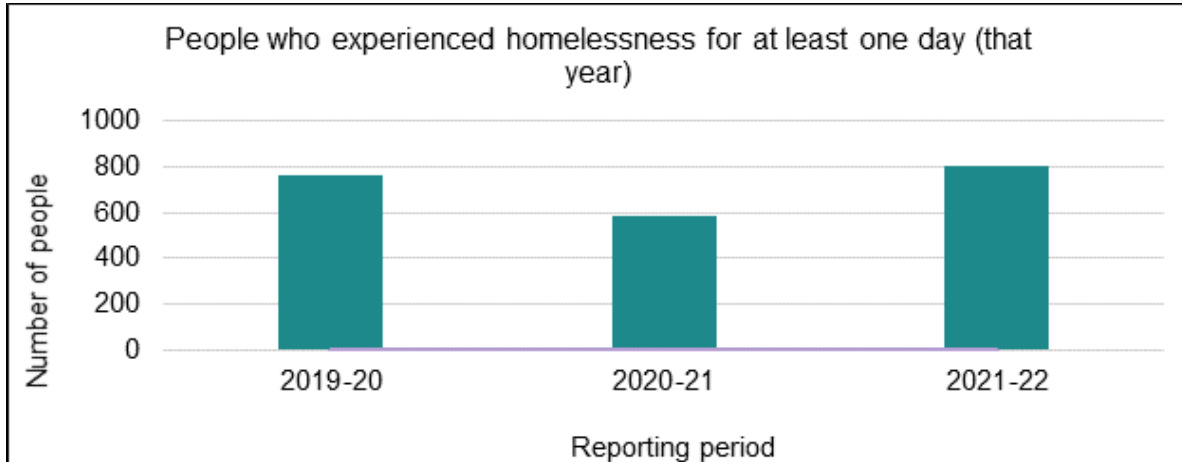
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# Community Homelessness Report – City of Lethbridge 2021-2022

## Section 4&5 Attachment

### 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.*

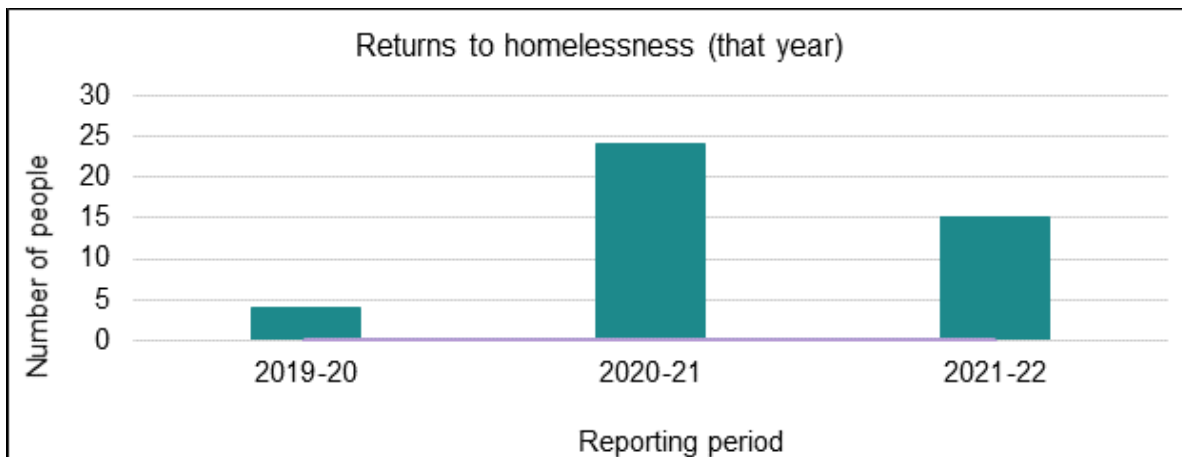


### Outcome #2: Fewer people were newly identified (new inflows to homelessness are reduced)

*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)

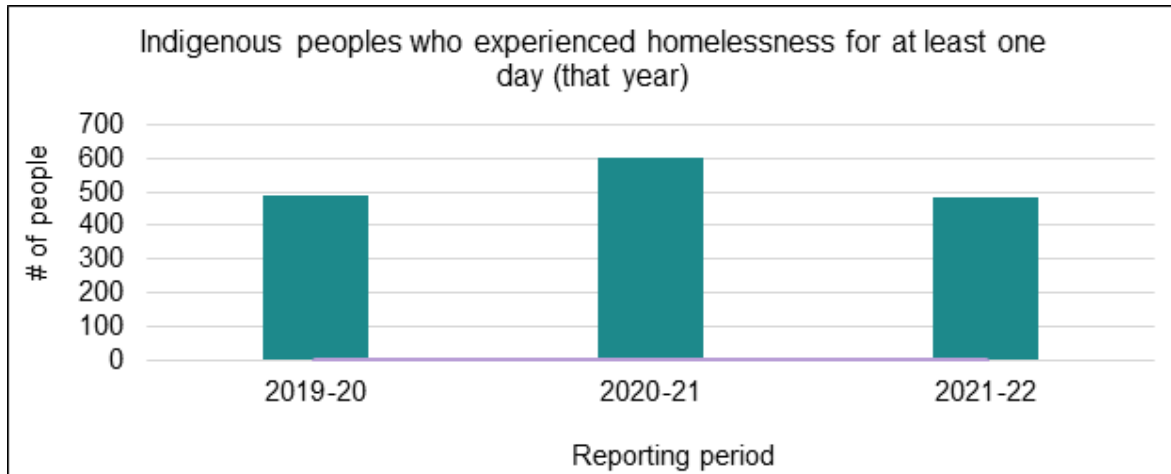
*Note: This represents the number of individuals that were housed and receiving case management, but returned to homelessness (unhoused for 90+ days) and are on our BNL.*



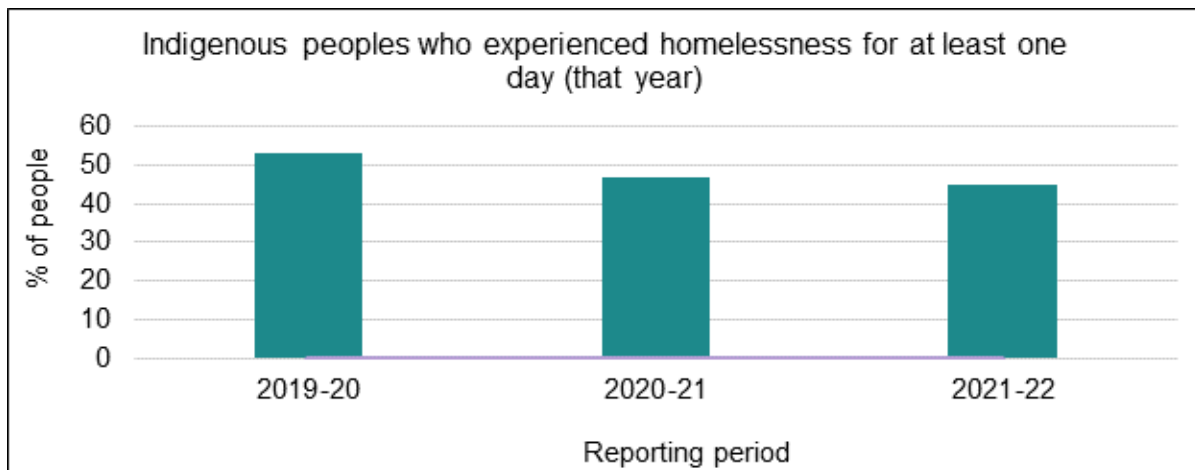


#### Outcome #4: Fewer Indigenous people experience homelessness (during the year)

*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.*