Reaching Home: Canada's Homelessness Strategy

Community Homelessness Report

Sault Ste. Marie, ON

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”).

On May 12, 2025, representatives from the Indigenous Friendship Centre (IFC), Ontario Aboriginal Housing Services (OAHS), and the District Social Services Administration Board (DSSAB) met to review the Community Homelessness Report (CHR).

The meeting fostered a productive discussion focused on strengthening community collaboration to ensure accurate data collection and to better support Indigenous individuals experiencing homelessness. The DSSAB is committed to exploring ways that Indigenous data can be captured that align with OCAP (Ownership, Control, Access, and

exploring ways that Indigenous data can be captured that align with OCAP (Ownership, Control, Access, and Possession) principles.

Below is the feedback provided by IFC and OAHS:
The Federal Government's expectations of the homelessness sector are too vast for the actual resources and funding it provides for the problem. It is not possible for the homelessness sector alone to address homelessness. It is imperative that other resources come together such as corrections, health, child welfare and the community share in the responsibility to solve homelessness.

The 2021 census data for Sault Ste. Marie and surrounding area indicates that 13.1% of people identified as Indigenous. Looking at the data below it appears as though there is a decrease in Indigenous homelessness, but this is not the case. Upon request the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB)

provided IFC, and OAHS with six months of By-Name List (BNL) data which showed a significant over representation in Indigenous homelessness in overall homelessness and chronic homelessness. Indigenous people make up over 30% of the overall total in both sections. For the people being housed off the BNL in that six-month period only 11 out of 42 identified as Indigenous. These disparities are only brought to light with the BNL data and are hidden when data is presented in the format below. Data sets such as above speak to areas of improvement when it comes to proportional allocation of funding. The local Indigenous Friendship Centre continues to report a large number of the Indigenous population not accessing mainstream services, therefore not captured in mainstream data collection methods.

Social Services continues to actively support community encampments and outreach efforts in collaboration with several partner agencies. These include:
• John Howard Society
• HIV/AIDS Resource Program (HARP)
• Ontario Aboriginal HIV/AIDS Strategy
• Ontario Aboriginal Housing Services
• Canadian Mental Health Association Algoma
• Homelessness Prevention Team
• Community Wellness Bus

DSSMSSAB Homelessness Prevention and Reduction Initiatives
The District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) remains committed to reducing and preventing homelessness through various dedicated roles and initiatives:
• Ontario Works Case Managers are stationed at the Low Barrier Shelter to assist individuals with financial support and navigating the income assistance system.
• Shelter Diversion Workers, one located in emergency shelters, works to minimize shelter stays and connects individuals with necessary community services. This role also distributes an updated housing listing to the community twice weekly. Also, a community-based shelter diversion worker, works to help those at risk of homelessness remained housed or those who choose not to enter the shelter. Shelter Diversion workers are available to attend

hospital and jail as requested as well to assist with discharge planning to limit the amount of individuals entering shelter from jail/hospital.
• Tenant Support Worker (TSW) assists individuals at risk of homelessness by helping them remain housed and linking them to appropriate services. An Indigenous Tenant Support Worker also provides culturally relevant services within social housing communities.
• Intensive Housing-Based Case Manager delivers comprehensive support to individuals in the Urgent Homeless program, helping them secure and maintain stable housing.
• An Indigenous-led Intensive Housing-Based Case Manager, through Ontario Aboriginal Housing Services, provides culturally tailored support for Indigenous participants in the Urgent Homeless program.

Community Collaboration and Indigenous Support
The local Indigenous Friendship Centre continues to provide vital services for individuals who may not access mainstream support. Services include assistance with funding to find permanent housing, utility payments, basic needs, and food security.

The Homelessness Prevention Team meets weekly to coordinate the community's response to homelessness, monitor the shelter system, and support individuals in the Urgent Homeless program. Participating agencies include:
• John Howard Society
• Pauline’s Place
• Canadian Mental Health Association
• Sault Area Hospital
• Ontario Aboriginal Housing Services
• Indigenous Friendship Centre
• Ontario Works
• Ontario Disability Support Program
• Women in Crisis
• Phoenix Rising
• Nogdawindamin Family and Community Services

	• Mamaweswen – The North Shore Tribal Council • Victim Services • Algoma Treatment and Remand Centre Affordable Home Ownership Program • Through the affordable homeownership program 3 additional properties for renovation have been purchased in 2024/2025. To date 4 families have move into their homes. Currently 2 houses are being renovated and expected to be ready 2025/2026 for new families. For 2024/2025 we have had 23 individuals accepted and housed through the Urgent Homeless program. There have been 78 individuals who have applied to supportive housing this fiscal. This continues to show the need for increased supportive housing in our community. For question CA 2 we have selected “not yet” as a response for individuals with lived experience and local groups with a mandate to reduce homelessness. In 23/24 CHR we selected completed as the question included all groups together. In 24/25 CHR they are separated into individual selections. So currently we do not have individuals with lived experience or local groups. For question CA 9 the systems map cannot be made public at this time. It is currently under review with the CA committee. Once completed it will be made public.
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.
	The mental health and addictions crisis remains a significant challenge in our community. Individuals entering the emergency shelter system now face multiple, complex barriers that require intensive support. In the past, it was often possible to provide assistance quickly and help people transition out of the shelter system. However, the shortage of affordable housing and the increasing needs of clients have led to longer shelter stays and more individuals aging into

affordable housing and the increasing needs of clients have led to longer shelter stays and more individuals aging into chronic homelessness. Despite these ongoing challenges, progress was made on several key initiatives during the 2024/2025 fiscal year, as outlined below.

Coordinated Access (CA)
Although the Coordinated Access Committee and the Community Advisory Board was unable to meet for a period of time, our team maintained a community-wide approach to organizing and managing access to housing and homelessness services. Both the By-Name Data (BND) and Homeless Individuals and Families Information System (HIFIS) continued to provide real-time, up-to-date information on individuals experiencing homelessness. Prioritization

(HIFIS) continued to provide real-time, up-to-date information on individuals experiencing homelessness. Prioritization based on vulnerability, acuity, and housing readiness remained ongoing and was not disrupted by the committee's temporary pause. Meetings have since resumed in 2025/2026 fiscal.

Triage and Assessment
We currently follow Federal and Provincial priorities to triage individuals within the homelessness system. We continue to use two assessment tools (mainstream and Indigenous). These tools provide a better understanding of where the individuals acuity level is and what supports would best suit their needs.

Vacancy Matching and Referral
The Mental Health and Addictions Supportive Housing Committee now reviews all supportive housing applications in our community, helping to ensure that vacancies are matched appropriately based on individual needs. Efforts are ongoing to expand and sustain this process for everyone on the By-Name List.

HIFIS
Continued training and monitoring for all frontline staff continues to take place for those using HIFIS. HIFIS upgrade is expected to be completed within Q1 of next fiscal. This upgrade will allow the homelessness system better collect data and triage individuals throughout the system. Meaningful discussions continue with Indigenous service providers regarding the use of HIFIS, OCAP principles and data sharing.

By Name Data
Two Ontario Works Case Managers continue to support those individuals who are currently experiencing homelessness and who are on the BND. Continued conversations are taking place to move the BND into HIFIS with the goal of this being completed in fiscal 2025/2026. This will streamline processes for staff and better track real time data for those accessing homelessness services.

Collaboration between Indigenous and non-Indigenous partners		
CHR 3	Please select your community from the drop-down menu:	Sault Ste. Marie (ON)

Your community:	**Has IH funding available.** **The DC CE and IH CE are distinct organizations.** **The DC CAB and IH CAB are distinct groups.** **The IH CE is the Ontario Federation of Indigenous Friendship Centres (OFIFC).**

CHR 4

a) Has there been meaningful collaboration between the DC CE and the IH CE and IH CAB, as well as 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 the IH CE and IH CAB, as well as 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.

On May 12, 2025, a meeting was held with the Indigenous Friendship Centre (IFC) and Ontario Aboriginal Housing Services (OAHS) to review the Community Homelessness Report (CHR) and engage in a more in-depth discussion on Coordinated Access, HIFIS, and an outcome-based approach.

As previously stated, the DSSAB remains committed to working collaboratively with Indigenous partners to ensure that Indigenous individuals experiencing homelessness receive the support they need. Also to note Coordinated Access meetings have resumed in fiscal 2025/2026.

Below is the input provided by both IFC and OAHS:
When discussing meaningful collaboration between the DC/CE and Indigenous partners over the reporting period specific to the work mentioned above, there should be options for a narrative to be provided in each rather than just yes or no. We have discussed as a community and although we have said yes, there is lots of improvements that can be made. These include earlier notice to work together collaboratively to complete reports such as the CHR. Data sharing can be improved by reinstating the Coordinated Access meetings and potentially sending monthly updates. System Training can also be improved so all involved in Coordinated Access know what resources are available for Indigenous people within the system.

CHR 5	a) Specific to the completion of this Community Homelessness Report (CHR), did ongoing, meaningful collaboration take place with the IH CE and IH CAB, as well as local Indigenous partners, including those that sit on your CAB?	Yes
	As a reminder, meaningful collaboration on the CHR with the IH CE and IH CAB, as well as 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.

IFC and OAHS provided further input below following our May 12, 2025 meeting.

As mentioned above, it’s important that timeframes for reports such as the CHR respect collaboration and the time it involves. Often the people completing these reports are tasked with a multitude of responsibilities and cannot always have them completed within the limited time provided.

CHR 6	a) Did the IH CAB sign-off on this CHR?	No
	b) Explain why IH CAB sign-off was not obtained and describe how engagement will take place with the IH CAB during next year's CHR process in more detail. Your response could include information such as when and how the IH CAB will be engaged during next year's cycle.	
	There is no current date set for the next IH CAB meeting. The CHR will be provided to be presented at the next meeting.	

End of Section 1

Reminder!

See the CHR Reference Guide (pg.10)

on the CHR Reporting Tools e-course for the definition of meaningful collaboration used in the CHR.

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):	Yes – as a CAB member with ex-officio status
→ 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):	Yes
→ 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:	Not yet
• 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:	Not yet
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 the IH CE and IH CAB, as well as 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: → 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.	Yes
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?	Under development
	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:	Yes
	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):	Yes
	→ 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).	Yes

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).	Yes
	→ 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).	Yes
	→ 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).	Yes
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	15	2	0

Coordinated Access	Completed (score)	Completed (%)

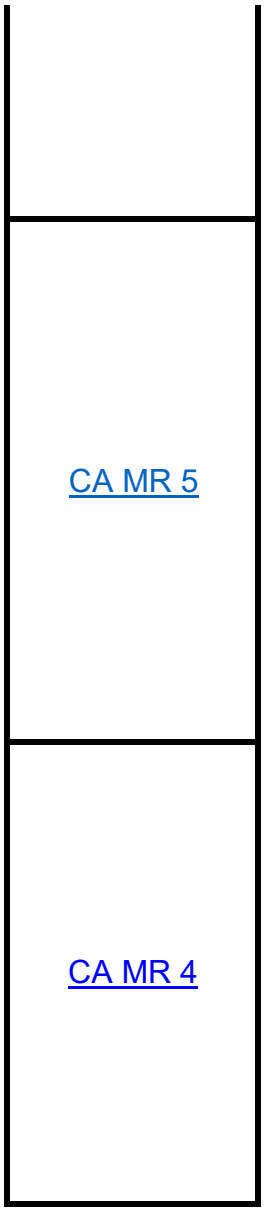
Governance and partnerships (out of 8 points)	7	88%
System map and Resource Inventory (out of 2 points)	1	50%
Service navigation and case conferencing (out of 1 point)	1	100%
Access points (out of 2 points)	2	100%
Initial triage and more in-depth assessment (out of 2 points)	2	100%
Vacancy matching and referral with prioritization (out of 2 points)	2	100%
All (out of 17 points)	**15**	**88%**

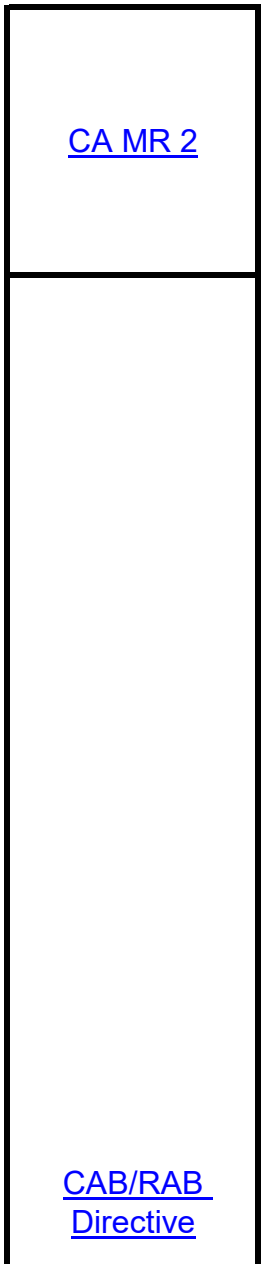
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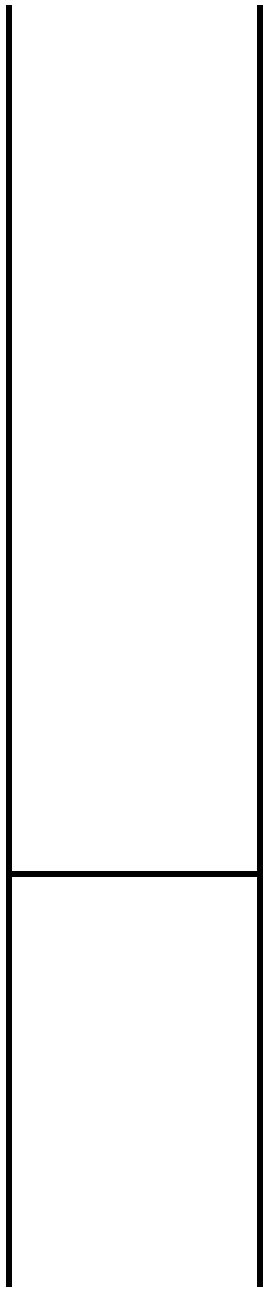
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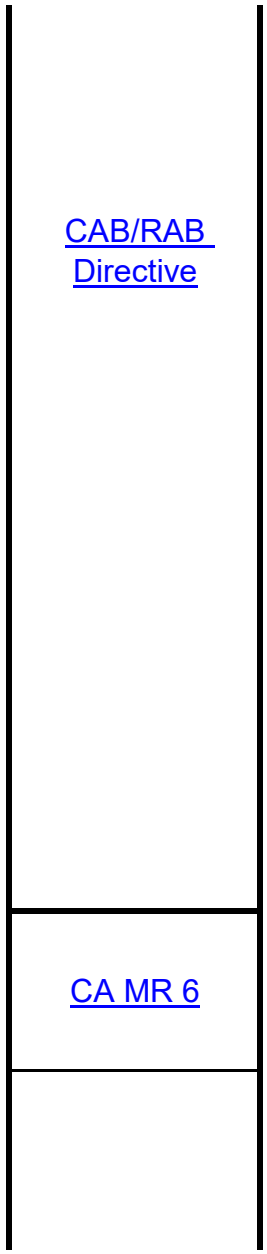
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CA MR 5


CA MR 5
CA MR 4


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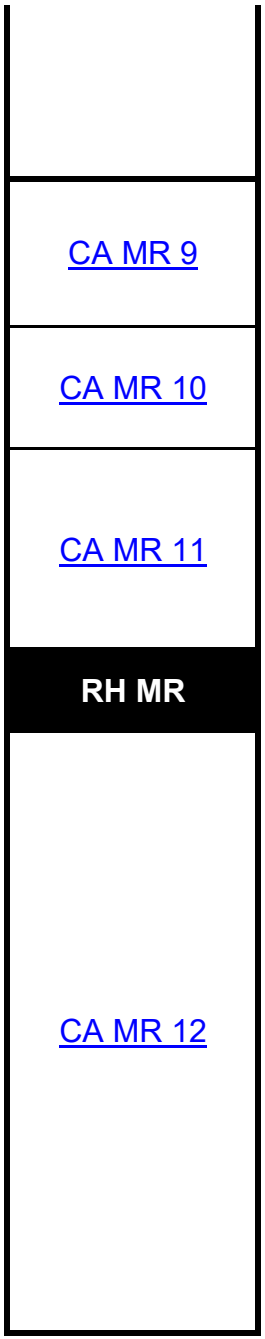



CAB/RAB
Directive
CA MR 6

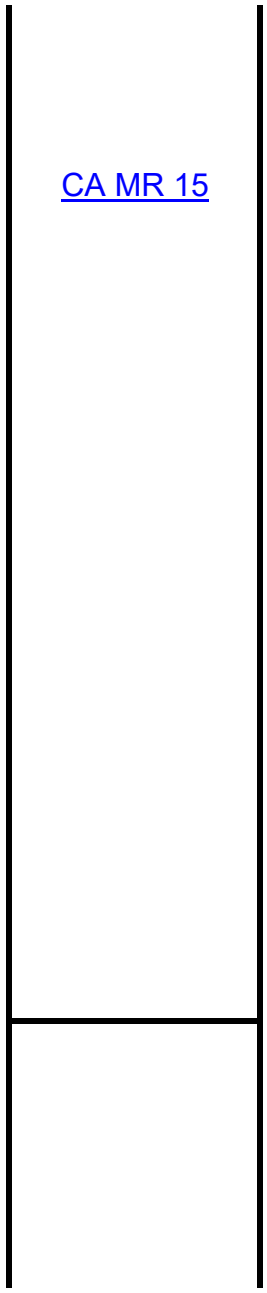
CA MR 7

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CA MR 9
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RH MR
CA MR 12

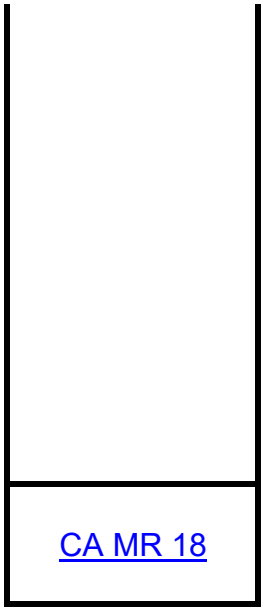
RH MR
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CA MR 17


CA MR 18

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?	Yes

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.	Yes
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.	Yes
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?	Yes
HIFIS 5	a) Has there been meaningful collaboration between the DC CE and the IH CE and IH CAB, as well as 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 collect data 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 as soon as 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:	Not yet
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) **<u>Can the dataset be used to set</u>** 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) **<u>Is the dataset being used to set</u>** 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
OBA 15	Is data used to inform action 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.	
	When investment plans are being discussed, the data is reviewed to determine where the greatest need is. i.e, prevention, supportive housing, subsidy.	
CHR 10	The following questions aim to determine how you will report data in Section 4 of your CHR.	
	a) What is the earliest you can report monthly data in Section 4 of your CHR, inclusively?	March 2020
	b) What is the earliest you can report annual data in Section 4 of your CHR, inclusively?	2020-21

	c) What methodology will you use to set baselines, set reduction targets and track progress on core Reaching Home outcomes in this CHR? **Reminder:** To meet **Outcomes-Based Approach Minimum Requirement 8**, you must use the federal methodology to set baselines, set reduction targets and track progress for the five core Reaching Home outcomes. For HIFIS users, this means using the "Community Outcomes" report in HIFIS. For non-HIFIS users, this means using a report equivalent to the "Community Outcomes" report in HIFIS.	HIFIS: "Community Outcomes" report
Partnerships		
OBA 16	a) Has there been meaningful collaboration between the DC CE and the IH CE and IH CAB, as well as 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	
	Consistency Further monitoring of service providers Monthly data submissions Monthly data audits	
Reporting on other Community-Level Outcomes		
CHR 11	a) Beyond the five mandatory core outcomes under Reaching Home, do you wish to include any additional monthly community-level outcomes for this CHR? **Reminder:** Reporting on additional community-level outcomes is optional.	No
	b) Beyond the five mandatory core outcomes under Reaching Home, do you wish to include any additional annual community-level outcomes for this CHR? **Reminder:** Reporting on additional community-level outcomes is optional.	No

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	5	0	0

Homelessness Management Information System	Completed (score)	Completed (%)
Homelessness Management Information System (out of 5 points)	5	100%
All (out of 5 points)	**5**	**100%**

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	17	0	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)	2	100%
Partnerships (out of 1 point)	1	100%
Data quality improvement (out of 1 point)	1	100%
All (out of 17 points)	**17**	**100%**

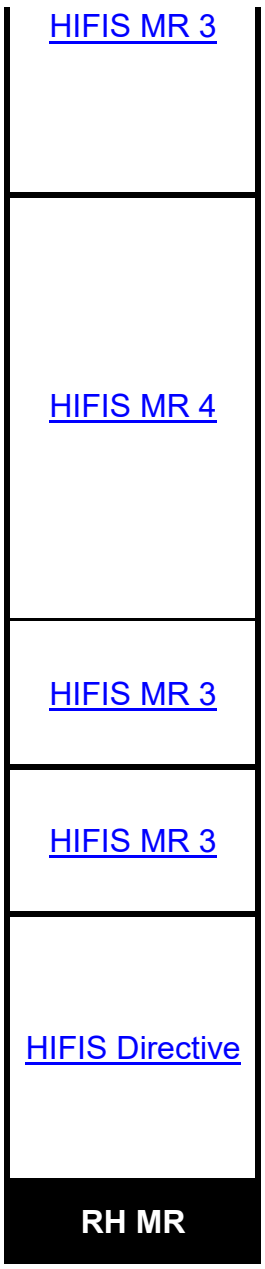
End of Section 3

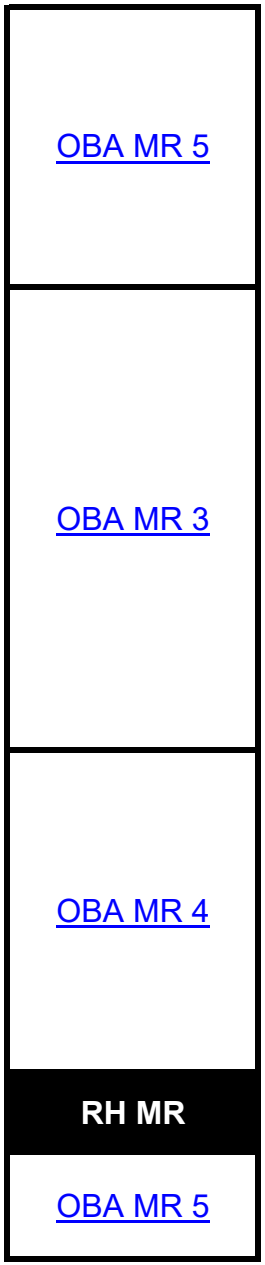
Reminder!

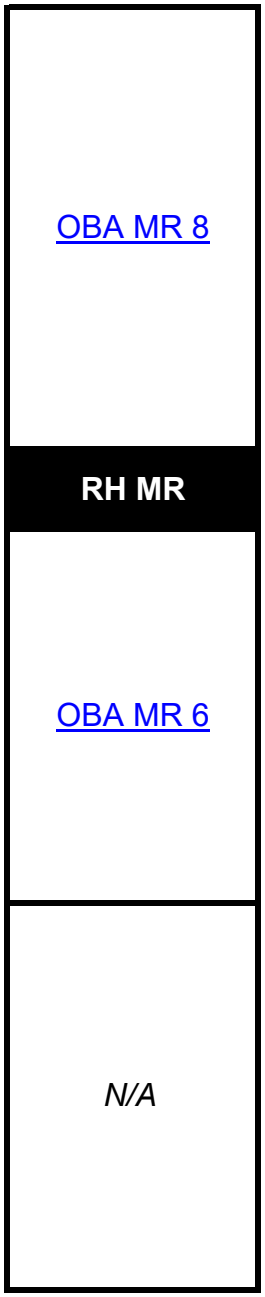
To report on core outcomes in Section 4, your community's dataset must meet the **interim standard** outlined on pages 31-32 of the CHR Reference Guide.

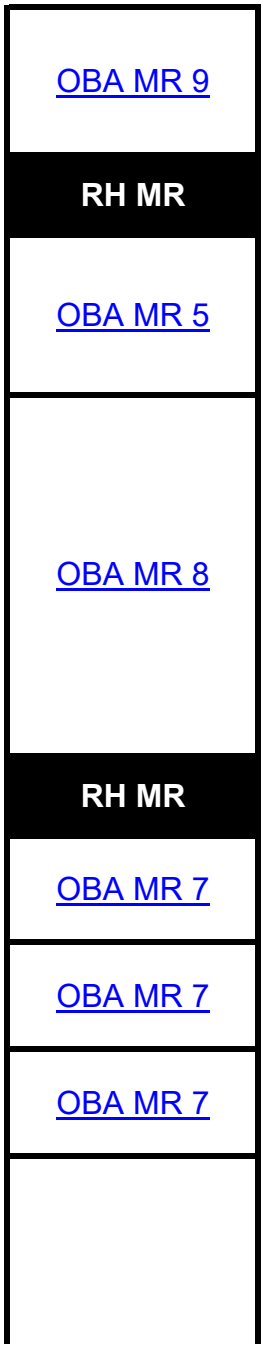
If your community's dataset does not meet the **interim standard**, Section 4 will be shaded out.

RH MR
HIFIS MR 3

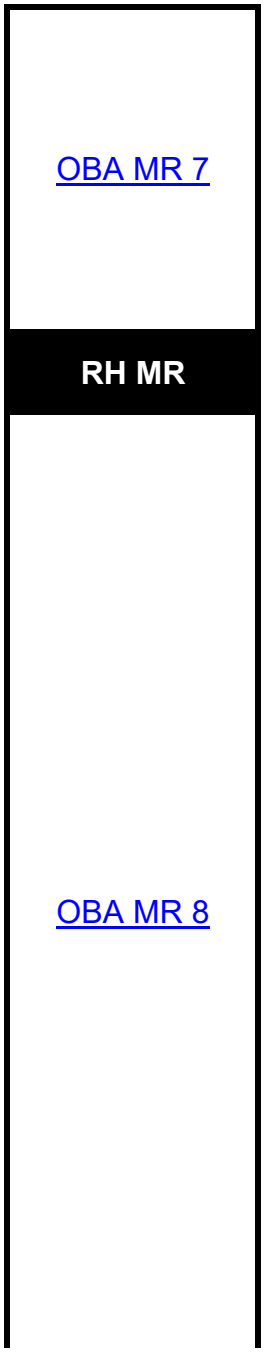

HIFIS MR 3
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HIFIS MR 3
HIFIS MR 3
HIFIS Directive
RH MR

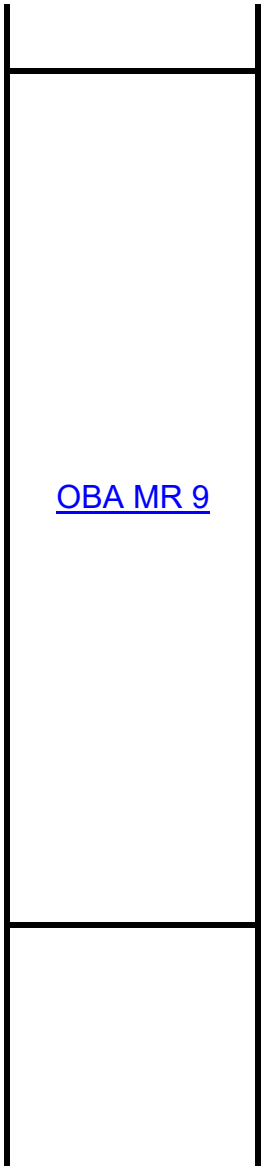

OBA MR 5
OBA MR 3
OBA MR 4
RH MR
OBA MR 5


OBA MR 8
RH MR
OBA MR 6
N/A


OBA MR 9
RH MR
OBA MR 5
OBA MR 8
RH MR
OBA MR 7
OBA MR 7
OBA MR 7

N/A


OBA MR 7
RH MR
OBA MR 8


OBA MR 9

N/A

RH MR

OBA MR 2

RH MR

OBA MR 9

RH MR

N/A

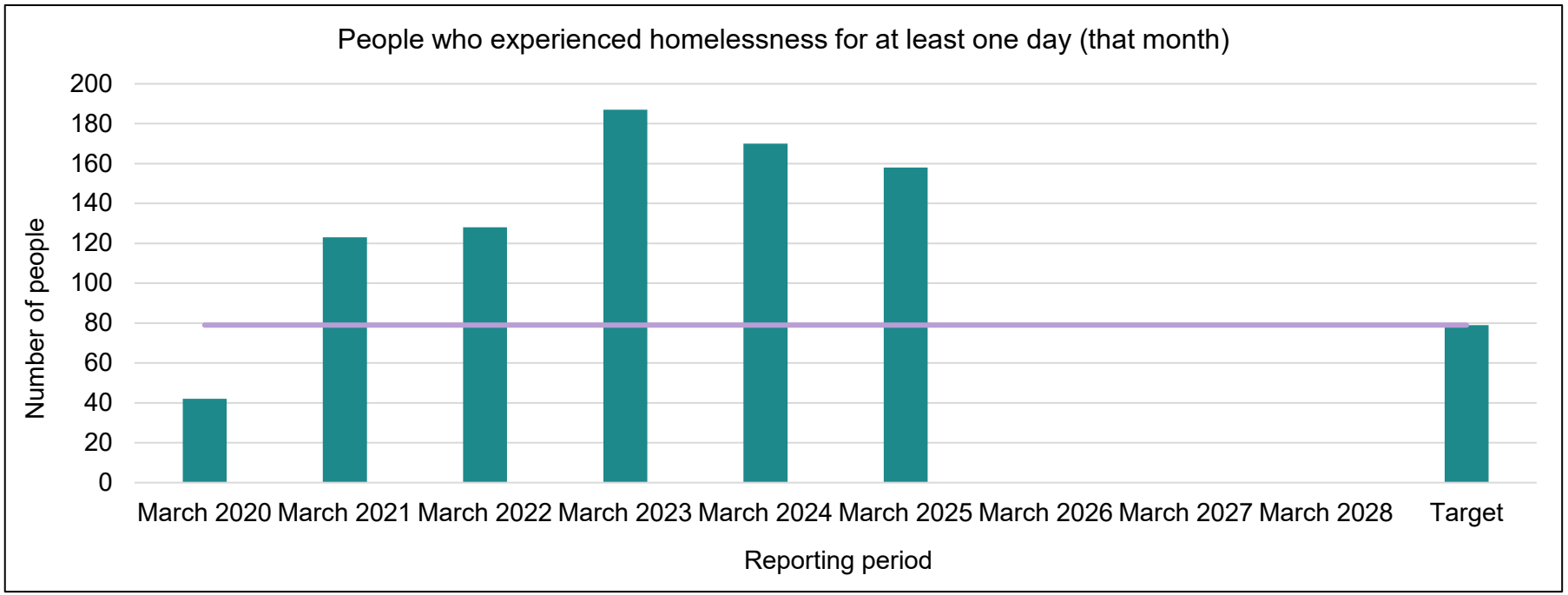
SECTION 4: COMMUNITY-LE

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

O1(M) Outcome #1: Fewer people experience homelessness (homelessness is reduced overall)

Given your answers in Section 3, you can report monthly result(s) for Outcome #1 using your person-specific data.

	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	**Target**
People who experienced homelessness for at least one day (that month)	42	123	128	187	170	158				79



O1(M)	a) What is your baseline year? The baseline is the year from which you measure change. This may be the first year you submitted outcomes, but could be the year where you have the most confidence in your data.	March 2025

Overall homelessness will decrease by 50% between March 2025 and March 2028.

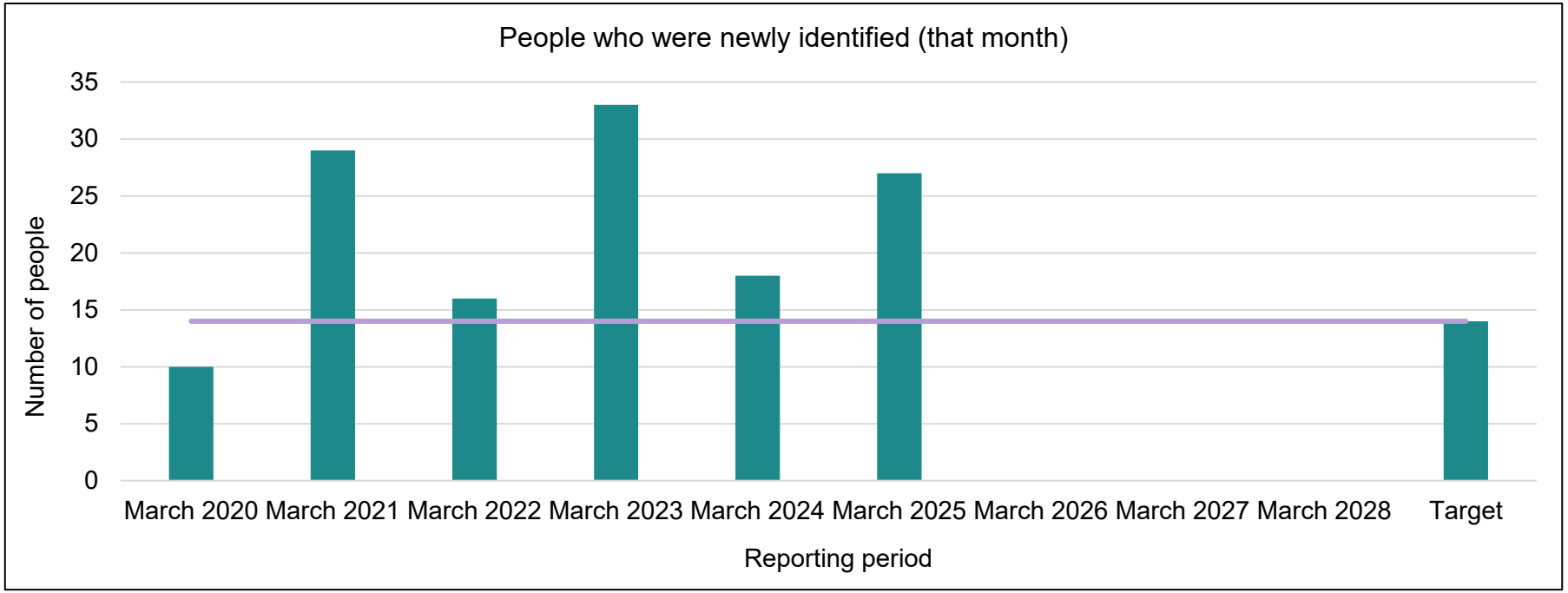
b) Please use the comment box below to:
• As applicable, explain any changes to the data reported from the previous CHR (2023-24), including to the data itself, the baseline and the target.
• As applicable, explain the use of “N/A” for one or more data points. As a reminder, no cells should be left blank.
• Optionally, provide any additional context on your data.

2025 will be used as a baseline for data. We are most confident in this data due to increased monitoring of data submissions.

O2(M) Outcome #2: Fewer people were newly identified (new inflows to homelessness are reduced)

Given your answers in Section 3, you can report monthly result(s) for Outcome #2 using your person-specific data.

	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	**Target**
People who were newly identified (that month)	10	29	16	33	18	27				14



O2(M)	a) What is your baseline year? The baseline is the year from which you measure change. This may be the first year you submitted outcomes, but could be the year where you have the most confidence in your data.	March 2025

New inflows to homelessness will decrease by 48% between March 2025 and March 2028.

b) Please use the comment box below to:
• As applicable, explain any changes to the data reported from the previous CHR (2023-24), including to the data itself, the baseline and the target.
• As applicable, explain the use of "N/A" for one or more data points. As a reminder, no cells should be left blank.
• Optionally, provide any additional context on your data.

2025 will be used as a baseline for data. We are most confident in this data due to increased monitoring of data submissions.

O3(M) Outcome #3: Fewer people return to homelessness (returns to homelessness are reduced)

Given your answers in Section 3, you can report monthly result(s) for Outcome #3 using your person-specific data.

	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	**Target**
Returns to homelessness (that month)	1	1	1	5	7	11				6



O3(M)	a) What is your baseline year? The baseline is the year from which you measure change. This may be the first year you submitted outcomes, but could be the year where you have the most confidence in your data.	March 2025

Returns to homelessness will decrease by 45% between March 2025 and March 2028.

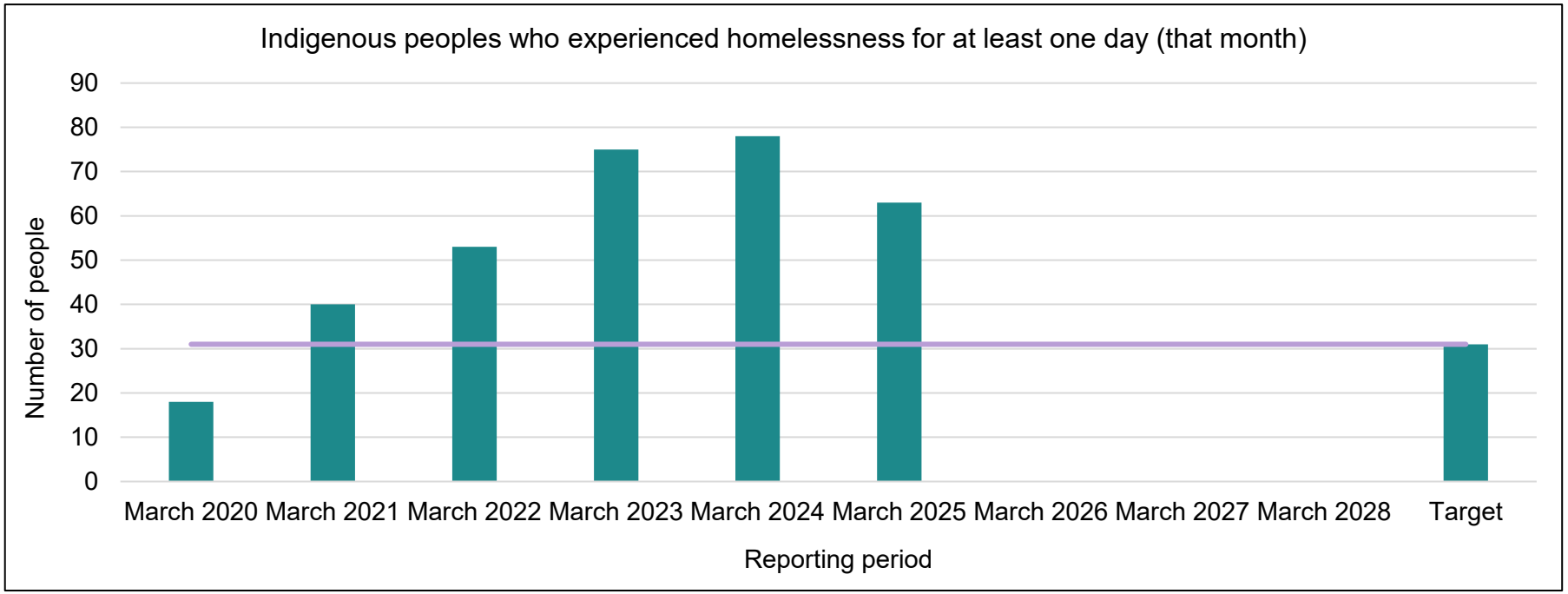
b) Please use the comment box below to:
• As applicable, explain any changes to the data reported from the previous CHR (2023-24), including to the data itself, the baseline and the target.
• As applicable, explain the use of “N/A” for one or more data points. As a reminder, no cells should be left blank.
• Optionally, provide any additional context on your data.

2025 will be used as a baseline for data. We are most confident in this data due to increased monitoring of data submissions.

O4(M) Outcome #4: Fewer Indigenous peoples experience homelessness (Indigenous homelessness is reduced)

Given your answers in Section 3, you can report monthly result(s) for Outcome #4 using your person-specific data.

	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	**Target**
Indigenous peoples who experienced homelessness for at least one day (that month)	18	40	53	75	78	63				31



O4(M)

a) What is your baseline year? The baseline is the year from which you measure change. This may be the first year you submitted outcomes, but could be the year where you have the most confidence in your data.

March 2025

Indigenous homelessness will decrease by 51% between March 2025 and March 2028.

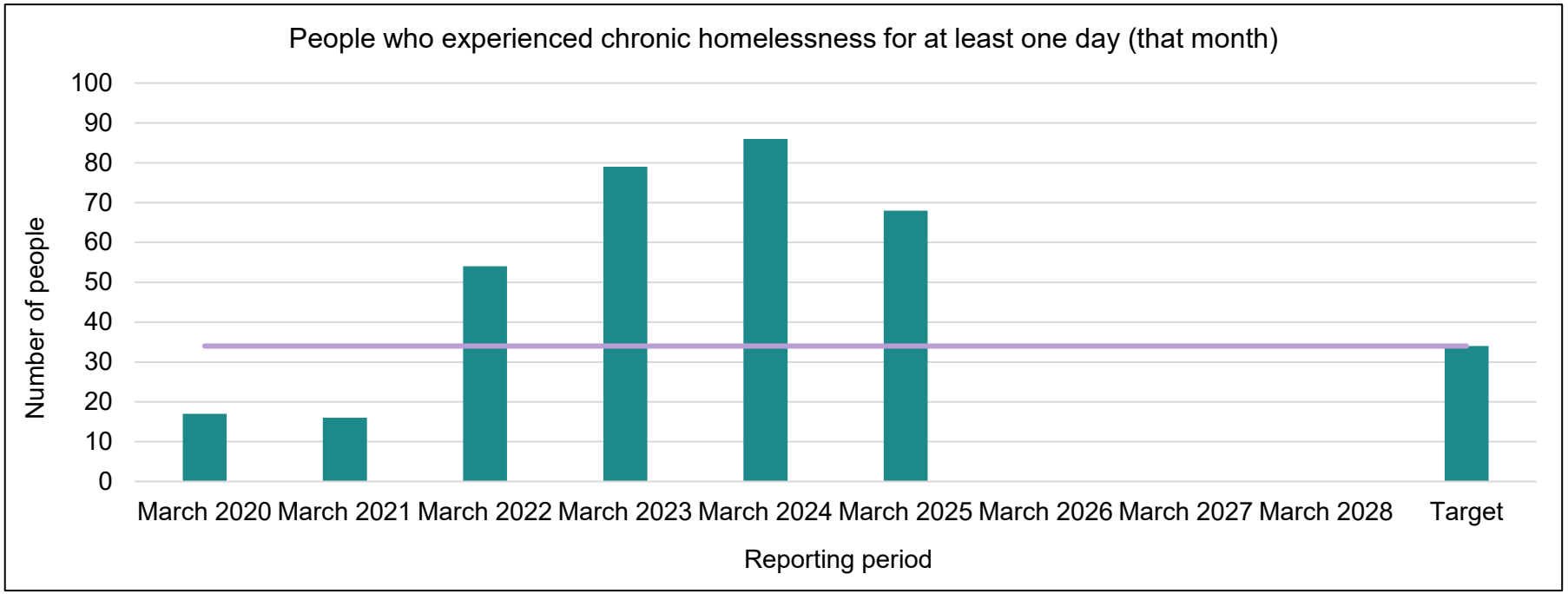
b) Please use the comment box below to:
• As applicable, explain any changes to the data reported from the previous CHR (2023-24), including to the data itself, the baseline and the target.
• As applicable, explain the use of “N/A” for one or more data points. As a reminder, no cells should be left blank.
• As applicable, explain how Indigenous partners were engaged in the process of setting the baseline, setting the target, reporting on the outcome and/or interpreting the results.
• Optionally, provide any additional context on your data.

2025 will be used as a baseline for data. We are most confident in this data due to increased monitoring of data submissions.

O5(M) Outcome #5: Fewer people experience chronic homelessness (chronic homelessness is reduced)

Given your answers in Section 3, you can report monthly result(s) for Outcome #5 using your person-specific data.
Note: As applicable, your target must be, at minimum, a 50% reduction from your baseline.

	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	**Target**
People who experienced chronic homelessness for at least one day (that month)	17	16	54	79	86	68				34



O5(M)

a) What is your baseline year? The baseline is the year from which you measure change. This may be the first year you submitted outcomes, but could be the year where you have the most confidence in your data.

March 2025

Chronic homelessness will decrease by 50% between March 2025 and March 2028.

b) Please use the comment box below to:

- As applicable, explain any changes to the data reported from the previous CHR (2023-24), including to the data itself, the baseline and the target.
- As applicable, explain the use of “N/A” for one or more data points. As a reminder, no cells should be left blank.
- Optionally, provide any additional context on your data.

2025 will be used as a baseline for data. We are most confident in this data due to increased monitoring of data submissions.

End of Section 4a

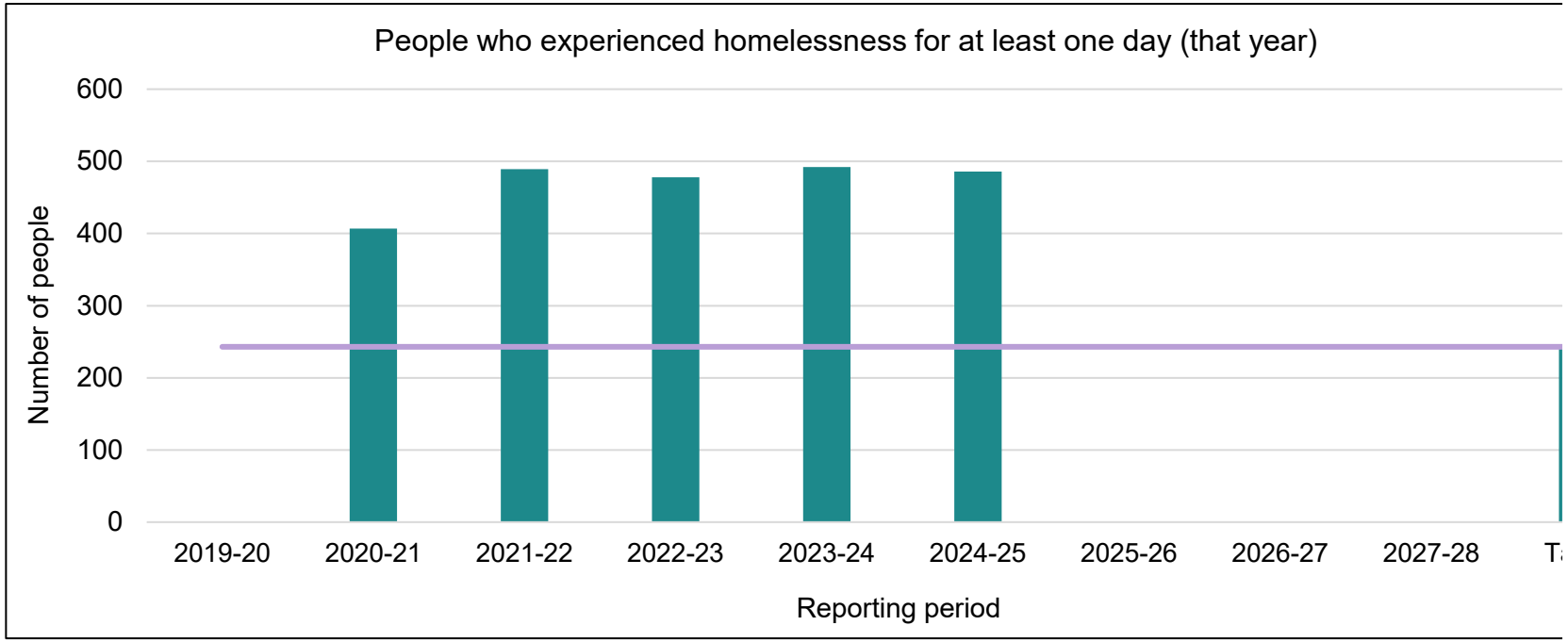
:VEL OUTCOMES AND TARGETS

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

O1(A) Outcome #1: Fewer people experience homelessness (homelessness is reduced overall)

Given your answers in Section 3, you can report annual result(s) for Outcome #1 using your person-specific da

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28
People who experienced homelessness for at least one day (that year)		407	489	478	492	486			



O1(A)	a) What is your baseline year? The baseline is the year from which you measure change. This may be the first year you submitted outcomes, but could be the year where you have the most confidence in your data.	2024-25

Overall homelessness will decrease by 50% between 2024-25 and 2027-28.

b) Please use the comment box below to:

• As applicable, explain any changes to the data reported from the previous CHR (2023-24), including to
itself, the baseline and the target.

• As applicable, explain the use of “N/A” for one or more data points. As a reminder, no cells should be le

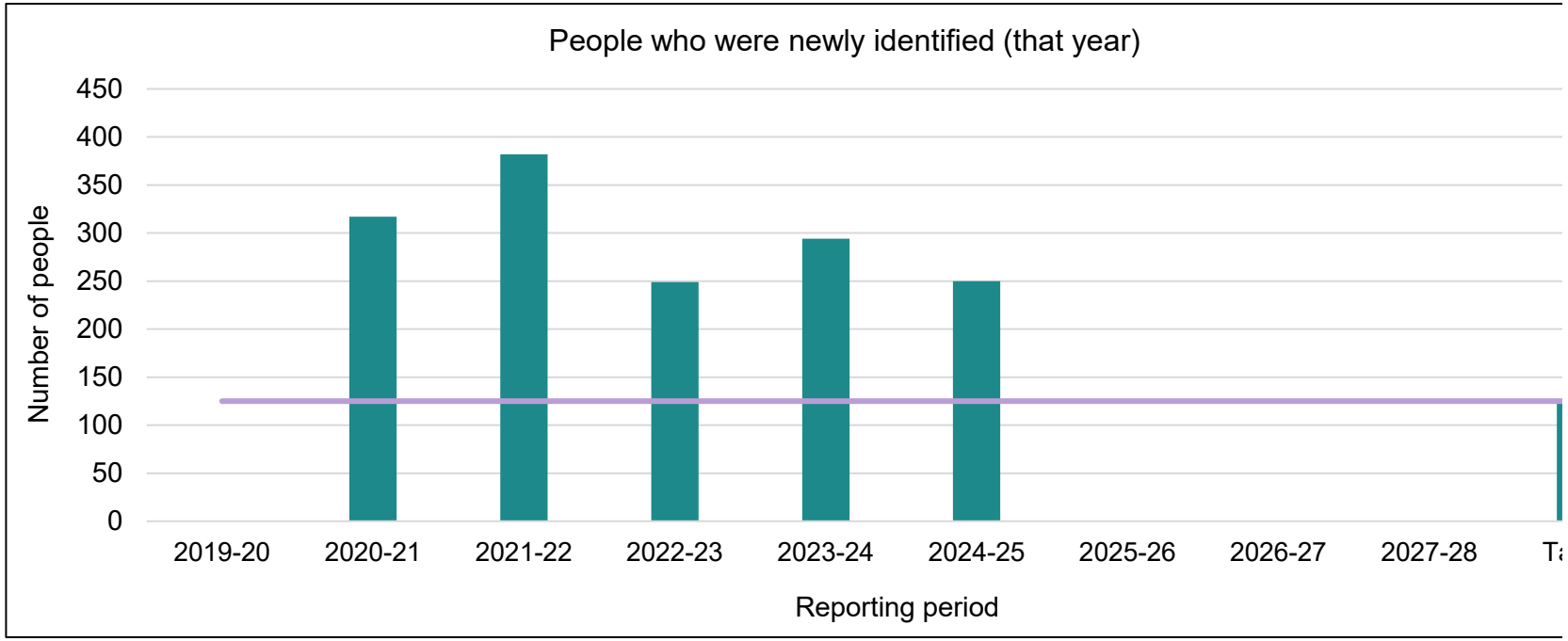
• Optionally, provide any additional context on your data.

2025 will be used as a baseline for data. We are most confident in this data due to increased monitoring of
submissions.

O2(A) Outcome #2: Fewer people were newly identified (new inflows to homelessness are reduced)

Given your answers in Section 3, you can report annual result(s) for Outcome #2 using your person-specific da

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28
People who were newly identified (that year)		317	382	249	294	250			



O2(A)	a) What is your baseline year? The baseline is the year from which you measure change. This may be the first year you submitted outcomes, but could be the year where you have the most confidence in your data.	2024-25

New inflows to homelessness will decrease by 50% between 2024-25 and 2027-28.

b) Please use the comment box below to:

• As applicable, explain any changes to the data reported from the previous CHR (2023-24), including to
itself, the baseline and the target.

• As applicable, explain the use of “N/A” for one or more data points. As a reminder, no cells should be le

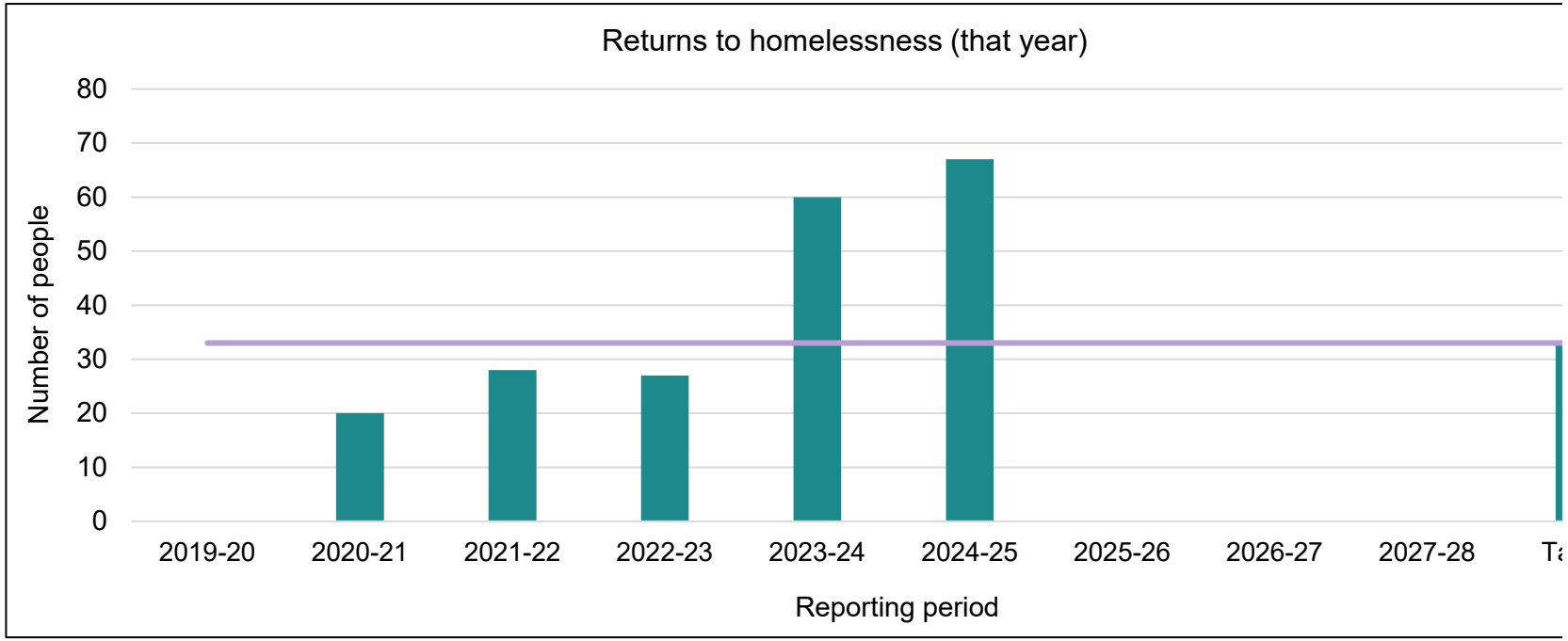
• Optionally, provide any additional context on your data.

2025 will be used as a baseline for data. We are most confident in this data due to increased monitoring of
submissions.

O3(A) Outcome #3: Fewer people return to homelessness (returns to homelessness are reduced)

Given your answers in Section 3, you can report annual result(s) for Outcome #3 using your person-specific da

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28
Returns to homelessness (that year)		20	28	27	60	67			



O3(A)	a) What is your baseline year? The baseline is the year from which you measure change. This may be the first year you submitted outcomes, but could be the year where you have the most confidence in your data.	2024-25

Returns to homelessness will decrease by 51% between 2024-25 and 2027-28.

b) Please use the comment box below to:

• As applicable, explain any changes to the data reported from the previous CHR (2023-24), including to
itself, the baseline and the target.

• As applicable, explain the use of “N/A” for one or more data points. As a reminder, no cells should be le

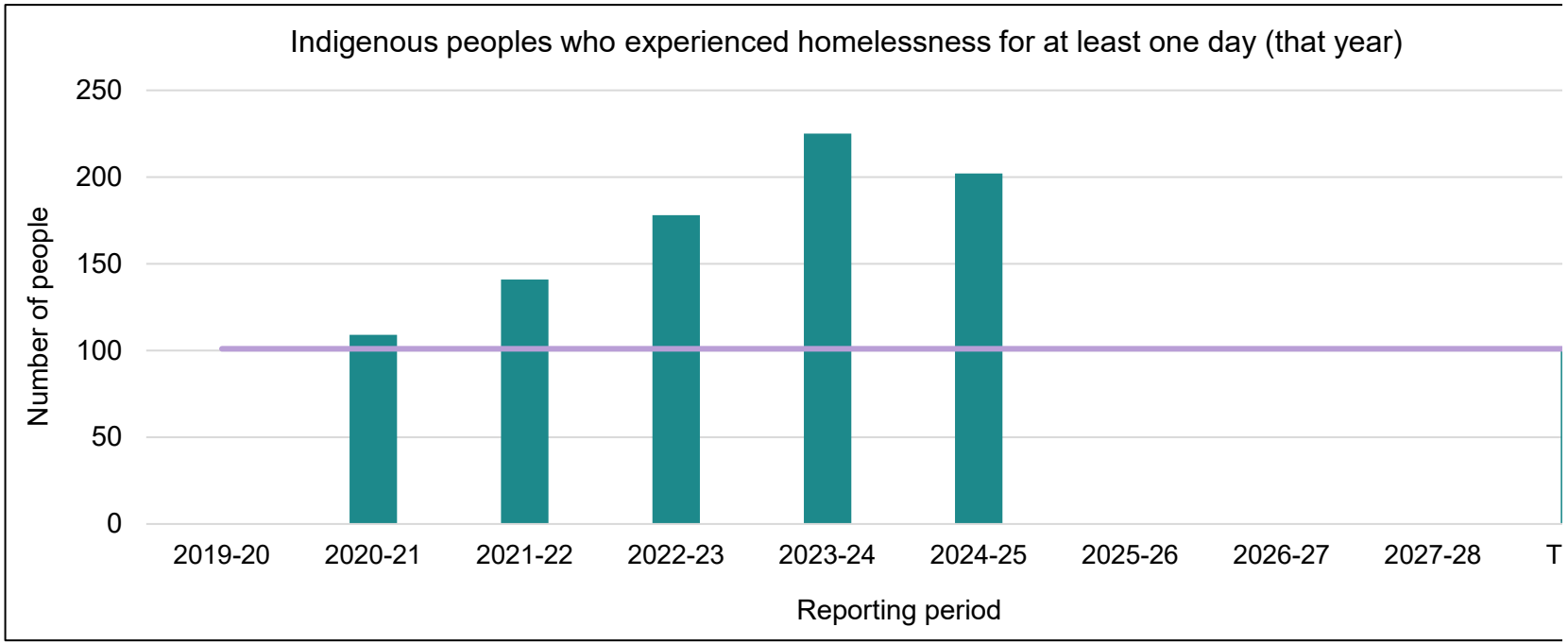
• Optionally, provide any additional context on your data.

2025 will be used as a baseline for data. We are most confident in this data due to increased monitoring of
submissions.

O4(A) Outcome #4: Fewer Indigenous peoples experience homelessness (Indigenous homelessness is re

Given your answers in Section 3, you can report annual result(s) for Outcome #4 using your person-specific da

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28
Indigenous peoples who experienced homelessness for at least one day (that year)		109	141	178	225	202			



O4(A)	a) What is your baseline year? The baseline is the year from which you measure change. This may be the first year you submitted outcomes, but could be the year where you have the most confidence in your data.	2024-25

Indigenous homelessness will decrease by 50% between 2024-25 and 2027-28.

b) Please use the comment box below to:

• As applicable, explain any changes to the data reported from the previous CHR (2023-24), including to
itself, the baseline and the target.

• As applicable, explain the use of “N/A” for one or more data points. As a reminder, no cells should be le

• As applicable, explain how Indigenous partners were engaged in the process of setting the baseline, se
target, reporting on the outcome and/or interpreting the results.

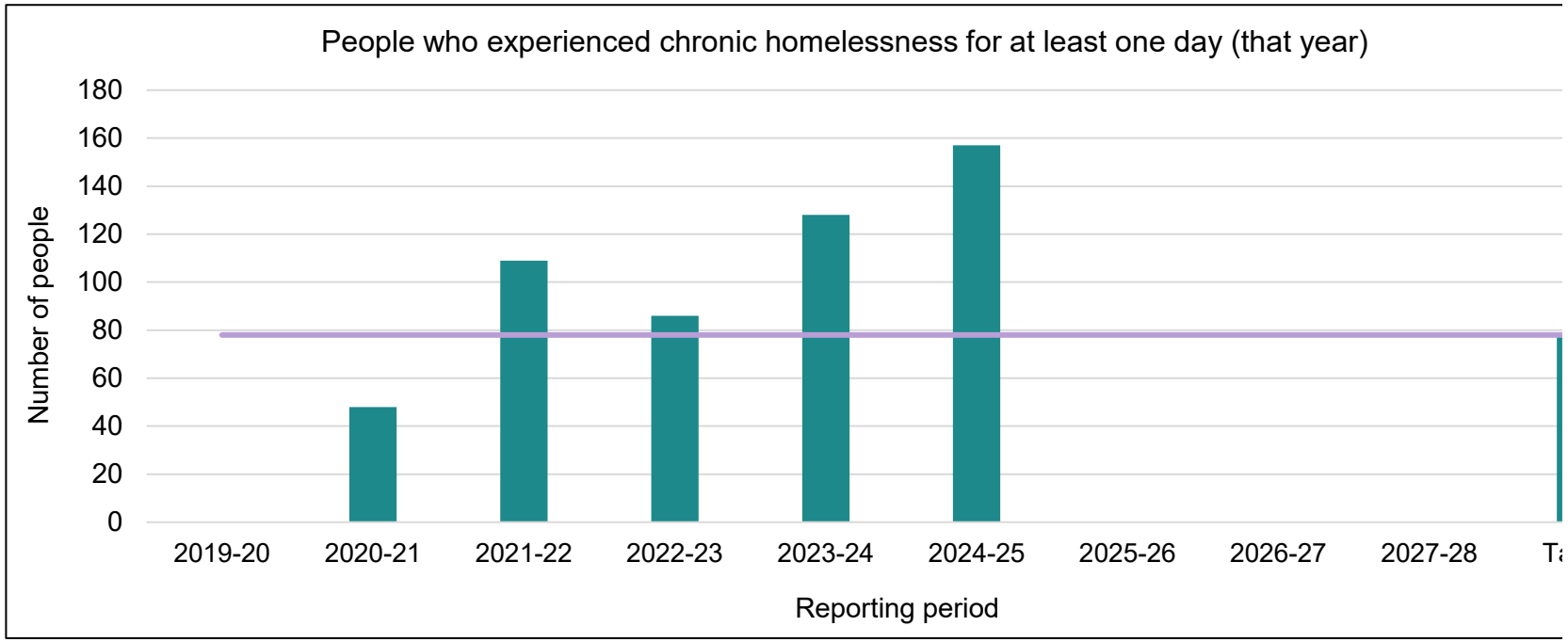
• Optionally, provide any additional context on your data.

2025 will be used as a baseline for data. We are most confident in this data due to increased monitoring of
submissions.

O5(A) Outcome #5: Fewer people experience chronic homelessness (chronic homelessness is reduced)

Given your answers in Section 3, you can report annual result(s) for Outcome #5 using your person-specific da
Note: As applicable, your target must be, at minimum, a 50% reduction from your baseline.

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28
People who experienced chronic homelessness for at least one day (that year)		48	109	86	128	157			



O5(A)	a) What is your baseline year? The baseline is the year from which you measure change. This may be the first year you submitted outcomes, but could be the year where you have the most confidence in your data.	2024-25

Chronic homelessness will decrease by 50% between 2024-25 and 2027-28.

b) Please use the comment box below to:

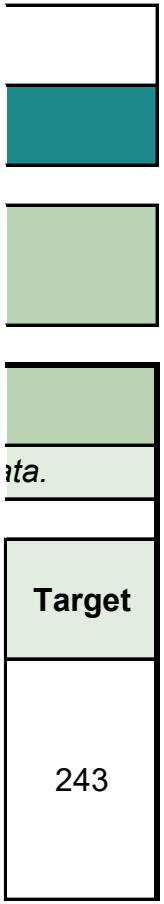
• As applicable, explain any changes to the data reported from the previous CHR (2023-24), including to t
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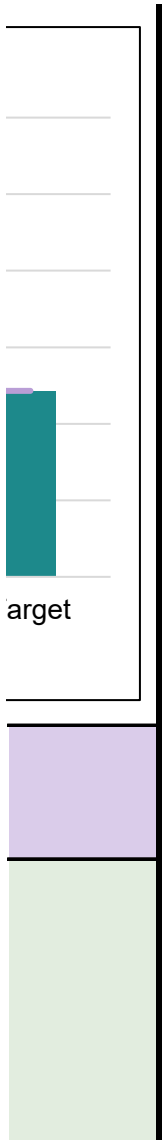
• As applicable, explain the use of “N/A” for one or more data points. As a reminder, no cells should be le

• Optionally, provide any additional context on your data.

2025 will be used as a baseline for data. We are most confident in this data due to increased monitoring of
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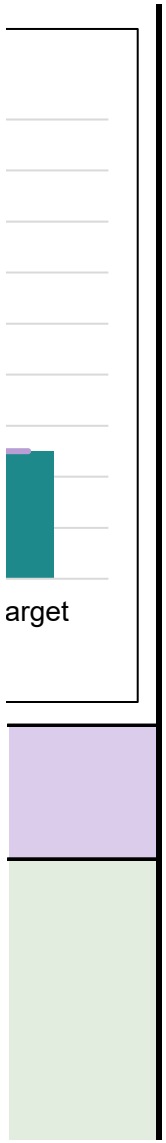

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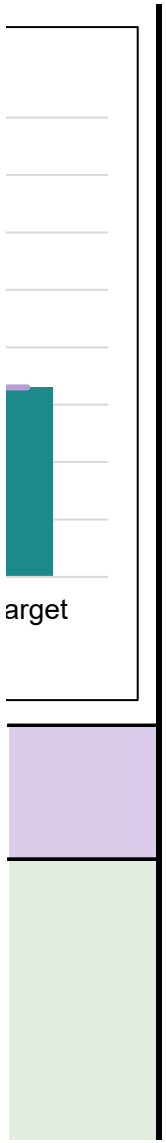
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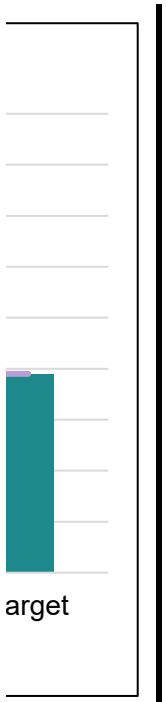
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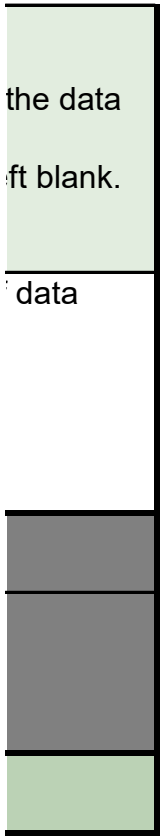
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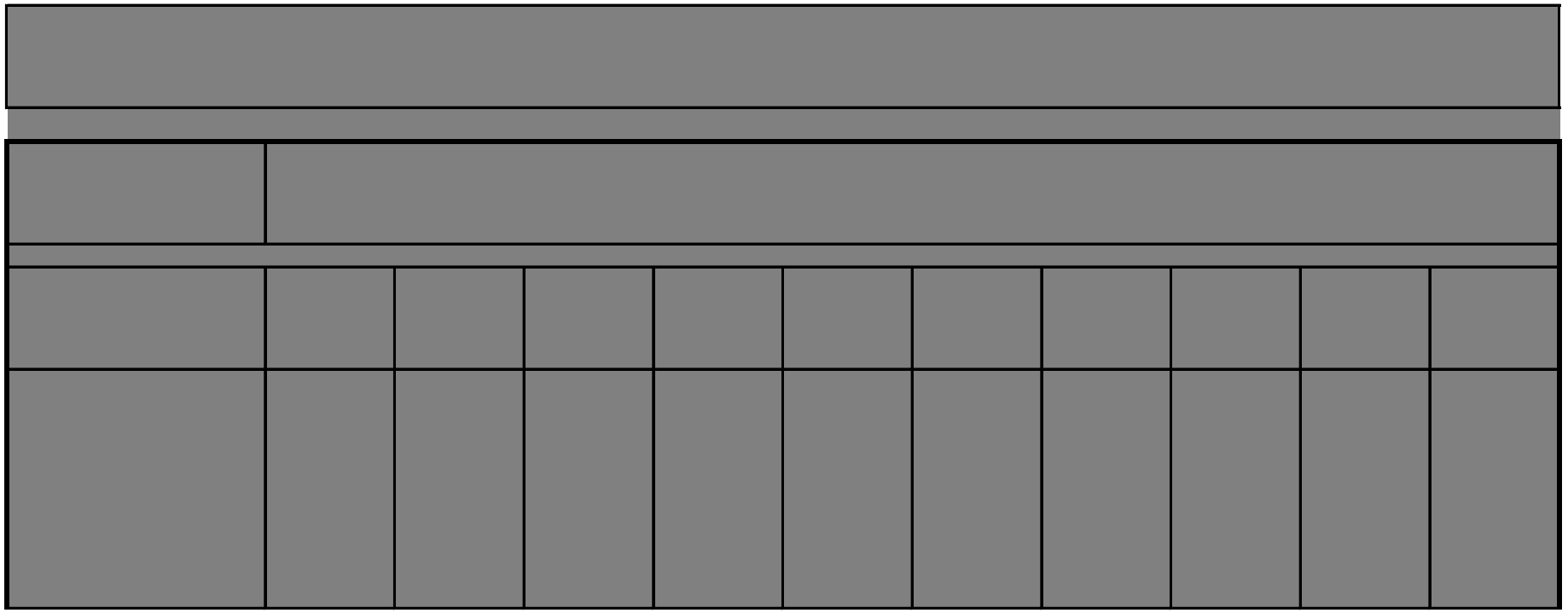
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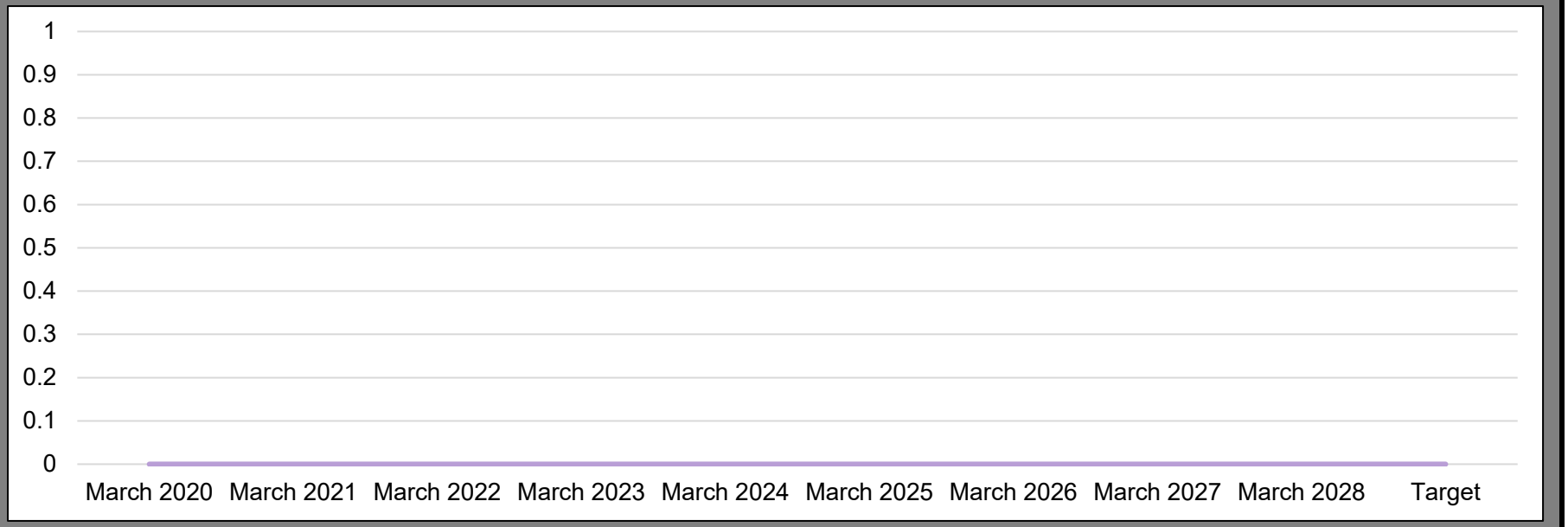

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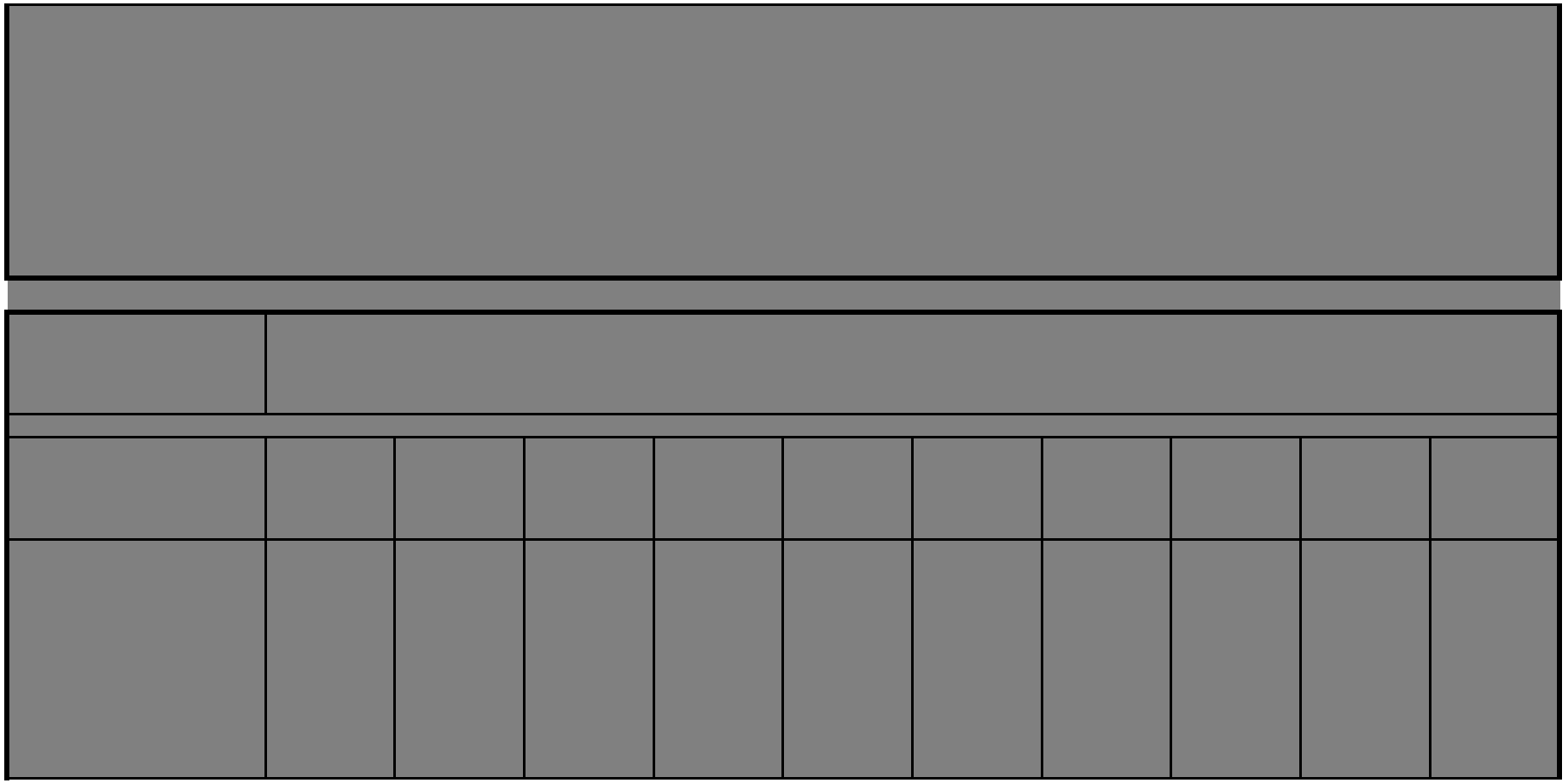
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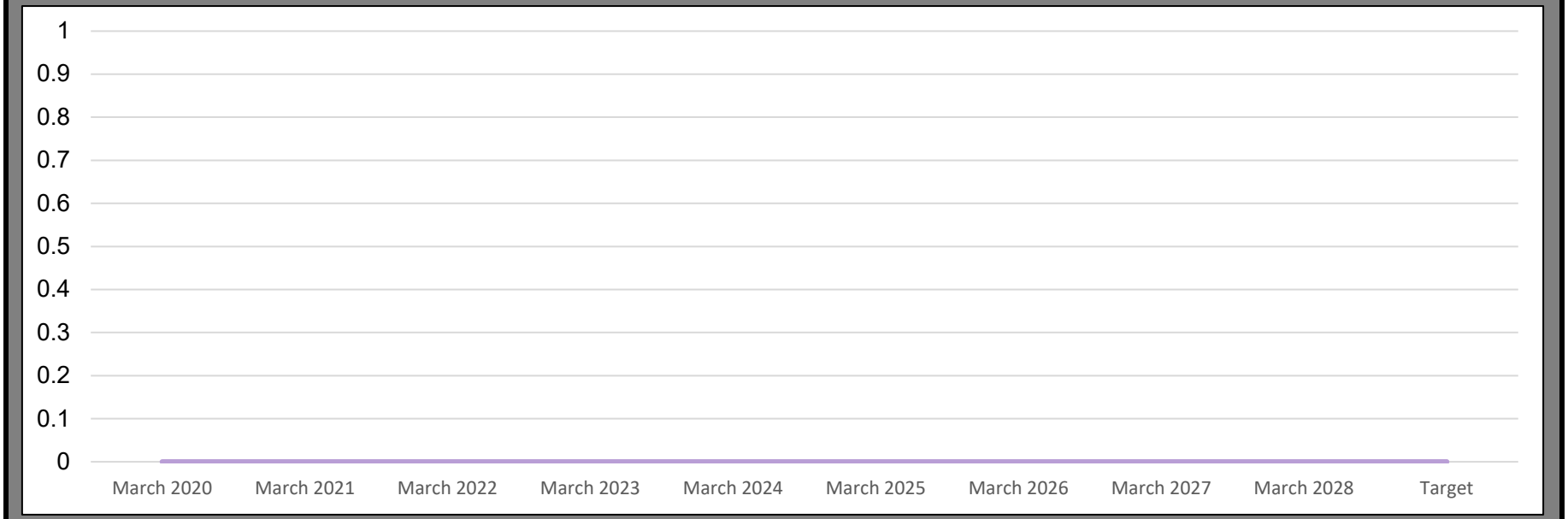
Use outcome data to monitor progress against additional community-level outcomes – Monthly Data Reporting

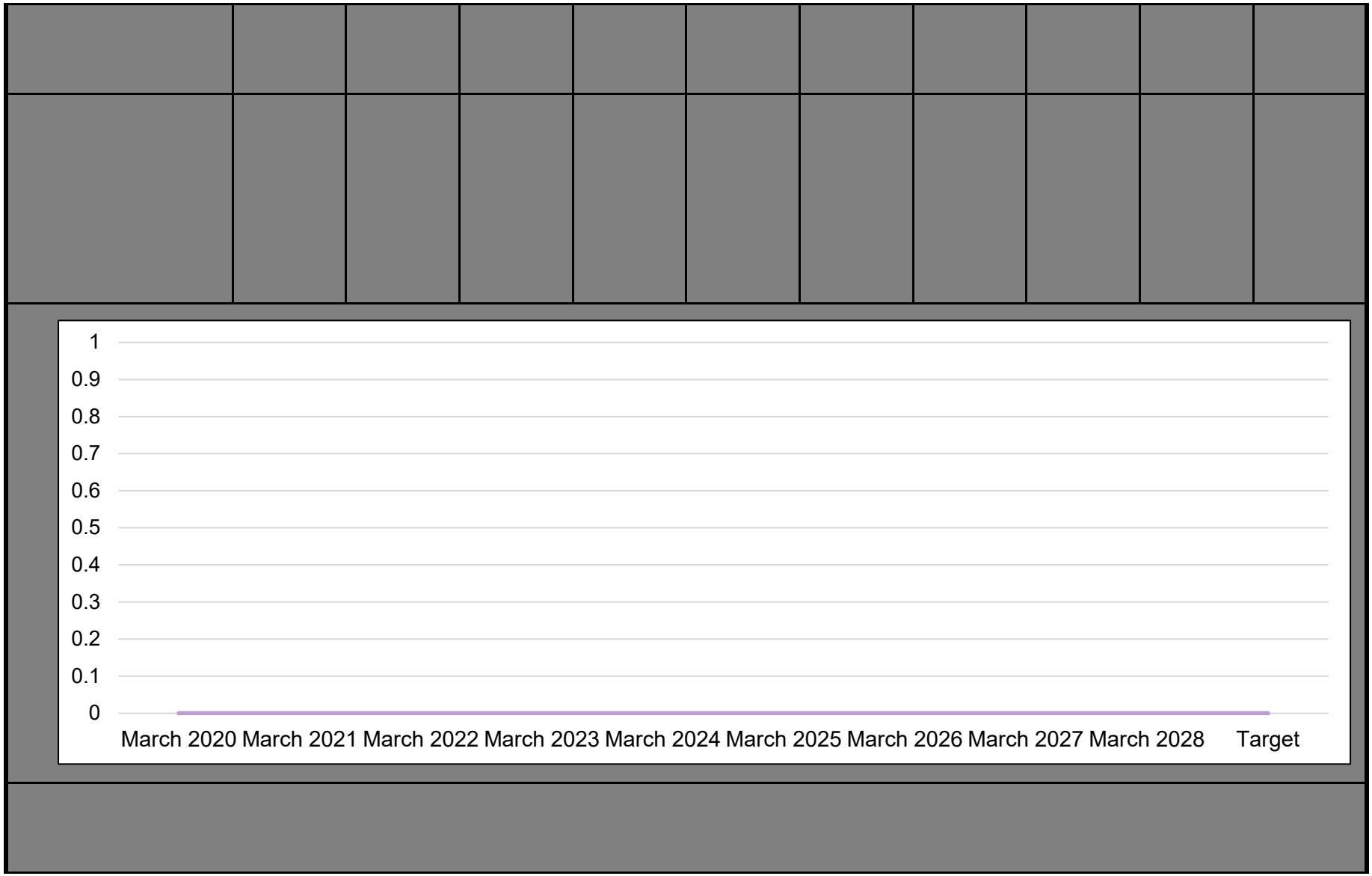


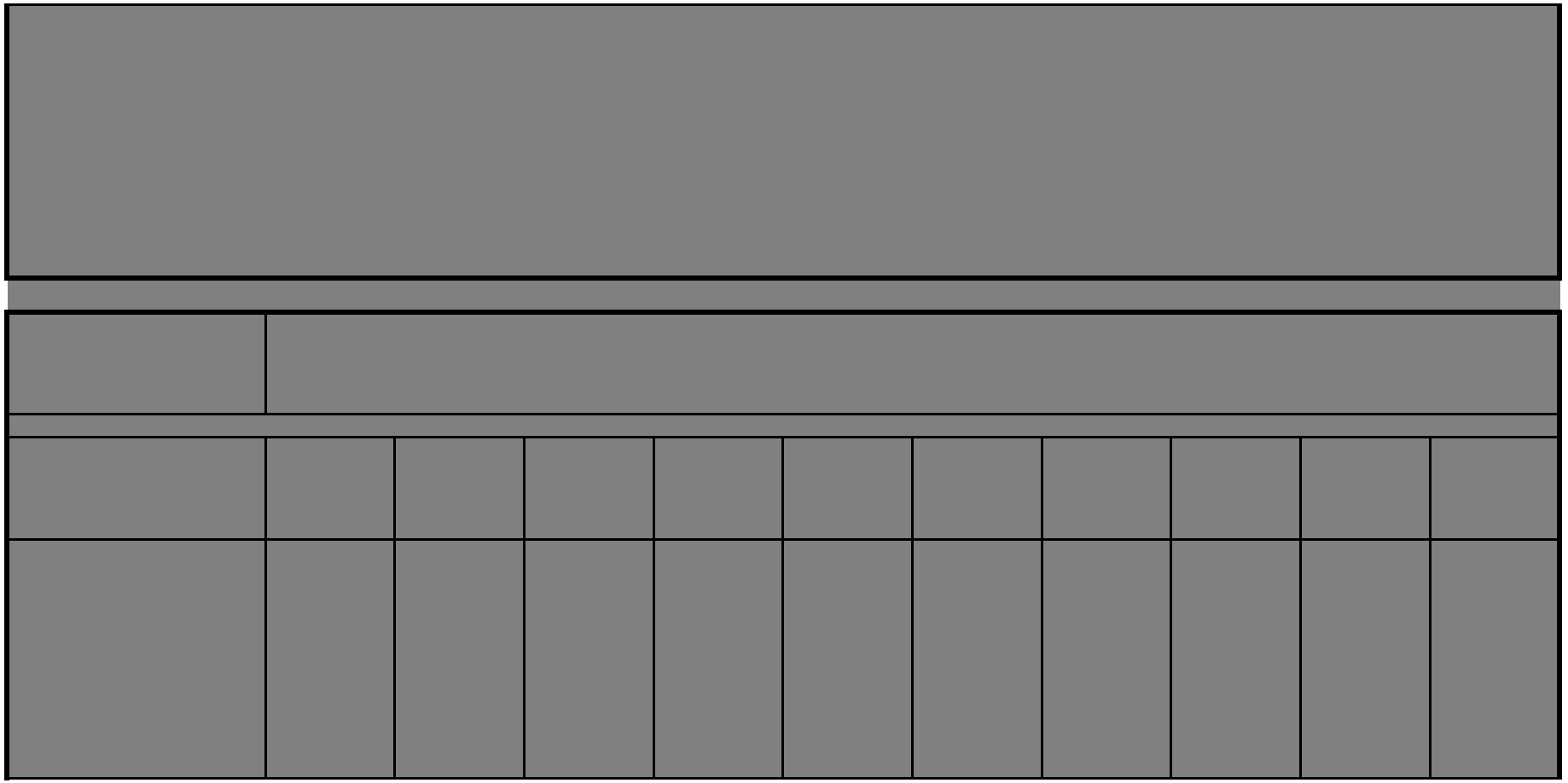

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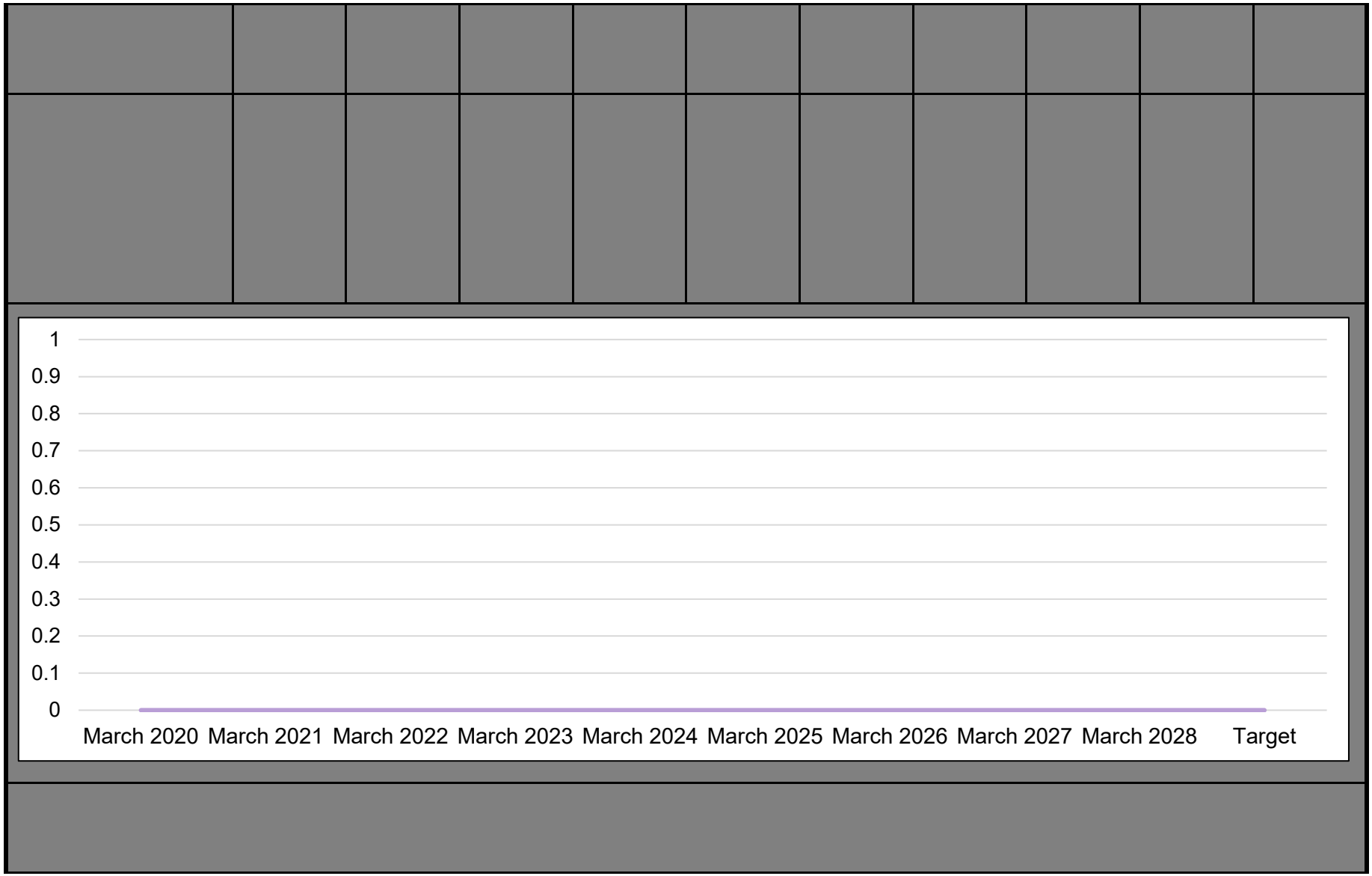



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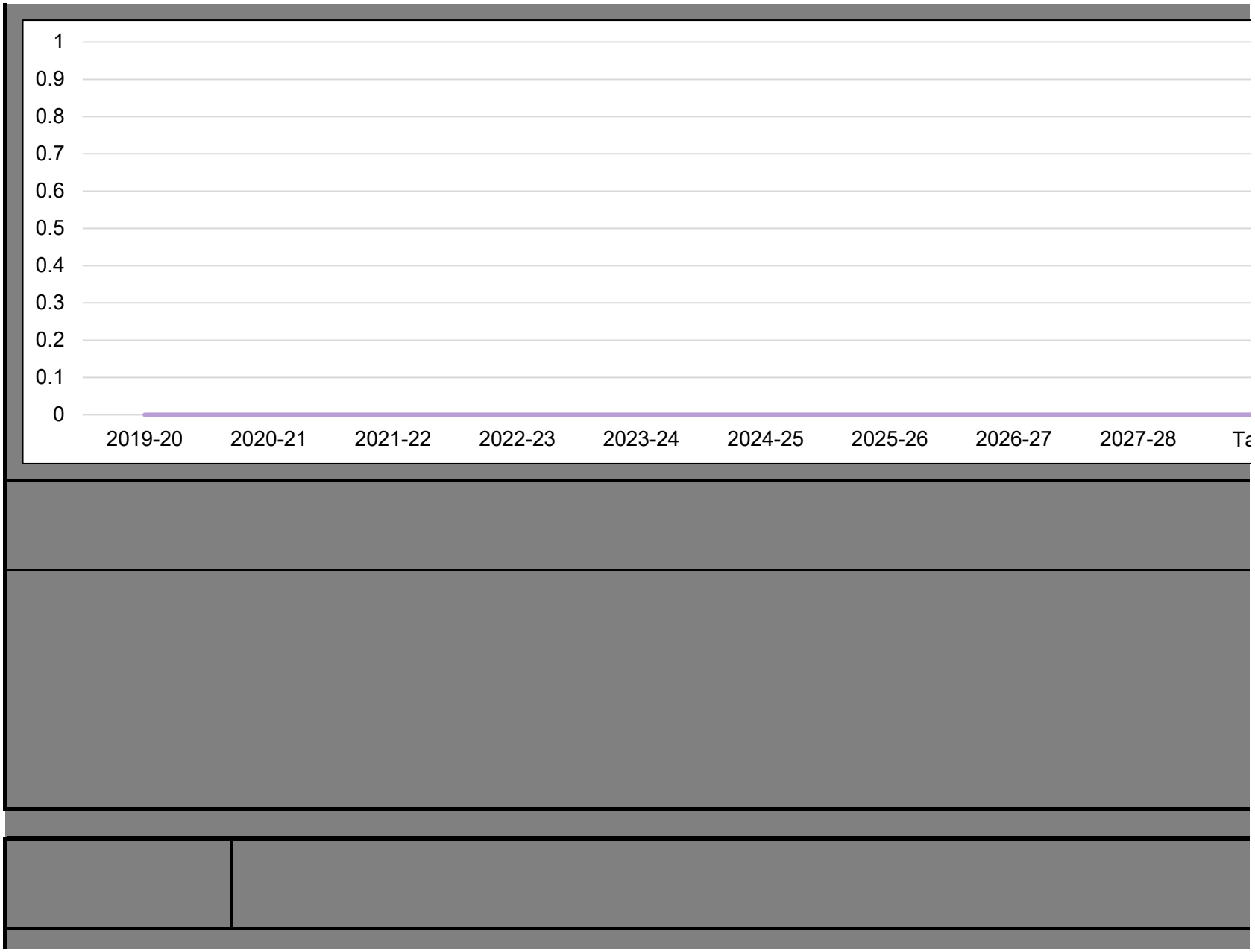

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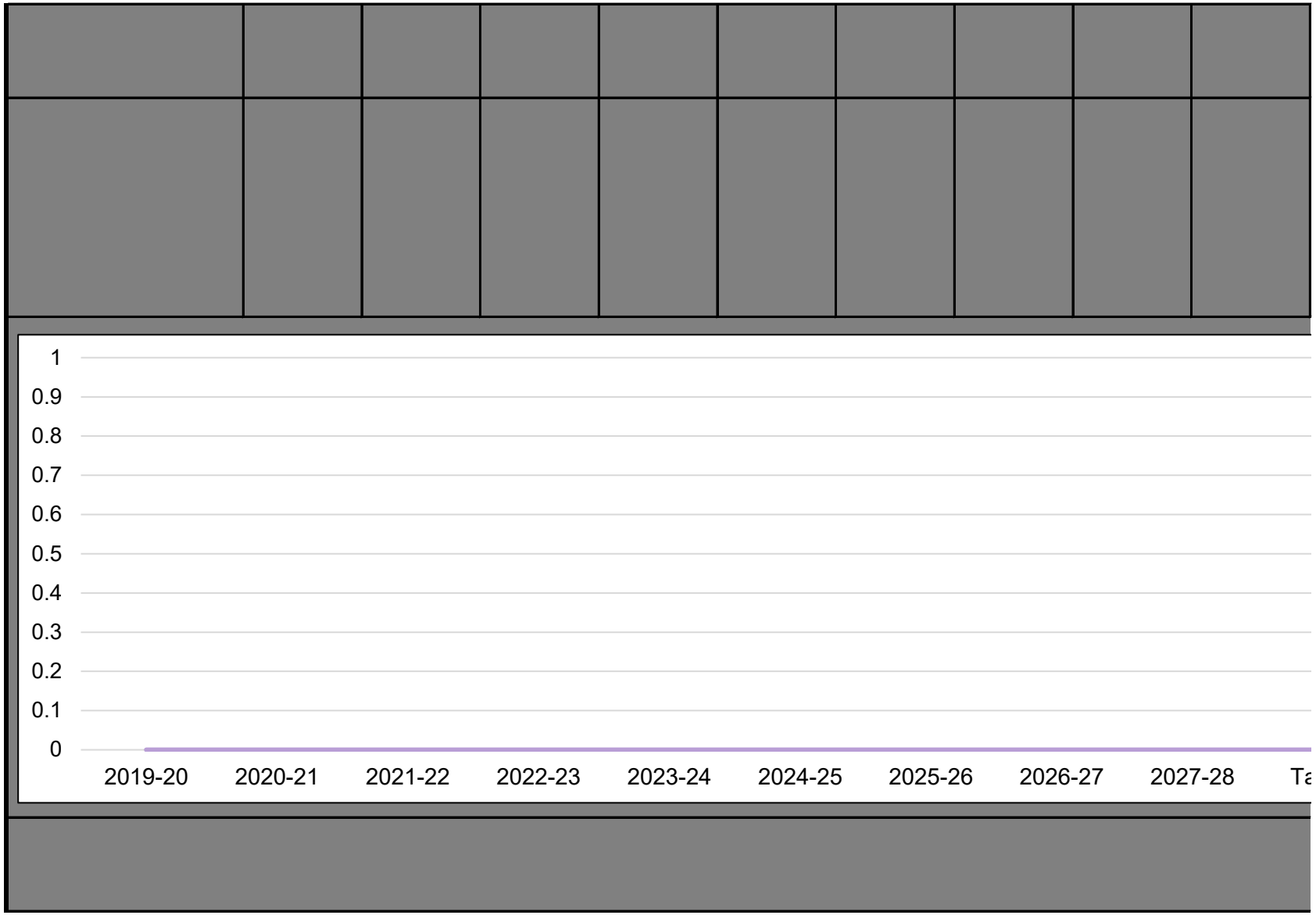


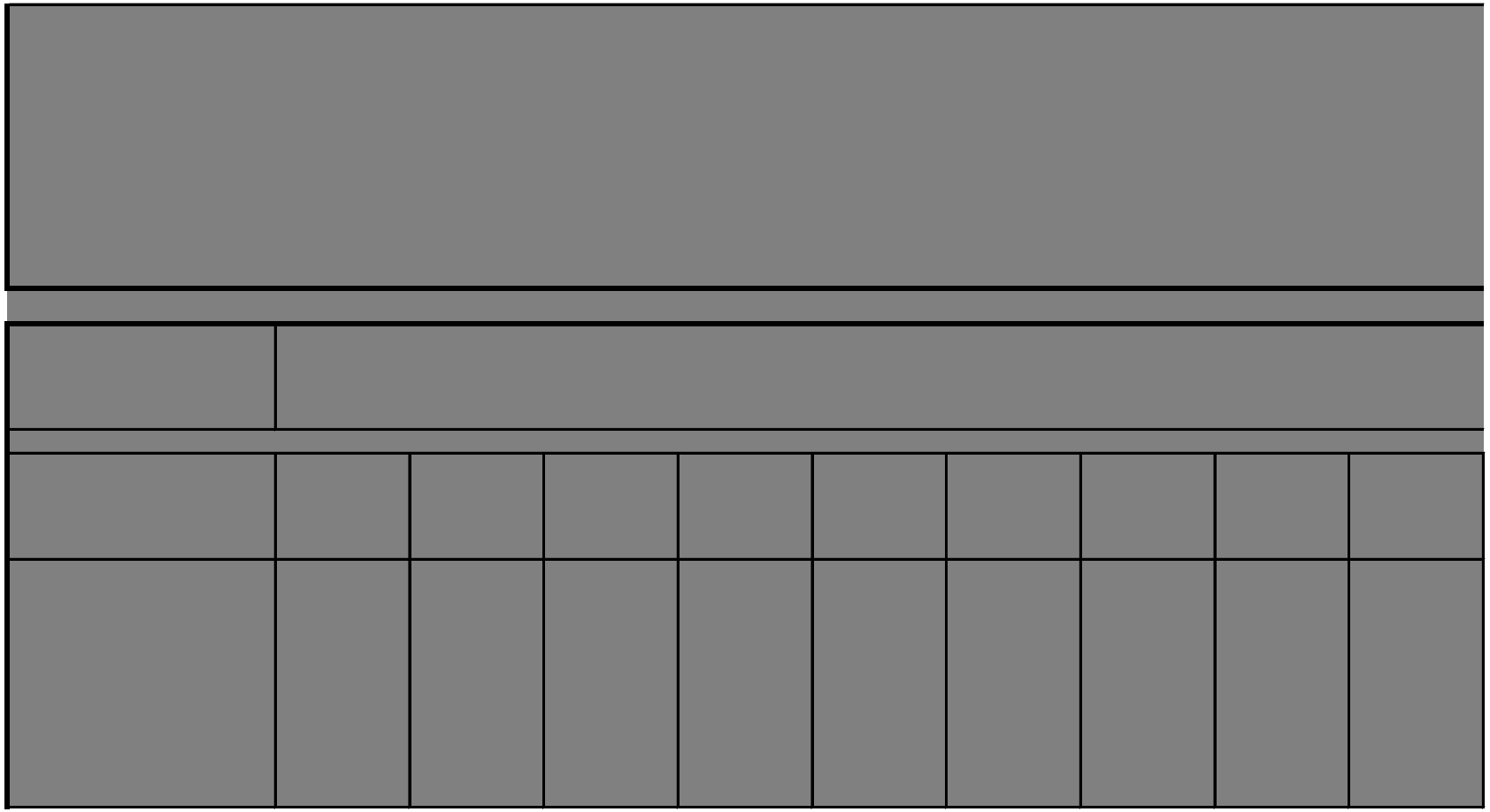
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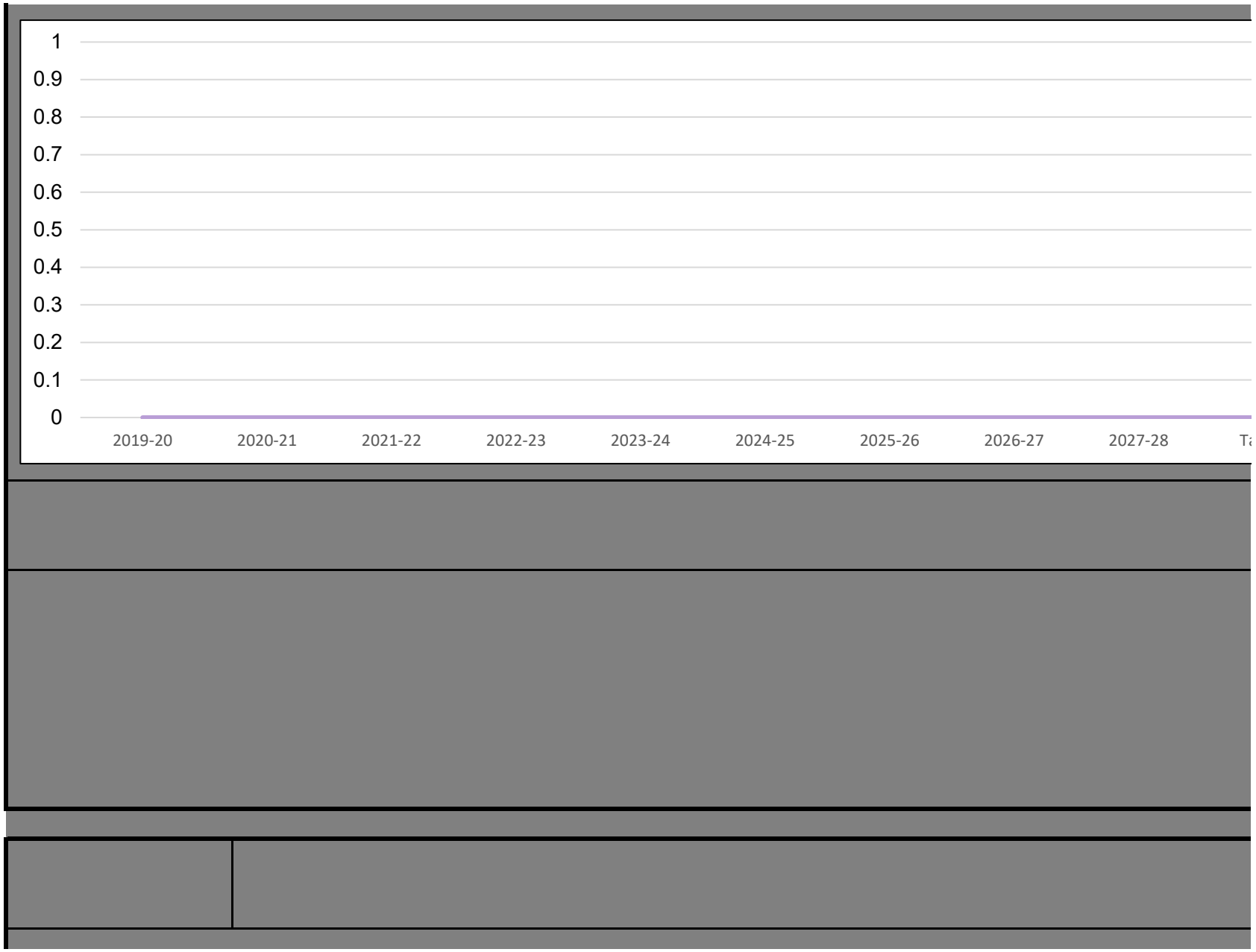
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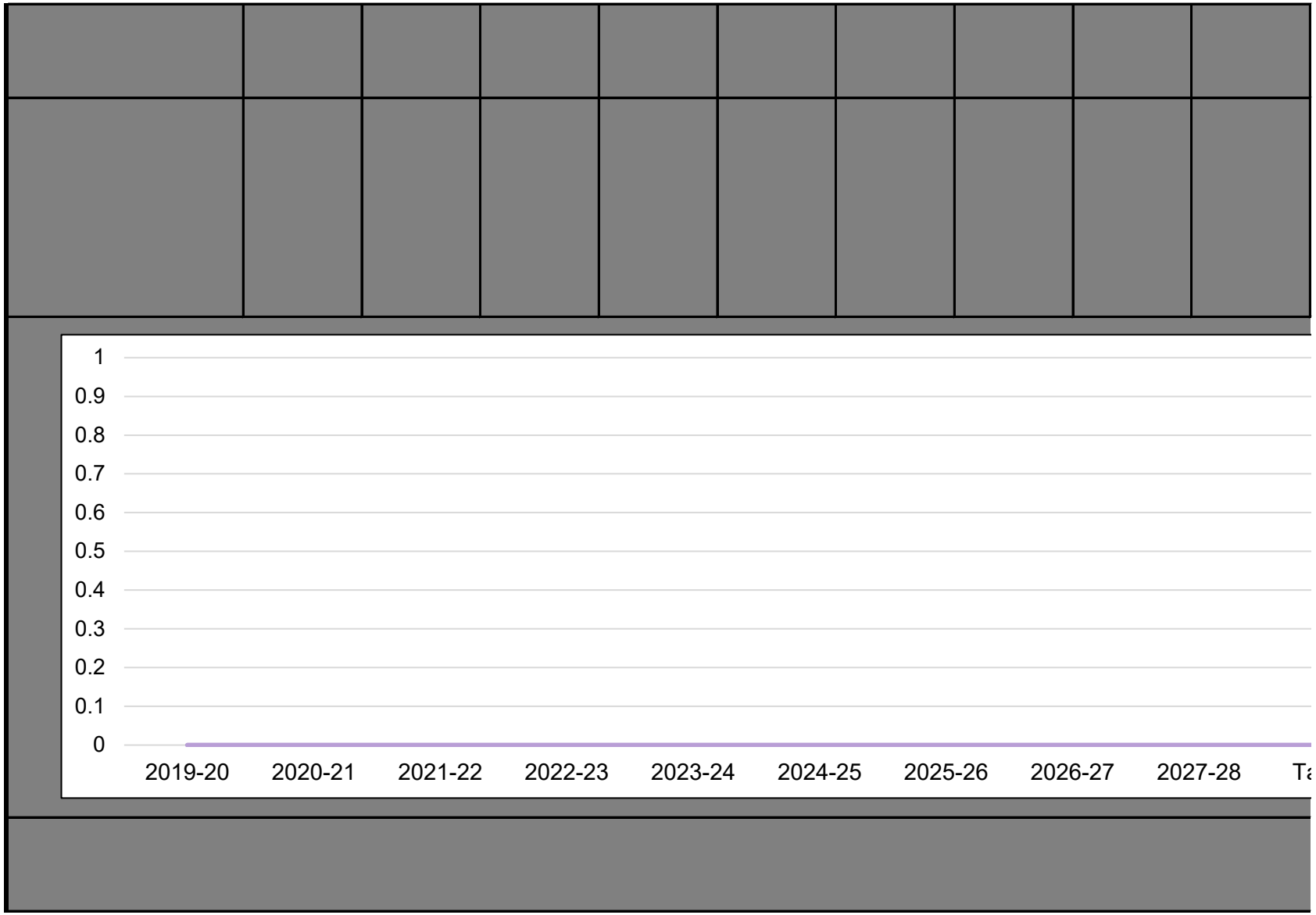
Use outcome data to monitor progress against additional community-level outcomes – Annual Data Repo

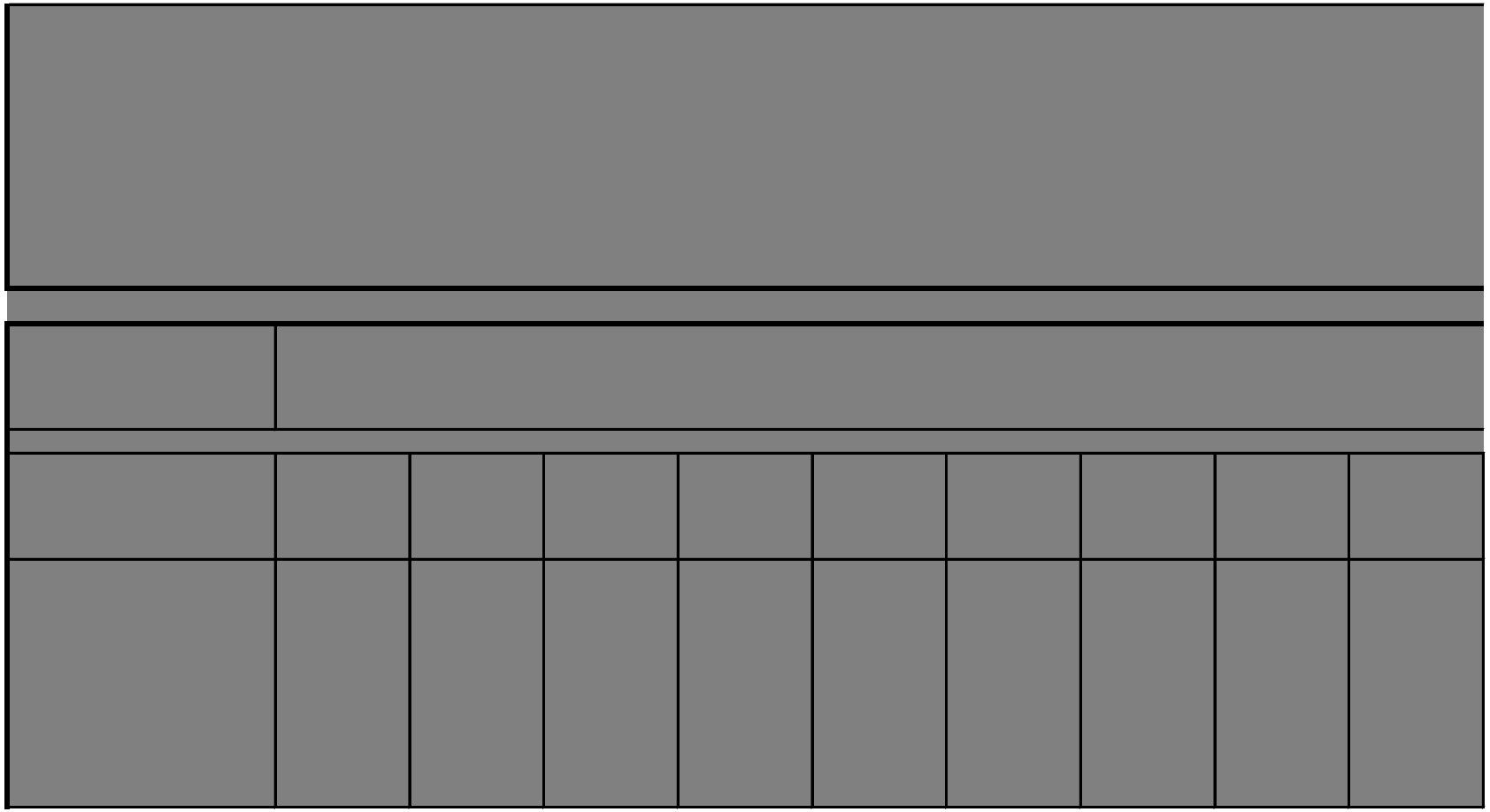

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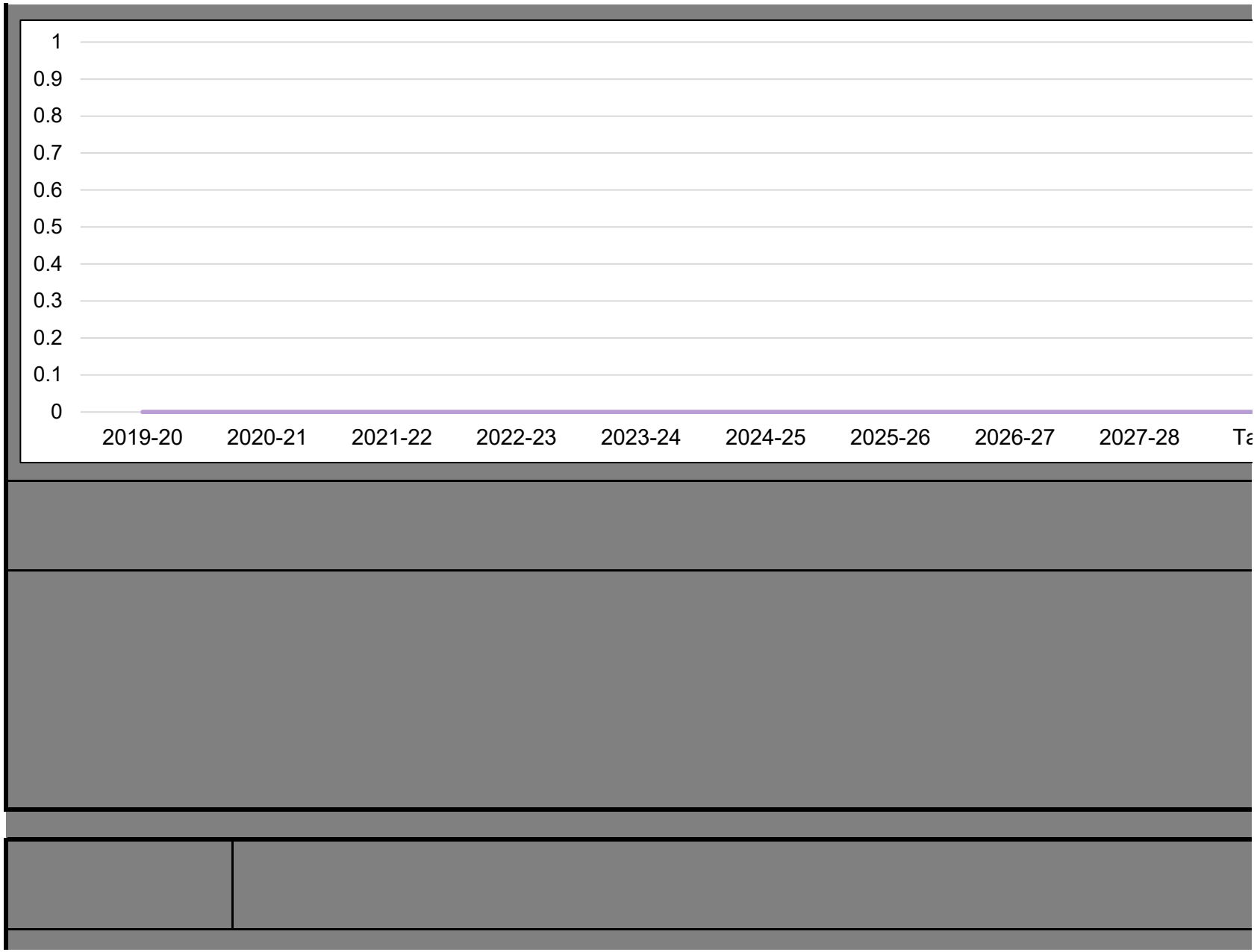

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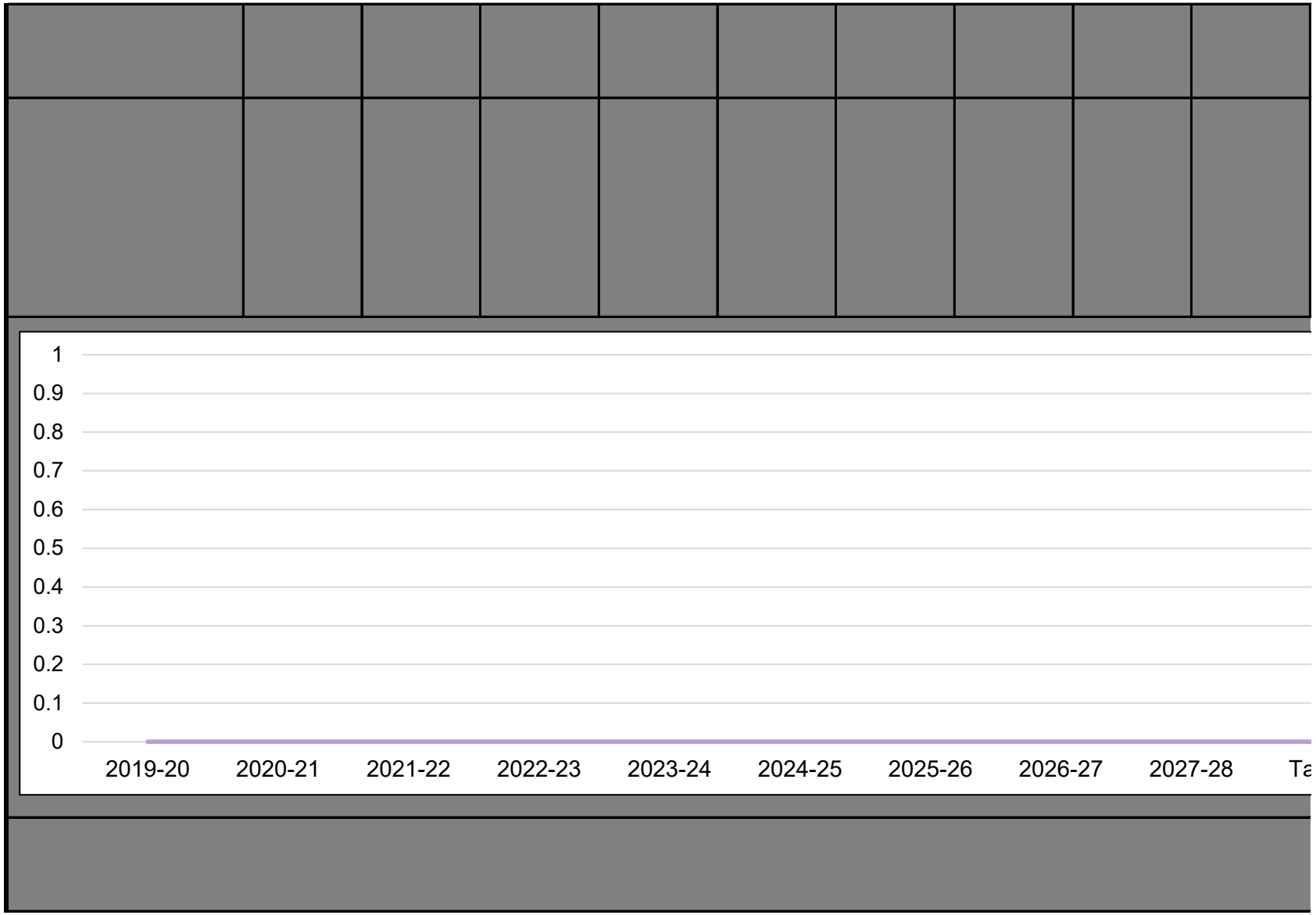



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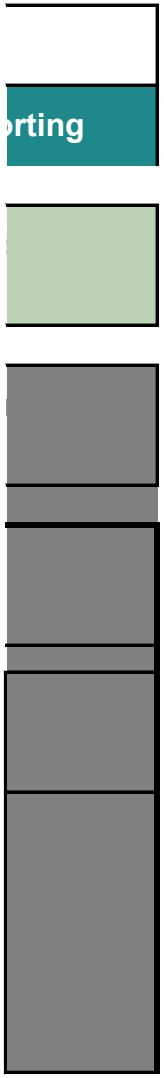

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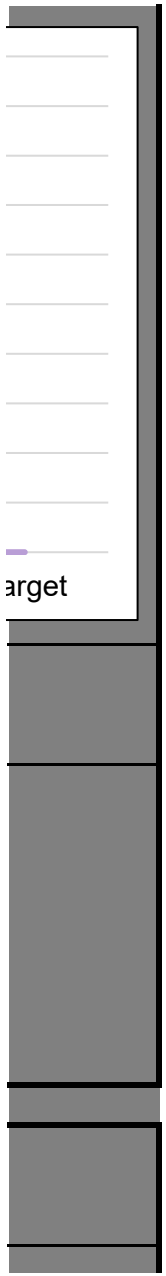
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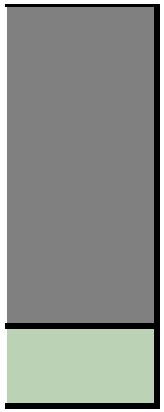

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Community Advisory Board (CAB)

Designated Communities (DC) or Territorial Homelessness (TH) Community Advisory Board (CAB) Sign-Off Sheet

For information on completing this sheet, see “Securing CAB sign-off” in the CHR Reference Guide.

Representation	DC or TH CAB members
Community Entity (Ex-Officio Member)	Elysha Cuglietta, Joanne Pearson (DSSMSSAB)
Housing, Infrastructure and Communities Canada (Ex-Officio Member)	Sewina Chu
Provincial or territorial government	
Municipal government	Salvatore Marchese (City of Sault Ste. Maire)
Where two CABs/Regional Advisory Boards (RABs) exist in a community, representatives from the alternate Community Entity and CAB/RAB	
Indigenous partners, including, but not limited to, the Indigenous Homelessness stream Community Entity, Indigenous governments, Indigenous-led organizations and Distinctions-Based partners: First Nations, Inuit and/or Métis, including those with a modern treaty or self government agreement	Paul Gouge (Indigenous Friendship Centre) Naomi Martel (Ontario Aboriginal Housing Services)
People with lived experience of homelessness	
Youth and/or child-serving organizations, including Child Welfare agencies	Tiffany Vanzant (Pauline's Place)
Organizations serving survivors of domestic violence and their families	Norma Elliot (Women in Crisis)
Seniors and senior serving organizations	
Newcomers and newcomer serving organizations	
The private sector	
Police and correctional services	
Landlord associations and/or the housing sector	
Health organizations, including hospitals and other public health institutions, and organizations focused on mental health and addictions	Lisa Case (Canadian Mental Health Association of Algoma)
Veterans Affairs Canada and/or Veterans-serving organizations	
Other	Jackie Martin (John Howard Society) Lori Houston (United

CAB Chairs or Co-Chairs (if applicable): I affirm that the above members of the CAB have reviewed the attached CHR and that its content has been approved.

Name	Signature	Date (YYYY-MM-DD)
Jackie Martin		
Elysha Cuglietta		

Community Advisory Board (CAB)

Separate Indigenous Homelessness (IH) Community Advisory Board (CAB) Sign-Off Sheet (as applicable)

For information on completing this sheet, see “Securing CAB sign-off” in the CHR Reference Guide.

Representation	DC or TH CAB members
Community Entity (Ex-Officio Member)	
Housing, Infrastructure and Communities Canada (Ex-Officio Member)	
Provincial or territorial government	
Municipal government	
Where two CABs/Regional Advisory Boards (RABs) exist in a community, representatives from the alternate Community Entity and CAB/RAB	
Indigenous partners, including, but not limited to, the Indigenous Homelessness stream Community Entity, Indigenous governments, Indigenous-led organizations and Distinctions-Based partners: First Nations, Inuit and/or Métis, including those with a modern treaty or self government agreement	
People with lived experience of homelessness	
Youth and/or child-serving organizations, including Child Welfare agencies	
Organizations serving survivors of domestic violence and their families	
Seniors and senior serving organizations	
Newcomers and newcomer serving organizations	
The private sector	
Police and correctional services	
Landlord associations and/or the housing sector	
Health organizations, including hospitals and other public health institutions, and organizations focused on mental health and addictions	
Veterans Affairs Canada and/or Veterans-serving organizations	
Other	

IH CAB Chairs or Co-Chairs (if applicable): I affirm that the above members of the IH CAB have reviewed the attached CHR and that its content has been approved.

Name	Signature	Date (YYYY-MM-DD)

Community Advisory Board (CAB)

Reaching Home: Canada's Homelessness Strategy

Community Homelessness Report

Sault Ste. Marie, ON

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”).

On May 12, 2025, representatives from the Indigenous Friendship Centre (IFC), Ontario Aboriginal Housing Services (OAHS), and the District Social Services Administration Board (DSSAB) met to review the Community Homelessness Report (CHR).

The meeting fostered a productive discussion focused on strengthening community collaboration to ensure accurate data collection and to better support Indigenous individuals experiencing homelessness. The DSSAB is committed to

	exploring ways that Indigenous data can be captured that align with OCAP (Ownership, Control, Access, and Possession) principles. Below is the feedback provided by IFC and OAHS: The Federal Government's expectations of the homelessness sector are too vast for the actual resources and funding it provides for the problem. It is not possible for the homelessness sector alone to address homelessness. It is imperative that other resources come together such as corrections, health, child welfare and the community share in the responsibility to solve homelessness. The 2021 census data for Sault Ste. Marie and surrounding area indicates that 13.1% of people identified as Indigenous. Looking at the data below it appears as though there is a decrease in Indigenous homelessness, but this is not the case. Upon request the District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB)

provided IFC, and OAHS with six months of By-Name List (BNL) data which showed a significant over representation in Indigenous homelessness in overall homelessness and chronic homelessness. Indigenous people make up over 30% of the overall total in both sections. For the people being housed off the BNL in that six-month period only 11 out of 42 identified as Indigenous. These disparities are only brought to light with the BNL data and are hidden when data is presented in the format below. Data sets such as above speak to areas of improvement when it comes to proportional allocation of funding. The local Indigenous Friendship Centre continues to report a large number of the Indigenous population not accessing mainstream services, therefore not captured in mainstream data collection methods.

Social Services continues to actively support community encampments and outreach efforts in collaboration with several partner agencies. These include:
• John Howard Society
• HIV/AIDS Resource Program (HARP)
• Ontario Aboriginal HIV/AIDS Strategy
• Ontario Aboriginal Housing Services
• Canadian Mental Health Association Algoma
• Homelessness Prevention Team
• Community Wellness Bus

DSSMSSAB Homelessness Prevention and Reduction Initiatives
The District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) remains committed to reducing and preventing homelessness through various dedicated roles and initiatives:
• Ontario Works Case Managers are stationed at the Low Barrier Shelter to assist individuals with financial support and navigating the income assistance system.
• Shelter Diversion Workers, one located in emergency shelters, works to minimize shelter stays and connects individuals with necessary community services. This role also distributes an updated housing listing to the community twice weekly. Also, a community-based shelter diversion worker, works to help those at risk of homelessness remained housed or those who choose not to enter the shelter. Shelter Diversion workers are available to attend hospital and jail as requested as well to assist with discharge planning to limit the amount of individuals entering shelter from

jail/hospital.
• Tenant Support Worker (TSW) assists individuals at risk of homelessness by helping them remain housed and linking them to appropriate services. An Indigenous Tenant Support Worker also provides culturally relevant services within social housing communities.
• Intensive Housing-Based Case Manager delivers comprehensive support to individuals in the Urgent Homeless program, helping them secure and maintain stable housing.
• An Indigenous-led Intensive Housing-Based Case Manager, through Ontario Aboriginal Housing Services, provides culturally tailored support for Indigenous participants in the Urgent Homeless program.

Community Collaboration and Indigenous Support
The local Indigenous Friendship Centre continues to provide vital services for individuals who may not access mainstream support. Services include assistance with funding to find permanent housing, utility payments, basic needs, and food security.

The Homelessness Prevention Team meets weekly to coordinate the community's response to homelessness, monitor the shelter system, and support individuals in the Urgent Homeless program. Participating agencies include:
• John Howard Society
• Pauline’s Place
• Canadian Mental Health Association
• Sault Area Hospital
• Ontario Aboriginal Housing Services
• Indigenous Friendship Centre
• Ontario Works
• Ontario Disability Support Program
• Women in Crisis
• Phoenix Rising
• Nogdawindamin Family and Community Services
• Mamaweswen – The North Shore Tribal Council
• Victim Services

	• Algoma Treatment and Remand Centre Affordable Home Ownership Program • Through the affordable homeownership program 3 additional properties for renovation have been purchased in 2024/2025. To date 4 families have move into their homes. Currently 2 houses are being renovated and expected to be ready 2025/2026 for new families. For 2024/2025 we have had 23 individuals accepted and housed through the Urgent Homeless program. There have been 78 individuals who have applied to supportive housing this fiscal. This continues to show the need for increased supportive housing in our community. For question CA 2 we have selected “not yet” as a response for individuals with lived experience and local groups with a mandate to reduce homelessness. In 23/24 CHR we selected completed as the question included all groups together. In 24/25 CHR they are separated into individual selections. So currently we do not have individuals with lived experience or local groups. For question CA 9 the systems map cannot be made public at this time. It is currently under review with the CA committee. Once completed it will be made public.
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.

The mental health and addictions crisis remains a significant challenge in our community. Individuals entering the emergency shelter system now face multiple, complex barriers that require intensive support. In the past, it was often possible to provide assistance quickly and help people transition out of the shelter system. However, the shortage of affordable housing and the increasing needs of clients have led to longer shelter stays and more individuals aging into chronic homelessness. Despite these ongoing challenges, progress was made on several key initiatives during the 2024/2025 fiscal year, as outlined below.

Coordinated Access (CA)
Although the Coordinated Access Committee and the Community Advisory Board was unable to meet for a period of time, our team maintained a community-wide approach to organizing and managing access to housing and homelessness services. Both the By-Name Data (BND) and Homeless Individuals and Families Information System (HIFIS) continued to provide real-time, up-to-date information on individuals experiencing homelessness. Prioritization

based on vulnerability, acuity, and housing readiness remained ongoing and was not disrupted by the committee's temporary pause. Meetings have since resumed in 2025/2026 fiscal.

Triage and Assessment
We currently follow Federal and Provincial priorities to triage individuals within the homelessness system. We continue to use two assessment tools (mainstream and Indigenous). These tools provide a better understanding of where the individuals acuity level is and what supports would best suit their needs.

Vacancy Matching and Referral
The Mental Health and Addictions Supportive Housing Committee now reviews all supportive housing applications in our community, helping to ensure that vacancies are matched appropriately based on individual needs. Efforts are ongoing to expand and sustain this process for everyone on the By-Name List.

HIFIS
Continued training and monitoring for all frontline staff continues to take place for those using HIFIS. HIFIS upgrade is expected to be completed within Q1 of next fiscal. This upgrade will allow the homelessness system better collect data and triage individuals throughout the system. Meaningful discussions continue with Indigenous service providers regarding the use of HIFIS, OCAP principles and data sharing.

By Name Data
Two Ontario Works Case Managers continue to support those individuals who are currently experiencing homelessness and who are on the BND. Continued conversations are taking place to move the BND into HIFIS with the goal of this being completed in fiscal 2025/2026. This will streamline processes for staff and better track real time data for those accessing homelessness services.

Collaboration between Indigenous and non-Indigenous partners		
CHR 3	Please select your community from the drop-down menu:	Sault Ste. Marie (ON)

	Your community:	**Has IH funding available.** **The DC CE and IH CE are distinct organizations.** **The DC CAB and IH CAB are distinct groups.** **The IH CE is the Ontario Federation of Indigenous Friendship Centres (OFIFC).**

CHR 4

a) Has there been meaningful collaboration between the DC CE and the IH CE and IH CAB, as well as 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 the IH CE and IH CAB, as well as 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.

On May 12, 2025, a meeting was held with the Indigenous Friendship Centre (IFC) and Ontario Aboriginal Housing Services (OAHS) to review the Community Homelessness Report (CHR) and engage in a more in-depth discussion on Coordinated Access, HIFIS, and an outcome-based approach.

As previously stated, the DSSAB remains committed to working collaboratively with Indigenous partners to ensure that Indigenous individuals experiencing homelessness receive the support they need. Also to note Coordinated Access meetings have resumed in fiscal 2025/2026.

Below is the input provided by both IFC and OAHS:
When discussing meaningful collaboration between the DC/CE and Indigenous partners over the reporting period specific to the work mentioned above, there should be options for a narrative to be provided in each rather than just yes or no. We have discussed as a community and although we have said yes, there is lots of improvements that can

be made. These include earlier notice to work together collaboratively to complete reports such as the CHR. Data sharing can be improved by reinstating the Coordinated Access meetings and potentially sending monthly updates. System Training can also be improved so all involved in Coordinated Access know what resources are available for Indigenous people within the system.

CHR 5

a) Specific to the completion of this Community Homelessness Report (CHR), did ongoing, meaningful collaboration take place with the IH CE and IH CAB, as well as local Indigenous partners, including those that sit on your CAB?	Yes

As a reminder, meaningful collaboration on the CHR with the IH CE and IH CAB, as well as 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.	
	IFC and OAHS provided further input below following our May 12, 2025 meeting. As mentioned above, it's important that timeframes for reports such as the CHR respect collaboration and the time it involves. Often the people completing these reports are tasked with a multitude of responsibilities and cannot always have them completed within the limited time provided.	
CHR 6	a) Did the IH CAB sign-off on this CHR?	No
	b) Explain why IH CAB sign-off was not obtained and describe how engagement will take place with the IH CAB during next year's CHR process in more detail. Your response could include information such as when and how the IH CAB will be engaged during next year's cycle.	
	There is no current date set for the next IH CAB meeting. The CHR will be provided to be presented at the next meeting.	

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):	Yes – as a CAB member with ex-officio status
→ 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):	Yes
→ 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:	Not yet
• 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:	Not yet
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 the IH CE and IH CAB, as well as 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: → 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.	Yes
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?	Under development
	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:	Yes
	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):	Yes
	→ 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).	Yes
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).	Yes
	→ 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).	Yes
	→ 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).	Yes
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	15	2	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)	1	100%
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)	**15**	**88%**

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?	Yes
<u>Note:</u> 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.	Yes
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.	Yes

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?	Yes
HIFIS 5	a) Has there been meaningful collaboration between the DC CE and the IH CE and IH CAB, as well as 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 collect data 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 as soon as 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:	Not yet
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) **<u>Can the dataset be used to set</u>** 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) **<u>Is the dataset being used to set</u>** 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
OBA 15	Is data used to inform action 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.	
	When investment plans are being discussed, the data is reviewed to determine where the greatest need is. i.e, prevention, supportive housing, subsidy.	
CHR 10	The following questions aim to determine how you will report data in Section 4 of your CHR.	
	a) What is the earliest you can report monthly data in Section 4 of your CHR, inclusively?	March 2020
	b) What is the earliest you can report annual data in Section 4 of your CHR, inclusively?	2020-21

	c) What methodology will you use to set baselines, set reduction targets and track progress on core Reaching Home outcomes in this CHR? **Reminder:** To meet **Outcomes-Based Approach Minimum Requirement 8**, you must use the federal methodology to set baselines, set reduction targets and track progress for the five core Reaching Home outcomes. For HIFIS users, this means using the "Community Outcomes" report in HIFIS. For non-HIFIS users, this means using a report equivalent to the "Community Outcomes" report in HIFIS.	HIFIS: "Community Outcomes" report
Partnerships		
OBA 16	a) Has there been meaningful collaboration between the DC CE and the IH CE and IH CAB, as well as 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	

	Consistency Further monitoring of service providers Monthly data submissions Monthly data audits	
Reporting on other Community-Level Outcomes		
CHR 11	a) Beyond the five mandatory core outcomes under Reaching Home, do you wish to include any additional monthly community-level outcomes for this CHR? **Reminder:** Reporting on additional community-level outcomes is optional.	No
	b) Beyond the five mandatory core outcomes under Reaching Home, do you wish to include any additional annual community-level outcomes for this CHR? **Reminder:** Reporting on additional community-level outcomes is optional.	No

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	5	0	0

Homelessness Management Information System	Completed (score)	Completed (%)
Homelessness Management Information System (out of 5 points)	5	100%
All (out of 5 points)	**5**	**100%**

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	17	0	0

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

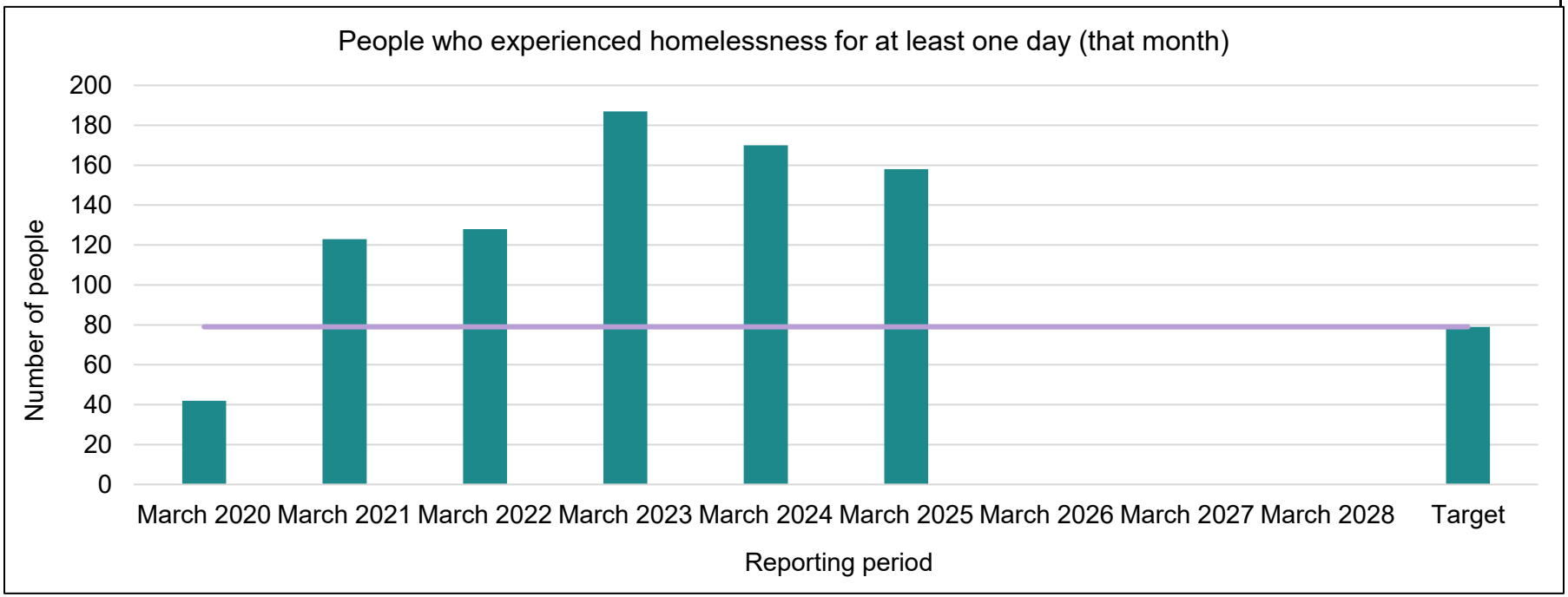
Data consistency (out of 2 points)	2	100%
Data timeliness (out of 2 points)	2	100%
Data completeness (out of 2 points)	2	100%
Data comprehensiveness (out of 4 points)	4	100%
Data use (out of 2 points)	2	100%
Partnerships (out of 1 point)	1	100%
Data quality improvement (out of 1 point)	1	100%
All (out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

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

O1(M) Outcome #1: Fewer people experience homelessness (homelessness is reduced overall)										
Given your answers in Section 3, you can report monthly result(s) for Outcome #1 using your person-specific data.										
	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	**Target**
People who experienced homelessness for at least one day (that month)	42	123	128	187	170	158				79



O1(M)	a) What is your baseline year? The baseline is the year from which you measure change. This may be the first year you submitted outcomes, but could be the year where you have the most confidence in your data.	March 2025

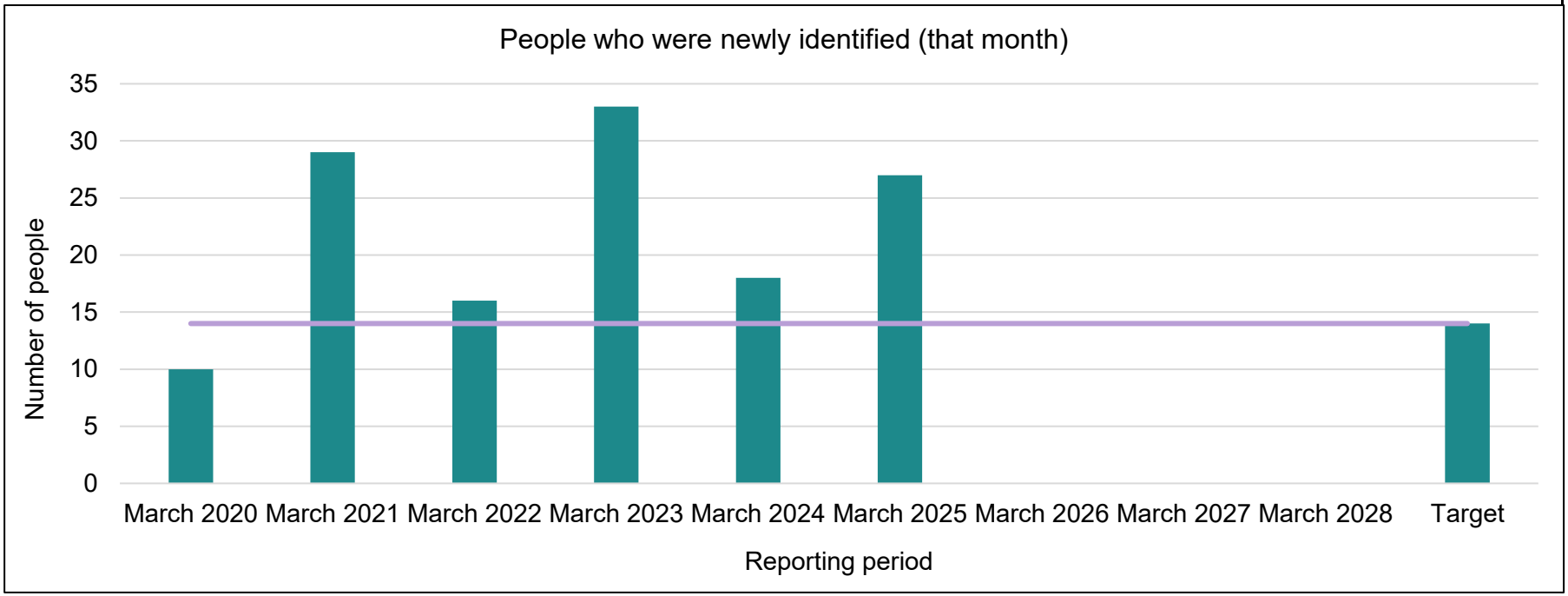
Overall homelessness will decrease by 50% between March 2025 and March 2028.

b) Please use the comment box below to:

- As applicable, explain any changes to the data reported from the previous CHR (2023-24), including to the data itself, the baseline and the target.
- As applicable, explain the use of “N/A” for one or more data points. As a reminder, no cells should be left blank.
- Optionally, provide any additional context on your data.

2025 will be used as a baseline for data. We are most confident in this data due to increased monitoring of data submissions.

O2(M) Outcome #2: Fewer people were newly identified (new inflows to homelessness are reduced)										
Given your answers in Section 3, you can report monthly result(s) for Outcome #2 using your person-specific data.										
	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	**Target**
People who were newly identified (that month)	10	29	16	33	18	27				14



O2(M)	a) What is your baseline year? The baseline is the year from which you measure change. This may be the first year you submitted outcomes, but could be the year where you have the most confidence in your data.	March 2025
	New inflows to homelessness will decrease by 48% between March 2025 and March 2028.	
	b) Please use the comment box below to: • As applicable, explain any changes to the data reported from the previous CHR (2023-24), including to the data itself, the baseline and the target. • As applicable, explain the use of "N/A" for one or more data points. As a reminder, no cells should be left blank. • Optionally, provide any additional context on your data.	
	2025 will be used as a baseline for data. We are most confident in this data due to increased monitoring of data submissions.	

O3(M)	**Outcome #3: Fewer people return to homelessness (returns to homelessness are reduced)**

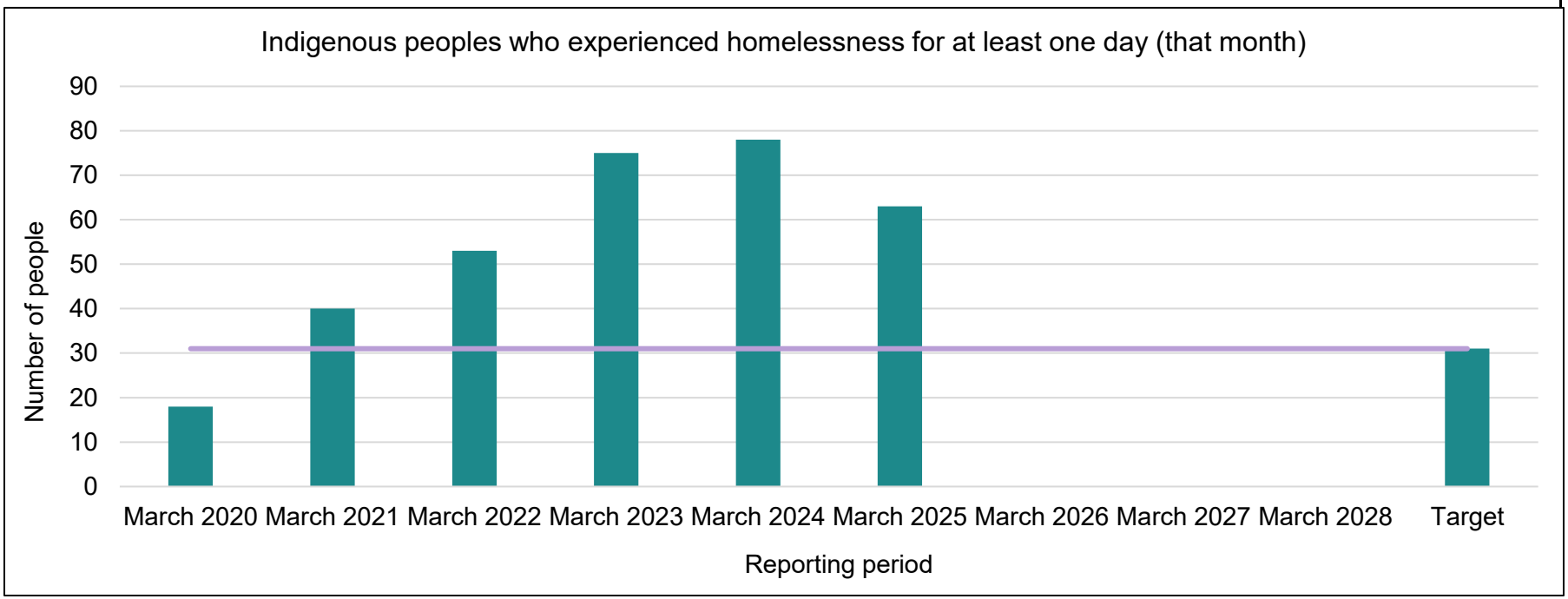
Given your answers in Section 3, you can report monthly result(s) for Outcome #3 using your person-specific data.

	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	**Target**
Returns to homelessness (that month)	1	1	1	5	7	11				6



O3(M)	a) What is your baseline year? The baseline is the year from which you measure change. This may be the first year you submitted outcomes, but could be the year where you have the most confidence in your data.	March 2025
	Returns to homelessness will decrease by 45% between March 2025 and March 2028.	
	b) Please use the comment box below to: • As applicable, explain any changes to the data reported from the previous CHR (2023-24), including to the data itself, the baseline and the target. • As applicable, explain the use of “N/A” for one or more data points. As a reminder, no cells should be left blank. • Optionally, provide any additional context on your data.	
	2025 will be used as a baseline for data. We are most confident in this data due to increased monitoring of data submissions.	

O4(M) Outcome #4: Fewer Indigenous peoples experience homelessness (Indigenous homelessness is reduced)										
Given your answers in Section 3, you can report monthly result(s) for Outcome #4 using your person-specific data.										
	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	**Target**
Indigenous peoples who experienced homelessness for at least one day (that month)	18	40	53	75	78	63				31



O4(M)	a) What is your baseline year? The baseline is the year from which you measure change. This may be the first year you submitted outcomes, but could be the year where you have the most confidence in your data.	March 2025

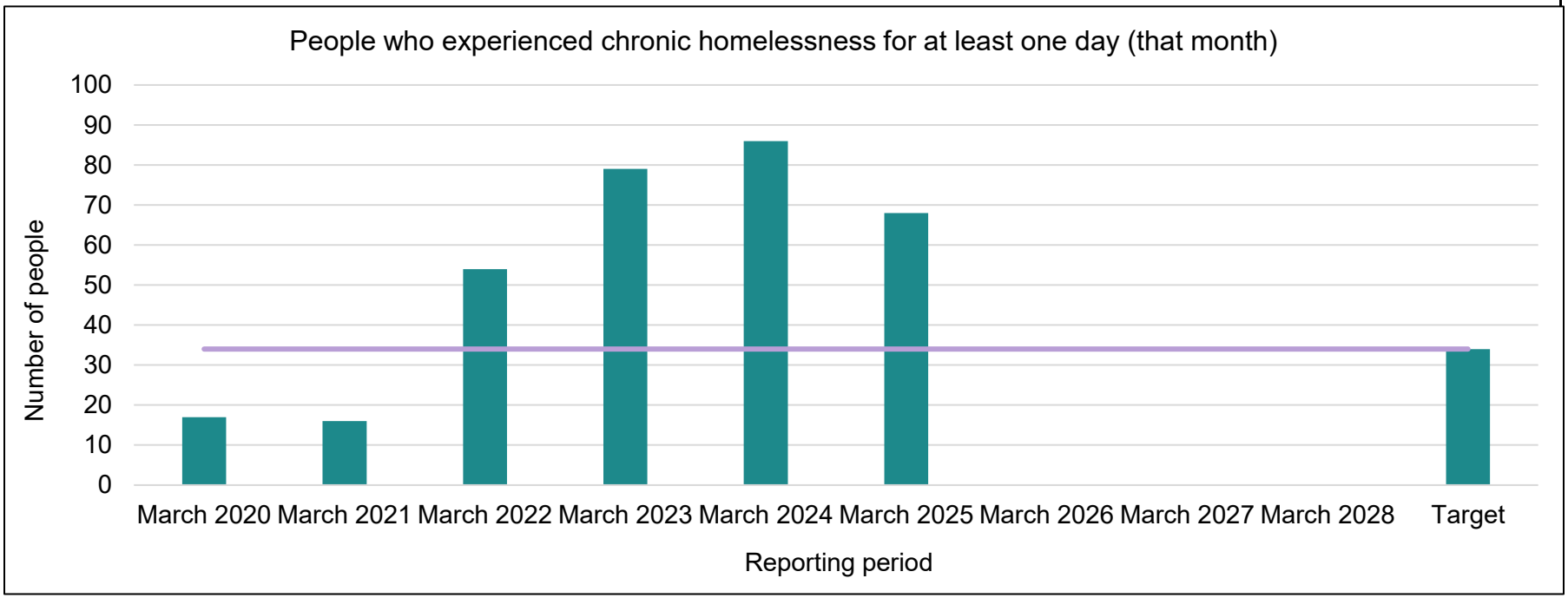
Indigenous homelessness will decrease by 51% between March 2025 and March 2028.

b) Please use the comment box below to:

- As applicable, explain any changes to the data reported from the previous CHR (2023-24), including to the data itself, the baseline and the target.
- As applicable, explain the use of “N/A” for one or more data points. As a reminder, no cells should be left blank.
- As applicable, explain how Indigenous partners were engaged in the process of setting the baseline, setting the target, reporting on the outcome and/or interpreting the results.
- Optionally, provide any additional context on your data.

2025 will be used as a baseline for data. We are most confident in this data due to increased monitoring of data submissions.

O5(M) Outcome #5: Fewer people experience chronic homelessness (chronic homelessness is reduced)										
Given your answers in Section 3, you can report monthly result(s) for Outcome #5 using your person-specific data. Note: As applicable, your target must be, at minimum, a 50% reduction from your baseline.										
	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	**Target**
People who experienced chronic homelessness for at least one day (that month)	17	16	54	79	86	68				34



O5(M)	a) What is your baseline year? The baseline is the year from which you measure change. This may be the first year you submitted outcomes, but could be the year where you have the most confidence in your data.	March 2025

Chronic homelessness will decrease by 50% between March 2025 and March 2028.

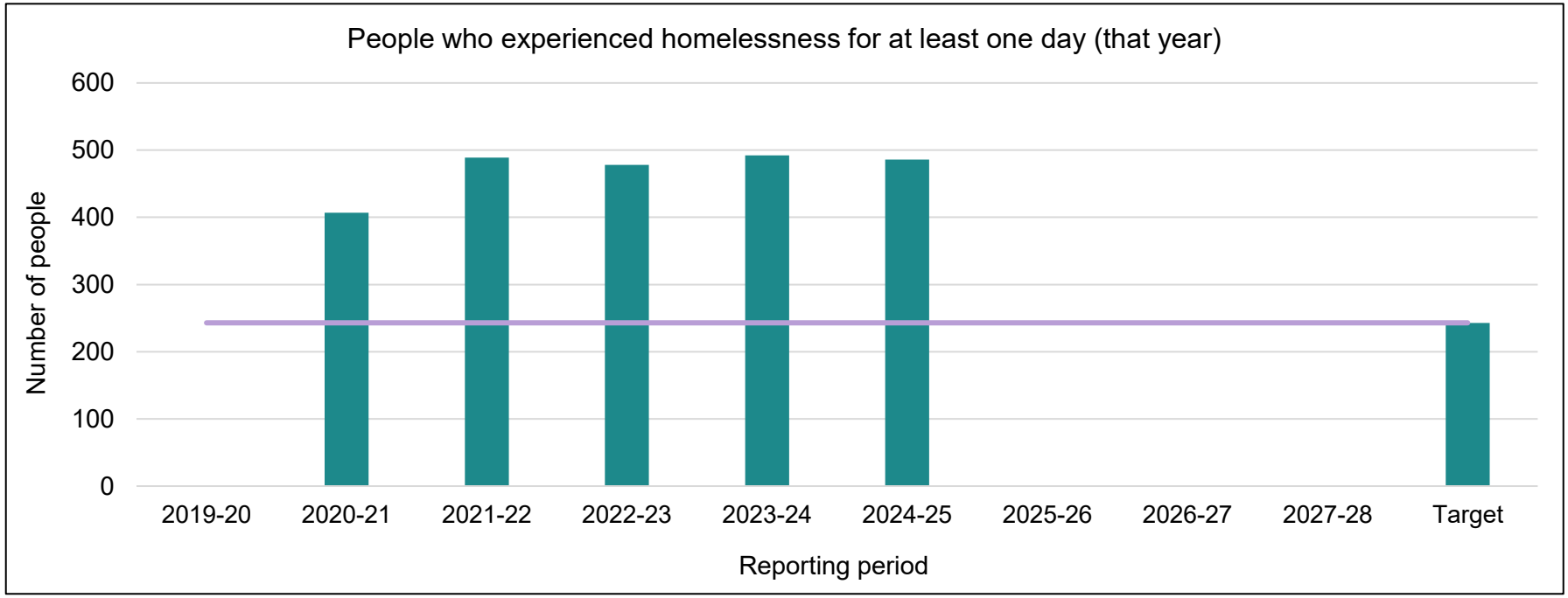
b) Please use the comment box below to:

- As applicable, explain any changes to the data reported from the previous CHR (2023-24), including to the data itself, the baseline and the target.
- As applicable, explain the use of “N/A” for one or more data points. As a reminder, no cells should be left blank.
- Optionally, provide any additional context on your data.

2025 will be used as a baseline for data. We are most confident in this data due to increased monitoring of data submissions.

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

O1(A)	**Outcome #1: Fewer people experience homelessness (homelessness is reduced overall)**									
Given your answers in Section 3, you can report annual result(s) for Outcome #1 using your person-specific data.										
	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	**Target**
People who experienced homelessness for at least one day (that year)		407	489	478	492	486				243



O1(A)	a) What is your baseline year? The baseline is the year from which you measure change. This may be the first year you submitted outcomes, but could be the year where you have the most confidence in your data.	2024-25

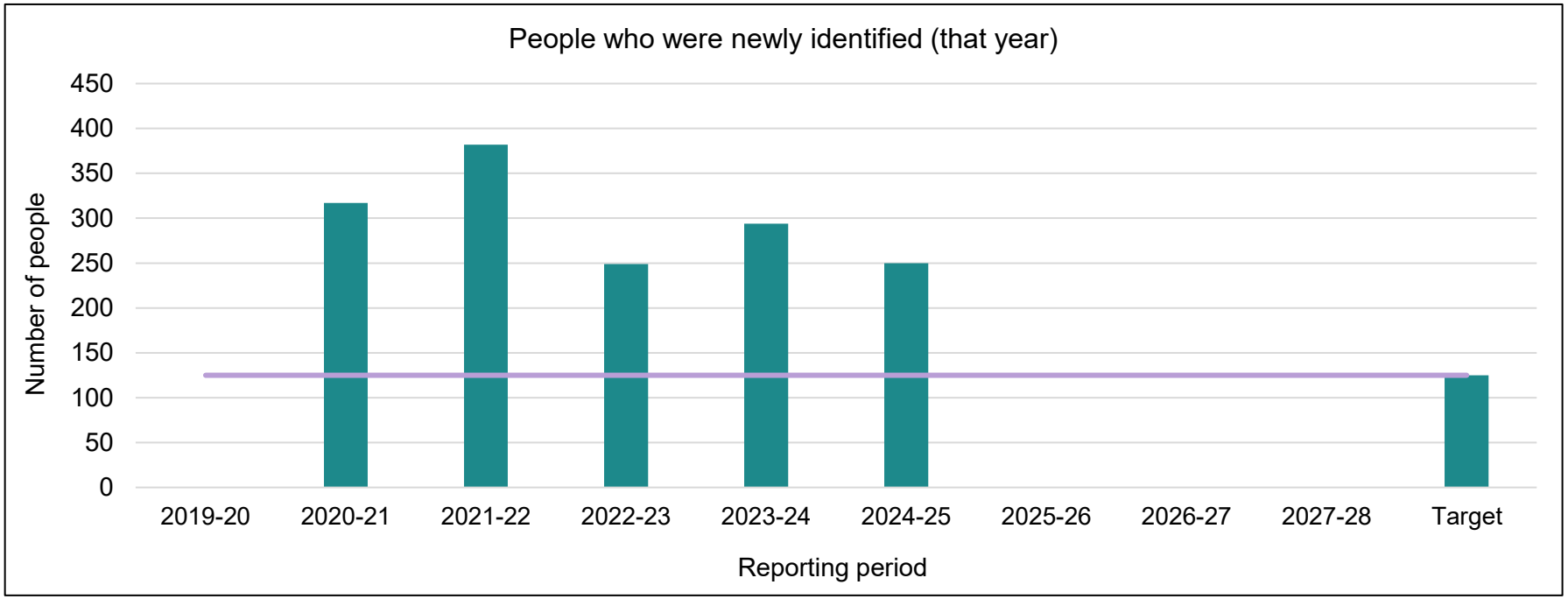
Overall homelessness will decrease by 50% between 2024-25 and 2027-28.

b) Please use the comment box below to:

- As applicable, explain any changes to the data reported from the previous CHR (2023-24), including to the data itself, the baseline and the target.
- As applicable, explain the use of “N/A” for one or more data points. As a reminder, no cells should be left blank.
- Optionally, provide any additional context on your data.

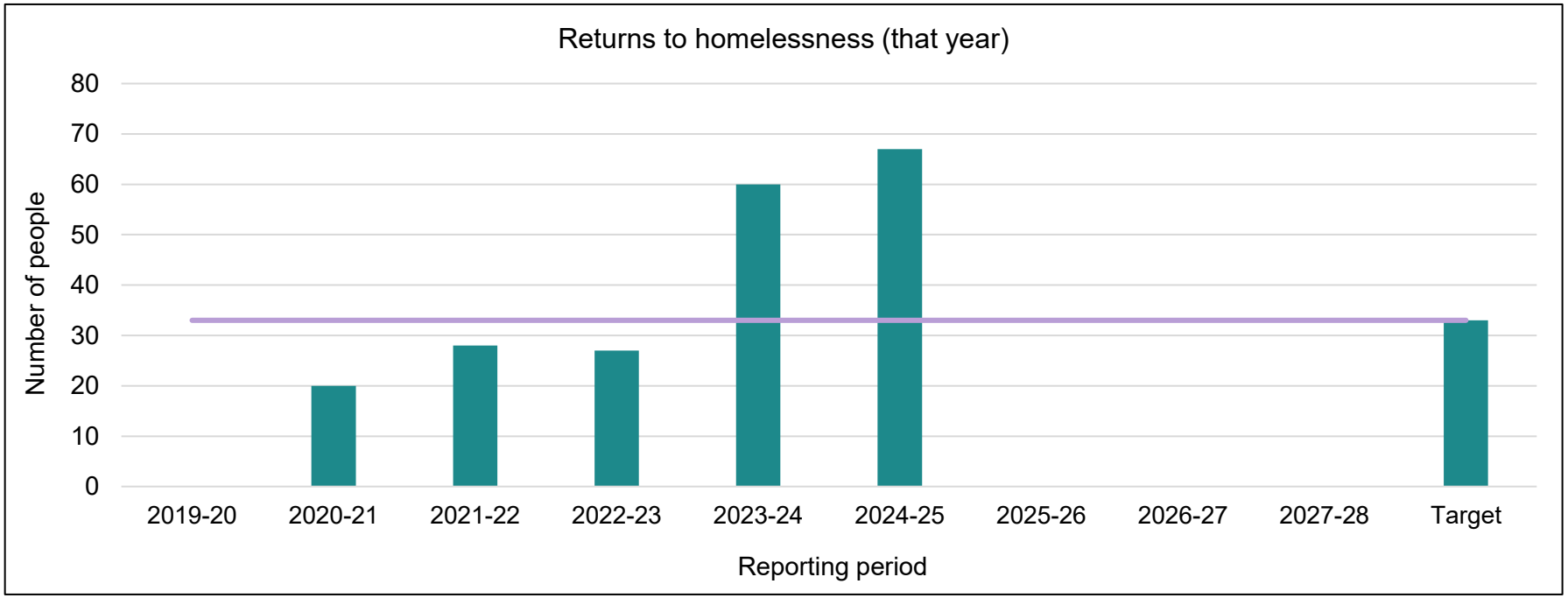
2025 will be used as a baseline for data. We are most confident in this data due to increased monitoring of data submissions.

O2(A)	Outcome #2: Fewer people were newly identified (new inflows to homelessness are reduced)									
Given your answers in Section 3, you can report annual result(s) for Outcome #2 using your person-specific data.										
	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	**Target**
People who were newly identified (that year)		317	382	249	294	250				125



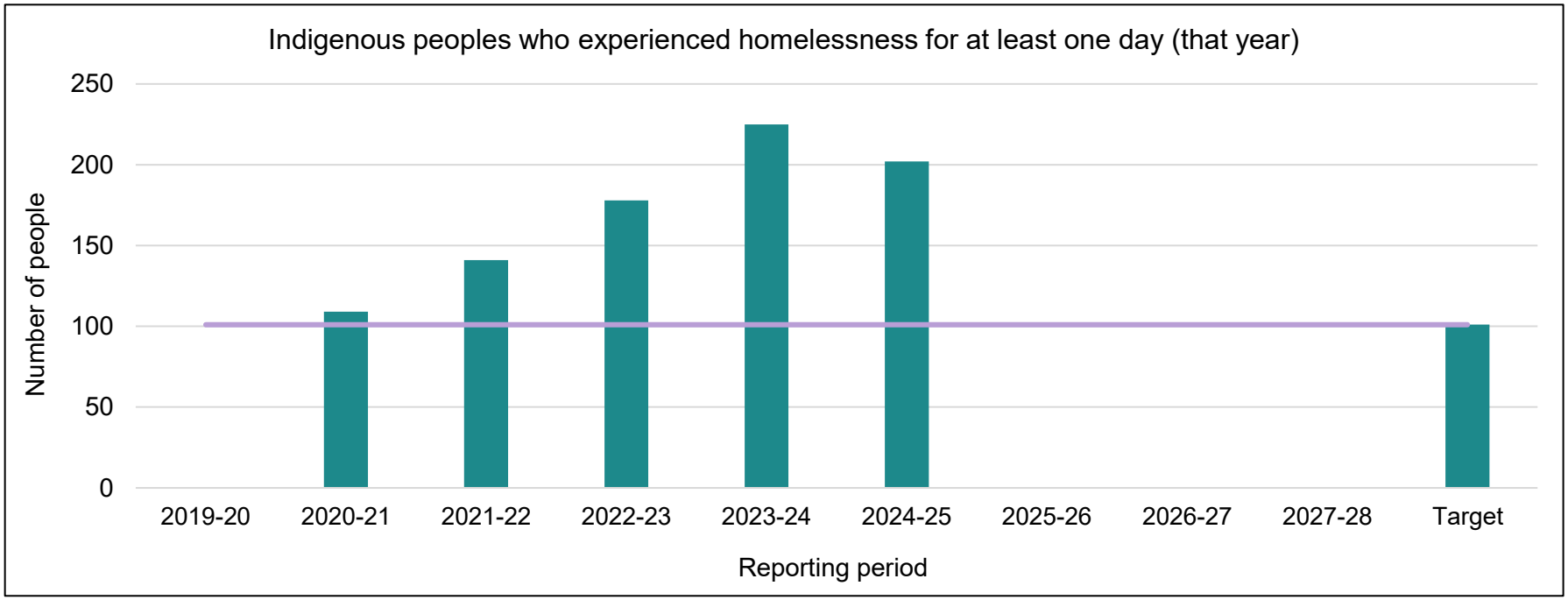
O2(A)	a) What is your baseline year? The baseline is the year from which you measure change. This may be the first year you submitted outcomes, but could be the year where you have the most confidence in your data.	2024-25
	New inflows to homelessness will decrease by 50% between 2024-25 and 2027-28.	
	b) Please use the comment box below to: • As applicable, explain any changes to the data reported from the previous CHR (2023-24), including to the data itself, the baseline and the target. • As applicable, explain the use of “N/A” for one or more data points. As a reminder, no cells should be left blank. • Optionally, provide any additional context on your data.	
	2025 will be used as a baseline for data. We are most confident in this data due to increased monitoring of data submissions.	

O3(A)	Outcome #3: Fewer people return to homelessness (returns to homelessness are reduced)									
Given your answers in Section 3, you can report annual result(s) for Outcome #3 using your person-specific data.										
	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	**Target**
Returns to homelessness (that year)		20	28	27	60	67				33



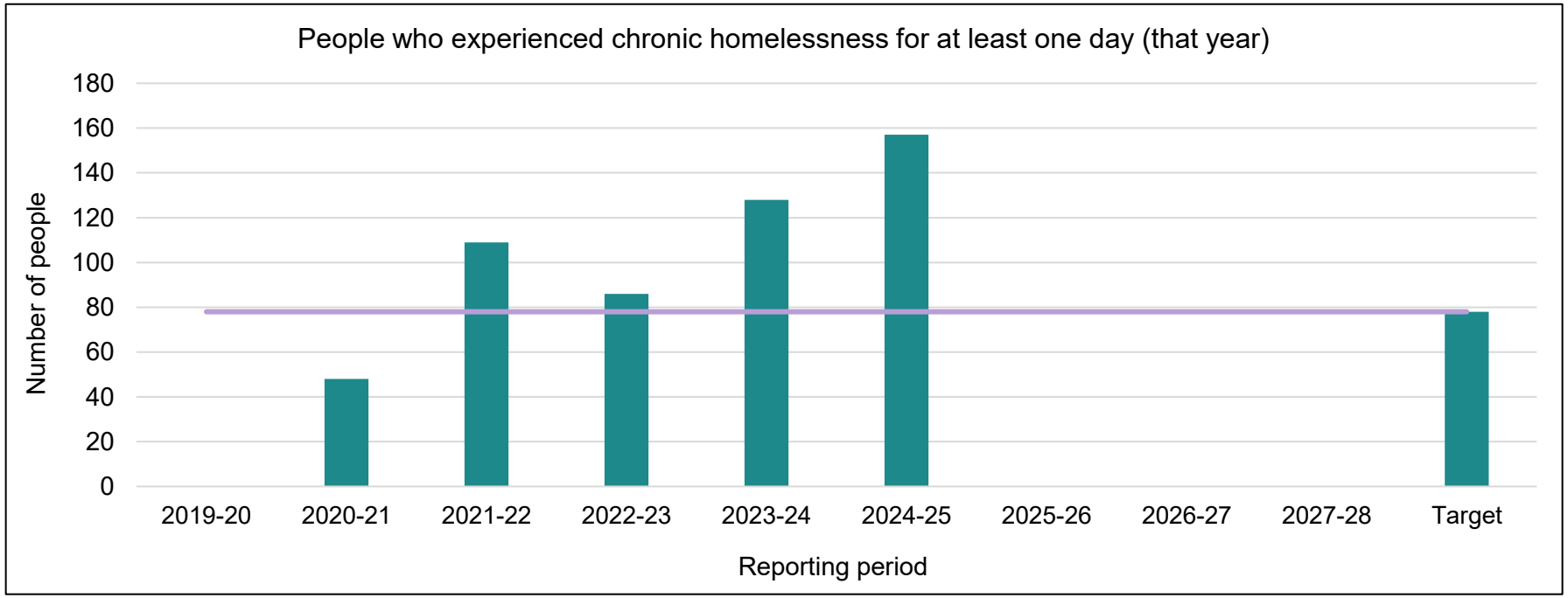
O3(A)	a) What is your baseline year? The baseline is the year from which you measure change. This may be the first year you submitted outcomes, but could be the year where you have the most confidence in your data.	2024-25
	Returns to homelessness will decrease by 51% between 2024-25 and 2027-28.	
	b) Please use the comment box below to: • As applicable, explain any changes to the data reported from the previous CHR (2023-24), including to the data itself, the baseline and the target. • As applicable, explain the use of “N/A” for one or more data points. As a reminder, no cells should be left blank. • Optionally, provide any additional context on your data.	
	2025 will be used as a baseline for data. We are most confident in this data due to increased monitoring of data submissions.	

O4(A)	Outcome #4: Fewer Indigenous peoples experience homelessness (Indigenous homelessness is reduced)									
Given your answers in Section 3, you can report annual result(s) for Outcome #4 using your person-specific data.										
	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	**Target**
Indigenous peoples who experienced homelessness for at least one day (that year)		109	141	178	225	202				101



O4(A)	a) What is your baseline year? The baseline is the year from which you measure change. This may be the first year you submitted outcomes, but could be the year where you have the most confidence in your data.	2024-25
	Indigenous homelessness will decrease by 50% between 2024-25 and 2027-28.	
	b) Please use the comment box below to: • As applicable, explain any changes to the data reported from the previous CHR (2023-24), including to the data itself, the baseline and the target. • As applicable, explain the use of “N/A” for one or more data points. As a reminder, no cells should be left blank. • As applicable, explain how Indigenous partners were engaged in the process of setting the baseline, setting the target, reporting on the outcome and/or interpreting the results. • Optionally, provide any additional context on your data.	
	2025 will be used as a baseline for data. We are most confident in this data due to increased monitoring of data submissions.	

O5(A)	Outcome #5: Fewer people experience chronic homelessness (chronic homelessness is reduced)									
Given your answers in Section 3, you can report annual result(s) for Outcome #5 using your person-specific data. *Note: As applicable, your target must be, at minimum, a 50% reduction from your baseline.*										
	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	**Target**
People who experienced chronic homelessness for at least one day (that year)		48	109	86	128	157				78



O5(A)	a) What is your baseline year? The baseline is the year from which you measure change. This may be the first year you submitted outcomes, but could be the year where you have the most confidence in your data.	2024-25

Chronic homelessness will decrease by 50% between 2024-25 and 2027-28.

b) Please use the comment box below to:

- As applicable, explain any changes to the data reported from the previous CHR (2023-24), including to the data itself, the baseline and the target.
- As applicable, explain the use of “N/A” for one or more data points. As a reminder, no cells should be left blank.
- Optionally, provide any additional context on your data.

2025 will be used as a baseline for data. We are most confident in this data due to increased monitoring of data submissions.

End of Section 4a