# Reaching Home: Canada's Homelessness Strategy

# Community Homelessness Report

## Kelowna

## 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").

Reaching Home (RH) will fund activities that contribute to the program objectives of preventing and reducing homelessness, while reflecting local realities, needs and opportunities. Eligible activities and expenses are grouped into five (5) main categories of activities directed at achieving the program objective, plus administration expenses:
1. Housing Services;
2. Prevention and Shelter Diversion;
3. Client Support Services;
4. Capital Investments;
5. Coordination of Resources and Data Quality Improvement; and,
6. Administration

Over the last year, the community has demonstrated its efforts and leadership in preventing and/or reducing homelessness and improving access to safe, appropriate housing in the following ways.

Reaching Home has funded multiple projects, listed on our website, to support people in preventing and reducing homelessness. One collaborative example of this work is the Shelter Hub, which supports people to access basic hygiene supports and offers a hub and spoke model for other service providers to meet people where they are at with their services. At the Shelter Hub, a community member can not only have a shower, do their laundry, and enjoy a meal but also be supported with mental health supports, applying for identification and housing. This is possible through the work of Metro, Canadian Mental Health Association Kelowna, New Opportunities for Women Canada and others.

Kelowna is also a Heart and Hearth site in British Columbia (BC). Ministry of Housing has signed the Homeless Encampment Action Response Team (HEART) and the Homeless Encampment Action Response Temporary Housing (HEARTH) Memorandum of Understandings (MoUs) with the City of Kelowna. Heart and Hearth is part of the Belonging in BC strategy. HEARTH is a funding program administered by BC Housing for the development and operation of new emergency housing and shelter options identified in encampment response plans. Kelowna has two existing Hearth sites and the third, and final, site with 60 more units will be operational within the year. HEARTH shelter and housing will begin operating by mid 2024. Permanent housing options that require construction will take

longer to complete.

Some gaps in services continue to persist for community members. The gaps that the Community Advisory Board members have noted include the following:

LGBTQ2S+ community members continue to face barriers to having their specific needs met and exclusion from some services. The current shelter options can be especially problematic for Trans women. For a greater understanding of the barriers faced by gender diverse people, the research study  A Portrait of Homelessness Amongst Gender-Diverse People in Canada provides a deeper analysis.

Youth in our community with complex and multiple needs who are aging out of care and system supports are not finding the supports, and the level of supports that they need to prevent homelessness. Within the City of Kelowna, the Boys and Girls Club of the Okanagan (BGCO) operates the only youth shelter that provides shelter diversion services and emergency youth shelter. The complexities that youth are experiencing, and their acute needs, require additional staffing support which has created operational pressures for the organisation. BGCO has also been involved in Upstream which is focused on prevention of homelessness by identifying risk among students and providing supports for youth at-risk as well as their families and natural supports to reduce their risk of experiencing homelessness.

Seniors continue to experience late life homelessness due to sudden loss of pre-existing affordable housing for a variety of reasons, including evictions, and the rising cost of housing is pushing some seniors into shelters and care. Seniors also continue to be part of the hidden homeless population as they often end up sharing living arrangements that may not be ideal. There are not enough rental units that are geared to income for seniors as detailed in the report, Aging in Uncertainty: The Growing Housing Crisis for BC Seniors.

| 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 Indigenous Homelessness Community Entity (IH-CE), administered by Ki-Low-Na Friendship Society, has remodeled the referral program for people who were incarcerated. This supports Indigenous people who have capacity to engage with learning and/or relearning life skills, traditional ways of healing. A case management process will support the individuals for 3-6 months to support identification gathering and other resources and then follow up on program exit to learn about their housing situation and support self-reliance grounded in Indigenous traditional ways of being.

The IH-CE has also been working on their approach to outreach and supporting sub-projects to align with Reaching Home Directives.

Some considerations were raised for how the community can continue to improve access to homelessness services for various groups of community members. These included considering equity and access from the perspective of newcomers and English Language Learners. People need to have homelessness and service provider information provided in multiple language offerings and some people need more dedicated support to navigate what is available in the community. How do we find out what is available?, how do you gain access? and how do you gain equitable access?, were questions raised by the Community Advisory Board.

Another consideration was that governance may be perceived as top down, as a western dominant culture way of decision making and we need to consider a bottom-up approach that may be more inclusive and familiar to other cultures. Housing may not be culturally informed and may be harmful/restrictive for people who have different family structures, norms and traditions. This can amplify risk.

Knowledge of where to enter the homelessness system, where to begin and where to refer people to in our community

was raised for people who are experiencing Intimate Partner Violence – how to find resources is challenging even for those with high capacity and there is no one portal. One information portal would be helpful as would one entry point to begin the journey to find resources and services to support homelessness prevention. A navigator to support people throughout the network of systems would also be beneficial.

The Indigenous Homelessness Community Entity, adminsiterd by Ki-Low-Na Friendship Society shared the following: Indigenous people and partnerships are an integral part of the community, ensuring that data sovereignty is kept in place for Indigenous, Metis, Inuit, 2Spirit, and this is a big concern amongst the community. Having a coordinated data access system to support individuals seeking help is coming. The people overseeing coordinated access will need to work to support trust amongst different governments and Indigenous people. The decision-making process should be done in a culturally safe way, and a culturally informed process will support many different people such as newcomers. A framework that works systemically for everyone.

The Community Advisory Board was asked to reflect on equitable practices within Reaching Home and shared the following feedback. There is a gap in funding applications and knowing how the projects are progressing as this is reported to the funder directly not the Board. There is room to develop due diligence on diversity, equity and inclusion and what the funded groups/ policies and practices are that ensure that people are treated equitably, and  human rights are respected.

Community collaboration to ensure quality vacancy matching, having different organisations at a community led table to support including Elders, front line workers, and ensuring that a community informed governance (decision making and power associated with that role) is embedded within governance. Ki-Low-Na Friendship Society is conducting more community outreach. A community led initiative to support an informed decision with respect to individuals who

are needing housing and supports.

Lived and living experience of diverse groups to ensure that many voices are heard and considered. A coordinated response that is supportive and not extractive of people's time and energy is required.

| Collaboration between Indigenous and non-Indigenous partners |
|---|

| CHR 3 | Please select your community from the drop-down menu: | Kelowna (BC) |
|---|---|---|
| | **Your community:** **Has IH funding available.**<br>**The DC CE and IH CE are distinct organizations.**<br>**The DC CAB and IH CAB are distinct groups.**<br><br>**The IH CE is the Ki-Low-Na Friendship Society.** | |

**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.

The Designated Community Entity (D-CE), administered by Central Okanagan Foundation, the Indigenous Homelessness Community Entity (IH-CE), administered by Ki-Low-Na Friendship Society, and City of Kelowna Social Development meet biweekly to work through coordinated access and HIFIS readiness. The City of Kelowna Social Development is leading the coordinated access project for the Designated Community Entity, and they are beginning to engage with the Indigenous Community Advisory Board regarding coordinated access.

| | | |
|---|---|---|
| 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.

The Indigenous Homelessness Community Entity Manager and the Executive Director of the Ki-Low-Na Friendship Society joined the Designated Community Entity's Community Advisory Board in two dedicated Community Homelessness Report working sessions. They shared their expertise and feedback. In addition, the Indigenous Homelessness Community Entity Manager sent the Community Homelessess Report to the Indigneous Homelessness Community Entity's Community Advisory Board for their input and then followed up with the Designated Community Entity Manager on any new feedback and/or expertise provided by the member of the Indigenous Homelessness Community Entity's Community Advisory Board.

| CHR 6 | a) Did the IH CAB sign-off on this CHR? | Yes |
|---|---|---|
| | **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? | Select one |
| | b) Have Terms of Reference for the integrated, community-based governance structure been documented and, if requested, can they be made publicly available? | Select one |
| CA 2 | Does the integrated governance structure that supports Coordinated Access and use of HMIS include representation from the following:<br><br>• Federal Homelessness Roles: | |
| | → Community Entity: | Select one |
| | → Community Advisory Board: | Select one |

| | |
|---|---|
| → Housing, Infrastructure and Communities Canada (HICC): | Select one |
| → Organization that fulfills the role of Coordinated Access Lead: | Select one |
| → Organization that fulfills the role of HMIS Lead: | Select one |
| ● Homelessness roles from other orders of government: | |
| → Provincial or territorial government: | Select one |
| → Local designation(s) relative to managing provincial or territorial homelessness funding, as applicable (e.g., Service Manager in Ontario): | Select one |
| → Municipal government: | Select one |
| → Local designation(s) relative to managing municipal homelessness funding, as applicable: | Select one |
| ● Local groups with a mandate to prevent and/or reduce homelessness, as applicable: | Select one |
| ● Local Indigenous partners: | Select one |

| | | |
|---|---|---|
| | • Population groups the Coordinated Access system intends to serve (e.g., providers serving youth experiencing homelessness): | Select one |
| | • Types of service providers that help prevent homelessness and those that help people transition from homelessness to safe, appropriate housing in the community: | Select one |
| | • People with lived experience of homelessness: | Select one |
| 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:<br>• Community Entity;<br>• Community Advisory Board;<br>• Coordinated Access Lead and HMIS Lead;<br>• Provincial or territorial and municipal designations relative to managing homelessness funding, as applicable;<br>• Local groups with a mandate to prevent and/or reduce homelessness, as applicable; and,<br>• Local Indigenous partners. | Select one |
| CA 4 | a) Has a Coordinated Access Lead organization been identified? | Select one |
| | b) Has an HMIS Lead organization been identified? | Select one |
| | c) Do the Coordinated Access Lead and HMIS Lead collaborate to:<br>• Improve service coordination and data management; and,<br>• Increase the quality and use of data to prevent and reduce homelessness? | Select one |

| | | |
|---|---|---|
| | d) Have Coordinated Access Lead and HMIS Lead roles and responsibilities been documented and, if requested, can this documentation be made publicly available? | Select one |
| 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?<br><br>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? | Select one |

**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. | Select one |
| | • Engagement strategy that explains how the CAB intends to: | Select one |

→ 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. | Select one |
| | ● 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). | Select one |
| | ● Exclusive and shared responsibilities between the CAB and Community Entity. | Select one |
| | ● Membership terms and conditions, including: | Select one |
| | → Recruitment processes; | |
| | → Length of tenure; | |
| | → Attendance requirements; | |
| | → Delegated tasks; and, | |
| | → Having at least two seats available for the alternate Community Entity and CAB/Regional Advisory Board (RAB) member, where applicable. | |
| CA 8 | a) Do all service providers receiving funding under the Designated Communities (DC) or Territorial Homelessness (TH) stream participate in the Coordinated Access system? | Select one |
| | 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. | Select one |

| | | |
|---|---|---|
| | 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. | Select one |
| | **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? | Select one |
| | b) Does the systems map include the following elements: | |
| | → Name of the organization and/or service provider: | Select one |
| | → Type of service provider (e.g., emergency shelter, supportive housing): | Select one |
| | → Funding source(s): | Select one |
| | → Eligibility for service (e.g., youth): | Select one |
| | → Capacity to serve (e.g., number of units): | Select one |
| | → Role in the Coordinated Access system (e.g., access point): | Select one |
| | → Role with maintaining quality data used for a Unique Identifier List (e.g., keep data up-to-date for housing history): | Select one |
| | → If the service provider currently uses the HMIS: | Select one |
| | 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): | Select one |
| | → Use of the HMIS (e.g., identify opportunities to onboard new service providers): | Select one |
| | → Data quality (e.g., increase data comprehensiveness): | Select one |
| 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. | Select one |
| | b) For each housing and related resource in the Resource Inventory, have eligibility criteria been documented? | Select one |
| | 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. | Select one |
| **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. | Select one |
| | b) Have these processes been documented **and**, if requested, can this documentation be made available? | Select one |
| | 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. | Select one |
| | → 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). | Select one |

### 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? | Select one |
| | b) Have access points been documented **and** is this information publicly available? | Select one |
| 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? | Select one |
| | b) Have these processes been documented **and**, if requested, can this documentation be made available? | Select one |

### Initial Triage and more In-Depth Assessment

| | | |
|---|---|---|
| CA 14 | a) Is the triage and assessment process documented in one or more policies/protocols? | Select one |
| | 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. | Select one |
| → **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. | Select one |
| → **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). | Select one |
| → **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. | Select one |
| → **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. | Select one |

| | | |
|---|---|---|
| | → **Housing plans:** Documenting people's progress with finding and securing housing (with appropriate subsidies and/or supports, as applicable). | Select one |
| | → **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. | Select one |
| 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? | Select one |
| | 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). | Select one |
| | → 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). | Select one |
| | → 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). | Select one |
| **Vacancy Matching and Referral with Prioritization** | | |

| CA 16 | a) Is the vacancy matching and referral process documented in one or more policies/protocols? | Select one |
|---|---|---|
| | 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. | Select one |
| | → **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). | Select one |
| | → **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. | Select one |
| | → **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. | Select one |
| | → **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. | Select one |
| | → **Resource Inventory management:** Steps to track real-time capacity, transitions in/out of units, occupancy/caseloads, progress with referrals/offers, and housing outcomes. | Select one |

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

## 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** | 1 | 0 | 0 |

| Coordinated Access | Completed (score) | Completed (%) |
|---|---|---|
| **Governance and partnerships** (out of 8 points) | 1 | 13% |
| **System map and Resource Inventory** (out of 2 points) | 0 | 0% |
| **Service navigation and case conferencing** (out of 1 point) | 0 | 0% |
| **Access points** (out of 2 points) | 0 | 0% |
| **Initial triage and more in-depth assessment** (out of 2 points) | 0 | 0% |
| **Vacancy matching and referral with prioritization** (out of 2 points) | 0 | 0% |
| **All** (out of 17 points) | **1** | **6%** |

## 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? | Select one |
| | b) Which HMIS is being used? | |
| | *Please add HMIS name* | |
| | c) When was it implemented? | |
| | YYYY-MM-DD | |

**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. | Select one |
| 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? | Select one |

| | | |
|---|---|---|
| | 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. | Select one |
| 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. | Select one |
| | 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:<br>• A Community Data Sharing Agreement; and,<br>• A Client Consent Form. | Select one |
| | 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? | Select one |
| HIFIS 4 | Has the Community Entity updated HIFIS to the latest version that was most recently confirmed as mandatory by HICC? | Select one |
| 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?<br><br>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? | | Select one |
| b) Do people appear only once in the dataset? | | Select one |
| c) Do people give their consent to be included in the dataset? | | Select one |
| **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:<br>    • Define what it means to be "active" or "inactive";<br>    • Define what keeps someone "active" (e.g., data entry into specific fields in HIFIS);<br>    • Specify the level of effort required by service providers to find people before they are made/confirmed as "inactive";<br>    • Explain how to document a person's first time as "active", as well as changes in "activity" or "inactivity" over time; and,<br>    • 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). | | Select one |
| **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:<br>    • 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");<br>    • Explain how to enter housing history consistently; and,<br>    • 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). | | Select one |
| **Data Consistency** | | |

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

### Data Timeliness

| OBA 6 | Is the dataset updated <u>as soon as</u> new information is available about a person for: | |
|---|---|---|
| | → Interaction with the system (e.g., changes from "active" to "inactive"). | Select one |
| | → Housing history (e.g., changes from "homeless" to "housed"). | Select one |
| | → 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). | Select one |
| 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? | Select one |

| | **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? | Select one |
| 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: | Select one |
| | → Housing history (including data about where people were staying immediately before becoming homeless and, once they've exited, where they went): | Select one |
| | → Indigenous identity: | Select one |
| | **Data Comprehensiveness** | |
| OBA 10 | Does the dataset include all household types (e.g., singles and families experiencing homelessness)? | Select one |
| OBA 11 | Does the dataset include people experiencing sheltered homelessness (e.g., staying in emergency shelters)? | Select one |
| OBA 12 | Does the dataset include people experiencing unsheltered homelessness (e.g., people living in encampments)? | Select one |
| 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: | Select one |
| → Unaccompanied youth: | Select one |
| → Families | Select one |

b) Does the dataset include people staying in the following types of shelter:

| | |
|---|---|
| → Permanent emergency shelter: | Select one |
| → Seasonal or temporary emergency shelter: | Select one |
| → Hotels/motel stays paid for by a service provider: | Select one |
| → Domestic violence shelters: | Select one |

c) Does the dataset include the following groups of people who have interacted with the system:

| | |
|---|---|
| → People that identify as Indigenous: | Select one |
| → People as soon as they interact with the system: | Select one |
| → People experiencing hidden homelessness: | Select one |
| → People staying in transitional housing: | Select one |

| | | |
|---|---|---|
| | → People staying in public institutions who do not have a fixed address (e.g., jail or hospital): | Select one |
| 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.<br><br>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? | Select one |

## Data Use

| | | |
|---|---|---|
| OBA 14 | **Note:** For the purpose of this CHR, the dataset can only be used for monthly reporting if there is at least one full month of data available, and for annual reporting if there is at least one full fiscal year of data available. | |
| | a) **Can the dataset be used to set** monthly and annual baselines and reduction targets for the following community-level outcomes: | |
| | → Overall homelessness: | Select one |
| | → Newly identified as experiencing homelessness: | Select one |
| | → Returns to homelessness: | Select one |
| | → Indigenous homelessness: | Select one |
| | → Chronic homelessness: | Select one |
| OBA 15 | Is data used to <u>inform action</u> related to preventing and reducing homelessness? | Select one |

| | | |
|---|---|---|
| **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?<br><br>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? | Select one |
| **Reporting on other Community-Level Outcomes** | | |

## Section 3 Summary Tables

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

|  | Completed | Started | Not Yet Started |
|---|---|---|---|
| **Total** | 1 | 0 | 0 |

| Homelessness Management Information System | Completed (score) | Completed (%) |
|---|---|---|
| **Homelessness Management Information System** (out of 5 points) | 1 | 20% |
| **All** (out of 5 points) | **1** | **20%** |

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** | 1 | 0 | 0 |

| **Outcomes-Based Approach** | **Completed (score)** | **Completed (%)** |
|---|---|---|
| **Data uniqueness** (out of 3 points) | 0 | 0% |
| **Data consistency** (out of 2 points) | 0 | 0% |
| **Data timeliness** (out of 2 points) | 0 | 0% |
| **Data completeness** (out of 2 points) | 0 | 0% |
| **Data comprehensiveness** (out of 4 points) | 0 | 0% |
| **Data use** (out of 2 points) | 0 | 0% |
| **Partnerships** (out of 1 point) | 1 | 100% |

| | | |
|---|---|---|
| **Data quality improvement** (out of 1 point) | 0 | 0% |
| **All** (out of 17 points) | **1** | **6%** |

**End of Section 3**

### SECTION 4: COMMUNITY-LEVEL OUTCOMES AND TARGETS

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

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

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

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