Reaching Home: Canada's Homelessness Strategy

Community Homelessness Report

MONCTON, NB

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").

Over 2024-25, new supportive housing programs were developed and saw resources dedicated to Coordinated Access (CA), including units with 24/7 support through Salvus for individuals with complex needs, 7 Adult Residences units providing on-site support for individuals with diagnosed mental illness, Community-Based Housing with Harvest House Atlantic, and a new supportive housing partnership between Rising Tide Initiatives and the YMCA. Such programs are a necessary step toward addressing a key challenge Moncton continues to face: a lack of dedicated housing stock for priority populations experiencing homelessness. While community-identified groups are prioritized for available housing resources through the community's Coordinated Access List (i.e., Unique Identifier List), low stock of deeply affordable, diverse (supportive) housing models is a gap the community aims to address through data collection, refinement, and advocacy/collaboration. Work must continue to identify and bridge gaps between various systems, ensuring timely and compassionate response to individuals with urgent needs, institutionalized or in

treatment with no address to return to, and who have challenges related to mental health, brain injury, disability, and/or physical health further compounded by the traumas of homelessness. Related health and public services must be engaged to actively work alongside homeless-serving agencies to assist individuals with accessing the services they require. Increased, meaningful engagement from those entities intended to serve our communities' more vulnerable or at-risk populations is essential to reductions in chronic homelessness.   During the Summer of 2024 the provincial government, in collaboration with the Human Development Council (HDC) as the Community Entity, engaged Service Providers in community sessions to begin development of a data-informed approach for identifying those supportive housing models required to effectively reduce and end (chronic) homelessness in New Brunswick, a project that is ongoing. Service Providers strengthened existing programs and developed others during the 2024-25 year. Horizon Health, in collaboration with Public Health, are developing Health Care Coordination Teams (HCCT) aimed at addressing primary healthcare for those experiencing homelessness; in Moncton this program is underway. The Province of New Brunswick significantly contributed to homelessness response, providing funding for housing-focused shelters, outreach teams, and community hubs which not only address the immediate needs of clients but support them to ensure they are connected with services, on the CA List, and eligible for offers of housing. A new program aimed at reductions in Veteran homelessness continues from the previous Veteran Connections to Home project and will be coordinated across the cities of Fredericton, Moncton, and Saint John, with the lead of the project stationed in Moncton. In addition to this, homelessness prevention programs are now operating in community and as

awareness of these services increases, inflow into the system should decrease. An updated Coordinated Access Process Guide is drafted which includes new and refined Coordinated Access processes and policies the community has adopted in the past few years; next steps here will involve Service Provider review for feedback. Outstanding Minimum Requirements relate primarily to the Housing Resource Inventory and System Maps. While the Coordinated Access Lead previously collected and helped to share Service Providers' program descriptions and eligibility requirements, several programs have since changed and been developed; the population of a new Housing Resource Inventory template will begin during Summer 2025 alongside the System Map. There have also been initial discussions regarding adoption of a strengths-based and trauma-informed common assessment tool that better suits the needs of the community; research of tools effectively used by other communities is in early stages, with recognition this project will require a working group, testing, and training on implementation of any new tool adopted. In the meantime the community continues using the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT).

Regarding a change in response from the 2023-24 CHR regarding Section 2: Question CA 2 – A representative of Turning Leaf, the IH CE in New Brunswick, previously assumed a seat at the Greater Moncton Homelessness Steering Committee (GMHSC), which has been paused for capacity reasons, so we hesitate to use words "meaningful engagement" where GMHSC has had challenges identifying other Indigenous-led groups in the Moncton area to engage at the GMHSC. However efforts to that end continue, with intentions to connect with community representatives in both Elsipogtog First Nation and other nearby communities.
There are seats available should individuals have the time and capacity to participate in GMHSC activities, and if this is sufficient, we would change our response to Section 2 – Question CA 2 back to "Yes".

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.

Prior to 2024, HIFIS was not the only tool used for homelessness data collection, as a By-Name List (BNL) hosted in Excel was used to generate Priority Lists and track homelessness inflow and outflow. Staff would submit intakes for Clients who were manually added to the By-Name List by designated CA Lead staff. Service Providers may have seen an updated List every 2 weeks. Now with the use of HIFIS as the sole Homelessness Management Information System for Coordinated Access, Service Providers with HIFIS access know their Clients' files are updated in real-time and can check to see whether someone is on the CA List in the moment. HIFIS also provides an added layer of security of Client information. Moncton's CA system also adopted new Matching and Referral practices, giving Service Providers who offer housing-related resources a space to assess Priority Lists together and share relevant information for the purpose of identifying potential program participants and matches for available housing resources. While it is suggested this process could be streamlined further by adoption of common (program) intakes and a new common assessment tool, it is also recognized that by coming together in these meetings, those responsible for selecting new program participants are able to make better informed decisions. Stronger communication practices between the CA and HIFIS Leads and Service Providers regarding Coordinated Access and HIFIS has resulted in increased participation over the course of the year. In the past, some Service Providers may have understood or felt that by participating in Coordinated Access they would have limited choice regarding how their resources or vacancies were used or filled. Therefore it is important for HIFIS and CA Leads to continue working with and engaging community to inform the implementation of these HIFIS and CA in Moncton. In 2024, governance practices and structures were improved upon, resulting in clearer decision-making, communication, and shared understanding amongst partners. Future goals for 2025-26 would be to ensure all appropriate roles within each participating organization have greater understanding of the operations of CA and HIFIS, and increased collaboration/communication between those in leadership and those carrying out daily operations.

Collaboration between Indigenous and non-Indigenous partners	
CHR 3 Please select your community from the drop-down menu:	Moncton (NB)

Your community: **Has only DC funding available.**

CHR 4	a) Has there been meaningful collaboration between the DC CE and local Indigenous partners, including those that sit on your CAB, over the reporting period specific to the work of:	
	• Implementing, maintaining and/or improving the **Coordinated Access system**?	Under development
	• Implementing, maintaining and/or improving, as well as using the **HMIS**?	Under development
	• Strengthening the **Outcomes-Based Approach**?	Under development

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

d) In your response to **CHR 4(a)** you noted that collaboration **did not occur** with Indigenous partners. As a follow up to this, please describe why collaboration **as it relates to Coordinated Access, the HMIS and/or the Outcomes-Based Approach** did not take place in more detail. Also please describe what the plan is to ensure meaningful collaboration occurs over the coming year.

Related to the coming year, your response could include information such as how Indigenous peoples will be engaged in these discussions, who will be engaged, and when it will occur.

There have been challenges identifying community partners who offer programming specifically for Indigenous people and/or which is Indigenous-led in Greater Moncton, efforts which will receive greater focus in 2025-26. Several First Nations communities are not far from Moncton, and the Greater Moncton Homelessness Steering Committee (GMHSC--Moncton's Community Advisory Board) has plans to connect with representation from Elsipogtog this year.

CHR 5	a) Specific to the completion of this Community Homelessness Report (CHR), did ongoing, meaningful collaboration take place with the local Indigenous partners, including those that sit on your CAB?	No

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

d) In your response to **CHR 5(a)** you noted that collaboration **did not occur** with Indigenous partners. As a follow up to this, please describe why collaboration **on the completion of this CHR** did not take place in more detail and what the plan is to ensure meaningful collaboration occurs during next year's CHR process.

Related to next year's CHR process, your response could include information such as how Indigenous peoples will be engaged in these discussions, who will be engaged, and when it will occur.

By this time next year it will be important to the effectiveness of Moncton's CA system to have greater representation, and active engagement and participation of Indigenous partners at the Greater Moncton Homelessness Steering Committee and/or within Coordinated Access; these partners should be involved in decision-making and strategy involving a population overrepresented in Moncton's data, which is reflected in around 12.5% of the community's current List of individuals actively experiencing homelessness. The HDC had been working with the Indigenous Community Entity, Turning Leaf, to establish relations and engagement/representation at the GMHSC.

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 <u>improve</u> a specific Coordinated Access requirement that <u>had been self-assessed as met</u> in a previous CHR, you should <u>still select "Yes"</u> 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:	Yes
• Local Indigenous partners:	Not yet

	• 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	Has there been meaningful collaboration between the DC CE and local Indigenous partners, including those that sit on your CAB, over the reporting period specific to the work of implementing, maintaining and/or improving the Coordinated Access system? Note: The response to this question is auto-populated from CHR 4(a).	Under development
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:	Under development

→ 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.		Not yet started
• Membership terms and conditions, including:		Yes
→ Recruitment processes;		
→ Length of tenure;		
→ Attendance requirements;		
→ Delegated tasks; and,		
→ Having at least two seats available for the alternate Community Entity and CAB/Regional Advisory Board (RAB) member, where applicable.		
CA 8	a) Do all service providers receiving funding under the Designated Communities (DC) or Territorial Homelessness (TH) stream participate in the Coordinated Access system?	Yes
	b) Has participation in the Coordinated Access system been encouraged from providers that serve people experiencing or at-risk of homelessness, and do not receive Reaching Home funding? They may or may not have agreed to participate at this time.	Yes

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

Systems Map and Resource Inventory

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

	→	The Coordinated Access system (e.g., identify opportunities to increase participation):	Not yet
	→	Use of the HMIS (e.g., identify opportunities to onboard new service providers):	Not yet
	→	Data quality (e.g., increase data comprehensiveness):	Not yet
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.		Under development
	b) For each housing and related resource in the Resource Inventory, have eligibility criteria been documented?		Under development
	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).	Not applicable – Only use one tool
	→ When a person/family could be asked to complete more than one tool (e.g., if an individual becomes part of a family or a youth becomes an adult).	Not applicable – Only use one tool
	→ How the matching process will be managed in situations where more than one person/family is eligible for the same vacancy and, because data to inform prioritization was collected using different tools, results are not the same (e.g., one tool gives a higher score for depth of need than the other).	Not applicable – Only use one tool
Vacancy Matching and Referral with Prioritization		

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

| 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	11	6	0

Coordinated Access	Completed (score)	Completed (%)
Governance and partnerships (out of 8 points)	5	63%
System map and Resource Inventory (out of 2 points)	0	0%
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)	1	50%
All (out of 17 points)	**11**	**65%**

End of Section 2

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?	Under development
HIFIS 4	Has the Community Entity updated HIFIS to the latest version that was most recently confirmed as mandatory by HICC?	Yes
HIFIS 5	Has there been meaningful collaboration between the DC CE and local Indigenous partners, including those that sit on your CAB, over the reporting period specific to the work of implementing, maintaining and/or improving, as well as the use of the HMIS? Note: The response to this question is auto-populated from CHR 4(a).	Under development
Data Uniqueness		
OBA 1	a) Does the dataset include people currently experiencing homelessness that have interacted with the homeless-serving system?	Yes
	b) Do people appear only once in the dataset?	Yes
	c) Do people give their consent to be included in the dataset?	Yes

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

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

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

→ Returns to homelessness:		Yes
→ Indigenous homelessness:		Yes
→ Chronic homelessness:		Yes

Data Timeliness

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

→ Interaction with the system (e.g., changes from "active" to "inactive").	Yes
→ Housing history (e.g., changes from "homeless" to "housed").	Under development
→ 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).	Under development

CHR 8 — Is the dataset updated <u>at least monthly</u> when new information is available about a person for:

→ 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?	Under development
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):	Under development
	→ Indigenous identity:	Under development
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:	Yes
→ People staying in transitional housing:	Yes
→ People staying in public institutions who do not have a fixed address (e.g., jail or hospital):	Yes

OBA 13	Under Reaching Home, at minimum, a comprehensive dataset includes all household types (OBA 10), people experiencing sheltered homelessness (OBA 11) and people experiencing unsheltered homelessness (OBA 12), as applicable. Consider your answers to questions OBA 10, OBA 11, OBA 12 and CHR 9. Does the dataset include everyone currently experiencing homelessness that has interacted with the homeless-serving system, as much as possible right now?	Yes

| **Data Use** |||

OBA 14	**Note:** For the purpose of this CHR, the dataset can only be used for monthly reporting if there is at least one full month of data available, and for annual reporting if there is at least one full fiscal year of data available.	
	a) **Can the dataset be used to set** monthly and annual baselines and reduction targets for the following community-level outcomes:	
	→ Overall homelessness:	Yes
	→ Newly identified as experiencing homelessness:	Yes
	→ Returns to homelessness:	Yes
	→ Indigenous homelessness:	Yes
	→ Chronic homelessness:	Yes
	b) **Is the dataset being used to set** monthly and annual baselines and reduction targets for the following community-level outcomes:	
	→ Overall homelessness:	Yes
	→ Newly identified as experiencing homelessness:	Yes

	→	Returns to homelessness:	Yes
	→	Indigenous homelessness:	Yes
	→	Chronic homelessness:	Yes
OBA 15		Is data used to <u>inform action</u> related to preventing and reducing homelessness?	Yes

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

HIFIS data is supporting both independent, municipal, and provincial efforts to support the prevention and reduction of homelessness. In Moncton, the GMHSC meets 9 times per year to share and discuss information and initiatives in an effort to work collaboratively. Representatives from the Province and the Municipality along with law enforcement sit at this table to act as liaison for their respective stakeholders. Data points of interest, including those submitted to HICC, are/will be regularly shared and accessible to the GMHSC to guide planning. Now that the community is in its second year of using HIFIS as the sole homelessness data management system, GMHSC could develop processes for reviewing HIFIS data that could inform their decisions regarding future funding, program delivery, and advocacy.

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 <u>monthly</u> data in Section 4 of your CHR, inclusively?	March 2020

	b) What is the earliest you can report <u>annual</u> 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	Has there been meaningful collaboration between the DC CE and local Indigenous partners, including those that sit on your CAB, over the reporting period specific to the work of strengthening the Outcomes-Based Approach? Note: The response to this question is auto-populated from CHR 4(a).	Under development
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	

Internal statistics and data analysis has allowed the HIFIS Lead to identify where additional training and support for HIFIS use and timely, accurate data entry is needed. With the return of a HIFIS team staff in January of 2025 whose role focuses on HIFIS training for Service Providers in NB for program-specific, optimized use of the database, we are now able to reach more staff for training more often. This training combined with the time, efforts, and willingness of Service Providers and strong working relationships with both them and HICC are crucial to ensuring actionable HIFIS data. 2024 was not an easy year for managing the implementation of HIFIS but there were positive outcomes. During the first full year of using HIFIS as the sole homelessness data management system for Moncton's and two other cities' CA systems, we navigated the onboarding and training of numerous other programs in community, short staffed teams, building reports and managing new, more rapidly changing Coordinated Access Lists. After a long-awaited HIFIS update, several bugs were gradually identified which impacted HIFIS modules and our Lists. Thankfully we have had opportunities to identify these challenges, often by HIFIS users themselves, and work closely with HICC to have some of them addressed quickly. The HIFIS and CA

Leads (both roles being housed within HDC) have the advantage of being able to regularly engage Service Providers for feedback and suggestions on how HIFIS is used to support the unique needs of these NB communities and see better outcomes for clients.

In early 2025, a VI-SPDAT "blitz" was initiated in Moncton which resulted in approximately 240 VI-SPDATs completed in a few months, further increasing the completeness of Moncton's HIFIS data. Matching & Referral meetings give Service Providers an opportunity to assess validity of Clients' VI scores and other HIFIS data points related to housing so they can identify potential Clients for housing programs and also set action items for needed updates to prioritized individuals' HIFIS files. CA and HIFIS governance groups continue to identify data points that can be tracked and compiled for future advocacy and critical response to individuals experiencing homelessness. In addition to the required data points for homelessness tracking and Coordinated Access List population and management, the HIFIS Lead works with Service Providers to understand their own unique tracking and reporting needs, and how various modules and reporting options in HIFIS can support these. A challenge related to HIFIS use is that, while it is particularly helpful for tracking quantitative data, qualitative information about individuals' experiences or needs is not always accessible enough to remove the need for Service Providers to interview with Clients, which can result in them having to re-tell their stories (a practice Coordinated Access aims to remove). Though Service Providers can now "add" someone to the Coordinated Access List themselves, there are more clicks required to ensure a person is visible on the List and eligible for Priority Lists than there were previously. Prior to 2024 there also would have been more back-and-forth email communication between the CA Lead who was updating the "BNL" and front line Service Provider staff, whereas now it is up to SP staff to ensure a Client's HIFIS profile is complete. With so many individuals who have varying degrees of experience with HIFIS and Coordinated Access accessing and updating information in the platform, the more extensive training that is required to ensure CA and Priority Lists are accurately reflecting Clients' experiences and needs. In this way, it is harder to say whether there are fewer challenges than when the community used Excel, only that the challenges are different. However, it is true that HIFIS has allowed communities to capture the experience of more individuals who are actively experiencing homelessness, and continued efforts will focus on improving the consistency and accuracy of Client files and comprehensiveness of HIFIS information.

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 <u>monthly</u> 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 <u>annual</u> 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	3	2	0

Homelessness Management Information System	Completed (score)	Completed (%)
Homelessness Management Information System (out of 5 points)	3	60%

All (out of 5 points)	3	60%

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	13	4	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)	1	50%

Data completeness (out of 2 points)	0	50%
Data comprehensiveness (out of 4 points)	4	100%
Data use (out of 2 points)	2	100%
Partnerships (out of 1 point)	0	0%
Data quality improvement (out of 1 point)	1	100%
All (out of 17 points)	**13**	**76%**

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)	280	280	277	400	575	768				288

People who experienced homelessness for at least one day (that month)
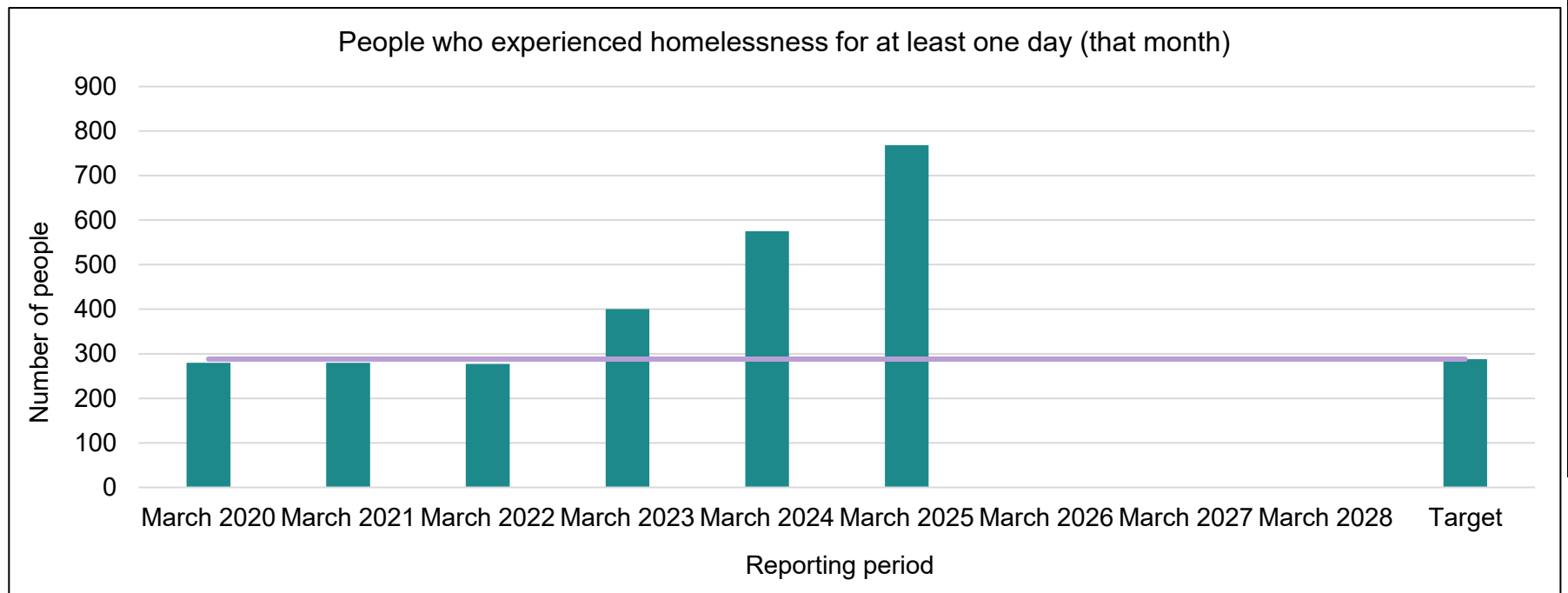
O1(M)

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 2024

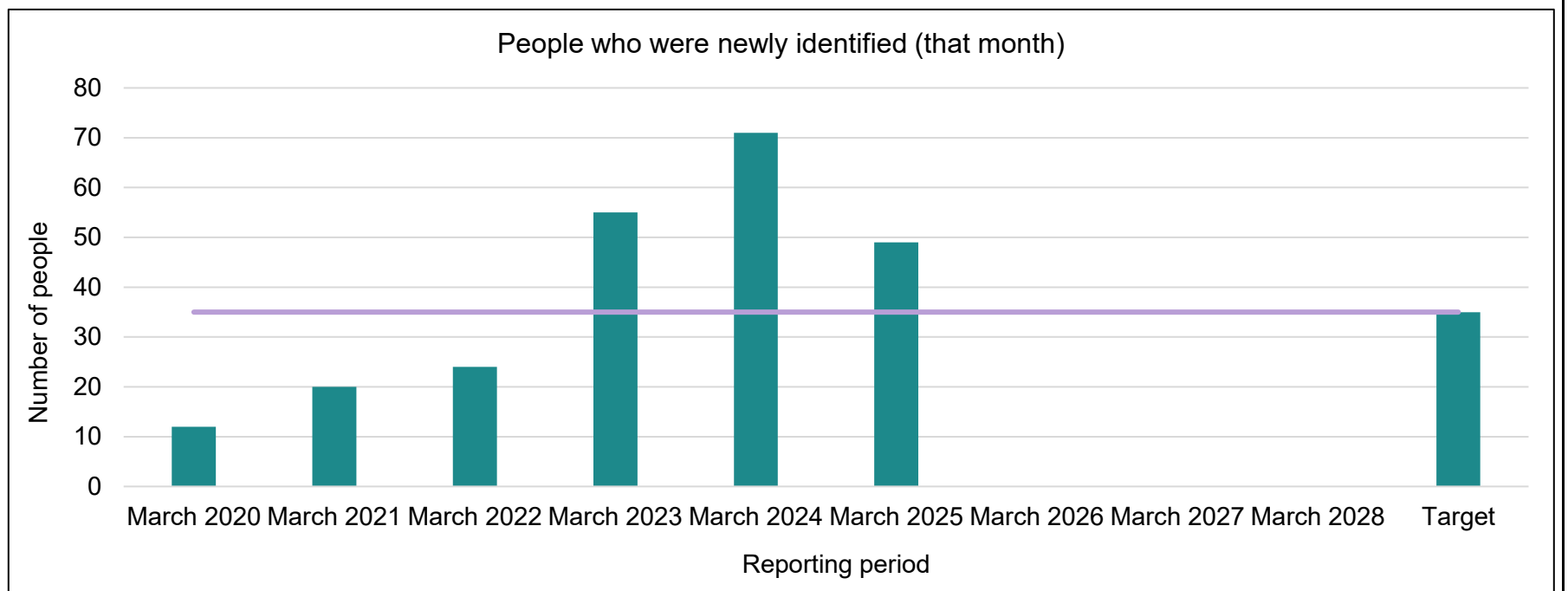**Overall homelessness will decrease by 50% between March 2024 and March 2028.**

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.

Moncton saw a 35% overall increase compared to March 2024. Although the number of Newly Identified looks high, a portion of these individuals are not actually "New" files. "Newly Identified" is measured as the first time HIFIS knows for certain a client is experiencing homelessness. Likely impacted by HIFIS training delivery and better data entry practices, individuals whose file may have been created prior to the fiscal year but had their first Housing History record of Homelessness opened within the given range (March 2025, or April 1, 2024-March 31, 2025) are counted as "newly identified" regardless of their file being created before April 1 2024. Further investigation is required to identify the exact number of files this affects.
With more Access points being onboarded, individuals are being added to HIFIS/ having their files updated more regularly than before when the most Access points were Shelters. In fact, when looking at March's population as an example, roughly 65% of the 768 individuals experienced at least 1 day of hidden homelessness or rough sleeping. Looking at the same month last year, that population accounted for 32% of those identified... an increase in percentage by 33%.

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)	12	20	24	55	71	49				35

People who were newly identified (that month)

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.
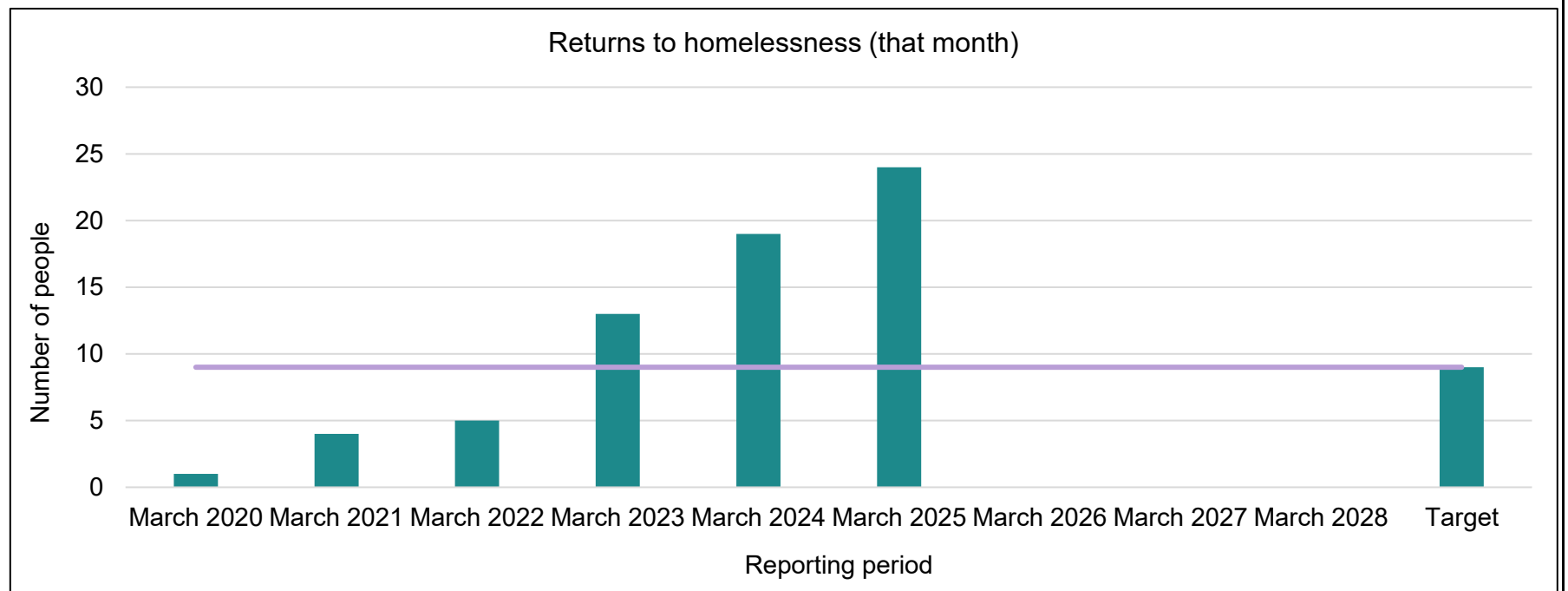
March 2024

New inflows to homelessness will decrease by 51% between March 2024 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.

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	4	5	13	19	24				9

Returns to homelessness (that month)

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 2024

Returns to homelessness will decrease by 53% between March 2024 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.

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)	38	40	30	46	50	99				25

Indigenous peoples who experienced homelessness for at least one day (that month)

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.
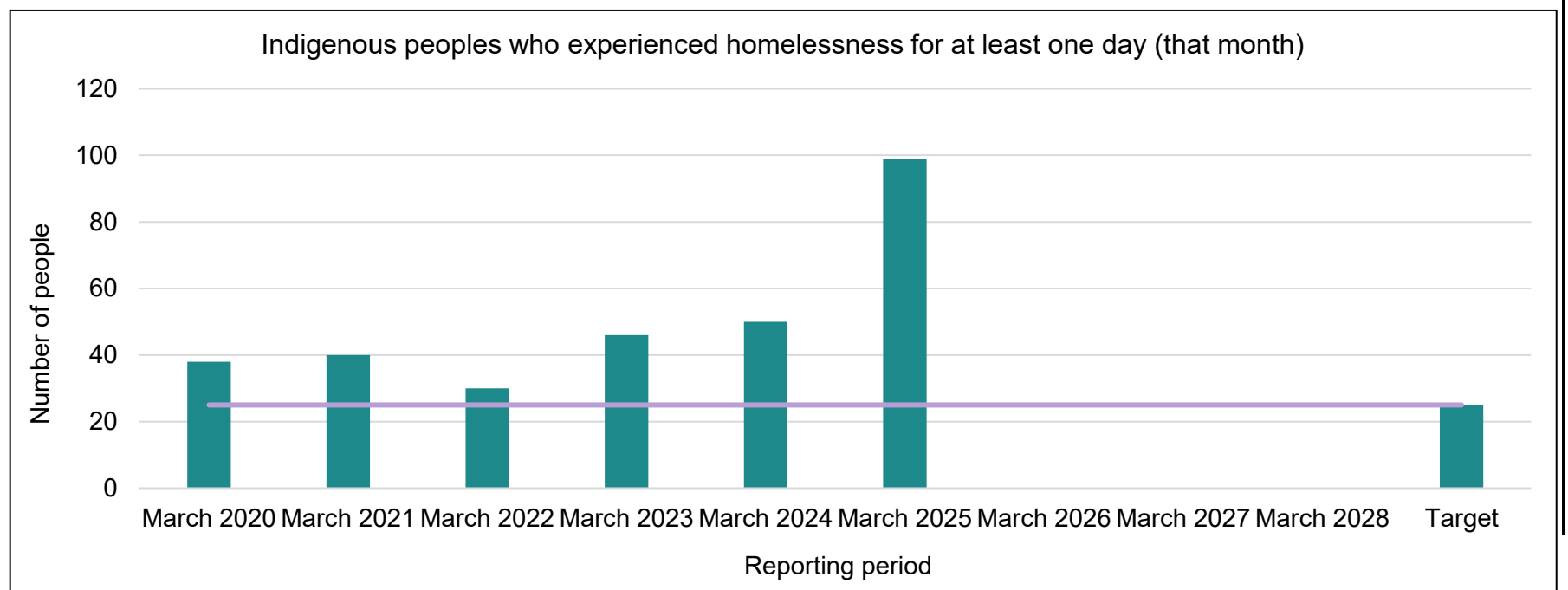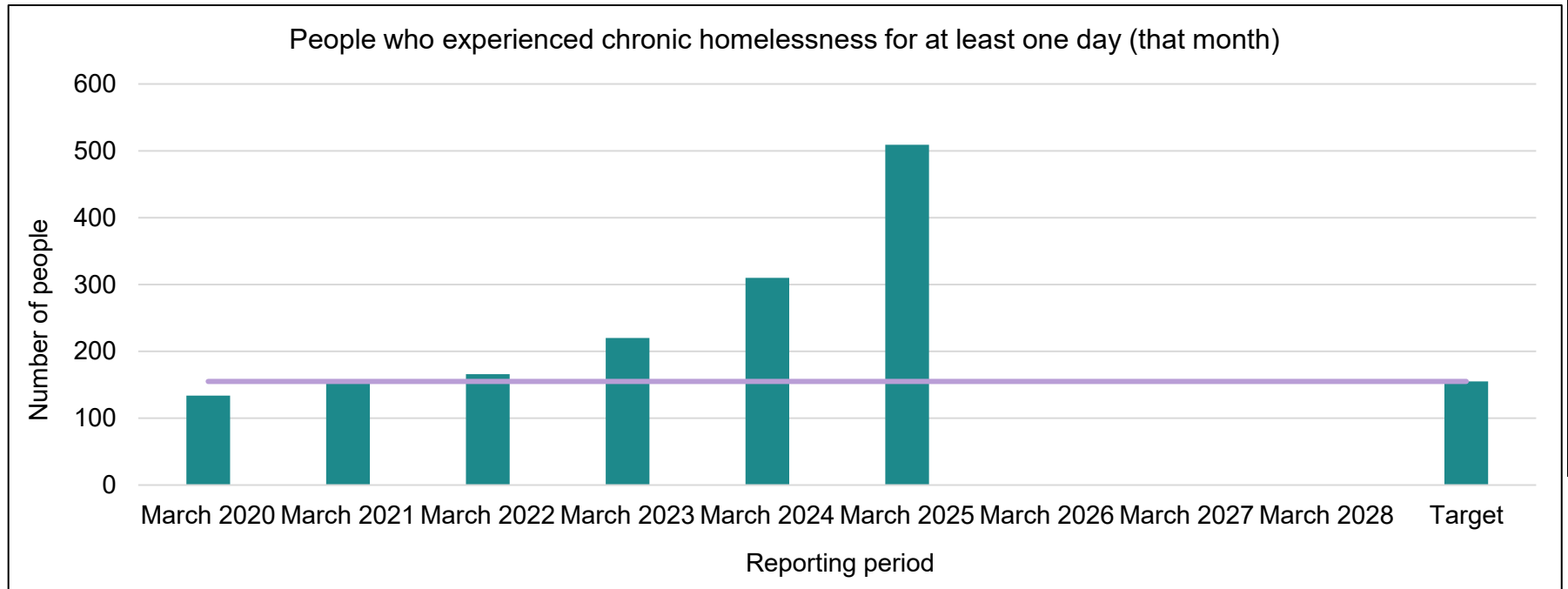
March 2024

Indigenous homelessness will decrease by 50% between March 2024 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.

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)	134	155	166	220	310	509				155

People who experienced chronic homelessness for at least one day (that month)

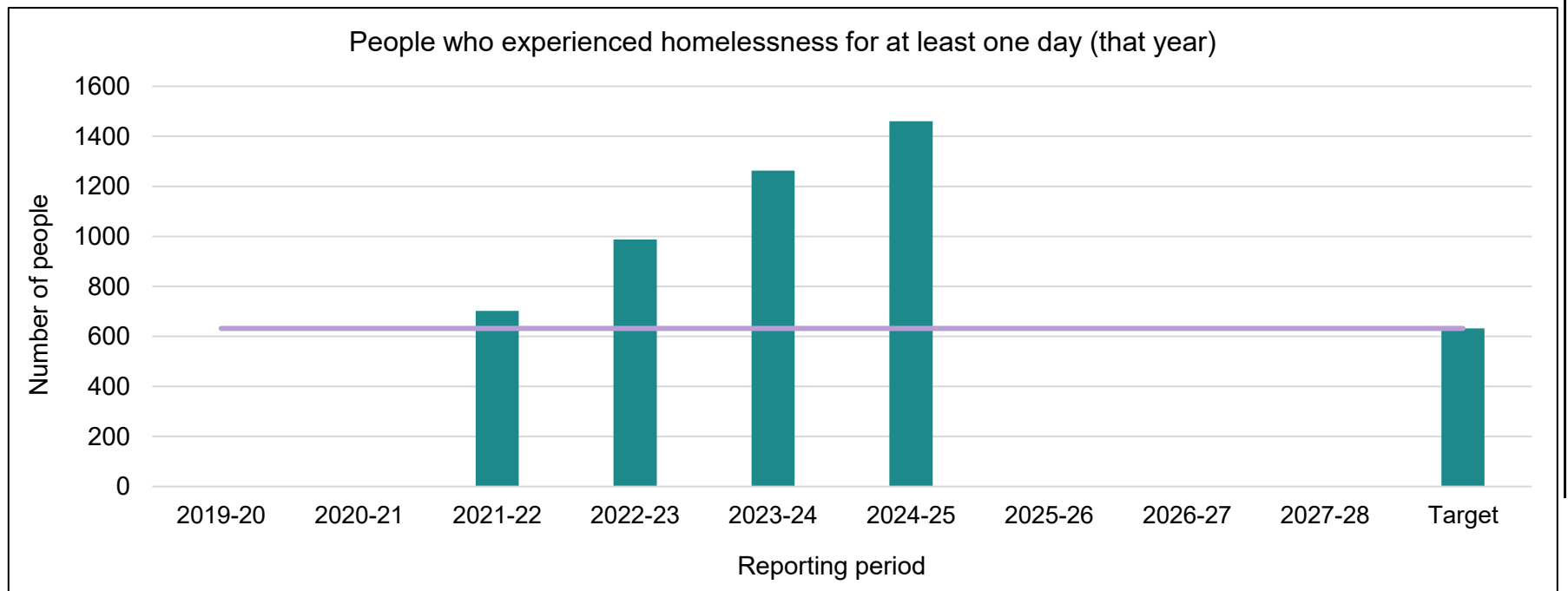| O5(M) | a) What is your baseline year? The baseline is the year from which you measure change. This may be the first year you submitted outcomes, but could be the year where you have the most confidence in your data. | March 2024 |

Chronic homelessness will decrease by 50% between March 2024 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.

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)		N/A	702	987	1263	1461				632

People who experienced homelessness for at least one day (that year)

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.
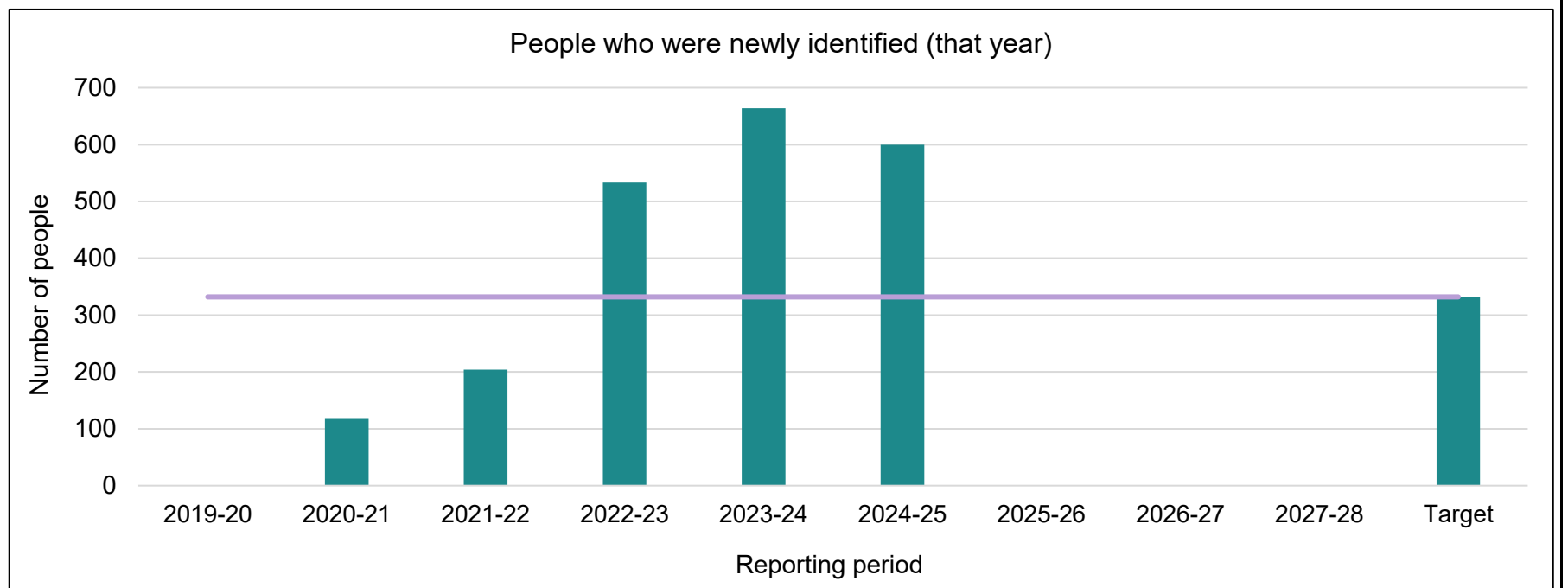
| 2023-24 |

Overall homelessness will decrease by 50% between 2023-24 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.

In 2020-21 we were unable to report on this data point because the new measurement of "at least one day" was not yet built into our external List. Over 2024-25 Moncton has seen an increase in the # of individuals experiencing hidden homelessness and sleeping rough (especially those unlikely to ever access shelter), which correlates with onboarding of new programs. It is worth noting that no numbers will be exact with 100% certainty. The HIFIS Lead upgraded HIFIS to the latest version in September 2024, and with that came several bugs requiring HIFIS Lead and Service Provider resources to be used for regular data cleaning and fixes. While there are internal processes/work-arounds to rectify the bugs, until a patch is released and issues permanently resolved, there may be inaccuracies in some of the data. It also takes time for people to adapt to changes; many new staff and Service Providers were onboarded to HIFIS this year, and changes to certain modules with the updates as well as lessons learned with increased use means ongoing training and re-training of staff. Numbers can also increase with more access points available and more staff entering timely data, but we are confident that data tracking has improved and continues to do so.

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)		119	204	533	664	600				332

People who were newly identified (that year)

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.

2023-24

> **New inflows to homelessness will decrease by 50% between 2023-24 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.

Further investigation is required to determine whether this number is impacted by homelessness Prevention efforts. However, an increase in chronicity paired with a reduction in newly identified numbers points to the fact that more individuals continue to become entrenched in homelessness, even while inflow is reduced.

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)		32	41	39	106	164				53

Returns to homelessness (that year)
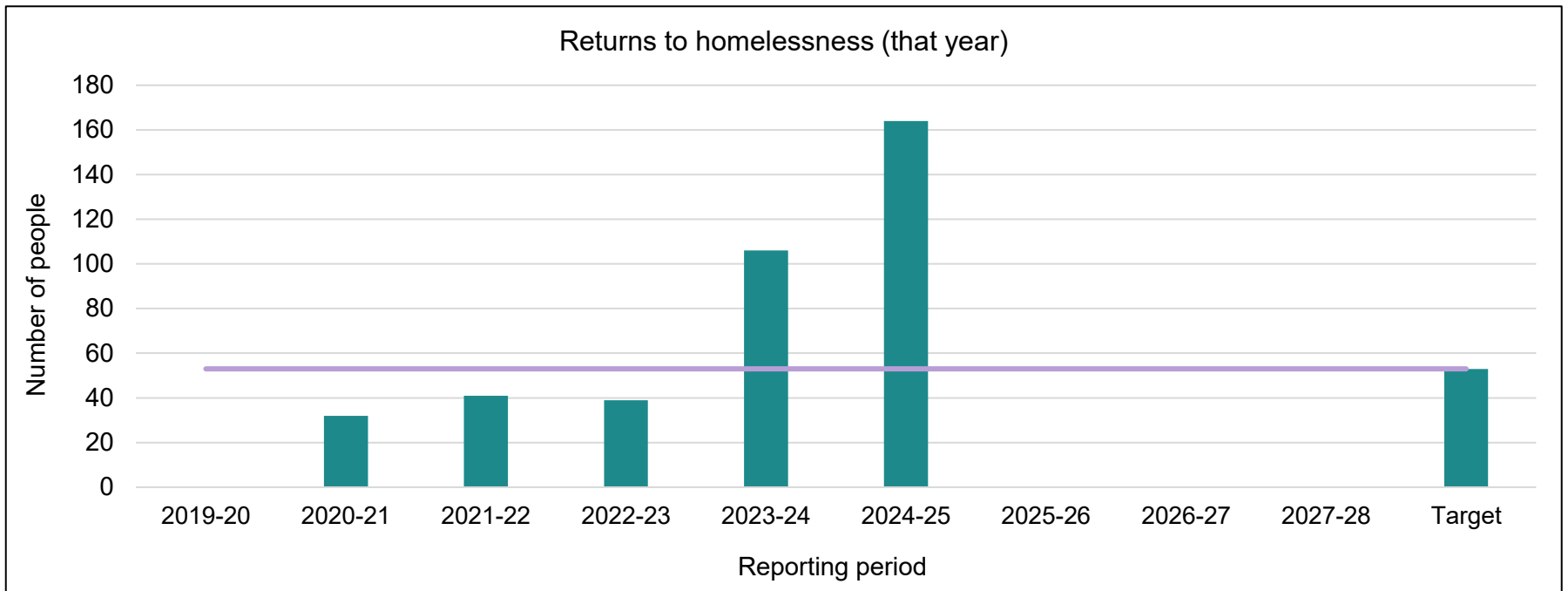
O3(A)

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.
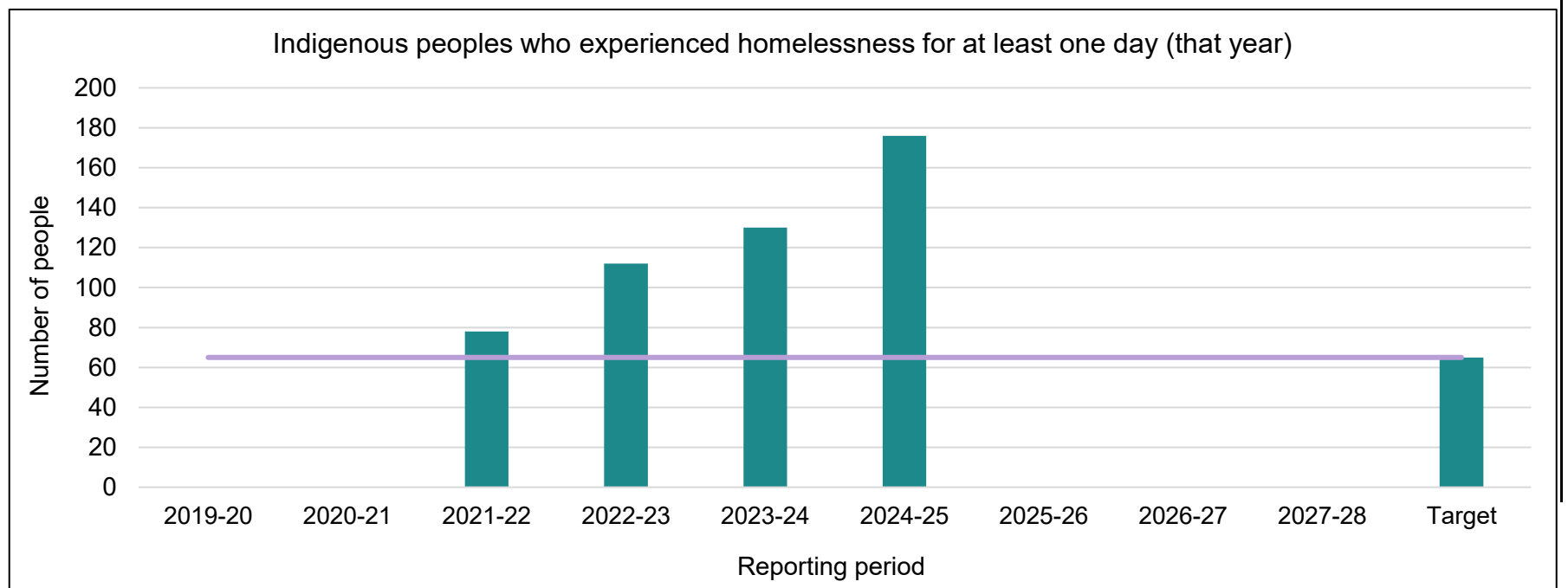
2023-24

Returns to homelessness will decrease by 50% between 2023-24 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.

Further investigation is required to determine if this relates to an increased use in the Housing History module.

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)		N/A	78	112	130	176				65

Indigenous peoples who experienced homelessness for at least one day (that year)

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.
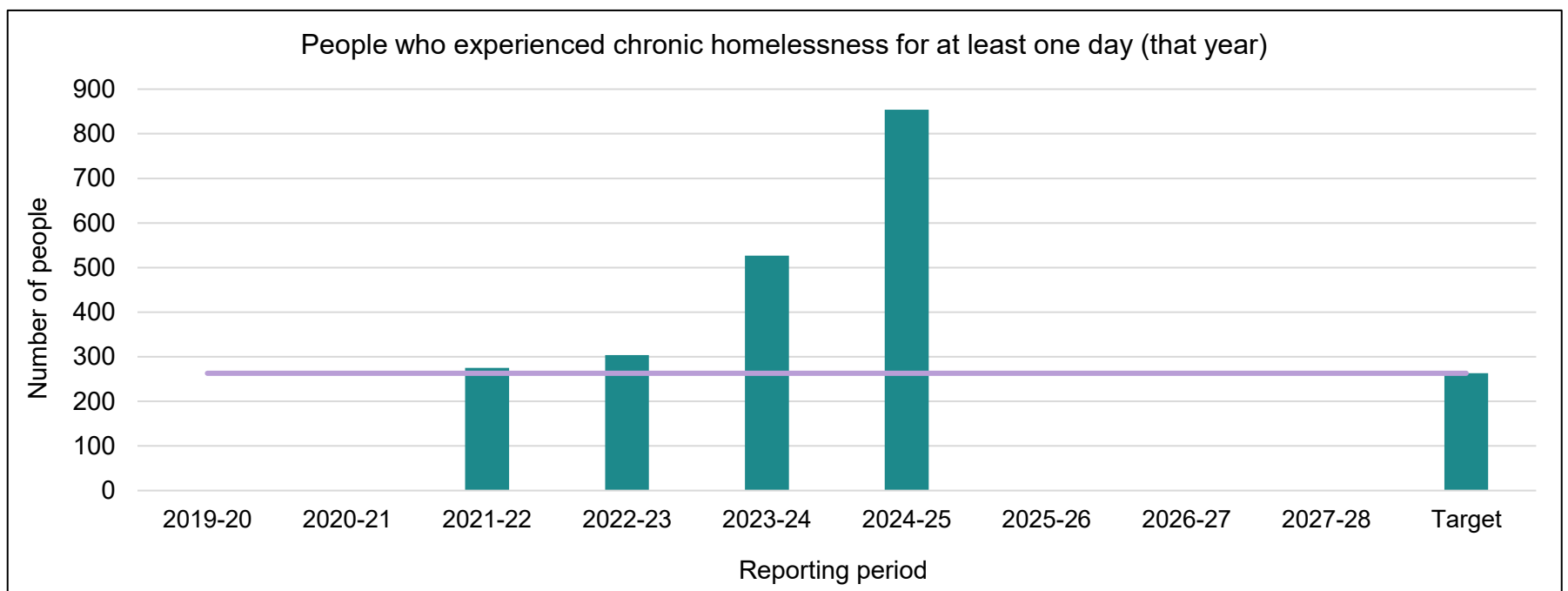
2023-24

Indigenous homelessness will decrease by 50% between 2023-24 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.

In 2020-21 we were unable to report on this data point because the new measurement of "at least one day" was not yet built into our external List.

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)		N/A	275	304	527	854				263

People who experienced chronic homelessness for at least one day (that year)

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.

2023-24

Chronic homelessness will decrease by 50% between 2023-24 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.

In 2020-21 we were unable to report on this data point because the new measurement of "at least one day" was not yet built into our external List. Despite the CA system's efforts to prioritize those experiencing chronic homeless households when matching to housing resources, the current housing models and number of options available to the CA system do not adequately reflect the number of individuals in this cohort or about to age in at any given time.

End of Section 4a