# Reaching Home: Canada's Homelessness Strategy

# Community Homelessness Report

## FREDERICTON, 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").

In the last year, Fredericton implemented prevention and diversion services across the homelessness serving system. The retention of valuable staff across the sector has been noted as a challenge to many service providers engaged in Coordinated Access (CA), as it can lead to stalls in program development where so much time and resources are spent training and getting new staff up to speed. And a key challenge remains: a lack of dedicated housing stock for priority populations. While certain groups can be prioritized for available housing resources through the community's Coordinated Access (i.e. Unique Identifier) List, low stock of deeply affordable, diverse (supportive) housing models is a gap the community continues to address through data collection, refinement, and advocacy/collaboration. In spite of these challenges, Fredericton saw 28 households secure housing through Coordinated Access processes during the 2024-25 fiscal year, which would not include those who were diverted from the system or found other pathways to housing including self-resolution or moving in with family.

During the Summer of 2024 the provincial government, in collaboration with 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. That project 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 Fredericton, this program is in its preliminary stages. 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 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 is in its early stages and will be coordinated across the cities of Fredericton, Moncton, and Saint John.

Outstanding Minimum Requirements relate primarily to the Housing Resource Inventory and System Maps. While in the past the Coordinated Access Lead collected and helped share program descriptions and eligibility information of engaged Service Providers' programming, numerous 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 common assessment tool that better suits the needs of the community, one that is strengths-based and trauma-informed; research of tools used effectively by other communities is in early stages, with recognition this project will require a working group, testing, and training on implementation of whatever new tool is adopted. In the meantime the community continues using the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT).

Rationale for change in response to question CA 10 a) under Section 2 (i.e., why "Under development" is selected) - As of March 2025, all (new) programs were not yet updated/included in the new Resource Inventory template.

| CHR 2 | How has the community's approach to addressing homelessness changed with the implementation of Reaching Home?<br><br>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. |
|---|---|

Fredericton's approach to homelessness response and collaboration between services has been strongly impacted by the implementation of Reaching Home. The Community Action Group on Homelessness (CAGH—Fredericton's Community Advisory Board) completed strategic planning sessions in 2024, strengthening the mission, structure and goals of the group, and those efforts continue into 2025. The homelessness response sector has seen changes in Matching and Referral processes since the implementation of Coordinated Access, leading to more transparent and clearly defined processes for connecting priority groups with available housing resources. In late 2023, all Coordinated Access systems in NB transitioned to utilizing HIFIS as the sole database for homelessness data collection; this was an adjustment for the system as Excel had been the primary tool for data collection in years past, and much of 2024 was spent managing the implications of that change. The transition is ongoing and has led to improvements in Prioritization, Matching and Referral, and reporting.  Encouragement of broad Service Provider participation in HIFIS is expected to continue into 2025, with some of this work experiencing interruptions in 2024 due to program changes and Provider capacity.

## Collaboration between Indigenous and non-Indigenous partners

| CHR 3 | Please select your community from the drop-down menu: | Fredericton (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**? | Yes |
| • Implementing, maintaining and/or improving, as well as using the **HMIS**? | Yes |
| • Strengthening the **Outcomes-Based Approach**? | Under development |

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

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

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

| | |
|---|---|
| → Coordinated Access: | Yes |
| → HMIS: | Yes |

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

| | |
|---|---|
| → Coordinated Access: | Yes |
| → HMIS: | No |
| → Outcomes-Based Approach: | No |

**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.

Gignoo Transition House is engaged and participating as a voting member at the CAGH as of 2025. The HD, as Community Entity for Fredericton collaborated with the Indigenous Community Entity, Turning Leaf, to implement the ARCH (Action Research on Chronic Homelessness) project, and learnings from this project (including First Nations Principles of Ownership, Control, Access, and Posession) will help to inform future activities under Coordinated Access, HIFIS, and the Outcomes-Based Approach. Under One Sky Friendship Centre continues to be a valued and engaged partner. For the 2024 Point-in-time Count, Sitansisk First Nation was consulted for implementation and those displaced within their community were surveyed and included in the enumeration. Indigenous partners participating in Coordinated Access are consulted on processes and policies related to implementation of CA and of HIFIS, though no Indigenous partners in Fredericton have HIFIS yet.

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.

Where the Outcomes-Based Approach requires meaningful collaboration between Indigenous and non-Indigenous funding stream partners, work is underway to strengthen relationships. Data obtained and collected through the Outcomes-Based Approach could be used more meaningfully, or strategically, to impact change within community, including how funds are designated. The Coordinated Access system has utilized HIFIS data to inform prioritization and targets for housing and these efforts can be strengthened. Such improvements could be true of much of the homelessness response system and it is recognized that data could be better captured and utilized to support improved outcomes for Indigenous community members experiencing displacement. Lastly, while Indigenous partners are involved in decision making regarding use of HIFIS in Fredericton, none of these partners currently use the database. Those without access are provided methods for ensuring eligible participants are tracked in HIFIS and captured on the Coordinated Access List. The Human Development Council and Community Action Group on Homelessness (CAGH--Fredericton's Community Advisory Board), had been working with the Indigenous Community Entity, Turning Leaf, to establish relations and engagement/representation at the CAGH.

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

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

| | |
|---|---|
| • Engagement with Indigenous partners took place in the early stages of CHR development, to determine how collaboration should be undertaken for the CHR. | No |
| • 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.

This 2024-25 CHR was shared with all members of Coordinated Access governing tables, including Community Action Group on Homelessness (Fredericton's CAB), for feedback on completion of reports.  In the future, a CHR completion process will include 1-1 and/or in-person discussions regarding the CHR or its specific sections.

**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:<br><br>• 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: | Yes – as a CAB member and a member of the overall governance structure |

| | | |
|---|---|---|
| | • Population groups the Coordinated Access system intends to serve (e.g., providers serving youth experiencing homelessness): | Yes – as a CAB member and a member of the overall governance structure |
| | • Types of service providers that help prevent homelessness and those that help people transition from homelessness to safe, appropriate housing in the community: | Yes – as a CAB member and a member of the overall governance structure |
| | • People with lived experience of homelessness: | Not yet |
| CA 3 | Is there a document that identifies how various homeless-serving sector roles and groups are integrated and aligned in support of the community's overall goals to prevent and reduce homelessness and, if requested, can this documentation be made publicly available? At minimum, the following roles and groups must be included:<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. | 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:<br>• Improve service coordination and data management; and,<br>• Increase the quality and use of data to prevent and reduce homelessness? | Yes |

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|---|---|---|
| | 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?<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? | Yes |

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

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

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

**Planning:**

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

**Implementation and Reporting:**

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

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

- The CAB approves the Reaching Home Community Homelessness Report.

**Alignment of Investments:**

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

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

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

→ Achieve broad and inclusive representation;

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

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

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

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

### Systems Map and Resource Inventory

| | | |
|---|---|---|
| CA 9 | a) A systems map identifies and describes the service providers that participate in the Coordinated Access system. Does the community have a current systems map **and**, if requested, can it be made publicly available? | 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? | Yes |
| | c) For each housing and related resource in the Resource Inventory, have prioritization criteria, and the order in which they are applied, been documented **and**, if requested, can this documentation be made available? At minimum, depth of need (i.e., acuity) must be included as a factor in prioritization. | Yes |
| **Service Navigation and Case Conferencing** | | |
| CA 11 | a) Are there processes in place to ensure that people are being supported to move through the Coordinated Access process? This is often referred to as service navigation or case conferencing. | Yes |
| | b) Have these processes been documented **and**, if requested, can this documentation be made available? | Yes |
| | c) Do the processes include expectations for the following: | |

| | | |
|---|---|---|
| → | Helping people to identify and overcome barriers to accessing appropriate services and/or housing and related resources. | Yes |
| → | Keeping people's information up-to-date in the HMIS (e.g., interaction with the system, housing history, as well as data used to inform eligibility and prioritization for housing and related resources). | Yes |
| **Access Points to Service** | | |
| CA 12 | a) Are access points available in some form throughout the geographic area covered by the DC or TH funded region, so that people experiencing or at-risk of homelessness can be served regardless of where they are in the community? | Yes |
| | b) Have access points been documented **and** is this information publicly available? | Yes |
| CA 13 | a) Are there processes in place to **monitor** if there is **easy**, **equitable** and **low-barrier** access to the Coordinated Access system **and** to respond to any issues that emerge, as appropriate? | Yes |
| | b) Have these processes been documented **and**, if requested, can this documentation be made available? | Yes |
| **Initial Triage and more In-Depth Assessment** | | |
| CA 14 | a) Is the triage and assessment process documented in one or more policies/protocols? | Yes |
| | b) Does the **documented** triage and assessment process address the following and, if requested, can the documentation be made available: | |

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

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|---|---|---|
| | → **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** | 13 | 4 | 0 |

| Coordinated Access | Completed (score) | Completed (%) |
|---|---|---|
| **Governance and partnerships** (out of 8 points) | 7 | 88% |
| **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) | **13** | **76%** |

## End of Section 2

| | SECTION 3: HOMELESSNESS MANAGEMENT INFORMATION SYSTEM AND OUTCOMES-BASED APPROACH SELF-ASSESSMENT | |
|---|---|---|
| | **Context** | |
| CHR 7 | a) In your community, is the Homeless Individuals and Families Information System (HIFIS) the Homelessness Management Information System (HMIS) that is being used? | Yes |
| **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:<br>• A Community Data Sharing Agreement; and,<br>• 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?<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? | 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:<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). | 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:<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). | Yes |
| **Data Consistency** | | |
| OBA 4 | To support Coordinated Access, is the HMIS used to generate data for a Unique Identifier List? | Yes |

| OBA 5 | Is the HMIS used to <u>collect data</u> for setting baselines, setting reduction targets and tracking progress for the following community-level outcomes: | |
|---|---|---|
| | → Overall homelessness: | Yes |
| | → Newly identified as experiencing homelessness: | Yes |
| | → Returns to homelessness: | Yes |
| | → Indigenous homelessness: | Yes |
| | → Chronic homelessness: | Yes |

## Data Timeliness

| OBA 6 | Is the dataset updated <u>as soon as</u> new information is available about a person for: | |
|---|---|---|
| | → Interaction with the system (e.g., changes from "active" to "inactive"). | Yes |
| | → Housing history (e.g., changes from "homeless" to "housed"). | Yes |
| | → Data that is relevant and necessary for Coordinated Access (e.g., data used to determine who is eligible and can be prioritized for a vacancy). | Yes |
| OBA 7 | Is data readily available and accessible, so that it can be used for Coordinated Access, the Outcomes-Based Approach and to drive the prevention and reduction of homelessness more broadly? | Yes |

## Data Completeness

| | | |
|---|---|---|
| OBA 8 | Are processes in place to ensure that all relevant and necessary data for filling vacancies is complete? For example, is data used to determine if someone is eligible and can be prioritized for a vacancy complete for each person in the dataset? | Yes |
| OBA 9 | Are processes in place to ensure that data for every person in the dataset is as complete as possible for: | |
| | → Interaction with the system: | Yes |
| | → Housing history (including data about where people were staying immediately before becoming homeless and, once they've exited, where they went): | Yes |
| | → Indigenous identity: | Yes |
| **Data Comprehensiveness** | | |
| OBA 10 | Does the dataset include all household types (e.g., singles and families experiencing homelessness)? | Yes |
| OBA 11 | Does the dataset include people experiencing sheltered homelessness (e.g., staying in emergency shelters)? | Yes |
| OBA 12 | Does the dataset include people experiencing unsheltered homelessness (e.g., people living in encampments)? | Yes |
| CHR 9 | The following questions aim to help consider other factors that may impact data comprehensiveness. They do not directly assess progress with the minimum requirements. | |
| | a) Does the dataset include the following household types, as much as possible right now: | |
| | → Single adults: | Yes |

| | |
|---|---|
| → Unaccompanied youth: | Yes |
| → Families | Yes – All family members including dependents |

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

| | |
|---|---|
| → Permanent emergency shelter: | Yes |
| → Seasonal or temporary emergency shelter: | Yes |
| → Hotels/motel stays paid for by a service provider: | Yes |
| → Domestic violence shelters: | Not applicable |

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.<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? | 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:<br> • Examples of how data is used to develop and/or update clear plans of action for reaching your reduction targets; and/or,<br> • Examples of how data is used to inform action in policy-making, program planning, performance management, investment strategies and/or service delivery. | | |
| | Data is used to inform equitable Prioritization in Coordinated Access by identifying housing targets for priority groups based on what portion of the list they represent (baseline percentages and targets are re-assessed identified bi-annually) or as targets are met. HIFIS data also support independent, municipal, and provincial efforts to support the prevention and reduction of homelessness. At regularly scheduled CAGH meetings, HIFIS data points of interest are shared, including those submitted to HICC. HIFIS data also helps HIFIS and CA Leads to identify resources for development and training required which can help staff move program participants along in their journey toward secure housing and required support/services. | | |
| 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 2021 |

| | | |
|---|---|---|
| | b) What is the earliest you can report <u>annual</u> data in Section 4 of your CHR, inclusively? | 2021-22 |
| | c) What methodology will you use to set baselines, set reduction targets and track progress on core Reaching Home outcomes in this CHR?<br><br>**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?<br><br>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:<br> • Data uniqueness<br> • Data consistency<br> • Data timeliness<br> • Data completeness<br> • Data comprehensiveness | |

Internal 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 able to reach more staff for training more often. This training and the time, efforts, and willingness of Service Providers and strong working relationships with both them and HICC are crucial to ensuring consistent, timely, complete, and 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 data-management system for Fredericton's and two other cities' CA systems (since the BNL-excel merge in December of 2023), the system 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. Thankfully we have had opportunities to identify these issues, often by HIFIS users themselves, and work closely with HICC to have some of them addressed quickly. The HIFIS and CA Leads 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 NB communities and see better outcomes for clients. In collaboration with Service Providers, the CA Lead's work to monitor HIFIS and the CA List for any gaps or discrepancies in data and client information has lead to greater consistency, completeness, and timeliness of data entry.

Case Conferencing meetings provide Service Providers an opportunity to review HIFIS Client information related to housing so they may identify and set action items for required updates to prioritized individuals' HIFIS files. In addition to 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.

| | 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?<br>**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?<br>**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** | 4 | 1 | 0 |

| Homelessness Management Information System | Completed (score) | Completed (%) |
|---|---|---|
| **Homelessness Management Information System** (out of 5 points) | 4 | 80% |
| **All** (out of 5 points) | **4** | **80%** |

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

|  | Completed | Started | Not Yet Started |
|---|---|---|---|
| **Total** | 16 | 1 | 0 |

| Outcomes-Based Approach | Completed (score) | Completed (%) |
|---|---|---|
| **Data uniqueness** (out of 3 points) | 3 | 100% |
| **Data consistency** (out of 2 points) | 2 | 100% |
| **Data timeliness** (out of 2 points) | 2 | 100% |
| **Data completeness** (out of 2 points) | 2 | 100% |

| | | |
|---|---|---|
| **Data comprehensiveness** (out of 4 points) | 4 | 100% |
| **Data use** (out of 2 points) | 2 | 100% |
| **Partnerships** (out of 1 point) | 0 | 0% |
| **Data quality improvement** (out of 1 point) | 1 | 100% |
| **All** (out of 17 points) | **16** | **94%** |

**End of Section 3**

## SECTION 4: COMMUNITY-LEVEL OUTCOMES AND TARGETS

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

| 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) | | 124 | 159 | 140 | 301 | 347 | | | | 150 |



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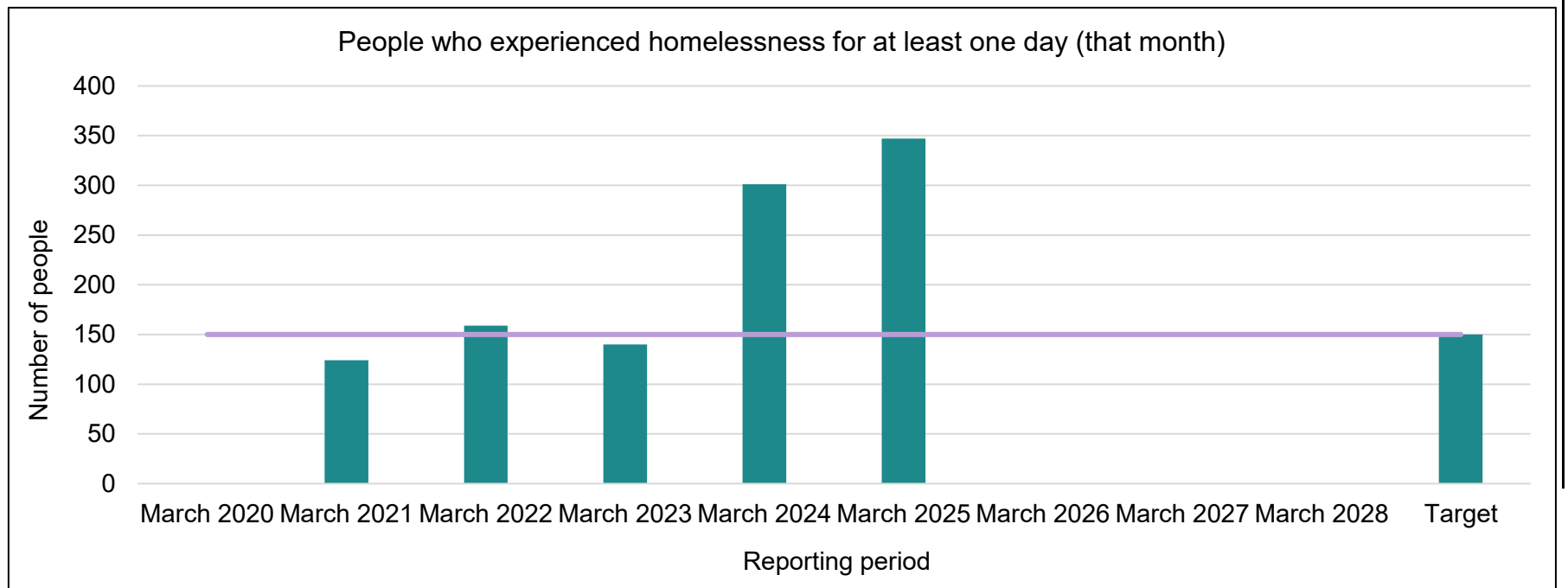
**O1(M)**

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.

**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) | | 9 | 17 | 24 | 27 | 31 | | | | 13 |

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.
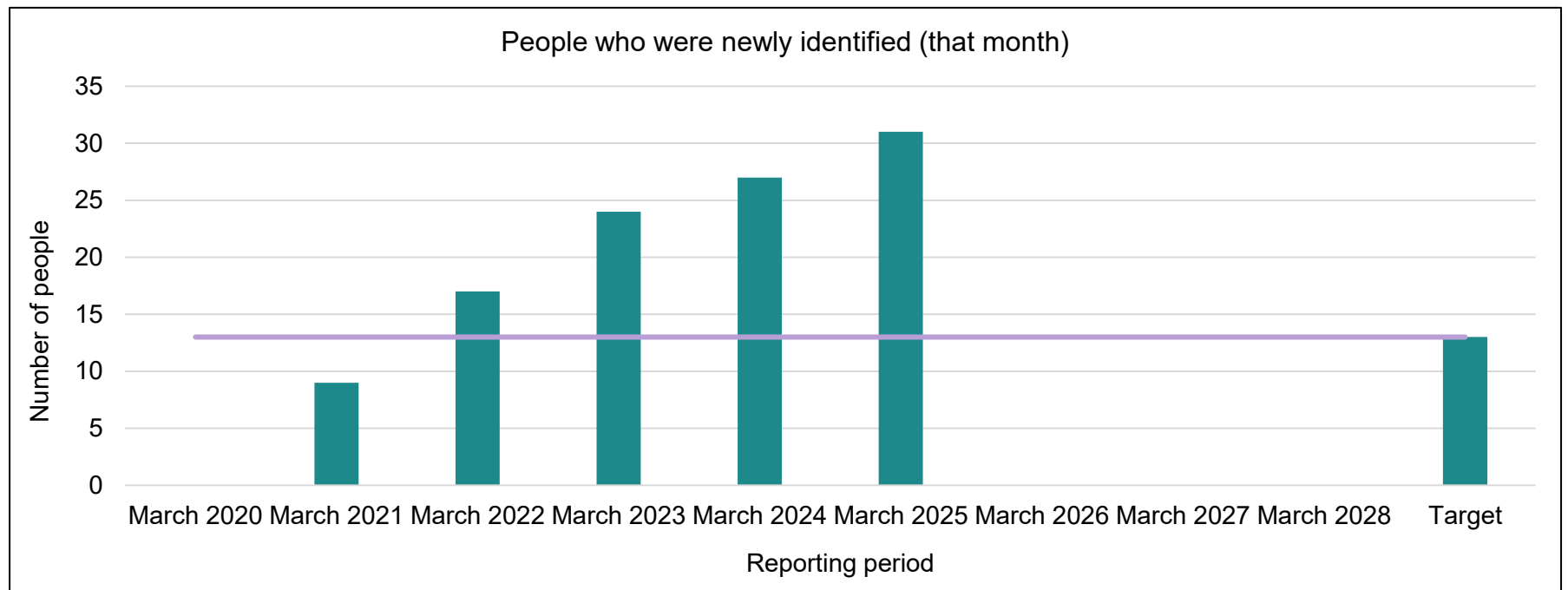
March 2024

**New inflows to homelessness will decrease by 52% 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)**

| | March 2020 | March 2021 | March 2022 | March 2023 | March 2024 | March 2025 | March 2026 | March 2027 | March 2028 | Target |
|---|---|---|---|---|---|---|---|---|---|---|
| Given your answers in Section 3, you can report monthly result(s) for Outcome #3 using your person-specific data. | | | | | | | | | | |
| Returns to homelessness (that month) | | 2 | 7 | 7 | 9 | 9 | | | | 4 |

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

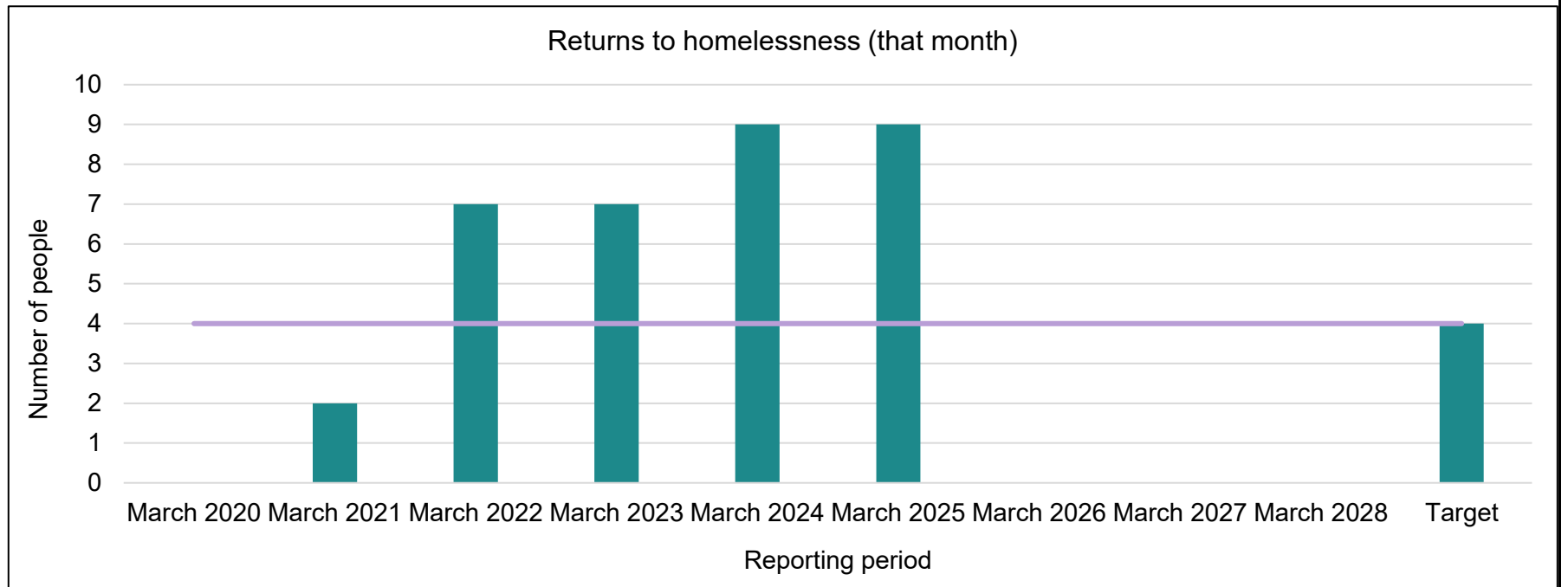**Returns to homelessness will decrease by 56% between March 2024 and March 2028.**

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) | | 15 | 25 | 27 | 53 | 61 | | | | 26 |



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.
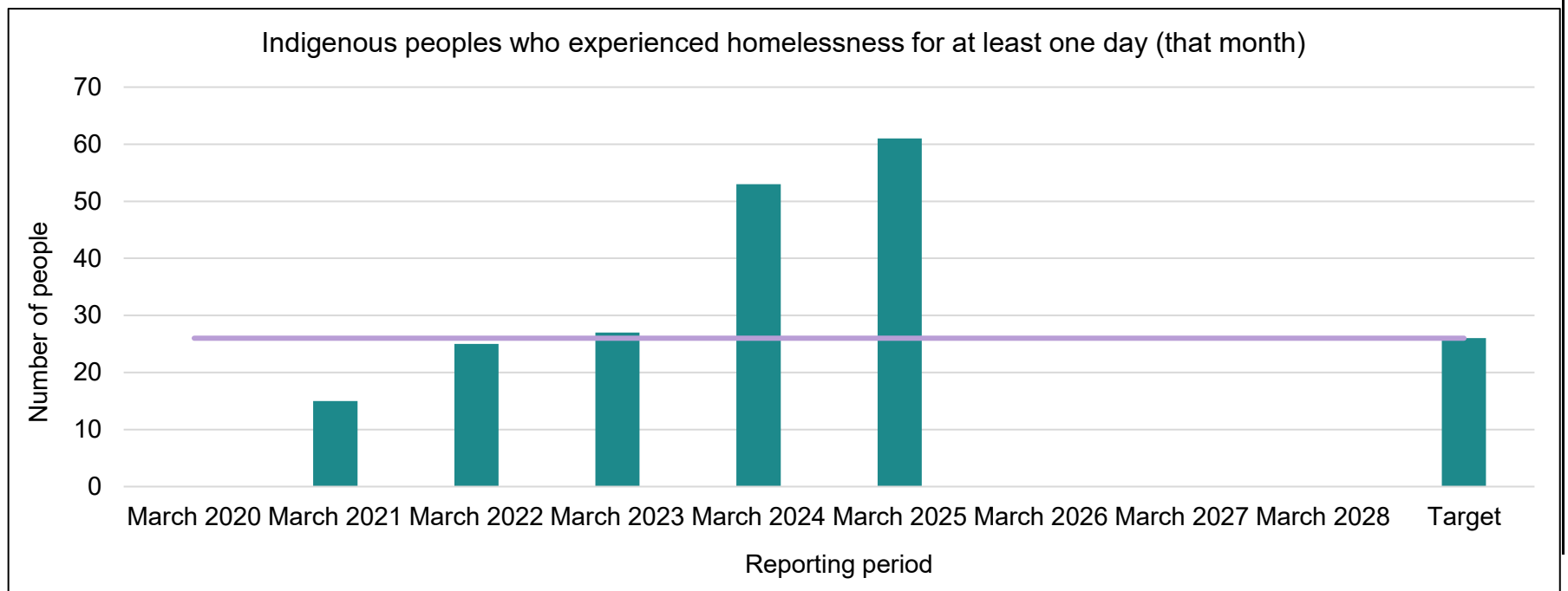
March 2024

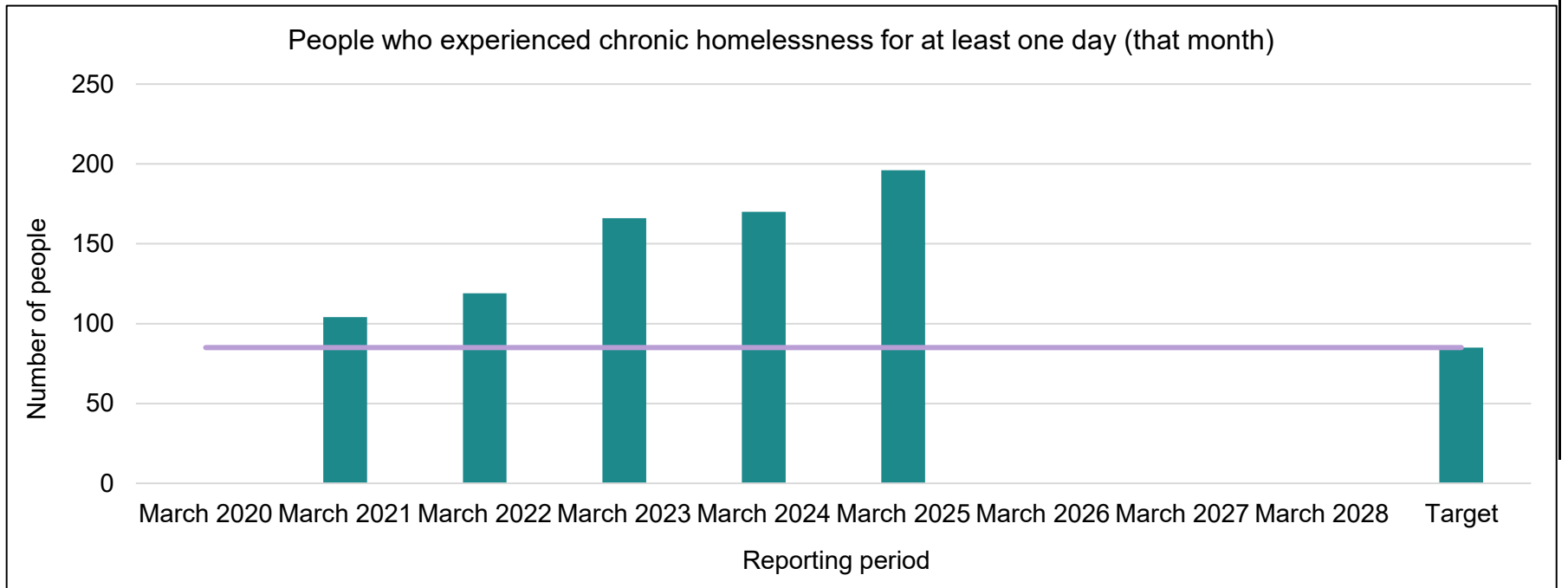**Indigenous homelessness will decrease by 51% between March 2024 and March 2028.**

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.
• 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) | | 104 | 119 | 166 | 170 | 196 | | | | 85 |



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.
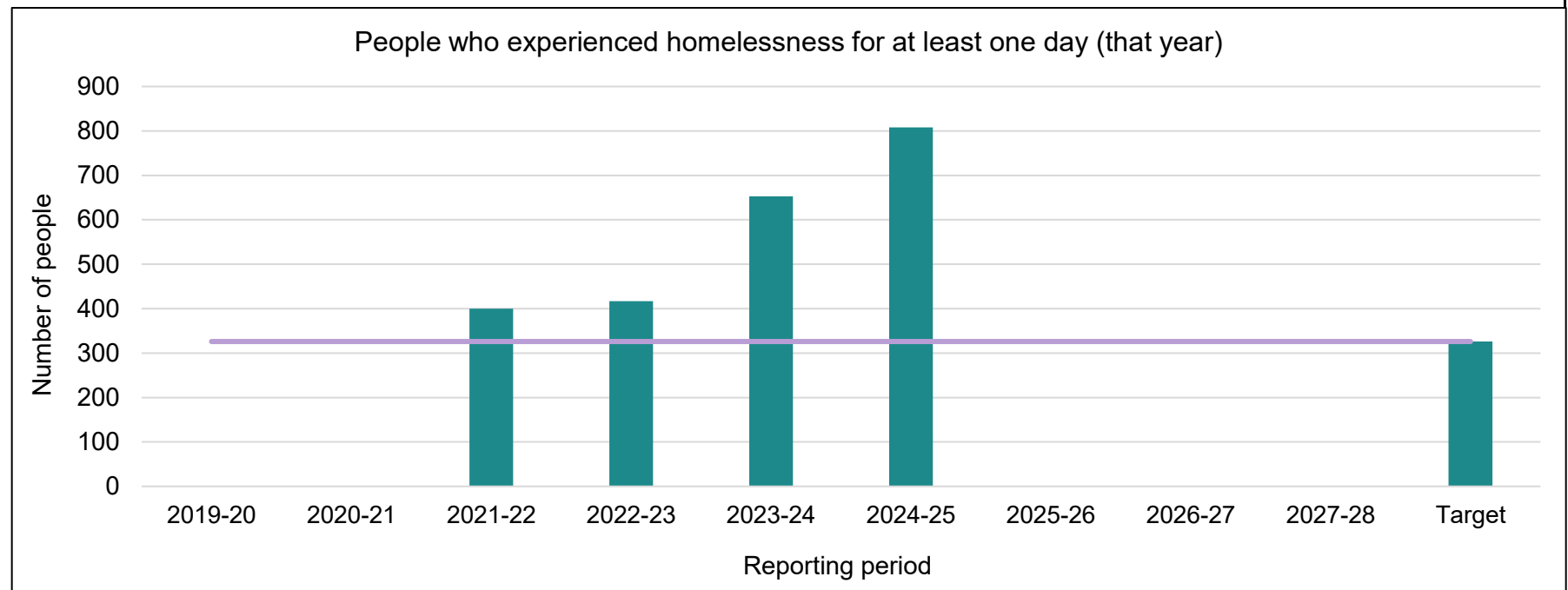
| March 2024 |

**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) | | | 400 | 417 | 653 | 808 | | | | 326 |

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.
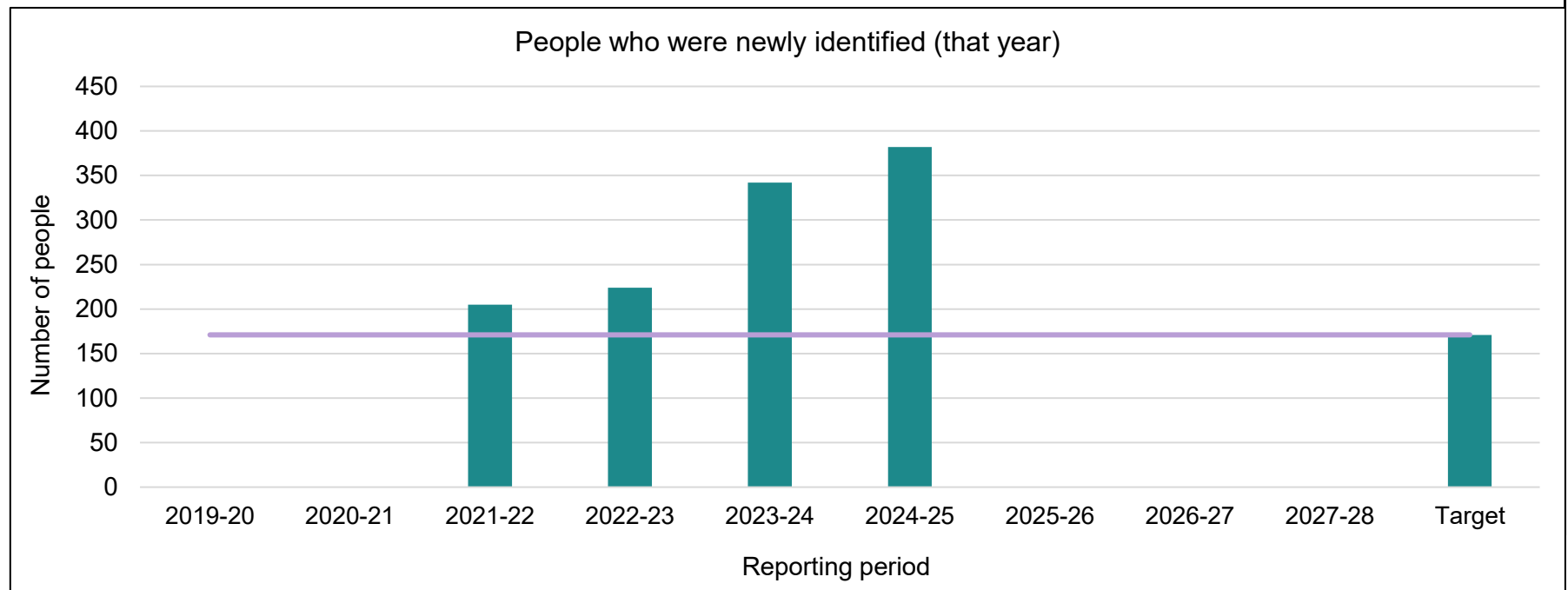
2023-24

**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 Fredericton has seen an increase in the number 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, CA 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 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) | | | 205 | 224 | 342 | 382 | | | | 171 |



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.
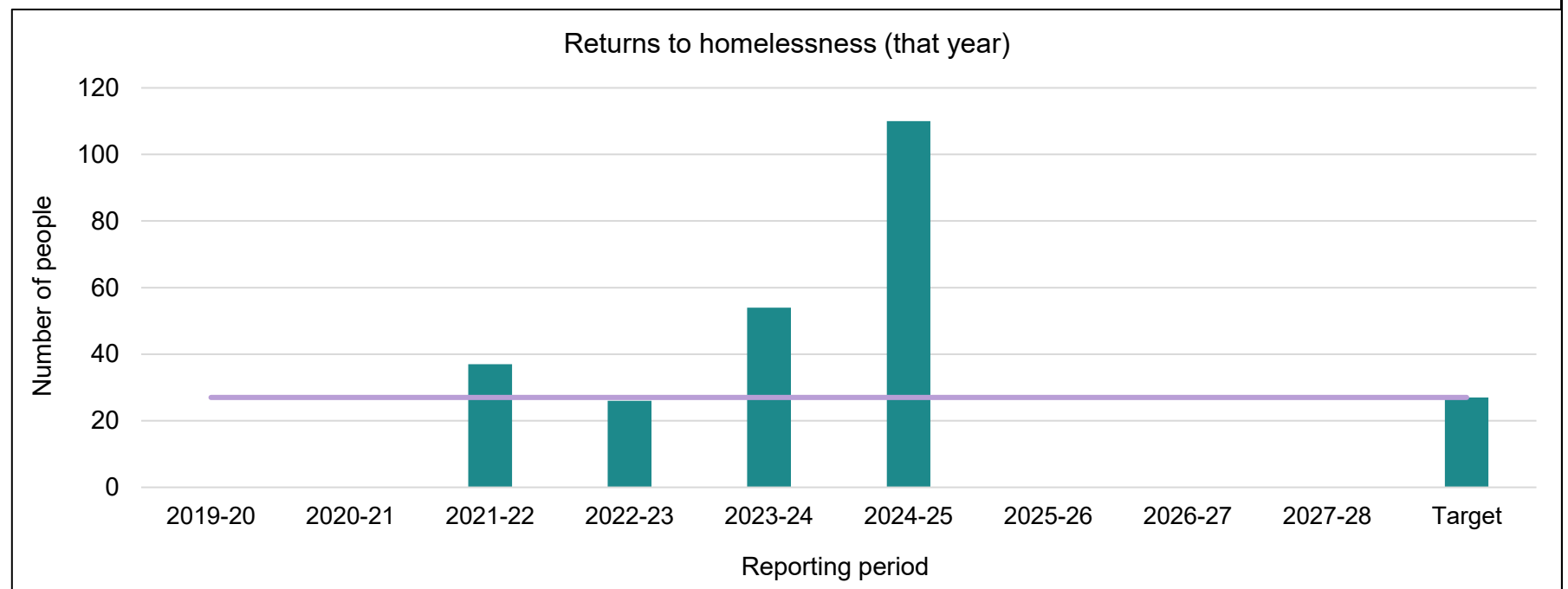
2023-24

> **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.

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. Onboarding to HIFIS of new programs such as John Howard Society's Ironwood Resource Centre may also contribute to the number of files created and updated regularly in HIFIS.

| 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) | | | 37 | 26 | 54 | 110 | | | | 27 |

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.
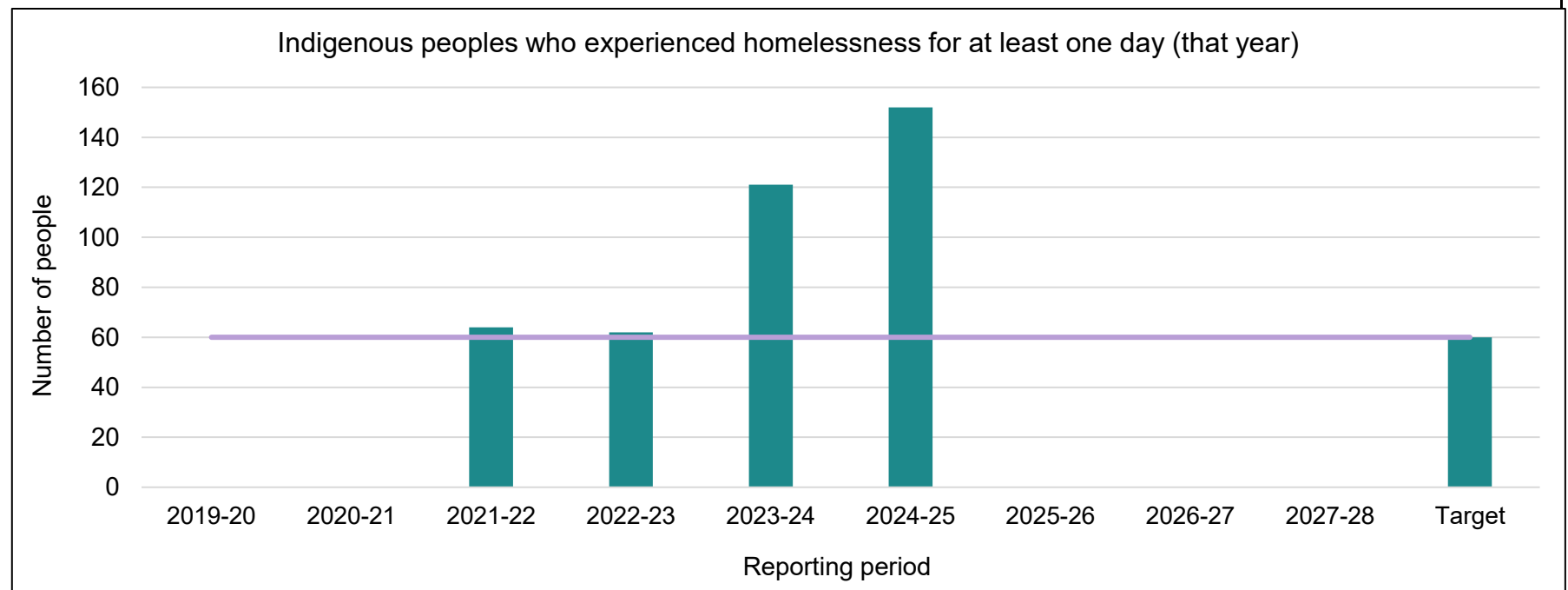
2023-24

**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.

More investigation required to determine whether this is impacted by number of service providers more routinely updating Housing Histories.

| 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) | | | 64 | 62 | 121 | 152 | | | | 60 |

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.**
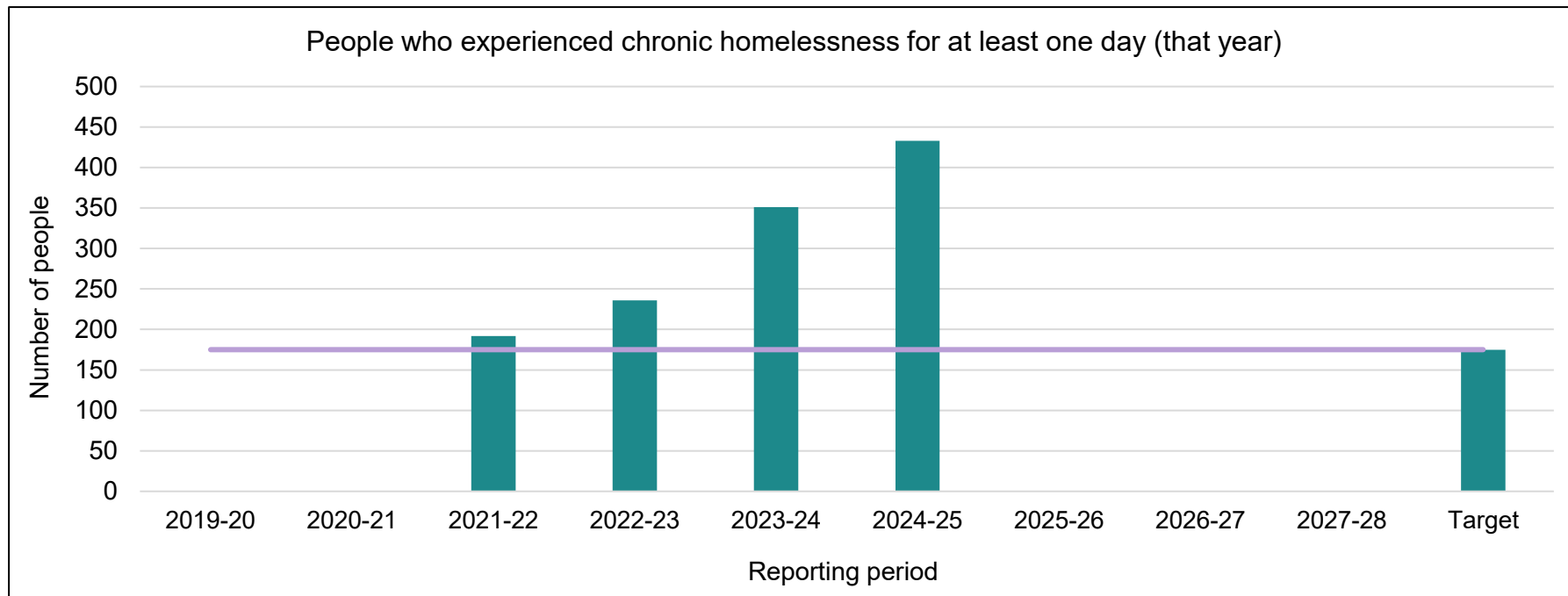
b) Please use the comment box below to:
   • As applicable, explain any changes to the data reported from the previous CHR (2023-24), including to the data itself, the baseline and the target.
   • As applicable, explain the use of "N/A" for one or more data points. As a reminder, no cells should be 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. In 2024 the CA Lead began working with Sitansisk First Nation representation to ensure displaced individuals in that community were included in the dataset despite them not having HIFIS access at this time.

| 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) | | | 192 | 236 | 351 | 433 | | | | 175 |



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 best efforts to put increased focus on chronically homeless households when matching to housing resources, the current housing models and number of options available to not adequately reflect the number of individuals currently in the cohort or about to age in at any given time.

**End of Section 4a**