

Reaching Home: Canada's Homelessness Strategy
Community Homelessness Report

SAINT JOHN, 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 the past year, Saint John's Coordinated Access system made meaningful steps for prevention and homelessness reductions in the city, and toward improving access to safe and appropriate housing through coordinated and collaborative efforts under the Reaching Home initiative. Shelter diversion and prevention strategies have been strengthened by working closely with service providers to identify individuals at risk of homelessness earlier on and connecting them to alternative housing options whenever possible. A focus on upstream interventions links individuals with support that helps stabilize their housing situations. Under Coordinated Access (CA), the system's streamlined processes for housing move-ins have improved the use of the Coordinated Access List (i.e., Unique Identifier List) to better match individuals with available housing resources. However, a key challenge remains: the lack of dedicated housing stock for priority populations. While certain groups can be prioritized for housing through the Coordinated Access 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. Work must continue to identify and bridge gaps between various systems, ensuring timely and compassionate response to individuals who are of extreme need, who are institutionalized or in treatment (in rural areas) 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. Saint John's CA system has begun and continues to build cross-sector relationships with partners such as Indigenous-serving entities, government departments, and agencies that support various other populations within the homeless community. Centre for Youth Care has become increasingly involved with Coordinated Access processes, creating a pathway for more youth experiencing homelessness or ready to live independently to access services focused on their unique needs. Engagement with the Department of Justice has opened doors for improvements in discharge planning from institutions, and homelessness prevention.

The Province of New Brunswick significantly contributed to homelessness response over 2024-25, providing funding for housing-focused shelters, outreach teams, and community hubs which aim to not only address immediate needs of clients but support them to ensure they are connected with needed services, on the CA List, and eligible for offers of housing. A new program focusing on reductions in Veteran homelessness is in its early stages and will be coordinated across the cities of Fredericton, Moncton, and Saint John. 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 develop a data-informed approach for identifying supportive housing models required to address chronic homelessness, a project that is still under way. An updated Coordinated Access Process Guide is drafted which includes new and refined processes and policies the community has adopted the past 2 years. Next steps here will involve Service Provider review. 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 information in the past, 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 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) and SPDAT.

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.

Individuals seeking support have benefitted the most from Coordinated Access system changes. The flow and accuracy of information from the system to the individual has significantly improved. Use of HIFIS as the system's sole homelessness data management tool has led to easier gathering of information needed to provide quality

services without staff requiring as many meetings or phone calls for information. Coordinated Access has supported a better understanding of programs available in community, therefore improving access for Clients. However, a consequence of streamlined process to housing is that one inefficient or ineffective process can affect a greater range of individuals and create bottlenecks which may need to be addressed through process or policy change. Previously, individuals accessed services separately, often based on proximity, prior knowledge, or word of mouth of the staff assisting them. Referrals were usually the result of existing partnerships or collaborations between agencies, and data tracking was done internally within each organization. Now, Saint John implements a Coordinated Access system that ensures frontline agencies work together to add

individuals to the Coordinated Access List and ensure data is current. People seeking support can approach any frontline agency, complete one intake, and be added to the system/List. The information is tracked centrally through HIFIS, where in the past information on shared clients may have been exchanged informally between agencies. While some agencies used the SPDAT, others relied on their own assessment tools. With the move toward a common intake and assessment process, the individual in need of support has clearly benefited. People are required to re-tell their stories less frequently and their information is more strongly protected. Service navigation to move people through the system occurs at Case Conferencing meetings which also allows common system barriers to be identified. These action-oriented meetings are also helpful for staff who are trying to support and navigate more complex cases. Changes made so far have resulted in a more collaborative and efficient homeless-serving system that is more person-centered and equitable for vulnerable populations. Service Providers involved in Coordinated Access are on the path to working better as a collective.

Before Coordinated Access was implemented, each agency worked on its own. They used different intake forms based on their own clients and services. There was no shared system and forms didn't match. Some groups had tried to create common forms over the years but not much progress was made. Now, anyone who experiencing homelessness and consenting is added to the CA List. There is improved sharing of information between agencies. Things are more consistent and organized, helping people get the help they need more quickly. HIFIS and CA Leads continue to work with community to inform the implementation of these systems in Saint John, as it becomes increasingly clear the only way to accomplish this work is together. 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. HIFIS allowed multiple Service Providers to contribute information they have gleaned from working with a Client, creating a more well-rounded picture of each individuals' circumstances and unique needs and services required. Staff less frequently have to start from scratch when working with a Client who has already been in contact with the homelessness serving system. In this way they can feel more confident in their ability to deliver a coordinated approach to supporting people at first point of contact. Going forward, strengthened governance processes would ensure all voices and levels of experience are heard and included in decision-making. Increased collaboration across and within Saint John's RH governance structure has already benefitted both Service Providers and the individuals they serve, and has revealed gaps the community can work to address together, and has increased collaborative solution-seeking.

Collaboration between Indigenous and non-Indigenous partners

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|---|---|-----------------|--|-----|---|-------------------|---|-------------------|
| CHR 3 | Please select your community from the drop-down menu: | Saint John (NB) | | | | | | |
| <p>Your community: Has only DC funding available.</p> | | | | | | | | |
| CHR 4 | <p>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:</p> <table border="1"> <tr> <td> <ul style="list-style-type: none"> Implementing, maintaining and/or improving the Coordinated Access system? </td> <td>Yes</td> </tr> <tr> <td> <ul style="list-style-type: none"> Implementing, maintaining and/or improving, as well as using the HMIS? </td> <td>Under development</td> </tr> <tr> <td> <ul style="list-style-type: none"> Strengthening the Outcomes-Based Approach? </td> <td>Under development</td> </tr> </table> <p>As a reminder, meaningful collaboration with local Indigenous partners is expected for your community.</p> | | <ul style="list-style-type: none"> Implementing, maintaining and/or improving the Coordinated Access system? | Yes | <ul style="list-style-type: none"> Implementing, maintaining and/or improving, as well as using the HMIS? | Under development | <ul style="list-style-type: none"> Strengthening the Outcomes-Based Approach? | Under development |
| <ul style="list-style-type: none"> Implementing, maintaining and/or improving the Coordinated Access system? | Yes | | | | | | | |
| <ul style="list-style-type: none"> Implementing, maintaining and/or improving, as well as using the HMIS? | Under development | | | | | | | |
| <ul style="list-style-type: none"> Strengthening the Outcomes-Based Approach? | Under development | | | | | | | |
| <p>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:</p> <table border="1"> <tr> <td> <ul style="list-style-type: none"> 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). </td> <td></td> </tr> <tr> <td>→ Coordinated Access:</td> <td>No</td> </tr> <tr> <td>→ HMIS:</td> <td>No</td> </tr> </table> | | | <ul style="list-style-type: none"> 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: | No | → HMIS: | No |
| <ul style="list-style-type: none"> 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: | No | | | | | | | |
| → HMIS: | No | | | | | | | |

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

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| → Coordinated Access: | No |
| → 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.

This Spring, initial connections were made with local Indigenous partners from the Menahgesk Wellness Circle (MWC) in Saint John to begin building a relationship with intention of possible collaboration and engagement on the Community Council on Homelessness (CCH--Saint John's Community Advisory Board). During an introductory meeting with Coordinated Access (CA) and CCH representatives it was emphasized that Indigenous perspectives, knowledge, and expertise are essential to improving the system and making culturally appropriate decisions. Discussion focused on how we can create a supportive and productive environment for Indigenous individuals in our community. CA and CCH reps introduced the Coordinated Access system and explained the community's Prioritization process and that Indigenous individuals are a priority group for available CA housing resources. The representatives of MWC expressed interest in working together and supporting one another moving forward.

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.

The system's engagement of Indigenous partners are in early stages. It took time for the system to identify (Indigenous led) groups in Saint John that offer programming or services specific to Indigenous individuals. With focused attention to the matter, two groups were identified in 2024. In addition to the MWC, Skigin-Elnoog Housing Corporation--based in Fredericton and operating residential buildings/housing for Indigenous individuals and families across the province--has been contacted for an introductory meeting which staff hope will occur during this quarter. The Coordinated Access Lead has an interest in exploring what options are available, or can be made available, that are culturally sensitive and safe for those who would benefit from or are interested in such options. The CA and HIFIS teams will continue to work with communities to address barriers that might exist to these partners having access to data that could benefit their programs and communities by ensuring information about the Coordinated Access system and HIFIS are publicly available.

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.

See 4d. By this time next year it will be important to the effectiveness of Saint John's CA system to have greater representation, and active engagement and participation of Indigenous partners at the CCH and/or within Coordinated Access; these partners should be involved in decision-making and strategy involving a population overrepresented in Saint John's data, which is reflected in around 9.5% 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 for engagement/representation at the CCH.

End of Section 1

SECTION 2: COORDINATED ACCESS SELF-ASSESSMENT

Note: It is expected that communities will continuously work to improve their Coordinated Access system over time. If your community is working to improve a specific Coordinated Access requirement that had been self-assessed as met in a previous CHR, you should still select “Yes” from the drop-down menu for this CHR.

Governance and Partnerships

Note: For communities that receive both Designated Communities (DC) and Indigenous Homelessness (IH) funding, this section is specific to the **DC Community Advisory Board (CAB)**.

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| 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. | | |
| | <table border="1"> <tr> <td data-bbox="315 755 1522 909">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?</td> <td data-bbox="1522 755 2011 909">Yes</td> </tr> </table> | 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 |
| 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 | | |
| | <table border="1"> <tr> <td data-bbox="315 909 1522 1031">b) Have Terms of Reference for the integrated, community-based governance structure been documented and, if requested, can they be made publicly available?</td> <td data-bbox="1522 909 2011 1031">Yes</td> </tr> </table> | b) Have Terms of Reference for the integrated, community-based governance structure been documented and, if requested, can they be made publicly available? | 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 | <p>Does the integrated governance structure that supports Coordinated Access and use of HMIS include representation from the following:</p> <ul style="list-style-type: none"> Federal Homelessness Roles: <p>→ Community Entity:</p> | | |
| | <table border="1"> <tr> <td data-bbox="315 1375 1522 1375"></td> <td data-bbox="1522 1375 2011 1375">Yes – as a CAB member with ex-officio status and a member of the overall governance structure</td> </tr> </table> | | Yes – as a CAB member with ex-officio status and a member of the overall governance structure |
| | Yes – as a CAB member with ex-officio status and a member of the overall governance structure | | |

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| → 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 |

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| | <ul style="list-style-type: none"> 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 |
| | <ul style="list-style-type: none"> 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 |
| | <ul style="list-style-type: none"> People with lived experience of homelessness: | Not yet |
| CA 3 | <p>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:</p> <ul style="list-style-type: none"> Community Entity; Community Advisory Board; Coordinated Access Lead and HMIS Lead; Provincial or territorial and municipal designations relative to managing homelessness funding, as applicable; <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Improve service coordination and data management; and, 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 | <p>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?</p> <p>Note: The response to this question is auto-populated from CHR 4(a).</p> | Yes |
| CA 6 | <p>a) Consider the CAB expectations outlined below. Is the CAB currently fulfilling expectations related to its role with addressing homelessness in the community?</p> <p>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.</p> <p>Community-Based Leadership: To support its role, collectively, the CAB:</p> <ul style="list-style-type: none"> • 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. <p>Planning:</p> <ul style="list-style-type: none"> • 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. | Yes |

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

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| <ul style="list-style-type: none"> Engagement strategy that explains how the CAB intends to: <ul style="list-style-type: none"> → 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. | Under development |
| <ul style="list-style-type: none"> 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 |
| <ul style="list-style-type: none"> 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 |
| <ul style="list-style-type: none"> Exclusive and shared responsibilities between the CAB and Community Entity. | Under development |
| <ul style="list-style-type: none"> Membership terms and conditions, including: <ul style="list-style-type: none"> → Recruitment processes; → Length of tenure; → Attendance requirements; → Delegated tasks; and, Having at least two seats available for the alternate Community → Entity and CAB/Regional Advisory Board (RAB) member, where applicable. | Yes |

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| 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 |

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| | → 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 | | |

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| 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

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| | → 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 |

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| | <p>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).</p> <p>→</p> | 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: | |
| | <p>→ Roles and responsibilities: Describing who is responsible for each step of the process, including data management.</p> | Yes |
| | <p>→ 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).</p> | Yes |
| | <p>→ 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.</p> | Yes |
| | <p>→ 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.</p> | Yes |

| | | |
|-------|---|-------------------|
| | <p>→ 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.</p> | Yes |
| | <p>→ Resource Inventory management: Steps to track real-time capacity, transitions in/out of units, occupancy/caseloads, progress with referrals/offers, and housing outcomes.</p> | 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 | 12 | 5 | 0 |

| Coordinated Access | Completed (score) | Completed (%) |
|--|-------------------|---------------|
| Governance and partnerships (out of 8 points) | 6 | 75% |
| 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) | 12 | 71% |

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: <ul style="list-style-type: none"> • 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 |
| <p>OBA 2</p> <p>Is there a written policy/protocol (“Inactivity Policy”) that describes how interaction with the homeless-serving system is documented? The policy/protocol must:</p> <ul style="list-style-type: none"> • 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 |
| <p>OBA 3</p> <p>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:</p> <ul style="list-style-type: none"> • 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 | |
| <p>OBA 4</p> <p>To support Coordinated Access, is the HMIS used to generate data for a Unique Identifier List?</p> | 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): | 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 | <p>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.</p> <p>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?</p> | Yes |
| Data Use | | |
| OBA 14 | <p>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.</p> | |
| | <p>a) <u>Can the dataset be used to set</u> monthly and annual baselines and reduction targets for the following community-level outcomes:</p> | |
| | → Overall homelessness: | Yes |
| | → Newly identified as experiencing homelessness: | Yes |
| | → Returns to homelessness: | Yes |
| | → Indigenous homelessness: | Yes |

| | | |
|-----------|--|-----|
| | → Chronic homelessness: | Yes |
| | b) <u>Is the dataset being used to set</u> monthly and annual baselines and reduction targets for the following community-level outcomes: | |
| | → Overall homelessness: | Yes |
| | → Newly identified as experiencing homelessness: | Yes |
| | → Returns to homelessness: | Yes |
| | → Indigenous homelessness: | Yes |
| | → Chronic homelessness: | Yes |
| OBA 15 | Is data used to <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: <ul style="list-style-type: none"> • 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. | |
| | More consistent data entry into HIFIS has helped service providers generate reports when applying for Request for Proposals (RFPs). Service Providers have been able to use HIFIS data to identify possible priority or under-served groups, and success/failure rates of interventions. This information also helps the community understand the specific needs of these groups for planning programs, delivering services, and application or advocacy for funding. For example, HIFIS data/Reaching Home Community Outcomes (RHCO) report has been used to inform prevention and diversion efforts, directing focus on discharge planning from health care and correctional facilities so those without a permanent address might access a plan for housing rather than enter homelessness. HIFIS data supports independent, municipal, and provincial efforts toward prevention and reduction of homelessness in Saint John. In 2025, the CCH will receive updates on data points including those submitted to HICC during regular meetings. | |

| | | | | | | | |
|---|--|---|------------|--|---------|---|------------------------------------|
| | | | | | | | |
| CHR 10 | The following questions aim to determine how you will report data in Section 4 of your CHR. | | | | | | |
| | <table border="1"> <tr> <td data-bbox="317 386 1633 467">a) What is the earliest you can report <u>monthly</u> data in Section 4 of your CHR, inclusively?</td><td data-bbox="1633 386 1955 467">March 2020</td></tr> <tr> <td data-bbox="317 467 1633 548">b) What is the earliest you can report <u>annual</u> data in Section 4 of your CHR, inclusively?</td><td data-bbox="1633 467 1955 548">2020-21</td></tr> <tr> <td data-bbox="317 548 1633 906"> 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. </td><td data-bbox="1633 548 1955 906">HIFIS: "Community Outcomes" report</td></tr> </table> | 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 |
| 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 | <p>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?</p> <p>Note: The response to this question is auto-populated from CHR 4(a).</p> | | | | | | |
| Data quality improvement | | | | | | | |
| OBA 17 | <table border="1"> <tr> <td data-bbox="317 1320 1633 1395">a) Are efforts being made to improve data quality?</td><td data-bbox="1633 1320 1955 1395">Yes</td></tr> </table> | a) Are efforts being made to improve data quality? | Yes | | | | |
| 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 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 Saint John's and two other cities' CA systems (since the By-Name List-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 which impacted various HIFIS modules and 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 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 2024, Saint John conducted a Point-in-Time Count to better understand the reality of those currently in the community experiencing homelessness. This practice shed light on very real challenges the community faces—for example, many people experiencing long-term, chronic homelessness do want permanent housing but have trouble accessing the health care they need for significant mental or physical health issues. We see this reflected in analysis of priority lists, with Service Providers identifying individuals whose support needs outweigh the capacity of current housing support services and stock.

Case Conferencing meetings provide Service Providers an opportunity to assess HIFIS Client information related to housing so they can identify and set action items for required 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 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, 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. With so many individuals who have varying degrees of experience with HIFIS and Coordinated Access accessing and updating information on the platform, the more extensive training that is required to ensure CA and Priority Lists accurately reflect Clients' experiences and needs. To continue to support Matching & Referral processes with HIFIS data, information regarding available housing programs and their eligibility requirements will need to be clearly communicated and documented, and CA and HIFIS Leads will need to engage Service Providers on how to best track those data points, and appropriate training will be required to ensure that Priority Lists are both reflective of Client needs and relevant to the Service Providers using them for selection processes.

Future steps around data comprehensiveness might include broader Service Provider participation, and we would be interested to learn about experiences of other communities' who have worked to onboard to HIFIS those Service Providers who do not exclusively serve individuals experiencing or at risk of homelessness.

Reporting on other Community-Level Outcomes

CHR
11

a) Beyond the five mandatory core outcomes under Reaching Home, do you wish to include any additional monthly community-level outcomes for this CHR?

Reminder: Reporting on additional community-level outcomes is optional.

No

b) Beyond the five mandatory core outcomes under Reaching Home, do you wish to include any additional annual community-level outcomes for this CHR?

Reminder: Reporting on additional community-level outcomes is optional.

No

Section 3 Summary Tables

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

| | Completed | Started | Not Yet Started |
|--------------|-----------|---------|-----------------|
| Total | 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 | 14 | 3 | 0 |

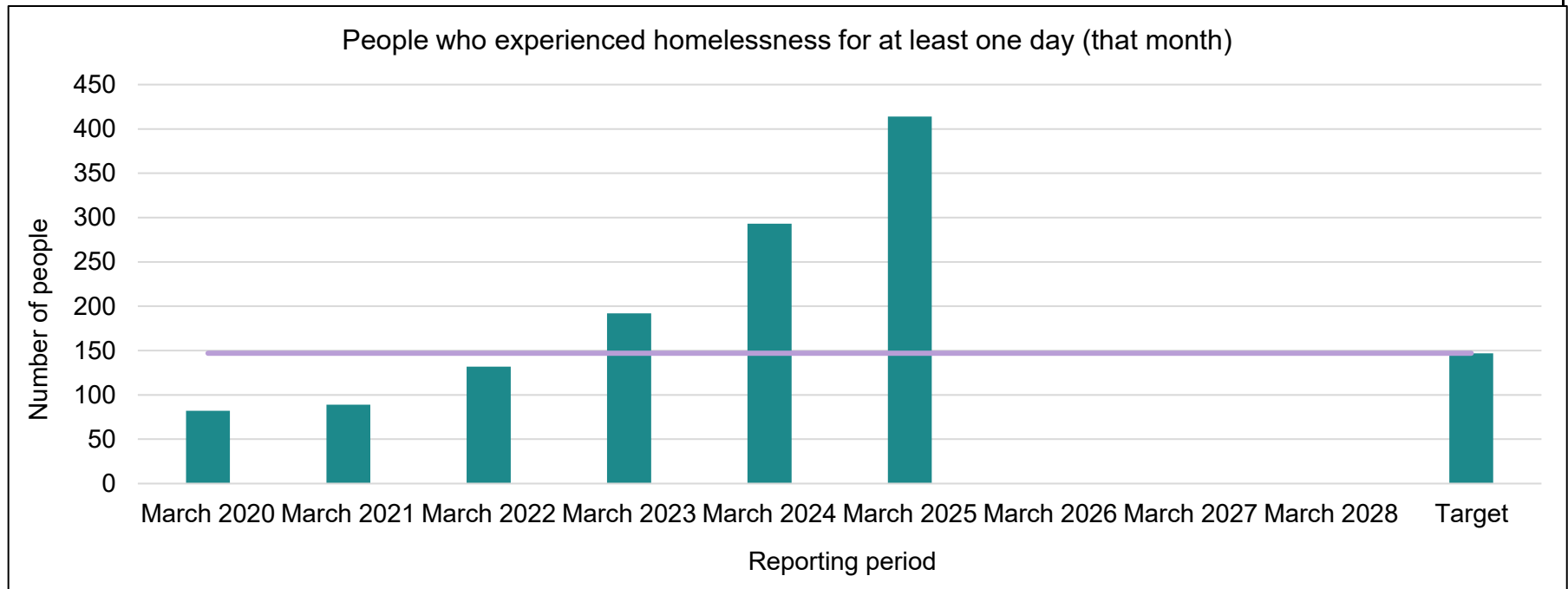
| Outcomes-Based Approach | Completed (score) | Completed (%) |
|---|-------------------|---------------|
| Data uniqueness (out of 3 points) | 3 | 100% |
| Data consistency (out of 2 points) | 2 | 100% |
| Data timeliness (out of 2 points) | 1 | 50% |
| Data completeness (out of 2 points) | 1 | 50% |
| 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) | 14 | 82% |

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) | 82 | 89 | 132 | 192 | 293 | 414 | | | | 147 |



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

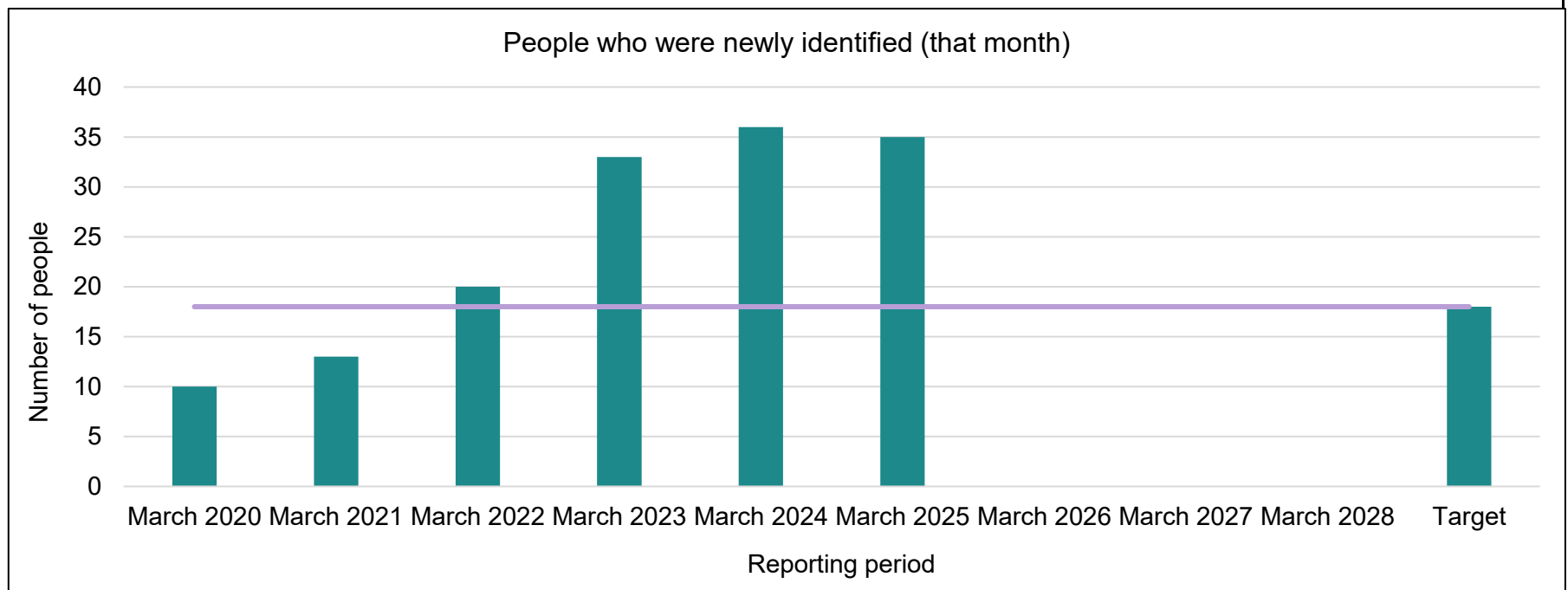
Overall homelessness will decrease by 50% between March 2024 and March 2028.

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.

There was a 23% increase in the number of individuals who experienced at least 1 day unsheltered/sleeping rough when comparing March 2024 data with March 2025, which also correlates with the onboarding of outreach staff in 2024.

| O2(M) Outcome #2: Fewer people were newly identified (new inflows to homelessness are reduced) | | | | | | | | | | |
|---|------------|------------|------------|------------|------------|------------|------------|------------|------------|--------|
| Given your answers in Section 3, you can report monthly result(s) for Outcome #2 using your person-specific data. | | | | | | | | | | |
| | March 2020 | March 2021 | March 2022 | March 2023 | March 2024 | March 2025 | March 2026 | March 2027 | March 2028 | Target |
| People who were newly identified (that month) | 10 | 13 | 20 | 33 | 36 | 35 | | | | 18 |



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

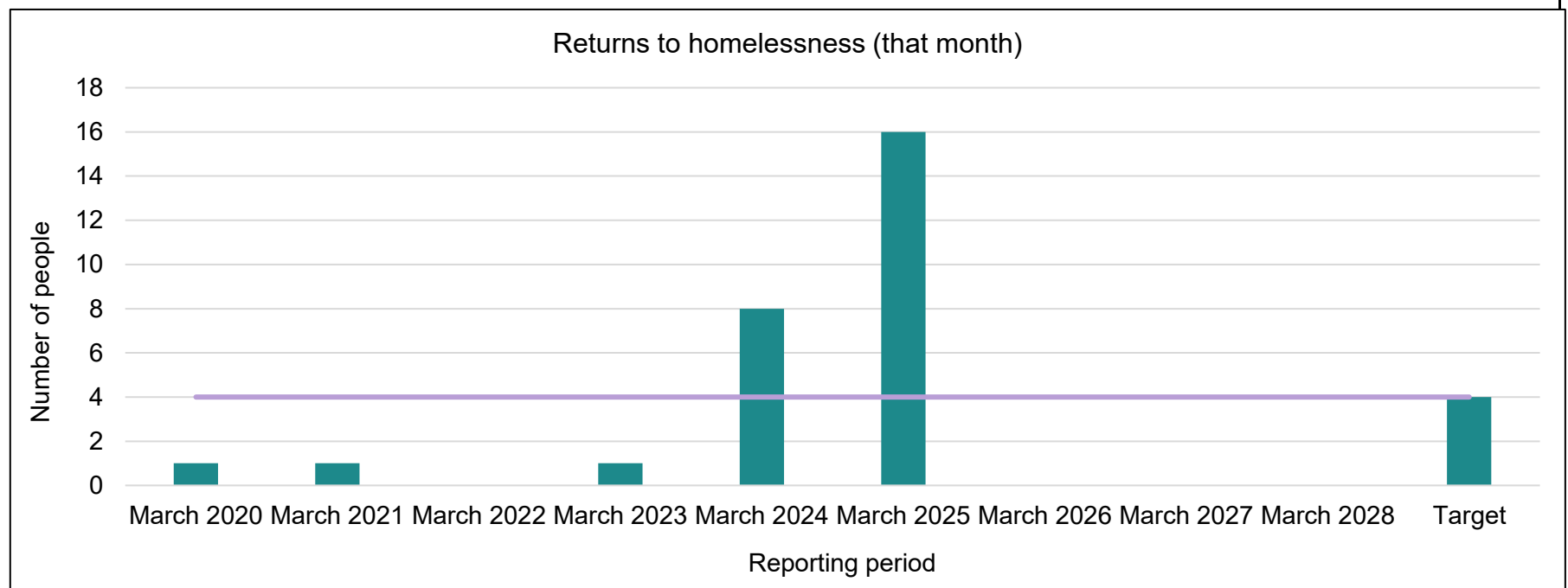
New inflows to homelessness will decrease by 50% between March 2024 and March 2028.

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.

Please insert comments here

| O3(M) Outcome #3: Fewer people return to homelessness (returns to homelessness are reduced) | | | | | | | | | | |
|---|------------|------------|------------|------------|------------|------------|------------|------------|------------|--------|
| Given your answers in Section 3, you can report monthly result(s) for Outcome #3 using your person-specific data. | | | | | | | | | | |
| | March 2020 | March 2021 | March 2022 | March 2023 | March 2024 | March 2025 | March 2026 | March 2027 | March 2028 | Target |
| Returns to homelessness (that month) | 1 | 1 | 0 | 1 | 8 | 16 | | | | 4 |



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

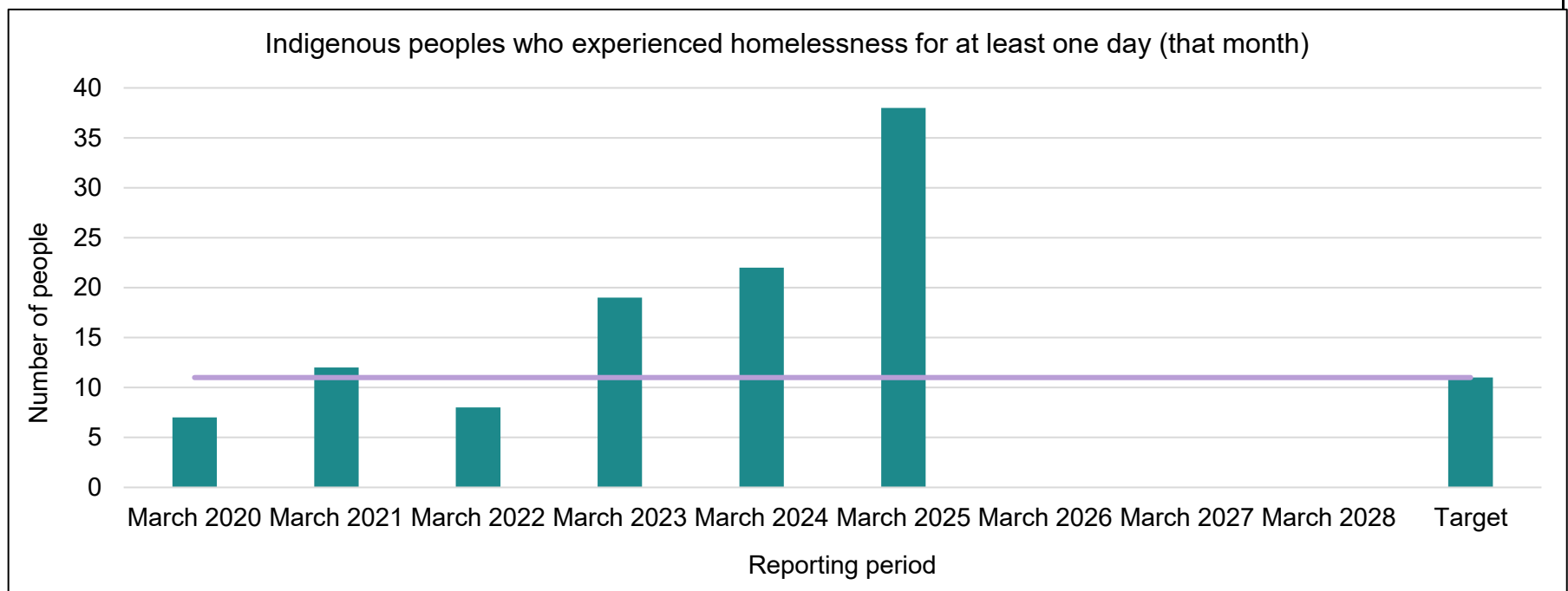
Returns to homelessness will decrease by 50% between March 2024 and March 2028.

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.

Please insert comments here

| 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) | 7 | 12 | 8 | 19 | 22 | 38 | | | | 11 |



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

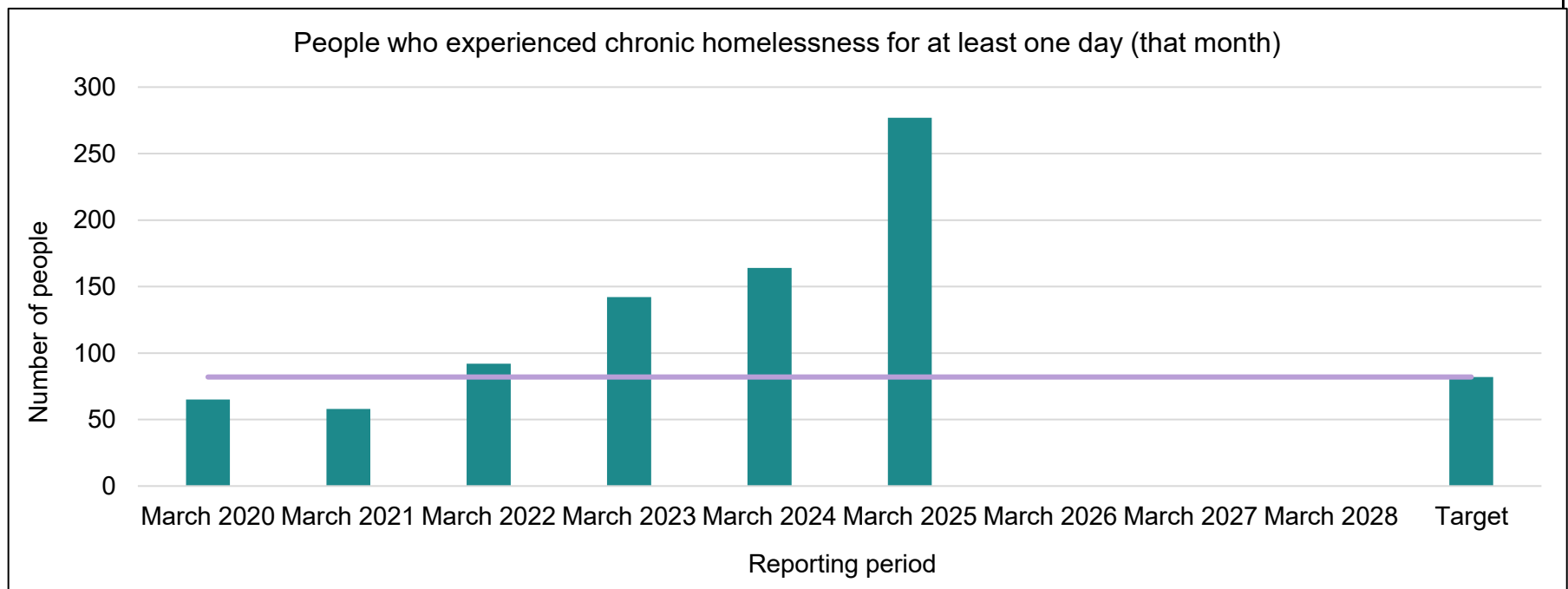
Indigenous homelessness will decrease by 50% between March 2024 and March 2028.

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.

Please insert comments here

| O5(M) Outcome #5: Fewer people experience chronic homelessness (chronic homelessness is reduced) | | | | | | | | | | |
|---|------------|------------|------------|------------|------------|------------|------------|------------|------------|--------|
| <p><i>Given your answers in Section 3, you can report monthly result(s) for Outcome #5 using your person-specific data.</i></p> <p><i>Note: As applicable, your target must be, at minimum, a 50% reduction from your baseline.</i></p> | | | | | | | | | | |
| | 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) | 65 | 58 | 92 | 142 | 164 | 277 | | | | 82 |



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.

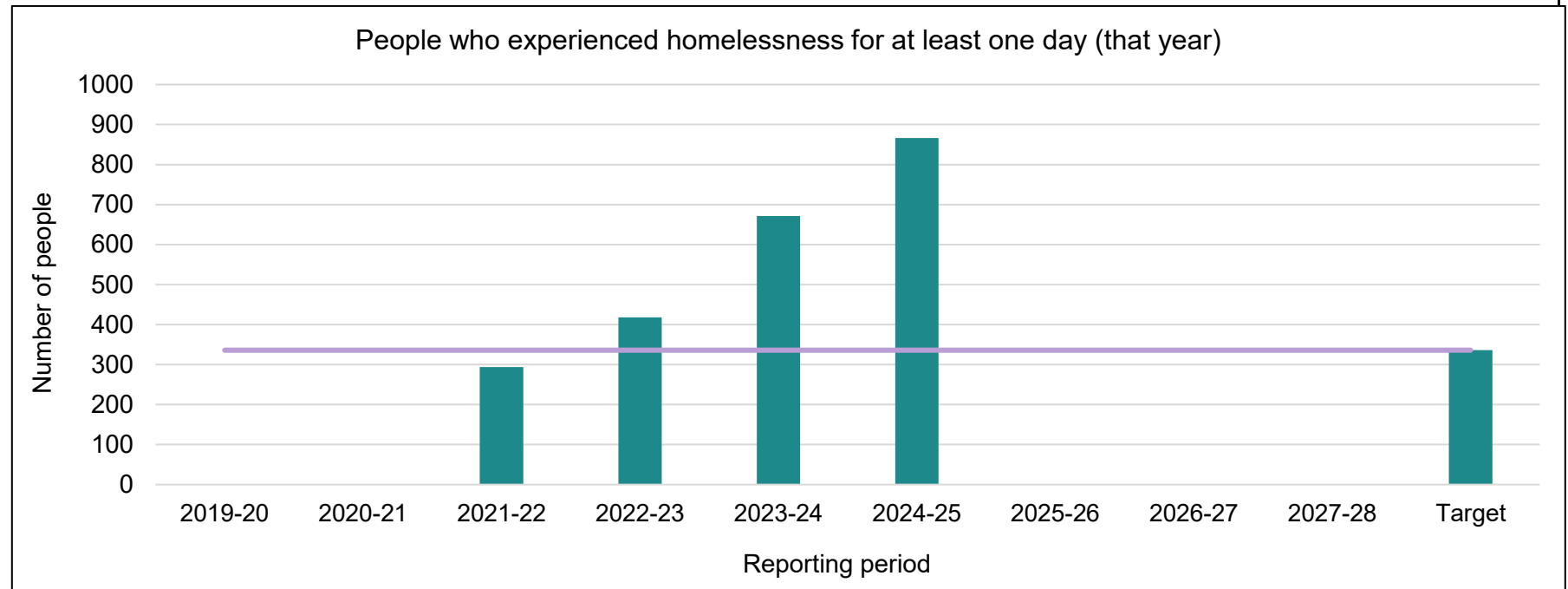
b) Please use the comment box below to:

- 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.

Please insert comments here

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 | 294 | 418 | 671 | 866 | | | | 336 |



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

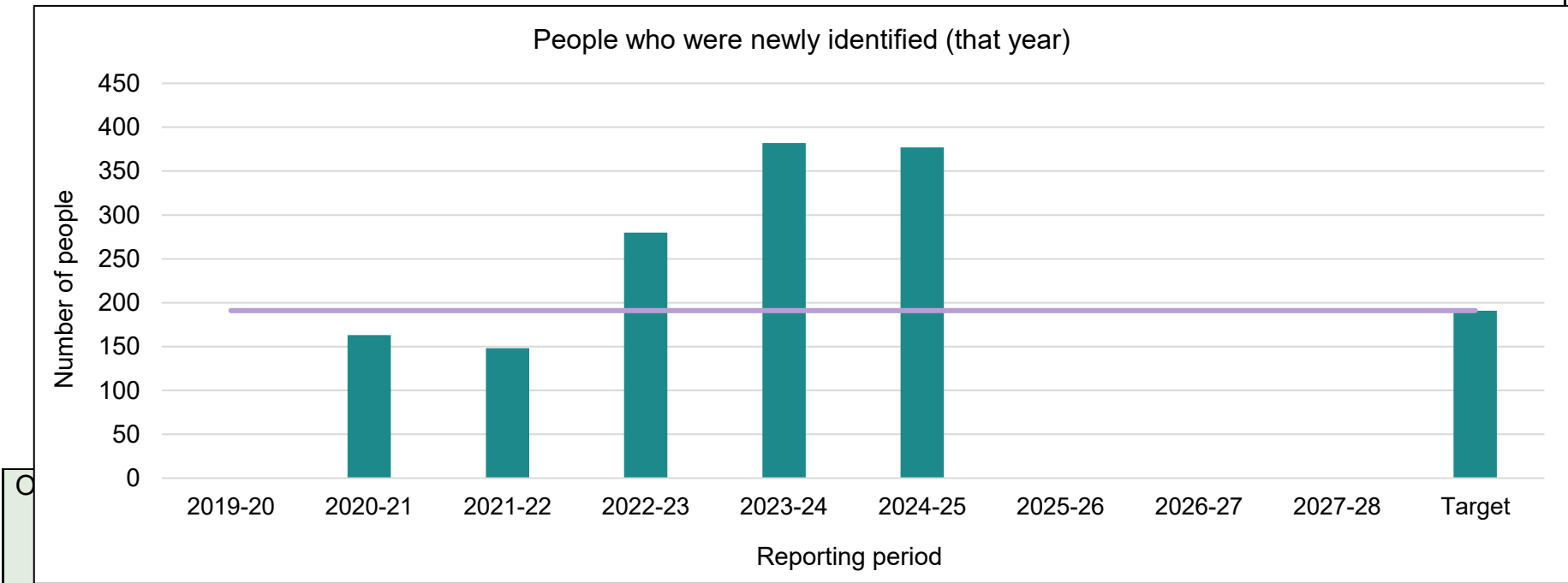
Overall homelessness will decrease by 50% between 2023-24 and 2027-28.

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, Saint John 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 such as Outflow's Community Hub (Foundation Centre) and Fresh Start's SHIFT outreach team. 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) | | 163 | 148 | 280 | 382 | 377 | | | | 191 |



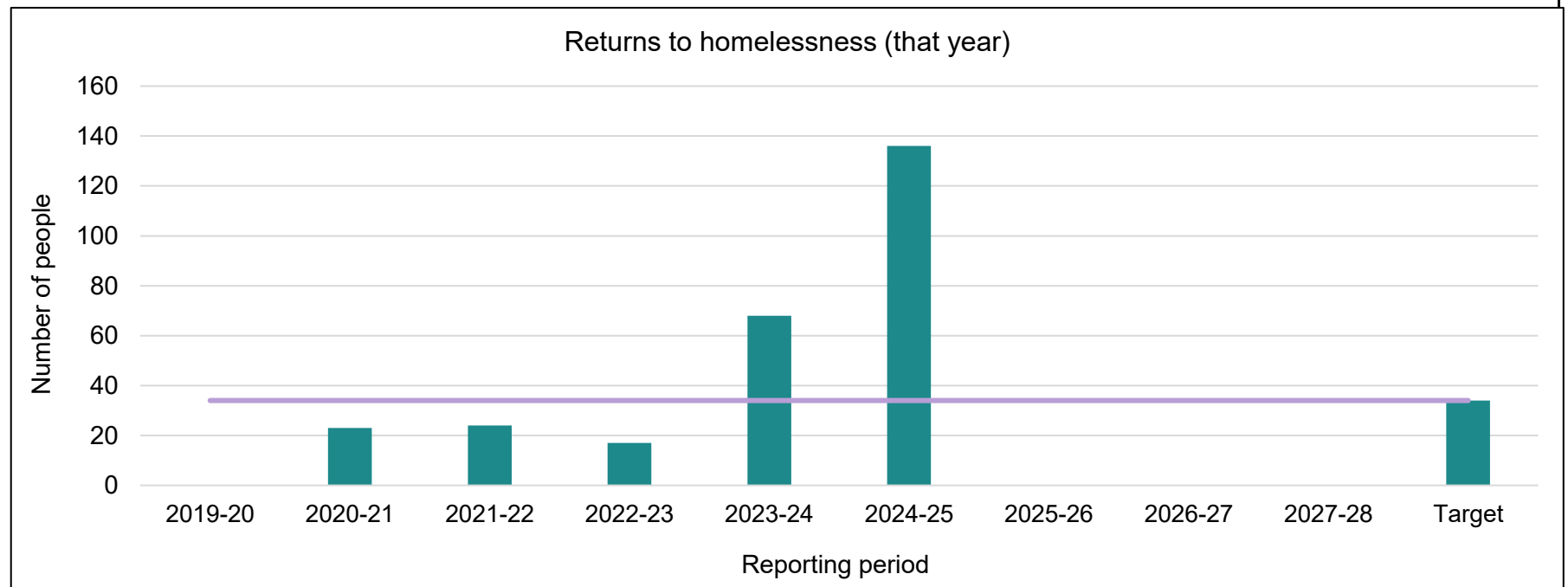
New inflows to homelessness will decrease by 50% between 2023-24 and 2027-28.

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.

"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, more individuals are being added to HIFIS/having their files updated more regularly. Further investigation is required to determine whether this number is impacted by homelessness Prevention efforts (we see a decrease in inflow for the year for the first time, though small). An increase in chronicity (O5) 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) | | 23 | 24 | 17 | 68 | 136 | | | | 34 |



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

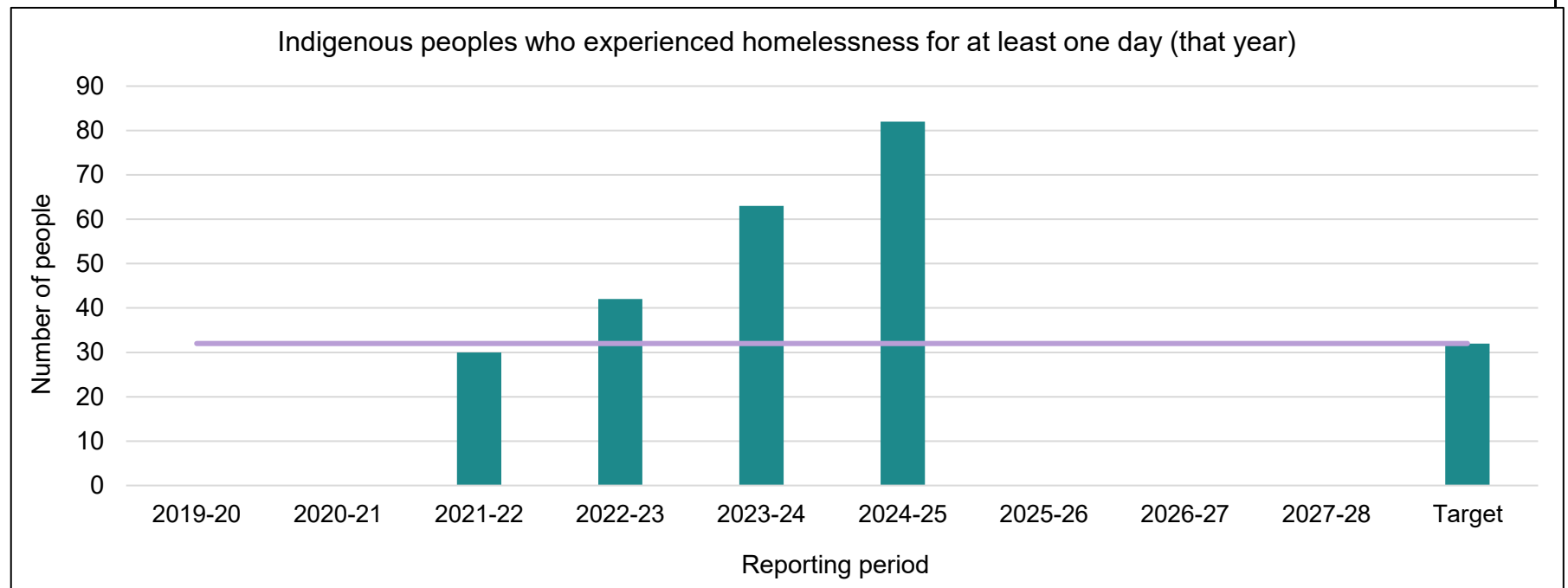
Returns to homelessness will decrease by 50% between 2023-24 and 2027-28.

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 | 30 | 42 | 63 | 82 | | | | 32 |



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

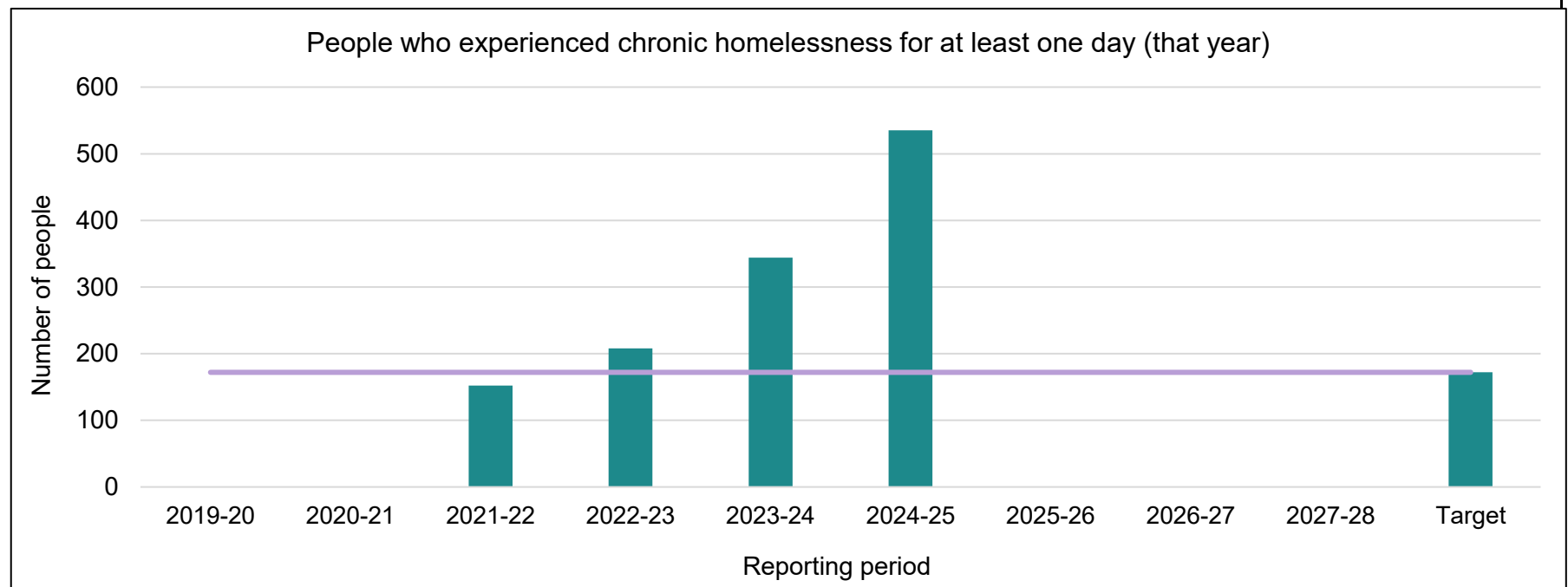
Indigenous homelessness will decrease by 49% between 2023-24 and 2027-28.

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) | | | | | | | | | | |
|--|---------|---------|---------|---------|---------|---------|---------|---------|---------|--------|
| <p><i>Given your answers in Section 3, you can report annual result(s) for Outcome #5 using your person-specific data.</i></p> <p><i>Note: As applicable, your target must be, at minimum, a 50% reduction from your baseline.</i></p> | | | | | | | | | | |
| | 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 | 152 | 208 | 344 | 535 | | | | 172 |



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 those about to age in at any given time.

End of Section 4a