REACHING HOME

CANADA'S HOMELESSNESS STRATEGY

Reaching Home Community Homelessness Report: Reference Guide

November 2020

Employment and Social Development Canada | Emploi et Développement social Canada

Canada

Reaching Home Community Homelessness Report: Reference Guide

It is available upon request in multiple formats (large print, Braille, MP3, audio CD, e-text CD, DAISY, or Accessible PDF), by contacting 1 800 O-Canada (1-800-622-6232).

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Preamble

Introduction

As part of Reaching Home: Canada's Homelessness Strategy, the Community Homelessness Report (CHR) supports communities to transition to an outcomes-based approach, a key component of the work to prevent and reduce homelessness using a more coordinated response. As identified in the Reaching Home Directives, communities receiving funding from the Designated Communities (DC) stream as well as those receiving funding from the Territorial Homelessness stream (given the additional Community Capacity and Innovation funds) must adopt this outcomes-based approach and produce a CHR on a yearly basis. The CHR **does not** apply to communities in Quebec or those receiving either Indigenous Homelessness (IH) or Rural and Remote Homelessness stream funding.

CONCEPTS & TERMS

Reaching Home is a federal program that supports communities across Canada to prevent and reduce homelessness using a coordinated, housing-focused and data-driven response. The program provides funding directly to communities to help them address local homelessness needs by developing and implementing community plans with clear outcomes.

Achieving the prevention and reduction of homelessness requires not only access to safe and adequate housing, but also a high degree of coordination across funders, community organizations, and individuals. In particular, recognizing the over-representation of Indigenous peoples among those experiencing homelessness, meaningful engagement and collaboration between local Indigenous and non-Indigenous organizations is necessary in each community. Indigenous organizations have knowledge and expertise to offer, and deliver the culturally-appropriate programming that is proven to effectively address Indigenous homelessness. Reflecting on their priorities will ensure that the work to address homelessness considers a comprehensive perspective of the issue. In particular, achieving results in the core Reaching Home outcome of reduced Indigenous homelessness will require that local Indigenous and non-Indigenous organizations work collaboratively together.

CONCEPTS & TERMS

The **Community Homelessness Report** (CHR) is a Reaching Home reporting tool for communities receiving Designated Communities stream funding and communities in the territories receiving Community Capacity and Innovation stream funding. The CHR includes questions about community context, a self-assessment of local efforts to reach the minimum requirements for Coordinated Access and a Homelessness Management Information System (HMIS), and annualized data requirements. CHR data gives Community Entities a year-over-year picture of the state of homelessness and the system in place to address it in their geographic area, helping to identify community-level trends specific to cumulative levels of homelessness, inflow into homelessness, outflow from homelessness, and housing-focused outcomes. The CHR is to be submitted to Service Canada each year beginning in June 2021.

With this in mind, the CHR is intended to highlight results of the collective efforts of service providers across the community, regardless of their source of funding (i.e., through federal, provincial/territorial, municipal, non-profit or private investments). The CHR positions local efforts within the complete picture of the community's homelessness challenges that service providers are working together to address.

The purpose of the CHR Reference Guide is to provide communities with clear definitions and guidance for completing each section of the CHR. Other resources that can be used to support communities as they complete and reflect on the CHR are also referenced throughout.

CONCEPTS & TERMS

The **Community Homelessness Reference Guide** is a reporting tool that provides communities with guidance for completing the Community Homelessness Report.

The CHR Reference Guide has coloured boxes and summaries to support communities as they complete their CHR:

- **Orange boxes** provide tips for consideration;
- **Green boxes** identify relevant terms and concepts with page numbers of existing materials (e.g., the Reaching Home Coordinated Access Guide) where communities can find more information;
- **Green full-page summaries** reinforce key messages found elsewhere in the CHR Reference Guide; and,
- **Purple boxes** provide question-specific information where reminders or additional clarity is necessary.

In addition, **Annex A** outlines the CHR questions.

Why a Community Homelessness Report

The CHR is a self-assessment tool that helps communities to identify the work they have undertaken to reach the minimum requirements related to the implementation of Coordinated Access and a Homelessness Management Information System (HMIS) under Reaching Home. The CHR is also a tool that provides a picture of the state of homelessness at the community level using annualized results. To support this process, the CHR provides step-by-step guidance for how to generate community-level data. As outlined in the Reaching Home Directives, communities are required to make a summary of the results publicly available. Community Entities (CEs) determine where they will post results online (e.g., their own or another website such as the Community Profile page of the Homeless Hub).

Reporting results annually makes it possible to assess the cumulative level of homelessness challenges and pressures faced by a community over the period of a given year. This information provides one important lens from which to understand the extent of the problem in the context of the system that is in place to address it, and therefore helps to identify system-level gaps that can take time and a concerted effort to address. Over time, year-over-year results identify trends that can inform what actions to take in order to reach desired community-level goals, including the core outcomes of Reaching Home specific to preventing and reducing homelessness:

1. Homelessness is reduced overall;
2. New inflows into homelessness are reduced;
3. Returns to homelessness are reduced;
4. Indigenous homelessness is reduced; and,
5. Chronic homelessness is reduced.

Recognizing that community contexts related to homelessness differ across Canada, the CHR is designed to support local discussions and decision-making. The Service Canada review of CHRs will focus on clarity and completeness. CHR results will not impact funding allocations and results will not be compared between communities. Results may be used to determine where communities might benefit from more targeted training and technical assistance to support the implementation of Reaching Home and/or realize results.

This said, it is important to note that the CHR and the annual data reporting and analysis are only one type of data. Reviewing data frequently (monthly at a minimum) is necessary, as this supports better decision-making for service planning at the individual and family level, and allows for emerging trends at the community level to be identified and addressed quickly.

Finally, note that the CHR is in addition to the project level reporting that CEs are required to undertake for Reaching Home-funded projects (e.g., Results Reporting Online or RROL).

Engagement and Collaboration between Indigenous and Non-Indigenous Organizations on the Community Homelessness Report

CEs and Community Advisory Boards (CABs) play an integral role in mobilizing broad support and can help to guide a community's response to homelessness. In particular, meaningful discussions between Indigenous and non-Indigenous organizations and individuals is critical to improve the outcomes for people experiencing or at risk of homelessness, including Indigenous peoples.

TIP

Indigenous organizations are frequently asked to provide expert advice on a number of initiatives. It is important for DC CEs to consider how they can support Indigenous engagement and ensure there is adequate time provided for input and review.

Meaningful discussions are most effective when the intent is to build relationships with Indigenous organizations based on the principles of respect, transparency, and responsiveness to the unique rights, needs and preferences of Indigenous peoples in the community. Meaningful engagement and collaboration requires sustained commitment and adds value for Indigenous and non-Indigenous organizations and individuals alike.

Furthermore, these processes are most effective when they are co-developed with Indigenous organizations. The processes should be culturally appropriate and reflect diverse perspectives of Indigenous organizations from across the community.

Best practices related to engagement and collaboration with Indigenous organizations include:

- Developing an understanding and awareness of local Indigenous cultures, perspectives and community priorities to support cultural competency and awareness capacity for those initiating engagement;
- Providing as much advanced notice as possible to local Indigenous leadership on meetings taking place and seeking their advice on the structure and content of the discussions;
- Identifying and co-developing approaches for supporting participation in discussions, recognizing local traditions, customs and preferences;
- Establishing communication practices such as reoccurring meetings and points of contact for communications; and,
- Co-development of processes or procedures for how information gathered from discussions will be used, validated and followed-up by organizations.

Engagement between Indigenous and non-Indigenous organizations and individuals has been emphasized in other areas of Reaching Home. For example, in the Community Plan, DCs were asked to identify steps taken to engage community

organizations and individuals in developing the Community Plan, and specifically required that engagement with local Indigenous organizations be described. Furthermore, CEs were required to describe how Indigenous organizations have been, or will be engaged on the design of a local Coordinated Access system.

This emphasis on engagement and collaboration between Indigenous and non-Indigenous organizations and individuals also applies to the CHR, in particular as it requires the community to report efforts to reduce Indigenous homelessness.

In communities where only DC funding is available, the contribution agreement with the DC CE stipulates that, "the Recipient will promote the participation and representation of Indigenous organizations in the planning and implementation of the Community Plan priorities." In that context, these DC CEs are also required to engage with local Indigenous organizations and describe how they worked collaboratively in the development of the CHR. Note that, where an Indigenous organization is the DC CE, this CE is already coming from an Indigenous place and space; however, for non-Indigenous CEs, Indigenous perspectives in program decisions should be sought. In general, the expectation is that there will be participation and representation of both Indigenous and non-Indigenous organizations in the planning and implementation of Coordinated Access, HMIS, and the outcomes-based approach for the DC as a whole.

In communities where the DC and IH funding stream overlap, while the adoption of an outcomes-based approach is not a requirement under the IH stream, as outlined above, the contribution agreements with DC CEs describe the program's expectation for collaboration with Indigenous organizations on the outcomes-based approach and the CHR. Specifically, the contribution agreements stipulates that DC CEs will submit a CHR that has been developed "through working with community partners," including, if applicable, "in partnership with the Indigenous Homelessness Stream Community Entity".

In the context of the CHR specifically, meaningful engagement between Indigenous and non-Indigenous organizations can take a number of forms, reflecting what is relevant and appropriate for the community. Examples are provided below, which represent steps towards greater collaboration:

- In the early stages of development, engage with the local Indigenous CE and CAB (where relevant) and/or local Indigenous organizations on how collaboration should be undertaken for the CHR;

- Invite the Indigenous CE/CAB (where relevant) to highlight their own efforts to prevent and reduce Indigenous homelessness in the narrative sections within the CHR;

- Make representatives from the Indigenous CE/CAB voting members in the CHR's approval if they are not already on the CAB for the DC;

- Give the Indigenous CAB (where relevant) or local Indigenous organizations ample opportunities to review and provide feedback on the draft of the CHR, and work to meaningfully incorporate feedback that is received prior to submission; and,

- In communities where there is a separate Indigenous CAB, efforts should be made to secure its sign-off on the CHR. Insofar as this is the clearest way in which to demonstrate the process of collaboration that has occurred where an Indigenous CAB exists, an explicit question is included in the CHR to this effect.

In all cases, wherever possible, data used to inform the CHR, and the outcomes-based approach more broadly, should be made accessible to the relevant Indigenous organizations. All CEs should ensure there are no unnecessary barriers preventing Indigenous organizations from accessing and/or generating reports from their own data. The same expectations with respect to accessing and sharing of data with non-Indigenous organizations are applied to situations where an Indigenous organization is the responsible CE. The purpose of this is to ensure Indigenous and non-Indigenous organizations benefit from the available data being collected within a community to inform a coordinated and comprehensive approach to addressing homelessness.

SUMMARY OF ROLES AND RESPONSIBILITIES

Designated Community – Community Entities:

When there is only DC funding in the community:

- Engage with local Indigenous organizations (or with non-Indigenous organizations in the case of an Indigenous organization being the CE) to confirm interest in working collaboratively on the development of the CHR and jointly determine the nature of the collaboration.

When there is IH and DC funding in the community:

- Engage with the IH CE and CAB (or local Indigenous organizations where there is only one non-Indigenous CE and CAB delivering both streams), to confirm interest in working collaboratively on the development of the CHR and jointly determine the nature of the collaboration.

In all cases:

- Attend training sessions related to completing the CHR;
- Complete the draft CHR, making best efforts to meaningfully reflect the views of organizations and CAB members in the development and content of the CHR;
- Send the draft of the CHR to the CAB for approval and secure appropriate signature(s) (depending on the local context and the form of collaboration decided within the community, this could include sending the CHR to both CABs for joint approval);
- Send the CAB-approved CHR to Service Canada;
- Make adjustments, as needed, to address issues with respect to the clarity or completeness of any of the responses as identified by Service Canada; and,
- Make the CHR summary available to the public (after receiving notification from Service Canada).

Designated Community – Community Advisory Boards:

- Review the CHR and use the information to inform CAB discussions on local challenges, opportunities, and priority setting; and,
- Approval with sign-off on the content of the annual CHR, including all qualitative responses.

Indigenous Homelessness stream – Community Entities and Community Advisory Boards

- Engage with the DC CE to confirm interest in working collaboratively on the development of the CHR and jointly determine the nature of the collaboration;
- Attend training sessions related to completing the CHR (where agreed-upon with the DC CE);
- Collaborate with the DC CE on the development of the CHR; and,
- Review and approve the CHR where this is consistent with agreed-upon roles and responsibilities.

Timelines and Submission Process

The CHR is due to each community's Service Canada representative by **June 30, 2021**.

The CHR has 52 questions divided into four (4) sections:

- **Section 1:** Community Context (tab 1);
- **Section 2:** Coordinated Access and Homelessness Management and Information System (HMIS) Self-Assessment (tab 2);
- **Section 3:** Community-Level Data (tabs 3a and 3b); and,
- **Section 4:** Community-Level Outcomes (tab 4).

Remember! Unless indicated otherwise, answers to the CHR questions should cover the period between April 1, 2019, to March 31, 2021. Only data in Section 3 is reported separately for each fiscal year.

Each section is accessed on a different tab in the CHR submission template. Questions are completed for three possible time frames: two fiscal years at once (April 1, 2019 to March 31, 2021); one fiscal year at a time (April 1, 2019 to March 31, 2020 and April 1, 2020 to March 31, 2021) **OR** as of March 31, 2021:

- **Questions in Sections 1, 2 and 4** are completed as of March 31, 2021 and cover the period of April 1, 2019 to March 31, 2021; and,
- **Questions in Section 3** are completed one fiscal year at a time (there are two Section 3 tabs in the CHR template – 3a and 3b – one for each fiscal year).

The CHR template includes a variety of response options. While most questions have drop-down menus, there are some opportunities for narrative answers. Depending on the question, the CHR template allows for responses of approximately 150 to 400 words. If more space is needed, communities can send an attachment with the corresponding question number(s) when their CHR is submitted.

CAB members must approve the CHR prior to submission to Service Canada. Communities can use the 'sign-off' tab in the CHR template for this purpose (tab 6). Either print, sign and scan the form or insert signatures electronically. CEs must submit the CAB-approved CHR, with appropriate sign-off and any separate attachments, in an electronic format to Service Canada.

If any CE or CAB representatives have questions or concerns during the process of completing the CHR, they should contact their Service Canada representative.

Officials from Service Canada will review the submitted CHR for clarity and completeness. They may follow up with CEs to address any issues prior to finalization. CEs will receive notification from Service Canada when their CHR summary results are ready to be made publicly available. CHR summary results are found in the 'summary' tab in the CHR template (tab 5).

SECTIONS AT A GLANCE

There are four sections with 52 questions in the CHR:

- **Section 1:** Community Context;
- **Section 2:** Coordinated Access and HMIS Self-Assessment;
- **Section 3:** Community-Level Data; and,
- **Section 4:** Community-Level Outcomes.

Section 1: Community Context

This Section has two sub-sections and six questions total.

The purpose of Section 1 is to provide an opportunity for communities to share information about their local context and identify progress with meeting minimum requirements specific to collaboration between Indigenous and non-Indigenous organizations.

Section 2: Coordinated Access and HMIS Self-Assessment

This Section provides communities with a checklist they can use to self-assess their work to meet the Coordinated Access and HMIS minimum requirements from the Reaching Home Directives. It has eight sub-sections and 20 questions.

The purpose of Section 2 is to provide clarity around the minimum requirements. More specifically, Section 2 provides guidance that will help communities to put the necessary human resources and technical infrastructure in place for designing and implementing a quality Coordinated Access system with HMIS, including the policies and protocols that form part of the minimum requirements. Resources that can be used to support this work are referenced throughout.

Section 3: Community-Level Data

Communities complete ten questions in Section 3 in four sub-sections. First, communities provide context related to their community-level data. Once this is completed, communities confirm if they have a unique identifier list and if they have data from the reporting period. If so, they move to the second step and answer questions about their unique identifier list in more detail. In Step 3, communities report data about inflow and outflow dynamics and prior living situations.

The purpose of Section 3 is to provide guidance that will help communities to generate a unique identifier list. Unique identifier lists *make it possible* to measure, monitor and share progress with community-level reductions in homelessness over time, which is the ultimate goal of the CHR.

Section 4: Community-Level Outcomes

This Section has 16 questions and three steps. First, communities answer questions that help to confirm comprehensiveness of their unique identifier list. In Step 2, communities confirm if their unique identifier list has been in place as of the first day of each fiscal year (i.e. it has been in place for a minimum of one year), which is a minimum requirement for the CHR. In Step 3, communities report community-level outcomes,

including the five mandatory Reaching Home outcomes, and have the option to include any additional population groups identified in the local Community Plan. Communities set targets for themselves for each of the outcomes.

The purpose of Section 4 is to provide guidance that will help communities to generate a *comprehensive* unique identifier list and, using annualized data, report on the fullest extent of the issue of homelessness in their local context and their progress with meeting local targets specific to the prevention and reduction of homelessness at the community level.

Section 1 Overview: Community Context

The objective of this Section is to provide an opportunity for communities to share information about their local homelessness context, including collaboration between Indigenous and non-Indigenous organizations.

Overview

This sub-section invites reflections on the efforts to prevent and reduce homelessness over the last two years, including in response to the community's current housing situation. The comment boxes in the CHR template give communities the chance to provide additional information and context specific to challenges and positive developments over the reporting period.

TIP

Communities may choose to leave the overview questions for last so that answers can include all of the report's highlights.

Collaboration between Indigenous and Non-Indigenous Organizations

As mentioned in the preamble of the CHR Reference Guide, addressing Indigenous homelessness is central to achieving the prevention and reduction of homelessness overall. This sub-section includes questions about the engagement and collaboration processes that have or will occur between Indigenous and non-Indigenous organizations.

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Questions 1.4 and 1.5 ask about collaboration between local Indigenous and non-Indigenous organizations and, where applicable, the Indigenous CAB.

Note that **meaningful engagement and collaboration processes** are described as those that:

- are co-developed, culturally appropriate and inclusive of diverse perspective across the community;
- incorporate Indigenous knowledge and expertise;
- are based on the principles of respect, transparency, and responsiveness; and,
- add value for Indigenous and non-Indigenous organizations and individuals alike.

Section 2 Overview: Coordinated Access and Homelessness Management Information System (HMIS) Self-Assessment

Many communities have only recently started to implement Coordinated Access and an HMIS and have until the end of 2021-22[1] to complete the process. The objective of Section 2 is to provide communities with a checklist they can use to self-assess their work to meet the minimum requirements for this from the Reaching Home Directives. Unless otherwise indicated, all questions are answered by selecting "Yes"; "Under development"; or "Not yet started" from the drop-down menu.

Most of the questions are organized around the five core components of Coordinated Access that have corresponding minimum requirements: Governance, HMIS, Access Points to Service, Triage and Assessment, and Vacancy Matching and Referral. This CHR Reference Guide directs communities to specific parts of the Reaching Home Coordinated Access (CA) Guide and the Homeless Individuals and Families Information System (HIFIS) Implementation Guide that provide further information.

TIP

Did you know? HIFIS is the Reaching Home HMIS. The use of HIFIS is mandatory in all DCs where an equivalent HMIS is not already being used.

At the end of this Section, responses are automatically tallied and there is an opportunity to provide summary comments. Only this overall summary and the comments associated with it will be included in the public release of the CHR.

CONCEPTS & TERMS

Section 2 references the need for policies and protocols. A **policy** is a written document that provides strategic direction. Policy is supported by **protocols or procedures**, which are typically more operational and developed for service providers. For more information, see the CA Guide (page 30).

Reaching Home minimum requirements cover a range of activities associated with the design, implementation and/or maintenance of a quality Coordinated Access system and HMIS. While each requirement holds the same weight in the final tally of responses, depending on the complexity of the task and the local context in which the work is done, meeting some of the requirements will take more time and effort than others. **There is no expectation that communities will have fully implemented Coordinated Access or HMIS at this point.** These are significant shifts in service delivery for many communities.

[1] Designated Communities that joined the Reaching Home program in 2020-21 have until March 2023 to implement Coordinated Access with a Homelessness Management Information System (HMIS).

Looking ahead to March 2022[2] when Coordinated Access must be in place, communities are encouraged to use the results of this self-assessment to highlight where they should focus their efforts in the coming years. Results can also help to identify areas where specific, targeted supports may be needed.

Note: Some DCs have already completed self-assessments of their progress with developing a unique identifier list and implementing a quality Coordinated Access system using the Canadian Alliance to End Homelessness (CAEH) By-Name List (BNL) and Coordinated Access Scorecards. A tool has been developed to help these communities cross-reference questions in the CHR with the questions in the CAEH BNL and CA Scorecards. Communities that have completed the 2020 versions of the CAEH BNL or Coordinated Access Scorecards can use this tool to help them complete the CHR template.

TIP

Communities are encouraged to refer to their responses in the CAEH Scorecards to help them complete the CHR. Note that a BNL is another term for unique identifier list.

Governance

Successful implementation of Coordinated Access and HMIS requires a clear governance structure that supports a transparent, accountable, and responsive system. Regardless of the governance model chosen, it is important to ensure that the structure is representative of both the population groups the system intends to serve, as well as the types of service providers that help people to transition from homelessness to stable housing in the community. An inclusive governance structure includes Indigenous stakeholders, who can ensure that the Coordinated Access system is culturally appropriate and responsive to the needs of Indigenous peoples.

CONCEPTS & TERMS

Refer to the CA Guide to learn more about:

- ✓ A governance structure example (page 29)
- ✓ Coordinated Access Leadership Group and responsibilities (page 27)
- ✓ Coordinated Access Lead and responsibilities (pages 27-28)
- ✓ HIFIS Lead and responsibilities (pages 28-29)

Refer to the HIFIS Implementation Guide to learn more about:

- ✓ Governance for HIFIS (pages 16-24)

One of the main functions of a governance structure is to develop, approve and then reinforce a common understanding of the roles and responsibilities. This can be accomplished in a variety of ways, but always includes written documentation in the form of policies and protocols or procedures. Communities can self-assess their progress with developing policies or protocols specific to the minimum requirements of Reaching Home in the remainder of Section 2. Additionally, good governance means

[2] Designated Communities that joined the Reaching Home program in 2020-21 have until March 2023 to implement Coordinated Access with a Homelessness Management Information System (HMIS).

measures are in place to ensure awareness of these policies and protocols; provide training for service providers; and confirm that the policies and protocols are being implemented as intended to achieve the desired results.

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Question 2.3 asks if all service providers receiving funding from the DC stream to deliver one or more projects are participating in Coordinated Access.

Participation in the Coordinated Access system means a service provider either *refers* people who are seeking help with their housing challenge to an access point; *is* an access point that helps people with their housing challenge; and/or *fills vacancies* in their housing resources from the Priority List (a list that is filtered from the unique identifier list of people experiencing homelessness in the community; see the Vacancy Matching and Referral section for more information about this process).

While it is a minimum requirement that all service providers receiving DC stream funding participate in Coordinated Access, it is possible that this does not cover all of the service points that would make access *easy* and *equitable* from the perspective of the individual or family seeking help. Broad service provider participation – regardless of who funds the projects they are delivering – is important as it is the best way to connect *everyone* who needs and wants help with their housing to the *widest range* of services in the most *seamless* way possible.

Homelessness Management Information System (HMIS)

A key objective for Coordinated Access is to support a coordinated response to homelessness with improved data quality, so that service providers and the broader community have the information needed to serve people effectively. An HMIS plays a critical role in accomplishing this. With an HMIS, service providers can build on each other's service planning when working with common individuals and families, creating greater consistency throughout the Coordinated Access process and reducing duplication of effort. Additionally, because contact information, services received, assessment results, and living situations can be kept up-to-date, people do not need to answer the same questions more than once or repeat their stories.

CONCEPTS & TERMS

Refer to the CA Guide to learn more about:

- ✓ HMIS minimum requirements (page 37)

Refer to the HIFIS Implementation Guide to learn more about:

- ✓ Privacy and legal compliance, including the Data Provision Agreement, Community Data Sharing Agreement, Client Consent Form and Confidentiality and User Agreement (pages 21-23)
- ✓ Data sharing and configuration (page 29)
- ✓ Setting user rights (pages 38-39)

Have questions about HIFIS?

Contact the HIFIS Client Support Centre for help.

An HMIS can also generate a unique identifier list of people experiencing homelessness in a community. A real-time list makes it possible to know who is currently experiencing homelessness and may need help to transition to permanent housing or another appropriate option. Reviewing this data over a period of time also helps to identify the prevalence of homelessness and other key trends at the community level (see Section 3 and Section 4 of this Reference Guide for more information about the unique identifier list).

TIP

Did you know? The Homeless Individuals and Families Information System (HIFIS) has several features that support safeguarding of personal data such as:

- ✓ **User rights.** Users can only access the modules and client information necessary to do their job. Rights are granted based on their role in their organization and as a service provider in the Coordinated Access system.
- ✓ **Audit logs.** HIFIS maintains an activity log that can be audited for unauthorized use.

Data needs to be made accessible to organizations serving people with their housing challenges across the community, as appropriate (e.g., by setting user rights in an HMIS to clarify which users can see identifiable vs. aggregate data). For example, communities should ensure there are no unnecessary barriers preventing Indigenous organizations from accessing the information and/or reports they need to help people who identify as Indigenous with their housing challenges. The same expectations apply with respect to accessing and sharing of data in situations where an Indigenous organization is responsible for information about people being served by non-Indigenous organizations.

The implementation of an HMIS should be complemented with defined business processes related to a data management life cycle. These business processes can be documented in HMIS-specific policies and protocols (e.g., expectations for timely data entry, steps for ensuring data integrity, and data retention guidelines). HMIS guidance can also be incorporated into the Coordinated Access policies and protocols, which helps to clarify how processes are documented, monitored, and reviewed through the use of an HMIS.

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Question 2.4 asks if HIFIS is the HMIS that is being used or will be used to manage individual-level data and service provider information for Coordinated Access.

HIFIS is the Reaching Home HMIS. The use of HIFIS is mandatory in all DCs where an equivalent HMIS is not already being used. An equivalent HMIS:

- Allows service providers to participate in the Coordinated Access system;
- Supports communities with intake into the housing and homelessness response system, triage and assessment, and prioritization with a vacancy becomes available; and,
- Exports the same mandatory anonymized data fields to the Government of Canada (through Employment and Social Development Canada) as required with HIFIS.

?	**Question 2.6** asks if there is a set of local agreements in place to manage privacy, data sharing, and client consent in compliance to municipal, provincial, and federal laws. Coordinated Access systems rely on the sharing of information between service providers. While individuals remain the owners of their personal information, service providers and the HMIS Lead are responsible for protecting it. This is accomplished, in part, through the following agreements: a **Community Data Sharing Agreement** (signed with the HMIS Host and the service providers), a **Client Consent Form** (signed with individuals and families), and a **Confidentiality and User Agreement** (signed with staff who use the HMIS).

Access Points to Service

When Coordinated Access is implemented successfully, individuals and families experiencing housing challenges can connect with organizations in the community that provide them with appropriate resources. As with other parts of the Coordinated Access system, access points need to be evaluated over time to ensure they are meeting the needs of those they are intended to serve. Reviewing access point data on a regular basis and reflecting on existing or emerging gaps will support a more equitable Coordinated Access system.

It is a minimum requirement that access points connect people to the specific housing resources for which access is being formally coordinated from the Coordinated Access Resource Inventory. This Inventory includes things like housing units, rent subsidies, and case managers that help people stay housed. There are no "side doors" to these resources because all vacancies are filled through the Coordinated Access system.

CONCEPTS & TERMS

Refer to the CA Guide to learn more about:

- ✓ Selecting access points (page 39-40)
- ✓ Promoting access points (pages 41)
- ✓ Ensuring quality in the design and implementation of access points (42-44)

Ultimately, a broader vision for Coordinated Access is that people with housing challenges can be connected to a wide range of community resources that help individuals and families to meet their basic needs and/or directly support the next steps of their housing plan. For example, warm referrals to income assistance offices, identification replacement clinics, access to free or low-cost meals, or urgent medical care can go a long way to streamlining service delivery in a community and will support more positive outcomes related to preventing and reducing homelessness.

Question 2.8 asks if access points are available throughout the DC area so that the system serves the entire DC area.

Available access points means that every individual and family in the area can connect with an access point by phone, virtually/on-line, or at a physical location. Communication tools need to explain how and when people can connect to access points. If an access point has hours when service is unavailable, it should be clear how people can get urgent needs met until full services resume.

Question 2.9 asks if there are processes in place to monitor if there is **easy** and **equitable** access to the Coordinated Access system and respond to any emerging issues, as appropriate.

Easy access means that people seeking help with their housing challenge can quickly connect with the Coordinated Access system. To support easier access, marketing tools need to be consistent, current, adapted for multiple audiences, and strategically distributed.

Equitable access means that the specific needs and preferences of different population groups – like youth, Indigenous people and survivors of domestic violence – are being met through one or more access points. To support greater equity, access points should be appropriate for the population group(s) being served, inclusive and free from any real or perceived barriers. While some groups may benefit from separate, specialized access sites, others could use the same access points as the general population but receive service in a modified or tailored way.

Triage and Assessment

While the specific details of people's housing challenges will vary, the goal for Coordinated Access is to bring consistency to the *process* by which they can get help with these challenges as they progress along the pathway from homelessness to housing. This process is called triage and assessment and it spans the full continuum of interactions with individuals and families – from securing consents to initial triage with a focus on homelessness prevention to ensuring that people who are eligible and interested in housing resources are ready to accept an offer when a vacancy becomes available.

CONCEPTS & TERMS

Refer to the CA Guide to learn more about:
- ✓ Use of progressive engagement (pages 47-48)
- ✓ Initial triage for homelessness prevention and shelter diversion (pages 49-51)
- ✓ Comprehensive assessment and use of a common tool (pages 52-56)
- ✓ Eligibility screening (pages 56-57)

Refer to the HIFIS User Guide to learn more about:
- ✓ Assessment tools in HIFIS (pages 61-62 for SPDAT, pages 65-66 for VAT)
- ✓ Case Management in HIFIS (pages 44-46)

Use of a progressive engagement approach is important as it provides guidance about when to offer various levels of service in the context of an individualized service plan. The CA Guide includes an illustration of these levels of service in a housing and

homelessness response system (see Figure 4, page 47). As part of the initial triage at first point of contact with an individual or family, the goal is to address immediate housing barriers. Focusing on prevention and shelter diversion is not saying “no” to service. It is about supporting people to find solutions through problem-solving and leveraging strengths, existing informal and natural supports, and community resources.

Depending on the severity or urgency of the housing challenge, more service(s) may be required, including specific housing resources. This is when it could be beneficial to use a common assessment tool to gain a greater understanding of housing-related strengths and depth of need. While communities are responsible for selecting the assessment tool that will work best for them, currently it is a minimum requirement that the same tool be used for all population groups. That said, the questions and approaches can be adjusted to meet different needs and preferences.

?

Question 2.11 asks if the triage and assessment process is documented in one or more policies/protocols. It is a minimum requirement to have an intake protocol for entering clients as new or returning to the Coordinated Access system and HMIS.

An **intake protocol** is a written document that outlines the steps that service providers need to take when individuals and families connect with the Coordinated Access system. For example, intake protocols should outline how to obtain or confirm consents, create or update client records, and document transactions in the HMIS.

A consistent triage and assessment process is further strengthened by protocols including:

- **Consent scripts and scenario outlines** for adding people to the unique identifier list and engaging them in the process of securing housing resources through the Coordinated Access system.
- **Guidance for addressing issues of consent**, such as situations where people may benefit from services, but are not able or willing to provide consent.
- **Triage scripts and scenario outlines**, including questions to help stop an eviction or find somewhere to stay that is safe and appropriate besides shelter.
- **Assessment scripts and scenario outlines**, including questions that reveal housing-related strengths and depth of need. These tools can include tips for helping people feel comfortable during the process. Culturally-relevant protocols or approaches for Indigenous peoples and youth should be considered.
- **Eligibility screening scripts and scenario outlines**, including questions to help identify appropriate referrals for housing and other related services.
- **Triage and assessment referral scripts and scenario outlines**, including identifying where people can go to get their basic needs met, get help with a housing plan and/or other related supports (e.g., people who identify as Indigenous may be referred to Indigenous organizations for all assessments).
- **Service plan templates** (e.g., housing or support plans) with HMIS data entry guidance.
- **Guidance for adopting a person-centred approach**, including ideas for tailoring use of common tools to meet the needs and preferences of different people or population groups, while also maintaining consistency in process across the system.

Vacancy Matching and Referral

Vacancy matching and referral represents the final stage of the Coordinated Access process. It refers to the process of *matching* individuals and families experiencing homelessness who are searching for housing resources with open or pending vacancies from the Coordinated Access Resource Inventory, based on *eligibility* and *need*, and then *prioritizing* who gets an offer first. Following a successful referral, the process ends with a move-in to housing.

The vacancy matching and referral process is collaborative, supported by the Coordinated Access Lead and frontline service providers. When implemented well, communities have the necessary materials to manage resources efficiently, accommodate individual or family choice, and manage constructive inter-agency communication.

At minimum, all housing resources that are funded through the DC stream must be included in the Coordinated Access Resource Inventory. As noted earlier, a bigger vision for the system is that the Coordinated Access Resource Inventory is more comprehensive and includes housing resources funded by other sources as well. Again, having broad participation from a wide range of stakeholders and sectors is the best way to connect people to the *widest range* of services in the most *seamless* way possible.

CONCEPTS & TERMS

These questions refer to the **Coordinated Access Resource Inventory (CARI)**. This is an inventory of housing resources for which access is being formally coordinated (e.g., housing units, rent subsidies, case managers).

Refer to the CA Guide to learn more about:

- ✓ Prioritization methods and considerations (pages 61-65)
- ✓ Mapping the CARI (pages 67-70)
- ✓ Applying prioritization criteria to the CARI (pages 70-71)
- ✓ Managing the list of people waiting for housing resources who are offer-ready (pages 71-73) *(Note: In the CA Guide, this is called the Priority List and it refers to a list that is filtered from the unique identifier list of people experiencing homelessness in the community who are offer-ready. Section 3 of this Reference Guide has more information about the unique identifier list.)*
- ✓ Matching clients to vacancies (pages 74-77)
- ✓ Common challenges (pages 78-81)

TIP

Prioritization criteria for housing resources should be established based on the outcomes that communities want to see over time.

This criteria can be adjusted if it is determined that a change will help to further progress with achieving desired results at the community level. Sections 3 and 4 of this Reference Guide have more information on this process.

?

Question 2.13 asks if the vacancy matching and referral process is documented in one or more policies/protocols. Specifically, it must be documented which prioritization criteria will be applied to determine an individual or family's relative priority on the list for housing resources, in order to fill vacancies from the Coordinated Access Resource Inventory.

A consistent vacancy matching and referral process is further strengthened by protocols including:

- **Roles and responsibilities** for each step of the vacancy and matching process, including management of the unique identifier list. In some communities, list management is the responsibility of the Coordinated Access Lead.
- **Coordinated Access Resource Inventory referral scripts and scenario outlines**, including information to cover when referring clients to a service provider and criteria by which that referral could be rejected.
- **Offer scripts and scenario outlines**, including information to cover when offering a housing resource to a client and tips for supporting clients with making informed decisions about their offer(s).
- **Monitoring the Coordinated Access Resource Inventory**, including steps to track real-time capacity, transitions in/out of units, occupancy/caseloads, and referrals/offers.

?

Question 2.15 asks if eligibility requirements for each housing resource in the Coordinated Access Resource Inventory have been documented.

Note that eligibility requirements can apply to a type of housing resource (e.g., all supportive housing) and/or a smaller subset of that type (e.g., a unit in a supportive housing building).

?

Question 2.16 asks whether prioritization criteria and the order in which they will be applied has been documented for each type of housing resource in the Coordinated Access Resource Inventory.

Note that prioritization criteria can be shared for more than one type of housing resource (e.g., all rapid re-housing and supportive housing) or apply to only one type (e.g., only supportive housing).

While communities are responsible for selecting the prioritization criteria that will work best for them, it is a minimum requirement that the acuity score from an assessment tool form one part of the criteria. Only information relevant to the prioritization criteria may be used to make decisions.

WHAT DOES BEING DATA-DRIVEN MEAN?

Sections 3 and 4 of the CHR template are about community-level data. Coordinated Access has the potential to generate a lot of information about people experiencing or at-risk of homelessness and the system in place to address it. While the service planning that happens with individuals and families through Coordinated Access is always at the heart of the work, aggregating results demonstrates the collective efforts of service providers to prevent and reduce homelessness across the community. This includes helping people to stay housed; exploring safe and appropriate housing options; and supporting transitions to permanent housing (sometimes with extra subsidies and supports). Aggregating results also supports better decision-making because it allows for a better understanding of how systems are working and can inform next steps, in particular when compared against a community's goals.

Section 3 introduces some key community-level data points that are consistent with current best practices for measuring the dynamics of community-level homelessness on a regular basis including active homelessness, inflow to and outflow from homelessness, as well as changes to inactive state.

- **Having an understanding of active homelessness in a community, in real-time and over time, is the best way to ensure decision-making is informed and that no one is left out of the Coordinated Access system.** A unique identifier list is simply a tool to make sure that everyone experiencing homelessness is known (either by name or other identifier). Without a shared source of information about who is homeless across a community, it is not possible to know if everyone is being appropriately served and where gaps in access points might exist. Communities get to decide the process for how and when identifying information could be shared, and people get to decide whether or not they consent to this process. Developing a comprehensive understanding of people experiencing homelessness is a process of continuous improvement.

- **Measuring inflow into a system shows opportunities for greater homelessness prevention.** Data collected from access points shows how many people are new to homelessness and where they are coming from. Communities can see where people were referred from or staying before becoming homeless, which helps focus future prevention efforts. Inflow data can also show if there are people in the community who have been homeless for some time, but have only recently connected with the Coordinated Access system. If this is happening on a regular basis, it may be a sign that existing access points are not reaching some populations and may need to be expanded to close the gap.

- **Measuring exits to and returns from housing show opportunities to strengthen housing outcomes that last.** Data about housing move-ins shows how many people are able to secure housing. With further analysis, communities can gain a better understanding of which housing types people are going to – or coming from – more or less often and why. There can also be benefit in reviewing, in detail, the housing plans that ended with positive move-ins to permanent housing and situations where people were not able to retain their new housing. Reflecting on these scenarios can help to identify the processes or approaches that are working well and where communities may wish to make some changes.

- **Measuring inactivity trends shows opportunities to strengthen consistency in service to people experiencing homelessness.** Inactivity trends – the numbers of people going to or returning from inactive state – can show if there are low levels of consistency in service for people experiencing homelessness and if people are being mistakenly excluded from the Coordinated Access system due to this lost contact. With no further information to draw from, the assumption is that people who are inactive after a period of time no longer need or want service from the Coordinated Access system, though this may not be the case. It is possible that they are unable to receive service because of restrictions; or people may be living unsheltered with no contact with an outreach worker, even though they still need and want service. Communities can explore inactivity trends to see if there are service gaps that need to be addressed.

To make all of this work, communities need to set up processes to ensure they have data that is complete, timely, and accurate, and continuously seek to improve their data quality. Information needs to be updated at least monthly (if not weekly or even daily), and housing outcomes for individuals and families also need to be kept current. Then, communities need to review this data on a regular basis to get the most out of it. Regular reviews help communities to get familiar with the patterns in their data over time. It also helps communities to have more confidence in their interpretation of the results and any actions that may follow.

Data interpretation should be a collaborative effort among stakeholders – including not only those that are represented in the governance structure of Coordinated Access but also key partners committed to the work of preventing and reducing homelessness. In particular, Indigenous organizations (and the Indigenous CE or CAB where relevant) should be involved in the analysis and interpretation of data, particularly those related to trends for Indigenous peoples, to ensure the context and meaning of data are understood.

Based on current best practices, it is recommended that communities update and review the data points identified in Section 3 on a monthly basis, at minimum. This information forms the basis upon which communities can identify where things are working well and where steps need to be taken to respond to emerging issues. This approach recognizes that homelessness is a dynamic social problem. To be most effective, communities need the power of real-time data *and* they need to use this information to guide their improvement strategies as part of their regular practice.

The CHR introduces an annual data analysis exercise. **Reflecting on community-level data annually, as is the goal of Section 3, provides insight into changes in the cumulative or total level of homelessness over time, both overall and by priority population groups.** This can highlight broader system-level successes and challenges, and identify where changes should be considered. Such changes can include resource allocation shifts and exploring new partnerships, as well as making more operational changes to the Coordinated Access system (e.g., its governance structure, access points to service, prioritization criteria). Annual data reviews also provide an opportunity to consider the impact of other trends reported on an annual basis for additional context, such as income statistics, population changes, or vacancy rates, which are often only available annually. **The exercise of examining data year-over-year supported through Section 4 can identify trends**, which will show if the changes being made (based on monthly or quarterly reviews) are creating the desired results over a longer period of time.

Section 3 Overview: Community-Level Data

The objective of this Section is to help communities to transition from reporting on project results to also looking at their data from the perspective of *outcomes.* **There is no expectation that communities will have the human resources and technical infrastructure in place to report on community-level data at this point if they have not already made this shift.** This is a significant transformation for any community in data collection, information management, sharing and coordination. Similar to Section 2, communities are encouraged to use the results of Section 3 to highlight where they should focus their efforts in the coming years and where specific, targeted supports may be needed. Ultimately, reporting is about communities having the right kind of information, at the right time, to know if they are on the best course to reach their goals or if they need to course correct.

For communities that have a unique identifier list (referred to as the List in Sections 3 and 4) but are not keeping it current through an HMIS, it may not yet be possible to analyze data for a full year. Additionally, communities using HIFIS as their HMIS do not yet have access to a report in HIFIS that can generate Section 3 results; this report is currently under development and is anticipated to be available in spring 2021.

For this reporting period, communities can use any data available (provided it fits within the conditions outlined in Step 1 of this Section) covering any period within the previous fiscal year (as per Step 2 of this Section). The comprehensiveness of this data is not important for Section 3 at this time (though Section 4 includes questions to encourage reflections on this). This approach allows communities to become familiar with the key data points and, to the greatest extent possible, start to familiarize themselves with reporting community-level data over an extended period of time.

CONCEPTS & TERMS

The **unique identifier list (List)** is an unduplicated list of people experiencing homelessness within a geographic area who have connected with the Coordinated Access system in some way. Although the "identifier" is most often a name (so the List is sometimes referred to as a By-Name List), it can also be another factor that is unique to each individual or family (e.g., a number such as HIFID ID) or include a combination of both names and other unique identifiers. Note, however, that if a name is not used there will need to be a process in place that allows for a service provider (or the Coordinated Access Lead) to be able to connect back with the specific individual or family that it represents in the event that they are offered a vacancy in the Coordinated Access Resource Inventory. They will also be responsible for ensuring that the individual or family is included only once in any unduplicated reporting from the List.

The List makes it possible to know if everyone experiencing homelessness is being appropriately served and where gaps in access points to the Coordinated Access system might exists. In communities where the List includes information about eligibility and prioritization, the List also makes it possible to know the specific housing resources needed to help everyone to exit homelessness.

Community-Level Data Context

This sub-section of Section 3 provides communities with the opportunity to provide additional information on their community context. Note that the Community-Level Data Context sub-section only needs to be completed once in tab 3b 'Section 3 – 2020-21'.

?	**Question 3.2** asks whether the community updates chronic homelessness status over time. It is important to review not only who is currently experiencing homelessness, but also who is at-risk of aging into chronic homelessness. Knowing who is at-risk makes it possible to offer specific supports for preventing chronic homelessness. Note that for communities using an HMIS, such as HIFIS, it is a best practice to document complete housing history as this information is used to automatically calculate chronic homelessness and, where applicable, prioritization criteria. Incomplete housing history records could show an inaccurate picture of chronic homelessness at the community level and may also lead to missed opportunities for people who would have been prioritized for a housing resource, if their information had been complete.

?	**Question 3.3** asks if the community defines an individual's or family's "prior living situation" (i.e., where they were before becoming homeless) as where they were ***immediately*** before homelessness or whether a time gap is allowed. Clarifying the meaning of "prior" is important for ensuring consistency in data entry and any interpretations of results that follow. If there is **no time gap**, this would mean that where the individual or family was **right before** they lost their housing is the housing type that is reported for this question. For example, if a person was discharged from the hospital to permanent housing, and after seven days is admitted to shelter after leaving their housing, the last housing situation would be documented as "housed" – not the hospital. It is recommended that data is reported with **no time gap** because this makes it possible to identify direct pathways into homelessness. Knowing where people were immediately before becoming homeless can inform local strategies for homelessness prevention and shelter diversion, such as discharge planning protocols.

Step 1. Select the Data Source

This first step is to determine if the community has data to report in Section 3. Data can be reported where a community has a List that has been active for at least some part of the two fiscal reporting periods (i.e., between April 1, 2019 to March 31, 2021). Point-in-Time (PiT) Count data is not sufficient for reporting purposes unless it is being updated on an ongoing basis as a transition to the unique identifier list.

?

Question 3.5 asks whether the community has a **unique identifier list** or **List**.

To proceed with this Section, a community's List needs to have each of the following four minimum characteristics:

3.5.1 Be able to report ***unduplicated information for each individual and family***. While the List does not need to identify individuals or families by name, there must be a way to eliminate duplication in reporting. This is different from counting service transactions or transitions between different housing types, where the same individual or family could be counted multiple times.

3.5.2 Be ***contained in one document/database***. The data should be sourced from the same place, reinforcing 3.5.1 regarding the need for unduplicated information.

3.5.3 ***Includes people experiencing homelessness who are active***. The data should only include individuals and families who are experiencing **homelessness**, either **currently** or **at some point within the reporting period**. Individuals or families helped through triage to prevent their homelessness should not be included.

3.5.4 Only include information about people that have ***given consent to be on the List***.

?

Question 3.6 asks whether the List has any data to report from April 1, 2019 to March 31, 2020 (for 2019-20 reporting) or April 1, 2020 to March 31, 2021 (for 2020-21 reporting). This means the List must have been updated, or have been current at some point, during this period. Data from a list that was updated before April 1, 2019 cannot be used for 2019-20 reporting. Similarly, data from a list that was updated before April 1, 2020 cannot be used for 2020-21 reporting.

Based on the questions in Step 1, answers provided by some communities may indicate that **no results need to be reported for 2019-20 and/or 2020-21.** In these cases, Section 3 is complete.

Communities that **do have** results to report (for one or both fiscal years) should continue working through Section 3. They should ensure **all "filters" are removed from their List** so that they are reporting information about the **greatest number of people** that have experienced/are experiencing homelessness in their community.

TIP

For communities that do not yet have any data to report in this Section 3 or in Section 4, review the questions in this section – they identify key basic functionalities and information needed from a List, which can inform planning for next steps as a community moves forward.

Note: Communities that currently uses a List for Coordinated Access can refer to Figure 2 of the CA Guide (page 15) that illustrates different types of interrelated lists with different levels of information. If a community currently has only a Level 3 List (Coordinated Access List) from which a Level 4 List (Priority List) is generated, they should use the information from the Level 3 list to answer all remaining questions. Over time, the goal is to report on community-level data for everyone that has experienced/is experiencing homelessness that has come into contact with the system in some way and provided consent to be on the List (i.e., a Level 2 or By-Name List).

CONCEPTS & TERMS

Inflow into homelessness refers to all the possible pathways to homelessness, as documented by the unique identifier list (List) of people experiencing homelessness in a community. People may be added to the List if they have no permanent address and they:

- Have transitioned from any form of housing (e.g., with or without subsidies or case management; living alone or with others) either by choice or through eviction; or
- Are staying in or have been discharged from a public institution (e.g., hospital, treatment program or jail) or transitional housing program. **Note:** At the local level, communities may not identify people staying in public institutions or transitional housing as experiencing homelessness.

Outflow from homelessness to housing refers to all the possible pathways from homelessness to permanent housing, as documented by the List (e.g., supported move-in through the Coordinated Access system, housing that people found for themselves or with some help from a service provider, or housing from a program in another system). People are removed from the List when they transition to any form of permanent housing (e.g., with or without subsidies or case management; living alone or with others), become inactive or if they are deceased.

Step 2. Define the Data

This step is about defining the data available from the List in more detail.

?	**Question 3.7** asks for the date range for available data. As indicated in the "What Does Being Data-Driven Mean?" overview, communities should be analyzing data monthly at a minimum to maximize its use, however **the CHR is about reporting results annually.** This means that for each fiscal year (2019-20 and 2020-21), to the extent that communities are able to disaggregate data by unique individuals over a period of time (e.g., across several months) *instead* of providing snapshot data (e.g., at the end of one specific month), they should do so. There is flexibility for communities to report on what they have if they are not yet in a position to provide unduplicated data for a full year and/or can only report by households. Note that this date range will be made public.

Step 3. Report the Data

This step is where communities report their homelessness data. It specifically requests data related to demographic information, inflow and outflow dynamics, and what kind of housing situations people experiencing homelessness were living in prior to becoming homeless. The List will be the source of this information. As described further in Section 4 of this Reference Guide, having a comprehensive understanding of people experiencing homelessness across the community is a process of continuous improvement. Over time, with strategies such as effective engagement and outreach, the number of people experiencing homelessness who are known (on the List) versus unknown (not on the List) should become smaller.

TIP

Indicate "Not available" where the List does not yet have the capacity to generate this information. In these cases, consider how to configure the List to generate it in future.

As previously mentioned, the data reported in this Section 3 may not be inclusive of all of the community's data. Communities may get more value in the exercise if they are able to look at trends in more detail. For example, to complement the bigger picture results, communities can analyze trends by service provider or population group. Some suggestions for how communities may wish to approach this disaggregation are provided below.

Note that data as reported will be made publicly available.

For **Question 3.9**, communities provide data for each column to the best of their ability for each of the three mandatory priority population groups (overall homelessness, chronic homelessness, and people on the List that have identified as Indigenous). The columns refer to inflow and outflow measures of homelessness.

By definition, **there will be double counting *between rows***. For example, people who are/were chronically homeless and/or identify as Indigenous will also be included in the overall number of individuals who are/were homeless that year.

That said, communities should try to **avoid double counting in each individual cell**. For example, if an individual returned to homelessness from housing more than once within the date range, only count that once. If this is not easily doable, communities can just report what is possible and note this in the comment boxes.

Numbers should be provided for individuals, but households can be provided if that is all that is available. If households are reported instead of individuals, please note this in the box for data-related comments.

?

3.9.1 Report the number of individuals who ***experienced homelessness*** for at least one day.

3.9.2 Report the number of individuals who were ***new to homelessness***.

Ideally, housing history is complete in an HMIS from the first point of contact, which would mean that all first time experiences of homelessness are known and included in the reporting. That said, people may be added to the List at any point in their experience of homelessness. For example, maybe a youth has lived unsheltered for over a year and has only recently connected with an access point through outreach. If this happens, the youth will be reported in the current year as new to the List but not as experiencing homelessness for the first time (their first experience of homelessness preceded April 1, 2019).

There is flexibility in how communities can report on these results. Where possible, they should report on the number of people experiencing homelessness for the **first time**. Where this is not possible, they should report on the number of people experiencing homelessness who were new to the List and note this in the box for data or reporting related comments.

3.9.3 Report the number of individuals who were previously on the List, but ***returned to homelessness from housing***. This includes returns from any form of housing. Communities may find it useful to track these inflows in more detail, such as whether the housing was a result of a supported move-in through the Coordinated Access system (e.g., subsidized housing with case management supports), housing that people found for themselves or with some help from a service provider, or housing from a program in another system.

3.9.4 Report the number of individuals who ***returned to homelessness from a transitional status***. This includes people who were homeless in the past and discharged from a public institution or transitional housing before the current episode of homelessness. For more information about transitional housing, see question 4.5.

3.9.5 Report the number of individuals who ***returned to homelessness from an unknown status***. This includes situations where individuals were homeless in the past, but it is not known where they were staying before the current episode of homelessness (e.g., permanent housing or public institution). As communities improve their data practices, this number should decrease.

3.9.6 Report the number of individuals whose client state on the List ***changed from inactive to active*** *at least once during the reporting period*, consistent with the community's inactivity policy. This is a measure of inflow due to re-engagement with the system.

An **inactivity policy/protocol** is a written document that outlines how the unique identifier list (List) is kept up-to-date so that information is real-time. More specifically, communities need to set the number of days of no contact or service interactions that need to pass before the state of an individual or family is changed from active to inactive on the List. Once a state is changed to inactive, it is assumed that services available through the Coordinated Access system are no longer needed or wanted. In some situations, an inactive state will be temporary (e.g. lost contact for a short time) and in others, it will be permanent (e.g. a person has died). The inactivity policy/protocol should specify the level of effort required by service providers to find people before they are made inactive on the List. See page 73 of the CA Guide for more information.

3.9.7 Report the number of individuals who ***moved from homelessness to housing***. Similar to 3.9.3, communities may find it useful to track these outflows in more detail, such as whether the move was the result of a supported move-in through the Coordinated Access system (e.g., subsidized housing with case management supports), housing that people found for themselves or with some help from a service provider, or housing from a program in another system.

3.9.8 Report the number individuals whose ***status changed from homelessness to transitional.*** This includes people admitted to a public institution or transitional housing. For more information about transitional housing, see question 4.5.

3.9.9 Report the number of individuals whose ***status changed from homelessness to unknown.*** This includes situations where individuals are no longer staying somewhere that signifies their status as homeless (e.g., emergency shelter), but it is not known where they went (e.g., to permanent housing at discharge from the shelter). As communities improve their data practices, this number should decrease.

3.9.10 Report the number of individuals whose state on the List ***changed from active to inactive*** at least once during the reporting period, consistent with the community's inactivity policy. This is a measure of outflow due to inactivity.

Recognizing that people can become inactive for a variety of reasons, communities may find it useful to track these outflows in more detail, such as identifying whether contact was lost with the individual, if the person moved out of the area, or is deceased.

? **Question 3.10** is about understanding where people were **immediately before becoming homeless** – so, their last housing situation – which is why "homeless" options (like couch surfing, living unsheltered, or staying in a shelter) are not included.

Section 4 Overview: Community-Level Outcomes

The objective of this Section is to provide guidance for reporting community-level outcomes annually. Some communities may choose to complement CHR outcomes with other data often produced or updated annually (such as income statistics, population changes, or vacancy rates) which gives more context to the results.

Note that a comprehensive unique identifier list of people experiencing homelessness (the List) is a prerequisite for this Section. If communities do not yet have a List, or they are aware that their List is not yet comprehensive, they do not need to complete Section 4.

There is no expectation that communities will have a comprehensive List or be able to report community-level outcomes using their List at this point. This Section includes a number of questions that are meant to prompt communities to consider if their List is as comprehensive as possible, based on their current Coordinated Access and information management processes, and what they know about any gaps that may exist. Communities are encouraged to reflect on the effectiveness of their processes and, based on that evaluation, seek out improvements and/or additional supports as appropriate.

TIP

Did you know? A comprehensive unique identifier list (the List) is a tool that helps communities begin the process of driving chronic homelessness to zero and ensuring that homelessness overall is **rare, brief and non-recurring**. The information shows how the system is working. Is it meeting demands for service? Are some groups over or under-represented in the homeless population? Is the prioritization policy supporting the goals that the community has set for itself? These are just some of the questions that can be answered by comparing community-level data over time using their List.

Using data at the community level to help drive improvements in the homelessness response system is the goal. Wherever communities are at in this process, they are encouraged to take the incremental steps necessary to be able to report community-level outcomes through the CHR as one part of an overall quality improvement cycle. Communities are at different stages of readiness for this. Some are focused on the work of collecting data and ensuring all access points can add people experiencing homelessness to the List in real-time. Others have quality, comprehensive data for the community, but not yet for a full year. Some have reached the milestone of having a few months of quality, comprehensive data and are working to set reduction targets using this information. Ultimately, this Section will build on this work and offer communities an additional way to review their data.

Communities that feel ready to report outcome data are welcome to do so. It is important to note that, as data quality improves, numbers reported in previous years may change. Communities can adjust their targets over time to reflect these updates and provide comments about the evolution of their data management practices.

Note that Reaching Home core outcomes, as reported, will be made publicly available.

Step 1. Confirm List Comprehensiveness

This first step supports communities to self-assess the comprehensiveness of their List. To have a comprehensive List, communities need to ensure that there is easy and equitable access to the system. For example, are access points connected to the places where people experiencing or at-risk of homelessness spend their time and the ways in which they prefer to seek help? Questions in this step prompt communities to consider all of the ways in which access may need to be tailored, so that no one is left out of the process. Remember that access points need to be evaluated over time to ensure they are meeting the needs of those they are intended to serve. Reviewing community-level data and reflecting on existing or emerging gaps will support a more equitable Coordinated Access system.

?	**Question 4.1** asks if the List is updated on a regular basis, monthly at minimum. An up-to-date List is considered "real-time". A **real-time List** is updated in accordance with the local inactivity policy/protocol, at minimum. Ideally, the List is updated on an ongoing basis through real-time documentation of service planning with people experiencing homelessness. With an HMIS, the updating process occurs automatically when service providers record their interactions with the people they are serving, including any outcomes of that service. Expectations for timely data entry in an HMIS can be included as part of triage and assessment process documentation and should form part of service provider training.

?	**Question 4.5** asks if the List includes individuals and families across the community staying in transitional housing. While definitions often differ, **transitional housing** generally refers to a temporary or time-limited accommodations with stays ranging from a few months to a few years. The living environment is supportive and includes programming appropriate for the population group being served, with the goal of helping people to transition to more independent living at discharge. Given that there are limits on how long an individual or family can stay, a comprehensive List will include people staying in transitional housing in situations where, if other housing is not secured before the service end date, that individual or family could be discharged into homelessness.

?

Question 4.7 asks if the List includes individuals and families across the community experiencing hidden homelessness.

While definitions may differ, **hidden homelessness** generally refers to situations where people do not have a permanent address or residence and are staying with others (e.g., family, friends, acquaintances) or paying for short-term rental accommodations (e.g., motels) on a temporary, basis with no security of tenure. In many communities hidden homelessness represents a significant portion of the overall homeless population; a responsive system will make efforts to understand and then meet their needs.

?

Question 4.8 asks if the total number of people who were on the List that were living unsheltered (e.g., staying in encampments or abandoned buildings) and staying in shelters as of March 31 was **higher** than the number of people who were unsheltered or in shelter according to the Point-in-Time (PiT) Count for that year. For example, was the total number of people on the List living unsheltered or staying in shelters as of March 31, 2021 higher than the number of people who were unsheltered or in shelter according to the 2021 PiT Count.

Note that this question only compares unsheltered and sheltered homelessness between the two data sources, not all the other homelessness categories (i.e., those in transitional housing, institutions, or experiencing hidden homelessness).

Comparing these numbers is another way to assess comprehensiveness of the List.

If the answer is "No", it is possible that the List is missing some individuals or families who are experiencing homelessness. Communities can explore the data further to understand why more people experiencing unsheltered and sheltered homelessness were counted through the PiT Count than are currently on the List, and seek to close any access gaps as appropriate.

Note: Communities that postponed their PiT Counts in 2020 could consider using their PiT Count data from a previous year; however older data may not be as comparable to the current List. If for these reasons a community determines this is not a helpful comparison to make for this year (to support an assessment of the comprehensiveness of the List), they can select "Not applicable".

Step 2. Define the Data

This step is about ensuring comparability in data timeframes so that the year-over-year analysis – which is the objective of this Section – can be performed. For this year, this means that a comprehensive List (per Step 1) has been in place from April 1, 2019 to March 31, 2020 for 2019-20 reporting or from April 1, 2020 to March 31, 2021 for 2020-21 reporting.

Step 3. Report the Data

This step supports communities to report annualized data for each outcome they are working towards, and to set targets to achieve them by 2027-28. While there are five mandatory Reaching Home outcomes, if a community has chosen to report on additional population groups in Section 3 of the CHR template, these can be added to Section 4 of the CHR template.

Remember that data reported in this Section spans a full year. This means that for communities that are already or intend to review the same outcomes but on a monthly basis to evaluate progress with reaching monthly targets, these monthly numbers will not be the same as those submitted for annual reporting. That said, the data used will be sourced from the same List. As discussed previously, this supports an alternative perspective for data analysis.

As noted above, numbers reported in previous years may change and communities can adjust their targets over time to reflect these updates. Use the comments boxes under each outcome to provide any narratives or context, as desired.

?	**4.12 – Outcome #1** seeks fewer people experiencing homelessness overall. Report the number of unique individuals (or households where not available) who, according to the List, **were homeless (for at least one day)** within each year. Add a target for 2027-28 in the far right box.

?	**4.13 – Outcome #2** seeks fewer people experiencing homelessness for the first time. Report the number of unique individuals (or households where not available) who **were homeless for the first time** within the year. Add a target for 2027-28 in the far right box. As discussed in Section 3 of this Reference Guide, ideally housing history is complete in an HMIS from the first point of contact, which would mean that all first time experiences of homelessness are known and include in the reporting. Note, however, that people may be added to List at any point in their experience of homelessness. There is therefore flexibility in how communities can report on this outcome.

?	**4.14 – Outcome #3** seeks fewer people returning to homelessness. Report the number of unique individuals (or households where not available) who, according to the List, **returned to homelessness from housing** within the year. Include all housing types, but not those who returned to the List because their state was changed from Inactive. Add a target for 2027-28 in the far right box.

?

4.15 – Outcome #4 seeks fewer Indigenous peoples experiencing homelessness.

Report the number of unique individuals (or households where not available) who, according to the List, **self-identified as Indigenous and were homeless (for at least one day)** within the year. Add a target for 2027-28 in the far right box.

In the comments box, please clarify how Indigenous organizations were engaged in the process of reviewing this data and target, and confirming data interpretation.

?

4.16 – Outcome #5 seeks fewer people experiencing chronic homelessness.

Report the number of unique individuals (or households where not available) who, according to the List, **where chronically homeless** within the year. Note that the 2027-28 target will be automatically populated to be 50% of the number entered for 2019-20.

Annex A: Community Homelessness Report Questions

SECTION 1: COMMUNITY CONTEXT (Tab #1)

Response options: Mostly open comments boxes, with some Yes/No.
Public Release: None.

Overview

1.1 Highlight any efforts and/or issues related to the work that your community has done to **prevent and/or reduce homelessness** over the last two years.

1.2 Highlight efforts and/or issues related to the work of **increasing access to safe, adequate housing** in your community over the last two years.

1.3 What impact has COVID-19 had on your community's progress with designing and implementing Coordinated Access and a Homelessness Management Information System (HMIS)?

Collaboration between Indigenous and Non-Indigenous Organizations

1.4 **a)** Specific to the design and implementation of Coordinated Access and a Homelessness Management Information System (HMIS), has there been collaboration between local Indigenous and non-Indigenous organizations and, where applicable, the Indigenous Community Advisory Board (CAB)?

If answer to 1.4a is yes: b) Describe how this collaboration was undertaken and how it impacted the design and implementation of Coordinated Access and/or the HMIS. How will it be strengthened in the future?
If answer to 1.4a is no: b) Describe how this collaboration will be pursued over the coming year.

1.5 **a)** With respect to the completion of the Community Homelessness Report (CHR), was there collaboration between local Indigenous and non-Indigenous organizations and, where applicable, the Indigenous CAB?

If answer to 1.5a is yes: b) Describe when this collaboration occurred and what parts of the CHR were informed by these efforts.
If answer to 1.5a is no: b) Describe the efforts that were taken to collaborate and specific plans to ensure it occurs during next year's CHR process.

1.6 **a)** Does your community have a separate Indigenous CAB?

If answer to 1.6a is yes: b) Was the CHR also approved by the Indigenous CAB?

If answer to 1.6c is no: c) Please explain how engagement was undertaken.

SECTION 2: COORDINATED ACCESS AND HOMELESSNESS MANAGEMENT INFORMATION SYSTEM (HMIS) SELF-ASSESSMENT (Tab #2)

Response options: Mostly "Yes"; "Under development"; or "Not yet started".
Public release: Only the Summary sub-section(s) at the end of the template.

Governance

2.1 Is there a governance model for Coordinated Access **and** has a Coordinated Access lead organization(s) been identified?

2.2 Is there a governance model for your HMIS **and** has a HMIS lead organization(s) been identified?

2.3 Do all service providers receiving funding through the Designated Communities stream to deliver one or more projects participate in Coordinated Access?

Homelessness Management Information System (HMIS)

2.4 **a)** Does your community have an HMIS to manage individual-level data and service provider information for Coordinated Access?

b) In your community, is HIFIS the HMIS that is being used or will be used?

If answer to 2.4b is no: c) Which HMIS is being used or will be used instead of HIFIS?

2.5 Has **either** a Data Provision Agreement been signed with Employment and Social Development Canada (ESDC) if your community is currently using HIFIS **or** a Data Sharing Agreement been signed with ESDC if your community is currently using an equivalent HMIS?

2.6 Do you have a set of local agreements to manage privacy, data sharing and client consent in compliance to municipal, provincial and federal laws?

2.7 Have you established safeguards to ensure the data collected is secured from unauthorized access?

Access Points to Service

2.8 Are access sites available in some form throughout the DC geographic area so that the Coordinated Access system serves the entire DC geographic area?

2.9 Are there processes in place to monitor if there is **easy** and **equitable** access to the Coordinated Access system and respond to any emerging issues, as appropriate?

2.10 Are there processes in place that ensure no one is denied access to service due to perceived housing or service barriers?

Triage and Assessment

2.11 Is the triage and assessment process documented in one or more policies/protocols, including an intake protocol for entering people into the Coordinated Access system and/or HMIS when they (re)connect with an access point?

2.12 Is the same common assessment tool used for all population groups experiencing homelessness (for example, youth, women fleeing violence, Indigenous peoples)?

Vacancy Matching and Referral

2.13 Is the vacancy matching and referral process documented in one or more policies/protocols, including how vacancies are filled from the Coordinated Access Resource Inventory according to agreed-upon prioritization and referral protocols?

2.14 Are all housing resources funded through the Designated Communities stream identified as part of the Coordinated Access Resource Inventory?

2.15 For each housing resource in the Coordinated Access Resource Inventory, have eligibility requirements been documented?

2.16 For each type of housing resource in the Coordinated Access Resource Inventory, have prioritization criteria, and the order in which they will be applied, been documented?

2.17 Do the vacancy matching and referral policies/protocols specify how individual choice in housing options will be respected (allowing individuals and families to reject a referral without repercussions) **and** do they include processes specific to dealing with vacancy referral challenges, concerns and/or disagreements (including refusals of referrals)?

2.18 Are vacancies from the Coordinated Access Resource Inventory filled using the list of people waiting for housing resources who are offer-ready (i.e., the unique identifier list filtered to a Priority List)?

SUMMARY

The table below provides a summary of the work your community has done so far to implement Reaching Home's minimum requirements for Coordinated Access and an HMIS.

Yes	Under development	Not yet started

SUMMARY COMMENT

2.19 Are there particular efforts and/or issues that you would like to highlight for this reporting period related to your community's work to achieve the Reaching Home minimum requirements? In particular, please describe your community's efforts to set-up or improve the Coordinated Access governance structure, including processes to ensure that policies and protocols, as approved by the governance group(s), are being implemented across the system as intended to achieve desired results.

PUBLIC ACCESS TO RESULTS

2.20 As outlined in the Directives, communities are required to make results of the CHR publicly available. How will the public have access to the summary results of this CHR? For example, which website will be used to publish the results?

SECTION 3: COMMUNITY-LEVEL DATA
2019-2020 (Tab #3a)

Response options: Varies, including data entry if applicable.
Public release: Once data is submitted, only date range (3.7) and results (3.9 and 3.10).

Community-Level Data Context

Note: Questions 3.1 to 3.4 are **only** answered in "Section 3 - 2020-21" Tab #3b.

Step 1. Select Data Source

3.5 Does your community currently have a unique identifier list (a List) that has the following characteristics:

3.5.1 Unduplicated information for each individual/household
3.5.2 Contained in one document/database
3.5.3 Includes people experiencing homelessness who are active
3.5.4 Consent given to be on the list

If the answers to any question from 3.5.1 to 3.5.4 are "Not yet", all remaining questions in this Section are locked.

3.6 Does the List have any data that can be reported for this reporting period (i.e., April 1, 2019, to March 31, 2020)?

If the answer is "No", all remaining questions in this Section are locked.

Step 2. Define the Data

3.7 What is the date range for available data from the List for this fiscal report?
First date in reporting period:
Last date in reporting period:

3.8 **a)** Which household types does the List include? Select all that apply.

If Families is selected in 3.8a: b) Does the List include family members like dependents, or just the head of household?

If Families is selected in 3.8a: c) Can the List report data by unique individuals? This means that each family member will be reported separately.

Step 3. Report the Data

3.9 Complete the Population Groups table below using the date range indicated in Question 3.7.

a) Report the number of unique individuals (or households where not available) who:						
Priority Population Groups – Mandatory Reporting	3.9.1 Were homeless **(Measures Cumulative Homelessness)**	3.9.2 Were new to homelessness **(Measures Inflow)**	3.9.3 Returned to homelessness from housing (one or more times) **(Measures Inflow)**	3.9.4 Returned to homelessness from transitional status (one or more times) **(Measures Inflow)**	3.9.5 Returned to homelessness from unknown status (one or more times) **(Measures Inflow)**	3.9.6 State changed from inactive to active (one or more times) **(Measures Inflow)**
Overall homeless						
Chronically homeless						
Indigenous peoples						
Priority Population Groups – Mandatory Reporting			3.9.7 Moved from homelessness to housing (one or more times) **(Measures Outflow)**	3.9.8 Status changed from homelessness to transitional (one or more times) **(Measures Outflow)**	3.9.9 Status changed from homelessness to unknown (one or more times) **(Measures Outflow)**	3.9.10 State changed from active to inactive (one or more times) **(Measures Outflow)**
Overall homeless						
Chronically homeless						
Indigenous peoples						

b) Do you wish to report on any Additional Population Groups? *If no, the table below and question 3.9c are locked.*						
Additional Population Groups – Optional Reporting	3.9.1 Were homeless **(Measures Cumulative Homelessness)**	3.9.2 Were new to homelessness **(Measures Inflow)**	3.9.3 Returned to homelessness from housing (one or more times) **(Measures Inflow)**	3.9.4 Returned to homelessness from transitional status (one or more times) **(Measures Inflow)**	3.9.5 Returned to homelessness from unknown status (one or more times) **(Measures Inflow)**	3.9.6 State changed from inactive to active (one or more times) **(Measures Inflow)**
Additional Population Groups – Optional Reporting			3.9.7 Moved from homelessness to housing (one or more times) **(Measures Outflow)**	3.9.8 Status changed from homelessness to transitional (one or more times) **(Measures Outflow)**	3.9.9 Status changed from homelessness to unknown (one or more times) **(Measures Outflow)**	3.9.10 State changed from active to inactive (one or more times) **(Measures Outflow)**
(Optional) Please insert comment here						

If 3.9b is yes: c) Please provide the definition(s) your community uses for each Additional Population Group.

3.10 Complete the Prior Living Situations table below for all individuals (or households where not available) that were homeless for the date range indicated in Question 3.7.

	Public Institutions	Transitional Housing	Permanent Housing	Unknown	Total
New to homelessness					[auto gene-rated]
Returned to homelessness					[auto gene-rated]
Total	[auto gene-rated]	[auto gene-rated]	[auto gene-rated]	[auto gene-rated]	[auto gene-rated]

SECTION 3: COMMUNITY-LEVEL DATA
2020-2021 (Tab #3b)

Response options: Varies, including data entry if communities have data to report.
Public release: Once data is submitted, only date range (3.7) and results (3.9 and 3.10).

Community-Level Data Context

3.1 **a)** Does your community use the Reaching Home definition of chronic homelessness?

If 3.1a is no: b) How does your community define chronic homelessness?

3.2 Does your community update chronic homelessness status over time?

3.3 **a)** When your community asks individuals and families where they lived before they became homeless, is the "prior living situation" defined as where they were ***immediately*** before homelessness?

If 3.3a is no: b) Why is there a possible time gap? How far back could the "prior living situation" apply?

3.4 Do you have a written policy/protocol that specifies the number of days of inactivity after which state is changed from "active" to "inactive"?

Step 1. Select Data Source

3.5 Does your community currently have a unique identifier list (a List) that has the following characteristics:

3.5.1 Unduplicated information for each individual/household
3.5.2 Contained in one document/database
3.5.3 Includes people experiencing homelessness who are active
3.5.4 Consent given to be on the list

If the answers to any question from 3.5.1 to 3.5.4 are "Not yet", all remaining questions in this Section are locked.

3.6 Does the List have any data that can be reported for this reporting period (i.e., April 1, 2020, to March 31, 2021)?

If the answer is "No", all remaining questions in this Section are locked.

Step 2. Define the Data

3.7 What is the date range for available data from the List for this fiscal report?
First date in reporting period:
Last date in reporting period:

3.8 **a)** Which household types does the List include? Select all that apply.

If Families is selected in 3.8a: b) Does the List include family members like dependents, or just the head of household?

If Families is selected in 3.8a: c) Can the List report data by unique individuals? This means that each family member will be reported separately.

Step 3. Report the Data

3.9 Complete the Population Groups table below using the date range indicated in Question 3.7.

a) Report the number of unique individuals (or households where not available) who:						
Priority Population Groups – Mandatory Reporting	3.9.1 Were homeless **(Measures Cumulative Homelessness)**	3.9.2 Were new to homelessness **(Measures Inflow)**	3.9.3 Returned to homelessness from housing (one or more times) **(Measures Inflow)**	3.9.4 Returned to homelessness from transitional status (one or more times) **(Measures Inflow)**	3.9.5 Returned to homelessness from unknown status (one or more times) **(Measures Inflow)**	3.9.6 State changed from inactive to active (one or more times) **(Measures Inflow)**
Overall homeless						
Chronically homeless						
Indigenous peoples						
Priority Population Groups – Mandatory Reporting			3.9.7 Moved from homelessness to housing (one or more times) **(Measures Outflow)**	3.9.8 Status changed from homelessness to transitional (one or more times) **(Measures Outflow)**	3.9.9 Status changed from homelessness to unknown (one or more times) **(Measures Outflow)**	3.9.10 State changed from active to inactive (one or more times) **(Measures Outflow)**
Overall homeless						
Chronically homeless						
Indigenous peoples						

b) Do you wish to report on any Additional Population Groups? *If no, the table below and question 3.9c are locked.*						
Additional Population Groups – Optional Reporting	3.9.1 Were homeless **(Measures Cumulative Homelessness)**	3.9.2 Were new to homelessness **(Measures Inflow)**	3.9.3 Returned to homelessness from housing (one or more times) **(Measures Inflow)**	3.9.4 Returned to homelessness from transitional status (one or more times) **(Measures Inflow)**	3.9.5 Returned to homelessness from unknown status (one or more times) **(Measures Inflow)**	3.9.6 State changed from inactive to active (one or more times) **(Measures Inflow)**
Additional Population Groups – Optional Reporting			3.9.7 Moved from homelessness to housing (one or more times) **(Measures Outflow)**	3.9.8 Status changed from homelessness to transitional (one or more times) **(Measures Outflow)**	3.9.9 Status changed from homelessness to unknown (one or more times) **(Measures Outflow)**	3.9.10 State changed from active to inactive (one or more times) **(Measures Outflow)**
(Optional) Please insert comment here						

If 3.9b is yes: c) Please provide the definition(s) your community uses for each Additional Population Group.

3.10 Complete the Prior Living Situations table below for all individuals (or households where not available) that were homeless for the date range indicated in Question 3.7.

	Public Institutions	Transitional Housing	Permanent Housing	Unknown	Total
New to homelessness					[auto gene-rated]
Returned to homelessness					[auto gene-rated]
Total	[auto gene-rated]	[auto gene-rated]	[auto gene-rated]	[auto gene-rated]	[auto gene-rated]

SECTION 4: COMMUNITY-LEVEL OUTCOMES (Tab #4)

Response options: Mostly Yes/No and data entry.
Public release: Outcomes and targets.

Note: If the answers in "Section 3 – 2020-21" Tab 3b, questions 3.5 or 3.6 are "Not yet" or "No", Section 4 will be locked.

Step 1. Confirm List Comprehensiveness

4.1 Is the List updated on a regular basis, monthly at minimum?

4.2 Does the List currently include only information about people experiencing chronic homelessness? ***Note:*** If the answer is yes, Outcome 1 and Outcome 2 are locked.

4.3 Does the List include individuals and families served through outreach to all locations (hotspots) across the community where people are living unsheltered (i.e., staying in places not meant for human habitation)?

4.4 Does the List include individuals and families across the community staying in all shelters for people experiencing homelessness (e.g., emergency shelters, hostels, hotel/motel stays paid for by a service provider)?

4.5 Does the List include individuals and families across the community staying in transitional housing?

4.6 Does the List include individuals experiencing homelessness across the community staying in institutions (e.g., jail or hospital)? (Note that if the stay exceeds your inactivity policy, their state on the List changes to inactive.)

4.7 Does the List include individuals and families across the community who are experiencing hidden homelessness?

4.8 Is the total number of people on the List served through outreach and in shelters as of March 31, 2021, **higher** than the number of people who were *unsheltered* or *in shelter* according to your most recent Point-in-Time (PiT) Count?

4.9 Consider your answers to Questions 4.1 to 4.8. In your opinion, does your List include all of the individuals and families experiencing homelessness in your community, as much as is possible right now? ***Note:*** If the answer is "No", all other questions are locked.

Step 2. Define the Data Set

4.10 Did you have the List in place on or before April 1, 2019? ***Note:*** If the answer is "No", cells "2019-20" in the Outcomes tables are locked.

4.11 Did you have the List in place on or before April 1, 2020? ***Note:*** If "No", all other questions are locked.

Step 3. Report the Data

Note: For this reporting year, cells 2021-22 to 2027-28 are locked.

CORE OUTCOMES

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

Given your answers in Steps 1 and 2, you can report annual result(s) for Outcome #1. Where applicable, add a target for 2027-28 in the far right box.

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
People experiencing homelessness for at least one day (that year)										
[Line graph]										

4.13 Outcome #2: Fewer people experience homelessness for the first time (new inflows into homelessness are reduced)

Given your answers in Steps 1 and 2, you can report annual result(s) for Outcome #2. Where applicable, add a target for 2027-28 in the far right box.

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
People experiencing homelessness for the first time (that year)										
[Line graph]										

4.14 Outcome #3: Fewer people return to homelessness from housing (returns to homelessness are reduced)

Given your answers in Steps 1 and 2, you can report annual result(s) for Outcome #3. Where applicable, add a target for 2027-28 in the far right box.

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
Returns to homelessness from housing (that year)										
[Line graph]										

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

Given your answers in Steps 1 and 2, you can report annual result(s) for Outcome #4. Where applicable, add a target for 2027-28 in the far right box.

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
Indigenous peoples experiencing homelessness for at least one day (that year)										
[Line graph]										

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

Given your answers in Steps 1 and 2, you can report annual result(s) for Outcome #5. Where applicable, add a target for 2027-28 in the far right box.

Note: "Target" cell is locked, as it automatically populates at 50% of 2019-20 or 2020-21 (if no data is available for 2019-20).

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
People experiencing chronic homelessness for at least one day (that year)										
[Line graph]										

<u>Additional Outcomes Identified by the Community (Optional)</u>

(Optional) Outcome #:

Additional population outcome.

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
[Line graph]										

(Optional) Outcome #:

Additional population outcome.

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
[Line graph]										

(Optional) Outcome #:

Additional population outcome.

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
[Line graph]										

COMMUNITY HOMELESSNESS REPORT SUMMARY (Tab #5)

Community Name
Fiscal year

COORDINATED ACCESS AND HOMELESSNESS MANAGEMENT INFORMATION SYSTEM (HMIS) SELF-ASSESSMENT

SUMMARY

The table below provides a summary of the work the community has done so far to implement Reaching Home's minimum requirements for Coordinated Access and an HMIS.

How many of the Reaching Home minimum requirements has the community:

Met	Started	Not yet started

SUMMARY COMMENT

Are there particular efforts and/or issues that you would like to highlight for this reporting period related to your community's work to achieve the Reaching Home minimum requirements? In particular, please describe your community's efforts to set-up or improve the Coordinated Access governance structure, including processes to ensure that policies and protocols, as approved by the governance group(s), are being implemented across the system as intended to achieve desired results.

COMMUNITY-LEVEL DATA for 2019-2020

What is the date range for available data from the List for this fiscal report?
First date in reporting period:
Last date in reporting period:

Complete the Population Groups table below using the date range indicated for this fiscal report.

Number of unique individuals (or households where not available) in each Priority Population Group who:						
Priority Population Groups – Mandatory Reporting	Were homeless **(Measures Cumulative Homelessness)**	Were new to homelessness **(Measures Inflow)**	Returned to homelessness from housing (one or more times) **(Measures Inflow)**	Returned to homelessness from transitional status (one or more times) **(Measures Inflow)**	Returned to homelessness from unknown status (one or more times) **(Measures Inflow)**	State changed from inactive to active (one or more times) **(Measures Inflow)**
Overall homeless						
Chronically homeless						
Indigenous peoples						

Priority Population Groups – Mandatory Reporting			Moved from homelessness to housing (one or more times) **(Measures Outflow)**	Status changed from homelessness to transitional (one or more times) **(Measures Outflow)**	Status changed from homelessness to unknown (one or more times) **(Measures Outflow)**	State changed from active to inactive (one or more times) **(Measures Outflow)**
Overall homeless						
Chronically homeless						
Indigenous peoples						

Complete the Prior Living Situations table below for all individuals (or households where not available) that were homeless for the date range indicated for this fiscal report.

	Public Institutions	Transitional Housing	Permanent Housing	Unknown	Total
New to homelessness					
Returned to homelessness					
Total					

COMMUNITY-LEVEL DATA for 2020-2021

What is the date range for available data from the List for this fiscal report?

First date in reporting period:

Last date in reporting period:

Complete the Population Groups table below using the date range indicated for this fiscal report.

Number of unique individuals (or households where not available) who:						
Priority Population Groups – Mandatory Reporting	Were homeless **(Measures Cumulative Homelessness)**	Were new to homelessness **(Measures Inflow)**	Returned to homelessness from housing (one or more times) **(Measures Inflow)**	Returned to homelessness from transitional status (one or more times) **(Measures Inflow)**	Returned to homelessness from unknown status (one or more times) **(Measures Inflow)**	State changed from inactive to active (one or more times) **(Measures Inflow)**
Overall homeless						
Chronically homeless						
Indigenous peoples						

Priority Population Groups – Mandatory Reporting			Moved from homelessness to housing (one or more times) **(Measures Outflow)**	Status changed from homelessness to transitional (one or more times) **(Measures Outflow)**	Status changed from homelessness to unknown (one or more times) **(Measures Outflow)**	State changed from active to inactive (one or more times) **(Measures Outflow)**
Overall homeless						
Chronically homeless						
Indigenous peoples						

Complete the Prior Living Situations table below for all individuals (or households where not available) that were homeless for the date range indicated for this fiscal report.

	Public Institutions	Transitional Housing	Permanent Housing	Unknown	Total
New to homelessness					
Returned to homelessness					
Total					

COMMUNITY-LEVEL OUTCOMES

CORE OUTCOMES

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

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
People experiencing homelessness for at least one day (that year)			-	-	-	-	-	-	-	
[Line graph]										

Outcome #2: Fewer people experience homelessness for the first time (new inflows into homelessness are reduced)

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
People experiencing homelessness for the first time (that year)			-	-	-	-	-	-	-	
[Line graph]										

Outcome #3: Fewer people return to homelessness from housing (returns to homelessness are reduced)

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
Returns to homelessness from housing (that year)			-	-	-	-	-	-	-	
[Line graph]										

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

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
Indigenous peoples experiencing homelessness for at least one day (that year)			-	-	-	-	-	-	-	
[Line graph]										

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

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
People experiencing chronic homelessness for at least one day (that year)			-	-	-	-	-	-	-	
[Line graph]										