Reaching Home: Canada's Homelessness Strategy

Community Homelessness Report

Prince George

2024-2025

TEMPLATE FOR COMMUNITIES

Overview

CHR 1

Highlight any efforts and/or issues related to the work that your community has done to **prevent and/or reduce homelessness** and **improve access to safe, appropriate housing** over the last year.

Your response could include information about:

- Homelessness prevention and shelter diversion efforts;
- Housing move-ins;
- New investments in housing-related resources;
- Gaps in services;
- Collaboration with other sectors;
- Efforts to address homelessness for specific groups (e.g., youth); and/or,
- Efforts to meet Reaching Home minimum requirements (including a brief explanation if a minimum requirement was assessed as “Completed” in a previous CHR, but is now “Under development” or “Not yet started”).

The Designated Communities stream funds a number of organizations to prevent and reduce homelessness, and to support housing retention. Some examples of projects funded in 2024-25 include: - Association Advocating for Women and Community (AWAC) operates a Housing First program to directly house the hardest to house individuals. They also receive funding for evening outreach.Their efforts include building relationships with detox centres and mental health teams to provide adequate supports for newly housed individuals to improve housing retention and prevent eviction, as well as meeting people where they are at and providing individualized support. - The YMCA administers a youth homelessness prevention program. They continue to work closely with youth to secure and maintain stable housing. Youth benefit from funds through their flexible homelessness prevention fund (help with rent, bills, security deposits, household items, etc.) - The Northern John Howard Society's Transitional Housing program provides 9 beds for individuals moving out of the corrections system and provides supports to prevent homelessness such as life skills development, cultural resource referrals, and support finding permanent housing. This program helps prevent homelessness by providing a safe place for individuals to stay while they integrate themselves into the

	community and work on their goals. Indigenous Homelessness funds go towards several homelessness prevention and housing retention services as well: projects supported include -Carrier Sekani Family Services take in-house referrals to support individuals with access to housing and or short term transitional housing, short-term financial assistance, or other individualized supports to help people secure and maintain their housing. - The Prince George Aboriginal Development Centre provides an emergency rent bank for one time access to emergency loans to cover utilities or rent to prevent evictions or disconnection of essential services. - PGNFC (Prince George Native Friendship Centre) provides co-ed Emergency shelter and nutritional supports services. There is an increasing demand for supports and for the use of showers/laundry and food. Reaching Home funds support many projects as we are experiencing very complex critical circumstances that require team approaches with trained individuals to support individuals struggling with housing. Agencies continue to require additional staff on site to reduce our risk for any critical incidents. Other community initiatives in Prince George include the Knight's Inn as a temporary housing facility, and the Victoria Street complex with the purpose being to support people in moving from the Moccasin Flats encampment into housing. The Aboriginal Housing Society of Prince George has opened 85 units of low income housing, and has plans for 57 additional units. Connective is operating a new 44 unit supportive housing program for those who were in the encampment. Approximately 100 other supportive housing units were opened over the past year. Issues continue to be adequate supports and services to deal with increasingly complex needs and those with complex needs struggle in managed housing. People are still falling through the cracks - with increasing rent and other costs (food, heat etc), and seniors pensions have not kept up.
CHR 2	How has the community's approach to addressing homelessness changed with the implementation of Reaching Home? Communities are strongly encouraged to use the ***"Reflecting on the Changing Response to Homelessness"*** worksheet to help them reflect on how the approach has changed and the impact of these changes at the local level.
	The overall approach to addressing homelessness has changed over the last few years. The face of homelessness has changed with significantly increased numbers staying in encampments. More temporary and supportive housing units are opening up to deal with this. A growing proportion of homeless are experiencing critical complex needs that

	service agencies and the medical system seem unable to address. The opioid crisis/toxic drugs on the street add to this critical issue. Emergency services are called on a regular basis to save lives and report individuals requiring several doses of Narcan to deal with an overdose. Front line workers are facing increasing burn out and their own mental health issues. The community is very concerned about the safety of individuals living in encampments, about the safety of front line workers, and about the safety of property and businesses. While BC Housing continues to fund shelters and the development of new supportive and transitional housing (there have been an additional 300 plus supportive housing units since the onset of COVID 19), it is increasingly difficult to keep people housed. There is a growing gap between housing units and the supports to ensure people are successfully housed. Many more have complex needs for addiction and mental health resources. Vulnerable community members, such as those with mental health issues, and indigenous community members face discrimination and can't access the rental housing market. With RH funding, the approach has been to assist with moving individuals into housing, assist with keeping individuals housed and to provide basic needs and support services for increasing complex needs. There is a significant need for services to support housing retention and to provide emergency funding assistance. We also need more treatment programs and facilities, and after care for overdose victims. The increasing housing costs, pensions and wages that are not keeping pace.

Collaboration between Indigenous and non-Indigenous partners		
CHR 3	Please select your community from the drop-down menu:	Prince George (BC)
	Your community:	**Has IH funding available.** **The DC CE and IH CE are the same organization.** **The DC CAB and IH CAB are distinct groups.**
CHR 4	a) Has there been meaningful collaboration between the DC CE and the IH CAB, as well as local Indigenous partners, including those that sit on the DC CAB, over the reporting period specific to the work of:	
	• Implementing, maintaining and/or improving the **Coordinated Access system**?	Yes

• Implementing, maintaining and/or improving, as well as using the **HMIS**?	Not yet started
• Strengthening the **Outcomes-Based Approach**?	Not yet started

As a reminder, meaningful collaboration with the IH CAB, as well as local Indigenous partners is expected for your community.

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

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

→ Coordinated Access:	Yes
→ HMIS:	No

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

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

Note: As applicable, these activities should be described in further detail in CHR 4(c). This list is not meant to be exhaustive. Other relevant activities not listed above should be described in CHR 4(c).

c) In your response to **CHR 4(a)** you noted that collaboration has **occurred** with Indigenous partners. As a follow up to this, please describe the collaboration that took place in more detail **as it relates to Coordinated Access, the HMIS and/or the Outcomes-Based Approach.**

Your response could include information such as when collaboration occurred, who it was with, what aspects of Coordinated Access, the HMIS and/or the Outcomes-Based Approach were discussed, and how Indigenous perspectives influenced the outcome.

Indigenous partners have been involved in all discussions and work with respect to the formation of a Coordinated Access system. An introductory meeting was held in 2024 with community and Indigenous leaders and government representatives. The creation of a collaborative Community Advisory Board for both the DC and Indigenous streams has been formed. This will facilitate the development of a Coordinated Access program in collaboration with Indigenous partners in the community. Discussions have commenced and will continue over the next several months. The creation of a Coordinated Access Strategy Group including Indigenous partners will create a strong foundation for meaningful dialogue as the Coordinated Access process moves forward. The Prince George Nechako Aboriginal Employment and Training Association (PGNAETA) is the CE for both the DC and IH funding stream. Having the same CE for both funding streams will ensure a strengthened collaboration as we move forward with Coordinated Access for Prince George.

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

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

	Indigenous partners have been involved in all discussions and work to date with respect to the formation of Coordinated Access. It was noted that collaboration with Indigenous partners did not take place with respect to HMIS and the Outcomes-Based approach simply because we are not at that point yet. Moving forward, PGNAETA being the CE for both the DC and IH funding streams facilitates the full development of a Coordinated Access program in collaboration with Indigenous partners in the community. The creation of a Coordinated Access Strategy Group including Indigenous partners will create a strong foundation for meaningful dialogue as the Coordinated Access process moves forward. As part of the further development of Coordinated Access, the deployment of HIFIS as the HMIS will be discussed, as well as identifying community level targets, so that we can measure progress using the Outcomes-based approach. In addition, meetings of the Collaborative Community Advisory Board to review various pieces of work (CHR 2023-24, Community Plan and the Point in Time Count) have taken place. Once the community has the ability to utilize HIFIS and move forward with the community on Coordinated Access and an Outcomes-based approach, we are confident we will be prepared.	
CHR 5	a) Specific to the completion of this Community Homelessness Report (CHR), did ongoing, meaningful collaboration take place with the IH CAB, as well as local Indigenous partners, including those that sit on the DC CAB?	Yes
	As a reminder, meaningful collaboration on the CHR with the IH CAB, as well as local Indigenous partners is expected for your community.	
	b) In your response to **CHR 5(a)** you noted that collaboration occurred with Indigenous partners. As a follow up to this, please indicate which of the following activities took place:	
	• Engagement with Indigenous partners took place in the early stages of CHR development, to determine how collaboration should be undertaken for the CHR.	No
	• Collaboration with Indigenous partners took place when developing and finalizing the CHR.	Yes

	• Indigenous partners reviewed and approved the final CHR.	Yes
	Note: As applicable, these activities should be described in further detail in CHR 5(c). This list is not meant to be exhaustive. Other relevant activities not listed here can be described in CHR 5(c).	
	c) In your response to **CHR 5(a)** you noted that collaboration **occurred** with Indigenous partners. As a follow up to this, please describe the collaboration that took place in more detail **related to the completion of this CHR.** Your response could include information such as how Indigenous peoples were engaged in these discussions, when collaboration occurred, who it was with, and what sections of the CHR were informed by Indigenous input and/or perspectives.	
	Collaboration continues through a joint Collaborative Community Advisory Board (with Indigenous partners). This CAB has been involved in discussions about community issues and priorites - a meeting to review the funding proposals early February did include project discussion. In addition, we have had meetings (December and April) to report on the Point in Time Count, and to share the results. The DC CAB reviewed the CHR in early June 2025 and IH CAB chair signed off.	
CHR 6	a) Did the IH CAB sign-off on this CHR?	Yes
End of Section 1		

SECTION 2: COORDINATED ACCESS SELF-ASSESSMENT

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

Governance and Partnerships

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

CA 1	Communities must maintain an integrated, community-based governance structure that supports a transparent, accountable and responsive Coordinated Access system, with use of an HMIS. The CAB must be represented in this structure in some way.	
	a) Is an integrated, community-based governance structure in place that supports a transparent, accountable and responsive Coordinated Access system and use of the local HMIS?	Select one
	b) Have Terms of Reference for the integrated, community-based governance structure been documented and, if requested, can they be made publicly available?	Select one
CA 2	Does the integrated governance structure that supports Coordinated Access and use of HMIS include representation from the following: • Federal Homelessness Roles:	
	→ Community Entity:	Select one
	→ Community Advisory Board:	Select one

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

	• Population groups the Coordinated Access system intends to serve (e.g., providers serving youth experiencing homelessness):	Select one
	• Types of service providers that help prevent homelessness and those that help people transition from homelessness to safe, appropriate housing in the community:	Select one
	• People with lived experience of homelessness:	Select one
CA 3	Is there a document that identifies how various homeless-serving sector roles and groups are integrated and aligned in support of the community's overall goals to prevent and reduce homelessness and, if requested, can this documentation be made publicly available? At minimum, the following roles and groups must be included: • Community Entity; • Community Advisory Board; • Coordinated Access Lead and HMIS Lead; • Provincial or territorial and municipal designations relative to managing homelessness funding, as applicable; • Local groups with a mandate to prevent and/or reduce homelessness, as applicable; and, • Local Indigenous partners.	Select one
CA 4	a) Has a Coordinated Access Lead organization been identified?	Select one
	b) Has an HMIS Lead organization been identified?	Select one
	c) Do the Coordinated Access Lead and HMIS Lead collaborate to: • Improve service coordination and data management; and, • Increase the quality and use of data to prevent and reduce homelessness?	Select one

	d) Have Coordinated Access Lead and HMIS Lead roles and responsibilities been documented and, if requested, can this documentation be made publicly available?	Select one
CA 5	a) Has there been meaningful collaboration between the DC CE and the IH CAB, as well as local Indigenous partners, including those that sit on the DC CAB, over the reporting period specific to the work of implementing, maintaining and/or improving the Coordinated Access system? Note: The response to this question is auto-populated from CHR 4(a).	Yes
CA 6	a) Consider the CAB expectations outlined below. Is the CAB currently fulfilling expectations related to its role with addressing homelessness in the community?	Select one

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

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

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

Planning:

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

Implementation and Reporting:

- The CAB engages in meaningful collaboration with key partners, including other orders of government, Indigenous partners, as well as entities that coordinate provincial or territorial homelessness initiatives at the local level, where applicable.
- The CAB coordinates efforts to address homelessness at the community level by supporting the Community Entity to implement, maintain, and improve the Coordinated Access system, actively use the local HMIS, as well as prevent and reduce homelessness using an Outcomes-Based Approach.
- The CAB approves the Reaching Home Community Homelessness Report.

Alignment of Investments:

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

CA 7	Are the following CAB documents being maintained **and** are they available upon request?	
	• Terms of Reference.	Select one
	• Engagement strategy that explains how the CAB intends to:	Select one
	→ Achieve broad and inclusive representation;	
	→ Coordinate partnerships with the necessary sectors and systems to meet its priorities (e.g., beyond the homeless-serving sector); and,	
	→ Integrate local efforts with those of the province or territory.	

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

	c) Has participation been encouraged from providers that could fill vacancies through the Coordinated Access system (e.g., they have housing units, subsidies and/or supports that could be accessed by people experiencing homelessness), and do not receive Reaching Home funding? They may or may not have agreed to participate at this time.	Select one
Systems Map and Resource Inventory		
CA 9	a) A systems map identifies and describes the service providers that participate in the Coordinated Access system. Does the community have a current systems map **and**, if requested, can it be made publicly available?	Select one
	b) Does the systems map include the following elements:	
	→ Name of the organization and/or service provider:	Select one
	→ Type of service provider (e.g., emergency shelter, supportive housing):	Select one
	→ Funding source(s):	Select one
	→ Eligibility for service (e.g., youth):	Select one
	→ Capacity to serve (e.g., number of units):	Select one
	→ Role in the Coordinated Access system (e.g., access point):	Select one
	→ Role with maintaining quality data used for a Unique Identifier List (e.g., keep data up-to-date for housing history):	Select one
	→ If the service provider currently uses the HMIS:	Select one
	c) Over the last year, was the systems map used to guide efforts to improve:	

	→ The Coordinated Access system (e.g., identify opportunities to increase participation):	Select one
	→ Use of the HMIS (e.g., identify opportunities to onboard new service providers):	Select one
	→ Data quality (e.g., increase data comprehensiveness):	Select one
CA 10	a) Are all housing and related resources funded under the DC or TH stream included in the Resource Inventory? This means that they fill vacancies using the Unique Identifier List, following the vacancy matching and referral process.	Select one
	b) For each housing and related resource in the Resource Inventory, have eligibility criteria been documented?	Select one
	c) For each housing and related resource in the Resource Inventory, have prioritization criteria, and the order in which they are applied, been documented **and**, if requested, can this documentation be made available? At minimum, depth of need (i.e., acuity) must be included as a factor in prioritization.	Select one
Service Navigation and Case Conferencing		
CA 11	a) Are there processes in place to ensure that people are being supported to move through the Coordinated Access process? This is often referred to as service navigation or case conferencing.	Select one
	b) Have these processes been documented **and**, if requested, can this documentation be made available?	Select one
	c) Do the processes include expectations for the following:	

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

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

	→ **Housing plans:** Documenting people's progress with finding and securing housing (with appropriate subsidies and/or supports, as applicable).	Select one
	→ **Using a person-centered approach:** Tailoring use of common tools to meet the needs and preferences of different people or population groups (e.g., youth), while also maintaining consistency in process across the Coordinated Access system.	Select one
CA 15	a) Is a common, unified triage and assessment process being applied across all population groups in the community **and**, if requested, can this documentation be made available?	Select one
	b) If more than one triage and/or assessment tool is being used, is there a protocol in place that describes:	
	→ When each tool should be used (e.g., tools used only for youth verses those that can be used with more than one population group).	Select one
	→ When a person/family could be asked to complete more than one tool (e.g., if an individual becomes part of a family or a youth becomes an adult).	Select one
	→ How the matching process will be managed in situations where more than one person/family is eligible for the same vacancy and, because data to inform prioritization was collected using different tools, results are not the same (e.g., one tool gives a higher score for depth of need than the other).	Select one
Vacancy Matching and Referral with Prioritization		

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

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

Section 2 Summary Tables

The tables below provides a summary of the work your community has done so far to meet the Reaching Home minimum requirements under the **Coordinated Access and CAB Directives**.

	Completed	Started	Not Yet Started
Total	1	0	0

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

End of Section 2

SECTION 3: HOMELESSNESS MANAGEMENT INFORMATION SYSTEM AND OUTCOMES-BASED APPROACH SELF-ASSESSMENT

Context		
CHR 7	a) In your community, is the Homeless Individuals and Families Information System (HIFIS) the Homelessness Management Information System (HMIS) that is being used?	Select one
	b) Which HMIS is being used?	
	Please add HMIS name	
	c) When was it implemented?	
	YYYY-MM-DD	

Note: Throughout Section 3 and Section 4 of this CHR, questions that ask about the "HMIS" or the "dataset" refer to the HMIS identified in question CHR 7.

Homelessness Management Information System (HMIS)		
HIFIS 1	Is an HMIS being **actively used** to manage individual-level client data (i.e., person-specific data) and service provider information for Coordinated Access and for the Outcomes-Based Approach? This includes using the HMIS to generate data for the Unique Identifier List and outcome reporting.	Select one
HIFIS 2	a) Are **all** Reaching Home-funded service providers actively using the same HMIS to manage individual-level client data (i.e., person-specific data) and service provider information for Coordinated Access and for the Outcomes-Based Approach?	Select one

	b) Over the last year, were **other** non-Reaching Home-funded providers that serve people experiencing or at-risk of homelessness encouraged to actively use the HMIS? They may or may not have agreed to do so at this time.	Select one
HIFIS 3	a) Has the Community Entity signed the latest Data Provision Agreement (find the latest version **here**, which includes the Racial Identity field in the annex) with Housing, Infrastructure and Communities Canada (HICC)? This may have been done in a previous year.	Select one
	b) Are local agreements in place to manage privacy, data sharing and client consent related to the HMIS? These agreements must comply with municipal, provincial/territorial and federal laws and include: • A Community Data Sharing Agreement; and, • A Client Consent Form.	Select one
	c) Are processes in place that ensure there are no unnecessary barriers preventing Indigenous partners from accessing the HMIS data and/or reports they need to help the people they serve?	Select one
HIFIS 4	Has the Community Entity updated HIFIS to the latest version that was most recently confirmed as mandatory by HICC?	Select one
HIFIS 5	a) Has there been meaningful collaboration between the DC CE and the IH CAB, as well as local Indigenous partners, including those that sit on the DC CAB, over the reporting period specific to the work of implementing, maintaining and/or improving, as well as the use of the HMIS? Note: The response to this question is auto-populated from CHR 4(a).	Not yet started

Data Uniqueness		
OBA 1	a) Does the dataset include people currently experiencing homelessness that have interacted with the homeless-serving system?	Select one
	b) Do people appear only once in the dataset?	Select one
	c) Do people give their consent to be included in the dataset?	Select one
OBA 2	Is there a **written policy/protocol** (“Inactivity Policy”) that describes how **interaction with the homeless-serving system** is **documented**? The policy/protocol must: • Define what it means to be “active” or “inactive”; • Define what keeps someone “active” (e.g., data entry into specific fields in HIFIS); • Specify the level of effort required by service providers to find people before they are made/confirmed as “inactive”; • Explain how to document a person’s first time as “active”, as well as changes in “activity” or “inactivity” over time; and, • Explain how to check for data quality (e.g., run a report that shows the clients that are about to become inactive and work with outreach workers to update their files and keep them active, as needed).	Select one
OBA 3	Is there a **written policy/protocol** that describes how **housing history is documented** (e.g., as part of a broader data entry guide for the HMIS)? The policy/protocol must: • Define what it means to be “homeless” or “housed” (e.g., define a housing continuum that shows which housing types align with a status of “homeless” versus “housed”); • Explain how to enter housing history consistently; and, • Explain how to check for data quality (e.g., run a report that shows the percentage of clients that have complete housing history, so that “unknown” fields can be updated).	Select one
Data Consistency		

OBA 4	To support Coordinated Access, is the HMIS used to generate data for a Unique Identifier List?	Select one
OBA 5	Is the HMIS used to collect data for setting baselines, setting reduction targets and tracking progress for the following community-level outcomes:	
	→ Overall homelessness:	Select one
	→ Newly identified as experiencing homelessness:	Select one
	→ Returns to homelessness:	Select one
	→ Indigenous homelessness:	Select one
	→ Chronic homelessness:	Select one
Data Timeliness		
OBA 6	Is the dataset updated as soon as new information is available about a person for:	
	→ Interaction with the system (e.g., changes from “active” to “inactive”).	Select one
	→ Housing history (e.g., changes from “homeless” to “housed”).	Select one
	→ Data that is relevant and necessary for Coordinated Access (e.g., data used to determine who is eligible and can be prioritized for a vacancy).	Select one
OBA 7	Is data readily available and accessible, so that it can be used for Coordinated Access, the Outcomes-Based Approach and to drive the prevention and reduction of homelessness more broadly?	Select one

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

→ Single adults:	Select one
→ Unaccompanied youth:	Select one
→ Families	Select one
b) Does the dataset include people staying in the following types of shelter:	
→ Permanent emergency shelter:	Select one
→ Seasonal or temporary emergency shelter:	Select one
→ Hotels/motel stays paid for by a service provider:	Select one
→ Domestic violence shelters:	Select one
c) Does the dataset include the following groups of people who have interacted with the system:	
→ People that identify as Indigenous:	Select one
→ People as soon as they interact with the system:	Select one
→ People experiencing hidden homelessness:	Select one
→ People staying in transitional housing:	Select one

	→ People staying in public institutions who do not have a fixed address (e.g., jail or hospital):	Select one
OBA 13	Under Reaching Home, at minimum, a comprehensive dataset includes all household types (OBA 10), people experiencing sheltered homelessness (OBA 11) and people experiencing unsheltered homelessness (OBA 12), as applicable. Consider your answers to questions OBA 10, OBA 11, OBA 12 and CHR 9. Does the dataset include everyone currently experiencing homelessness that has interacted with the homeless-serving system, as much as possible right now?	Select one
Data Use		
OBA 14	**Note:** For the purpose of this CHR, the dataset can only be used for monthly reporting if there is at least one full month of data available, and for annual reporting if there is at least one full fiscal year of data available.	
	a) **<u>Can the dataset be used to set</u>** monthly and annual baselines and reduction targets for the following community-level outcomes:	
	→ Overall homelessness:	Select one
	→ Newly identified as experiencing homelessness:	Select one
	→ Returns to homelessness:	Select one
	→ Indigenous homelessness:	Select one
	→ Chronic homelessness:	Select one
OBA 15	Is data used to <u>inform action</u> related to preventing and reducing homelessness?	Select one

Partnerships		
OBA 16	a) Has there been meaningful collaboration between the DC CE and the IH CAB, as well as local Indigenous partners, including those that sit on the DC CAB, over the reporting period specific to the work of strengthening the Outcomes-Based Approach? Note: The response to this question is auto-populated from CHR 4(a).	Not yet started
Data quality improvement		
OBA 17	a) Are efforts being made to improve data quality?	Select one
Reporting on other Community-Level Outcomes		

Section 3 Summary Tables

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

	Completed	Started	Not Yet Started
Total	0	0	1

Homelessness Management Information System	Completed (score)	Completed (%)
Homelessness Management Information System (out of 5 points)	0	0%
All (out of 5 points)	**0**	**0%**

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

	Completed	Started	Not Yet Started
Total	0	0	1

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

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

End of Section 3

SECTION 4: COMMUNITY-LEVEL OUTCOMES AND TARGETS

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

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

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

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