

Reaching Home: Canada's Homelessness Strategy
Community Homelessness Report

Ts'i'ts'uwatul' CAB - Cowichan and Duncan
2024-2025

TEMPLATE FOR COMMUNITIES

SECTION 1: COMMUNITY CONTEXT

Overview

CHR 1

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

Your response could include information about:

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

The partners operating in the Cowichan and Duncan areas over the 2024-2025 fiscal year have continued to drive change and move the needle on supporting people experiencing homelessness, or at risk of experiencing homelessness. The CAB that works in this region is known as Ts'i'ts'uwatul', it was gifted this name a few years ago and reflects the meaningful relationships with Indigenous partners in the region. It was previously referenced with a different spelling of Tze Tza Watul which we have recently learned was incorrect.

Specific to Reaching Home over \$1.9 million dollars has been invested into a range of community-based programs that focus on housing services, client support services, and prevention and shelter diversion. This report was put together based on information already shared with the CE over the course of the year.

Our funded partners included Indigenous-led groups, First Nation services, and non-Indigenous non-profit organizations. Over the year the partners of the funded programs have provided data and information about the services they have been providing. Below is a snapshot from each agencies services and a general overview of key successes and challenges the community saw in the 2024-2025 fiscal year:

Cowichan Women Against Violence Society (CWAV)

Between the two funding streams CWAV has supported 366 individuals through the Indigenous Stream to sustain and/or secure housing and another 25 for the Cowichan Designated stream.

Additional services provided were three educational workshops on Tenant Rights and Responsibilities including Financial Literacy. This served as a prevention and intervention tool to secure and maintain housing. Workshops were delivered with a cultural lens. Some of the outstanding results from these programs include:

Security Deposit provided to a Family to secure housing from overcrowded living arrangement.

Supported a young mom experiencing abuse (just left partner) with utilities. Connected with Community Based Victim Services counsellor and First Nations Health Authority counselling.

Supported a young couple (youth) where the young woman was pregnant and needed support to maintain housing.

Supported a woman who is waiting for addictions treatment to maintain housing.

Supported a woman in recovery who was just starting a employment to maintain her housing

Supported an extended family of 7 where 4 children were under 5 and mom had just lost job. Waiting for Employment Insurance.

Supported an older woman who is self-employed in construction trade and contractor has no work to remain housed.

Canadian Mental Health Association (CMHA)

We were able to provide community members with rent supplements that helped them retain their house rentals. we were also able to direct clients and community members to potential landlords to prevent homelessness.

On of our clients who was with us for a year was able to get into stable market housing and is now enrolled in an online collage to become a Mental Health Support Worker.

CMHAs services focused on rent supplements and emergency assistance which provided connection to 250 people and helped keep 70 people from becoming unhoused.

Cowichan Housing Association (CHA)

During the 2024-2025 fiscal year, Cowichan Housing Association's Housing Loss Prevention Program assisted 980

individuals/families with inquiries related to tenancy, housing, homelessness or provided referrals to other community services. \$41,325 in Emergency Financial Assistance was provided to 64 applicants to prevent evictions due to rental arrears or assist with hydro disconnections. 106 grocery gift cards were provided to offset the high cost of living for those in crisis and 96 individuals were provided with bus tickets to aid with transportation. 50% of the Emergency Assistance applicants identify as Indigenous, 39% were over the age of 51, and 57% were on Income Assistance (IA)/Persons with Disabilities (PWD)/Canada Pension Plan (CPP)/Old Age Security (OAS).

This year we continued to experience a high number of requests due to the ongoing housing crisis and affordability crisis and thus the Housing Loss Prevention Coordinator took more time to connect and collaborate with other local agencies to ensure that clients inquiring for financial assistance had the best chance of accessing funds within the community.

As well, the Housing Loss Prevention Coordinator made an added effort to work with BC Hydro during the postal strike to ensure that folks were able to pay their bills in alternative ways and not risk disconnection.

Cowichan Lake Community Services Society (CLCSS)

236 prevention services interventions were achieved and 16 individuals were prevented from becoming homeless by Reaching Home at Cowichan Lake Community Services (CLCS) in the 2024-2025 contract.

These interventions included components of financial assistance, mediation with property managers and payment of arrears to avoid immediate eviction, corrections of accounts to reconnect essential utilities, or security deposits to ensure uninterrupted housing during a move. CLCSS works with a wide variety of partners to achieve these results.

Hiiye'yu Lelum (House of Friendship) Society (HoF)

Nearly 13,000 meals were provided to people living unhoused through this program; despite the basic needs focus of the service the outreach workers and support team helped several people engaged with these services into treatment, housing, returned to live with family and other interventions. The safety this group delivers helps make the

other services more accessible to folx due to the relationship building that occurs.

Integrated Coordinated Access (CHA/United Way British Columbia [UWBC])

Coordinated Access has intentionally centered the local Nations' perspectives and ways of being as we re-village the ways that we get folks connected to housing, wellness and support services. Through the development journey we have prioritized and integrated the wisdom of those who are providing services on the Front Line, Indigenous-Led Service providers, and People with Lived and Living Expertise. Coordinated Access development has been focused on different styles of community engagement. This engagement has led to the development and endorsement of the Nuts'a'Wuqw Lelum (Community House) Guiding Framework, the completion of the People with Lived and Living Engagement Survey 2024 and the co-led Front Line Provider Count in Spring 2025 with Cowichan Tribes. Our community was selected as a preparatory site for the PATH (Personalized Assistance to Housing) process the work to customize this culturally grounded assessment tool will continue on in the next fiscal year.

Challenges Identified

1. Lack of coordination of rental subsidies from various levels of government - work with BC Housing, HICC and others to support coordination of subsidies and advocate to ensure adequate resources are in place to keep people housed.
2. Gaps in Clinical Services - While some clients were connected to treatment, access remains limited and inconsistent, especially in remote communities or for complex cases.
3. Ongoing lack of investment in new housing - working with other partners to develop a coordinated approach to advocating for improved housing supports; how can we as community partners work with various levels of government to support the investment required.

Opportunities and Future Focus

1. Strengthen Coordinated Access

Continue scaling the Coordinated Access Leads work in streamlining intake, referrals, and data sharing. As the Tri-Lateral Alignment project gains momentum, work the community partners to support integration into the complex system of supports.

2. Expand Culturally Safe Clinical Treatment

Invest in culturally informed clinical supports, especially where community members face barriers to mainstream health systems.

Enhance training for frontline workers to support trauma-informed care.

3. Scale Transitional and Youth Housing

Youth-specific transitions (e.g., aging out of care) remain under-supported.

Increased focus on transitional housing models with wraparound services will be key.

4. Sustain Collaboration - Leverage networks like the Cowichan Action Team and Our Cowichan to maintain stakeholder alignment. Promote shared impact tracking across agencies for collective reporting and learning.

Conclusion

The Reaching Home-funded work in Cowichan and Duncan is making measurable progress in housing stability, prevention, and community wellness. With many people receiving housing support services and hundreds more supported across cultural, clinical, and food security programs, the collective effort is reducing homelessness and increasing hope. Continued focus on collaboration, cultural safety, and system navigation will be essential to deepen this impact in future years.

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.

Cowichan and Duncan have worked together to collaborate in addressing and preventing homelessness in the community for many years. The Cowichan Housing Coalition, Cowichan Health Network and other groups have brought diverse community partners together to address homelessness. The collaboration of partners operating in the Cowichan Valley has been in service to people in need. Over the years there have been a variety of community tables and opportunities to gather in order to address complex social needs. The Community Advisory Board (CAB) has been focused primarily on delivering funding to the community and meeting the requirements of Reaching Home.

Since COVID-19 that collaboration has increased significantly and seen new partnerships forged; as COVID-19 funding reduced over time there have been challenges in continuing to provide the levels of supports that this funding enabled. The food service programs, a move away from focusing on housing development (due to COVID-19) and the need to try and keep people housed as housing affordability spiralled have put increasing pressures on the community.

As a sub project of Reaching Home, Coordinated Access has taken on several initiatives to gather community insight and perspective. Nothing about us without is a message that guides any integrated work in community. The Ts'i'ts'uwatul' CAB continued to align funding and fulfill the deliverables of the Reaching Home program through both IH and DC streams. Our community anticipates this blended advisory board to undergo transformation as the needs of community change; especially in relation to the Alignment Project.

The Integrated Community Development working group began to convene again in January 2025 in a collaborative nature to undertake relevant working projects and to provide a community of practice space for Front Line staff. One of the intended outcomes for this working group is to improve service coordination and relationships throughout the region. This working group is also the space where operational discussion relevant to Coordinated Access development and HIFIS configuration are had. Admittedly, discussions intended to improve and build on Coordinated Access, HIFIS and OBA are restrained while the Alignment Project gains traction. The CA leads also attend the Chemainus Community Connection meetings which intend to improve service coordination outside of the Urban Duncan core.

Collaboration between Indigenous and non-Indigenous partners

CHR 3

Please select your community from the drop-down menu:

Cowichan Valley (BC)

Your community:

Has IH funding available.

The DC CE and IH CE are the same organization.

The DC CAB and IH CAB are the same group.

CHR 4

a) Has there been meaningful collaboration between the DC CE and local Indigenous partners, including those that sit on your CAB, over the reporting period specific to the work of:

<ul style="list-style-type: none"> Implementing, maintaining and/or improving the Coordinated Access system? 	Under development
<ul style="list-style-type: none"> Implementing, maintaining and/or improving, as well as using the HMIS? 	Under development
<ul style="list-style-type: none"> Strengthening the Outcomes-Based Approach? 	Under development

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

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

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

Collaboration with the Nations and Urban Indigenous providers in the Cowichan Region has contributed to Coordinated Access through the development and endorsement of the Nuts'a'wuqw Lelum Guiding Framework. This document details the guiding Values, Protocols, Perspectives and Collective commitment to this interconnected work. Representation from the Nations and the Urban Indigenous Providers are present at each of the working groups and advisory boards.

Data that had been collected through our community led Front Line Provider Count was used to support our Community Plan detailing the strategic direction for sector needs. Without the co-leadership from Cowichan Tribes and existing providers in community, this initiative would not have been possible.

As of writing this report, there is no consistent HMIS system used across community. Any databases used, do not have a reliable nor accessible feedback loop to bring that data back into community. This is an intended outcome of

the Alignment Project.

Overarching involvement in the development of Coordinated Access, HIFIS and the Outcomes -Based Approach is marred because as CA Leads, we do not have the designated authority to influence all elements of this project. The Trilateral partners are now responsible for drafting and finalizing procedures and practices related to CA, HIFIS & OBA. Our community is dedicated and consistent at participating in any Alignment meetings.

As CE/CA Lead, we will continue to highlight local and relevant concerns through this process and will continue to seek opportunities to centre a Two-eyed way of seeing approach through the development of this project.

Some Indigenous partners have expressed frustration or a decline in trust in regards to their relationship with the existing local Coordinated Access system. As CE/CA Lead, we will continue to seek opportunities to facilitate reconciliation and meaningful resolution to these identified challenges on behalf of our community. Implementation of a community led Coordinated access system where accountability measures are embedded is a priority in this upcoming fiscal year. These procedures will be developed in partnership and authentic consultation with our Indigenous Partners.

CHR 5

a) Specific to the completion of this Community Homelessness Report (CHR), did ongoing, meaningful collaboration take place with the local Indigenous partners, including those that sit on your CAB, over the reporting period?

Yes

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

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

- Engagement with Indigenous partners took place in the early stages of CHR development, to determine how collaboration should be undertaken for the CHR.

Yes

- 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.

Engagement with the Nations continues on in a meaningful way in the Cowichan Community. As this project carries forward we anticipate establishing a regional working group for our Urban Indigenous, Coast Salish and Nuuchaltnulth voices. At the local level we have established strong working relationships and will work to leverage those as the need for more broad collaboration continues.

Expansion of local governance is set to begin through dialogue in early June 2025. As CE/CA Lead, we will continue to advocate for Indigenous voices to be included as part of the Provincial Backbone team as this is an identified gap requiring a meaningful solution in the Alignment Project. Without this provincial representation in established governance, local community concerns related to Indigenous Data sovereignty and governance cannot be authentically protected. Through the next fiscal year, our community will look to bring together leadership through the Nations and Urban Indigenous providers for an update on endorsement of the Alignment Project and to gather perspective on deployment of the project now that

implementation is imminent.

The nations in the Cowichan Region are aware that this project is happening, however for the most part, involvement in the Advisory Committee's and PATH working groups have representation from working level staff. This project will need to be re-socialized to leadership.

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	<p>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.</p>				
	<table border="1"> <tr> <td data-bbox="315 755 1522 901">a) Is an integrated, community-based governance structure in place that supports a transparent, accountable and responsive Coordinated Access system and use of the local HMIS?</td> <td data-bbox="1522 755 2020 901">Select one</td> </tr> </table>	a) Is an integrated, community-based governance structure in place that supports a transparent, accountable and responsive Coordinated Access system and use of the local HMIS?	Select one		
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	<table border="1"> <tr> <td data-bbox="315 901 1522 1031">b) Have Terms of Reference for the integrated, community-based governance structure been documented and, if requested, can they be made publicly available?</td> <td data-bbox="1522 901 2020 1031">Select one</td> </tr> </table>	b) Have Terms of Reference for the integrated, community-based governance structure been documented and, if requested, can they be made publicly available?	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	<p>Does the integrated governance structure that supports Coordinated Access and use of HMIS include representation from the following:</p> <ul style="list-style-type: none"> Federal Homelessness Roles: <table border="1"> <tr> <td data-bbox="315 1201 1522 1356">→ Community Entity:</td> <td data-bbox="1522 1201 2020 1356">Select one</td> </tr> <tr> <td data-bbox="315 1356 1522 1421">→ Community Advisory Board:</td> <td data-bbox="1522 1356 2020 1421">Select one</td> </tr> </table> 	→ Community Entity:	Select one	→ Community Advisory Board:	Select one
→ 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

	<ul style="list-style-type: none"> Population groups the Coordinated Access system intends to serve (e.g., providers serving youth experiencing homelessness): 	Select one
	<ul style="list-style-type: none"> Types of service providers that help prevent homelessness and those that help people transition from homelessness to safe, appropriate housing in the community: 	Select one
	<ul style="list-style-type: none"> People with lived experience of homelessness: 	Select one
CA 3	<p>Is there a document that identifies how various homeless-serving sector roles and groups are integrated and aligned in support of the community's overall goals to prevent and reduce homelessness and, if requested, can this documentation be made publicly available? At minimum, the following roles and groups must be included:</p> <ul style="list-style-type: none"> Community Entity; Community Advisory Board; Coordinated Access Lead and HMIS Lead; Provincial or territorial and municipal designations relative to managing homelessness funding, as applicable; 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
	<p>c) Do the Coordinated Access Lead and HMIS Lead collaborate to:</p> <ul style="list-style-type: none"> Improve service coordination and data management; and, Increase the quality and use of data to prevent and reduce homelessness? 	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	<p>a) Has there been meaningful collaboration between the DC CE and local Indigenous partners, including those that sit on your CAB, over the reporting period specific to the work of implementing, maintaining and/or improving the Coordinated Access system?</p> <p>Note: The response to this question is auto-populated from CHR 4(a).</p>	Under development
CA 6	<p>a) Consider the CAB expectations outlined below. Is the CAB currently fulfilling expectations related to its role with addressing homelessness in the community?</p> <p>Background: The Reaching Home Directives outline expectations specific to the CAB and its role with addressing homelessness in the community. These expectations are summarized below under four roles.</p> <p>Community-Based Leadership: To support its role, collectively, the CAB:</p> <ul style="list-style-type: none"> • Is representative of the community; • Has a comprehensive understanding of the local homelessness priorities in the community; and, • Has in-depth knowledge of the key sectors and systems that affect local priorities. <p>Planning:</p> <ul style="list-style-type: none"> • In partnership with the Community Entity, the CAB gathers all available information related to local homelessness needs in order to set direction and priorities, understand what is working and what is not, and develop a coordinated approach to meet local priorities. • The CAB helps to guide investment planning, including developing the Reaching Home Community Plan and providing official approval, as well as assessing and recommending projects for Reaching Home funding to the Community Entity. 	Select one

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.

	<ul style="list-style-type: none"> Procedures for addressing real and/or perceived conflicts of interest (e.g., members recuse themselves when they have ties to proposed projects), including the membership of elected municipal officials. 	Select one
	<ul style="list-style-type: none"> Procedures for assessing and recommending project proposals for federal funding under Reaching Home (e.g., supporting a fair, equitable, and transparent assessment process as set out by the Community Entity). 	Select one
	<ul style="list-style-type: none"> Exclusive and shared responsibilities between the CAB and Community Entity. 	Select one
	<ul style="list-style-type: none"> Membership terms and conditions, including: <ul style="list-style-type: none"> → Recruitment processes; → Length of tenure; → Attendance requirements; → Delegated tasks; and, → Having at least two seats available for the alternate Community Entity and CAB/Regional Advisory Board (RAB) member, where applicable. 	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:	

<p>→ 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.</p>	Select one
<p>→ 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.</p>	Select one
<p>→ 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).</p>	Select one
<p>→ 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.</p>	Select one
<p>→ 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.</p>	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	0	1	0

Coordinated Access	Completed (score)	Completed (%)
Governance and partnerships (out of 8 points)	0	0%
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)	0	0%

End of Section 2

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

Context

CHR 7	<p>a) In your community, is the Homeless Individuals and Families Information System (HIFIS) the Homelessness Management Information System (HMIS) that is being used?</p>	Select one
	<p>b) Which HMIS is being used?</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">*Please add HMIS name*</div>	
	<p>c) When was it implemented?</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">YYYY-MM-DD</div>	

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	<p>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.</p>	Select one
HIFIS 2	<p>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?</p>	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: <ul style="list-style-type: none"> • 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 local Indigenous partners, including those that sit on your CAB, over the reporting period specific to the work of implementing, maintaining and/or improving, as well as the use of the HMIS? Note: The response to this question is auto-populated from CHR 4(a).	Under development

Data Uniqueness		
OBA 1	a) Does the dataset include people currently experiencing homelessness that have interacted with the homeless-serving system?	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	<p>Is there a written policy/protocol (“Inactivity Policy”) that describes how interaction with the homeless-serving system is documented? The policy/protocol must:</p> <ul style="list-style-type: none"> • Define what it means to be “active” or “inactive”; • Define what keeps someone “active” (e.g., data entry into specific fields in HIFIS); • Specify the level of effort required by service providers to find people before they are made/confirmed as “inactive”; • Explain how to document a person’s first time as “active”, as well as changes in “activity” or “inactivity” over time; and, • Explain how to check for data quality (e.g., run a report that shows the clients that are about to become inactive and work with outreach workers to update their files and keep them active, as needed). 	Select one
OBA 3	<p>Is there a written policy/protocol that describes how housing history is documented (e.g., as part of a broader data entry guide for the HMIS)? The policy/protocol must:</p> <ul style="list-style-type: none"> • Define what it means to be “homeless” or “housed” (e.g., define a housing continuum that shows which housing types align with a status of “homeless” versus “housed”); • Explain how to enter housing history consistently; and, • Explain how to check for data quality (e.g., run a report that shows the percentage of clients that have complete housing history, so that “unknown” fields can be updated). 	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 <u>collect data</u> 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 <u>as soon as</u> 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	<p>Under Reaching Home, at minimum, a comprehensive dataset includes all household types (OBA 10), people experiencing sheltered homelessness (OBA 11) and people experiencing unsheltered homelessness (OBA 12), as applicable.</p> <p>Consider your answers to questions OBA 10, OBA 11, OBA 12 and CHR 9. Does the dataset include everyone currently experiencing homelessness that has interacted with the homeless-serving system, as much as possible right now?</p>	Select one
Data Use		
OBA 14	<p>Note: For the purpose of this CHR, the dataset can only be used for monthly reporting if there is at least one full month of data available, and for annual reporting if there is at least one full fiscal year of data available.</p> <p>a) <u>Can the dataset be used to set</u> monthly and annual baselines and reduction targets for the following community-level outcomes:</p>	
	→ Overall homelessness:	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 local Indigenous partners, including those that sit on your CAB, over the reporting period specific to the work of strengthening the Outcomes-Based Approach?

Note: The response to this question is auto-populated from CHR 4(a).

Under development

Data quality improvement

OBA
17

a) Are efforts being made to improve data quality?

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	1	0

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	1	0

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 **monthly** 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.