Reaching Home: Canada's Homelessness Strategy

Community Homelessness Report

Nanaimo Designated and Indigenous

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 Nanaimo 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. Specific to Reaching Home over $1.8 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.

Some key themes and successes drawn from funded partner reports over the last fiscal year include:

Housing and Prevention: Several organizations demonstrated success in housing individuals and preventing homelessness. AVI Health & Community Services Society, Pacifica Housing Advisory Association, and Nanaimo Family Life Association (NFLA) all reported numbers of individuals housed or assisted in retaining housing. The Seniors Housing Information & Navigation Ease Program (S.H.I.N.E.) program at NFLA stands out for its success in preventing evictions and securing new housing for seniors.

Basic Needs Services: The 7-10 Club Society and Nanaimo Family Life Association (Caledonia Shower Program) provide essential services like meals and hygiene facilities. The number of showers provided by the Caledonia Shower Program is substantial, indicating a high demand for these services; and was a precursor to proving the need for a more centralized day space service. The 7-10 Club addresses a crucial need for accessible meals, especially given concerns about the quality of other food sources.

Community Collaboration: Strong partnerships are evident across multiple organizations. There are strong collaborations between AVI, CMHA, Island Health, Pacifica Housing, Snuneymuxw First Nation, and others. These collaborations enable a more comprehensive and coordinated approach to addressing homelessness. The Nanaimo Brain Injury Society's (NBIS) partnership with Nanaimo Regional General Hospital is a great example of integrating support services within the healthcare system.

Employment and Economic Integration: The Connections4Hope program, run by Island Crisis Care Society (ICCS), delivers significant impact in helping individuals gain employment and life skills. The success of Project Rise in securing employment for its participants is particularly noteworthy.

Focus on Vulnerable Populations: Several programs specifically target vulnerable populations such as seniors (NFLA's SHINE program), individuals with brain injuries (NBIS), and Indigenous individuals (Snuneymuxw Hulit Lelum).

The Nanaimo community collaborates to provide "Spa Days" for unhoused individuals with a focus on supports for Indigenous peoples and includes foot care, mobile care unit to assess on other medical needs, haircuts, meals, and hygiene services.

Adaptability & Responsiveness: Organizations demonstrate the ability to adapt to changing circumstances and address emerging needs. Examples include: the Unitarian Fellowship adapting their shower program during renovations, and ICCS providing support to residents displaced by a fire.

Drop In Services: the Drop In Hub started to take shape in 2024-2025 around the need for a dedicated day space to support hygiene needs and access to basic needs. This followed a period of time when getting the right partners together with the right location was proving challenging, this has been a big win for the community.

Stabilization Funding – has helped address a gap in additional winter supports for the community and following a call for proposals in Dec-Jan this last winter several agencies including 7-10 Club, Mid Island Metis, SFN, ICCS received support to enhance their services.

For Snuneymuxw and Mid Island Metis Nation these supports were significant in being able to respond to winter weather.

Data Coordination – Snuneymuxw First Nation (SFN) led the Point in Time count in 2024 in collaboration between community partners with United Way BC, City of Nanaimo and Nanaimo Systems Planning Organization all being significant supports.

The connection and collaboration between partners is exceptional in service to the residents of Nanaimo in need of a safety net of supports. There are multiple other areas of supports outside of the Reaching Home funding which

include:

City of Nanaimo:

Focus: The City has been engaged in addressing homelessness by prioritizing housing and low-barrier basic needs services that directly assist people experiencing homelessness and operate from fixed locations.

Trends: Nanaimo has experienced a decline in essential basic needs services over the past decade, including drop-in centres, meal programs, shower facilities, and the CMHA "Out Shop." In addition, with only 63 permanent year-round shelter beds to address the needs of 800 to 1000 people experiencing homelessness there are a lack of access points for people to access long term health, housing and social supports. Basic needs services are critical for achieving stability and wellness, serving as an initial point of contact for individuals to access longer-term support.

City Initiatives: the City has been working on several initiatives to address homelessness over the last fiscal, they include the following:
•Permanent Supportive Housing provision – City is providing funding, land and staff support to provide 272 permanent supportive housing units. These are dispersed over six sites across the city and are at various stages of development.
•Nanaimo Rent Bank – City has contributed $150,000 over the last fiscal to support rent bank loan capital for the Nanaimo Rent Bank.
•Rent Supplement Program – City has contributed $150,000 to various community partners to provide rent supplement capital within existing housing service programs.
•Social Planning Grants - $85,00 was contributed to agencies that address the root cause of poverty and foster social equity and inclusion.
•Systems Planning Organization - City provided $480,000 to the SPO in 2024/2025 to provide research, data, analysis, and information related to the community's homelessness response along with coordinated action and advocacy. The City is funding the SPO 2021 to 2026
•Homeless Encampment Action Response Team (HEART) and Homeless Encampment Action Response Temporary Housing (HEARTH) Memorandum of Understanding (MOU) – the City is working with BC Housing to provide 237

temporary supportive housing units across four sites in the city. The City has contributed land, capital funding and staff support for this MOU. City also supports the HEART Strategic Working group that implements and develops the encampment response plan.

•Extreme Weather Response – the City provided $474,095 to fund three general daytime warming centres during the 2023/2024 winter season and $500,000 to fund a drop-in hub 2024/2025. During extreme cold weather, the City opened a city facility to provide an additional 80 spaces over the 2024/2025 winter season.

•Shower Program – the City has allocated approximately $86,000 to fund the Shower Program. The shower program is operated by Nanaimo Family Life Association and showers are provided in a city owned facility

•Community Safety Officer Program – the city provides a team of 12 CSOs to engage with vulnerable citizens including people experiencing homelessness, addiction and mental health concerns to assist in the coordination of appropriate social, health and enforcement responses.

Snuneymuxw First Nation:

Serving All in Need: While funded to serve Indigenous people, SFN's outreach serves a significant number of non-Indigenous individuals alongside Indigenous clients.

Providing Essential Support: SFN offers weekly hot meals and distributes wellness packages containing hygiene supplies and snacks.

Transition Units on Reserve: success in wraparound supports from these sites; connection to community has been significant in creating a path to wellness. Community has embraced people that are coming home.

Challenges & Needs: More addiction and mental health services, supply of affordable housing and non-market housing, and support for outreach parking locations are vital. Point-in-Time Count data underestimates Indigenous homelessness.

Successes & Collaboration: Twelve transitional units with wraparound services are successful and the work of the

City's Community Safety Officers are helpful. SFN's peer-lived outreach worker has had a positive impact.

Urban Indigenous Organizations:

Funding through both Reaching Home, ISC, and other partners provides a variety of care models through Indigenous-led organizations including Tillicum Lelum, Mid-Island Metis Nation (MIMN) and Kwumut Lelum.

MIMN worked in conjunction with other orgs to supply individuals with supports – closure of Out Shop impacted the need for additional supports. The collaboration between partners helped to support this.

Island Health:

Importance of Centralized Access: Spaces like The Hub facilitate service provider access to unhoused clients.

Focus on Stability & Proactive Planning: Island Health is working to increase stability and improve proactive planning for mental health and substance use services.

Road to Recovery & Trauma-Informed Care: The "Road to Recovery" initiative aims to provide equitable access and increased bed-based services and It's important to utilize a trauma-informed approach to build trust.

BC Housing:

Focus on HEART/HEARTH: BC Housing has prioritized the HEART and HEARTH programs to address

homelessness.

Strategic Response Areas: BC Housing's Strategic Working Group is focusing on downtown Nanaimo and Bowen Park for homeless encampment response.

HIFIS & Shelter Support: BC Housing aims to provide community partners access to HIFIS and supports permanent shelter spaces (95) that served 919 unique people in the fiscal year.

Housing First & Partnerships: Supportive housing and HEARTH follow a Housing First/Harm Reduction approach, relying on partnerships with local governments and nonprofits, but have noted a major barrier for those leaving supportive housing.

SPO:

Identification that there needs to be more of a focus on the following:

Affordable and non market housing

Housing continuum

Rent geared to income and rent subsidies

Other community partners:

Salvation Army Pathway to Hope:

A new transitional housing program that actively supports people into accessing housing.

Provides shelter, food, laundry services and case management support to develop skills locate and maintain housing

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 Reaching Home program has been active in the Nanaimo area for over 8 years; what was in place prior to Reaching Home is not that relevant to current activities. The collaboration of partners operating in Nanaimo 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. There has been minimal focus on providing a collaborative space in which to build partnerships and address overarching community needs. Although notable areas of focus and success include advocating for the Drop In Hub and increased collaboration between all partners.

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.

There has been an identified need for a centralized day space or drop in centre for a few years and the CAB was an influential advocate for that service. This service did not come to fruition at the time but the need and desire for something similar to come together was not dropped.

There have been efforts to bring partners together around the Coordinated Access implementation but due to BC's unique position in this area with HIFIS being owned and licensed to BC Housing and not communities themselves those efforts have been heavily delayed. This has impacted the community's ability to collaborate effectively with unclear communication from partners involved in the project.

Since January 2025 there has been significant progress in these areas alongside welcome supports from the City of Nanaimo and BC Housing. The Belonging in BC strategy paper, investments in supportive housing, the HEART & HEARTH model and the opening of the Nanaimo Drop In Hub have driven change for this community. The community is also on a positive path with Coordinated Access again and bringing partners together to ensure there is informed and prior consent to participation particularly for Indigenous partners and First Nations.

It feels like we have the right partners, individuals and energy in the community to build and harness the momentum. There have been challenges in the past and these diverse voices are coming together now to continue action.

Over the years the level of partnership saw the IH and DC CABs become one CAB with the funding streams remaining separate. There have been ebbs and flows in the effectiveness of this model. In the last few months we are experiencing a real coming together of partners recently through the CAB tables and on the sidelines. There has been a focus on engaging the voices of the unhoused in this work; receiving that input into the work ahead which was particularly successful around the Drop In Hub development but is included in other spaces.

The future of Reaching Home in Nanaimo will be centred around the BC Tri-Lateral Alignment Project which has at its centre the Homelessness Response Leadership Table – a partnership between HICC, the CE and the Ministry of Housing and Municipal Affairs (HMA)/BC Housing. There will be various sub-tables of this group and we anticipate significant and ongoing change to collaboration, reduction in duplication and stronger understandings of organizational goals, mandates and vision.

Future Thinking: It is vital, in our merged model, that we are clear on how diverse voices are included and safe spaces are held. This includes:

Ensuring diverse voices are heard and included in the work ahead; accountability to recommendations

Social Determinants of Health re Harm Reduction – community readiness

Nothing About Us Without Us – community consultation and engagement in an ongoing way that is meaningful and informed.

It is anticipated that through the Tri-Lateral Agreement these needs will be formalized into new partnership agreements for the community.

Collaboration between Indigenous and non-Indigenous partners	
CHR 3 Please select your community from the drop-down menu:	Nanaimo (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:

• Implementing, maintaining and/or improving the **Coordinated Access system**?	Under development
• Implementing, maintaining and/or improving, as well as using the **HMIS**?	Under development
• 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.

Based on direction from HICC and MHA there has been limited engagement with Indigenous partners as it relates to Coordinated Access, Outcomes Approach and implementation of HIFIS. The DC and IH streams of funding through Nanaimo are supported through a merged CAB and as such those partners have been at the table in receiving updates and directing funding. But the question around Coordinated Access is an issue that has until very recently been challenging to resolve. (see below for more details on how the CAB and Indigenous Partners are working together to rebuild the connections and relationships in Nanaimo)

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.	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.

Over the 2024-2025 fiscal year there have been multiple challenges in the Nanaimo community including staff turnover at the CE. As a result, the voices of Indigenous partners was not well supported and in meeting with those partners the CE has identified a reflection on the past year as well as carving out positive path forward.

The Community Plan draft developed by United Way BC and the Nanaimo Systems Planning Organization (SPO) has been criticized for not being truly inclusive of Indigenous voices, especially those of urban Indigenous peoples and smaller organizations beyond SFN.

The Indigenous representation in community planning has been inconsistent, often relying on a single Indigenous voice rather than a diverse, representative group.

There is concern that Indigenous voices, particularly from urban Indigenous communities, are being tokenized, with SFN perceived as representing all Indigenous perspectives.

At the beginning of the process, Service Canada did attempt to establish an Indigenous-specific table, but at that time the Reaching Home (called Homelessness Partnering Strategy) Indigenous stream only supported off-reserve funding. Understandably, this created hesitancy among some Indigenous partners, who felt the process lacked openness and did not reflect the full diversity of Indigenous voices.

Past efforts to involve Indigenous groups through the Indigenous Working Group and CAB have faced communication gaps and feelings of invalidation among Indigenous partners.

Inga Nielson-Cooper, with over 25 years of experience, expressed frustration with the limited recognition of Indigenous contributions and the lack of ongoing, meaningful engagement, especially recently with the Indigenous Working Group led by the SPO.

The shift post-Truth and Reconciliation has increased focus on Nations' voices, but this has sometimes excluded or overlooked urban Indigenous peoples' perspectives.

Indigenous leaders feel exhausted by efforts that seem to only tick boxes for inclusion rather than fostering genuine participation.

There is a need to create safe, culturally respectful spaces for Indigenous voices, including facilitated meetings and regular one-on-one engagement.

Current meeting practices often allow louder voices to overshadow marginalized ones, further invalidating Indigenous and other marginalized participants.

A broader, more inclusive approach is necessary to ensure Indigenous priorities are accurately reflected and

respected in community planning processes.

Action Items:

Recommendation to separate the Investment Community Plan into Designated and Indigenous funding streams (DC and IH).

Conduct a CAB meeting at Tillicum Lelum in the Fall; relationship building focus

Create an Indigenous Working Group to include Tillicum Lelum, Mid-Island Metis Nation, Snuneymuxw First Nation, and potentially other Indigenous organizations.

Facilitate community discussions with Indigenous partners through structured, inclusive processes.

Meet regularly with Indigenous partners individually to build trust and gather ongoing input.

Provide a summary of the conversation with Inga and share it with the CAB to ensure transparency and collective understanding.

End of Section 1

SECTION 2: COORDINATED ACCESS SELF-ASSESSMENT

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

Governance and Partnerships

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

CA 1	Communities must maintain an integrated, community-based governance structure that supports a transparent, accountable and responsive Coordinated Access system, with use of an HMIS. The CAB must be represented in this structure in some way.	
	a) Is an integrated, community-based governance structure in place that supports a transparent, accountable and responsive Coordinated Access system and use of the local HMIS?	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 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? Note: The response to this question is auto-populated from CHR 4(a).	Under development
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	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	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 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	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 <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	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) **Can the dataset be used to set** 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 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	

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 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.