COMMUNITY HOMELESSNESS REPORT SUMMARY

Cochrane District

2023-2024

The Community Homelessness Report (CHR) is an annual Reaching Home reporting deliverable that supports communities to prevent and reduce homelessness using a more coordinated, systems-based and data-driven response. The CHR was designed to support local discussions and decision making, using all of the information about homelessness currently available at the community level. Communities are encouraged to use their CHR data to develop clear plans of action that help them to reach their homelessness reduction targets and to leverage the collective efforts of service providers working across the community, regardless of how they are funded.

This is a summary of the CHR for the 2023-24 reporting cycle. It shows the community's self-assessment of Reaching Home implementation, which includes the following key components:
• meaningful collaboration between Indigenous and non-Indigenous partners (see Section 1);
• community-level governance, coordinated service delivery (Coordinated Access) and use of a Homelessness Management Information System or HMIS (see Section 2); and,
• an Outcomes-Based Approach (tracking community-level outcomes and progress against targets using person-specific data; see Section 3).
If the community was able to report on outcomes and targets, this CHR Summary also includes results for each of the five core outcomes of Reaching Home (see Section 4).

Section 1. Community Context – Collaboration between Indigenous and Non-Indigenous Partners

a) Specific to Coordinated Access, the HMIS and the Outcomes-Based Approach, has there been ongoing, meaningful collaboration between the DC CE and the IH CE and IH CAB, as well as local Indigenous organizations, including those that sit on your CAB, over the reporting period?

→ Coordinated Access:	Yes
→ HMIS:	Yes
→ Outcomes-Based Approach:	Yes

Describe this collaboration in more detail.

Collaboration with Indigenous Service Providers
The System of Care has ongoing collaboration with Indigenous service providers, integrating them into various aspects of care conferencing, data management and HIFIS implementation, and outcomes-based approaches:
1. Care Conferencing Participation - Timmins and Cochrane: Indigenous service providers actively participate in care conferencing in Timmins and Cochrane. Since May 2023, weekly care conferencing in Timmins has included Mushkegowuk Council and Ontario Aboriginal Housing Services (OAHS). In Cochrane, bi-weekly care conferencing since September 2023 has engaged the Ininew Friendship Centre (IFC). These sessions are crucial for coordinated access, HIFIS and the outcomes-based approach to reducing homelessness in the region.
2. Supportive Role of IFC - System of Care Participation: The Ininew Friendship Centre (IFC) has been a supportive partner in the System of Care since February 2023. They participate in bi-weekly care conferencing meetings since their launch in September 2023, represent at the Community Advisory Board (CAB) with meetings held 6-8 times per year since before July 2022, and serve as the Indigenous Homelessness Coordinated Entry (IH CE) through the Ontario Federation of Indigenous Friendship Centres (OFIFC) for Cochrane.
3. Reviewing Partnership with TNFC - Leadership Changes and Capacity: The partnership with Timmins Native Friendship Centre (TNFC) is currently under review due to recent leadership changes and their capacity to engage in coordinated access, HIFIS, and the outcomes-based approach. CE has consistently engaged with TNFC since fall 2022 through various means, including in-person and virtual meetings, emails, and phone calls, to foster participation and collaboration.
4. Ongoing Engagement with OAHS - Active Participation: Ontario Aboriginal Housing Services (OAHS) has been involved with the CAB, meeting 6-8 times annually since before July 2022, and attends weekly care conferencing in Timmins since May 2023. Engagement with OAHS includes in-person and virtual meetings, emails, and phone calls, focusing on coordinated access, HMIS, and the outcomes-based approach.

reading on coordinated access, HMIS, and the outcomes-based approach.

5. Collaboration with ONWA - CAB Representation and Leadership Changes: The Ontario Native Women's Association (ONWA) has been represented at the CAB, meeting 6-8 times per year since before July 2022. Recently, ONWA experienced a leadership change, and CE is actively engaging with the new leadership through various communication channels to ensure continued collaboration in coordinated access, HMIS, and the outcomes-based approach.

6. Prioritization and Inactivity Policies - a) Indigenous Prioritization: The prioritization policy reflects the needs and preferences of Indigenous partners, giving priority to Indigenous people in housing and support services.
   b) Inactivity Policy Alignment: The inactivity policy, with a 90-day turnaround period, is aligned with Indigenous partners' needs and preferences, ensuring that clients' status and needs are reassessed appropriately.

7. Outcomes-Based Approach Engagement - Data Quality Improvement: Indigenous partners are actively involved in improving data quality, ensuring that information for Indigenous peoples is accurate, real-time, complete, and comprehensive and collected in a culturally safe manor by staff across the system. They are also engaged in setting reduction targets for Indigenous homelessness, developing strategies to achieve these targets, and assessing progress over time especially in regards to the CHR.

8. Enhanced Information Sharing - Consent Form for Information Sharing: The Information Sharing with Other Service Providers Consent Form has removed barriers to sharing information across System of Care partner organizations. This has significantly enhanced communication and collaboration among Indigenous and non-Indigenous service providers throughout the Cochrane District, accommodating client mobility between communities.

a) Specific to the completion of this Community Homelessness Report (CHR), did ongoing, meaningful collaboration take place with the IH CE and IH CAB, as well as local Indigenous organizations, including those that sit on your CAB?	Yes

Describe this collaboration in more detail.

Due to a fire at the Empire Complex that displaced over 100 individuals, DC CE was unable to commence work on the CHR and requested an extension for the submission date from INFC.

Collaboration with IH CE, the Ininew Friendship Centre, and IH CAB took place via email and virtual meetings. The DC CE CAB includes representatives from Indigenous Service Providers such as OAHS and the Ininew Friendship

Centre.

-An email was sent to CAB on May 8th requesting participation from members for the CHR.
-CE drafted the CHR and emailed it to the CAB working group on May 21st, including participation from an IH CE representative.
-A virtual meeting with the CAB working group was held on May 23rd to gather feedback and recommendations.
-The draft CHR was emailed to IH CAB on May 24th.
-A virtual meeting with IH CAB was held on May 31st for further feedback and recommendations.
-The draft CHR report will be sent to CAB and IH CAB for review and recommendations on June 10th.
-CAB members are to submit their review and recommendations to CE by June 17th.
-Final edits will be completed by CE.
-The final report will be emailed to IH CAB for approval on June 24th.
-The final report will be presented to CE CAB for approval on Tuesday, June 25th.

Did the IH CAB sign-off on this CHR?	Yes

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

Section 2 Summary Tables

The table below provides a summary of the work your community has done so far to meet the Reaching Home minimum requirements for Coordinated Access and an HMIS under the 2019-2024 Reaching Home funding cycle.

	Completed	Started	Not Yet Started
Number of minimum requirements	18	0	0

The table below shows the percentage of minimum requirements completed for each core Coordinated Access component.

Governance and Partnerships	HMIS	Access Points to Service	Triage and Assessment	Resource Inventory	Vacancy Matching and Referral with Prioritization
100%	100%	100%	100%	100%	100%

Section 2 Summary Comment
Highlight efforts and/or issues related to the work your community has done over the last year related to the Reaching Home minimum requirements for Coordinated Access and an HMIS.
Over the past year, our community has made significant strides in implementing and enhancing the Coordinated Access system (CAS) and HIFIS in alignment with the Reaching Home minimum requirements. Efforts to implement, maintain and improve the CAS has been ongoing. We have focused on streamlining access to housing and services for individuals experiencing homelessness through a centralized and efficient process. This includes enhancing coordination among homeless service providers, implementing standardized assessment tools, and improving data sharing protocols. Regarding HIFIS, we have worked diligently to ensure data accuracy, privacy protection, and interoperability with other systems. We have engaged service providers and our front-line staff in regular trainings have been conducted to educate staff on data entry protocols and best practises, resulting in improved data quality and reliability. One notable update has been the expansion of outreach efforts to engage people with lived and living experience of homelessness in the governance of our CAS. We have established advisory committees and focus groups comprised of individuals with lived or living experience to provide insight, feedback, and recommendations on system improvements. Their input has been invaluable in shaping policies and procedures that better meet the needs of those we serve. In addition, we have made it clear that we are willing to meet people with lived experience (PWLE) on a one-on-one basis if they have any questions, concerns or recommendations for improvements as we recognize that not all people are confident to speak in a group setting. We also engage PWLE on our CAB. Looking ahead, we are committed to further strengthening our engagement with PWLE. This includes exploring opportunities for them to take the leader on leadership roles within the CAS, such as engaging more folks to serve on the CAB or participate in training programs to become peer navigators. By centering the voices and expertise of those who have experienced homelessness, we aim to create a more inclusive, and effective system that truly addresses the root causes of homelessness and supports individuals on their journey toward stability and housing security.

Section 3. Outcomes-Based Approach Self-Assessment
Section 3 Summary Table
The tables below provide a summary of the work your community has done so far to transition to an Outcomes-Based Approach under the 2019-2024 Reaching Home funding cycle.

Step 1: Maintain person-specific data	Step 2: Maintain real-time data	Step 3: Maintain comprehensive data
Yes	Yes	Yes

Step 4: Can report monthly outcomes and set targets using data (reporting monthly data in Section 4 is mandatory for 2023-24 CHRs)			
Dataset was in place as of January 1, 2024 (or earlier)	**Can generate monthly data**	**Has set targets**	**Has an Outcomes-Based Approach in place**
Yes	Outcome 1: Yes	Outcome 1: Yes	Yes
	Outcome 2: Yes	Outcome 2: Yes	
	Outcome 3: Yes	Outcome 3: Yes	
	Outcome 4: Yes	Outcome 4: Yes	
	Outcome 5: Yes	Outcome 5: Yes	

Step 4: Can report annual outcomes and set targets using data (reporting annual data in Section 4 is mandatory once annual data can be generated)			
Dataset was in place as of April 1, 2023 (or earlier)	**Can generate annual data**	**Has set targets**	**Has an Outcomes-Based Approach in place**
Yes	Outcome 1: Yes	Outcome 1: Yes	Yes
	Outcome 2: Yes	Outcome 2: Yes	
	Outcome 3: Yes	Outcome 3: Yes	
	Outcome 4: Yes	Outcome 4: Yes	
	Outcome 5: Yes	Outcome 5: Yes	

Summary Comment
Highlight efforts and/or issues related to your community's work to implement, maintain or improve the Outcomes-Based Approach under Reaching Home.

Data Collection Framework:
 - Development and Implementation: We have developed and implemented a comprehensive data collection framework tailored to capture person-specific data across the System of Care catchment area. This framework includes standardized forms and protocols to ensure consistency across all data collection points. These tools streamline data gathering, making it uniform and comprehensive.
Staff Training:
- Extensive Training Sessions: Extensive training sessions are conducted for all new frontline staff, focusing on the importance of accurate data collection and recording. Practical demonstrations enhance learning and the effectiveness of these sessions. To further improve, we plan to incorporate role-playing exercises and job shadowing opportunities.
- Ongoing Education: We will continue to provide regular refresher courses and updates on new data collection techniques and technologies to maintain high data quality standards.
Technology Integration:
- Integration of Software Tools: We have integrated advanced software tools into our processes, specifically HIFIS, to facilitate easy collection and management of person-specific data. These tools include mobile-friendly applications for real-time data entry by outreach workers, enhancing efficiency and accuracy where workers have access to technology.
- Explore Mobile Accessibility: Mobile tools enable data collection in the field, ensuring immediate entry and reducing delays in data availability.
Regular Data Audits:
- Scheduled Data Audits: We have implemented a schedule of regular data audits to assess the quality and completeness of information in HIFIS. These audits help identify gaps, ensure data accuracy, and maintain high standards of data integrity.
- Continuous Improvement: Feedback from these audits is used to make necessary adjustments to data collection practices and protocols.
Collaboration with Partners:
- Strengthened Partnerships: We have strengthened collaboration with community partners to ensure effective data sharing and verification. This collaboration includes regular communication, joint training sessions, and shared responsibilities for data entry and maintenance.
- Engagement with Institutions: Efforts are ongoing to enhance partnerships with local institutions like hospitals and correctional facilities for better discharge planning and data integration.
Plans for Improvement

Feedback Loops:
- Establishing Feedback Mechanisms: We plan to establish a formal feedback loop for staff involved in data collection and care conferencing. This will include regular surveys, focus groups, and feedback sessions to gather insights and address challenges faced by frontline staff.
- Continuous Monitoring: Implement continuous monitoring systems to track data collection processes and identify areas for improvement in real time.
Enhanced Outreach Programs:
- Thorough Outreach Programs: We aim to establish more thorough outreach programs to engage hard-to-reach populations and improve the comprehensiveness of our data. These programs will focus on individuals not easily captured through traditional methods.
- Innovative Strategies: Exploring new strategies and technologies to enhance outreach efforts and data collection in various community settings.
Training Program Enhancements:
- Enhanced Training: We will enhance existing training programs to include advanced techniques in data collection, the latest updates on HIFIS, and best practices in handling person-specific data.
- Role-Playing and Job Shadowing: Incorporating role-playing exercises and job shadowing opportunities to provide hands-on experience and reinforce learning.
Documentation Protocols Review
- Protocol Review: Reviewing and updating documentation protocols to ensure they align with best practices and current data management standards. This will include simplifying forms, improving clarity, and ensuring protocols are user-friendly.
- Best Practices: Aligning documentation with best practices to enhance the accuracy and efficiency of data recording.
Resource Allocation
- Exploring Additional Resources: Exploring the allocation of additional resources, such as staffing and technology, to support data collection efforts. This may include hiring data specialists, providing additional training, and upgrading technological tools for better data management.
Collaboration and Engagement
- Increased Collaboration: Continuing to strengthen partnerships with VAW services, local institutions, and other community partners to improve data collection and sharing.
- PWLLE Engagement: Enhancing engagement with individuals with lived and living experience of homelessness to ensure their data and insights are accurately captured and integrated into the system.
By implementing these strategies, we aim to significantly improve the completeness and quality of our data collection processes, ensuring more accurate and actionable information to support individuals experiencing homelessness.

Additional information - Timely data
Once new information is available about a person, on average, how long does it take for changes to be updated in the database for the following:

→	Interaction with the system (e.g., changes from "active" to "inactive")?	Within a week
→	Housing history (e.g., changes from "homeless" to "housed")?	Within a week
→	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)?	Within a week

Additional information - Data collection and entry processes

Describe the process(es) used by service providers to collect and enter data about people currently experiencing homelessness into the database.

Service providers follow a structured process to collect and enter data about individuals experiencing homelessness into the Homeless Individuals and Families Information System (HIFIS) and the By-Name List (BNL) Excel Spreadsheet. This process involves coordination between Core Partners, Supporting Partners, and Helping Partners within the System of Care:

1. Initial Engagement and Consent
- System of Care Consent Form: When engaging with individuals experiencing homelessness, all service providers (Core, Supporting, and Helping Partners) first complete the System of Care consent form. This form authorizes the collection and sharing of personal information for service coordination and data management.

2. Data Collection
- Common BNL Intake Form: Core and Supporting Partners use the common BNL intake form to gather comprehensive information about the individuals. This form includes details such as personal identification, housing history, current needs, and risk factors.
  - Core Partners: Directly engage with individuals and complete the intake form.
  - Supporting Partners: Also complete the intake form during their engagement with individuals.
- Referral to CE: Helping Partners, who may not enter data directly, complete the consent form and refer individuals to the Community Entity (CE) for further data collection and entry.

3. Data Entry
- Core Partners:
  - HIFIS Entry: Core Partners enter all collected data directly into HIFIS.They also forward the data to CE to ensure that the BNL Excel Spreadsheet is updated accurately.
- Supporting Partners:
  - Data Forwarding: Supporting Partners forward all collected data to CE.
  - CE's Role: CE is responsible for entering this data into both HIFIS and the BNL Excel Spreadsheet.
- Helping Partners:
  - Referral Handling: Helping Partners provide completed consent forms and referrals to CE.

- CE's Role: CE follows up to engage the referred individuals, completes the Common BNL Intake form if not already done, and updates the data in HIFIS and the BNL Excel Spreadsheet.

4. Data Updates and Coordination
- Continuous Collaboration: CE collaborates with Core and Supporting Partners to ensure that all data about individuals is kept up-to-date. This includes:
  - Follow-Up: Following up with partners to verify and update information as needed.
  - Data Synchronization: Ensuring that both HIFIS and the BNL Excel Spreadsheet are synchronized and reflect the most current information.
- Regular Reviews: CE conducts regular data reviews to verify the accuracy and completeness of the information entered by all partners. Any discrepancies or missing data are addressed promptly in collaboration with the respective service providers.
Summary of Roles
- Core Partners: Collect and enter data into HIFIS, forward data to CE for BNL updates.
- Supporting Partners: Collect data, forward to CE for entry into HIFIS and BNL.
- Helping Partners: Complete consent forms, refer individuals to CE, which handles further data entry.
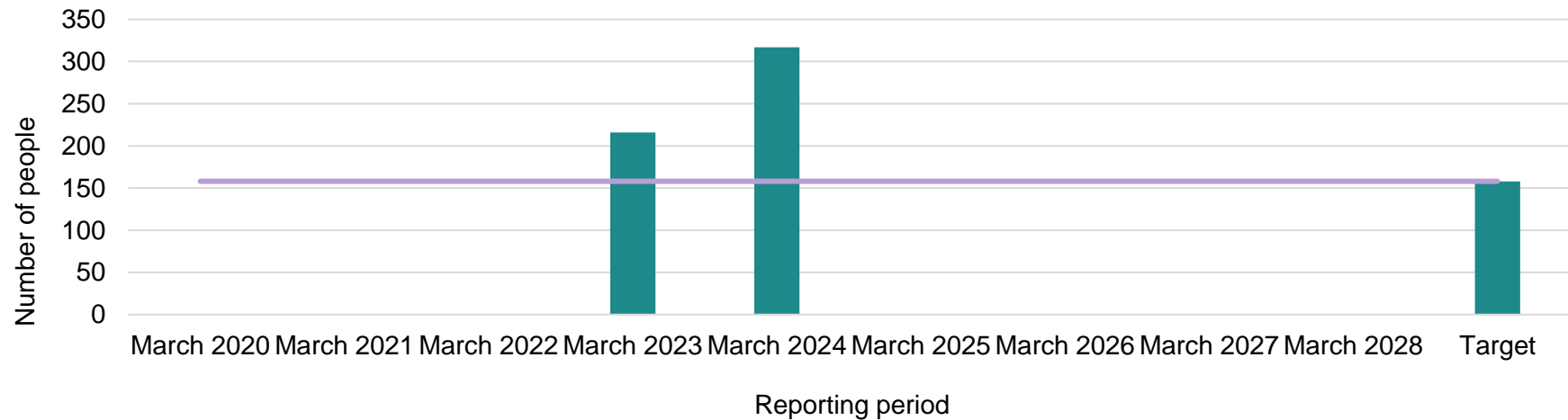
By adhering to this process, service providers ensure a consistent and accurate flow of data into the HIFIS and BNL systems, enabling effective service delivery and coordination for individuals experiencing homelessness.

Section 4. Community-Level Outcomes and Targets – Monthly

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

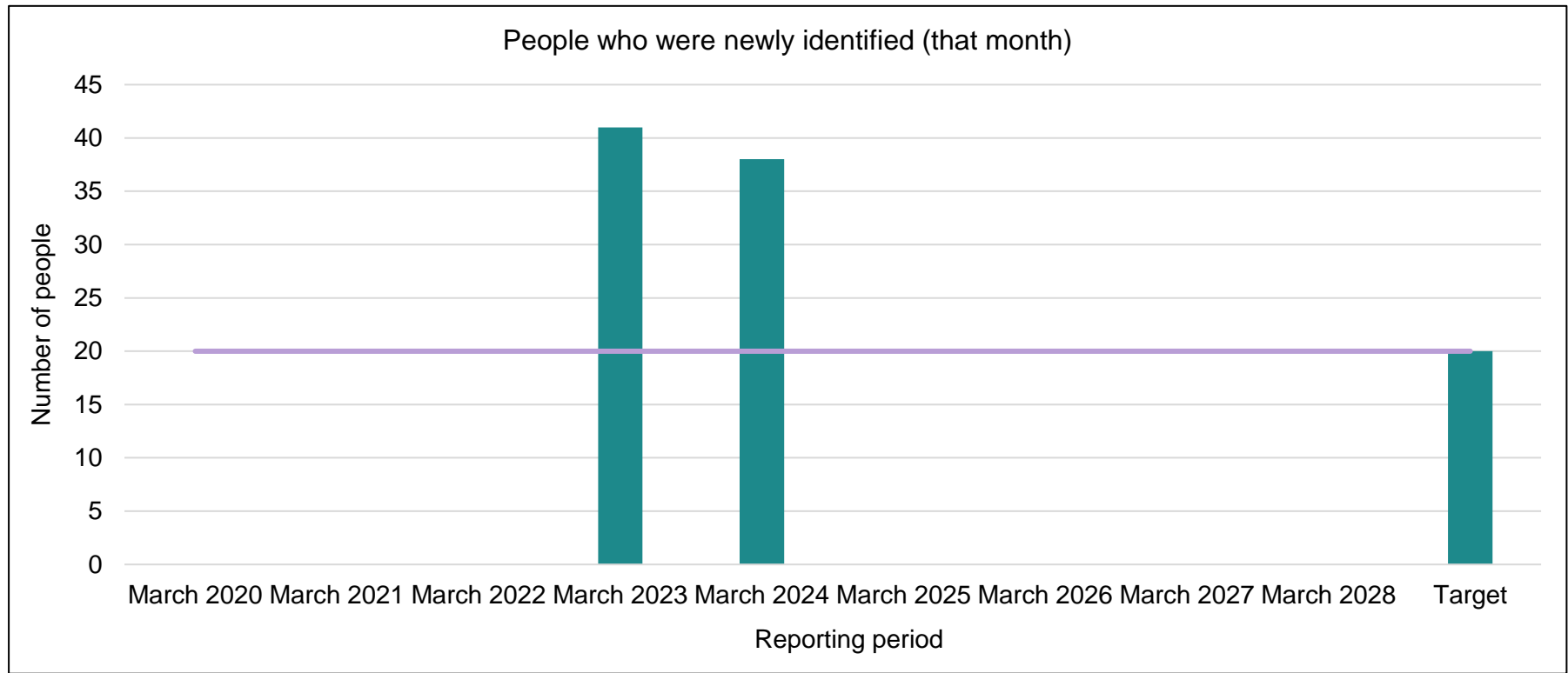|	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	Target
People who experienced homelessness for at least one day (that month)				216	317					158

People who experienced homelessness for at least one day (that month)

O#1(M)	What is your baseline year?	March 2024

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

How was this Outcome generated?	Other process/tool

BNL Excel Spreadsheet

Has the data you reported for this Outcome from March 2020 to March 2023 changed from your previous CHR?	Yes, some of the data has changed
Has the target you set changed from your previous CHR?	Not applicable – A target was not set for this Outcome in the previous CHR
Was "N/A" was used for one or more data points?	No, N/A was not used for one or more data point

Please use the following comment box to provide context on your data.

c) Has the data you reported for this Outcome from March 2020 to March 2023 (where applicable) changed from your previous CHR? Yes it has changed as we have had a full year of comprehensive and quality data to report compared to the previous year.
e) Was "N/A" used for one or more data points? Previous CE had an incomplete data set and was unable to report on comprehensive data.

Outcome #2: Fewer people were newly identified (new inflows to homelessness are reduced)
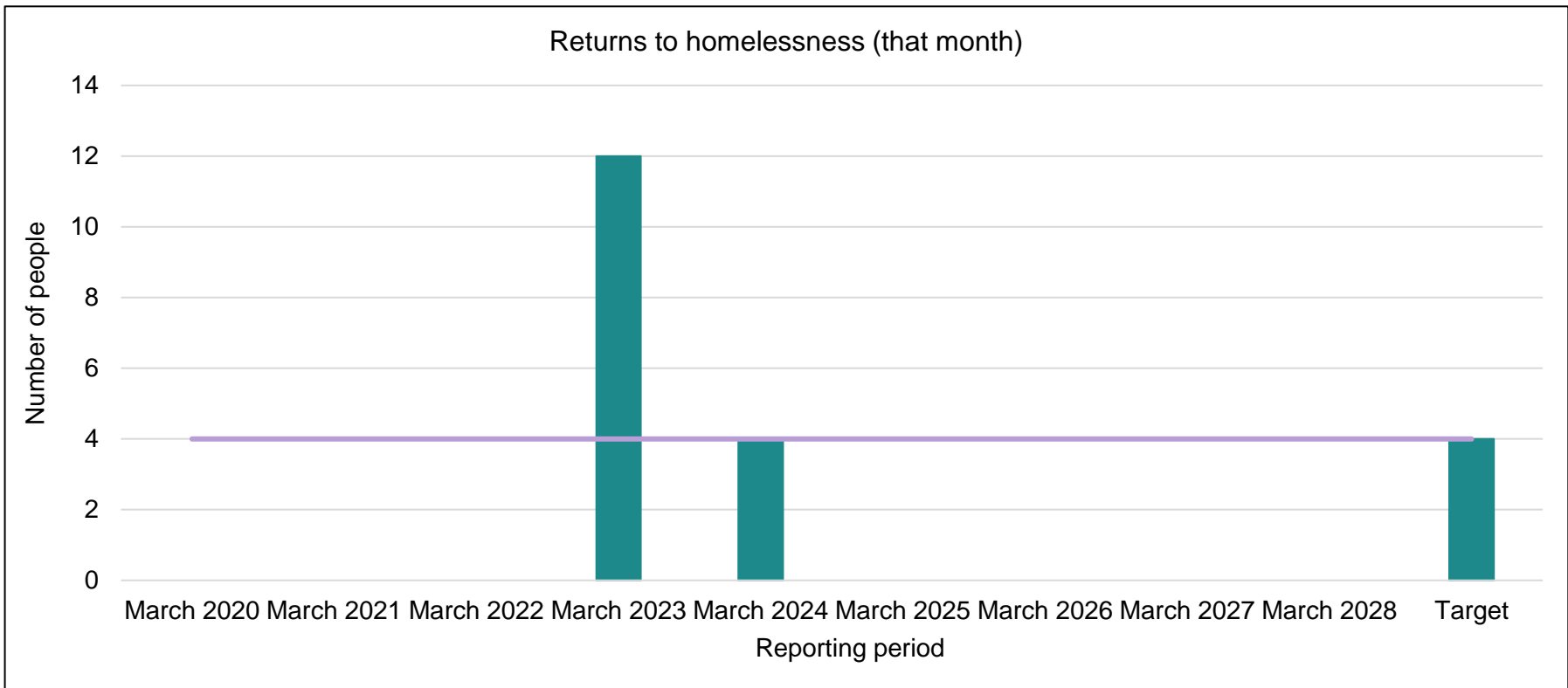
	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	Target
People who were newly identified (that month)				41	38					20

People who were newly identified (that month)

O#2(M)	What is your baseline year?	March 2023

New inflows to homelessness will decrease by 51% between March 2023 and March 2028.

How was this Outcome generated?		Other process/tool
BNL Excel Spreadsheet		
Has the data you reported for this Outcome from March 2020 to March 2023 changed from your previous CHR?		Yes, some of the data has changed
Has the target you set changed from your previous CHR?		Not applicable – A target was not set for this Outcome in the previous CHR
Was "N/A" was used for one or more data points?		Yes, N/A was used for one or more data point
Please use the following comment box to provide context on your data.		
c) Has the data you reported for this Outcome from March 2020 to March 2023 (where applicable) changed from your previous CHR? Yes it has changed as we have had a full year of comprehensive and quality data to report compared to the previous year. e) Was "N/A" used for one or more data points? Previous CE had an incomplete data set and was unable to report on comprehensive data.		

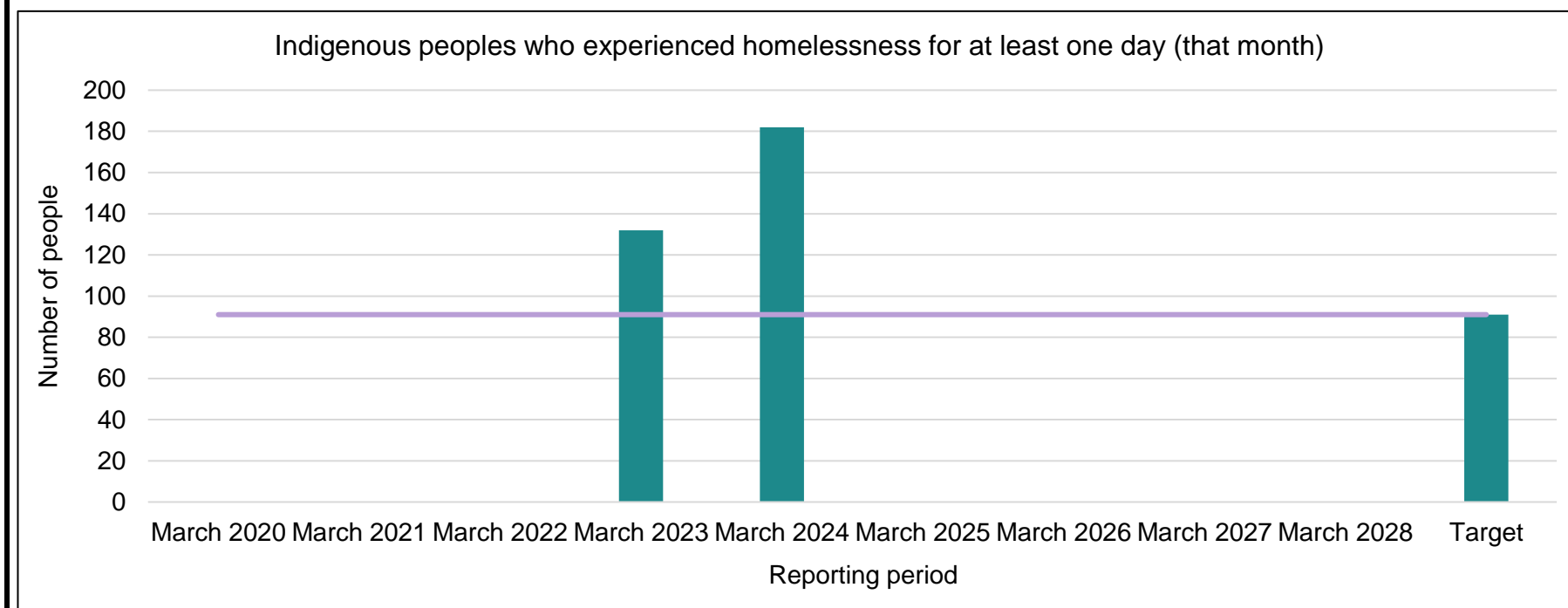**Outcome #3: Fewer people return to homelessness (returns to homelessness are reduced)**

	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	Target
Returns to homelessness (that month)				12	4					4

Returns to homelessness (that month)

O#3(M)	What is your baseline year?	March 2023

Returns to homelessness will decrease by 67% between March 2023 and March 2028.

How was this Outcome generated?	Other process/tool

BNL Excel Spreadsheet

Has the data you reported for this Outcome from March 2020 to March 2023 changed from your previous CHR?	Yes, some of the data has changed
Has the target you set changed from your previous CHR?	Not applicable – A target was not set for this Outcome in the previous CHR
Was "N/A" was used for one or more data points?	Yes, N/A was used for one or more data point

Please use the following comment box to provide context on your data.

c) Has the data you reported for this Outcome from March 2020 to March 2023 (where applicable) changed from your previous CHR? Yes it has changed as we have had a full year of comprehensive and quality data to report compared to the previous year.
e) Was "N/A" used for one or more data points? Previous CE had an incomplete data set and was unable to report on comprehensive data.

Outcome #4: Fewer Indigenous peoples experience homelessness (Indigenous homelessness is reduced)
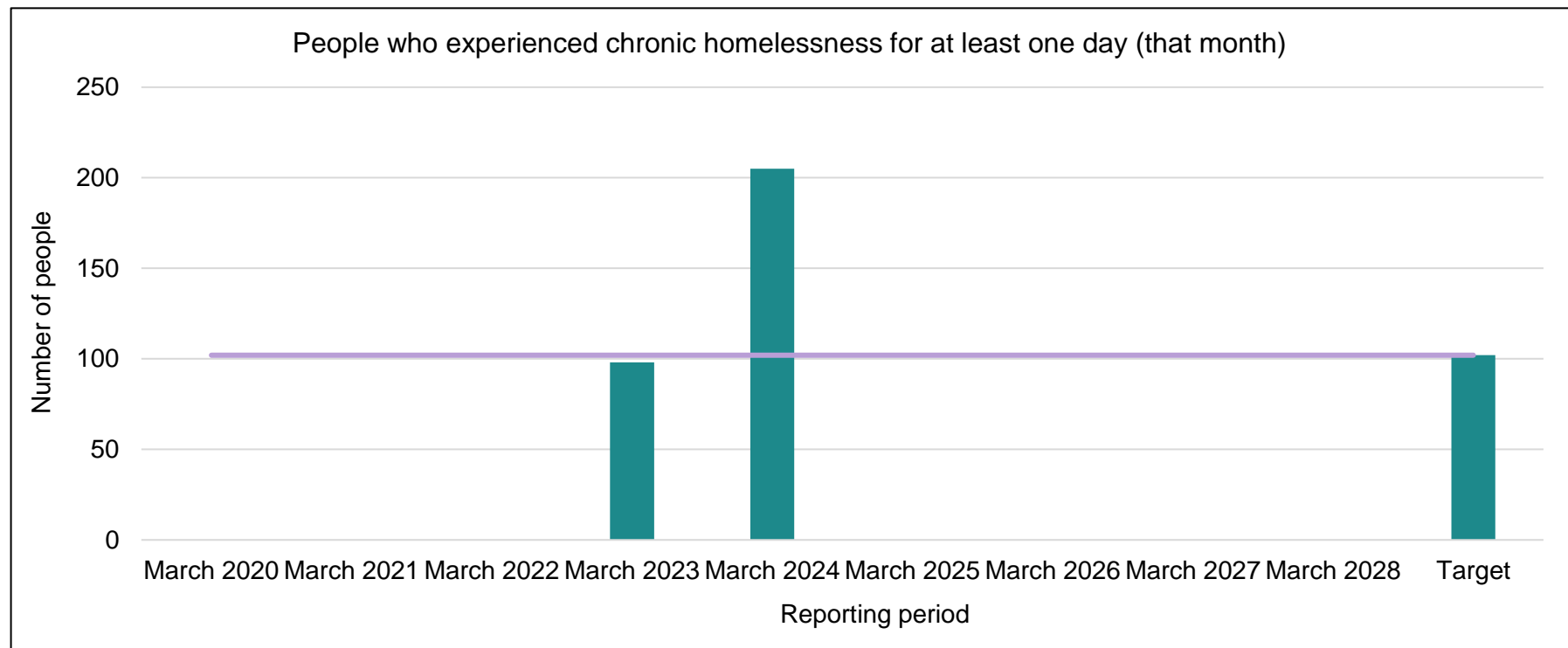
	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	Target
Indigenous peoples who experienced homelessness for at least one day (that month)				132	182					91

Indigenous peoples who experienced homelessness for at least one day (that month)

O#4(M)	What is your baseline year?	March 2024
	Indigenous homelessness will decrease by 50% between March 2024 and March 2028.	
	How was this Outcome generated?	Other process/tool
	BNL Excel Spreadsheet	
	Has the data you reported for this Outcome from March 2020 to March 2023 changed from your previous CHR?	Yes, some of the data has changed
	Has the target you set changed from your previous CHR?	Not applicable – A target was not set for this Outcome in the previous CHR
	Was "N/A" was used for one or more data points?	Yes, N/A was used for one or more data point
	Were Indigenous partners engaged in the process of setting the baseline, setting the target, reporting on the outcome and/or interpreting the results?	No
	Please use the following comment box to provide context on your data.	
	c) Has the data you reported for this Outcome from March 2020 to March 2023 (where applicable) changed from your previous CHR? Yes it has changed as we have had a full year of comprehensive and quality data to report compared to the previous year. Also, CE has increased efforts to engage with Indigenous people experiencing homelessness and Indigenous service providers in Moosonee by attending in person quarterly. e) Was "N/A" used for one or more data points? Previous CE had an incomplete data set and was unable to report on comprehensive data.	

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

	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	Target
People who experienced chronic homelessness for at least one day (that month)				98	205					102

People who experienced chronic homelessness for at least one day (that month)

O#5(M)	What is your baseline year?	March 2024

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

How was this Outcome generated?	Other process/tool
BNL Excel Spreadsheet	
Has the data you reported for this Outcome from March 2020 to March 2023 changed from your previous CHR?	Yes, some of the data has changed
Has the target you set changed from your previous CHR?	Not applicable – A target was not set for this Outcome in the previous CHR
Was "N/A" was used for one or more data points?	Yes, N/A was used for one or more data point

Please use the following comment box to provide context on your data.

c) Has the data you reported for this Outcome from March 2020 to March 2023 (where applicable) changed from your previous CHR? Yes it has changed as we have had a full year of comprehensive and quality data to report compared to the previous year. CE has further engaged people experiencing homelessness to ensure intake forms are completed to capture their housing history. Also, due to lack of available housing in community individuals experincing homelessness have aged-into chronic homelessness.
e) Was "N/A" used for one or more data points? Previous CE had an incomplete data set and was unable to report on comprehensive data.

| f) What definition of "chronic homelessness" does your community use to calculate this Outcome? |
|---|
| Chronic homelessness is defined as:
Individuals who are currently experiencing homelessness AND who meet at least 1 of the following criteria:
-they have a total of at least 6 months (180 days) of homelessness over the past year
-they have recurrent experiences of homelessness over the past 3 years, with a cumulative duration of at least 18 months (546 days)

Chronic homelessness includes time spent in the following contexts:
-Staying in unsheltered locations, that is public or private spaces without consent or contract, or places not intended for permanent human habitation
-Staying in emergency shelters, including overnight shelters for people experiencing homelessness (including those for specific populations, such as youth, families, and newcomers), shelters for people impacted by family violence, and emergency shelters for people fleeing a natural disaster or destruction of accommodation
-Staying temporarily with others without guarantee of continued residency or the immediate prospects for accessing permanent housing, or short-term rental accommodations (for example, motels) without security of tenure |

Section 4. Community-Level Outcomes and Targets – Annual

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

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
People who experienced homelessness for at least one day (that year)					659					330

People who experienced homelessness for at least one day (that year)
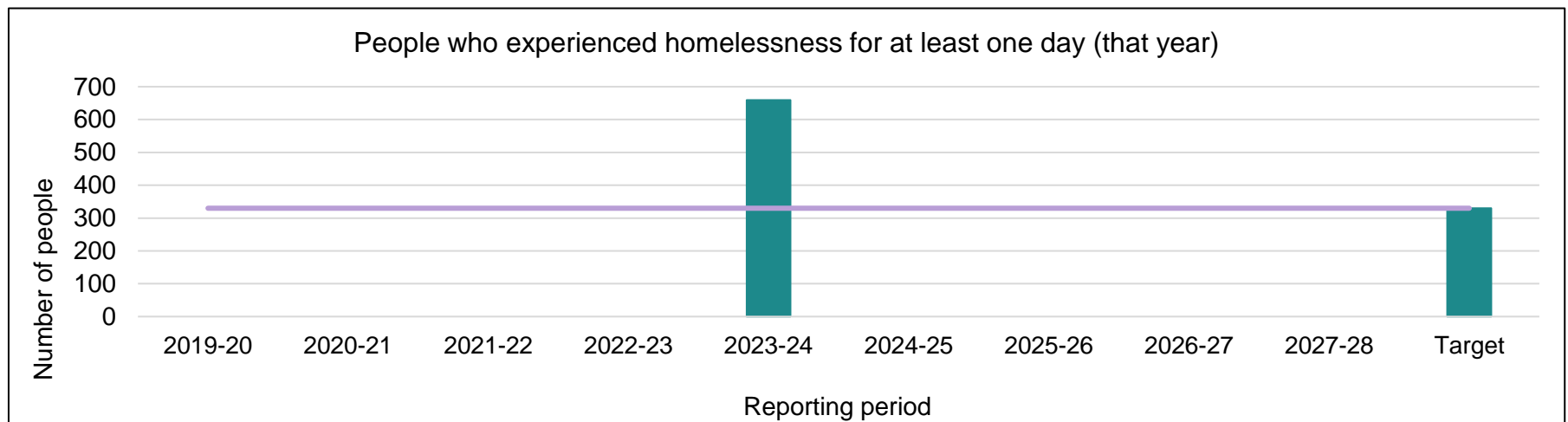
O#1(A)	What is your baseline year?	2023-24

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

How was this Outcome generated?	Other process/tool

Generated with BNL Excel Spreadsheet.

Has the data you reported for this Outcome from 2019-20 to 2022-23 changed from your previous CHR?	Not applicable – Data had not been reported for this Outcome in the previous CHR
Has the target you set changed from your previous CHR?	Not applicable – A target was not set for this Outcome in the previous CHR
Was "N/A" was used for one or more data points?	Yes, N/A was used for one or more data point

Please use the following comment box to provide context on your data.

Annual data was not reported in previous years.

Outcome #2: Fewer people were newly identified (new inflows to homelessness are reduced)

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	**Target**
People who were newly identified (that year)					455					228

People who were newly identified (that year)
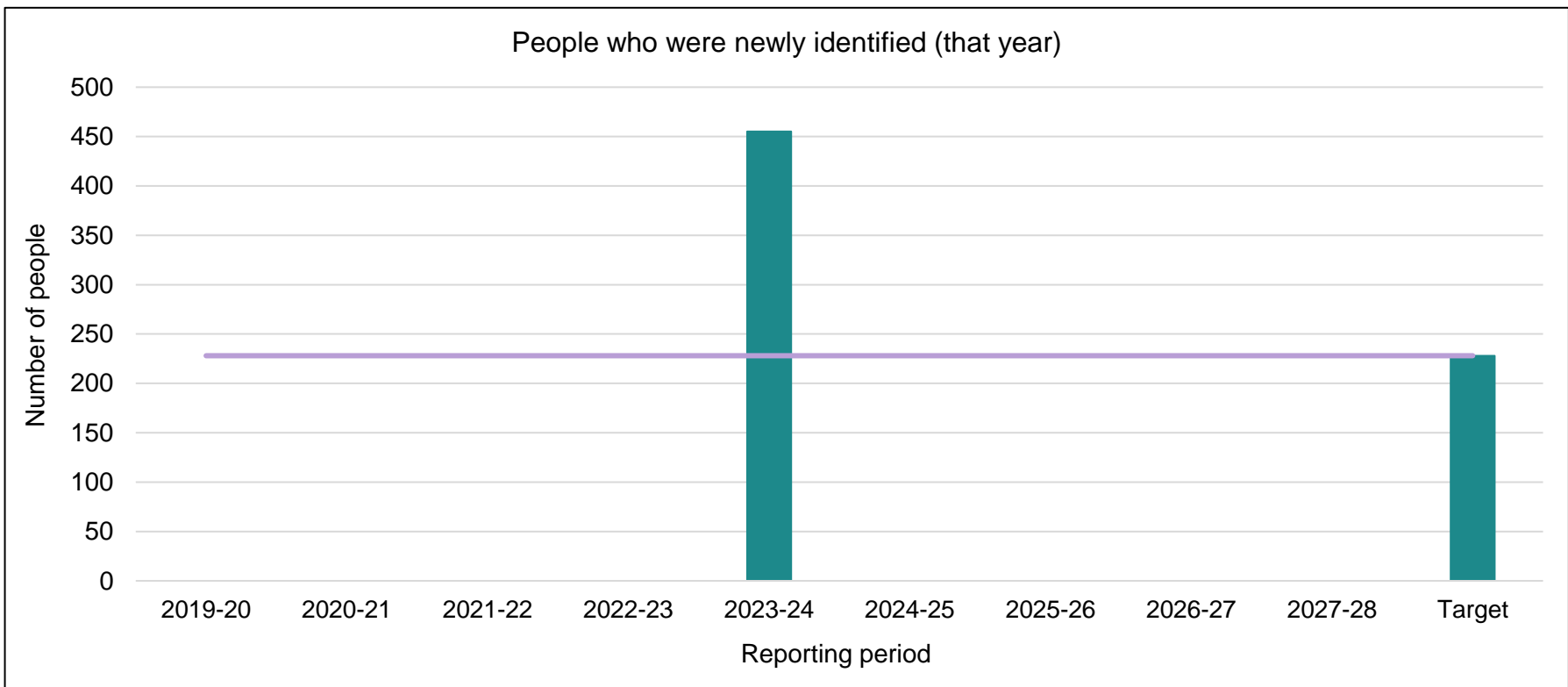
O#2(A)	What is your baseline year?	2023-24

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

How was this Outcome generated?	Other process/tool

Genereated with BNL Excel Spreadsheet

Has the data you reported for this Outcome from 2019-20 to 2022-23 changed from your previous CHR?	Not applicable – Data had not been reported for this Outcome in the previous CHR
Has the target you set changed from your previous CHR?	Not applicable – A target was not set for this Outcome in the previous CHR
Was "N/A" was used for one or more data points?	No, N/A was not used for one or more data point

Please use the following comment box to provide context on your data.

Annual data was not reported in previous years.

Outcome #3: Fewer people return to homelessness (returns to homelessness are reduced)
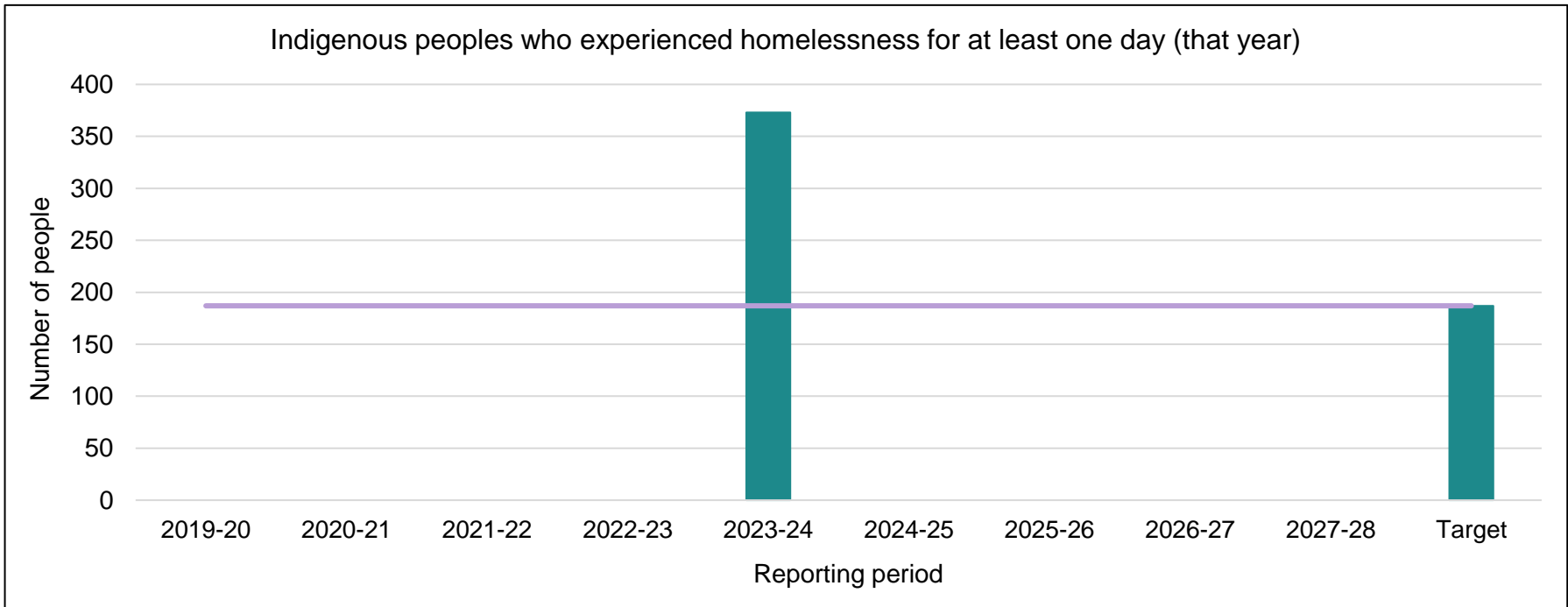
	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	**Target**
Returns to homelessness (that year)					77					38

Returns to homelessness (that year)
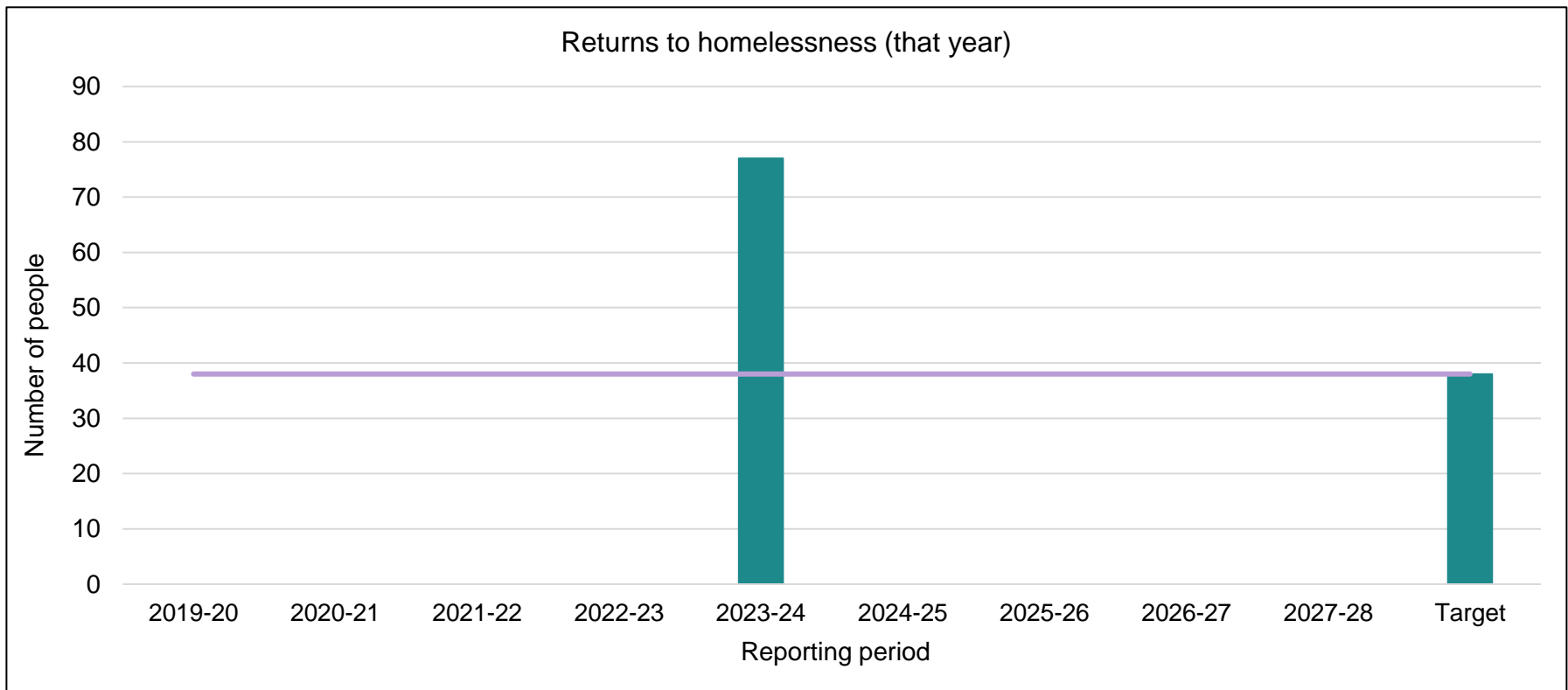
O#3(A)	What is your baseline year?	2023-24

Returns to homelessness will decrease by 51% between 2023-24 and 2027-28.

How was this Outcome generated?	Other process/tool

Generated with BNL Excel Spreadsheet

Has the data you reported for this Outcome from 2019-20 to 2022-23 changed from your previous CHR?	Not applicable – Data had not been reported for this Outcome in the previous CHR
Has the target you set changed from your previous CHR?	Not applicable – A target was not set for this Outcome in the previous CHR
Was "N/A" was used for one or more data points?	No, N/A was not used for one or more data point

Please use the following comment box to provide context on your data.

Annual data was not reported in previous years.

Outcome #4: Fewer Indigenous peoples experience homelessness (Indigenous homelessness is reduced)
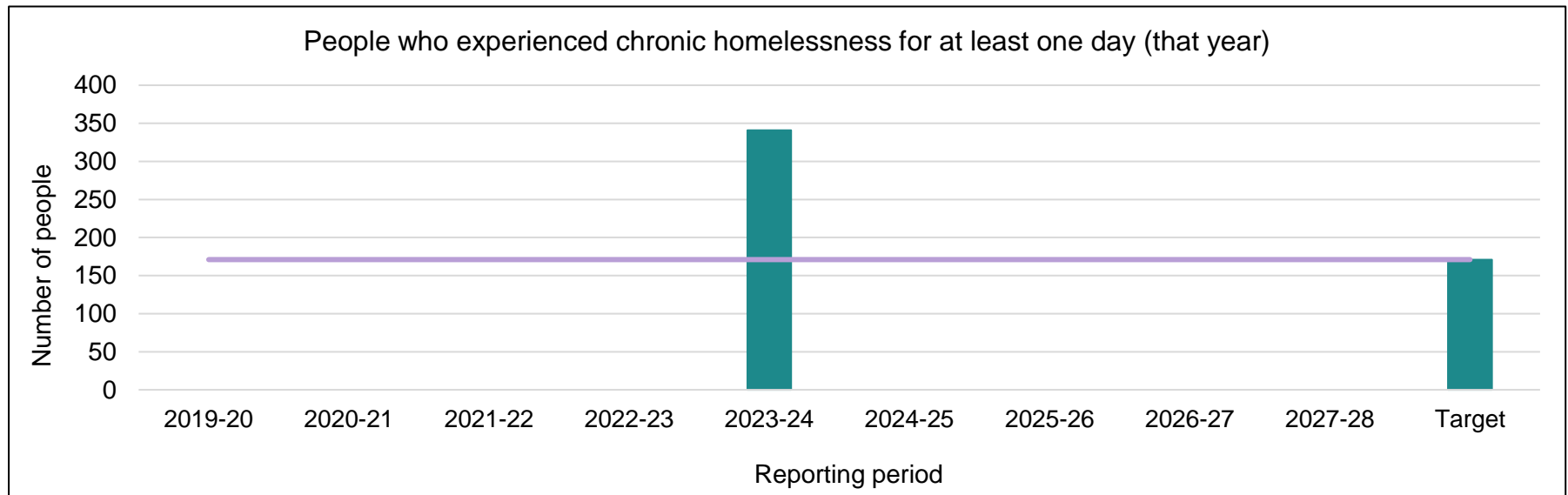
	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	**Target**
Indigenous peoples who experienced homelessness for at least one day (that year)					373					187

Indigenous peoples who experienced homelessness for at least one day (that year)

O#4(A)	What is your baseline year?	2023-24

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

How was this Outcome generated?	Other process/tool
Generated with BNL Excel Spreadsheet	
Has the data you reported for this Outcome from 2019-20 to 2022-23 changed from your previous CHR?	Not applicable – Data had not been reported for this Outcome in the previous CHR
Has the target you set changed from your previous CHR?	Not applicable – A target was not set for this Outcome in the previous CHR
Was "N/A" was used for one or more data points?	No, N/A was not used for one or more data point
Were Indigenous partners engaged in the process of setting the baseline, setting the target, reporting on the outcome and/or interpreting the results?	No
Please use the following comment box to provide context on your data.	

Annual data was not reported in previous years.
Indigenous partners were engaged through the CAB and IH CAB via emails and virtual meetings to set the outcomes. Discussions centered on what realistic targets would be for the following year. As targets are set for March 2028, targets have been set to 50% reduction.

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

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
People who experienced chronic homelessness for at least one day (that year)					341					171

People who experienced chronic homelessness for at least one day (that year)

O#5(A)	What is your baseline year?	2023-24
	Chronic homelessness will decrease by 50% between 2023-24 and 2027-28.	
	How was this Outcome generated?	Other process/tool
	Generated with BNL Excel Spreadsheet	
	Has the data you reported for this Outcome from 2019-20 to 2022-23 changed from your previous CHR?	Not applicable – Data had not been reported for this Outcome in the previous CHR
	Has the target you set changed from your previous CHR?	Not applicable – A target was not set for this Outcome in the previous CHR
	Was "N/A" was used for one or more data points?	No, N/A was not used for one or more data point
	Please use the following comment box to provide context on your data.	
	Annual data was not reported in previous years.	

What definition of "chronic homelessness" does your community use to calculate this Outcome?

Chronic homelessness is defined as:
Individuals who are currently experiencing homelessness AND who meet at least 1 of the following criteria:
-they have a total of at least 6 months (180 days) of homelessness over the past year
-they have recurrent experiences of homelessness over the past 3 years, with a cumulative duration of at least 18 months (546 days)

Chronic homelessness includes time spent in the following contexts:
-Staying in unsheltered locations, that is public or private spaces without consent or contract, or places not intended for permanent human habitation
-Staying in emergency shelters, including overnight shelters for people experiencing homelessness (including those for specific populations, such as youth, families, and newcomers), shelters for people impacted by family violence, and emergency shelters for people fleeing a natural disaster or destruction of accommodation
-Staying temporarily with others without guarantee of continued residency or the immediate prospects for accessing permanent housing, or short-term rental accommodations (for example, motels) without security of tenure