

Reaching Home: Canada's Homelessness Strategy
Community Homelessness Report

(Chilliwack)

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”).

Chilliwack’s initiatives over the past year to prevent and reduce homelessness, and improve access to safe and appropriate housing, include:

Collaborative Efforts - Groups Dedicated to Addressing Homelessness:

Chilliwack has several groups dedicated to addressing homelessness, including the following:

- Housing First Task Team (HFTT)
- Chilliwack Interagency Response Table (CIRT – Situation Table)
- Shop Talk - bi-weekly meeting for front line staff to provide program updates and have participant centred discussions to ensure partner collaboration and wrap around supports are provided to those in need.
- Reaching Home Community Advisory Board (CAB)
- Substance Use Working Group (SUWG)
- Community Safety Governance Committee (CSGC)

- Chilliwack Community Action Team (CCAT)
- Public Safety Advisory Committee (PSAC)
- Poverty Reduction Task Team (PRTT) – in September of 2024, the City of Chilliwack released the Chilliwack Poverty Reduction Plan. This plan is a community-led initiative shaped by input from residents, including those with lived experience, to address the root causes of poverty. It sets five strategic goals across key areas like housing, food, transportation, and mental health, guided by themes of affordability, equity, and collaboration. The plan also works to reduce homelessness by improving access to safe, appropriate housing through updated planning, trauma-informed supports, and coordinated, cross-sector efforts.
- Chilliwack Food Council
- Vulnerable Populations Working Group at Chilliwack General Hospital
- Coordinated Access and Assessment (CAA) Table - a collaborative group comprising representatives from BC Housing, Fraser Health teams, local service providers, and community agencies. The CAA Table convenes regularly to review applications for supportive housing and to assign applicants to available units. This process ensures that individuals experiencing homelessness or at risk of homelessness are matched with appropriate housing.
- Chilliwack Community Response Team (CRT) - is a specialized unit that conducts daily patrols in downtown Chilliwack, focusing on engaging with vulnerable individuals experiencing homelessness, substance use, and mental health challenges. By building trust through consistent, face-to-face interactions, the CRT connects these individuals with appropriate support services, aiming to enhance public safety and community well-being.

Each of these groups identifies challenges and collaboratively supports the development of solutions in real-time, to ensure full wrap-around services are provided for individuals experiencing homelessness. Highlights from these groups are listed below:

- Resumed the Substance Use Working Group meetings after a brief pause. This group has allowed us to discuss specific issues related to prevention and intervention, advocacy, service awareness and navigation, systemic gaps, community engagement, and training opportunities.
- All CIRT members completed CIRT training as well as participated in a 90-minute focus group led by the Evaluation Analyst from the Collaboration Public Safety Programs with the Ministry of Public Safety and Solicitor

General. The discussion focused on Gender-Based Sexualized Violence, offering service providers a platform to represent Chilliwack's perspective at the provincial level.

- Continued collaboration with peers and individuals with lived and living experience.
- City of Chilliwack continues to support the Downtown Clean Up Peer Employment Initiative with Ruth and Naomi's Mission. This program supports individuals experiencing homelessness by providing structured, supportive pathways to employment through skill-building, work experience, and connections to wraparound services that promote stability and self-sufficiency.

Indigenous Collaboration:

- CE staff attended an Elders Panel at Stó:lō First Nation
- CE staff completed Ownership, Control, Access and Possession (OCAP) training through First Nation Information Governance Centre
- Regular meetings with our Opening Doors Task Team which welcomes opportunities for service providers and community members to learn and share about the history of First Nations, Metis and Inuit people, and Truth and Reconciliation work. This builds a community of belonging, positive relationships and partnerships, and increases engagement with all communities in a culturally competent way. This team also aims to create resources for Indigenous community members and hosts events/training opportunities that support the team's goals and objectives.
- Events/training opportunities this year:
 - Keynote speaker presenting on "Community Collaboration: Missing and Murdered Indigenous Women and Girls (MMIWG)".
 - Indigenous Historical Impact Training for service providers in collaboration with Stó:lō First Nation.
- Cultural safety training for service providers and staff.
- Active collaboration with Indigenous partners in various community working groups and task teams.
- CE staff attended the Urban, Rural and Northern Indigenous Housing Strategy Workshop in February of 2025. The workshop brought together Indigenous leaders, community members, and key stakeholders to collaboratively shape the future of off-reserve housing and homelessness funding initiatives. The engagement process was part of a broader effort to co-develop a comprehensive housing strategy that reflects Indigenous

perspectives, improves housing quality, increases supply, and enhances affordability while advancing self-determination.

Additional Efforts:

- Waived development cost charges and development fees and expedited development approvals to support the development of affordable and supportive housing units. Additional developments are expected later this year.
- Conducted the Point in Time count, which was implemented through a collaborative, community-led process involving local service providers, Indigenous organizations, Elders, and individuals with lived experience. This approach ensured the count was conducted in a person-centered, trauma-informed, and culturally safe manner, with a focus on building trust and fostering respectful engagement with all participants. Extensive training was provided to volunteers and staff to uphold these principles throughout the enumeration and survey process.
- Provided essential winter items, including blankets, toques, gloves, socks, etc. to service providers.
- Hired a new staff member to designate as the Community Entity (CE) Lead for Homelessness Individuals and Families Information System (HIFIS) and Coordinated Access implementation.
- CE staff attended the National Conference on Ending Homelessness (CAEH24) and will be attending the CAEH25 Conference this year as well.
- The City is collaborating with supportive housing and shelter providers to facilitate Occupational Therapy (OT) assessments of their sites. These assessments evaluated the physical environments to ensure they are suitable for individuals transitioning from hospital care, particularly those experiencing homelessness or housing instability. The goal is to support effective and appropriate discharge planning by identifying potential barriers and recommending environmental or service-related adjustments to improve safety and accessibility. As part of this initiative, packages will be developed in the spring of 2025 to share with health care providers. These packages will outline available housing options, site-specific details, referral pathways, and key considerations for discharge planning, helping to strengthen coordination between health services and the housing sector.
- Completed the 2024-2028 Reaching Home Community Plan, as per Reaching Home requirements. The plan is a coordinated, community-informed strategy to reduce homelessness through targeted, data-driven investments. Developed with input from service providers, Indigenous partners, and people with lived experience, it emphasizes Housing First principles and collaboration. With over \$5 million allocated, the plan funds housing support services, community outreach, and prevention efforts to improve housing stability and access to essential services.

- Additional shelter capacity was established at the Chilliwack Wellness Centre to accommodate up to 30 individuals experiencing homelessness. This expansion was implemented to address increased demand for emergency shelter services, particularly during periods of heightened vulnerability such as extreme weather or service gaps. The shelter beds provide a safe, low-barrier environment with access to basic needs and connection to supports, helping stabilize individuals while longer-term housing solutions are explored.
- In early 2025, Ruth & Naomi's Mission was able to address the urgent need for shelter during cold conditions by repurposing an existing heated structure on their property, adding 30 temporary emergency spaces to offer warmth and safety to individuals experiencing homelessness. Additionally, with support from Reaching Home funding, they expanded their year-round Pathways Shelter capacity from 40 to 50 beds starting January 1, 2025, enhancing their ability to provide ongoing support to the community.

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.

Since the implementation of Reaching Home, Chilliwack has significantly advanced its community-wide approach to homelessness by fostering greater coordination, system integration, and culturally responsive practices. Reaching Home funding has enabled the development and expansion of multiple collaborative tables - including the Housing First Task Team (HFTT), Chilliwack Interagency Response Table (CIRT), and Shop Talk - which promotes cross-sector information-sharing, client-centred service delivery, and real-time problem-solving. These mechanisms have strengthened both frontline and systems-level responses, ensuring that housing, health, and social services are better aligned to address the complex needs of individuals experiencing homelessness.

Reaching Home has also strengthened Indigenous collaboration. City staff completed OCAP training, participated in Opening Doors Task Team activities, and attended the Urban, Rural, and Northern Indigenous Housing Strategy Workshop in 2025. These actions, along with culturally focused training and events have increased culturally safe

engagement and supported the inclusion of Indigenous voices in policy and service planning.

While Coordinated Access and HIFIS have not yet been fully implemented in Chilliwack, significant progress is underway. The community is working diligently with federal and provincial partners to establish a coordinated access system, with the goal of meeting federal implementation requirements by March 2026. These efforts aim to improve transparency, data quality, and system navigation for both service providers and individuals accessing supports.

Sub-project funding through Reaching Home has supported a range of initiatives aimed at strengthening local homelessness responses. Investments have enhanced emergency shelter capacity, expanded winter response efforts, addressed food insecurity and improved access to essential items for individuals experiencing unsheltered homelessness. A significant portion of funding was directed toward coordinated community outreach to support individuals experiencing homelessness—particularly important in a community with limited housing availability, by helping connect people to services, supports, and interim options. In particular, the City of Chilliwack is placing an increased emphasis on prevention and diversion strategies alongside emergency housing supports to help individuals and families at risk of homelessness remain stably housed. This focus is essential in a housing market with limited affordable options, as preventing loss of housing reduces strain on emergency shelters, improves individual outcomes, and ensures more effective use of limited community resources. Funding has also supported innovative approaches to improve coordination between health and housing systems, with a focus on supporting safe and appropriate transitions from hospital to community-based services.

Finally, the completion of the 2024–2028 Reaching Home Community Plan has solidified a shared vision, emphasizing Housing First principles, upstream prevention, and strategic investments in outreach, housing supports, and service navigation.

Collaboration between Indigenous and non-Indigenous partners

CHR 3

Please select your community from the drop-down menu:

Chilliwack (BC)

Your community: **Has only DC funding available.**

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**?

Yes

- Implementing, maintaining and/or improving, as well as using the **HMIS**?

Yes

- Strengthening the **Outcomes-Based Approach**?

Yes

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

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

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

→ Coordinated Access:

Yes

→ HMIS:

Yes

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

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

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

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

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

We have established ongoing partnerships with Indigenous organizations through funding and Community Advisory Board (CAB) membership. Representatives from Stó:lō Service Agency, Wilma's Transition Society, Tzeachten First Nation, and Skowkale First Nation serve on the CAB. The CE has provided various training opportunities to service agencies working with individuals experiencing homelessness to ensure culturally competent service delivery. These trainings including Historical Impact, Doing Our Work in a Good Way, and cultural ceremonies. Furthermore, Indigenous organizations and individuals participated in HIFIS training and testing. Overall, the City remains focused on building stronger relationships and trust with local Indigenous partners in the community.

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?

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.

As it is a requirement of the CE to complete this report, it was prepared by CE staff. The Reaching Home Community Advisory Board had the opportunity to review and approve the CHR, which includes representation from local Indigenous organizations such as Wilma's Transition Society, Tzeachten First Nation, and an Elder from Skowkale First Nation.

End of Section 1

SECTION 2: COORDINATED ACCESS SELF-ASSESSMENT

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

Governance and Partnerships

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

CA 1	Communities must maintain an integrated, community-based governance structure that supports a transparent, accountable and responsive Coordinated Access system, with use of an HMIS. The CAB must be represented in this structure in some way.				
	<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

<p>d) Have Coordinated Access Lead and HMIS Lead roles and responsibilities been documented and, if requested, can this documentation be made publicly available?</p>	<p>Select one</p>
<p>CA 5</p> <p>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>	<p>Yes</p>
<p>CA 6</p> <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. 	<p>Select one</p>

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	1	0	0

Coordinated Access	Completed (score)	Completed (%)
Governance and partnerships (out of 8 points)	1	13%
System map and Resource Inventory (out of 2 points)	0	0%
Service navigation and case conferencing (out of 1 point)	0	0%
Access points (out of 2 points)	0	0%
Initial triage and more in-depth assessment (out of 2 points)	0	0%

Vacancy matching and referral with prioritization (out of 2 points)	0	0%
All (out of 17 points)	1	6%

End of Section 2

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

Context

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

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

Homelessness Management Information System (HMIS)

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

	b) Over the last year, were other non-Reaching Home-funded providers that serve people experiencing or at-risk of homelessness encouraged to actively use the HMIS? They may or may not have agreed to do so at this time.	Select one
HIFIS 3	a) Has the Community Entity signed the latest Data Provision Agreement (find the latest version here , which includes the Racial Identity field in the annex) with Housing, Infrastructure and Communities Canada (HICC)? This may have been done in a previous year.	Select one
	b) Are local agreements in place to manage privacy, data sharing and client consent related to the HMIS? These agreements must comply with municipal, provincial/territorial and federal laws and include: <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	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).	Yes

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

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).

Yes

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	1	0	0

Homelessness Management Information System	Completed (score)	Completed (%)
Homelessness Management Information System (out of 5 points)	1	20%
All (out of 5 points)	1	20%

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	1	0	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)	1	100%

Data quality improvement (out of 1 point)	0	0%
All (out of 17 points)	1	6%

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.