

Reaching Home: Canada's Homelessness Strategy
Community Homelessness Report

City of Greater Sudbury

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”).

In September 2023, Sudbury City Council requested that staff create a Roadmap to End Homelessness by 2030 within the City of Greater Sudbury. The Roadmap was developed through an Internal Policy and Data review, literature review of best practices, discussions with experts in the field, and Community consultation with community partners, Indigenous partners and people with lived and living experience. This Roadmap was approved on May 28, 2024. It consists of recommendations under four pillars: having homelessness be rare; brief; non-recurring; and system level recommendations. Progress on these recommendations is well underway, and regular updates can be found here: <https://www.greatersudbury.ca/live/homelessness-initiatives/latest-updates/>

For those experiencing homelessness, the Safe Harbour House emergency shelter for women and those identifying as non-binary was approved for another year, providing much needed supports for those who require low barrier

services. The shelter provided direct connection to the By-Name List and to client navigators to increase access to housing support. The City of Greater Sudbury purchased a building in December 2024 and the Safe Harbour House program relocated here, allowing for the opening of 16 additional beds. There are plans to convert some of the emergency shelter beds into transitional housing spaces in the near future.

Utilizing additional Federal Unsheltered Homelessness and Encampments funding, additional overnight, daytime and weekend warming centre spaces were opened over the winter months to ensure people living unsheltered had access to safe places from the elements as well as access to housing supports and have connection to the By Name List to be matched to housing. These services helped meet the barrier of connecting with individuals living unsheltered and in encampments to provide housing focused solutions.

The Action Research on Chronic Homelessness Project (ARCH) successfully completed one year of research activities using the Developmental Evaluation model under the Guidance of Indigenous USAI (Utility, Self-Voicing, Access and Inter-Relationality) framework. ARCH Sudbury is a community-led initiative focused on improving systems and cultural alignment for youth in transition from the child welfare system. The ARCH project received additional Federal funding to complete activities in 2025/2026.

In collaboration with Canadian Mental Health Association (CMHA) Sudbury/Manitoulin, Shkagamik-Kwe Health Centre, Monarch Recovery Services, the Northern Institute for Social Action (NISA), and the City of Greater Sudbury, Health Sciences North (HSN) was approved for Homelessness and Addiction Recovery Treatment (HART) funding for a three-year term, effective January 27, 2025.

A service review to inform an investment plan and further system level planning is currently underway to update documentation 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.

The federally required Point-in-Time count was conducted on October 8, 2024, with a survey period from October 8-15, 2024. This data will be presented to Council and the public. It will be used to inform future projects in the community.

The process of updating Coordinated Access policies/protocols to reflect the changing needs of the community has begun. This will bring the coordinated access system into better alignment with Reaching Home requirements. The roles and responsibilities for vacancies, matching, and referrals are being reorganized, with the updates to be reflected in the updated Coordinated Access Guide. There was a community consultation facilitated by Built for Zero Canada to re-evaluate the priorities for the community. This included community partners from a variety of sectors, including health, mental health and addictions, Indigenous serving agencies, and Community Advisory Board members.

The community will be switching to generating the Unique Identifier List completely over to HIFIS from an Excel-based spreadsheet. While HIFIS had been used for person-specific data in the past, the community is completing the transfer to the exclusive use of HIFIS in 2025/2026.

The following issues continue to impact the housing and homelessness sector:

- Lack of deep core and affordable housing
- Not in My Backyard (NIMBY) challenges with new programs and housing
- Discrimination, particularly for Indigenous individuals
- Inadequate social assistance rates
- Increased average market rent costs
- Low vacancy rate (1.5% October 2024 CMHC - Canada Mortgage and Housing Corporation)
- Homeless serving sector human resource challenges
- Substance use and mental health crisis
- Increased violence, increased intimate partner violence

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 implementation of Reaching Home has given the community a chance to re-evaluate our approach to addressing homelessness. It has helped the CAB update the documentation and policies. For example, a new Terms of Reference addresses several of the Reaching Home minimum requirements regarding governance.

Although still using an Excel-based system for our By-Name Data (BND), progress is being made to transfer coordinated access activities to HIFIS. This includes a re-evaluation of documented policies and procedures. This shift has also provided the opportunity to update the coordinated access system to better address the needs of the community.

The community has been able to create new partnerships with service providers as well as strengthen existing partnerships. Although not all partners are access points for the coordinated access system, a team of dedicated 'Client Navigators' have worked to build referral relationships. One specific strengthened relationship is with Health Sciences North (HSN) where Client Navigators attend twice weekly to connect with health care patients who are experiencing homelessness and provide timely interventions in collaboration with health care staff. The Client Navigators are able to meet clients (and service providers) where they are in order to provide entry points to the coordinated access system. Another example of strengthened partnerships was through the ARCH project. The cornerstone of the project was the partnership between N'Swakamok Indigenous Friendship Centre and the City. It allowed for better system integration with not only Indigenous partners but also child welfare agencies.

Some projects that have begun but not completed this fiscal year include prioritization/ matching processes as well as system mapping. With changing community priorities, it was necessary to change the common assessment tool used with clients. The system map and resource inventory that were in place are in need of updating, which will be completed by fall 2025.

Collaboration between Indigenous and non-Indigenous partners

CHR 3

Please select your community from the drop-down menu:

Greater Sudbury (ON)

Your community: **Has IH funding available.**
The DC CE and IH CE are distinct organizations.
The DC CAB and IH CAB are distinct groups.

The IH CE is the Ontario Federation of Indigenous Friendship Centres (OFIFC).

CHR 4

a) Has there been meaningful collaboration between the DC CE and the IH CE and IH CAB, as well as 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?**

Not yet started

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

Yes

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

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

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

→ Coordinated Access:	Yes
→ HMIS:	No

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

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

A representative from the Indigenous Homelessness CAB, who also works at the N'Swakamok Indigenous Friendship Centre, sits on Housing First steering committee and has since inception in 2020. The Housing First Steering Committee is a group of homelessness serving sector leadership partners and stakeholders who oversee the Coordinated Access System and HIFIS development within the City of Greater Sudbury.

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.

Due to over-representation of Indigenous people in the homelessness sector, there was difficulty scheduling time to collaborate. There are currently discussions around resources with partners to better address this need.

CHR 5

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 partners, including those that sit on your CAB?

Yes

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

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

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

No

- Collaboration with Indigenous partners took place when developing and finalizing the CHR.

Yes

- Indigenous partners reviewed and approved the final CHR.

Yes

Note: As applicable, these activities should be described in further detail in CHR 5(c). This list is not meant to be exhaustive. Other relevant activities not listed here can be described in CHR 5(c).

c) In your response to **CHR 5(a)** you noted that collaboration **occurred** with Indigenous partners. As a follow up to this, please describe the collaboration that took place in more detail **related to the completion of this CHR**.

Your response could include information such as how Indigenous peoples were engaged in these discussions, when collaboration occurred, who it was with, and what sections of the CHR were informed by Indigenous input and/or perspectives.

Throughout the year, collaboration and data-sharing occurs with Indigenous partners at a variety of meetings/ committees. Data was inputted into the Community Homelessness Report for Indigenous partners to review during the week of May 19th. The entire CHR was reviewed via a virtual meeting on May 27th with representation from both the CE and the IH CAB. After discussion, the CHR was updated to better reflect the input from both parties.

CHR 6

a) Did the IH CAB sign-off on this CHR?

Yes

End of Section 1

SECTION 2: COORDINATED ACCESS SELF-ASSESSMENT

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

Governance and Partnerships

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

CA 1	<p>Communities must maintain an integrated, community-based governance structure that supports a transparent, accountable and responsive Coordinated Access system, with use of an HMIS. The CAB must be represented in this structure in some way.</p>	
	<p>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?</p>	Yes
	<p>b) Have Terms of Reference for the integrated, community-based governance structure been documented and, if requested, can they be made publicly available?</p>	Yes
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: <ul style="list-style-type: none"> → Community Entity: 	Yes – as a CAB member with ex-officio status and a member of the overall governance structure
	<ul style="list-style-type: none"> → Community Advisory Board: 	Yes

<ul style="list-style-type: none"> → Housing, Infrastructure and Communities Canada (HICC): 	<p>Yes – as a CAB member with ex-officio status</p>
<ul style="list-style-type: none"> → Organization that fulfills the role of Coordinated Access Lead: 	<p>Yes</p>
<ul style="list-style-type: none"> → Organization that fulfills the role of HMIS Lead: 	<p>Yes</p>
<ul style="list-style-type: none"> • Homelessness roles from other orders of government: 	
<ul style="list-style-type: none"> → Provincial or territorial government: 	<p>Not yet</p>
<ul style="list-style-type: none"> → Local designation(s) relative to managing provincial or territorial homelessness funding, as applicable (e.g., Service Manager in Ontario): 	<p>Yes</p>
<ul style="list-style-type: none"> → Municipal government: 	<p>Not yet</p>
<ul style="list-style-type: none"> → Local designation(s) relative to managing municipal homelessness funding, as applicable: 	<p>Not applicable</p>
<ul style="list-style-type: none"> • Local groups with a mandate to prevent and/or reduce homelessness, as applicable: 	<p>Yes</p>
<ul style="list-style-type: none"> • Local Indigenous partners: 	<p>Yes – as a CAB member and a member of the overall governance structure</p>

<ul style="list-style-type: none"> Population groups the Coordinated Access system intends to serve (e.g., providers serving youth experiencing homelessness): 	<p>Yes – as a CAB member and a member of the overall governance structure</p>
<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: 	<p>Yes – as a CAB member and a member of the overall governance structure</p>
<ul style="list-style-type: none"> People with lived experience of homelessness: 	<p>Not yet</p>
<p>CA 3</p> <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. 	<p>Under development</p>
<p>CA 4</p> <p>a) Has a Coordinated Access Lead organization been identified?</p>	<p>Yes</p>
<p>b) Has an HMIS Lead organization been identified?</p>	<p>Yes</p>
<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? 	<p>Yes</p>

<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>Yes</p>
<p>CA 5</p> <p>a) Has there been meaningful collaboration between the DC CE and the IH CE and IH CAB, as well as 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>Yes</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.

Yes

- Engagement strategy that explains how the CAB intends to:

Under development

- 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. 	Yes	
<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). 	Yes	
<ul style="list-style-type: none"> • Exclusive and shared responsibilities between the CAB and Community Entity. 	Yes	
<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. 	Yes	
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?	Yes
	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.	Yes

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.

Yes

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?

Under development

b) Does the systems map include the following elements:

→ Name of the organization and/or service provider:

Not yet

→ Type of service provider (e.g., emergency shelter, supportive housing):

Not yet

→ Funding source(s):

Not yet

→ Eligibility for service (e.g., youth):

Not yet

→ Capacity to serve (e.g., number of units):

Not yet

→ Role in the Coordinated Access system (e.g., access point):

Not yet

→ Role with maintaining quality data used for a Unique Identifier List (e.g., keep data up-to-date for housing history):

Not yet

→ If the service provider currently uses the HMIS:

Not yet

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):	Not yet
	→ Use of the HMIS (e.g., identify opportunities to onboard new service providers):	Not yet
	→ Data quality (e.g., increase data comprehensiveness):	Not yet
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.	Under development
	b) For each housing and related resource in the Resource Inventory, have eligibility criteria been documented?	Under development
	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.	Under development
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.	Yes
	b) Have these processes been documented and , if requested, can this documentation be made available?	Yes
	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.	Yes
	→ 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).	Yes
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?	Yes
	b) Have access points been documented and is this information publicly available?	Yes
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?	Yes
	b) Have these processes been documented and , if requested, can this documentation be made available?	Yes
Initial Triage and more In-Depth Assessment		
CA 14	a) Is the triage and assessment process documented in one or more policies/protocols?	Yes
	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>	<p>Yes</p>
<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>	<p>Yes</p>
<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>	<p>Yes</p>
<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>	<p>Yes</p>
<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>	<p>Yes</p>

	<p>→ Housing plans: Documenting people’s progress with finding and securing housing (with appropriate subsidies and/or supports, as applicable).</p>	<p>Yes</p>
	<p>→ 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.</p>	<p>Yes</p>
<p>CA 15</p>	<p>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?</p>	<p>Yes</p>
	<p>b) If more than one triage and/or assessment tool is being used, is there a protocol in place that describes:</p>	
	<p>→ 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).</p>	<p>Yes</p>
	<p>→ 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).</p>	<p>Yes</p>
	<p>→ 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).</p>	<p>Yes</p>
<p>Vacancy Matching and Referral with Prioritization</p>		

CA 16	a) Is the vacancy matching and referral process documented in one or more policies/protocols?	Yes
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.		Under development
→ 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).		Yes
→ 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.		Under development
→ 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.		Yes
→ 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.		Yes
→ Resource Inventory management: Steps to track real-time capacity, transitions in/out of units, occupancy/caseloads, progress with referrals/offers, and housing outcomes.		Under development

CA 17

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

Yes

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	11	6	0

Coordinated Access	Completed (score)	Completed (%)
Governance and partnerships (out of 8 points)	5	63%
System map and Resource Inventory (out of 2 points)	0	0%
Service navigation and case conferencing (out of 1 point)	1	100%
Access points (out of 2 points)	2	100%
Initial triage and more in-depth assessment (out of 2 points)	2	100%
Vacancy matching and referral with prioritization (out of 2 points)	1	50%
All (out of 17 points)	11	65%

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?	Yes
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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.	Under development
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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?	Yes
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	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.	Yes
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HIFIS 3	<p>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.</p>	Yes
	<p>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:</p> <ul style="list-style-type: none"> • A Community Data Sharing Agreement; and, • A Client Consent Form. 	Yes
	<p>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?</p>	Not yet started
HIFIS 4	<p>Has the Community Entity updated HIFIS to the latest version that was most recently confirmed as mandatory by HICC?</p>	Yes
HIFIS 5	<p>a) Has there been meaningful collaboration between the DC CE and the IH CE and IH CAB, as well as 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?</p> <p>Note: The response to this question is auto-populated from CHR 4(a).</p>	Not yet started
Data Uniqueness		
OBA 1	<p>a) Does the dataset include people currently experiencing homelessness that have interacted with the homeless-serving system?</p>	Yes

b) Do people appear only once in the dataset?	Yes
c) Do people give their consent to be included in the dataset?	Yes
<p>OBA 2</p> <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). 	Yes
<p>OBA 3</p> <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). 	Under development
Data Consistency	
<p>OBA 4</p> <p>To support Coordinated Access, is the HMIS used to generate data for a Unique Identifier List?</p>	Under development

OBA 5	<p>Is the HMIS used to <u>collect data</u> for setting baselines, setting reduction targets and tracking progress for the following community-level outcomes:</p> <ul style="list-style-type: none"> → Overall homelessness: → Newly identified as experiencing homelessness: → Returns to homelessness: → Indigenous homelessness: → Chronic homelessness: 	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>
Data Timeliness		
OBA 6	<p>Is the dataset updated <u>as soon as</u> new information is available about a person for:</p> <ul style="list-style-type: none"> → Interaction with the system (e.g., changes from “active” to “inactive”). → Housing history (e.g., changes from “homeless” to “housed”). → 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). 	<p>Yes</p> <p>Yes</p> <p>Yes</p>
OBA 7	<p>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?</p>	<p>Yes</p>
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?	Yes
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:	Yes
	→ Housing history (including data about where people were staying immediately before becoming homeless and, once they've exited, where they went):	Yes
	→ Indigenous identity:	Yes
Data Comprehensiveness		
OBA 10	Does the dataset include all household types (e.g., singles and families experiencing homelessness)?	Yes
OBA 11	Does the dataset include people experiencing sheltered homelessness (e.g., staying in emergency shelters)?	Yes
OBA 12	Does the dataset include people experiencing unsheltered homelessness (e.g., people living in encampments)?	Yes
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:	Yes

→ Unaccompanied youth:	Yes
→ Families	Yes – All family members including dependents
b) Does the dataset include people staying in the following types of shelter:	
→ Permanent emergency shelter:	Yes
→ Seasonal or temporary emergency shelter:	Not applicable
→ Hotels/motel stays paid for by a service provider:	Yes
→ Domestic violence shelters:	Not yet
c) Does the dataset include the following groups of people who have interacted with the system:	
→ People that identify as Indigenous:	Yes
→ People as soon as they interact with the system:	Yes – people are added on the first day
→ People experiencing hidden homelessness:	Yes
→ People staying in transitional housing:	Yes
→ People staying in public institutions who do not have a fixed address (e.g., jail or hospital):	Yes

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>	Yes
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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> <hr/> <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> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">→ Overall homelessness:</td> <td style="text-align: center;">Yes</td> </tr> <tr> <td style="text-align: center;">→ Newly identified as experiencing homelessness:</td> <td style="text-align: center;">Yes</td> </tr> <tr> <td style="text-align: center;">→ Returns to homelessness:</td> <td style="text-align: center;">Yes</td> </tr> <tr> <td style="text-align: center;">→ Indigenous homelessness:</td> <td style="text-align: center;">Yes</td> </tr> <tr> <td style="text-align: center;">→ Chronic homelessness:</td> <td style="text-align: center;">Yes</td> </tr> </table> <hr/> <p>b) <u>Is the dataset being used to set</u> monthly and annual baselines and reduction targets for the following community-level outcomes:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">→ Overall homelessness:</td> <td style="text-align: center;">Yes</td> </tr> <tr> <td style="text-align: center;">→ Newly identified as experiencing homelessness:</td> <td style="text-align: center;">Yes</td> </tr> </table>	→ Overall homelessness:	Yes	→ Newly identified as experiencing homelessness:	Yes	→ Returns to homelessness:	Yes	→ Indigenous homelessness:	Yes	→ Chronic homelessness:	Yes	→ Overall homelessness:	Yes	→ Newly identified as experiencing homelessness:	Yes
→ Overall homelessness:	Yes														
→ Newly identified as experiencing homelessness:	Yes														
→ Returns to homelessness:	Yes														
→ Indigenous homelessness:	Yes														
→ Chronic homelessness:	Yes														
→ Overall homelessness:	Yes														
→ Newly identified as experiencing homelessness:	Yes														

	→ Returns to homelessness:	Yes
	→ Indigenous homelessness:	Yes
	→ Chronic homelessness:	Yes
OBA 15	Is data used to <u>inform action</u> related to preventing and reducing homelessness?	Yes
	<p>b) How is data being used to inform action? Please provide specific examples. Your response should include:</p> <ul style="list-style-type: none"> • Examples of how data is used to develop and/or update clear plans of action for reaching your reduction targets; and/or, • Examples of how data is used to inform action in policy-making, program planning, performance management, investment strategies and/or service delivery. 	
	<p>In September 2023, Sudbury City Council requested that staff create a Roadmap to End Homelessness by 2030 within the City of Greater Sudbury. The Roadmap was developed through an Internal Policy and Data review, literature review of best practices, discussions with experts in the field, and Community consultation with community partners, Indigenous partners and people with lived and living experience. This Roadmap was approved on May 28, 2024. It consists of recommendations under four pillars: having homelessness be rare; brief; non-recurring; and system level recommendations. Progress reports, including key progress indicators, are provided to City Council every six months to report on outcomes related to the Roadmap recommendations.</p> <p>Internally the data is used to identify gaps in service including specific priority populations such as Indigenous, youth and seniors. These gaps are prioritized for project and funding allocation.</p>	
CHR 10	The following questions aim to determine how you will report data in Section 4 of your CHR.	
	a) What is the earliest you can report <u>monthly</u> data in Section 4 of your CHR, inclusively?	March 2022

<p>b) What is the earliest you can report <u>annual</u> data in Section 4 of your CHR, inclusively?</p>	<p>2022-23</p>	
<p>c) What methodology will you use to set baselines, set reduction targets and track progress on core Reaching Home outcomes in this CHR?</p> <p>Reminder: To meet Outcomes-Based Approach Minimum Requirement 8, you must use the federal methodology to set baselines, set reduction targets and track progress for the five core Reaching Home outcomes. For HIFIS users, this means using the “Community Outcomes” report in HIFIS. For non-HIFIS users, this means using a report equivalent to the “Community Outcomes” report in HIFIS.</p>	<p>Other process/tool</p>	
<p>d) What are your plans to transition to using the federal methodology by March 31, 2026?</p>		
<p>The community is currently in the process of reworking the coordinated access system and training for transition in the 2025-26 fiscal year.</p>		
<p style="text-align: center;">Partnerships</p>		
<p>OBA 16</p>	<p>a) Has there been meaningful collaboration between the DC CE and the IH CE and IH CAB, as well as local Indigenous partners, including those that sit on your CAB, over the reporting period specific to the work of strengthening the Outcomes-Based Approach?</p> <p>Note: The response to this question is auto-populated from CHR 4(a).</p>	<p>Yes</p>
<p style="text-align: center;">Data quality improvement</p>		

OBA 17	a) Are efforts being made to improve data quality?	Yes
b) How was data quality improved? Please provide specific examples. Your response could reference one or more dimensions of data quality: <ul style="list-style-type: none"> • Data uniqueness • Data consistency • Data timeliness • Data completeness • Data comprehensiveness 		
The community continues to train HIFIS users on the importance of data completeness (specifically housing history).		

Reporting on other Community-Level Outcomes

CHR 11	a) Beyond the five mandatory core outcomes under Reaching Home, do you wish to include any additional <u>monthly</u> community-level outcomes for this CHR? Reminder: Reporting on additional community-level outcomes is optional.	No
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b) Beyond the five mandatory core outcomes under Reaching Home, do you wish to include any additional annual community-level outcomes for this CHR?

Reminder: Reporting on additional community-level outcomes is optional.

No

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	2	2	1

Homelessness Management Information System	Completed (score)	Completed (%)
Homelessness Management Information System (out of 5 points)	2	40%
All (out of 5 points)	2	40%

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	15	2	0

Outcomes-Based Approach	Completed (score)	Completed (%)
Data uniqueness (out of 3 points)	2	67%
Data consistency (out of 2 points)	1	50%
Data timeliness (out of 2 points)	2	100%
Data completeness (out of 2 points)	2	100%
Data comprehensiveness (out of 4 points)	4	100%

Data use (out of 2 points)	2	100%
Partnerships (out of 1 point)	1	100%
Data quality improvement (out of 1 point)	1	100%
All (out of 17 points)	15	88%

End of Section 3

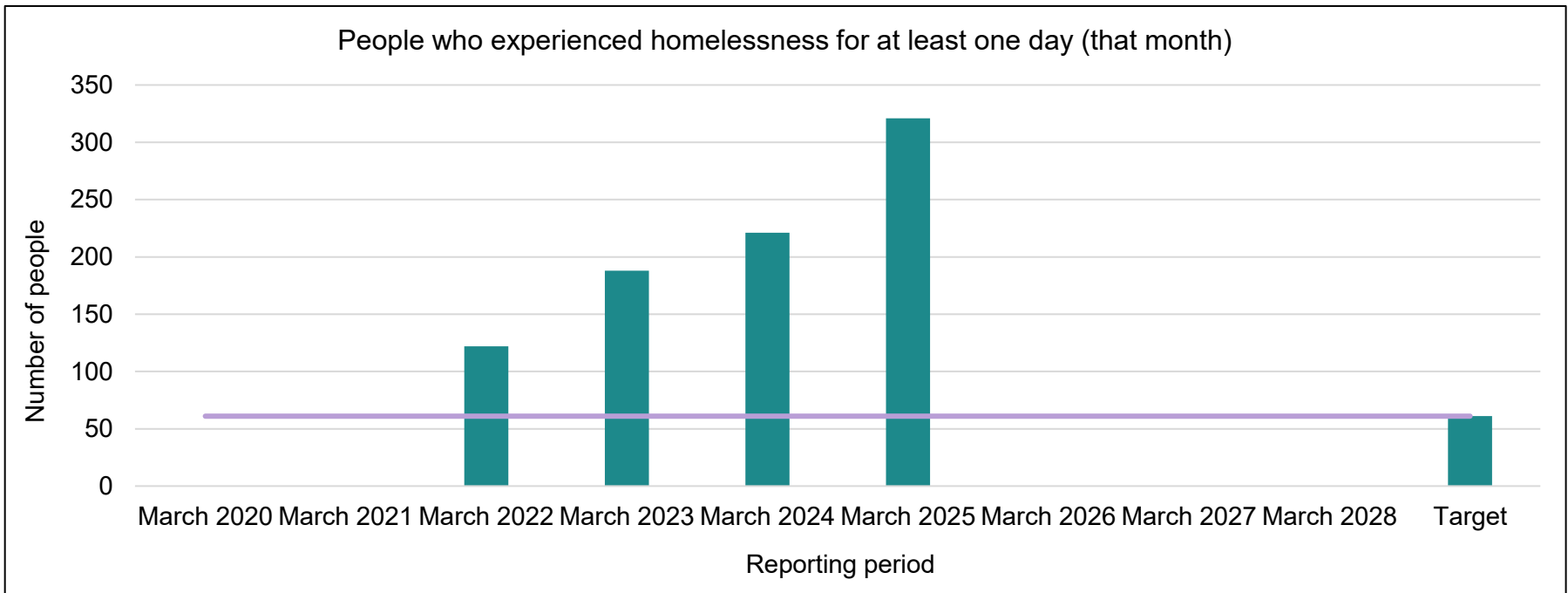
SECTION 4: COMMUNITY-LEVEL OUTCOMES AND TARGETS

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

O1(M) Outcome #1: Fewer people experience homelessness (homelessness is reduced overall)

Given your answers in Section 3, you can report monthly result(s) for Outcome #1 using your person-specific data.

	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)			122	188	221	321				61



O1(M)

a) What is your baseline year? The baseline is the year from which you measure change. This may be the first year you submitted outcomes, but could be the year where you have the most confidence in your data.

March 2022

Overall homelessness will decrease by 50% between March 2022 and March 2028.

b) Please use the comment box below to:

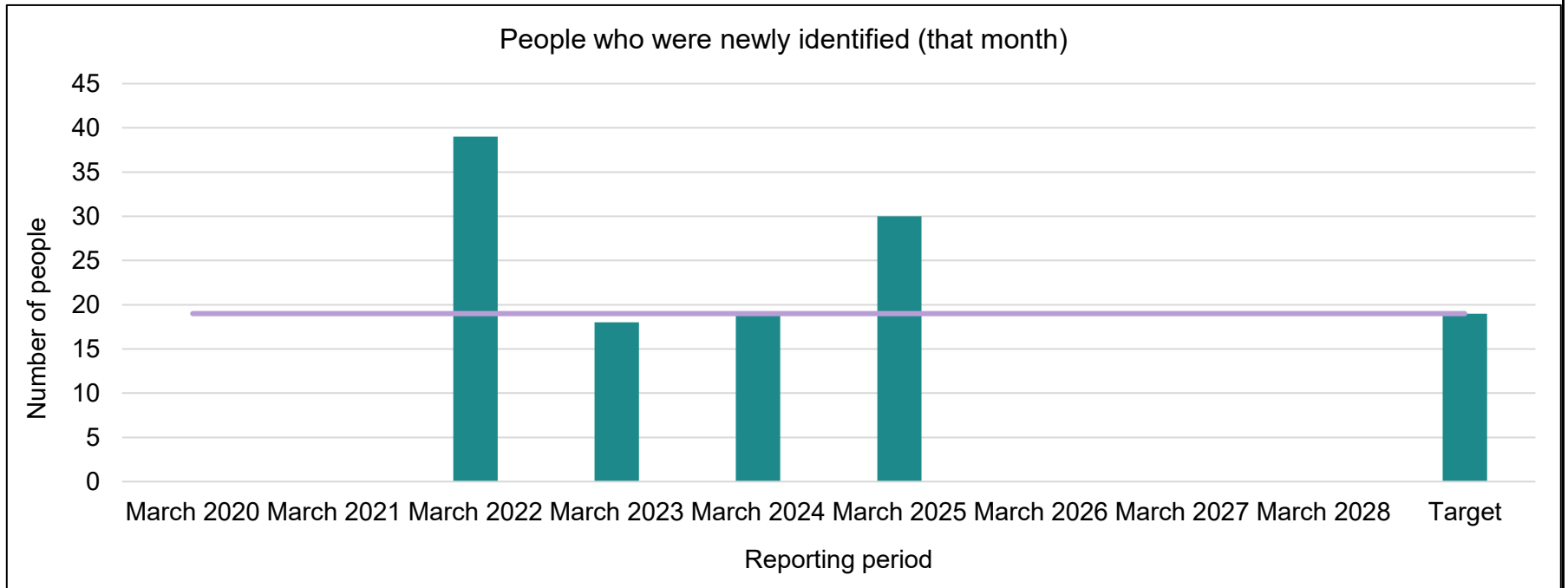
- As applicable, explain any changes to the data reported from the previous CHR (2023-24), including to the data itself, the baseline and the target.
- As applicable, explain the use of “N/A” for one or more data points. As a reminder, no cells should be left blank.
- Optionally, provide any additional context on your data.

These results were gathered using Excel-based BND.

O2(M) Outcome #2: Fewer people were newly identified (new inflows to homelessness are reduced)

Given your answers in Section 3, you can report monthly result(s) for Outcome #2 using your person-specific data.

	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)			39	18	19	30				19



O2(M)

a) What is your baseline year? The baseline is the year from which you measure change. This may be the first year you submitted outcomes, but could be the year where you have the most confidence in your data.

March 2022

New inflows to homelessness will decrease by 51% between March 2022 and March 2028.

b) Please use the comment box below to:

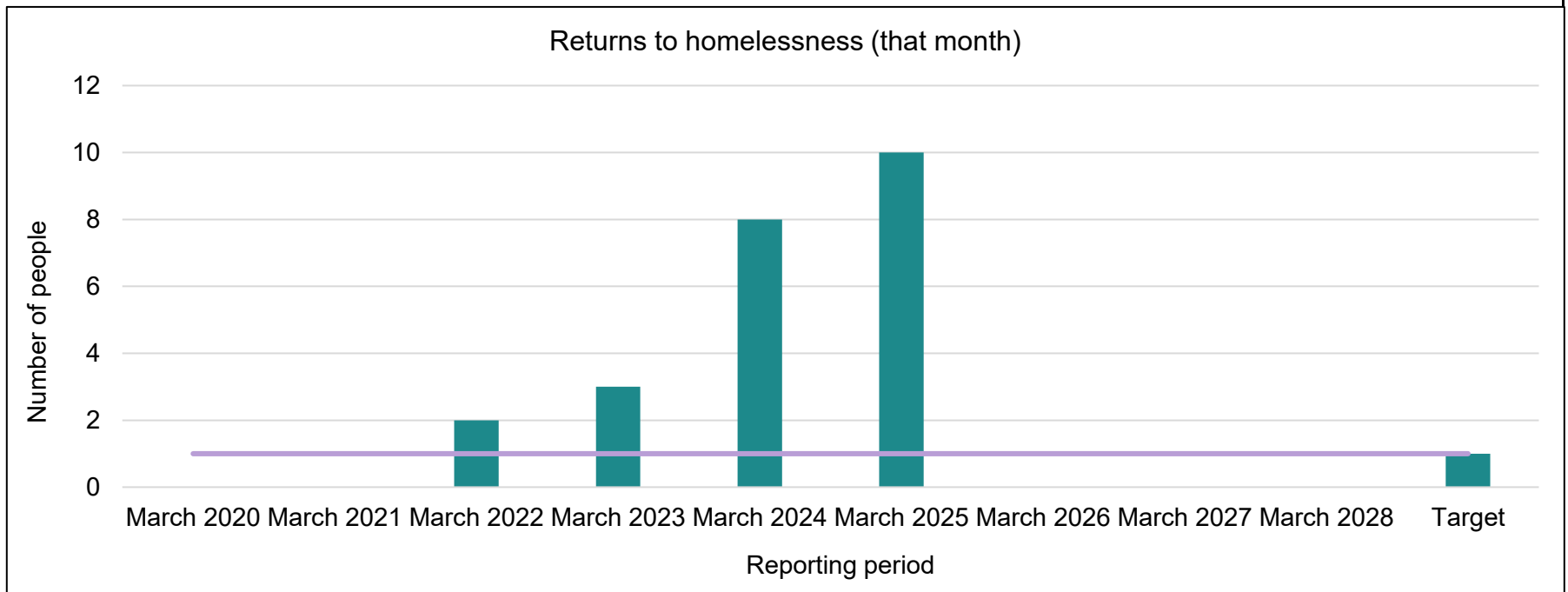
- As applicable, explain any changes to the data reported from the previous CHR (2023-24), including to the data itself, the baseline and the target.
- As applicable, explain the use of “N/A” for one or more data points. As a reminder, no cells should be left blank.
- Optionally, provide any additional context on your data.

These results were gathered using Excel-based BND.

O3(M) Outcome #3: Fewer people return to homelessness (returns to homelessness are reduced)

Given your answers in Section 3, you can report monthly result(s) for Outcome #3 using your person-specific data.

	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	Target
Returns to homelessness (that month)			2	3	8	10				1



O3(M)

a) What is your baseline year? The baseline is the year from which you measure change. This may be the first year you submitted outcomes, but could be the year where you have the most confidence in your data.

March 2022

Returns to homelessness will decrease by 50% between March 2022 and March 2028.

b) Please use the comment box below to:

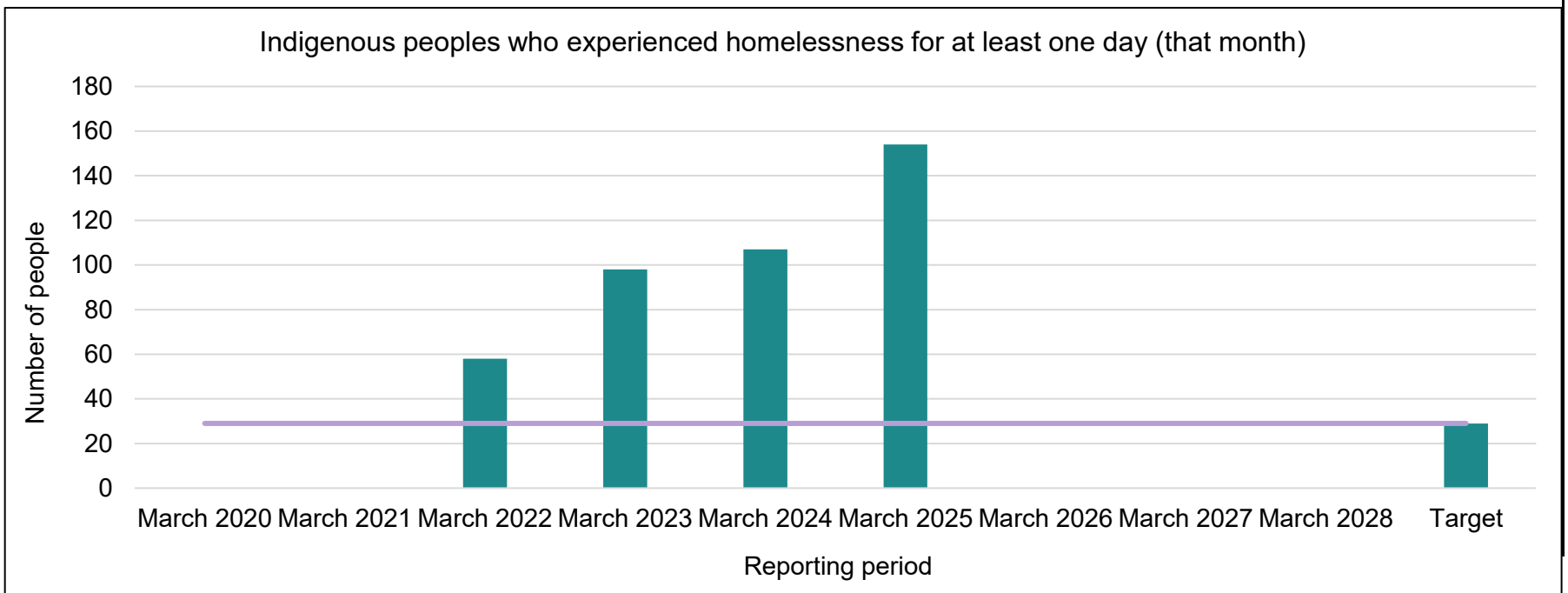
- As applicable, explain any changes to the data reported from the previous CHR (2023-24), including to the data itself, the baseline and the target.
- As applicable, explain the use of “N/A” for one or more data points. As a reminder, no cells should be left blank.
- Optionally, provide any additional context on your data.

These results were gathered using Excel-based BND.

O4(M) Outcome #4: Fewer Indigenous peoples experience homelessness (Indigenous homelessness is reduced)

Given your answers in Section 3, you can report monthly result(s) for Outcome #4 using your person-specific data.

	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)			58	98	107	154				29



O4(M)

a) What is your baseline year? The baseline is the year from which you measure change. This may be the first year you submitted outcomes, but could be the year where you have the most confidence in your data.

March 2022

Indigenous homelessness will decrease by 50% between March 2022 and March 2028.

b) Please use the comment box below to:

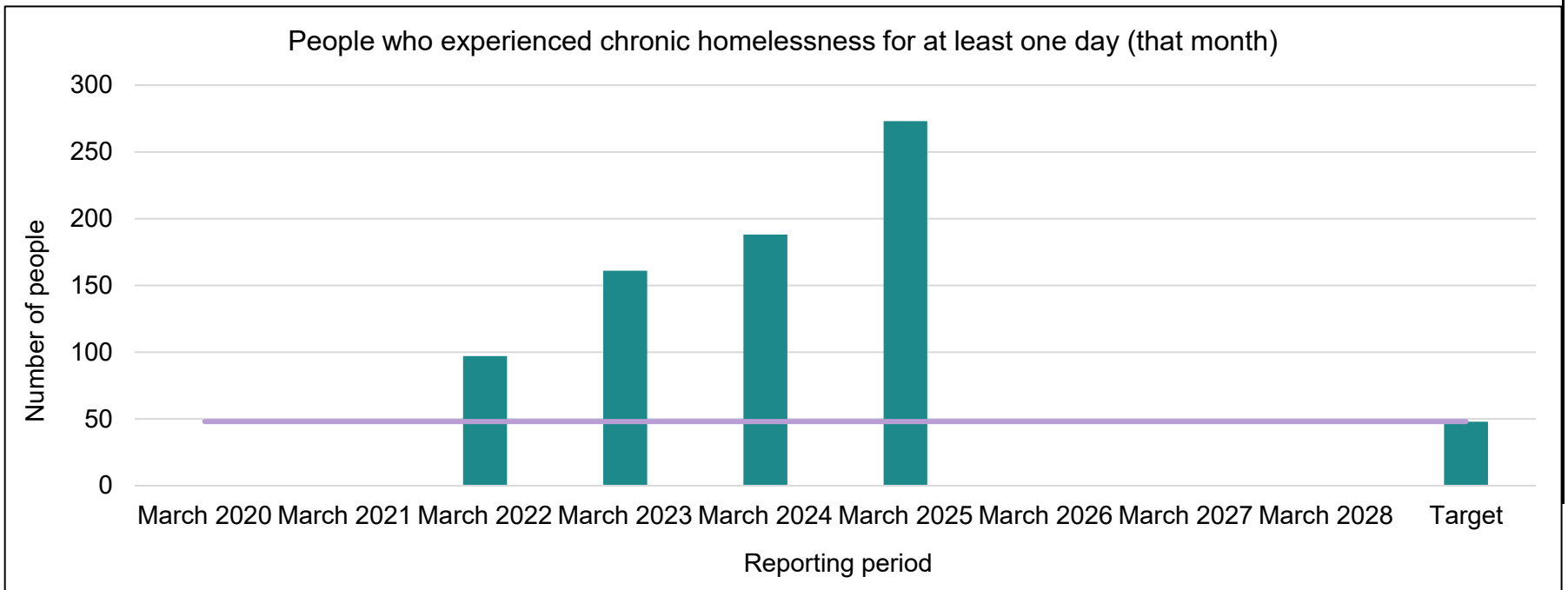
- As applicable, explain any changes to the data reported from the previous CHR (2023-24), including to the data itself, the baseline and the target.
- As applicable, explain the use of “N/A” for one or more data points. As a reminder, no cells should be left blank.
- As applicable, explain how Indigenous partners were engaged in the process of setting the baseline, setting the target, reporting on the outcome and/or interpreting the results.
- Optionally, provide any additional context on your data.

These results were gathered using Excel-based BND.

O5(M) Outcome #5: Fewer people experience chronic homelessness (chronic homelessness is reduced)

*Given your answers in Section 3, you can report monthly result(s) for Outcome #5 using your person-specific data.
Note: As applicable, your target must be, at minimum, a 50% reduction from your baseline.*

	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)			97	161	188	273				48



O5(M)

a) What is your baseline year? The baseline is the year from which you measure change. This may be the first year you submitted outcomes, but could be the year where you have the most confidence in your data.

March 2022

Chronic homelessness will decrease by 51% between March 2022 and March 2028.

b) Please use the comment box below to:

- As applicable, explain any changes to the data reported from the previous CHR (2023-24), including to the data itself, the baseline and the target.
- As applicable, explain the use of “N/A” for one or more data points. As a reminder, no cells should be left blank.
- Optionally, provide any additional context on your data.

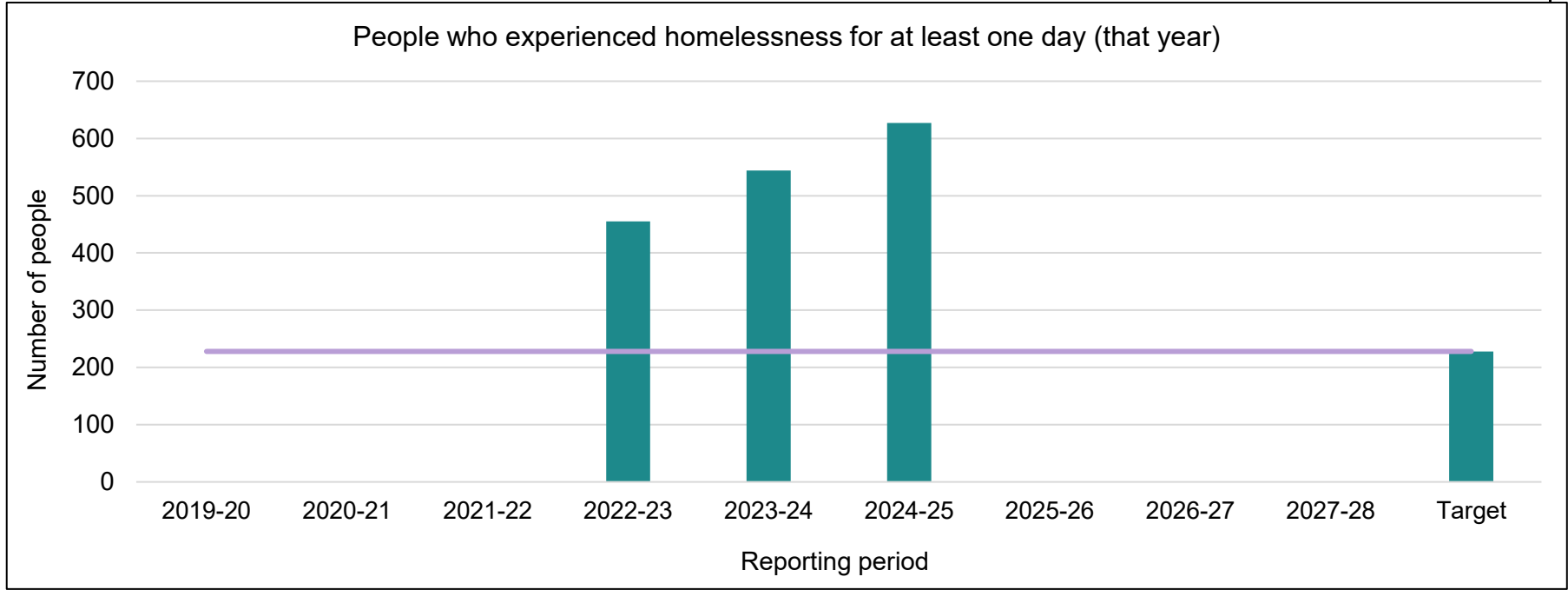
These results were gathered using Excel-based BND.

c) What definition of “chronic homelessness” does your community use to calculate this Outcome?

Homeless for at least six months (180 days) over the past year; or recurrent experiences of homelessness over the past three years, with a cumulative duration of 18 months (1.5 years or 546 days).

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

O1(A) Outcome #1: Fewer people experience homelessness (homelessness is reduced overall)										
<i>Given your answers in Section 3, you can report annual result(s) for Outcome #1 using your person-specific data.</i>										
	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)				455	544	627				228



O1(A)

a) What is your baseline year? The baseline is the year from which you measure change. This may be the first year you submitted outcomes, but could be the year where you have the most confidence in your data.

2022-23

Overall homelessness will decrease by 50% between 2022-23 and 2027-28.

b) Please use the comment box below to:

- As applicable, explain any changes to the data reported from the previous CHR (2023-24), including to the data itself, the baseline and the target.
- As applicable, explain the use of "N/A" for one or more data points. As a reminder, no cells should be left blank.
- Optionally, provide any additional context on your data.

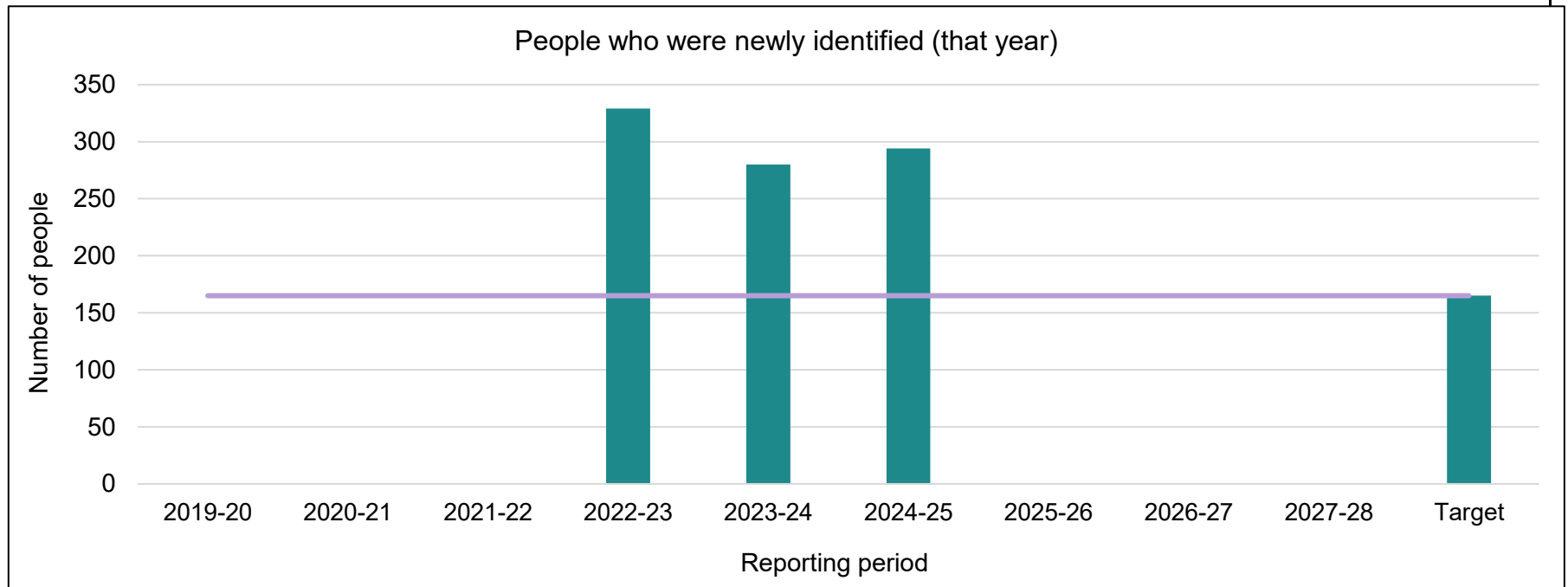
These results were gathered using Excel-based BND.

O2(A)

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

Given your answers in Section 3, you can report annual result(s) for Outcome #2 using your person-specific data.

	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)				329	280	294				165



O2(A)

a) What is your baseline year? The baseline is the year from which you measure change. This may be the first year you submitted outcomes, but could be the year where you have the most confidence in your data.

2022-23

New inflows to homelessness will decrease by 50% between 2022-23 and 2027-28.

b) Please use the comment box below to:

- As applicable, explain any changes to the data reported from the previous CHR (2023-24), including to the data itself, the baseline and the target.
- As applicable, explain the use of "N/A" for one or more data points. As a reminder, no cells should be left blank.
- Optionally, provide any additional context on your data.

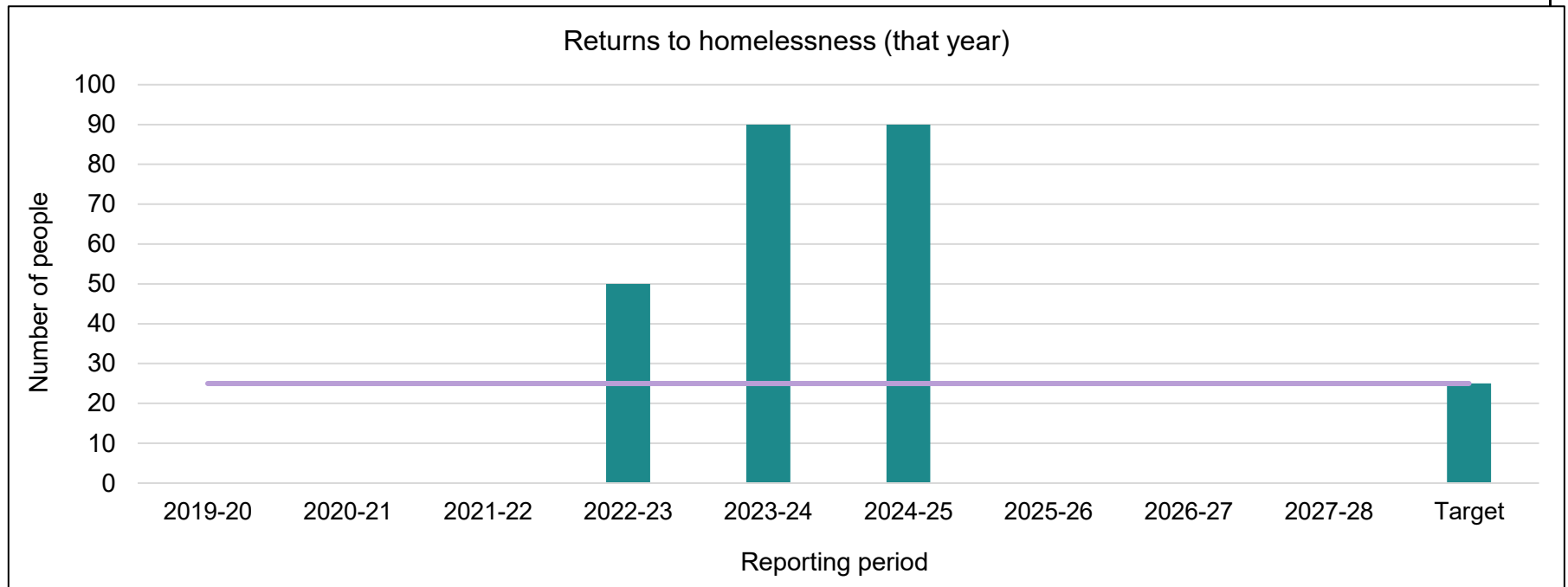
These results were gathered using Excel-based BND.

O3(A)

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

Given your answers in Section 3, you can report annual result(s) for Outcome #3 using your person-specific data.

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
Returns to homelessness (that year)				50	90	90				25



O3(A)

a) What is your baseline year? The baseline is the year from which you measure change. This may be the first year you submitted outcomes, but could be the year where you have the most confidence in your data.

2022-23

Returns to homelessness will decrease by 50% between 2022-23 and 2027-28.

b) Please use the comment box below to:

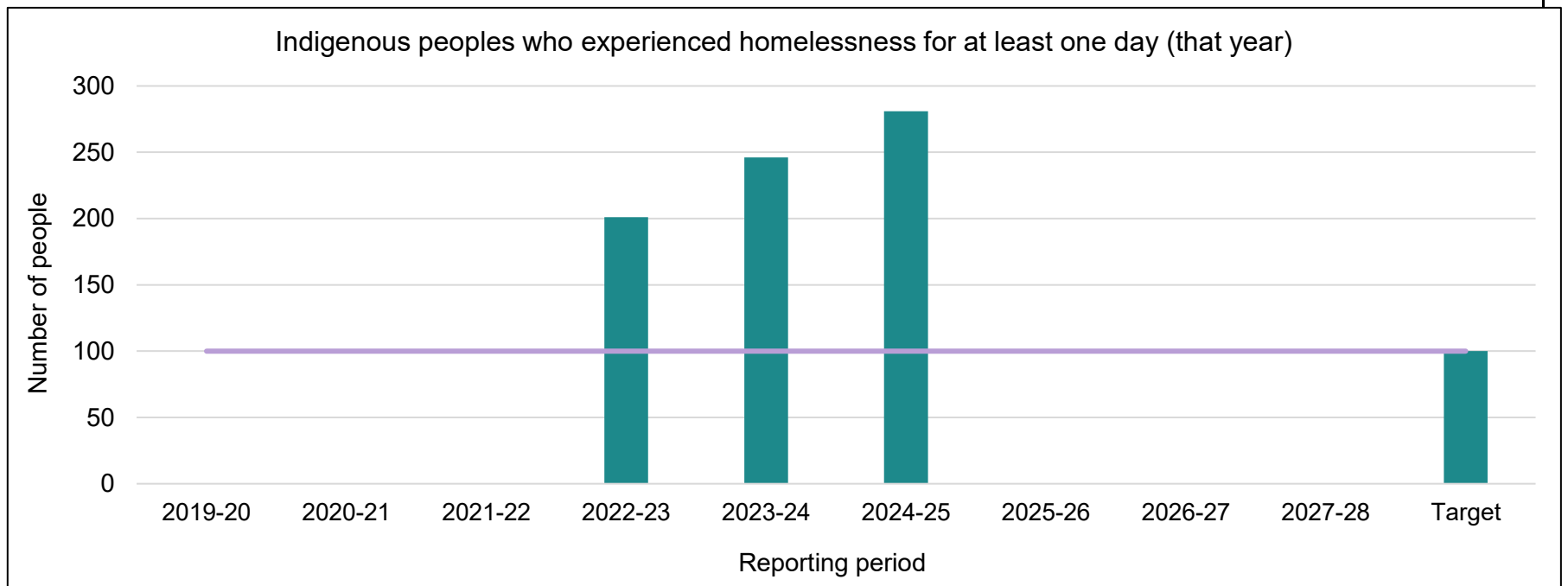
- As applicable, explain any changes to the data reported from the previous CHR (2023-24), including to the data itself, the baseline and the target.
- As applicable, explain the use of “N/A” for one or more data points. As a reminder, no cells should be left blank.
- Optionally, provide any additional context on your data.

These results were gathered using Excel-based BND.

O4(A) Outcome #4: Fewer Indigenous peoples experience homelessness (Indigenous homelessness is reduced)

Given your answers in Section 3, you can report annual result(s) for Outcome #4 using your person-specific data.

	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)				201	246	281				100



O4(A)

a) What is your baseline year? The baseline is the year from which you measure change. This may be the first year you submitted outcomes, but could be the year where you have the most confidence in your data.

2022-23

Indigenous homelessness will decrease by 50% between 2022-23 and 2027-28.

b) Please use the comment box below to:

- As applicable, explain any changes to the data reported from the previous CHR (2023-24), including to the data itself, the baseline and the target.
- As applicable, explain the use of "N/A" for one or more data points. As a reminder, no cells should be left blank.
- As applicable, explain how Indigenous partners were engaged in the process of setting the baseline, setting the target, reporting on the outcome and/or interpreting the results.
- Optionally, provide any additional context on your data.

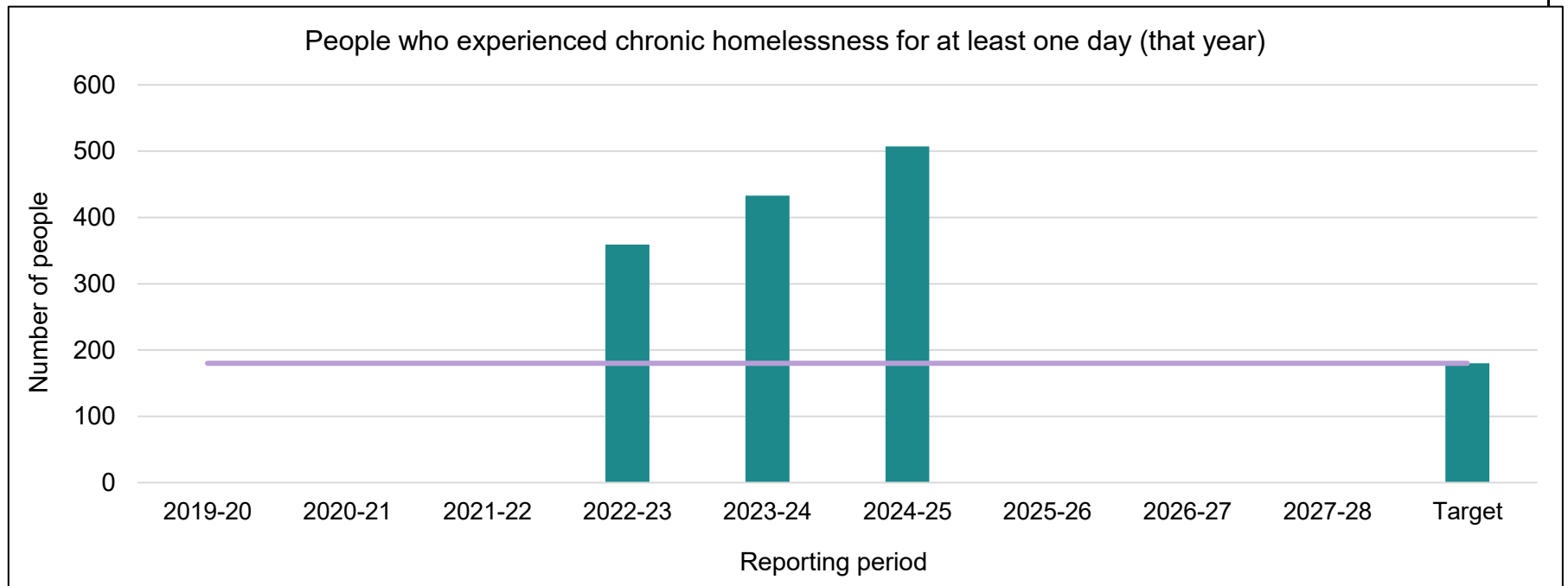
These results were gathered using Excel-based BND.

O5(A)

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

Given your answers in Section 3, you can report annual result(s) for Outcome #5 using your person-specific data.
 Note: As applicable, your target must be, at minimum, a 50% reduction from your baseline.

	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)				359	433	507				180



O5(A)

a) What is your baseline year? The baseline is the year from which you measure change. This may be the first year you submitted outcomes, but could be the year where you have the most confidence in your data.

2022-23

Chronic homelessness will decrease by 50% between 2022-23 and 2027-28.

The Reaching Home Directives indicate that communities must set a minimum 50 percent reduction target for chronic homelessness by 2027-28. Please revise your target to represent, at minimum, a 50 percent reduction of chronic homelessness from your baseline by 2027-28.

b) Please use the comment box below to:

- As applicable, explain any changes to the data reported from the previous CHR (2023-24), including to the data itself, the baseline and the target.
- As applicable, explain the use of “N/A” for one or more data points. As a reminder, no cells should be left blank.
- Optionally, provide any additional context on your data.

These results were gathered using Excel-based BND.

c) What definition of “chronic homelessness” does your community use to calculate this Outcome?

Homeless for at least six months (180 days) over the past year; or recurrent experiences of homelessness over the past three years, with a cumulative duration of 18 months (1.5 years or 546 days).

End of Section 4a