

COMMUNITY HOMELESSNESS REPORT SUMMARY

Regional Municipality of Wood Buffalo (Fort McMurray)

2021-2022

Collaboration between Indigenous and Non-Indigenous Partners

Specific to the implementation of Coordinated Access and an HMIS, has there been collaboration between the Designated Community (DC) Community Entity (CE) and local Indigenous organizations?

Yes

Describe how this collaboration was done and how it affected the implementation of Coordinated Access and/or the HMIS. How will it be strengthened in the future?

The Wood Buffalo Wellness Society (WBWS) is a local Indigenous agency that is funded for the Centralized Intake (CI) Program and they are the team leading the Coordinated Access System (CAS) and the By-Name List (BNL). WBWS had been instrumental in the planning for the CAS from the very beginning and was involved with the development of the BNL. WBWS has implemented changes to the CAS and BNL such as suggesting community Indigenous connections, adding Indigenous supporting data points on the BNL, and providing guidance on processes and protocols. WBWS also remains a Coordinated Access Point (CAP) and brings their experience and knowledge to the table at the monthly Coordinated Access System Team (CAST) meetings.

The Nistawayou Friendship Association Center is also a CAP, that provides outreach and employment services to the Indigenous population. Nistawayou is a new CAP in the system, but they are a member of CAST and participate in many community meetings held by the CE. i.e., Monthly Homeless Sector Meetings, Point-in-Time Planning, etc.

In 2021-2022, 60% of individuals housed in HF and RRH and 55% of those added to the BNL self-identified as being of Indigenous ancestry. With an overrepresentation of Indigenous peoples experiencing homelessness, that population has been identified as a priority to support. The addition of the Tawâw Housing Program to the CAS stemmed from the heightened need to support that population in the community. Tawâw Housing is partnered with McMurray Métis to provide additional services to it's participants.

The CAB and the CE continue to rely on the expertise of this organization to identify gaps within the coordinated access system and work collaboratively with all the access points to provide culturally sensitive services to Indigenous peoples.

Specific to the implementation of Coordinated Access and an HMIS, has there been collaboration between the DC CE and the Indigenous Homelessness (IH) CE and/or Community Advisory Board (CAB), where applicable?	Yes
Describe how this collaboration was done and how it affected the implementation of Coordinated Access and/or the HMIS. How will it be strengthened in the future?	
<p>The RMWB is both the Designate and Indigenous CE, with only one CAB. There is Indigenous representation on the CAB, (including the Chair), who are well connected in their communities and provide the CAB with knowledge sharing, providing various perspectives and advice.</p> <p>The CAB is an action-focused group that stewards and advocates for the community plan on homelessness. The CAB is involved with strategic planning, funding, communication, research and best practice. It advocates for funding and policy change and are champions in the community.</p> <p>Additionally, the CAB makes funding recommendations to the RMWB related to federal and provincial funding, complies with provincial and federal agreements, identifies Coordinated Access Systems barriers and works collaboratively with the community to alleviate them.</p> <p>The CAB is responsible for approving funding recommendations to the Municipality for Council approval. In alignment with council's plan, the CAB recognizes the need to address Indigenous homelessness and the need for Indigenous housing models in the community under the guidance and the 94 calls to action of the Truth and Reconciliation Commission (as well as the organization's 29 specific calls to action). The CAB has recommended funding to the Wood Buffalo Wellness Society, an Indigenous service organization for programming, addressing Indigenous homelessness and specific Indigenous housing models.</p>	

With respect to the completion of the Community Homelessness Report (CHR), was there collaboration between local Indigenous and non-Indigenous organizations and, where applicable, the IH CE and/or CAB?

Yes

Describe when this collaboration occurred and what parts of the CHR were informed by these efforts.

The CAB and the Indigenous representation on the CAB provided insight and feedback for the completion of this report. This representation also includes a representative from the Indigenous and Rural Relations Department of the RMWB.

The CAB and the CE acknowledge that going forward, more knowledge sharing and representation from the Indigenous organizations is a priority.

Does your community have a separate IH CAB?	No

Summary Comment

Are there particular efforts and/or issues that you would like to highlight for this reporting period related to your community's work to achieve the Reaching Home minimum requirements? In particular, please include an update about your community's efforts to set-up, sustain and/or improve the Coordinated Access system and use of an HMIS.

Directive number 4, (Coordinated Access) and the 2021-2022 Federal agreement, highlights designing and implementing a Coordinated Access System (CAS). While the CAS was designed and implemented in between 2018 to 2019, there were many improvements made to the process in the 2021-2022 fiscal year. Some of these improvements include: streamlining processes between Coordinated Access Points (CAPs), creating new processes for individuals who are higher in complexity and need, and adding new CAPs to expand the reach.

The CBO began the planning for the CAS in early 2019 and was fully functioning by September 2021. Shortly before the implementation of CAS, the governance model was developed by forming a committee that created policies and protocols and ensure that all gaps were addressed and all community residents are given the opportunity to housing supports. The Coordinated Access System Team (CAST) was formed in June 2019. This team is made up of a group of experts from within our community who work directly and primarily with individuals and families experiencing homelessness or at risk of homelessness. The team members are best identified for their knowledge, insight, and ideas on how to end chronic homelessness. Many of the partnering agencies that are members of CAST are coordinated access points within the region. The lead Organization that manages and organizes CAST is the Wood Buffalo Wellness Society.

Directive number 4 also indicates that the CE must have a Coordinated Access process implemented that covers the geographic area. While there are no CAPs located in the rural communities, the Urban Service Area of Fort McMurray provides supports to individuals who relocating from the rural communities and seeking services. There is a CAP that provides outreach services in the rural communities and has the ability to assess and triage for the BNL.

Another requirement in Directive number 4 is that Reaching Home requires all projects receiving funding from the Designated Communities stream to participate in the coordinated access system. All Reaching Home funded projects are a CAP and/or another program within the agency is a CAP.

Under Access in Directive number 4, the RMWB has met the minimum requirement of having an established and agreed upon intake procedure into the system, as well as all CAPs are easily accessible to individuals and families. All CAPs use the Vulnerable Index-Service Prioritization Decision Tool (VI-SPDAT) in tandem with other measurement tools to assess and triage for housing. The intakes are completed where it works best for the individuals. CAPs offer space in their facilities, but also meet individuals throughout the community for participant convenience.

The CE is currently working with the 7 Cities of Alberta on Housing and Homelessness on the development and implementation of a new HMIS.

Under Directive number 3, (Planning and public reporting), the community has adopted an outcomes-based approach, working to achieve pre-determined results. For example, Housing First (HF) programs are expected to see a reduction in inappropriate use of public systems. There has been a reduction in interaction with emergency services from the point of intake to the 2 years in the program.

Outcomes-Based Approach Self-Assessment

Where does data for the List come from?

- Excel
- HIFIS
- Other HMIS
- Other data source(s)
- Not applicable – Do not have a List yet

In the future, will data from the community's HMIS (either HIFIS or an existing, equivalent system) be used to get data for the List?

Yes

Optional question: How does data from the List compare to other community-level data sources that are considered reliable? This is an optional follow-up question for communities that have completed the “CHR Community-Level Data Comparisons”.

Data is generally comparable when possible. The number of individuals using the shelters are often higher than the number of individuals identified as sleeping in shelters, but the sleeping location isn't updated on a daily basis on the BNL so a direct comparison cannot be made.

Summary Table

The table below provides a summary of the work your community has done so far to transition to an outcomes-based approach under Reaching Home.

Step 1: Has a List	Step 2: Has a real-time List	Step 3: Has a comprehensive List	Step 4:	
			Can report annual outcome data (mandatory)	Can report monthly outcome data (optional)
Yes	Yes	Yes	Yes	Yes

Summary Comment

Are there particular efforts and/or issues that you would like to highlight for this reporting period related to your community's work to transition to an outcomes-based approach under Reaching Home?

In November 2021, the CE remodeled and cleaned the entire BNL to improve data consistency.

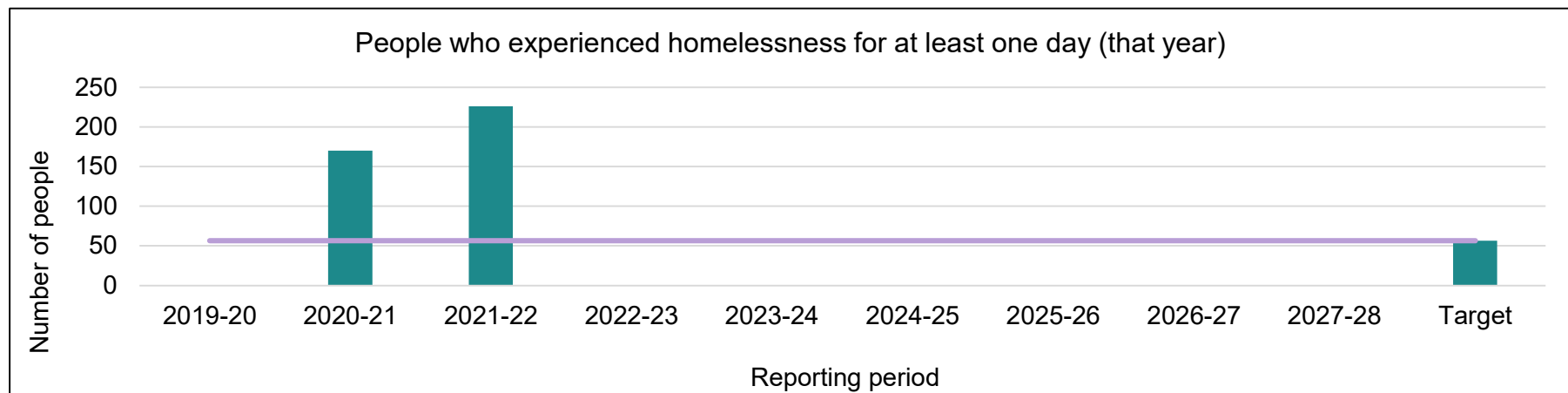
The CE is under going a review of the BNL and data validity and are in conversations with the Canadian Alliance to End Homelessness and Built for Zero - Canada Teams to better the reporting and tracking processes of the BNL.

The data from the BNL is used on a daily basis from trend monitoring, to systems planning, to strategic planning, to reporting, to program mapping, and many more uses. The BNL numbers for individuals sleeping rough are used during meetings with Bylaw and numbers for individuals who identify as having health conditons are used in meetings with service providers.

Community-Level Core Outcomes – Annual Data Reporting

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

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
People who experienced homelessness for at least one day (that year)		170	226	-	-	-	-	-	-	56.5



Have you changed any data as submitted in a previous CHR for Outcome #1? If yes, in the comment below please describe what was changed and why?

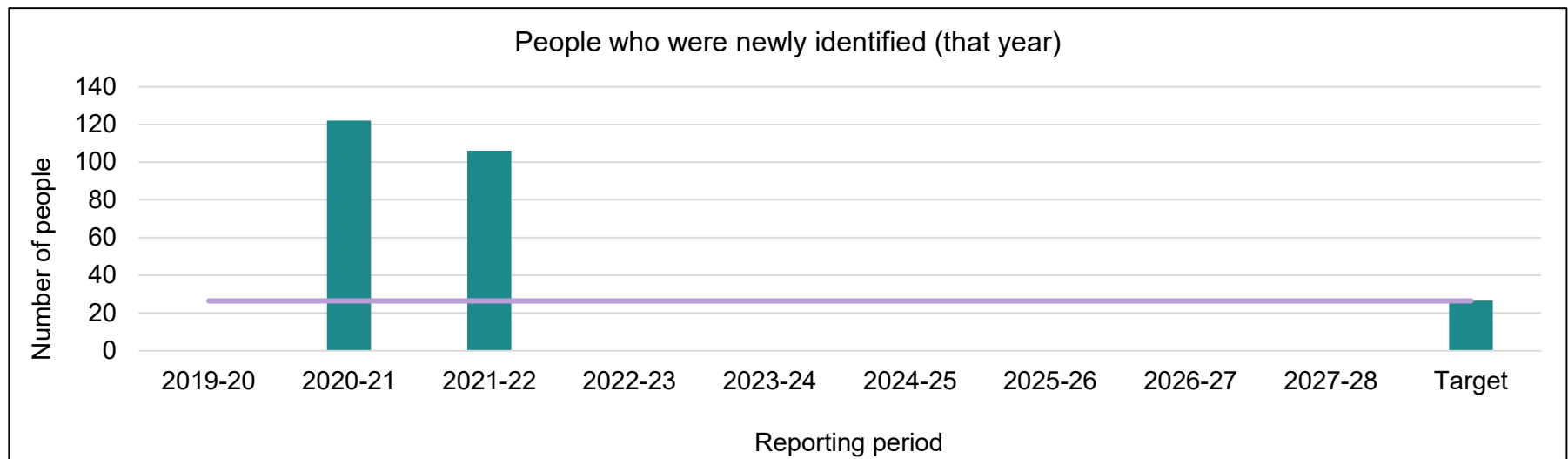
There is a change in what was submitted in this CHR for the 2020-2021 fiscal. This is believed to be due to the reporting timeframe. Depending on when the data was pulled and reported, the numbers may vary. We cannot confirm the methodology in data reporting or collection for the previous report.

These numbers are based on what is reported in the By-Name List (BNL). The BNL is updated and submitted to the CE on a weekly basis by Centralized Intake (CI). It is important to note that data can be entered the week after it was reported due to reporting timelines. Depending on when the data is pulled, the numbers will vary.

To support the reduction of people experiencing homelessness in Fort McMurray, there has been an increase in prevention programs and longer term housing support programs (i.e., Tawaw Housing and additional Housing First Programs).

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

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
People who were newly identified (that year)		122	106	-	-	-	-	-	-	26.5

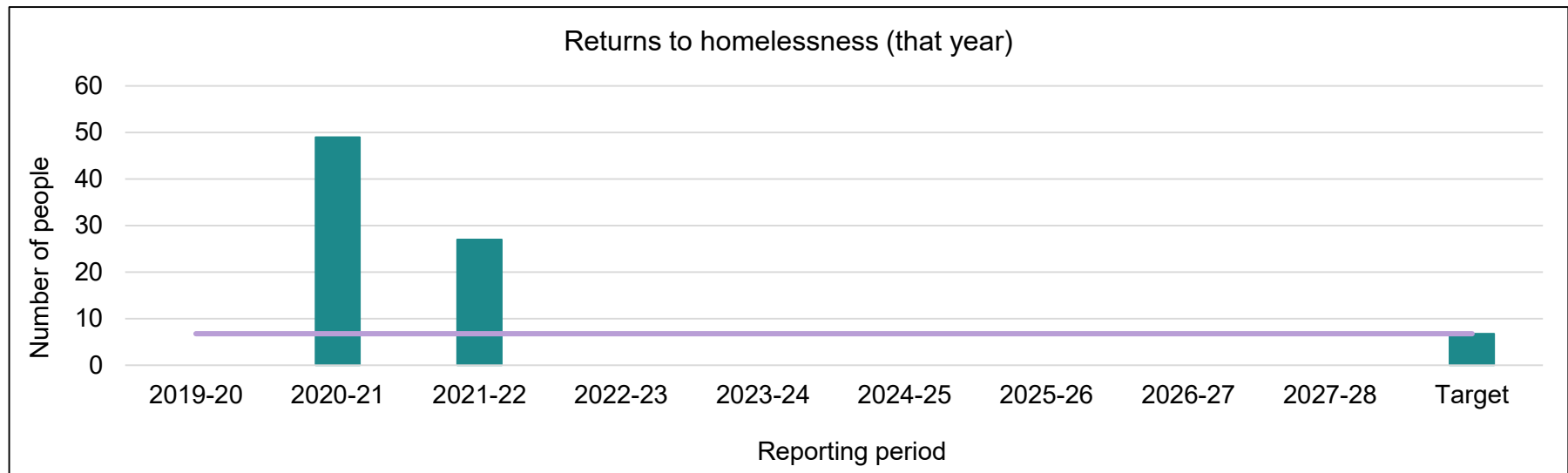


Have you changed any data as submitted in a previous CHR for Outcome #1? If yes, in the comment below please describe what was changed and why?

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Outcome #3: Fewer people return to homelessness (returns to homelessness are reduced)										
	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
Returns to homelessness (that year)		49	27	-	-	-	-	-	-	6.75



Have you changed any data as submitted in a previous CHR for Outcome #3? If yes, in the comment below please describe what was changed and why?

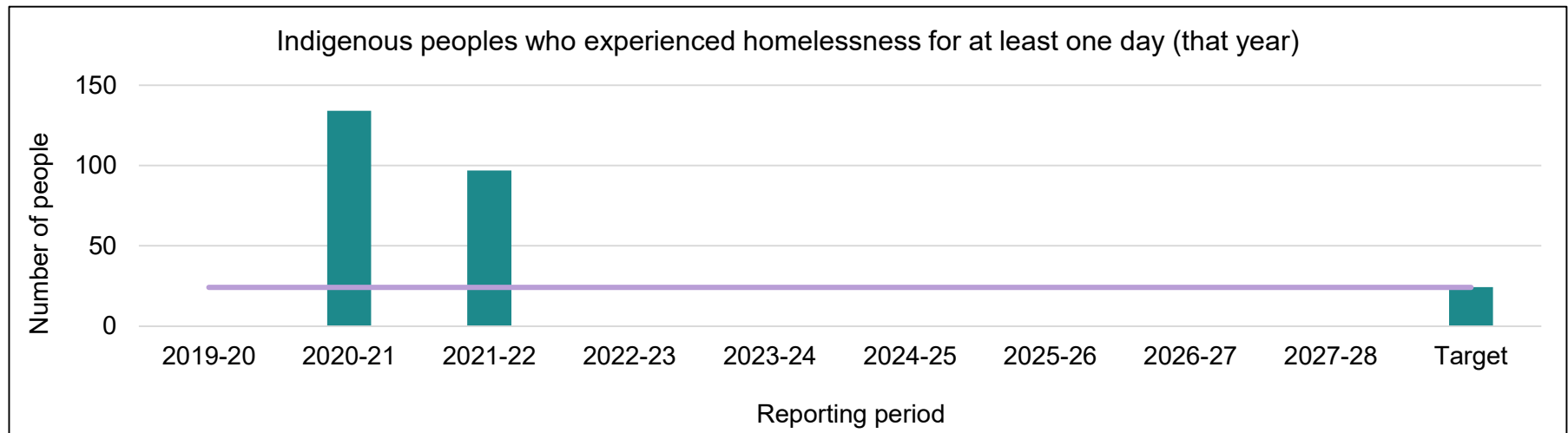
Depending on when the data was pulled and reported, the numbers may vary. We cannot confirm the methodology in data reporting or collection for the previous report.

These numbers are based on what is reported in the By-Name List (BNL). The BNL is updated and submitted to the CE on a weekly basis by Centralized Intake (CI). It is important to note that data can be entered the week after it was reported due to reporting timelines. Depending on when the data is pulled, the numbers will vary.

While the number of individuals returning to homelessness have gone down in recent years, the volume of individuals returning into homelessness from housing indicates both the need for prevention and diversion and the success of the programs.

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

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
Indigenous peoples who experienced homelessness for at least one day (that year)		134	97	-	-	-	-	-	-	24.25



Have you changed any data as submitted in a previous CHR for Outcome #4? If yes, in the comment below please describe what was changed and why?

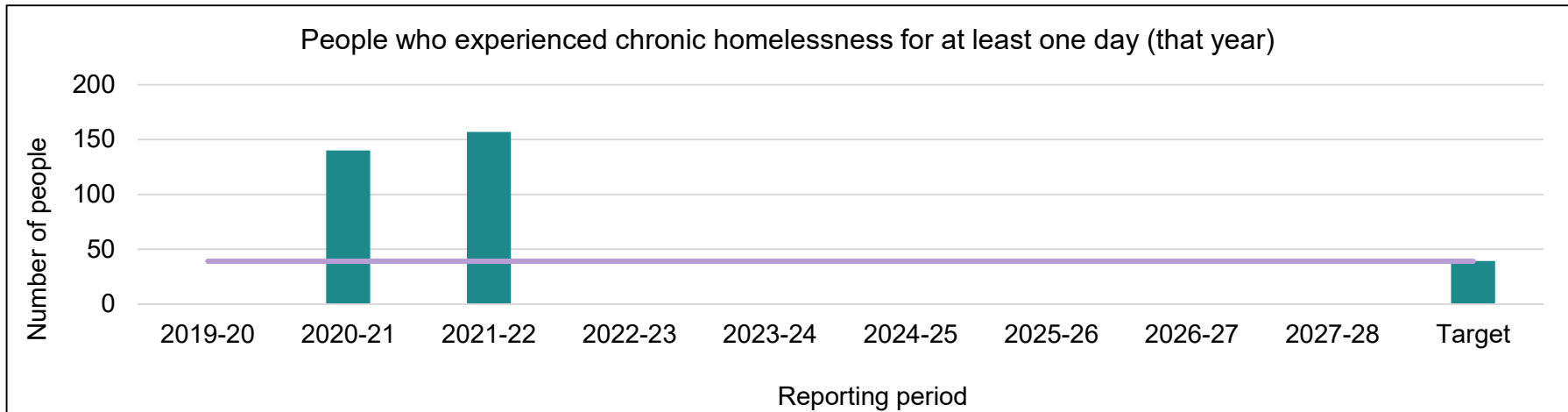
Depending on when the data was pulled and reported, the numbers may vary. We cannot confirm the methodology in data reporting or collection for the previous report.

These numbers are based on what is reported in the By-Name List (BNL). The BNL is updated and submitted to the CE on a weekly basis by Centralized Intake (CI). It is important to note that data can be entered the week after it was reported due to reporting timelines. Depending on when the data is pulled, the numbers will vary.

The recommendation for allocation of the second increment of Reaching Home COVID-19 federal grant was approved on January 12th, 2021 funding the capital investment Tawâw Project. The Tawâw (pronounced ta-WOW in Cree, meaning “come in,” “welcome”) Housing First Partnership is an innovative collaboration drawing upon the expertise, experience and networks of three established community organizations to create rapid access to 27+ beds for Indigenous individuals and families experiencing homelessness or near homelessness. Best Practices in Indigenous service delivery indicate that programming and models of housing are developed through an Indigenous world by Indigenous persons and delivered by Indigenous persons whenever possible. It is important to understand that homelessness from an Indigenous perspective differs from a linear western perspective of acquiring or losing a home.

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

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
People who experienced chronic homelessness for at least one day (that year)		140	157	-	-	-	-	-	-	39.25



Have you changed any data as submitted in a previous CHR for Outcome #5? If yes, in the comment below please describe what was changed and why?

Depending on when the data was pulled and reported, the numbers may vary. We cannot confirm the methodology in data reporting or collection for the previous report.

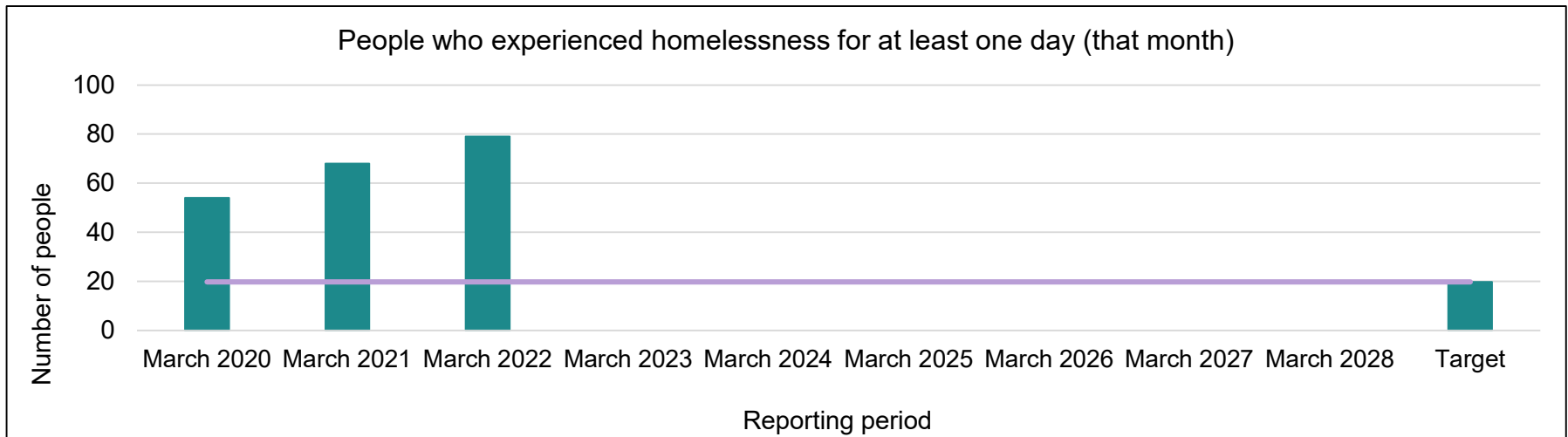
These numbers are based on what is reported in the By-Name List (BNL). The BNL is updated and submitted to the CE on a weekly basis by Centralized Intake (CI). It is important to note that data can be entered the week after it was reported due to reporting timelines. Depending on when the data is pulled, the numbers will vary.

In 2020, the BNL was updated to automatically identify when an individual ages into homelessness. The increase in 2020-2021 is likely due to the autogenerated chronicity status, meaning 2019-2020 is assumingly higher then identified.

Community-Level Core Outcomes – Monthly Data Reporting

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

	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	Target
People who experienced homelessness for at least one day (that month)	54	68	79	-	-	-	-	-	-	19.75



Have you changed any data as submitted in a previous CHR for Outcome #1? If yes, in the comment below please describe what was changed and why?

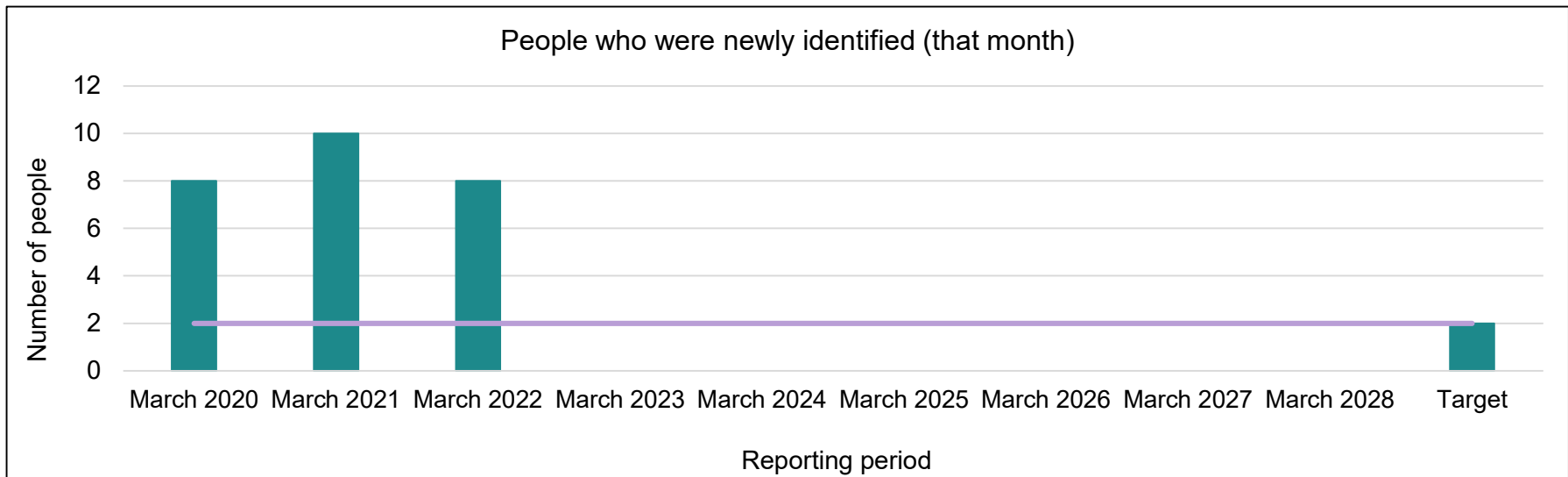
There has been an increase in those experiencing homelessness at least one day since 2020.

These numbers are based on what is reported in the By-Name List (BNL). The BNL is updated and submitted to the CE on a weekly basis by Centralized Intake (CI). It is important to note that data can be entered the week after it was reported due to reporting timelines. Depending on when the data is pulled, the numbers will vary.

This number is determined from the BNL, individuals who were active in the months of March.

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

	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	Target
People who were newly identified (that month)	8	10	8	-	-	-	-	-	-	2



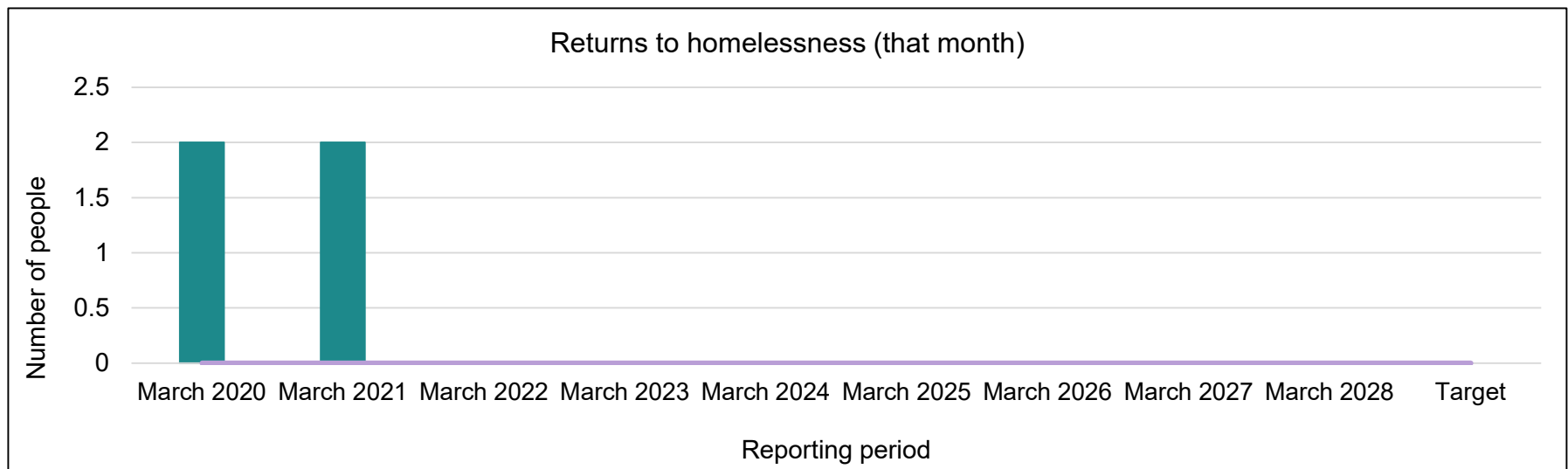
Have you changed any data as submitted in a previous CHR for Outcome #2? If yes, in the comment below please describe what was changed and why?

These numbers are based on what is reported in the By-Name List (BNL). The BNL is updated and submitted to the CE on a weekly basis by Centralized Intake (CI). It is important to note that data can be entered the week after it was reported due to reporting timelines. Depending on when the data is pulled, the numbers will vary.

This number is determined from the BNL, individuals who were newly identified in the months of March.

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

	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	Target
Returns to homelessness (that month)	2	2	0	-	-	-	-	-	-	0



Have you changed any data as submitted in a previous CHR for Outcome #3? If yes, in the comment below please describe what was changed and why?

These numbers are based on what is reported in the By-Name List (BNL). The BNL is updated and submitted to the CE on a weekly basis by Centralized Intake (CI). It is important to note that data can be entered the week after it was reported due to reporting timelines. Depending on when the data is pulled, the numbers will vary.

This number is determined from the BNL, individuals who returned to homelessness in the months of March.

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

	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	Target
Indigenous peoples who experienced homelessness for at least one day (that month)	45	31	44	-	-	-	-	-	-	11



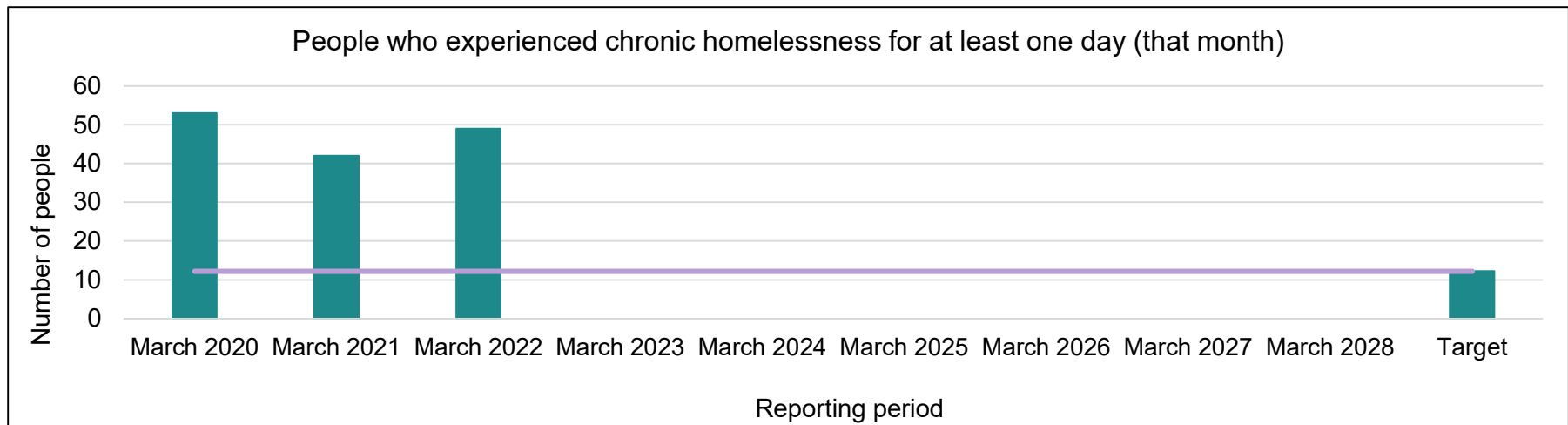
Have you changed any data as submitted in a previous CHR for Outcome #4? If yes, in the comment below please describe what was changed and why?

These numbers are based on what is reported in the By-Name List (BNL). The BNL is updated and submitted to the CE on a weekly basis by Centralized Intake (CI). It is important to note that data can be entered the week after it was reported due to reporting timelines. Depending on when the data is pulled, the numbers will vary.

This number is determined from the BNL, individuals who self-identified as indigenous in the months of March.

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

	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	Target
People who experienced chronic homelessness for at least one day (that month)	53	42	49	-	-	-	-	-	-	12.25



Have you changed any data as submitted in a previous CHR for Outcome #5? If yes, in the comment below please describe what was changed and why?

These numbers are based on what is reported in the By-Name List (BNL). The BNL is updated and submitted to the CE on a weekly basis by Centralized Intake (CI). It is important to note that data can be entered the week after it was reported due to reporting timelines. Depending on when the data is pulled, the numbers will vary.

This number is determined from the BNL, individuals who were chronically homeless in the months of March.