COMMUNITY HOMELESSNESS REPORT SUMMARY

Regional Municipality of Wood Buffalo

2022-2023

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

This is a summary of the CHR for the 2022-23 reporting cycle. It shows the community's self-assessment of Reaching Home implementation, which includes the following key components:
  • meaningful collaboration between Indigenous and non-Indigenous partners (see Section 1);
  • community-level governance, coordinated service delivery (Coordinated Access) and use of a Homelessness Management Information System or HMIS (see Section 2); and,
  • an outcomes-based approach (tracking community-level outcomes and progress against targets using a Unique

dentifier or By-Name List, referred to as a List; see Section 3).
If the community was able to report on outcomes and targets, this CHR Summary also includes results for each of the five core outcomes of Reaching Home (see Section 4).

Section 1. Community Context – Collaboration between Indigenous and Non-Indigenous Partners	
Does your community, as a Designated Community (DC), also receive Reaching Home Indigenous Homelessness (IH) funding?	Yes – DC and IH funding streams co-exist
Specific to Coordinated Access and the HMIS, has there been ongoing, meaningful collaboration between the DC CE and the IH CE and/or IH CAB over the reporting period?	Yes
Describe this collaboration in more detail.	

The Regional Municipality of Wood Buffalo (RMWB) is both the Designate and Indigenous Community Entity (CE), with only one Community Advisory Board (CAB). There is Indigenous representation on the CAB, who are well connected in their communities. They bring with knowledge sharing, Indigenous perspectives and advice to their role on the CAB.

The CAB, locally called the Homelessness Initiatives Strategic Committee (HISC), is an action-focused group that stewards and advocates for the community plan on homelessness. HISC is involved with strategic planning, funding, communication, research and best practice. It advocates for funding and policy change and members are champions in the community. HISC works closely with the RMWB to monitor trends, provide strategic direction, and guide funding based on identified community needs. One of HISC's priorities is addressing the needs and providing support to the Indigenous population, as the By Name List (BNL) consistently shows a high percentage of individuals in the community experiencing homelessness self-identifying as Indigenous. There are two Indigenous representatives on HISC, who are actively involved in the communities and rural hamlets, providing perspectives and connections to remain inclusive. 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.

HISC is responsible for approving funding recommendations to the Municipality for Council approval. In alignment with Council's plan, HISC 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.

The relationship between the Community Partnerships and Initiatives (CPI) branch of the RMWB and the Indigenous and Rural Relations (IRR) department of the RMWB is very strong and they collaborate on all aspects of funding. IRR sit on HISC as resource experts and community connection points, as they work very closely with all of the rural hamlets, local Indigenous

Bands and Councils, and various Indigenous organizations in the region. IRR provides regular insight on funding and applications, events and programming, and community responses.

Specific to Coordinated Access and the HMIS, has there been ongoing, meaningful collaboration between the DC or Territorial Homelessness (TH) CE and local Indigenous organizations over the reporting period?	Yes

Describe this collaboration in more detail.

As described above, in the RMWB is both the DC CE and the IH CE. However, there are local collaborations and relationships between the CE and local Indigenous organizations.

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 its experience and knowledge to the table at the monthly Coordinated Access System Team (CAST) meetings. WBWS offers programming through an Indigenous lens for Housing First, Outreach, Centralized Intake, and Rapid Re-housing. WBWS is also in the process of launching a Permanent Supportive Congregate Housing style facility (Tawâw Housing Program) that will house Indigenous individuals while addressing healing with Indigenous principles. The team has a client-centered approach, which focuses on meeting the individuals where they are in their journey.

The Nistawayou Friendship Association Center is also a CAP, that provides outreach and employment services to the Indigenous population. Nistawayou is still fairly 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 2022-2023, 66% of individuals 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 its participants.

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

also has a good standing relationship with McMurray Métis Local 1935, to the extent that there is a representative from McMurray Métis on HISC. The organization also provides regular insight at monthly HISC meetings and subcommittees.

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

Describe this collaboration in more detail.

The Homelessness Initiatives Strategic Committee (HISC), in particular the members and representatives with Indigenous connections and backgrounds, provide feedback, review and approve the Community Homelessness Report (CHR) annually. Leading up to the CHR, the HISC members and representatives from the Indigenous and Rural Relations (IRR) department of the RMWB play major roles in supporting program directions and providing insight in relation to the Indigenous population.

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

Section 2. Coordinated Access and Homelessness Management Information System (HMIS) Self-Assessment
Summary Tables
The table below provides a summary of the work your community has done so far to meet the Reaching Home minimum requirements for Coordinated Access and an HMIS.

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

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

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

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?

Reaching Home Directive 3 identifies communities receiving funding from the Designated Communities stream must adopt an outcomes-based approach where they work to achieve pre-determined community-level outcomes. At the beginning of the 2022-2023 fiscal, the CE set the goal of reaching Functional Zero for Veterans by the end of the fiscal year. On April 19, the CE presented the current status of Veterans Functional Zero and as of April 2023 the community has reached Functional Zero for Veteran Homelessness as recognized by CAEH.

Reaching Home Directive 4 (Coordinated Access) highlights designing and implementing a Coordinated Access System (CAS). While the CAS was designed and implemented between 2018 to 2019, there were many improvements made to the process in the 2022-2023 fiscal year. Some of these improvements include: creating quality data assurance trackers for monitoring the BNL, implemented a culturally appropriate assessment tool (VI-SPDAT V3), incorporated more regular training for Coordinated Access Points, refreshed all forms and paperwork required at intake, advanced processes for individuals who are higher in complexity and need, and adding new CAPs to expand the reach.

The CE began 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 organization that manages and organizes CAST is the Wood Buffalo Wellness Society.

Coverage Directive 4 states 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.

Governance Operating Model in Directive identifies that communities must develop policies and procedures outlining how the coordinated access process operates. Over the last few months of the 2022-2023 fiscal, the CE has been working with the CAST to establish gaps and potential opportunities within the process. In doing so, they have been working in collaboration to make edits to the Coordinated Access Guides and Standards of Practice to match the changes in the process.

Under Access in Directive 4, the RMWB has met the minimum requirement of being easily accessible to individuals and families. All CAPs recently switched to version 3 of the Vulnerable Index-Service Prioritization Decision Tool (VI-SPDAT) in tandem with other measurement tools to assess and triage for housing. The new assessment tool is seemingly more culturally appropriate and less triggering. To complete the assessments, CAPs offer space in their facilities but also meet individuals throughout the community for participant convenience. This method also fits under the Assessment requirement, where all coordinated access locations and methods (for example, phone, in-person) must offer the same assessment approach using uniform decision making processes.

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 5, during the fiscal year of 2022-2023, the CAB expanded on its membership participation from Indigenous Peoples and organizations, Police and correctional services, and is actively recruiting for various positions.

Section 3. Outcomes-Based Approach Self-Assessment
Summary Tables - Minimum Requirement
The tables below provide 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
Yes	Yes	Yes

Step 4: Can report <u>monthly</u> outcomes and set targets using data from the List (reporting in Section 4 is mandatory for 2023-24 CHRs, if not earlier)			
List was in place as of January 1, 2023 (or earlier)	**Can generate monthly data**	**Has set targets**	**Has an outcomes-based approach in place**
Yes	Outcome 1: Yes	Outcome 1: Yes	Yes
	Outcome 2: Yes	Outcome 2: Yes	
	Outcome 3: Yes	Outcome 3: Yes	
	Outcome 4: Yes	Outcome 4: Yes	
	Outcome 5: Yes	Outcome 5: Yes	

Step 4: Can report <u>annual</u> outcomes and set targets using data from the List (reporting in Section 4 is mandatory once annual data can be generated)			
List was in place as of April 1, 2022 (or earlier)	**Can generate annual data**	**Has set targets**	**Has an outcomes-based approach in place**
Yes	Outcome 1: Yes	Outcome 1: Yes	Yes
	Outcome 2: Yes	Outcome 2: Yes	
	Outcome 3: Yes	Outcome 3: Yes	
	Outcome 4: Yes	Outcome 4: Yes	
	Outcome 5: Yes	Outcome 5: Yes	

Summary Comment
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?

The CE is consistently reviewing the BNL and data validity and participates in monthly 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 for trend monitoring, systems planning, strategic planning, reporting, program mapping, and other various analytics. The BNL numbers for individuals sleeping rough are used during meetings with Bylaw and numbers for individuals who identify as having health conditions are used in meetings with service providers.

During the 4th quarter of the 2022-2023 fiscal, the BNL was under extensive review to analyze the trends and identify potential changes required within the BNL Excel spreadsheet. Multiple changes have been made to optimize the data validity within the list.

Data balancing sheets were created to monitor inflow and outflow, and identify where the increases and decreases in BNL numbers are happening. These sheets are used weekly to monitor potential changes in programs and the BNL.

The BNL statistics were used in June 2022 during an evaluation project leading up to the CAB strategic planning plenary session. Statistics from the last 2 years of the BNL were provided to the CAB to provide an open forum to discuss the trends and identify strategic directions for the 2023-2024 funding year.

More information about the Unique Identifier List
Step 1. Have a List

Where does data for the List come from?	☐ HIFIS
	☑ Excel
	☑ 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

Step 1. Have a List (cont.)

For the List, does the community have…

A written policy/protocol that describes how interaction with the homeless-serving system is documented	Yes
A written policy/protocol that describes how housing history is documented	Yes

Chronic homelessness

	Federal definition
x	Local definition

From the List, can the community get data for…

Newly identified on the List	Yes
Activity and inactivity	Yes
Housing history	Yes

From the List, can the community get demographic data for…

Age	Yes	Indigenous identity	Yes
Household type	Yes	Veteran status	Yes
Gender identity	Yes		

Step 2. Have a real-time List

How often is information about people experiencing homelessness updated on the List?	Other (please define)
If other, how often is infromation updated?	
Information is updated daily, but the database is sent to the CE every Thursday.	
Is people's interaction with the homeless-serving system (activity and inactivity) updated regularly on the List?	Yes
Is housing history updated regularly on the List?	Yes
Is there a process in place for keeping chronic homelessness status on the List up-to-date?	Yes

Step 3. Have a comprehensive List	
Does the community have a document that identifies and describes all of the service providers that help people experiencing homelessness with their housing challenges?	Yes
Optional question: How does data from the List compare to other community-level data sources that are considered accurate or valid? This is an optional follow-up question for communities that have completed the "*Understanding Community-Level Data*" worksheet.	
	Data is generally comparable. 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.

| Step 4. Track outcomes and progress against targets using data from the List	
Does the List meet the benchmark of a "Quality By-Name List" confirmed by the Canadian Alliance to End Homelessness?	Yes

Section 4. Community-Level Outcomes and Targets – Monthly

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

	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	**Target**
People who experienced homelessness for at least one day (that month)	54	68	79	42						10.5

People who experienced homelessness for at least one day (that month)
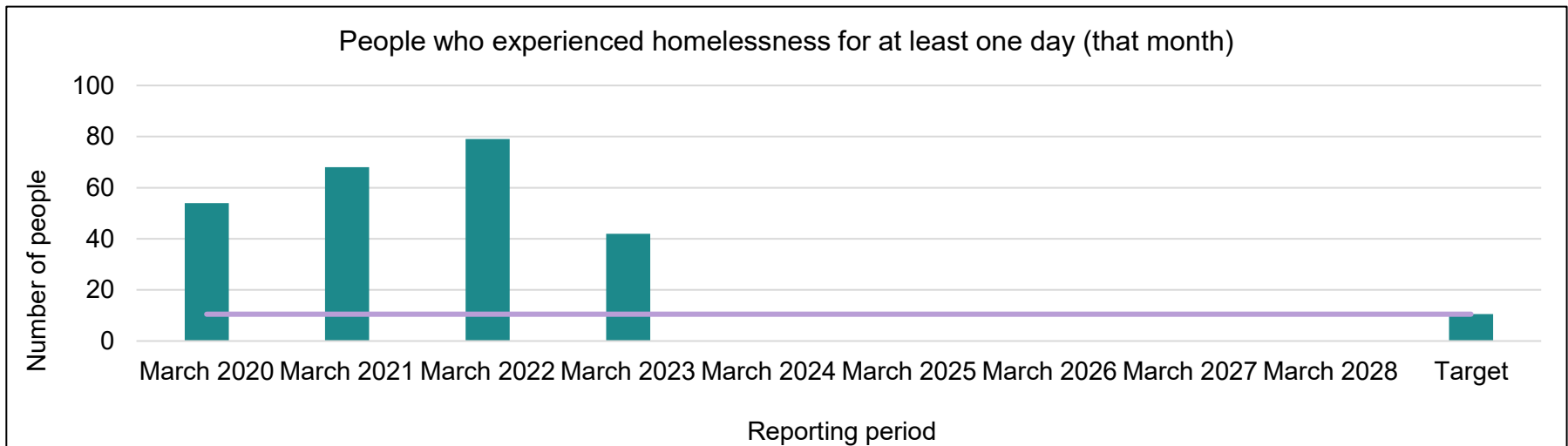
Context for Outcome #1 (monthly):

Please provide context about your results, as applicable.

There has been a significant decrease in individuals experiencing homelessness on the BNL for March 2023, compared to previous years. This shift is due to a communication gap identified in the Coordinated Access System in the 4th quarter. Access Points and Centralized Intake have began losing connections with individuals on the BNL after the point of intake. This is likely due to community connections with individuals and community services, gaps in the process and staff transitions.

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 outcome targets in the 2022-2023 Community Homeless Report reflect the most recent data points for each outcome and are consistent with the 75% reduction from previous years. i.e., The target is based on 2021-2022 data points, as it is the most recent and up to date information.

Was the federal standard for calculating this outcome used (see Annex A)?	Yes

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	10						2.5

People who were newly identified (that month)
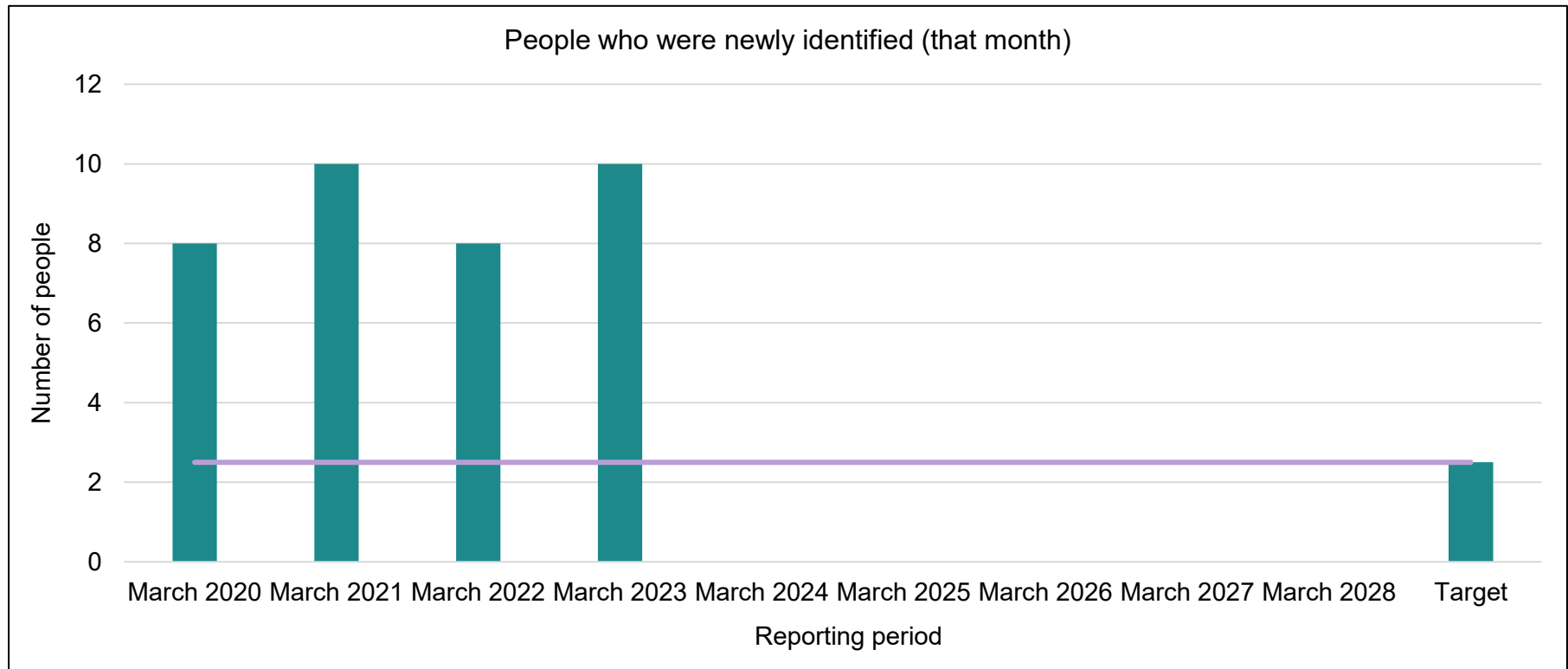
Context for Outcome #2 (monthly):

Please provide context about your results, as applicable.

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 increase is likely attributed to:

- new access points in the community,
- closer relationships between centralized intake and access points
- increase in individuals presenting at access points seeking services, who would have previously been able to sustain housing on their own.

The outcome targets in the 2022-2023 Community Homeless Report reflect the most recent data points for each outcome and are consistent with the 75% reduction from previous years. i.e., The target is based on 2021-2022 data points, as it is the most recent and up to date information.

Was the federal standard for calculating this outcome used (see Annex A)?	Yes

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	2						0.5

Returns to homelessness (that month)
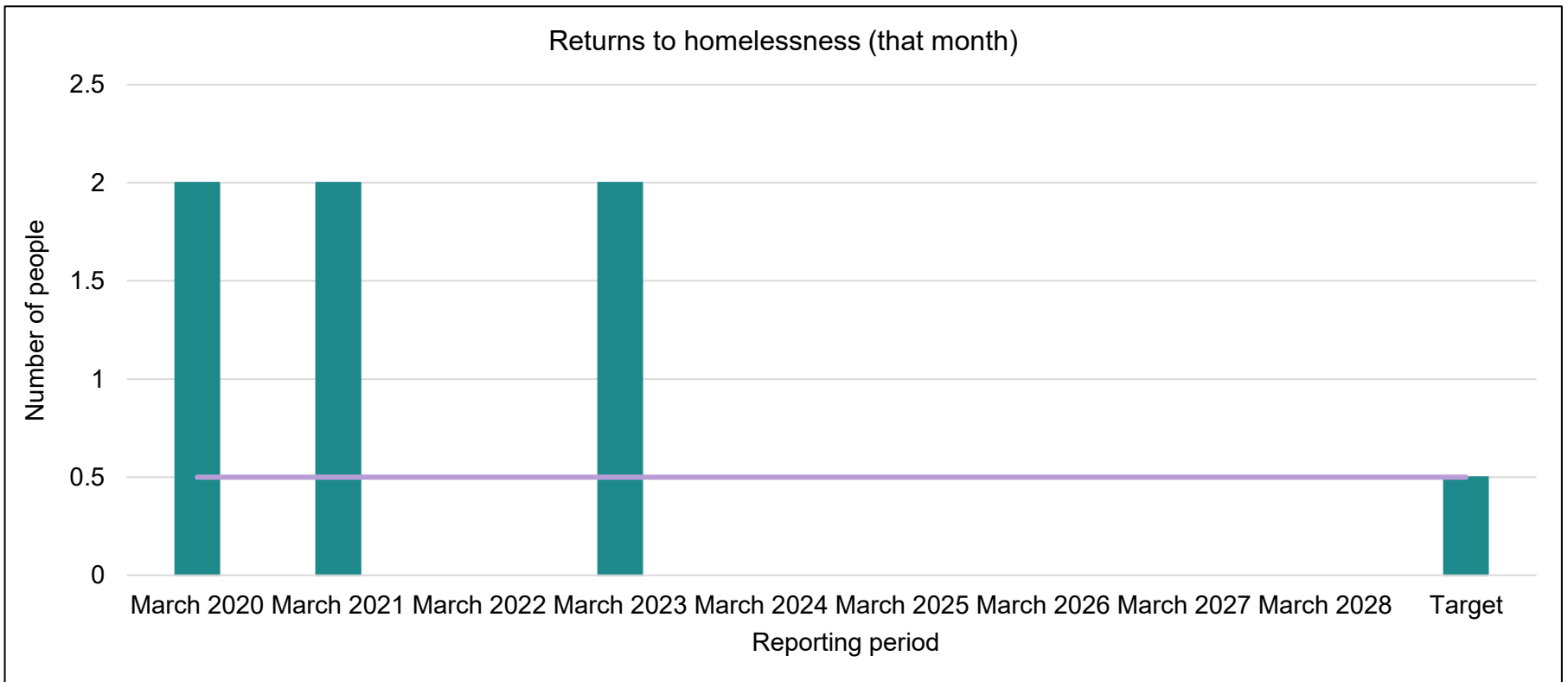
Context for Outcome #3 (monthly):

Please provide context about your results, as applicable.

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 has remained fairly consistent in recent years from a March-to-March perspective, the volume of individuals returning into homelessness from housing indicates a need for continued support after graduation and/or reconnection if dismissed.
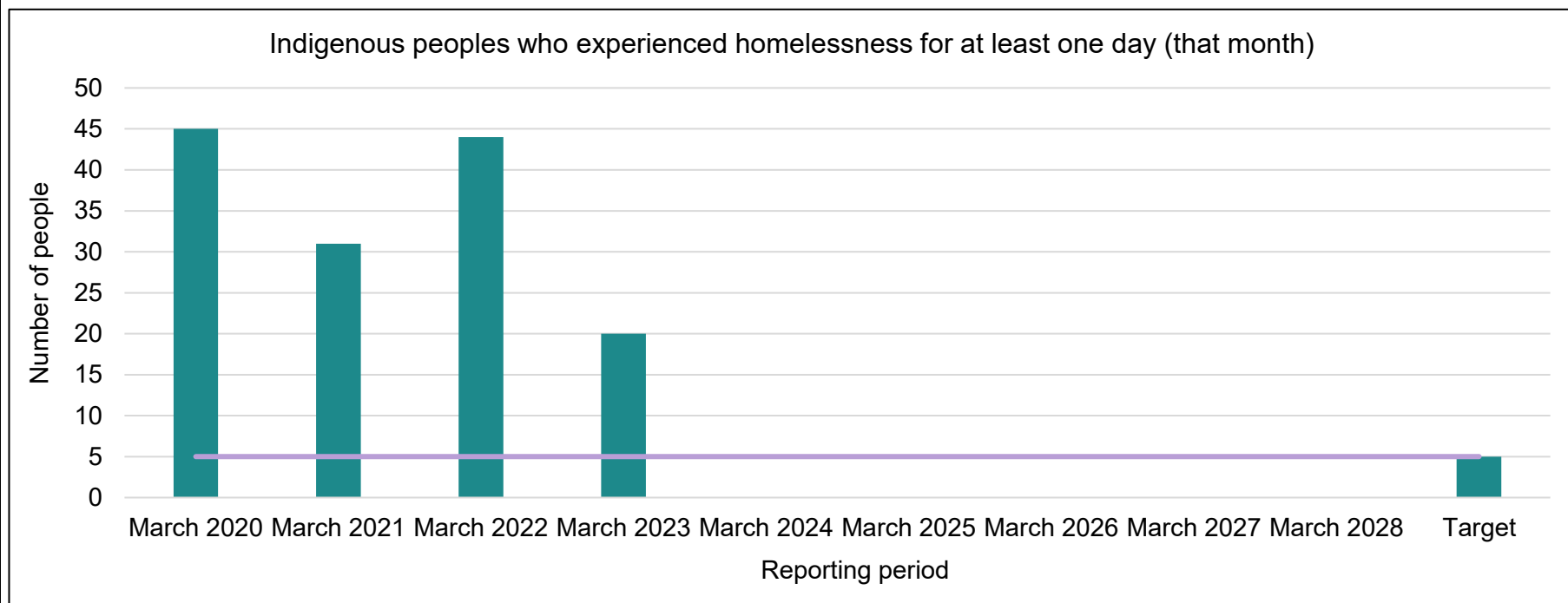
The outcome targets in the 2022-2023 Community Homeless Report reflect the most recent data points for each outcome and are consistent with the 75% reduction from previous years. i.e., The target is based on 2021-2022 data points, as it is the most recent and up to date information.

Was the federal standard for calculating this outcome used (see Annex A)?	Yes

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	20						5

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

Context for Outcome #4 (monthly):

Please provide context about your results, as applicable.

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 outcome targets in the 2022-2023 Community Homeless Report reflect the most recent data points for each outcome and are consistent with the 75% reduction from previous years. i.e., The target is based on 2021-2022 data points, as it is the most recent and up to date information.

Was the federal standard for calculating this outcome used (see Annex A)?	Yes

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	24						6

People who experienced chronic homelessness for at least one day (that month)
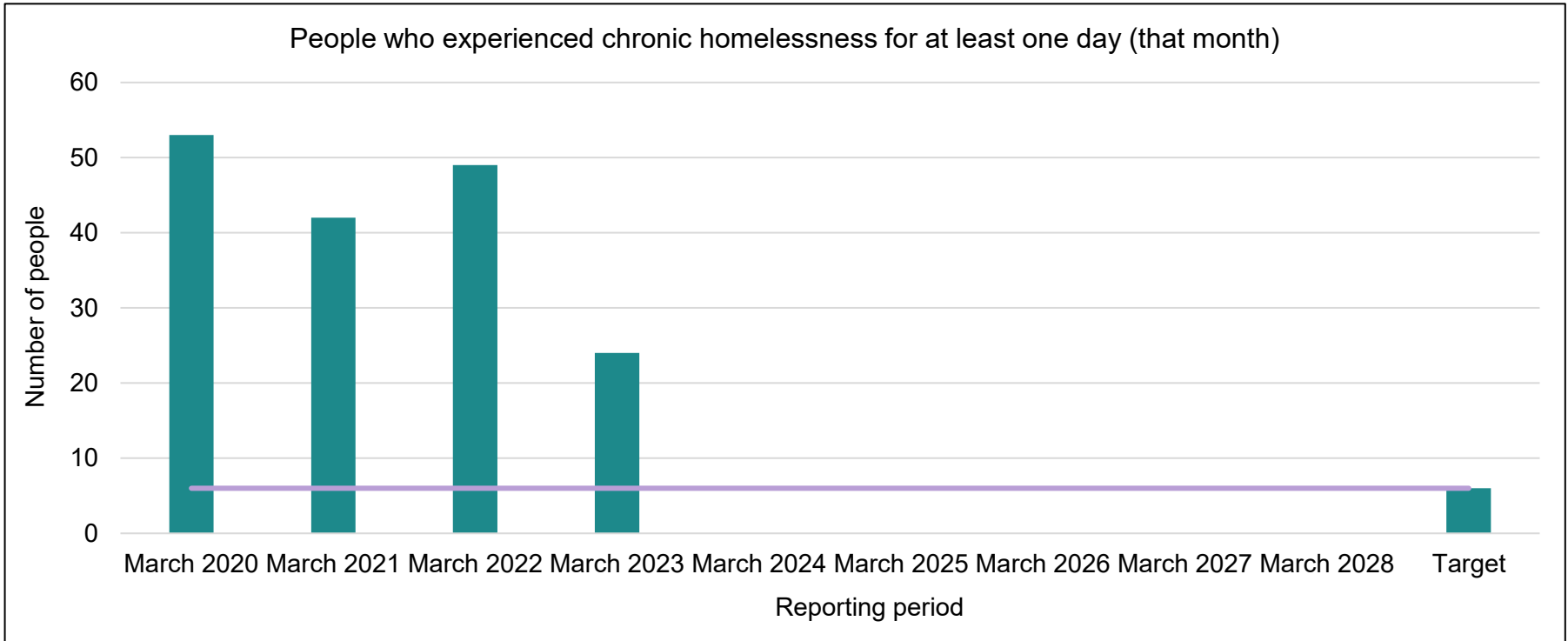
Context for Outcome #5 (monthly):

Please provide context about your results, as applicable.

There has been a significant decrease in individuals experiencing homelessness on the BNL for March 2023, compared to previous years. This shift is due to a communication gap identified in the Coordinated Access System in the 4th quarter. Access Points and Centralized Intake began losing connections with individuals on the BNL after the point of intake. This is likely due to community connections with individuals and community services, gaps in the process and staff transitions.

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 outcome targets in the 2022-2023 Community Homeless Report reflect the most recent data points for each outcome and are consistent with the 75% reduction from previous years. i.e., The target is based on 2021-2022 data points, as it is the most recent and up to date information.

Was the federal standard for calculating this outcome used (see Annex A)?	No

How was this outcome calculated?

Our community calculates chronicity using the Provincial definition: continuously homeless for a year or longer or have had at least four episodes of homelessness in the past three years; sleeping in a place not meant for human habitation (e.g., on the street) and/or in an emergency shelter.

The two other chronicity outcome methodologies do follow the federal standard for calculations:
Any client that was identified as "homeless" in HIFIS during the reporting period that met
the following criteria:
o The client State of the client was active during the reporting period;
o The client does not have an anonymous consent (the client consented to receive services)

Section 4. Community-Level Outcomes and Targets – Annual

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

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
People who experienced homelessness for at least one day (that year)	153	170	226	197						49.25

People who experienced homelessness for at least one day (that year)
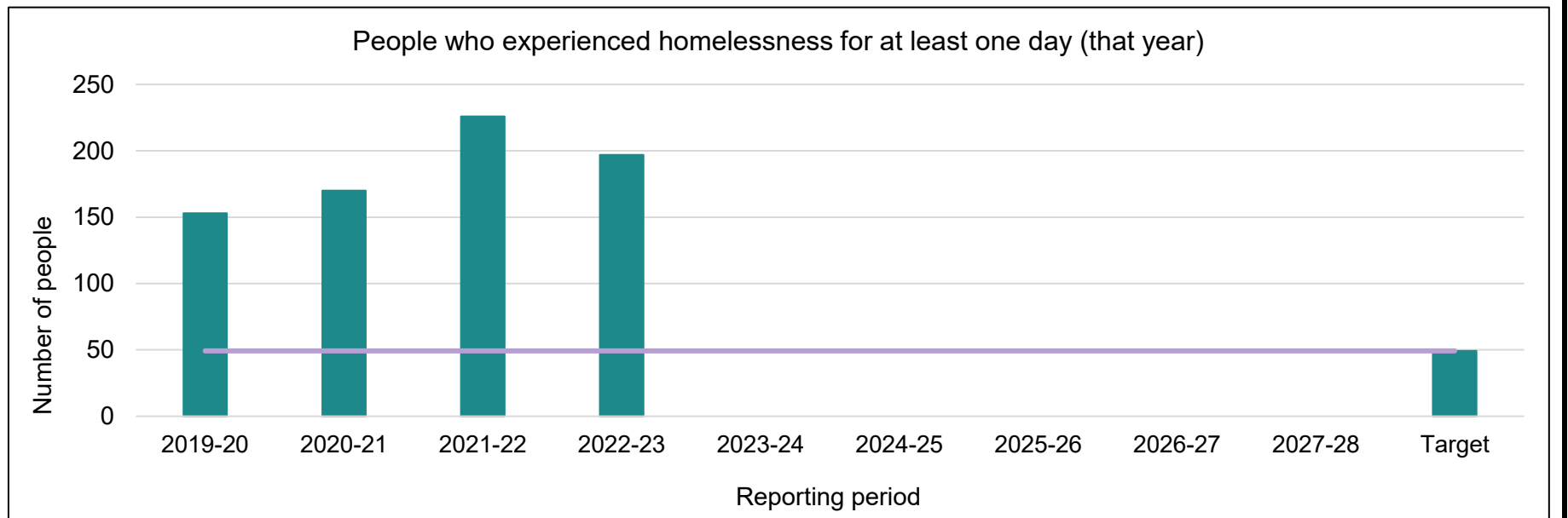
Context for Outcome #1 (annual):

Please provide context about your results, as applicable.

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).

The outcome targets in the 2022-2023 Community Homeless Report reflect the most recent data points for each outcome and are consistent with the 75% reduction from previous years. i.e., The target is based on 2021-2022 data points, as it is the most recent and up to date information.

Was the federal standard for calculating this outcome used (see Annex A)?	Yes

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)	99	122	106	116						29

People who were newly identified (that year)

Number of people

Reporting period
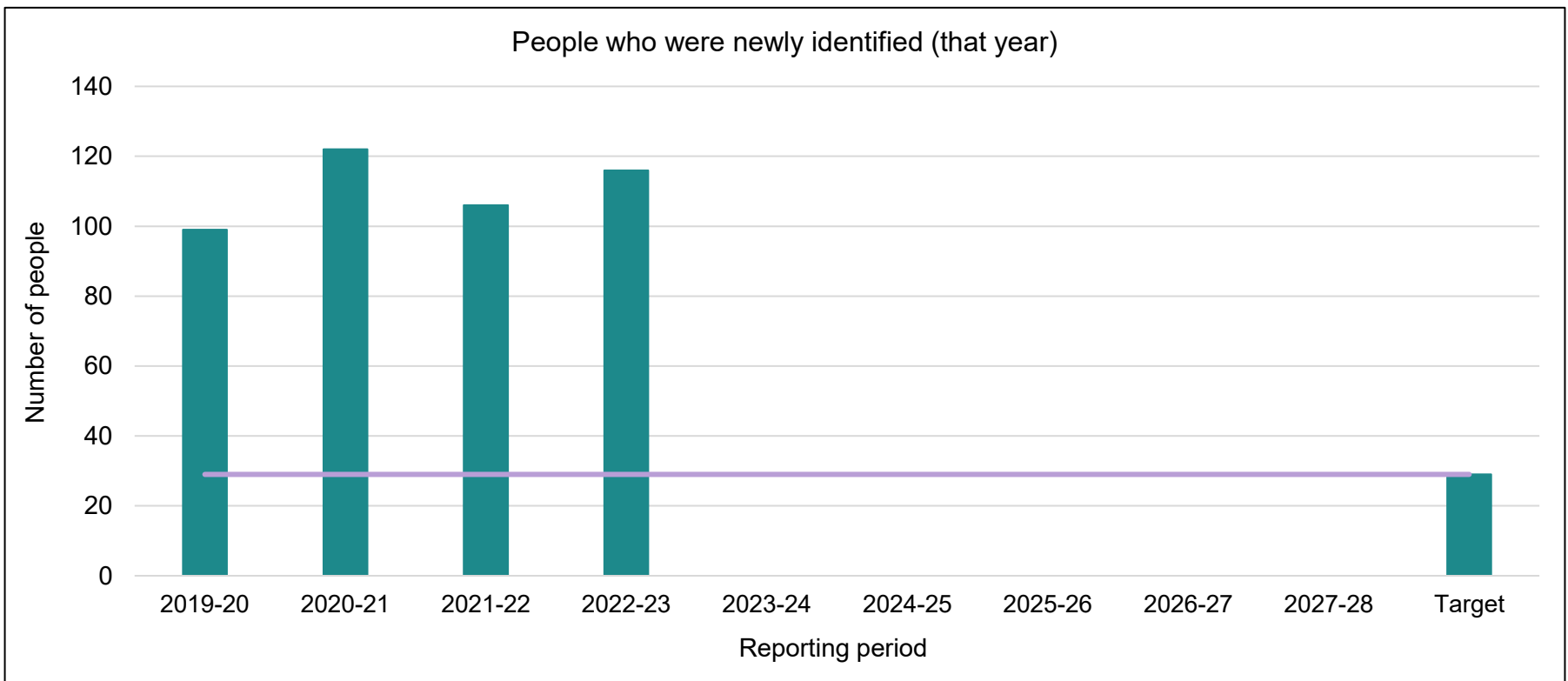
Context for Outcome #2 (annual):

Please provide context about your results, as applicable.

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 increase is likely attributed to:

- new access points in the community,
- closer relationships between centralized intake and access points
- increase in individuals presenting at access points seeking services, who would have previously been able to sustain housing on their own.

The outcome targets in the 2022-2023 Community Homeless Report reflect the most recent data points for each outcome and are consistent with the 75% reduction from previous years. i.e., The target is based on 2021-2022 data points, as it is the most recent and up to date information.

Was the federal standard for calculating this outcome used (see Annex A)?	Yes

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)	41	49	27	38						9.5

Returns to homelessness (that year)
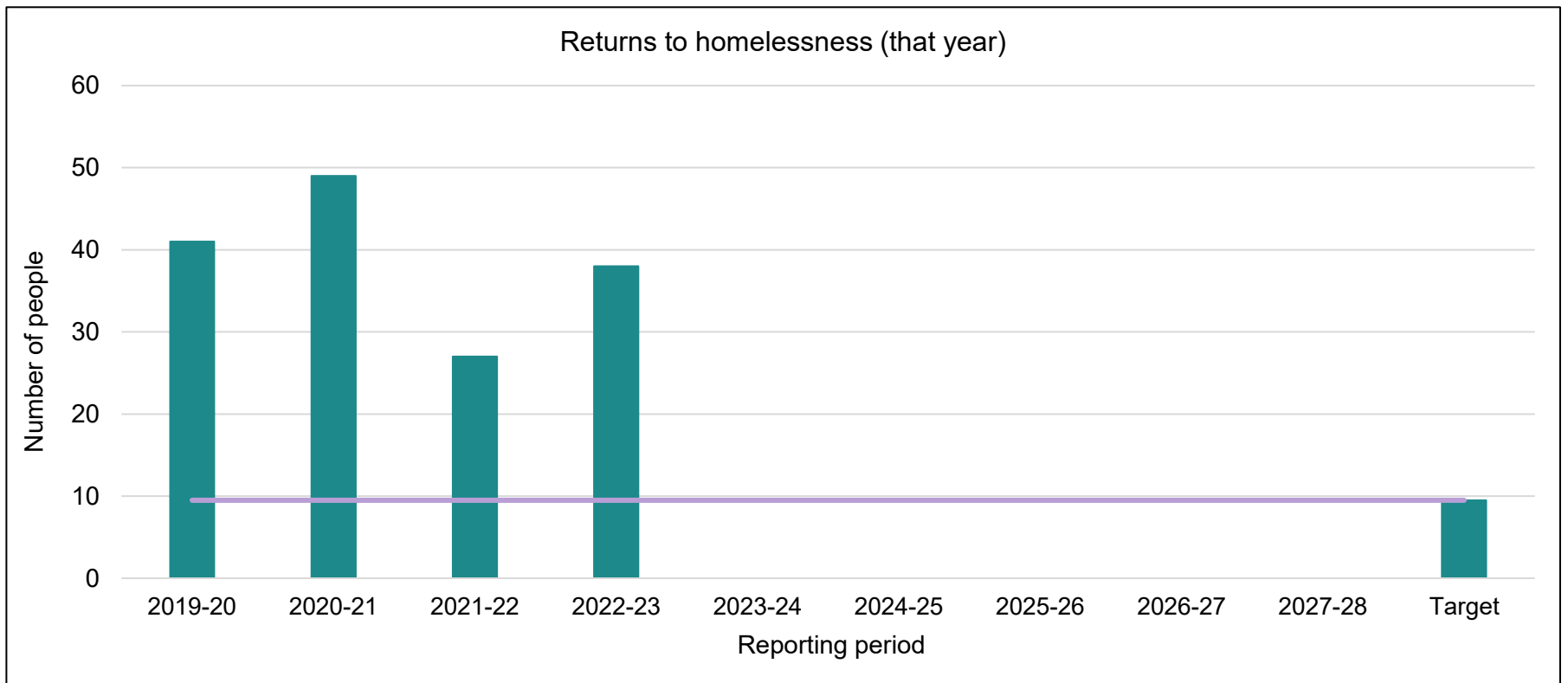
Context for Outcome #3 (annual):

Please provide context about your results, as applicable.

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 has remained fairly consistent in recent years, the volume of individuals returning into homelessness from housing indicates a need for continued support after graduation and/or reconnection if dismissed. It also identifies the need for prevention and diversion for the success of the programs.

The outcome targets in the 2022-2023 Community Homeless Report reflect the most recent data points for each outcome and are consistent with the 75% reduction from previous years. i.e., The target is based on 2021-2022 data points, as it is the most recent and up to date information.

Was the federal standard for calculating this outcome used (see Annex A)?	Yes

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	134	97	124						31

Indigenous peoples who experienced homelessness for at least one day (that year)
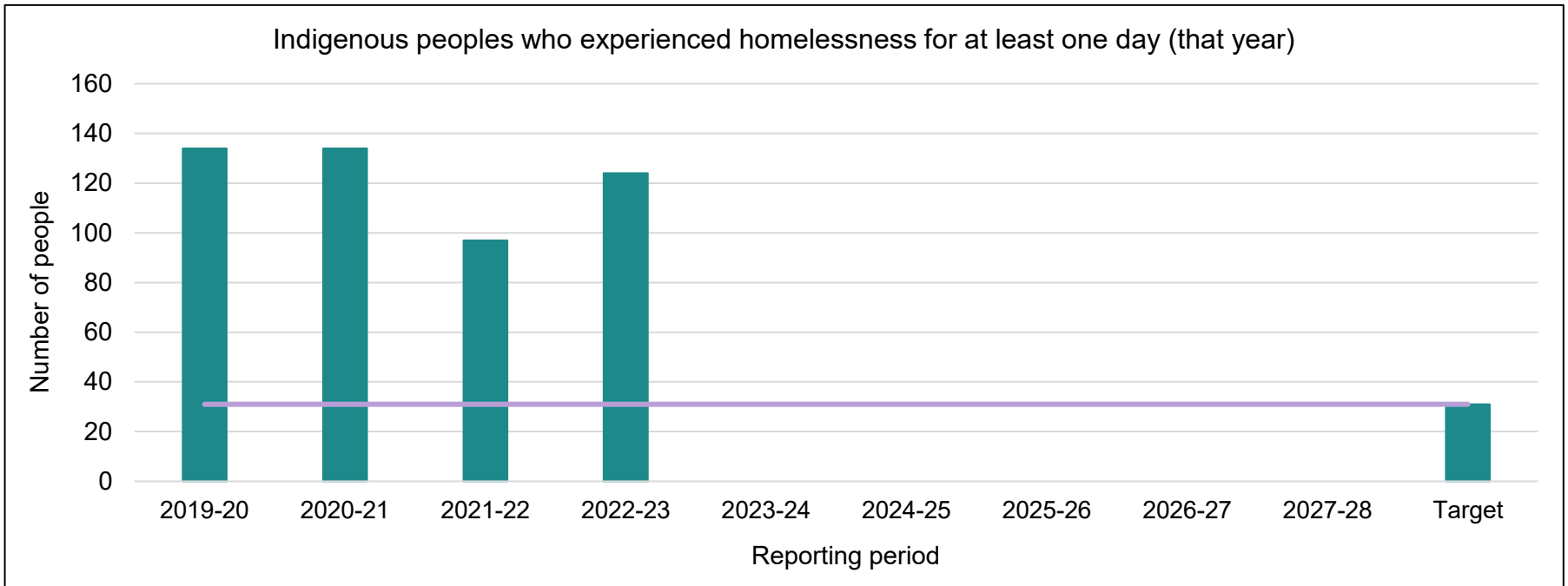
Context for Outcome #4 (annual):

Please provide context about your results, as applicable.

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 percentage of individuals who self-identify as Indigenous is typically from 60-70% on the BNL, so this number is consistent with the average.

While the increase is unexplained, the Tawâw Housing Program continues to move forward with the hopes in supporting the high population of Indigenous inviduals requiring services in the community. The Tawâw program is 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.

The outcome targets in the 2022-2023 Community Homeless Report reflect the most recent data points for each outcome and are consistent with the 75% reduction from previous years. i.e., The target is based on 2021-2022 data points, as it is the most recent and up to date information.

Was the federal standard for calculating this outcome used (see Annex A)?	Yes

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	140	157	144						36

People who experienced chronic homelessness for at least one day (that year)
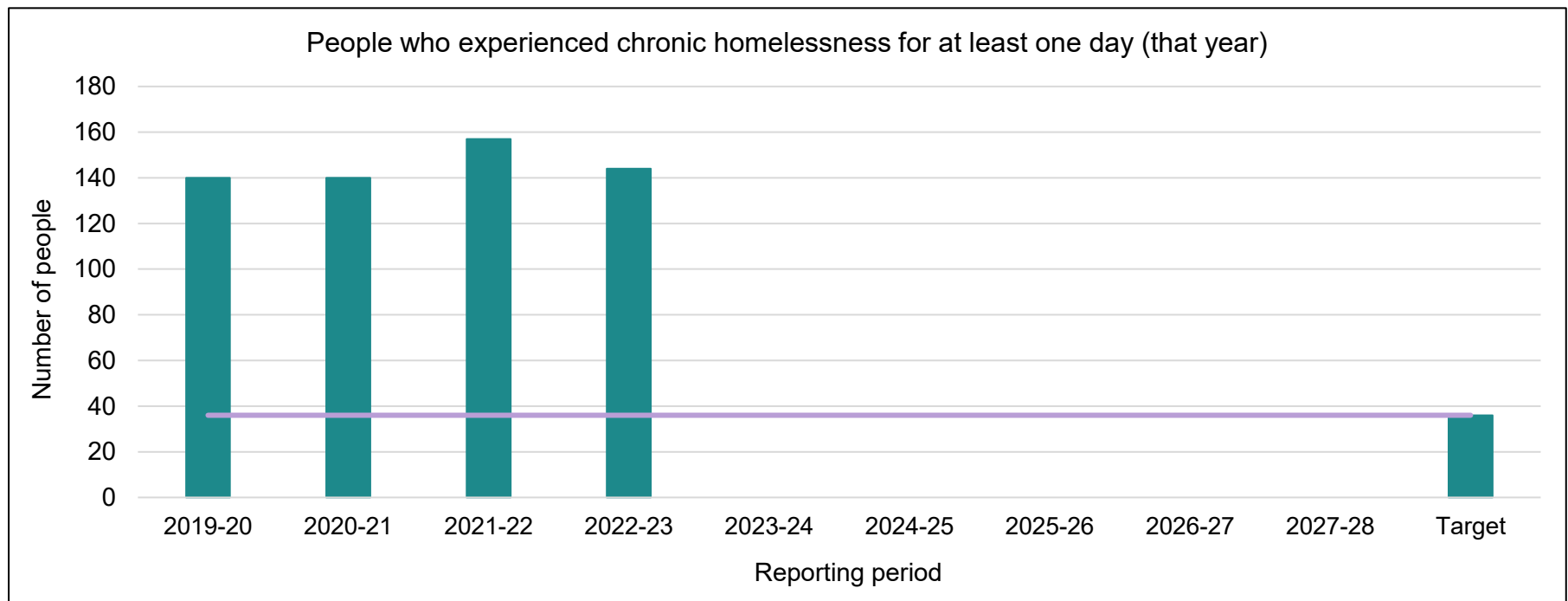
Please provide context about your results, as applicable.	

There has been a decrease in individuals experiencing homelessness on the BNL for March 2023, compared to previous years. This shift is due to a communication gap identified in the Coordinated Access System in the 4th quarter. Access Points and Centralized Intake began losing connections with individuals on the BNL after the point of intake. This is likely due to community connections with individuals and community services, gaps in the process and staff transitions.

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 outcome targets in the 2022-2023 Community Homeless Report reflect the most recent data points for each outcome and are consistent with the 75% reduction from previous years. i.e., The target is based on 2021-2022 data points, as it is the most recent and up to date information.

Was the federal standard for calculating this outcome used (see Annex A)?	No

How was this outcome calculated?	

Our community calculates chronicity using the Provincial definition: continuously homeless for a year or longer or have had at least four episodes of homelessness in the past three years; sleeping in a place not meant for human habitation (e.g., on the street) and/or in an emergency shelter.

The two other chronicity outcome methodologies do follow the federal standard for calculations:
Any client that was identified as "homeless" in HIFIS during the reporting period that met
the following criteria:
o The client State of the client was active during the reporting period;
o The client does not have an anonymous consent (the client consented to receive services)