Reaching Home: Canada's Homelessness Strategy

Community Homelessness Report

Medicine Hat

2025-2026

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, subsidies and/or supports;
- Changes to investments in Housing First to respond to emerging needs, identifying the current percentage of Reaching Home funding allocated to this programming;
- Gaps in services;
- Efforts to support community capacity and/or innovation;
- Collaboration with other sectors;
- Efforts to address homelessness for specific groups (e.g., youth); and/or,
- Efforts to meet Reaching Home minimum requirements.

During the 2025–2026 fiscal year, Medicine Hat Community Housing Society (MHCHS) continued in its role as the Community Entity (CE) and system-level planner, leading the coordination, implementation, and ongoing performance monitoring of Medicine Hat's homelessness system of care in alignment with Reaching Home outcomes and indicators. As CE, MHCHS is responsible for aligning funding, programs, and partners to prevent and reduce homelessness, shorten the duration of homelessness, and improve housing stability through evidence-based system design.

Guided by real-time, community-level data, including the By-Name List and Coordinated Access, Medicine Hat's homelessness response focused on reducing inflow, strengthening prevention, and supporting transitions to permanent housing.

- 160 unique individuals were successfully housed during the 2025–2026 fiscal year.

	• 107 individuals and households received housing loss prevention supports, preventing entry into homelessness. These outcomes directly support Reaching Home priorities related to housing placements, prevention, and system efficiency. Medicine Hat operates a Coordinated Access system that prioritizes diversion, Rapid Resolution, and needs-based matching. The community continues to operate without a Housing First program, following a data-informed decision made in 2022 that remains supported by current data. The Housing First program, established in 2009, initially served a client population with complex service needs. Approximately 80 percent of participants required services beyond securing housing, including intensive case management to address acute mental health and substance use challenges, as well as ongoing life skills and housing stabilization supports. Beginning in mid-2021, community data indicated a significant shift in client needs. The majority of individuals seeking Housing First support required limited intervention, with access to appropriate and affordable housing representing the primary barrier to exiting homelessness. For many, housing alone was sufficient to achieve and maintain permanent housing outcomes. Housing supports continue to be delivered through Rapid Resolution (based on a Housing First model), which is designed to quickly connect individuals with appropriate and affordable housing to prevent prolonged episodes of homelessness. Rapid Resolution provides time-limited, supported accommodations that bridge individuals from homelessness to permanent housing, contributing to reduced shelter stays and improved system flow. Program delivery remains flexible and responsive, allowing the community to adapt its approach should future data indicate an increased need for more intensive supports. MHCHS's role as the Community-Based Organization (CBO) concluded on March 31, 2025, following notification from the Government of Alberta (GoA). While the CBO function ended, MHCHS continues as the CE with system-level planning authority and remains the community data steward. In this capacity, MHCHS ensures data integrity, real-time reporting, and compliance with Reaching Home data and outcomes requirements, supporting continuous quality improvement and accountability. In support of increasing the housing availability and appropriateness, MHCHS further advanced the development of a

21-unit affordable Indigenous housing project during the 2025–2026 fiscal year. This project (scheduled for completion in October 2026) represents a $5.1 million investment and helps address gaps in affordable, appropriate housing options in Medicine Hat. The addition of new housing supply strengthens system flow, supports long-term housing stability, and reduces pressure on emergency responses.

Emergency Shelter Capacity and Service Gaps
Emergency shelter services in Medicine Hat currently include:
• A 30-bed emergency shelter for families fleeing family violence
• A 30-bed adult emergency shelter serving individuals aged 18 and over

The Roots Youth Shelter permanently closed on September 19, 2025, and youth transitioned to services in Lethbridge, AB. As a result, Medicine Hat does not currently have a short-term emergency shelter for youth aged 12–17, representing a recognized system gap.
MHCHS remains an active partner in the Pro-Active Engagement and Community Enhancement (PEACE) Team, supporting coordinated, data-informed outreach to individuals experiencing unsheltered homelessness and improving connections to housing, health, and social services.
As CE and data steward, MHCHS continues to strengthen data quality, coordinated access performance monitoring, and system-level evaluation, ensuring Medicine Hat's homelessness response remains adaptive, accountable, and aligned with Reaching Home outcomes.
Despite ongoing pressures related to housing affordability and supply, Medicine Hat's homelessness system remains focused on prevention, housing stabilization, and evidence-based decision-making, grounded in real-time data and local context.

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. Communities are also encouraged to reflect on changes to investments in Housing First over time, where applicable.
	Medicine Hat's response to homelessness has evolved from a collection of individual programs to a coordinated, systems based approach aligned with Reaching Home principles, including coordinated access, and data driven decision making. This shift has strengthened accountability, improved service alignment, and supported more effective housing outcomes for individuals and families experiencing homelessness. Historically, homelessness and related social challenges were addressed through fragmented service delivery, with limited formal integration across sectors. Like many communities, Medicine Hat recognized that persistent homelessness is often driven by systemic misalignment among policies, funding structures, service providers, and levels of government. In response, the community has prioritized system planning and integration to improve efficiency, reduce duplication, and better meet local needs. Through intentional system design, Medicine Hat has advanced coordinated access pathways, shared use of data, aligned policies and protocols, and collaborative service delivery. These changes have improved how individuals experiencing homelessness are identified, assessed, prioritized, and connected to housing and supports. The evolving system of care has emphasized prevention, rapid housing placement, and long term housing stability, while strengthening collaboration across housing, health, justice, and social service sectors. System planning has been central to this transformation. Consistent with Reaching Home best practices, Medicine Hat has focused on common policies, shared information systems, coordinated service delivery, and cross sector training. While the implementation of a fully integrated system presents ongoing challenges, these efforts have contributed to a more responsive and outcomes focused homelessness response. As the designated housing lead, MHCHS has played a key role in advancing this systems approach by advocating for local housing needs, leveraging community data, and supporting coordinated access and planning. Following the announcement by the Government of Alberta regarding the non renewal of Outreach & Support Services Initiative (OSSI) funding for 2025–2026, MHCHS transitioned from a combined CBO/CE role to a CE role only. Through this transition, MHCHS's commitment to system collaboration and continuous improvement did not diminish and continues as the system planner and data steward for the community. The elimination of the CBO role has had clear and measurable negative implications for the broader system of care

	and, most critically, for the vulnerable populations this role was designed to support. The Government of Alberta's shift to direct service provision and distribution of grant funding has created a significant gap in communication, coordination, and system oversight. Although the transition away from CBO roles is relatively recent, (two years), the impacts are already evident. The removal of local authority and accountability has weakened system continuity and eliminated a meaningful mechanism for quality assurance of interventions. As a result, the CE is unable to speak to, assess the quality or consistency of program delivery that previously fell within the CBO scope, nor to evaluate how these interventions are affecting client outcomes. Based on direct client interactions, the CE does not believe that previously served individuals are consistently supported through the current system; rather, clients are falling through service gaps. Increasing recidivism into homelessness is a direct and observable outcome of these structural changes. When the GoA assumed the role of program monitor and direct funder of community programs, it did so without recognizing or leveraging the established expertise and locally grounded knowledge that CBOs provided, thereby weakening the effectiveness of frontline service delivery and oversight. Despite funding and structural changes, Medicine Hat continues to prioritize a coordinated, data informed homelessness response. Ongoing efforts focus on maintaining coordinated access, using data to inform decision making, and advocating for sustainable, affordable housing solutions. This continued alignment reflects Medicine Hat's evolving response to homelessness and its commitment to preventing and ending homelessness through system level coordination, collaboration, and accountability.

Collaboration between Indigenous and non-Indigenous partners		
Note: It is expected that communities will continuously work to improve collaboration between Indigenous and non-Indigenous partners over time. If your community is working to improve a specific collaboration 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.		
CHR 3	Please select your community from the drop-down menu:	Medicine Hat (AB)

	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 Miywasin Friendship Centre.**

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 (Continuous improvement)
• Implementing, maintaining and/or improving, as well as using the **HMIS**?	Yes (Continuous improvement)
• Strengthening the **Outcomes-Based Approach**?	Yes (Continuous improvement)

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

b) When asked whether collaboration occurred, under **CHR 4(a)**, you answered Yes (Continuous improvement) or No (Under development) 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:

- Your community has established processes (formal or informal) for engaging with Indigenous partners on issues related to Coordinated Access and/or the HMIS.

→ Coordinated Access:	Yes
→ HMIS:	Yes

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

→ Coordinated Access:	Yes
→ HMIS:	Yes

• Indigenous partners participate in Coordinated Access:	Yes
• Indigenous partners actively use the HMIS:	Yes
• Indigenous partners have access to HMIS data and reports:	Yes
• Indigenous partners participate in the 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) When asked whether collaboration occurred, under **CHR 4(a)**, you answered Yes (Continuous improvement) or No (Under development) to **at least one** of the following: Coordinated Access, the HMIS and/or the Outcomes-Based Approach. As a follow up to this, please describe the collaboration that took place in more detail.

Your response should include when collaboration with Indigenous partners occurred, who it was with, what it involved, and how Indigenous perspectives influenced outcomes.

During the 2025–2026 reporting period, the CE continued to strengthen Medicine Hat's homelessness response under Reaching Home: Canada's Homelessness Strategy, with a focus on Coordinated Access, system integration, Indigenous partnership, and outcomes-based decision-making. The CE maintains a strong partnership with the Miywasin Friendship Centre (IH CE), which plays an active leadership role within the homelessness-serving system. This collaboration supports culturally responsive planning, service coordination, and decision-making and aligns with

Reaching Home principles related to reconciliation, inclusion, and Indigenous participation.
The CE works closely with Indigenous Knowledge Keepers and Elders, whose guidance informs service delivery approaches and system planning. Their involvement supports respectful engagement and strengthens relationships across the system.
Progress continued in strengthening Coordinated Access implementation and expanding participation, including Indigenous-led services. Coordinated Access documentation, policies, assessment tools, and intake processes were shared with the IH CE to support cultural review and system alignment. This collaboration informed refinements to language and processes and supported the successful integration of the IH CE dataset into the Efforts to Outcomes (ETO), the Homelessness Management Information System (HMIS) in the community.
In March of 2026, the CE announced the transition from ETO to HIFIS. The IH CE will be actively involved throughout the transition from ETO to HIFIS to ensure Indigenous data sovereignty, culturally appropriate practices, and meaningful participation in coordinated access processes.
The role of the IH CE will include:
• Collaborative Planning and Governance: The IH CE will participate in implementation planning to ensure Indigenous perspectives are reflected in Coordinated Access workflows, assessment practices, and data governance decisions related to HIFIS.
• Culturally Safe Data Practices: MHCHS will work with the IH CE to ensure HIFIS use aligns with Indigenous values related to consent, privacy, and ethical data use. This includes ensuring that Indigenous specific programs and referrals are appropriately represented and respected within the system.
• Coordinated Access Participation: Indigenous led service providers represented through the IH CE will be supported to fully participate in Coordinated Access using HIFIS. This supports equitable access to housing resources for Indigenous individuals and families while maintaining culturally responsive service pathways.
• Training and Capacity Building: The IH CE will be supported with tailored HIFIS training to ensure staff are confident using the system in a way that aligns with both federal requirements and Indigenous led approaches to homelessness response.
• Ongoing Collaboration and Oversight: MHCHS and the IH CE will maintain ongoing collaboration to review data, assess system performance for Indigenous clients, and identify opportunities for improvement in outcomes and service coordination.

	In partnership with the Miywasin Friendship Centre as co-lead, the CE completed the Action Research on Chronic Homelessness, Medicine Hat (ARCH-MH) project, a 15-month research project concluding on March 31, 2025. ARCH-MH examined the lived experiences of individuals experiencing chronic homelessness, particularly those with complex mental health needs who were not adequately served by the existing system of care. The research reviewed current interventions, policies, and service models and generated evidence-based recommendations to inform future programming and system improvements. Indigenous teachings, ceremonies, and culturally grounded supports were integrated throughout the project to support participant engagement and wellbeing. Following the conclusion of the ARCH-MH research, The Eagle's Nest (Pitai-Koi-Yiis) continues to operate as a supportive housing and care model that addresses critical gaps for individuals with complex needs who were not previously well served by the existing system. The program provides flexible, relationship-based supports that complement Coordinated Access and strengthen the community's response to chronic homelessness. In May 2025, a Blackfoot naming ceremony formally named the program and building, reflecting its purpose as a place of safety, healing, and stabilization. MHCHS continues to advance the 21 units of culturally responsive housing for Indigenous individuals and families, developed in partnership with the Miywasin Friendship Centre. This project contributes to long-term housing stability and supports Reaching Home housing supply objectives. The build is scheduled for completion in October 2026. In January 2026, the Roots to Roofs project, funded through the Homelessness Reduction Innovation Fund (HRIF) and led by the Miywasin Friendship Centre, launched. The CE collaborates on this initiative through data support, which enhances housing readiness and culturally grounded supports for Indigenous individuals transitioning to permanent housing, reinforcing Coordinated Access and housing retention outcomes.
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) When asked whether collaboration occurred related to the completion of the CHR, under **CHR 5(a)**, you answered Yes. As a follow up to this, please indicate if any of the following activities took place:

• Engagement with Indigenous partners took place in the early stages of CHR development, to determine how collaboration should be undertaken for the CHR.	Yes
• Collaboration with Indigenous partners took place when developing and finalizing the CHR.	Yes
• Indigenous partners reviewed and approved the final CHR.	Yes

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

c) When asked whether collaboration occurred related to the completion of the CHR, under **CHR 5(a)**, you answered Yes. As a follow up to this, please describe the collaboration that took place in more detail.

Your response should include when collaboration with Indigenous partners occurred, who it was with, what it involved, and how Indigenous perspectives influenced outcomes.

MHCHS maintained a strong, collaborative relationship with the Miywasin Friendship Centre, the IH CE. This collaboration supports Reaching Home objectives related to Indigenous engagement, coordinated access, culturally appropriate service delivery, and system level planning.
The CE met with the Miywasin Friendship Centre to review joint activities and outcomes, alongside ongoing operational and programmatic check ins throughout the year. These engagements focused on emerging trends in Indigenous and non Indigenous homelessness, housing readiness, service engagement, and outcomes for individuals experiencing chronic homelessness. The CE and IH CE also reviewed system performance and HMIS data quality,

	including continued CE support for training and technical assistance related to ETO. The Indigenous Community Advisory Board (ICAB) was provided with the Community Homelessness Report (CHR) for review and feedback prior to submission, supporting Indigenous participation in system planning, transparency, and accountability. In addition, MHCHS was an active participant in the planning and implementation of the Roots to Roofs HRIF project. The CE collaborated with partners to support coordinated access alignment, system planning, and data informed decision making. MHCHS remains a project partner, providing homelessness system data to support the project, which launched in January 2026 and aligns with Reaching Home priorities related to innovation, evidence based approaches, and improved housing outcomes.	
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	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.	
	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?	Yes
	b) Have Terms of Reference for the integrated, community-based governance structure been documented and, if requested, can they be made publicly available?	Yes
CA 2	Does the integrated governance structure that supports Coordinated Access and use of HMIS include representation from the following: • Federal Homelessness Roles:	
	→ Community Entity:	Yes – as a CAB member with ex-officio status and a member of the overall governance structure
	→ Community Advisory Board:	Yes

→ Housing, Infrastructure and Communities Canada (HICC):	Yes – as a CAB member with ex-officio status and a member of the overall governance structure
→ Organization that fulfills the role of Coordinated Access Lead:	Yes
→ Organization that fulfills the role of HMIS Lead:	Yes
• Homelessness roles from other orders of government:	
→ Provincial or territorial government:	Yes – as a CAB member and a member of the overall governance structure
→ Local designation(s) relative to managing provincial or territorial homelessness funding, as applicable (e.g., Service Manager in Ontario):	Yes
→ Municipal government:	Yes – as a CAB member and a member of the overall governance structure
→ Local designation(s) relative to managing municipal homelessness funding, as applicable:	Yes
• Local groups with a mandate to prevent and/or reduce homelessness, as applicable:	Yes
• Local Indigenous partners:	Yes – as a CAB member and a member of the overall governance structure

	• Population groups the Coordinated Access system intends to serve (e.g., providers serving youth experiencing homelessness):	Yes – as a CAB member and a member of the overall governance structure
	• Types of service providers that help prevent homelessness and those that help people transition from homelessness to safe, appropriate housing in the community:	Yes – as a CAB member and a member of the overall governance structure
	• People with lived experience of homelessness:	Yes
CA 3	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: • 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.	Yes
CA 4	a) Has a Coordinated Access Lead organization been identified?	Yes
	b) Has an HMIS Lead organization been identified?	Yes
	c) Do the Coordinated Access Lead and HMIS Lead collaborate to: • Improve service coordination and data management; and, • Increase the quality and use of data to prevent and reduce homelessness?	Yes

	d) Have Coordinated Access Lead and HMIS Lead roles and responsibilities been documented and, if requested, can this documentation be made publicly available?	Yes
CA 5	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? Note: The response to this question is auto-populated from CHR 4(a).	Yes (Continuous improvement)
CA 6	a) Consider the CAB expectations outlined below. Is the CAB currently fulfilling expectations related to its role with addressing homelessness in the community?	Yes

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.

Community-Based Leadership: To support its role, collectively, the CAB:

- 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.

Planning:

- 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.

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:	Yes
	→ 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.	

	• 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
	• 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
	• Exclusive and shared responsibilities between the CAB and Community Entity.	Yes
	• Membership terms and conditions, including: → 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?	Yes
	b) Does the systems map include the following elements:	
	→ Name of the organization and/or service provider:	Yes
	→ Type of service provider (e.g., emergency shelter, supportive housing):	Yes
	→ Funding source(s):	Yes
	→ Eligibility for service (e.g., youth):	Yes
	→ Capacity to serve (e.g., number of units):	Yes
	→ Role in the Coordinated Access system (e.g., access point):	Yes
	→ Role with maintaining quality data used for a Unique Identifier List (e.g., keep data up-to-date for housing history):	Yes
	→ If the service provider currently uses the HMIS:	Yes
	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):	Yes
	→ Use of the HMIS (e.g., identify opportunities to onboard new service providers):	Yes
	→ Data quality (e.g., increase data comprehensiveness):	Yes
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.	Yes
	b) For each housing and related resource in the Resource Inventory, have eligibility criteria been documented?	Yes
	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.	Yes
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:	

→	**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.	Yes
→	**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.	Yes
→	**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).	Yes
→	**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.	Yes
→	**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.	Yes

	→ **Housing plans:** Documenting people's progress with finding and securing housing (with appropriate subsidies and/or supports, as applicable).	Yes
	→ **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.	Yes
CA 15	a) Is a common, unified triage and assessment process being applied across all population groups in the community **and**, if requested, can this documentation be made available?	Yes
	b) If more than one triage and/or assessment tool is being used, is there a protocol in place that describes:	
	→ When each tool should be used (e.g., tools used only for youth verses those that can be used with more than one population group).	Yes
	→ 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).	Yes
	→ 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).	Yes
Vacancy Matching and Referral with Prioritization		

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.	Yes
	→ **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.	Yes
	→ **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.	Yes

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**.

Reminder: As per **Coordinated Access Minimum Requirement 1** under the Reaching Home directives, communities must meet all Coordinated Access minimum requirements by March 31, 2026.

	Completed	Started	Not Yet Started
Total	17	0	0

Coordinated Access	Completed (score)	Completed (%)
Governance and partnerships (out of 8 points)	8	100%
System map and Resource Inventory (out of 2 points)	2	100%

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)	2	100%
All (out of 17 points)	**17**	**100%**

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?	No
	b) Which HMIS is being used?	
	Efforts to Outcomes (ETO)	

	c) When was it implemented?	
	2010-04-01	
<u>Note:</u> 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 collect and 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.	Yes
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
	b) Over the last year, were **other** providers (including those receiving other Reaching Home or federal funding, as well as non-federal funding) 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
HIFIS 3	a) Has the Community Entity signed the latest Data Provision Agreement (find the latest version **<u>here</u>**, 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.	Yes

	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: • A Community Data Sharing Agreement; and, • A Client Consent Form.	Yes
	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?	Yes
HIFIS 4	Has the Community Entity updated HIFIS to the latest version that was most recently confirmed as mandatory by HICC?	Yes
HIFIS 5	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? Note: The response to this question is auto-populated from CHR 4(a).	Yes (Continuous improvement)
Data Uniqueness		
OBA 1	a) Does the dataset include people currently experiencing homelessness that have interacted with the homeless-serving system?	Yes
	b) Do people appear only once in the dataset?	Yes
	c) Do people give their consent to be included in the dataset?	Yes

OBA 2	Is there a **written policy/protocol** (“Inactivity Policy”) that describes how **interaction with the homeless-serving system** is **documented**? The policy/protocol must: • 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 become "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
OBA 3	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: • 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).	Yes
Data Consistency		
OBA 4	To support Coordinated Access, is the HMIS used to generate data for a Unique Identifier List?	Yes
OBA 5	Is the HMIS used to <u>collect data</u> for setting baselines, setting reduction targets and tracking progress for the following community-level outcomes:	
	→ Overall homelessness:	Yes
	→ Newly identified as experiencing homelessness:	Yes

	→ Returns to homelessness:	Yes
	→ Indigenous homelessness:	Yes
	→ Chronic homelessness:	Yes
Data Timeliness		
OBA 6	Is the dataset updated <u>as soon as</u> new information is available about a person for:	
	→ Interaction with the system (e.g., changes from “active” to “inactive”).	Yes
	→ Housing history (e.g., changes from “homeless” to “housed”).	Yes
	→ 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).	Yes
OBA 7	Is data readily available and accessible, so that it can be used for Coordinated Access, the Outcomes-Based Approach and to drive the prevention and reduction of homelessness more broadly?	Yes
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 – Only heads of households
	b) Does the dataset include people staying in the following types of shelter:	

	→ Permanent emergency shelter:	Yes
	→ Seasonal or temporary emergency shelter:	Yes
	→ Hotels/motel stays paid for by a service provider:	Yes
	→ Domestic violence shelters:	Yes
	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	Under Reaching Home, at minimum, a comprehensive dataset includes all household types (OBA 10), people experiencing sheltered homelessness (OBA 11) and people experiencing	Yes

	unsheltered homelessness (OBA 12), as applicable. 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?	

Data Use		
OBA 14	**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.	
	a) **<u>Can the dataset be used to set</u>** monthly and annual baselines and reduction targets for the following community-level outcomes:	
	→ Overall homelessness:	Yes
	→ Newly identified as experiencing homelessness:	Yes
	→ Returns to homelessness:	Yes
	→ Indigenous homelessness:	Yes
	→ Chronic homelessness:	Yes
	b) **<u>Is the dataset being used to set</u>** monthly and annual baselines and reduction targets for the following community-level outcomes:	
	→ 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

b) How is data being used to inform action? Please provide specific examples. Your response should include:
- 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.

Through data analysis and ongoing engagement with individuals with lived experience who are accessing adult emergency shelters, the CE has identified a group of shelter users experiencing prolonged or recurring episodes of sheltered homelessness. Local data indicates that, as of the October 2025 Point-in-Time (PiT) Count, 48 individuals were staying in emergency shelters on the night of the count, contributing to a total of 136 individuals experiencing homelessness in Medicine Hat. This reflects an increase from previous counts and highlights increased pressures on the homeless-serving system of care.

The CE has identified a group of people experiencing homelessness who are accessing the emergency shelters repeatedly, and some are choosing to remain there, even when housing options are made available to them. Many of these individuals have income and identification but are hesitant to move into permanent housing. This group differs from people whose challenges (health – mental and physical) prevent them from participating in the housing supports. The Housing Link/Outreach team continues to work with these individuals with the understanding that they may need additional encouragement and flexible supports to make the transition from sheltered

	homelessness to safe, permanent, and appropriate housing. Many individuals experiencing homelessness also face substance use and mental health challenges, which can make it harder to focus on finding and maintaining housing. These individuals benefit from patience, understanding, and low barrier shelter options that meet their basic needs while allowing them to engage at their own pace. Ongoing support is essential to help individuals move toward stable, long term housing when they are ready. Data also shows an additional group of shelter users who are housing-ready but experience difficulty sustaining engagement with the system of care and the housing process. For some individuals, emergency shelters function as places of safety, stability, and social connection. This reflects the importance of distinguishing between service resistance and service misalignment. The CE continues to commit to using real-time, quality data to pivot programs and supports when needed, to align with client-centered, low-barrier, and trauma-informed approaches. The CE has prioritized the need for a housing-focused shelter model. Continuing into 2025, the CE continues to support systems planning efforts to strengthen integration between shelter operations and coordinated access by facilitating a consistent on-site presence of Housing Link Outreach workers at the adult emergency shelter. This approach was intended to enhance real-time housing problem-solving, accelerate pathways to housing and reduce returns to homelessness.

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 2020
	b) What is the earliest you can report <u>annual</u> data in Section 4 of your CHR, inclusively?	2019-20

	c) For 2025-26, did you use the Canadian methodology to report on outcomes in Section 4? **Reminder:** By March 31, 2026, all communities are expected to use the Canadian methodology for outcome reporting in their CHR. HIFIS users can use the Community Outcomes Report (COR) in HIFIS for Section 4. Non-HIFIS users must develop an equivalent report to the Canadian methodology for Section 4.	Yes
Partnerships		
OBA 16	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? Note: The response to this question is auto-populated from CHR 4(a).	Yes (Continuous improvement)
Data quality improvement		
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: • Data uniqueness • Data consistency • Data timeliness • Data completeness • Data comprehensiveness	
	Since its implementation in 2007, the Homeless Management Information System (HMIS) – Efforts to Outcomes (ETO) database has captured records for 5,299 unique individuals who have accessed homelessness services locally. This figure excludes youth served through separate, community-based homelessness programs outside of	

ETO.
ETO supports both historical and real-time data collection, enabling the community to track individuals' pathways through the homelessness response system—from initial contact to housing outcomes. The system captures experiences across the homelessness spectrum, including episodic and chronic homelessness, as well as sheltered and unsheltered situations. Access to real-time data is essential for understanding current trends, responding to housing instability, and informing system planning, resource allocation, and partnership development.
When individuals engage with the Coordinated Access (CA) system, Housing Link staff complete intake and assessment processes to determine eligibility, acuity of housing need, and interest in available supports. Assessments are conducted across multiple settings, including by telephone, in-office, at emergency shelters, hospitals, or remand facilities. All assessments and subsequent interactions are entered into ETO, ensuring that client information remains current and accessible system-wide.
Each client interaction is documented to support consistent, up-to-date information sharing across service providers. In addition to ETO, some programs supplement data collection through Excel-based tracking tools and narrative reporting. This integrated approach enhances reporting depth and provides additional qualitative context to support system analysis and outcomes reporting.
Medicine Hat Community Housing Society (MHCHS) employs a multi-stage data quality assurance process to ensure accuracy and consistency. Client data is entered into ETO within 24 hours of service interaction, reviewed and cleaned by program managers, and then verified by the Coordinated Entry (CE) lead prior to reporting. This layered approach strengthens data integrity and reliability across the system.
Beginning in late 2025, the CE aligned its reporting practices with the new federal minimum data-collection requirements and the Built for Zero (BFZ) reporting standards. Historically, reporting focused exclusively on the number of individuals experiencing chronic homelessness each month. Under the updated requirements, the CE now reports on all individuals who experience homelessness for at least one day within a given month, in addition to those who meet the chronic homelessness definition under the Canadian Methodology.
To support this transition, the CE completed a comprehensive, multi-step implementation process, including:
• Updating the community By-Name Data Scorecard on the Medicine Hat Built for Zero dashboard

• Completing and refreshing the community Systems Map
• Updating the Outreach Coverage and Coordination Tool
• Ensuring all related policies, procedures, and documentation were current and accessible
• Conducting an extensive back-data review

The CE then submitted four consecutive months of enhanced reporting, incorporating individual-level data elements such as gender, Indigenous identity and ethnicity, inflow and outflow dynamics (including individuals new to homelessness or returning from housing or system inactivity), the number of individuals housed each month, and removals due to inactivity in the system of care.

Collectively, this work significantly strengthened data quality and improved the CE's ability to monitor inflow, outflow, and overall movement within the homelessness system in real time. On February 11, MHCHS received formal notification from Built for Zero Canada, recognizing Medicine Hat as the 14th community in Canada to achieve Quality By-Name Data status for both Chronic Homelessness and All Homelessness populations. This designation reflects the substantial efforts of the MHCHS team and community partners to enhance data quality, coordination, and reporting rigor. The recognition confirms that Medicine Hat's data is comprehensive, real-time, and meets national benchmarks for completeness, accuracy, and reliability.

Following the Government of Alberta's announcement to discontinue support for the ETO system after March 31, 2025, MHCHS elected to maintain ETO operations to ensure continuity of data collection and reporting. In spring 2026, MHCHS formally announced its planned transition to the Homeless Individuals and Families Information System (HIFIS).

Looking ahead to 2026–2027, MHCHS will migrate all historical and current client data from ETO into HIFIS. This transition will be supported through comprehensive training for all participating programs, including the Indigenous Housing Coordinated Entry (IH CE), to ensure continued consistency, accuracy, effectiveness, and culturally safe practices in data reporting and analysis.

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 monthly community-level outcomes for this CHR? **Reminder:** Reporting on additional community-level outcomes is optional.	No
	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	5	0	0

Homelessness Management Information System	Completed (score)	Completed (%)

Homelessness Management Information System (out of 5 points)	5	100%
All (out of 5 points)	**5**	**100%**

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**.

Reminder: As per **HIFIS Minimum Requirement 1** and **Outcomes-Based Approach Minimum Requirement 1** under the Reaching Home directives, communities must meet all HIFIS and Outcomes-Based Approach minimum requirements by March 31, 2026.

	Completed	**Started**	**Not Yet Started**
Total	17	0	0

Outcomes-Based Approach	**Completed (score)**	**Completed (%)**

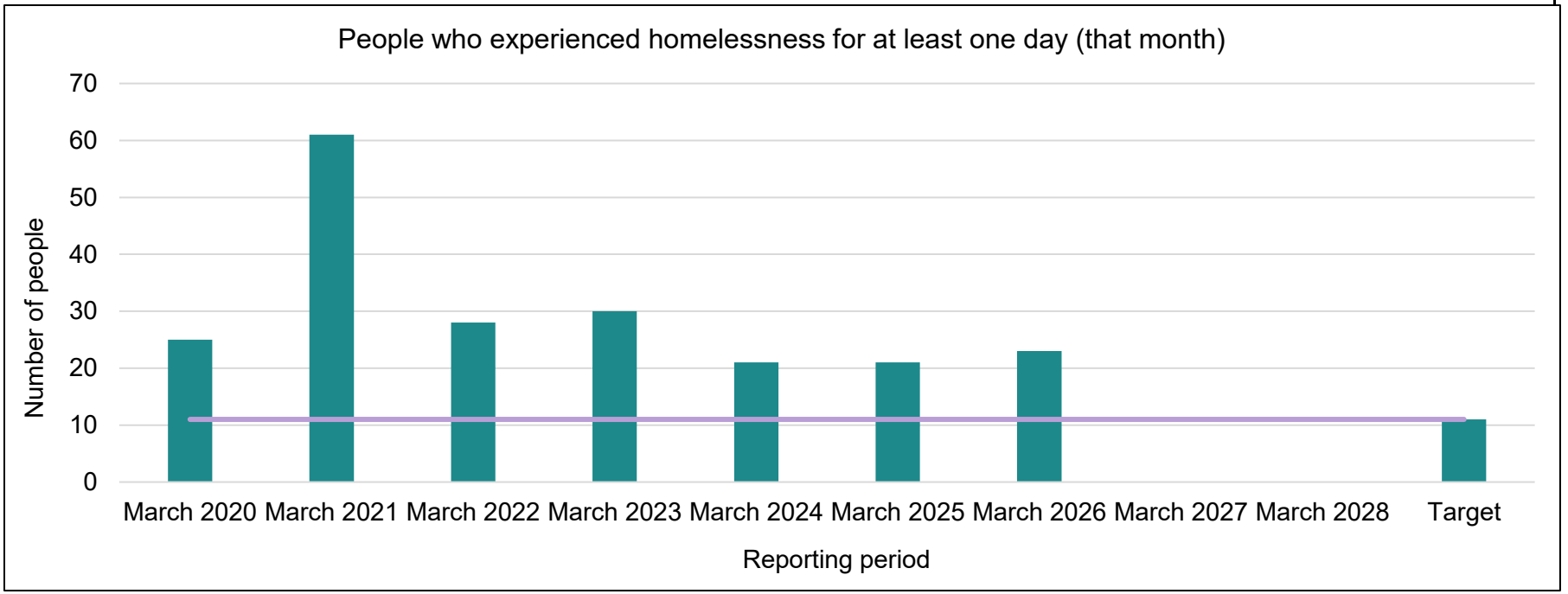
Data uniqueness (out of 3 points)	3	100%
Data consistency (out of 2 points)	2	100%
Data timeliness (out of 2 points)	2	100%
Data completeness (out of 2 points)	2	100%
Data comprehensiveness (out of 4 points)	4	100%
Data use (out of 2 points)	2	100%
Partnerships (out of 1 point)	1	100%
Data quality improvement (out of 1 point)	1	100%
All (out of 17 points)	**17**	**100%**

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)	25	61	28	30	21	21	23			11



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 2020

Overall homelessness will decrease by 56% between March 2020 and March 2028.

b) Please use the comment box below to:

- As applicable, explain any changes to the data reported from the previous CHR (2024-25), 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.

Please insert comments here

c) **Introducing Data Annotations** – where you can highlight trends and explore the reasons behind them (**optional**):

Please select two reporting periods below for which you would like to add a data annotation for:

From:		**To:**
Select one	→	Select one

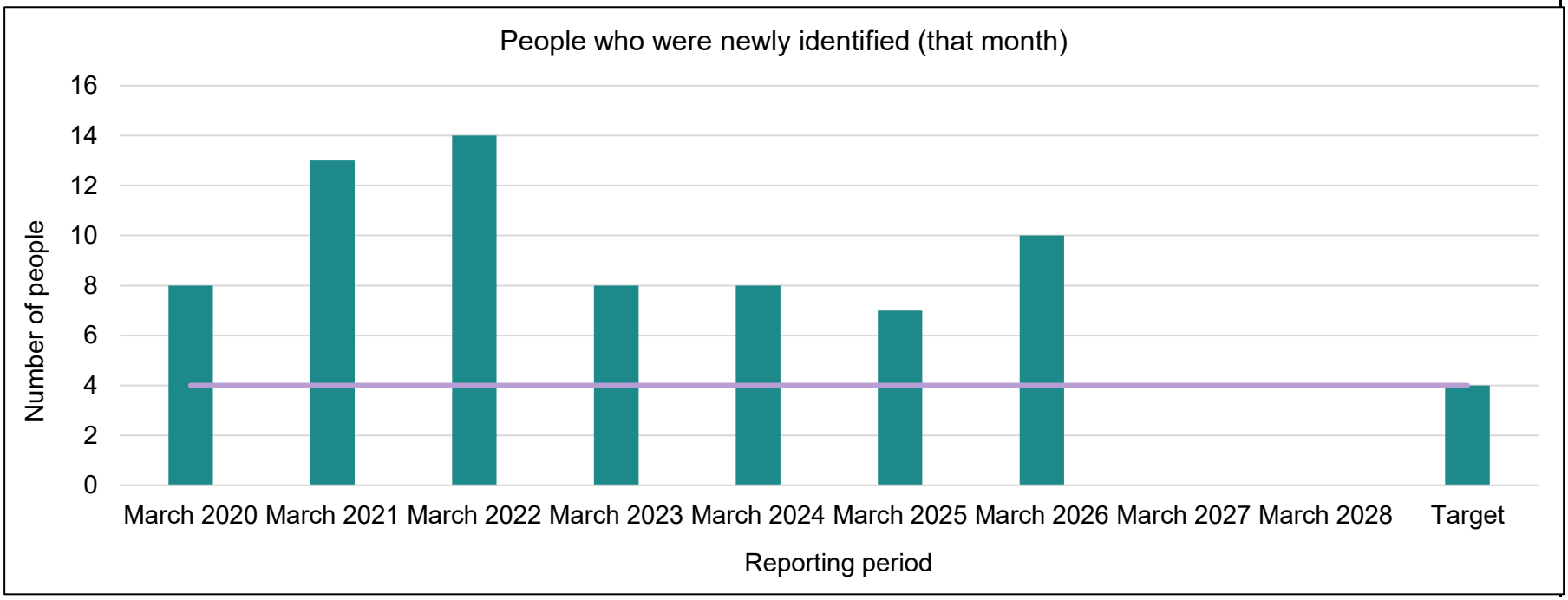
#N/A

In the comment box below, please add your data annotation for this period.
• As applicable, please indicate the parameters which could have influenced the change during the selected period (e.g., significant events within the community, policy changes, data quality and comprehensiveness).

Please insert comments here

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)	8	13	14	8	8	7	10			4



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 2020

New inflows to homelessness will decrease by 50% between March 2020 and March 2028.

b) Please use the comment box below to:

- As applicable, explain any changes to the data reported from the previous CHR (2024-25), 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.

Please insert comments here

c) **Introducing Data Annotations** – where you can highlight trends and explore the reasons behind them (**optional**):

Please select two reporting periods below for which you would like to add a data annotation for:

From:		**To:**
Select one	→	Select one

#N/A

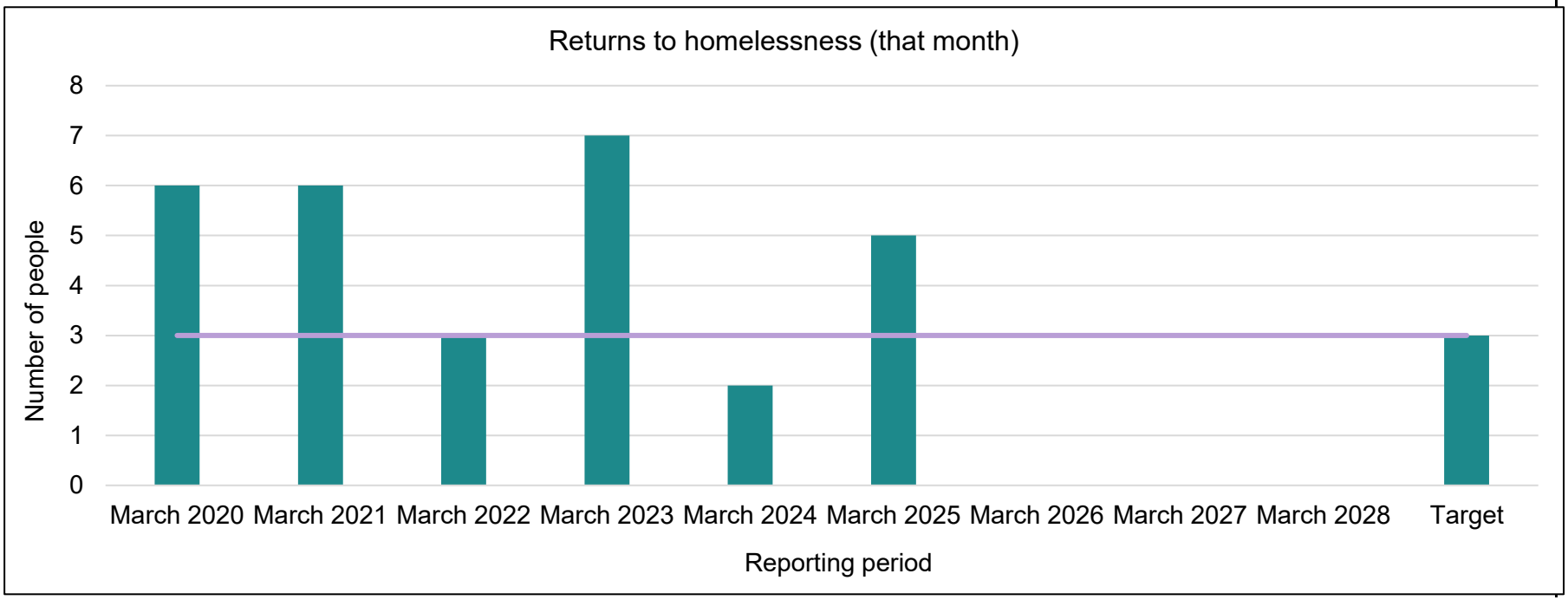
In the comment box below, please add your data annotation for this period.
• As applicable, please indicate the parameters which could have influenced the change during the selected period (e.g., significant events within the community, policy changes, data quality and comprehensiveness).

Please insert comments here

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)	6	6	3	7	2	5	0			3



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 2020

Returns to homelessness will decrease by 50% between March 2020 and March 2028.

b) Please use the comment box below to:

- As applicable, explain any changes to the data reported from the previous CHR (2024-25), 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.

Please insert comments here

c) **Introducing Data Annotations** – where you can highlight trends and explore the reasons behind them (**optional**):

Please select two reporting periods below for which you would like to add a data annotation for:

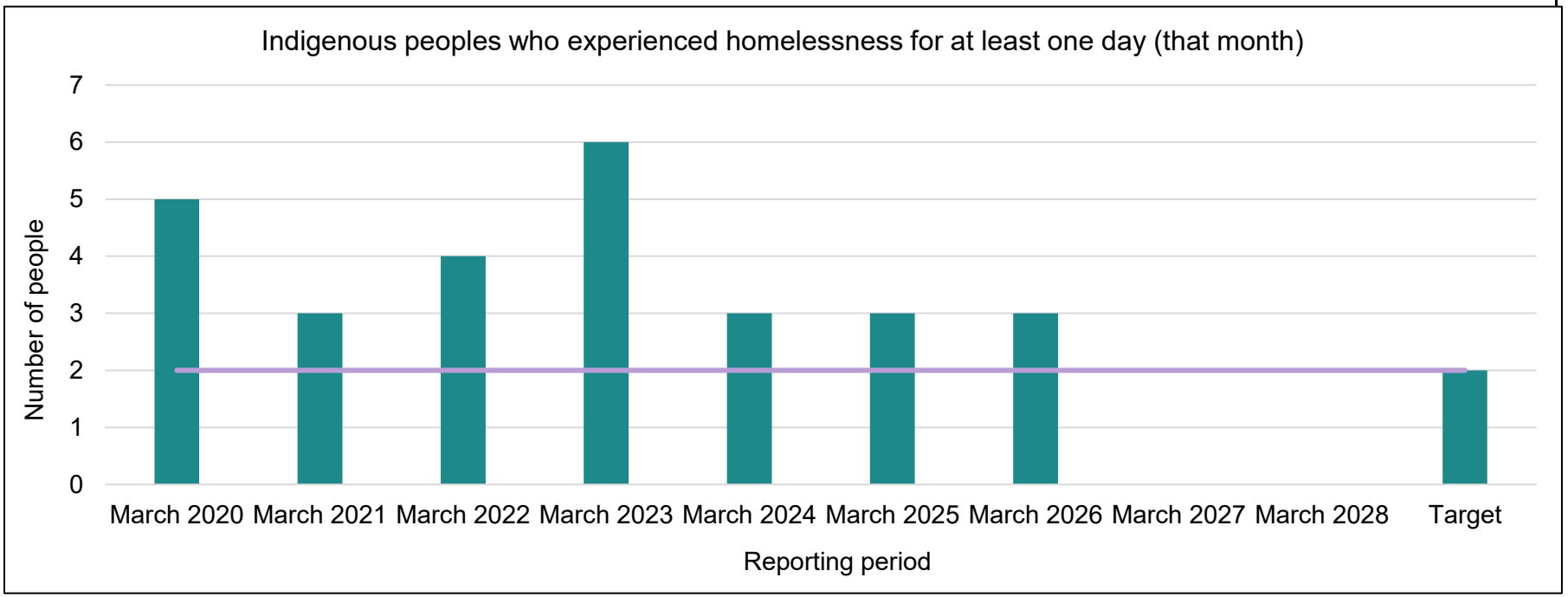
From:		**To:**
Select one	→	Select one

#N/A

In the comment box below, please add your data annotation for this period.
• As applicable, please indicate the parameters which could have influenced the change during the selected period (e.g., significant events within the community, policy changes, data quality and comprehensiveness).

Please insert comments here

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)	5	3	4	6	3	3	3			2



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 2020

Indigenous homelessness will decrease by 60% between March 2020 and March 2028.

b) Please use the comment box below to:

- As applicable, explain any changes to the data reported from the previous CHR (2024-25), 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.

Please insert comments here

c) **Introducing Data Annotations** – where you can highlight trends and explore the reasons behind them (**optional**):

Please select two reporting periods below for which you would like to add a data annotation for:

From: **To:**

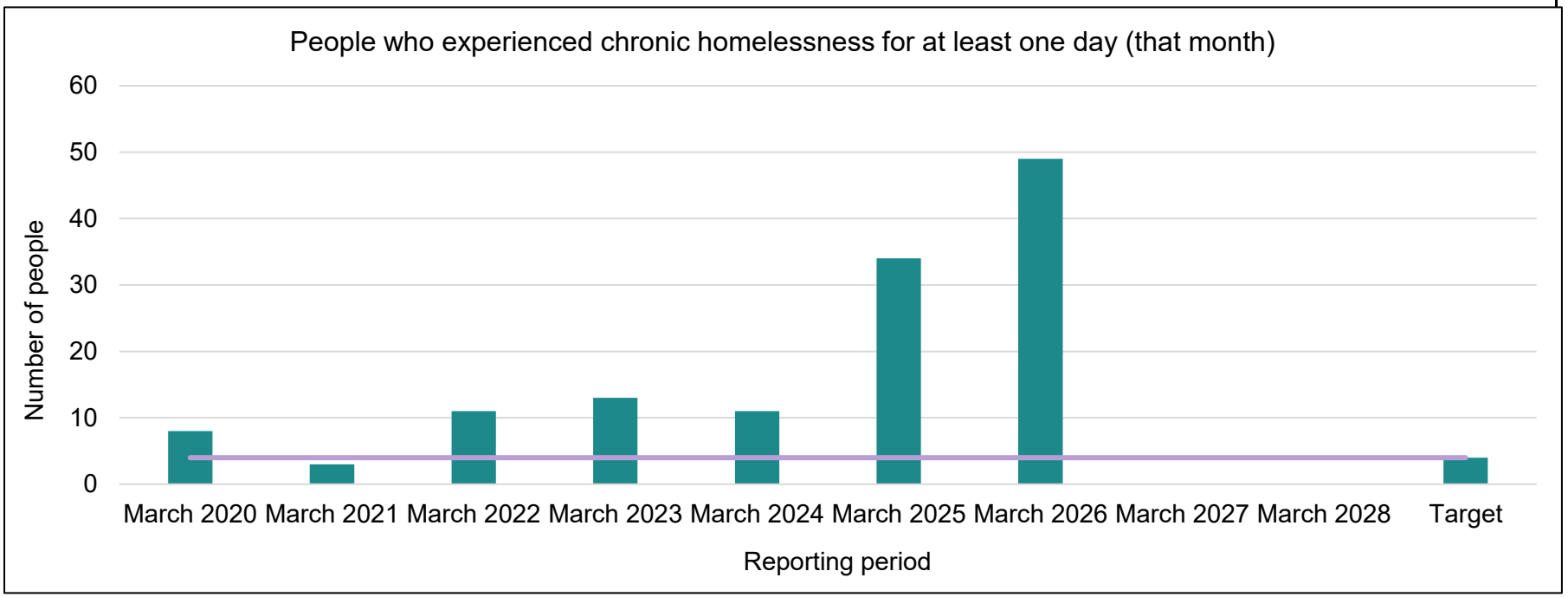
Select one	→	Select one

#N/A

In the comment box below, please add your data annotation for this period.
• As applicable, please indicate the parameters which could have influenced the change during the selected period (e.g., significant events within the community, policy changes, data quality and comprehensiveness).

Please insert comments here

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)	8	3	11	13	11	34	49			4



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 2020

Chronic homelessness will decrease by 50% between March 2020 and March 2028.

b) Please use the comment box below to:

- As applicable, explain any changes to the data reported from the previous CHR (2024-25), 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.

Please insert comments here

c) **Introducing Data Annotations** – where you can highlight trends and explore the reasons behind them (**optional**):

Please select two reporting periods below for which you would like to add a data annotation for:

From:		**To:**
Select one	→	Select one

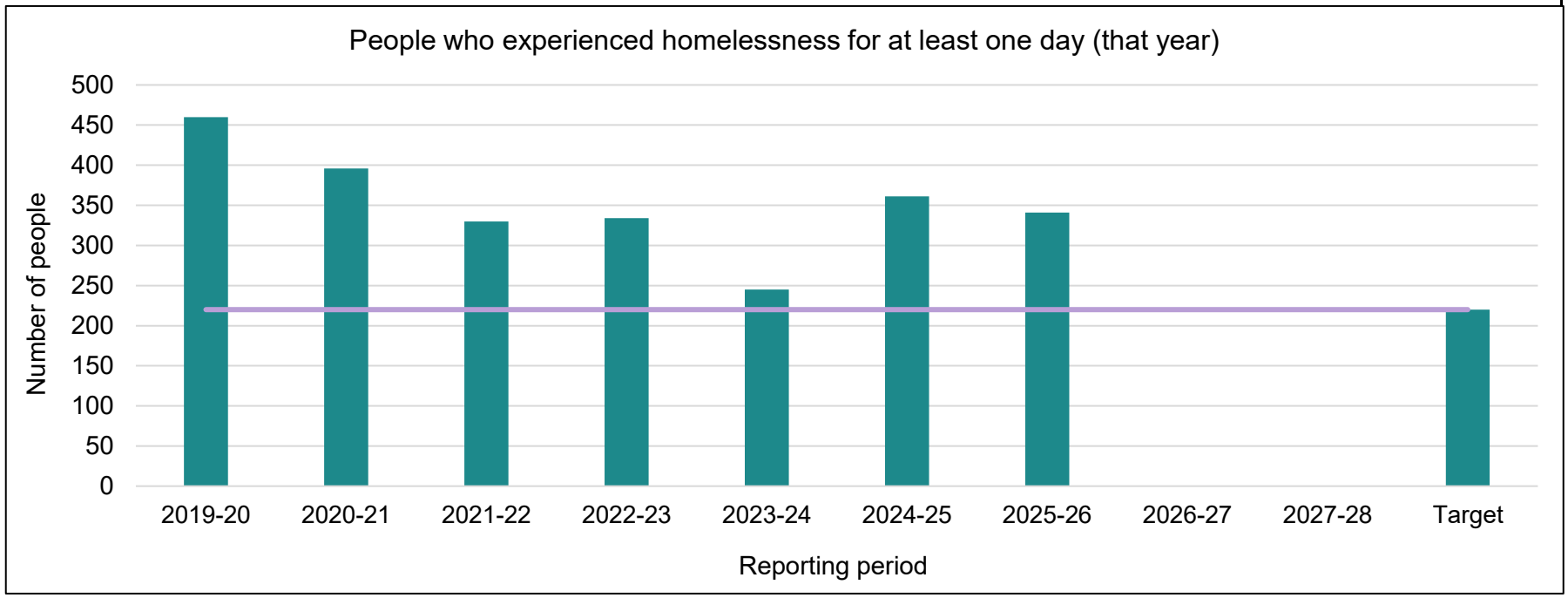
#N/A

In the comment box below, please add your data annotation for this period.
• As applicable, please indicate the parameters which could have influenced the change during the selected period (e.g., significant events within the community, policy changes, data quality and comprehensiveness).

Please insert comments here

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)**									
Given your answers in Section 3, you can report annual result(s) for Outcome #1 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 experienced homelessness for at least one day (that year)	460	396	330	334	245	361	341			220



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.

2019-20

Overall homelessness will decrease by 52% between 2019-20 and 2027-28.

b) Please use the comment box below to:

- As applicable, explain any changes to the data reported from the previous CHR (2024-25), 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.

Please insert comments here

c) **Introducing Data Annotations** – where you can highlight trends and explore the reasons behind them (**optional**):

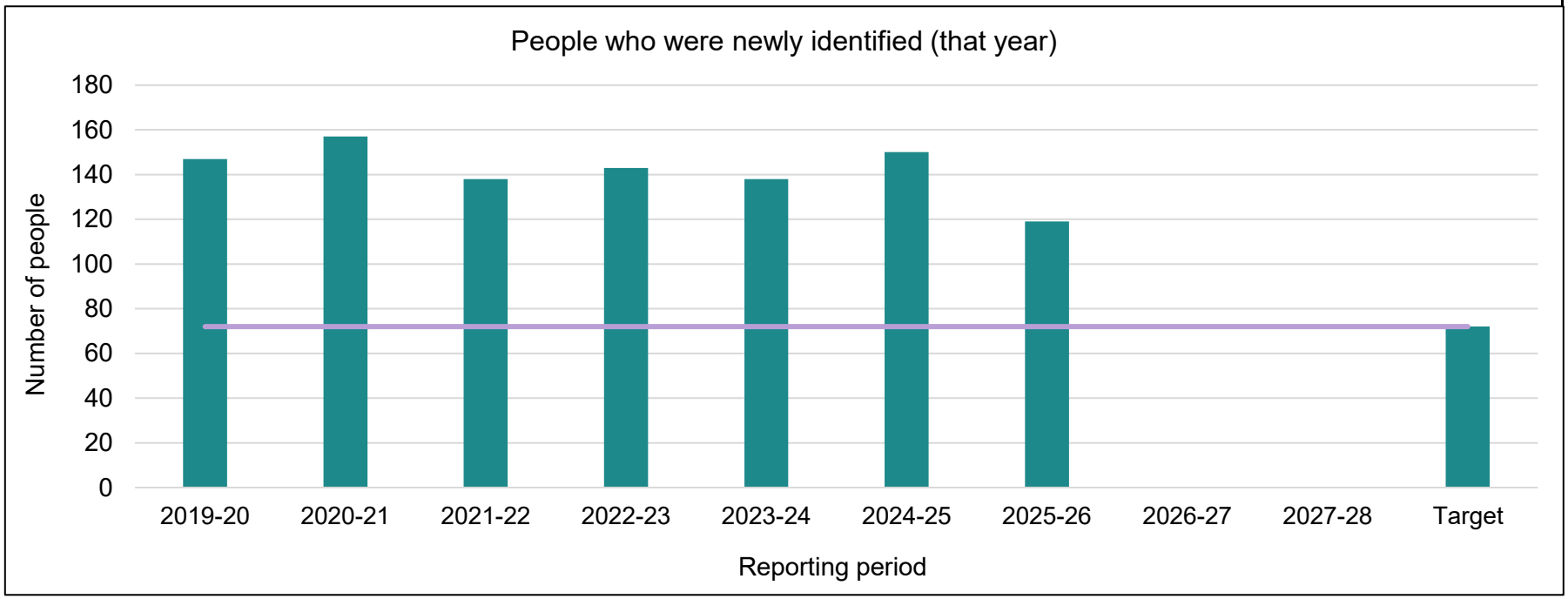
Please select two reporting periods below for which you would like to add a data annotation for:

From:		**To:**
Select one	→	Select one

	#N/A
	In the comment box below, please add your data annotation for this period. • As applicable, please indicate the parameters which could have influenced the change during the selected period (e.g., significant events within the community, policy changes, data quality and comprehensiveness).
	Please insert comments here

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)	147	157	138	143	138	150	119			72



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.

2019-20

New inflows to homelessness will decrease by 51% between 2019-20 and 2027-28.

b) Please use the comment box below to:

- As applicable, explain any changes to the data reported from the previous CHR (2024-25), 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.

Please insert comments here

c) **Introducing Data Annotations** – where you can highlight trends and explore the reasons behind them (**optional**):

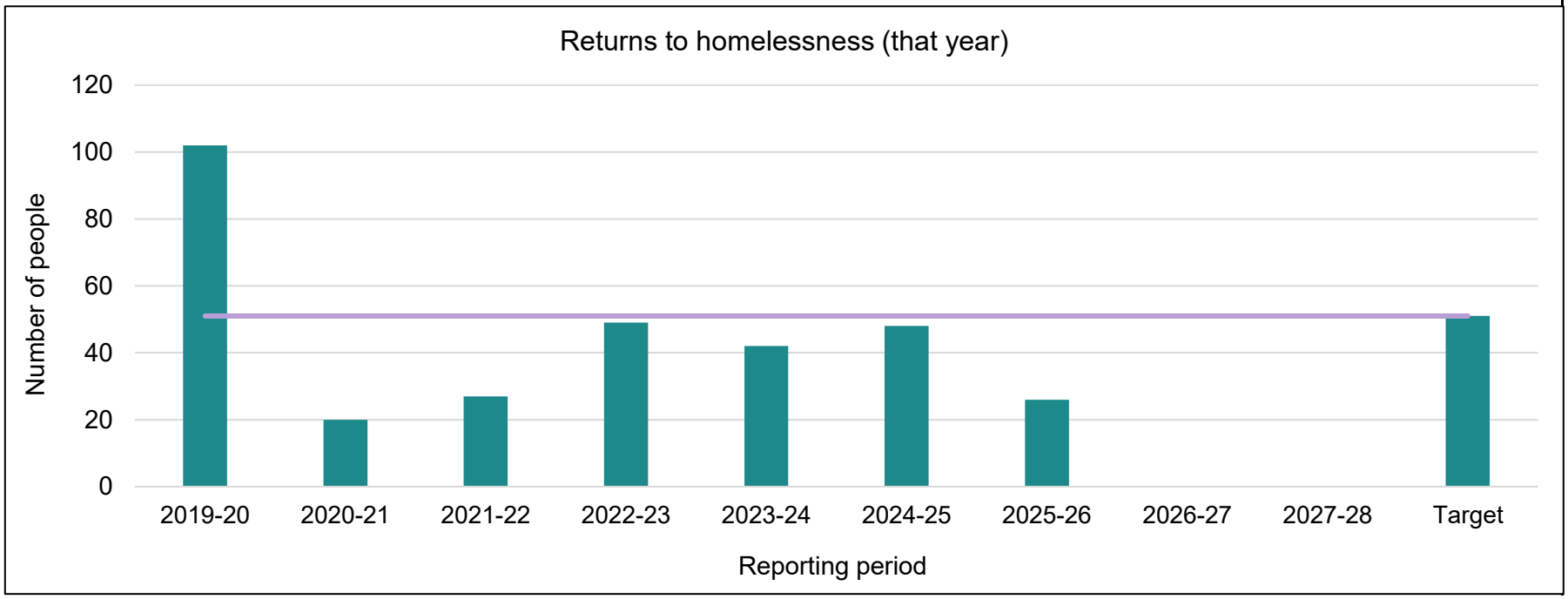
Please select two reporting periods below for which you would like to add a data annotation for:

From:		**To:**
Select one	→	Select one

	#N/A
	In the comment box below, please add your data annotation for this period. • As applicable, please indicate the parameters which could have influenced the change during the selected period (e.g., significant events within the community, policy changes, data quality and comprehensiveness).
	Please insert comments here

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)	102	20	27	49	42	48	26			51



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.

2019-20

Returns to homelessness will decrease by 50% between 2019-20 and 2027-28.

b) Please use the comment box below to:

- As applicable, explain any changes to the data reported from the previous CHR (2024-25), 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.

Please insert comments here

c) **Introducing Data Annotations** – where you can highlight trends and explore the reasons behind them (**optional**):

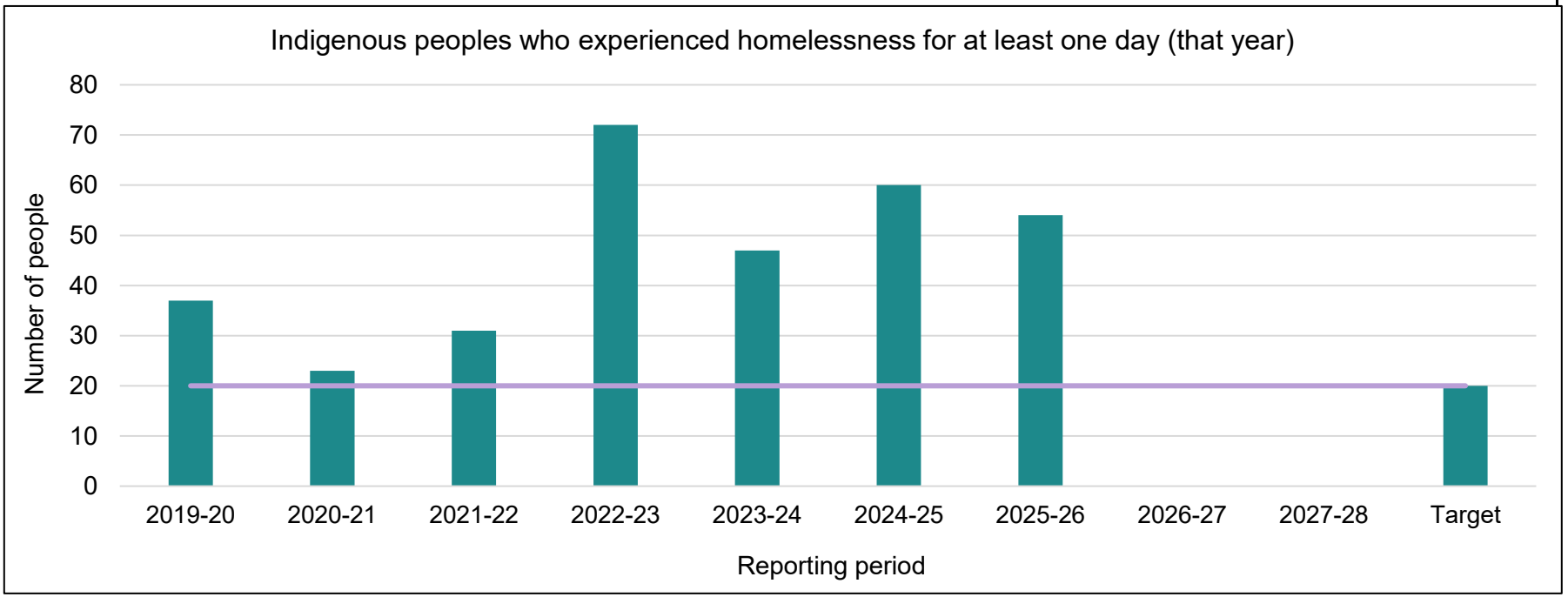
Please select two reporting periods below for which you would like to add a data annotation for:

From:		**To:**
Select one	→	Select one

	#N/A
	In the comment box below, please add your data annotation for this period. • As applicable, please indicate the parameters which could have influenced the change during the selected period (e.g., significant events within the community, policy changes, data quality and comprehensiveness).
	Please insert comments here

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)	37	23	31	72	47	60	54			20



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.

2019-20

Indigenous homelessness will decrease by 46% between 2019-20 and 2027-28.

b) Please use the comment box below to:

- As applicable, explain any changes to the data reported from the previous CHR (2024-25), 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.

Please insert comments here

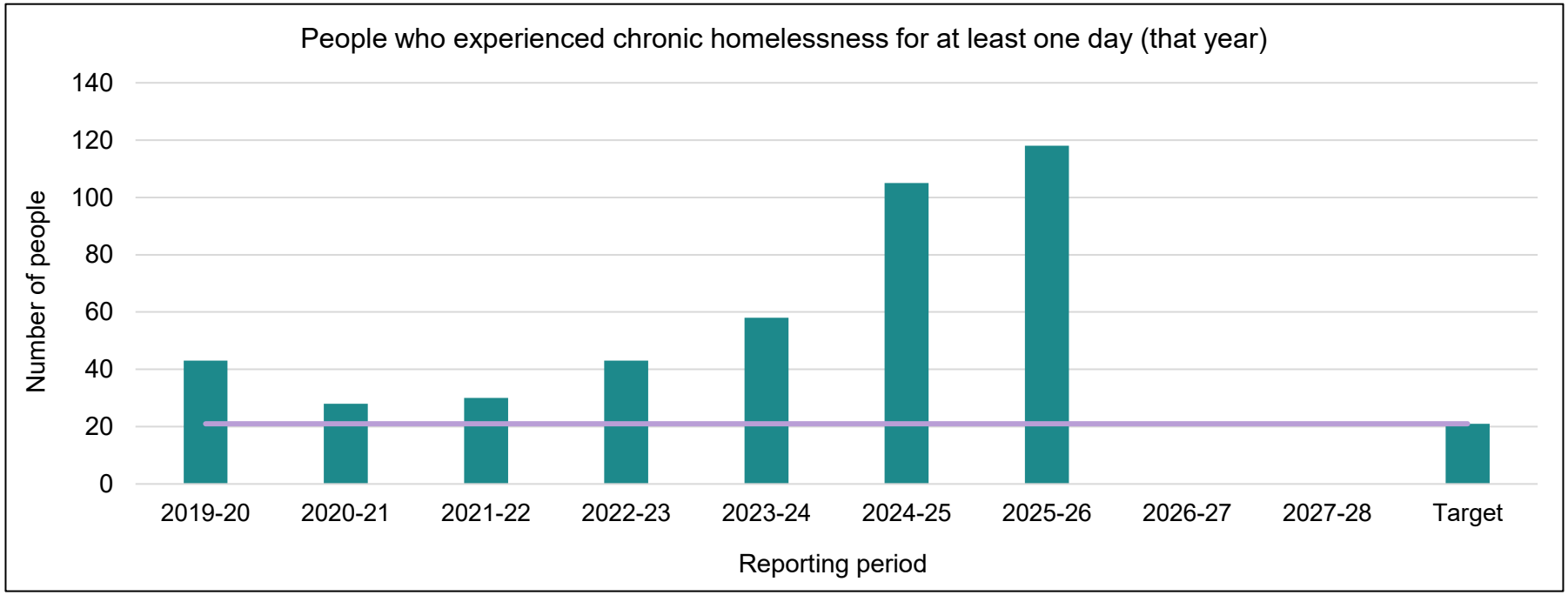
c) **Introducing Data Annotations** – where you can highlight trends and explore the reasons behind them (**optional**):

Please select two reporting periods below for which you would like to add a data annotation for:

From: **To:**

	Select one →	Select one
	#N/A	
	In the comment box below, please add your data annotation for this period. • As applicable, please indicate the parameters which could have influenced the change during the selected period (e.g., significant events within the community, policy changes, data quality and comprehensiveness).	
	Please insert comments here	

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)	43	28	30	43	58	105	118			21



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.

2019-20

Chronic homelessness will decrease by 51% between 2019-20 and 2027-28.

b) Please use the comment box below to:

- As applicable, explain any changes to the data reported from the previous CHR (2024-25), 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.

Please insert comments here

c) **Introducing Data Annotations** – where you can highlight trends and explore the reasons behind them (**optional**):

Please select two reporting periods below for which you would like to add a data annotation for:

From:		**To:**
Select one	→	Select one

#N/A

In the comment box below, please add your data annotation for this period.
• As applicable, please indicate the parameters which could have influenced the change during the selected period (e.g., significant events within the community, policy changes, data quality and comprehensiveness).

Please insert comments here

End of Section 4a