Reaching Home: Canada's Homelessness Strategy

Community Homelessness Report

City of Hamilton

2019-2020, 2020-2021

SECTION 1: COMMUNITY CONTEXT

OVERVIEW

1.1   Highlight any efforts and/or issues related to the work that your community has done to prevent and/or reduce homelessness over the last two years.

In 2019, Coming Together to End Homelessness (CTEH): Hamilton's System Planning Framework was created. Building directly on a legacy of community informed system planning, this document lays out a clear roadmap for community-wide action to end chronic homelessness in Hamilton by 2025. Rooted in reconciliation, the CTEH framework acknowledges Indigenous homelessness as a colonial legacy, which calls for specific systems-level interventions and change. Working in strong collaboration with Indigenous community leadership, including the Indigenous Community Entity, the Coalition of Hamilton Indigenous Leadership, the CTEH framework supports our community in responding to Indigenous homelessness in a way that respects, honours, and promotes the strength and resilience of Indigenous Peoples.

To facilitate the delivery of Reaching Home funds, a Call for Applications (CFA) was undertaken in 2019. Based on the parameters of the Reaching Home funds, the CFA identified programs that, working together, align to create a homeless-serving system that ensures homelessness is rare, brief and non-reoccurring. The ensuing investments in housing with support interventions more than doubled the number of permanent housing placement and in-home case management supports, from 350 program spaces to 732. Building on past success of Prevention Services and Shelter Diversion, the system was expanded to support individuals in maintaining their current tenancies, with enhanced population-specific capacity for youth, seniors, families, and women.

The CFA applied an Equity, Diversity, and Inclusion framework that ensured a homeless-serving system that accounts for the unique needs and considerations of women, youth, and Indigenous Peoples. With a 30% funding investment through the CFA to interventions serving single homeless women, Hamilton exceeds the National Housing Strategy's recommended 25% funding investment for women and girls.   The CFA incorporated Reaching Home funding, Provincial Community Homelessness Prevention Initiative, and Home for Good funding to maximize all available resources in support of the CTEH Framework.

In 2020, emergency shelter accommodations and drop-in programs were expanded in response to immediate needs in the community as a result of the pandemic.

Assertive Housing Focused Outreach training was provided, and the City's Housing Focused Street Outreach team was expanded to include additional staff. The Outreach team works from an assertive housing-focused perspective with the goal of engaging with homeless individuals and connecting them to services and housing. As part of outreach services, the City of Hamilton coordinates an Encampment Response Team that meets weekly. This team coordinates across a multi-sector response including Housing Services Division, the Social Navigator Program, Municipal Law Enforcement, Parks, and Waste Management, other street outreach programs and representation from those with lived experience.

To help address a growing crisis of housing affordability in Hamilton, housing allowances were provided to Intensive Case Management clients and approximately 250 Canada-Ontario Housing Benefits were allocated, beginning with households in receipt of housing allowances that were expiring to support housing loss prevention.

The City has committed an additional $950,000 in annual funding (year over year) towards a new shelter and portable housing benefit focused on addressing the unique needs of women, trans-feminine, trans-masculine, and non-binary people experiencing homelessness, further supporting federal investments in homelessness prevention and response.

In early 2021, the City of Hamilton entered into a strategic partnership with St. Joseph's Healthcare Hamilton and the Canadian Mental Health Association Hamilton on a pilot project that aimed to stabilize the housing of 15-20 individuals experiencing chronic homelessness with high acuity mental illness and/or substance use disorder through coordination of clinical and non-clinical supports. This included the integration of peer support, clinical health and addictions services, and existing City-funded Intensive Case Management program support, as well as access to market rent units through CityHousing Hamilton and housing allowances through the Housing Services Division. The pilot was guided by principles of trauma-informed and person-centred care and aimed to provide links to comprehensive primary care to facilitate management of concurrent health and social needs through new mechanisms of collaboration to ensure health and housing resources are accessible and appropriate to meet needs of highly acute individuals.

As of March 31, 2021, all emergency shelters and hotels, Intensive Case Management, Rapid Re-housing, Drop-in, diversion programs and the YWCA transitional living program have been onboarded onto HIFIS, representing approximately 500 HIFIS users.

The City of Hamilton, in collaboration with a wide range of community partners, continues to support the implementation of the COVID-19 response framework to support data informed adaptation and transformation of services for people experiencing homelessness.

Partnership and Collaboration with Indigenous Community Entity:

- Ongoing and regular dialogue between City of Hamilton and Indigenous Community Entity leadership to continually strategize and collaborate at systems-level to enhance supports for Indigenous community members experiencing or at-risk of homelessness

- In the spirit and action of reconciliation, the City of Hamilton continues to directly invest in Indigenous-led solutions. Respecting Indigenous autonomy, 20% of federal funds, including COVID-19 investments throughout 2020, are dedicated to Indigenous-specific interventions, which are identified by the Indigenous Community Advisory Board. Each intervention is developed and led by a local Indigenous agency.

1.2   Highlight efforts and/or issues related to the work of increasing access to safe, adequate and affordable housing in your community over the last two years.

Recent research by Oxford Economics ranks Hamilton as the fifth least affordable city in North America, highlighting the affordability crisis within which the tremendous homelessness reduction efforts and notable outcomes outlined in this report are achieved.

As new housing allowances become available, recognizing that systemic discrimination in the housing market further compounds the housing crisis for Indigenous persons who are over-represented among those experiencing homelessness, a minimum of 30% are dedicated to Indigenous programs. Through ongoing monitoring of housing allowance distribution, the City also aims to ensure that a minimum of 25% are used to support housing placements for women, trans-feminine, trans-masculine, and non-binary persons.

Availability of housing affordability resources is exceeded by demand, with programs highlighting the extreme challenges in meeting housing targets without affordability supports. In spite of these challenges, noteworthy results have been achieved, as evidenced throughout the report.

Rapid Housing Initiative (RHI) Major Cities Stream funding made available to Hamilton through the Canadian Mortgage and Housing Corporation was invested in four projects bringing online 46 new units that will be dedicated to individuals from Hamilton's By-Name Priority List and Social Housing Waitlist, with a particular focus on women, Indigenous women, and seniors. RHI was the major contributor to the projects, with resources from other sources including the Poverty Reduction Fund, the Canada-Ontario Community Housing Initiative, and the Ontario Priorities Housing Initiative programs leveraged to maximize the projects.

Reaching Home COVID-19 funding was used to bring online 12 new units of permanent supportive housing for Indigenous households through a partnership between Indwell and Sacajawea Non-Profit Housing. This collaboration in affordable housing between a non-Indigenous and Indigenous agency aims to set a new precedent for Hamilton's housing sector.

A strategic partnership with St. Joseph's Healthcare Hamilton and the Canadian Mental Health Association Hamilton aimed to stabilize the housing of 15-20 individuals experiencing chronic homelessness with high acuity mental illness and/or substance use disorder through coordination of clinical and non-clinical supports. The pilot, with support from McMaster University, will shed light on further opportunities for effective health and housing systems integration locally.

Despite these important gains, there remains an ongoing need to align health resources with housing and homelessness investments to enable Community Entities to provide adequate permanent housing with support options for high acuity chronically homeless individuals living in shelters and encampments.

The continued build out of Coordinated Access processes, including the implementation and expansion of HIFIS 4.0, has facilitated service integration and strengthened the foundation of data that enables the system to monitor the impact of the interventions noted above and ongoing gaps, ultimately ensuring accountability to all individuals known to the system.

Ongoing collaboration continues with the Indigenous Community Entity to determine how HIFIS 4.0 can be appropriately designed and implemented to meet the unique needs of Indigenous community members experiencing or at risk of homelessness.

Indigenous data collection has been flagged by our Indigenous community partners as an area requiring further discussion to develop culturally appropriate policies and protocols that respect the autonomy and self-determination of the Indigenous community.

1.3   What impact has COVID-19 had on your community's progress with designing and implementing Coordinated Access and a Homelessness Management Information System (HMIS)?

The City of Hamilton, in conjunction with community partners, has provided a comprehensive response to the needs of people experiencing homelessness since its Emergency Operations Centre was activated on March 12, 2020 in reaction to the COVID-19 pandemic. The priorities have been to provide emergency shelter in a manner that allows for appropriate physical distancing, provide isolation spaces for people experiencing homelessness who test positive for COVID-19, and support community agencies to maintain critical services to the homeless population.

The City developed a framework outlining immediate, mid-term, and long-term actions. The framework will guide the transition from emergency response to a focus on adaption and transformation of the services it funds, acknowledging that preventing transmission of the COVID-19 virus requires rethinking much of how services have been traditionally delivered.

The roll-out of Reaching Home funded programs in April 2020 was necessarily impacted on multiple levels by the pandemic.

City-funded homelessness programs were required to redeploy staff in order to ensure critical 24/7 staffing was maintained at all emergency shelter operations and hotel expansions. Staff recruitment and retention at all programs has been challenged by the pandemic. This resulted in difficulty consistently staffing Intensive Case Management and Rapid Rehousing programs, thereby decreasing overall caseload capacity.

As City focus and resources shifted to the pandemic and staff shifted to remote work, there was decreased capacity to engage, consult, and address aspects of Coordinated Access development and implementation that had been planned for 2020.

Nevertheless, as aspects of Coordinated Access (common assessment, established referral policies, HIFIS use, etc.) were already firmly in place prior to the pandemic, this facilitated coordination among partners and allowed programs to roll-out and achieve significant outcomes despite the pressures above.

As emergency accommodation and drop-in services were expanded, HIFIS was extended to those programs, allowing for real-time understanding of system capacity and ongoing needs and gaps assessment to inform the investment of COVID-19 resources.

Over the course of the pandemic, there has been an increase in individual women and gender diverse adults seeking shelter, accessing drop-ins, and sleeping rough; a growing average length of stay across the system, most notably in hotel programs; and low housing placement outcomes for women. These factors place clients at risk of remaining homeless for extended periods of time. Despite the continual availability of overflow hotel space, some women and gender-diverse individuals are still utilizing overnight drop-in spaces or staying in encampments.

External factors have contributed to the high occupancy and low housing outcomes evident in the women's homelessness sector. COVID-19 is a significant health risk to the homeless population, specifically to those who have underlying medical conditions and challenges adhering to social distance measures. Across the entire shelter system, congregate living design and physical infrastructures placed additional pressures on systems to reduce crowding. Even in single room shelters and hotels, overall outbreak risks were high due to the bio-burden of all individuals present onsite.

An ongoing vaccination strategy within shelters and other programs for individuals experiencing homelessness has been led by Hamilton's Public Health Services and the Shelter Health Network in partnership with service providers and the Housing Services Division.

While there is a need to ensure enhanced emergency supports continue during COVID-19, the City will continue to work alongside community stakeholders to identify and address the long-term actions needed to support adaptation within Hamilton's homeless-serving system. Reliance on hotels for emergency sheltering is an unsustainable response in our local context and it is necessary to develop an evidence-based approach to sustainably address ongoing needs in the emergency shelter system. This includes an assessment of needs related to transitional and long-term core capacity, availability and continued need of isolation spaces, drop-in programs and their contribution to system-level outcomes, and the availability of housing-focused supports including enhancement of housing affordability programs.

The City continues to prioritize a transition toward a sustainable, responsive, and outcome focused homeless-serving system informed by lived experience, evidence-based research, and best practice that is effectively integrated into the broader social safety net. This includes supporting opportunities for enhancements to local prevention and permanent housing supports, understanding that the adaptation of the local homeless-serving system will continue to be a necessity through post-COVID-19 recovery. In ongoing development and adaptation of systems-level responses, the City will continue to prioritize work alongside Indigenous partners to develop connections to housing and supports that are culturally appropriate and rooted in the spirit and actions of reconciliation that recognize the values of autonomy and self-determination.

COLLABORATION BETWEEN INDIGENOUS AND NON-INDIGENOUS ORGANIZATIONS

1.4   a) With respect to the design and implementation of Coordinated Access and a Homelessness Management Information System (HMIS), has there been collaboration between local Indigenous and non-Indigenous organizations and, where applicable, the Indigenous Community Advisory Board (CAB)? [Yes/No]

b) Describe how this collaboration was undertaken and how it has impacted the design and implementation of Coordinated Access and/or the HMIS. How will it be strengthened in the future?

Yes, but Coordinated Access collaboration is just beginning, and HMIS collaboration has not yet started. The resources and capacity of the Indigenous Community Entity are not as well funded as the Designated Community Entity, and therefore they are limited in appropriately contributing and participating in key activities to meet the federally mandated timelines and demands of the Designated Community Entity. There is a severe misalignment between federal investments in Indigenous Reaching Home

communities and the scope of work involved for Indigenous community leadership to appropriately contribute to the development and implementation of a coordinated access and Homelessness Management Information System. The underfunding of the Indigenous Community Entity with respect to coordinated access and HMIS diminishes access to community-wide culturally appropriate supports for Indigenous community members and challenges the ability of the system to appropriately uphold and respect their unique rights.

With respect to the valued contributions of Indigenous partners, the Designated Community has collaborated with the Indigenous Community Entity on inviting appropriate Indigenous representation at community tables. We continually discuss how to ensure Indigenous voices and experiences are heard and appropriately reflected in committee initiatives and work. Indigenous community leadership are valued partners whose voices are needed at every planning table. We have continued to collaborate with Indigenous Community Entity to work to ensure Indigenous voices and experiences are equitably represented and reflected at all community tables.

We are beginning to collaborate on the Coordinated Access governance model, as well as prioritization of Indigenous clients within mainstream services. With new initiatives such as the expansion of housing allowances, the City has appropriately extended the "20% rule" ensuring that at least 20% of the resources are dedicated to Indigenous-led solutions. Continued action to support appropriate resourcing of Indigenous-led homelessness solutions, in addition to collaboration in design of policies and procedures, are concrete steps the City must continue to take to put into practice the commitment to truth and reconciliation.

1.5   a) With respect to the completion of the Community Homelessness Report (CHR), was there collaboration between local Indigenous and non-Indigenous organizations and, where applicable, the Indigenous CAB? [Yes / No]

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

The Designated Community Entity filled out the report, presented a draft to Indigenous leadership for feedback and then approval by the I-CAB and then the CAB.

1.6   a) Does your community have a separate Indigenous CAB? [Yes / No]

b) Was the CHR approved by the Indigenous CAB [Yes / No]

SECTION 2: COORDINATED ACCESS AND HOMELESSNESS INFORMATION MANAGEMENT SYSTEM (HMIS) SELF-ASSESSMENT

	Governance	
2.1	Is there a governance model for Coordinated Access **and** has a Coordinated Access lead organization(s) been identified?	Yes
2.2	Is there a governance model for your HMIS **and** has a HMIS lead organization(s) been identified?	Yes
2.3	Do all service providers receiving funding through the Designated Communities stream to deliver one or more projects participate in Coordinated Access?	Yes
	Homelessness Management Information System (HMIS)	
2.4	a) Does your community have an HMIS to manage individual-level data and service provider information for Coordinated Access?	Yes
	b) In your community, is HIFIS the HMIS that is being used or will be used ?	Yes
2.5	Has **either** a Data Provision Agreement been signed with Employment and Social Development Canada (ESDC) if your community is currently using HIFIS **or** a Data Sharing Agreement been signed with ESDC if your community is currently using an equivalent HMIS?	Yes
2.6	Do you have a set of local agreements to manage privacy, data sharing and client consent in compliance to municipal, provincial and federal laws?	Yes
2.7	Have you established safeguards to ensure the data collected is secured from unauthorized access?	Yes
	Access Points to Service	
2.8	Are access sites available in some form throughout the DC geographic area so that the Coordinated Access system serves the entire DC geographic area?	Yes
2.9	Are there processes in place to monitor if there is **easy** and **equitable** access to the Coordinated Access system and respond to any emerging issues, as appropriate?	Yes
2.10	Are there processes in place that ensure no one is denied access to service due to perceived housing or service barriers?	Yes

	Triage and Assessment	
2.11	Is the triage and assessment process documented in one or more policies/protocols, including an intake protocol for entering people into the Coordinated Access system and/or HMIS when they (re)connect with an access point?	Yes
2.12	Is the same common assessment tool used for all population groups experiencing homelessness (for example, youth, women fleeing violence, Indigenous peoples)?	Yes
	Vacancy Matching and Referral	
2.13	Is the vacancy matching and referral process documented in one or more policies/protocols, including how vacancies are filled from the Coordinated Access Resource Inventory according to agreed-upon prioritization and referral protocols?	Yes
2.14	Are all housing resources funded through the Designated Communities stream identified as part of the Coordinated Access Resource Inventory?	Yes
2.15	For each housing resource in the Coordinated Access Resource Inventory, have eligibility requirements been documented?	Yes
2.16	For each type of housing resource in the Coordinated Access Resource Inventory, have prioritization criteria, and the order in which they will be applied, been documented?	Under development
2.17	Do the vacancy matching and referral policies/protocols specify how individual choice in housing options will be respected (allowing individuals and families to reject a referral without repercussions) **and** do they include processes specific to dealing with vacancy referral challenges, concerns and/or disagreements (including refusals of referrals)?	Under development
2.18	Are vacancies from the Coordinated Access Resource Inventory filled using the list of people waiting for housing resources who are offer-ready (i.e., the unique identifier list filtered to a Priority List)?	Under development

SUMMARY		
The table below provides a summary of the work your community has done so far to implement Reaching Home's minimum requirements for Coordinated Access and an HMIS.		

Yes	Under development	Not yet started
15	3	0

SUMMARY COMMENT

2.19 Are there particular efforts and/or issues that you would like to highlight for this reporting period related to your community's work to achieve the Reaching Home minimum requirements? In particular, please describe your community's efforts to set-up or improve the Coordinated Access governance structure, including processes to ensure that policies and protocols as approved by the governance group(s) are being implemented across the system as intended to achieve desired results.

The City of Hamilton had a number of Reaching Home requirements in place prior to the pandemic, including policies for common consent, intake, assessment, triage and referrals. Planned initiatives to roll-out newly funded programs, engage, consult and adapt practices based on emerging data were delayed due to the pandemic.

The Designated Community Entity and Indigenous Community Entity have begun to collaborate on the design of Coordinated Access governance and prioritization of Indigenous peoples in non-Indigenous programs, work that will continue throughout the coming fiscal year. It is the City's practice to include the Indigenous Community Entity in internal discussions and to share early drafts of policies and protocols for input, then to likewise circulate drafts for input to leadership of funded programs and planning tables for their strategic perspective. Efforts are also underway to plan for the systematic input of front facing staff and indivdiuals with lived experience into policies and procedures that will further refine how Coordinated Access is implemented in Hamilton.

Despite the significant challenges posed by the pandemic, inaffordable housing and increased mental health and substance use challenges experienced within the sector, important housing outcomes and homelessness reduction goals have been gained. The community is well positioned to continue to build on these efforts, to innovate, and hold each other accountable to meeting the needs of those experiencing homelessness.

PUBLIC ACCESS TO RESULTS

2.20 As outlined in the Directives, communities are required to make results of the CHR publicly available. How will the public have access to the summary results of this CHR? For example, which website will be used to publish the results?

It will likely reside on the City of Hamilton website on the Housing Services Division page.

SECTION 3a: COMMUNITY-LEVEL DATA 2019-2020

	Community-Level Data Context *Note: Please answer questions 3.1 to 3.4 in the "Section 3 - 2020-21" tab*	
3.1	a) Does your community use the Reaching Home definition of chronic homelessness?	Select one
	b) How does your community define chronic homelessness?	
3.2	Does your community update chronic homelessness status over time?	Select one
3.3	a) When your community asks individuals and families where they lived before they became homeless, is the "prior living situation" defined as where they were *immediately* before homelessness?	Select one
	b) Why is there a possible time gap? How far back could the "prior living situation" apply?	
3.4	Do you have a written policy/protocol that specifies the number of days of inactivity after which state is changed from "active" to "inactive"?	Select one

Step 1. Select Data Source	
3.5 Does your community currently have a unique identifier list (a List) that has the following characteristics:	

3.5.1 Unduplicated information for each individual/household	Yes
3.5.2 Contained in one document/database	Yes
3.5.3 Includes people experiencing homelessness who are active	Yes
3.5.4 Consent given to be on the List	Yes

3.6 Does the List have any data that can be reported for this reporting period (i.e., April 1, 2019, to March 31, 2020)?	Yes

Step 2. Define the Data	

3.7	What is the date range for available data from the List this fiscal report?

• First date in reporting period:	2019-11-01
• Last date in reporting period:	2020-03-31

3.8	a) Which household types does the List include? Select all that apply.

☑ Single adults
☑ Unaccompanied youth
☑ Families

b) Does the List include family members like dependents, or just the head of household?	All family members including dependents
c) Can the List report data by unique individuals? This means that each family member will be reported separately.	Yes

3.9   Complete the Population Groups table below using the date range indicated in Question 3.7.

a) Report the number of unique individuals (or households where not available) who:

Priority Population Groups – Mandatory Reporting	3.9.1 Were homeless (Measures Cumulative Homelessness)	3.9.2 Were new to homelessness (Measures Inflow)	3.9.3 Returned to homelessness from housing (one or more times) (Measures Inflow)	3.9.4 Returned to homelessness from transitional status (one or more times) (Measures Inflow)	3.9.5 Returned to homelessness from unknown status (one or more times) (Measures Inflow)	3.9.6 State changed from inactive to active (one or more times) (Measures Inflow)
Overall homeless	1555	1552	12		0	
Chronically homeless	764	759	11		0	
Indigenous peoples	172	170	3		0	
Priority Population Groups – Mandatory Reporting			3.9.7 Moved from homelessness to housing (one or more times) (Measures Outflow)	3.9.8 Status changed from homelessness to transitional (one or more times) (Measures Outflow)	3.9.9 Status changed from homelessness to unknown (one or more times) (Measures Outflow)	3.9.10 State changed from active to inactive (one or more times) (Measures Outflow)
Overall homeless			31		197	
Chronically homeless			13		45	
Indigenous peoples			5		18	

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SECTION 3b: COMMUNITY-LEVEL DATA 2020-2021

Community-Level Data Context	
3.1 a) Does your community use the Reaching Home definition of chronic homelessness?	Yes
3.2 Does your community update chronic homelessness status over time?	Yes
3.3 a) When your community asks individuals and families where they lived before they became homeless, is the "prior living situation" defined as where they were *immediately* before homelessness?	Yes – there is no time gap
3.4 Do you have a written policy/protocol that specifies the number of days of inactivity after which state is changed from "active" to "inactive"?	Yes
Step 1. Select Data Source	
3.5 Does your community currently have a unique identifier list (a List) that has the following characteristics:	

3.5.1	Unduplicated information for each individual/household	Yes
3.5.2	Contained in one document/database	Yes
3.5.3	Includes people experiencing homelessness who are active	Yes
3.5.4	Consent given to be on the List	Yes

3.6 Does the List have any data that can be reported for this reporting period (i.e., April 1, 2020, to March 31, 2021)?	Yes
Step 2. Define the Data	
3.7 What is the date range for available data from the List this fiscal report?	

• First date in reporting period:	2020-04-01
• Last date in reporting period:	2021-03-31

3.8 a) Which household types does the List include? Select all that apply.	
☑ Single adults ☑ Unaccompanied youth ☑ Families	
b) Does the List include family members like dependents, or just the head of household?	All family members including dependents
c) Can the List report data by unique individuals? This means that each family member will be reported separately.	Yes

Step 3. Report the Data

3.9	Complete the Population Groups table below using the date range indicated in Question 3.7.

a) Report the number of unique individuals (or households where not available) who:

Priority Population Groups – Mandatory Reporting	3.9.1 Were homeless (Measures Cumulative Homelessness)	3.9.2 Were new to homelessness (Measures Inflow)	3.9.3 Returned to homelessness from housing (one or more times) (Measures Inflow)	3.9.4 Returned to homelessness from transitional status (one or more times) (Measures Inflow)	3.9.5 Returned to homelessness from unknown status (one or more times) (Measures Inflow)	3.9.6 State changed from inactive to active (one or more times) (Measures Inflow)
Overall homeless	2843	2133	83		398	
Chronically homeless	1347	784	54		184	
Indigenous peoples	326	221	10		61	

Priority Population Groups – Mandatory Reporting			3.9.7 Moved from homelessness to housing (one or more times) (Measures Outflow)	3.9.8 Status changed from homelessness to transitional (one or more times) (Measures Outflow)	3.9.9 Status changed from homelessness to unknown (one or more times) (Measures Outflow)	3.9.10 State changed from active to inactive (one or more times) (Measures Outflow)
Overall homeless			302		2156	
Chronically homeless			115		914	
Indigenous peoples			33		245	

SECTION 4: COMMUNITY-LEVEL OUTCOMES

Your answers in Section 3 indicate that your community currently has a unique identifier list. This will be called the List in this section.		
Step 1. Confirm List Comprehensiveness		
4.1	Is the List updated on a regular basis, monthly at minimum?	Yes
4.2	Does the List only currently include information about people experiencing chronic homelessness?	No – includes more than chronic
4.3	Does the List include individuals and families served through outreach to all locations (hotspots) across the community where people are living unsheltered (i.e., staying in places not meant for human habitation)?	Yes
4.4	Does the List include individuals and families across the community staying in all shelters for people experiencing homelessness (e.g., emergency shelters, hostels, hotel/motel stays paid for by a service provider)?	Yes
4.5	Does the List include individuals and families across the community staying in transitional housing?	Yes
4.6	Does the List include individuals experiencing homelessness across the community staying in institutions (e.g., jail or hospital)? (Note that if the stay exceeds your inactivity policy, their state on the List changes to inactive.)	Yes
4.7	Does the List include individuals and families across the community who are experiencing hidden homelessness?	Under development
4.8	Is the total number of people on the List served through outreach and in shelters as of March 31, 2021, **higher** than the number of people who were *unsheltered* or *in shelter* according to your most recent Point-in-Time (PiT) Count?	Yes
4.9	Consider your answers to Questions 4.1 to 4.8. In your opinion, does your List include all of the individuals and families experiencing homelessness in your community, as much as is possible right now?	Yes
Step 2. Define the Data Set		
4.10	Did you have the List in place on or before April 1, 2019?	Yes
4.11	Did you have the List in place on or before April 1, 2020?	Yes

COMMUNITY HOMELESSNESS REPORT SUMMARY

City of Hamilton
2019-2020, 2020-2021

COORDINATED ACCESS AND HOMELESSNESS MANAGEMENT INFORMATION SYSTEM (HMIS) SELF-ASSESSMENT

SUMMARY

The table below provides a summary of the work the community has done so far to implement Reaching Home's minimum requirements for Coordinated Access and an HMIS.

How many of the Reaching Home minimum requirements has the community:

Met	Started	Not yet started
15	3	0

SUMMARY COMMENT

Are there particular efforts and/or issues that you would like to highlight for this reporting period related to your community's work to achieve the Reaching Home minimum requirements? In particular, please describe your community's efforts to set-up or improve the Coordinated Access governance structure, including processes to ensure that policies and protocols as approved by the governance group(s) are being implemented across the system as intended to achieve desired results.

The City of Hamilton had a number of Reaching Home requirements in place prior to the pandemic, including policies for common consent, intake, assessment, triage and referrals. Planned initiatives to roll-out newly funded programs, engage, consult and adapt practices based on emerging data were delayed due to the pandemic.

The Designated Community Entity and Indigenous Community Entity have begun to collaborate on the design of Coordinated Access governance and prioritization of Indigenous peoples in non-Indigenous programs, work that will continue throughout the coming fiscal year. It is the City's practice to include the Indigenous Community Entity in internal discussions and to share early drafts of policies and protocols for input, then to likewise circulate drafts for input to leadership of funded programs and planning tables for their strategic perspective. Efforts are also underway to plan for the systematic input of front facing staff and indvdiuals with lived experience into policies and procedures that will further refine how Coordinated Access is implemented in Hamilton.

Despite the significant challenges posed by the pandemic, inaffordable housing and increased mental health and substance use challenges experienced within the sector, important housing outcomes and homelessness reduction goals have been gained. The community is well positioned to continue to build on these efforts, to innovate, and hold each other accountable to meeting the needs of those experiencing homelessness.

COMMUNITY-LEVEL DATA for 2019-2020

What is the date range for available data from the List for this fiscal report?

• First date in reporting period:	2019-11-01
• Last date in reporting period:	2020-03-31

COMMUNITY HOMELESSNESS REPORT SUMMARY
City of Hamilton 2019-2020, 2020-2021
COORDINATED ACCESS AND HOMELESSNESS MANAGEMENT INFORMATION SYSTEM (HMIS) SELF-ASSESSMENT
SUMMARY
The table below provides a summary of the work the community has done so far to implement Reaching Home's minimum requirements for Coordinated Access and an HMIS. How many of the Reaching Home minimum requirements has the community:

Met	Started	Not yet started
15	3	0

SUMMARY COMMENT
Are there particular efforts and/or issues that you would like to highlight for this reporting period related to your community's work to achieve the Reaching Home minimum requirements? In particular, please describe your community's efforts to set-up or improve the Coordinated Access governance structure, including processes to ensure that policies and protocols, as approved by the governance group(s), are being implemented across the system as intended to achieve desired results.
The City of Hamilton had a number of Reaching Home requirements in place prior to the pandemic, including policies for common consent, intake, assessment, triage and referrals. Planned initiatives to roll-out newly funded programs, engage, consult and adapt practices based on emerging data were delayed due to the pandemic. The Designated Community Entity and Indigenous Community Entity have begun to collaborate on the design of Coordinated Access governance and prioritization of Indigenous peoples in non-Indigenous programs, work that will continue throughout the coming fiscal year. It is the City's practice to include the Indigenous Community Entity in internal discussions and to share early drafts of policies and protocols for input, then to likewise circulate drafts for input to leadership of funded programs and planning tables for their strategic perspective. Efforts are also underway to plan for the systematic input of front facing staff and indivdiuals with lived experience into policies and procedures that will further refine how Coordinated Access is implemented in Hamilton. Despite the significant challenges posed by the pandemic, inaffordable housing and increased mental health and substance use challenges experienced within the sector, important housing outcomes and homelessness reduction goals have been gained. The community is well positioned to continue to build on these efforts, to innovate, and hold each other accountable to meeting the needs of those experiencing homelessness.

COMMUNITY-LEVEL DATA for 2019-2020

What is the date range for available data from the List for this fiscal report?	
• First date in reporting period:	2019-11-01
• Last date in reporting period:	2020-03-31

Complete the Population Groups table below using the date range indicated for this fiscal report.

Number of unique individuals (or households where not available) in each Priority Population Group who:

Priority Population Groups	Were homeless (Measures Cumulative Homelessness)	Were new to homelessness (Measures Inflow)	Returned to homelessness from housing (one or more times) (Measures Inflow)	Returned to homelessness from transitional status (one or more times) (Measures Inflow)	Returned to homelessness from unknown status (one or more times) (Measures Inflow)	State changed from inactive to active (one or more times) (Measures Inflow)
Overall homeless	1555	1552	12	0	0	0
Chronically homeless	764	759	11	0	0	0
Indigenous peoples	172	170	3	0	0	0

Priority Population Groups			Moved from homelessness to housing (one or more times) (Measures Outflow)	Status changed from homelessness to transitional (one or more times) (Measures Outflow)	Status changed from homelessness to unknown (one or more times) (Measures Outflow)	State changed from active to inactive (one or more times) (Measures Outflow)
Overall homeless			31	0	197	0
Chronically homeless			13	0	45	0
Indigenous peoples			5	0	18	0

Complete the Prior Living Situations table below for all individuals (or households where not available) that were homeless for the date range indicated for this fiscal report.

	Public Institutions	Transitional Housing	Permanent Housing	Unknown	Total
New to homelessness	0	0	0	0	0
Returned to homelessness	0	0	0	0	0
Total	0	0	0	0	0

COMMUNITY-LEVEL DATA for 2020-2021

What is the date range for available data from the List for this fiscal report?

• First date in reporting period:	2020-04-01
• Last date in reporting period:	2021-03-31

Complete the Population Groups table below using the date range indicated for this fiscal report.

Number of unique individuals (or households where not available) in each Priority Population Group who:

Priority Population Groups	Were homeless **(Measures Cumulative Homelessness)**	Were new to homelessness **(Measures Inflow)**	Returned to homelessness from housing (one or more times) **(Measures Inflow)**	Returned to homelessness from transitional status (one or more times) **(Measures Inflow)**	Returned to homelessness from unknown status (one or more times) **(Measures Inflow)**	State changed from inactive to active (one or more times) **(Measures Inflow)**
Overall homeless	2843	2133	83	0	398	0
Chronically homeless	1347	784	54	0	184	0
Indigenous peoples	326	221	10	0	61	0

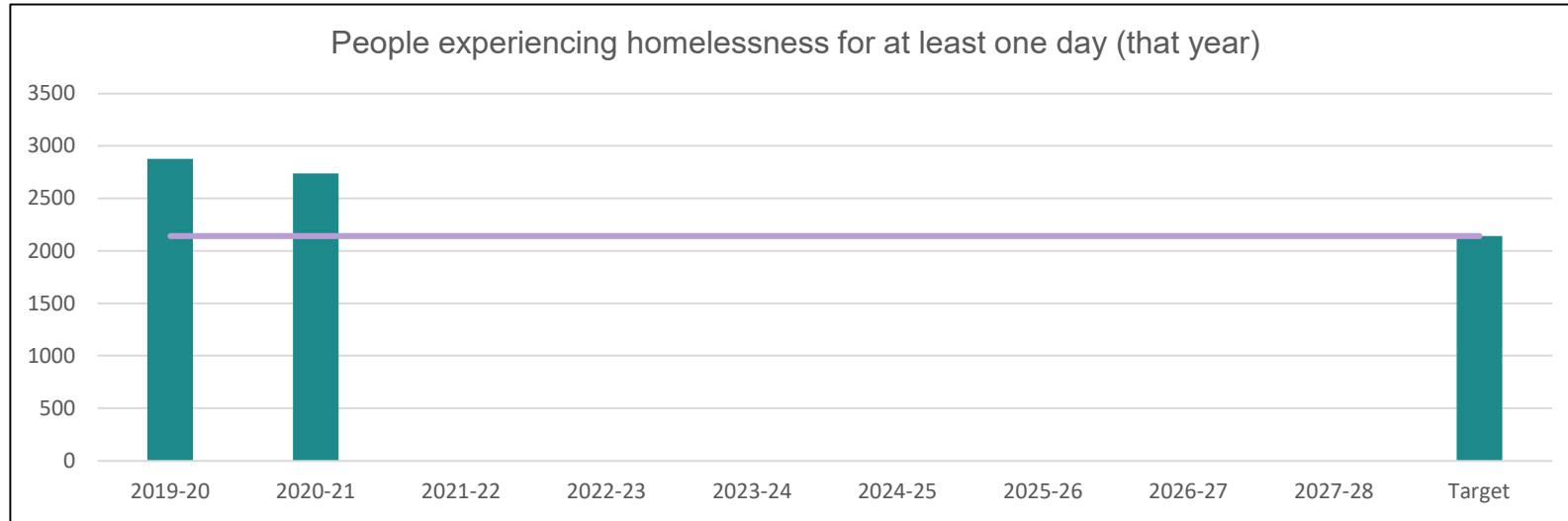| Priority Population Groups			Moved from homelessness to housing (one or more times) **(Measures Outflow)**	Status changed from homelessness to transitional (one or more times) **(Measures Outflow)**	Status changed from homelessness to unknown (one or more times) **(Measures Outflow)**	State changed from active to inactive (one or more times) **(Measures Outflow)**
Overall homeless			302	0	2156	0
Chronically homeless			115	0	914	0
Indigenous peoples			33	0	245	0

Complete the Prior Living Situations table below for all individuals (or households where not available) that were homeless for the date range indicated for this fiscal report.

	Public Institutions	Transitional Housing	Permanent Housing	Unknown	Total
New to homelessness	0	0	0	0	0
Returned to homelessness	0	0	0	0	0
Total	0	0	0	0	0

COMMUNITY-LEVEL RESULTS OUTCOMES - CORE OUTCOMES

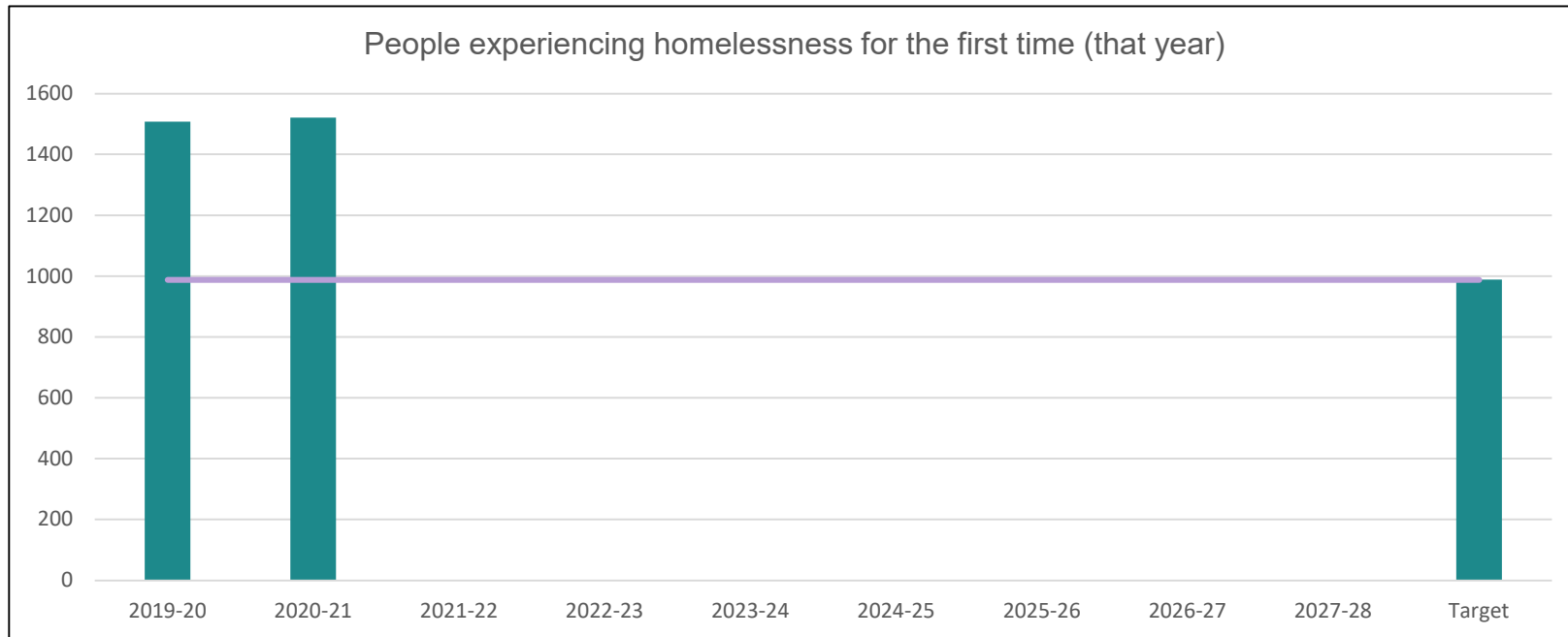**Outcome # 1: Fewer people experience homelessness overall (homelessness is reduced overall)**

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
People experiencing homelessness for at least one day (that year)	2876	2738	-	-	-	-	-	-	-	2141

People experiencing homelessness for at least one day (that year)

2019 Fiscal unique individuals average is comprised of an average of 2019 (2972) and 2020 (2780). HIFIS 4.0 started in October 2019, and at this time, we do not have the fiscal amount available for 2019-20 (only calendar). Reduction goal for overall homelessness is -5% annually.

Outcome #2: Fewer people experience homelessness for the first time (new inflows into homelessness are reduced)

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
People experiencing homelessness for the first time (that year)	1508	1521	-	-	-	-	-	-	-	988

People experiencing homelessness for the first time (that year)

This compares calendar year to calendar year, since the 2019-2020 fiscal data are not currently available. Therefore, 2019-20 = Calendar year 2019, 2020-21 = Calendar year 2020.

Data source for the report is HIFIS 4.0, which started in October 2019. Target is based on 10% reduction annually.

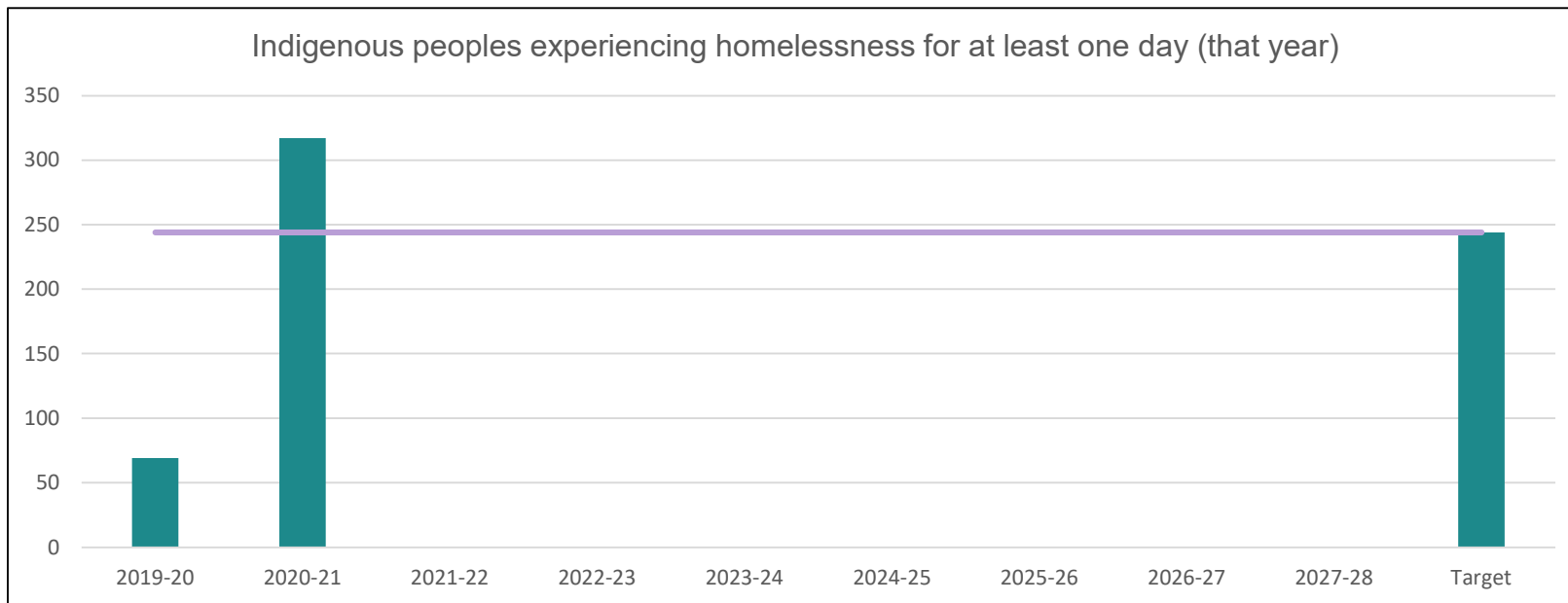**Outcome #3: Fewer people return to homelessness from housing (returns to homelessness are reduced)**

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
Returns to homelessness from housing (that year)	12	83	-	-	-	-	-	-	-	97

Returns to homelessness from housing (that year)

2019-20 = Nov 2019 - Mar 2020 and are therefore only representative of 5 months instead of 12 months. HIFIS 4.0 started in October 2019, and at this time, we do not have the fiscal year data available for 2019-20. In addition, the database was young and didn't have a build up of quality data (i.e. limited number of VI-SPDATs entered, and VI-SPDATs is where we pull the data for chronicity). Target is based on less than 15% of housing placements return to homelessness.

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 experiencing homelessness for at least one day (that year)	69	317	-	-	-	-	-	-	-	244

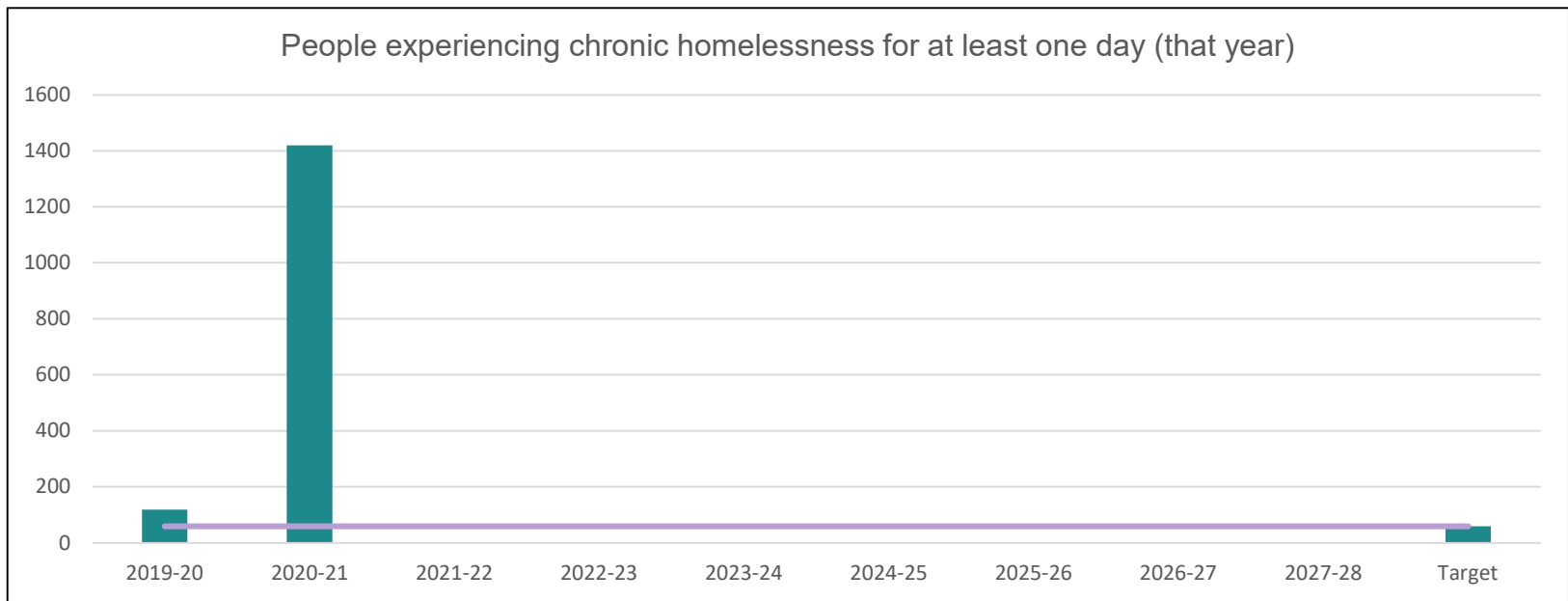Indigenous peoples experiencing homelessness for at least one day (that year)

2019-20 = Nov 2019 - Mar 2020, and therefore only representative of 5 months instead of 12 months. HIFIS 4.0 started in October 2019, and at this time, we do not have fiscal year data available for 2019-20.

Please note that Indigenous identity is not well recorded in HIFIS. Ongoing collaboration with the Indigenous Community Entity is underway to identify appropriate Indigenous data protocols. Target assumed the same as overall reduction in homelessness, 5% annually.

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 experiencing chronic homelessness for at least one day (that year)	118	1420	-	-	-	-	-	-	-	59

People experiencing chronic homelessness for at least one day (that year)

2019-20 = Nov 2019 - March 2020 and are therefore only representative of 5 months instead of 12 months. HIFIS 4.0 started in October 2019, and at this time, we do not have the fiscal amount available for 2019-20 (only calendar). In addition, the database was young and didn't have a build up of quality data (i.e. limited number of VI-SPDAT entered, and VI-SPDATs is where we pull the data for chronicity). Target for chronic homelessness should be 0 in line with Provincial mandate to end chronic homelessness by 2025.