COMMUNITY HOMELESSNESS REPORT SUMMARY

City of Hamilton

2021-2022

Collaboration between Indigenous and Non-Indigenous Partners

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

Yes

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

Hamilton's homeless-serving sector recognizes Indigenous homelessness as a colonial legacy. Indigenous people face disproportionate rates of poverty, homelessness, and housing insecurity; and have experienced negative impacts from policy decisions by governments, resulting in a long history of problematic outcomes. It is imperative to remove as many administrative, financial, and infrastructure barriers as possible to support Indigenous people in non-Indigenous service streams and ensure access to Indigenous-led programs, supports, and policies. Through deep and ongoing partnership with the Indigenous Community Entity (see response to 1.4), the City of Hamilton works in collaboration with Indigenous partner organizations to ensure individuals with Indigenous ancestry are connected to an equitable, inclusive, and transparent Coordinated Access System that is grounded in and supportive of Indigenous knowledge, leadership, self-determination, and data stewardship.

The Indigenous Community Entity, the Coalition for Hamilton's Indigenous Leadership (CHIL) and the Indigenous Community Advisory Board adjudicate funding for Indigenous-led programs towards preventing and ending homelessness. Indigenous partners also work in close collaboration with the City of Hamilton and play an ongoing and important role in Hamilton's Coordinated Access System. The Native Women's Centre offers emergency shelter, outreach, and program supports for individuals to stabilize their housing. De dwa da dehs nye>s Aboriginal Health Centre provides mobile health care for people with Indigenous ancestry and until the end of March 2022 delivered an Indigenous Intensive Case Management Program.

Throughout March 2022, the caseload from the Indigenous Intensive Case Management program was transitioned from De dwa

da dehs nye>s to Hamilton Regional Indian Centre (HRIC) as HRIC solidified their leadership of an expanded continuum of housing support programs, including: an Indigenous drop-in, shelter intervention, landlord liaison, Indigenous Homelessness Support for those who are recently homeless or at risk of homelessness, and Intensive Indigenous Homelessness Support for those who are chronically or episodically homeless. Sacajawea is an Indigenous-led provider of affordable housing for Indigenous people with low to moderate incomes.

Indigenous partners are included in all system tables and initiatives, including the Intensive Supports Pilot, Check-in Tables, and the Coordinated Access Steering Committee. This ensures that Hamilton's Coordinated Access system takes direction from Indigenous leadership who are included in all policy decisions and is accountable to acting on truth and reconciliation commitments.

Recognizing historical and ongoing colonial misappropriation of Indigenous data, Indigenous partners are not required to join HIFIS and Indigenous clients are not required to complete mainstream triage and assessment tools. Nevertheless, Indigenous partners routinely attend prioritization case conferencing and have reported seeing value in attending both for their own staff and for staff at non-Indigenous partner agencies. This has helped foster collaboration between Indigenous and non-Indigenous programs, whereby staff can discuss the caseloads for respective programs to help facilitate appropriate referrals and connections. Indigenous participation in case conferencing since December 2021 has also helped to evolve policies and processes. Previously, it would have been seen as duplication for a client to receive supports through both an Indigenous ICM and a non-Indigenous ICM program. Through case conferencing, Indigenous partners advocated strongly that clients must not be forced to choose between program streams. Someone with Indigenous ancestry may very well benefit from the cultural and wraparound supports offered through Indigenous-led programming while still requiring support from a non-Indigenous program. This advice was formalized into policy. Through case conferencing there is now an opportunity to support shared care planning through Indigenous and non-Indigenous programs.

Ongoing knowledge sharing has advanced program innovations in both the Indigenous stream (sparking development of an Indigenous-led drop-in and dedicated Indigenous affordability resources, such as housing allowances and an Indigenous-led Housing Stability Fund) as well as the non-Indigenous stream (through CHIL's leadership to develop an Indigenous common assessment tool to be implemented system-wide in 2022-23 along with ongoing Indigenous Cultural Capacity training and development). We continue to look to our Indigenous leaders to advise on HMIS best practice informed Indigenous data principles, such as OCAP® - Ownership, Control, Access, and Possession.

Specific to the implementation of Coordinated Access and an HMIS, has there been collaboration between the DC CE and the Indigenous Homelessness (IH) CE and/or Community Advisory Board (CAB), where applicable?

Yes

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

The Coalition of Hamilton Indigenous Leadership (CHIL) serves as the Indigenous Community Entity for Reaching Home (the Federal Homelessness Strategy) and brings vital knowledge and leadership to all areas of planning programs, strategies, and policy development. The City of Hamilton functions as Designated Community Entity and Service System Manager. The two CEs work as direct partners, funder-to-funder in leading and directing Hamilton's homeless-serving system and investments.

As the Indigenous Community Entity, CHIL has:

- •Separate funding, reporting, and funding directives from the federal government
- •A separate Community Advisory Board
- •Responsibility for decisions and oversight of investment in Indigenous-led solutions to homelessness

The City prioritizes collaborative work with Indigenous leadership in all aspects of homelessness strategy and policy. This includes:

- •Indigenous leadership and representation at all core internal and external committees
- •Ongoing communication and relationship-building between staff at all levels
- •Collaboration in development of coordinated access, including: governance structure, policies, and practices to ensure Indigenous people are prioritized for housing resources and offered culturally appropriate supports in culturally sensitive ways
- •In 2020, Indigenous leaders in Hamilton developed a guide and series of recommendations shared nationally: Revisioning Coordinated Access: Fostering Indigenous Best Practices Towards a Wholistic Systems Approach to Homelessness. The City, CHIL, and partners continue to work together to put these recommendations into practice
- •All staff in Housing Services Division having completed Indigenous Cultural Capacity Training

The City of Hamilton recognizes the disparity in resources between the Indigenous Community Entity and the City, which is rooted in colonial structures. We seek to redress this imbalance by advocating for municipal and federal investments in sustainably resourcing the capacity of the Indigenous CE. This recognition is also built into the approach to collaboration. City staff take the lead from CHIL in terms of where and how their time and resources are best dedicated, adding as much preparation time as possible for any requests of the Indigenous CE, and where appropriate offering to take the lead or provide

support where helpful and valued.

From a funding perspective, the City of Hamilton and CHIL have had an established agreement since 2004 to direct a minimum of 20% of all federal homelessness funding to the Indigenous community, including both core funding and COVID-19 response funding. That commitment now extends to housing affordability resources, such as Rent Ready, Housing Allowances, and the Canada-Ontario-Housing Benefit. Hamilton also has a dedicated municipally funded Indigenous-led Poverty Reduction Fund valued at \$10 million over ten years from 2017 through 2027. This funding is allocated to Indigenous-led agencies or programs through the Indigenous Community Advisory Board with contract support provided through the City of Hamilton.

From a data perspective, the City of Hamilton and CHIL are committed to Indigenous-led collection, interpretation, reporting of data and data stewardship.

- •The goal of Indigenous-specific data is to inform policy and practice to support and enhance the autonomy of the Indigenous community through decolonization and indigenization processes. This work is informed by Indigenous data stewardship principles, such as OCAP® - Ownership, Control, Access, and Possession
- •In practice, this has meant Indigenous leadership in conducting the Point-in-Time Connection (PiTC), most recently completed in November 2021, to ensure: Indigenous people who are homeless are engaged in culturally appropriate ways (ideally by Indigenous staff and volunteers); and Indigenous data is collected, controlled, and analyzed by the Indigenous community. Hamilton was also the first community to launch an Indigenous Magnet event as a means to draw unsheltered Indigenous people together to offer community and connection to supports via the Point in Time Connection. The Magnet event model, developed by Hamilton's Indigenous leaders, has been recognized nationally and replicated in other communities.
- •The partnership between CHIL and Housing Services Division strengthens the City's relationships with Indigenous community members by continuing to embed principles of Truth and Reconciliation as well as Indigenous data principles into both Indigenous-led and mainstream processes of coordinated access. This is accomplished by prioritizing Indigenous Peoples in Hamilton's coordinated access response to homelessness as well as building an Indigenous Data Governance model for homelessness data. Through 2022-23 we will continue to deepen this partnership and look to secure resources to hire an Indigenous Data Liaison to help advance this trailblazing work.

With respect to the completion of the Community Homelessness Report (CHR), was there collaboration between local Indigenous and non-Indigenous organizations and, where applicable, the IH CE and/or CAB?	Yes
Describe when this collaboration occurred and what parts of the CHR were informed by these efforts.	
Upon receipt of the CHR template, the City reached out to CHIL to determine the most appropriate mode of with respect to the Indigenous CE's current workload and staff capacity. CHIL advised that it would be prefetake the lead in drafting the report in its entirety, relying on existing documentation of shared leadership and from previous discussions and presentations conducted together. The City committed to sending the draft of September 2, 2022 to allow time for Indigenous CE staff to review and amend prior to meetings of the Indigenous Deard and the CHIL Board during the week of September 12th. Upon review and approval by the Board, CHIL returned the amended and approved report to City of Hamilton by September 23, 2022 to prefor approval by the CE CAB and City leadership.	erable for the City to d collaboration drawr report to CHIL by genous Community ICAB and CHIL
Does your community have a separate IH CAB?	Yes
Was the CHR also approved by the IH CAB?	Yes

Coordinated Access and Homelessness Management Information System (HMIS) Self-Assessment

Summary Tables

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

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

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

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

Summary Comment

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

The Designated Community Entity and Indigenous Community Entity are working in collaboration with Indigenous and non-Indigenous homeless-sector partners to renew and deepen collective commitment and shared practices to ensure a continum of supports for people at risk of and experiencing homelessness. Hamilton's Coordinated Access Governance Structure includes routine mechanisms for engaging management and front-facing staff, while drawing from that expertise to expand opportunities for individuals with lived experience to inform decisions around how Coordinated Access is implemented in Hamilton.

Throughout 2021-22, Housing Services Division (HSD) established practices to bring Hamilton's Coordinated Access System to the next level through the formalization of Hamilton's Coordinated Access Governance Structure as well as and core policies and processes now available for easy access through the City's website. After years of having a quality BNL and common assessment practices, in 2021 HSD refined prioritization criteria and community-based practices through sector-wide case conferencing to ensure equitable and person-centred matching and connection to programs. Ongoing adaptive learning and evaluation of community prioritization, matching, and referral practices has contributed to policy change towards more responsive approaches to tailor access and supports that account for additional barriers faced by those who are most vulnerable (particularly Indigenous people, women, and youth who are more likely to experience hidden or unsheltered homelessness). Adaptations have included ensuring that people experiencing unsheltered homelessness are prioritized at a rate of 1 in 3 for available caseload spaces. We have also strengthened reporting through HIFIS for the Housing Focused Street Outreach Team and drop-in programs to track shorter service interactions through Goods & Services to ensure people not booked into shelter remain active and can be easily located for connection to supports.

Hamilton's commitment to continuously assessing and addressing potential risk of harm through efforts at building transparent and equitable processes for connecting people to supports, regardless of where and how they access the homeless-serving system, is also driving renewed emphasis on the importance of comprehensive and quality data-sharing. This has included conducting an audit of all HIFIS functions and reporting capabilities. This is being used to inform clarification in expectations for data entry (particularly around housing history, consent, and client status) and how to maximize the value of HIFIS as a

resource for real-time care coordination as well as system reporting. In 2022-23, Housing Services Division will be building out additional reporting infrastructure through HIFIS to ensure programs have the information that they need to achieve and to see outcomes with clients.

The City's ongoing practice is 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 to leadership of funded programs and planning tables for their strategic perspective. The Indigenous Community Entity has initiated work to develop an Indigenous Common Assessment Tool through engagement with Indigenous-led homelessness support programs. The two CEs will collaborate to implement this tool with all partner agencies through 2022-23 to ensure staff across the system have the knowledge and capacity to support wholistic conversations about the housing history, goals, needs, and strengths of all individuals experiencing homelessness and that people with Indigenous ancestry are offered cultually appropriate support in all settings.

Outcomes-B	ased Approach Self-Assessment
Where does data for the List come from?	 □ Excel ☑ HIFIS □ Other HMIS □ Other data source(s) □ Not applicable – Do not have a List yet

Optional question: How does data from the List compare to other community-level data sources that are considered reliable? This is an optional follow-up question for communities that have completed the "CHR Community-Level Data Comparisons".
There is no alternate reliable source of community-level data on the number of people in shelters or living unsheltered, other than the Point in Time Connection. Efforts to include people experiencing hidden homelessness include expansion of the Housing Focused Street Outreach Team and drop-in programs that many people experiencing precarious or hidden homelessness regularly access.

Summary Table

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

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

Summary Comment

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

Earlier efforts through 2020-21 to onboard all shelters, drop-ins, Intensive Case Management, Rapid Rehousing, Housing Focused Street Outreach, and the women's Transitional Living Program laid the foundation to focus in 2021-22 on optimizing the use of HIFIS for real-time care coordination and identifying quality improvement initiatives. This included an auditing of all HIFIS functions and reporting capabilities to prioritize opportunities to further enhance HIFIS reporting infrastructure and guidance for programs to ensure timely and comprehensive data entry that enables improved service to clients. This has led to quality improvement initiatives to ensure consistent entry of Housing History and Consent to enable use of the HIFIS Coordinated Access Module (to be adopted in 2022-23 once QA initiatives are complete), which will automate the generation of the BNL and improve its accuracy. Additionally, staff identified the need to support drop-in programs and street outreach with functions that allow them to better support clients, maintain clients' active status, and record service interactions through Goods & Services and Group Activities. This ensures both complete and accurate reflection of the number of people experiencing unsheltered homelessness as well as the ability to track the resources they are accessing and that they require to support meeting basic needs and housing goals.

Through 2021-22, staff also undertook initiatives to expand the range of partners formally contributing to the homeless-serving sector data sharing protocol and HIFIS. Youth Transitional Housing was onboarded onto HIFIS with exploration underway to include additional community hubs accessed by youth. HSD also updated our sector's common consent form to enable the inclusion of select health partners to be onboarded in 2022-23.

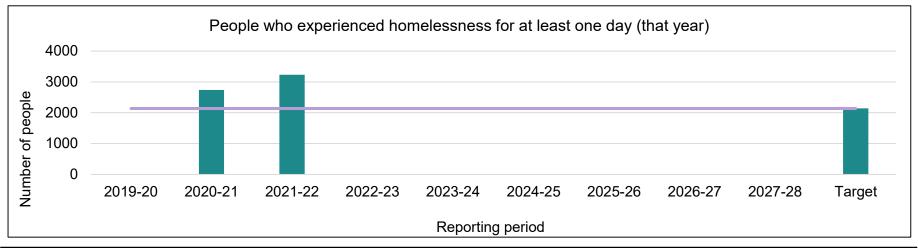
Plans for 2022-23 include ongoing development to ensure all system reporting is built into HIFIS, enabling both City and program staff to access the information they need for real-time service delivery and reporting. HSD is also building out enhanced education materials and events to ensure program staff have the guidance and resources they need to optimize their use of HIFIS.

The City and Indigenous CE, along with Indigenous partners, continue to work together to ensure Indigenous data stewardship is respected and embedded within Hamilton's Coordinated Access System. This includes ensuring that Indigenous community members have autonomy and choice as to whether to be included on the BNL, while working with Indigenous-led programs to uphold commitment to prioritizing Indigenous people for housing supports in both Indigenous-led and non-Indigenous programs.

regardless of whether they consent to be included in HIFIS. Through 2022-23, we are pursuing resources to hire an Indigenous Data Liaison to support development of formal Indigenous data stewardship processes and structures to guide our community and others in pursuing data justice with Indigenous communities.
Despite the significant ongoing challenges posed by the pandemic, unaffordable housing, and increased mental health and substance use experienced within the sector, important housing outcomes and system improvement 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 Core Outcomes – Annual Data Reporting

Outcome #1: Fewer	Outcome #1: Fewer people experience homelessness (homelessness is reduced overall)											
	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target		
People who experienced homelessness for at least one day (that year)		2738	3230	-	-	-	-	-	-	2141		

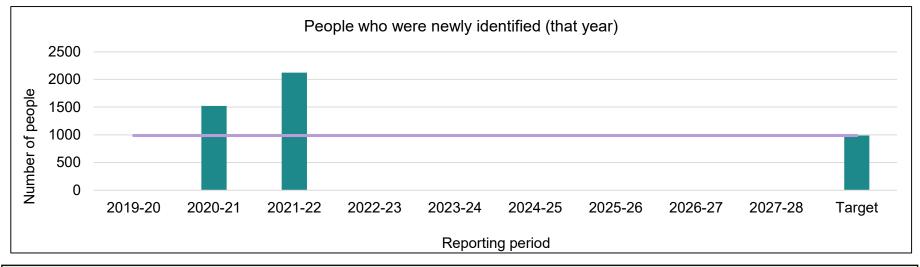


Have you changed any data as submitted in a previous CHR for Outcome #1? If yes, in the comment below please describe what was changed and why?

Figures submitted in previous years were not updated in this submission due to limited reporting capacity and data maturity in previous years, and staff resources available at this time.

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

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
People who were newly identified (that year)		1521	2123	-	1	ı	ı	ı	-	988

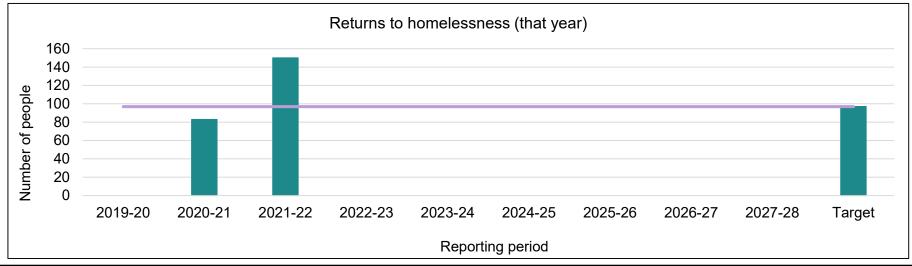


Have you changed any data as submitted in a previous CHR for Outcome #1? If yes, in the comment below please describe what was changed and why?

Figures submitted in previous years were not updated in this submission due to limited reporting capacity and data maturity in previous years, and staff resources available at this time.

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

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
Returns to homelessness (that year)		83	150	1	ı	1	1	-	-	97

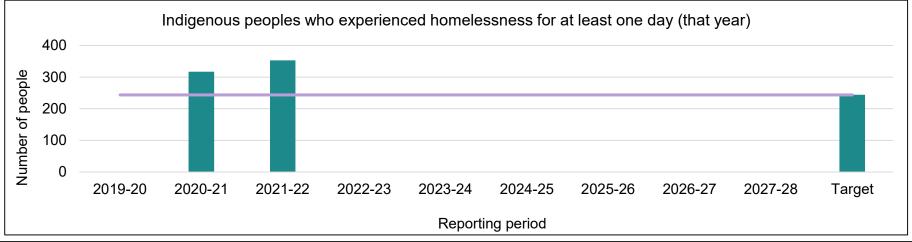


Have you changed any data as submitted in a previous CHR for Outcome #3? If yes, in the comment below please describe what was changed and why?

Figures submitted in previous years were not updated in this submission due to limited reporting capacity and data maturity in previous years. Also, the total individuals who returned to homelessness reported in 2021-22 is likely lower than the actual total due to a lack of housing history data. HSD is actively working with service providers to improve housing history data entry and anticipate the total to become more reliable and valid prior to 2022-23 reporting.

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

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
Indigenous peoples who experienced homelessness for at least one day (that year)		317	353	1	1	ı	-	-	-	244

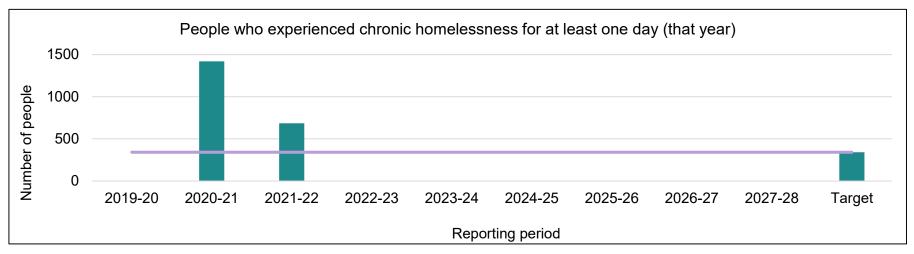


Have you changed any data as submitted in a previous CHR for Outcome #4? If yes, in the comment below please describe what was changed and why?

Figures submitted in previous years were not updated in this submission due to limited reporting capacity and data maturity in previous years, and staff resources available at this time. Ongoing collaboration with the Indigenous Community Entity is underway to identify appropriate Indigenous data protocols, including the identification of an updated Indigenous homelessness reduction target. All data related to Indigenous homelessness is reviewed and interpreted by the Indigenous Community Entity prior to release.

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

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
People who experienced chronic homelessness for at least one day (that year)		1420	684	-	-	1	1	1	ı	342



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

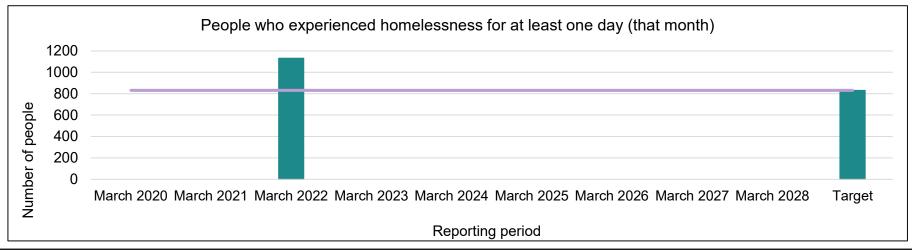
2020-21 data has not changed, but the method for determining chronicity was updated for 2021-22 reporting. Previously, chronicity data was drawn from completed SPDAT and VI-SPDATs. For 2021-22 reporting, chronicity is determined based on shelter stay and housing history data recorded in HIFIS for clients. This change was made to align with how the federal definition of chronically homeless is determined and built into HIFIS processes. As a result, figures from 2020-21 and 2021-22 are not directly comparable. Also, the total individuals who experienced chronic homelessness reported in 2021-22 is likely lower than the actual total due to a lack of housing history data. HSD is actively working with service providers to improve housing history data entry and anticipate the total to become more reliable and valid prior to 2022-23 reporting.

Also, the target for this outcome was updated using 2021-2022 data as a new baseline. When the target for this outcome was set in 2019 data was limited as a result of transitioning to HIFIS 4 at the end of Q3 in 2019-2020. Additionally, with the reporting changes implemented in 2021-2022, the overall target for this outcome has been updated. This outcome is predicted based on improved availability of data over the last year and maturity in using HIFIS. This data is being used to inform realistic projected targets as progress is made towards Hamilton's commitment to ending chronic homelessness.

Community-Level Core Outcomes – Monthly Data Reporting

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

	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	Target
People who experienced homelessness for at least one day (that month)			1131	-	-	-	-	-	-	831

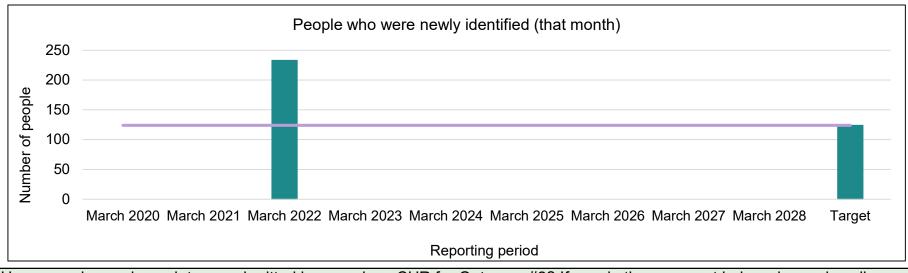


Have you changed any data as submitted in a previous CHR for Outcome #1? If yes, in the comment below please describe

what was changed and why?

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

	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	Target
People who were newly identified (that month)			233	-	-	-	-	-	-	124

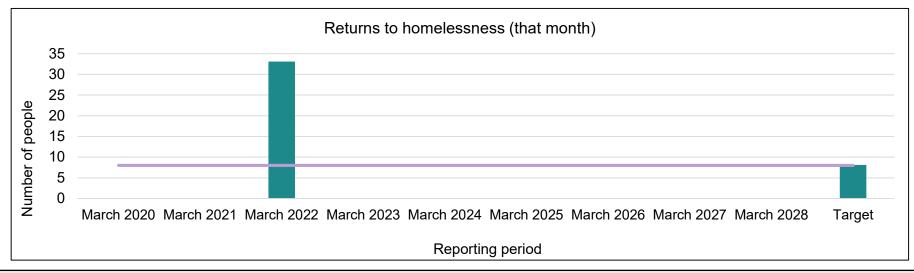


Have you changed any data as submitted in a previous CHR for Outcome #2? If yes, in the comment below please describe what was changed and why?

Please insert comment here

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

	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	Target
Returns to homelessness (that month)			33	-	-	-	-	-	-	8

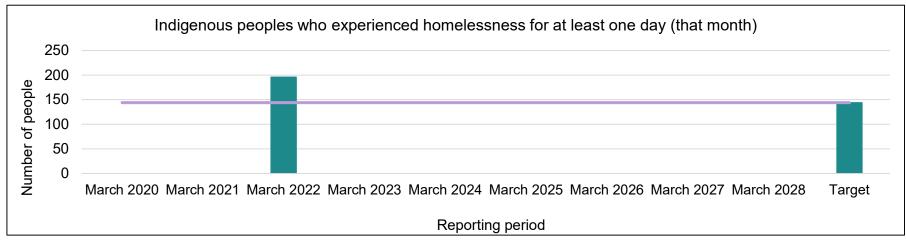


Have you changed any data as submitted in a previous CHR for Outcome #3? If yes, in the comment below please describe what was changed and why?

Please insert comment here

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

	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	Target
Indigenous peoples who experienced homelessness for at least one day (that month)			196	-	-	-	-	-	-	144



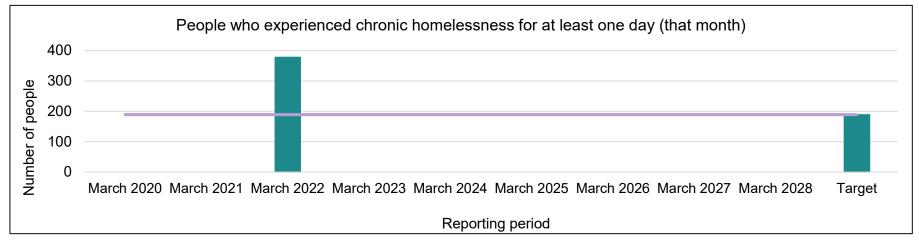
Have you changed any data as submitted in a previous CHR for Outcome #4? If yes, in the comment below please describe what was changed and why?

what was changed and why?

Please insert comment here

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

	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	Target
People who experienced chronic homelessness for at least one day (that month)			378	-	-	-	-	-	-	189



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

Please insert comment here