Reaching Home: Canada's Homelessness Strategy

Community Homelessness Report

Winnipeg

2024-2025

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-related resources;
- Gaps in services;
- Collaboration with other sectors;
- Efforts to address homelessness for specific groups (e.g., youth); and/or,
- Efforts to meet Reaching Home minimum requirements (including a brief explanation if a minimum requirement was assessed as "Completed" in a previous CHR, but is now "Under development" or "Not yet started").

End Homelessness Winnipeg (EHW) serves as the Community Entity for both the Indigenous and Designated streams of Reaching Home funding. All information and data presented in this report reflect the collective efforts of the housing and homelessness sector in Winnipeg, including initiatives and projects funded through both Reaching

Home streams.

In 2024, Winnipeg's efforts under the Reaching Home program were informed by robust community engagement during the development of the 2024–2028 Community Plan. The feedback led to the release of three targeted Calls for Proposals, focusing on:
• Increasing housing supports
• Expanding prevention and shelter diversion initiatives
• Enhancing client support services

Through these Calls, EHW engaged four new agencies, including two Indigenous-led organizations that are filling longstanding service gaps for the Inuit population, particularly in the areas of culturally informed prevention and housing supports. These partnerships are expected to expand the reach and impact of the coordinated homelessness response system in Winnipeg.

Preventing and Reducing Homelessness

Prevention remained a central focus throughout the year. Investments prioritized diversion strategies to keep individuals and families from entering homelessness. However, system pressures remain high, with a growing waitlist for Housing First and Assertive Community Treatment (ACT) programs.

EHW prepared for a comprehensive Housing First Fidelity Review involving all nine agencies delivering Housing First and ACT services. The review was contextualized to reflect Winnipeg's unique needs, emphasizing Indigenous cultural safety and community-defined outcomes. To facilitate this, a team of local assessors, trained through

Reaching Home support, were prepared to conduct evaluations. These assessments are providing both critical feedback and reflective learning opportunities for service providers.

Additionally, a Person-Centred Support focused outreach mapping was launched to inform the revision of Kikinanaw Oma – A Strategy to Support Unsheltered Winnipeggers. This eight-month project (February to September 2024) gathered insights from 33 direct service organizations and 31 Lived Experts. Through surveys and ride-along observations, the project identified systemic gaps and opportunities across the outreach ecosystem. The recommendations from this research focus on:

Broader geographic outreach
Stronger inter-agency coordination
Expanded mental health and crisis support
Tailored services for specific populations (including youth, Indigenous peoples, 2SLGBTQ+ individuals, and survivors of gender-based violence)
Increased access to low-barrier housing

This initiative reflects Reaching Home's values of trauma-informed care, harm reduction, and Indigenous-led engagement, ensuring a response system that is inclusive and grounded in lived experience.

Improving Access to Safe, Appropriate Housing

To address the acute housing shortage, a Letter of Interest call was issued for capital projects aimed at developing transitional and supportive housing. The Community Advisory Board recommended funding of $7,622,996 for four organizations, three of which are Indigenous led. These projects will result in the creation of 80 new housing units that will support:

People exiting hospitals without stable housing
Unsheltered families, particularly those fleeing gender-based violence
Youth
Importantly, this capital investment process was streamlined through collaboration with the Province of Manitoba's Capital Funding Portal. Applicants who had already submitted funding requests to the province were not required to complete a new application, reducing duplication and administrative burden. This is an example of inter-governmental coordination that enhances system efficiency.

Service Gaps and System Pressures

Despite progress, critical challenges persist. The waitlist for intensive housing supports continues to grow, reflecting both a bottleneck in service capacity and an overall shortfall in housing availability. While an additional $1 million in funding for housing services is expected to make an impact, deeper structural changes, including increased housing stock, wraparound supports, and systemic alignment, are necessary to meaningfully reduce chronic homelessness.

Community feedback has highlighted several challenges with the effectiveness of Coordinated Access and HIFIS. In response, EHW has initiated a comprehensive review of both systems. Meaningful changes are needed to better serve people experiencing homelessness and to strengthen collaboration with sector service providers. While the shortage of available housing remains a major barrier, there are clear opportunities to improve communication, clarify

roles and responsibilities, enhance the effectiveness of leadership and community of practice meetings, expand training opportunities, and build stronger, more positive relationships with sector agencies.

Housing Move-ins

Several projects supported by End Homelessness Winnipeg, either through Reaching Home funding or capacity-building assistance via pillar staff, have opened this year or are currently underway. EHW continues to foster an enabling environment for the development of affordable housing dedicated to individuals experiencing or at risk of homelessness. This includes providing advisory support to community organizations pursuing housing developments, supporting the City of Winnipeg's Housing Accelerator Fund team, assisting Manitoba Housing, and helping build capacity for a new organization focused on transforming faith-based properties into affordable housing.

Recently, End Homelessness Winnipeg completed a city-wide scan of existing housing stock, which has sparked new networking and partnership opportunities. Among them is the development of a support table for Single-Room Occupancy (SRO) hotels seeking to improve services for tenants. An accompanying advocacy campaign for enhanced operational and financial support for SROs is also being considered. These initiatives have been incorporated into the 2025–26 housing supply work plan.

In partnership with the Manitoba Non-Profit Housing Association, End Homelessness Winnipeg completed a provincial needs assessment exploring the establishment of an Indigenous Housing Authority. This process included engagement with numerous Indigenous housing providers across Manitoba, many of whom now sit on a Working Group tasked with advancing this vision. The group is currently developing a business plan to present to potential funders and stakeholders, with the aim of establishing a dedicated Indigenous Housing Authority to meet the housing needs of Indigenous communities across the province.

Although still in the early stages, progress has been made toward establishing an Indigenous Housing Authority. Ultimately, this initiative aims to create a system that supports Indigenous people in accessing and maintaining housing, recognizing that they are disproportionately impacted by homelessness.

Response to CA 11b - The Coordinated Access team facilitates systems navigation meetings to better support people through the process however we recognize that formalizing the process through documentation is required and currently being explored by the team.

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.

Since the implementation of Reaching Home, Winnipeg's approach to addressing homelessness has undergone a significant shift, with a strong emphasis on systems coordination, Indigenous leadership, and data-informed practice. As the Community Entity for Reaching Home, End Homelessness Winnipeg (EHW) has expanded its role to support broader, sector-wide transformation, with the goal of creating lasting impact for individuals experiencing or at risk of homelessness.

1. Enhanced Coordination Across Systems

With Reaching Home support, EHW has deepened coordination with both the City of Winnipeg and the Province of Manitoba. This includes proactive engagement on capital investments in housing, marked by EHW's collaboration with the Province's Capital Funding Portal to reduce administrative duplication for housing providers. Additionally, EHW participates in regular meetings with the province to improve communication and alignment on housing priorities and encampment response strategies.

These partnerships reflect a growing commitment to systems-level integration and ensure that federal funding aligns with municipal and provincial efforts, particularly around housing supply and homelessness prevention.

2. Centering Indigenous Leadership and Cultural Safety

A defining feature of Winnipeg's evolving approach is the integration of Indigenous leadership and cultural responsiveness into the design and delivery of homelessness services. EHW's Reaching Home-funded Person-Centred Support Pillar launched a landmark eight-month research project (Feb–Sept 2024) to inform the revision of Kikinanaw Oma – A Strategy to Support Unsheltered Winnipeggers.

Engaging 33 direct service organizations and 31 Lived Experts, the project used surveys and ride-along observations to identify gaps and opportunities in Winnipeg's outreach system. Key recommendations from the research included:

Broadening outreach to underserved neighbourhoods
Strengthening coordination among outreach teams and municipal services
Expanding crisis and mental health supports
Tailoring services to meet the needs of specific populations (youth, Indigenous peoples, 2SLGBTQ+ individuals, and survivors of gender-based violence)
Increasing access to low-barrier, culturally appropriate housing

This project reflects Reaching Home's core values of trauma-informed care, harm reduction, and Indigenous engagement, and is shaping advocacy and program design across Winnipeg.

3. Advancing Data and System Understanding

Another major shift has been the strengthening of Winnipeg's data infrastructure and outreach visibility. The 2024 Point-in-Time (PIT) Count, funded through Reaching Home, implemented two magnet events to enumerate newcomers experiencing homelessness, a population often underrepresented in previous counts. The PIT Count also featured improved collaboration with Housing Teams, which enabled a more comprehensive count of people living unsheltered. This enhanced data collection is informing system planning and resource allocation with increased accuracy and inclusivity.

4. Learning Together: Sector Collaboration and Shared Capacity

The community's learning and coordination capacity was further strengthened through the Reaching Home funded Ending Homelessness Together Gathering, convened by End Homelessness Winnipeg in December 2024. The Gathering brought together 300 service providers, funders, policymakers, and Lived Experts to explore shared challenges and innovative solutions. Workshops focused on Indigenous-led housing models, coordinated access, and trauma-informed service delivery.

5. System Alignment with Provincial Strategy

For the first time, the Province of Manitoba has introduced a comprehensive plan to connect people living in encampments directly to housing. With the support of existing outreach teams and service providers, a coordinated effort is underway to transition individuals from encampments into supportive housing. The province has secured several buildings and committed to providing service delivery funding to ensure housing options are not only available but sustainable.

A key figure in advancing this work is the Premier's Advisor on Homelessness. The Advisor's mandate to reduce chronic homelessness over the next seven years signals a strong provincial commitment to coordinated, long-term action. End Homelessness Winnipeg's outreach research and Person-Centred Support team are contributing to Manitoba's encampment strategy by informing the selection of local implementers and helping to shape culturally

safe models of street outreach. This collaboration illustrates the increasing alignment between Reaching Home-funded initiatives and provincial systems-level planning.

As part of this encampment response, the province is also enhancing data coordination by requiring the use of HIFIS (Homeless Individuals and Families Information System) in agreements with participating agencies. This will support more consistent data sharing and integration with Coordinated Access.

However, the implementation of any strategy faces a significant constraint: the Canada-Manitoba Housing Benefit stream for homelessness is currently over-subscribed, and no new intakes are being accepted. As a result, new Housing First participants are unable to access rent subsidies, which are essential to securing and maintaining stable housing. End Homelessness Winnipeg continues to advocate for the reinstatement and expansion of rent subsidies, recognizing that affordable rental supports are a cornerstone of any effective Housing First model. Without them, system capacity to reduce chronic homelessness will be significantly impacted.

Collaboration between Indigenous and non-Indigenous partners	
CHR 3 Please select your community from the drop-down menu:	Winnipeg (MB)
Your community: **Has IH funding available.** **The DC CE and IH CE are the same organization.** **The DC CAB and IH CAB are the same group.**	

CHR 4

a) Has there been meaningful collaboration between the DC CE and 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
• Implementing, maintaining and/or improving, as well as using the **HMIS**?	Yes
• Strengthening the **Outcomes-Based Approach**?	Yes

As a reminder, meaningful collaboration with local Indigenous partners is expected for your community.

b) In your response to **CHR 4(a)** you noted that collaboration has occurred with Indigenous partners related 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:

- 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, use the HMIS and/or participate in the Outcomes-Based Approach.

→ Coordinated Access:	Yes
→ HMIS:	Yes
→ 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) In your response to **CHR 4(a)** you noted that collaboration has **occurred** with Indigenous partners. As a follow up to this, please describe the collaboration that took place in more detail **as it relates to Coordinated Access, the HMIS and/or the Outcomes-Based Approach.**

Your response could include information such as when collaboration occurred, who it was with, what aspects of Coordinated Access, the HMIS and/or the Outcomes-Based Approach were discussed, and how Indigenous perspectives influenced the outcome.

1. Coordinated Access Council: Frequency and Composition: Meetings are held every five weeks, with 75% of the council's representation being Indigenous. Membership includes an Indigenous Reaching Home Community Advisory Board member, agency representation from Native Clan Organization, Ma Mawi Wi Chi Itata Centre, Eagle Urban Transition Centre, Shawenim Abinoojoii, an Elder with lived experience, and a knowledge keeper with lived experience.

Timeline: This collaboration has been ongoing since early 2022.

Focus: Discussions have primarily centered on aspects of the implementation of Coordinated Access, particularly how it interfaces with the Homeless Individuals and Families Information System and adopts an Outcomes-Based Approach to service delivery.

Impact of Indigenous Perspectives: The high representation of Indigenous partners has significantly shaped the council's approach, ensuring that the services and tools are culturally sensitive and effectively meet the needs of Indigenous communities.

Discussions across the sector have focused on several critical areas, including staff training for Housing First programs, service coordination, successful tenancy supports, service access waitlists, landlord engagement, and the inflow and outflow dynamics of homelessness. Particular attention has also been given to prevention efforts, especially for Indigenous youth aging out of child welfare, and adults exiting correctional or healthcare facilities without housing. These conversations have significantly shaped the development of Coordinated Access policies and procedures, including more trauma-informed approaches to how people experiencing homelessness share their stories.

In response to sector-wide dissatisfaction with the current intake assessment tool, there has been a deliberate shift toward developing an assessment process grounded in Indigenous perspectives; one that allows individuals to tell their story in a way that reduces the risk of re-traumatization. As part of this shift, End Homelessness Winnipeg has actively contributed to the development of the Indigenous Personalized Assistance to Housing (PATH) process and was selected to pilot this new approach. The goal is for the PATH process to replace the existing Service Prioritization Decision Assistance Tool (SPDAT), aligning intake and assessment more closely with Indigenous values, cultural safety, and the lived experience of those seeking housing.

2. HIFIS Leadership Committee:

Frequency and Composition: This committee convenes every three months; EHW is are continually working on recruiting Indigenous membership to ensure the Committee is composed of 75% Indigenous members. Members include Assembly of Manitoba Chiefs, N'dinawe, Shawenim, West Central Women's Resource Centre, Main Street Project, Salvation Army, North End Women's Centre, The Link Winnipeg, First Nations Health Social Secretariat of MB (FNHSSM), Downtown Community Safety Partnership, and a person with lived experience. These meetings have been a regular part of our operations since 2023.

Focus: The committee's discussions are aimed at enhancing the functionalities and integration of HIFIS in our coordinated access systems. The Homeless Individuals and Families Information System Leadership Committee is also committed to supporting the tracking of information that will assist in the identification of trends and barriers that are contributing to the continuation and/or expansion of homelessness/houselessness and the overrepresentation of specific populations.

Impact of Indigenous Perspectives: Indigenous viewpoints have been crucial in guiding the committee's strategies, particularly in adapting Homeless Individuals and Families Information System functionalities to be more attuned to the unique challenges and requirements of Indigenous users. EHW as the Lead Organization (Community Entity for both Indigenous and Designated Communities) administering HIFIS ensures participants' data are securely stored and protected. As Indigenous peoples experiencing homelessness are over-represented in Winnipeg, EHW adheres with the laws and principles of data protection. Consents (either Declined-Anonymous or Explicit) are obtained from people prior to entering their information into the system. Explicit-CA consents are obtained from people who fit the criteria of Naatamooskakowin (Winnipeg's Coordinated Access System) and choose to be part of the coordinated system. The Homeless Individuals and Families Information System Leadership Committee understands that homelessness/houselessness impacts all people, while at the same time, recognizes in Winnipeg, Indigenous people

are the most impacted by homelessness/houselessness. In recognition of this reality the HIFIS Leadership Committee is committed to operating under the values of the United Nations (UN) declaration that housing is a human right; the UN Declaration on the Rights of Indigenous Peoples; Truth and Reconciliation as a path to ending Indigenous homelessness.

3. Coordinated Access Leadership Group:

Frequency: The group meets monthly. The membership includes members of our referral partners, both Reaching Home funded and non-Reaching Home funded partners.

Timeline: This initiative has been active since 2022.

Focus: The leadership group's work is directed towards refining and monitoring the Coordinated Access process and procedures to ensure it remains responsive and effective.

Impact of Indigenous Perspectives: The regular involvement of Indigenous leaders has influenced the operational outcomes, leading to a more inclusive and comprehensive Coordinated Access process that respects and incorporates Indigenous cultural values and practices. Winnipeg has both Designated Communities and Indigenous Homelessness funding streams. Attendees to meetings are from both Indigenous and non-Indigenous organizations (primarily working with Indigenous people).

4. Coordinated Access Community of Practice

The Coordinated Access Community of Practice has been active since 2022 and meets on a monthly basis. While participation primarily includes direct service workers, managers and team leads are also encouraged to attend. This

initiative plays a key role in fostering collaboration, knowledge sharing, and problem-solving across the housing and homelessness sector.

The Community of Practice focuses on:

Sharing information related to Naatamooskakowin policies and procedures
Reviewing updates to HIFIS, Warm Hand-Offs (WHOs), and other relevant systems
Addressing challenges encountered in service delivery and coordination
Hosting guest presenters to highlight services and resources available across the community

The group benefits from the active participation of Indigenous organizations, including Aboriginal Health & Wellness Centre, Eagle Urban Transition Centre, and Ma Mawi Wi Chi Itata Centre, which contribute valuable insights and culturally grounded practices. A recent highlight included a presentation on the Medicine Wheel, facilitated by an Indigenous knowledge keeper, which enhanced participants' understanding of holistic wellness and cultural approaches to housing support.

An Indigenous Community Training and Development Specialist works closely with the Coordinated Access team to ensure that training across the sector is culturally responsive and grounded in Indigenous knowledge systems. A Training Steering Committee, composed of a diverse cross-section of sector organizations, Indigenous partners, and individuals with lived experience, has been established to guide this work.

Training is intentionally delivered through an Indigenous lens, enhancing service providers' understanding of the lived realities and cultural contexts of those they support into housing. A core competency framework has been developed to standardize and strengthen sector capacity, and an Indigenous consultant has been engaged to support the rollout of extensive training opportunities across the community.

Updates on Homeless Individuals and Families Information System Integration with Indigenous Partners

Progress continues in deepening collaboration with Indigenous organizations through Homeless Individuals and Families Information System onboarding and integration efforts:

The Homeless Individuals and Families Information System onboarding process has been initiated for N'dinawemaak, Winnipeg's only Indigenous-led shelter. While implementation is temporarily on hold pending budget availability, the intent is to fully integrate their data, such as shelter occupancy and demographics, into the broader system for aggregate reporting and analysis.

Wahbung Abinoonjiiag, a Reaching Home-funded Indigenous organization, has signed a Service Level Agreement and is currently undergoing Homeless Individuals and Families Information System onboarding. Their Service Point is expected to be integrated into the Housing Services System (HSS) Shared Platform, enabling more consistent and coordinated data sharing.

The PATH (Personalized Assistance Toward Housing) Pilot Project, developed as an Indigenous-led alternative to the Vulnerability Index (VI)-SPDAT and SPDAT tools, continues to advance. Indigenous Path Walkers have been involved in every stage of the process, tailoring, training, digitalization through Homeless Individuals and Families Information System, testing, and now, preparation for implementation.

The PATH tool is designed to support individuals in sharing their stories in a trauma-informed, culturally safe manner, aligned with Indigenous values and lived experience. Once fully rolled out, PATH will replace the SPDAT and VI-SPDAT as the community's standard intake and assessment tool.

CHR 5	a) Specific to the completion of this Community Homelessness Report (CHR), did ongoing, meaningful collaboration take place with the local Indigenous partners, including those that sit on your CAB, over the reporting period?	Yes
	As a reminder, meaningful collaboration on the CHR with local Indigenous partners is expected for your community.	

b) In your response to **CHR 5(a)** you noted that collaboration occurred with Indigenous partners. As a follow up to this, please indicate which 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.	No
• 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) In your response to **CHR 5(a)** you noted that collaboration **occurred** with Indigenous partners. As a follow up to this, please describe the collaboration that took place in more detail **related to the completion of this CHR.**

Your response could include information such as how Indigenous peoples were engaged in these discussions, when collaboration occurred, who it was with, and what sections of the CHR were informed by Indigenous input and/or perspectives.

End Homelessness Winnipeg (EHW) is an Indigenous-led organization that serves as the Reaching Home Community Entity for both the Designated and Indigenous Streams of funding. With a strong emphasis on Indigenous representation, 100% of EHW's board of directors, 60% Community Advisory Board (CAB) members, and 71% Reaching Home employees are Indigenous. EHW implements Coordinated Access and the Homelessness Information and Management System (HIFIS) for the region in collaboration with sector partners.

End Homelessness Winnipeg (EHW) employs a collective impact model to engage the community in preventing

homelessness, delivering housing services, expanding housing supply, and evaluating system outcomes. As a backbone organization, EHW's primary role is to convene and coordinate stakeholders to collaboratively address homelessness in Winnipeg.

Winnipeg benefits from the strong presence and leadership of Indigenous organizations, many of which actively participate in co-creation processes through community engagement sessions, advisory committees, and working groups. The content and direction of this report reflect the knowledge, priorities, and feedback gathered through these meaningful and ongoing collaborations.

Managers, including those overseeing Prevention, Housing Supply,Homeless Individuals and Families Information System, Persons-Centred Supports, Housing Services, and the Coordinated Access team at EHW, regularly engage with both Indigenous and non-Indigenous organizations in the sector. Their collaborative efforts ensure broad representation and incorporates an Indigenous perspective into its work.

Collaboration is intrinsically embedded in EHW's mission, processes and initiatives. As the backbone organization for

the sector, it actively participates in about 45 community committees and working groups, involving Indigenous and non-Indigenous organizations. These partnerships provide valuable insights that shape both EHW's work and influence the content and development of this report. Some of the key teams that EHW works with or facilitates, in collaboration with sector partners, include:

1. Housing First Sector Leadership and Housing Fidelity working group
2. Kikinanaw Ma Strategy to Support Unsheltered Winnipeggers
3. Housing Supply Action Committee
4. National Indigenous Coordinated Access Assessment Process Development Committee
5. Street Census Steering Committee
6. Emergency Response Committee
7. Hoarding Task Force: with the City of Winnipeg, First Responders
8. Tenant Advocates Committee: with Residential Tenancy Branch.
9. The Gathering Steering Committee and Elders council
10. National Indigenous Homelessness Council

This report is reviewed by the Community Advisory Board (CAB) of Reaching Home, which includes representation from Indigenous members.

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 <u>improve</u> a specific Coordinated Access requirement that <u>had been self-assessed as met</u> in a previous CHR, you should <u>still select "Yes"</u> 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):	Not applicable
→ 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 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
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:	Yes
	→ 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.	
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?	Under development
	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).	Not applicable – Only use one tool
→	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).	Not applicable – Only use one tool
→	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).	Not applicable – Only use one tool

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**.

	Completed	Started	Not Yet Started
Total	16	1	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)	0	0%
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)	**16**	**94%**

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?	Yes
Note: 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 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** non-Reaching Home-funded providers 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 **here**, 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 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
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 are made/confirmed as "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:	Not yet
→ Families	Yes – All family members including dependents

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:	Not yet

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 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?	Yes

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) **Can the dataset be used to set** 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) **Is the dataset being used to set** 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.

A Shared Measurement Committee has been established to oversee the analysis and communication of community-level data related to homelessness. The committee plays a critical role in ensuring data is used meaningfully to inform decision-making, improve system performance, and advance community-wide goals. Recruitment of additional community members is ongoing, as incorporating lived and community-based perspectives is essential to shaping accurate, inclusive data analysis.

The committee's responsibilities include:

Standardizing data collection and reporting practices across sector organizations to ensure consistency, reliability, and comparability

Overseeing the Shared Measurement Dashboard on the End Homelessness Winnipeg website, ensuring public access to timely and transparent homelessness data

Analyzing trends to assess the impact of interventions and guide ongoing improvements in program and service delivery

Determining key data priorities, ensuring alignment with Reaching Home's community-level outcomes and broader homelessness reduction targets

Supporting Coordinated Access, using data insights to strengthen referrals, service coordination, and housing placements

Engaging diverse stakeholders, including service providers, government partners, researchers, and people with lived or living experience, to shape a comprehensive understanding of homelessness in Winnipeg

Building sector capacity, by equipping organizations with tools and training to collect, interpret, and apply data effectively

This collaborative and evidence-based approach to shared measurement is essential to tracking progress and achieving system-level change.

A review of the Results Reporting Online (RROL) summary report (2019–2024) revealed a significant gap: Indigenous people are underrepresented in prevention project access. This underutilization is concerning, as it may contribute to higher eviction rates and missed opportunities for early intervention. In response, a plan is underway to either increase the number of Indigenous-led organizations delivering prevention services or enhance the promotion of existing services to Indigenous communities. A Community of Practice for prevention services is also being developed to bring providers together to share insights and develop solutions to improve access to these vital supports.

Data from Coordinated Access waitlist dates, inflow and outflow reports, and community feedback has prompted a broader review of Coordinated Access processes, including internal communication strategies and human

resource allocation. The growing Coordinated Access waitlist also informed a recent Call for Proposals to expand housing services. This data will be shared with the Province of Manitoba, which has set its own target to reduce chronic homelessness, ensuring alignment between local and provincial priorities.

A separate housing outcomes review identified that only 18.4% of those housed last year were chronically homeless. This figure is far below what is needed to achieve Winnipeg's target of a 50% reduction in chronic homelessness. Without significant changes, current practices will not produce the scale of impact required. As a result, a review of housing-related funding allocations is planned, with a focus on expanding Housing First programs, which are central to supporting those with complex and chronic needs. Increasing these programs will also help to alleviate long wait times for Coordinated Access services and better meet the needs of those most impacted by homelessness in Winnipeg.

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 2023
	b) What is the earliest you can report <u>annual</u> data in Section 4 of your CHR, inclusively?	2023-24
	c) What methodology will you use to set baselines, set reduction targets and track progress on core Reaching Home outcomes in this CHR? **Reminder:** To meet **Outcomes-Based Approach Minimum Requirement 8**, you must use the federal methodology to set baselines, set reduction targets and track progress for the five core Reaching Home outcomes. For HIFIS users, this means using the "Community Outcomes" report in HIFIS. For non-HIFIS users, this means using a report equivalent to the "Community Outcomes" report in HIFIS.	HIFIS: "Community Outcomes" report

OBA 16	a) Has there been meaningful collaboration between the DC CE and 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

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	

End Homelessness Winnipeg continues to prioritize data integrity as a foundation for effective system coordination, accountability, and performance measurement. Several focused strategies are being implemented to improve the quality of data within HIFIS and across the Coordinated Access System:

Data uniqueness: Using the process of merging duplicate participants
Data Consistency: Focusing training on data entry consistency by emphasizing where data should enter
Data Timeliness: Closely monitoring HIFIS entries to ensure it is continuously being updated; incorporated the 90-day inactivity policy in the HSS Policy & Procedure (a service must be created within the 90-day period for a file to stay "active"),
Data Completeness: Emphasizing completing the housing history as a critical piece of info that needed to be completed; emphasis on standardized data entry practices
Data comprehensiveness: Reviewing the by name list in comparison with the CHR and inflow and outflow report

revealed a high degree of accuracy.
Engaging a consultant to review our BNL report to ensure it is aligned with minimum requirements.

	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 <u>monthly</u> 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 <u>annual</u> 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**.

	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)				2332	1705	1836				n/a

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

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 2024
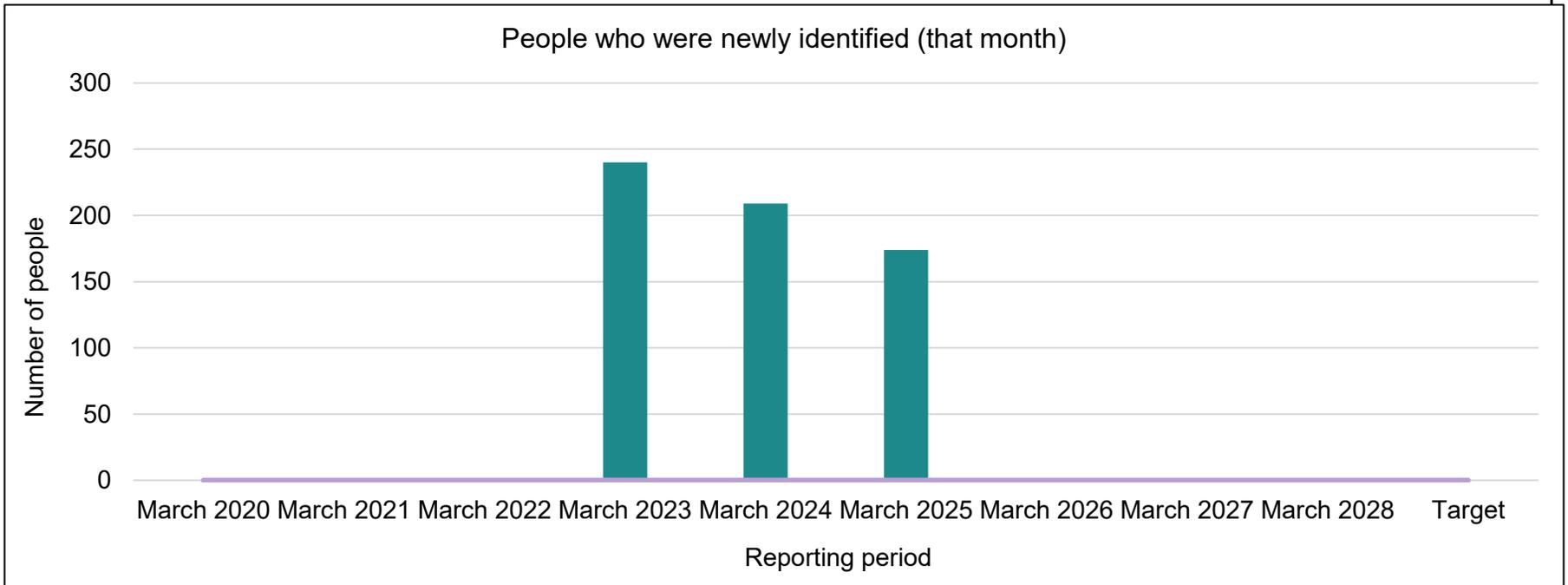
#VALUE!

b) Please use the comment box below to:
   • As applicable, explain any changes to the data reported from the previous CHR (2023-24), 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.

In March 2024, a Shared Measurement Committee was established. It will be the role of that committee to review the CHR data and track progress related to reduction targets. Further analysis of this data by this committee will occur in 2025-2026. Community engagement will occur over the summer to establish reduction targets. The data recorded prior to March 2024 was compiled differently because of a reporting template update in May 2024. As a result, future data comparisons will focus on analyzing 2024-2025 in comparison to 2025-2026.

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)				240	209	174				n/a

People who were newly identified (that month)

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 2024

#VALUE!

b) Please use the comment box below to:
   • As applicable, explain any changes to the data reported from the previous CHR (2023-24), 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.

In March 2024, a Shared Measurement Committee was established. It will be the role of that committee to review the CHR data and track progress related to reduction targets. Further analysis of this data by this committee will occur in 2025-2026. Community engagement will occur over the summer to establish reduction targets. The data recorded prior to March 2024 was compiled differently because of a reporting template update in May 2024. As a result, future data comparisons will focus on analyzing 2024-2025 in comparison to 2025-2026.

The observed decrease in inflows to homelessness may, in part, be attributed to the increase in funded prevention projects.

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)				45	72	73				n/a

Returns to homelessness (that month)

| 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 2024 |

#VALUE!

b) Please use the comment box below to:
   • As applicable, explain any changes to the data reported from the previous CHR (2023-24), 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.
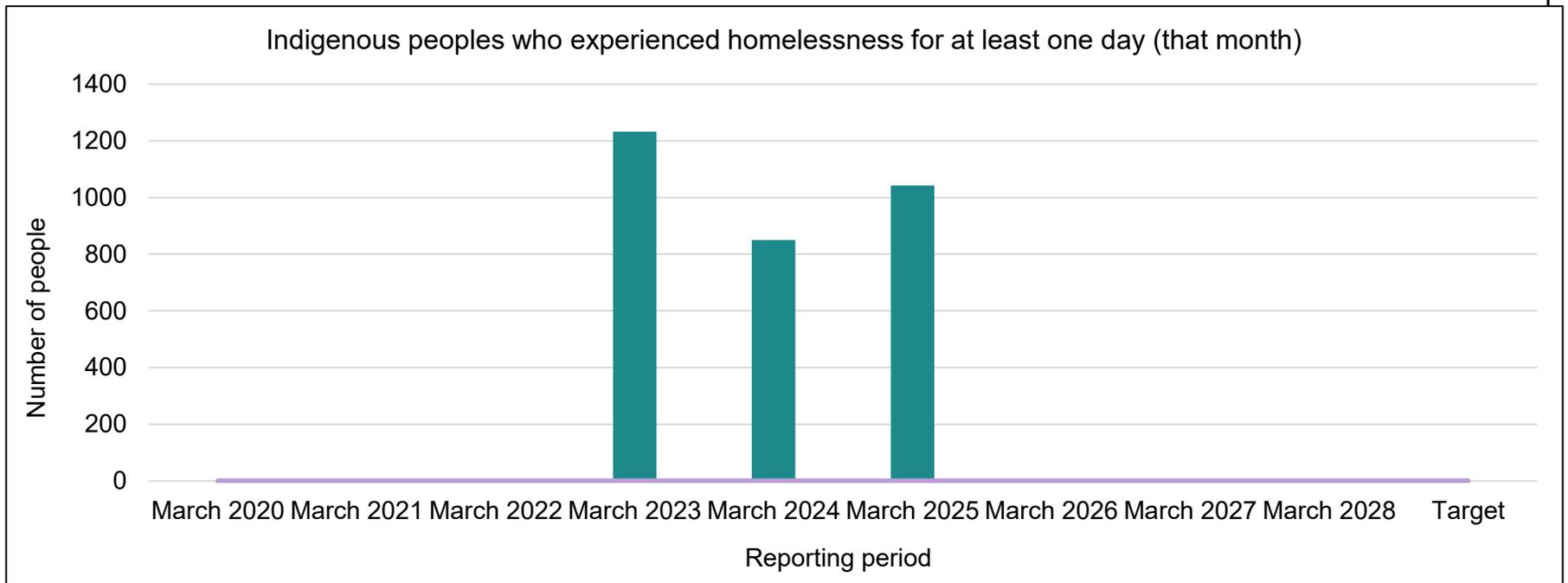   • Optionally, provide any additional context on your data.

In March 2024, a Shared Measurement Committee was established. It will be the role of that committee to review the CHR data and track progress related to reduction targets. Further analysis of this data by this committee will occur in 2025-2026. Community engagement will occur over the summer to establish reduction targets. The data recorded prior to March 2024 was compiled differently because of a reporting template update in May 2024. As a result, future data comparisons will focus on analyzing 2024-2025 in comparison to 2025-2026.

Further analysis is required to better understand this outcome, as current HIFIS reports do not capture the reasons why individuals return to homelessness. Our HIFIS team continues to collaborate with Housing, Infrastructure and Communities Canada to identify and communicate data needs, with the goal of informing future systems enhancements.

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)				1232	850	1042				n/a

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

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 2024
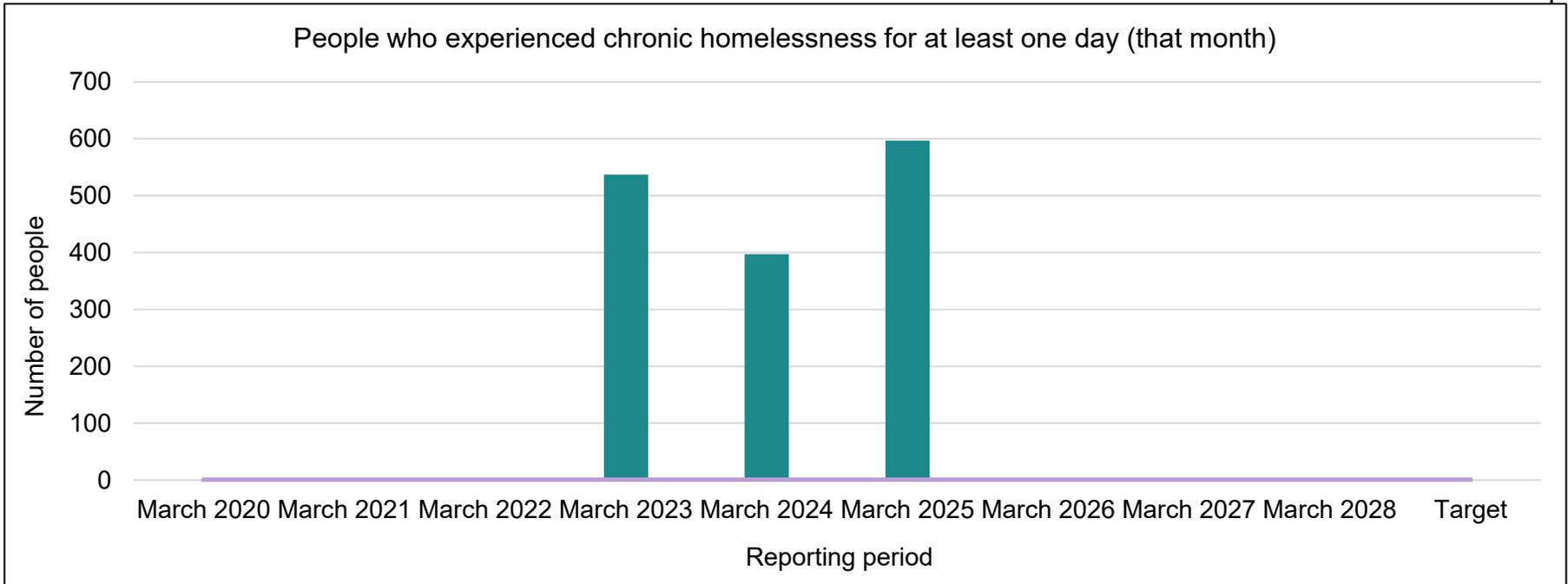
#VALUE!

b) Please use the comment box below to:
   • As applicable, explain any changes to the data reported from the previous CHR (2023-24), 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.

In March 2024, a Shared Measurement Committee was established. It will be the role of that committee to review the CHR data and track progress related to reduction targets. Further analysis of this data by this committee will occur in 2025-2026. Community engagement will occur over the summer to establish reduction targets. The data recorded prior to March 2024 was compiled differently because of a reporting template update in May 2024. As a result, future data comparisons will focus on analyzing 2024-2025 in comparison to 2025-2026.

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)				537	397	597				n/a

People who experienced chronic homelessness for at least one day (that month)

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.
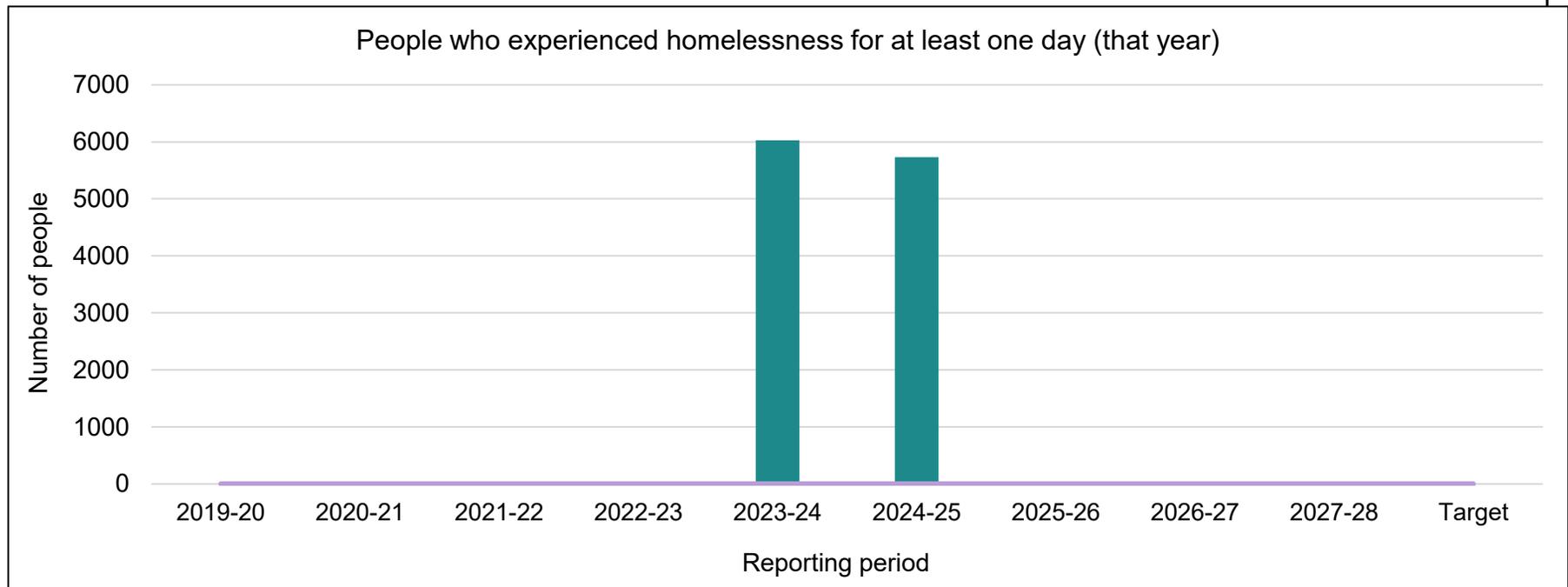
March 2024

#VALUE!

b) Please use the comment box below to:
   • As applicable, explain any changes to the data reported from the previous CHR (2023-24), 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.

In March 2024, a Shared Measurement Committee was established. It will be the role of that committee to review the CHR data and track progress related to reduction targets. Further analysis of this data by this committee will occur in 2025-2026. Community engagement will occur over the summer to establish reduction targets. The data recorded prior to March 2024 was compiled differently because of a reporting template update in May 2024. As a result, future data comparisons will focus on analyzing 2024-2025 in comparison to 2025-2026.

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)					6029	5733				n/a

People who experienced homelessness for at least one day (that year)

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.
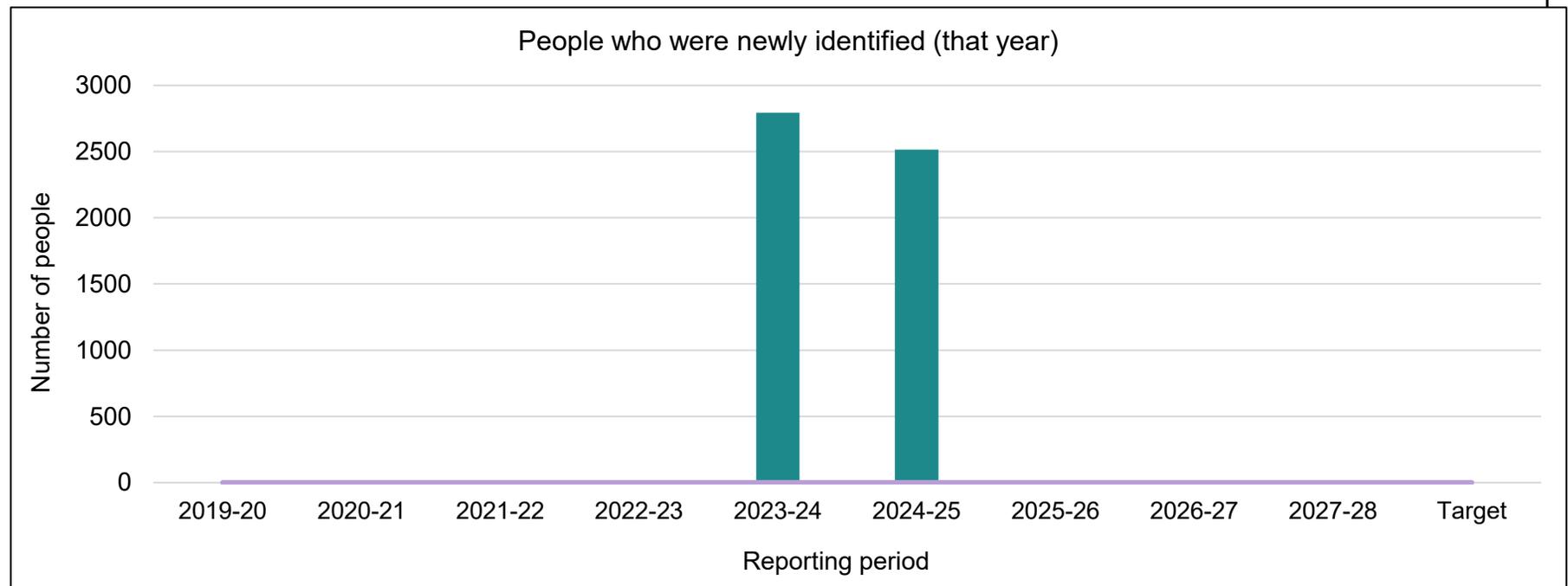
2023-24

#VALUE!

b) Please use the comment box below to:
   • As applicable, explain any changes to the data reported from the previous CHR (2023-24), 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.

In March 2024, a Shared Measurement Committee was established. It will be the role of that committee to review the CHR data and track progress related to reduction targets. Further analysis of this data by this committee will occur in 2025-2026. Community engagement will occur over the summer to establish reduction targets. The data recorded prior to March 2024 was compiled differently because of a reporting template update in May 2024. As a result, future data comparisons will focus on analyzing 2024-2025 in comparison to 2025-2026.

The Shared Measurement Committee will look at a variety of factors that impact overall homelessness including the lack of rental subsidies, apartment building closures due to damage and newcomers arriving in Winnipeg.

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)					2793	2514				n/a

People who were newly identified (that year)

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.
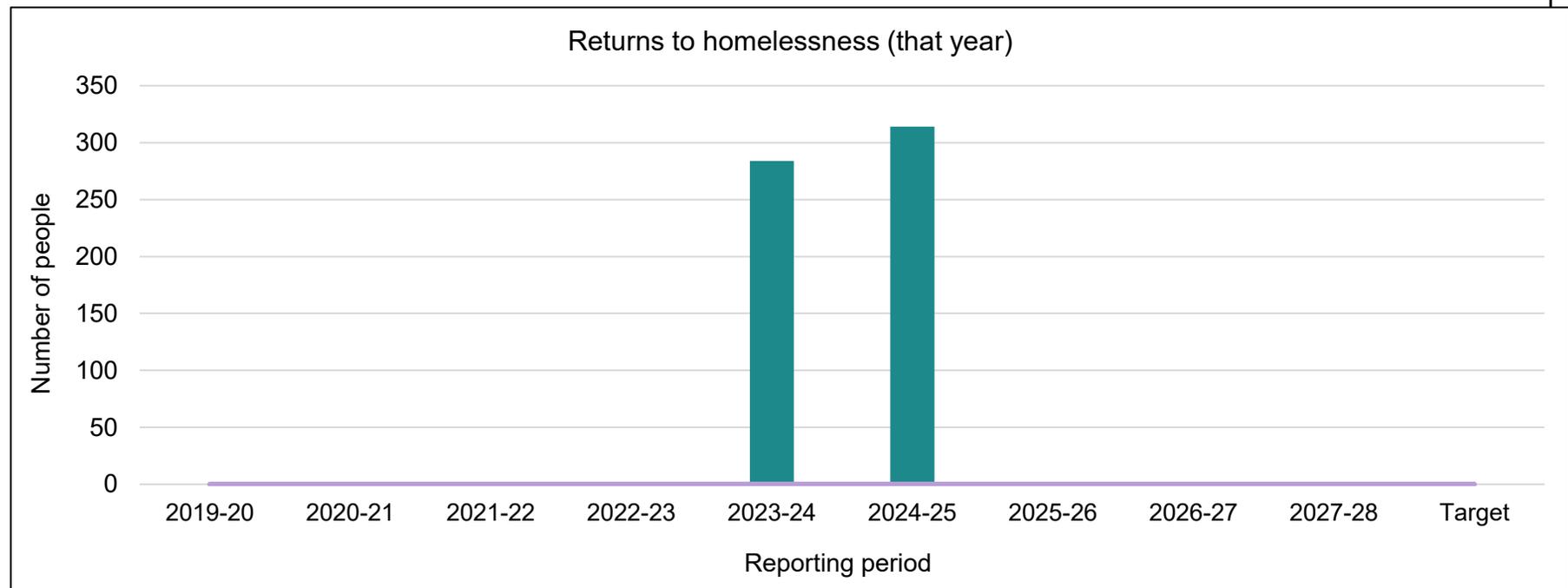
2023-24

#VALUE!

b) Please use the comment box below to:
   • As applicable, explain any changes to the data reported from the previous CHR (2023-24), 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.

In March 2024, a Shared Measurement Committee was established. It will be the role of that committee to review the CHR data and track progress related to reduction targets. Further analysis of this data by this committee will occur in 2025-2026. Community engagement will occur over the summer to establish reduction targets. The data recorded prior to March 2024 was compiled differently because of a reporting template update in May 2024. As a result, future data comparisons will focus on analyzing 2024-2025 in comparison to 2025-2026.

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)					284	314				n/a

Returns to homelessness (that year)

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.
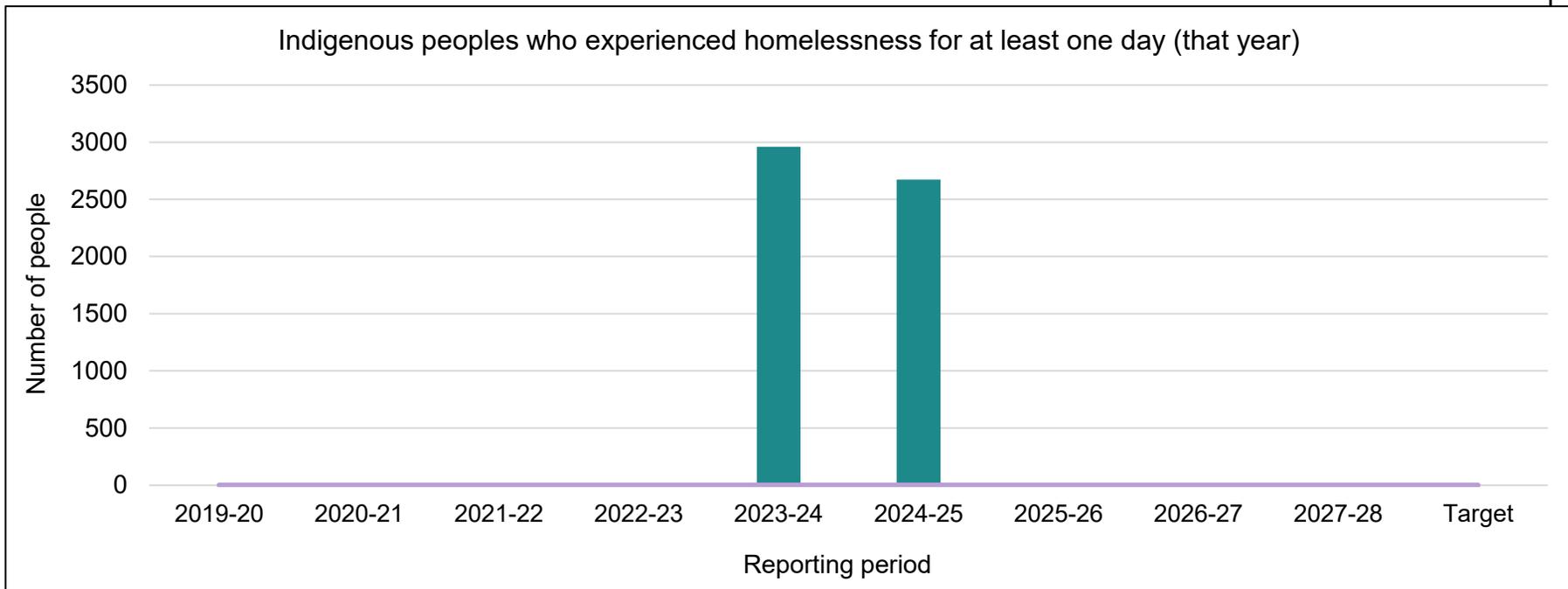
2023-24

#VALUE!

b) Please use the comment box below to:
  • As applicable, explain any changes to the data reported from the previous CHR (2023-24), 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.

In March 2024, a Shared Measurement Committee was established. It will be the role of that committee to review the CHR data and track progress related to reduction targets. Further analysis of this data by this committee will occur in 2025-2026. Community engagement will occur over the summer to establish reduction targets. The data recorded prior to March 2024 was compiled differently because of a reporting template update in May 2024. As a result, future data comparisons will focus on analyzing 2024-2025 in comparison to 2025-2026.

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)					2961	2672				n/a

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

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.

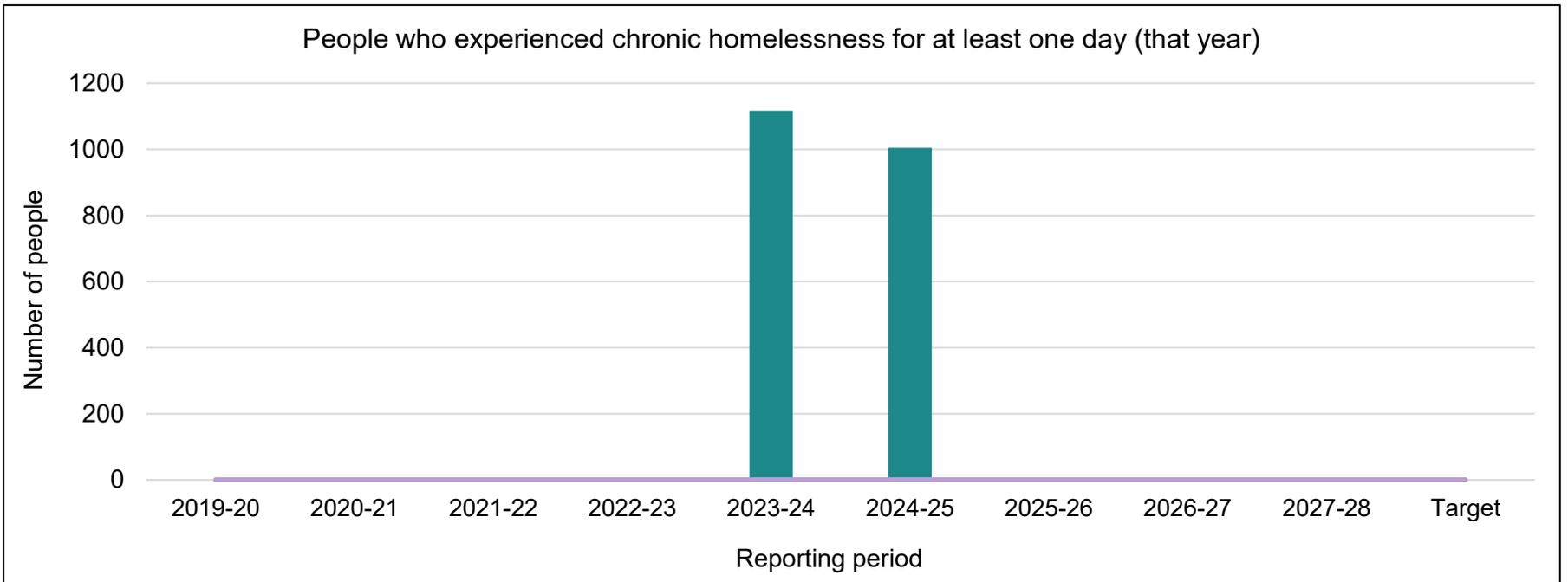2023-24

#VALUE!

b) Please use the comment box below to:
• As applicable, explain any changes to the data reported from the previous CHR (2023-24), 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.

In March 2024, a Shared Measurement Committee was established. It will be the role of that committee to review the CHR data and track progress related to reduction targets. Further analysis of this data by this committee will occur in 2025-2026. Community engagement will occur over the summer to establish reduction targets. The data recorded prior to March 2024 was compiled differently because of a reporting template update in May 2024. As a result, future data comparisons will focus on analyzing 2024-2025 in comparison to 2025-2026.

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)					1117	1005				n/a

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

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.

2023-24

#VALUE!

b) Please use the comment box below to:
    • As applicable, explain any changes to the data reported from the previous CHR (2023-24), 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.

In March 2024, a Shared Measurement Committee was established. It will be the role of that committee to review the CHR data and track progress related to reduction targets. Further analysis of this data by this committee will occur in 2025-2026. Community engagement will occur over the summer to establish reduction targets. The data recorded prior to March 2024 was compiled differently because of a reporting template update in May 2024. As a result, future data comparisons will focus on analyzing 2024-2025 in comparison to 2025-2026.

End of Section 4a