COMMUNITY HOMELESSNESS REPORT SUMMARY
City of Lethbridge **2022-2023**

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

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

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

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

As described above, the development of the ICA system has been done through many community engagements, co-creation workshops, and Tier Navigation training sessions. Indigenous and non-Indigenous organizations have attended, discussed, and contributed meaningful ideas and feedback to the process. Opokaa'sin Early Intervention Society was (and remains to be) an Indigenous funded organization in 2021-22 and provided Population Navigation Support to Indigenous families and were a resource for other CSD-funded organizations for their Indigenous clients requiring further support. A component of the role of the Population Support Navigator is to stay up to date on best practices and complete a quarterly 'Situation Report' that outlines community trends and areas for further development. The work of the Population Support Navigator will be strengthened in the future through collaboration with the Blackfoot Resource Hub (BRH), a new contract that was completed in September 2022. The BRH will be working closely with service providers, starting with Permanent Supportive Housing service providers, to incorporate Indigenous knowledge, expertise, and principles into programming and provide a space for clients to connect with Elders and Indigenous cultural specialists. Since the BRH contract has been finalized, the BRH has made a notable impact on permanent supportive housing participants.

During mid-late 2022, there was a significant effort to implement and adjust the Tier 3 training curriculum, which aims to provide staff with cultural competency training to ensure that organizations are offering culturally appropriate programs. Both Opokaa'sin Early Intervention Society and the new Blackfoot Resource Hub are/will be important Coordinated Access points. Other Indigenous organizations such as Sik-Ooh-Kotoki Friendship Centre have expressed interest in getting more involved and having their staff attend ICA Tier Navigation Training in the interest of better advocating and connecting their members to the system of care. CSD will work with the Indigenous CAB to ensure these connections occur, particularly as Sik-Ooh-Kotoki is another central Access Point in the community for Indigenous peoples. There are also several Indigenous organizations and groups such as the Indigenous Recovery Coaching program and Sage clan who provide regular outreach support that we hope to bring on board within the ICA system in the future. Lastly, an orientation to the new Shelter Operator (Blood Tribe Department of Health) regarding the ICA system will be occurring in Q1 of 2023-2024.

The Indigenous population continues to be overrepresented in the homeless serving system in Lethbridge and is a population

The Indigenous population continues to be overrepresented in the homeless serving system in Lethbridge and is a population that is a priority to support. The addition of the BRH will greatly enhance the level of care Indigenous people experience in receiving care as well as the cultural resources that they can access in the community.

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

Describe this collaboration in more detail.

While CSD always engages with the Indigenous CAB prior to bringing forward funding requests, it is recognized that greater engagement with Indigenous Peoples & Communities regarding Coordinated Access and an HMIS is required.

CSD is looking into implementing a new HMIS (HIFIS) in the coming months. In the interim, however, CSD will be utilizing the provincial government's Efforts-to-Outcomes HMIS. As CSD can utilize ETO until March 31, 2024, this permits a greater opportunity to intentionally engage Indigenous Peoples & Communities in the HMIS transition and operationalization.

At the end of Q4 22-23, CSD was preparing to seek approval for HIFIS implementation. Should this be approved by the CAB and City Council, CSD will be moving forward with procuring a consultant to implement HIFIS. During dialogues with the HIFIS consultant, CSD will inquire about how to best engage equity-deserving groups in HMIS implementation. Borrowing from these best practices, CSD anticipates engaging Indigenous Peoples & Communities in the following capacities:
(1) Indigenous CAB: Funding for HIFIS implementation will first be approved by the CAB, inclusive of ICAB members, and then by City Council on May 2, 2023. Once further information is available on implementation timelines, CSD will plan to schedule a meeting with the ICAB for feedback on how a CIMS could be best tailored to support Indigenous-serving organizations. CSD has scheduled a meeting with the ICAB in May 2023 to discuss the CHR, but if more information regarding HIFIS is available at the time of meeting, initial discussions may occur at this May meeting.
(2) Indigenous-serving funded service providers: Once further information is available on implementation timelines, CSD will plan to schedule a meeting with currently funded Indigenous-serving organizations to ensure feedback is obtained. As part of this discussion, CSD will ask providers to share any gaps/concerns with current data tracking/compilation and suggested changes.
(3) Blood Tribe Department of Health: CSD will work alongside the Blood Tribe Department of Health as the Shelter Operator to ensure CIMS changes are disseminated. Further, in Q1 of 2023-2024 (April 2023), the CSD ICA Technician and Lead Agency (CMHA) will be providing an overview of coordinated access to Shelter staff.

CSD also plans to work more closely with the City's Indigenous Relations Office and the Reconciliation Lethbridge Advisory Committee over the course of the next year to increase opportunities for Indigenous-serving organizations and Indigenous perspectives to provide feedback on Coordinated Access.

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

Describe this collaboration in more detail.

This report was reviewed and approved by the CWSS Advisory Committee (CAB and Indigenous CAB). The Indigenous CAB was engaged early in the writing of this report for input on community trends and needs for the narrative sections. The CWSS Advisory Committee Chair provided written approval of this report and the rest of the Advisory Members received the full report and were provided a summary presentation with an opportunity for feedback.

In its capacity as the Collective Impact backbone organization, the City will be leveraging the CWSS Advisory in its efforts of coordinating actions to support further strategy implementation and collective impact across the community. The CWSS Advisory, acting as the Community Advisory Board, will provide input to the City's work coordinating service delivery, help foster collaboration and engagement, and increase linkages across agencies/systems.

Does your community have a separate IH CAB?	Yes
Was the CHR also approved by the IH CAB?	Yes
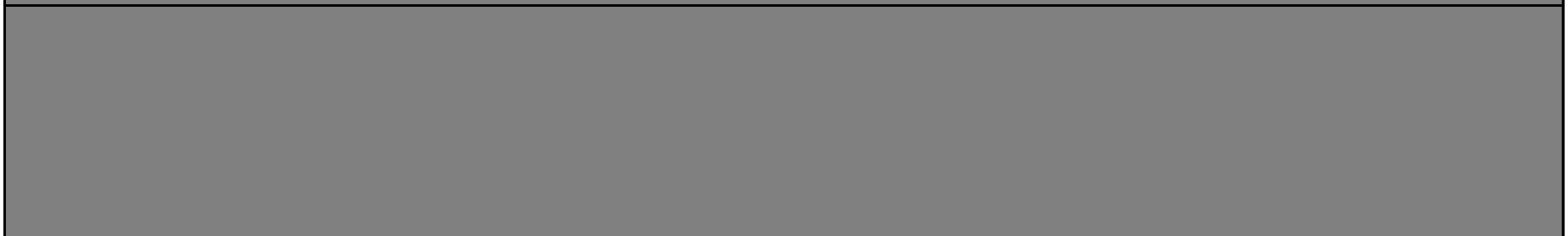
Section 2. Coordinated Access and Homelessness Management Information System (HMIS) Self-Assessment

Summary Tables

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

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

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

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

Summary Comment
Are there particular efforts and/or issues that you would like to highlight for this reporting period related to your community's work to achieve the Reaching Home minimum requirements?

The 'ICA guidelines' were completed in June 2021 which was a document that defined the standards, definitions, and processes for the system-wide rollout of ICA. The ICA guidelines and key concepts were developed through community involvement and co-creation workshops. Since Fall 2021, the City of Lethbridge ICA Technician has been further operationalizing the system and governance structure alongside CMHA, the lead implementation agency. As ICA has developed, the ICA guidelines have been incorporated into systems implementation via policy and procedures, training, Community of Practice, etc.

Governance & HMIS - Governance has been supported through working groups that provide input and support the progression of the development of processes and procedures which are then further operationalized by the ICA Technician in partnership with CMHA, the lead implementation agency. Once approved internally by these groups, they are brought forward to the Community of Practice for feedback and further consultation. From there, new processes, protocols, and policies are put into practice. Further feedback is gathered through various platforms such as surveys, menti polls, and collaboration with internal and external stakeholders. HMIS governance is led by the CE (City of Lethbridge Community Social Development) through new staff onboarding training, HMIS reporting guides that outline protocols and procedures, monthly data audits, and expectations outlined in all service provider agreements in terms of consent, confidentiality, and data security. CSD manages user rights within the HMIS and can perform log audits when needed. As indicated, beginning April 1, 2023, the City of Lethbridge will no longer be the OSSI CBO, impacting ETO usage. The Government of Alberta has permitted CSD to continue utilizing the ETO license until March 31, 2024. In the interim, however, CSD will be seeking approval for a consultant to implement HIFIS as the new HMIS. Governance of HIFIS will once again be supported through working groups and the expertise of funded service providers. CSD anticipates that implementing HIFIS will have positive impacts and permit synergies in maintaining a comprehensive By-Names-List.

Access Points to Service & Coordinated Access Resource Inventory - In 2021-22, the focus of the ICA system was first on defining and implementing Tier 1 System Navigation training which assists individuals looking to access services within the community that are more general in nature and requiring limited support. These are the main Access Points in the community for which only some individuals may need further support from Tier 2 & 3 System Navigators. To date, 70 organizations and 248 individuals have received Tier 1 Navigation training in Lethbridge. In Q4 2022-2023, 3719 individuals were supported through Community Links and DOT with over 300 referrals, showing the growing implementation success of the system. Staff reported an additional 4415 interactions that did not require a referral in order to support vulnerable individuals and build relationships. To date, 257 individuals across 69 organizations have received Tier 1 Navigation Training. In Q3 and continuing into Q4, the focus

shifted to delivering Tier 2 and priority population training with 16 individuals across 6 organizations receiving Tier 2 Navigation Training, and 54 individuals received Indigenous or Youth specific training. Further capacity development of the ICA system has been achieved through the development of the lethbridgeica.ca website which is the main hub for Coordinated Access information. The website hosts the Getting Connected Resource Booklets (printed copies are also distributed to community service providers, volunteer groups, clients, etc.), information on how to access the counselling subsidy program and finding a counselling service provider, weekly rental listings, information for System Navigators and Community of Practice, and the ICAP table. The key connector is the ICA Referral Pathways which were developed in response to community feedback indicating that other platforms were not successful in information sharing to support referrals and meeting people where they are at, and efficiently supporting clients in getting the resources and services they needed. Currently, the ICA referral pathways are gaining momentum with community support and supporting successful system navigation.

Triage/Assessment & Vacancy Matching/Referral - Community LINKS provides support to individuals who are looking for assistance in navigating the system to achieve a goal – this goal could be finding housing, applying for funding, obtaining ID, how to complete a tax return, completing applications to programs such as rent supplement, income support, medical benefits etc. This service is available for everyone, whether it is someone trying to find a specific program, or a professional researching information to best help their clients. Individuals will be triaged to services that would be the most appropriate for their identified need(s). Community LINKS Practitioners meet clients where they are at such as other local organizations, i.e. Shelter, library, parks and at organizations such as YWCA, Woods Homes, etc. If individuals are living unhoused (homeless), at risk of being unhoused and/or have complex needs that would impact their housing stability, intake services will be explained and offered. This process includes assessing for further programs that may be applicable to the individual's needs, capacity/capabilities and supporting individuals in connecting with community supports, where follow up can be more frequent if needed/wanted by the individual.

All service providers working within the ICA system use the Service Prioritization Decision Tool (SPDAT) in tandem with their own assessment tools to assess and triage for housing. If individuals are identified as eligible and agreeable for a referral to PSH, referrals are sent to the ICA system where they are screened to determine if they meet the requirements of being chronically homeless and unsuitable for market housing or less intensive support options. PSH referrals are reviewed by the PSH Consortium on a monthly basis and they verify eligibility criteria and complete the preliminary screening tool and placement rationale. The tool outlines eligibility criteria (SPDAT scoring, intake and evidence of unsuitability for market housing or less intensive supports) and ranks physical health, substance use, mental health, cognitive ability, accessibility requirements, safety concerns, and notes other relevant history of the individual. The Consortium creates a score that is then available to the PSH Placement Committee as a rationale for the proposed placement. The purpose of the scoring tool and PSH Placement Committee is to have individuals identified as needing PSH on a waitlist, in a prioritized way for entry into programs that match the individuals' needs. By maintaining a wait list for each program with individuals who have been assessed and determined to meet the eligibility criteria, if beds become available the process to fill them is expedited. The PSH Placement Committee is

community-based and comprised of representation from organizations who support the homeless or at-risk of homeless population in Lethbridge, including representation from Alberta Health Services for outreach, therapeutic and medically supported information. The Placement Committee meets on a quarterly basis, or as needed, to utilize a collective decision making and priority setting process that is community informed to ensure referrals and programs are a suitable match and referrals are appropriately prioritized. If attempts to locate individuals who have been prioritized with the highest score are unsuccessful, the referral is put back on the waitlist and the next highest scored individual is offered the program space. If an individual is not eligible for PSH, Community LINKS Practitioners can assess and complete a referral to HomeBASE Adaptive Case Management (ACM). Individuals who agree to be referred to the ACM program will receive intensive case management which includes wrap-around services, home visits and frequent check-ins with case managers. All organizations, services and programs who participate in the ICA system have access and the ability to submit a referral to the Integrated Coordinated Access Partnership (ICAP) table to work in a community driven and collaborative way to troubleshoot system navigation or access to supports and services for individuals who are presenting with complex issues.

The CE is currently working with the 7 Cities of Alberta on Housing and Homelessness and Government of Alberta on the development and implementation of a new provincial HMIS. CSD is in the process of seeking approval for a consultant to assist in the implementation of HIFIS as the new HMIS for Lethbridge.

Section 3. Outcomes-Based Approach Self-Assessment

Summary Tables - Minimum Requirement

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

Step 1: Has a List	Step 2: Has a real-time List	Step 3: Has a comprehensive List
Yes	Yes	Not yet

Step 4: Can report <u>monthly</u> outcomes and set targets using data from the List
(reporting in Section 4 is mandatory for 2023-24 CHRs, if not earlier)

List was in place as of January 1, 2023 (or earlier)	Can generate monthly data	Has set targets	Has an outcomes-based approach in place
No	Outcome 1: No	Outcome 1: No	No
	Outcome 2: No	Outcome 2: No	
	Outcome 3: No	Outcome 3: No	
	Outcome 4: No	Outcome 4: No	
	Outcome 5: No	Outcome 5: No	

Step 4: Can report <u>annual</u> outcomes and set targets using data from the List
(reporting in Section 4 is mandatory once annual data can be generated)

List was in place as of April 1, 2022 (or earlier)	Can generate annual data	Has set targets	Has an outcomes-based approach in place
No	Outcome 1: No	Outcome 1: No	No
	Outcome 2: No	Outcome 2: No	
	Outcome 3: No	Outcome 3: No	
	Outcome 4: No	Outcome 4: No	
	Outcome 5: No	Outcome 5: No	

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?

Limitations with current database (ETO):
It is a requirement from the Government of Alberta for some housing-funded programs to use ETO, but not all, such as shelters. As ETO is not commonly used throughout the community for non-city funded service providers like emergency shelters and transitional housing facilities, data is very difficult to cross reference and data sharing agreements are not in place to support this cross-referencing. We are currently seeking approval for implementing HIFIS to support some of our programs. We will work to integrate our new technology solutions as best as possible with the new shelter operator, as this would greatly improve the comprehensiveness of our BNL.

Limitations with data and data discrepancies:
As indicated in Section 1, the Point-in-Time Count indicated that there were 454 individuals experiencing homelessness within the City of Lethbridge (with the majority of these individuals falling into the unsheltered category). In engaging with our CAB, it was noted that this seemed misaligned to the Section 4 data that generally indicates a decrease in unique individuals experiencing homelessness in 22-23 from 21-22. While the current limitations in ETO noted above play a significant role in this perceived data discrepancy, there are other factors that we wanted to identify and contextualize:
1. Historical inability to access shelter data. While we are in the process of drafting data sharing agreements with the new shelter operator and the new OSSI CBO, who have both indicated willingness to participate in the BNL project ongoing, historically the previous shelter operator did not share individual-level data with the CE - making it difficult to maintain a comprehensive BNL and thus track individual progress within the unsheltered demographic of those experiencing homelessness. Considering that the majority of those experiencing homelessness identified via the PiT were unsheltered, and that this individual-level data was not being shared with the CE, it explains why the data showcased in Section 4 may exaggerate a decrease in those experiencing homelessness - as it is data pulled from what was available and entered into ETO at time of submission.
2. ETO referral issues. Throughout the majority of 2022, service providers across Alberta ran into difficulties successfully entering referrals into ETO. While the CE had worked with service providers to support manual tracking of referrals, it is possible that there were service provider data gaps in ETO at time of pulling for Section 4. This potential gap may have also contributed to an exaggeration in the decrease of those experiencing homelessness within the community.
Ultimately, the data highlighted in Section 4 is imperfect and is a representation of what was able to be entered into ETO by service providers at time of the CHR submission, and may exaggerate the reality of homelessness within Lethbridge to a degree.

Plans to set-up, maintain, and/or improve the List over the next year:

As noted above, CSD is currently seeking approval for interrelated initiatives that will ultimately help to support the comprehensiveness of the List. One initiative is procuring a BNL Coordinator that would work out of the Lethbridge Shelter & Stabilization Centre, acting as the main BNL point of contact and data manager between the City of Lethbridge, the Shelter, and the new OSSI CBO. As part of this, CSD has begun drafting data sharing agreements with the Shelter, and the identified OSSI CBO, to ensure data sharing for BNL comprehensiveness. Another initiative is approval for procuring a consultant to assist with HIFIS implementation. Both initiatives are being brought forward for City Council information/consideration on May 2, 2023. If we receive the necessary approvals, CSD will begin work to finalize data sharing agreements as well as procurement documents to secure a consultant and the BNL Coordinator. CSD has already begun working with the new shelter operator to identify what should exist on a new BNL that would be maintained centrally at the shelter. Please note that although the CE does not have a real-time, comprehensive BNL yet, the CE has reported on available data asked for in Section 4 in an Annex, which will be published as part of the CHR Summary for transparency and to share data at the community level.

The draft data sharing agreements shared with both the OSSI CBO and the shelter operator will entail the following components:
- A Memorandum of Understanding that outlines the roles, responsibilities and expectations of each party entering into the data sharing agreement with the primary intent of supporting a comprehensive By-Names-List. The MOU includes information to ensure compliance with applicable laws and regulations concerning the confidentiality of client records, files or communication;
- A Confidentiality and User Agreement template for client use;
- A comprehensive Client Consent for Data Collection and Release of Information consent form for client use.
The draft data sharing agreements have been shared and CSD is in the process of collaborating with the shelter operator and new OSSI CBO to make any necessary revisions before signing.

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

Where does data for the List come from?	☐ HIFIS
	☐ Excel
	☑ Other HMIS
	☐ Other data source(s)
	☐ Not applicable – Do not have a List yet

Step 1. Have a List (cont.)

For the List, does the community have…

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

Chronic homelessness

x	Federal definition
	Local definition

From the List, can the community get data for…

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

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

Age	No	Indigenous identity	No
Household type	No	Veteran status	No
Gender identity	No		

Step 2. Have a real-time List

How often is information about people experiencing homelessness updated on the List?	Monthly
Is people's interaction with the homeless-serving system (activity and inactivity) updated regularly on the List?	Yes
Is housing history updated regularly on the List?	Not yet
Is there a process in place for keeping chronic homelessness status on the List up-to-date?	Not yet

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

*Optional: Currently, there is no commonly used unique identifier for individuals accessing services with organizations who do not use our HMIS (ETO) so we are not able to compare the List to other community-level data sources. This is an aspect we are hoping to improve with (if approved) the anticipated transition to HIFIS. The number of individuals using the main shelter is often higher than the number of individuals identified on our BNL and a direct comparison cannot be made as we have only received aggregate data back from the shelter in attempts to cross-reference our List. As described above, a recent analysis done in January 2022 identified that most individuals (85%) accessing the shelter in the month, were not on our BNL. Through working with the new shelter operator (Blood Tribe Department of Health) to better compare data and update/improve the BNL, we aim to maintain the BNL's comprehensiveness and improve its management via dedicated resourcing (CSD is seeking approval for a BNL Coordinator).

Step 4. Track outcomes and progress against targets using data from the List	

Section 4. Community-Level Outcomes and Targets – Monthly

Based on the information provided in the Community Homelessness Report, the community does not have to report monthly community-level outcomes for the reporting period.

Section 4. Community-Level Outcomes and Targets – Annual

Based on the information provided in the Community Homelessness Report, the community does not have to report annual community-level outcomes for the reporting period.