#### **COMMUNITY HOMELESSNESS REPORT SU**

#### **City of London**

#### 2021-2022

#### Collaboration between Indigenous and Non-Indigeno

Specific to the implementation of Coordinated Access and an HMIS, has there been control the Designated Community (DC) Community Entity (CE) and local Indigenous organization

Describe how this collaboration was done and how it affected the implementation of Cowill it be strengthened in the future?

Indigenous community partners have worked closely with Coordinated Access. We ha implementation of Coordinated Access and HIFIS with our Indigenous partners. Our I Gitwetashkad Indigenous Homelessness Plan Strategic Plan which was endorsed by C Stability Services references in any strategic implementation for Coordinated Access a Services are looking to support an inclusive housing assessment system of new partici Access (for example, a culturally safe housing assessment to support the VI-SPDAT a Stability Services will continue to work closely with our Indigenous partners to increase support the new Indigenous housing units that will be matched through Coordinated Accemmunity will also be prioritized when bringing new affordable housing units online th Access.

Specific to the implementation of Coordinated Access and an HMIS, has there been continuous the DC CE and the Indigenous Homelessness (IH) CE and/or Community Advisory Boapplicable?

Describe how this collaboration was done and how it affected the implementation of Cowill it be strengthened in the future?

Coordinated Access has worked collaboratively with local Indigenous organizations in individuals who identify as Indigenous for culturally appropriate housing supports. Coorthe development of Indigenous-led training sessions. Local Indigenous organization Prevention Network, a group of organizations who use HMIS.
With respect to the completion of the Community Homelessness Report (CHR), was the between local Indigenous and non-Indigenous organizations and, where applicable, the CAB?
Describe when this collaboration occurred and what parts of the CHR were informed by
The CAB (including Indigenous partners) provided review and approval of the CHR rep Housing Stability Services.

Does your community have a separate IH CAB?
Was the CHR also approved by the IH CAB?
Please explain how engagement will happen with the IH CAB during next year's CHR p
*Please insert comments here*
Coordinated Access and Homelessness Management Information Sys
Summary Tables

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

	Met	Started
Number of minimum requirements	17	1

The table below shows the percentage of minimum requirements completed for each c

Governance	HMIS	Access Points to Service	Triage and Assessment	
100%	100%	67%	100%	

### **Summary Comment**

Are there particular efforts and/or issues that you would like to highlight for this reportir to achieve the Reaching Home minimum requirements? In particular, please include at set-up, sustain and/or improve the Coordinated Access system and use of an HMIS.

The City of Londons Coordinated Access System is striving to achieve the Reaching H collaboratively with Leaders in a multi-sectoral approach to solving chronic homelessne continues to work with Built for Zero Canada to insure all minimum guideline requireme engagement meetings. Currently, Londons Coordinated Access is working on reviewin and procedure documentation to insure it is in accordance with reaching home and bui Londons Coordinated Access supports a yearly prioritization meeting to review and genousing resources are administered to meet the needs of londoners. Ongoing governa Access system are brough forward to the London Homless Prevention Network. The C increased its service delivery by hiring two full time Client Service Representatives and work to actively prevent and divert homelessness where possible and strive to make the possible by connecting individuals and families to housing services.

Outcomes-Based Approach Self-Assessi						
Where does data for the List come from?	Excel					
	HIFIS					
	Other HMIS					
	Other data source(s)					
	Not applicable – Do n					
Please describe the other data source(s):						

Places in sort commont have*
Please insert comment here*
ptional question: How does data from the List compare to other community-level data
nis is an optional follow-up question for communities that have completed the "CHR (
London HIFIS is used for all data, including generating the By-Name List.
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London HIFIS is used for all data, including generating the By-Name List.

### **Summary Table**

The table below provides a summary of the work your community has done so far to transfer Reaching Home.

Step 1: Has a List	Step 2: Has a real-time List	Step 3: Has a comprehensive List	Can repo outcon (mand
Yes	Yes	Yes	Ye

Are there particular efforts and/or issues that you would like to highlight for this reportir to transition to an outcomes-based approach under Reaching Home?
In 2022 - 2023, the City of London will undertake efforts to update By-Name List policy and housing history and update the list to use the federal definition of chronic homeles
Community-Level Core Outcomes – Annual Data F

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

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
People who experienced homelessness for at least one day (that year)	776	874	2992	-	-	-

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

The CHR report developed in the 2022 reporting year pulled from more locations than a result, the 2022 numbers increased significantly in 2022.

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

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
People who were newly identified (that year)	427	403	1193	-	1	-

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

The CHR report developed in the 2022 reporting year pulled from more locations than a result, the 2022 numbers increased significantly in 2022.

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

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Returns to homelessness (that year)	107	95	308	ı	1	1

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

The CHR report developed in the 2022 reporting year was pulled from more locations to years. As a result, the 2022 numbers increased significantly in 2022.

### Outcome #4: Fewer Indigenous peoples experience homelessness (Indigenous h

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Indigenous peoples who experienced homelessness for at least one day (that year)	118	153	570	1	1	-

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

The CHR report developed in the 2022 reporting year pulled from more locations than a result, the 2022 numbers increased significantly in 2022.

# Outcome #5: Fewer people experience chronic homelessness (chronic homeless

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
People who experienced chronic homelessness for at least one day (that year)		157	1203	1	1	-

Have you changed any data as submitted in a previous CHR for Outcome #5? If yes, in					
what was changed and why?					
The CHR report developed in the 2022 reporting year pulled from more locations than					
a result, the 2022 numbers increased significantly in 2022.					
Community Lovel Com Outcomes Monthly Date					
Community-Level Core Outcomes – Monthly Data					
Outcome #1: Fewer people experience homelessness (homelessness is reduced					

	March	March	March	March	March	March
	2020	2021	2022	2023	2024	2025
People who experienced homelessness for at least one day (that month)	0	0	0	1	1	-

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

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

	March	March	March	March	March	March
	2020	2021	2022	2023	2024	2025
People who were newly identified (that month)	0	0	0	-	-	-

<sup>\*</sup>Please insert comment here\*

Have you changed any data as submitted in a previous	CHR for Outcome #2? If yes, i
what was changed and why?	

\*Please insert comment here\*

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

	March	March	March	March	March	March
	2020	2021	2022	2023	2024	2025
Returns to homelessness (that month)	0	0	0	-	1	-

Have you changed any data as submitted in a previous	CHR for Outcome #3? If yes, i
what was changed and why?	

\*Please insert comment here\*

# Outcome #4: Fewer Indigenous peoples experience homelessness (Indigenous h

	March	March	March	March	March	March
	2020	2021	2022	2023	2024	2025
Indigenous peoples who experienced homelessness for at least one day (that month)	0	0	0	-	-	•

Have you changed any data as submitted in a previous CHR for Outcome #4? If y	es, iı
what was changed and why?	

\*Please insert comment here\*

# Outcome #5: Fewer people experience chronic homelessness (chronic homeless

	March	March	March	March	March	March
	2020	2021	2022	2023	2024	2025
People who experienced chronic homelessness for at least one day (that month)		0	0	ı	ı	-

Have you changed any data as submitted in a previous CHR for Outcome #5? If yes, in
what was changed and why?
*Please insert comment here*

### **JMMARY**

#### ous Partners

ollaboration between ations?

Yes

pordinated Access and/or the HMIS. How

nve regular meetings and reviews of the Indigenous partners developed the City of London Council and Housing Ind HIFIS. In the future, Housing Stability ipants coming in through Coordinated ssessment). City of London Housing their housing support program which will coess. To add on to this, the Indigenous at are matched through Coordinated

ollaboration between ard (CAB), where

Yes

pordinated Access and/or the HMIS. How

establishing Housing First programs for rdinated Access has also been a part of participates in the London Homeless

nere collaboration e IH CE and/or

Yes

y these efforts.

ort. The CHR report was completed by

	No		
	Select one		
process.			

tem (HMIS) Self-Assessment

neet the Reaching Home minimum

Not Yet Started
0

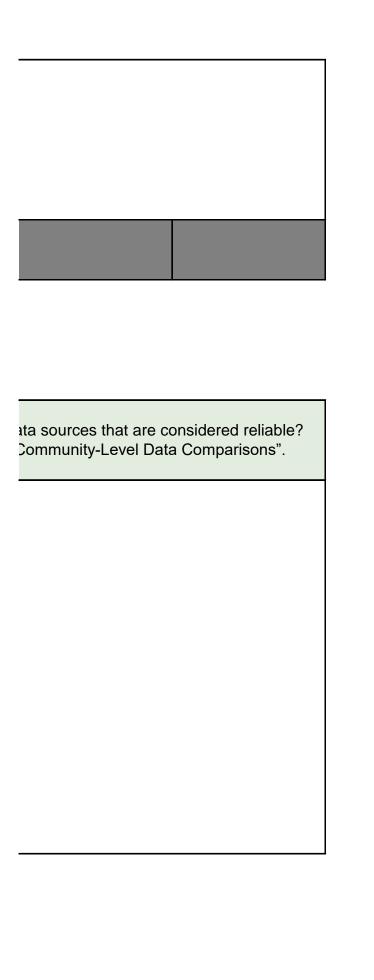
core Coordinated Access component.

Coordinated Access Resource Inventory	Vacancy Matching and Referral
100%	100%

ng period related to your community's work n update about your community's efforts to

lome requirements. Our community works ess in London. Coordinated Access ents are met through ongoing monthly g all internal coordinated access policy ilt for zero canada guidelines. The City of nerate local community priorities to insure ince or changes to the Coordinated ity of Londons Coordinated Access has I four full time access coordinator's which he experience of homelessness as short as

not have a List yet



ansition to an outcomes-based approach

Step 4:		
rt annual ne data latory)	Can report monthly outcome data (optional)	
<b>3</b> S	Yes	

ng period related to your community's work and practices related to active/inactive sness.

Reporting

# overall)

2025-26	2026-27	2027-28	Target
-	-	1	2842

data was pulled from in previous years. As

# are reduced)

2025-26	2026-27	2027-28	Target
-	1	1	1133

n the comment below please describe
data was pulled from in previous years. As

### e reduced)

2025-26	2026-27	2027-28	Target
-	1	1	293

than data was pulled from in previous

### nomelessness is reduced)

2025-26	2026-27	2027-28	Target
-	ı	ı	513

data was pulled from in previous years. As

# sness is reduced)

2025-26	2026-27	2027-28	Target
-	1	1	602

n the comment below please describe

data was pulled from in previous years. As

Reporting

March	March	March	Target
2026	2027	2028	
-	-	-	0

## are reduced)

March	March	March	Target
2026	2027	2028	
-	-		0

## e reduced)

March	March	March	Target
2026	2027	2028	
-	-	-	0

# nomelessness is reduced)

March	March	March	Target
2026	2027	2028	
-	-	1	0

n the comment below	please describe
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# sness is reduced)

March	March	March	Target
2026	2027	2028	
-	-	-	0

n the comment below please describe					