

Starting at Home  
in Medicine Hat –  
Our 5 Year Plan to  
End Homelessness

# Year 2

## Progress Report



## **Acknowledgements**

The Medicine Hat Community Housing Society (MHCHS) would like to thank the community partners, the Housing First Steering Committee, the City of Medicine Hat, the Government of Alberta, and the Government of Canada for their significant contributions and continued support of Starting at Home in Medicine Hat – Our 5 Year Plan to End Homelessness. It is the collaborative nature of this community and our funding partners that will end the trap of homelessness in Medicine Hat.

The MHCHS would also like to thank the community members who share their experiences of homelessness and who contribute to make a difference.

Message from the Manager  
of the Homeless & Housing  
Development Department

# NOBODY ASPIRES TO BE HOMELESS

The development and implementation of Starting At Home in Medicine Hat – Our 5 Year Plan to Ending Homelessness marked the fundamental shift that ignited the movement from ‘managing’ to ‘ending’ homelessness in our community. It signified a belief that investing in the status quo would no longer suffice, that housing was a right, not a privilege. Medicine Hat has done exceptional work in supporting our most vulnerable citizens. We know that we are not done yet.

The first two years of implementing the plan have taken courage, dedication, community collaboration, evidence-informed solutions, and hard work. Community partners have demonstrated a high-degree of professionalism and integrity in their work with individuals and families experiencing homelessness or who are near homeless – be it in a shelter, in a Housing First or Rapid Access Program, on the street, or in accessing many of the other support services available. This degree of professionalism is matched only by the level of compassion in this community.

We have started to become familiar with the many faces of homelessness: the child – whose parent(s) enter into homelessness, the family and victims of family violence or abuse – who cannot go home, the senior – who cannot afford the increasing cost of living; or the individual – who struggles with physical or mental wellness, or addictions and needs assistance to access services.



It is now time to get acquainted with the many faces of success: 384 individuals in Medicine Hat have brought themselves and their 190 children out of homelessness with dignity and grace. We honor your hard work and commitment to stay housed. We celebrate your success.

The power of community partnerships and collaboration cannot be understated and together we will achieve remarkable and long-lasting results. I look forward to the work ahead in Medicine Hat as we continue our efforts to make homelessness history.

*Jaime Rogers*

# Starting At Home in Medicine Hat – Our 5 Year Plan to End Homelessness

## The six goals of our plan to **end** homelessness

- 1** Ensure that persons have a place to live and access to necessary support services/programs.
- 2** Ensure access to emergency shelter and interim housing options with rapid transition into permanent housing.
- 3** Ensure access to permanent affordable housing, with appropriate supports for those families and individuals experiencing homelessness through an expansion of the Housing First approach.
- 4** Ensure the coordination of services for the persons who are homeless and at-risk of homelessness.
- 5** Develop and increase the supply of permanent housing options.
- 6** Strengthen the governance structure and establish an implementation process for the Plan that builds on the strengths of the community, develops capacity, promotes collaboration, innovation and cost-effectiveness, and ensures evidence informed progress.





# A Principle-Based Plan

Medicine Hat's plan to end homelessness is based on the Housing First model and is consistent with the seven principles established in *A Plan for Alberta; Ending Homelessness in 10 years*. These principles include:

- 1 Addressing the root causes of homelessness is essential to ending homelessness.
- 2 Preventing and ending homelessness is a shared responsibility of all orders of government, the community, the corporate sector, service providers, and citizens.
- 3 Programs and services are evidence-informed in their planning, and demonstrate measureable outcomes.
- 4 Current essential services and supports are maintained during the transition to permanent housing.
- 5 Goals and initiatives are client-centered and community driven
- 6 Funding is long-term, predictable, and aligned with a community plan to end homelessness.

**There is only one known cure to homelessness. Housing. Focus on anything other than helping people access and maintain housing and your focus is on the wrong thing.**

— Iain De Jong



## Highlights and Insights from Year 2

### Starting At Home in Medicine Hat

#### Year 2 Performance Progress

In Starting At Home in Medicine Hat, we detailed specific initiatives that were to be achieved by the end of the second year of implementation. This chart reports on the progress achieved on each of the three streams of activities dedicated to ending the trap of homelessness in our community.

**Based on the estimated 11,000  
homeless individuals living in  
Alberta in 2008–2009:**

**The cost to manage  
homelessness = \$6.65 billion**

**The cost to end  
homelessness = \$3.316 billion**



Achieved



Behind Schedule



On Target



Under Review

## Prevention Stream

Goals/Targets	Year 2 Performance (Activities, Outputs and Outcomes)	Status
Ensure that all persons have a place to live and access to necessary support services/programs (Goal 1)	1 51 social housing clients with tenancy issues were supported in maintaining their tenancy.	
	2 100% of Financial Administrator clients had stable housing at their 12 month assessment in the program.	
	3 The number of Financial Administrator clients requiring services from the Food Bank decreased from 54% to 0% over the course of 12 months in the program.	
	4 42 youth were supported by the Youth Shelter Outreach Worker to return to/remain in home or find a safer housing situation.	
	5 Recognizing that the majority of Housing First graduates will require some form of subsidized housing to maintain their long term housing stability, only 24% of Housing First graduates were connected to subsidized housing options. Work will continue in this area to increase access to this service, and decrease the risk of people returning to .	
	6 Housing Assessment and Triage (HAT), through the provision of 411 assessments, were able to determine the intervention required to limit individuals' experience of homelessness.	
	7 Funding in the Amount of \$547,726 was provided jointly by the Alberta Government through Housing and Urban Affairs & Canada Mortgage and Housing corporation to McMan Youth, Family and Community Services, for the purchase of an 11 unit building for low income and homeless individuals.	
	8 A sod-turning took place on the City of Medicine Hat's affordable housing development which was based on prior year funding approvals. Construction of the 16 one-bedroom/bachelor affordable housing units is to be completed by the fall of 2012.	
Community development and planning activities occur to reduce Not in My Back Yard (NIMBY) and increase public awareness of homelessness issues (Goal 6, Target 4)	1 32 community and agency representatives participated in Community Consultation on the Interagency Council on Homelessness.	
	2 9 Community-based professional development opportunities provided to 16 community partners that support homeless and near homeless citizens in our city. On Average, 33 individuals participated in each professional development opportunity.	
	3 Through community collaboration 20+ community partners continued the momentum of the Project Connect Event, providing 121 homeless and near homeless citizens with resource information, supports & services, as well as raising awareness in the community.	
	4 Social marketing campaign launched to increase public awareness of homelessness issues.	
	5 Community conversations have taken place and the development of a community-based poverty reduction strategy has commenced.	
Annual Progress/Evaluation Reports for Starting At Home in Medicine Hat. (Goal 6, Target 5)	1 Year 2 Progress Report made available at Second Annual Community Celebration of Medicine Hat's 5 Year Plan to End Homelessness	

## Re-Housing & Stability Stream

Targets as per 5 Year Plan	Year 2 Performance (Activities, Outputs and Outcomes)	Status
All homeless citizens and families will have access to emergency accommodation options (Goal 2, Target 1)	<ol style="list-style-type: none"> <li>1 The Salvation Army Shelter provides emergency shelter for adult individuals; both sober and those that may be using substances.</li> <li>2 Due to staffing issues and limited use, the program ended early.</li> <li>3 The Salvation Army and Medicine Hat Community Housing Society collaborate to ensure that all homeless families have appropriate shelter options.</li> <li>4 The Inn Between Youth Shelter served 45 unique youth in 2011–2012, 51% of these service participants successfully returned home or to extended family.</li> <li>5 Shelter bed use has been reduced by 23% from 2010–2011 to 2011–2012.</li> </ol>	
All crisis sheltered citizens have access to Housing First services. (Goal 2, Target 2)	<ol style="list-style-type: none"> <li>1 Housing Assessment and Triage initiates on-site assessment for individuals staying in emergency shelter.</li> </ol>	
Expand and enhance Housing First capacity in the city to reduce people's experience of homelessness (Goal 3, Target 1)	<ol style="list-style-type: none"> <li>1 Over 380 homeless citizens are housed and supported through Housing First since April 1, 2009.</li> <li>2 Implementation of a Rapid Access Program to serve those homeless citizens who do not qualify for the Housing First Program and still require supports.</li> <li>3 Over 45 homeless citizens are re-housed and supported through the Rapid Access Program since July 1, 2011.</li> <li>4 Family homelessness reduced with 190 + children being removed or diverted from homelessness in Medicine Hat since 2009.</li> <li>5 For 2010–2011, 77% of Housing First service participants successfully graduated to full independence.</li> <li>6 Overall Success Rate: over 80% of service participants remained stably housed.</li> <li>7 Continuous improvement to Housing First service delivery to ensure staff professionalism, capacity building and evidence-informed best practices.</li> <li>8 Housing First and Rapid Access workers and service participants focus on long terms housing stability, improved wellness and increased self reliance.</li> <li>9 Housing First training provided to foster a culture of client centered innovation, team work and reflective practitioners.</li> <li>10 A “warm transfer” process has been developed to allow for easier transitioning of individuals on the waiting list into a Housing First /Rapid Access program.</li> </ol>	
All crisis and emergency services act as an access point for prevention assistance (Goal 1, Target 1)	<ol style="list-style-type: none"> <li>1 Target Under Review</li> </ol>	



Achieved



Behind Schedule



On Target



Under Review

Targets as per 5 Year Plan	Year 2 Performance (Activities, Outputs and Outcomes)	Status
Coordination of crisis intervention services to prevent homelessness. (Goal 1, target 3)	<ol style="list-style-type: none"> <li>Progress has been made in this area with recognition that more work needs to be done. The Housing Assessment and Triage facilitate assessments over the phone with individuals that are institutionalized as well as on-site assessments at the Medicine Hat Hospital.</li> </ol>	
Increased access to eligible income support programs and services. (Goal 1, Target 2)	<ol style="list-style-type: none"> <li>Work has been undertaken at the Provincial level to ensure improved access to eligible support programs and services.</li> <li>Continue to work with local partners to address improved access to eligible income support programs and services.</li> </ol>	 
Advocacy with the City of Medicine Hat to review municipal by-laws and regulations re: affordable housing options. (Goal 5, Target 1)	<ol style="list-style-type: none"> <li>Target Under Review</li> </ol>	
Provision of rent supplements dedicated to eligible Housing First participants to ensure continued housing stability (Goal 3, Target 3)	<ol style="list-style-type: none"> <li>Continuation of the Centralized Rental Support Fund to ensure that Housing First participants remain stably housed and do not relapse back into homelessness as they await access to rental supplements.</li> <li>Advocacy was successful in securing ongoing rent supplements dedicated to the graduates of the Housing First program. Implementation of the Graduate Rental Assistance Initiative from the Provincial Government will ensure that successful graduates of the Housing First /Rapid Access Program will have access to rental supplements after they have completed the program.</li> </ol>	 
Implement a Homeless Management Information System to ensure appropriate case management of clients and the tracking of demographics and needs of homeless population. (Goal 6, Target 3)	<ol style="list-style-type: none"> <li>The continued utilization of Efforts to Outcomes (ETO) data collection/ case management software ensures that community needs, Housing First and Rapid Access Program impacts and detailed information on homeless citizens' experiences are captured.</li> </ol>	

**Every month, local landlords and property management companies receive an average of \$26, 000 in rental assistance to ensure service participants can afford their rent.**



Achieved



Behind Schedule



On Target



Under Review

## Monitoring & Evaluation

Targets as per 5 Year Plan	Year 2 Performance (Activities, Outputs and Outcomes)	Status
Housing First Steering Committee will be expanded to incorporate all affiliated community partners dedicated to ending homelessness and increasing housing and health stability. (Goal 6, Target 1)	<ol style="list-style-type: none"> <li>1 The Housing First Steering Committee welcomed new members that will support the committee and the community through the implementation of The Plan.</li> <li>2 Reviewed the purpose and vision of the HFSC, to ensure membership is representative and inclusive of community, and that the focus of the committee continues to be for ward thinking and responsive to the shifting needs of the community.</li> </ol>	 
Implement a Homeless Information and Management System to ensure appropriate case management of clients, tracking of successful Plan implementation as well as the tracking of demographics and needs of homeless population (Goal 6, Target 3).	<ol style="list-style-type: none"> <li>1 Efforts to Outcomes (ETO) case management software is actively being used in the service delivery of all Housing First and Rapid Access programs.</li> <li>2 The funders utilize the vital information in ETO as part of the monitoring and evaluation that measures the status of the plans to end homelessness. This information is also used to inform program service delivery models as well as decisions at the provincial and local levels.</li> </ol>	 
Expand and enhance Housing First capacity to reduce people's experience of homelessness (Goal 3, Target 1)	<ol style="list-style-type: none"> <li>1 Implementation of the formalized "Policies, Procedures and Service Description for Effective Delivery of Housing First Services" will be put into effect April 1, 2012</li> <li>2 Homeless and Housing Department has standardized Housing First Program Evaluation, File Audit, Discharge Planning, Rental Support Fund administration, etc. practices to ensure consistency and adherence to best practices.</li> <li>3 Implementation of a Rapid Access Program to serve those homeless citizens who do not qualify for the Housing First Program and still require supports.</li> </ol>	  

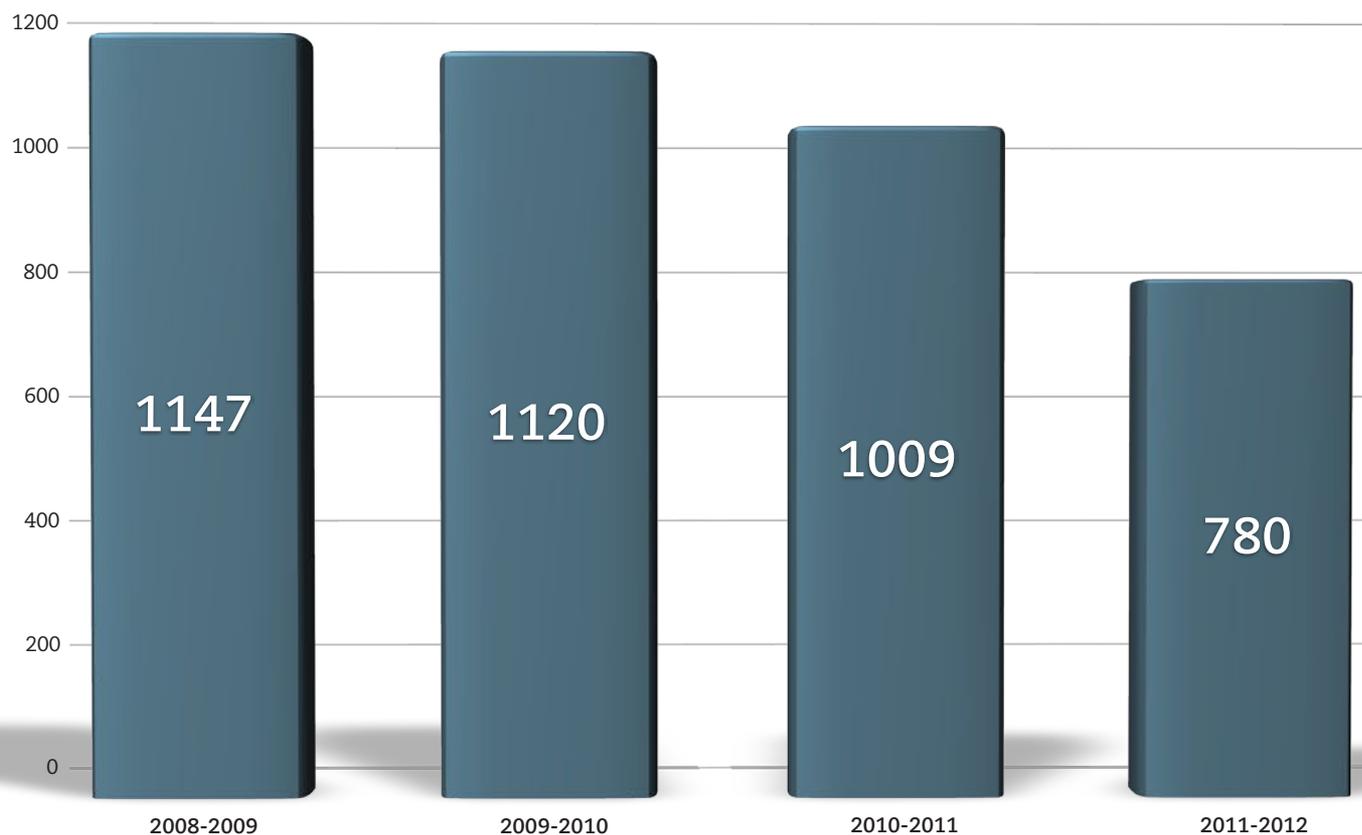




## A. Emergency Shelter Usage

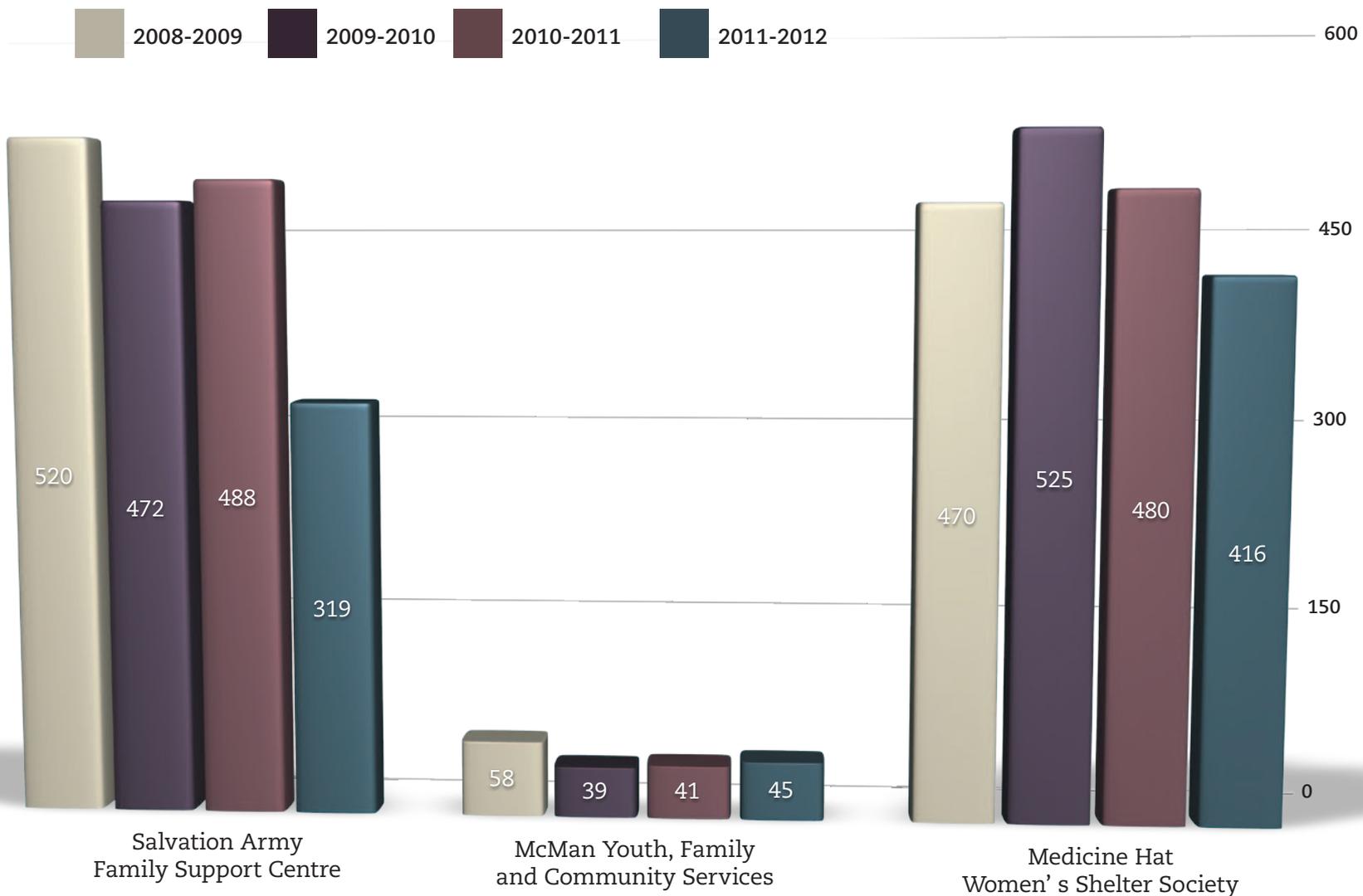
The need for emergency shelters will continue to exist in communities across Alberta. Shelter beds should be utilized in emergency situations, not as a long term solution to homelessness. The reduction of usage and duration of stay in shelters to (a maximum of) 21 days coupled with appropriate interventions results in people transitioning more quickly from emergency based services into permanent housing.

Medicine Hat continues to see a **decline** in citizens seeking emergency shelter.





## 2008-2012 Agency Based Shelter Stats



## **B. Enhanced Service Delivery**

Over the past year, our community partners have **worked collaboratively** to enhance the coordination and delivery of services for individuals and families experiencing homelessness.

Enhancing the quality of the Housing First programs in community is a great investment. Effective April 1, 2012, the adoption of Policies, Procedures and Service Description for Effective Delivery of Housing First Service will guide practices on a go-forward basis and will be instrumental in improving our service delivery. The Policy and Procedures, created with the input from Service Providers, ensures we remain true to the fidelity of the intervention.

Our community plan to end homelessness cannot be successful without the support of our community partners, including local landlords and property management companies. A new strategy to improve service delivery was the initiation of the first Landlord Roundtable meeting in community. Recognized as a best practice, quarterly Landlord Roundtable meetings will continue to occur as they provide a formalized vehicle of communication between the Service Providers, the Community Based Organization (CBO), landlords and property management companies. Landlords are critical to the success of Housing First in community.



## **C. Youth Homelessness**

# The prevalence of youth homelessness in Medicine Hat remains **unknown...**

as is the case in many centres across Canada. Homeless youth in community often go undetected; they are the 'hidden homeless' as there is a tendency for this demographic to 'couch surf' with friends rather than utilize emergency shelter services. The issue of youth homelessness requires increased awareness, research, and action to determine both the scope of the issue, and the most effective means in addressing it. We must take a closer look at the primary pathways into youth homelessness: poverty, family conflict and breakdown, abuse and addictions, if we are to be successful in breaking the cycle of homelessness among youth and to support them in building a better future.

**384 citizens and 190+ children have been housed between April 1, 2009 and March 21, 2012 through Housing First and Rapid Access.**





## **D. Supporting Community Capacity Building**

Increased knowledge and understanding is a **cornerstone** to reaching our goal of ending homelessness.

Consistent and quality training moves us towards improved service participant outcomes. When we do better, the people we serve do better. The delivery of Housing First and Rapid Access requires specific interventions for specific target populations. To effectively deliver the interventions, front line workers and community partners must have a thorough understanding of the social complexities that encompass homelessness.

To support community with this understanding, numerous professional development and training opportunities have been provided including:

- Motivational Interviewing,
- The Service Prioritization Decision Assistance Tool (SPDAT),
- Case Management using SPDAT,
- Wellness Recovery,
- Responding to Trauma,
- Freedom of Information and Privacy (FOIP), and
- Training with Efforts to Outcomes (ETO)

Participation in professional development and training opportunities that provide practical approaches to effectively work with individuals and families experiencing homelessness is critical to ensuring front line workers, service providers and community is equipped to deliver the intervention.

Medicine Hat is fortunate to have Iain De Jong, President and CEO of OrgCode Consulting Inc. continue his work with community. Through Iain's expertise, guidance, and commitment to ending homelessness, our work has been elevated. Case management practices and techniques are becoming more refined; our overall service delivery has improved, and a higher quality of intervention is being delivered to our community's most vulnerable citizens. All of this is instrumental in our movement from managing homelessness to ending it.

**Don't just give them a blanket  
and a bowl of soup. Give them  
housing and services...**

**- Philip Mangano**

**574 individuals, including  
190 children, in Medicine Hat  
have brought themselves  
out of their homelessness.**

**In my travels advising communities and organizations on effective approaches to ending homelessness, I frequently speak of Medicine Hat. The terrific city in southeast Alberta has made some of the very tough choices that need to be made to do this type of work effectively, exercise one of the most stellar commitments to professionalizing practice that I have ever seen, and are getting the results necessary to move towards ending homelessness. There is nothing accidental about Medicine Hat's success; it is directly related to hard work and discipline.**

— Iain De Jong



## Looking Forward

2012 will be a pivotal year in our community's plan to end homelessness. We will continue our effort to improve service delivery, advance our research agenda, strengthen community engagement and continue the advocacy for additional housing options. As a key priority identified by our community and included in our 5 Year Plan to End Homelessness in Medicine Hat, youth homelessness will have a greater focus in the year to come.

Special thanks to both the service providers and service participants for their extremely hard work in progressing our collective goal to end homelessness.



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