

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

Year 4

Progress Report



Journey Home

WHY DOES IT MATTER?

Housing is a fundamental human right.

When we look back on the momentum and energy from the last 4 years we are proud of our successes and achievements in the effort to end homelessness. The **phenomenal work accomplished in Year 4** has provided a model for community responsiveness as benchmarks were passed and new milestones were set. The **2013 flood** that continues to leave its impact on our community, prompted the coming together of neighbors, both homeless and housed, government and business, and the creation of friendship among strangers. Finally, the achievements in Year 4 demonstrated that not only does housing first work, it is the formula necessary to **put an end to homelessness**. The combination of surpassed expectations, responsiveness, and community feedback drove the re-focusing of *Our Plan to End Homelessness*. The re-focused *Plan* better reflects community's past and present collaborative efforts and provides a **framework for the future...**

When we highlight the achievements of the *Year 4 Progress Report to Community*, we are mindful of the milestones set out by the **re-focused plan** and the commitment made to **ending homelessness in 2015**. The diligence and perseverance of our service providers, the *Community Council on Homelessness*,

community partners and stakeholders makes all of this possible. In addition to those who work daily to end homelessness, the support of our local, provincial, and federal governments, landlords, and business community has been **pivotal to progress**. Collaboratively, these relationships are responsible for **remarkable improvement** thus far and essential in moving the plan forward.

The *Year 4 Progress Report to the Community* proves that we are going in the right direction- that the struggles of the past year led to accomplishments and the transitions we experienced provided new possibilities. Most importantly, Year 4 is not only a reminder of the **509 individuals and their 256 children** who are housed and supported, it is also a chance to **reaffirm our commitment** to assist those who still remain homeless. We intend to make everyday count.

Jaime Rogers

Acknowledgements

The *relationships built within community* are directly responsible for the **509 individuals** and their **256 children** that were housed between **April 1, 2009 and March 31, 2014**.

The **local leadership and support** provided by the *Community Council on Homelessness* has been vital in the implementation of our local plan. These efforts are furthered by the unique partnership and leadership of the **7 Cities on Housing and Homelessness** that work to drive change provincially and nationally.

Additionally, **The Medicine Hat Community Housing Society** would like to extend a sincere thank-you to all of the participants and supporters of **At Home in Medicine Hat – Our Plan to End Homelessness**.

THE COMMUNITY COUNCIL ON HOMELESSNESS MEMBERSHIP

Medicine Hat Community Housing Society (CBO/CE)
The Salvation Army
Alberta Employment & Immigration
Southeast AB Child and Family Services Authority
Alberta Health Services - Mental Health and Addictions
Alberta Health Services – Public Health
City of Medicine Hat
Community Foundation of Southeast AB
United Way of South Eastern Alberta
McMan Youth, Family & Community Services
Medicine Hat Women's Shelter Society
Persons with Developmental Disabilities South Region
Canadian Mental Health Association
Medicine Hat and Area Food Bank
Miywasin Society of Aboriginal Services
Assured Income for the Severely Handicapped
Saamis Immigration Services Association
Medicine Hat Police Service
Service Canada
Alberta Human Services

OUR COMMUNITY COMMITTED TO ENDING HOMELESSNESS IN MEDICINE HAT IN 2015.

In 2009, **Medicine Hat** became one of the first Canadian cities to **commit to ending homelessness** using the housing first approach. *In the Starting at Home in Medicine Hat: Our 5 Year Plan to End Homelessness*, the community laid out its vision, key principle, and core strategies to realize this vision.

Since the initial plan was completed in 2009, considerable internal and external shifts have occurred. Internally, MHCHS has developed notable expertise managing **implementation**; the level of knowledge gained through implementation **surpasses the 2009 understanding** of the scope of the homelessness locally and the strategies required to address it effectively. In the fall of 2013, MHCHS initiated a **strategic review process** to determine a framework for the Plan's update. MHCHS prioritized a *"Made In Medicine Hat"* approach that included the purposeful engagement of diverse stakeholders in the update process, including partner agencies, government, mainstream systems, and service participants.

To update the *Plan to End Homelessness*, MHCHS engaged **Dr. Alina Turner**, *Turner Research & Strategy Inc.*, to undertake a comprehensive assessment of Medicine Hat's progress to date, research best practices, and assess the broader macro-economic and socio-demographic environment, policy and funding landscape impacting the plan. Interviews with government funders were also completed to gauge their overall direction and ensure alignment moving forward. Other key inputs included service providers, public system partners, government, landlords, Housing First and Rapid Re-Housing service participants, and community members at large.



MILESTONE

House 290 homeless people
by March 2015,
of which 240 would be chronically
or episodically homeless

Based on the input derived from the aforementioned key stakeholders, consultation, and research, a re-focused **Plan** was developed and brought back to community on January 17th to gather feedback on the proposed direction. The draft **Plan** was revised based on this input, and presented to MHCHS and the CCH.

1. SYSTEM PLANNING

The full-scale implementation of the system planning approach in the Medicine Hat Homeless-Serving System.

2. HOUSING AND SUPPORTS

Ensuring adequate and appropriate programs and housing opportunities are in place to meet priority population needs to end homelessness in Medicine Hat by March 2015.

3. SYSTEMS INTEGRATION AND PREVENTION

Introducing system integration and targeted prevention measures to stop the flow into homelessness and maintain an end to homelessness beyond 2015.

4. DATA AND RESEARCH

Using data and research to improve and refine our approach.

5. LEADERSHIP AND SUSTAINABILITY

Stepping up as a leader to support the ending homelessness movement in Alberta, Canada, and internationally.

BEING RESPONSIVE TO THE NEEDS OF COMMUNITY

Graduate Rental Assistance Initiative

Since its inception on April 1, 2012, the *Graduate Rental Assistance Initiative (GRAI)* has provided **74** service participants from *Housing First and Rapid Re-Housing* programs with the **ongoing financial support** they required to maintain their housing stability after graduation from the programs. Subsidy amounts for GRAI range from **\$54- \$400** per participant depending on the type of housing and need.

Landlord relations

125 landlords and property management companies have helped **765** adults and children in Medicine Hat have **a place to call home**. Local landlords and property management companies are a vital partner in our *Plan to End Homelessness*. Quarterly *Landlord Roundtable* meetings continue to be facilitated by the *Medicine Hat Community Housing Society*. These meetings serve to provide information to/receive input from community landlords and to problem-solve any areas of concern that arise.

Interim Housing Units

In 2013, **private market housing** was secured in an effort to eliminate the inappropriate use of shelter space for active service participants of *Housing First and Rapid Re-Housing* programs in Medicine Hat. Since its implementation, **13 active service participants** of *Housing First and Rapid Re-Housing Programs* have used the interim housing units as a housing option for an average length of stay of **17 days** while waiting to be re-housed.

2013 Flood

The **impact of the flood** was devastating and created a need for **all of Medicine Hat** to be responsive to the needs of those who were displaced. This disaster **increased the vulnerability** of lower income households with additional challenges (*mental health, disability, immigration, Aboriginal*) in an already strained housing market. During this **community crisis**, we continued to meet the needs of those experiencing homelessness and provided assistance to many individuals impacted by the flood.

Investing in Building Community Capacity

Medicine Hat Community Housing acknowledges that to have a strong approach to ending homelessness, **an investment must be made** in programming and staff. The **commitment** to sharing our practices, processes, policies, and knowledge extends not only to the rest of the province and country, it **starts at home**. Continuous training and professional development opportunities ensure that programs **have the tools they need** to increase their own capacity in delivering service.

Program Transition

In 2013, the **Canadian Mental Health Association** came on board to deliver *Housing First* in the community. This program has provided a continuation of service for the *Housing First* service participants that transitioned and continues to take new service participants.

Data Management

In order to continue with a coordinated effort that will **improve and streamline** program delivery in community with data informed decisions, there will be an expansion in the utilization of the *Efforts to Outcomes (ETO)* web - based data collection application. *ETO* provides a platform to collect standardized information relative to the **experience of individuals and families** that have entered the *Housing First and Rapid Re-Housing* programs. The shelters and programs will integrate the use of *ETO* with the result of obtaining a **more accurate picture** of what homelessness looks like in Medicine Hat.

EMERGENCY SHELTER USAGE



MILESTONE

Eliminate 50% of 2013 emergency shelter beds by 2015 (a 30 bed reduction)

Shelter Visioning

Medicine Hat has experienced a **40% reduction in shelter usage** since 2009. This is in part due to the shelter visioning conversations and collaborative work with the *Salvation Army* shelter. In addition to *Housing Assessment & Triage (HAT)* conducting intake and assessments in the shelter, the sharing of a daily **Housing Report** was implemented between *HAT* and shelter staff to ensure that those who needed prioritization of service were being targeted. This has resulted in a **reduction in shelter stays** and the top 40 unique shelter users being **permanently housed**.

In efforts to meet the needs of families who presented at shelter, *Family Hotel Stays* offer **short term accommodation** while they obtain appropriate housing. Efforts were made to **reduce the families experiences of homelessness** and increase accessibility to services. On average *Family Hotel Stays* declined from **14 days to 6 days** during the period from April 1, 2013- March 31, 2014.

Emergency Shelter Providers

The *McMan Youth, Family and Community Services Association's Inn Between* provides **one emergency bed** for community-based youth.

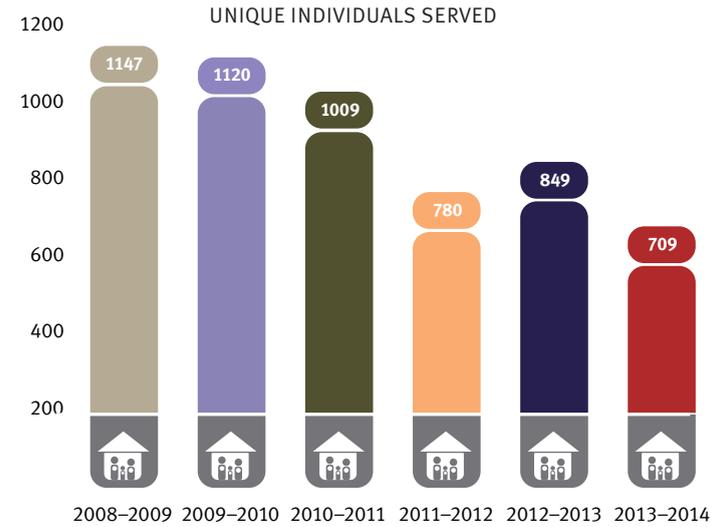
The *Medicine Hat Women's Shelter Society Phoenix Safe House* operates a **30 bed emergency shelter** for women and children fleeing family violence.

The *Salvation Army* operates a **30 bed emergency intox shelter** for adult men and women.

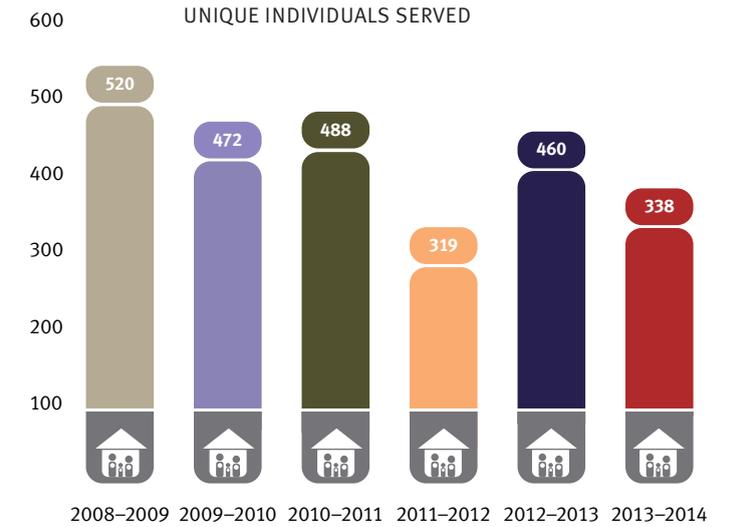
The *Champions Centre* operated the **2013-2014 Winter Response Program** that allowed individuals to have a safe and warm place to be during the day.

TOTAL COMMUNITY BASED SHELTER USAGE

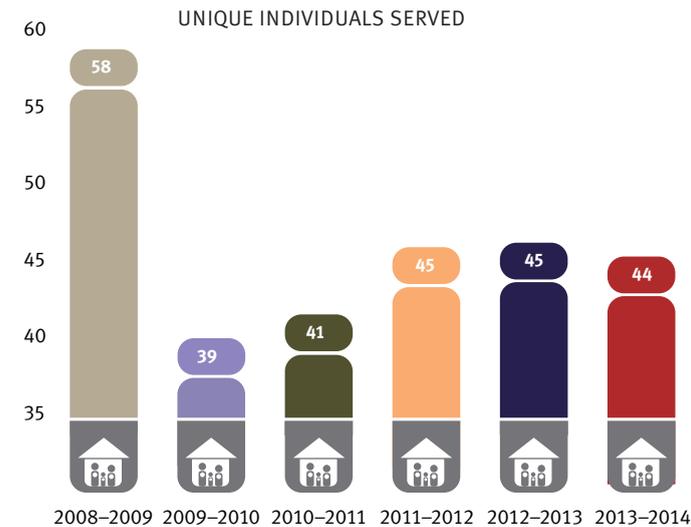
Salvation Army, McMan Inn Between, and Women's Shelter combined



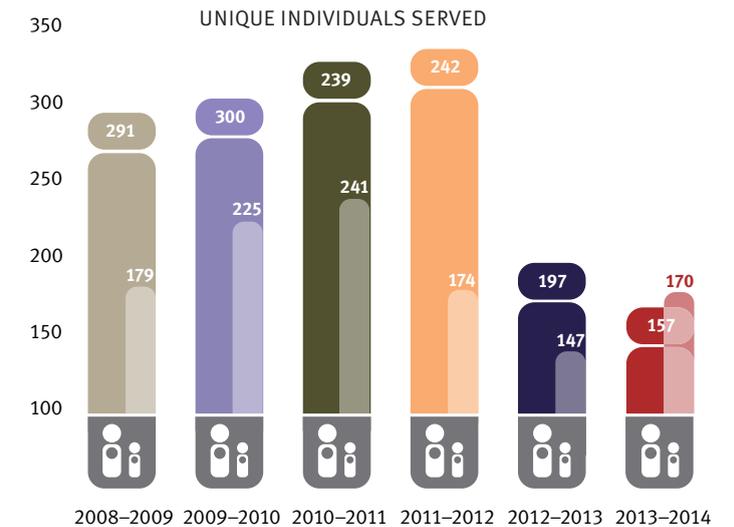
MEDICINE HAT SALVATION ARMY SHELTER

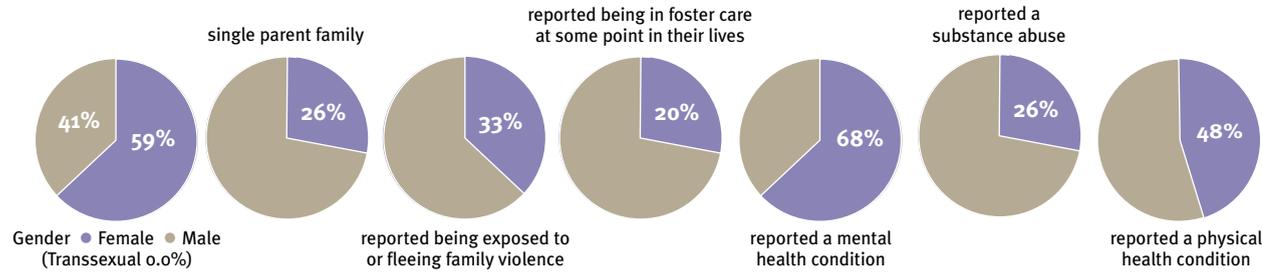


McMAN INN BETWEEN



MEDICINE HAT WOMEN'S SHELTER

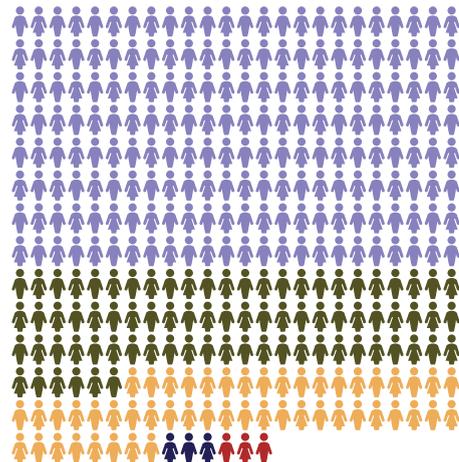




There were no Canadian veterans homeless in Medicine Hat from 2013-2014 - a drop from 14 in 2009

HOUSING ASSESSMENT AND TRIAGE

354 unique individuals assisted



200

66% assessments completed in office

76

25% assessments completed at shelter

21

7% assessments completed in hospital

3

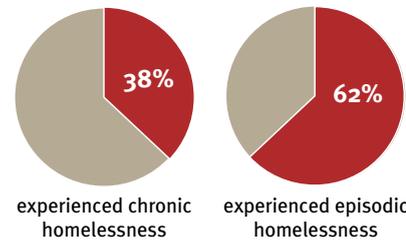
1% assessments completed in high schools

2

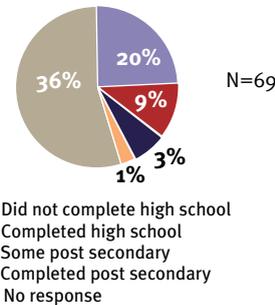
> 1% assessments completed over phone

302 initial SPDAT assessments completed with individuals experiencing or at-risk of homelessness to determine level of support needed

TYPE OF HOMELESSNESS EXPERIENCED



EDUCATION



FINANCIAL ADMINISTRATOR PROGRAM

BUDGETING FOR BEGINNERS WORKSHOPS



30% of these individuals were homeless



19

Budgeting for Beginners workshops

147

unique individuals served

52

individuals moved from having no income to having some form of income

RELIANCE ON FOOD BANK



At the time of intake into the Financial Administrator Program, 70% of participants reported reliance on the Food Bank. After 12 months of being in the program, 25% reported still requiring food from the Food Bank.

YOUTH OUTREACH WORKER



72% of these youth experiencing homelessness returned to their families

42

youth were supported by the Youth Outreach Worker to return to/remain in home or find a safer housing situation

MIYWASIN SOCIETY



Renovations to transitional housing facility to improve safety.

HOUSING STABILITY PROGRAM



52 social housing clients with tenancy issues were supported in maintaining their tenancy.



MILESTONE

Ensure that no more than 10% of those served by Housing First programs return to homelessness by 2015

THE GRADUATE RENTAL ASSISTANCE INITIATIVE



(GRAI) has provided 74 service participants with the ongoing financial support they required to maintain their housing stability after graduation from the program since April 2012. On average, \$9,681 in rental assistance was provided monthly.

THE IMPACT OF HOUSING FIRST IN MEDICINE HAT

Since the onset of the **housing first initiatives** on April 1, 2009, **765** formerly homeless citizens have been housed and provided appropriate supports in Medicine Hat.



256 of them were children

71% of housing first participants **successfully completed** the program



55% of those successfully completing the program live in **market** housing

26% live in **subsidized** housing



UTILIZATION OF PUBLIC SYSTEMS IN HOUSING FIRST 2009-2013

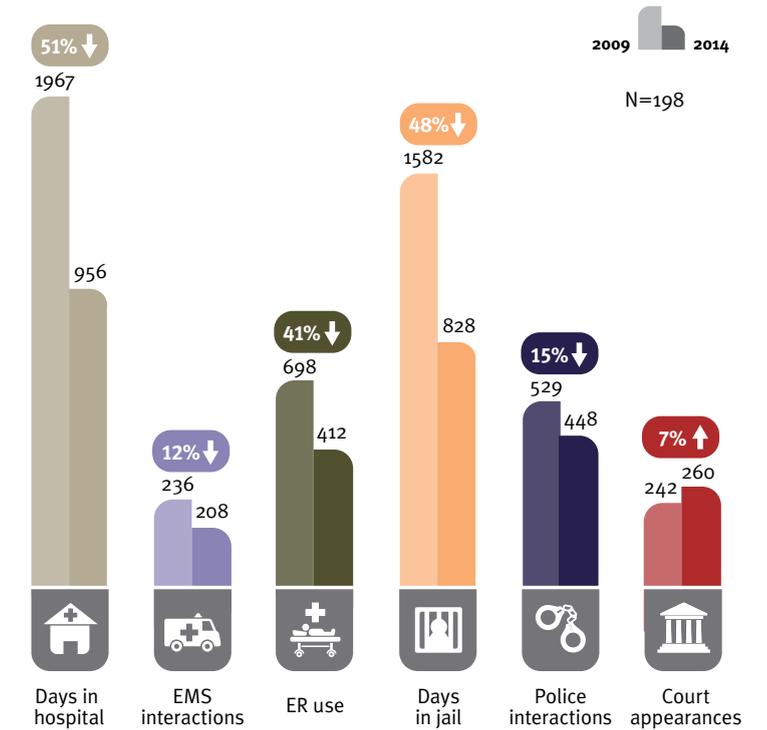


MILESTONE

Reduce the average length of stay in emergency shelters to 10 days by March 2015

Public systems

The approximate **cost of homelessness** on public systems can be as much as **\$66,000-\$120,000** annually. The cost of providing housing with supports is estimated to be between **\$13,000-\$34,000** annually.



Note: The Intake and 12 Month Assessment data sets are not directly comparable. The intake comprises of 198 adult service participant records reporting on system use in the past 12 months. The 12 Month Assessment reports systems use in last 3 months by the same 198 individuals, thus the total is estimated based on this figure for 12 months.

PROGRESSING THE PLAN

Youth Homelessness

In late 2013- early 2014, the **Youth Homeless Research Project** was completed by *Dr. Yale Belanger, Ph.D.* from the University of Lethbridge. While we are reviewing and processing the data and wait for the results of this study to be released, we can acknowledge that **youth homelessness exists in Medicine Hat** and that the youth experiencing homelessness have unique needs and barriers. Moving forward, formal strategies will guide a strategic process for eliminating youth homelessness.

Integration of System Level Resources

Without **partnerships with key public systems**, the efforts we make in the *Homeless Serving Systems* will not be sustainable. In order to solidify our intervention and prevention practices we must **define** the *Homeless Serving System's* role in relation to other systems. This enables homeless programs to be **aligned with the needs of the at risk** and currently homeless populations. Given this, we can take measures in our community to enhance our capacity for **preventing homelessness before it starts**.

Point in Time Count

The first-ever provincial *Point-in-Time (PiT)* count is taking place in October 2014 and Medicine Hat will be taking part. A *PiT* **provides a snapshot** of how many are homeless **on a particular night**, a *PiT* conducted on a **province-wide** scale provides an opportunity for Medicine Hat to align with the provincial community. The *PiT* gives Medicine Hat a chance to **highlight our successes** and raise our profile at a provincial level.



MILESTONE

Decrease the flow into homelessness from jails and hospitals

Transition/Discharge Planning

Community partners have engaged in conversations surrounding the introduction of system measures targeting **homeless individuals who frequently use corrections, health, and child intervention systems**. The goal is to create community wide practices that avoid public systems discharge into homelessness. This **work at the community level** aligns with the provincial work on discharge planning through the *Alberta Discharge Planning Committee* and the *Interagency Council on Homelessness*.

THE JOURNEY HOME!

The support of community, the City of Medicine Hat, provincial and federal governments, and the citizens of our city have helped in positioning Medicine Hat to be the first city in Canada to end homelessness. Learnings gained through implementation along with the emerging trends brought forward by a continuously changing landscape, necessitated a change in the original Plan objectives in order to continue on the path of ending homelessness. The results are five targeted strategies with corresponding goals and tasks.

This year marks the transition of the Federal Homeless Partnering Strategy and community plan to a focus on housing first and Medicine Hat's participation in the province-wide Point in Time count. Other areas of focus will be youth homelessness, transition planning, an integration of services and prevention. These initiatives will aid in preventing the homelessness of 1,760 Medicine Hatters at risk of becoming homeless.

It has never been acceptable for a citizen of our city to experience homelessness. **We will end homelessness by 2015.**



Medicine Hat
Community
Housing Society



Journey Home