



Journey Home

AT HOME IN MEDICINE HAT

OUR PLAN TO END HOMELESSNESS

YEAR 8

PROGRESS REPORT

ARCHITECTS OF CHANGE



THIS PAST YEAR we were architects of change. We witnessed people, programs, policy and politics come into alignment, and the final critical element of our Plan become a reality; Permanent Supportive Housing (PSH). We refined, enhanced, dismantled, and refocused programs and systems to meet the needs of those we serve, and the hard work paid off. There was no luck involved.

This year was also marked with tremendous challenges and struggles on many levels across the sector. Challenges were met with philosophical debate and questioning of the direction undertaken, sitting juxtaposed to all the accomplishments over the past 10 years. The theme this year was generated in rare moments of quiet and reflection; it's the question we all strive to answer at some point – what is our why? And secondary to this – at what cost?

This year we took a different approach in how we brought the data to life for the Year 8 Progress Report. We wanted stories to complement our data, and communicate the impact of this work differently. The cost of homelessness can be measured in many different ways; from funding investments and cost savings on systems, to the impact on the individual, family, worker, organization, and community. The most important of these is the most difficult to assign a value to...the people. Not only the people we are here to serve, but also the community that supports them.

The cost of homelessness has a remarkable reach, impacting everyone differently. At the end of the day, it is the collective that is charged with the cost of homelessness, and the collective that triumphs.

***“If There Is No
Struggle, There Is
No Progress.”***

- Frederick Douglass

Just Breathe. Choose Hope. Have Courage. Be Bold. Change.

Jaime Rogers



ACKNOWLEDGEMENTS

2017–2018 COMMUNITY COUNCIL ON HOMELESSNESS

ALBERTA HEALTH SERVICES – MENTAL HEALTH AND ADDICTIONS

ALBERTA WORKS

ASSURED INCOME FOR THE SEVERELY HANDICAPPED (AISH)

CITY OF MEDICINE HAT

COMMUNITY AND SOCIAL SERVICES

LIFELONG EDUCATION AND RESOURCE NETWORK (LEARN)

LOCAL LANDLORD REPRESENTATION

MEDICINE HAT AND DISTRICT FOOD BANK ASSOCIATION

MEDICINE HAT COMMUNITY HOUSING SOCIETY (MHCHS)

MEDICINE HAT POLICE SERVICE

PERSONS WITH DEVELOPMENTAL DISABILITIES SOUTH REGION

SALVATION ARMY

SERVICE CANADA

SOUTHEAST ALBERTA CHILD AND FAMILY SERVICES

Special thanks to Jennifer McBride, Reagan Weeks, Jen Brigden and Brent Secondiak for sharing their perspective and exploring what the cost of homelessness means to them.

PARTICIPANTS HOUSED

Since the onset of the housing first initiatives on April 1, 2009, 1166 formerly homeless individuals have been housed and supported.



ADULTS 846
CHILDREN 320

82% POSITIVE PROGRAM EXIT

HOUSING TYPE AT EXIT

subsidized housing	21%
market housing	58%
family or friends	13%
other	8%

MAIN SOURCE OF INCOME AT INTAKE

AB Works/Income Support	40%
No Income	30%
AISH	11%
Employment	7%
Employment Insurance	3%
Other	9%

VETERANS HOUSED 18

ETHNICITY

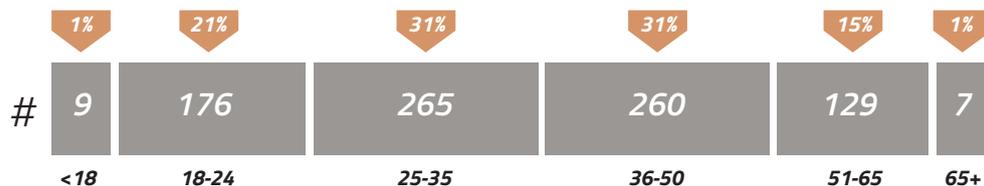
CAUCASIAN 626
INDIGENOUS 100
NO RESPONSE 63
OTHER 57

IMPACT OF HOUSING FIRST IN MEDICINE HAT 2009-2018

TYPE OF HOMELESSNESS EXPERIENCED



AGE



AT INTAKE PARTICIPANTS REPORTED



HOUSEHOLD TYPE

SINGLE PARENT FAMILY	DUAL PARENT FAMILY	COUPLE	SINGLE
20%	3%	5%	72%

HAVE HOPE.

How do you put a cost on homelessness? Do you look at the financial cost? The cost of other services that are accessed more often by individuals that do not have stable housing, including emergency supports? Do you consider the physical cost? The impact of not being able to eat regularly? The difficulties in storing or taking medications on a regular basis? The inability to deal effectively with chronic health issues? Is it the mental and emotional costs? The decreased feelings of self-worth, or hopelessness, or helplessness? Having to set pride to the side and the frustration of not being heard or understood? Is it the economic costs? The inability to obtain government assistance when you are not housed? The difficulty of finding and maintaining employment when you don't have a phone, and are unsure where you will be sleeping? Is it measured by the increase of alcohol and drug used as a crutch to help cope with being homeless? The high risk and sometimes illegal behaviours to pay for the use or to find a place to stay for a night or two? Do you measure the cost of homelessness in time? The time it takes to wait in lines for food, or shelter, or to access help to get housed? The time taken off work to make appointments? The impact of homelessness affects not only the individual, but also their family and friends, the community as a whole and the workers they connect to within the systems. How do we put a cost on vulnerability and uncertainty?

The cost of homelessness is immeasurable, and depending on the individual experiences, the impact can vary in the long term. There is always a cost.

When someone is able to connect with support workers who are compassionate, prepared to truly listen, respectful and willing to help with maneuvering through the system, often times they see **HOPE** for their future and the long term costs are minimized.

Within our community we have the ability to be flexible and innovative with our approach in supporting individuals. Knowledge, education, networking, and support is vital for all individuals, from the person experiencing homelessness, to the front line workers, managers and the government funders. To create and maintain a robust system of care and to minimize the negative impacts associated with homelessness we must all continue to work together and be responsive to changing needs.

JEN BRIGDEN

*Medicine Hat Community Housing Society Outreach
Team Lead*

2017-2018

CENTRAL INTAKE

April 1, 2017 - March 31, 2018
(OSSI & HPS Funded)

Medicine Hat Community Housing Society
Central Intake assesses individuals presenting
as homeless or at risk of becoming homeless to
determine the level of support needed.

INTAKES

INDIVIDUALS ASSESSED

◆ **834**

NEW ASSESSMENTS ◆ **580**

RE-ASSESSMENTS ◆ **254**

DIVERSION

283 INDIVIDUALS
ASSISTED
WITH DIVERSION
SUPPORTS

TRANSITION AND DISCHARGE PLANNING



YEAR 8 HIGHLIGHTS

HOUSING FIRST PROGRAMS

21

INDIVIDUALS HOUSED THROUGH
THE MEDICINE HAT WOMEN'S
SHELTER SOCIETY (MHWSS)

(OSSI Funded)

17

INDIVIDUALS HOUSED THROUGH
THE CANADIAN MENTAL HEALTH
ASSOCIATION (CMHA)

(OSSI Funded)

RAPID RE-HOUSING

26

INDIVIDUALS HOUSED THROUGH THE
MEDICINE HAT COMMUNITY HOUSING SOCIETY
(MHCHS)

(OSSI Funded)

PERMANENT SUPPORTIVE HOUSING

16

INDIVIDUALS HOUSED THROUGH THE CMHA

(OSSI Funded)

OSSI - Outreach Support Services Initiative - Provincial Funding
HPS - Homelessness Partnering Strategy - Federal Funding

JUST BREATHE.

I have been working within the homeless serving sector in Medicine Hat for the last 4 years, and the impact on me has changed the way I see the community that I grew up in. When I was young I did not believe that Medicine Hat had homeless people. My understanding of homelessness was something that I knew only from television and movies. I was full of judgements and misunderstandings. What I know now is that homelessness does not discriminate; it only exists where people exist. Individuals in Medicine Hat have been struggling to find and keep stable housing for decades.

I learn from people every day and have realized that without judgement of their past or current circumstances, that they have more resilience than I will ever know. Working in the homeless serving sector has given me the opportunity to show people that they matter and deserve the safety and stability that having an address can afford them.

My friends and family sometimes have a hard time understanding my profession; they see me physically and emotionally exhausted. But I have learned how to step back, take a moment and just **BREATHE**. Then I get back in there, because the work I do is important, and I am making a difference in our community. I have immense gratitude for the people that I work with; I am a better human because of what they have taught me.

JENNIFER MCBRIDE, RSW
*Permanent Supportive Housing
Canadian Mental Health Association
Team Lead*



2017-2018

YOUTH HUB OUTREACH

McMan Youth, Family and Community
Services Association (McMan)
(OSSI Funded)

114 INDIVIDUALS
ASSISTED

31 FAMILY
REUNIFICATIONS

INN BETWEEN COMMUNITY BED

McMan (OSSI Funded)

19 YOUTH
SERVED

WINTER RESPONSE PROGRAM

Champion Centre (OSSI Funded)

◆ 34

BREAKFASTS SERVED DAILY

YEAR 8 HIGHLIGHTS

(CONT'D)

FINANCIAL ADMINISTRATOR

CMHA (OSSI Funded)

33

Budgeting For
Beginners
Workshops

268

Individuals
Participated In
Workshops

CAPITAL PROJECTS

(HPS Funded)

◆ MIYWASIN FRIENDSHIP CENTRE

APARTMENT UPGRADES

◆ MCMAN

YOUTHOPIA RENOVATIONS

COMMUNITY BASED ADDICTIONS CRISIS WORKERS

CMHA (OSSI Funded)



12 INDIVIDUALS
ASSISTED

COUNSELING PROGRAM

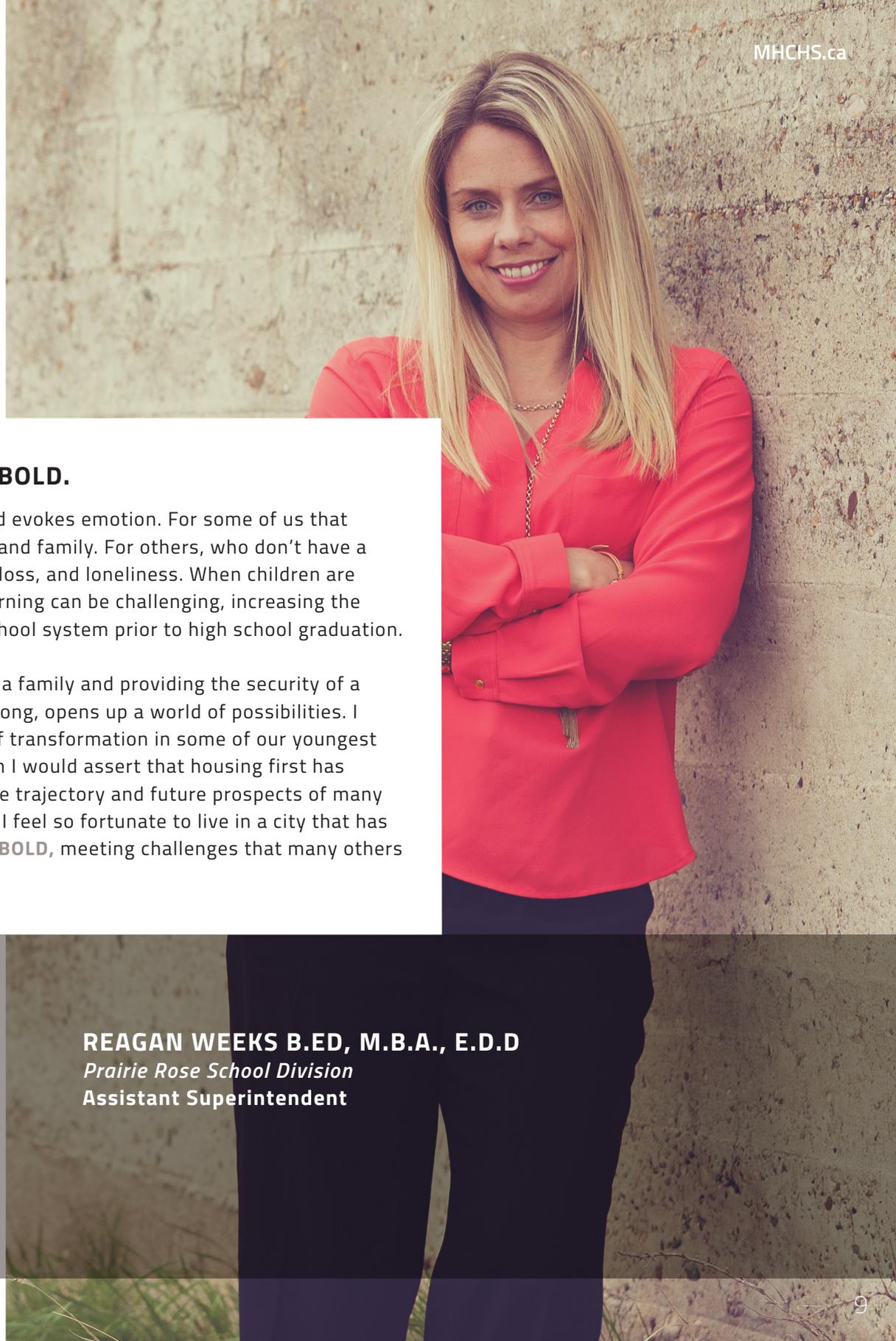
Miywasin Friendship Centre (HPS Funded)

124

UNIQUE INDIVIDUALS SERVED

GRADUATE RENTAL ASSISTANCE INITIATIVE (GRAI)

Medicine Hat Community Housing
Society's GRAI program is a monthly
subsidy provided to landlords
to assist individuals that have
graduated from the Housing First
Program and require rental support.
(OSSI Funded)



HAVE COURAGE. BE BOLD.

Home. This four letter word evokes emotion. For some of us that means safety, connection, and family. For others, who don't have a home, it can look like fear, loss, and loneliness. When children are experiencing the latter, learning can be challenging, increasing the likelihood of leaving the school system prior to high school graduation.

Wrapping supports around a family and providing the security of a place to be, where they belong, opens up a world of possibilities. I have witnessed this kind of transformation in some of our youngest citizens. Without hesitation I would assert that housing first has created change, altering the trajectory and future prospects of many children in our community. I feel so fortunate to live in a city that has **COURAGE** and dares to **BE BOLD**, meeting challenges that many others view as insurmountable.

63 INDIVIDUALS
ASSISTED
THROUGH GRAI

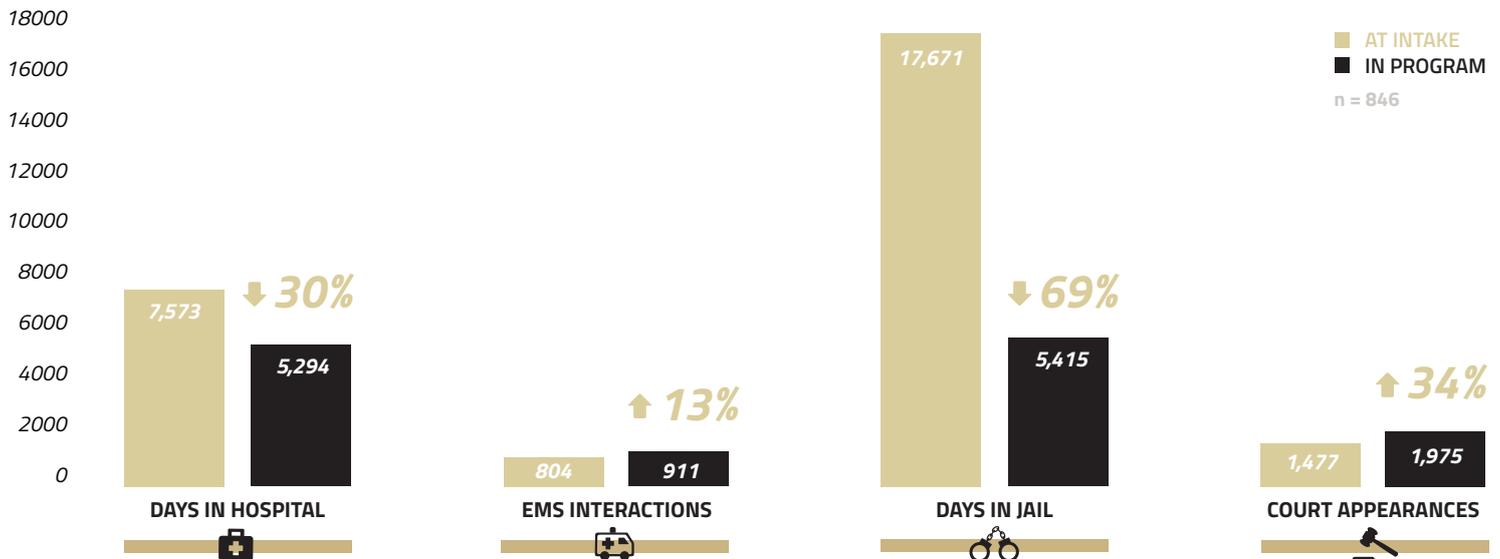
\$18,223
MONTHLY AVERAGE PROVIDED
TO LANDLORDS

REAGAN WEEKS B.ED, M.B.A., E.D.D
Prairie Rose School Division
Assistant Superintendent

UTILIZATION OF PUBLIC SYSTEMS IN HOUSING FIRST

2009-2018

The approximate cost of homelessness on public systems (per individual) is estimated to be between \$66,000 - \$120,000 annually. The cost of providing housing with supports is estimated to be between \$12,000 - \$34,000 annually.



NOTE: The data represents 100% of individuals housed through the housing first programs and who have exited the program (successfully & unsuccessfully) and those who remain in the program. Assessments are completed with each individual at 3 month intervals and spans the duration of time they are in program.

TOTAL COMMUNITY BASED SHELTER USAGE

2017-2018



**MCMAN INN BETWEEN
COMMUNITY BED**



**MEDICINE HAT WOMEN'S
SHELTER SOCIETY**



**SALVATION ARMY
CENTRE OF HOPE**

SHELTER UTILIZATION DOWN **41%** SINCE 2009

CHANGE.

The cost that homelessness has on an individual appears impossible to measure. On top of the personal trauma and emotional impact that one can experience, once people become homeless they experience the humiliation that accompanies poverty. They live each day only by the grace of strangers, waiting in line ups and holding out their hand to anyone who might put a few coins in their palm; relying on public spaces and exposed to the discrimination and marginalization of the street subculture.

Criminalizing homelessness is an attempt to “pretend” to solve the problem of crime. Incarcerating someone for crimes of poverty does nothing for the victims of actual crimes, but perpetuates the cycle of homelessness. It is a unpleasant and unnecessary alternative to addressing the conditions that lead to homelessness; poverty, unemployment, family violence, mental health, tragedy, etc. Our criminal justice system is designed for those who commit crimes and criminal offences; being homeless is not a crime.

It is a tribute to the community of Medicine Hat and its leaders, that we have chosen **CHANGE**; addressing the root causes of homelessness, by providing permanent supportive and emergency housing as well as access to our many support systems. Our goal is for a reduction in police interactions because housing first has supported individual resiliency, allowing those in need to recover and rebuild at home.

INSPECTOR BRENT SECONDIK
Medicine Hat Police Service

WE ALL FACE CHALLENGES.

BREATHE HOPE COURAGE
BE BOLD CHANGE



YOURS TO KEEP. YOURS TO GIVE.

#104, 516 - 3rd Street SE Medicine Hat
p 403.527.4507 w mhchs.ca

