AT HOME IN MEDICINE HAT
OUR PLAN TO END HOMELESSNESS
YEAR 9 PROGRESS REPORT
The past year has been a year of reconsideration and confirmation of the necessary changes that we will need to undertake as a community to continue to progress this remarkable work. We welcomed two new providers and expanded services under a prevention framework, focusing on children and their families. The expansion to a year round day-time sheltering option for those not yet engaged with housing services was also new this past year, and has seen positive results for those transitioning into housing and connecting to community services. Collaborative work with Alberta Health Services to offer a nine bed stabilization and recovery option for individuals waiting for treatment, and those transitioning into community from treatment and in need of additional housing and recovery supports. Medicine Hat continues to lead in the efforts to end homelessness and redefines what it means to be progressive and innovative in the space of social change.

ACKNOWLEDGEMENTS

ALBERTA HEALTH SERVICES – MENTAL HEALTH AND ADDICTIONS
BIG BROTHERS, BIG SISTERS OF MEDICINE HAT & DISTRICT
CITY OF MEDICINE HAT
COMMUNITY AND SOCIAL SERVICES
COMMUNITY FOUNDATION OF SOUTHEASTERN ALBERTA
LANDLORD REPRESENTATION
MEDICINE HAT & DISTRICT FOOD BANK ASSOCIATION (MHFB)
MEDICINE HAT COMMUNITY HOUSING SOCIETY (MHCHS)
MEDICINE HAT POLICE SERVICE
SALVATION ARMY
SERVICE CANADA
Since the onset of the housing first initiatives on April 1, 2009, 1212 formerly homeless individuals have been housed and supported.

**Participants Housed**

- **1212**
  - **Adults** 890
  - **Children** 322

**81% Positive Program Exit**

- **Housing Type at Exit**
  - Subsidized Housing: 21%
  - Market Housing: 61%
  - Family or Friends: 13%

**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** 660
- **Indigenous** 109
- **No Response** 6
- **Other** 58
- **Not Reported** 57

**Impact of Housing First in Medicine Hat**

- **36%** 316 Chronically Homeless
- **64%** 574 Episodically Homeless

**Age**

- <18: 1%
- 18-24: 20%
- 25-35: 32%
- 36-50: 31%
- 51-65: 15%
- 65+: 1%

**At Intake Participants Reported**

- Mental Health Condition: 68%
- Physical Health Condition: 49%
- Substance Abuse Issues: 42%
- FASD: 5%
- None Of The Above: 14%
- Not Reported: 1%
- Exposed To Or Fleeing Family Violence: 37%
- Being In Foster Care At Some Point: 25%

**Household Type**

- Single Parent Family: 19%
- Dual Parent Family: 3%
- Couple: 5%
- Single: 73%
CENTRAL INTAKE

April 1, 2018 - March 31, 2019
MHCHS (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

<table>
<thead>
<tr>
<th>NEW INDIVIDUALS ASSESSED</th>
<th>392</th>
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<tbody>
<tr>
<td>RE-ASSESSMENTS</td>
<td>314</td>
</tr>
<tr>
<td><strong>TOTAL ASSESSMENTS</strong></td>
<td><strong>706</strong></td>
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</tbody>
</table>

DIVERSION

INDIVIDUALS ASSISTED WITH DIVERSION SUPPORTS

| 297 |

RAPID RE-HOUSING

INDIVIDUALS HOUSED THROUGH MHCHS (OSSI Funded)

| 15 |

PERMANENT SUPPORTIVE HOUSING

INDIVIDUALS HOUSED THROUGH CMHA (OSSI Funded)

| 21 |

TEAM OUTREACH PROGRAM

NOV 2018 – MAR 31, 2019  SOUTHEASTERN ALBERTA SEXUAL ASSAULT RESPONSE COMMITTEE (SARC) (OSSI FUNDED)

A prevention based program and early intervention strategy used to identify high risk youth and their families through partnerships with educational institutions, law enforcement and children services referrals. Families are connected to early supports to help stabilize their immediate living situation and improve their community connections.

2 INDIVIDUALS SERVED
FINANCIAL ADMINISTRATOR
CMHA (OSSI Funded)

44 Budgeting For Beginners Workshops

COMMUNITY BASED ADDICTIONS CRISIS WORKERS
CMHA (OSSI Funded)

49 Individuals Assisted

MAKING THE SHIFT - FAMILY & NATURAL SUPPORTS
MCMAN (Federally Funded)

17 Individuals Assisted

COUNSELING PROGRAM
Miywasin Friendship Centre (HPS Funded)

179 UNIQUE INDIVIDUALS SERVED

GRADUATE RENTAL ASSISTANCE INITIATIVE (GRAI)
MHCHS (OSSI Funded)

The GRAI program is a monthly subsidy provided to landlords to assist individuals that have graduated from the Housing First Program and require rental support.

$16,347 MONTHLY AVERAGE PROVIDED TO LANDLORDS

INDIVIDUALS ASSISTED THROUGH GRAI

55

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

YOUTH HUB OUTREACH
MCMAN (OSSI Funded)

147 INDIVIDUALS ASSISTED
* W/28 RETURNING

FAMILY REUNIFICATIONS

INN BETWEEN
COMMUNITY BED
MCMAN (OSSI Funded)

32

16 YOUTH SERVED

DROP-IN COFFEE CLUB
MHFB (OSSI Funded)

281 INDIVIDUALS SERVED
**Utilization of Public Systems in Housing First**

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.

**Total Community Based Shelter Usage 2009-2019**

- **MCMAN Inn Between Community Bed**
  - Adults: 166
  - Children: 133

- **Medicine Hat Women’s Shelter Society**
  - Unique Individuals: 298

- **Salvation Army Centre of Hope**
  - Unique Individuals: 318

**Shelter Utilization Down 45% Since 2009**

**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.
The year ahead will see a unified effort to shift the paradigm in how we think about system interactions and services for individuals who are still experiencing homelessness in community. For those not engaging in services, we are exploring alternative options for shelters while critically observing current systems of care. We will see a shift and expansion of service delivery for youth who are experiencing housing instability. The system must be responsive, to the level and degree that it is accountable and responsible, to community and those experiencing homelessness; while respecting the choice of those that we aim to serve. The launch of Hear my Words, the Lived Experience group, the landlord relations position, and the addition of 15 units of PSH are already making their mark on 2019.

Jaime Rogers