Designated Community – Community Advisory Board

Reaching Home:

Medicine Hat Homelessness Plan

2019 – 2024

Note:

All communities receiving funding from Designated Communities stream are required to use this template in order to complete the community plan under Reaching Home. In completing this template, communities are encouraged to develop comprehensive community plans that reflect the contributions of all funding partners, including other orders of governments, not-for-profit organizations, and the for-profit sector.

Please note that in communities that receive funding from both the Designated Communities and Indigenous Homelessness streams, cross-stream collaboration is expected to promote the adoption of a community-wide planning process and support the achievement of community-level outcomes reflecting the needs of the whole community. To support communities in completing their community plans, a Reference Guide has been developed. It is recommended that this be reviewed prior to completing your community's homelessness plan to ensure understanding of the requirements and completeness.

The Community Plan for Reaching Home must be approved by the Community Advisory Board (CAB) of the Designated Community before it is submitted to Service Canada. If your community is developing a joint plan with the Indigenous Community Entity, both Community Advisory Boards must approve the community plan.

In addition to the core requirements provided in this template, communities may also wish to include other components that provide insight into the community's housing and homelessness context or contribute to community-level homelessness challenges, such as a map of the community's current homelessness services and/or gaps in homelessness services or infrastructure (e.g. housing stock). Communities have full flexibility in drafting these sections.

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1. Community Engagement

Please identify the steps taken to engage your community stakeholders in developing this plan.[1]

The Community Entity implements a continuous engagement process with stakeholders year over year to develop the Community Plan. The development of the Community Plan is a continuous evolution of ideas and direction based on data and trends, outcomes and achieved results, available funding and leveraging of those funds, economic conditions of community and the capacity to deliver on the Plan to End Homelessness at the local level.

The Community Entity initiates many consultations in both large and intimate settings with key stakeholders in community including: those with lived experience, the Community Council on Homelessness (CCH), individual conversations with CCH representatives, service providers, front line workers, Indigenous community, landlords and property management companies, the City of Medicine Hat and local Members Of Legislative Assembly and Members of Parliament. Medicine Hat Community Housing Society (MHCHS) has a reputation for highly regarded consultative approaches and processes around housing and homelessness. This extends beyond our community into other jurisdictions, both provincially and nationally.

Community-wide engagement sessions for the 2019+ funding cycle commenced in the fall of 2018, lead by an external consulting firm, bassa Social Innovations. These engagements were to assist with determining what, if any, changes needed to occur in the existing homeless system of care and to help establish funding and investment priorities for both Community Entity and Community Based Organization funding streams. This engagement allowed for early identification of potential changes to programs, additions of programs, and funding investment shifts. Medicine Hat's system of care is changing and we are in a constant state of evaluating and making nimble and timely decisions to best support positive community outcomes.

It was determined that the first round of consultations would include two distinct sharing opportunities - one specifically for people with lived experience, and one for people and organizations engaged in the systems, programs and services designed to end homelessness. The first set of consultations occurred in October 2018. The lived experience session invited participants to an open conversation circle. Facilitators encouraged open dialogue beginning with an introduction of each participant and then follow-up questions to help probe topics further. Handwritten notes were taken by the facilitators. The broader stakeholder session scheduled for the next day included an opening presentation and then three tables established to discuss the topics of prevention, current supports and services, and advanced care through a three-stage appreciative process. Participants were given time at each table to participate in discussion and record their key points. At session end, a presentation of finding was provided by each group and an opportunity for questions from participants. Raw notes and flip charts were transcribed by bass Social Innovations, reviewed analyzed and themed.

A second set of consultations took place in November 2018 to provide feedback to participants. A similar forum of public information was used to notify people of the opportunity, and in the case of both people with lived experience and community stakeholders, a number of participants that had been involved in the October sessions came back to hear what was said. The November

[1] Engagement with local Indigenous organizations, and the Indigenous Community Entity and Community Advisory Board is expected in the development of this community plan.

feedback sessions were shorter in length, and involved a presentation from the consultants to share the October results. A further opportunity was provided to add to, reject or clarify information from the previous consultations.

The final report was presented back to community in February, 2019; one presentation for those with lived experience, and one presentation for the broader community.

The bassa Social Innovations report identified key priority areas of investment, including:

Optimizing Current System

- Communications materials to support street level information sharing
- Training and professional development
- HUB model exploration with service providers

Community Development

- Landlord relations and networking opportunities
- Enhanced community knowledge of issues affecting people with lived experience by lived experience group
- Peer advocacy and support

Expanded Continuum of Care

- Established housing first option for sober living
- Continued support for stabilization of people awaiting and/or exiting health/treatment facilities
- Explore stabilization supports/housing for people exiting the justice system
- Exploration and advocacy for the establishment of an institutional care facility to target gap between current housing supports and provincial institutions (advanced medical)

2. Investment Plan

In the table below, please outline your planned allocation of Reaching Home funding (including funding from the Designated Community stream and Community Capacity and Innovation stream) from 2019-24 by investment area. Please note that it is acceptable that your community's funding priorities change over time. This investment plan is to demonstrate that your community has a vision moving forward for the allocation of Reaching Home funding. An example has been included in the Community Plan Reference Guide.

2019-2020: $474,273
2020-2021: $464,273
2021-2022: $493,726
2022-2023: $489,226
2023-2024: $489,226

	2019-20	2020-21	2021-22	2022-23	2023-24
Housing Services	0%	0%	0%	0%	0%
Prevention and shelter diversion	2%	2%	2%	2%	2%
Support Services	0%	0%	0%	0%	0%

Capital Investments	0%	0%	0%	0%	0%
Coordination of Resources and Data Collection	83%	83%	83%	83%	83%
Administration	15%	15%	15%	15%	15%
TOTAL	100%	100%	100%	100%	100%

Medicine Hat is fortunate to receive funding investments both federally and provincially. As such, the ability to implement a comprehensive and robust system of care to meet the needs in community creates far-reaching impact at both the service participant (client) level and community level. A foundational element to the delivery of our Plan is the Coordinated Access System (called Central Intake), which falls under the coordination of resources and data collection section of the investment plan. An additional function of Central Intake is to provide Housing Loss Prevention efforts, which is captured under the prevention and shelter diversion section. The other functions of Central Intake are provincially funded, and therefore not recorded under the investment plan. Also included in the coordination of resources and data collection section of the investment plan are the Point-in-Time Count and Coordinated Access Innovation research project.

3. Cost-Matching Requirement

In the table below, please outline all funding for homelessness initiatives your community plans to receive from external partners from 2019 to 2024. This includes both financial and in-kind contributions. If your anticipated community contributions do not project to cost-match funding from both the Designated Community stream and Community Capacity and Innovation stream for each year, explain the circumstances below the table and include a description of the steps you will take to meet the requirement. An example has been included in the Community Plan Reference Guide.

Projected Funding towards Homelessness Initiatives						
Funder	**2019-20**	**2020-21**	**2021-22**	**2022-23**	**2023-24**	**2019 - 24**
Government of Alberta	$2,921,778	$2,921,778	$2,921,778	$2,921,778	$2,921,778	$14,608,890
TOTAL	$2,921,778	$2,921,778	$2,921,778	$2,921,778	$2,921,778	$14,608,890

The table above provides an annual breakdown of funding expected from other sources in order to cost-match Reaching Home Designated Communities stream funding.

$2,921,778 has been received from the Government of Alberta for 2019-2020.

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4. Coordinated Access

Please discuss the steps you will take to implement a coordinated access system in your community. If your community has a coordinated access system in place, please describe how it presently functions.

The Coordinated Access System (CAS) (called Central Intake) in Medicine Hat has been operational since 2010, a year after the implementation of a homelessness management information system (HMIS). The current CAS serves all populations; Medicine Hat does not have a separate Indigenous CAS. The following provides a high-level overview of key stages in the development and implementation of the Plan to End Homelessness and the critical role of a systems planning approach and CAS.

- 2009/10 5 Year Plan to End Homelessness developed
- 2009 Implemented HMIS
- 2010 Implemented CAS
- 2011 Developed by-name shelter list with CAS and emergency shelter provider
- 2012 Diversion first introduced with CAS
- 2014 Refocused Plan to End Homelessness launched with systems planning and integration as foundation
- 2015 System Planning & Coordination
- 2016 Diversion formalized with CAS
- 2016 Transition & Discharge Planning formalized with CAS
- 2016/17 Downsizing of Housing First Programs in community
- 2017 15 units of PSH added in community
- 2018 Re-thinking options & the opioid crisis
- 2019 Innovation in CAS, moving beyond homelessness

The Medicine Hat Community Housing Society –Outreach Department serves as the coordinated access system into housing first programs in Medicine Hat. Central Intake assess the housing and support needs of individuals and families that are homeless or at imminent risk of becoming homeless including those being transitioned and/or discharged into homelessness from community-based Provincial or Federal systems/facilities including corrections, treatment, hospital, and child welfare, using the Service Prioritization Decision Assistance Tool (SPDAT) V4. Upon completion of the assessment, a referral to the most appropriate program is made.

Diversion redirects individuals from housing first programs to more suitable, less intensive services that will meet their needs. Individuals offered diversion do not require the duration or intensity of existing case management services through housing first programming. The role of the Central Intake worker is to assist individuals establish housing security through the provision of brief, client focused, direct hands on intervention and support.

Housing loss prevention efforts focus on providing one-time financial assistance for individuals and families who have an active Notice to Vacate due to non-payment of rent for a one-month time period. To be eligible, the individual or family is required to have a verified 6+ month sustained rental history, do not require any case management or additional support services, and have explored other options for rental arrears payment. Payment for rental arrears shall be paid directly to the landlord and/or property management company.

The primary activities of Central Intake include:

1. Complete assessments (using SPDAT) for individuals seeking services in the community, at the shelters, hospital, remand, and in-office as required.
2. Referrals to appropriate program and/or community based supports.
3. Facilitate file and warm transfers to receiving programs.
4. Manage community waitlist for Housing First, and Rapid Re-Housing.
5. Assist individuals with diversion efforts including financial and non-financial avenues.
6. 3-month follow-up with individuals assisted through Central Intake to be housed or stabilized in their housing.
7. Advocate with landlords, and system providers (i.e. AISH, AB Works, Corrections, Health, etc.) to promote successful housing stability.

5. Community-Wide Outcomes

If you would like your community to measure progress on additional outcomes beyond the federally mandated outcomes, please identify those outcomes. Please provide your proposed indicators, targets, and methodology for each of the additional identified outcomes.

Under Reaching Home, all Designated Communities will transition to an outcomes-based approach and publicly report on community-wide outcomes related to homelessness through the annual Community Progress Report. As part of the engagement undertaken to design the outcomes-based approach, Reaching Home has identified four core outcomes including:

1. Chronic homelessness in the community is reduced (by 50% by 2027-28);
2. Homelessness in the community is reduced overall, and for priority populations (i.e. individuals who identify as Indigenous). When applicable, communities may report on other priority populations;
3. New inflows into homelessness are reduced; and,
4. Returns to homelessness from housing are reduced.

6. Official Language Minority Communities

The Government of Canada has a responsibility under the Official Languages Act to ensure that programs and services meet the needs of Official Language Minority Communities (OLMCs). Please describe the steps that you will take to ensure that the services funded under the Reaching Home take the needs of the OLMCs into consideration where applicable.

Medicine Hat is committed to ensuring that we address the needs of those experiencing homelessness and those at imminent risk of homelessness in both official languages, or if the individual does not speak either official language, then their own.

Our practice as a community when language is a barrier and a translator is not available in-house, is to connect with Saamis Immigration, who provides translation services. We will also include a

clause in all sub-project agreements to ensure that service providers are prepared to offer services in the minority official language, should there be a request.

We will continue to monitor the demand for services in the official minority language on an ongoing basis so that a right mix of sub-projects is in place to support the OLMCs.

7. Medicine Hat Community Council on Homelessness Membership (CAB)

Note: You may list more than one name for each sector. ESDC will not sell, distribute, trade or transfer your information to other government departments, businesses, institutions, organizations or individuals outside ESDC for any other purposes, unless required by law.

Sector	Community Advisory Board Members
Service Canada (Ex-Officio Member)	Dina Kostaras
Provincial/Territorial government	Renae Taylor
Local/Municipal government	Kris Samraj
Indigenous Peoples and organizations	TBD
Veterans Affairs Canada or veterans serving organizations	Brent Secondiak, Deborah Vass, Kerry Buss, Donna Miller
Organizations serving women/families fleeing violence	Brent Secondiak, Donna Miller, Kerry Buss
Youth and/or youth serving organizations (including Child Welfare Agencies)	Holly Standnicki
Organizations serving seniors	Kerry Buss
Newcomer serving organizations	Brent Secondiak, Kerry Buss, Donna Miller
Health organizations, including hospitals and other public institutions, and organizations focused on mental health and addictions	Deborah Vass
Individuals with lived experience of homelessness	TBD
Organizations serving individuals experiencing, or at risk of experiencing homelessness	Brent Secondiak, Kerry Buss, Donna Miller, Deborah Vass
Private Sector	Kerry Buss, Kerri Sandford, Robin Yam, Chris Christie
Landlord Associations and/or the housing sector	Robin Yam, Kerry Buss
Other	

Community Advisory Board Chairs or Co-Chairs (if applicable):

I affirm that the above members of the Community Advisory Board have reviewed the attached Community Plan, and that a majority of Community Advisory Board members approve of its content.

Holly Stadnicki		
Name	Signature	Date (YYYY-MM-DD)
Brent Secondiak		
Name	Signature	Date (YYYY-MM-DD)

Indigenous Homelessness – Community Advisory Board

Note: If your community is developing a **joint** community plan with the Indigenous Community Entity, both Community Advisory Boards must approve the community plan.

You may list more than one name for each sector. ESDC will not sell, distribute, trade or transfer your information to other government departments, businesses, institutions, organizations or individuals outside ESDC for any other purposes, unless required by law.

Sector	Community Advisory Board Members
Service Canada (Ex-Officio Member)	
Provincial/Territorial government	
Local/Municipal government	
Indigenous Peoples and organizations	
Veterans Affairs Canada or veterans serving organizations	
Organizations serving women/families fleeing violence	
Youth and/or youth serving organizations (including Child Welfare Agencies)	
Organizations serving seniors	
Newcomer serving organizations	
Health organizations, including hospitals and other public institutions, and organizations focused on mental health and addictions	
Individuals with lived experience of homelessness	
Organizations serving individuals experiencing, or at risk of experiencing homelessness	
Private Sector	
Landlord Associations and/or the housing sector	
Other	

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