Service Delivery Plan
Medicine Hat Community Housing Society
2018-2019
Executive Summary

The right to safe, suitable, adequate and affordable housing is a fundamental human right that we all share. It is not something that needs to be earned; we are all deserving of a place to call home. Housing is essential to the vitality and well-being of individuals, families, and communities across Alberta. It is the foundation on which people build healthy and productive lives; on which we build strong communities.

Established in 1970, the Medicine Hat Community Housing Society (MHCHS or ‘the Society’) is a charitable organization under the Societies Act, a Housing Management Body established by Ministerial Order under the Alberta Housing Act, and the Community Based Organization/Community Entity for Medicine Hat established to coordinate initiatives in the community dedicated to ending homelessness.

The organization’s priorities over the next five years are ambitious and attainable:
1. Maintain an End to Homelessness
2. Housing Development
3. Service Delivery Excellence
4. Sustainability
5. Awareness & Profile

MHCHS will remain committed to its leadership role in community. The organization will continue to raise the bar when it comes to the level of service provided to those who require our support.

Vital partnerships with government and other stakeholders will continue to be nurtured and developed. These partnerships are vital to our ability to provide necessary services to assist vulnerable citizens in obtaining and maintaining adequate and affordable housing, as well as facilitate their increased potential for independence and self-sufficiency. Reducing the risk of homelessness through proactive and preventative measures will continue to be a primary focus. Ending the trap of homelessness will be the ultimate outcome.
Summary of Community Status

The City of Medicine Hat is located 579km southeast of the Provincial capital, approximately 293km southeast of Calgary, and 146km north of the United States border. Medicine Hat is located on the Trans-Canada Highway, Highway 3, and the Canadian Pacific Railway mainline. It is the major urban center in southeast Alberta.

The City of Medicine Hat has maintained a stable population growth. Medicine Hat’s population increased by 43% between 1996 and 2016 (compared to a 62.2% increase for Alberta) and currently stands at 70,913 people.

The largest age group in 2016, was 25-64 year olds who accounted for 39.8% of the population compared to 40.4% for Alberta. Children 17 and under made up 20.9% of Medicine Hat’s population compared to 22.1% for Alberta, while individuals 65 and older accounted for 16.2% of the population versus 11.8% in Alberta.


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</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>49,941</td>
<td>55,297</td>
<td>60,129</td>
<td>66,541</td>
<td>70,913</td>
<td></td>
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</tr>
</tbody>
</table>

Medicine Hat Population Distribution by Age and Gender
As at March 31, 2016

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants: Under 1</td>
<td>362</td>
<td>423</td>
<td>785</td>
</tr>
<tr>
<td>Pediatric: 1-17</td>
<td>6,917</td>
<td>7,087</td>
<td>14,004</td>
</tr>
<tr>
<td>18-34</td>
<td>8,111</td>
<td>8,264</td>
<td>16,375</td>
</tr>
<tr>
<td>35-64</td>
<td>14,007</td>
<td>14,234</td>
<td>28,241</td>
</tr>
<tr>
<td>65-79</td>
<td>4,390</td>
<td>3,763</td>
<td>8,083</td>
</tr>
<tr>
<td>80 &amp; Older</td>
<td>2,070</td>
<td>1,345</td>
<td>3,415</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>35,797</strong></td>
<td><strong>35,116</strong></td>
<td><strong>70,913</strong></td>
</tr>
</tbody>
</table>
The Indigenous population has been growing 20 times faster than the general population over the past 5 years (2006 – 2011) totaling 3,660 in 2016, or 4.8% of residents.

**Immigration**: New Permanent and Temporary Residents reached an all-time, historical high in 2014. Over the past 10 years, (2005 – 2014) there has been a 155% growth in temporary residents and 82% increase in permanent residents. Notably, Vital Signs 2016 reported that in 2015 – 2016, 119 Syrian refugees arrived.

**Poverty and the Risk of Housing Instability**

The table below highlights a number of indicators relating to social determinants of health such as family income, housing, and educational attainment. Values for Medicine Hat and Alberta are listed as proportions, raw numbers, or dollar amounts, depending on the indicator.

**Social Determinants of Health Indicators for Medicine Hat Versus Alberta Residents**
About 13% (9,310) of Medicine Hatters are living in poverty - a rate higher than the Alberta average.

Data from the 2011 National Household Survey (NHS) shows that based on the after-tax income Low-Income Measure, the proportion of the population in low income in Medicine Hat was 13.1%, above Alberta rate of 10.7%.¹

Children have the highest poverty rates. Notably, those under 18 had the highest poverty rates (17.4%) while seniors were lower than the average (9.2%).² The following chart shows the percentage of children and seniors in relation to the overall poverty rate.

<table>
<thead>
<tr>
<th>Income status¹²</th>
<th>Medicine Hat (CA)</th>
<th>Alberta</th>
<th>Canada</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total - Persons in private households for low income (count)</td>
<td>71,070</td>
<td>3,519,390</td>
<td>32,386,170</td>
</tr>
<tr>
<td>Proportion in low income (based on LIM-AT) (%)</td>
<td>13.1</td>
<td>10.7</td>
<td>14.9</td>
</tr>
<tr>
<td>Under 18 years (%)</td>
<td>17.4</td>
<td>13.4</td>
<td>17.3</td>
</tr>
<tr>
<td>Under 6 years (%)</td>
<td>18.7</td>
<td>14.1</td>
<td>18.1</td>
</tr>
<tr>
<td>18 to 64 years (%)</td>
<td>12.3</td>
<td>10.2</td>
<td>14.4</td>
</tr>
<tr>
<td>65 years and over (%)</td>
<td>9.2</td>
<td>7.8</td>
<td>13.4</td>
</tr>
</tbody>
</table>

Public Interest Alberta reported the following Living Wage in Medicine Hat Summary using Statistic Canada data for the year ending in June 2016: 48% of all earners make less than $30,000 – more than 1 in 5 employed people.

<table>
<thead>
<tr>
<th>31,800 Employed People in the Region Earn:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$12.20/hr or less</td>
</tr>
<tr>
<td>$15/hr or less</td>
</tr>
<tr>
<td>$16/hr or less</td>
</tr>
</tbody>
</table>

Overall, the labor force across Alberta is on the rise, however rates vary from region to region. In the Lethbridge-Medicine Hat region, the working age population is 160,100 with 107,800 in the labour force. The 3 month average unemployment rate in this region is currently at 6.5% based on a 2018 Statistics Canada report. The number of individuals accessing Employment Insurance in Medicine decreased by 220 individuals over a one year period, as per the chart below.

<table>
<thead>
<tr>
<th>Number of Employment Insurance Recipients</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Average per month of May for Medicine Hat)</td>
</tr>
<tr>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>May 2016</td>
</tr>
<tr>
<td>1390</td>
</tr>
</tbody>
</table>

The average number of EI recipients in the municipality of Medicine Hat. Down -16% year-over-year within the same time period.
While poverty has been associated with notable negative outcomes at the individual and societal levels, including housing, health, educational attainment, public safety, etc., it is important to note that not all Medicine Hatters who live in poverty are at risk of homelessness. A closer look at the interaction of income and shelter costs with additional intersecting factors to housing stability is needed.

Recent studies on the homelessness risk suggest that it is likelier to occur when a predictable combination of risk factors is present and a number of protective factors are absent. Particular risk factors at the individual and structural levels are present in both at-risk and homeless populations:

1. An imbalance in the income and housing costs
2. Chronic health issues, particularly mental health, disabilities/physical health
3. Addictions
4. Experiences of abuse and trauma
5. Interaction with public systems, particularly correctional and child intervention services

By contrast, identified protective factors that moderate risk for homelessness includes healthy social relationships, education, access to affordable housing and adequate income. To this end, the Canada Mortgage and Housing Corporation (CMHC) measure of Core Housing Need lends a closer look at shelter costs in Medicine Hat and points to a better understanding of the at-risk population.

According to the CMHC, affordable dwellings cost less than 30% of before-tax household income. Households which occupy housing that falls below any of the dwelling adequacy, suitability or affordability standards, and which would have to spend 30% or more of their before-tax income, are said to be in Core Housing Need.

The Core Need Income Threshold (CNIT) is a calculation used to determine the income that a household needs in order to secure adequate private sector accommodation. The 2017 Core Need Income Threshold for Medicine Hat:

In 2017, The Medicine Hat Poverty Reduction Leadership Group developed a community document **Thrive: Medicine Hat and Region Strategy to End Poverty and Increase Wellbeing**. The group’s vision is “By 2030, Medicine Hat will have ended poverty in all its forms, ensuring wellbeing for all.”

Over the past year, **THRIVE** has acquired society status, has hired an Executive Director, and has commenced the implementation of the Plan. A representative from the Medicine Hat Community Housing Society serves on the Council of Champions (the Board) for THRIVE as Co-Chair.

The Foundational Principles for the document are:
- Everyone has an equal right to justice, education, personal security and privacy, work, cultural, political and recreational participation.
- Our approach is person-centered and community-driven.
- To end poverty, we must prevent it in the first place.
- Ending poverty and increasing wellbeing requires a collective effort.
- Social change requires innovation.
The number of households living below the affordability standard has increased. There were 6,560 households paying more than 30% of their income on shelter according to the 2011 NHS; this is notably higher than the figure of 2,755 households according to the 2006 Census. Even more concerning is the initial figure reported in the 1991, when 985 were counted in this category. While the two data sources cannot be directly compared due to different methodologies, the indicators reported by the NHS raise important questions regarding affordability trends in Medicine Hat.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Households</th>
<th>Households Paying more than 30% on Shelter (total, percent of total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>29,955</td>
<td>6,560 21.9%</td>
</tr>
<tr>
<td>2006</td>
<td>26,850</td>
<td>2,755 10.3%</td>
</tr>
<tr>
<td>2001</td>
<td>22,815</td>
<td>1,775 7.8%</td>
</tr>
<tr>
<td>1996</td>
<td>20,310</td>
<td>1,820 9.0%</td>
</tr>
<tr>
<td>1991</td>
<td>18,750</td>
<td>985 5.3%</td>
</tr>
</tbody>
</table>

Note: Data for 2011 is from NHS for households paying more than 30% on shelter. Data from 1991-2006 is from CMHC, using Census data, for households below affordability standard (also paying more than 30% on shelter).

Renters are more likely to be in need of affordable housing. A lower proportion of owner households paid 30% or more compared to tenant households in Medicine Hat (17.0% for owners versus 39.5% for renters). The average monthly shelter cost for tenant households was $960, this was lower than the average monthly shelter cost for owner households of $1,112.

<table>
<thead>
<tr>
<th>Housing Indicator</th>
<th>Housing Tenure</th>
<th>Medicine Hat CA</th>
<th>Alberta</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of households spending 30% or more of 2010 total income on shelter costs</td>
<td>Owner</td>
<td>16.8</td>
<td>18.4</td>
</tr>
<tr>
<td></td>
<td>Renter</td>
<td>37.4</td>
<td>38.6</td>
</tr>
<tr>
<td>Average monthly shelter cost ($)</td>
<td>Owner</td>
<td>1,112</td>
<td>1,531</td>
</tr>
<tr>
<td></td>
<td>Renter</td>
<td>9,60</td>
<td>1,279</td>
</tr>
</tbody>
</table>
Renters were more likely to live in housing in need of major repairs. While 6.0% of households reported living in dwellings that required major repairs, the proportion was lower for owners (5.0% for owner-occupied dwellings and 9.3% for renter-occupied dwellings).

The housing need gap between Aboriginal and non-Aboriginal households is increasing. In breaking down the Census 2006 data to examine the impact of Aboriginal status on housing outcomes, the prevalence of Core Housing Need among Aboriginal people in Medicine Hat was 11%, almost double the national average. Notably, this has jumped by 7% since 2001.

Persistent housing affordability challenges increase homelessness risk, particularly for low income renters. CMHC reports that over the three-year period 2005 to 2007 some 27% of individuals who were ever (at least one year) in Core Housing Need, remained in this situation all three years. While no benchmark for Medicine Hat for persistent Core Housing Need could be obtained, using the Canadian figure, we estimate that about 6% (1,760) of Medicine Hatters are experiencing persistent core housing need due to affordability challenges. Renters are more likely to be in persistent core housing need, compared to homeowners.

Based on these figures (persistent Core Housing Need and absolute homelessness prevalence), an estimated 1,700-1,800 Medicine Hatters could be at risk. This group should be the target of prevention measures to ensure risk for homelessness is mitigated.

Housing Market Trends

Strong labour opportunities draw migration, putting pressure on limited rental stock. According to the CMHC Rental Market Report in Fall 2017, vacancy rates decreased to 7.5% across Alberta. Gains in net migration fueled by strong employment gains pushed vacancy rates down across rental markets, including Medicine Hat’s, year over year.

Vacancy rates are starting to improve, however rents are on the rise. Medicine Hat’s vacancy rates continue to experience an improvement, while rental rates continue to reflect a steady increase.

<table>
<thead>
<tr>
<th>Unit Size</th>
<th>Vacancy Rates</th>
<th>Rental Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>October 2016</td>
<td>October 2017</td>
</tr>
<tr>
<td>Bachelor</td>
<td>9.9%</td>
<td>8.9%</td>
</tr>
<tr>
<td>1 Bd</td>
<td>3.7%</td>
<td>6.8%</td>
</tr>
<tr>
<td>2 Bd</td>
<td>5.7%</td>
<td>5.2%</td>
</tr>
<tr>
<td>3 Bd+</td>
<td>9.5%</td>
<td>12.2%</td>
</tr>
<tr>
<td>Total</td>
<td>5.4%</td>
<td>6.2%</td>
</tr>
</tbody>
</table>

CMHC Rental Market Statistics Fall 2017, Vacancy and Availability Rates (%) in Privately Initiated Rental Apartment Structures of Three Units and Over: Medicine Hat.
Limited new rental units are being added, despite demand. The following chart depicts the new housing starts and housing completion in Medicine Hat by Dwelling Type. The feasibility of home ownership for low income families remains out of reach with the average residential sale price for a single detached home in Medicine Hat in 2018 (YTD) is $289,972.

<table>
<thead>
<tr>
<th>Dwelling Type</th>
<th>April 2018</th>
<th>April 2017</th>
<th>YTD 2018</th>
<th>YTD 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>5</td>
<td>6</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>Semi-detached</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Row</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Apartment &amp; Other</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>All</td>
<td>5</td>
<td>12</td>
<td>26</td>
<td>25</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dwelling Type</th>
<th>April 2018</th>
<th>April 2017</th>
<th>YTD 2018</th>
<th>YTD 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>9</td>
<td>4</td>
<td>33</td>
<td>22</td>
</tr>
<tr>
<td>Semi-detached</td>
<td>2</td>
<td>2</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Row</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Apartment</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>All</td>
<td>11</td>
<td>6</td>
<td>49</td>
<td>31</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CREA Re-Sale (March 2018)</th>
<th>Residential Average Price</th>
<th>Residential Dollar Volume</th>
<th>Total Dollar Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Average Re-Sale Price</td>
<td>$289,972</td>
<td>$67,853,350</td>
<td>$74,077,850</td>
</tr>
</tbody>
</table>
## Housing Stock (2011) Medicine Hat

<table>
<thead>
<tr>
<th></th>
<th>Total&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Owners</th>
<th>Renters</th>
<th>% owner occupied</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td><strong>Condominiums</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupied Private Dwelling</td>
<td>29960</td>
<td>99.5%</td>
<td>22720</td>
<td>100</td>
</tr>
<tr>
<td>Part of a condominium</td>
<td>3815</td>
<td>12.7%</td>
<td>3160</td>
<td>13.9</td>
</tr>
<tr>
<td>Not part of a condominium</td>
<td>26130</td>
<td>87.3%</td>
<td>19560</td>
<td>86.1</td>
</tr>
<tr>
<td><strong>Housing Suitability</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupied Private Dwellings</td>
<td>29950</td>
<td>100</td>
<td>22720</td>
<td>100</td>
</tr>
<tr>
<td>Suitable</td>
<td>29175</td>
<td>97.4%</td>
<td>22305</td>
<td>98.2</td>
</tr>
<tr>
<td>Not suitable (crowded)</td>
<td>770</td>
<td>2.6%</td>
<td>420</td>
<td>1.9</td>
</tr>
<tr>
<td><strong>Structure Type</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupied private dwellings</td>
<td>29950</td>
<td>100</td>
<td>22720</td>
<td>100</td>
</tr>
<tr>
<td>Single-detached house</td>
<td>22240</td>
<td>67.6%</td>
<td>18135</td>
<td>79.8</td>
</tr>
<tr>
<td>Semi-detached double house</td>
<td>1405</td>
<td>4.7%</td>
<td>770</td>
<td>3.4</td>
</tr>
<tr>
<td>Row house</td>
<td>1835</td>
<td>6.1%</td>
<td>670</td>
<td>3.0</td>
</tr>
<tr>
<td>Apartment, duplex</td>
<td>445</td>
<td>1.5%</td>
<td>145</td>
<td>0.6</td>
</tr>
<tr>
<td>Apartment in a building that has fewer than five storeys</td>
<td>4715</td>
<td>15.7%</td>
<td>2195</td>
<td>9.7</td>
</tr>
<tr>
<td>Apartment in a building that has five or more storeys</td>
<td>175</td>
<td>0.6%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other dwelling type</td>
<td>1135</td>
<td>3.8%</td>
<td>805</td>
<td>3.5</td>
</tr>
</tbody>
</table>

Source: CMHC, adapted from Statistics Canada (Census of Canada and National Household Survey)
A Systems Approach to Ending Homelessness

Medicine Hat has been at the forefront of the shift to system planning in the ending homelessness movement. Over the past ten years, MHCHS and community partners have implemented critical measures to shift towards a systems approach. In Medicine Hat, as in most communities, housing first was initially conceptualized as a programmatic intervention that aimed at rapidly rehousing individuals and supporting them to maintain housing stability. We have since learned that it is much more.

The shift to housing first in Medicine Hat has been more fundamental than simply introducing specific programs. We have looked to housing first as a call to approach homelessness differently in our community. Rather than simply introducing new programs, we have restructured our entire system's approach to homelessness following housing first as a philosophy.

While system planning is a recognized best practice critical to ending homelessness, it can be exceptionally challenging to implement. Based on a review of promising approaches to system planning, several key elements have been identified as necessary to its successful implementation. Medicine Hat uses the Systems Planning Elements designed by Turner Strategies and enhances areas based on emerging research and our own data (see chart on following page for elements). The 4 foundational concepts of system planning include:

1. **System planning** response focuses on both ending homelessness and preventing future homelessness.
2. Uses the concept of **functional zero** as the measurement for ending homelessness which means that homelessness is prevented whenever possible, and that experiences of homelessness are rare, brief, and non-recurring.
3. Ending and preventing homelessness require renewed **leadership & accountability** across stakeholders and investment in what works.
4. Critical need to increase **permanent supportive and affordable housing supply**, and a greater focus on prevention and diversion, including **longer term supports** where appropriate.

A key component of systems planning is coordination and systems integration; achieved successfully when particular strategies are applied across systems. This includes:

1. Common policies and protocols, shared information
2. Coordinated service delivery and training
3. Having staff with the responsibility to promote systems/service integration
4. Creating a local interagency coordinating body
5. Centralized authority for homeless-serving system planning & system coordination
6. Co-locating mainstream services within homeless-serving agencies and programs
7. Adopting and using an interagency management information system

Medicine Hat is well known for its use of data and the coordination of services across the community; this speaks to the high level of integration across sectors. Without integration, there is limited success. Planning and integration strategies that the CBO currently operates from can be found in the Priority Section.
<table>
<thead>
<tr>
<th><strong>System Planning Elements</strong>&lt;sup&gt;xiii&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Systems-focused Plan to End Homelessness</strong></td>
</tr>
<tr>
<td>Community plan follows a systems approach and the housing first philosophy to end homelessness.</td>
</tr>
<tr>
<td><strong>2. Backbone Organization</strong></td>
</tr>
<tr>
<td><strong>3. Community Engagement</strong></td>
</tr>
<tr>
<td>A transparent process is established to identify system gaps and priorities for planning and investment that incorporates input from diverse stakeholders, including service participants.</td>
</tr>
<tr>
<td><strong>4. Defined Structure</strong></td>
</tr>
<tr>
<td>Agreed-upon program types are established across the Homeless-Serving System using common definitions and clearly articulated relationships among components.</td>
</tr>
<tr>
<td><strong>5. Standards of Care</strong></td>
</tr>
<tr>
<td>Agreed-upon standards, policies, and protocols are in place to guide program and system functioning, including referral processes, eligibility criteria, service quality, program participant engagement, privacy, safety, etc.</td>
</tr>
<tr>
<td><strong>6. Performance Management</strong></td>
</tr>
<tr>
<td>Performance expectations at the program and system levels are articulated; these are aligned and monitored to drive Plan targets.</td>
</tr>
<tr>
<td><strong>7. Coordinated Intake &amp; Assessment</strong></td>
</tr>
<tr>
<td>Common processes are established that ensure appropriate program matching, consistent prioritization, and streamlined flow of program participants across the Homeless-Serving System.</td>
</tr>
<tr>
<td><strong>8. Homeless Management Information System (HMIS)</strong></td>
</tr>
<tr>
<td>Shared information system is implemented that aligns data collection, reporting, coordinated intake, assessment, referrals and service coordination in the Homeless-Serving System.</td>
</tr>
<tr>
<td><strong>9. Technical Assistance</strong></td>
</tr>
<tr>
<td>Capacity building support is available to service providers and mainstream system partners in key areas including system planning, HMIS, program and system performance management, and other Standards of Care aspects.</td>
</tr>
<tr>
<td><strong>10. Embedded Research</strong></td>
</tr>
<tr>
<td>Commitment to evidence-based decision-making and planning is built into the backbone organization and community's approach to system planning.</td>
</tr>
<tr>
<td><strong>11. Systems Integration</strong></td>
</tr>
<tr>
<td>A focus on integrating the Homeless-Serving System with key public systems and services, including justice, child intervention, health, and poverty reduction is evident.</td>
</tr>
</tbody>
</table>
The Impact of Ending Homelessness

The Medicine Hat Community Housing Society was tasked with leading the implementation of the Plan to End Homelessness with an end-date of March 2015. We have accomplished this task. We also know that to maintain an end to homelessness requires the same, if not greater, vigilance on the part of our community.

To ensure that an end to homelessness is sustainable, and that our system is continuously improving to enhance our capacity to respond to homelessness, MHCHS will continue to support community partners to engage in system planning as this dialogue unfolds. MHCHS will focus on the challenge of maintaining the success we have achieved in 2018/2019 and beyond.

The following chart highlights the impact of housing first program in community from the inception of the Plan in 2009.

<table>
<thead>
<tr>
<th>Total Housed in Period</th>
<th>1161</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults</td>
<td>846</td>
</tr>
<tr>
<td>Dependents (children)</td>
<td>320</td>
</tr>
</tbody>
</table>

### Demographics of Participants Housed in Period (Adults)

<table>
<thead>
<tr>
<th>Gender</th>
<th>#</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>411</td>
<td>49%</td>
</tr>
<tr>
<td>Men</td>
<td>431</td>
<td>51%</td>
</tr>
<tr>
<td>Unreported</td>
<td>4</td>
<td>0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>#</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>626</td>
<td>74%</td>
</tr>
<tr>
<td>Indigenous</td>
<td>100</td>
<td>12%</td>
</tr>
<tr>
<td>Other</td>
<td>57</td>
<td>7%</td>
</tr>
<tr>
<td>No Response</td>
<td>6</td>
<td>1%</td>
</tr>
<tr>
<td>Not Reported</td>
<td>57</td>
<td>7%</td>
</tr>
<tr>
<td></td>
<td>846</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Household Composition</th>
<th>#</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Parent Family</td>
<td>170</td>
<td>20%</td>
</tr>
<tr>
<td>Other Parent in 2-Parent Family</td>
<td>15</td>
<td>2%</td>
</tr>
<tr>
<td>Head of 2 Parent Family</td>
<td>14</td>
<td>2%</td>
</tr>
<tr>
<td>Individual</td>
<td>605</td>
<td>72%</td>
</tr>
<tr>
<td>Couple</td>
<td>40</td>
<td>5%</td>
</tr>
<tr>
<td>No Response</td>
<td>2</td>
<td>0%</td>
</tr>
</tbody>
</table>

### Type of Homelessness

<table>
<thead>
<tr>
<th>Type of Homelessness</th>
<th>#</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronically Homeless</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Episodically Homeless</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Number of Veterans

<table>
<thead>
<tr>
<th>Number of Veterans</th>
<th>#</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterans</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The success of housing first cannot be viewed in isolation of other factors, including the role of emergency shelter utilization in community. Historically, shelters have been used by those experiencing homelessness in community as a place to reside, not for emergency situations. This has changed in Medicine Hat with the implementation of our Plan and the various services that are offered in community. The overall number of individuals using shelter has decreased by 52% since 2008. Our experience is that majority of those that do utilize emergency shelters are new to the shelter system and have shorter stays.

The reduction in shelter utilization and the fact that long-term shelter stayers are moving into permanent housing is a testament to the strong community partnerships and understanding of systems planning in Medicine Hat.

Systems only work if the flow-through of individuals and processes are able to meet the current and anticipated future demands. Programs that do not provide new opportunities to individuals that are experiencing homelessness are not conducive to how Medicine Hat’s system of care operates. The exception to this is the Permanent Supportive Housing Program, which by design, is intended to support people indefinitely.

**Exits From Program**
The rate of exit from programs and whether that exit is deemed successful or not is an important element not only from an outcomes based perspective, but also a systems planning perspective. The CBO undertakes a full review of exits from the housing first programs and looks for indicators that demonstrate a lack of quality service delivery. This includes, but is not limited to quality of case management, housing options provided, communication with landlords, and quality of interactions with systems.

The chart on the following page shows the total number of exits from the housing first program since inception in 2009. The total number of people exited from the program is 792, including 19 deaths. Of the total individuals exited, 68% graduated the program based on the stated definition of “graduation”. However, the CBO undertakes a review of all exits through file review and direct follow-up with past service participants, (when possible) and it is evident that not all exits that are initially classified as “unsuccessful” are. The chart includes the CBO’s classification of all exits from program. Of note, positive exits from program elevate to 82% based on the data.
Graduate Rental Assistance Initiative (GRAI)

The Graduate Rental Assistance Initiative (GRAI) was developed for graduates of the Housing First and Rapid Re-Housing (RRH) Programs who have achieved housing stability, and require minimal financial support in order to maintain tenancy.

The GRAI program is administered through the Homeless and Housing Development Department at the Medicine Hat Community Housing Society (MHCHS). The GRAI program is not a long-term guaranteed subsidy. It is important to ensure that GRAI participants have current applications with the Administration Department of MHCHS for one of the numerous long-term and sustainable programs that they offer.

Every year, the CBO utilizes $223,500 of housing first programming funding towards ongoing rental subsidies for their housing first graduates that are on the waitlist for a subsidy, however will not receive a rent supplement as there are an insufficient number in our community.

Point-in-Time Count

On April 11, 2018, the Medicine Hat Community Housing Society worked with community partners to conduct a provincial Point-in-Time Homeless Count. Over 50 volunteers and a dozen organizations and programs participated in the local count. Preliminary results and data will be released on the PiT Count in June 2018.

This count serves two important functions: it provides a current snapshot of our overall homeless population and enables us to examine how this population changes over time. By aligning methods across Alberta’s cities, we can examine trends using the same definitions. Ultimately, this helps us inform solutions to support the goal of ending homelessness in our communities.

The results of the 2016 PiT Count showed a total of 33 people were enumerated the night of the count.
Public System Impact

Medicine Hat's success reaffirms research findings and other communities' experience with housing first from a cost-savings perspective.⁶⁴ In a study of homelessness in four Canadian cities, Pomeroy reports that institutional responses to homelessness including prison and psychiatric hospitals can cost as much as $66,000 - $120,000 per year.⁶⁵ This is significantly higher than the cost of providing housing with supports, estimated to cost between $12,000 and $34,000 annually.

Year after year, the data from Medicine Hat confirms that it is less costly to provide appropriate housing and support to a person experiencing homelessness than maintaining the status quo approach that relies on emergency and institutional responses. The following chart demonstrates the impact that housing first has had on reducing public system use, and therefore the costs associated with use. Of note, this chart reflects data from 2009 to 2016; the CBO is currently in the process of validating systems interaction data for all 846 individuals served in the housing first programs to date, with a release date of information slated for June 2018.

<table>
<thead>
<tr>
<th>Utilization of Public Systems in Housing First (2009-2016) N=705</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days in Hospital</td>
</tr>
<tr>
<td>Days in Jail</td>
</tr>
<tr>
<td>EMS Interactions</td>
</tr>
<tr>
<td>ER Use</td>
</tr>
<tr>
<td>Days in Jail</td>
</tr>
<tr>
<td>Police Interactions</td>
</tr>
<tr>
<td>Court Appearances</td>
</tr>
</tbody>
</table>

Note: The data represents 100% of individuals housed through the housing first programs and who have exited the program (successful & 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 Medicine Hat Community Housing Society
Profile

All citizens of Medicine Hat and district have the opportunity to access appropriate, affordable housing and related support services, is the vision of the Medicine Hat Community Housing Society.

The mission of the Medicine Hat Community Housing Society is to provide shelter and related support services for individuals and families.

Established in 1970, the Medicine Hat Community Housing Society (MHCHS or ‘the Society’) is a charitable organization under the Societies Act, a Housing Management Body established by Ministerial Order under the Alberta Housing Act, and the Community Based Organization/Community Entity for Medicine Hat established to coordinate initiatives in the community dedicated to ending homelessness (see Appendix A for Corporate Profile).

MHCHS has two (2) mutually supporting core business functions:

1. Housing Programs
   MHCHS has been established as a “Housing Management Body” (HMB) by Ministerial Order; a HMB is established for the purpose of administering social housing programs for the government under the Alberta Housing Act.

2. Homelessness Initiatives
   MHCHS has been established as the Community Based Organization (CBO) and Community Entity (CE) for Medicine Hat, charged with leading and implementing the local Plan to End Homelessness. A CBO (provincial) and CE (federal) is established for the purposes of administering funding from these respective jurisdictions, targeted to initiatives aimed at ending homelessness.

The primary statutes affecting MHCHS are the Alberta Housing Act, the Residential Tenancies Act, and the Freedom of Information and Protection of Privacy Act. Under the Alberta Housing Act, there are also a number of Regulations which impact the Society.

Organizational Structure

The MHCHS Board of Directors is a governance board comprised of 11 members as described in the Ministerial Order. The Board governs in accordance with the Society Bylaws and provides policy and planning direction to the Chief Administrative Officer (CAO). A number of standing and working committees, which include valuable community allies with similar goals and objectives, support the work of the MHCHS. Advocacy is also a primary function of the Board.

The CAO is responsible for conducting and overseeing all aspects of the business of the Society and reports directly to the Board of Directors, with a staff of 33 FTE employees.
The Lead for the Plan to End Homelessness

In its unique capacity as both the Management Body for social housing and the Community Based Organization and Community Entity who oversees homeless investments on behalf of the federal and provincial governments, the MHCHS has been able to effectively leverage its role and resources in implementation.

Moving to system planning, housing first, and ending homelessness requires a different type of leadership at the community level. In Medicine Hat, the MHCHS has taken on the role of the lead organization leading the implementation of the plan to end homelessness and system planning activities. The function of the CBO and CE falls under the Homeless & Housing Development Department (HHDD). As noted in the chart above, this department operates with a Department Manager, and one staff; the Homelessness Initiatives Coordinator. The position of Homelessness Initiatives Support is currently vacant. (Please see Appendix for job descriptions).

The role of the Homeless & Housing Development Department is to ensure the successful implementation of the Plan to End Homelessness, and it has grown in its role as a steward of public funds and system planner at the community level to meet the following key roles of a lead organization:

1. **Planning Lead**: Leads the implementation of the Plan to end homelessness, including annual strategic reviews and business planning; monitor and report on progress of the Plan.

2. **System Planner**: Designs, implements, and coordinates the Medicine Hat Homeless-Serving System.

3. **Information System Manager**: Implements and operates ETO as the local Homeless Management Information System.
4. **Funder**: Manages diverse funding streams to meet community priorities, compliance, monitoring, evaluation, and reporting requirements to funders.

5. **Evaluator**: Ensures comprehensive program monitoring and quality assurance processes are in place; implements and supports uptake of Standards of Care for programs within the system.

6. **Innovator**: Implemented housing first in a smaller center with innovative adaptation for youth and women fleeing violence; leverages social housing portfolio and private sector partners; early adopter of system planning using the housing first approach.

7. **Community Facilitator**: Consults and engages with diverse stakeholders to support plan implementation; targets capacity building initiatives, including comprehensive training and technical assistance for the Homeless-Serving sector.

8. **Researcher & Knowledge Leader**: Ensures research supports the implementation of local plans and share best practices at provincial and national levels; focuses on knowledge mobilization to support agencies, peers and public policy makers in the execution of their roles.

9. **Advocate**: Advances policy and practice issues and acts as champion for ending homelessness in the local community, provincially, nationally and internationally.

Through implementation of these activities, the MHCHS has become a nimble decision-maker that uses data and available information to effectively coordinate the Homeless-Serving System. The MHCHS has the capacity to draw on HMIS data to monitor emerging trends in program participant needs, and program outcomes to trouble-shoot and adjust its approach in real-time. This enables more effective use of resources and better outcomes for program participants.

As a first community to end chronic homelessness, it is imperative that Medicine Hat shares its learnings to support the ending homelessness movement nationally and internationally. The MHCHS has undertaken knowledge mobilization activities to transfer local success and best practices. Moving forward, its capacity to engage in dialogue with other community lead organization stakeholders, researchers, and policy makers is a priority focus.
CBO DECISION MAKING PROCESS

The CBO implements a continuous engagement process with stakeholders over the year to develop the Medicine Hat Service Delivery Plan. The development of the SDP 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.

The CBO initiates many consultations in both large and intimate settings with key stakeholders in community including: Community Council on Homelessness, individual conversations with CCH representatives, service providers, front line workers, landlords and property management companies through the Landlord Roundtable and individually, the City and local MLAs. The 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.

At Home in Medicine Hat. Our Plan to End Homelessness was approved by the CCH and MHCHS Board in March 2014. The Service Delivery Plan and the Federal Community Plan are engendered in the Plan.

The Request for Proposals (RFP) Process

There was no solicitation of proposal for the 2017-2018 and 2018-2019 grant funding year for OSSI funding, as the CBO built into a previous RFP the ability to extend funding agreements.

The basis for this ability was included in the 2015-2016 Request for Proposals Homelessness Initiatives; the CBO outlined the Program Timeline requirements:

“Commencing April 1, 2015 and ending March 31, 2016. Funding agreements may be extended beyond one year based on continued OSSI funding to the CBO, satisfactory service delivery by the service provider and a demonstrated need for the continuation of the program delivery at the current operating level as evidenced by both an internal agency program evaluation, and a CBO program evaluation.”

The MHCHS decided to exercise the option to extend funding agreements based on:
   a) continued OSSI funding from the Province, and
   b) confirmation of satisfactory service delivery by the service provider, and
   c) a demonstrated need for the continuation of the program delivery at the current operating level.

Points “b” and “c” above were required to be evidenced by both:
   a. an internal agency program evaluation, and
   b. a CBO program evaluation.

If a service provider (agency) chose to not submit a program evaluation and/or demonstrate the need for the service, it would result in funding agreements not being extended to service providers. All service providers provided evaluations on their existing service delivery. The internal evaluations coupled with the CBOs program evaluation secured funding for the existing providers. The CBO submitted the recommendations for continued funding to the CCH, which were approved on March 13, 2018.
The understanding and implementation of a systems planning approach at the CBO level, coupled with an excellent understanding on the community and programs’ part, has supported the mechanism to alter funding agreements at any time during a contract period. In practice, this means that we are always evolving and refining programs and services to meet the needs of the community while being fiscally responsible. For example, the Rapid Re-Housing Program altered its staffing structure during the last funding cycle as the level of need for services was not present; this meant that those unexpended funds could be invested in another area. The challenge with this approach is that planning on a systems level is more complex and complicated; however the results and impact of the new investments can be game-changing for community. It provides the opportunity for programs and the system itself to be responsive to the needs, not simply deliver a program that is underperforming because there’s a contract in place.

To that end, with the carryover and additional funding available for investment, the CBO is currently in the process of developing RFPs for a number of innovative projects that will be underway in the 2018-2019 funding year. These projects are based on the needs identified by community, the service providers, and the service participants of funded programs.

For the 2019-2020 funding year, all funding investments will be put out to an open RFP process. With this, the CBO will be undertaking the work of a community needs assessment and re-visioning of the system of care with stakeholders commencing the Fall 2018.

Appeal Process
The RFP appeal process is included in the written RFP that is issued under any MHCHS public tender process. Considering that the 2017-2018 and 2018-2019 funding for existing programs did not include an RFP process, the following appeal process applies:

The appeal process is outlined in the MHCHS Grievance Process Between Service Providers and CBO/CE. The purpose of this Policy and Procedure is to facilitate and clarify the grievance process a service provider may register to protest a decision made by the CBO/CE. All appeals would follow the process outlined in this procedure.

Conflict of Interest
The CCH Terms of Reference outline the conflict of interest policy:

“CONFLICT OF INTEREST
Conflict of interest shall be determined as any interest that might be construed as real, potential or apparent. All Council members shall disclose any association with an applicant organization who may, directly or indirectly, benefit from a decision of the Council.

Members may not vote on any issue where a conflict of interest is identified.”

Community Announcement
The community announcement of successful proponents will occur in June 2018 once agreements have been fully executed. This announcement will include an ad placed in the local Medicine Hat Newspaper. The successful proponents will also be shared via email through the Community Assistance Network, CCH, and made available on the MHCHS Website.
Community Accomplishments & Challenges

Accomplishments

1. **Continue to Deliver on Our Commitment to End Homelessness**
   a. Maintained status of an end to chronic homelessness.
   b. 10 day definition met and reduced to 2 days in 2018.
   c. 15 Units of Permanent Supportive Housing came on-line in community.
   d. Permanent Supportive Housing program implemented November 2018!

2. **Evidence-Based & Data Driven Adjustments to Service Delivery**
   a. Reduction from two housing first programs to one, based on need for service.
   b. Reduction of the Rapid Re-housing program, based on need for service.
   c. Addition of community based addictions workers.
   d. Plan for long-term shelter users in place, funding earmarked.
   e. Engagement with the Medicine Hat College to conduct research.

3. **Continued Implementation of a Systems Planning Approach**
   a. Working with national and international experts to replicate systems planning approach used in Medicine Hat.
   b. Work underway to create a systems planning dashboard at the National level.
   c. Increased involvement from Education, Health and Justice Systems.

Opportunities to Increase Capacity

1. Improve local program leadership and sharing of best practices outside community.
2. Foster and encourage cross-training and learning opportunities within community.

Barriers and Factors Impacting Implementation of the Plans (Provincial 10 Year and the local Plan)

1. Recent announcements of new industry coming to Medicine Hat, which will have a direct impact on housing availability.
2. Recognition that housing and/or availability of adequate rent supplements are required, urgent, and will determine the success of the plans.
3. Inadequate benefit amounts provided by Income Support Programs.
CBO Priorities

1. **Priorities for the 2018-2019 fiscal year:**
   - Maintain an end to homelessness
   - Implement Stabilization program for those waiting for treatment and those out on bail
   - Increase access to addictions, legal services, and psychiatric services for service participants
   - Expand PSH program deliver to 15 more units

2. **Priorities for the 2019-2020 fiscal year.**
   - Maintain an end to homelessness

3. **Priorities for the 2020-2021 fiscal year.**
   - Maintain an end to homelessness

Based on the learnings to date, best practices research, and community input, the following key strategic directions will continue to guide us to maintain our vision:

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

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

3. Introducing system integration and targeted **prevention** measures to stop the flow into homelessness and maintain an end to homelessness beyond 2018.

4. Using **data and research** to improve and refine our approach.

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

**Strategy 1 - System Planning**

We will work to clearly articulate the Medicine Hat Homeless-Serving System with our community partners. This will include developing a clear system structure, along with program and system-specific outcomes and targets that align with provincial and federal expectations.

1. **Maintain focus on long-term chronic and episodically homeless.**

2. **Apply priority populations lens to meet the needs of youth, women, families, seniors and Aboriginal people.**

3. **Enhance access across the Homeless-Serving System.**
   The creation of a single point of entry to the Homeless-Serving System has proven to be a critical element in our systematic efforts to end homelessness. Our Centralized Intake has made a critical contribution to streamlining program participants into appropriate programs and housing quickly and consistently.
4. Maximize the impact of current program investments.
Through the monitoring and continuous analysis of real-time data from various data points, Medicine Hat has initiated the process of diverting funding from housing first programs to prevention-based programming.

5. Enhance service quality and performance in the Homeless-Serving System.
Considerable efforts continue to be made at the program level to increase fidelity to housing first through investment in training and monitoring.

6. Advance the engagement of community partners in system planning.
We recognize that system planning is not the work of one organization. To be successful, the systems approach must permeate every aspect of our Homeless-Serving System. We will enhance outcomes for our community by engaging diverse voices in decision making that will advance our system planning work.

Strategy 2 - Housing & Supports
Despite considerable investments from our provincial and federal partners, some service gaps remain which must be addressed in order to maintain and end homelessness past 2018.

1. Enhance Housing First programs and Permanent Supportive Housing capacity.

2. Advocate for 15 additional units of Permanent Supportive Housing.

Strategy 3 - Systems Integration & Prevention
We often hear about the importance of prevention in our work: building the infrastructure necessary for those at risk to remain housed and close the front door into homelessness. Yet prevention work is often elusive in practice as planners and practitioner’s debate definitions, target populations, how best to maximize limited prevention dollars, and how to measure impact. Our learnings over the years have refined our understanding of prevention and its connection to systems integration.

1. Enhance access to appropriate levels of income assistance and rent supports for those at risk and experiencing homelessness.

2. Enhance the Homeless-Serving System’s capacity to support an end to discharging into homelessness.

3. Continue to support service integration between the Homeless-Serving System and AHS.

Strategy 4 - Data & Research
Medicine Hat has made significant efforts to improve our data and knowledge. Our community recognizes that research matters; further, that we need the contribution of the research community to realize our goals. Our ability to implement an HMIS quickly and generate real-time data to support system planning has been instrumental to our success.

Our community, province and nation benefits from some of the best and most engaged researchers in the world. Recently, increased coordination among the research community has begun to play a vital role in ending homelessness.
Moving forward, we are committed to enhancing our engagement with the research community in what we hope will be an ongoing conversation that serves as a critical feedback loop into the design and implementation of our Plan. By contributing our locally generated knowledge and data to such efforts, we also hope to make an important contribution to the ongoing advancement of knowledge on homelessness.

1. **Expand HMIS implementation across the Homeless-Serving System.**

Our HMIS, Efforts to Outcomes (ETO), is a web-based data collection application that is used by programs in Medicine Hat. ETO provides a platform to collect standardized information relative to the experience of individuals and families that have entered the housing first Intensive Case Management and Rapid Rehousing programs. We have expanded our HMIS system to include all provincial and federally funded programs, as appropriate. This has enhanced our capacity to monitor program participant flow, outcomes, and needs, across the Homeless-Serving System.

2. **Enhance the Homeless-Serving System's research and data analysis capacity.**

3. **Progress Research Strategy in partnership with provincial and national research partners to advance an end to homelessness.**

4. **Participate in the 2018 Homeless Point-in-Time Count to develop nationally-comparative baseline data on homelessness in Canada.**

**Strategy 5 - Leadership & Sustainability**

Medicine Hat is the first community to end homelessness in Canada. Despite being a small centre, with limited resources and funding, we have made an unprecedented accomplishment and demonstrated that when a caring community, engaged governments and administrations, and committed service providers put their minds to a task, they are unstoppable.

1. **Increase public awareness and engagement in ending homelessness in Medicine Hat.**

2. **Develop and advance policy priorities to support the Medicine Hat Plan to End Homelessness.**

3. **Provide leadership to end homelessness in Alberta and Canada.**

   It is imperative that we contribute the knowledge base we have developed to support our colleagues, particularly those in smaller communities. We will elevate Medicine Hat’s profile and success nationally and internationally by demonstrating and sharing best practices in ending homelessness. Our community will participate in knowledge-sharing activities including conferences, social media, teleconferencing, etc. to highlight the work underway in our community and to learn from others.

   We will also continue to support funders of homeless services locally and nationally to advance the systems approach to ending homelessness and Housing First.

4. **Enhance the Homeless-Serving System’s role in emergency response planning.**

5. **Ensure a sustainable end to homelessness in Medicine Hat beyond 2018.**

   Constant adjustment to our Homeless-Serving System in light of a shifting political and economic landscape requires that strong leadership and system coordination continues beyond 2018. Further, performance management, funding allocation, HMIS operations, research and policy, along with system and program planning will continue to be needed.
# PROJECT DESCRIPTIONS

1. **EXISTING PROJECTS TO CONTINUE**
   - Please refer to section VIII – *SDP Reference Materials* in the SDP Guide when completing the Project Classification and Target Client Group columns.
   - Please insert rows to the chart for multiple projects with the same Project Classification

<table>
<thead>
<tr>
<th>STRATEGIC AREAS OF INVESTMENT</th>
<th>PROJECT CLASSIFICATION</th>
<th>PROJECT NAME</th>
<th>SERVICE PROVIDER NAME</th>
<th>TARGET CLIENT GROUP</th>
<th># OF EXISTING CLIENTS</th>
<th>#OF NEW CLIENTS</th>
<th># OF CLIENTS TO GRADUATE IN 2018-2019</th>
<th>TOTAL PROJECT BUDGET REQUESTED</th>
<th>AMOUNT OF CARRYOVER ALLOCATED</th>
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</thead>
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<td>Housing Supports</td>
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<td>Housing First</td>
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<td></td>
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<td>PSH</td>
<td>PSH Program</td>
<td>PSH Program</td>
<td>Canadian Mental Health Association</td>
<td>Chronic &amp; Episodic Homeless</td>
<td>16</td>
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<td>0</td>
<td>$695,000</td>
<td>$61,541</td>
</tr>
<tr>
<td>Rapid Re-Housing</td>
<td>Rapid Re-Housing</td>
<td>Medicine Hat Community Housing Society</td>
<td>Chronic &amp; Episodic Homeless</td>
<td>5</td>
<td>35</td>
<td>40</td>
<td>$280,000</td>
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<tr>
<td>Homeless Prevention</td>
<td>Rent Supplement/Graduate Rental Assistance Initiative (GRAI)</td>
<td>GRAI</td>
<td>CBO</td>
<td>HF Graduates</td>
<td>54</td>
<td>20</td>
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<td>Connection to Long-Term Solutions</td>
<td>Outreach Support, Triage, Assessment, and Diversion</td>
<td>Central Intake</td>
<td>MHCHS</td>
<td>Chronic &amp; Episodic Homeless &amp; those at imminent risk of becoming homeless</td>
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<td>400 assessed</td>
<td>250 Diversion 30+ TDP)</td>
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<td>Program Supports</td>
<td>Support to Assist Other Activities</td>
<td>Financial Administrator</td>
<td>Canadian Mental Health Association</td>
<td>Chronic &amp; Episodic Homeless &amp; those at imminent risk of becoming homeless</td>
<td>33</td>
<td>150</td>
<td>105</td>
<td>$333,000</td>
<td></td>
</tr>
<tr>
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</tr>
<tr>
<td>Shelters</td>
<td>Inn Between</td>
<td>McMan Youth Family &amp; Community Services Association</td>
<td>Homeless youth</td>
<td>0</td>
<td>30</td>
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<td>$116,983</td>
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<tr>
<td>Support to Assist Other Activities</td>
<td>Financial Administrator</td>
<td>Canadian Mental Health Association</td>
<td>Chronic &amp; Episodic Homeless &amp; those at imminent risk of becoming homeless</td>
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<td>180</td>
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<td>Support to Assist Other Activities</td>
<td>Addictions Crisis Workers</td>
<td>Canadian Mental Health Association</td>
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<td>25</td>
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</tr>
</tbody>
</table>

Existing Projects to Continue Total Cost: **$2,853,983**
2. EXISTING PROJECTS TO BE DISCONTINUED

- Please refer to section VIII – SDP Reference Materials in the SDP Guide when completing the Projects Classification and Target Client Group columns.
- Please insert rows to the chart for multiple projects with the same Project Classification

<table>
<thead>
<tr>
<th>STRATEGIC AREAS OF INVESTMENT</th>
<th>PROJECT CLASSIFICATION</th>
<th>PROJECT NAME</th>
<th>SERVICE PROVIDER NAME</th>
<th>TARGET CLIENT GROUP</th>
<th># OF EXISTING CLIENTS TO BE TRANSFERRED</th>
<th># OF CLIENTS TO GRADUATE IN 2018-2019</th>
<th>TOTAL PROJECT BUDGET DISCONTINUED</th>
<th>AMOUNT OF CARRYOVER ALLOCATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeless Prevention</td>
<td>Prevention</td>
<td>Housing Stability</td>
<td>Medicine Hat Community Housing Society</td>
<td>At risk of becoming homeless</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
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<tr>
<td>Program Supports</td>
<td>Drop-in and Warming Centres</td>
<td>Winter Response</td>
<td>The Champion’s Center</td>
<td>Homeless and at risk of becoming homeless</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>$17,500</td>
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<tr>
<td>Housing Supports</td>
<td>ICM</td>
<td>Housing First Program</td>
<td>Canadian Mental Health Association</td>
<td>Chronic &amp; Episodic Homeless</td>
<td>n/a</td>
<td>n/a</td>
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<td>$569,000</td>
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</tbody>
</table>

Existing Projects to be Discontinue Total Cost: $770,500
3. ANTICIPATED NEW PROJECTS FOR 2018 - 2019

- Please refer to section VIII – SDP Reference Materials in the SDP Guide when completing the Project Classification and Target Client Group columns.
- Please insert rows to the chart for multiple projects with the same Project Classification.

<table>
<thead>
<tr>
<th>STRATEGIC AREA OF INVESTMENT</th>
<th>PROJECT CLASSIFICATION</th>
<th>PROJECT NAME</th>
<th>SERVICE PROVIDER NAME</th>
<th>TARGET CLIENT GROUP</th>
<th>#OF NEW CLIENTS</th>
<th># OF CLIENTS TO GRADUATE IN 2018 - 2019</th>
<th>TOTAL PROJECT BUDGET ANTICIPATED</th>
<th>AMOUNT OF CARRYOVER TO BE ALLOCATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connection to Long-Term Solutions</td>
<td>Outreach Support, Triage, Assessment, and Diversion</td>
<td>Transition and Stabilization</td>
<td>TBD</td>
<td>Chronic &amp; Episodic Homeless</td>
<td>25</td>
<td>n/a</td>
<td>$160,000</td>
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<tr>
<td>Housing Supports</td>
<td>PSH</td>
<td>PSH</td>
<td>TBD</td>
<td>Chronic &amp; Episodic Homeless</td>
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<td>$585,369</td>
</tr>
<tr>
<td>Program Supports</td>
<td>Drop-in and Warming Centres</td>
<td>Community Response (winter and summer)</td>
<td>TBD</td>
<td>Homeless and at risk of becoming homeless</td>
<td>100</td>
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<td>$50,000</td>
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<td></td>
<td>Supports to Assist Other Activities</td>
<td>Systems Navigators</td>
<td>TBD</td>
<td>Homeless and at risk of becoming homeless</td>
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<td>Supports to Assist Other Activities</td>
<td>Legal &amp; Psychiatric Access</td>
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<td>Homeless and at risk of becoming homeless</td>
<td>100</td>
<td>n/a</td>
<td>$150,000</td>
<td>$150,000</td>
</tr>
</tbody>
</table>

Anticipated New Projects for 2018 – 2019 Total Cost: $1,085,369
4. **ANTICIPATED NEW PROJECTS FOR 2019-2020 AND 2020-2021**
   - Please refer to section VIII – *SDP Reference Materials* in the SDP Guide when completing the Project Classification and Target Client Group columns.

<table>
<thead>
<tr>
<th>PROJECT START DATE</th>
<th>STRATEGIC AREAS</th>
<th>PROJECT CLASSIFICATION</th>
<th>PROJECT NAME</th>
<th>SERVICE PROVIDER NAME</th>
<th>TARGET CLIENT GROUP</th>
<th>#OF NEW CLIENTS</th>
<th>TOTAL PROJECT BUDGET REQUESTED</th>
</tr>
</thead>
</table>

SCHEDULE A

OUTREACH AND SUPPORT SERVICES INITIATIVE
APPROVED PURPOSE
SCHEDULE A

This is Schedule “A” to an Agreement with an Effective Date of April 1, 2018 between Her Majesty the Queen in the right of the Province of Alberta as represented by the Minister of Community and Social Services and Medicine Hat Community Housing Society (the “Recipient”) and forms part of that Agreement.

Project Classification: ICM

Project Name(s) and Service Provider(s) Name:
Medicine Hat Women’s Shelter Society

Project Address(es) and Service Provider(s) Address:
Box 2500

Approved Purpose:
All funded homeless serving programs in Medicine Hat operate from a housing first philosophy. Medicine Hat Women’s Shelter Society provides ICM for individuals and families who experience chronic and episodic homelessness and who present with higher acuity needs at the time of initial assessment & require a housing first intervention. The duration of the program is approximately 12 months.

Monitoring and Evaluation:
Alberta Community and Social Services (CSS) has a mandated duty to promote strong and vibrant communities and to focus funding where it will make a real difference. In order to assess the impact of its funding, the Ministry has adopted an outcomes based approach requiring that the Recipient deliver, through the Funded Project, measurable changes and/or improvements to the intended Beneficiaries of this Approved Project. The progress must be demonstrated through evidence of the difference the interventions are making to those Beneficiaries.

Inputs:
1. CSS funding: $520,000
2. Other sources of funding: n/a
3. Staffing: 4.25 FTE
4. Target client group served: Chronically and episodically homeless individuals and families.
5. Efforts to Outcomes data collection: Yes

Program Activities:
1. Intensive case management supports including outreach, housing, re-housing, and follow-up supports.
2. Landlord recruitment and liaison
3. Provision and/or facilitation of mental health and/or other specialized supports for service participants in alignment with intensive case management supports.
Outputs:
1. It is estimated that 30 new clients will be assisted to find appropriate housing and be supported to maintain permanent housing.
2. Program will report using the ETO data collection system.
3. Throughout the reporting period, the program will maintain a minimum 85% caseload capacity.

Outcomes (Community and Social Services Mandated):
1. Those housed through the program will remain stably housed.
2. Those persons housed in the program will show a reduction in inappropriate use of the public systems.
3. Those persons accepted into the program will demonstrate improved self-sufficiency.
4. Persons accepted into the program will demonstrate engagement in mainstream services.

Outcome Indicators/Measures (Community and Social Services Mandated):
1. At any given reporting period, 85% of the people housed will still be permanently housed.
2. Those persons permanently housed will show reduced incarcerations, reduced emergency room visits and reduced in-patient hospitalizations.
3. Persons housed in the program will have a stable income source (e.g. employment income, AISH, Alberta Works, disability pension, Old Age Security, etc.).
4. Persons housed in the program will be engaged in mainstream services (e.g. medical doctors or specialists, legal service, etc.).
OUTREACH AND SUPPORT SERVICES INITIATIVE
APPROVED PURPOSE
SCHEDULE A

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Project Classification: Rapid Re-Housing

Project Name(s) and/or Service Provider(s) Name:
Medicine Hat Community Housing Society

Project Address(es) and/or Service Provider(s) Address:
#104, 516-3rd Street SE

Approved Purpose:
All funded homeless serving programs in Medicine Hat operate from a housing first philosophy. Medicine Hat Community Housing Society provides case management for adult individuals who experience chronic and episodic homelessness and who present with moderately acute needs at the time of initial assessment. The duration of this program is approximately 4-6 months.

Monitoring and Evaluation:
Alberta Community and Social Services (CSS) has a mandated duty to promote strong and vibrant communities and to focus funding where it will make a real difference. In order to assess the impact of its funding, the Ministry has adopted an outcomes based approach requiring that the Recipient deliver, through the Funded Project, measurable changes and/or improvements to the intended Beneficiaries of this Approved Project. The progress must be demonstrated through evidence of the difference the interventions are making to those Beneficiaries.

Inputs:
1. CSS funding: $280,000
2. Other sources of funding: 0
3. Staffing: 1.50 FTE
4. Target client group served: Chronically and episodically homeless individuals and families
5. Efforts to Outcomes data collection: Yes

Program Activities:
1. Intensive case management supports including outreach, housing, re-housing, and follow-up supports.
2. Landlord recruitment and liaison
3. Provision and/or facilitation of mental health and/or other specialized supports for service participants in alignment with intensive case management supports.
Outputs:
1. It is estimated that 35 new clients will be assisted to find appropriate housing and be supported to maintain permanent housing.
2. Program will report using the ETO data collection system.
3. Throughout the reporting period, the program will maintain a minimum 85% caseload capacity.

Outcomes (Community and Social Services Mandated):
1. Those housed through the program will remain stably housed.
2. Those persons housed in the program will show a reduction in inappropriate use of the public systems.
3. Those persons accepted into the program will demonstrate improved self-sufficiency.
4. Persons accepted into the program will demonstrate engagement in mainstream services.

Outcome Indicators/Measures (Community and Social Services Mandated):
1. At any given reporting period, 85% of the people housed will still be permanently housed.
2. Those persons permanently housed will show reduced incarcerations, reduced emergency room visits and reduced in-patient hospitalizations.
3. Persons housed in the program will have a stable income source (e.g. employment income, AISH, Alberta Works, disability pension, Old Age Security, etc.).
4. Persons housed in the program will be engaged in mainstream services (e.g. medical doctors or specialists, legal service, etc.).
OUTREACH AND SUPPORT SERVICES INITIATIVE
APPROVED PURPOSE
SCHEDULE A

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Project Classification: Outreach, Triage, Assessment, Diversion and Transition

Project Name(s) and/or Service Provider(s) Name:
A. Youth Hub Outreach Service – McMan Youth, Family and Community Services Association
B. Central Intake – Medicine Hat Community Housing Society
C. Transition & Stabilization - TBD

Project Address(es) and/or Service Provider(s) Address:
A. #4, 941 South Railway Street SE
B. #104, 516-3rd Street SE
C. TBD

Approved Purpose:
All funded homeless serving programs in Medicine Hat operate from a housing first philosophy.

A. Youth Hub Outreach Service (Amalgamation of the Youth Outreach Worker and Youth Hub programs) - McMan Youth, Family and Community Services Association. YOW program which supports community-based youth that are at risk of becoming homeless due to family conflict as well as those currently homeless or staying in the youth shelter. Appropriate housing/re-housing of the youth, as well as support to the family to promote family reunification is the focus of this program. Youth Hub is a client centered, triage, resource and referral service for any youth ages 14-24, including those with complex needs, in order to be permanently housed, connected to supports and able to fully participate in community life. The Youth Hub will offer appropriate intake/assessments leading to referrals with warm transfers to relevant housing and community supports; Housing & homeless supports referrals to MHCHS Centralized Housing Assessment and Triage (over 18 or under 18 if requiring a HF intervention), McMan YOW (under 18 and not requiring a HF intervention), and Children Services (if status is warranted); systems mapping and navigation; individualized action plans, strengthening family and cultural connections and providing follow up. The joint program will continue to provide all services that were offered under both programs.

This program will also incorporate the Clinical Support function for internal utilization.

B. Medicine Hat Community Housing Society – Outreach Department serves as the centralized access point into the Housing First Program in community. This is accomplished by assessing the housing and social support needs of individuals that are homeless or at imminent risk of
becoming homeless through the use of SPDAT, and providing a referral to the most appropriate housing first or housing loss prevention program.

Diversion redirects individuals from housing first programs to more suitable, less intensive services that will meet their needs. Individuals must be eligible for services (scoring 20+ on the SPDAT) however 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.

Transition and Discharge Planning focuses on individuals being discharged into homelessness from community-based Provincial or Federal systems/facilities including corrections, treatment, hospital, and child welfare. The role of the Central Intake worker is to support a seamless transition from systems/facilities into interim housing and then connect the individual to the best program to meet their needs.

C. TBD

Monitoring and Evaluation:
A. Youth Hub Outreach Service – McMan Youth, Family and Community Services Association
Alberta Community and Social Services (CSS) has a mandated duty to promote strong and vibrant communities and to focus funding where it will make a real difference. In order to assess the impact of its funding, the Ministry has adopted an outcomes based approach requiring that the Recipient deliver, through the Funded Project, measurable changes and/or improvements to the intended Beneficiaries of this Approved Project. The progress must be demonstrated through evidence of the difference the interventions are making to those Beneficiaries.

B. Central Intake – MHCHS
Medicine Hat Community Housing Society- CBO/CE has a mandated duty to promote strong and vibrant communities and to focus funding where it will make a real difference. In order to assess the impact of its funding, the Ministry has adopted an outcomes based approach requiring that the Recipient deliver, through the Funded Program, measurable changes and/or improvements to the intended Beneficiaries of this Approved Program. The progress must be demonstrated through evidence of the difference the interventions are making to those Beneficiaries.

Inputs:
A. Youth Hub Outreach Service – McMan Youth, Family and Community Services Association
   1. CSS funding: $333,000
   2. Other sources of funding: n/a
   3. Staffing: 3.5 FTE
   4. Target client group served: Youth
   5. Efforts to Outcomes data collection: Yes

B. Central Intake – MHCHS
   1. CSS funding: $400,438
   2. Other sources of funding: HPS $216,562
   3. Staffing: 3.50 FTE
   4. Target client group served: All
5. Efforts to Outcomes data collection: Yes

C. TBD
1. CSS Funding: $134,000
2. Other Sources of funding: unknown
3. Staffing: Unknown
4. Target client group served: Chronically and episodically homeless individuals
5. Efforts to Outcomes data collection: Yes

Program Activities:
A. Youth Hub Outreach Service – McMan Youth, Family and Community Services Association
   1. Outreach to community-based homeless youth, crisis sheltered youth
   2. Assistance to youth to locate housing options, as appropriate
   3. Appropriate case management and follow-up supports that is client centered
   4. Reunification with family, as appropriate

B. Central Intake – MHCHS
   1. Complete assessments for individuals seeking services (SPDAT) 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 waitlist for Housing First, Rapid Re-Housing Programs and Diversion
   5. Assist individuals eligible for existing housing first programs with program diversion efforts, as appropriate.
   6. Provide 30-day (max.) hotel stay for individuals being discharged from hospital, corrections, and Children and Family Services, and facilitate priority warm transfers to appropriate programs.

C. TBD

Outputs:
A. Youth Outreach Worker – McMan Youth, Family and Community Services Association
   1. 150 new clients (homeless youth) will be served by this program
   2. 70% of youth served will be reunited with their family

B. Central Intake – MHCHS
   1. It is estimated that 400 individuals will be assessed
   2. Program will report using the ETO data collection system.
   3. 100% of individuals will be seen by Housing Assessment and Triage within 3 business days of initial contact with or referral to the service.
   4. It is estimated that 250 individuals will be assisted through diversion efforts.
   5. It is estimated that 30 individuals will be served through transition and discharge planning efforts.

C. TBD

Outcomes (Community and Social Services Mandated):
   1. Those housed through the program will remain stably housed.
   2. Those persons housed in the program will show a reduction in inappropriate use of the
3. Those persons accepted into the program will demonstrate improved self-sufficiency.
4. Persons accepted into the program will demonstrate engagement in mainstream services.

Outcomes (CBO Mandated):

A. Youth Hub Outreach Service – McMan Youth, Family and Community Services Association
   1. Those persons in the program will be referred to appropriate community resources.
   2. Persons accepted into the program will demonstrate engagement in mainstream services.
   3. Youth have increased knowledge of community resources, requirements of housing stability.
   4. Youth have increased ability to develop goals and a service plan specific to their needs.

Outcome Indicators/Measures (Community and Social Services Mandated):

B. Central Intake – MHCHS
   1. At any given reporting period, 85% of the people housed will still be permanently housed.
   2. Those persons permanently housed will show reduced incarcerations, reduced emergency room visits and reduced in-patient hospitalizations.
   3. Persons housed in the program will have a stable income source (e.g. employment income, AISH, Alberta Works, disability pension, Old Age Security, etc.).
   4. Persons housed in the program will be engaged in main stream services (e.g. medical doctors or specialists, legal service, etc.).
   5. Those persons supported through this program will show improvement in housing (unit condition, rental and utility payments, improvements in issues related to lease violations), income (secured income, training, benefits, rental subsidy) and/or health & wellness (secured family doctor, referral(s) made to specialist as needed, mental wellness support).

C. TBD
OUTREACH AND SUPPORT SERVICES INITIATIVE
APPROVED PURPOSE
SCHEDULE A

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Approved Purpose:
All funded homeless serving programs in Medicine Hat operate from a housing first philosophy. The Inn Between - McMan Youth, Family and Community Services Association is a six bed residential home that provides emergency housing, home placement care, and supports for up to six youth aged 12-17. One of the six beds is reserved for community based youth who are homeless or at imminent risk. Focusing on prevention and early intervention, the primary goal is to reduce the number of nights a youth stays by providing mediation and conflict resolution in order to reunify the youth with their families as quickly as possible.

Monitoring & Evaluation:
Alberta Community and Social Services (CSS) has a mandated duty to promote strong and vibrant communities and to focus funding where it will make a real difference. In order to assess the impact of its funding, the Ministry has adopted an outcomes based approach requiring that the Recipient deliver, through the Funded Project, measurable changes and/or improvements to the intended Beneficiaries of this Approved Project. The progress must be demonstrated through evidence of the difference the interventions are making to those Beneficiaries.

Inputs:
1. CSS Funding: $116,983.
2. Program staffing* will consist of:
   a. .2 FTE Program Manager;
   c. 1.0 FTE Program Supervisor;
   d. 5.0 FTE Salaried Staff; and
   e. Relief Staff – 14.
   *Note that the program staffing is for the operation of the 6 beds. HS funds are utilized for 1/6th of the total operating costs.
3. Target client group served: Community based (non-CFS status) homeless youth, youth at imminent risk of homelessness.
4. Efforts to Outcomes data collection (at time of implementation for youth programs).

Program Activities:
1. Planned and emergency intakes to one (1) of the six (6) beds that will be available to community based homeless youth, screening, orientation to shelter, signing of consents, provision of basic needs (shelter, food, clothing, incidentals).
2. Assessments and development of service plan.
3. Care and supervision during stay.
4. Evening programming.
5. Crisis intervention.
6. Access to culturally appropriate services.
7. Referrals to Shelter Outreach Workers if youth does not have CFSA status.
8. Transition planning, discharge and follow up (3, 6 and 12 months).
9. Provide support to youth to promote family reunification, housing and/or rehousing.
10. Appropriate case management and follow-up supports that is client centered and rooted in harm reduction.

Outputs:
1. 30 new clients (homeless youth) will be served by this program.
2. 70% of youth will be reunited with their immediate or extended family.

Outcomes:
1. Those persons accepted into the program will demonstrate improved self-sufficiency.
2. Persons accepted into the program will demonstrate engagement in mainstream services.
3. Youth have increased knowledge of community resources, requirements of housing stability.
4. Youth have increased ability to develop goals and a service plan specific to their needs.
5. Youth participants are satisfied with the services provided.
6. Decrease in recidivism rate over the course of the year.
7. Youth participants will have a natural support network that allows them to return home or function independently.
OUTREACH AND SUPPORT SERVICES INITIATIVE
APPROVED PURPOSE
SCHEDULE A

This is Schedule “A” to an Agreement with an Effective Date of April 1, 2018 between Her Majesty the Queen in the right of the Province of Alberta as represented by the Minister of Community and Social Services and Medicine Hat Community Housing Society (the “Recipient”) and forms part of that Agreement.

Project Classification: Program Supports

Project Name(s) and/or Service Provider(s) Name:
Financial Administrator– Canadian Mental Health Association

Project Address(es) and/or Service Provider(s) Address:
# 204-1865 Dunmore Rd SE

Approved Purpose:
All funded homeless serving programs in Medicine Hat operate from a housing first philosophy. The Canadian Mental Health Association provides a financial administrator program that includes delivery of budgeting for beginners workshops, and case management support for individuals and families who are connected to a housing first program, who are at risk of becoming homeless, as well as community members. Generally, the duration of the program is approximately 3-12 months, dependent on intensity and/or duration of support(s) required for individuals or families to achieve financial stability.

Monitoring & Evaluation:
Alberta Community and Social Services (CSS) has a mandated duty to promote strong and vibrant communities and to focus funding where it will make a real difference. In order to assess the impact of its funding, the Ministry has adopted an outcomes based approach requiring that the Recipient deliver, through the Funded Project, measurable changes and/or improvements to the intended Beneficiaries of this Approved Project. The progress must be demonstrated through evidence of the difference the interventions are making to those Beneficiaries.

Inputs:
1. CSS Funding: $85,500
2. Program staffing will consist of:
   a. 1.5 FTE Case Managers
3. Target client group served: Individuals and families who are currently attached to and receiving services through housing first programs in community, and those who are at risk of becoming homeless, and then community members
4. Efforts to Outcomes (ETO), Participant interviews and assessments, and Excel data spreadsheets will be used for data collection.

Program Activities:
1. Teach individuals at risk of homelessness, budgeting and financial management skills
2. Direct one on one financial management support
3. Prior to acceptance in the programs, individual referred from community agencies will complete a pre-assessment and if accepted, will be followed at 6 months and at completion of the program.
4. Participants will sign a consent to participate in the program understanding that this is a voluntary program and that they can withdraw consent at any time if they so choose.

Outputs:
1. An estimated 180 new participants will be assisted through the budgeting for beginners workshops, and/or case management services.
2. Program will provide monthly reports using the Efforts to Outcomes data collection system and Excel spreadsheets.

Outcomes (CBO Mandated):
1. 75% of participants will demonstrate increased financial stability to meet their need for shelter and reduce the risk of homelessness form pre to post assessment period.
2. 75% of participants will demonstrate an increased understanding and ability to plan and implement a budget from a pre to post assessment period.
3. 75% of participants will report positive satisfaction with the program through satisfaction survey at the end of involvement with the program.
4. 75% of participants will remain in the program and not drop out prior to the end of each year (March 31) of this project.

Outcome Indicators/Measures (Community and Social Services Mandated):
1. At any given reporting period, 85% of the people housed, remain stably housed.
2. Those persons supported through this program will show improvement in housing (unit condition, rental and utility payments, improvements in issues related to lease violations), income (secured income, training, benefits, rental subsidy) and/or health & wellness (secured family doctor, referral(s) made to specialist as needed, mental wellness support).
3. Persons supported in the program will attain a stable income source (e.g. employment income, AISH, Alberta Works, disability pension, Old Age Security, etc.).
4. Persons supported in the program will be engaged in main stream services (e.g. medical doctors or specialists, legal service, parenting supports).

Outcome Indicators/Measures (CBO Mandated):
1. All participants will be invited to complete a satisfaction survey at the end of their involvement with the project.
2. Statistical data will be collected regarding demographics of participants and length of time in the program. Participants' privacy will be protected as they will be identified by a number.
3. Participants’ will complete an assessment prior to initiation of services with the Financial Administrator, at 6 months, and at the end of their participation in the project.
4. The Financial Administrator will complete an evaluation of the project including anecdotal reports.
OUTREACH AND SUPPORT SERVICES INITIATIVE
APPROVED PURPOSE
SCHEDULE A

This is Schedule “A” to an Agreement with an Effective Date of April 1, 2018 between Her Majesty the Queen in the right of the Province of Alberta as represented by the Minister of Community and Social Services and Medicine Hat Community Housing Society (the “Recipient”) and forms part of that Agreement.

Project Classification: Program Supports

Project Name(s) and/or Service Provider(s) Name:
Addiction Crisis Workers – Canadian Mental Health Association

Project Address(es) and/or Service Provider(s) Address:
204-1865 Dunmore Rd SE

Approved Purpose:
All funded homeless serving programs in Medicine Hat operate from a housing first philosophy. Canadian Mental Health Association will provide oversight for two (2) Addiction Crisis Workers who are responsible for responding to individuals who are experiencing crisis behavior due to addiction, stabilizing the individual’s addiction through streamlined access to community resource’s and reducing reliance on emergency services. One Addiction Crisis Worker will be attached to the Medicine Hat Police Service (Addictions Crisis Team or ACT) and one worker will be attached to the community (Community Addiction Crisis Worker).

Monitoring & Evaluation:
Alberta Community and Social Services (CSS) has a mandated duty to promote strong and vibrant communities and to focus funding where it will make a real difference. In order to assess the impact of its funding, the Ministry has adopted an outcomes based approach requiring that the Recipient deliver, through the Funded Project, measurable changes and/or improvements to the intended Beneficiaries of this Approved Project. The progress must be demonstrated through evidence of the difference the interventions are making to those Beneficiaries.

Inputs:
1. CSS Funding: $200,000
2. Program staffing will consist of:
   a. 2 FTE Crisis Addiction Workers
3. Target client group served: individuals experiencing crisis behavior in community due to addiction
4. Efforts to Outcomes data collection.

Program Activities:
1. Conduct formal assessments with clients.
2. Refer client to appropriate resources, as required.
3. Create a case plan with client, as appropriate, and collaborate with community partners to explore short and long-term solutions.
4. Provision specialized supports for clients in alignment with intensive case management practices.
5. Develop MOU with MHPS.

Outputs:
1. It is estimated that 25 new clients will be assisted by the Crisis Addiction Workers
2. It is estimated that 25 repeat clients will be assisted by the Crisis Addictions Workers.
3. Program will report using the ETO data collection system, once program profile is created.

Outcomes (Community and Social Services Mandated):
1. Those persons housed in the program will show a reduction in inappropriate use of the public systems.
2. Those persons accepted into the program will demonstrate improved self-sufficiency.
3. Persons accepted into the program will demonstrate engagement in mainstream services.

Outcome Indicators/Measures (Community and Social Services Mandated):
1. Those persons housed in the program will show reduced incarcerations, reduced emergency room visits and reduced in-patient hospitalizations.
2. Persons housed in the program will have a stable income source (e.g. employment income, AISH, Alberta Works, disability pension, Old Age Security, etc.).
3. Persons housed in the program will be engaged in mainstream services (e.g. medical doctors or specialists, legal service, etc.).
OUTREACH AND SUPPORT SERVICES INITIATIVE
APPROVED PURPOSE
SCHEDULE A

This is Schedule “A” to an Agreement with an Effective Date of April 1, 2018 between Her Majesty the Queen in the right of the Province of Alberta as represented by the Minister of Community and Social Services and Medicine Hat Community Housing Society (the “Recipient”) and forms part of that Agreement.

Project Classification: Program Supports

Project Name(s) and/or Service Provider(s) Name:
P SH Program – Canadian Mental Health Association

Project Address(es) and/or Service Provider(s) Address:
204-1865 Dunmore Rd SE

Approved Purpose: All funded homeless serving programs, including Permanent Supportive Housing in Medicine Hat operate from a housing first philosophy. Canadian Mental Health Association provides ICM for individuals and families to be delivered in alignment with the Housing First philosophy. PSH is a housing model for individuals with complex needs who are currently or have experienced homelessness and have a history of housing instability. Tenancy is not time-limited meaning an indefinite length of stay is possible, although PSH programs operate with a recovery orientation.

Site-based PSH programs operate with the expectation of maintaining positive profile and relationships within the local neighborhood. Involvement and engagement of neighbors and local organizations can be a positive way for a PSH program to improve community integration and the network of relationships and supports available for participants.

Canadian Mental Health Association will provide Permanent Supportive Housing Support Services as outline in Reference No: RFP2017-01-PSH, submitted September 8, 2017, attached hereto and forming part of this agreement.

Monitoring & Evaluation:
Alberta Community and Social Services (CSS) has a mandated duty to promote strong and vibrant communities and to focus funding where it will make a real difference. In order to assess the impact of its funding, the Ministry has adopted an outcomes based approach requiring that the Recipient deliver, through the Funded Project, measurable changes and/or improvements to the intended Beneficiaries of this Approved Project. The progress must be demonstrated through evidence of the difference the interventions are making to those Beneficiaries.

Inputs:
1. CSS Funding: $695,000
2. Program staffing will consist of:
   a. 1 FTE Program Manager/Team Lead;
   b. 2 FTE ICM/PSH Case Workers
   c. 3.7 Overnight Staff.
3. Target client group served: individuals with a history of homelessness and/or multiple unsuccessful previous placements experience multiple barriers to housing and may present with complex service needs.

4. Efforts to Outcomes data collection.

Program Activities:
1. Intensive case management supports delivered directly or facilitated through mainstream services, including: recovery services, skills for independent living, coordination of health and social supports, tenancy management and cultural and community supports.
2. Crisis intervention, as required.
3. Provision of mental health and other specialized supports for clients and front line staff in alignment with intensive case management practices.

Outputs:
1. The program will maintain a minimum caseload of 15 PSH clients.
2. Program will report using the ETO data collection system.
3. Throughout the reporting period, the program will maintain a minimum 85% caseload capacity, with a vacancy rate of less than 5%.
4. Program will maintain daily operations, routine maintenance and custodial upkeep of PSH Building located at 341 – 3rd Street SE, Medicine Hat AB.

Outcomes (Community and Social Services Mandated):
1. Those housed through the program will remain stably housed.
2. Those persons housed in the program will show a reduction in inappropriate use of the public systems.
3. Those persons accepted into the program will demonstrate improved self-sufficiency.
4. Persons accepted into the program will demonstrate engagement in mainstream services.

Outcome Indicators/Measures (Community and Social Services Mandated):
1. At any given reporting period, 85% of the people housed will still be permanently housed.
2. Those persons permanently housed will show reduced incarcerations, reduced emergency room visits and reduced in-patient hospitalizations.
3. Persons housed in the program will have a stable income source (e.g. employment income, AISH, Alberta Works, disability pension, Old Age Security, etc.).
4. Persons housed in the program will be engaged in mainstream services (e.g. medical doctors or specialists, legal service, etc.).
Schedule B – Financial Budget Plan

Please see attached.
Appendix A: CBO Job Descriptions

Position Description

Position: Manager, Homeless and Community Housing Department
Reports to: Chief Administrative Officer

Position Summary:
The Manager, Homeless and Community Housing Department is responsible for the overall management of all matters relating to the administration of Federal, Provincial and community based homelessness initiatives in Medicine Hat, including the successful implementation of Starting At Home in Medicine Hat – Our 5 Year Plan to End Homelessness and A Plan for Alberta – Ending Homelessness in 10 Years.

Major Areas of Responsibility:

Community Development & Planning
- Conduct community consultations to determine needs related to homelessness and affordable housing, poverty, emerging trends and gaps in service provision
- Ensure the successful implementation of Medicine Hat’s 5 year plan to end homelessness through community collaborations, advocacy and capacity building to address identified needs and priorities
- Research various grants/funding possibilities that are available and apply as appropriate
- Promote the priorities and targets established in our multi-year plan to foster improved collaboration, systemic change and service access improvements for homeless citizens
- Work with community stakeholders to implement annual social marketing campaigns; promote poverty reduction activities and increase the understanding of the social issues related to homelessness and poverty.

Administration of Federal and Provincial Homelessness Grants
- Complete applications/proposals/plans for federal and provincial homelessness funding
- Review Federal and Provincial grant agreements, ensuring compliance with all schedules and expected outcomes
- Ensure the timely completion of all monitoring, evaluation and financial reporting requirements
- Complete government “monitor” of financial and programming records
- Prepare annual reports and provide audited financial statements to stakeholders
- Participate in all governmental consultations related to homelessness initiatives

Administration of Local Third Party Grant Agreements
- Administer Call for Proposals to community to ensure that targets and strategies of our multi-year plan are addressed
- Facilitate the review process completed by an independent, multi-sectoral Proposal Review Committee to determine their recommendations for funding
- Present recommendations for funding to the Housing First Steering Committee & the MHCtS Board of Directors for approval
- Develop and administer grant agreements with funded agencies
- Facilitate program reviews, monitoring and evaluation for funded projects
- Support agencies in meeting their capacity building needs to ensure the adoption of best practices and solution focused client centered practices
- Review evaluation and annual report documents from funded partners, making recommendations for future funding and program revisions

Community Capacity Building
- Research “Best Practices” in delivering a housing first approach and ensure training/mentorship
opportunities promote the adoption of these evidence informed standards of care by community-based stakeholders
- Promote collaboration and systemic partnerships to ensure the needs of vulnerable citizens are understood and addressed
- Work with private developers, affiliated stakeholders, citizens (housed and homeless) and community programs to access information on emerging trends, community needs and funding sources
- Facilitate requests for public education and media inquiries

**Administration of Capital Projects for Affordable and Supported Housing**
- Work with local stakeholders, government departments and private sector partners to identify housing development options that increase the stock of affordable housing options for vulnerable citizens through design innovations, grant funding opportunities and community partnerships
- Support the project management of capital projects, when required
- Ensure facilities compliance monitoring for funded affordable and supported housing development projects

**Financial & Human Resource Management**
- Develop and manage within the departmental budget
- Work with Finance Manager in ensuring the expenditure and other financial requirements for the department are met, including all regular financial reporting to funders
- Provide supervision, coordination and effective utilization of the department’s Human Resources (both internal staff and external consultants/contractors)

**Advocacy**
- Advocate for policy and legislative changes relating to housing, homelessness and poverty reduction
- Participate in advocacy efforts with the 7-Cities on Housing & Homelessness
- Provide assessment of need and referral services to those who contact the Homeless and Community Housing Department looking for assistance

**Sustainability**
- Coordinate and manage fund raising as required to support and protect the interests and priorities of the Society

**Accountability:**
- Adherence to the policies and regulations of the MHCHS
- Adherence to the contractual and legal obligations of grant agreements with funders and local agencies
- Departmental budget created and maintained
- Completion of reports as required by all levels of government
- Performance appraisal by the Chief Administrative Officer

**Suitability:**

1. **Experience and training**
   - Knowledge of best practices in ending homelessness, especially related to a housing first approach
   - Knowledge and experience working with persons affected by poverty and homelessness
   - Knowledge and experience working with government legislation and contracts
   - Knowledge and experience conducting community consultations and needs assessments
   - Proven ability to teach and coach others – as well as problem solve client and community issues – in a non-threatening, supportive, reflective and professional manner
   - Direct experience working effectively with outcome based program evaluations, skilled in the development of proposals and reports
- Demonstrated understanding of business management principles
- Management training and/or 3 to 5 years management experience
- Degree in social sciences/related area and minimum of three years related work experience
- Preference will be given to qualified applicants with a Masters degree
- Equivalents may be considered

2. **Suitability criteria**
   - Extremely organized and efficient, capable of working independently
   - Capacity to make difficult decisions based on facts and policy requirements
   - Computer proficiency particularly with MS Windows and MS Office programs
   - Strong leadership ability and excellent verbal and written communication skills
   - Personal motivation to learn and keep current with new developments
   - Sensitive to the dignity of citizens suffering the effects of poverty and homelessness
   - Valid driver’s license, own vehicle and ability to drive in all weather conditions
   - Clean criminal record check

3. **Physical requirements**
   - Very occasional light lifting

4. **Travel requirements**
   - Use of personal vehicle with mileage paid at the current MHCHS rates

5. **Overtime and/or shift requirements**
   - Required to be available and respond in unscheduled emergency situations.

| Employee signature and date | CAO signature and date |
Position Description: Homeless Initiatives Coordinator

Position Summary
To support the successful implementation of At Home in Medicine Hat – Our Plan to End Homelessness and A Plan for Alberta – Ending Homelessness in 10 Years through community planning and an interdisciplinary team consisting of multiple agency representatives; to foster inter-agency collaborations to meet the needs of this population. To coordinate, support the development of and monitor the activities of a case management system. The coordinator will support the increased capacity of the service providers and community through guidance and support, organizational development and community leadership.

This position reports to the Manager, Homeless & Housing Development Department

Major Areas of Responsibility

Program and Service Delivery
- Coordinate and participate in the development and implementation of program goals, objectives, policies, priorities and standardized forms for the intensive case management (ICM) system.
- Ensure consistent application of evidence based assessment tools and Housing First practices among community based programs and funded agencies.
- Ensure service participants are referred to appropriate community resources; facilitate access and communication when multiple services are involved; monitor protocols and processes to ensure that services are actually being delivered and meet the needs of the end user; coordinate services to avoid duplication.
- Identify and facilitate the development of new community resources and training opportunities to further the housing first approach and case management practices.
- Develop, implement, and maintain processes for ensuring the accuracy of program and community level data, service participant records, program activities, and service participant outcomes.
- As part of the team, assist in the development of community-wide reports, service delivery plans, and reporting to stakeholders.
- Respond to and resolve difficult and sensitive service participant inquiries; respond to and facilitate the resolution of agency challenges related to the Housing First delivery in community.
- Participate in provincial data meetings and Point-in-Time Count meetings.

Accountability
- Adherence to the policies and regulations of the MHCHS
- Adherence to the contractual and legal obligations of grants agreements with funders
- Adherence to the program policies and procedures
- Assistance with completion of reports as required by funders
- Performance appraisal by the Manager, Homeless & Housing Development Department

Suitability

Experience and Education
- 3 to 5 years professional experience working with vulnerable populations.
- Degree in social sciences related area and minimum of three years related work experience.
- Equivalencies may be considered in conjunction with extensive relevant professional development and work experience.
- Experience with Outcomes Evaluation and Contract Administration preferred

Areas of Knowledge
This position requires knowledge and/or awareness of the following:
- History of homelessness and poverty.
- Intensive Case Management methods, principles, processes and techniques
- Laws, codes, regulations governing human rights, service participant confidentiality, protecting the rights of service participants, duty to report, and principles of consent.
- Worker wellness, compassion fatigue, vicarious trauma, and burnout.
- Community resources and human services, including protocols for referrals
- Harm reduction, suicide prevention, addictions, mental health, family violence, and trauma.
- Residential Tenancy Act (RTA)
- Interviewing methods, principles and techniques
- Policy development and implementation and inter-agency protocols
- Specific disciplines such as social work, psychology, addictions, counselling, or other human services related fields.
- Data and team performance management principles and skills
- Basic management practices
- Community & social development skills

**Suitability Criteria**

*This position requires the ability to:*
- Build collaborative, proactive and service participant focused relationships to facilitate and maximize service participant outcomes.
- Procure and coordinate services and monitor and evaluate these services.
- Prepare clear and concise reports, and communicate effectively.
- Identify and respond to program level issues, concerns and needs.
- Train and develop staff.
- Communicate clearly and concisely, both orally and written.
- Use independent judgement and critical thinking skills.
- Conduct occasional presentations.
- Demonstrate strong leadership and work independently.
- Identify community issues, concerns and needs as it relates to homelessness delivery in Medicine Hat.
- Operate computer systems and databases with proficiency.
- Self-motivated to learn and keep current with new research and emerging trends in the field.
- Be sensitive to the dignity of individuals and families impacted by the effects of homelessness.

**Working Conditions**
- Exposure to a variety of infectious and communicable diseases.
- Exposure to a variety of working environments.
- Exposure to a variety of professional practice delivery systems.
- Occasional non-traditional work hours.

**Travel requirements**
- Use of personal vehicle with mileage paid at the current MHCHS rates

**License and Certificates**
- Possession of, or ability to obtain, an appropriate, valid Alberta driver’s license.
- Possession of, or ability to obtain, an appropriate, valid C.P.R./First Aid Certificate.
- Provide current, clear Criminal Record Check.
- Provide current, clear Child Welfare Intervention Record Check.
- In good standing with professional body if appropriate (e.g. ACSW)

Employee signature and date

Manager signature and date
Appendix B: MHCHS Strategic Plan
Introduction

ABOUT MEDICINE HAT COMMUNITY HOUSING SOCIETY

Who is Housing?

The Medicine Hat Community Housing Society (MHCHS) is a not for profit housing provider. We make a positive difference in the lives of people on low to moderate incomes by delivering secure affordable housing. We provide homes and support services to over 1,000 low-income households in Medicine Hat, and have housed over 1,200 individuals and their 320 children out of homelessness.

As a management Body, named by the Alberta Housing Act, the MHCHS oversees social housing programs within the City of Medicine Hat, providing residential support to those citizens who are in need of affordable housing options. As a provincially appointed Community Based Organization and federally appointed Community Entity, we are charged with leading and implementing the local Plan to End Homelessness through multiple initiatives.

Established in 1970, the Medicine Hat Community Housing Society (MHCHS or the Society) is a charitable organization under the Societies Act, a Housing Management Body established by Ministerial Order under the Alberta Housing Act, and the Community Based Organization/Community Entity for Medicine Hat established to coordinate initiatives in the community dedicated to ending homelessness.

CORE BUSINESS FUNCTIONS

1. Housing Initiatives & Housing Supports: MHCHS has been established as a “Housing Management Body” (HMB) by Ministerial Order, a HMB is established for the purpose of administering social housing programs for the government under the Alberta Housing Act.

2. Homelessness Initiatives: MHCHS has been established as the Community Based Organization (CBO) and Community Entity (CE) for Medicine Hat, charged with leading and implementing the local Plan to End Homelessness. A CBO (provincial) and CE (federal) is established for the purposes of administering funding from these respective (jurisdictions, targeted to initiatives aimed at ending homelessness.

What do we mean by affordable housing? When MHCHS refers to affordable housing, we mean the full spectrum of housing services and programs for people on very low to moderate incomes. This includes Social Housing Programs, Family and Special Needs Housing, Senior’s, Soil Contaminated Rent Supplement, and the Affordable Housing Program.

PARTNERSHIPS AND BUILDING COMMUNITY

Medicine Hat Community Housing Society engages community partners and local stakeholders from multiple disciplines in addressing the complexity of affordable housing and homelessness. This collaboration takes a systems approach to alter the status quo in Medicine Hat in order to effect meaningful and lasting change.

ABOUT THIS STRATEGIC PLAN

Our 2016-2018 strategic plan builds upon our strengths as an organization: systems planning, technical assistance, data integrity and analysis, programming, adaptability, building relationships capital and compassion. The strategic plan draws from our experience as a HMB and CBO/CE in an ever-changing landscape, service providers/clients/tenants, stakeholders, staff, and board members.

This strategic plan reflects the growing needs of our communities’ ongoing need for affordable housing options, and our strong commitment to ensure an end to homelessness remains. The social issues we address are complex, our approach and solutions simple. Through leadership and advocacy, we will contribute to a better tomorrow in our community by delivering on five strategic priority areas.
Medicine Hat Community Housing Society

VISION

The MHCHS envisions a future in which all citizens of Medicine Hat and district are able to access appropriate, affordable housing and related support services.

MISSION

The mission of the MHCHS is to provide housing and related support services for individuals and families.

- Social supports are essential to ensuring successful community integration and housing stability.
- Developing and maintaining community partnerships is the most efficient way to address the issue of attainable housing.
- Community input is valued in the local decision-making process.
- A safe environment should be provided for children, youth, and vulnerable populations.

BELIEFS

The following belief statements can be found at the heart of our Society:

- Integrated community living is a basic human need and therefore a human right. It is fundamental to the well-being of individuals, families, and the community.
- Housing is necessary for full participation in civic culture and the economy.
- Providing attainable housing is a joint responsibility shared by the individual, private sector, public sector, and the community.
- Society is collectively responsible for the disenfranchised.

VALUES

Respect, Integrity, Innovation, Accountability, Dedication & Collaboration
Priority Areas

1. Maintain an end to homelessness
2. Housing development
3. Service delivery excellence
4. Sustainability
5. Awareness & profile
# Priority Areas & Strategies

## 1. Maintain an End to Homelessness

1. Maintain a systems planning approach.
2. Continue to invest in effective housing and support delivery in community.
3. Uphold a strong focus on system integration and prevention.
4. Expand the data and research agenda.
5. Provide leadership on plans to end homelessness.

## 2. Housing Development

1. Explore innovative solutions to expand the supply of affordable housing and rent supplement options.
2. Conduct Facility Condition Inspections (FCI) on all HMB managed properties.
3. Examine existing facilities to identify ways and means to reduce HMB’s environmental impact.

## 3. Service Delivery Excellence

1. Complete Key Performance Indicator benchmarking and implementation plan.
2. Review and update HMB’s Policy and Procedures.
3. Focus on Human Resources.
4. Enhance the knowledge base and skills of the employees.
5. Foster tenant and landlord accountability, engagement and commitment.
6. Explore opportunities to expand support services for existing tenants.

## 4. Sustainability

1. Assess current equipment and technology for efficiency and sustainability.
2. Develop organization relocation plan.
6. Develop CAO and management succession plan.

## 5. Awareness & Profile

1. Expand and continue to build upon existing community, municipal, provincial and federal relationships.
2. Seek opportunities to participate in existing forums for landlords and property management companies.
3. Develop public relations and marketing strategy.
4. Support and provide technical assistance to other communities.
01 Maintain an End to Homelessness

Minimize the experience and impact of homelessness thereby strengthening our community. This will be achieved through strong advocacy and collective impact.

**Strategies**

1.1 Maintain a systems planning approach.
1.2 Continue to invest in effective housing and support delivery in community.
1.3 Uphold a strong focus on system integration and prevention.
1.4 Expand the data and research agenda.
1.5 Provide leadership on plans to end homelessness.

**Outcome**

Community members experiencing homelessness will have access to a comprehensive system of care that can identify their needs and provide stable housing and supports needed to maintain it within 5 days of identifying that they are homeless.

**Measures of success**

- Functional zero achieved.
- Innovative community based solutions are developed for unmet needs.
- Number of people entering into homelessness is reduced.
- Medicine Hat recognized as a leader in the sector.
Actively pursue and leverage opportunities to increase the supply of appropriate affordable housing options and rent supplements.

Housing will be socially and environmentally conscious, innovative in design and delivery, and self-sustaining.

**Strategies**
- Explore innovative solution to expand the supply of appropriate affordable housing and rent supplement options.
- Conduct Facility Condition Inspections (FCI) on all HMB managed properties.
- Examine existing facilities to identify ways and means to reduce M-HCHSs environmental impact.

**Outcome**
There will be an increase in the number of appropriate affordable housing and rent supplement options available in the community through development and/or acquisition.

**Measures of success**
- Implement Permanent Supportive Housing in community:
  2018 Target: Acquisition of additional 16 units. Status: COI submitted to GoA.
  2018 Target: 1% increase in rental rates.
- 2018-2020 Target: Maintain funding level.
- 50 new affordable housing units on stream that incorporate green design:
  2018 Target: $1.4M for development of 78 units.
  2019 Target: $5.29M for development of 35 units.
  2020 Target: $5.29M for development of 35 units.
- Obtain funds to improve the condition of social housing stock:
  2018 Target: $600K increase to maintenance budget.
  2018-2020 Target: Funding sustained.
- Baseline information established to determine the number of facilities that rate within acceptable standards based on FCI:
  2018-2020 Target: # of facilities rated category 1 or 2.
03 Service Delivery Excellence

Promote a culture that is accountable, client centred, and committed to serving with excellence. Actively network and engage in professional development to remain current with leading practices. Enhance and integrate operations to meeting the changing needs of community more efficiently and effectively.

Strategies
3.1 Complete Key Performance Indicator benchmarking and implementation plan.
3.2 Review and update MHCHS Policy and Procedures.
3.3 Focus on Human Resources.
3.4 Enhance the knowledge base and skills of the employees.
3.5 Foster tenant and landlord accountability, engagement and commitment.
3.6 Explore opportunities to expand support services for existing tenants.

Outcome
Service participants, tenants, staff, and stakeholders report stronger engagement and a high degree of satisfaction with the services provided by MHCHS.

Measures of success
- KPI plan and performance management framework is implemented across the organization.
- Policies and procedures are reviewed by September 2017.
- Staff report increased knowledge and skills to effectively serve tenants, clients and service participants.
- Tenants, landlords and the community report a high degree of satisfaction with MHCHS services.
Foster leadership within the organization, recognizing the strategic function of optimizing human capital.

Collaborate and capitalize on partnerships and investment opportunities to develop financial stability.

**Strategies**

4.1 Assess current equipment and technology for efficiency and sustainability.
4.2 Develop organization relocation plan.
4.3 Maintain strong financial management and operational performance.
4.4 Develop MICHS Emergency Response Plan.
4.5 Develop MICHS Business Continuity Plan.
4.6 Develop CAO and management succession plan.

**Outcome**

MICHS will undertake value-added efforts to capitalize on special opportunities that emerge to support sustainability efforts.

**Measures of success**

- Review and upgrade technology.
- Implementation of YARDI.
- Relocation plan finalized by September 2018.
- Yearly financial audit falls within acceptable financial standards.
- Organizational review is rated above industry standards.
- Emergency Response Plan and Business Continuity Plans are developed by September 2018.
05 Awareness & Profile

Advance efforts to share information about the work of the MHCHS, thereby effecting change at the industry, community, organization, and service participant/tenant level.

Strategies

5.1 Expand and continue to build upon existing community, municipal, provincial and federal relationships.
5.2 Seek opportunities to participate in existing forums for landlords and property management companies.
5.3 Develop public relations and marketing strategy.
5.4 Support and provide technical assistance to other communities.

Outcome

Increasing profile and marketing of our services and expertise will lead to changes in perception and understanding of services in both our current state and desired future state of delivery.

Measures of success

- New partners are identified to increase housing options and services in community.
- Participate in landlord association meetings.
- The reach of information sharing.
Appendix C: References


