Service Delivery Plan
Medicine Hat Community Housing Society

2019-2020
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. Organizational Sustainability

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 homelessness will be the ultimate outcome.
I. 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.

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.

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

<table>
<thead>
<tr>
<th>Family Composition</th>
<th>Medicine Hat</th>
<th>Alberta</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent (Number of) Male Lone-Parent Families</td>
<td>3.2% (550)</td>
<td>3.4% (33,705)</td>
</tr>
<tr>
<td>Percent (Number of) Female Lone-Parent Families</td>
<td>12.7% (2,185)</td>
<td>11.1% (110,800)</td>
</tr>
<tr>
<td>Percent (Number of) 65 Years of Age and Older Who Live Alone</td>
<td>30.2% (2,615)</td>
<td>25.0% (91,355)</td>
</tr>
<tr>
<td>Percent (Number of) Persons not in Census Family</td>
<td>16.6% (10,895)</td>
<td>17.3% (616,066)</td>
</tr>
<tr>
<td>Percent (Number of) Census Family Persons</td>
<td>81.4% (47,745)</td>
<td>82.7% (2,951,865)</td>
</tr>
<tr>
<td>Average Number of Persons per Census Family</td>
<td>2.8</td>
<td>3.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family Income</th>
<th>Medicine Hat</th>
<th>Alberta</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent (Number of) Families with After-Tax Low-Income</td>
<td>13.1% (2,249)</td>
<td>10.7% (105,875)</td>
</tr>
<tr>
<td>Percent (Number of) Private Households with an After-Tax Income ≤ $100,000 in 2010</td>
<td>17.6% (4,475)</td>
<td>27.8% (386,990)</td>
</tr>
<tr>
<td>Average Census Family Income</td>
<td>$91,418</td>
<td>$116,232</td>
</tr>
</tbody>
</table>

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%.

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%). The following chart shows the percentage of children and seniors in relation to the overall poverty rate.

<table>
<thead>
<tr>
<th>Income status</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 2017: 54% of all earners make less than $30,000 – more than 1 in 5 employed people.

<table>
<thead>
<tr>
<th>34,100 Employed People in the Region Earn:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$12.20/hr or less</td>
</tr>
<tr>
<td>$13.60/hr or less</td>
</tr>
<tr>
<td>$15/hr or less</td>
</tr>
</tbody>
</table>

In the Lethbridge-Medicine Hat region, labour force is 145,300 with 136,500 individuals being employed. The 3 month average unemployment rate in this region is currently at 6.1% based on a 2019 Statistics Canada report, down .4% from 2018.

The number of individuals accessing Employment Insurance in Medicine increased significantly (891.9%) over a one year period, as per the chart below.

<table>
<thead>
<tr>
<th>Number of Employment Insurance Recipients by Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
</tr>
<tr>
<td># of Recipients</td>
</tr>
<tr>
<td>1,964</td>
</tr>
</tbody>
</table>

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.

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 2018 Core Need Income Threshold for Medicine Hat:

<table>
<thead>
<tr>
<th>2018 CNITs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unit Size</strong></td>
<td><strong>Required Income</strong></td>
</tr>
<tr>
<td>Bachelor</td>
<td>$26,000</td>
</tr>
<tr>
<td>1 BDRM</td>
<td>$31,000</td>
</tr>
<tr>
<td>2 BDRM</td>
<td>$34,000</td>
</tr>
<tr>
<td>3 BDRM</td>
<td>$42,500</td>
</tr>
<tr>
<td>4 BDRM</td>
<td>$51,500</td>
</tr>
</tbody>
</table>

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</td>
</tr>
<tr>
<td>2006</td>
<td>26,850</td>
<td>2,755</td>
</tr>
<tr>
<td>2001</td>
<td>22,815</td>
<td>1,775</td>
</tr>
<tr>
<td>1996</td>
<td>20,310</td>
<td>1,820</td>
</tr>
<tr>
<td>1991</td>
<td>18,750</td>
<td>985</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.
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 than renters (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

According to the Fall 2018 CMHC Rental Market Report, vacancy rates decreased to 5.5% across Alberta. Medicine Hat's vacancy rates also continue to experience an improvement (0.4% decrease), while overall rental rates continue to reflect a steady, albeit small increase year over year.

<table>
<thead>
<tr>
<th>Unit Size</th>
<th>October 2017</th>
<th>October 2018</th>
<th>October 2017</th>
<th>October 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor</td>
<td>8.9%</td>
<td>**</td>
<td>$656</td>
<td>$722</td>
</tr>
<tr>
<td>1 Bd</td>
<td>6.8%</td>
<td>7.0%</td>
<td>$757</td>
<td>$767</td>
</tr>
<tr>
<td>2 Bd</td>
<td>5.2%</td>
<td>4.9%</td>
<td>$842</td>
<td>$835</td>
</tr>
<tr>
<td>3 Bd+</td>
<td>12.2%</td>
<td>3.5%</td>
<td>$975</td>
<td>$992</td>
</tr>
<tr>
<td>Total</td>
<td>6.2%</td>
<td>5.8%</td>
<td>$818</td>
<td>$821</td>
</tr>
</tbody>
</table>

CMHC Rental Market Statistics Fall 2018. 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 2019 is $251,186.

<table>
<thead>
<tr>
<th>Dwelling Type</th>
<th>March 2019</th>
<th>March 2018</th>
<th>YTD 2019</th>
<th>YTD 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>3</td>
<td>3</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Semi-detached</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Row</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Apartment &amp;</td>
<td>0</td>
<td>0</td>
<td>52</td>
<td>0</td>
</tr>
<tr>
<td>All</td>
<td>3</td>
<td>5</td>
<td>59</td>
<td>21</td>
</tr>
</tbody>
</table>

CMHC Housing Completion by Dwelling Type: Medicine Hat 2018-2019

<table>
<thead>
<tr>
<th>Dwelling Type</th>
<th>March 2019</th>
<th>March 2018</th>
<th>YTD 2019</th>
<th>YTD 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>3</td>
<td>3</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Semi-detached</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Row</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Apartment</td>
<td>0</td>
<td>0</td>
<td>52</td>
<td>0</td>
</tr>
<tr>
<td>All</td>
<td>3</td>
<td>5</td>
<td>59</td>
<td>21</td>
</tr>
</tbody>
</table>

2019 Canadian Real Estate Association Re-Sale Prices for Medicine Hat

<table>
<thead>
<tr>
<th>CREA Re-Sale (March 2019)</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>$251,186</td>
<td>$58,793,350</td>
<td>$65,206,850</td>
</tr>
<tr>
<td>Housing Stock (2011) Medicine Hat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>Owners</td>
<td>Renters</td>
</tr>
<tr>
<td></td>
<td>#</td>
<td>#</td>
<td>#</td>
</tr>
<tr>
<td><strong>Condominiums</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupied Private Dwelling</td>
<td>29960</td>
<td>29950</td>
<td>22720</td>
</tr>
<tr>
<td>Part of a condominium</td>
<td>3815</td>
<td>12.7</td>
<td>3160</td>
</tr>
<tr>
<td>Not part of a condominium</td>
<td>26130</td>
<td>87.3</td>
<td>19560</td>
</tr>
<tr>
<td><strong>Housing Suitability</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupied Private Dwellings</td>
<td>29950</td>
<td>100</td>
<td>22720</td>
</tr>
<tr>
<td>Suitable</td>
<td>29175</td>
<td>97.4</td>
<td>22305</td>
</tr>
<tr>
<td>Not suitable (crowded)</td>
<td>770</td>
<td>2.6</td>
<td>420</td>
</tr>
<tr>
<td><strong>Structure Type</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupied private dwellings</td>
<td>29950</td>
<td>100</td>
<td>22720</td>
</tr>
<tr>
<td>Single-detached house</td>
<td>22240</td>
<td>67.6</td>
<td>18135</td>
</tr>
<tr>
<td>Semi-detached double house</td>
<td>1405</td>
<td>4.7</td>
<td>770</td>
</tr>
<tr>
<td>Row house</td>
<td>1835</td>
<td>6.1</td>
<td>670</td>
</tr>
<tr>
<td>Apartment, duplex</td>
<td>445</td>
<td>1.5</td>
<td>145</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>
</tr>
<tr>
<td>Apartment in a building that has five or more storeys</td>
<td>175</td>
<td>0.6</td>
<td>0</td>
</tr>
<tr>
<td>Other dwelling type</td>
<td>1135</td>
<td>3.8</td>
<td>805</td>
</tr>
</tbody>
</table>

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

Taking a systems approach to a social issues means that challenging the status quo and disrupting systems has to be undertaken as a priority - if communities want to see sustaining change.

Medicine Hat continues to be at the forefront of ending homelessness utilizing a systems planning approach and has been one of the foundational basis for our success. 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, and that new innovative applications and approaches are just as, if not more important that refinements to quality delivery.

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.

The CBO participates in the Systems Planning Collective is led by A Way Home Canada, Canadian Observatory on Homelessness and Turner Strategies and is dedicated to helping communities and governments to prevent and end all forms of homelessness in Canada by supporting evidence-based systems planning, capacity building and technical
The establishment of the Collective is to enhance the quality of systems planning, ultimately with the goal of accelerating our collective progress towards ending homelessness.

<table>
<thead>
<tr>
<th><strong>System Planning Elements</strong>&lt;sup&gt;xii&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>Backbone organization is in place leading the Homeless-Serving System to meet Plan targets.</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.

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 and continue maintaining the success we have collectively achieved.

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

<table>
<thead>
<tr>
<th>Housing First April 1, 2009 - March 31, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Housed in Period</td>
</tr>
<tr>
<td>Adults</td>
</tr>
<tr>
<td>Dependents (children)</td>
</tr>
</tbody>
</table>

Demographics of Participants Housed in Period (Adults)

<table>
<thead>
<tr>
<th>Gender</th>
<th>#</th>
<th>% of total</th>
<th>Household Composition</th>
<th>#</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>429</td>
<td>48%</td>
<td>Single Parent Family</td>
<td>171</td>
<td>19%</td>
</tr>
<tr>
<td>Men</td>
<td>457</td>
<td>51%</td>
<td>Other Parent in 2-Parent Family</td>
<td>16</td>
<td>2%</td>
</tr>
<tr>
<td>Unreported</td>
<td>4</td>
<td>0%</td>
<td>Head of 2 Parent Family</td>
<td>14</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Individual</td>
<td>646</td>
<td>73%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>#</th>
<th>% of total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>660</td>
<td>74%</td>
<td>No Response</td>
</tr>
<tr>
<td>Indigenous</td>
<td>109</td>
<td>12%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>58</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>No Response</td>
<td>6</td>
<td>1%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Homelessness</th>
<th>#</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronically Homeless</td>
<td>316</td>
<td>36%</td>
</tr>
<tr>
<td>Episodically Homeless</td>
<td>574</td>
<td>64%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>#</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;18</td>
<td>9</td>
<td>1%</td>
</tr>
<tr>
<td>18-24</td>
<td>182</td>
<td>20%</td>
</tr>
<tr>
<td>25-35</td>
<td>282</td>
<td>32%</td>
</tr>
<tr>
<td>36-50</td>
<td>272</td>
<td>31%</td>
</tr>
<tr>
<td>51-65</td>
<td>137</td>
<td>15%</td>
</tr>
<tr>
<td>65+</td>
<td>8</td>
<td>1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Veterans</th>
<th>#</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterans</td>
<td>18</td>
<td>2%</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 836, including 21 deaths. Of the total individuals exited, 67% 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 81% based on the data.

<table>
<thead>
<tr>
<th>Total Exited in Period (18+)</th>
<th>836</th>
<th>Classification of Exits</th>
<th>815 (excludes deaths)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reported Reason for Exit</td>
<td>#</td>
<td>% of total</td>
<td>Positive</td>
</tr>
<tr>
<td>Successfully Completed</td>
<td>561</td>
<td>67%</td>
<td>561</td>
</tr>
<tr>
<td>Unknown/Disappeared</td>
<td>66</td>
<td>8%</td>
<td>0</td>
</tr>
<tr>
<td>Referred to Another Program</td>
<td>11</td>
<td>1%</td>
<td>9</td>
</tr>
<tr>
<td>Other</td>
<td>28</td>
<td>3%</td>
<td>20</td>
</tr>
<tr>
<td>Moved Out of Service Area</td>
<td>5</td>
<td>1%</td>
<td>3</td>
</tr>
<tr>
<td>Incarceration</td>
<td>29</td>
<td>3%</td>
<td>0</td>
</tr>
<tr>
<td>Death</td>
<td>21</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>Chose to Discontinue Program</td>
<td>115</td>
<td>14%</td>
<td>71</td>
</tr>
<tr>
<td>Total</td>
<td>836</td>
<td>100%</td>
<td>664</td>
</tr>
</tbody>
</table>

81%
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 $220,000 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.

Public System Impact
Medicine Hat's success reaffirms research findings and other communities' experience with housing first from a cost-savings perspective. 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. 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 2019; and includes systems interaction data for all 846 individuals served in the housing first programs to date.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Days in Hospital</td>
<td>7,573</td>
<td>5,294</td>
<td>-30%</td>
</tr>
<tr>
<td>EMS Interactions</td>
<td>804</td>
<td>911</td>
<td>+13%</td>
</tr>
<tr>
<td>Days in Jail</td>
<td>17,671</td>
<td>5,475</td>
<td>-69%</td>
</tr>
<tr>
<td>Court Appearances</td>
<td>1,477</td>
<td>1,975</td>
<td>+34%</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.

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 2018 PiT Count showed a total of 68 people were enumerated the night of the count.
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.
II. 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 (CCH), individual conversations with CCH representatives, service providers, front line workers, landlords and property management companies, the City of Medicine Hat and local MLAs. 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.

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

The report identified key priority areas of investment, including:

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

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

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

The Request for Proposals (RFP) Process
In the 2018-2019 SDP, the CBO indicated that all funding investments for 2019-2020 would go out to RFP. The MHCHS decided to exercise the option to not issue RFPs for existing programs and service that would operate in the 2019-2020 funding year 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, and
d) the results of the community engagement.

The CBO submitted the recommendations for continued funding and new program opportunities to the CCH, which were approved on March 14, 2019 and subsequently approved by the MHCHS Board of Directors at the March 26, 2019 meeting.

The RFP process for new programs and services will take place April through June 2019 to ensure program are operating within the 2019-2020 funding year. Request for Proposals (RFPs) are developed and issued by the CBO through Alberta Purchasing Connection (APC) as per NWPTA. The call is advertised through local distribution lists, local media, and to all service providers.

At closing, all proposals are reviewed by the CBO to determine that minimum eligibility thresholds are met. Proposals meeting minimum requirements are then forwarded and scored by 3 member Proposal Review Committee (PRC) of the CCH. The CBO supports and provides guidance to the PRC in the review and scoring of proposals during an in-person meeting. If requested by the PRC, there is an opportunity to have programs present on their proposals. Recommendations from the PRC are then presented to the CCH and voted on. Recommendations are then forwarded to the MHCHS Board of Directors for final approval. Upon approval, the successful proponents are notified and third party sub-agreement are developed.

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.

**Appeal Process**

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 2019 to align with the release of the Year 9 Progress Report and Community Celebration. The successful proponents will also be shared via email through the Community Assistance Network, CCH, and made available on the MHCHS Website.
III. Community Accomplishments & Challenges

Accomplishments
1. Functional Zero verified by the Canadian Alliance to End Homelessness (CAEH) with announcement slated for June 2019.
2. An additional 15 Units of Permanent Supportive Housing added to community April 2019.
3. Community engagement in Fall 2018 with identification of the need for a Lived Experience group, and Landlord Relations position.
4. Service-resistant participants identified and planning underway to meet housing needs while holding systems accountable.
5. Continued work with national and international experts to replicate systems planning approach used in Medicine Hat; presenter with the Systems Collective.

Opportunities to Increase Capacity
1. Improve local program leadership by learning outside community.
2. Foster and encourage cross-training and learning opportunities within community.

Challenges
1. Opioid Crisis & Supervised Consumption Services – The opioid crisis has been front and centre in our community, as is the case across Alberta. The response from the CBO and CCH has been to support the addition of Addictions Crisis Workers, and most recently to support the partnership with AHS for a Recovery/Stabilization project (9 beds) to support individuals that have detoxed and awaiting treatment and those that are transitioning out of treatment.

With the implementation of the SCS, there will inevitably be shifts in community dynamics and population bias, however the underlying issue is drug use and access to appropriate support and treatment options.

2. Youth Emergency Shelter – The CBO was notified that the current youth emergency structure will be changing in June 2019 to accommodate increased programming and services for children with status in Medicine Hat. While the expansion of services is a positive change, this leaves a gap in shelter and supports for youth that do not have in-care status, and a pull back of funding from the Ministry of Children’s Services. The CBO is working with the current youth shelter provider to find innovative solutions, and there are plans in place to ensure youth are supported, however the long-term plan has not yet been established. The responsibility for youth homelessness falls under the Ministry of Children’s Services, not Community and Social Services. Medicine Hat is one of two CBOs that allocate OSSI funding to youth-specific shelter programs, however we are not willing to consider taking on the full funding responsibility of another Ministry.

3. Service Resistant Participants Utilizing Shelter System – There are a number of individuals identified at the community level that despite being offered services, continue to not engage with the system of care. Specifically, these individuals utilize the shelter, receive income support benefits, and are making a choice to continue to utilize public services over getting housed with supports. Work is currently underway at the community level to talk about implementing a 30 day then pay shelter, and to also create a hostel to accommodate those that do not want to engage with current programs.

4. Institutional Care – through the community engagement process, it was identified that there is a need for institutional care options for those individuals that cannot be adequately served through the existing system of care. Typically, these individuals present with significant and unmanaged behavioral issues that impact their housing stability. They are also typically medication non-compliant, thereby exasperating the
presentation of their symptoms and behaviours. The level of acuity and need that these individuals present with are not conducive to sustainable support under current model of housing first, including PSH. The need for a health response is required for these individuals.
V. CBO Priorities

1. Priorities for the 2019-2020 fiscal year:
   - Maintain an end to homelessness.
   - Implement PSH program expansion to 15 more units.
   - Plan to shift community to a 30-day and pay shelter
   - Plan to implement community hostel
   - Develop Housing Strategy

2. Priorities for the 2020-2021 fiscal year:
   - Maintain an end to homelessness
   - Develop housing

3. Priorities for the 2021-2022 fiscal year:
   - Maintain an end to homelessness
   - Develop housing

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 2019.
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.

1. Enhance Housing First programs and Permanent Supportive Housing capacity.
2. Develop Lived Experience group
3. Implement Landlord Relations position

**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.

**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

   Constant adjustment to our Homeless-Serving System in light of a shifting political and economic landscape requires that strong leadership and system coordination continues. Further, performance management, funding allocation, HMIS operations, research and policy, along with system and program planning will continue to be needed.
<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>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Supports</td>
<td>ICM</td>
<td>Housing First</td>
<td>MHWSS</td>
<td>Chronic &amp; Episodic Homeless</td>
<td>34</td>
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<td>PSH</td>
<td>PSH Program</td>
<td>CMHA</td>
<td>Chronic &amp; Episodic Homeless</td>
<td>20</td>
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<td>Rapid Re-Housing</td>
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<td>MHCHS</td>
<td>Chronic &amp; Episodic Homeless</td>
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<td>Homeless Prevention</td>
<td>Rent Supplement/Graduate Rental Assistance Initiative (GRAI)</td>
<td>GRAI</td>
<td>CBO</td>
<td>HF Graduates</td>
<td>43</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</td>
<td>n/a</td>
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<td>250 diversion 10 housing loss</td>
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<td></td>
<td>Outreach Support, Triage, Assessment, and Diversion</td>
<td>Youth Hub Outreach Services</td>
<td>McMan</td>
<td>Homeless youth and at risk of becoming homeless</td>
<td>33</td>
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<td>Shelters</td>
<td>Inn Between</td>
<td>McMan</td>
<td>Homeless youth</td>
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<td>Program Supports</td>
<td>Support to Assist Other Activities</td>
<td>Financial Administrator</td>
<td>CMHA</td>
<td>Chronic &amp; Episodic Homeless &amp; those at imminent risk</td>
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<td>Support to Assist Other Activities</td>
<td>Addictions Crisis Workers</td>
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<td>STRATEGIC AREAS OF INVESTMENT</td>
<td>PROJECT CLASSIFICATION</td>
<td>PROJECT NAME</td>
<td>SERVICE PROVIDER NAME</td>
<td>TARGET CLIENT GROUP</td>
<td># OF EXISTING CLIENTS</td>
<td># OF NEW CLIENTS</td>
<td># OF CLIENTS TO GRADUATE IN 2018-2019</td>
<td>TOTAL PROJECT BUDGET REQUESTED</td>
<td>AMOUNT OF CARRYOVER ALLOCATED</td>
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<td>Support to Assist Other Activities</td>
<td>Systems Navigators/Team Outreach Program</td>
<td>SARC</td>
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<td>Support to Assist Other Activities</td>
<td>Recovery/Stabilization</td>
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<td>Chronic &amp; Episodic Homeless &amp; those at imminent risk</td>
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<td>MHDFB</td>
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Existing Projects to Continue Total Cost: **$2,426,103**

**2. EXISTING PROJECTS TO BE DISCONTINUED**

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<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 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>
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</table>

Existing Projects to be Discontinue Total Cost: $
3. **ANTICIPATED NEW PROJECTS FOR 2019 - 2020**

<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 NEW CLIENTS</th>
<th># OF CLIENTS TO GRADUATE IN 2018-2019</th>
<th>TOTAL PROJECT BUDGET ANTICIPATED</th>
<th>AMOUNT OF CARRYOVER ALLOCATED</th>
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<tr>
<td>Housing Supports</td>
<td>Supports to Assist Other Activities</td>
<td>Counseling Program</td>
<td>Miywasin</td>
<td>At risk of homelessness</td>
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<td>Supports to Assist Other Activities</td>
<td>Maintenance Support</td>
<td>Miywasin</td>
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</table>

Anticipated New Projects for 2019 – 2020 Total Cost: **$ 30,024**

4. **ANTICIPATED NEW PROJECTS FOR 2019-2020 AND 2020-2021**

<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>

VII. Schedule A – Approved Purpose

OUTREACH AND SUPPORT SERVICES INITIATIVE
APPROVED PURPOSE
SCHEDULE A

This is Schedule “A” to an Agreement with an Effective Date of July 1, 2019 between Her Majesty the Queen in the right of the Province of Alberta as represented by the Minister of Community and Social Services (CSS) and MEDICINE HAT COMMUNITY HOUSING SOCIETY (the “Grant 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. The priority service participant of this program is women and children fleeing family violence. 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 July 1-December 31, 2019 funding: $260,000
2. Carryover allocation: n/a
3. Other sources of funding: n/a
4. Staffing: 4.25 FTE
5. Target client group served: Chronically and episodically homeless individuals and families.
6. 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 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 main stream 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 – Outreach Department provides CM for adult individuals and families who experience chronic and episodic homelessness and who present with moderately acute needs based on the SPDAT and professional assessment as determined by Central Intake 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 July 1-December 31, 2019 funding: $140,000
2. Carryover allocation: n/a
3. Other sources of funding: 0
4. Staffing: 1.50 FTE
5. Target client group served: Chronically and episodically homeless individuals and families
6. 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 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 main stream 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

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

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

A. Youth Hub Outreach Services - McMan Youth, Family and Community Services Association supports community-based youth aged 12-24 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. Those individuals requiring assessment for housing first based service interventions will be referred and/or accompanied to Central Intake for services.

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

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

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

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:
A. Youth Hub Outreach Service – McMan
   1. CSS July 1-December 31, 2019 funding: $163,800
   2. Carryover allocation: n/a
   3. Other sources of funding: n/a
   4. Staffing: 3.5 FTE
   5. Target client group served: community based homeless youth, youth at risk of becoming homeless, and their families.
   6. Efforts to Outcomes data collection: No. Excel data spreadsheets will be used for data collection.

B. Central Intake – MHCHS
   1. CSS July 1-December 31, 2019 funding: $114,265
   2. Carryover allocation: n/a
   3. Other sources of funding: RH $342,629
   4. Staffing: 4.50 FTE
   5. Target client group served: All
   6. Efforts to Outcomes data collection: Yes

Program Activities:
A. Youth Hub Outreach Service – McMan Youth, Family and Community Services Association
   2. Provide support to youth to promote family reunification, housing and/or rehousing.
   3. Provide youth with opportunities for skill-building in areas like budgeting, tenancy skills and life-skills.
   4. Appropriate case management and follow-up supports that is client centered and rooted in harm reduction.

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

Outputs:
A. Youth Outreach Worker – McMan Youth, Family and Community Services Association
   1. 150 new clients (homeless or at-risk youth) will be served by this program.
   2. 70% of youth will be reunited with their immediate or extended family.
   3. 100% of youth who identify family reunification as a possibility will receive at least 1 common ground session.
   4. Annually, a minimum of 12 education and information sessions will be provided.

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. It is estimated that 250 individuals will be assisted through diversion efforts.
4. It is estimated that 10 individuals will be served through housing loss prevention efforts.
5. It is estimated that 30 individuals will be served through transition and discharge planning efforts.

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 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.

Outcomes (CBO Mandated):
A. Youth Hub Outreach Service – McMan
   1. Youth have increased knowledge of community resources, requirements of housing stability.
   2. Youth have increased ability to develop goals and a service plan specific to their needs.
   3. Family reunifications will be achieved through common sessions.

B. Central Intake – MHCHS
   1. At any given reporting period, 85% of those assisted will remain permanently housed.
   2. Number of individual returning for service and length of time between initial interventions.
   3. Persons housed in the program will have a stable income source.
OUTREACH AND SUPPORT SERVICES INITIATIVE
APPROVED PURPOSE
SCHEDULE A

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Project Classification: Drop-In and Warming Centres

Project Name(s) and/or Service Provider(s) Name:
Medicine Hat & District Foodbank

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.

The Drop-In Program will operate 7 days a week (including stat holidays) from 7:30am to 11:30am and be fully staffed with referrals to programming for those that are experiencing housing instability in our community. The primary goal of the program is preservation of life for those having to leave shelter in the morning, to provide a warm, non-judgmental place to be out of the elements. The secondary goal of the program is to connect people experiencing housing instability with existing services and resources within the homeless-serving system.

The Drop-In Program will not duplicate services by providing direct or in-direct housing supports to individuals experiencing homelessness beyond referral.

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 July 1-December 31, 2019 funding: $57,500
2. Carryover allocation: $45,000
3. Other sources of funding: n/a
4. Staffing: 1.5FTE
5. Target client group served: individuals currently experiencing homelessness and having to leave shelter in the morning

Program Activities:
1. Provide a welcoming, non-judgmental environment
2. Actively promote opportunities for individuals to connect with Central Intake
3. Provide appropriate community referrals and integration options
Outputs:
1. It is estimated that 30 unique individuals will utilize the program

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 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.

Outcomes (CBO Mandated):
1. Individuals will be supported to achieve a higher level of overall wellness through referrals and supports.
2. Individuals will connect to housing supports.

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: Shelters

Project Name(s) and/or Service Provider(s) Name:
Inn Between McMan Youth, Family and Community Services Association

Project Address(es) and/or Service Provider(s) Address:
#4, 941 South Railway Street SE

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 July 1-December 31, 2019 funding: $100,000
2. Carryover allocation: n/a
3. Other sources of funding: (tbd) GoA Children Services
4. Program staffing* will consist of:
   a. .2 FTE Program Manager;
   b. 1.0 FTE Program Supervisor;
   c. 1.0 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.
5. Target client group served: Community based (non-CFS status) homeless youth, youth at imminent risk of homelessness.
6. Efforts to Outcomes data collection: No.

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 July 1, 2019 between Her Majesty the Queen in the right of the Province of Alberta as represented by the Minister of Community and Social Services (CSS) and MEDICINE HAT COMMUNITY HOUSING SOCIETY (the “Grant Recipient”) and forms part of that Agreement.

Project Classification: Permanent Supportive Housing

Project Name(s) and/or Service Provider(s) Name:
PSH 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 and homeless-prevention programs 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.

PSH eligible service participants supported through a scattered-site model will be provided ICM in alignment with the housing first philosophy with a focus on increased frequency of visits to support housing 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 July 1-December 31, 2019 funding: $964,016
2. Carryover allocation: $867,665
3. Other Sources of Funding: n/a
4. Staffing: 10FTE & 10PTE
5. 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.
6. Efforts to Outcomes data collection: Yes

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.
4. Coordinate meaningful activities for service participants to engage with on-site and off-site.

Outputs:
1. The program will maintain a maximum caseload of 30 on-site PSH service participants.
2. The program will maintain a maximum caseload of 10 scattered-site PSH service participants.
3. The program will report using the ETO data collection system
4. The program will maintain daily operations, routine maintenance and custodial upkeep of interior and exterior PSH Buildings located at 341 & 335 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.).
OUTREACH AND SUPPORT SERVICES INITIATIVE
APPROVED PURPOSE
SCHEDULE A

This is Schedule “A” to an Agreement with an Effective Date of July 1, 2019 between Her Majesty the Queen in the right of the Province of Alberta as represented by the Minister of Community and Social Services (CSS) and MEDICINE HAT COMMUNITY HOUSING SOCIETY (the “Grant Recipient”) and forms part of that Agreement.

Project Classification: Graduate Rental Assistance Initiative

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.

The CBO provides financial assistance to households that have graduated from a Housing First program and who require assistance in the form of rent supplements. Subsidy rates are aligned with the Housing Management Body rates to ensure alignment of rental subsidy in the event that households are approved for a HMB subsidy.

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 July 1-December 31, 2019 funding: $96,667
2. Carryover allocation: n/a
3. Other sources of funding: 0
4. Staffing: n/a
5. Target client group served: Housing First Graduates
6. Efforts to Outcomes data collection: No. Excel

Program Activities:
1. Provide warm transfer of Housing First service participants into GRAI program.
2. Provide direct-to-landlord rent subsidies based on pre-approved guidelines.
3. Conduct annual evaluations to assess on-gong program eligibility.

Outputs:
1. It is estimated that 20 new clients will be assisted through the GRAI program.
2. Program will report using the excel and internal tracking system.

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 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

This is Schedule “A” to an Agreement with an Effective Date of July 1, 2019 between Her Majesty the Queen in the right of the Province of Alberta as represented by the Minister of Community and Social Services (CSS) and MEDICINE HAT COMMUNITY HOUSING SOCIETY (the “Grant Recipient”) and forms part of that Agreement.

Project Classification: Supports to Assist Other Activities

Project Name(s) and/or Service Provider(s) Name:
A. Financial Administrator– Canadian Mental Health Association
B. Addictions Crisis Worker – Canadian Mental Health Association
C. Systems Navigators- Team Outreach Program (TOP)– Southeast Alberta Sexual Assault Response Centre
D. Counseling Program – Miywasin Friendship Centre
E. Maintenance Support – Miywasin Friendship Centre
F. Recovery/Stabilization- TBD
G. Community Capacity Building – CBO
H. Centralized Support – CBO

Project Address(es) and/or Service Provider(s) Address:
A. # 204-1865 Dunmore Rd SE
B. # 204-1865 Dunmore Rd SE
C. 640-3rd Street SE
D. 517 3 St SE
E. 517 3 St SE
F. #104, 516-3rd Street SE
G. #104, 516-3rd Street SE
H. #104, 516-3rd Street SE

Approved Purpose:
A. 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.

B. The 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).

C. Southeastern Alberta Sexual Assault Response Centre (SARC) provides a prevention based program known as Team Outreach Program (TOP), which is a targeted child/youth based early homelessness intervention strategy that will identify high risk youth and their families through partnerships with educational institutions, law enforcement and Children’s Service referrals.
D. **The Miywasin Counseling Program** is to provide an individual and family counseling program for Aboriginal clients at risk of homelessness. The program is facilitated by a qualified Aboriginal Counselor with Bachelor degree in Social Work. Under the direction of the Miywasin Counselor, the Cultural Addictions Counselor is responsible for the development and implementation of the Miywasin Addictions Counseling Program for Aboriginal clients with addiction issues. The program will focus on Aboriginal culture, traditions and practices. The Cultural Addictions Counselor will have a degree in Social Work and maintain an RSW status.

E. **The Miywasin Friendship Centre** is a non-profit Aboriginal organization that targets the needs of the Aboriginal community in the Medicine Hat area and develops and maintains services to meet those needs. Miywasin offers a variety of programs to the community at large, including Elder’s and youth programming, Aboriginal cultural activities and events, transitional housing and counseling support. The maintenance support position will assist with the maintenance and repairs to ensure timely transition of tenants into the property.

F. **Recovery/Stabilization Project** - The purpose of the collaborative project with Alberta Health Services is to provide a safe and supportive sober transitional environment for individuals who are in recovery, specifically those who have completed detox and are waiting for residential treatment programs, and those who have completed residential treatment and ready for discharge into community. Providing this service will support improved health and housing outcomes for individuals at risk of relapse while awaiting for treatment and transitioning out of treatment.

G. **The CBO** provides oversight for the development of service provider and community capacity building as it relates to efforts to end homelessness in community. This includes the provision of mandatory and supplemental training for service providers (front line staff, team leads and EDs), access to training and learning/education opportunities for community partners, and community/leadership development around systems planning, integration, and the professionalization of housing first. Community and stakeholder engagement, planning, and reporting back to community is included under this initiative. Attendance at conferences is supported as appropriate and as funding permits.

H. **The CBO** provides oversight for the Centralized Support fund, which has two purposes: first, it provides assistance to families (with children under 18yrs) that present at shelter with a hotel stay when other options have been exhausted. This is a coordinated effort with all shelters in community and Central Intake. The funds also provide support to individuals and families that are experiencing homelessness and whose situations fall outside the scope and eligible expenditures of funded programs and services.

**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:**
A. **Financial Administrator**
   1. July 1-December 31, 2019 funding: $42,750
   2. Carryover allocation: n/a
   3. Other Sources of Funding: n/a
   4. Staffing: 1.4FTE
   5. 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
   6. Efforts to Outcomes data collection: No. Excel data spreadsheets will be used for data collection.
B. Addictions Crisis Workers
1. CSS July 1-December 31, 2019 funding: $94,167
2. Carryover allocation: n/a
3. Other Sources of Funding: n/a
4. Staffing: 2FTE
5. Target client group served: Individuals experiencing crisis behaviour in community due to addiction.

C. TOP
1. CSS July 1-December 31, 2019 funding: $127,938
2. Carryover allocation: $95,875
3. Other Sources of Funding: n/a
4. Staffing: 2.25FTE
5. Target client group served: At risk children, youth, and their families

D. Counseling Program
1. CSS July 1-December 31, 2019 funding: $18,024
2. Carryover allocation: n/a
3. Other Sources of Funding: RH $126,372
4. Program staffing will consist of:
   a. 1.0 FTE Counselor
   b. 1.0 FTE Cultural Addictions Counselor
5. Target client group served: Aboriginal individuals and families at risk of homelessness
6. Excel data collection and reporting

E. Maintenance Support
1. CSS July 1-December 31, 2019 funding: $12,000
2. Carryover allocation: n/a
3. Other Sources of Funding: n/a
4. Program staffing will consist of: 1 FTE Maintenance Worker
5. Target client group served: n/a
6. Excel data collection and reporting

F. Recovery/Stabilization
1. CSS July 1-December 31, 2019 funding: $205,000
2. Carryover allocation: $160,000
3. Other Sources of Funding: TBD (AHS)
4. Staffing: TBD
5. Target client group served: Individuals at risk of homelessness.
6. Efforts to Outcomes data collection: Yes.

G. Community Capacity Building
1. CSS July 1-December 31, 2019 funding: $50,000
2. Carryover allocation: n/a
3. Other Sources of Funding: n/a
4. Staffing: n/a
5. Target client group served: service providers
H. Centralized Support
   1. CSS July 1-December 31, 2019 funding: $10,000
   2. Carryover allocation: n/a
   3. Other Sources of Funding: n/a
   4. Staffing: n/a
   5. Target client group served: n/a

Program Activities:

A. Financial Administrator
   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, individuals referred from community agencies will complete a pre-assessment and if accepted, will be followed at 6 month intervals.
   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.

B. Addictions Crisis Workers
   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.

C. TOP
   1. Identification of high risk youth and their families through partnerships with educational institutions, law enforcement, ad Children’s Services referrals.
   2. Intensive case management supports including outreach, connecting to housing, and follow-up supports as required.
   3. System navigation
   4. Provision of mental health and other specialized supports for service participant and their family in alignment with intensive case management practices.

D. Counseling Program
   1. Complete intake intakes, assessments, data collection, planning, contracting, intervention and monitoring.
   2. Referrals to appropriate program and/or community based supports including employment services, food, clothing, furniture, addictions and mental health supports.
   3. Assistance with finding employment, including resume preparation, upgrading and post-secondary education.
   4. Client advocacy and client support services.
   5. Assistance to find long-term housing for clients at imminent risk of becoming homeless, including access to housing through Miywasin Society, and referrals to Aboriginal family housing and Aboriginal Seniors housing through Métis Urban Housing and Métis Capital Housing in Medicine Hat; and referrals to shelters and social housing.

Cultural Addictions Counselor Program Activities:
   1. Ensure client intake protocols are followed as outlined in Miywasin Policies and Procedures Manual;
   2. Conduct individual needs assessments and case management plans for clients with addictions;
   3. Maintain a coding system for clients files to ensure confidentiality;
   4. Maintain files on clients including referrals to other agencies or professionals;
5. Evaluate, develop and implement programs to assist clients on their healing journeys through culturally appropriate practices, i.e. men's and women’s sweats, cultural healing retreats, weekly talking/sharing circles, medicine wheel teachings, etc.
6. Work with the Miywasin Counselor to assist clients with maintaining housing and supports;
7. Promote the program to other service agencies for referrals;
8. Provide monthly, quarterly, yearly statistical and analytical reports as required.

E. Maintenance Support
1. Maintenance and repairs for units in apartment building including: daily maintenance, washing walls/floors, vacuuming, clean up, garbage removal, minor repairs, bed-bug control, snow removal and refinishing floors/painting in our apartments when clients move out.

F. Recovery/Stabilization – TBD Project in development with AHS

G. Community Capacity Building
1. Establish yearly training program for service providers that includes mandatory and supplemental opportunities.
2. Research and determine best trainer and/or agency to deliver
3. Communicate with service providers and community partners eligibility for training
4. Record attendance and ensure service providers have met training requirements.

H. Centralized Support
1. Facilitate family hotel stays
2. Determine best course of action for individuals and families to ensure their housing needs are met.

Outputs:
A. Financial Administrator
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 Excel spreadsheets.

B. Addictions Crisis Workers
1. It is estimated that 25 new clients will be assisted by the Crisis Addiction Workers
2. It is estimated that 25 clients 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.

C. TOP
1. It is estimated that 30 new clients will be assisted.
2. Program will report using the Excel until such time that data set can be incorporated into ETO.
3. Throughout the reporting period, the program will maintain a minimum 85% caseload capacity.

D. Counseling Program
1. It is estimated that 75 individuals will be assessed.
2. Program will report using excel.
3. It is estimated that 30 individuals will be supported by the Cultural Addictions Counselor.
4. It is estimated that 30 individuals will be supported by the Counselor Program.

E. Maintenance Support
1. Addition of Maintenance Support position will improve unit turn-around time and move-in of new tenants.
2. Improvement in overall building condition.
3. Increased occupancy rates.
F. **Recovery/Stabilization**
   1. It is estimated that 18 individuals in recovery will be assisted through this project.

G. **Community Capacity Building**
   1. It is estimated that 15 training opportunities will be provided to service providers and community partners.
   2. Service providers will report having access to the necessary training to ensure service participants are supported to the highest standards.

H. **Centralized Support**
   1. Families presenting at shelters and unable to access other options are provided with hotel stay and connected to Central Intake for assessment.
   2. Individuals and families in unique situations will have access to creative and innovative solutions to meet their housing needs.

**Outcome Indicators/Measures (Community and Social Services Mandated): ALL programs**
   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 mainstream services (e.g. medical doctors or specialists, legal service, parenting supports).

**Outcomes (CBO Mandated):**

A. **Financial Administrator**
   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.

B. **Addictions Crisis Workers – n/a**

C. **TOP – n/a**

D. **Counseling Program – n/a**

E. **Maintenance Support:**
   1. Addition of Maintenance Support position will improve unit turn-around time and move-in of new tenants.
   2. Improvement in overall building condition.
   3. Increased occupancy rates.

F. **Recovery/Stabilization – TBD. Project currently under development.**
G. Community Capacity Building – n/a

H. Centralized Support – n/a
VIII. SDP SCHEDULE B – Financial 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 MHCIS 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 attainable 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

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**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

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**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: Homelessness Initiatives Coordinator

Position Summary
This position plays a key role in the successful implementation of At Home in Medicine Hat – Our Plan to End Homelessness through community-based systems planning and integration. This is achieved by taking an evidenced-based and data-driven approach to monitor and evaluate programs and systems to improve service delivery for those experiencing or at risk of homelessness in our community. The coordinator will foster the professional development and capacity of 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
- Use Key Performance Indicators and a systems planning framework to identify and recommend shifts to the system of care.
- Coordinate and participate in the development, implementation, monitoring, and evaluation of program goals, objectives, policies, priorities and standardized forms.
- Ensure consistent application of evidence based assessment tools and adherence to the fidelity of housing first practices.
- Ensure service participants are referred to appropriate community resources; facilitate access and communication when multiple services are involved; monitor community protocols and processes; coordinate services to avoid duplication.
- Build collaborative, pro-active relationships to facilitate and maximize service participant, community, and system level outcomes.
- Identify, facilitate, and coordinate the development of training opportunities for service providers and community partners.
- Ensure accuracy of program and system level data, service participant records, and program activities.
- Assist in the development of community-wide reports, service delivery plans, and reporting to stakeholders.
- Respond to and resolve programming concerns.
- Participate in provincial meetings as appropriate (e.g. data group).
- Oversight of the Property Management functions for the Permanent Supportive Housing properties and other CBHI properties.
- Oversight of the Graduate Rental Assistance Initiative (GRAI).
- Oversight of the Utility Deposit Guarantee portfolio.
- Oversight of the Point-in-Time Count.
- Provision of administrative support to the Manager, Homeless and Housing Development Department.

Accountability

- Adherence to the policies and regulations of the MHCHS.
- Adherence to the contractual and legal obligations of grant 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.
- Experience in organizing community consultations and training delivery.

Areas of Knowledge
This position requires knowledge and/or awareness of the following:
- History of housing, homelessness and poverty.
- Intensive Case Management methods, principles, processes and techniques.
- Laws, codes, regulations governing human rights, confidentiality, 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).
- Property Management.
- 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 and project management practices.
- Community & social development skills including group facilitation.
- Key Performance Indicators.
- Systems Planning.

Suitability Criteria

This position requires the ability to:
- Build collaborative, pro-active and service participant focused relationships to facilitate and maximize service participant, community, and system level outcomes.
- Use Key Performance Indicators and a systems planning framework to identify and recommend shifts to the system of care.
- Review and analyze data for accuracy and trends.
- 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.
- 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
Appendix C: References


