MEDICINE HAT
Community Housing
SOCIETY

2021-2022

Service Delivery Plan

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COVID-19 RESPONSE FOR VULNERABLE POPULATIONS

As of April 28, 2021, Medicine Hat South Zone has a 267.2 per 100,000 population active case rate of infection to date. The City of Medicine Hat had 883 total cases, 182 of which are currently active and 683 of which have recovered. There have been 18 deaths so far in Medicine Hat.[1]

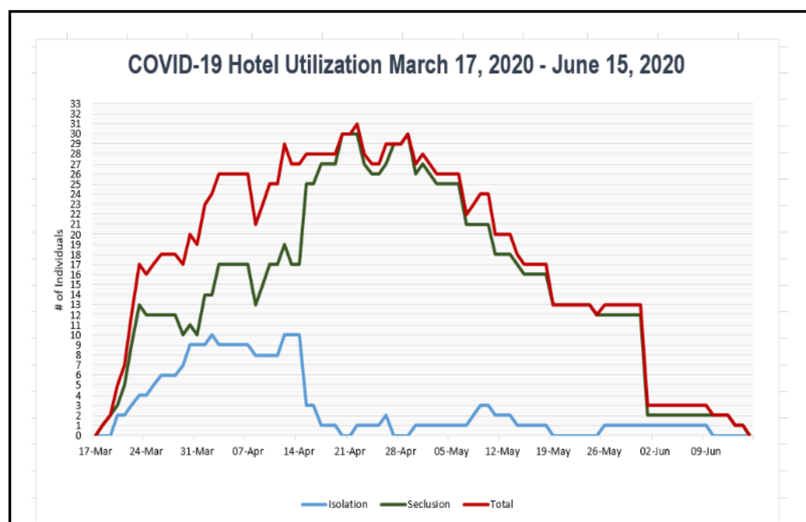
In response to the COVID-19 pandemic and its impact on the community, the CBO worked directly with AHS and community partners to oversee and implement the Strategy for Vulnerable Populations throughout the pandemic response. The implementation of a new day shelter, isolation units, and a social worker in the Medicine Hat Public Library were some of the measures taken to reduce the repercussions of the pandemic. To that end, the data is being provided to provide context.

Along with the health repercussions that COVID-19 has had, the social and economic repercussions has led to an increase in demand for services related to mental health, safety, and physical health. Between the information overload, lost sense of daily structure and routine, collective worry for our high-risk community members, and the nature of socially distant interactions, the demand for services will remain high. Medicine Hat has felt, and will continue to feel in coming years, the economic and social impact of self-isolation and quarantining.

The challenges amplified by the pandemic have shown that while there are not major shortcomings in the social safety net of Medicine Hat, there is always opportunity for improvement of the current system. As Alberta continues its "re-opening" strategy, it will be important to monitor changes to the rates of infection, as well as impacts on other social issues including equitable access to basic needs, community health, community wellbeing, and economic wellbeing.

By the Numbers

1. June 15, 2020 marked the transition of the last individual from hotel for the COVID-19 response. Medicine Hat was the first community to initiate a coordinated community response, and the first to close out the response. The chart below provides an overview of utilization from March 17, 2020 to June 15, 2020.
    - 52 individuals were directly assisted through the COVID-19 community response through allocation of hotel rooms for isolation and/or seclusion purposes. Of the 52, 7 returned to shelter, 2 are engaging in supports to get housed.
    - A total of 9 hotels were used for the community response.



2. 2 youth accessed dedicated isolation units (not hotel)
3. Vaccination clinics were held on April 22, 23, and 29 for those identified as vulnerable in community, where a total of 37 immunizations against COVID-19 were administered. Further clinics for family violence shelters and vulnerable populations are being scheduled.
4. From its establishment on December 18, 2020 until March 31, 2021, 345 unique participants utilized the services offered by the McMan-operated Daytime Shelter. The McMan Daytime Shelter was accessed 4,985 times by these 345 individuals.
    - 56 individuals utilized on-site connections to housing supports through Medicine Hat Community Housing and McMan Youth Hub.
    - 61 individuals utilized on-site connections to mental health and addictions supports through Medicine Hat Recover Centre and Mobile Addictions Outreach.
    - 7 individuals utilized on-site connections to medical services such as EMS and community paramedics.
    - 15 individuals utilized on-site connections to cultural supports through the Medicine Hat College Cultural Worker and HIV Community Link.
    - Referral services were offered on-site as well and were utilized 157 times. Referrals were made to self-isolation units, overnight accommodation, food security services, employment services, legal services, and housing, income, cultural, medical, mental health, and addictions supports.
5. The McMan-operated Self-Isolation Units were established as a COVID-19 response for those experiencing homelessness that need to isolate. From December 2, 2020 to March 31, 2021 the self-isolation units were utilized by 11 unique individuals for reasons including positive results, close contact, and being symptomatic.
    - While in isolation, participants have access to supports in connecting to services. Two individuals were referred to housing, two to medical supports, three to mental health and addictions supports, and one individual was referred to food security services.

MEDICINE HAT COMMUNITY PROFILE

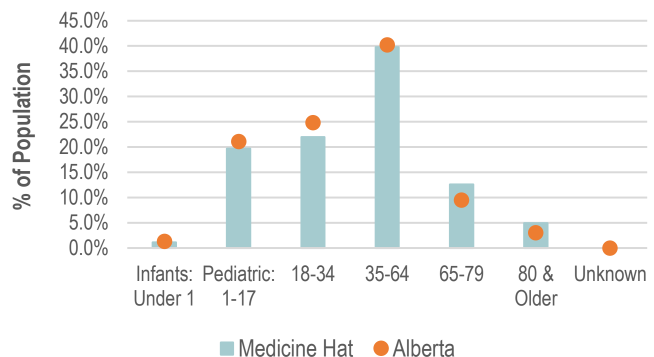
To continue transforming a system or community, it is essential to understand the context in which it exists. The following information provides a picture of the social landscape in Medicine Hat in comparison to Alberta and Canada as a whole. These statistics also function as an entry point to better understanding the issues that the community experiences.

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 centre of southeast Alberta.

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 67,585 people.[2]

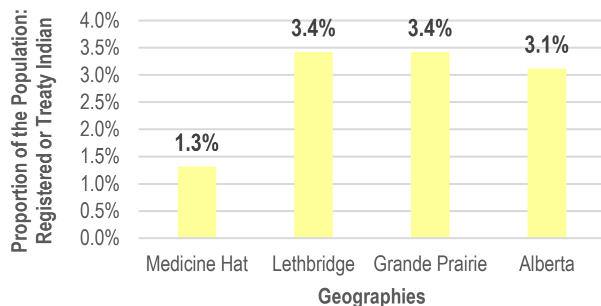
Medicine Hat Population Distribution by Age and Gender on March 31, 2018

Age Group	Female	Male	Total
Infants: Under 1	355	364	719
Pediatric: 1-17	6,562	6,752	13,314
18-34	7,232	7,628	14,860
35-64	13,571	13,322	26,893
65-79	4,516	3,985	8,502
80 & Older	2,023	1,273	3,296
Unknown	0	0	0
Total	**34,259**	**33,325**	**67,585**



The largest age group in 2018, was people between 25 and 64 years old, who accounted for 39.8% of the population compared to 40.2% for Alberta. Children 17 and younger made up 20.8% of Medicine Hat's population compared to 21.1% for Alberta, while individuals 65 and older accounted for 17.5% of the population compared to 12.5% in Alberta.

According to Statistics Canada, Indigenous peoples living in Medicine Hat in 2016, made up 1.3% of the total population of the city. The number of Indigenous peoples in Medicine Hat increased by 34.7% from 590 in 2006. In comparison, Indigenous peoples made up 3.1% of the population in Alberta in 2016.[3]



The majority of residents speak English as their primary language (55,705). About 5,035 have a mother tongue that is a non-official language. However, approximately one in six citizens have knowledge of a non-official language even if it is not their mother tongue, including both Indigenous and non-Indigenous languages.[4] The top Indigenous mother-tongues are Cree, Ojibway, Oji-Cree, and Iroquoian. The top non-indigenous mother-tongues, excluding English, are Spanish, Mandarin, German, Tagalog, and Arabic.

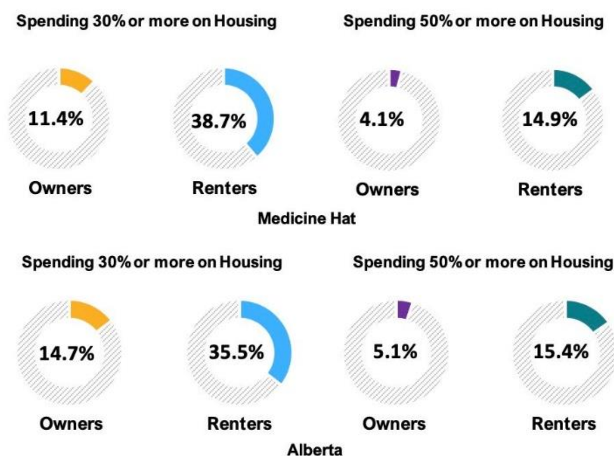
Housing Cost by Household Tenure

According to CMHC, in 2016, 9.2% of all households, 4.1% of all owners, and 23.5% of all renters in Medicine Hat are in core housing need. This means that the housing does not meet one or more standards for housing adequacy, suitability, or affordability. Further, to be classified as being in core housing need it means that acceptable local housing costs more than 30% of household pre-tax income.[5] Renter households generally have lower incomes compared to owner households, partly explaining the higher percentage of renters in core housing need.

This indicates that there is a greater need for rental housing which is affordable to households with low and moderate incomes compared to ownership housing in Medicine Hat. The graphic below shows the percentage of owners and renters in Medicine Hat compared to Alberta, that spent more than 30% and more than 50%, respectively, of their income on shelter in 2015.

Proportion of Income Spent on Shelter by Household Tenure;

Medicine Hat and Alberta, 2015



Household Trends and Projections

While population trends and characteristics are important indicators of housing need, household characteristics are more directly related to housing need as each household requires a housing unit. As such, it is important to understand the trends in the number, size, type, and tenure of households in a community.

There were 26,655 households in Medicine Hat in 2016; up by 12.9% from 23,611 in 2006. In comparison, the number of households in Alberta increased by 21.6% during the same time period. In addition, the population of Medicine Hat increased by a slightly lower rate compared to the increase in the number of households (11.0% vs. 12.9%) suggesting that household sizes in Medicine Hat are getting smaller.

The number of owners and renters in Medicine Hat increased at a similar rate from 2006 to 2016. Owner households increased by 12.6% while renter households increased by 13.7%. In comparison, the number of all households increased by 12.9% during the same time period. While homeownership is the ideal for many households, a more balanced share of owners and renters indicates a more healthy and inclusive community, however this is dependent on rental availability.

According to the Fall 2020 CMHC Rental Market Report, vacancy rates increased to 7.2% across Alberta. Medicine Hat's vacancy rates experienced a 1.1% decrease, from 4.9% to 3.8%.[6]

Medicine Hat Vacancy & Rental Rates by Date				
Unit Size	**Vacancy Rates**		**Rental Rates**	
	October 2019	**October 2020**	**October 2019**	**October 2020**
Bachelor	**	10.3%	$683	$731
1 Bd	4.7%	3.2%	$793	$815
2 Bd	5.2%	4.1%	$886	$915
3 Bd+	0.9%	1.8%	$1,075	$1,117
Total	**4.9%**	**3.8%**	**$863**	**$886**
CMHC Rental Market Statistics Fall 2020, Vacancy and Availability Rates (%) in Privately Initiated Rental Apartment Structures of Three Units and Over: Medicine Hat.				

3.8% Medicine Hat Vacancy Rate

Employment

In 2020, 96.1% of businesses in Medicine Hat were considered small businesses (1-49 employees), making them a vital part of the community and economy. Over the past year, the number of businesses in Medicine Hat decreased 1.77% with a total of 2,279 businesses in 2020 compared to 2,320 in 2019.[7]

The 2018 employment rate in Medicine Hat was 57.7%, with 6.1% of the working force unemployed.[8] This means that of the people that make up the working age population, 35,700 were employed, 23,900 were not in the labour force, and 3,721 were unemployed.[9] In 2019, 1,270 people accessed employment insurance benefits, up from 820 in 2018.[10]

In the 2019 Vital Conversations Survey, one in five respondents considered job opportunity shortage as a priority, followed by growth and diversity in business and employment opportunities. Newer areas of business include solar power, cannabis/hemp, and breweries/distilleries.[11] Before taxes, the median family income in Medicine Hat is $91,960 CAD, up from $89,710 CAD in 2017.[12] While this is enough to support most individuals, Medicine Hat notably has a 15.4% rate of child poverty, among the highest for urban centres in Alberta.[13]

Health and Medical

Top health concerns for Medicine Hatters include access to mental health services (counselling, support groups), ability to afford care (medication, uninsured services), and access to health services (family physicians, specialists, etc). The South Zone for Alberta Health Services had 7,284 staff, 1,663 volunteers, and 556 AHS physicians in 2020.[14] Currently, there are six physicians in Medicine Hat accepting new patients.[15]

The Alberta South Health Zone has a higher proportion of people who are inactive at 49.4% (almost half the population), compared to 43.1% province wide. In 2015, it was found that the disease with the highest prevalence rate per 100 population in Medicine Hat was hypertension at 20.7%, a rate similar to the rest of Alberta. Similarly, the most frequent cause of death reported between 2016 and 2018 was disease of the circulatory system.

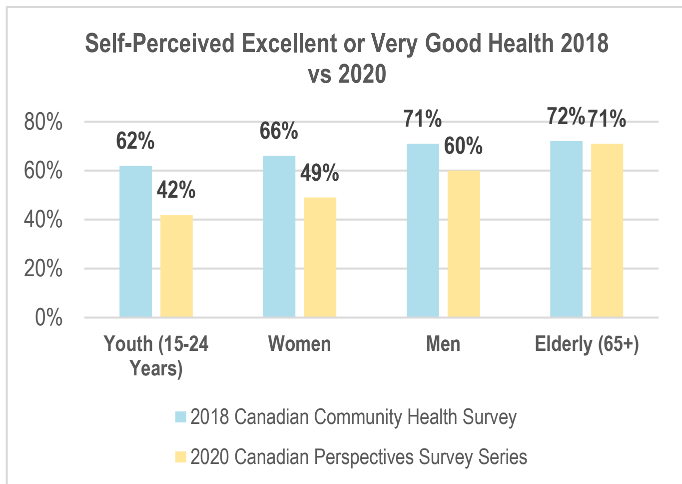
In 2017/2018, Medicine Hat emergency rooms were utilized for 31,721 visits, 10.9% of which were for resuscitation or emergency, 38.6% of which were urgent visits, 44.2% semi-urgent visits, 5.7% non-urgent visits, and 0.6% of which were unknown. Notably, the three most common reasons for utilizing emergency rooms in Medicine Hat included acute upper respiratory infections, mental and behavioural disorders due to substance use, and diabetes mellitus.[16]

Regarding primary care, there were 13,494 unique individual home care clients, 870 people placed in continuing care, and 101,651 seasonal influenza immunizations in 2019-2020 in the Alberta South Zone. There were also 37,182 calls to Health Link, up from previous years likely due to the COVID-19 pandemic. Throughout the South Zone, there were also 194,338 emergency department visits. The average length of stay in acute care was 7.5 days. The Alberta South Zone also had 3,183 unique cancer patients who cumulated 35,948 visits, up from the year before.[17]

Mental Health

According to the Alberta Community Health Survey in 2018,[18] the average personal wellness index in the Alberta South Zone was 79.60, almost identical to the provincial average. Twenty percent of Albertans rated their ability to "handle the day-to-day demands in [their] life" as excellent, 45% as very good, and 25% as good. The remainder of respondents indicated fair or poor on this question. Interestingly, the same survey found that 26.8% of Albertans felt slightly anxious or depressed (29.8% in Alberta South), and 12.4% of Albertans felt moderately anxious or depressed (14.7% in Alberta South). In 2019-2020, the Alberta South Zone saw 2,520 mental health hospital discharges (acute care sites), a number that has consistently increased since 2014.[19]

The Alberta Mental Health Review Committee's review of the mental health system in Alberta listed four areas for action: acting in partnership to *create an integrated system*, acting on access by *enhancing the role of primary healthcare*, acting early to *focus on prevention and early intervention*, and acting on *system enhancements, legislation, and standards*.[20] The February 2019 progress report on Valuing Mental Health: Next Steps describes work underway to improve mental health throughout the province, including improving information sharing, testing community integration models, supporting Albertans with adverse childhood experiences, increasing technology-based solutions, developing a youth suicide prevention plan, developing regulations and standards for addiction providers, exploring funding models, and clarifying roles and responsibilities.[21]



In April 2020, the first month of the COVID-19 pandemic, fewer Canadians, particularly women and youth, have been reporting excellent or very good mental health, although overall Canadians have been reporting better physical health. The chart exemplifies the impact on mental health that COVID-19 has had the past year.[22]

Substance Use

Between January 2020 and February 2021, Medicine Hat's EMS responded to 94 calls related to opioid use and misuse. While this is low in comparison to other municipalities in Alberta, it is a concerning number. Further, there were 21 deaths related to drug misuse during this same time.[23] Medicine Hat has the ninth most utilized facility in Alberta for hospitalizations related to harm associated with opioids and other drug use, accommodating 3% of all related stays in Alberta, and has the fifth highest rate of hospitalizations related to overdose in Canada.

According to the Canadian Perspectives Survey Series, the vast majority of Canadians report that their consumption of cannabis, alcohol, and tobacco remain unchanged during COVID-19. However, there is a minority who reported substance use increases: 14% of respondents report increased alcohol consumption, 6.5% increased cannabis use, and 3.3% increased tobacco use in the early COVID-19 period. Unsurprisingly, there is a correlation between worse self-reported mental health and increased use of cannabis, alcohol, and tobacco.[24]

Crime & Corrections

Medicine Hat has a Crime Severity Index of 85.05, lower than the provincial average of 119.07 and higher than the Canadian average of 79.45.[25][26] Little data is publicly available on corrections in Medicine Hat specifically, but Canada-wide, the adult and youth incarceration rate has declined over the past five years, including in Alberta.

In response to the COVID-19 pandemic, efforts to reduce the number of individuals currently in correctional facilities were introduced. As such, at the end of May 2020 there was a 5% decline in adults in federal custody, and a 28% decline in adults in provincial/territorial custody compared to March 2020. While the population of adults currently in custody has declined quickly over

the past year, across Canada, Indigenous populations are still over-represented in custody. In 2018/2019, Indigenous adults accounted for 31% of admissions to provincial/territorial custody and 29% of admissions to federal custody, while representing only approximately 4.5% of the Canadian adult population. [27]

Domestic Violence

It should be noted that because of the stigmatic nature of reporting domestic violence, cases often go unreported. The data available is certainly a reflection of how often these incidents occur but cannot provide the full picture.

In 2019, there was a 7% increase in the rate of police-reported family violence in Canada compared to 2018, with a 10% increase in reports by men and boys, and a 6% increase in reports by women and girls.[28] There were 69,691 child and youth victims of police-reported family and non-family violence in Canada, 57% of which were female and 43% of which were male. Close acquaintances and family members were the most common perpetrators for both male and female victims, and majority of the child and youth victims were victimized at a residential location. Almost a third of police-reported violence happened between intimate partners in 2019. Police-reported intimate partner violence increased 6% in 2019 compared to the year before, again increasing more for men (10%) than for women (5%). Women are overrepresented as victims of intimate partner violence, accounting for 79% of victims.[29] In 2019, 14,156 seniors were victims of violence, increasing 8% compared to the year before. One third of these seniors were victimized by a family member. The rate of family violence was higher for senior females than senior males; however, males experienced violence from non-family members at a rate almost double that of women.[30]

Some compiled and analyzed data has existed in Medicine Hat and Alberta since the advent of COVID-19. The Data2Action project, an initiative of SHIFT, IMPACT, and Data2Action is underway to compile and analyze this data on a provincial and regional scale in Alberta.

Food

In 2017/2018, 8.8% of Canadian households - approximately 1.8 million - experienced some moderate or severe food insecurity due to financial constraints. Households with lone parents were found to have a prevalence of food insecurity over twice as high as couples with children. Female lone-parent families were most likely to experience food insecurity (25.1%) followed by male lone-parent families (16.3%) and couples with children (7.3%). Furthermore, households that rent their home experience food insecurity much more than households that are owned, at 19.1% and 4.2% respectively. Additionally, just over one in five households that rely on government benefits as their main source of income were found to be food insecure. Results in Alberta are similar to these national averages. It is important to note that these numbers exclude people living on First Nations reserves, people in some remote northern areas, and people experiencing homelessness, all of which are at high risk of food insecurity.[31]

The Government of Canada is currently in the process of conducting the 2020 Household Food Security Survey Module (HFSSM), which will soon provide more up-to-date data on food insecurity in Alberta.

Recreation

Recognizing that recreational activity can include more than participating in sports, it is important to acknowledge that it is difficult to measure the degree to which people actively participate in recreational activities. It is important to note that recreational activity, particularly in natural environments, reduces anti-social behaviour,[32] increases community quality of life and happiness,[33] and serve as a protective factor in the health and well-being of immigrant families.[34] Further, research shows that cities with active-friendly environments benefit from increased productivity, improved school performance, higher property values, and improved health and well-being.[35] One in four adults and one in two children actively participate in sport, while over 5.3 million Canadians volunteer as coaches, officials, and organizers, making sport an important part of Canada's social fabric as well.[36] In Medicine Hat in 2017, 68% of the population were physically active, declining from 70.6% in 2016.[37]

A SYSTEMS APPROACH TO HOMELESSNESS

Alberta has over 20,000 community services in operation addressing homelessness, poverty, mental illness, addiction, domestic violence, poor health, childhood trauma, and much more, with little to no mandate to coordinate or integrate these services at a broad strategic level. Medicine Hat has developed some integration and coordination models over the past decade, but still has room for growth in systems integration. When we consider the social safety net as a service to be delivered, one of the often-cited root causes behind the persistence of social issues such as homelessness, violence, and poverty is the lack of integration among stakeholders, policies, government, community members, agencies, and other service providers.[38] Integration can exist on multiple levels, including dimensions of structures, processes, leadership, and interpersonal collaboration.[39] In the homeless serving sector, systems are found to be most effective when there exists shared policies and protocols, shared information, and coordinated service delivery and training.[40]

Taking a systems approach to social issues means that challenging the status quo and positively disrupting systems is a priority. It requires new and innovative applications and approaches to improve efficiencies and optimize service delivery, while making transformational changes to the way we impact community. While system planning is a recognized best practice critical to ending homelessness, it can be exceptionally challenging to implement community wide. Based on a review of promising approaches to system planning, several key elements have been identified as necessary to its successful implementation.[41] 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 because the community recognizes that without this high level of integration across sectors, there is limited success. Planning and integration strategies that the CBO currently operates from can be found in the Priority Section.

Did You Know?

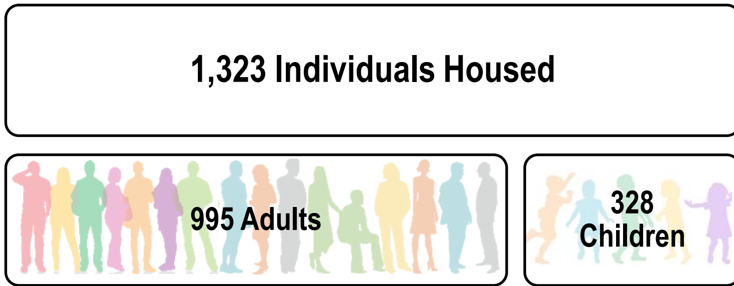
The approximate cost of homelessness on public systems in Canada (per individual) is estimated to be between $66,000 - $120,000 CAD annually. Miniscule in comparison, the cost of providing housing with support is only estimated to be between $12,000 - $34,000 CAD each year.[42] Demand-wise, in 2021, it was estimated 69 people were experiencing homelessness in Medicine Hat,[43] 35 of which were emergency sheltered (at the Salvation Army Centre of Hope, the Medicine Hat Women's Shelter Society, and McMan Roots Youth Shelter) and 34 provisionally accommodated (AHS, corrections, treatment, transitional housing). This put Medicine Hat at a rate of 11 people homeless per 10 000 population.[44]

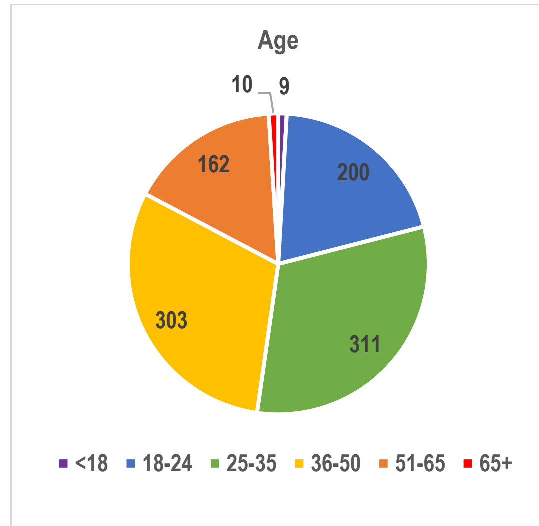
Medicine Hat joined the Canadian Alliance to End Homelessness's (CAEH) 20,000 Homes Campaign, now called Built for Zero Canada[45] in June 2015 and set a chronic[46] active homeless baseline of seven people and a chronic active homeless threshold for functional zero (three people). As of April 2021, there were three people on the chronic active homeless list, however the community achieved the status of functional zero on numerous occasions since 2015.[47] ***Medicine Hat is considered one of the first cities in Canada to end homelessness at a functional zero level, largely due to its systems planning approach***. The "Functional Zero" approach describes the situation in a community where homelessness has become a manageable problem. That is, the availability of services and resources match or exceed the demand for them from the target population.[48]

Overview

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 section highlights the impact of housing first program in community from the inception of the Plan April 1, 2009 to March 31, 2021. Of note, it does not include services, including individuals housed by non-housing first programs.





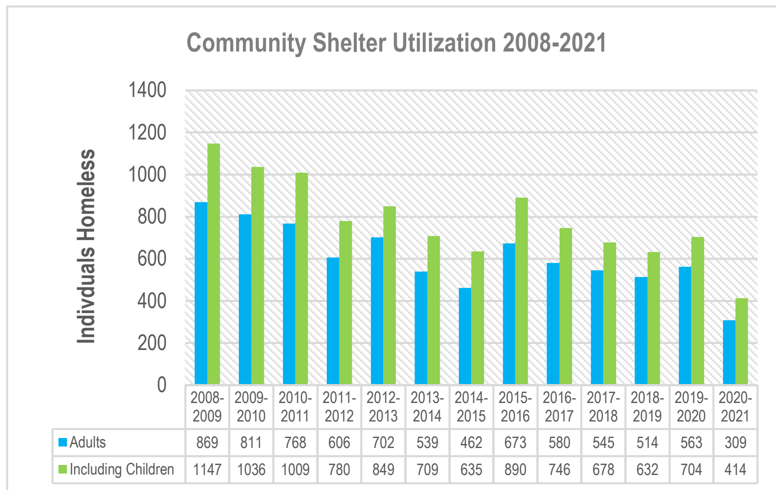
Breakdown of Individuals Housed, n=995

Category	Group	Percent
Gender	Male	53%
Gender	Female	47%
Ethnicity	Caucasian	75%
Ethnicity	Indigenous	12%
Ethnicity	Other	7%
Ethnicity	Undisclosed	6%
Typology	Episodically Homeless	64%
Typology	Chronically Homeless	36%
Main Sources of Income at Intake	AB Works/Income Support	40%
Main Sources of Income at Intake	No Income	29%
Main Sources of Income at Intake	AISH	13%
Main Sources of Income at Intake	Employment	7%
Main Sources of Income at Intake	Employment Insurance	3%
Main Sources of Income at Intake	Other	8%
Household Types	Single Parent	18%
Household Types	Dual Parent	3%
Household Types	Couple	5%
Household Types	Single	74%

Shelter system

Medicine Hat has three (3) shelters: The Medicine Hat Women's Shelter Society, a 30-bed shelter that serves adults and children experiencing family violence, The Salvation Army Centre of Hope, a 30-bed shelter that serves adults, and McMan Roots Shelter, a 6-bed shelter that serves youth (under 18).

Historically, the adult shelter has been used by those experiencing homelessness in community as a place to reside, not for emergency situations. This trajectory changed in Medicine Hat with the implementation of our Plan and the various services that are offered in community; however, we are seeing the re-emergence of this trend where individuals have become accustomed to and comfortable in shelter, thus using it as residence.



	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Adults	869	811	768	606	702	539	462	673	580	545	514	563	309
Including Children	1147	1036	1009	780	849	709	635	890	746	678	632	704	414

41% ↓ Shelter Utilization

compared to 2019.

64% ↓ Shelter Utilization

since 2008.

2021-2022 will focus on shifting all shelters to being housing-focused shelters, to assist with the transition of people into permanent housing options, otherwise requiring them to use the housing allowance of their income benefit on shelter.

Hostel Model

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. More specifically, these individuals utilize the shelter, receive income support benefits, and are making the choice to continue utilizing public services over getting housed with supports. A hostel model would alleviate this issue with long-term emergency shelter occupants as they would be required to use the housing allowance that forms part of their income support benefit to stay in the shelter. Those individuals that are just passing through, or that want to engage with the system of care will not be required to pay for the shelter but instead will be directed to the right program or service.

Further, shifting to a hostel model would alleviate some other problems associated with homelessness. Individuals might prefer privacy and quiet surroundings to the uncertainty that comes along with a night in the emergency shelter; as such, during the summer months they might decide to sleep outside or build encampments. Having a hostel would mean privacy and quiet as rooms are private – only facilities are shared – which could encourage people to access this shelter instead of sleeping rough.

24/7 Shelter Model

Currently, there is an emergency shelter that is open from 7:30 pm to 7:30 am and a day shelter that is open from 7:30 am to 6:30 pm. Instead of having two different programs requiring funding and staff to run, having a 24/7 shelter could combine these two into one effective, well-functioning shelter. It would mean individuals looking to access services no longer have to keep track of when to go to which shelter, what the hours are, or what services are available at each shelter. Individuals will have one shelter that is available to them at any point during the day and know that any service or resource they might need would be available to them there (or someone would be available to direct them to where they can access what they need). The 24/7 shelter will have a housing-focused philosophy to ensure that individuals accessing it are made aware of the supports available to them to get them out of homelessness.

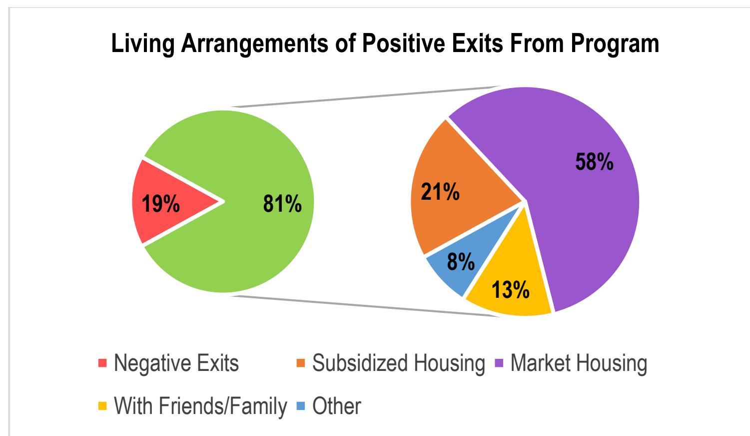
Program Exits

The rate of exit and whether that exit is deemed successful 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 give insight into quality of delivery.

Exits from Housing First Program 2009-2021

Total Exited in Period (18+)	921		Data Review and 887 (excludes deaths)	
Reported Reason for Exit	**#**	**% of total**	**Positive**	**Negative**
Successfully Completed	603	65%	603	0
Unknown/Disappeared	71	8%	0	71
Referred to Another Program	15	2%	13	2
Other	30	3%	21	9
Moved Out of Service Area	12	1%	6	6
Incarceration	31	3%	0	31
Death	34	4%		
Chose to Discontinue Program	125	14%	74	51
Total	**921**	**100%**	**717**	**170**
			81%	19%

The chart on the right 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 921, including 34 deaths. Of the total individuals exited, 65% graduated the program based on the stated definition of "graduation". However, a review of all exits through file review and direct follow-up with past service participants, (when possible) demonstrates that not all exits that are initially classified as "unsuccessful" are. The chart includes the CBO's classification of all exits from program.



Graduate Rental Assistance Initiative (GRAI)

The Graduate Rental Assistance Initiative (GRAI) was developed for graduates of Housing First 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.

$200,000 = Amount of OSSI funds allocated for the GRAI program 2021-2022

Public System Impact

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 charts demonstrates the impact that housing first has had on reducing public system use, and therefore the costs associated with use.

The chart below reflects data from 2020 to 2021; and includes systems interaction data for the 33 adults served in the housing first programs during this time frame. Note the reduction in all utilization, versus that experience from 2009-2021.

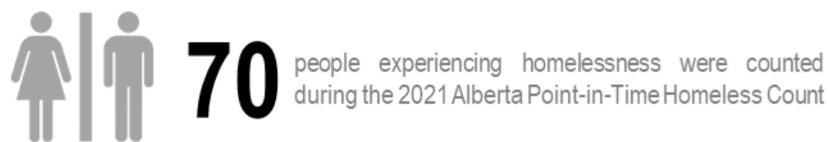
Utilization of Public Systems in Housing First (2020-2021) n=33			
	Intake	In Program	Reduction/Increase
Days in Hospital	445	16	-96%
EMS Interactions	36	11	-69%
Days in Jail	589	75	-87%
Court Appearances	56	19	-66%
Note: The data represents 100% of individuals housed through the housing first programs and who have exited the program (successful & unsuccessfully) and those who remain in the program. Assessments are completed with each individual at 3-month intervals and spans the duration of time they are in program.			

The chart below reflects data from reflects data from 2009 to 2021; and includes systems interaction data for the 995 adults served in the housing first program to date. An increase in court appearances might appear to be a negative outcome; however, an increase in court appearances means that individuals are being more responsible showing up to their hearings, and as such have a decrease in jailtime.

Utilization of Public Systems in Housing First (2009-2021) n=995			
	Intake	In Program	Reduction/Increase
Days in Hospital	9,692	6,592	-32%
EMS Interactions	1,007	1,159	+15%
Days in Jail	20,100	6,704	-67%
Court Appearances	1,701	2,303	+35%
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 I 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 (PiT Count)

The 2021 PiT Count was altered due to COVID-19. On April 20, 2021, Medicine Hat conducted their biennial Point-in-Time Count (PiT) of homelessness. Using administrative data from service providers operating emergency shelter, shelter for those fleeing family violence, transitional housing, and treatment/stabilization facilities, Medicine Hat has enumerated homelessness as follows:



PROVISIONALLY ACCOMMODATED 49% 34

EMERGENCY SHELTERED 51% 36

UNSHELTERED 0% 0

UNKOWN 0% 0

MHCHS PROFILE

The purpose of the Medicine Hat Community Housing Society is to provide access to affordable housing and supports.

Established in 1970, the Medicine Hat Community Housing 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.

MHCHS has two (2) core business functions:

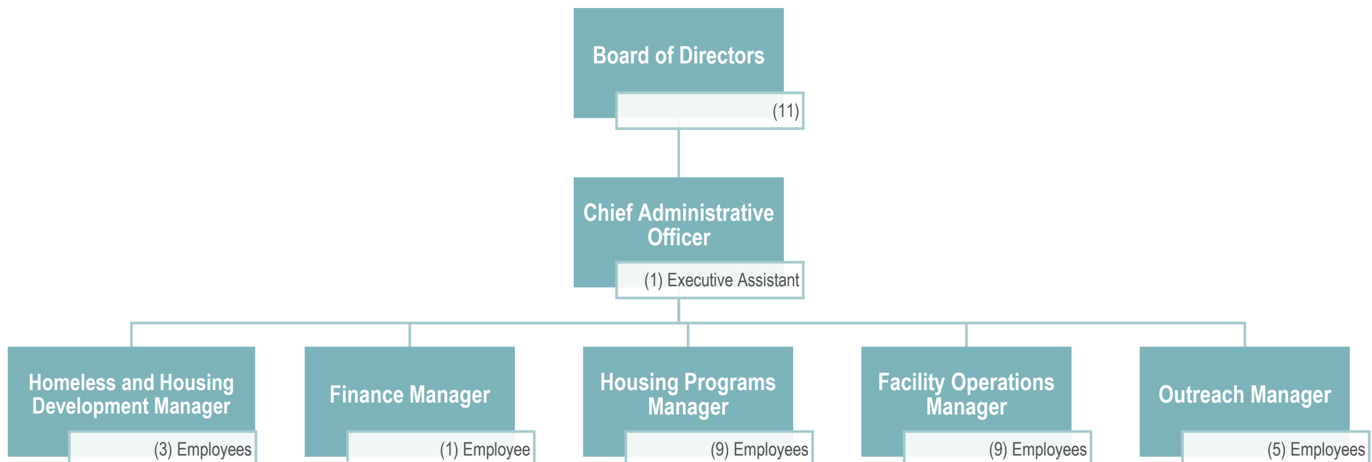
1. *Housing Programs*
   MHCHS has been established as a "Housing Management Body" (HMB) by Ministerial Order; a HMB is established for the purpose of administering social housing programs for the government under the Alberta Housing Act.

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.

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 32 FTE employees. The organizational chart below provides a visual of the structure.



Housing Programs

In the Housing Management Body capacity, the MHCHS manages operational budgets of roughly $5.7M, which fluctuates depending on the priorities and programs in a given year.

The table below provides a breakdown of the Social Housing and Affordable Housing Programs within the MHCHS property portfolio; this includes information on units that are owned by the City of Medicine Hat, the Province of Alberta, and the Medicine Hat Community Housing Society.

Social Housing Programs		**Affordable Housing Programs**	
Family and Special Needs Units		Affordable Housing Units	
City of Medicine Hat Owned	18	*MHCHS Owned*	85
Province of AB Owned	205	*City of Medicine Hat Owned*	32
Seniors Self-Contained Units	229	Transitional Units *MHCHS Owned*	7
Rent Supplements	386	Private Affordable	13
		Permanent Supportive Housing	30
Total Social Housing Program	**838**	**Total Affordable Housing Program**	**167**

1,005 = total housing portfolio at March 2021

Leading the Plan to End Homelessness

Systems planning requires a different type of leadership at the community level. The Medicine Hat Community Housing Society is the Systems Planner Organization leading the work to prevent and end homelessness in Medicine Hat. In this function, it is recognized as the Community Based Organization (CBO) for provincially-funded homelessness initiatives and the Community Entity (CE) for federally-funded homelessness initiatives in Medicine Hat. The function of the CBO and CE falls under the Homeless & Housing Development Department (HHDD). As noted in the chart on the previous page, this department operates with a Department Manager, and three staff; the Homelessness Initiatives Coordinators (please see Appendix A for Job Descriptions).

MHCHS work to end homelessness in Medicine Hat is guided by At Home in Medicine Hat: Our Plan to End Homelessness. MHCHS works with the Community Council on Homelessness (CCH), who is the local organizing committee responsible for setting direction for addressing homelessness in our community. It identifies priorities through a planning process, determines which projects should be implemented to address those priorities and reports back to the larger community on the efforts made and results achieved in preventing and reducing homelessness.

The CBO/CE 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) *Systems Planning & Integration*: Work cross-ministry to develop, implement, coordinate and evaluate the system of care and disrupt systems when needed (Health, Justice, Education, Children's Services, Seniors and Housing).
2) *Local Decision Making*: The cost savings and efficiency of this approach have been clearly demonstrated, and government support for local autonomy in backbone entity-driven system planning along with the provision of resources and enabling policy is critical. Community decisions about community outcomes.
3) *Community Development & Leadership*: Consult and engage with diverse stakeholders to support implementation; targets capacity building initiatives, including comprehensive training and technical assistance for the sector.
4) *Fund Administrator*: Manages diverse funding streams to meet community priorities, compliance, program and system performance management, evaluation, and reporting requirements to funders. Investing in services with proven integration and sustainability.
5) *Coordination of Data Management*: Oversight and implementation of the shared data collection system. Analysis to help make data-informed decisions to determine services and create system efficiencies.

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 improved outcomes for program participants.

CBO/CE DECISION MAKING PROCESS

The CBO/CE 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.

The Request for Proposals (RFP) Process

For the 2021-2022 funding year, the CBO decided to evaluate existing programs and services and make funding recommendations based off the outcome of the evaluations. It was decided that only one of the existing programs would have a decrease in funding. The available funding has been provided through the Government of Canada's Reaching Home (RH) Strategy – Designated Communities, and the Government of Alberta's Provincial Outreach Support Services Initiative (OSSI).

The Ministry of Community and Social Services through the Outreach Support Services Initiatives invests a significant amount of funding into efforts to optimize systems and reduce the impact of homelessness in Alberta. This investment has been critical to the systems responsiveness to vulnerable populations, with communities experiencing varying degrees of success.

In 2019, the Homelessness Partnering Strategy (HPS) was replaced by Reaching Home: Canada's Homelessness Strategy. The Government of Canada's Reaching Home (RH) Strategy supports communities to develop local solutions to homelessness. The renewed RH allocates funding, with the goal of supporting communities in developing longer-term solutions to homelessness and moving to a systems-planning approach, prioritizing Coordinated Access, reducing chronic homelessness, and preventing future homelessness. The RH strategy recognizes the importance of Housing First principles but is also encouraging communities to invest in prevention.

In March 2021, the Proposal Review Committee met and provided their recommendations to the Community Council on Homelessness. These recommendations were approved on March 12, 2021 and subsequently approved by the MHCHS Board of Directors at the March 23, 2021 meeting. There were no appeals received as part of the 2021-2022 RFP process and all recommended services entered into contract.

Community Accomplishments & Challenges

Accomplishments

1. **CBO Increase Capacity –** The CBO increased its capacity by hiring three additional staff – two full-time, permanent staff members and one full-time, temporary staff member.

2. **COVID-19 Response for Vulnerable Populations –** The CBO, in partnership with AHS and community partners, took the lead in overseeing and implementing the Strategy for Vulnerable Populations throughout the pandemic response. The establishment of both a Daytime Shelter and Self-Isolation Units made up a big part of the COVID-19 response for the vulnerable population in Medicine Hat.

3. **Systems Transformation Project –** The Medicine Hat Systems Transformation Project has been expanded nationally and internationally and received additional funding from CMHC. The outcome of this project will be to better equip housing stakeholders with practical solutions that will support a culture of innovation by fostering partnerships, creating and disseminating real-world data for evidence-based decision-making, and reducing the amount of replication from different partners in the homeless-serving system.

4. **Completion of Housing Strategy –** The CBO completed the housing strategy, which will form the basis of goals and funding going forward.

5. **Continuation of Systems Improvements**

    a. **Completion of Org Code Consulting Evaluation/Review –** The CBO and its programs were evaluated by Org Code Consulting, who put forth recommendations for improvement and areas to be focused on in the coming year. Some recommendations have already been implemented while the others are in the process of being incorporated into the CBO and programs.

    b. **Implementation of Org Code Consulting Recommendations**: The CBO and its programs started implementing some of the recommendations put forth by Org Code Consulting, including the renaming of Central Intake to Housing Link and the creation of the Rapid Resolution component. Rapid Resolution is Diversion and Rapid Rehousing merged into one program that focuses on diverting people to different services they are in need of, or re-housing individuals as efficiently and timely as possible. Further, work is actively being done to progress towards a 24/7 shelter and hostel model in the community, as conversations are being facilitated with the city, CBO programs, and community partners.

Challenges

1. **COVID-19** – The pandemic has created the most challenges in terms of service delivery in the past year and has highlighted the need for continued community collaboration and integrated service delivery. Medicine Hat community partners and systems operate with a high degree of sophistication, and thus strategies of response have been highly effective prior to, during the height of, and will continue on to the recovery stage of COVID-19.

2. **System Fatigue –** There is a generalized and shared sense of "systems fatigue" and frustration among leaders and front-line workers in the social sector, stemming from the constant burden of unmet expectations, underperforming systems, and redundancy. Mitigation mechanisms exist, such as client advocates and over-reliance on personal and professional connections, however clients should not have to rely on mitigation mechanisms. Unfortunately, relying on mitigation is easier than equipping staff with the tools they need to do their work effectively. Workers need to be able to trust that the system will do what it should do and not have to deal with the effect of it not doing so. Instead, the system should be set up to perform in a way that removes the need for "band-aid" solutions to deeper problems. Systems fatigue is not burn-out, however, it can understandably lead to feelings of burnout.

3. **Opioid Crisis**– 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 recovery focused initiatives, including a partnership with AHS for a Recovery/Stabilization project (nine beds) to support individuals that have detoxed and awaiting treatment and those that are transitioning out of treatment.

4. **Institutional Care –** Through the 2019/2020 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 specialized health response is required for these individuals.

CBO/CE PRIORITIES

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. Continue the full-scale implementation of the **system planning** approach in Medicine Hat.
2. Create efficiencies and **optimize** service delivery.
3. Progress systems integration and **invest in strategies that are innovative** and show promising results.
4. Increase the **use of technology** into service delivery, monitoring, and evaluation.
5. Use **data and research** to improve and refine our approach.

Priorities for the 2021-2022 fiscal year:

1. Complete community engagement and operational modelling for the development of 24/7 emergency shelter and hostel.
2. Support the development of integrated community response for those with persistent mental health and addictions in community with AHS, MHPS, and community partners.
3. Develop and support the development of housing based on Housing Strategy recommendations.
4. Actively engage with the City of Medicine Hat and community partners to continue excellence in service delivery.
5. Continue to lead COVID-19 Community Planning Response for vulnerable populations.
6. Develop and Communications Strategy including community education.

Priorities for the 2022-2023 fiscal year:

1. Continuation of delivery and execution of priorities for the 2021-2022 fiscal year
2. Transition community to 24/7 shelter and hostel model, and work towards social enterprise component.

MEDICINE HAT
Community
Housing
SOCIETY

Project Fund Allocation Plan

1. Existing Projects to Continue

STRATEGIC AREAS OF INVESTMENT	PROJECT CLASSIFICATION	PROJECT NAME	SERVICE PROVIDER NAME	TARGET CLIENT GROUP	EXISTING CLIENTS	NEW CLIENTS	CLIENTS TO GRADUATE 2021-22	TOTAL PROJECT BUDGET REQUESTED	AMOUNT OF CARRYOVER ALLOCATED
Housing Supports	ICM	Housing First	MHWSS	Chronic & Episodic Homeless	36	30	15	$500,000	
	PSH	PSH Program	CMHA	Chronic & Episodic Homeless	32	20	0	$970,000	
Homeless Prevention	Rent Supplement/Graduate Rental Assistance Initiative (GRAI)	GRAI	CBO	HF Graduates	45	20	n/a	$136.772	$63,228
Connection to Long-Term Solutions	Outreach Support, Triage, Assessment, and Diversion	Housing Link	MHCHS	Chronic & Episodic Homeless & those at imminent risk	n/a	400 assessed ----------------- 250 Rapid Resolution 10 Housing Loss Prevention	n/a	$304,154	
	Outreach Support, Triage, Assessment, and Diversion	Youth Hub Outreach Services	McMan	Homeless youth and at risk of becoming homeless	64	150	n/a	$315,774	
	Short-Term Supportive Housing	Lynx House Recovery/ Stabilization	McMan	Adults 18+ who have completed detoxification program and residential treatment program.	5	15	n/a	$280,780	
	Shelters	Roots Youth Shelter	McMan	Homeless youth	4	30	n/a	$200,000	
Program Supports	Supports to Assist Other Activities	Addictions Counseling Program	Miywasin	At risk of homelessness	75	n/a	n/a	$85,400	
	Support to Assist Other Activities	Community Capacity Building	CBO	Service Providers	n/a	n/a	n/a		$50,000
	Support to Assist Other Activities	Centralized Support	CBO	Chronic & Episodic Homeless & those at imminent risk	n/a	10	n/a		$20,927

Existing Projects to Continue Total Cost: **$2,926,108**

2. Existing projects to be discontinued

STRATEGIC AREAS OF INVESTMENT	PROJECT CLASSIFICATION	PROJECT NAME	SERVICE PROVIDER NAME	TARGET CLIENT GROUP	EXISTING CLIENTS	EXISTING CLIENTS TO BE TRANSFERRED	CLIENTS TO GRADUATE 2021-22	TOTAL PROJECT BUDGET DISCONTINUED	AMOUNT OF CARRYOVER ALLOCATED
	Drop-in and Warming Centres	Drop-In	The Salvation Army	Homeless and at risk of homelessness	n/a	n/a	n/a	$70,000	
Housing Supports	Rapid Re-Housing	Rapid Re-Housing	MHCHS	Chronic and Episodic Homeless	n/a	n/a	n/a	$124,334	

Existing Projects to be Discontinued Total Cost: **$194,334**

Schedule A Approved Purposes

OUTREACH AND SUPPORT SERVICES INITIATIVE
APPROVED PURPOSE
SCHEDULE A

This is Schedule "A" to an Agreement with an Effective Date of April 1, 2021 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 "Recipient") and forms part of that Agreement.

Project Classification: Outreach, Triage, Assessment, Diversion
Project Name(s) and/or Service Provider(s) Name:
A. *Youth Hub Outreach – McMan Youth, Family and Community Services Association*
B. *Housing Link – 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:

A. *Youth Hub Outreach – 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 Housing Link for services.

B. *Housing Link – Medicine Hat Community Housing Society Outreach Department* serves as the coordinated access system into housing first programs in community. Housing Link assesses 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.

   Rapid Resolution redirects individuals from housing first programs to more suitable, less intensive services that will meet their needs. Individuals offered Rapid Resolution do not require the duration or intensity of existing case management services through housing first programming. The role of the Housing Link 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 – McMan*
1. CSS funding: $315,774
2. Carryover allocation: n/a
3. CSS Addictions and Mental Health Funding: n/a
4. Other sources of funding: n/a
5. Staffing: 3.5 FTE
6. Target client group served: community based homeless youth, youth at risk of becoming homeless, and their families.
7. Efforts to Outcomes data collection: No. Excel data spreadsheets will be used for data collection.

B. *Housing Link – MHCHS*

1. CSS funding: $304,154
2. Carryover allocation: n/a
3. CSS Addictions and Mental Health Funding: n/a
4. Other sources of funding: RH $391,512
5. Staffing: 4.50 FTE
6. Target client group served: All
7. Efforts to Outcomes data collection: Yes

Program Activities:

A. *Youth Hub Outreach Service – McMan Youth, Family and Community Services Association*

1. Outreach to community-based homeless youth, crisis sheltered youth aged 12-24.
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. *Housing Link – 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 Housing Link 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. *Housing Link – 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.

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. Housing Link – 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

This is Schedule "A" to an Agreement with an Effective Date of April 1, 2021 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 "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:
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 duration of the program is approximately 12 months.

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

Inputs:
1. CSS funding: $500,000
2. Carryover allocation: n/a
3. CSS Addictions and Mental Health Funding: n/a
4. Other sources of funding: n/a
5. Staffing: 4.25 FTE
6. Target client group served: chronically and episodically homeless individuals and families.
7. 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 mainstream services (e.g. medical doctors or specialists, legal service, etc.).

OUTREACH AND SUPPORT SERVICES INITIATIVE
APPROVED PURPOSE
SCHEDULE A

This is Schedule "A" to an Agreement with an Effective Date of April 1, 2021 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 "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:
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 funding: $970,000
2. Carryover allocation: n/a
3. CSS Addiction and Mental Health funding: n/a
4. Other Sources of Funding: n/a
5. Staffing: 15FTE & 1 Contract Worker
6. 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.
7. 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 April 1, 2021 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 "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:
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 in alignment with the Housing Management Body rates to ensure alignment of rental subsidy in the event that households are approved for an 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 funding: $136,772
2. Carryover allocation: $63,228
3. CSS Addiction and Mental Health funding: n/a
4. Other sources of funding: n/a
5. Staffing: n/a
6. Target client group served: Housing First Graduates
7. 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

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Project Classification: Short Term Supportive Housing
Project Name(s) and/or Service Provider(s) Name:
Lynx House (Recovery Stabilization) – McMan Youth, Family and Community Services Association

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

Approved Purpose:
McMan Youth, Family and Community Services Association (in partnership with MHCHS and Alberta Health Services) is contracted for the development and implementation of a Recovery/Stabilization program. This program will provide a safe and supportive sober and abstinence-based transitional environment for individuals 18+ who are in recovery, specifically those who have completed detox and are waitlisted for residential treatment programs, and those who have completed residential treatment and require additional housing and supports while transitioning back to community. Transition from the program will be supported through existing community-based systems of care, including but not limited to Housing Link services.

Providing this service will support improved health and housing outcomes for individuals at risk of relapse while awaiting treatment and transitioning out of treatment.

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

Inputs:
1. CSS funding: $280,780
2. Carryover allocation: n/a
3. CSS Addiction and Mental Health funding: n/a
4. Other sources of funding: n/a
5. Staffing: 2.0FTE Caseworkers
6. Target client group served: adults 18+ who have completed detoxification program and are waitlisted for residential treatment programs, and those who have completed residential treatment and require additional housing supports while transitioning back into community.
7. Efforts to Outcomes data collection: Yes, and Excel.

Program Activities:
1. Develop service delivery framework in conjunction with MHCHS and AHS.
2. Develop Recovery & Stabilization program specific policy and procedures.
3. Provide collaborative case management with service participants and other service providers.
4. Provide service participants with opportunities for cultural connection, skill-building in areas related to tenancy and recovery.
5. Appropriate case management and follow-up supports that are client centered and recovery oriented.

Outputs:
1. It is estimated that 24 participants/clients will be served by this program.
2. 100% of participants will receive relapse prevention support prior to treatment and/or when coming out of treatment facility.
3. 90% of participants will successfully exit the program to treatment and/or community-based housing.

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. Transition from detoxification to treatment is completed without relapse.
2. Participants remain sober 0-6 months post program exit.
3. Participants develop increased confidence and independence to establish income and permanent housing in community.
4. Improved health and housing outcomes for individuals at risk of relapse while awaiting treatment and transitioning out of treatment.
5. Improved fluidity across the system of care.

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:
Roots Youth Shelter – McMan Youth, Family and Community Services Association

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

Approved Purpose:
The Inn Between - McMan Youth, Family and Community Services Association is a five-bed youth shelter that provides emergency shelter and supports for youth aged 12-17. Community-based youth who are homeless or at imminent risk of homelessness and those youth who have Children's Services involvement can access the beds. Focusing on prevention and early intervention, the primary goal is to reduce the number of nights a youth stays by providing mediation and conflict resolution in order to reunify the youth with their families as quickly as possible.

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

Inputs:
1. CSS funding: $200,000
2. Carryover allocation: n/a
3. CSS Addictions and Mental Health Funding: n/a
4. Other sources of funding: Children Services Amount TBD
5. Program staffing* will consist of:
   a. .2 FTE Program Manager;
   c. 1.0 FTE Program Supervisor;
   d. 6.0 FTE Salaried Staff; and
   e. Relief Staff – 14.
6. Target client group served: Children Services and non-Children Services status youth, youth at imminent risk of homelessness.
7. Efforts to Outcomes data collection: No. Excel.

Program Activities:
1. Planned and emergency intakes to homeless youth, screening, orientation to shelter, signing of consents, provision of basic needs (shelter, food, clothing, incidentals).
2. Provide access to culturally appropriate services.
3. Referrals to Shelter Outreach Workers if youth does not have CFSA status.
4. Transition planning, discharge and follow up (3, 6 and 12 months).
5. Provide support to youth to promote family reunification, housing and /or rehousing.

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

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Project Classification: Supports to Assist Other Activities
Project Name(s) and/or Service Provider(s) Name:
A. Cultural Addictions Worker– Miywasin Friendship Centre
B. Community Capacity Building – CBO
C. Centralized Support – CBO

Project Address(es) and/or Service Provider(s) Address:
A. 517 3 St SE
B. #104, 516-3rd Street SE
C. #104, 516-3rd Street SE

Approved Purpose:
A. *The Miywasin Counseling Program* is to provide an individual and family counseling program for Aboriginal clients at risk of homelessness. The Cultural Addictions Worker 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.

B. *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.

C. *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 Housing Link. 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. Cultural Addictions Worker
1. CSS funding: $85,400
2. Carryover allocation: n/a
3. CSS Addictions and Mental Health funding: n/a
4. Other Sources of Funding: n/a
5. Program staffing will consist of: 1.0FTE
6. Target client group served: Indigenous individuals and families at risk of homelessness
7. Excel data collection and reporting

B. Community Capacity Building
1. CSS funding:
2. Carryover allocation: $50,000
3. CSS Addictions and Mental Health Funding: n/a
4. Other Sources of Funding: RH $28,155
5. Staffing: n/a
6. Target client group served: Service providers

7. Efforts to Outcomes data collection: No. Excel.

C. Centralized Support
1. CSS funding:
2. Carryover allocation: $20,927
3. CSS Addictions and Mental Health funding: n/a
4. Other Sources of Funding: n/a
5. Staffing: n/a
6. Target client group served: n/a
7. Efforts to Outcomes data collection: No. Excel.

Program Activities:

A. *Cultural Addictions Worker*
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.

B. *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.

C. *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. *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 Worker.

B. Community Capacity Building
1. It is estimated that 10 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.

C. Centralized Support
1. Families presenting at shelters and unable to access other options are provided with hotel stay and connected to Housing Link 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).

Schedule B Financial Plan

Annual Community Service Delivery Plan - Schedule B

Medicine Hat Community Housing Society

GRANT AGREEMENT 095272949

2021/2022

	2021/2022 Revenues				Projected Ex	Estimated Remaining Grant Funding
	Approved Budget Allocation	Prior Year Carryover	Earned Interest Allocation	Total Funding Available	Total	
Community and Social Services Funding	**3,103,200**	**134,155**		**3,237,355**	**3,103,200**	**134,155**
Total Estimated Carryover				**0**	**0**	**0**
In-Year Projected Surplus				**0**	**0**	**0**
Other Funding (specify)				**0**	**0**	**0**
Interest earned				**0**	**0**	**0**
Total Funding Available	**3,103,200**	**134,155**	**0**	**3,237,355**	**3,103,200**	**134,155**
MHCHA						
CBO Administration Funding	310,320			**310,320**	**0**	**310,320**
Community Capacity Building		50,000		**50,000**	**0**	**50,000**
Centralized Support		20,927		**20,927**	**0**	**20,927**
CBO's Monthly Interest Earned				*0*	*0*	*0*
Total Funding Maintained By CBO	**310,320**	**70,927**	**0**	**381,247**	**0**	**381,247**
Outreach, Triage, Assessment, Diversion						
Housing Link - MHCHS	304,154			**304,154**	**0**	**304,154**
Youth Hub Outreach - McMan	315,774			**315,774**	**0**	**315,774**
Year To Date Totals	619,928	0	0	**619,928**	**0**	**619,928**
Funded Organizations' Monthly Interest Earned					*0*	
Scattered Site ICM						
Housing First - MHWSS	500,000			**500,000**	**0**	**500,000**
Year To Date Totals	500,000	0	0	**500,000**	**0**	**500,000**
Funded Organizations' Monthly Interest Earned					*0*	
Permanent Supportive Housing						
Permanent Supportive Housing - CMHA	970,000			**970,000**	**0**	**970,000**
Year To Date Totals	970,000	0	0	**970,000**	**0**	**970,000**
Funded Organizations' Monthly Interest Earned					*0*	
Graduate Rental Assistance Initiative						
Graduate Rental Assistance Initiative - CBO	136,772	63,228		**200,000**	**0**	**200,000**
Year To Date Totals	136,772	63,228	0	**200,000**	**0**	**200,000**
Funded Organizations' Monthly Interest Earned					*0*	
Short-Term Supportive Housing						
Lynx House - McMan	280,780			**280,780**	**0**	**280,780**
Year To Date Totals	280,780	0	0	**280,780**	**0**	**280,780**
Funded Organizations' Monthly Interest Earned					*0*	
Shelters						
Roots Youth Shelter - McMan	200,000			**200,000**	**0**	**200,000**
Year To Date Totals	200,000	0	0	**200,000**	**0**	**200,000**
Funded Organizations' Monthly Interest Earned					*0*	
Supports to Assist Other Activities						
Cultural Addictions Worker - Miywasin Friendship Centre	85,400			**85,400**	**0**	**85,400**
Year To Date Totals	85,400	0	0	**85,400**	**0**	**85,400**
Funded Organizations' Monthly Interest Earned						
Total Funding Allocated to Outside Organizations	**2,792,880**	**63,228**	**0**	**2,856,108**	**0**	**285,400**
					0	
Unallocated Funding	**0**	**0**	**0**	**0**	**3,103,200**	**-332,492**

Appendix A CBO Job Descriptions

Position Description: Manager, Homeless and Housing Department

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.

This position reports to the Chief Administrative Officer.

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 MHCHS 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

Accountability

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

Suitability

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

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

Physical requirements

- Very occasional light lifting

Travel requirements

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

Overtime and/or shift requirements

- Required to be available and respond in unscheduled emergency situations.

Employee signature and date		Manager signature and date

MEDICINE HAT Community Housing SOCIETY

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 CBO/CE 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 Manger, 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 expereince 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 organizaing 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

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