

COMMUNITY HOMELESSNESS REPORT SUMMARY

MEDICINE HAT

2021-2022

Collaboration between Indigenous and Non-Indigenous Partners

Specific to the implementation of Coordinated Access and an HMIS, has there been collaboration between the Designated Community (DC) Community Entity (CE) and local Indigenous organizations?

Yes

Describe how this collaboration was done and how it affected the implementation of Coordinated Access and/or the HMIS. How will it be strengthened in the future?

The Coordinated Access System and Homelessness Management Information System has been operational in community since 2010 and has evolved throughout the past 12 years. The Indigenous community has been involved during the design, implementation, and ongoing operations of coordinated access.

With the shift to separate CEs from the Indigenous to Designated files, progress has been made to coordinate the two access points into the system through a shared HMIS. Again, this is attributed to having a system planning focus in community that is data-informed and evidence-driven, and has incorporated Indigenous perspective from the onset. With additional funding, there will be investment into the further Indigenous of the homeless serving system of care.

Specific to the implementation of Coordinated Access and an HMIS, has there been collaboration between the DC CE and the Indigenous Homelessness (IH) CE and/or Community Advisory Board (CAB), where applicable?	Yes
Describe how this collaboration was done and how it affected the implementation of Coordinated Access and/or the HMIS. How will it be strengthened in the future?	
<p>Indigenous representation has been included at the Community Advisory Board level since the onset.</p> <p>There has been greater attention to Indigenous homelessness over the past several years. A member of the Indigenous Community Advisory Board (CAB) and Community Entity (CE) also sits on the Designated Community Advisory Board (CAB). Community engagement sessions consider ensuring Indigenous representation is available to contribute to the dialogue.</p>	

With respect to the completion of the Community Homelessness Report (CHR), was there collaboration between local Indigenous and non-Indigenous organizations and, where applicable, the IH CE and/or CAB?

Yes

Describe when this collaboration occurred and what parts of the CHR were informed by these efforts.

The Indigenous Community Advisory Board (CAB) was provided the Community Homelessness Report (CHR) for review prior to submission.

Does your community have a separate IH CAB?	Yes
Was the CHR also approved by the IH CAB?	Yes
Please explain how engagement will happen with the IH CAB during next year's CHR process.	
Please insert comments here	

Summary Comment

Are there particular efforts and/or issues that you would like to highlight for this reporting period related to your community's work to achieve the Reaching Home minimum requirements? In particular, please include an update about your community's efforts to set-up, sustain and/or improve the Coordinated Access system and use of an HMIS.

The community has experienced challenges with the HMIS (Efforts to Outcomes) since the system was no longer supported by Internet Explorer. This has impacted and delayed efforts to bring Miywasin Friendship Centre into the Coordinated Access System by a minimum of three months. The community is working with Social Solutions to develop a work around to fully integrate Miywasin Friendship Centre in the access system.

Individuals experiencing unsheltered homelessness within the community are quite knowledgeable of resources available to access emergency shelters and housing, income, mental health, and addiction supports. With the offices located in the downtown core, Housing Link (MHCHS) and Miywasin Friendship Centre workers provide outreach support to those unsheltered and living in encampments should the individuals want assistance. Housing Link will then provide various referrals to community partners to assist with stabilization and housing efforts.

MHCHS has always maintained a "closest to death" approach when it comes to prioritizing individuals seeking housing/re-housing supports.

Outcomes-Based Approach Self-Assessment

Where does data for the List come from?

- Excel
- HIFIS
- Other HMIS
- Other data source(s)
- Not applicable – Do not have a List yet

Please describe the other data source(s):

Data that is captured on the list is also sourced from facilities including hospitals, corrections, mental health, and detox and recovery centres.



Optional question: How does data from the List compare to other community-level data sources that are considered reliable? This is an optional follow-up question for communities that have completed the “CHR Community-Level Data Comparisons”.

Funded programs and shelters provide daily lists of individuals accessing services. Daily lists and data that is collected from community-level sources is cross referenced and validated with the HMIS system. Programs are required to submit monthly data sets, which again are validated across six check points.

Summary Table

The table below provides a summary of the work your community has done so far to transition to an outcomes-based approach under Reaching Home.

Step 1: Has a List	Step 2: Has a real-time List	Step 3: Has a comprehensive List	Step 4:	
			Can report annual outcome data (mandatory)	Can report monthly outcome data (optional)
Yes	Yes	Yes	Yes	Yes

Summary Comment

Are there particular efforts and/or issues that you would like to highlight for this reporting period related to your community's work to transition to an outcomes-based approach under Reaching Home?

Medicine Hat is well known for its use of data and the coordination of services across the community. Through a high level of data integrity, Medicine Hat is able to clearly identify priorities to be implemented to achieve successful results in preventing and reducing homelessness in community. The importance of data allows for the program analysis, evaluation, integration and sustainability within the system of care. This allows for programmatic and systematic decisions to be data-informed to ensure there is a holistic, inclusive system for any individual experiencing housing instability and/or homelessness.

To support data integrity and maintain a high degree of data quality, programs funded through the CE/CBO are contractually obligated to increase the frequency of their reporting and participate in analysis of their data. These programs are required to submit monthly reports and data collected is verified in the HMIS. Any errors in data are corrected within the month and do not impact the full data set.

From a programmatic lens, data has allowed for the shift in system response to further provide strategic and focused supports to those entering into or continuing their journey within the system of care. This understanding of data in the context of community supports helped to realize when there was a need for the discontinuation of services. The Housing First Program (which began in 2009) came to a close in 2022. This decision was based on the changing demographics and level of need in community. Analysis will continue over the course of delivery and emergent needs of the population to determine if this service needs to be re-initiated.

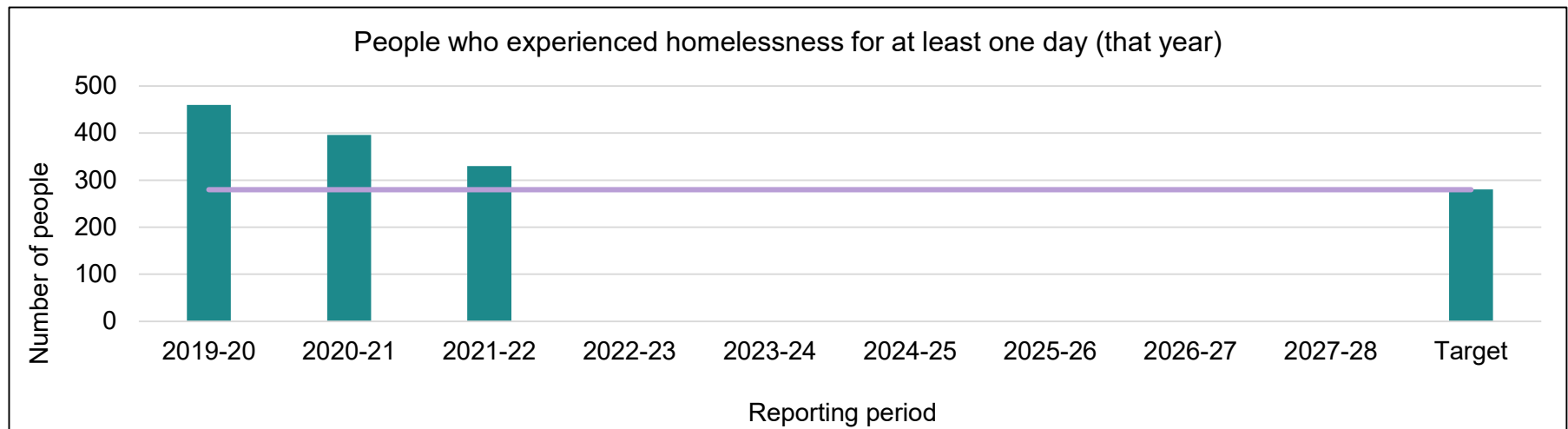
This decision aligned with other system shifts where programs have been modified to meet current structural needs. Much like the Housing First Program, the Rapid Rehousing Program shifted to a diversion model, with brief solution-focused interventions with people experiencing homelessness.

The data available includes every individual who has touched the system of care, whether this individual is sheltered, unsheltered or living within an encampment. Once an individual is recorded as seeking out supports, this data is maintained in HMIS and each subsequent interaction is recorded. Data extrapolated and one-on-one interactions with individuals allows for the compilation of what supports would best serve this population and allow for programs and supports to shift to meet the emergent need.

Community-Level Core Outcomes – Annual Data Reporting

Outcome #1: Fewer people experience homelessness (homelessness is reduced overall)

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
People who experienced homelessness for at least one day (that year)	460	396	330	-	-	-	-	-	-	280

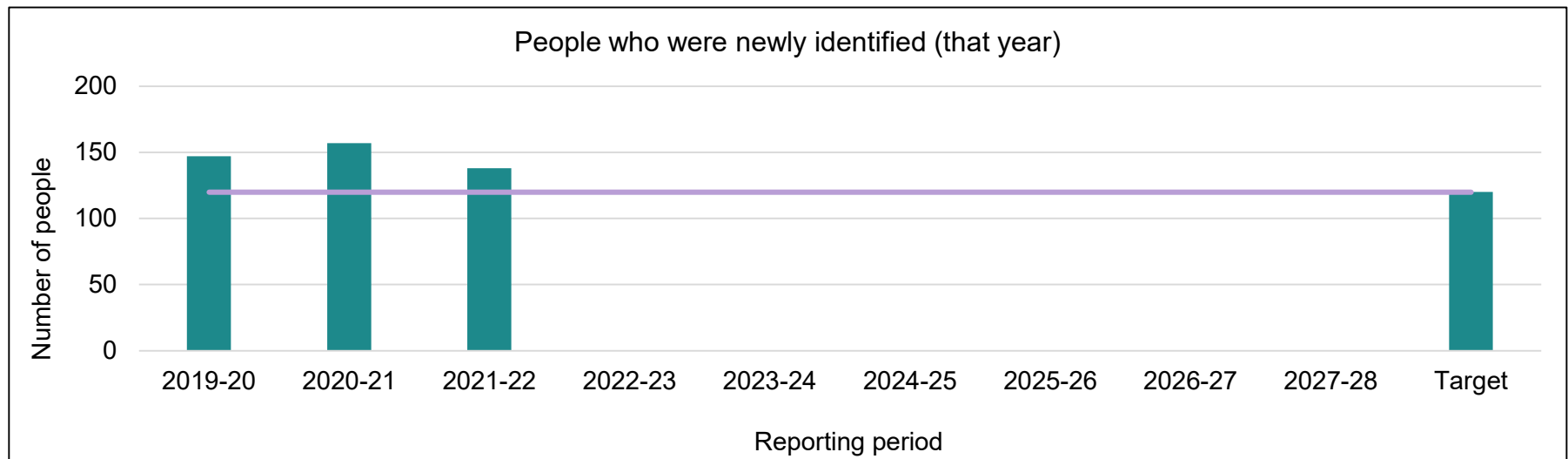


Have you changed any data as submitted in a previous CHR for Outcome #1? If yes, in the comment below please describe what was changed and why?

Changes to data submitted:
 NOTE: The data above reflects only individuals experiencing homelessness.

Outcome #2: Fewer people were newly identified (new inflows to homelessness are reduced)

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
People who were newly identified (that year)	147	157	138	-	-	-	-	-	-	120

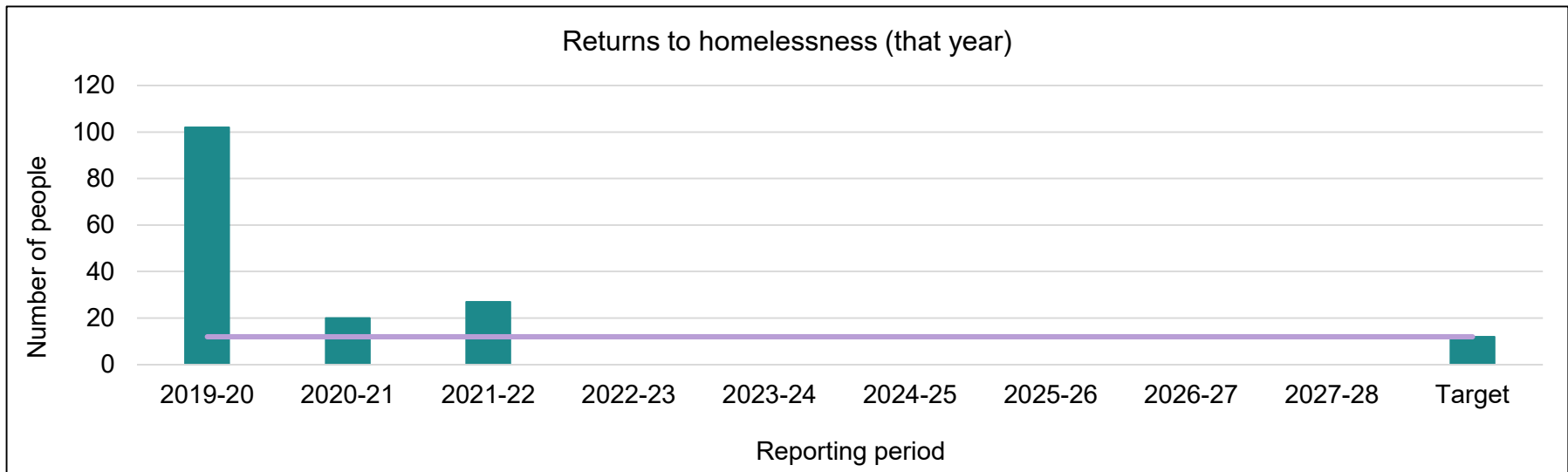


Have you changed any data as submitted in a previous CHR for Outcome #1? If yes, in the comment below please describe what was changed and why?

Changes to data submitted:
 NOTE: The data above reflects only individuals experiencing homelessness.

Outcome #3: Fewer people return to homelessness (returns to homelessness are reduced)

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
Returns to homelessness (that year)	102	20	27	-	-	-	-	-	-	12

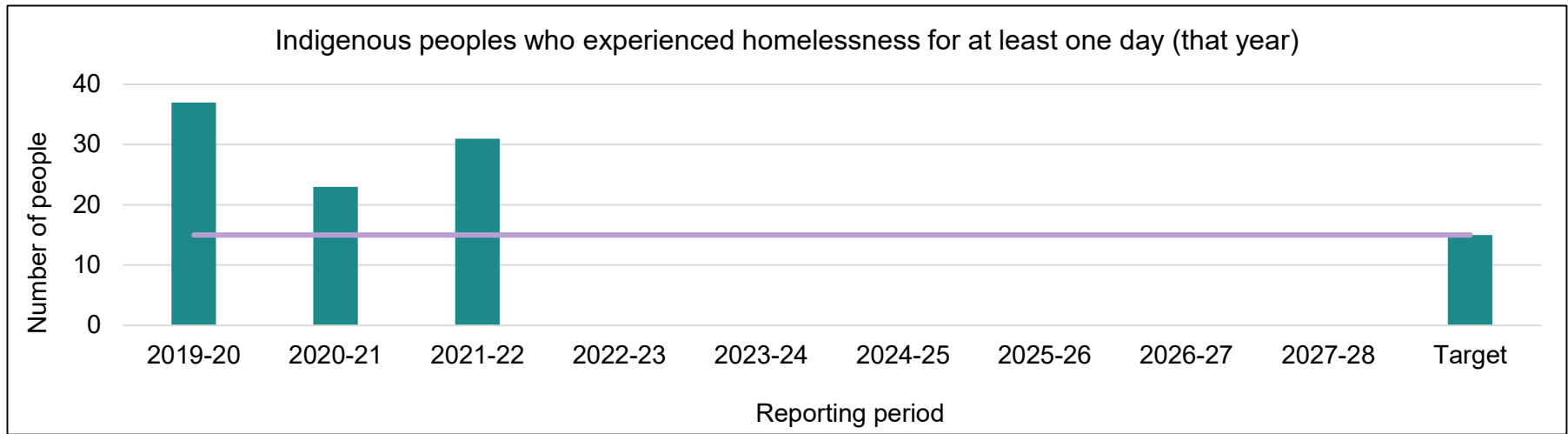


Have you changed any data as submitted in a previous CHR for Outcome #3? If yes, in the comment below please describe what was changed and why?

No changes to data submitted.

Outcome #4: Fewer Indigenous peoples experience homelessness (Indigenous homelessness is reduced)

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
Indigenous peoples who experienced homelessness for at least one day (that year)	37	23	31	-	-	-	-	-	-	15

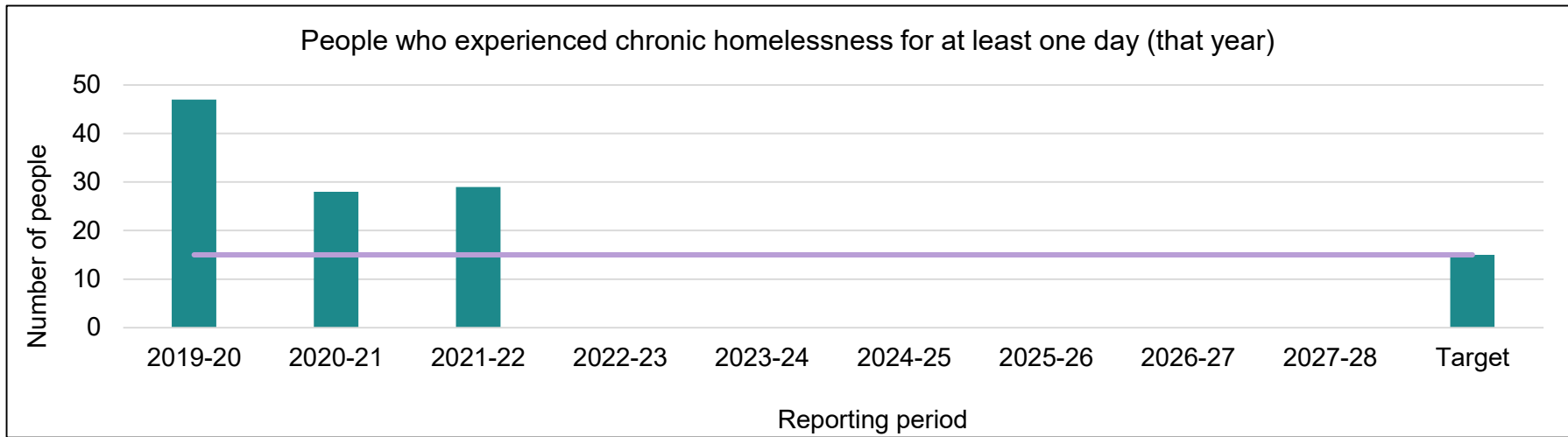


Have you changed any data as submitted in a previous CHR for Outcome #4? If yes, in the comment below please describe what was changed and why?

Changes to data submitted:
 NOTE: The data above reflects only individuals experiencing homelessness.

Outcome #5: Fewer people experience chronic homelessness (chronic homelessness is reduced)

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
People who experienced chronic homelessness for at least one day (that year)	47	28	29	-	-	-	-	-	-	15



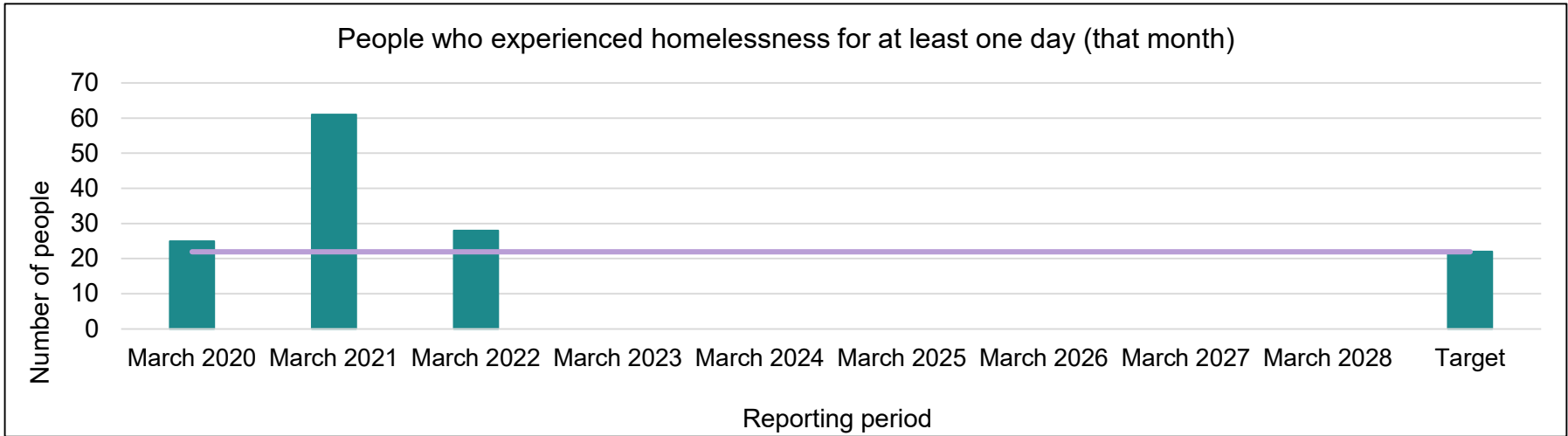
Have you changed any data as submitted in a previous CHR for Outcome #5? If yes, in the comment below please describe what was changed and why?

Changes to data submitted.
 FOR CONSIDERATION: When utilizing publicly available data through BFZ, caution that the data is not reflective of unique individuals to the system. This is due to the BFZ definitions and policy around inactivity. The below above represents unique individuals that experienced chronic homelessness in Medicine Hat during the noted time periods.

Community-Level Core Outcomes – Monthly Data Reporting

Outcome #1: Fewer people experience homelessness (homelessness is reduced overall)

	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	Target
People who experienced homelessness for at least one day (that month)	25	61	28	-	-	-	-	-	-	22

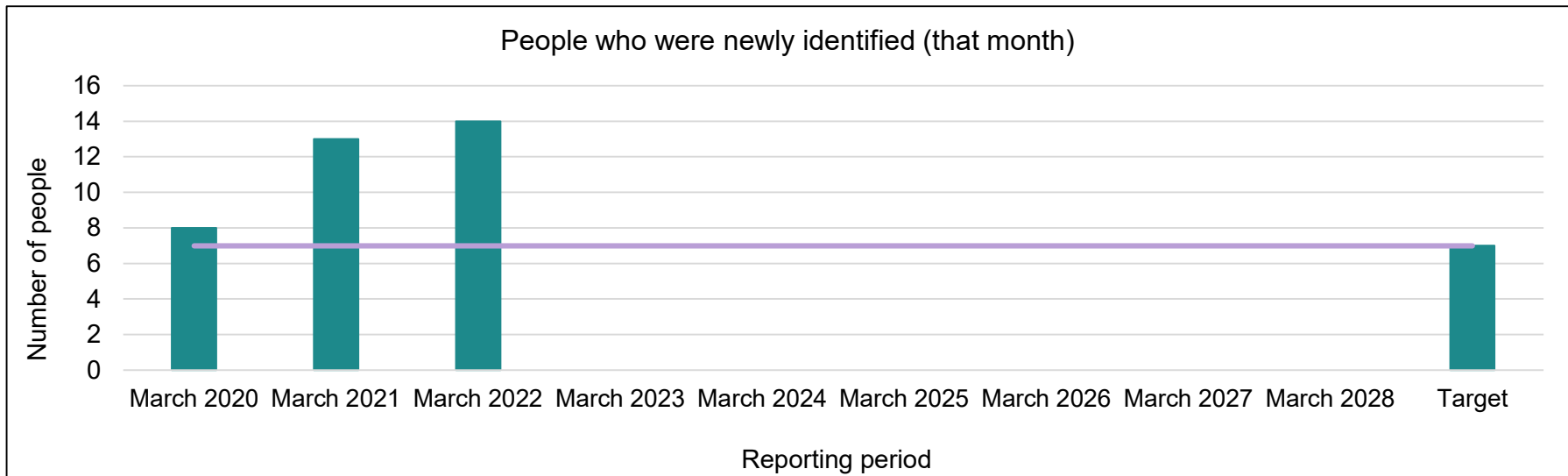


Have you changed any data as submitted in a previous CHR for Outcome #1? If yes, in the comment below please describe what was changed and why?

Changes to data submitted:
 NOTE: The data above reflects only individuals experiencing homelessness.

Outcome #2: Fewer people were newly identified (new inflows to homelessness are reduced)

	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	Target
People who were newly identified (that month)	8	13	14	-	-	-	-	-	-	7

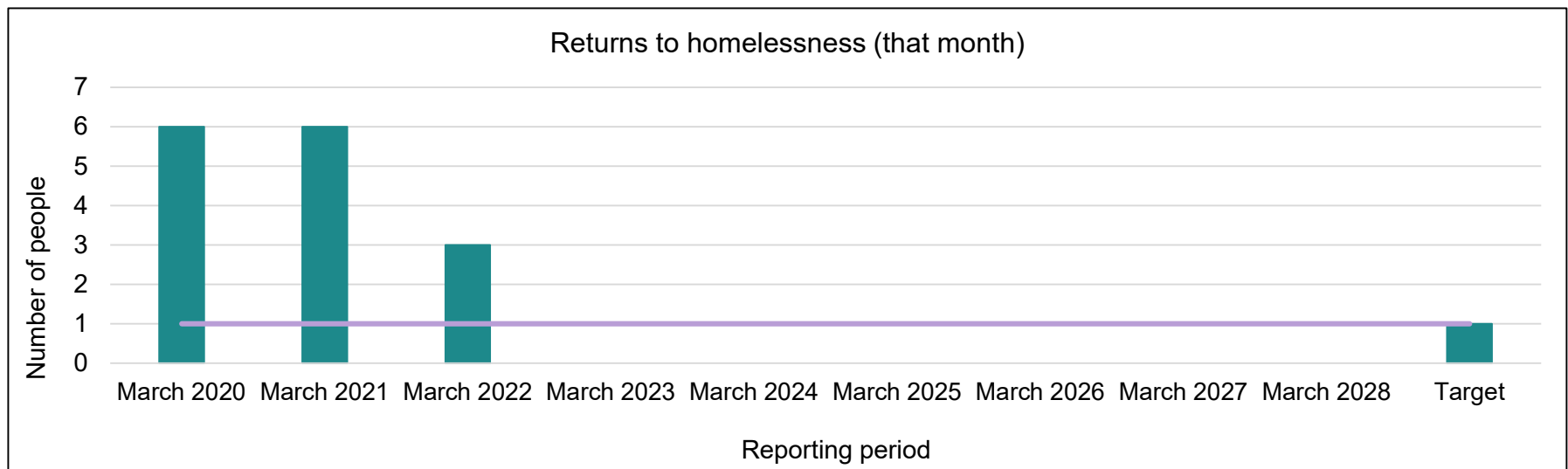


Have you changed any data as submitted in a previous CHR for Outcome #2? If yes, in the comment below please describe what was changed and why?

Changes to data submitted:
 NOTE: The data above reflects only individuals experiencing homelessness.

Outcome #3: Fewer people return to homelessness (returns to homelessness are reduced)

	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	Target
Returns to homelessness (that month)	6	6	3	-	-	-	-	-	-	1

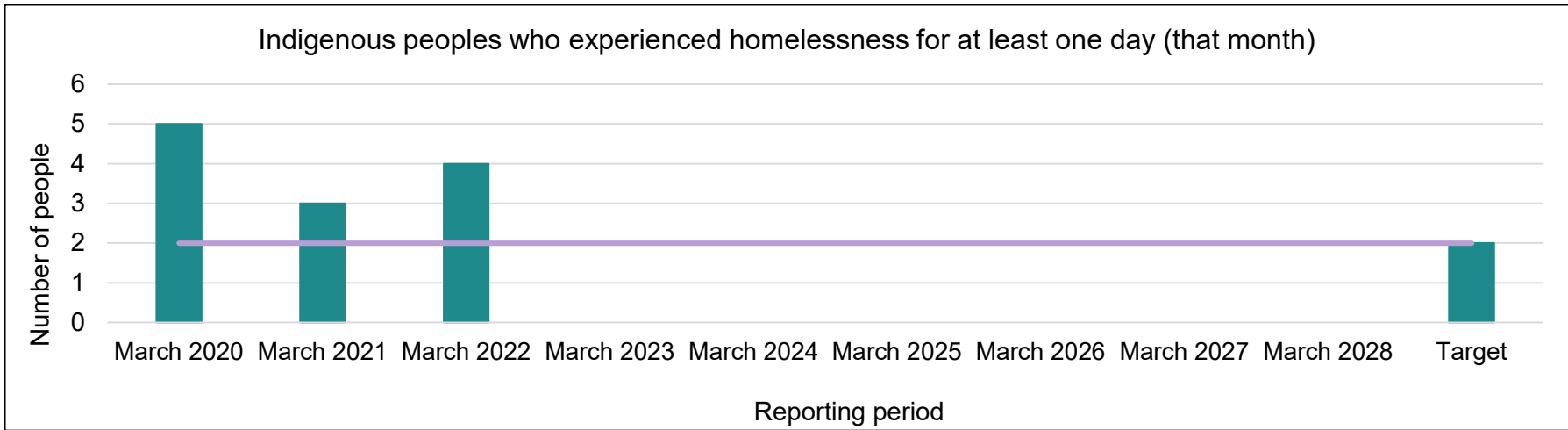


Have you changed any data as submitted in a previous CHR for Outcome #3? If yes, in the comment below please describe what was changed and why?

No changes to data submitted.

Outcome #4: Fewer Indigenous peoples experience homelessness (Indigenous homelessness is reduced)

	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	Target
Indigenous peoples who experienced homelessness for at least one day (that month)	5	3	4	-	-	-	-	-	-	2

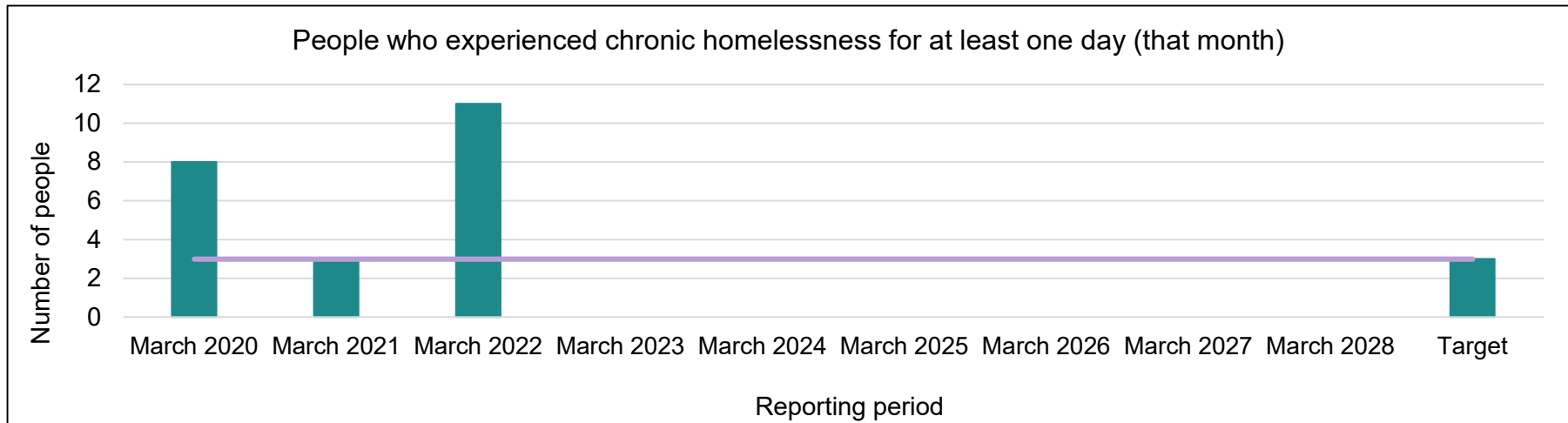


Have you changed any data as submitted in a previous CHR for Outcome #4? If yes, in the comment below please describe what was changed and why?

Changes to data submitted:
 NOTE: The data above reflects only individuals experiencing homelessness.

Outcome #5: Fewer people experience chronic homelessness (chronic homelessness is reduced)

	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	Target
People who experienced chronic homelessness for at least one day (that month)	8	3	11	-	-	-	-	-	-	3



Have you changed any data as submitted in a previous CHR for Outcome #5? If yes, in the comment below please describe what was changed and why?

No changes to data submitted.