2023–2024

Service Delivery Plan

Medicine Hat Community Housing Society

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Land Acknowledgment

We acknowledge that we are situated on Treaty 7 and neighbour to Treaty 4 territory, traditional lands of the Siksika (Blackfoot), Kainai (Blood), Piikani (Peigan), Stoney-Nakoda, and Tsuut'ina (Sarcee) as well as the Cree, Sioux, and the Saulteaux bands of the Ojibwa peoples. We also honour and acknowledge that we are on the homelands of the Métis Nation District 2 Battle River Territory.

Photo Courtesy Medicine Hat Tourism

1 Community Profile

To continue transforming a system or community, it is essential to understand the context in which it exists. The following information situates Medicine Hat in comparison to other cities within Alberta and is based on the most up-to-date available information.

Medicine Hat is the sixth largest city in the province and the major urban centre of southeast Alberta. Also referred to as the Gas City due to its large natural gas fields, Medicine Hat is situated along the South Saskatchewan River, and is often characterized by the numerous coulees that dot the landscape throughout the city. Just off the Trans-Canada Highway, the city is positioned approximately 579 kilometres southeast of Edmonton, and 293 kilometres southeast of Calgary.

According to Statistics Canada, as of 2021, Medicine Hat's population stood at 63,271. [1] The city's population has been relatively stagnant, only increasing by 11 residents since the 2016 Census, leaving the population change at 0 per cent. During the same five-year period, Alberta's total population grew by 4.8 per cent, compared to the national rate of 5.2 per cent.[2]

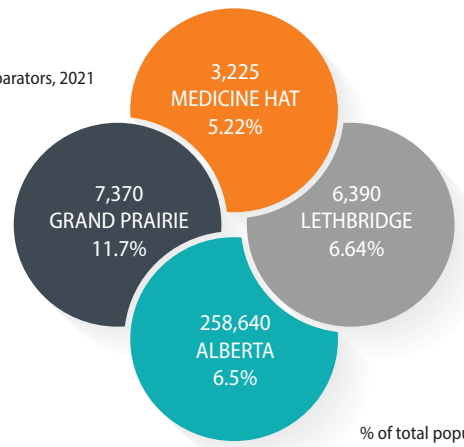
Often thought off as a retirement community, the largest age group,15 to 64 years, debunks this myth. This age group accounts for 62.2 per cent of the population, or 39,370 residents. The second largest age group representing 21 per cent of the population, or 13, 270 residents, are individuals who fall into the 65 years and older age category. The average age in the city is 42.1 years old, compared to the provincial average of 39 years old.[3]

The age of a population is only one consideration in understanding the intricate dynamics of a community. Medicine Hat, like many other cities across the country, is built on diversity.

Indigenous peoples living in Medicine Hat increased 3.37 per cent between 2016 and 2021.[4] In the last two decades, this population has steadily grown from 1,060 in 2001 to 3,225 in 2021.[5] As a province, Indigenous people make up 6.5 per cent of the total population.[6]

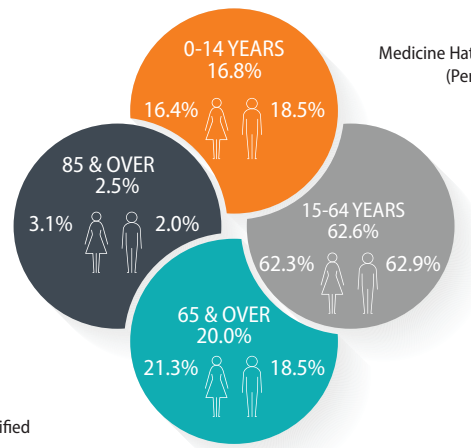
The majority of residents (57,140) speak English and 1,105 speak a non-official language as their primary language. Of the total population, 4,905 have a mother tongue that is a non-official language. The top Indigenous mother-tongues include Cree-Innu, Cree, Ojibway and Blackfoot. Non-Indigenous mother-tongues spoken, excluding English, are German, Spanish, Yue (Cantonese), Tagalog (Pilipino, Filipino), Punjabi and Arabic.[7]

Indigenous Population: Medicine Hat and Comparators, 2021



% of total population identified as Indigenous, 2021

Medicine Hat Population Distribution (Percentage), 2021



Housing Cost By Tenure

The genesis of housing data to any community is paramount in providing a compelling narrative to highlight the nature and extent of housing need. Locally sourced data contributes to an understanding of the current climate in terms of stock, affordability and other key issues that may need addressing.

According to the 2021 Census, 8.3 per cent of all households, 4.0 per cent of all owners and 19.7 per cent of all renters in Medicine Hat are in core housing need.[8] This means the household's housing does not meet one or more of the standards of housing adequacy, affordability or suitability. To be further classified as being in core housing need, the acceptable local housing cost is more than 30 per cent of the household income before tax-income.

Households in the rental market tend to have lower incomes compared to owner households, partly explaining the higher percentage of renters in core housing need. This further identifies a gap in housing supply for low to moderate income households, highlighting the fact affordable housing demand outpaced available housing stock.

Within the Medicine Hat Housing Strategy Final Report (released in 2021), an estimated 8,212 low-income households were identified in 2019. These households are those typically earning minimum wage, receiving Assured Income for the Severely Handicapped (AISH), Income Support benefits, seniors with low, fixed incomes, and the working poor. More than half of these households faced affordability issues, 23.5 per cent faced severe affordability issues and 31.3 per cent were in core housing need.[9]

As such, annual housing targets have been developed to address the current and future housing need in the city. Efforts to reduce the number of low-income households in core housing through the development of affordable housing options has been prioritized. According to the Housing Strategy Report, to implement and meet the demand for affordable housing, 60 new construction units and 20 renovated units need to be brought online each year until 2031. A portion of these targets may also be met through additional rent supplements and housing allowances for existing units in the private rental market.[10]

Household Trends and Projections

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

Between 2016 and 2021, Medicine Hat increased the number of private households by 2.1 per cent to 27,215 private dwellings. In comparison, the total number of households in the province rose by 6.9 per cent during the same period. Household characteristics detailed an increasing demand for, and occupancy of, rental units.

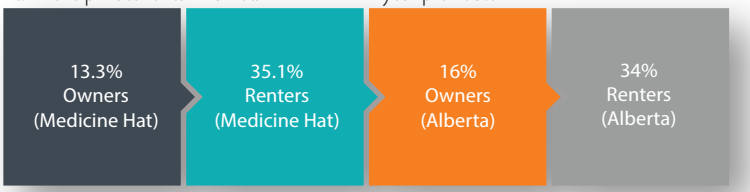
Renters made up 7,930 households, an increase of 310 since 2016. In comparison, household ownership increased as well, however at a slower rate than rentals. In 2021, home ownership rose to 19,285 households, an increase of 255 over the past five years.

Out of the 27,215 private households, 63.4 per cent are single detached homes with an average household size of 2.3 individuals.[11]

While home ownership is the ideal for many households, a balanced proportion of owners and renters is indicative of a healthy and inclusive community that focuses on a person-centred housing system that is financially responsible, sustainable and able to adapt when shifts in household characteristics occur. This certainly is dependent on a community's rental availability and whether the demand for affordable housing does not outpace housing stock.

By 2022, Medicine Hat's vacancy rates declined for the second straight year to land at 1.3 per cent. This is a decrease of 1.3 per cent from 2021, where vacancy rates hovered at 2.6 per cent.[12]

As available stock decreased in the primary rental market, Medicine Hat, like other cities in the province, began to experience rental increases due to rising inflation. By October of 2022, the average rent for a two-bedroom apartment rose to $1,016, from $931 the year previous.[13]



Proportion of Income Spent on Shelter by Household Tenure, Medicine Hat and Alberta, 2021 - Spending 30% or more on Housing

Government of Canada - Statistics Canada Census 2021, Alberta, Medicine Hat

Housing Highlights

UNIT SIZE	VACANCY RATES OCTOBER 2020	OCTOBER 2021	OCTOBER 2022
BACHELOR	10.3%	9.2%	***
1 BEDROOM	3.2%	2.7%	1.3%
2 BEDROOM	4.1%	2.1%	0.9%
3 BEDROOM +	1.8%	4.9%	0.8%
TOTAL	3.8%	2.6%	1.3%

1.3%
VACANCY RATE
MEDICINE HAT

UNIT SIZE	RENTAL RATES OCTOBER 2020	OCTOBER 2021	OCTOBER 2022
BACHELOR	$731	$749	$868
1 BEDROOM	$815	$831	$929
2 BEDROOM	$915	$931	$1,016
3 BEDROOM +	$1,117	$1,170	$1,240
TOTAL	$886	$904	$994

CMHC Rental Market Statistics Fall 2022,
Vacancy and Availablity Rates (%) in
Privately Initiated Rental Apartment Structures
of Three Units and Over: Medicine Hat

Employment

Delving into the local economy of any community allows for an opportunity to further highlight the overall economic health and earning potential for the population, while also providing insight into challenges and areas of opportunity. In Medicine Hat, as of 2021, 96.2 per cent of businesses were considered small businesses, meaning they employed less than 50 individuals.[14] Such a concentration of small business makes them an integral part of the community, not only in the creation of new jobs, but through providing support of community efforts and the generation of a stronger local economy.

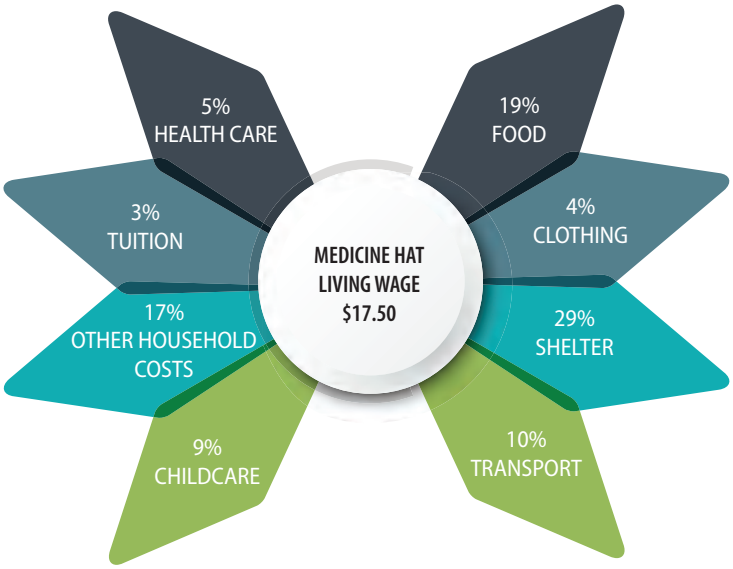
Since 2019, the number of businesses operating in Medicine Hat has been on a downward trend. By the end of 2021, the local economy lost 96 businesses from a wide variety of industries. However, growth in the management of companies and enterprises, agriculture, and information and cultural industries helped to sustain the local workforce.[15]

In the last five years, the employment rate in Medicine Hat has declined by 5.82 per cent to land at 54.5 per cent.[16] Of the 51,220 individuals who made up the working age population in 2021, 27,925 were employed, 3,790 were unemployed, leaving 19,510 not in the labour force.[17] As of December 2022, Medicine Hat's unemployment rate fell to 2.8 per cent, a decrease of 3.7 per cent since the year previous.

Province-wide, the unemployment rate remained at 5.8 per cent, while the national jobless rate fell to 5.0 per cent.[18] [19] By year end, 2,812 individuals accessed Employment Insurance benefits. This represented a sharp increase of 1,574 benefits received in the local population. In 2020, only 1,238 qualified for and received Employment Insurance benefits. This represented an annual change of 127.1 per cent.[20]

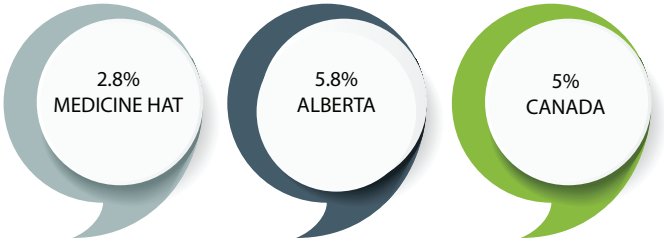
The increase between 2020 and 2021 of individuals receiving federal income benefits was in response to government-mandated shutdowns and restrictions to curb the spread of COVID-19. The impact of shutdowns and restrictions was felt nation-wide, Medicine Hat included. As of August 31, 2021, 15,080 individuals were receiving the Canada Emergency Response Benefit.[21]

While many economic statistics for Medicine Hat highlight a downward trend, median income among families, including couple families, lone-parent families and those without children have increased year-over-year. In 2020, the median income rose to $99,000, from $93,780 in 2019.



Graphic shows the percentage breakdown of Medicine Hat expenses based on a weighted average living wage income. (Courtesy AB Living Wage Network)

In November 2022, Medicine Hat Community Housing Society, in partnership with the Alberta Living Wage Network released for the first time, a living wage for the community. $17.50 was the calculated living wage for Medicine Hat, which is based on "a weighted average of the living wage for an individual, family of four and single parent family – based on Alberta Household Census data." According to the Alberta Living Wage Network, "the weighted average considers the hourly rate of pay needed for a household to maintain a modest standard of living, once government transfers have been added to the family's income and taxes have been subtracted. The methodology assumes that each adult is working full-time hours (35 hours/week) and includes more than the basics of food, clothing, and shelter."[22]



Unemployment Rates as of December 2022

There are numerous factors that influence personal health, as well as that of a community. For residents in Medicine Hat, the top health concern in 2022 was access to mental health and support services. This included support groups, counseling services, addiction support and crisis services. Access to primary care, specialty care, and emergent care was the second highest concern and access to appropriate opioid crisis support followed.[23]

In terms of Service Delivery, the South Zone saw a decrease in AHS physicians between 2021 and 2022. Physicians in 2022 accounted to 601, down from 656 the year prior, whereas AHS staff increased to 7,696 from 7,501 in 2021.[24]

As of March 2023, there are no physicians in Medicine Hat accepting new patients.

In 2020, the South Zone reported a higher percentage of obese adults (30.9 per cent) compared to the provincial average of 28.8 per cent. It was also found that hypertension had the highest prevalence rate (per 100 population) compared to other chronic diseases in the community at a rate of 1.1 times higher than the provincial average. The most frequent cause of death, between 2011 and 2021 was diseases of the circulatory system. This accounted for 35.6 per cent of all deaths reported in Medicine Hat. The other three major cases of death in the community were caused from neoplasms, mental and behavioural disorders and diseases of the respiratory system.[25]

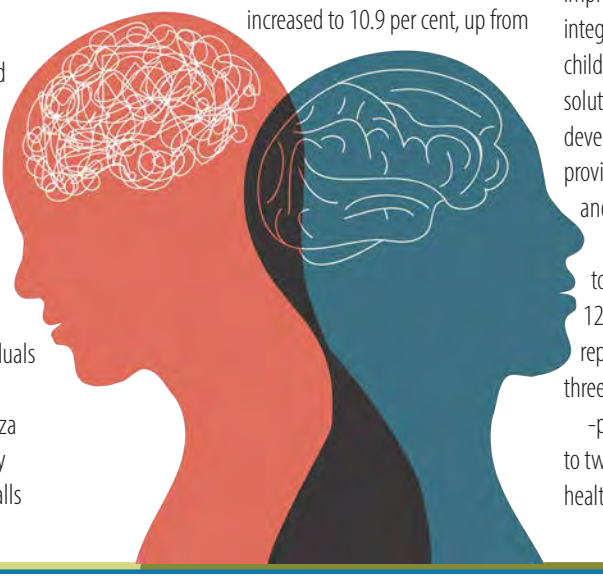
Emergency service utilization decreased in Medicine Hat between 2018/2019 and 2020/2021. In total, volume for emergency visits totaled 26,219 in 2020/2021. This accounts for a 16.7 per cent decrease in emergency visits. Of the total amounts of visits 40.9 per cent were urgent, 36.6 per cent semi-urgent and 17 per cent were resuscitation and emergency combined. It should be noted, the highest emergency visit rates were associated with acute upper respiratory infections, mental and behavioural disorders due to psychoactive substance use and influenza.[26]

In terms of primary care for the period of 2021-2022 within the South Zone, there were 13,146 unique home care clients, while 983 individuals were placed in continuing care. The average length of stay in acute care was 6.9 days. Seasonal influenza immunizations decreased from the year previous by 17,469 to land at 80,817. In total, 57,217 clinical calls to Health Link were placed. Within the south zone, cancer patient visits have been on a steady incline year-over-year. By 2021-2022, there were 3,832 unique cancer patients who cumulated 45,109, up from 41,189 the year prior.[27]

As of March 2023, there are ZERO physicians in Medicine Hat accepting new patients.

Mental Health

With mental illness affecting one in five Albertans at some point in their lifetime, mental health has shown to have a significant impact on not only the individual, but the communities they call home. According to the Mental Health Index, as of January 2023, Alberta continues to show a decline in mental health compared to other provinces. During the same period, 32 per cent of Canadians reported a high mental health risk, 43 per cent a moderate mental health risk and 25 per cent reported a low mental health risk. Within the cohort reporting high mental health risks, 30 per cent of those have been diagnosed with anxiety or depression.[28] In 2021-2022, the South Zone (AHS) saw 2,274 mental health hospital discharges (acute care sites), which is a decrease of 136 discharges from the year prior. In addition, unplanned mental health readmissions have increased to 10.9 per cent, up from 9.4 per cent the year previous.[29]



By the end of 2022, Medicine Hat Police Service responded to 1,134 mental health calls that resulted in non-apprehensions. This shows an overall increase of 257 calls from 2021. On average officers are responding to over three mental health-related calls each day. Often these calls are non-criminal but involve community members in crisis.[30]

In response the number of mental health calls received by 9-1-1 that dispatched local police officers, an alternative crisis response program was developed and introduced into community in September 2022. Delivered by the Canadian Mental Health Association of Alberta Southeast Region (CMHA), the Community Assisted Response (CARE) team now responds to low-risk mental health emergency calls. The pilot program in partnership with CMHA and MHPS, receives funds through the Government of Alberta Civil Society Fund, aims to "provide support to individuals experiencing mental illness, addiction, and homelessness and assist them with the system-navigation so that they may most efficiently access available programs."[31]

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.[32] 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.[33]

The impact of the COVID-19 pandemic continues to be affecting the mental health of Canadians 12 years and older. In February 2022, 58 per cent reported "excellent" or "very good" mental health, only three per cent higher since June 2021.[34]

-pandemic statistics showed 63.9 per cent (or close to two-thirds) of Canadians reported positive mental health.[35]

Substance Use

Communities in Alberta, Medicine Hat included, continue to be burdened by substance use. Beyond the personal affliction of substance use dependency, the adverse effect on communities continues to contribute to increased demands on the health care and justice systems, the economy, housing and homelessness.

Between January 1 and December 31, 2022, Medicine Hat's EMS responded to 102 opioid related events. During the same period, 21 drug poisoning deaths were reported, 21 of those opioid poisoning deaths. In the province, 1,443 drug poisoning deaths were reported from the beginning of the year until November 30, with 73.3 per cent being male between the ages of 35 to 39, and 26.7 per cent female between the ages of 30 to 34. By the end of Q3, 47 per cent of unintentional opioid poisoning deaths occurred in an owned private resident, 16 per cent in an "other" private residence, 25 per cent occurred in public and 5 per cent in a hotel. In the south zone, 3,801 (per 100,000) emergency department visits related to substance use were reported, while 1,069 (per 100,000) hospitalizations related to substance use were reported.[36]

Whereas during the COVID-19 pandemic, Canadians reported an increase in cannabis (43 per cent of males, 32 per cent of females) and alcohol use (28 per cent of males and 16 per cent of females),[37] in a recent study, Canadians are reporting rising inflation is driving increases in cannabis and alcohol use (22 per cent and 23 per cent respectively).[38]

1,443 DRUG POISONING DEATHS RECORDED FROM JANUARY 1 TO NOVEMBER 30, 2022 PROVINCE-WIDE

Crime and Corrections

According to the Crime Severity Index, Medicine Hat has reported an increase between 2020 and 2021, but remains lower than the provincial average of 101.36, and slightly higher than the Canadian average of 73.68.[39] In 2021, Medicine Hat had a crime severity index of 81.93, compared to 78.78 the previous year.[40]

According to the Medicine Hat Police Service 2021 Annual Report, calls for service decreased from 2020. In 2021, 26,855 calls for service were answered by the local police force. Assaults (451), sexual crimes (102), unlawful confinement (18) and threats/harassment (296) increased from the previous year, however there was a reduction in robbery crimes.

Within the downtown core, three members of the MHPS continued the Downtown Patrol Unit (DPU). This unit works with business owners and residents to address challenges and provide support for at-risk individuals who frequent the downtown core. By the end of 2021, the DPU generated 603 occurrences, which mainly dealt with suspicious activity, assistance requests, other activity-related calls, unwanted guests, and person-based offenses.[41]

In response to the COVID-19 pandemic, efforts to reduce the number of individuals in correctional facilities were introduced. As such, at the end of June 2020 there was a five per cent decline in adults in federal custody. The end of March 2020 saw a 28 per cent decline in adults in provincial/territorial custody with a slight increase of one per cent between May and June 2020. Indigenous populations are still over-represented in custody. In 2018/2019, Indigenous adults accounted for 31 per cent of admissions to provincial/territorial custody and 29 per cent of admissions to federal custody, while representing only approximately 4.5 per cent of the Canadian adult population.[42]

Medicine Hat Police Service Downtown Patrol Unit - Sgt. Brian Bohrn, Cst. Lori Parasynchuk and Cst. Jason Van Mulligen - Photo Courtesy MHPS

Family 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.

According to Statistics Canada, police-reported family violence increased for the fifth consecutive year. In 2021, 127,082 Canadians became victims of family violence. This represents an increase of three per cent, where women and girls are more than two times likely to be the victims of family violence compared to men and boys.[43] 2021 also recorded 114,132 victims of intimate partner violence, which represented a seventh straight year of increase for this type of violence. Seventy-nine per cent of victims were women and girls, four times higher than among men and boys.[44]

Medicine Hat, in 2021, reported a nine per cent increase in total domestic violence files and 23 per cent increase in total charge files. According to MHPS, domestic-related called have reached the highest level in three years, which may be in part caused from increased stress levels during the COVID-19 pandemic and subsequent shutdowns and restrictions.[45]

Police-reported intimate partner sexual assaults increased by 22 per cent (level 1), while level 2 sexual assault increased six per cent between 2020 and 2021. During this time frame, 76 per cent of homicide victims killed by an intimate partner were women and girls, an increase of 13 victims since 2019.[46]

Family violence rates against children and seniors have increased 25 per cent and 37 per cent, respectively since 2009. Children ages 17 years and younger in 2021, represented 19 per cent (24,504 children/youth) of the victims involved in police -reported family violence, 64 per cent of these were girls.[47] In 2021, 5,799 seniors between the ages of 65 and older were the victims of police-reported family violence, where 57 per cent of senior victims were women. This represents a 14 per cent increase since prior to the COVID-19 pandemic in 2019.[48]

Food Insecurity

Since 2019, the number of Canadians experiencing food insecurity has skyrocketed. In March 2022, 1.46 million visits to food banks across Canada were recorded. This is a 15 per cent increase since March 2021 and a 35 per cent increase since March 2019. A deeper dive into food bank usage shows households with single parents tend to have a prevalence of food insecurity. It is reported 17.9 per cent of food bank users fit this demographic, while only representing 11.2 per cent of the population. Children account for 33.1 per cent of food bank users and seniors account for 8.9 per cent. Additionally, one in seven Canadians who visit food banks are employed and 49 per cent of users receive social assistance or disability-related supports as their main source of income.[49] It is also relevant to note the percentage of Indigenous households accessing food banks in 2022 has risen to 15.3 per cent from eight per cent the year previous.[50] Staggering inflation rates beginning in 2021 and continuing until present, social-assistance rates that have remained stagnant are two of the main drivers causing Canadians to experience food insecurity. In 2022, food prices rose 9.8 per cent and shelter costs increased 6.9 per cent.[51] By January 2023, food process rose again to 10.4 per cent, bringing food inflation to the highest since 1980.[52]

CANADIAN HUNGER OUTLOOK 2022

PERCENTAGE DEMOGRAPHICS USING CANADIAN FOOD BANKS

The trends seen elsewhere in the country are mirrored at the Root Cellar Food and Wellness Hub. According the 2021-2022 Annual Report, 19,742 individuals in 9,279 households walked through their Medicine Hat doors requiring food to feed their families. Of that 55 per cent were adults, 34 per cent were children and 11 per cent were seniors. In addition, the Root Cellar Brown Bag Lunch Program feeds 700 to 900 children each school day across three local school divisions.[53]

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,[54] increases community quality of life and happiness,[55] and serve as a protective factor In the health and well-being of immigrant families.[56]

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.[57] 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.[58] In Medicine Hat in 2017, 68 per cent of the population were physically active, a decline from 70.6 per cent in 2016.[59]

In 2021, the City of Medicine Hat conducted an extensive review to compile a new Medicine Hat Parks & Recreation Master Plan. A significant shift in population in Medicine Hat is anticipated with a much older population forecasted in the future, requiring elder-friendly activities in future years. In 2050, 33 per cent of the population is anticipated to be 65+ compared to 18 per cent in 2016. Due to declining support for recreation services from senior levels of government (reduction of available grant programs for example), justification for sustained and increased funding for recreation provision must be compiled to further the overall agenda for recreation throughout Alberta. While with good intentions, it can be relatively easy to divert significant amounts of resources from municipal recreation budgets to other issues or concerns. On a sustained basis this can put the municipality behind resulting in increasingly more public pressure to catch up in meeting demands for recreational servicing and possibly ending up in an infrastructure deficit. Through community engagement the Plan identifies priorities that can be utilized for decision making and investment in recreation and includes a phased approach to implementation.[60]

2 Systems Planning Integration & Recovery

Alberta has over 20,000 community services in operation addressing homelessness, poverty, mental illness, substance use, 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 several 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.[61]

Integration can exist on multiple levels, including dimensions of structures, processes, leadership, and interpersonal collaboration.[62]

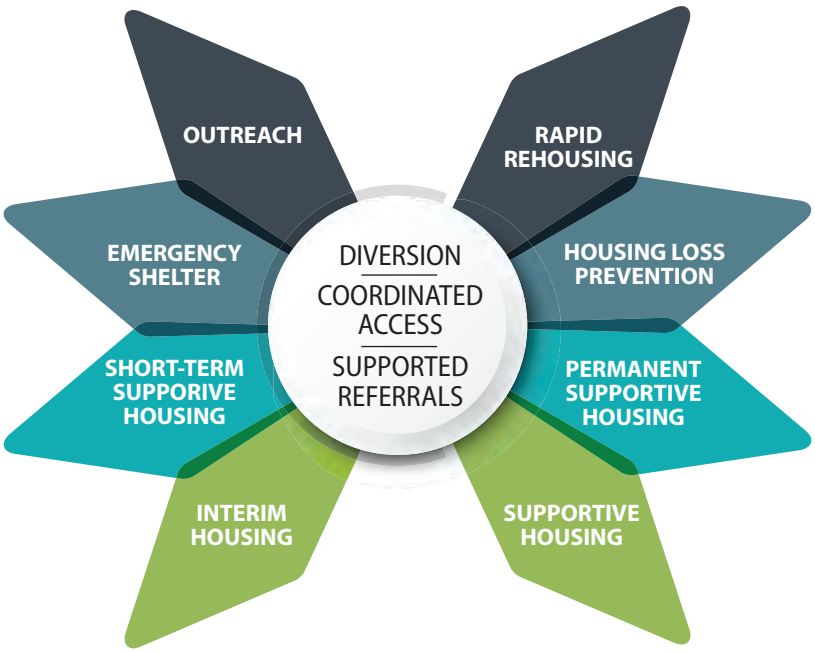
In the homeless serving sector, systems are found to be most effective when there exists shared policies and protocols, shared information, and coordinated service delivery and training.[63] Taking a systems approach to social issues means that challenging the status quo and positively disrupting systems 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.[64]

This includes:

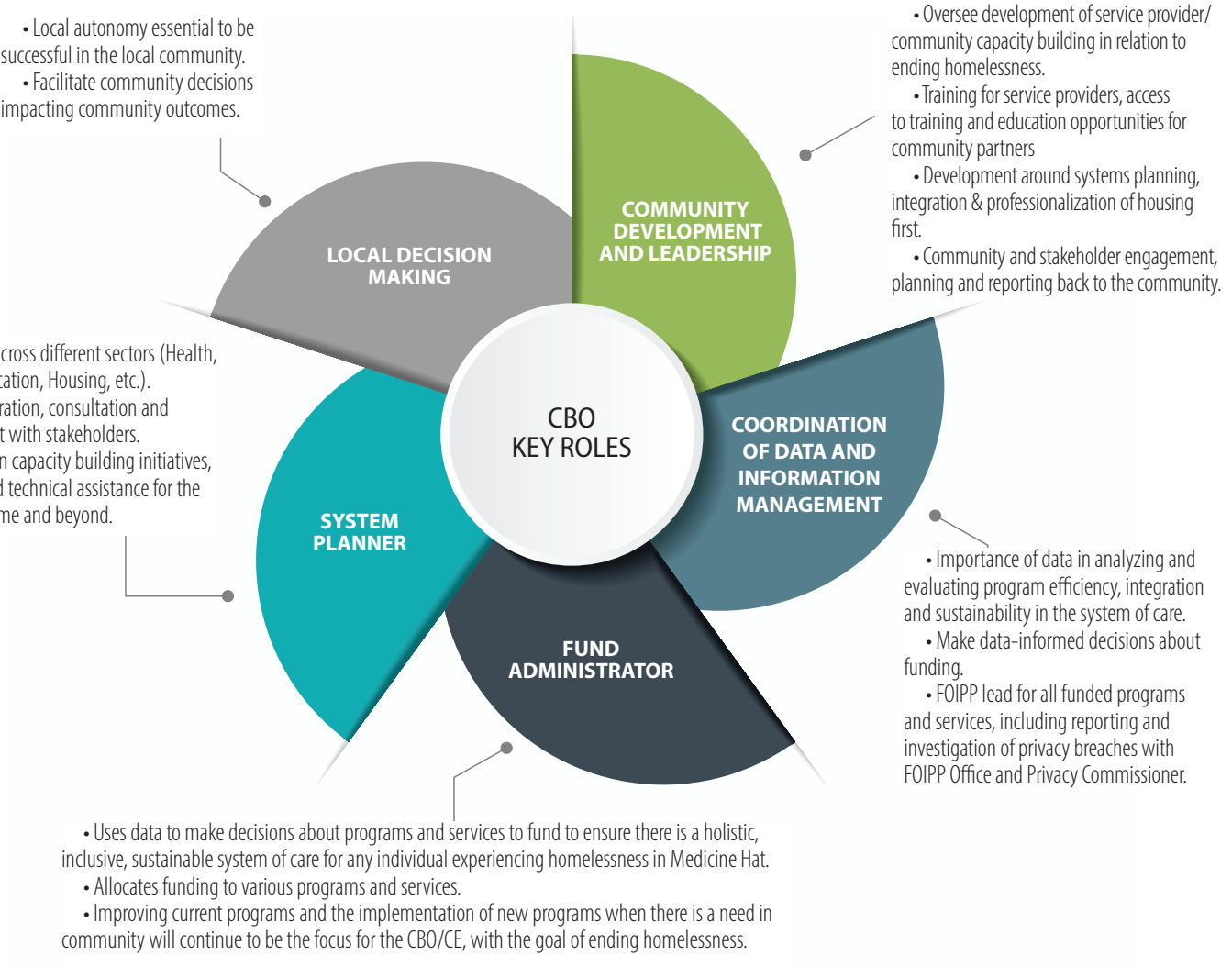
1. Common policies and protocols, shared information;
2. Coordinated service delivery and training;
3. Having staff with the responsibility to promote systems/service integration;
4. Creating a local inter-agency coordinating body;
5. Centralized authority for homeless-serving system planning & system coordination;
6. Co-locating mainstream services within homeless-serving agencies and programs;
7. Adopting and using an inter-agency 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. 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, this department operates with a Department Manager, and two 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 CCH is made up of key stakeholders ranging from policing, landlords, addiction and mental health, Indigenous community, lived experience, and all levels of government.

The CBO 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:



Through implementation of these activities, the CBO has become a nimble decision-maker that uses data and available information to effectively coordinate the system. We have 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 and community.

Discharge Planning

Medicine Hat has historically had a strong response and alignment with discharge planning from various health and correctional institutions. Discharge planning integrates directly with the coordinated access system and function delivered by Housing Link, and the CBO/CE from a systems planning oversight role.

Institutions/ agencies are requested to start the discharge planning conversations and connection upon the arrival of an individual or upon learning the individual does not have stable housing to reside in when released from treatment, rehabilitation, hospitalization, time out of care, or sentence.

This approach has worked exceptionally well, with many evolved iterations of discharge planning in community. The approach does change dependent on the context and needs of the individuals and the system.

At a time of high overdose in community, the CBO made the decision to revert from the established hotel model to supportive discharges back to emergency shelter. This decision allowed for the direct monitoring of individuals from a health and safety standpoint.

Housing Link regularly assesses over the phone, and when the individuals transition out of the institution, or into community, they can view available housing options immediately, limiting their time without stable housing. Whenever possible, individuals do not enter the shelter system. There are regular requests to have Housing Link attend corrections, the hospital, and recovery centre to assess and help with the transition back into community.

Looking back three years, the COVID-19 pandemic created minimal barriers to people accessing housing, however, did create tremendous challenges with systems discharging into homelessness.

Medicine Hat experienced an unprecedented number of people that were transported to community from other systems (health, justice) without being informed of their move to community. During this time frame, there was a mass exodus of people from corrections that were transported and left in/at hotels and the shelter.

This was also true of health systems from outside community, such as people being sent to Medicine Hat from Ponoka. The time was taken to explore how and why people were in Medicine Hat, and the number one response from individuals was "we were sent here". A very small number had connections to Medicine Hat, and fewer wanted to be here.

The issue was significant enough the CBO worked with community partners and the Medicine Hat Police Service to identify people that were sent or given a one-way ticket here and coordinate a response to get them home, wherever that was. The condition of them getting 'home,' was we verified they had a stable place to return to and supports when they arrived.

More recently there has been some challenges with the discharge of individuals from the hospital who become destabilized. The challenge arises when they are prescribed stabilization medications in hospital that they do not have coverage for while in community.

PHOTO COURTESY CBC/BRIAN LABBY

If the past few years have taught us anything, it is the absolute need to leverage influence and data to enhance and accelerate all systems to be responsive to the needs of community. Medicine Hat is known for innovative approaches within the social sector, however without partnerships and infrastructure within respective systems, progress is stagnant. If consistent accountability, engagement and adequate funding are absent in any of the systems that work in coordination with the homeless serving system, the benefits, although present, will be limited.

The issues facing communities like Medicine Hat are not unlike those in other parts of the province. How Medicine Hat approaches the issues separates our community from others. Medicine Hat's success is not by chance. It is a planned, well-thought-out execution of concepts, ideas and expectations. Methodical and strategic from the onset while remaining adaptive to the changing need.

Seeing individuals lined up in front of an emergency shelter only confirms individuals need a place to shelter. What it does not give is the context of their homelessness. The social construct of why they need shelter should not be assumed but rather, a deep dive into relevant and coordinated systems data needs to be the approach forward across the province.

This is why the system in Medicine Hat is as effective as it is. It has little to do with the size of the community, geographical location, or political leverage. Rather, it is our commitment to an assurance framework that encompasses accountability, engagement, transparency, and reporting.

As a CBO, we do not see our role as merely being accountable to the Ministry, the community, and the people we serve. We demonstrate the system is being responsive to the needs of the community and that people are being served to the level and degree required, and that choice is available. We operate on a continuous improvement model, basing decisions on ongoing comprehensive reviews and outcomes, not a reaction to yearly results. Planning is a multi-year process, with the expectation that changes in delivery and course corrections are necessary. Thought processes, service delivery, and approaches need to evolve with the community as data, best practices, and changing landscapes present. A static system is a failed system.

Analyzing program and systems level data and information creates opportunities to critically examine how effective the system and programs operate from a micro and macro level. There are significant differences between inputting data, presenting data, and analyzing data. Since the onset of our efforts to end homelessness, Medicine Hat has taken a strong stance on data integrity and performance management across the community. In 2010, Medicine Hat initiated a coordinated access system (CAS), which has been integral to understanding who the system is serving and what services are required. Furthermore, in 2013 we developed what is now known as a 'by names list' which is seen as a standard practice across the country and supported by the Government of Canada. This list was developed with our emergency shelter and was seen as controversial at the time – today, it is expected.

To support data integrity, in 2011 the CBO undertook a system-wide data cleanse and review. It was determined that to maintain a degree of data quality, programs were contractually obligated to increase the frequency of their reporting and participate in analysis of their data. Since this inception, the CBO receives monthly program reports and verifies the data submission in the HMIS. Any errors in data are corrected within the month and do not impact the full data set.

Reviewing the quality of interventions is equally important. Quality of interventions are assessed based on frequency and type of service provision as they relate to established policies and procedures and level of need of the service participant (client). How the work is being performed and how the participant is served is analyzed and compared against best practices. When concerns about data or quality of service provision are raised, the CBO initiates a review. This can range from simply meeting with the program to discuss concerns, to a full investigation of the program. When an investigation is completed, the program receives a performance report with corrective measures to be implemented. Failure to do so, can and has resulted in program termination.

Maintaining a strong focus on data and quality of services has allowed Medicine Hat to evolve the system of care and course correct when needed.

Good data continues to be the impetus for change for system shifts. Understanding the data in the context of community supports our decisions to add services but in the same manner, helps us recognize when there is a need for the discontinuation of services.

What began as a vital intervention program in 2009, the last Housing First Program ended in March 2022. This decision was based on the changing demographics and level of need in community. The program initially served a population where 80 per cent of the individuals required supports beyond basic housing needs. This demographic of clients required intensive case management to support through acute mental health and addiction issues, in addition to housing and life management supports. Beginning mid-2021, data began to tell a different story. Most clients seeking Housing First support fit more into the 20th percentile where obtaining appropriate housing and maintaining tenancy was the only supports needed to move individuals from homelessness into permanent housing.

The recognition that the community no longer required a Housing First Program enabled a shift in system. This decision closely aligns with other system shifts in community dating back 11 years 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 and then furthermore to a rapid resolution model, with brief solution-focused interventions with people experiencing homelessness.

In our role as systems planner, we have a comprehensive and in-depth understanding of the mechanisms within the system of care and policies that may enhance or prohibit access. This knowledge extends to various Acts and Regulations. This allows us to strategically maneuver and leverage programs to promote fully accessible and accountable systems. This leaves us not too far removed from the people we serve.

The opioid crisis and the historical responses to address addiction has severely impacted community. The rate of opioid-induced deaths and reversals has substantially increased year-over-year, yet mental health and addiction supports available in the province have not kept up with the increased demand. Lengthy wait times for available treatment beds, the lack of space in long-term programs and abstinence-based housing programs has a significant impact on those looking to access these services. Wait times are a deterrent and increase the probability of relapse and

overdose potential. The recent investments from the Government of Alberta coupled with a focus on recovery-based services will positively impact and counter the negative consequences of some historical approaches.

Investments couched within institutions and community-based responses help to rebuild the foundation for healthy communities.

The CBO has consistently invested in the direct provision of mental health and addiction supports, from the Addictions Crisis Workers, who were later funded by AHS, to the Indigenous Cultural Addictions Counselor who we continue to support.

In 2019, the CBO funded LYNX House, a nine-bed sober living facility – the first of its kind in Medicine Hat – for those who have detoxed and waiting for treatment, and those who have gone through residential treatment and need longer to stabilize before transitioning back into community. In 2022, LYNX House was successful in receiving funding from the Government of Alberta for the continuation and expansion of this program to 16 beds. To further support this program, the Medicine Hat Community Housing Society purchased the property from the then Ministry of Seniors and Housing and renovated the property to expand the number of beds available for recovery-based services, which officially transitioned to a 16-bed facility in January 2023.

Medicine Hat Community Housing Society Outreach worker meets an individual experiencing homelessness in the downtown core on September 26, 2022, during the Point-In-Time Count. - Photo Courtesy CBC, Brian Labby

Like the opioid crisis, the deterioration of mental health in community is substantial. Medicine Hat made national headlines for the suicide contagion that gripped the community in 2020. The prevalence of suicide remains high with individuals presenting with complex mental health needs. Again, the Government of Alberta was responsive to the needs of community and provided significant investment into mental health awareness and supports.

There is an understanding that people experiencing homelessness may present with mental health issues and other contributing factors that lead to housing instability. There is a need to examine the complexity of those with concurrent needs and the appropriateness of supports available through the various systems. The role of the homeless-serving system is not the same as a health system response and as such, should not be expected to deliver without the integration of health supports.

For an effective coordinated community response, the expansion of mental health service modalities – acute crisis and long-term treatment models – needs to be addressed. An innovative and collaborative approach to mental health service teams who are educated and experienced in addressing severe and complex diagnosis would serve a population that have been identified by systems (health, policing, homeless serving) who have significant and persistent barriers to traditional programming and services. The provision of institutionalized care, while controversial, may be the safest and humanistic approach for providing specialized service for those community members who float within the current systems, and ultimately are left unserved.

Medicine Hat has identified a cohort of individuals who frequently access all systems and still find themselves homeless for an array of reasons. These individuals are known to the Medicine Hat Regional Hospital, Medicine Hat Police Service, Alberta Health Services, Community and Social Services (GoA), the CBO, and other systems level players, and yet they remain unconnected to the 'right' services to help them stabilize. To understand what the 'right' services are, Medicine Hat will assume the role of Project Lead on the Action Research on Chronic Homelessness Project (ARCH) to identify the measures needed to advance the system of care to appropriately support these types of individuals presenting with such complex needs.

An increased collaborative approach with focused investment from all levels of government and an intersection with all systems would provide those who are vulnerable a system of care that is inclusive and sustainable.

The CBOs coordination, integration, and connection extends beyond the homeless-serving system and includes our participation and leadership on at various tables and committees including (though not limited to):

- Business Council of Alberta Prosperity Advisory Committee
- City of Medicine Hat Community Vibrancy Advisory Board
- Community Foundation of Southeast Alberta Grant Review Committee
- Lead - Medicine Hat Systems Transformation Project
- THRIVE – Strategy to Reduce Poverty and Increase Wellbeing
- Medicine Hat Community Opioid Response Committee
- COVID Response for Vulnerable Populations
- Integrated Youth Services Committee
- Support housing development in community
- Medicine Hat & District Chamber of Commerce
- Medicine Hat College
- Canadian Alliance to End Homelessness
- 7 Cities on Housing and Homelessness
- Medicine Hat Housing Strategy
- Alberta Living Wage Network

3 By the Numbers 2009 - 2023

The following section highlights the impact of housing first program in community from the inception of the Plan, April 1, 2009 to March 31, 2023. The numbers below do not include individuals housed by non-housing first programs.

1,867 INDIVIDUALS HOUSED

1,385 ADULTS AND 482 CHILDREN

647	731	3
47%	53%	0% (4 Unreported)

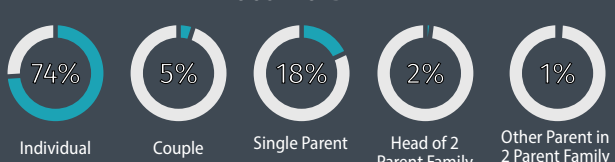
33 VETERANS

MAIN SOURCE OF INCOME AT INTAKE

AGE

<18	18-24	25-35	36-50	51-65	65+
1%	16%	26%	28%	28%	1%

HOUSEHOLD TYPE



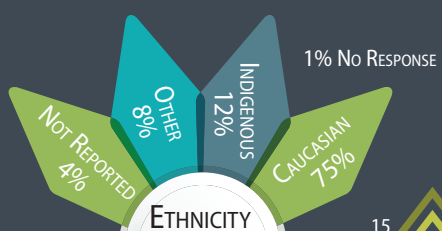
2009-2023 VS 2022-2023 CONDITIONS REPORTED AT INTAKE

2009-2023		2022-2023
55%	Mental Health Condition	41%
41%	Physical Health Condition	37%
33%	Substance Use Issue	11%
4%	FASD	3%
13%	None of the Above	23%
3%	Not Reported	15%

Note: n ≠ 100 as individuals may report more than one condition at the time of intake.

HOUSING TYPE AT PROGRAM EXIT

84% POSITIVE EXIT FROM PROGRAM



1687 INDIVIDUALS HOUSED

By the Numbers

2022 - 2023

Data reflects April 1, 2022 to March 31, 2023 unless otherwise stated.

279 Individuals Housed

103	97	1
51%	48%	0%

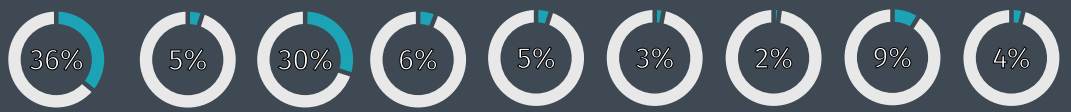
279 individuals housed

201 Adults and 78 children

6 Veterans

Note: Data below only reflects that of adults.

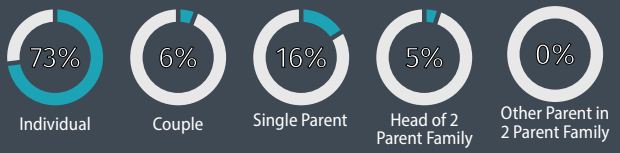
Main Source of Income at Intake

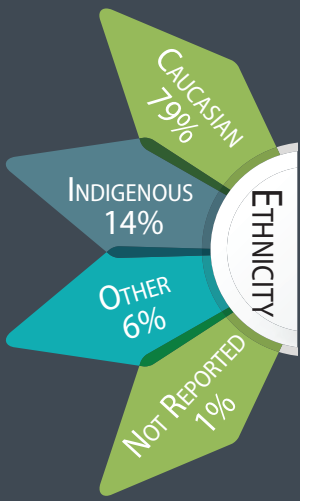


Age

<18	18-24	25-35	36-50	51-65	65+
1%	9%	22%	41%	21%	6%

Household Type





2009-2023 vs 2022-2023 Reported At Intake

2009-2023		2022-2023
19%	Being in Foster Care	14%
29%	Exposed to or Fleeing Family Violence	27%

94% Positive Exit From Program

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 Mustard Seed Shelter, a 30-bed shelter that serves adults, and McMan Roots Shelter, a four-bed shelter that serves youth (under 18). The Mustard Seed began operating the emergency shelter on April 1, 2022, taking over the contract previously held by The Salvation Army.

Emergency shelters pose both risks and opportunities for the successful implementation of a coordinated response to address housing instability. Historically, in Medicine Hat, the adult shelter has been used by those experiencing homelessness as a place to reside, not for emergency situations. This situation has been progressively improving with improved partnership and communication with the emergency shelter, change in leadership, and a commitment of community alignment with the new service provider. 2023- 2024 will continue to focus on shifting all shelters to being housing-focused, to assist with the transition of people into permanent housing options.

In November 2022, the Mustard Seed Emergency Shelter moved to a 24/7 service model. Prior to this move, the emergency shelter was open from 7:30 p.m. to 7:30 a.m. and a daily component from 7:30 a.m. to 11:30 a.m. with 24-hour service on weekends and all Alberta statutory holidays. Having the emergency shelter 24 hours enables individuals to access services at any point in the day and know that any service or resource they might need is available to them there (or someone can direct them to where they can access what they need. This also means individuals no longer have to keep track of when to go to shelter, what hours are, or what services are available and when.

There are several 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. In January 2023, the Alternative Housing Initiative pilot project was introduced. This initiative focuses on targeting 10 individuals with a long history of shelter use and unsheltered homelessness who have not achieved housing stability under traditional housing models. This initiative aims to reduce the number of long-term emergency shelter occupants.

Graduate Rental Assistance Initiative (GRAI)

The Graduate Rental Assistance Initiative (GRAI) was developed for graduates of Housing First and Rapid Resolution (Housing Link-MHCHS) 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 2023-2024.

Program Exits

Exits from Housing First Programs 2022-2023

Total Exited in Period (+18)	212		Data Review n= 212 (excludes deaths)	
Reported Reason for Exit	#	% of total	Positive	Negative
Successfully Completed	197	93%	197	0
Unknown/Disappeared	5	2%	0	5
Referred to Another Program	2	1%	2	0
Other	4	2%	0	4
Moved Out of Service Area	2	1%	1	1
Incarceration	2	1%	0	2
Death	0	0%	0	0
Chose to Discontinue Program	0	0%	0	0
Total	212	100%	200	12
			94%	6%

Total Exits By Housing Type

Year	2022-2023
Total Exited in Period (+18)	n=212
	#	% of total
---	---	---
Subsidized Housing	44	23%
Market Housing	146	75%
Family or Friends	0	0%
Supported Housing	3	2%
Hotel	8	4%
Homeless Shelter	5	3%
Retirement Facility	0	0%
Incarcerated	3	2%
No Response	1	1%
Other	1	1%
Unknown	1	1%
Total	212	109%

Exits from Housing First Programs 2009-2023

Total Exited in Period (+18)	1328		Data Review n= 1289 (excludes deaths)	
Reported Reason for Exit	#	% of total	Positive	Negative
Successfully Completed	960	72%	960	0
Unknown/Disappeared	83	6%	0	83
Referred to Another Program	20	2%	18	2
Other	42	3%	21	21
Moved Out of Service Area	15	1%	8	7
Incarceration	35	3%	0	35
Death	39	3%	0	0
Chose to Discontinue Program	134	10%	76	58
Total	1328	100%	1083	206
			84%	16%

Total Exits By Housing Type

Year	2009-2023
Total Exited in Period (+18)	n=1083
	#	% of total
---	---	---
Subsidized Housing	217	20%
Market Housing	674	62%
Family or Friends	95	9%
Supported Housing	6	1%
No Response	12	1%
Other	77	7%
Unknown	2	0%
Total	1083	100%

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

The chart below reflects data from 2022 to 2023; and includes systems interaction data for 201 adults served in the housing first programs during this time frame. Note the change in utilization, one year versus that experienced from 2009-2023.

Utilization of Public Systems in Housing First (2022-2023) n=201			
	Intake	In Program	Reduction/Increase
Days in Hospital	752	197	-74%
EMS Interactions	31	32	+3%
Days in Jail	546	225	-59%
Court Appearances	169	41	-76%

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.

74% ↓ Days in Hospital 3% ↑ EMS Interactions 59% ↓ Days in Jail 76% ↓ Court Appearances

The chart below reflects data from reflects from 2009 to 2023; and includes systems interaction data for the 1385 adults served in the housing first programs to date.

Utilization of Public Systems in Housing First (2009-2023) n=1385			
	Intake	In Program	Reduction/Increase
Days in Hospital	10,986.5	7024.5	-36%
EMS Interactions	1092	1213	+11%
Days in Jail	23,123.5	7417	-68%
Court Appearances	1941	2417	+25%

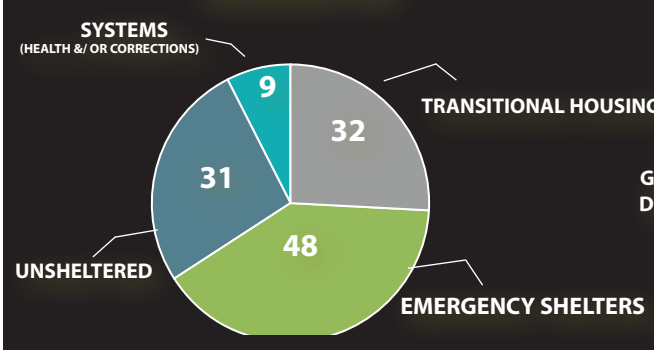
Note: The data represents 100% of individuals housed through the housing first programs and who have exited the program (successful & unsuccessfully) and those who remain in the program.

36% ↓ Days in Hospital 11% ↑ EMS Interactions 68% ↓ Days in Jail 25% ↑ Court Appearances

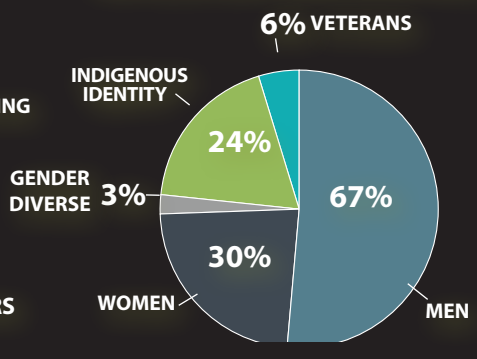
Point-In-Time Count (PiT) 2022

On September 26, 2022, Medicine Hat conducted the Point-In-Time Count (PiT) of homelessness within the community. Using administrative data from service providers operating both the youth and adult emergency shelters, shelter for those fleeing family violence, transitional housing, and treatment/stabilization facilities, Medicine Hat has enumerated homelessness as follows:

ENUMERATION



POPULATION DEMOGRAPHICS



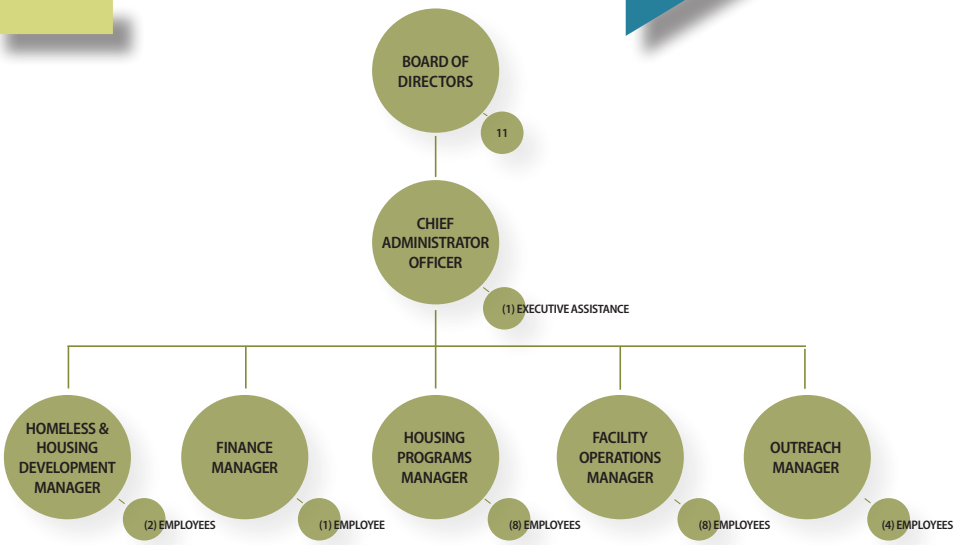
AGE DEMOGRAPHICS

YOUTH (UP TO AGE 24) - 15%
ADULTS (25-49) - 76%
OLDER ADULTS (50-64) - 6%
SENIOR (65+) - 3%

120 PEOPLE EXPERIENCING HOMELESSNESS ON SEPT. 26, 2023

While Medicine Hat does participate in PiT Counts, we do not rely on this information to make decisions as we have access to real-time data to make informed decisions. Of note, the provisionally accommodated includes individuals residing in units classified as 'transitional', however, these individuals have lease agreements in place.

4 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.

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.

Social Housing Programs

Family and Special Needs Units	
- City of Medicine Hat Owned	18
- Province of Alberta Owned	205
Seniors Self-Contained Units	229
Rent Supplements	545
Total Social Housing Program	**997**

In the Housing Management Body capacity, the MHCHS manages operational budgets of roughly $7M, which fluctuates depending on the priorities and programs in a given year. The tables provide 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.

1,164 = Total Housing Portfolio February 2023

Affordable Housing Programs

Affordable Housing Units	
- MHCHS Owned	85
- City of Medicine Hat Owned	32
Transitional Units	
- MHCHS Owned	7
Private Affordable	13
Permanent Supportive Housing	30
Total Social Housing Program	**167**

5 CBO/CE Decision Making

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, those with lived experience, 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.

For the 2023-2024 funding year, the Community Council on Homelessness (CCH) and the CBO continued funding six direct service programs as they met the requirements for continued funding: internal and external evaluations, met or exceeded program outcomes and need for service. Two programs were not offered continued funding based on evaluation, outcomes, and a review of the data. The CBO made the decision to move the PSH program to a recovery-based program, and the need for the continuation of the Housing First program was not supported by the data. This coupled with programs receiving AHS funding, and an increase in federal funding, created an opportunity to invest in new opportunities to support the system of care.

The available funding through the RFPs is 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 Seniors, 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.

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.

Proponent Eligibility

The MHCHS seeks to use this funding to increase participation of community-based organizations within the Homeless-Serving System in Medicine Hat and Region.

Eligible recipients/proponents include:

- Individuals;
- Not-for-profit organizations;
- Municipalities;
- Indigenous organizations;
- Public health and educational institutions;

For-profit organizations may be eligible for funding provided that the nature and intent of the activity is: non- commercial; not intended to generate profit; based on fair market value; in support of program priorities and objectives; and in line with the community plan.

Review Process

The Proposal Review Committee (PRC), is a sub-committee of the Community Council on Homelessness (CCH) which assesses and ranks each proposal by assigning a score to each of the criteria for review that is outlined in the Request For Proposals (RFP). This includes a review by the MHCHS of any past funding, contract and performance information available for the vendors who apply, as well as the financial statements provided. Any significant information or issues will be included in the assessment and provided to the PRC.

The PRC includes a minimum of three (3) members of the CCH, with the Manger of the Homeless & Housing Development Department providing advice and guidance to the PRC members, and will not rank, score, or vote.

The scoring of proposals and recommendation for the preferred proponent for the provision of services is then forwarded to the Community Council on Homelessness for consideration. The CCH will then vote and provide a recommendation to the MHCHS Board of Directors for the selection of a preferred proponent(s).

The MHCHS will make the final decision on awarding contracts and shall negotiate the terms of the contract with the successful proponent at its sole discretion. Late and incomplete proposals are not accepted.

Selection Process

Stage 1 will consist of a review by a (2) MHCHS staff from the Homeless and Housing Development Department to determine which proposals comply with all the Mandatory Requirements, as outlined in Section 6.3. Proposals that do not comply with all of the Mandatory Requirements will be disqualified.

Applications are screened for completeness and to ensure they are eligible for consideration. It is the proponent's sole responsibility to ensure its application

meets the specific requirements of this RFP.

Stage 2 will consist of Evaluation and Point Scoring. Proposals that meet the Mandatory Minimum Requirements will be evaluated against the following criteria. Proposals that do not score a minimum average of 60/100 will not be considered for funding.

The Proposal Review Committee will not be limited to the criteria referred to above and may consider other criteria that it identifies as relevant during the evaluation process. The Committee will apply the evaluation criteria on a comparative basis, evaluating the proposals by comparing one proponent's proposal to another proponent's proposal. All criteria considered will be applied evenly and fairly to all proposals.

Negotiation of Service Level Agreement and Award

MHCHS as the CBO/CE, reserves the right to make an award without further discussion of the proposal submitted.

Therefore, the proposal shall be submitted on the most favorable terms. If awarded, the proponent selected shall be prepared to accept the terms they proposed for incorporation into an agreement resulting from this RFP.

MHCHS as the CBO/CE may attempt to negotiate an agreement with the proponent(s) selected on terms that it determines to be fair and reasonable and in the best interest of MHCHS, including the best interests of the population served by the agreement.

If MHCHS is unable to negotiate such an agreement with any one or more of the proponents first selected on terms that it determines to be fair and reasonable and in the best interest of MHCHS as the CBO/CE, including the best interests of the population served by the agreement, negotiations with any one or more of the proponents shall be terminated or suspended. In the event of a negotiation impasse with any proponent and, in accordance with the procedures set forth in this RFP, MHCHS reserves the right without penalty and at its sole discretion to:

a) reject the proponent's proposal and select the next preferred proponent,

b) take no further action to continue the award and/or execution of agreements under this RFP,

c) reissue the RFP with any changes MHCHS and CCH deem appropriate or,

d) take any other action.

If MHCHS decides to continue the process of selection, negotiations shall continue with a qualified proponent or proponents in accordance with this section at the sole discretion of MHCHS until an agreement is reached with one or more qualified proponents. The process shall be repeated until an agreement is reached.

RFP Appeal Procedure

After attending a debriefing with the PRC, respondents to an RFP may register a grievance or protest a decision made regarding their Proposal using the RFP Appeal Process.

Step One:

Respondents wishing to appeal the final funding decision from an RFP must submit a written request by noon two (2) days after attending a debriefing. The written request must be directed to the Manager, Homeless & Housing Development.

a) The request for appeal shall include a clear description of the grievance and basis for appeal.

b) The request shall be signed by a person or persons authorized to sign on behalf of the proponent and designate a person to whom MHCHS should direct its correspondence.

c) Upon receipt of the written appeal, the Manager of the Homeless & Housing Development Department at MHCHS shall have five (5) business days to respond in writing to the appeal request. The response shall include information sufficient to address the grievance and the basis for the funding recommendation.

d) The response shall be directed to the designate. The response shall also include information about the next step in the RFP Appeal Procedure.

Step Two:

If the proponent is dissatisfied with the decision from Step One of the appeal procedure, they may appeal in writing to the Medicine Hat Community Society Board President within five (5) business days of receipt of the decision.

a) The request for appeal shall be directed to care of: Jaime Rogers Manager, Homeless & Housing Development Department

b) The request for appeal shall include a clear description of the grievance and basis for appeal.

c) A copy of the response from the Manager of the Homeless & Housing Development Department at MHCHS (Step One) shall be included with the appeal.

d) The request for appeal shall be signed by the designate.

e) The Board President shall have five (5) business days from the date of receipt of the appeal request to respond in writing.

f) The response shall address the grievance and the basis for the funding recommendation.

g) The decision of the Board President shall be final.

Conflict of Interest Policy

The RFP requires the proponent to acknowledge the "Conflict of Interest" section. The "Conflict of Interest" section requires that the proponent refrain from communications that might construe conflict of interest and should take note of the Conflict of Interest declaration set out in the RFP Declaration Form. "Conflict of Interest" is described as:

- The proponent presents, to the best of its knowledge, after a diligent review, that no official or employee of its agency has a direct or indirect interest or benefit or receives or will receive any direct or indirect proceeds from the agreement. The Service Provider shall comply with MHCHS policies regarding conflicts of interest. Any conflict shall be ultimately determined in the unfettered discretion of MHCHS.

- The proponent shall ensure that it and its personnel take all necessary steps to avoid a conflict of interest between any of their individual interests and those of MHCHS. If the proponent or its personnel become aware of the possibility of any conflict of interest, the proponent shall, subject to applicable privacy laws, promptly disclose to MHCHS the facts and circumstances of the conflict of interest.

Community Announcement of Successful Proponents

Upon the completion of a signed agreement with the CBO/CE and the successful proponents, MHCHS will publish a release to community online and through local media.

6 Community Challenges

Photos Courtesy Medicine Hat Tourism

Substance Use

The opioid crisis has continued to have a significant impact on our community. The number of opioid-induced deaths remains high as does the number of daily reversals. Between January and November 2022, 19 drug poisoning deaths were recorded in the community due to opioids. Experiencing and responding to frequent fatal and near-fatal overdoses has negatively impacted leaders and front-line workers in community. Those in the social sector share a sense of fatigue and frustration stemming from inadequate addiction and mental health supports available to individuals needing detox and in-patient treatments. Wait lists for treatment options are not conducive to individuals seeking immediate access to addiction supports.

Mental Health

After monitoring trends of those accessing supports and those refusing supports, a notable shift in the degree of mental health has been observed.

The current system was never designed to appropriately deal with individuals with such complex mental health. Typically, these individuals present with significant and unmanageable 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 these individuals present with are not conducive to sustainable support under current housing models, including Permanent Support Housing.

The need for a health response is required for these individuals. Without such a response, these individuals continue to face housing instability and experience homelessness, while continuing to deteriorate in community.

In mid-2021, Medicine Hat lost three of the five psychiatrists at the Medicine Hat Regional Hospital. As of March 2023, three adult psychiatrists and one child psychiatrists provide service through Alberta Health Services. While recruitment continues, the reduction of services continues to adversely affect those needing mental health treatment or those in crisis.

Front-line providers have observed the disruption in psychiatric service continues to lead to increased emergency room visits and police interactions with individuals impacted by complex mental health and/or substance use.

Economic Challenges

Inflation – The drastic rise in basic living expenses in 2021 and continuing through 2022 (food, rent, utilities) has negatively impacted members in the community. Current system users who are receiving income or disability supports are struggling to keep up with additional expenses increasing the risk of imminent homelessness. Additionally, data revealed more individuals are coming into the system for the first time, not due to a lack of income, but insufficient income to cover expense increases.

7 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 2023-2024

- Implement a Systems Transformation across the social- serving sector that models a new coordinated access system.

- The Decolonization and Indigenization of the System of Care including review and implementation components (This project is currently in progress)

- Support the delivery of the Alternative Housing Initiative pilot project to aid individuals with a long history of shelter use and unsheltered homelessness maintain housing stability through an alternative housing model. (This initiative is currently in progress)

- Support the development of an intensive health-directed program to provide assistance to individuals with complex and concurrent needs, who, due to level of acuity and need are unable to be supported by current housing models.

- Continuation of the Affordable and Indigenous/ Métis Affordable housing project that is designed to meet the current need of residents that was set out in the 2020 Medicine Hat Housing Strategy.

Discontinuation of Services

- L YNX House Recovery/Stabilization – delivered by McMan Youth, Family and Community Services Association – classified under Short-Term Supportive Housing is discontinued for 2023-2024. CBO funding is no longer required. In 2022, LYNX House was successful in receiving funding from the Government of Alberta for the continuation and expansion of this program to 16 beds.

- The Mustard Seed Emergency Shelter Expansion of Shelter Hours – delivered by The Mustard Seed – classified under Shelters is discontinued for 2023-2024. In November 2022, The Mustard Seed received Government of Alberta funding to operate the shelter 24/7 thus negating the need for CBO funding.

Photo Courtesy Medicine Hat Tourism

OUTREACH AND SUPPORT SERVICES INITIATIVE
APPROVED PURPOSE
SCHEDULE A

This is Schedule "A" to an Agreement with an Effective Date of April 1, 2023 – March 31, 2024 between His Majesty the King in the right of the Province of Alberta as represented by the Minister of Seniors, Community and Social Services (SCSS) and Medicine Hat Community Housing Society (the "Recipient") and forms part of that Agreement.

Strategic Areas of Investment: Connection to Long-Term Solutions
Program Classification: Outreach, Triage, Assessment and Diversion

Project Name(s) and 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 Service Provider(s) Address:

A. #4, 941 South Railway Street SE
B. #104, 516 3rd Street SE

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

Rapid Resolution serves individuals and families that are homeless or at imminent risk of becoming homeless who score 0-60 on the SPDAT and who do not require the duration or intensity of existing case management services through housing first programming. The role of the Outreach Case Manager worker is to assist individuals to establish housing security through the provision of brief, client focused, direct hands on intervention and support.

Housing loss prevention efforts focus on providing financial assistance for individuals and families who have a Notice to Vacate due to non-payment of rent for a one-month period. 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.
Alternative Housing Initiative will seek to screen and serve individuals with a history of housing instability into alternative housing models to meet their various needs. These individuals are requiring housing and financial supports, however, have not sustained tenancy in other housing models.

Monitoring and Evaluation:
Alberta Seniors Community and Social Services (SCSS) 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: (Resources dedicated to, or consumed by, the program)

A.Youth Hub Outreach – McMan Youth, Family and Community Services Association
1. SCSS 2023-2024 funding: $369,220
2.Carryover allocation: n/a
3. Other sources of funding (specify HPS, Health Funding, etc.): n/a

4. Staffing:
    a. 3 FTE Outreach Workers
    b. .6 FTE Program Supervisors
    c. .2 FTE Program Manager
5. Target client group served: Community based homeless youth, youth at risk of becoming homeless, and their families.
6. Efforts to Outcomes data collection: Excel and Efforts to Outcomes data collection (at time of implementation for youth programs).

B. Housing Link – Medicine Hat Community Housing Society
1. SCSS 2023-2024 funding: $10,000
2.Carryover allocation: n/a
3. Other sources of funding (specify HPS, Health Funding, etc.): RH $586,525
4. Staffing: 5.0 FTE (1 FTE Program Manager, 4 FTE Frontline Workers)
5. Target client group served:
    a. Those experiencing homelessness and those at risk of becoming homeless
    b. Those needing alternative housing model that differs from available services
6. Efforts to Outcomes data collection: Excel and Efforts to Outcomes data collection

Program Activities:

A. Youth Hub Outreach – 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 – Medicine Hat Community Housing Society
1. Complete assessments 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. Provide case management and assistance individuals through rapid resolution efforts.
5. 3-month post-support follow-up with individuals.
6. Assist approximately 10 individuals to secure alternative housing and provide financial supports to maintain their tenancy.
7. Advocate with landlords, and system providers (i.e. AISH, AB Works, Corrections, Health, etc.) to promote successful housing stability.

Outputs: (Direct products of program activities)

A. Youth Hub Outreach – 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 – Medicine Hat Community Housing Society
1. It is estimated that 300 individuals will be assessed for services.
2. Program will report using the ETO data collection system.
3. It is estimated that 200 individuals will be assisted through rapid resolution efforts.
4. It is estimated that 50 individuals will be served through housing loss prevention efforts.
5. 10 people approximately will be served in the Alternative Housing Initiative.

Outcomes (Seniors, 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 (Seniors, Community and Social Services Mandated):

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

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. Family reunifications will be achieved through common sessions.

B. Housing Link – Medicine Hat Community Housing Society

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 intervention.
3. Those persons permanently housed will show reduced incarcerations, reduced emergency room visits and reduced in-patient hospitalizations.
4. Persons housed in the program will have a stable income source.
5. Persons housed in the program will be engaged in mainstream services.

OUTREACH AND SUPPORT SERVICES INITIATIVE
APPROVED PURPOSE
SCHEDULE A

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Strategic Areas of Investment: Housing Supports
Program Classification: Permanent Supportive Housing

Project Name(s) and Service Provider(s) Name:

A. PSH Program – McMan Youth, Family, Community Services Association

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

A. #4 941 South Railway Street SE

Program Purpose:

All funded homeless serving programs and homeless-prevention programs in Medicine Hat operate from a housing first philosophy.

Permanent Supportive Housing is a housing model with 24/7 on-site supports 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. Utilizing a trauma informed, recovery oriented and person-centered approach, the recovery based PSH program will support individuals to maintain their housing and connect to necessary supports identified through individualized service plans. The PSH program serves vulnerable individuals who face multiple co-occurring barriers (individual, structural, or systemic) and may present with high-intensity and complex needs.

PSH program 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 and Evaluation:

Alberta Seniors Community and Social Services (SCSS) 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: (Resources dedicated to, or consumed by, the program)

A. PSH Program – McMan Youth, Family, Community Services Association

1. SCSS 2023-2024 Funding: $1,367,500.00
2. Program staffing will consist of:
    a. 1 FTE Program Manager
    b. 1 FTE Program Supervisor
    c. 3 FTE Caseworkers
    d. 3.01 FTE Support Workers
    e. 4.21 FTE Night Staff
    f. 1.96 FTE Relief Staff
    g. 0.30 Contribution to On-Call
    3. Target client group served: individuals with a history of homelessness and/or multiple unsuccessful previous placements, experience multiple barriers to housing and may present with complex service needs.
4. Efforts to Outcomes data collection.

Program Activities:

1. Intensive case management supports delivered directly or facilitated through mainstream services, including: recovery services, skills for independent living, coordination of health and social supports, tenancy management and cultural and community supports.
2. Crisis intervention, as required.
3. Provision of mental health and other specialized supports for clients and front-line staff in alignment with intensive case management practices.
4. Coordinate meaningful activities for service participants to engage with on-site and off-site.

Outputs: (Direct products of program activities)

A. PSH Program – McMan Youth, Family and Community Services Association

1. The program will maintain a maximum caseload of 30 on-site PSH service participants.
2. The program will maintain an approximate caseload of 15 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 (Seniors, 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 (Seniors, Community and Social Services Mandated):

1. Those persons permanently housed will show reduced incarcerations, reduced emergency room visits and reduced in-patient hospitalizations.
2. Persons housed in the program will have a stable income source (e.g. employment income, AISH, Alberta Works, disability pension, Old Age Security, etc.).
3. Persons housed in the program will be engaged in mainstream services (e.g. medical doctors or specialists, legal service, etc.).

OUTREACH AND SUPPORT SERVICES INITIATIVE
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Strategic Areas of Investment: Homeless Prevention
Program Classification: Graduate Rental Assistance Initiative (GRAI)

Project Name(s) and Service Provider(s) Name:

A. Graduate Rental Assistance Initiative – Medicine Hat Community Housing Society

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

A. #104 516, 3rd Street SE

Program 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 Seniors Community and Social Services (SCSS) 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: (Resources dedicated to, or consumed by, the program)

A. Graduate Rental Assistance Initiative – Medicine Hat Community Housing Society

1. SCSS 2023-2024 funding: $200,000
2. Other sources of funding: n/a
3. Staffing: n/a
4. Target client group served: Rapid Resolution Graduates
5. Efforts to Outcomes data collection: No. Excel

Program Activities:

1. Provide warm transfer of Rapid Resolution 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: (Direct products of program activities)

A. Graduate Rental Assistance Initiative – Medicine Hat Community Housing Society

1. It is estimated that 15 new clients will be assisted through the GRAI program.
2. Program will report using the excel and internal tracking system.

Outcomes (Seniors, 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 (Seniors, 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.).

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Strategic Areas of Investment: Connection to Long-Term Solutions
Program Classification: Shelters

Project Name(s) and Service Provider(s) Name:

A. Roots Youth Shelter – McMan Youth, Family and Community Services Association

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

A. #4, 941 South Railway Street SE

Program Purpose:

All funded homeless serving programs and homeless-prevention programs in Medicine Hat operate from a housing first philosophy.

The Roots Youth Shelter - McMan Youth, Family and Community Services Association is a four-bed youth shelter that provides emergency shelter and supports for up to four youth aged 12-17. Community-based youth who are homeless or at imminent risk and CFS involved youth 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 to reunify the youth with their families as quickly as possible.

Monitoring and Evaluation:
Alberta Seniors Community and Social Services (SCSS) 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: (Resources dedicated to, or consumed by, the program)

A. Roots Youth Shelter – McMan Youth, Family and Community Services Association

1. SCSS 2023-2024 Funding: $292,339
2. Program staffing will consist of:
    a. .40 FTE Director of Services/Programs Manager;
    b. 1.0 FTE Program Supervisor;
    c. 6.0 FTE Salaried Staff; and
    d. 2.68 FTE Relief Staff.
3. Target client group served: CFS and non CFS-status homeless youth, youth at imminent risk of homelessness.
4. Excel and Efforts to Outcomes data collection (at time of implementation for youth programs).

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 Youth Hub Outreach Workers if youth does not have CFSA status.
4. Provide support to youth to promote family reunification, housing and /or rehousing.

Outputs: (Direct products of program activities)

A. Roots Youth Shelter – McMan Youth, Family and Community Services Association

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 (Seniors, 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 (Seniors, Community and Social Services Mandated):

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.

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Strategic Areas of Investment: Program Supports
Program Classification: Supports to Assist Other Activities

Project Name(s) and Service Provider(s) Name:

A. Cultural Addictions Worker– Miywasin Friendship Centre
B. Community Capacity Building – CBO
C. Centralized Support – CBO
D. Crisis Support Worker – Miywasin Friendship Centre
E. Expanded Social Services & Casual Cash Employment – MH Public Library

Project Address(es) and Service Provider(s) Address:
A. 517 3 Street SE
B. #104, 516-3rd Street SE
C. #104, 516-3rd Street SE
D. 517 3 Street SE
E. 414 1st Street SE

Program 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.

D. The Miywasin Friendship Centre is a non-profit Aboriginal organization that targets the needs of the Aboriginal community in the Medicine Hat area and develops and maintains services to meet those needs. Miywasin offers a variety of programs to the community at large, including Elder's and youth programming, Aboriginal cultural activities and events, transitional housing and counseling support. Under the direction of the Miywasin Cultural Addictions Counselor, the Crisis Support Worker is responsible for providing supports to individuals who are homeless, at risk of becoming homeless or requiring reintegration into the community.

E. The Medicine Hat Public Library (MHPL) is contracted for the development and implementation of Social Services at Medicine Hat Public Library as part of the response for marginalized and vulnerable populations in Medicine Hat. This program will provide a safe and supportive environment at the MHPL for all users accessing services. The social worker will assess need and coordinate accompanying services to address the needs of individuals in community as it relates to navigating the social service system. The casual cash employment program will provide participants with a sense of belonging, learning and educational opportunities and job experience skills.

Monitoring and Evaluation:
Alberta Seniors Community and Social Services (SCSS) 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: (Resources dedicated to, or consumed by, the program)

A. Cultural Addictions Worker
1. SCSS 2023-2024 funding: $91,300
2. Carryover allocation: n/a
3. Other Sources of Funding: n/a
4. Program staffing will consist of: 1.0FTE Cultural Addictions Counselor
5. Target client group served: Indigenous individuals and families at risk of homelessness
6. Excel data collection and reporting

B. Community Capacity Building
1. SCSS 2023-2024 funding: $60,000
2. Carryover allocation: $49,287
3. Other Sources of Funding: n/a
4. Staffing: n/a
5. Target client group served: Service providers
6. Efforts to Outcomes data collection: No. Excel.

C. Centralized Support
1. SCSS 2023-2024 funding: $40,000
2. Carryover allocation: n/a
3. Other Sources of Funding: n/a
4. Staffing: n/a
5. Target client group served: n/a
6. Efforts to Outcomes data collection: No. Excel.

D. Crisis Support Worker
1. SCSS 2023-2024 funding: $86,750
2. Carryover allocation: n/a
3. Other Sources of Funding: n/a
4. Program staffing will consist of: 1.0FTE
5. Target client group served: Indigenous individuals and families at risk of homelessness
6. Excel data collection and reporting

E. Expanded Social Services and Casual Cash Employment
1. SCSS 2023-2024 funding: $63,382
2. Carryover allocation: n/a
3. Other Sources of Funding: n/a
4. Staffing: 0.75 FTE Social Worker
5. Target client group served: The Social Services at Medicine Hat Public Library are for individuals who are marginalized, those experienc ing homelessness in community, those experiencing housing instability, or those wanting to connect with resources to stabilize their housing and improve their well-being.
6. 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.

D. Crisis Support 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.

E. Expanded Social Services and Casual Cash Employment

1. Identify library users and community members who may benefit from social service support through outreach, direct observation, or referral by library staff.
2. Identify and evaluate individual needs through an intake assessment. Needs may include but are not limited to the following services: housing, mental health, primary care, substance abuse, case management, etc.
3. Provide current and relevant information, support, referrals, and assistance to individuals experiencing mental health issues, substance abuse, unstable housing, or exclusion issues.
4. Provide short-term case management for library patrons who would benefit.
5. Connect isolated and marginalized individuals with other individuals, groups and the community. Build connections among diverse individuals and groups.
6. Serve as a resource and model to local library staff to work effectively with patrons experiencing life challenges.
7. Serve as a resource to local library staff regarding community resources for at-risk individuals and families.
8. Connect and build collaborative relationships with community organizations.
9. Provide consultation to library staff on a daily basis as needed in regard to issues relating to social service needs of patrons
10. Provide consultation and support to the library staff through de-briefing during and/or after an incident with patron(s) has occurred
11. Contribute to related policies, procedures, and staff training
12. Crisis assistance and intervention in the library as required.
13. Individuals will be designated as Community Ambassadors and will be paid for designated hours while carrying out ambassador duties.

Outputs: (Direct products of program activities)

A.Cultural Addictions Worker

1. It is estimated that 100 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 12 training opportunities will be provided to service providers and community partners. 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.

D. Crisis Support Worker

1. It is estimated that 100 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.

E. Expanded Social Services and Casual Cash Employment

1. 300 participants may be served by this program.
2. 100% of participants accessing services will receive social, health, and/or housing supports.

Outcomes (Seniors, 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 (Seniors, 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).

OUTREACH AND SUPPORT SERVICES INITIATIVE
APPROVED PURPOSE
SCHEDULE A

This is Schedule "A" to an Agreement with an Effective Date of April 1, 2023 – TBD between His Majesty the King in the right of the Province of Alberta as represented by the Minister of Seniors, Community and Social Services (SCSS) and Medicine Hat Community Housing Society (the "Recipient") and forms part of that Agreement.

Strategic Areas of Investment: Housing Supports
Program Classification: Intensive Case Management

Project Name(s) and Service Provider(s) Name:

A. Action Research on Chronic Homelessness Project (ARCH) – Medicine Hat Community Housing Society

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

A. #104 516, 3rd Street SE

Program Purpose:

Support the development of an intensive health-directed program to provide assistance to individuals with complex and concurrent needs, who, do to level of acuity and need are unable to be supported by current housing models.

Monitoring and Evaluation:
Alberta Seniors Community and Social Services (SCSS) 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: (Resources dedicated to, or consumed by, the program)

A. Action Research on Chronic Homelessness Project (ARCH) – Medicine Hat Community Housing Society

1. SCSS 2023-2024 funding: $573,400
2. Other sources of funding: Infrastructure Canada
3. Staffing: TBD
4. Target client group served: Chronically Homeless
5. Efforts to Outcomes data collectio and Excel

Program Activities:

1. TBD

Outputs: (Direct products of program activities)

A. Action Research on Chronic Homelessness Project (ARCH) – Medicine Hat Community Housing Society

1. TBD

Outcomes (Seniors, 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 (Seniors, 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.).

Annual Community Service Delivery Plan - Schedule B

Medicine Hat Community Housing Society

2023/2024

	2023/2024 Revenues				Actual or Projected Expenditures													Estimated Remaining Grant Funding
	Approved Budget Allocation	Prior Year Carryover	Earned Interest Allocation	Total Funding Available	April	May	June	July	August	September	October	November	December	January	February	March	Total	
Seniors, Community and Social Services Funding	**3,103,200**			**3,103,200**													**0**	**3,103,200**
Total Estimated Carryover		**410,298**		**410,298**													**0**	**410,298**
In-Year Projected Surplus				**0**													**0**	**0**
Other Funding (specify)				**0**													**0**	**0**
Interest earned				**0**													**0**	**0**
Total Funding Available	**3,103,200**	**410,298**	**0**	**3,513,498**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**3,513,498**
CBO Name																		
CBO Administration Funding	310,320			**310,320**													**0**	**310,320**
Community Capacity Building	60,000	49,287		**109,287**													**0**	**109,287**
Centralized Support	40,000			**40,000**													**0**	**40,000**
CBO Operated or Managed Projects				**0**													**0**	**0**
CBO's Monthly Interest Earned				*0*													*0*	*0*
Total Funding Maintained By CBO	**410,320**	**49,287**	**0**	**459,607**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**459,607**
Outreach, Triage, Assessment, Diversion																		
Housing Link, MHCHS	10,000			**10,000**													**0**	**10,000**
Youth Hub Outreach - McMan	369,220			**369,220**													**0**	**369,220**
				0													**0**	**0**
Year To Date Totals	379,220	0	0	**379,220**	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**379,220**
Funded Organizations' Monthly Interest Earned																	*0*	
Permanent Supportive Housing																		
Permanent Support Housing - McMan	1,006,489	361,011		**1,367,500**													**0**	**1,367,500**
				0													**0**	**0**
				0													**0**	**0**
Year To Date Totals	1,006,489	361,011	0	**1,367,500**	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**1,367,500**
Funded Organizations' Monthly Interest Earned																	*0*	
Intensive Case Mangement																		
ARCH Project - TBD	573,400			**573,400**													**0**	**573,400**
				0													**0**	**0**
				0													**0**	**0**
Year To Date Totals	573,400	0	0	**573,400**	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**573,400**
Funded Organizations' Monthly Interest Earned																	*0*	
Graduate Rental Assistance Initiative																		
Graduate Rental Assistance Initiative - CBO	200,000			**200,000**													**0**	**200,000**
				0													**0**	**0**
Year To Date Totals	200,000	0	0	**200,000**	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**200,000**
Funded Organizations' Monthly Interest Earned																	*0*	
Shelters																		
Roots Youth Shelter	292,339			**292,339**													**0**	**292,339**
				0													**0**	**0**
				0													**0**	**0**
Year To Date Totals	292,339	0	0	**292,339**	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**292,339**
Funded Organizations' Monthly Interest Earned																	*0*	
Supports to Assist Other Activities																		
Cultural Addictions Worker - Miywasin Friendship Centre	91,300			**91,300**													**0**	**91,300**
Crisis Support Worker - Miywasin Friendship Centre	86,750			**86,750**													**0**	**86,750**
Expanded Social Services & Casual Cash Employment - MH Library	63,382			**63,382**													**0**	**63,382**
Year To Date Totals	241,432	0	0	**241,432**	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**241,432**
Funded Organizations' Monthly Interest Earned																	*0*	
Total Funding Allocated to Outside Organizations	**2,692,880**	**361,011**	**0**	**3,053,891**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**3,053,891**
Unallocated Funding	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

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

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

[1]Statistics Canada Government of Canada, "Profile table, Census Profile, 2021," accessed January 19, 2023, https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/details/page.cfm?Lang=E&GENDERlist=1,2,3&STATISTIClist=1&HEADERlist=0&DGUIDlist=2021A00054801006&SearchText=Medicine%20Hat

[2]Statistics Canada Government of Canada, "Focus on Geography Series, 2021 Census of Population, Alberta, Province," accessed January 19, 2023, https://www12.statcan.gc.ca/census-recensement/2021/as-sa/fogs-spg/page.cfm?r=1&Lang=E&dguid=2021A000248&TOPIC=1

[3]Statistics Canada Government of Canada, "Profile table, Census Profile, 2021," accessed January 19, 2023, https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/details/page.cfm?Lang=E&GENDERlist=1,2,3&STATISTIClist=1&HEADERlist=0&DGUIDlist=2021A00054801006&SearchText=Medicine%20Hat

[4]Statistics Canada Government of Canada, "Profile table, Census Profile, 2021, Indigenous Population", accessed January 19, 2023, https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/details/page.cfm?Lang=E&GENDERlist=1,2,3&STATISTIClist=1&HEADERlist=0&DGUIDlist=2021A00054801006&SearchText=Medicine%20Hat

[5]Alberta Government, "Medicine Hat – Aboriginal Population", accessed January 19, 2023, https://regionaldashboard.alberta.ca/region/medicine-hat/aboriginal-population/#/

[6]Government of Canada, "Indigenous People in Alberta", accessed January 19, 2023, https://www.sac-isc.gc.ca/eng/1647614714525/1647614742912

[7]Statistics Canada Government of Canada, "Profile table, Census Profile, 2021, Mother Tongue," accessed January 19, 2023, https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/details/page.cfm?Lang=E&GENDERlist=1,2,3&STATISTIClist=1&HEADERlist=0&DGUIDlist=2021A00054801006&SearchText=Medicine%20Hat

[8]Statistics Canada Government of Canada, "Profile table, Census Profile, 2021, Household and Dwelling Characteristics," accessed January 27, 2023, https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/details/page.cfm?Lang=E&GENDERlist=1,2,3&STATISTIClist=1&HEADERlist=0&DGUIDlist=2021A00054801006&SearchText=Medicine%20Hat

[9] [10]Medicine Hat Housing Strategy Final Report, "2.0 Key Housing Gaps in Medicine Hat," accessed January 27, 2023, https://mhchs.ca/2022-2023-service-delivery-plan/

[11]Statistics Canada Government of Canada, "Profile table, Census Profile, 2021, Household and Dwelling Characteristics," accessed February 7, 2023, https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/details/page.cfm?Lang=E&GENDERlist=1,2,3&STATISTIClist=1&HEADERlist=0&DGUIDlist=2021A00054801006&SearchText=Medicine%20Hat

[12] Canadian Mortgage and Housing Corporation (CMHC), "Rental Market Survey Data Tables," accessed February 7, 2023, https://www.cmhc-schl.gc.ca/en/professionals/housing-markets-data-and-research/housing-data/data-tables/rental-market/rental-market-report-data-tables

[13]Canadian Mortgage and Housing Corporation (CMHC), "Housing Market Information Portal, Overview Medicine Hat (CY)," accessed February 7, 2023, https://www03.cmhc-schl.gc.ca/hmip-pimh/en/TableMapChart#Profile/4801006/4/Medicine%20Hat%20(CY)%20(Alberta)

[14]Government of Alberta, "Medicine Hat-Small Businesses," accessed February 8, 2023, https://regionaldashboard.alberta.ca/region/medicine-hat/percent-small-businesses/#/?from=2017&to=2021

[15] Government of Alberta, "Medicine Hat- Number of Businesses," accessed February 8, 2023, https://regionaldashboard.alberta.ca/region/medicine-hat/number-of-businesses/#/stacked/industry/?from=2017&to=2021

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MEDICINE HAT
Community
Housing
SOCIETY