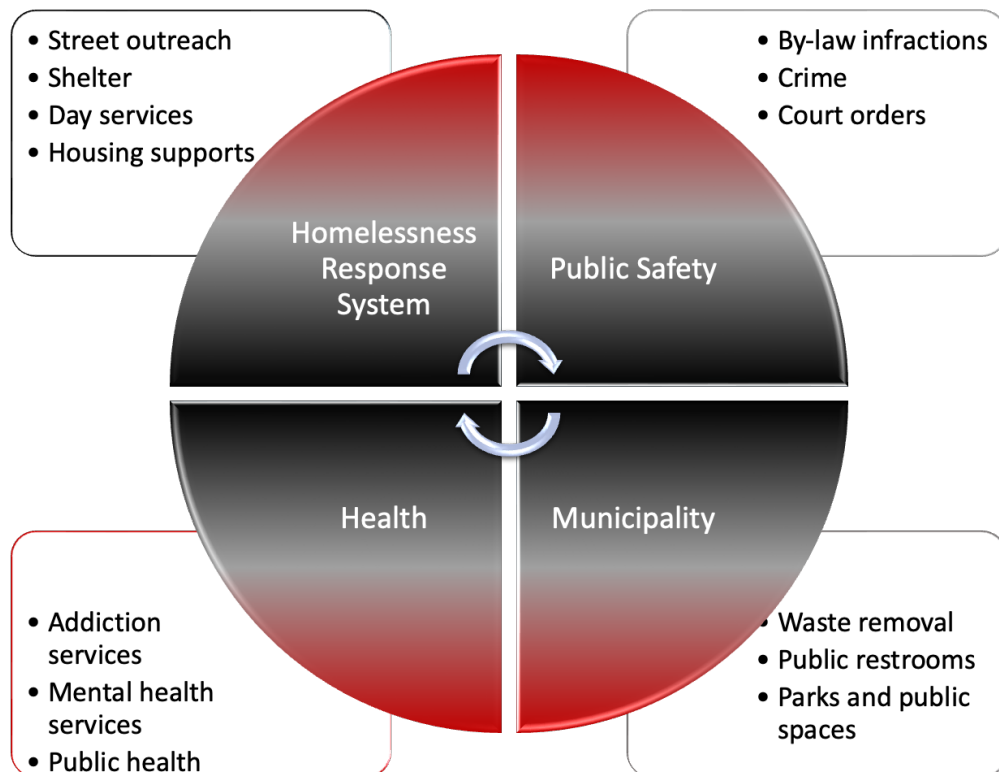JUNE 19, 2023

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HOMELESSNESS & THE MEDICINE HAT COMMUNITY: ISSUES, CONCERNS AND PROPOSED ACTIONS

Homelessness is generating attention from various interested and affected parties across the Medicine Hat community. On June 12, 2023, a broad range of community came together including non-profit homelessness service providers, the business community, and people from education, police, health, fire, the City of Medicine Hat, members of Council, and the broader non-profit community. People with lived experience were also participants.

The purpose of the gathering was to identify issues related to homelessness that are most important to the Medicine Hat community, prioritize what needs to be addressed, and focus on action steps going forward. A presentation on what has happened and is currently happening in response to homelessness was provided by the Medicine Hat Community Housing Society's Manager of Homeless and Housing Development Department. Following that, participants were reminded that people experiencing homelessness have autonomy (they are responsible for their own actions and the use of homelessness support services are voluntary) and that people experiencing homelessness do not surrender their Charter Rights or Human Rights.

As many social issues can be broadly attributed as the fault of the homelessness response system, participants were presented with thoughts on spheres of responsibility as follows:

- Street outreach
- Shelter
- Day services
- Housing supports

- By-law infractions
- Crime
- Court orders

Homelessness Response System

Public Safety

Health

Municipality

- Addiction services
- Mental health services
- Public health

- Waste removal
- Public restrooms
- Parks and public spaces

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In the quest to work with a broad cross section of the Medicine Hat community to identify issues and potential solutions, the intention of the preceding graphic was to help community members identify who has the responsibility to address various issues and concerns related to homelessness. For example, if the issue is one of people living with addictions, that is not an issue that the homelessness response system can or should be responsible for responding to, as addictions are a health issue.

From there, all participants in the day-long session walked through four steps in groups of 4-8 people: brainstorming the issues and concerns; prioritizing the list of issues and concerns generated through brainstorming; identifying what the outcome is desired for each prioritized issue or concern; and, finally, identifying how to realize the desired outcome for each prioritized issue or concern.

THE MAIN ISSUES AND CONCERNS IDENTIFIED

The cross-section of groups identified the following as the main issues and concerns:

* The need for more housing that is affordable, suitable and safe

* Responding to historical and intergenerational trauma

* Overcoming racism and discrimination

* Access to bathrooms

* People disconnected from services

* The need for person-centred care

* Responding to concerns related to mental health and/or addictions

* Expectations of law enforcement to solve social issues

* Fears of engaging with people experiencing homelessness

* Desensitization to homelessness and crisis

* Operating a business downtown in the current environment

* Education on navigating systems

* Burning bridges with landlords

* Insufficiency of wrap-around supports for people with physical, mental health and/or addiction issues (who may or may not be experiencing homelessness)

* The need for a dedicated outdoor space for people experiencing homelessness

* Responding to the needs of people not using shelter

* Responding to non-criminal concerns

Of those named concerns and issues, the community identified the following as the top 7 issues and broke into groups to further discuss the outcome they would like to see and how to realize the outcome:

1. Mental health and/or addictions

2. Burning bridges with landlords

3. Operating a business downtown in the current environment

4. Fears of engaging with people experiencing homelessness

5. The need for more housing that is affordable, suitable and safe

6. Responding to historical and intergenerational trauma

7. Access to bathrooms and showers

THE OUTCOMES SOUGHT & ACTIONS TO REALIZE THOSE OUTCOMES

Issue/Concern	Outcome(s) Sought	Key Points Made by Group	Sphere(s) of Responsibility	Action(s) To Realize Outcome(s)
Mental health and/or addictions	◉ Broader mental health first aid and systems training ◉ Mental health supports training for schools/parents ◉ Institutional gap for individuals with a disorder rising to the level of crime but caused by mental health and/or addiction ◉ Invest dollars wisely ◉ More honest communication about the reality and consequences of the situation ◉ Stop the mental health and addiction crisis at this generation ◉ Adults have access to, and can afford, the supports they need to be successful ◉ Decrease domestic violence ◉ Increase community connection ◉ Policy change/discussion regarding the ability to require a person to be hospitalized if they are a danger to themselves/others	◉ First responders: many responses by medical and fire have mental health and/or substance use as a factor ◉ Need to respond proactively now to prevent people who are currently okay and kids from ending up in a situation where they are not okay ◉ There is a suicide and overdose epidemic ◉ Mental health and addictions are everywhere ◉ Social media results in access to too much information and a lack of connection ◉ Mental health and addiction are getting worse; need to be proactive and need proper supports for people at risk ◉ Difficult to navigate and access system ◉ There is a gap in system permitting health intervention, and allowing diversion instead of jail ◉ Lack of supports for people released from hospital, jail, remand ◉ Increased disparity between rich and poor	◉ Education and health care are provincial jurisdiction	◉ Children and adults should have access to the supports they need (e.g., brain injury, conflict resolution, mental health care, resilience) including being able to afford it ◉ Fill the institutionalization gap in a responsible manner that appropriately balances individual freedom, individual safety, and community safety ◉ Mental health and addiction support training for broader spectrum of the public service; but needs to be a bridge, not become their job. ◉ More focus on proactive prevention ◉ Measure. Evaluate. Improve.

Issue/Concern	Outcome(s) Sought	Key Points Made by Group	Sphere(s) of Responsibility	Action(s) To Realize Outcome(s)

Burning bridges with landlords	• Insurance model for each tenant backed by community housing body
	• Matching tenants to private rentals
	• Tenancy basics coaching once housed:
	  ◦ Intensive case mgmt
	  ◦ Food security
	  ◦ House-keeping basics
	  ◦ Finances
	  ◦ Visitor mgmt
		• Landlords are not motivated to house complex tenants
		• Prospective tenants face discrimination for things like race, income source, size of family, addiction, health, tenants receiving supports
		• Tenants lose confidentiality if receiving AHS support, CORE, Next Step
		• Government income sources have become insufficient amidst increased market rents
		• Chronic homelessness increases without adequate places to live, which results in increased crime, increased trash and loss of public space to encampments
		• There is increased violence towards the unhoused population
		• There is increased stress on health system with increased health problems and increased trauma
			• Homelessness response system primarily
			• Partnership between homelessness response system and health for ARCH and intensive case management
				• Landlord forums, appreciation, relationship building with agencies and database for matching
				• Begin examination of insurance program by next fiscal year
				• Develop tenancy coaching materials
				• Increase staffing for capacity or decrease caseloads to accommodate needs

Issue/Concern	Outcome(s) Sought	Key Points Made by Group	Sphere(s) of Responsibility	Action(s) To Realize Outcome(s)
Operating a business downtown in the current environment	◉ Prevention services ◉ Longer treatment with more options to transition back (halfway house, better transitional services) ◉ Increased lighting/visibility ◉ Increased public washrooms ◉ Increased detox beds	◉ Over the long-term the dissuasion commission may help ◉ Prevention needs to be a political priority ◉ Health should increase psychiatric and detox beds and decrease barriers and wait times for support ◉ Waste removal and clean-ups of public spaces needs to be a priority for the municipality ◉ Robust by-laws are needed ◉ Increased business engagement and social inclusion ◉ Increase public awareness of supports available ◉ Increased neighbourhood consultation, policy/process implementation ◉ Increased visibility of policy	◉ Health (psychiatric and addiction services) ◉ Municipality (waste removal and public spaces) ◉ Homelessness response system (street outreach) ◉ Public safety (police)	◉ Dissuasion committee ◉ Advocate to provincial government to make some items political priorities ◉ Public awareness actions like "when you need help" posters ◉ DTPU reporting incidents ◉ Municipality to remove waste and increase clean-ups, as well as put in place public washrooms

Issue/Concern	Outcome(s) Sought	Key Points Made by Group	Sphere(s) of Responsibility	Action(s) To Realize Outcome(s)
Fears of engaging people experiencing homelessness	◉ More people feeling safe to attend downtown ◉ Accurate understanding of issues and people ◉ Education and data ◉ Sharing of experiences ◉ Grow the next generation of helpers ◉ Encourage exposure and interaction ◉ Better understanding of outreach and resources ◉ School system involvement, engagement and exposure ◉ Opportunity for storytelling ◉ Correcting rumours	◉ Stigma associated with homelessness is negative ◉ More education and data is needed ◉ Fear is passed on ◉ There is an economic impact on downtown businesses ◉ There is pressure on police resources ◉ Adds to the trauma of those experiencing homelessness ◉ We need changes in behaviour of community members	◉ Municipality can promote the downtown better ◉ Public safety entities can be present downtown ◉ Homelessness response system responsible for outreach	◉ Share positive experiences of downtown ◉ Focus on getting more people downtown

Issue/Concern	Outcome(s) Sought	Key Points Made by Group	Sphere(s) of Responsibility	Action(s) To Realize Outcome(s)
The need for more housing that is affordable, suitable and safe	◉ More permanent supportive housing ◉ Sober housing model ◉ Complete a needs assessment - who are we building for?	◉ Housing needs to include a continuum of services that wrap services around ◉ Acknowledge that it costs money and we need local services ◉ Staff need to be supported through training and adequate staffing models ◉ Complementary services within the system of care ◉ Preventing homelessness - better pathways to help people before they become homeless ◉ 24/7 hub model, in the moment, before someone requires hospitalization	◉ Homelessness and housing is the lead ◉ Appropriate housing can reduce public safety concerns ◉ The municipality has a role to play ◉ Health care services may be provided in the housing	◉ Identify shortfalls and gaps in existing housing ◉ Identify a lead organization ◉ Within 5 years have a tailored intake process to facilitate individuals entering person-centred suitable housing ◉ As people's needs change, help them move to the most appropriate housing ◉ Finding funding sources needed
Responding to historical and intergenerational trauma	◉ Individualized assessments and responses and services ◉ Capacity building for all service providers, as well as teachers, police, EMS, doctors, etc. ◉ Stand up natural supports	◉ We need to see people and focus on "What's happened to you?" ◉ We need to be curious and learn about people.	◉ Primarily a health issue, but overlaps with others	◉ Identify the difference between trauma informed and trauma specific care. ◉ Connection. ◉ Proactive care and support ◉ Allies ◉ Individual assessments such that the person participates in designing care

Issue/Concern	Outcome(s) Sought	Key Points Made by Group	Sphere(s) of Responsibility	Action(s) To Realize Outcome(s)
Bathroom and shower access	⦿ Access to public showers and bathrooms 24/7	⦿ There are several locations where this would be beneficial: Riverside Park, Batus Park, River Flats, Downtown ⦿ Access will improve cleanliness and safety ⦿ Bathrooms should be accessible to everyone and can be automated and timed ⦿ To take care of bodily functions bathrooms have to be available for bathroom purposes ⦿ Bathrooms should be clean, private, safe and dignifying for everyone ⦿ There is a benefit to everyone in the community if there are public bathrooms	⦿ Primarily a municipal responsibility	⦿ Embrace trial and error, and start with pilot projects that could include the likes of using existing spaces like the library, old food bank or transit terminal ⦿ A seasonal approach is okay to start with ⦿ Explore a wide range of options like trailers or prefabricated options ⦿ Advocate for showers to be made available through the shelter system

SYNTHESIS & NEXT STEPS

The broad section of priorities by the diverse participants in the day-long session can be organized by four overarching themes for implementation:

1. Matters that require advocacy to move forward

2. Matters that require additional planning, program design and resources identified for implementation

3. Matters requiring education

4. Matters that can be implemented rapidly as resources allow

MATTERS THAT REQUIRE ADVOCACY TO MOVE FORWARD

What are we advocating for?	Who are we advocating to?	Who should have the lead in advancing this advocacy?
Access to addiction supports and/or mental health supports	Alberta Health Services	City of Medicine Hat
Increase psychiatric and detox beds and decrease barriers and wait times for support	Alberta Health Services	City of Medicine Hat
Fill the institutionalization gap in a responsible manner that appropriately balances individual freedom, individual safety, and community safety	Government of Alberta - various ministries	City of Medicine Hat
Greater focus on mental health and addiction prevention services	Alberta Health Services	City of Medicine Hat

Next steps:

1. City administration along with members of Council frame an appropriate ask of Alberta Health Services and the various ministries of the Government of Alberta and communicate with Provincial counterparts on the desires of the Medicine Hat community.

MATTERS THAT REQUIRE ADDITIONAL PLANNING, PROGRAM DESIGN AND RESOURCES IDENTIFIED FOR IMPLEMENTATION

Items that require more planning, program design or resources	Who should have the lead to advance the planning, program design or identifying resources?
Insurance provided to landlords for housing higher needs tenants	Medicine Hat Community Housing Society
Updating and disseminating tenancy coaching materials	Medicine Hat Community Housing Society

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Items that require more planning, program design or resources	Who should have the lead to advance the planning, program design or identifying resources?
Increasing staffing to accommodate smaller caseloads while still supporting the same number of people	Medicine Hat Community Housing Society
Dissuasion committee	Medicine Hat Police Service
Focusing on getting more people downtown	Downtown businesses & the City of Medicine Hat
Identify shortfalls and gaps in existing housing	Medicine Hat Community Housing Society
Funding sources for housing	Medicine Hat Community Housing Society
Individual assessments such that people design their own care	Service Providers
Public bathrooms	City of Medicine Hat

Next steps:

1. CBO staff with the Medicine Hat Community Housing Society examine the feasibility of insurance provided to landlords for accepting higher need tenants.

2. Medicine Hat Community Housing Society staff, in partnership with community non-profit service providers, review what tenancy coaching materials may need to be updated and disseminate appropriately.

3. CBO staff with the Medicine Hat Community Housing Society explore the availability of funding and staffing within the non-profit sector to increase staffing to support smaller caseloads in housing supports.

4. Medicine Hat Police Service prepare and disseminate appropriate materials on the dissuasion committee concept and implementation.

5. Downtown businesses in partnership with appropriate staff at the City of Medicine Hat meet to develop strategies and approaches to get more people downtown and implement.

6. CBO staff with the Medicine Hat Community Housing Society, along with appropriate community partners, examine gaps in existing housing in the community.

7. CBO staff with the Medicine Hat Community Housing Society explore available funding sources for increasing needed housing stock.

8. Service Providers to ensure that Individual Assessments are in place related to trauma, and to further educate community partners on the importance of trauma-informed care and trauma specific responses.

9. Appropriate staff with the City of Medicine Hat, if so directed by Council, explore the feasibility of public bathrooms in key locations throughout the community and implement if feasible.

MATTERS REQUIRING EDUCATION

What topic are we providing education on?	Whom are we educating?	Who should have the lead in moving this education effort forward?
Trauma-informed care and the difference of it to trauma-specific care	Service providers, health professionals, law enforcement, teachers, EMS	Medicine Hat Community Housing Society

Next steps:

1. Medicine Hat Community Housing Society to scan current approaches to applying trauma-informed care and trauma-specific care in the community and develop recommendations, if warranted, on how to strengthen education in this regard going forward.

MATTERS THAT CAN BE IMPLEMENTED RAPIDLY AS RESOURCES ALLOW

What can be implemented rapidly?	Who should have the lead in getting implementation rolling?
Landlord forum	Medicine Hat Community Housing Society
Landlord appreciation	Medicine Hat Community Housing Society
Posters on "when you need help"	Medicine Hat Community Housing Society
Waste removal and clean up of the downtown	City of Medicine Hat
DTPU reporting incidents	Medicine Hat Police Service
Sharing positive experiences of downtown	Downtown businesses
Identify a lead organization on housing matters	Medicine Hat Community Housing Society

Next steps:

1. CBO staff with the Medicine Hat Community Housing Society explore the landlord forum and landlord appreciation opportunity and implement if feasible.

2. CBO staff with the Medicine Hat Community Housing Society prepare "When You Need Help" posters and disseminate to the downtown business community.

3. Staff with the City of Medicine Hat explore the feasibility of increasing waste removal and clean up of the downtown and implement if feasible.

4. The Medicine Hat Police Service instruct the DTPU to report incidents if acceptable to the senior leadership of the Medicine Hat Police Service.

5. Downtown businesses convene and collect positive experiences of downtown and disseminate through various means (e.g., traditional media, social media, at events).

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6. The CBO at the Medicine Hat Community Housing Society affirm their roles associated with being the lead organization on housing matters.