

COMMUNITY HOMELESSNESS REPORT SUMMARY

MEDICINE HAT

2022-2023

The Community Homelessness Report (CHR) is an annual Reaching Home reporting deliverable that supports communities to prevent and reduce homelessness using a more coordinated, systems-based and data-driven response. The CHR was designed to support local discussions and decision making, using all of the information about homelessness currently available at the community level. Communities are encouraged to use their CHR data to develop clear plans of action that help them to reach their homelessness reduction targets and to leverage the collective efforts of service providers working across the community, regardless of how they are funded.

This is a summary of the CHR for the 2022-23 reporting cycle. It shows the community's self-assessment of Reaching Home implementation, which includes the following key components:

- meaningful collaboration between Indigenous and non-Indigenous partners (see Section 1);
- community-level governance, coordinated service delivery (Coordinated Access) and use of a Homelessness Management Information System or HMIS (see Section 2); and,
- an outcomes-based approach (tracking community-level outcomes and progress against targets using a Unique

identifier or By-Name List, referred to as a List; see Section 3).

If the community was able to report on outcomes and targets, this CHR Summary also includes results for each of the five core outcomes of Reaching Home (see Section 4).

Section 1. Community Context – Collaboration between Indigenous and Non-Indigenous Partners

Does your community, as a Designated Community (DC), also receive Reaching Home Indigenous Homelessness (IH) funding?

Yes – DC and IH funding streams co-exist

Specific to Coordinated Access and the HMIS, has there been ongoing, meaningful collaboration between the DC CE and the IH CE and/or IH CAB over the reporting period?

Yes

Describe this collaboration in more detail.

The Coordinated Access System and the Homelessness Management Information System (HMIS) has been operational in community since 2010 and has evolved over the past 13 years. The Indigenous community has been involved during the design, implementation, and ongoing operations of coordinated access.

With the shift to separate CEs from the Indigenous to Designated files, progress has been made to coordinate the two access points into the system through a shared HMIS. This is attributed to having a system planning focus in community that is data-informed and evidence-driven, and has incorporated Indigenous perspective from the onset.

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Community has experienced challenges with HMIS (Efforts to Outcomes - ETO) since the system was no longer supported by Internet Explorer. This has impacted and delayed efforts to bring Miywasin Friendship Centre into the Coordinated Access System. The CE continues to work with both Miywasin Friendship Centre and Social Solutions (company that owns Efforts to Outcomes) to develop a work around to fully integrate Miywasin in the access system. There is also bilateral discussions with Infrastructure Canada and the Government of Alberta (GoA), so this may prompt the introduction of a more efficient system.

The CE regularly meets with Miywasin Friendship Centre to review any progress that has been made in the integration of the (HMIS) system. This is in addition to the working collaboration between the Miywasin outreach team and Housing Link in supporting unsheltered individuals wanting assistance with housing supports and/or to various referrals to community partners to assist with stabilization.

Specific to Coordinated Access and the HMIS, has there been ongoing, meaningful collaboration between the DC or Territorial Homelessness (TH) CE and local Indigenous organizations over the reporting period?	Yes
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Describe this collaboration in more detail.

The CAS and HMIS developed in 2010 is the foundation of the current system. During the CAS development and evolution, Indigenous involvement was and continues to be imbedded of the improvement of processes. The colaboration includes ongoing engagement, ajustment of language and processes, incorporation of programs and services operated by the IH CE into the HMIS system, and honoring The Truth and Reconciliation Commission's (TRC) 94 Calls to Action aimed at redressing the legacy of residential schools and advancing the process of Canadian reconciliation with its Indigenous peoples.

We also work directly with a Knowledge Keeper in community, and he provides extensive guidance and insights into Indigenous ways of knowing, shared learnings, and opportunities for improved relations.

To respect approach and sovereignty with the Indigenous CE, the DC Coordinated Access documentation, policies, intakes, and assessments were provided to the Indigenous Coordinated Access program to review for consideration in 2021. In subsequent meetings with the Indigenous Coordinated Access worker, initial reviews of language and appropriateness of assessments and intake processes was completed. This was done to facilitate data upload once the HMIS was operating efficiently.

In preparation for this bulk data upload, work re-commenced with the Indigenous Coordinated Access worker and their supervisor in Summer 2023 to review the initial data set to ensure the individuals entered HMIS are homeless as per the RH definition. Discussion of hiring a contractor to assist with data upload was also agreed upon to prevent additional strain on the Indigenous Coordinated Access position.

In addition to the above, the CE has also worked with the Indigenous community in the following ways that help support the journey towards housing stability:

In April 2023, the CE released the Decolonization and Indigenization of the System of Care Request for Proposals (RFP). An Indigenous liasion was contracted in 2022 to work with the CE in the development of the RFP and will guide this initiative and the successful proponent in providing a reconciliation strategy that includes recommendations and an implementation plan of practices that support decolonization and Indigenization.

In February 2023, MHCHS in partnership with Miywasin Friendship Centre, received \$5.1M in funding through Canada’s National Housing Strategy Plan and Alberta’s Indigenous Housing Capital Program to construct a 20-unit affordable housing development that will be available to Indigenous and Metis individuals, as well as couples and families. The CE will work with Miywasin to ensure the housing development will be culturally appropriate and include features and traditional spaces in the design.

Medicine Hat has been chosen as a community to participate in the Action Research on Chronic Homelessness (ARCH) Project. The project will focus on supporting the development of an intensive health-directed program to advance the system of care model for individuals with complex and concurrent needs, who, do to the level of acuity and need are unable to be supported by the current system of care.

The goal of ARCH project is community-wide initiatives that foster partnerships and positive relationships between Indigenous and non-Indigenous partners. The Miywasin Friendship Centre, as the Indigenous Homelessness CE for Medicine Hat is a partner in the ARCH project. Miywasin and MHCHS have both confirmed their commitment to this project, with the agreeance that MHCHS will take the project lead in community.

Miywasin Friendship Centre will be represented on the project advisory table by their Community Engagement Facilitator. The Indigenous Liasion working with MHCHS will also hold a position on the advisory table.

With respect to the completion of the Community Homelessness Report (CHR), was there ongoing, meaningful collaboration between local Indigenous and non-Indigenous organizations and, where applicable, the IH CE and/or IH CAB?	Yes
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Describe this collaboration in more detail.

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

Does your community have a separate IH CAB?	Yes
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Was the CHR also approved by the IH CAB?

Yes

Section 2. Coordinated Access and Homelessness Management Information System (HMIS) Self-Assessment

Summary Tables

The table below provides a summary of the work your community has done so far to meet the Reaching Home minimum requirements for Coordinated Access and an HMIS.

	Met	Started	Not Yet Started
Number of minimum requirements	18	0	0

The table below shows the percentage of minimum requirements completed for each core Coordinated Access component.

Governance	HMIS	Access Points to Service	Triage and Assessment	Coordinated Access Resource Inventory	Vacancy Matching and Referral
100%	100%	100%	100%	100%	100%

Summary Comment

Are there particular efforts and/or issues that you would like to highlight for this reporting period related to your community's work to achieve the Reaching Home minimum requirements?

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

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

Since 2011, MHCHS has always maintained a "closest to death" approach when it comes to prioritizing individuals seeking housing/re-housing supports.

Section 3. Outcomes-Based Approach Self-Assessment

Summary Tables - Minimum Requirement

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

Step 1: Has a List	Step 2: Has a real-time List	Step 3: Has a comprehensive List
Yes	Yes	Yes

Step 4: Can report monthly outcomes and set targets using data from the List (reporting in Section 4 is mandatory for 2023-24 CHR's, if not earlier)

List was in place as of January 1, 2023 (or earlier)	Can generate monthly data	Has set targets	Has an outcomes-based approach in place
Yes	Outcome 1: Yes	Outcome 1: Yes	Yes
	Outcome 2: Yes	Outcome 2: Yes	
	Outcome 3: Yes	Outcome 3: Yes	
	Outcome 4: Yes	Outcome 4: Yes	
	Outcome 5: Yes	Outcome 5: Yes	

Step 4: Can report annual outcomes and set targets using data from the List (reporting in Section 4 is mandatory once annual data can be generated)

List was in place as of April 1, 2022 (or earlier)	Can generate annual data	Has set targets	Has an outcomes-based approach in place
Yes	Outcome 1: Yes	Outcome 1: Yes	Yes
	Outcome 2: Yes	Outcome 2: Yes	
	Outcome 3: Yes	Outcome 3: Yes	
	Outcome 4: Yes	Outcome 4: Yes	
	Outcome 5: Yes	Outcome 5: Yes	

Summary Comment

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

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

To support data integrity and maintain a high degree of data quality, programs funded through the CE/CBO are contractually obligated to provide monthly program and participant data as well as participate in analysis of their data. The submitted monthly reports and data collected is verified in the HMIS. Any errors in data are corrected immediately and therefore do not impact the full data set.

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

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

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

More information about the Unique Identifier List

Step 1. Have a List

Where does data for the List come from?

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

Please describe the other data source(s):

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

In the future, will data from the community's HMIS (either HIFIS or an existing, equivalent system) be used to get data for the List?

Yes

Step 1. Have a List (cont.)

For the List, does the community have...

A written policy/protocol that describes how interaction with the homeless-serving system is documented	Yes
A written policy/protocol that describes how housing history is documented	Yes

Chronic homelessness

	Federal definition
x	Local definition

From the List, can the community get data for...

Newly identified on the List	Yes
Activity and inactivity	Yes
Housing history	Yes

From the List, can the community get demographic data for...

Age	Yes	Indigenous identity	Yes
Household type	Yes	Veteran status	Yes
Gender identity	Yes		

Step 2. Have a real-time List

How often is information about people experiencing homelessness updated on the List?	As soon as new information is available
Is people's interaction with the homeless-serving system (activity and inactivity) updated regularly on the List?	Yes
Is housing history updated regularly on the List?	Yes
Is there a process in place for keeping chronic homelessness status on the List up-to-date?	Yes

Step 3. Have a comprehensive List

Does the community have a document that identifies and describes all of the service providers that help people experiencing homelessness with their housing challenges?

Yes

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

Community did not complete this optional question.

Step 4. Track outcomes and progress against targets using data from the List

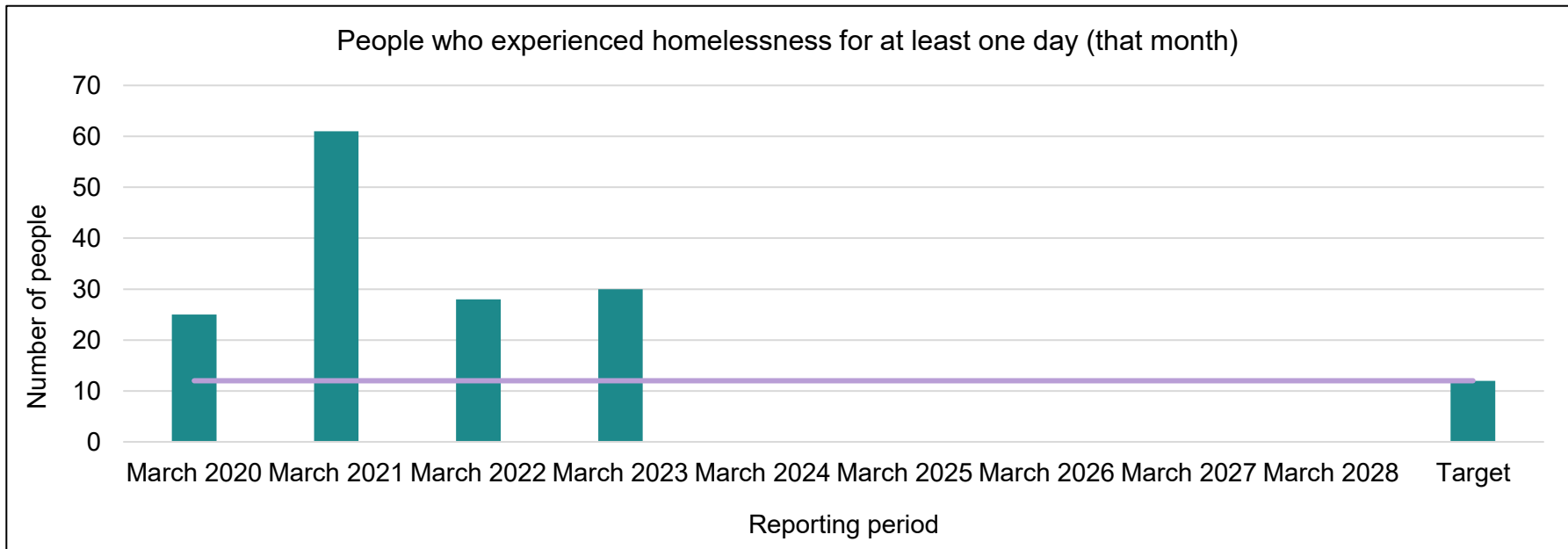
Does the List meet the benchmark of a “Quality By-Name List” confirmed by the Canadian Alliance to End Homelessness?

Yes

Section 4. Community-Level Outcomes and Targets – Monthly

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

	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	Target
People who experienced homelessness for at least one day (that month)	25	61	28	30						12



Context for Outcome #1 (monthly):

Please provide context about your results, as applicable.

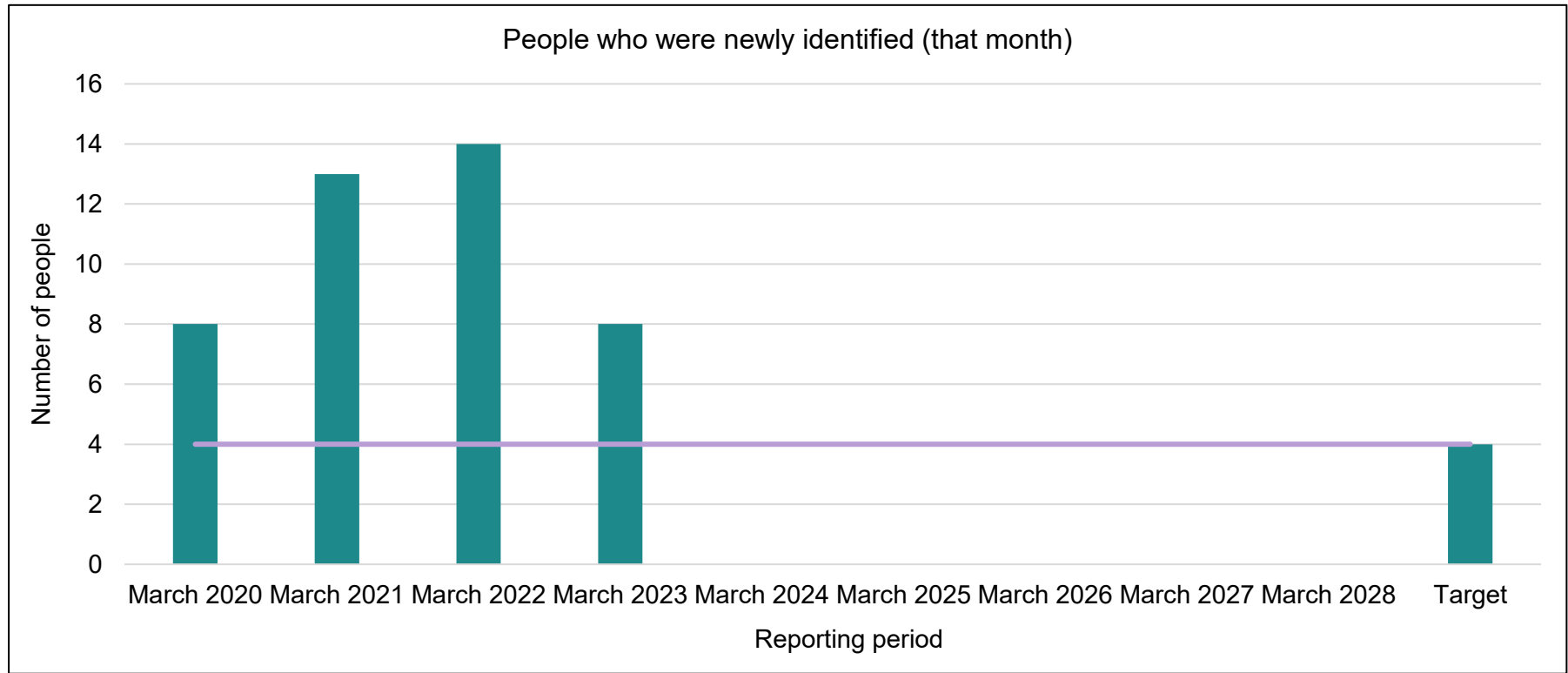
Please insert comment here

Was the federal standard for calculating this outcome used (see Annex A)?

Yes

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

	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	Target
People who were newly identified (that month)	8	13	14	8						4



Context for Outcome #2 (monthly):

Please provide context about your results, as applicable.

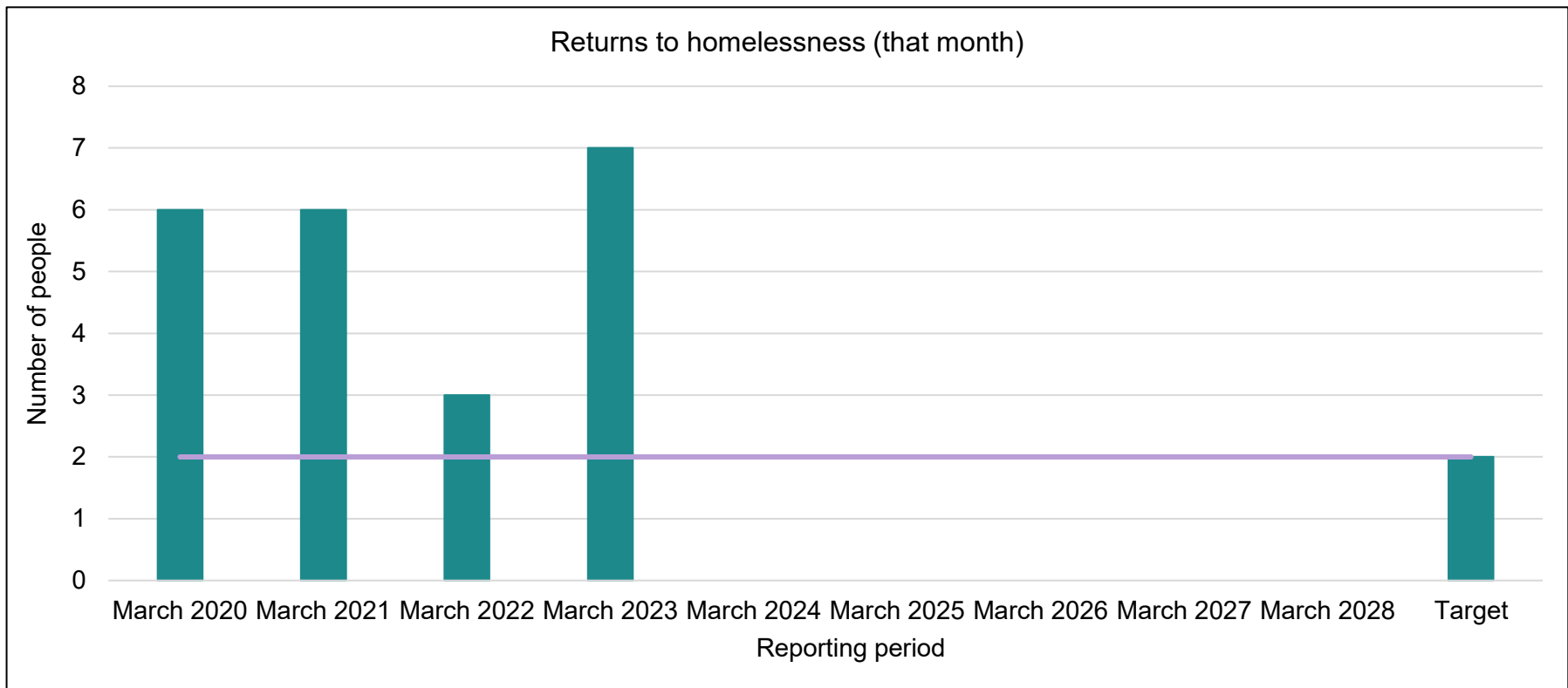
Please insert comment here

Was the federal standard for calculating this outcome used (see Annex A)?

Yes

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

	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	Target
Returns to homelessness (that month)	6	6	3	7						2



Context for Outcome #3 (monthly):

Please provide context about your results, as applicable.

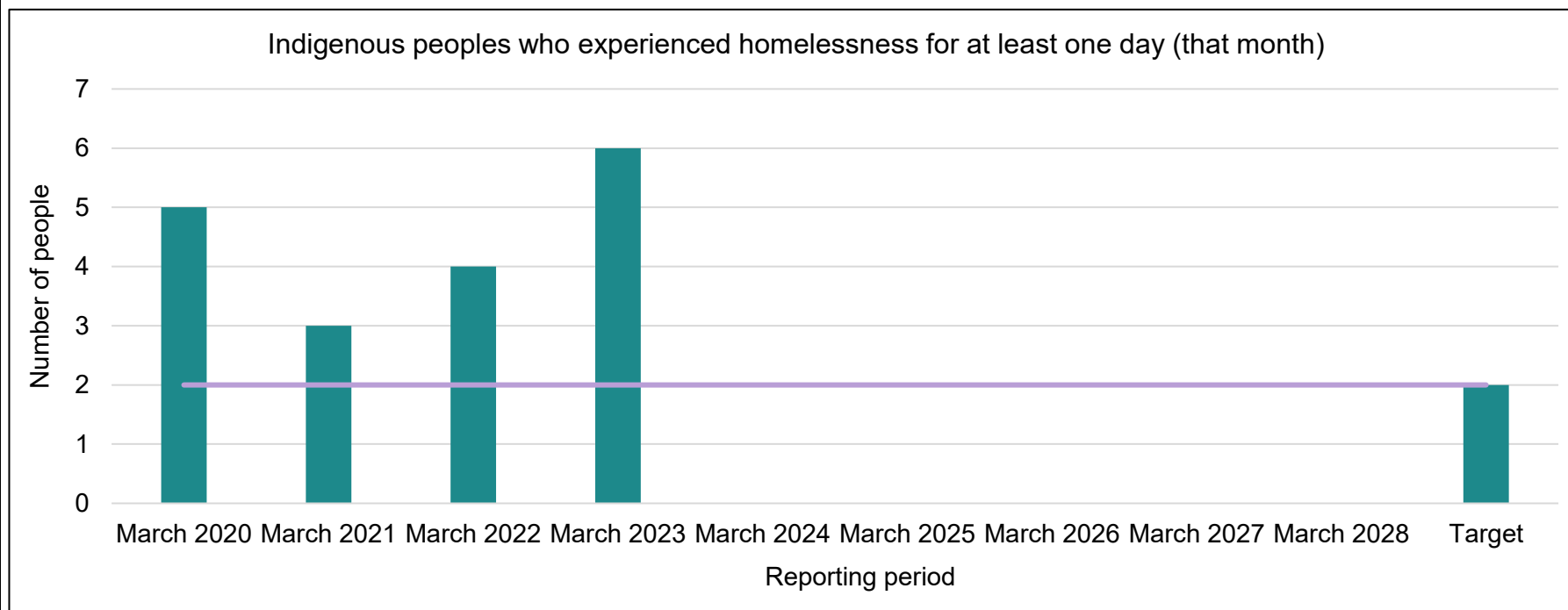
Please insert comment here

Was the federal standard for calculating this outcome used (see Annex A)?

Yes

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

	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	Target
Indigenous peoples who experienced homelessness for at least one day (that month)	5	3	4	6						2



Context for Outcome #4 (monthly):

Please provide context about your results, as applicable.

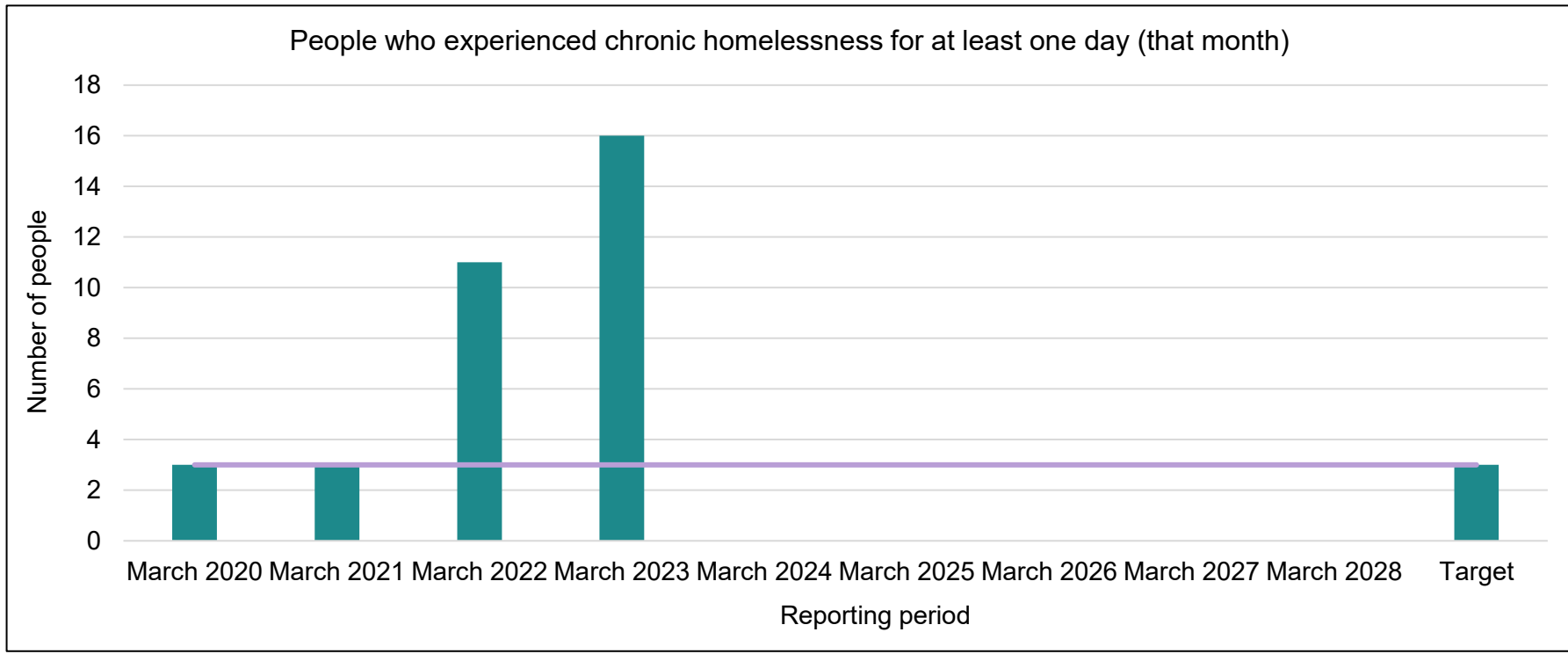
Please insert comment here

Was the federal standard for calculating this outcome used (see Annex A)?

Yes

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

	March 2020	March 2021	March 2022	March 2023	March 2024	March 2025	March 2026	March 2027	March 2028	Target
People who experienced chronic homelessness for at least one day (that month)	3	3	11	16						3



Context for Outcome #5 (monthly):

Please provide context about your results, as applicable.

0

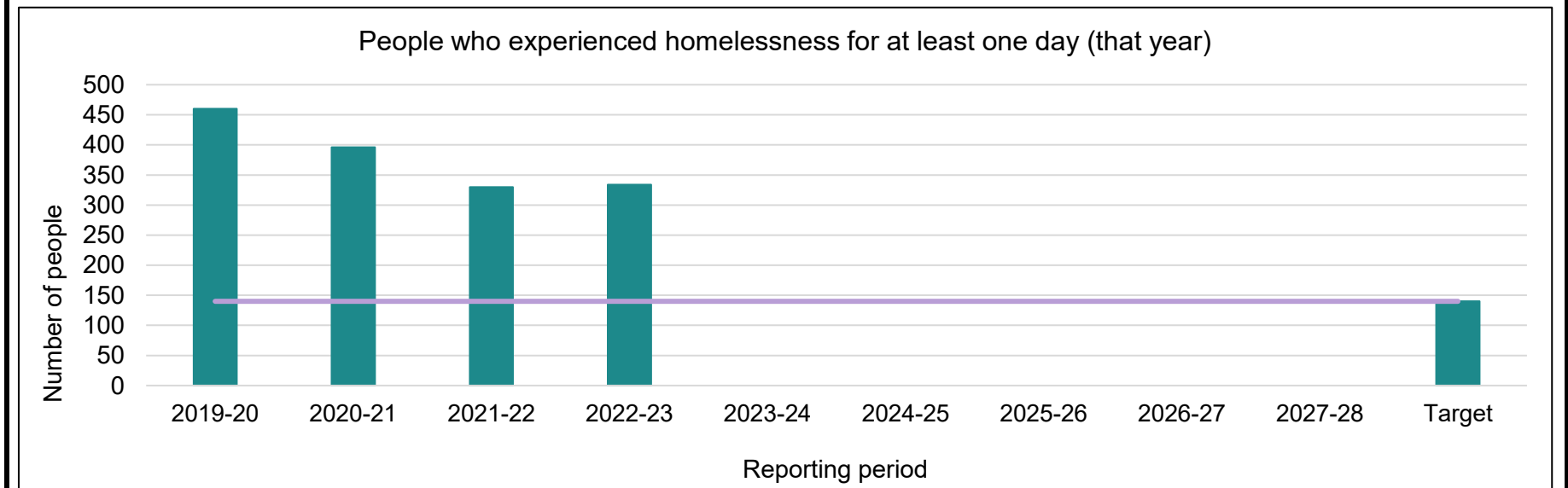
Was the federal standard for calculating this outcome used (see Annex A)?

Yes

Section 4. Community-Level Outcomes and Targets – Annual

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

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
People who experienced homelessness for at least one day (that year)	460	396	330	334						140



Context for Outcome #1 (annual):

Please provide context about your results, as applicable.

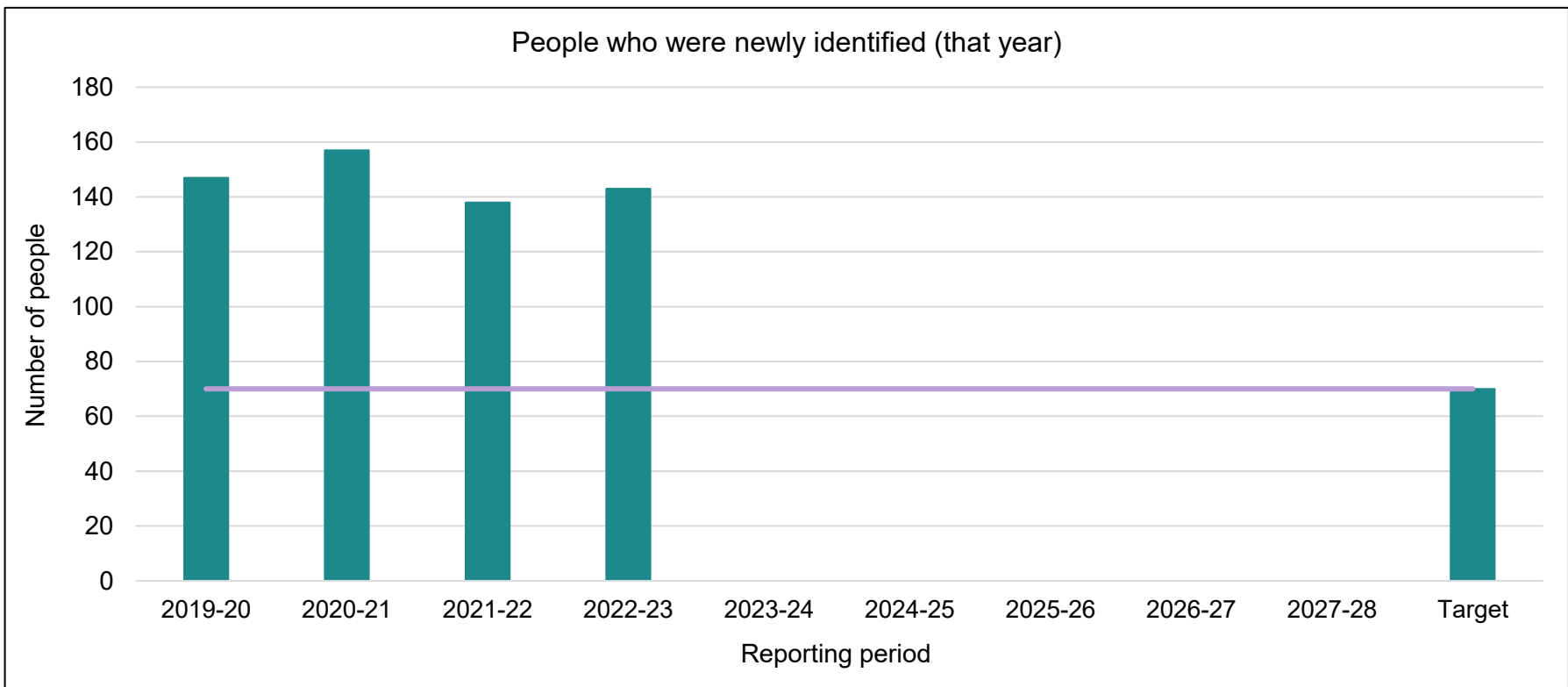
Please insert comment here

Was the federal standard for calculating this outcome used (see Annex A)?

Yes

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

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
People who were newly identified (that year)	147	157	138	143						70



Context for Outcome #2 (annual):

Please provide context about your results, as applicable.

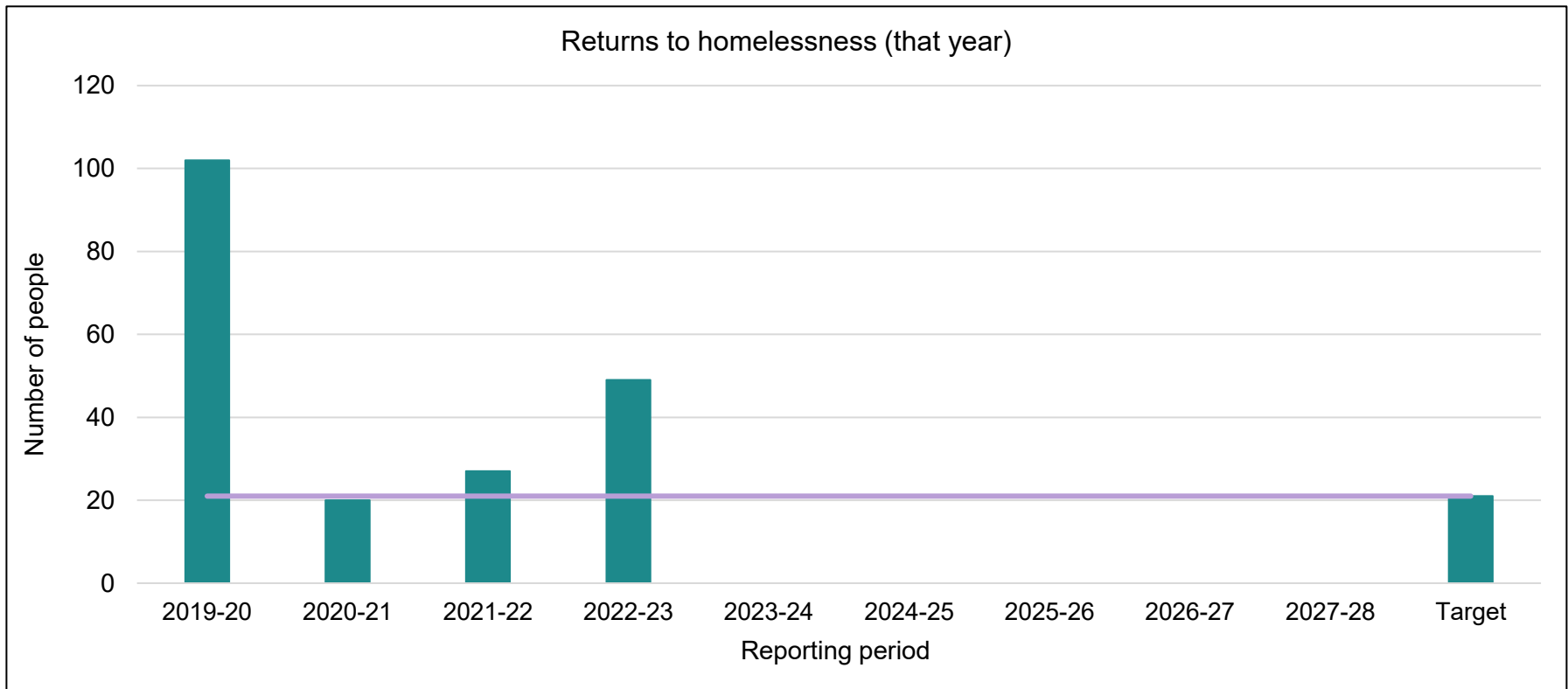
Please insert comment here

Was the federal standard for calculating this outcome used (see Annex A)?

Yes

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

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
Returns to homelessness (that year)	102	20	27	49						21



Context for Outcome #3 (annual):

Please provide context about your results, as applicable.

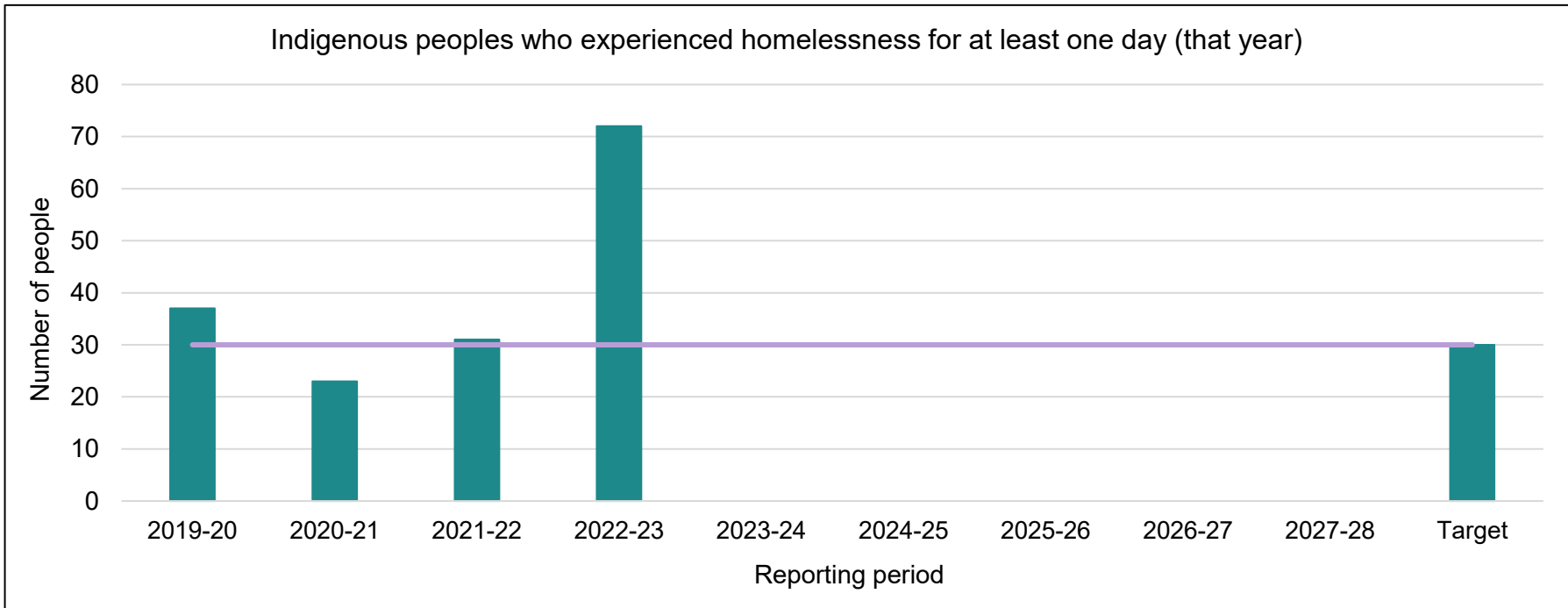
Please insert comment here

Was the federal standard for calculating this outcome used (see Annex A)?

Yes

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

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
Indigenous peoples who experienced homelessness for at least one day (that year)	37	23	31	72						30



Context for Outcome #4 (annual):

Please provide context about your results, as applicable.

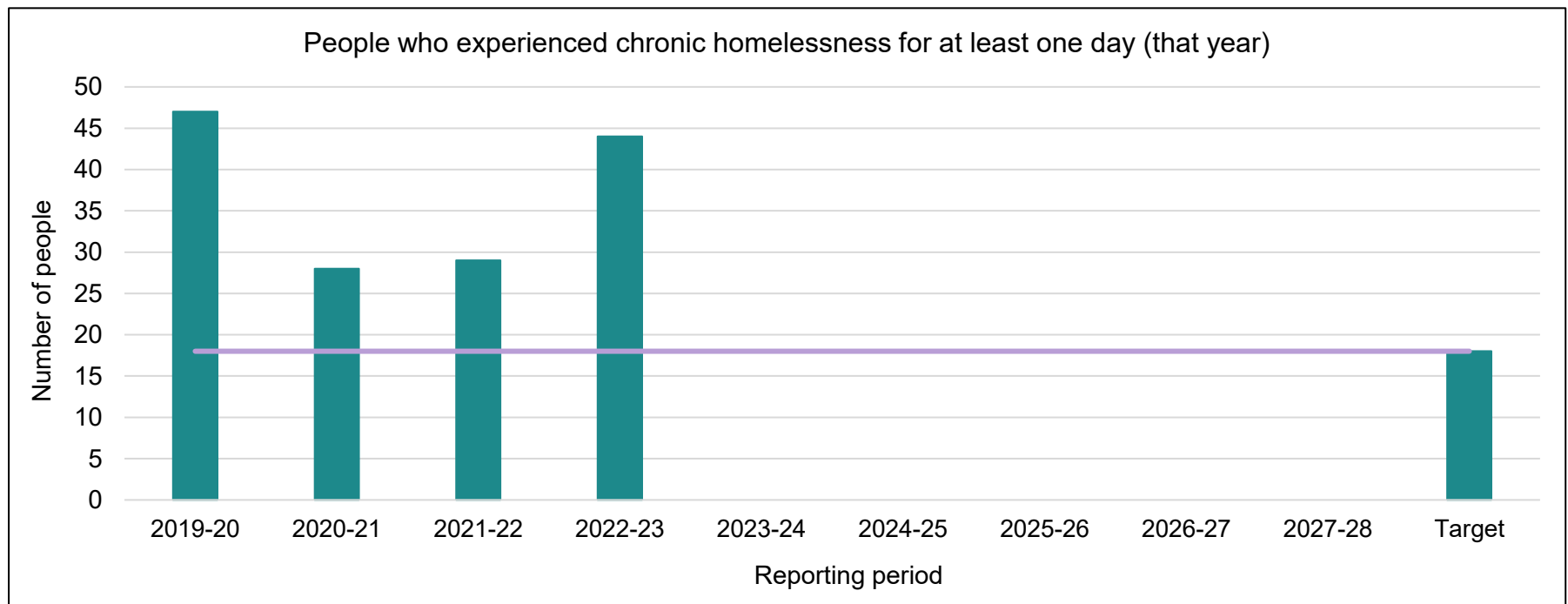
Please insert comment here

Was the federal standard for calculating this outcome used (see Annex A)?

Yes

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

	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	Target
People who experienced chronic homelessness for at least one day (that year)	47	28	29	44						18



Please provide context about your results, as applicable.

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

Was the federal standard for calculating this outcome used (see Annex A)?

Yes