

Community-Based Organization (CBO) Medicine Hat Community Housing Society

2024-2025 SERVICE DELIVERY PLAN (SDP)

I. SUMMARY OF COMMUNITY STATUS

Medicine Hat's systems planning response to the homeless experience is one that generates attention beyond its borders. The system of care developed is grounded in real-time data and the lived experience perspective coupled with academic and evidence-based decisions has been pivotal to Medicine Hat's ability to effectively address diverse types of housing instability in the community. Through strong partnerships, and encouraged disruptive dialogue, the ability for the system to collaborate and collectively course correct when programmatic and systemic advancements are identified is expected. These system shifts are for a multitude of reasons, markedly that interventions and approaches need to align with the current realities and context of homelessness. System delivery must change with current trends – a static system is a failed system and by default, would no longer be evidence-based or applicable to the current environment.

Medicine Hat is rightfully known for its attention to data integrity and for using this data to inform changes to the delivery system. The stance of looking at programmatic response in the absence of system impact does not lend itself to basic, let alone innovative approaches for complex social issues. Programs operating effectively in the absence of integrating with other system players create barriers to achieving high-level community outcomes. For effective systems, all programs must know their role and deliver with excellence.

The Homeless Management Information Systems (HMIS) database has 4,447 unique individuals in the system since its implementation in 2007. This does not include youth who have been assisted through various homeless-serving programs in the community, though these numbers are reported monthly and publicly. In 2015, Medicine Hat began participating in Built for Zero and was confirmed to reach functional zero, chronic homelessness in May 2021 following a rigorous process from the Canadian Alliance to End Homelessness to verify data. The community maintained the functional zero status for seven months and then began to see rates of chronic homelessness climb.

In March 2024, there were 17 active chronically homeless individuals on our by-names list. These numbers are reported on the Built for Zero dashboard and are publicly available. This number does not account for those who are not chronically homeless in the community. When looking at the coordinated access data, shelter data, corrections, and health data, 92 people are currently experiencing homelessness to some degree in the community. This number fluctuates as the inflow and outflow into housing stability occurs, and as we are experiencing, movement into the community occurs. The primary increase in the number of people experiencing chronic

homelessness in the community had one common factor: they are new to our community. This means that the system of care did not lead to people becoming chronically homeless, rather they are arriving with this status. The 92 reported unique individuals do not include those at imminent risk of homelessness due to housing affordability issues. The differentiation of those currently experiencing homelessness versus those at imminent risk is important when looking at cost impact and prevention of higher system utilization and taxpayer dollars. If we can keep people housed versus cycle in the system, it is less costly, provides landlords and property management companies with rent revenue, and provides dignity to those assisted with housing loss prevention services. Those assisted through housing loss prevention efforts are included in the chart below.

Unique Individuals Housed in Community 2021-2024			
	2023-2024	2022-2023	2021- 2022
Adults	192	201	164
Youth	24	17	58
Children	38	78	71
Total	254	296	293
Unique Individuals Assisted - Housing Loss Prevention			
Adults	80	100	71

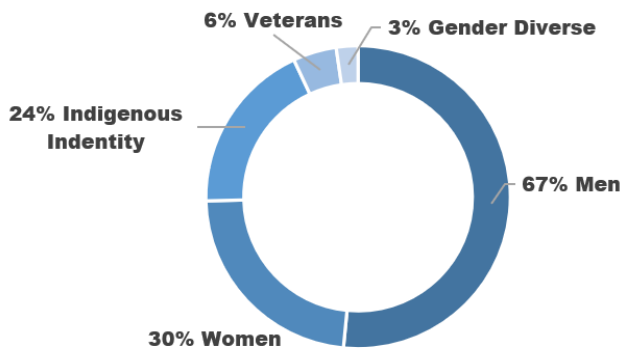
Exits from Housing with Supports Programs			
	2023-2024	2022-2023	2021- 2022
Total Exited	163	212	195
Successful	144	200	163
Percentage	88%	94%	84%

Point-In-Time Count (PiT):

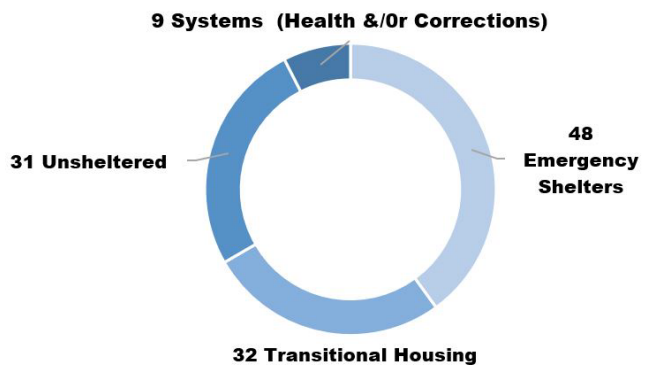
Medicine Hat Community Housing Society, as the CBO/CE, along with 7 Cities on Housing and Homelessness conducted a Point-In-Time Count on September 26, 2022. The count was carried out in various zones throughout the city, as well as at The Mustard Seed Shelter, Medicine Hat Women’s Shelter Society, Roots Youth Shelter, Miywasin Friendship Centre, and Medicine Hat Recovery Centre. The results garnered from the count is one method to learn more about those individuals' experiencing homelessness in our community. It also enables the CBO/CE to capture a snapshot of those sleeping rough, in tents, vehicles, buildings and those accessing emergency shelter. The data collected helps to provide a deeper understanding of the characteristics of the homeless population and to measure the impact of various housing initiative and policies.

On September 26, 2022, 120 individuals were experiencing homelessness.

Population Demographics



Enumeration



Of note: 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 on services and programs.

II. CBO ORGANIZATIONAL STRUCTURE

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.

Tasked with Homelessness Initiatives (CBO/CE) is the Homeless and Housing Development Department, which consists of a Manager and two Homelessness Initiatives Coordinators.

The Manager of Homelessness and Housing Development 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 MHCHS Chief Administrative Officer.

Major areas of responsibility include:

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 Community Council on Homelessness & 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 with supports 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 fundraising as required to support and protect the interests and priorities of the Society

The Homelessness Initiatives Coordinator 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 evidence-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 the community through guidance and support, organizational development, and community leadership. This position reports to the Manager, the Homeless and Housing Development Department.

Major areas of responsibility include:

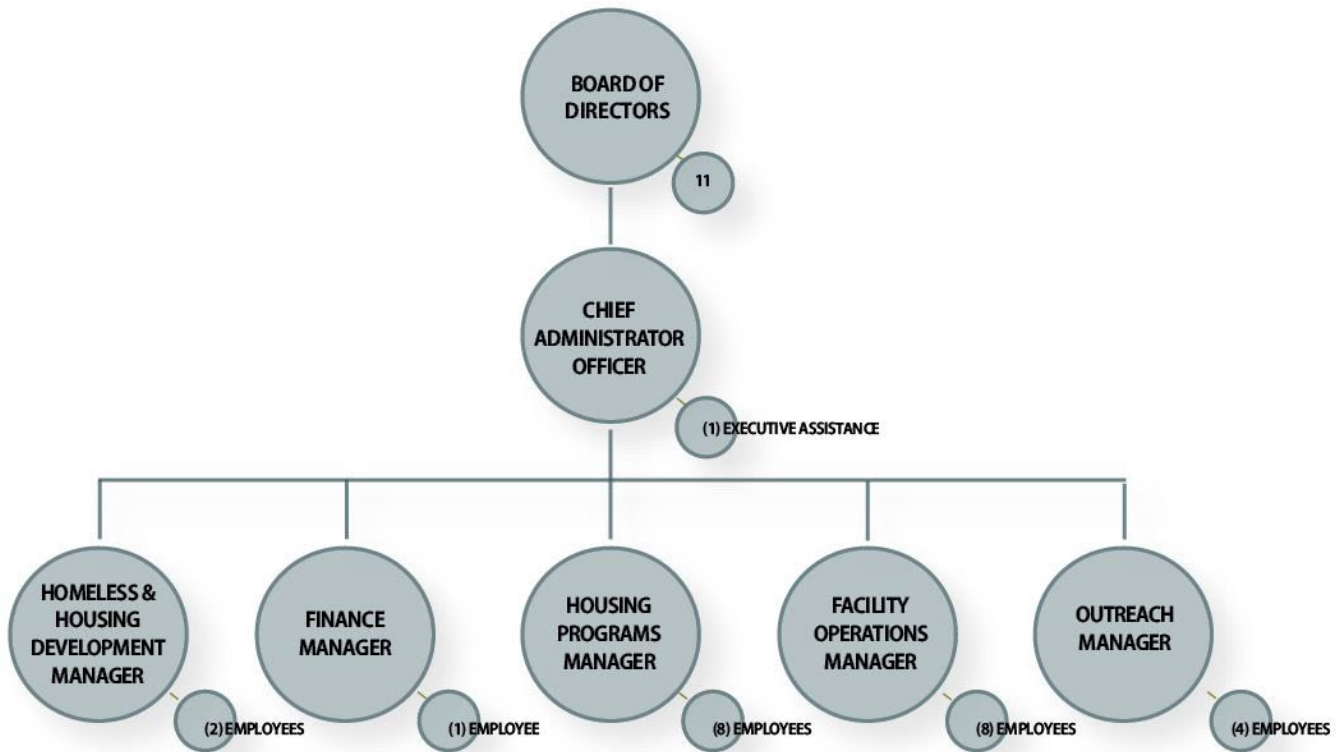
Program and Service Delivery

- 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.

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's Bylaws and provides policy and planning direction to the Chief Administrative Officer (CAO). Several 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.



In the Housing Management Body capacity, the MHCHS manages operational budgets of \$7M, which fluctuates depending on the priorities and programs each 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.

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: 691
TOTAL SOCIAL HOUSING: 1143

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 AFFORDABLE HOUSING: 167

THE TOTAL HOUSING PORTFOLIO AS FOR MARCH 2024 = 1310

III. CBO DECISION MAKING PROCESS

The CBO/CE initiates many consultations in both large and intimate settings with key stakeholders in community including Community Council on Homelessness (CCH), individual conversations with CCH representatives, service providers, 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 2024-2025 funding year, the Community Council on Homelessness (CCH) and the CBO continued funding 11 direct service delivery programs as they met the requirements for continued funding: internal and external evaluations met or exceeded program outcomes and evidence for the continued need for delivery in the community.

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 with Supports principles but is also encouraging communities to invest in prevention.

1. 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.

2. 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 Manager 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 recommendations 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.

3. 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 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.

4. 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 outlined 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.

5. 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 procedures, 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.

6. 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 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.

7. 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 the community online and through local media.

IV. RECOVERY ORIENTED SYSTEM OF CARE

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.

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

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. 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.

The goal of a recovery oriented system of care in Medicine Hat is to have a system that is responsive to the various and complex needs of those served by it, such that all those who come in contact with it can create fulfilling lives for themselves. This is accomplished through a coordinated network of community-based services and supports that are person centered and builds on strengths to enhance recovery outcomes.

The MHCHS recovery oriented system of care takes a holistic approach to supporting individuals to build recovery capital and thrive in our community. This approach includes recognizing that addictions is not the only facet of a person's life where they can build recovery capital. Recovery in mental health means living a satisfying and fulfilled life, including when symptoms are present. Recovery in addictions similarly means that individuals can live fulfilled lives while working towards being substance-free. Overall, the system builds on the strengths and resilience of individuals, families, and the broader community to achieve improved health, wellness, and quality of life for those with or at risk of substance use problems or mental health issues.

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.

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.

Systems planning now also includes building recovery capital throughout all programs and services. Recovery capital encompasses the diverse range of internal and external resources that individuals can leverage to begin and maintain their journey towards recovery. It includes elements such as maintaining physical and mental health, securing safe housing and fostering healthy environments that guard against health risks. It further encompasses aspects like gaining stable employment, which may include addressing any legal barriers that prevent this type of employment.

Community integration and cultural supports are essential components, alongside opportunities for engagement in family, social, and leisure activities, which contribute significantly to the overall well-being of individuals. Peer-based support networks further play a crucial role, providing understanding and encouragement through shared experiences. Moreover, developing vocational skills and pursuing educational opportunities help to foster personal growth and stability. Ultimately, the purpose of recovery involves the exploration or rediscovery of meaning and purpose in life, serving as a guiding light towards sustained wellness and fulfillment.

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 elevated 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.

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:

a. Community Development and Leadership:

- Oversee the development of service provider/community capacity building in relation to ending homelessness.
- Training for service providers, access to training and education opportunities for community partners
- Development around systems planning, integration & professionalization of housing with supports programs.
- Community and stakeholder engagement, planning and reporting back to the community.

b. Coordination of Data and Information Management:

- Importance of data in analyzing and evaluating program efficiency, integration, and sustainability in the system of care.
- Make data-informed decisions about funding.
- FOIPP lead for all funded programs and services, including reporting and investigation of privacy breaches with FOIPP Office and Privacy Commissioner.

c. Fund Administrator:

- Uses data to make decisions about programs and services to fund to ensure there is a holistic, inclusive, sustainable system of care for any individual experiencing homelessness in Medicine Hat.
- Allocates funding to various programs and services.
- Improving current programs and the implementation of innovative programs when there is a need in the community will continue to be the focus for the CBO/CE, with the goal of ending homelessness.

d. System Planner:

- Works across different sectors (Health, Justice, Education, Housing, etc.).
- Collaboration, consultation, and engagement with stakeholders.
- Focus on capacity building initiatives, training, and technical assistance for the sector at home and beyond.

e. Local Decision Making:

- Local autonomy essential to be successful in the local community.
- Facilitate community decisions impacting community outcomes.

f. Housing Development

- Work with various stakeholders on planning for housing development
- Develop innovative approaches to increasing affordable housing supply
- Provide partnership opportunities for the private and public sector

Through the implementation of these activities, the CBO has become a 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.

Homeless Shelter Systems

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 six-bed shelter that serves youth (under 18).

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. 2024- 2025 will continue to focus on shifting all shelters to being housing-focused, to assist with the transition of people into permanent housing options whereby they leave the shelter environment and permit the spaces to be used for emergencies.

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 must keep track of when to go to shelter, what hours are, or what services are available and when.

Community Summits

Beginning in June of 2023, MHCHS, in partnership with the City of Medicine Hat, embarked on developing and delivering a series of community summits intended to identify current challenges experienced in community, prioritize needs and action steps forward. Detailed below, many conversations revolved around enhancing recovery capital within the system of care by expanding mental health and addictions supports, alongside ensuring access to appropriate and affordable housing options for all individuals.

The first summit, titled *Community Solutions Summit for Mental Health, Substance Use and Housing*, held on June 12, 2023, brought together a broad cross-section of stakeholders from city council and administration, local business owners, social service agencies, policing, education, and health. Facilitated by Iain DeJong of OrgCode Consulting Inc., summit attendees were challenged to identify crucial issues relating to homelessness in community, where responsibility lies to address such issues and realize the desired outcome for each prioritized issue. Seven concerns were identified, prioritized and are as follows:

1. Broader mental health and addiction training with a focus on proactive prevention, proper supports for individuals at risk
2. Decline of positive landlord relationships and the willingness to house individuals with complex behaviours and needs in the private market.
3. Difficulty of operating a business in the downtown core in the current environment.
4. Public fear of engagement with individuals who are experiencing homelessness, while acknowledging the negative stigma often associated with homelessness.
5. The need for safe, appropriate, and affordable housing and the identification of gaps in current housing stock.
6. The ability to respond to historical and generational trauma and the ability to identify the difference between trauma informed and trauma specific care.
7. 24/7 bathroom and shower access for individuals experiencing homelessness.

A final report to community ([Homelessness & The Medicine Hat Community: Issues, Concerns and Proposed Actions](#)), outlined themes for implementation and next steps for advocacy, additional planning, resources, and further education.

Community Summit 2, Building Up and Building On, held on February 1, 2024, continued the conversation with another diverse group of community stakeholders. The focus of discussion

landed on the availability and affordability of housing, specifically transitional housing, including the lack of sober living facilities operational in community. Highlighted throughout this discussion was the need for the reduction of planning and permitting expenses, as well as changes to zoning and bylaws to increase access and incentives for small building companies interested in becoming social housing partners.

Summit 3 Let's Talk: Housing (February 29, 2024) primarily involved participation with front-line workers from several social serving organizations, as well as stakeholders from municipal economic development. The merging of these two distinct groups highlighted the intersection of where social advocacy meets economic feasibility. The priorities developed through discussion focused on:

1. Barriers vulnerable populations face in accessing affordable housing options including long-term placement for individuals with complex mental health and addiction needs.
2. Appropriate access and transition to supports (driven by policy change to ensure individuals are not discharged/released into homelessness).
3. The need for increased communication to normalize access to shelters and social services to reduce stigma/shame experienced by vulnerable individuals.
4. Expansion of existing services to allow for immediate access to mental health supports and addiction recovery programming.

The fourth community summit is scheduled for April 25, 2024, and will summarize all priorities identified at the three previous summits and challenge stakeholders to develop a plan forward to further reduce the experience of homelessness and housing instability in the community, while respecting everyone's right to autonomy.

Action Research on Chronic Homelessness (ARCH) Project

The Action Research on Chronic Homelessness study seeks to understand and create effective supportive housing models for those experiencing chronic homelessness in Medicine Hat with complex needs currently underserved by the system of care. Like many communities having to reconfigure systems of care post-COVID, Medicine Hat is having to shift to a more advanced and aggressive model of care for those community members we have been unable to collectively serve. The experience of homelessness in a post-COVID environment has changed, those experiencing homelessness have changed, and thereto so must our responses.

After monitoring trends of those accessing supports and those refusing supports, a notable shift in the degree of mental health has been documented. The current system was never designed to appropriately deal with individuals with such complex mental health presentation. Typically, these individuals present with significant and unmanaged behavioral issues that impact their housing stability. They are also typically medication non-compliant, thereby exasperating the presentation of their symptoms and behaviours. The level of acuity and need that these individuals present with are not conducive to sustainable support under current 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 decompensate in community.

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 secured facilities, or institutionalized care, while controversial, may be the safest and humanistic approach for providing specialized service for those community members who float between the current systems, and are left unserved or underserved.

Medicine Hat's strong systems planning work, community collaboration, and focus on data and disrupting systems will be instrumental in the success of the ARCH project. Expected results of the project include:

- An improved understanding of factors contributing to chronic homelessness, and those not adequately served by the system of care.
- Gain an understanding of the impact and intersection of mental health and homelessness.
- Enhanced stakeholder collaboration and knowledge exchange.
- Identification of systemic barriers faced by individuals.
- An improved understanding of current resource allocation and identify areas for investment or de-vestment.
- Development of evidence-based recommendations for policy and program improvements.
- Implementation and evaluation of pilot interventions aimed at addressing identified challenges.
- Regular synthesis of data into useful, understandable findings.
- Focus on meaningful engagement with homeless individuals.
- Incorporate Indigenous ways of knowing and healing into both the research and pilot approaches.
- Generate innovative responses to supportive housing models.

ARCH is designed as a community-wide initiative that fosters partnerships and positive relationships between Indigenous and non-Indigenous partners. The Miywasin Friendship Centre, as the Indigenous Homelessness CE for Medicine Hat, is the co-lead of the ARCH project. The Miywasin Centre is actively working with Alberta Health Services (AHS) on the inclusion of Indigenous ways of knowing and healing into treatment and healing plans for the participants selected for the project.

To provide oversight and accountability, a Summative Researcher will be contracted by Infrastructure Canada (INFC) to coordinate the collection of ARCH research and summarize findings. In addition, a Federal Support team is in place to serve at the federal point-of-contact

and ensure activities align with the overall aims and objectives. This team will also be responsible for the coordination of sharing information/findings.

At a community level, a Community Advisor – BDO – has been contracted by INFC and is responsible for developing site-specific evaluation frameworks to collect, gather and analyze the projects to deliver real-time feedback and recommendations.

In addition, MHCHS has formed an ARCH Advisory Table that consists of community stakeholders, representatives from the all three levels of government, AHS, Medicine Hat Police Service, lived-experience community members and Indigenous partners. The Advisory Table will strategically collaborate to:

- Help guide the work of the ARCH pilot project.
- Review the effectiveness of existing strategies, interventions, and support systems, and develop evidence-based suggestions to improve the delivery of programs, systems, and policies.
- Determine strategies to continue, adapt, or stop at a community level; and
- Have a consistent focus on health care and access to services.

The ARCH project is a 15-month delivery that began in January 2024 and scheduled to conclude in March 2025.

This project builds recovery capital by directly addressing several key components of recovery-oriented care. Firstly, by integrating mental health services and supportive housing models, ARCH addresses the need for safe housing and healthy environments as well as community integration and cultural support. Through partnerships with Indigenous and non-Indigenous organizations and the incorporation of Indigenous ways of knowing and healing, the project fosters meaningful engagement with individuals, enhancing their social support networks and providing enhanced opportunities for cultural supports. The emphasis on developing evidence-based recommendations for policy and program improvements serves to enhance stakeholder collaboration and knowledge sharing. Additionally, it will play a pivotal role in identifying and reducing systemic barriers faced by individuals, including barriers to stable employment.

The Government of Canada under the Community Capacity and Innovation Stream (INFC) is contributing \$1,291,600 towards the project. The Government of Alberta through Outreach and Support Services Initiative (OSSI) funding will contribute \$829,604 for a total project cost of \$2,121,204.

Decolonization and Indigenization of the Homeless System of Care

In August of 2023, Medicine Hat Community Housing Society launched the highly anticipated Decolonization and Indigenization of the Homeless System of Care. This project set out to assess the current system of care and provide a reconciliation strategy that will include recommendations and an implementation plan of practices that support decolonization and Indigenization as outlined in the Truth and Reconciliation Commission 94 Calls to Action.

Western Management Consultants (WMC) received the contract and promptly began working with CBO staff and the Indigenous Liaison for the project to create a detailed workplan which included the delivery of a final report by March 31, 2024.

Phase 1 “Intake” commenced in early September 2023 and included a complete review and analysis of Housing Link’s (Medicine Hat’s Coordinated Access) intake assessments, policies, and procedures. This phase included internal stakeholder interviews and surveys, as well as engagement with elders, knowledge keepers and Indigenous individuals with lived experience through interviews and sharing circles.

Phase 2 sought to analyze the engagement of external community stakeholders (those who refer to Housing Link) with the homeless serving system of care. Confidential interviews and surveys added to phase 1 data compilation.

The final phase involved a community-wide assessment of the current system and its policies and procedures through confidential surveys made available to anyone who has experienced homelessness, those currently homeless or experiencing housing instability. Key to the project was the voices, experiences and knowledge gathered by those who have touched the system will allow for the journey forward to eliminate perceived discrimination, reduce barriers, and create a more equitable system and process. Surveys were promoted and made available online and in person at the Medicine Hat Community Housing Society office, the Miywasin Friendship Centre, and the Medicine Hat Public Library.

The final report and recommendations for implementation will be made public in the spring of 2024.

Roundtable Discussions

Throughout the 2023-2024 funding cycle, the CBO has had the welcomed opportunity to participate in and present at several roundtable discussions. The dynamic conversation and insight into issues currently being experienced by communities in the province serves to strengthen the working relationship between all three levels of government and stakeholders operating in the system of care. Dialogue on project goals and achievements further highlights the alignment community level outcomes as they relate to provincial and federal investment.

July 5: CBO was invited to meet with MLA Justin Wright and his staff to provide an overview of the housing and homeless-serving system and process for individuals to access and navigate through.

July 12, 2023: Carolyn Bennett, former Federal Minister of Mental Health, and Addictions, met with MHCHS to discuss current issues facing the community. Data and how it is used to help meet the needs of those experiencing homelessness and housing instability, as well as how the local system of care adjusts when needed, highlighted the conversation.

December 13, 2023: In response to the closure of the Canadian Mental Health Association (CMHA) office in Medicine Hat, Cypress-Medicine Hat MLA Justin Wright held a roundtable discussion with social-serving agencies. In attendance were representatives from the CBO, Our

Collective Journey, Sanare Centre, The Mustard Seed, Medicine Hat Family Service, and McMan Youth, Family and Community Services Association. The discussion centered on what services and programs were being offered by CMHA at the time of closure, what services and programs were not being offered, and what was thought by the community to be offered.

January 3, 2024: Meeting with Premier Danielle Smith and MLA Justin Wright to discuss MHCHS operations and CBO activities including Permanent Supportive Housing, and the ARCH Project. Follow-up information was provided to Minister Nixon's Chief of Staff at their request. Recommendations included changes to current Social Housing Accommodation Regulations that would correct inequities that exist within the current housing system regulations, and create an increased revenue flow, benefitting both the Government and Housing Operators.

February 2, 2024: Hosted by MLA Justin Wright in conjunction with the Hon. MLA Danielle Smith, and Minister Dan Williams, Ministry of Mental Health and Addiction, the roundtable brought together stakeholders from across Medicine Hat's mental health landscape to have an open and solutions-oriented dialogue about the current state of mental health services and support in our community. Topics covered included: current services, programs, and resources available, identifying gaps in care, access issues, and unmet needs, sharing perspectives on barriers and challenges to addressing mental health needs, brainstorming innovations, and collaborative solutions to fill gaps and enhance services and accessibility, and post Recovery Center supports.

Medicine Hat Community Well-Being Strategy

Medicine Hat, like other cities across the country, continues to experience the impacts of the Covid-19 pandemic and has seen an increase in multiple social challenges. The benefits of creating a Community Well-being Plan are wide-ranging and impact individuals, agencies, organizations, and the broader community.

The intent of the plan is to lay the framework for priorities and actions that support well-being and to:

- define community well-being and the community's vision for well-being;
- describe current state of community well-being;
- articulate factors and conditions that impact well-being in Medicine Hat;
- identify priority areas for improvement based on community needs, current and anticipated;
- identify specific actions required to achieve the defined definition and vision of well-being in Medicine Hat;
- define the roles and responsibilities of individuals, organizations, and levels of government as they relate to the established priorities and actions; and

- establish indicators and measures to evaluate the success of the strategy

Targeted interest holder engagement is an essential component of this project as well as broader engagement across Medicine Hat to collect input and insights. The public and community partners are key contributors to the plan, to ensure a collective impact approach drives the co-creation of thematic needs and action areas.

Internal departments will also be involved in the development of the plan, to provide expertise on various subject matter areas and to ensure actions identified for City implementation are practical, effective, and attainable.

The Medicine Hat Community Well-Being Strategy fits well within the recovery-oriented system of care by prioritizing holistic support for individuals with complex needs. By defining community well-being and identifying priority areas for improvement, the strategy ensures that services and supports are tailored to address the diverse needs of the community, fostering individualized paths to recovery. Through targeted engagement and collaboration with stakeholders, including individuals with lived experience, the strategy fosters a person-centered approach that builds on strengths and resilience, ultimately working towards improved health, wellness, and quality of life for all members of the community.

IMPLEMENTATION PLAN:

The project plan consists of five phases, with work currently happening in the third phase.

Phase 1: Plan Initiation (Jan-May 2023)

- Project Framework draft (Jan – Feb)
- Strategic Advisory engagement (March)
- Advisory Committee Terms of Reference (April)
- Community and Interested Party engagement plan (April to end of May)

Phase 2: Discover and Understand (June – Nov 2023)

- Environmental Scan (June – July)
- Workshops with Advisory Committee (June & Aug)
- Well-Being Data Collection & Analysis (July – Oct)
- “Understanding Well-Being in Medicine Hat” Report (Oct-Nov)

Phase 3: Define & Vision (Target June 2024)

- Develop Project Framing Presentation (Nov)
- Workshop with Advisory Committee to Confirm Presentation & Engagement Activities (Nov)
- Project Introduction & Update to Council (Dec 2023)

- Engagement – People with Lived and Living Experience (Jan 2024 – April 2024)
- Engagement – Community, Interest-holders (Jan 2024 – April 2024)
- Drafting 'What Was Said' Report (May 2024)
- Drafting Vision Report (May – June 2024)

Phase 4: Draft and Confirm (Target September 2024)

- Vision debrief session with Advisory Committee
- Preparation of draft plan
- Project Team working session on draft plan
- Engagement sessions –draft plan feedback

Phase 5: Finalize and Present (Target December 2024)

- Refine and finalize the Well-Being Plan
- Present final plan to Advisory Committee
- Present final plan to City Leadership
- Present final plan to City Council

Development of Sober Living Options

In early 2024, work began with a private citizen to collaborate on a community-based effort to increase the supply of sober living options in Medicine Hat. An MOU (memorandum of understanding) was entered to guide the discussion and ensure the intent of the development was honored. The project will consist of 2 phases. Phase 1 includes the acquisition of 4 properties, a donation of one property from a private citizen, and capital renovation investment to increase unit numbers in each property. In total, 20 spaces will be developed in the community, with an Oxford model implementation. Work on this project will commence April 2024. This phase also includes the provision of a study to assess and document the requirements for an additional facility to augment the role of the existing Lynx House in the community. Once high-level requirements are established, options to implement and operate the facility will be developed and costed. The CBO will undertake this study with the budget to do so provided by the private citizen.

The development of Sober Living options in Medicine Hat exemplifies a critical component of a recovery-oriented system of care by providing supportive housing for individuals on their journey to recovery. Through collaboration with private citizens and the implementation of an Oxford model, the project enhances access to safe and structured environments conducive to maintaining sobriety and promoting overall well-being. Additionally, the project contributes to building recovery capital by expanding the availability of housing options tailored to individuals' needs, thereby addressing a key component of recovery and fostering a supportive community

environment conducive to sustained recovery efforts.

The continuation of phase 2 will be dependent on the results of the study. If the study indicates a continued need and feasibility for the project can be established, the private citizen is prepared to make another substantial capital investment.

Spencer Street Affordable Housing Project

The Spencer Street Project consists of the development of 84 units in 3 separate building structures: building A – 44 units, building B – 20 units (Indigenous housing), and building c – 20 units (future build). The Medicine Hat Community Housing Society has two exceptional development partners for this project being the City of Medicine Hat (donated land and servicing) and the Government of Alberta (through the Indigenous Housing Capital Program). Financial commitments from these partners represent a significant investment of \$5,601,250. In the fall of 2023, an application was put forth to CMHC under the Rapid Housing Initiative, however this application was denied funding. An application was subsequently submitted to the GoA and is pending review.

Design work has been completed for buildings A and B. The architects' schedule calls for the project to go to tender on April 16, 2024. The team is extremely motivated to have the project DP in-hand before the new National Building Code (Alberta Edition) 2022 comes into force on May 1, 2024. The next substantial step is to issue a Request for Proposals for builders to pre-qualify for the actual bid process.

The pending review and results of existing funding opportunities will be critical in seeing this project move forward.

V. COMMUNITY CHALLENGES

1. Barriers in achieving positive outcomes

Implementation timelines for effective GoA responses to substance use and resulting social disorder

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 2023, 37 drug poisoning deaths were recorded in the community due to opioids. Historically, the location of unintentional opioid poisonings tended to occur in private residences in the community, however, in the third quarter of 2023, the number unintentional opioid poisoning occurring in public surpassed private residence locations by 17 per cent. 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. However, even when treatment options are available, the rates of relapse and recidivism overshadows the effort,

expense, and emotional exhaust in responses. Simply put, despite a high level of compassion for individuals experiencing trauma, and those who turn to drugs to numb, the frequency and exposure to overdose, death, and social disorder creates a level of generalized disdain and flatlines compassion from the public.

Through collaborative strategies that address stigma, improve access to addiction supports, and promote holistic well-being, Medicine Hat is creating a supportive environment that empowers individuals on their journey to recovery, ultimately enhancing health outcomes and quality of life for all. By prioritizing addiction support, including the development of new programs within the system of care, Medicine Hat is increasing recovery capital to foster a supportive environment for individuals seeking recovery. Efforts to address compassion fatigue among leaders, front-line workers, and the community are being undertaken through Housing Summit conversations and the Community Well-Being Survey.

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. We are optimistic that the ARCH project will help to address some of these behaviours within this population.

The ARCH project addresses the challenge of mental health complexities among individuals experiencing chronic homelessness by focusing on building recovery capital. Through its emphasis on developing effective supportive housing models and integrating mental health services, ARCH aims to provide tailored support for these individuals. By addressing systemic barriers and promoting access to appropriate care, ARCH contributes to the development of a recovery-oriented system that emphasizes empowerment, resilience, and fulfilling lives for all individuals, including when mental health symptoms are present.

Financial Insufficiency

The continued rise in basic living expenses continues to negatively impact many members of 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. The increasing cost of rent, utilities and food is making it difficult for individuals and families to sustain safe, stable, and

affordable housing. In 2021, 19.5 per cent of households in Medicine Hat were spending 30 per cent of more of income on housing costs.

By October 2023, vacancy rates for a one-bedroom rental unit were 0.6 per cent and the average rental cost increased to \$1,006 from \$831 in 2021. To further highlight the increased financial strain on individuals and families, Medicine Hat noted a staggering increase in the number of households accessing the community food bank – Root Cellar Food and Wellness Hub. In 2023, 25,185 unique individuals and 12,162 households were served by the community food bank. This is an increase from 21,775 unique individuals and 9,876 households respectively in 2022.

The challenge of financial insufficiency underscores the importance of addressing systemic barriers within a recovery-oriented system of care and building recovery capital. Through the ARCH project, the systemic barriers to stable employment will be evaluated and hopefully addressed through policy change. This contributes to building the recovery capital of individuals within the system of care.

2. Unique community factors impacting the CBO's and Service Provider's (SP) ability to achieve outcomes of moving people from homelessness and shelters into housing with support.

The below factors are not unique to Medicine Hat, though do warrant highlighting due to challenges from both a shelter standpoint and housing system delivery standpoint.

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 or AISH benefits, and are making the choice to continue utilizing public services over getting housed with supports. While affordability is an ongoing issue, (see below) the individuals that tend to reside in the shelter have had Rent Geared to Income (RGI) housing placements and have a history of giving up their housing, so they do not have to contribute anything to housing costs. There is little to no incentive to use one's own resources to find and maintain housing when emergency services are being used. Other individuals are simply not housing-focused and prefer to allocate their benefits and/or income to other extracurricular activities or vices. While this may seem out of the ordinary, it is more commonplace and can be validated using information sharing across systems.

Those that want to be housed can be. For some individuals this can take time if they do not have ID, are new to the province, or have a less than stellar housing references. For some in community, they have literally burned bridges and have diminished their access to housing – even interim housing in hotels. Those that do not want to pay rent, or who continue to break their lease agreements and create significant damage will find themselves cycle back into homelessness.

A recovery-oriented approach could address this issue by focusing on building individuals' recovery capital, encouraging their engagement with the system of care, and providing tailored support services. These efforts must be integrated within a coordinated network of community-based services aimed at fostering long-term housing stability and overall well-being, as will be explored through the research within the ARCH project.

For those engaged and housing focused, there are options and resources available.

Much like many communities across the province, the lack of affordable housing units is not unique to Medicine Hat. This experience, however, is reflective of the challenges the CBO and its funded programs are experiencing when attempting to find appropriate, affordable, and safe housing options. Low vacancy rates, high rental costs and the reluctance property owners and rental management companies have towards renting to vulnerable populations presents multiple barriers in housing options.

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. As reported in 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.

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.

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.

The Government of Alberta plays a critical role in Medicine Hat's recovery-oriented system of care through funding and through shaping policies that address the lack of affordable housing and reduce systemic barriers. Recognizing that stable housing is foundational to recovery capital, efforts to expand affordable housing options align with the system's goal of fostering everyone's long-term well-being and life fulfillment. Research conducted through the ARCH project will come with policy recommendations with the potential to enhance housing stability, promote recovery, and reduce systemic barriers to both.

VI. CBO PRIORITIES

Priorities for the 2024-2025 fiscal year

1. Focused delivery and research to support the expansion of the ARCH project. Talks are currently underway with a care facility that can provide a long-term care setting for this underserved population.
2. Advocate for the implementation of secured housing facilities (institutionalized) for those unable to safely function with current community resources and who do not belong in a hospital setting.
3. Develop sober living options in the community to support recovery and partner with existing services, such as Our Collective Journey (OCJ) to provide support to those accessing this housing option.
4. Break ground on the Spencer Street project, adding in-demand units for target population groups of women and Indigenous individuals and families.
5. Build up community capacity, awareness, and education efforts.
6. Work with shelters to be housing-focused and move people into permanent housing options.
7. Transition data from the current system to a new platform by January 2025.
8. Work with Medicine Hat Police Service, AHS, Fire, and City Parks and Recreation to disband encampments through the Proactive Engagement and Community Enhancement Team (PEACE).
9. Concerted and focused efforts to realign discharge practices and planning from institutions and care settings.

VII. FUNDED PROGRAM DETAILS

Project Name(s) and Service Provider(s) Name – as per SDP Schedule A	Program Name in Government of Alberta Efforts to Outcomes system (if applicable)	Completes required SCSS housing assessments (Intake, 3, 6, 9, 12, Exit) – Y/N
Housing Link <i>Medicine Hat Community Housing Society</i>	MHCHS Housing Link	N – <i>Intake required, however, no follow-up assessments due to program design (coordinated access)</i>
Housing Link <i>Medicine Hat Community Housing Society</i>	Rapid Resolution	Y
Housing Link <i>Medicine Hat Community Housing Society</i>	Housing Loss Prevention	N – <i>assessments are required. No intake due to program design,</i>

Permanent Support Housing <i>McMan Youth, Family & Community Services Association</i>	McMan PSH	Y
Housing Stabilization Coordinator Cultural Connections Coordinator <i>Miywasin Friendship Centre</i>	Miywasin Coordinated Access Site	In development
** Agencies not currently in SDP or funded, however, CBO still needs to have access due to data validation.	MHWSS Housing First Program Salvation Army	Y Y

OUTREACH AND SUPPORT SERVICES INITIATIVE

APPROVED PURPOSE

SCHEDULE A

This is Schedule “A” to an Agreement with an Effective Date of April 1, 2024 – March 31, 2025, 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: Permanent Supportive Housing – PSH

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

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

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

A. #4, 941 South Railway Street SE

Program Purpose:

Permanent Supportive Housing is a housing with a support model with 24/7 on-site support 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 (Intensive Case Manager) in alignment with best practices with a focus on increased frequency of visits to support housing stability.

Funded program positions are expected to understand their program operations and have a comprehensive understanding of the system of care, and how their program fits and operates within the system. Failure to have this understanding will result in program termination.

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. 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. 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. Permanent Supportive Housing (PSH) Program – McMan Youth, Family and Community Services Association

1. SCSS 2024-2025 funding: \$1,432,500
2. Carryover allocation: n/a
3. Other sources of funding (specify Reaching Home, Health Funding, etc.): n/a
4. Staffing:
 - 1 FTE Program Manager
 - 1 FTE Program Supervisor
 - 4 FTE Caseworkers
 - 3.1 FTE Support Workers
 - 4.21 FTE Night Staff
 - 1.96 FTE Relief Staff
 - 0.30 Contribution to On-Call
5. 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.
6. Efforts to Outcomes data collection: Yes

Program Activities:

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

5. Within 30 days of the start of the program, provide a one-page program map for integration of service with other providers. Approval will be at the discretion of the CBO.

Outputs: (Direct products of program activities)

A. Permanent Supportive Housing (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 30 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. At any given reporting period, 85% of the people housed will still be permanently housed.
2. Those persons permanently housed will show reduced incarcerations, reduced emergency room visits and reduced in-patient hospitalizations.
3. Persons housed in the program will have a stable income source (e.g., employment income, AISH, Alberta Works, disability pension, Old Age Security, etc.).
4. Persons housed in the program will be engaged in mainstream services (e.g., medical doctors or specialists, legal service, etc.).

OUTREACH AND SUPPORT SERVICES INITIATIVE

APPROVED PURPOSE

SCHEDULE A

This is Schedule “A” to an Agreement with an Effective Date of April 1, 2024 – March 31, 2025, 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: Transitional Housing

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

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

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

A. #4, 941 South Railway Street SE

Program Purpose:

Youth Hub Outreach Services - McMan Youth, Family and Community Services Association supports community-based youth aged 15-24 who are at risk of becoming homeless due to family conflict as well as those currently homeless or staying in the youth shelter. This program focuses on appropriate housing/re-housing of the youth and support to the family to promote family reunification. Those individuals requiring assessment for housing with support-based service interventions will be referred and/or accompanied to Housing Link for services.

Funded program positions are expected to understand their program operations and have a comprehensive understanding of the system of care, and how their program fits and operates within the system. Failure to have this understanding will result in program termination.

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. 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. 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 Services – McMan Youth, Family and Community Services Association

1. SCSS 2024-2025 funding: \$541,220
2. Carryover allocation: n/a
3. Other sources of funding (specify Reaching Home, Health Funding, etc.): n/a
4. Staffing:
 - a. 3.0 FTE Outreach Workers
 - b. 1.0 FTE Youth Development Specialist
 - c. .60 FTE Program Supervisor
 - d. .20 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: Yes.

Program Activities:

1. Outreach to community-based homeless youth, crisis-sheltered youth aged 15-24.
2. Provide housing with support to youth.
3. Provide youth with opportunities for skill-building in areas like budgeting, tenancy skills, and life skills.
4. Assist youth with employment readiness.
5. Appropriate case management and follow-up support that is client centered.
6. Transition youth to community/independent living when applicable or within 18 months of intake.
7. Within 30 days of the start of the program, provide a one-page program map for integration of service with other providers. Approval will be at the discretion of the CBO.

Outputs:

(Direct products of program activities)

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

1. 100 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. 70% of youth will secure p/t or f/t employment.

4. Up to 15 youth will be housed with supports into a supportive housing environment.

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. At any given reporting period, 85% of the people housed will still be permanently housed.
2. Those persons permanently housed will show reduced incarcerations, reduced emergency room visits and reduced in-patient hospitalizations.
3. Persons housed in the program will have a stable income source (e.g., employment income, AISH, Alberta Works, disability pension, Old Age Security, etc.).
4. Persons housed in the program will be engaged in mainstream services (e.g., medical doctors or specialists, legal service, etc.).

OUTREACH AND SUPPORT SERVICES INITIATIVE

APPROVED PURPOSE

SCHEDULE A

This is Schedule “A” to an Agreement with an Effective Date of April 1, 2024 – March 31, 2025, 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: Supportive Housing

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

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

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

A.#104, 516 3rd Street SE

Program Purpose:

Preventing and reducing homelessness requires time, long-term resources, coordination, and dedicated focus across a range of partners. Communities continue to provide critical support to organizations in developing data-driven, coordinated systems, delivering housing focused services and interventions, and building strong Indigenous partnerships. This work is integral to addressing homelessness, and chronic homelessness more specifically.

Chronic homelessness occurs in communities across Canada. Through initiatives under the National Housing Strategy, including Reaching Home: Canada’s Homelessness Strategy, the Government of Canada has been working with communities across the country to reduce chronic homelessness by 50% by 2027-2028. Building on all the work governments, the non-profit sector, Indigenous partners, and communities have done to date, and recognizing the need to do more, the Government of Canada has taken a step further and has committed to working with partners to end chronic homelessness in Canada by 2030. The goal is that ARCH projects will compliment and align with ongoing community work and, find ways to work together in efforts to address chronic homelessness across Canada.

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. 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. 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 (ARCH) Project – CBO/CE Medicine Hat Community Housing Society (MHCHS)

1. SCSS 2024-2025 funding: \$130,533
2. Carryover allocation: \$728,944
3. Other sources of funding (specify Reaching Home, Health Funding, etc.): Reaching Home \$1,291,600 In-Kind \$44,000 (both span 2 years)
4. Staffing:
 - a. The research component:
 - Lead Research Coordinator
 - Research Coordinator 1
 - Research Coordinator 2
 - Indigenous Coordinator
 - b. Direct program staff:
 - 1 FTE Program Manager/Supervisor
 - 2 FTE Intensive Case Managers
 - 2 FTE Support Workers
 - 4 FTE Night Support Workers
 - 1.5 FTE Relief Staff
5. Target client group served: Individuals with persistent and complex service needs with a history of chronic homelessness who experience multiple barriers to housing and who have not been successfully served by the current system of care.
6. Efforts to Outcomes data collection: No. HIFIS (Homeless Individuals and Families Information System) will be used as the data collection system. In addition, during the period from January 1, 2024 – March 31, 2025, a comprehensive literature review, a review and analysis of systemic barriers, resource mapping and evidence-based recommendations for policy and program improvement will be produced.

Program Activities:

1. Conduct and gather data via surveys, interviews, and focus groups, regularly analyzing the data to identify gaps in service delivery and in wanted/needed services.

2. Synthesize research findings and adapt the project to the evolving understanding of the needs of individuals experiencing homelessness, the systems responding, and the community.
3. Engage and communicate with stakeholders about this project, including those with lived experience, the Indigenous Liaison, and Indigenous Community Entity.

Outputs:

(Direct products of program activities)

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

1. 12 individuals experiencing chronic homelessness will be served with this research project.
2. A literature review identifying factors contributing to chronic homelessness with consideration for COVID-19 impacts, opioid crisis, increased crime, discrimination and stigma, the role of various sectors responding to homelessness and supportive housing models across various jurisdictions.
3. A comprehensive review and analysis of systemic barriers, including change impact points that could influence or mitigate service access.
4. Evidence-based recommendations for policy and program improvements as well as areas for investment or de-vestment based on data analysis and piloted interventions and cross-ministerial policy review (as appropriate).
5. Resource mapping of current resource allocations and contribution percentages from other systems (e.g. health) to community based homeless and health responses.

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. At any given reporting period, 85% of the people housed will still be permanently housed.

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

OUTREACH AND SUPPORT SERVICES INITIATIVE

APPROVED PURPOSE

SCHEDULE A

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Strategic Areas of Investment: Housing Supports

Program Classification: Rent Supplement – Long Term

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

A. Graduate Rental Assistance Initiative (GRAI) – CBO Medicine Hat Community Housing Society (MHCHS)

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

A. #104, 516 3rd Street SE

Program Purpose:

The CBO provides financial assistance to households that graduated from housing with support programs and require rent supplements. Subsidy rates align with the Housing Management Body rates to ensure alignment of rental subsidy if 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. 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. 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 – CBO Medicine Hat Community Housing Society

1. SCSS 2024-2025 funding: \$150,000
2. Carryover allocation: n/a

3. Other sources of funding (specify Reaching Home, Health Funding, etc.): n/a
4. Staffing: n/a
5. Target client group served: Rapid Resolution Graduates
6. 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 – CBO 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 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. At any given reporting period, 85% of the people housed will still be permanently housed.
2. Those persons permanently housed will show reduced incarcerations, reduced emergency room visits and reduced in-patient hospitalizations.
3. Persons housed in the program will have a stable income source (e.g., employment income, AISH, Alberta Works, disability pension, Old Age Security, etc.).
4. Persons housed in the program will be engaged in mainstream services (e.g., medical doctors or specialists, legal service, etc.).

OUTREACH AND SUPPORT SERVICES INITIATIVE

APPROVED PURPOSE

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Strategic Areas of Investment: Housing Supports

Program Classification: Interim /Transitional Housing

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

A. Housing Stabilization Worker Program – Miywasin Friendship Centre

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

A. 517 3rd Street SE

Program Purpose:

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.

The Housing Stabilization Coordinator is responsible for the one-on-one stabilization support for Indigenous clients at risk of homelessness.

Funded program positions are expected to understand their program operations and have a comprehensive understanding of the system of care, and how their program fits and operates within the system. Failure to have this understanding will result in program termination.

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. 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. 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. Housing Stabilization Worker Program – Miywasin Friendship Centre

1. SCSS 2024-2025 funding: \$96,000
2. Carryover allocation: n/a
3. Other sources of funding (specify Reaching Home, Health Funding, etc.): n/a
4. Staffing: 1 FTE
5. Target client group served: Indigenous individuals and families at risk of homelessness.
6. Efforts to Outcomes data collection: No. Excel data collection and reporting.

Program Activities:

1. Ensure client intake protocols are followed as outlines in Miywasin Policies and Procedures Manual;
2. Maintain files on clients including referrals to other agencies or professionals;
3. Support clients one-on-one to maintain housing through resources navigation, referrals, and goal setting;
4. Work with the Miywasin Counselling Team to assist clients to maintain housing and supports;
5. Provided monthly, quarterly, yearly statistical, and narrative reports as required.
6. Within 30 days of the start of the program, provide a one-page program map for integration of service with other providers. Approval will be at the discretion of the CBO

Outputs:

(Direct products of program activities)

A. Housing Stabilization Worker Program – Miywasin Friendship Centre

1. It is estimated that 75 Clients will be supported to maintain their housing stability.

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. At any given reporting period, 85% of the people housed will still be permanently housed.
2. Those persons permanently housed will show reduced incarcerations, reduced emergency room visits and reduced in-patient hospitalizations.
3. Persons housed in the program will have a stable income source (e.g., employment income, AISH, Alberta Works, disability pension, Old Age Security, etc.).
4. Persons housed in the program will be engaged in mainstream services (e.g., medical doctors or specialists, legal service, etc.).

OUTREACH AND SUPPORT SERVICES INITIATIVE

APPROVED PURPOSE

SCHEDULE A

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Strategic Areas of Investment: Outreach and Client Support Services

Program Classification: Connections to Recovery Oriented Services

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

A. Cultural Connections Coordinator Program - Miywasin Friendship Centre

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

A. 517 3rd Street SE

Program Purpose:

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.

The Cultural Connections Coordinator is responsible for the development and implementation of Miywasin Addictions Programs for Indigenous clients who use substances. The focus of this position is to provide Indigenous ways of healing and helping through access to culture as well as Indigenous Elders and/or Knowledge Keepers.

Funded program positions are expected to understand their program operations and have a comprehensive understanding of the system of care, and how their program fits and operates within the system. Failure to have this understanding will result in program termination.

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. 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. 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 Connections Coordinator – Miywasin Friendship Centre

1. SCSS 2024-2025 funding: \$96,000
2. Carryover allocation: n/a
3. Other sources of funding (specify Reaching Home, Health Funding, etc.); n/a
4. Staffing: 1 FTE
5. Target client group served: Indigenous individuals and families at risk of homelessness
6. Efforts to Outcomes data collection: No. Excel data collections and reporting.

Program Activities:

1. Ensure client intake protocols are followed as outlines in Miywasin Policies and Procedures Manual;
2. Maintain files on clients including referrals to other agencies or professionals;
3. 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, Bannock and Tea. Drum Circle, weekly talking/sharing circles, access to Smudge and medicines, etc.;
4. Work with the Miywasin Counselling Team to assist clients to maintain housing and supports;
5. Promote the program to other service agencies for referrals;
6. Provided monthly, quarterly, yearly statistical, and narrative reports as required.
7. Within 30 days of the start of the program, provide a one-page program map for integration of service with other providers. Approval will be at the discretion of the CBO.

Outputs:

(Direct products of program activities)

A. Cultural Connections Coordinator – Miywasin Friendship Centre

1. It is estimated that 100 individuals will be supported in their healing journey.

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. At any given reporting period, 85% of the people housed will still be permanently housed.
2. Those persons permanently housed will show reduced incarcerations, reduced emergency room visits and reduced in-patient hospitalizations.
3. Persons housed in the program will have a stable income source (e.g., employment income, AISH, Alberta Works, disability pension, Old Age Security, etc.).
4. Persons housed in the program will be engaged in mainstream services (e.g., medical doctors or specialists, legal service, etc.).

OUTREACH AND SUPPORT SERVICES INITIATIVE

APPROVED PURPOSE

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Strategic Areas of Investment: Outreach and Client Support Services

Program Classification: Client Capacity Building

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

A. Expanded Social Services and Casual Cash Employment – Medicine Hat Public Library

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

A. 414 1st Street SE

Program Purpose:

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 the need and coordinate accompanying services to address the needs of individuals in the 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. 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. 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. Expanded Social Services and Casual Cash Employment – Medicine Hat Public Library

1. SCSS 2024-2025 funding: \$81,292
2. Carryover allocation: n/a
3. Other sources of funding (specify Reaching Home, Health Funding, etc.): n/a
4. Staffing: 0.75 FTE Social Worker
5. Target client group served: The Social Services at Medicine Hat Public Library are for marginalized individuals, those experiencing homelessness in the 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 data collection and reporting.

Program Activities:

1. Contact library patrons and anyone seeking assistance
2. Evaluate the situation and need, and make referrals to social service agencies
3. Connect clients with relevant library services
4. Provide therapeutic conversations and/or social connections
5. Establish and maintain a Social Work based service that includes processes and procedures that meet Social Work professional standards
6. Mentor and onboard Social Work practicum students
7. Coordinate the Library Ambassador program (casual cash employment).

Casual cash employment for marginalized individuals:

1. Ambassadors will be paid \$20/hour for all hours worked.
2. Ambassadors will be provided with 2 or 3-hour shifts, once or twice a week, normally for no more than 6 months
3. Ambassador duties could include assisting with book sales; promoting a positive library environment; participating in library programs; hosting community coffees; working at partner agencies as approved by Medicine Hat Community Housing; and other related duties that provide participants with a sense of belonging, job experience and skills
4. Employment references will be provided for ambassadors who complete their work successfully and satisfactorily.

Outputs:

(Direct products of program activities)

A. Expanded Social Services and Casual Cash Employment – Medicine Hat Public Library

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

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. At any given reporting period, 85% of the people housed will still be permanently housed.
2. Those persons permanently housed will show reduced incarcerations, reduced emergency room visits and reduced in-patient hospitalizations.
3. Persons housed in the program will have a stable income source (e.g., employment income, AISH, Alberta Works, disability pension, Old Age Security, etc.).
4. Persons housed in the program will be engaged in mainstream services (e.g., medical doctors or specialists, legal service, etc.).

OUTREACH AND SUPPORT SERVICES INITIATIVE

APPROVED PURPOSE

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Strategic Areas of Investment: Systems Planning and Capacity Building

Program Classification: Sector Training and Development

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

A. Community Capacity Building – CBO Medicine Hat Community Housing Society (MHCHS)

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

A. #104, 516 3rd Street SE

Program Purpose:

The CBO provides oversight for the development of service providers and community capacity building as it relates to efforts to end homelessness in the 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 with support. 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.

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. 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. 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. Community Capacity Building – CBO Medicine Hat Community Housing Society (MHCHS)

1. SCSS 2024-2025 funding: 80,000
2. Carryover allocation: n/a
3. Other sources of funding (specify Reaching Home, Health Funding, etc.): n/a
4. Staffing: n/a
5. Target client group served: Service Providers
6. Efforts to Outcomes data collection: No. Excel data collection and reporting

Program Activities:

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.

Outputs:

(Direct products of program activities)

A. Community Capacity Building – CBO Medicine Hat Community Housing Society (MHCHS)

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.

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. At any given reporting period, 85% of the people housed will still be permanently housed.

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

OUTREACH AND SUPPORT SERVICES INITIATIVE

APPROVED PURPOSE

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Strategic Areas of Investment: Systems Planning and Capacity Building

Program Classification: Coordinated Access and Assessment

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

A. Coordinated Access & Data Development – CBO/CE Medicine Hat Community Housing Society (MHCHS)

B. Housing Link – Medicine Hat Community Housing Society (MHCHS)

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

A. #104, 516 3rd Street SE

B. #104, 516 3rd Street SE

Program Purpose:

A. Coordinated Access & Data Development: Working with provincial and federal partners, the CBO/CE will lead the work to effectively transition and integrate the Indigenous homeless system of care data into the current coordinated access system at a community level. This will include training and working with the Indigenous community from data entry to data validation and outcomes-based reporting. In addition to this, the CBO will work on the transition of Efforts to Outcomes data dating back to 2007 into a new system by January 2025.

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

Housing Link will also have a dedicated worker who forms part of the Proactive Engagement and Community Enhancement Team (PEACE) commencing April 2024.

Rapid Resolution serves individuals and families who are homeless or at imminent risk of becoming homeless 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 in establishing 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 are experiencing housing instability with an imminent risk of housing loss. 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.

Funded program positions are expected to understand their program operations and have a comprehensive understanding of the system of care, and how their program fits and operates within the system. Failure to have this understanding will result in program termination.

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. 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. 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. Coordinated Access & Data Development – CBO/CE Medicine Hat Community Housing Society (MHCHS)

1. SCSS 2024-2025 funding: \$100,000
2. Carryover allocation: n/a
3. Other sources of funding: Reaching Home \$113,360
4. Staffing: n/a
5. Target client group served: n/a
6. Efforts to Outcomes data collection: No. Excel.

B. Housing Link – Medicine Hat Community Housing Society (MHCHS)

1. SCSS 2024-2025 funding: \$45,335
2. Carryover allocation: n/a

3. Other sources of funding: Reaching Home \$544,165
4. Staffing: 5 FTE (1 FTE Program Manager, 4 FTE Case Workers)
5. Target client group served: Those experiencing homelessness and those at risk of becoming homeless
6. Efforts to Outcomes data collection: Yes. Efforts to Outcomes and Excel data collection

Program Activities:

A. Coordinated Access & Data Development – CBO/CE Medicine Hat Community Housing Society (MHCHS)

1. Work with the Indigenous community to input data into the coordinated access system.
2. Provide hands-on training to Indigenous partners on data entry, validation, and outcomes reporting.
3. With input from the GoA and GoC, determine the best data transition strategy to migrate data to a new database.

B. Housing Link – Medicine Hat Community Housing Society (MHCHS)

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. Manage community waitlist for housing with supports programs.
5. Provide case management and assistance with individuals through rapid resolution efforts.
6. 3-month post-support follow-up with individuals assisted through rapid resolution.
7. Advocate with landlords, and system providers (i.e. AISH, AB Works, Corrections, Health, etc.) to promote successful housing stability.
8. Within 30 days of the start of the program, provide a one-page program map for integration of service with other providers. Approval will be at the discretion of the CBO.

Outputs:

(Direct products of program activities)

A. Coordinated Access & Data Development – CBO/CE Medicine Hat Community Housing Society (MHCHS)

1. Indigenous data is fully integrated into coordinated access systems.
2. All data from ETO is transitioned into the new database.
3. Data base is functional and GoA and GoC report improved access to information.

B. Housing Link – Medicine Hat Community Housing Society (MHCHS)

1. It is estimated that 250 individuals will be assessed for services.
2. Program will report using the ETO data collection system.
3. It is estimated that 150 individuals will be assisted through rapid resolution efforts.
4. It is estimated that 75 individuals will be served through housing loss prevention efforts.

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. At any given reporting period, 85% of the people housed will still be permanently housed.
2. Those persons permanently housed will show reduced incarcerations, reduced emergency room visits and reduced in-patient hospitalizations.
3. Persons housed in the program will have a stable income source (e.g., employment income, AISH, Alberta Works, disability pension, Old Age Security, etc.).
4. Persons housed in the program will be engaged in mainstream services (e.g., medical doctors or specialists, legal service, etc.).

OUTREACH AND SUPPORT SERVICES INITIATIVE

APPROVED PURPOSE

SCHEDULE A

This is Schedule “A” to an Agreement with an Effective Date of April 1, 2024 – March 31, 2025, 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: Prevention & Diversion

Program Classification: Diversion Services

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

A. Centralized Support – CBO Medicine Hat Community Housing Society (MHCHS)

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

A. #104, 516 3rd Street SE

Program Purpose:

A. Centralized Support: The CBO provides oversight for the Centralized Support fund, which has two purposes: first, it helps 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. Utility Deposit Guarantees are also provided from this funding.

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. 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. 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. Centralized Support – CBO Medicine Hat Community Housing Society (MHCHS)

1. SCSS 2024-2025 funding: \$40,000
2. Carryover allocation: n/a
3. Other sources of funding (specify Reaching Home, Health Funding, etc.): n/a
4. Staffing: n/a
5. Target client group served: n/a
6. Efforts to Outcomes data collection: No. Excel.

Program Activities:

A. Centralized Support – CBO Medicine Hat Community Housing Society (MHCHS)

1. Facilitate family hotel stays
2. Determine best course of action for individuals and families to ensure their housing needs are met.
3. Monitor Utility Deposit Guarantees.

Outputs:

(Direct products of program activities)

A. Centralized Support – CBO Medicine Hat Community Housing Society (MHCHS)

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.

Outcomes (Seniors, Community and Social Services Mandated):

5. Those housed through the program will remain stably housed.
6. Those persons housed in the program will show a reduction in inappropriate use of the public systems.
7. Those persons accepted into the program will demonstrate improved self-sufficiency.
8. Persons accepted into the program will demonstrate engagement in mainstream services.

Outcome Indicators/Measures (Seniors, Community and Social Services Mandated):

5. At any given reporting period, 85% of the people housed will still be permanently housed.
6. Those persons permanently housed will show reduced incarcerations, reduced emergency room visits and reduced in-patient hospitalizations.
7. Persons housed in the program will have a stable income source (e.g., employment income, AISH, Alberta Works, disability pension, Old Age Security, etc.).
8. Persons housed in the program will be engaged in mainstream services (e.g., medical doctors or specialists, legal service, etc.).