2026-2028

# Medicine Hat Community Housing Society Business Plan

# MEDICINE HAT COMMUNITY HOUSING SOCIETY
# 2026 -2028 BUSINESS PLAN

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# EXECUTIVE SUMMARY

The Medicine Hat Community Housing Society (MHCHS) is a community-based organization committed to advancing housing stability and addressing homelessness in Medicine Hat. Guided by the principle that housing is a fundamental human right, MHCHS works to ensure that every individual and family has access to safe, affordable, and sustainable housing.

Our mandate is carried out through two primary core functions:

1. Housing Supports – MHCHS administers and delivers a range of affordable housing options and support services designed to improve stability, independence, and quality of life.
2. Homelessness Initiatives – MHCHS leads community-based strategies to prevent and end homelessness.

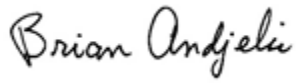
Building on these foundations, MHCHS has established a Strategic Plan that identifies three key areas of focus:

1. Systems Leadership to End Homelessness – Minimize the individual experience and system impact of homelessness, thereby strengthening our community.
2. Housing Development – Increase the supply of affordable housing options and rent supplements.
3. Organizational Sustainability – Develop a sustainability plan to inform investment and organizational planning areas.

Through these strategic directions, MHCHS remains committed to providing a leadership role in the community and will continue to serve as an advocate for housing and homelessness responses, while ensuring organizational stability and growth. This business plan outlines the pathways through which MHCHS will advance housing as a human right, reduce homelessness, and foster a stronger community for all residents of Medicine Hat.

# ACCOUNTABILITY STATEMENT

The business plan was prepared under the Board's direction in accordance with legislation and associated ministerial guidelines, and in consideration of all policy decisions and material, economic, or fiscal implications of which the Board is aware.
Approved by the Board of Directors on November 25th, 2025.



Brian Andjelic
Chair, Board of Directors

Robin Miiller
Chief Administrative Officer

# STATEMENT OF RESPECT AND RECOGNITION

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

*Medicine Hat Community Housing Society recognizes the enduring presence and contributions of Indigenous peoples to this region and reaffirm our commitment to building respectful relationships, advancing reconciliation, and ensuring our housing and support services are inclusive and culturally responsive.*

# ORGANIZATIONAL PROFILE

The purpose of the Medicine Hat Community Housing Society is to provide access to affordable housing and supports.

Established in 1970, the Medicine Hat Community Housing Society is a charitable organization under the Societies Act. It is a Housing Management Body established by Ministerial Order under the Alberta Housing Act, and serves as the Community Entity for Medicine Hat, coordinating 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 Entity (CE) for Medicine Hat, responsible for leading and implementing the local Plan to End Homelessness. Through the Homeless and Housing Development Department, MHCHS administers federal Reaching Home funding, which is targeted at initiatives aimed at ending homelessness. MHCHS also serves as the Data Steward for the Minister, collecting, maintaining, and safeguarding client data through a Homeless Management Information System (HMIS). This system serves as the central repository for information related to individuals and households experiencing homelessness or housing insecurity. Data entered into HMIS supports the development, implementation, and evaluation of initiatives aimed at reducing housing instability, enhancing service coordination, and ensuring that individuals and families receive appropriate and effective services within the community.

MHCHS is dedicated to creating a community where every individual has access to safe, stable housing. We shape our work by treating all people with dignity, compassion, and integrity. Our philosophy is rooted in the belief that housing is a fundamental right and a foundation for overall well-being.

To advance this vision, MHCHS embraces innovative and creative approaches to addressing complex housing challenges. We are committed to developing responsive, evidence-based solutions that adapt to the evolving needs of the community. Our work is anchored in accountability, responsibly stewarding resources, ensuring transparency in all operations, and delivering measurable outcomes. Through strong collaboration with partners across public, private, and non-profit sectors, we maximize impact and build sustainable housing solutions.

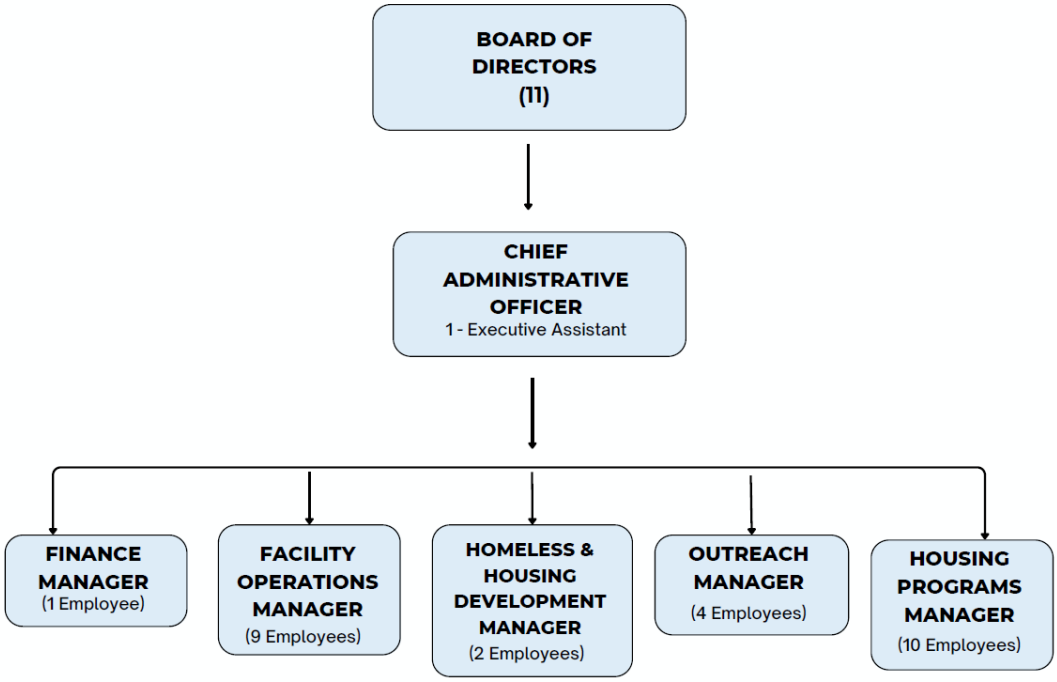
- Respect: Ensuring all services and interactions honor the dignity and worth of every individual.
- Innovation: Leveraging creativity, research, and best practices to design effective housing strategies.
- Accountability: Maintaining financial integrity, operational transparency, and results-driven practices.
- Collaboration: Fostering partnerships that enhance capacity and broaden community impact.

Medicine Hat Community Housing Society is leading the development of a coordinated, systems response to ending homelessness that is client-centered, data-driven and innovative. These accomplishments, achievable only with community leadership and input, have earned the MHCHS a national reputation for excellence.

## ORGANIZATIONAL STRUCTURE

The MHCHS Board of Directors is a governance board comprised of 11 members as described in the Ministerial Order. The Board governs in accordance with the Society Bylaws and provides policy and planning direction to the Chief Administrative Officer (CAO). A number of standing and working committees, which include valuable community allies with similar goals and objectives, support the work of the MHCHS. Advocacy is also a primary function of the Board.

The CAO is responsible for conducting and overseeing all aspects of the business of the Society and reports directly to the Board of Directors, with a staff of 34 FTE employees. The organizational chart below provides a visual of the structure.


BOARD OF DIRECTORS (11)
CHIEF ADMINISTRATIVE OFFICER
1 - Executive Assistant
FINANCE MANAGER
(1 Employee)
FACILITY OPERATIONS MANAGER
(9 Employees)
HOMELESS & HOUSING DEVELOPMENT MANAGER
(2 Employees)
OUTREACH MANAGER
(4 Employees)
HOUSING PROGRAMS MANAGER
(10 Employees)

## HMB PORTFOLIO PROFILE

The Medicine Hat Community Housing Society (MHCHS) is a designated Housing Management Body (HMB) under the Alberta Housing Act, responsible for administering and delivering community housing, affordable housing, and related supports within Medicine Hat. MHCHS also provides leadership in homelessness response, ensuring housing stability and coordinated service delivery for vulnerable populations. As a housing management body, MHCHS manages operational budgets of approximately $7 million, which fluctuate depending on the priorities and programs each year.

The tables below provide a breakdown of the Social Housing and Affordable Housing Programs within the MHCHS property portfolio; this includes information on units owned by the City of Medicine Hat, the Province of Alberta, and Medicine Hat Community Housing Society, in addition to the number of Rent Supplements provided.

| Housing portfolio by program as at December 31, 2024 | |
|---|---|
| Housing Type | Number of Units |
| Family/Special Needs | |
| o City MH owned | 18 |
| o Provincially owned | 181 |
| o MHCHS owned | 15 |
| Seniors Self Contained | |
| o Provincially owned | 228 |
| Affordable Housing | |
| o MHCHS owned | 81 |
| o City MH owned | 32 |
| o PSH | 30 |
| Transitional Housing | |
| o MHCHS owned | 7 |
| o Privately owned | 13 |
| Rent Supplement Programs | |
| All rent supp types | 702 |

| Households assisted in 2024 | |
|---|---|
| Total number of unique individuals | 2887 |
| Adults (18-64) | 1422 |
| Seniors (65+) | 273 |
| Children (0-17) | 1192 |

MHCHS conducts regular reviews of property performance to identify underperforming assets within the portfolio. Performance is assessed both within each program and across the entire portfolio. Reviews are conducted monthly and include analysis by unit type, average and range of rents, and vacancy rates. This process ensures that trends and variances are identified promptly and addressed appropriately. Applicants who do not meet program eligibility requirements are referred to alternative community services as appropriate. In cases where applicants are at risk of homelessness or are experiencing homelessness, referrals are made to *Housing Link* for assessment and support.

There are three (3) distinct categories of housing under the Social Housing Programs that target specific populations/needs and provide the necessary flexibility in serving the diverse needs of those applying. These units/subsidies are directly managed by MHCHS.

Family & Special Needs Housing: Units are targeted for families and those requiring housing that meet their special needs, who can live independently or who may require some supports. These units are available to households with low or modest incomes. Rents are charged at 30 per cent of the tenant's total combined household income. Heat, water, waste removal, and sewer are included in the rent, with tenants paying their own electricity expenses.

Seniors Self-Contained: Units are targeted at seniors over the age of 55 who can live independently. The units are distributed throughout Medicine Hat and Redcliff in both high-rise and low-rise accessible buildings and are available to households with low or modest incomes. Rents on these units are charged at 30 per cent of the tenant's total combined household income. Heat, water, waste removal, and sewer are included in the rent, with tenants paying their own electricity expenses.

### Rent Supplements:

The Rent Assistance Benefit (RAB) is a long-term benefit available to subsidize the rent for qualifying Albertans whose income is below the Household Income Limits (also referred to as Income Thresholds).

The Temporary Rent Assistance Benefit (TRAB) provides a modest subsidy for working households with low income or those between jobs. Support is intended to help eligible tenants afford their rent while stabilizing or improving their situation. Recipients of these rent supplements generally pay 30 per cent of their income towards their monthly rent charge, and the remainder of their rent is subsidized. Rental units may be subject to an inspection to ensure they meet minimum health and housing standards.

## PORTFOLIO PERFORMANCE: VACANCY RATES

### Family Housing

The table below provides an overview of the direct managed social housing portfolio performance as of April 30, 2025. Overall, the MHCHS Family and Special Needs social housing portfolio had 14 vacant units, representing a 7% vacancy rate.

**Family - Vacancy rate and rent range at Apr 30**

| | # units occupied | Avg rent $ | # units vacant | % | Rent Range Low ($) | Rent Range High ($) |
|---|---|---|---|---|---|---|
| 1 bd | 4 | 296 | | 0% | 137 | 440 |
| 1 bd SN | 17 | 372 | 1 | 6% | 137 | 670 |
| 2 Bd | 51 | 313 | 2 | 4% | 137 | 1043 |
| 2bd SN | 2 | 450 | | 0% | 286 | 614 |
| 3 Bd | 103 | 466 | 10 | 9% | 137 | 1222 |
| 3 Bd SN | 2 | 278 | | 0% | 269 | 286 |
| 4 bd | 12 | 491 | 1 | 8% | 204 | 886 |
| 5 bd | 8 | 602 | | 0% | 137 | 1354 |
| 6 bd | 1 | 543 | | 0% | 543 | 543 |
| Total | 200 | | 14 | 7% | | |

## Senior Self-Contained Housing

The table below provides an overview of the direct managed social housing portfolio performance at April 30, 2025. Overall, the MHCHS Seniors Self-Contained social housing portfolio had 8 vacant units, representing a 4% vacancy rate.

**SSC - Vacancy rate and rent range at Apr 30**

| | # units | Avg rent $ | # units vacant | % | Rent Range Low ($) | Rent Range High ($) |
|---|---|---|---|---|---|---|
| BA | 16 | 403 | | 0% | 137 | 668 |
| 1 bd | 202 | 537 | 8 | 4% | 137 | 834 |
| 2 Bd | 2 | 314 | | 0% | 219 | 409 |
| Total | 220 | | 8 | 4% | | |

## Affordable Housing Program

The Affordable Housing Program was designed to assist those households that required a shallow subsidy to meet their basic housing needs. A Government of Alberta funding agreement requires that rents on these units are to be set at a minimum of 10% below current market rates based on unit size.

**AFF - Vacancy rate and rent range at Apr 30**

| | # units | Avg rent | # units vacant | % | Rent Range Low ($) | Rent Range High ($) |
|---|---|---|---|---|---|---|
| BA | 8 | 594 | 1 | 11% | 585 | 660 |
| 1 bd | 68 | 707 | 1 | 1% | 625 | 840 |
| 2 Bd | 33 | 861 | 1 | 3% | 645 | 910 |
| 3 bd+ | 20 | 888 | 1 | 5% | 875 | 925 |
| Total | 129 | | 4 | 3% | | |

The following chart provides an overview of the MHCHS affordable housing rates in comparison to CMHC Fall 2024 Market Rates.

| Affordable Housing Rates comparison | | | |
|---|---|---|---|
| Suite Size | CMHC Market rent Oct 2024 ( released Feb 2025) | MHCHS current Rate | % below CMHC rate |
| BA (city) | 880 | 660 | 25% |
| BA ( priv aff) | 880 | 590 | 33% |
| 1 bd (AH) | 992 | 775 | 22% |
| 1 bd (4 South) | 992 | 840 | 15% |
| 1 bd (City) | 992 | 720 | 27% |
| 1 bd (priv aff 33) | 992 | 665 | 33% |
| 1 bd (priv aff 21) | 992 | 740 | 25% |
| 2 bd (AH) | 1070 | 875 | 18% |
| 2 bd (condo) | 1070 | 910 | 15% |
| 2 bd (4 South) | 1070 | 910 | 15% |
| 3 bd (Condo) | 1212 | 990 | 18% |
| 3 bd (AH) | 1212 | 925 | 24% |

## PORTFOLIO PERFORMANCE: CURRENT TENANT PROFILE BY HOUSING TYPE

The total number of households residing in housing for the month of April 2025 was 549, representing 1,151 individuals.

| Portfolio Performance | | | | |
|---|---|---|---|---|
| | # units | Occupied | Vacant | # indiv |
| Family | 214 | 200 | 14 | 713 |
| SSC | 228 | 220 | 8 | 221 |
| AFF | 133 | 129 | 4 | 217 |
| Total | 575 | 549 | 26 | 1151 |

Of significance, the average length of stay for tenants is 6.5 years in Seniors Housing, 6.5 years in Family Housing, and 5.1 years in Affordable Housing. These extended durations directly affect those on the waitlist, as they often have to wait until current residents vacate their units before a space becomes available.

- 25% of the households living in an MHCHS unit have resided at their current location for 5 - 10 years, with an additional 21% living in their current location for 10+ years.
- Single individuals make up 59% of those living in affordable, seniors, and family housing units.
- Single parents make up 26% of those living in affordable and family housing units.
- 84% of households were receiving some form of government benefit, compared to 76% the year prior.

## PORTFOLIO PERFORMANCE: RENT SUPPLEMENT TENANT PROFILE

The total number of rent supplements provided for April 2025 was 702.

The average number of years that households receive a rent supplement in Medicine Hat is 14.5 years for RAB, 1.42 years for TRAB, and 12.3 years for PLRS.

The chart below provides a breakdown of all rent supplements with the duration of time in each program.

**Rent Supp Performance**

| Duration of time in program | RAB | TRAB | PLRS |
|---|---|---|---|
| 0 - 6 mths | 78 | 10 | |
| 6 mth - 1 yr | 22 | 26 | |
| 1 - 2 yr | 164 | 37 | |
| 2 - 3 yr | 162 | | |
| 3 - 4 yr | 26 | | |
| 4 - 5 yr | 7 | | |
| 5 - 10 yr | 44 | | 7 |
| 10 yr+ | 103 | | 16 |
| Avg years in program | 14.5 | 1.42 | 12.3 |

## SOCIAL HOUSING WAITLIST PROFILE

The waitlist for social housing on April 30, 2025, consisted of 545 households, comprising 838 unique individuals, with 621 adults and 217 children. The waitlist composition by household type, from highest to lowest, includes single adults at 74 percent, single-parent families at 16 percent, families at 5 percent, couples at 3 percent, and other roommate situations at 1 percent. This composition is comparable to year-over-year data.

Adults aged 18-64 comprise 65% of the waitlist, while seniors aged 65 and above make up 9% of the waitlist. Children aged 0-18 years make up the remaining 26% of the waitlist. Of those households with children, 9% reported having one child, 7% have two children, 1% have three children, 2% have 4 children, and 1% have 5+ children.

When comparing the level of demand for larger bedroom sizes against the current housing portfolio, the following observations can be made: We have 13 4-bedroom units, representing 2% of the total portfolio, and the current demand is 15, or 7%, of those on the waitlist. There are 9 – 5-bedroom units, representing 2% of the total portfolio, and the current demand is for 2 units, or 1%. There is 1 - 6-bedroom unit, and currently no demand for the unit.

## HOMELESS AND HOUSING DEVELOPMENT – SYSTEMS PLANNING, INTEGRATION AND IMPACT

As the Community Entity (CE), MHCHS continues to fulfill its role as a fund administrator and system planner at the community level, leading the development, implementation, coordination, and evaluation of the local homelessness system of care.

As the CE and Data Steward, MHCHS has developed a planning and implementation response to the local homeless experience grounded in real-time data and evidence-based decision-making. The system of care does not lack the voice of those with lived experience. The power of this perspective is essential in advancing the system of care to address housing instability and homelessness throughout the community. For the system of care to adapt to the current needs in the community, the MHCHS has developed strong collaborative partnerships and the ability to pivot programming and system delivery quickly. Through quick approaches and intervention, the homeless system of care aligns with the current realities and context of homelessness in Medicine Hat.

# INSTITUTIONAL CONTEXT

The Medicine Hat Community Housing Society operates within a complex institutional framework shaped by federal, provincial, and municipal policies, as well as community partnerships. As a designated Housing Management Body (HMB) under the Alberta Housing Act, MHCHS is entrusted with the responsibility of administering provincially and municipally owned housing, delivering affordable housing programs, and supporting community-based homelessness initiatives.

MHCHS functions at the intersection of housing policy, social support systems, and community development, aligning its operations with the priorities of:

- City of Medicine Hat – As a municipal partner, property owner, and collaborator in community planning and housing development.
- Government of Alberta – Through oversight of HMBs, funding agreements, and policy direction on affordable housing and homelessness.
- Federal Government – Through the National Housing Strategy and federal funding streams that support affordable housing development and homelessness initiatives.

In addition to governmental frameworks, MHCHS operates in close collaboration with non-profit agencies, service providers, and private sector partners to create a coordinated system of care. This includes participation in local and provincial networks to advance best practices in housing and homelessness response.

The institutional environment is further influenced by:

- Legislation and Policy – Alberta Housing Act, provincial housing regulations, and federal housing strategies.
- Funding Agreements – Multi-level government funding streams that shape program design and delivery.
- Community Needs – Local demographics, market conditions, and social trends that affect housing demand and homelessness.

Within this context, MHCHS serves as both a service provider and a system leader, balancing the operational responsibilities of housing management with the strategic role of advancing Medicine Hat's commitment to recognizing housing as a fundamental human right and ensuring every individual has access to affordable, safe, and appropriate housing that meets their needs. By prioritizing housing security, we aim to foster stronger communities, support economic resilience, and promote the well-being of all residents.

# PLAN DEVELOPMENT

MHCHS continues to adapt and evolve in response to the changing needs of individuals seeking housing and those experiencing homelessness. Our approach to identifying community needs is guided by several key factors, including available funding, the local economic climate, housing needs assessments, and ongoing engagement with the community to determine the most appropriate affordable housing solutions.

This work is not undertaken by MHCHS alone. It is carried out in close collaboration with stakeholders, our Board of Directors, and the management team.

A key partner in this process is the Community Council on Homelessness (CCH), which represents a broad cross-section of community voices. The CCH plays an active role in addressing systemic barriers, advancing the community's Plan to End Homelessness, and ensuring that individuals are adequately and appropriately housed.

The MHCHS Board and management team also participate in regular strategic planning sessions, which inform the development of both our Strategic Plan and Business Plan. This Business Plan builds on our current Strategic Plan, previous business plans, and other relevant planning and reporting documents, while also integrating capital planning elements currently in development.

The creation of these foundational documents reflects the collective efforts of the MHCHS Board, staff, and community stakeholders. Formal and informal engagement sessions, ranging from large community consultations to smaller, targeted discussions, play a vital role in shaping our priorities.

# ENVIRONMENTAL SCAN

Located in southeastern Alberta, Medicine Hat is recognized for its rich history, extensive natural gas reserves, and strong agricultural industry. As of the latest reporting period, Medicine Hat's population stands at 67,909, reflecting a 2.56 per cent year-over-year increase and the 10th highest in the province (Regional Dashboard). According to the 2021 Census, Indigenous people make up five per cent of the total population.

## HOUSING

According to the Canada Mortgage and Housing Corporation (CMHC), Medicine Hat had 27,215 private households as of 2021. New housing construction between October 2024 and October 2025 totaled 53 units, consisting of 23 single-detached homes, six semi-detached units, and 24 apartment units. A breakdown of the current construction activity remains modest compared to the city's overall housing stock. The balance of unit types shows a stronger emphasis on single and multi-unit apartments, which may help address demand in the rental market but does not significantly expand supply overall.

Current CMHC reports show Medicine Hat with 2,555 apartment units, ranging from bachelor to three-bedroom-plus units, with average monthly rents that vary from $1,062 (bachelor) to $1,454 (three-bedroom+). Rising average rents over the past five years reflect increasing pressure on affordability, particularly for larger households. The relatively higher cost of multi-bedroom units may be a barrier for families seeking affordable rental options.

According to the Fall 2024 CMHC Rental Market Report, the vacancy rate rose to 2.3 per cent, up one percentage point year-to-date. While the increase in vacancy provides short-term relief for renters, the rate remains tight by historical standards, signaling continued demand for rental housing and limited flexibility for tenants.

As of 2021, CMHC reported 8.9 per cent of households in Medicine Hat are in *core housing need*, while 8.6 per cent of households are both below the affordability standard and in *core housing need*. This signifies that nearly one in 10 households struggles to secure affordable, suitable housing. This highlights persistent affordability challenges and signals an ongoing need for targeted housing policies and new supply focused on lower- and middle-income households.

In 2021, MHCHS, in partnership with the City of Medicine Hat and community partners, released the Medicine Hat Housing Strategy. The final report concluded a need for more community housing units for households with low incomes as demonstrated by the number of individuals currently on the waitlist for community housing, including those who are spending the majority of their income on housing costs. The data reflected that over half of this group faced housing affordability issues, 23.5 per cent faced severe housing affordability issues, and 31.3 per cent were in need of core housing. The report further broke down the housing need by unit size and found 90 per cent of these households required smaller living units compared to larger units.

Four goals and recommended actions with aggressive timelines were developed based on the housing gap.

### GOAL 1: TO INCREASE THE SUPPLY OF RENTAL HOUSING THAT IS AFFORDABLE TO HOUSEHOLDS WITH LOW INCOMES.

Anticipated outcome:

• An increase in the number of both small and larger rental units which are affordable to households with low incomes, through building new units, an increase in the number of rent supplement agreements with private landlords, and the repurposing of vacant or underutilized housing stock.

### GOAL 2: TO ENSURE THERE IS ADEQUATE AND APPROPRIATE HOUSING WITH SUPPORTS FOR PEOPLE WHO NEED HELP TO LIVE WITH DIGNITY AND AS INDEPENDENTLY AS POSSIBLE.

Anticipated outcomes:

• An increase in the number of housing units with support services for people with disabilities.
• An increase in the support services available for people who need help to live independently in their own homes.
• An increase in barrier-free units for people with physical disabilities.

### GOAL 3: TO OPTIMIZE THE EXISTING PURPOSE-BUILT RENTAL HOUSING STOCK AND ENSURE IT CONTINUES TO MEET THE NEEDS OF CURRENT AND FUTURE RESIDENTS.

Anticipated outcomes:

• A rental vacancy rate of 3 per cent.
• A decrease in the proportion of rental units needing major repairs.

### GOAL 4: TO ENCOURAGE A BROAD RANGE OF DWELLING TYPES AND TENURES WHICH MEET THE NEED OF CURRENT AND FUTURE RESIDENTS.

Anticipated outcome:

• Increased diversification of the housing stock, particularly units appropriate for smaller households.
• An increase in the number of purpose-built rental units.

## EMPLOYMENT AND ECONOMY

The unemployment rate in the Lethbridge–Medicine Hat economic region remains elevated, reaching 7.3 per cent as of September 2025, an increase compared to the same period last year. According to Economic Development at the City of Medicine Hat, the largest share of local employment is concentrated in the health care and social assistance, retail trade, and construction sectors. Despite ongoing labour market challenges, the health care and social assistance, retail trade, and construction sectors continue to serve as the primary drivers of regional workforce participation. However, according to the *2024 Labour Profile* published by the City, 28 per cent of employers reported actively recruiting to fill 1,527 vacant positions, highlighting persistent gaps in labour supply.

In support of ongoing efforts to diversify the economy and strengthen regional competitiveness, the City of Medicine Hat, together with the partner municipalities of Foremost, Redcliff, Bow Island,

Cypress County, and the County of Forty Mile, was awarded the 2024 Northern and Regional Economic Development Grant. Funding from this initiative will support the development of a five-year regional economic development strategy, designed to attract new investment, encourage business expansion, and enhance long-term economic sustainability across the region.

## HOUSING INSECURITY AND HOMELESSNESS

The MHCHS Outreach Department(Housing Link) serves as the coordinated access system (CAS) into homeless-serving programs in community through the efforts of the Housing Link program. Housing Link is funded through the Reaching Home (RH) Strategy rolled out by the Government of Canada and funds made available through the Government of Alberta.

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.

As part of their role, Housing Link also provides direct services through Rapid Resolution, which serves individuals and families that are homeless or at imminent risk of becoming homeless and who do not require the duration or intensity of full case management. The role of the support worker is to assist individuals to establish housing security through the provision of brief, client focused, direct hands on intervention and support.

Housing Loss Prevention efforts focus on providing financial assistance for individuals and families who have a Notice to Vacate due to non-payment of rent for a one-month time period. The individual or family must 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 are paid directly to the landlord and/or property management company.

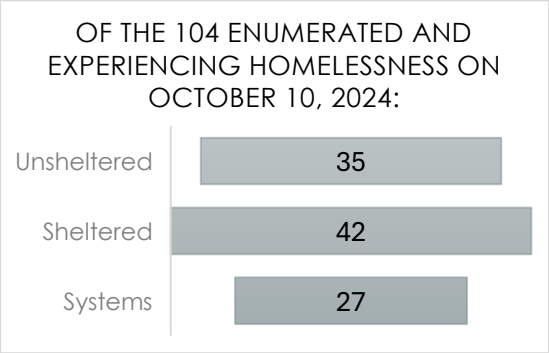
During the 2024-2025 funding year, Housing Link through Rapid Resolution housed 282 unique adults and 118 children under the age of 18. During this fiscal year, 103 unique individuals received support through Housing Loss Prevention, enabling these households to avoid entering into homelessness.

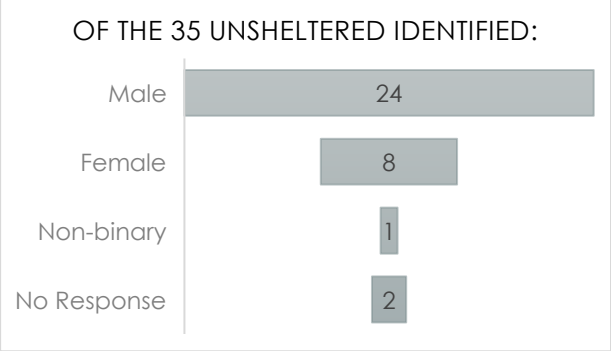
## POINT-IN-TIME COUNT ON HOMELESSNESS

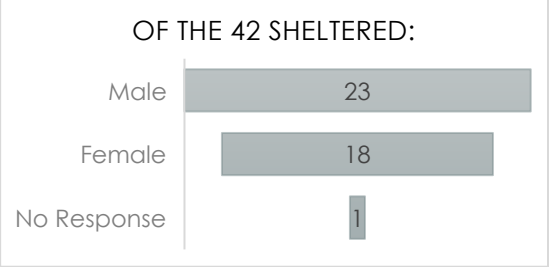
To gain a better understanding of homelessness on a municipal, provincial and national level, communities throughout Canada take part in an annual Point In Time (PiT) Count on Homelessness.

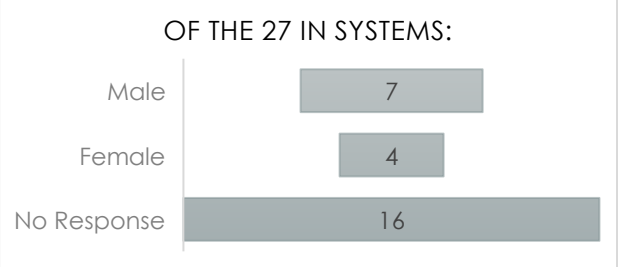
Medicine Hat conducted its PiT Count on October 10, 2024. This process involved a 24-hour period during which individuals experiencing homelessness were counted across various areas of the city. The street survey focused on identifying where these individuals would be spending the night, such as in emergency shelters, unsheltered locations, or transitional housing. Additionally, a survey was administered to those experiencing homelessness within correctional or health systems to gather

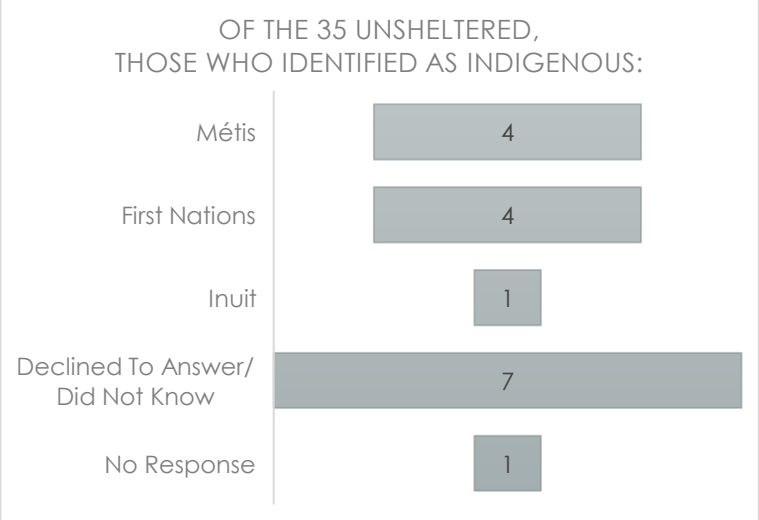
insights into their experiences with homelessness. This data offers insight into the local experience, guiding and managing the care system to effectively support those in need through program delivery and policy adjustments.



# GOALS, STRATEGIC PRIORITY INITIATIVES, EXPECTED OUTCOMES AND PERFORMANCE MEASURES

## GOAL 1: SYSTEMS LEADERSHIP TO END HOMELESSNESS

Strategic Priority Initiatives:

- Act as the community's central coordination of the Homeless-Serving System of Care.
- Strengthen collaboration with all levels of government, Indigenous partners, non-profits, and service providers.
- Advance data-driven decision-making through improved monitoring, evaluation, and system reporting.
- Promote prevention-focused approaches to reduce inflow into homelessness.

Expected Outcomes:

- A coordinated, client-centered housing and support system.
- Measurable reductions in chronic and episodic homelessness.
- Increased capacity among community partners to prevent and respond to homelessness.

Performance Measures:

- Reduction in the number of people experiencing chronic homelessness year over year.
- Average length of time individuals experience homelessness before being housed.
- Number of collaborative initiatives or agreements established with partners.
- Annual system performance reports produced and shared.

## GOAL 2: HOUSING DEVELOPMENT

Strategic Priority Initiatives:

- Pursue new housing developments, acquisitions, and partnerships to expand affordable housing supply.
- Leverage federal, provincial, and municipal funding opportunities.
- Prioritize accessible and inclusive housing models.

Expected Outcomes:

- Increased availability of affordable and supportive housing units.
- Improved housing stability for vulnerable and low-income households.
- Long-term, sustainable housing options that contribute to community wellbeing.

Performance Measures:

- Number of new housing units developed or acquired annually.
- Percentage of new developments that meet accessibility and energy-efficiency standards.
- Reduction in waitlist for affordable housing.

## GOAL 3: ORGANIZATIONAL SUSTAINABILITY

### Strategic Priority Initiatives:

- Strengthen financial resilience through diversified revenue streams, grants, and partnerships.
- Invest in staff training, leadership development, and workplace wellness.
- Modernize technology and data systems to enhance efficiency and accountability.
- Improve governance and risk management practices to ensure long-term stability.

### Expected Outcomes:

- A financially stable organization with the ability to scale programs as community needs evolve.
- A skilled, engaged, and resilient workforce.
- Improved organizational systems and workflow

### Performance Measures:

- Percentage of annual revenue derived from diversified funding sources.
- Staff retention, engagement, and professional development participation rates.
- Annual audits and program evaluations completed.
- Implementation of upgraded technology and reporting systems.

# APPENDICES

APPENDIX A - HMB CORPORATE PROFILE

APPENDIX B - PROPERTY PROFILE

APPENDIX C - FINANCIAL BUDGET AND FORECASTS

APPENDIX D - CAPITAL MAINTENANCE AND RENEWAL

APPENDIX E - CAPITAL PRIORITIES

APPENDIX F - ASSET MANAGEMENT

APPENDIX G - CAPITAL ASSET QUESTIONNAIRE