

**Reaching Home:
Medicine Hat Community Plan
2024–2028**

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Introduction

In completing this template, communities are encouraged to develop comprehensive Community Plans that reflect the contributions of all funding partners, including other orders of governments, not-for-profit organizations, and the for-profit sector. The Community Plan does not preclude adjustments in priorities throughout the funding cycle; communities are still expected and encouraged to regularly review priorities for investment with their Community Advisory Board(s), including sub-project approval.

To support communities in completing their Community Plan, a Reference Guide has been developed. It is strongly recommended that this be reviewed prior to completing this template to ensure understanding of the requirements.

Please note that in communities that receive funding from both the Designated Communities (DC) and Indigenous Homelessness (IH) streams, ongoing and meaningful cross-stream collaboration is expected to support the achievement of community-level outcomes reflecting the needs of the whole community.

The Community Plan for Reaching Home must be approved by the DC or TH Community Advisory Board (CAB) before it is submitted to Infrastructure Canada.

Additionally, if your community has an Indigenous Homelessness (IH) Community Advisory Board (I-CAB), they must affirm that they have been engaged on the Community Plan before it is submitted. If your community is developing a joint plan with the IH stream Community Entity, both CABs must approve the community plan prior to submission.

In addition to the core elements required in this template, communities are welcome to share any other information and/or documents that they feel might provide further insight into their local context as it relates to housing and/or homelessness context.

1. Community Engagement

As part of the community planning exercise, you must engage with community partners with the goal of understanding the needs of the local homelessness sector and identify local homelessness priorities using a coordinated, systems-based and data-driven approach.

Please describe the steps taken to engage your community partners in developing this Community Plan to ensure a community-based approach. Your response must include:

- *Which partners were engaged;*
- *When and how engagement occurred; and*
- *What aspects of the Community Plan were discussed, as well as what aspects of the Plan (i.e., decisions, outcomes, next steps) were influenced by these discussions.*

Note: *Meaningful collaboration with Indigenous and non-Indigenous partners and service providers, as well as the IH CE and I-CAB where applicable, is expected in the development of this Community Plan and must be explicitly referenced in this section. The Indigenous Partners in Your Community worksheet created for the Community Homelessness Report (CHR) may be helpful to complete this section. Please see [CHR: Reporting Tools e-course on the Homelessness Learning Hub](#).*

As the Community Entity (CE), the Medicine Hat Community Housing Society is committed to an ongoing, collaborative engagement with stakeholders each year to shape the Community Plan. This process represents a dynamic evolution of innovative ideas and strategic directions, informed by robust data, emerging trends, successful outcomes, available funding, and the ever-changing economic landscape of our community.

The CE conducts numerous consultations with key stakeholders in the community. This includes individuals with lived experience, the Community Council on Homelessness (CCH), one-on-one conversations with CCH representatives, service providers, frontline workers, Indigenous organizations and communities, including the Miywasin Friendship Centre, landlords, property management companies, the City of Medicine Hat, as well as local Members of the Legislative Assembly and Members of Parliament. The Medicine Hat Community Housing Society (MHCHS) is recognized for its collaborative approaches and processes, engaging discussions about housing and homelessness, and its efforts to enhance the local care system. This is achieved through the integration and coordination of services, along with the collection of consistent and high-quality data. MHCHS's reputation extends beyond the local community to other regions at both the provincial and national levels.

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 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.

Community Solutions Summit for Mental Health, Substance Use and Housing 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:

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

Building Up and Building On Summit, 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.

Let's Talk Summit 3 Housing primarily involved participation with front-line workers from several social serving organizations and 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:

- Barriers vulnerable populations face in accessing affordable housing options including long-term placement for individuals with complex mental health and addiction needs.

- Appropriate access and transition to supports (driven by policy change to ensure individuals are not discharged/released into homelessness).
- The need for increased communication to normalize access to shelters and social services to reduce stigma/shame experienced by vulnerable individuals.
- Expansion of existing services to allow for immediate access to mental health supports and addiction recovery programming.

Summit 4 A Way Forward, marked a pivotal moment in the ongoing efforts to tackle homelessness in Medicine Hat, bringing together a diverse group of stakeholders to devise forward-thinking strategies. This summit is built on the foundational work of the previous three, focusing on mental health, substance use, housing solutions, and community communication. The collaborative efforts and comprehensive discussions underscored the necessity of evolving and expanding support systems to meet the changing needs of those at risk of experiencing homelessness.

Medicine Hat Community Housing Society and its partners have demonstrated noteworthy progress in their multifaceted approach to homelessness prevention and support. MHCHS is committed to providing tailored, intensive support to individuals and families, ensuring they receive the appropriate resources to achieve stable housing. Expanding housing loss prevention initiatives and integrating culturally sensitive practices further highlight MHCHS's adaptive strategies in addressing the complexities of homelessness.

A comprehensive report on each Summit was shared with the broader community and all levels of government.

Looking ahead, the insights and strategies developed throughout the Summits will be instrumental in shaping future initiatives. The emphasis on proactive, inclusive, and flexible support programs positions Medicine Hat as a leader in innovative homelessness solutions. Continued collaboration among stakeholders and MHCHS's dedication to responsive and culturally competent service delivery promises a hopeful path forward for the community, aiming to reduce and eliminate homelessness, in addition to reviewing current approaches to educating stakeholders and the community about housing needs, including affordability and appropriateness, and develop new and/or strengthen existing recommendations

Medicine Hat Community Housing Society affirms its role as the lead organization on housing matters and communicates Medicine Hat's needs to municipal, provincial, and federal governments. In collaboration with various service providers, MHCHS will continue to explore the need for increased affordable and accessible housing options, examine current housing gaps, and advocate for the prioritization of housing for vulnerable populations.

As the role of MHCHS is transitioned from CBO/CE to CE, MHCHS will continue to prioritize homelessness and housing initiatives in the community through data-driven

decision-making. However, when looking at the entire system of care, localized decision-making will be impacted as the system's planning has been removed from the organization's portfolio. With that said, MHCHS will continue to leverage data and accelerate its commitment to providing coordinated access to address the needs of community members experiencing homelessness and housing instability.

2. Investment Plan

2.1 In the table below, please identify your community's allocation of Reaching Home funding in the DC or TH and Community Capacity and Innovation (CCI) streams from 2024-25 to 2027-28¹.

	2024-25	2025-26	2026-27	2027-28	Total
Reaching Home Annual Allocation	\$1,059,303	\$1,059,303	\$1,087,143	\$1,087,143	\$4,292,892

2.2 In the table below, please outline your planned division of DC/TH and CCI Reaching Home funding from 2024-25 to 2027-28 by activity area. Please note that it is acceptable that your community's funding priorities change over time. This investment plan is to demonstrate that your community has a vision of moving forward for the allocation of Reaching Home funding.

Activities area	2024-25	2025-26	2026-27	2027-28
Housing Services	18%	18%	18%	18%
Prevention and Shelter Diversion	44%	44%	44%	44%

¹ Communities on two-year agreement extensions should report on investment plans for 2024-25 and 2025-26 at this time.

Client Support Services	%	%	%	%
Capital Investments	%	%	%	%
Coordination of Resources and Data Quality Improvement	23%	23%	23%	23%
Administration	15%	15%	15%	15%
TOTAL	100%	100%	100%	100%

2.3 In the text box below, please describe how Community Capacity and Innovation (CCI) funding will be used to support coordinated and data-driven service delivery (e.g., supporting Coordinated Access, the Outcomes-Based Approach and use of HIFIS or existing, equivalent Homeless Management Information System).

The Medicine Hat Community Housing Society (MHCHS) will continue to address the needs of vulnerable individuals in the community through the ongoing delivery of the Coordinated Access System (MHCHS Outreach Department/Housing Link). This well-established and effective system is part of the Coordination of Resources and Data Quality Improvement section of the investment plan. The Outreach Department is responsible for assessing the housing and support needs of individuals and families who are homeless or at imminent risk of becoming homeless. This includes those who are being transitioned or discharged into homelessness from provincial or federal systems and facilities, such as corrections, treatment centers, hospitals, and child welfare services. After completing the assessment, referrals are made to the most appropriate programs. Rapid Resolution services help individuals establish housing security by providing brief, client-focused interventions and support. Housing loss prevention efforts aim to provide one-time financial assistance to individuals and families facing an active Notice to Vacate due to non-payment of rent or utility arrears. Both of these services fall under the Prevention and Shelter Diversion category. Additionally, the Point-In-Time Count is included in the Coordination of Resources and Data Quality Improvement section of the investment plan.

3. Cost-Matching Requirement

3.1 In the table below, please outline all funding for homelessness initiatives expected to be received from other funders from 2024-25 to 2027-28². This includes both financial and in-kind contributions.

² Communities on two-year agreement extensions should report on cost-matching for 2024-25 and 2025-26 at this time.

	2024-25	2025-26	2026-27	2027-28	Total
Reaching Home Annual Allocation	\$1,059,303	\$1,059,303	\$1,087,143	\$1,087,143	\$4,292,892

Projected Funding From Other Funders towards Homelessness Initiatives					
Program Name and Funder	2024-25 (\$)	2025-26 (\$)	2026-27 (\$)	2027-28 (\$)	Total (\$)
OSSI	\$3,103,200	\$400,000	Unknown	Unknown	\$3,503,200
TOTAL					\$3,503,200

3.2 If your anticipated community contributions are not projected to match funding from Reaching Home for each year, please explain the circumstances below and include a description of the steps you will take to meet the requirement.

On December 20, 2024, the Government of Alberta's Ministry of Seniors, Community and Social Services announced that it would not renew the Outreach & Support Services Initiative (OSSI) Conditional Grant Funding agreements with Community-Based Organizations (CBOs) for the 2025-2026 fiscal year. In Medicine Hat, the Medicine Hat Community Housing Society (MHCHS), specifically its Homeless and Housing Development Department, has been leading this role. As a result, the funding loss totals \$2,703,200. However, on March 28, 2025, MHCHS received a 2025/2026 OSSI Conditional Grant Funding Agreement for \$400,000. This funding agreement is designated for the delivery of Data Stewardship and Housing Program Support.

At this time, OSSI funding for 2026-27, 2027-28 has not yet been confirmed.

4. Homeless Individuals and Families Information System (HIFIS)

4.1 Using your 2023-24 CHR as a guide³, please check the box if you have met the following minimum requirements as of March 31, 2024⁴. Any status updates since March 31, 2024, must also be reflected:

Minimum Requirement	Has the MR been met?	Minimum Requirement	Has the MR been met?
HIFIS MR 1	N/A	HIFIS MR 3	<input checked="" type="checkbox"/>
HIFIS MR 2	<input checked="" type="checkbox"/>	HIFIS MR 4	<input checked="" type="checkbox"/>

4.2 For each minimum requirement that has not yet been met (as identified in 4.1), complete a table below to describe how you will meet it by March 31, 2026. Please note that confirmation that communities are on track to do this will be required by October 31, 2025.

Minimum Requirement not yet met: [CE to add here]	
What are the next steps the community will take to meet this requirement?	Target date for completion

³ For more information on how the minimum requirements align with your Community Homelessness Report, please consult the Community Plan Guide.

⁴ Communities with two-year agreement extensions are not required to complete section 4 at this time.

5. Coordinated Access

5.1 Using your 2023-24 CHR as a guide⁵, please check the box if you have met the following minimum requirements as of March 31, 2024⁶. Any status updates since March 31, 2024, must also be reflected:

Minimum Requirement	Has the MR been met?	Minimum Requirement	Has the MR been met?
CA MR 1	N/A	CA MR 10	<input checked="" type="checkbox"/>
CA MR 2	N/A	CA MR 11	<input checked="" type="checkbox"/>
CA MR 3	<input checked="" type="checkbox"/>	CA MR 12	<input checked="" type="checkbox"/>
CA MR 4	<input checked="" type="checkbox"/>	CA MR 13	<input checked="" type="checkbox"/>
CA MR 5	<input checked="" type="checkbox"/>	CA MR 14	<input checked="" type="checkbox"/>
CA MR 6	<input checked="" type="checkbox"/>	CA MR 15	<input checked="" type="checkbox"/>
CA MR 7	<input checked="" type="checkbox"/>	CA MR 16	<input checked="" type="checkbox"/>
CA MR 8	<input checked="" type="checkbox"/>	CA MR 17	<input checked="" type="checkbox"/>
CA MR 9	<input checked="" type="checkbox"/>	CA MR 18	<input checked="" type="checkbox"/>

5.2 For each minimum requirement that has not yet been met (as identified in 5.1), complete a table below to describe how you will meet it by March 31, 2026. Note that confirmation that communities are on track to do this will be required by October 31, 2025.

Minimum requirement not yet met: [CE to add here]	
What are the next steps the community will take to meet this requirement?	Target date for completion

Minimum Requirement not yet met: [CE to add here]	
What are the next steps the community will take to meet this requirement?	Target date for completion

Minimum Requirement not yet met: [CE to add here]	
What are the next steps the community will take to meet this requirement?	Target date for completion

⁵ For more information on how the minimum requirements align with your CHR, please consult the Community Plan Guide.

⁶ Communities with two-year agreement extensions are not required to complete section 5 at this time.

Minimum Requirement not yet met: [CE to add here]	
What are the next steps the community will take to meet this requirement?	Target date for completion

5.3 Describe how ongoing, meaningful collaboration on Coordinated Access between Indigenous and non-Indigenous partners has or will take place as your community works to implement, maintain and improve a Coordinated Access system.

The Community Engagement (CE) continues to collaborate by actively engaging with stakeholders, adjusting language and processes as necessary. This includes integrating programs and services operated by the Indigenous Housing Community Engagement (IH CE) at the Miywasin Friendship Centre into the Homelessness Management Information System (HMIS). The CE continues to honour the Truth and Reconciliation Commission's (TRC) 94 Calls to Action, which aim to address the legacy of residential schools and advance reconciliation between Canada and its Indigenous peoples.

The CE also works closely with Knowledge Keepers and Elders in the community, who provide valuable guidance and insights into Indigenous ways of knowing. Their shared learnings present opportunities for improved relationships. In respect of the Indigenous CE's approach and sovereignty, the Coordinated Access documentation, policies, intakes, and assessments were shared with the IH CE for review. This resulted in an initial evaluation of the language used and the appropriateness of the assessments and intake processes. These preparations were undertaken to facilitate the uploading of the IH CE data set into the HMIS, which was completed in early 2024.

6. Outcomes-Based Approach

6.1 Using your 2023-24 Community Homelessness Report as a guide⁷, please check the box if you have met the following minimum requirements as of March 31, 2024⁸. Any status updates since March 31, 2024, must also be reflected:

Minimum Requirement	Has the MR been met?	Minimum Requirement	Has the MR been met?
OBA MR 1	N/A	OBA MR 6	<input type="checkbox"/>
OBA MR 2	N/A	OBA MR 7	<input type="checkbox"/>
OBA MR 3	<input type="checkbox"/>	OBA MR 8	<input type="checkbox"/>
OBA MR 4	<input type="checkbox"/>	OBA MR 9	<input type="checkbox"/>
OBA MR 5	<input type="checkbox"/>		

6.2 For each minimum requirement that has not yet been met (as identified in 6.1), including those modified and new as of 2024-25, complete a table below to describe how you will meet it by March 31, 2026. Please note that confirmation that communities are on track to do this will be required by October 31, 2025.

Minimum Requirement not yet met: [CE to add here]	
What are the next steps the community will take to meet this requirement?	Target date for completion

Minimum Requirement not yet met: [CE to add here]	
What are the next steps the community will take to meet this requirement?	Target date for completion

Minimum Requirement not yet met: [CE to add here]	
What are the next steps the community will take to meet this requirement?	Target date for completion

⁷ For more information on how the minimum requirements align with your Community Homelessness Report, please consult the Community Plan Guide.

⁸ Communities with two-year agreement extensions are not required to complete section 6 at this time.

6.3 Please describe how ongoing and meaningful collaboration between Indigenous and non-Indigenous partners has or will take place as your community works to meet the OBA minimum requirements. In communities where the Designated Communities and Indigenous Homelessness streams co-exist, collaboration with the IH-CE and I-CAB (where applicable) is expected.

Medicine Hat Community Housing Society (CE) began the journey in 2023 to decolonize and embrace Indigenous ways of knowing and address colonial inequalities entrenched in social services and housing policies. By integrating Indigenous wisdom, MHCHS is working to provide culturally appropriate housing solutions that respect everyone's dignity and autonomy. Through funding provided by Government of Canada, the Decolonization and Indigenization of the Homeless Service System of Care in Medicine Hat was initiated and completed in 2024. Through partnership with Miywasin Friendship Centre, and engagement with those with lived experience and stakeholder engagement, a final report and guide towards decolonization was created to serve those organizations within the homeless serving system of care and the boarder community.

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

In 2024, Medicine Hat was selected as one of eight communities in Canada to participate in Action Research on Chronic Homelessness. This initiative aims to explore different housing models for individuals with concurrent disorders who have experienced long-term chronic homelessness. A crucial aspect of this developmental research is incorporating Indigenous ways of knowing and healing into program delivery and assessing its impact on participants, the broader system of care, and the community. As a co-lead for the project, the Miywasin Friendship Centre is collaborating with the Medicine Hat Community Housing Society (MHCHS) and the ARCH team to implement a healing model that utilizes social medicine through Indigenous teachings. To ensure this healing model is culturally appropriate, MHCHS, in partnership with Shane Pelletier from the National Indigenous Homelessness Council, developed "Walking the Path: Enhancing Healing through Indigenous Ways of Being and Doing." This experience offered intensive sharing and long-term learning opportunities. Through conversations and hands-on activities, the ARCH team gained actionable practices for delivering social medicine and integrating Indigenous teachings into a healing-centered approach. MHCHS continues to work with the Miywasin Friendship Centre on naming ceremonies for the ARCH-MH project and is also focused on incorporating traditional language and storytelling into the final reports as the project nears its conclusion.

The CE is committed to community-wide initiatives that foster positive relationships between Indigenous and non-Indigenous partners.

7. Official Language Minority Communities

The Government of Canada has a responsibility under the [Official Languages Act](#) to ensure that programs and services meet the needs of Official Language Minority Communities (OLMCs). Please describe the steps that you will take to ensure that the services funded under [Reaching Home](#) take the needs of the OLMCs into consideration, where applicable.

Medicine Hat is committed to ensuring that we address the needs of those experiencing homelessness and those at imminent risk of homelessness in both official languages, or if the individual does not speak either official language, then their own. Our practice as a community when language is a barrier and a translator is not available in-house is to connect with Saamis Immigration, who provides translation services. We will also include a Designated Community – Community Advisory Board clause in all sub-project agreements to ensure that service providers are prepared to offer services in the minority official language, should there be a request. We will continue to monitor the demand for services in the official minority languages.

8. Community Advisory Board—Designated Communities/Territorial Homelessness

Note: You may list more than one name/organization for each sector, and you may list a name/organization in more than one sector, as applicable.

(Lines below can be removed where not applicable)

Sector	CAB Members
Infrastructure Canada (Ex-Officio Member)	Donnell Iosifelis
Community Entity (Ex-Officio Member)	Jaime Rogers, Kerri Sandford
Provincial/Territorial government	Kimberley MacNeil, Karen Stolz-Stebanuk
Local/Municipal government	Linnsie Clark
Indigenous government	
Individuals with lived experience of homelessness	Ron Young
Indigenous Peoples, nations and organizations, Friendship Centres	Kim Desjarlais
Indigenous housing organizations	Miywasin Friendship Centre
Youth and/or child-serving organizations, including Child Welfare agencies	Niki Gray
Organizations serving survivors of domestic violence and their families	
Seniors and senior-serving organizations	Niki Gray, Chris Christie
Newcomers and newcomer-serving organizations	
The private sector	Chris Christie
Police and correctional services	Cory Both
Landlord associations and/or the housing sector	Robin Yam
Health organizations, including hospitals and other public health institutions, and organizations focused on mental health and addictions	Deborah Vass, Marla MacPherson
Veterans Affairs Canada and/or Veterans-serving organizations	Cory Both, Medicine Hat Police Service, Miywasin Friendship Centre, Alberta Health Services – Marla MacPherson, Deborah Vass
Organizations serving individuals experiencing, or at risk of experiencing homelessness	Cory Both, MHPS, Miywasin Friendship Centre, Deborah Vass, Marla MacPherson
Other	

9. Community Advisory Board—Indigenous Homelessness

Note: You may list more than one name/organization for each sector, and you may list a name/organization in more than one sector, as applicable.

(Lines below can be removed where not applicable)

Sector	CAB Members
Infrastructure Canada (Ex-Officio Member)	Donnell Iosifelis
Community Entity (Ex-Officio Member)	Carol Syrette
Provincial/Territorial government	Kimberley MacNeil
Local/Municipal government	
Indigenous government	Jeannette Hanson, Wally Garrioch
Individuals with lived experience of homelessness	
Indigenous Peoples, nations and organizations, Friendship Centres	Carol Syrette, Anita Wagner
Indigenous housing organizations	Carol Syrette
Youth and/or child-serving organizations, including Child Welfare agencies	Shirley Boomer, Josh Cross, Darrell Willier
Organizations serving survivors of domestic violence and their families	Shirley Boomer
Seniors and senior-serving organizations	Marlene Cadotte
Newcomers and newcomer-serving organizations	
The private sector	Lyra Selk
Police and correctional services	
Landlord associations and/or the housing sector	Jaime Rogers
Health organizations, including hospitals and other public health institutions, and organizations focused on mental health and addictions	
Veterans Affairs Canada and/or Veterans-serving organizations	
Organizations serving individuals experiencing, or at risk of experiencing homelessness	Jaime Rogers, Carol Syrette
Other	

Indigenous CAB Chairs or Co-Chairs (if applicable):

(If Community Plan is not a joint plan): I affirm that the above members of the Community Advisory Board have been engaged on the Coordinated Access and Outcomes-Based Approach sections of the attached Community Plan.

OR

(If Community Plan is a joint plan): I affirm that the above members of the CAB have reviewed the attached Community Plan, and that a majority of CAB members approve of its content.

_____ Name	_____ Signature	_____ Date (YYYY-MM-DD)
_____ Name	_____ Signature	_____ Date (YYYY-MM-DD)
_____ Name	_____ Signature	_____ Date (YYYY-MM-DD)