Homelessness Partnering Strategy Community Plan 2014–2019

Community: *Medicine Hat*

Region: *Alberta*

The plan has been approved by Canada for implementation.

As this Designated Community's allocation is over $200,000, it is required to commit at least 40% of its HPS allocation towards a Housing First approach starting April 1, 2016.

Current Situation: Establishing your Baseline Data

Data

Please report on your current situation based on the following indicators. All CABs should review their progress annually against these indicators. This review will form part of the annual update. Note: Although this data is not required at this time, data for 2013 will be required as part of the first annual update.

1. Number of unique individuals who used an emergency homeless shelter in the twelve month period between January 1, 2012 and December 31, 2012	850
2. Number of shelter users who were chronically homeless in 2012	306
3. Number of shelter users who were episodically homelessness in 2012	357
4. Number of homeless veterans who used an emergency homeless shelter in 2012.	
5. Estimated number of homeless veterans who were chronically or episodically homeless in 2012.	
6. Number of homeless individuals identified during the latest point in time count (if available)	
7. Date count was undertaken	

Readiness for Implementing Housing First

Please rate your community's readiness to implement Housing First based on the following questions. Each component of the scale has a rating of one to four with four demonstrating full implementation of the HPS HF model. Use this information to decide where to focus your efforts in implementing your HF program. Because implementing Housing First may take some adjustments, communities will have the opportunity to rate progress annually and use the information to update priorities. Note: Responses will only be used by ESDC to understand the selection of the HF priorities and activities.

Criterion	Community's Rating
CORE PRINCIPLES	
Rapid Housing with Supports. Program directly helps participants locate and secure permanent housing as rapidly as possible and assists them with moving-in or re-housing if needed.	-4-: Program supports participants in locating housing within one month of acceptance into the HF program and offers participants who have lost their housing a new unit without requiring them to demonstrate readiness. (Note: The program may limit the number of relocations.)
Housing Choice. Program participants choose the location and other features of their housing.	-4-: Participants choose the location and other features of their housing, including decorating and furnishing their unit.
Separating housing provision from other services. Extent to which program participants are not required to demonstrate housing readiness.	-4-: Participants have access to housing with no requirements to demonstrate readiness.
Integrated Housing. Extent to which housing tenure is assumed to be permanent housing with no actual or expected time limits, other than those defined under a standard lease or occupancy agreement.	-4-: Participants live in housing with landlord-tenant agreements and there are no time limits on housing tenure other than those defined under a standard lease or occupancy agreement.
Tenancy Rights and Responsibilities. Extent to which program participants have legal rights to the unit.	-4-: Participants have a written agreement and it contains no special provisions other than agreeing to meet with staff face-to-face regularly (weekly or biweekly).

Criterion	Community's Rating
Reasonable Cost for Housing. Extent to which participants pay a reasonable amount of their income for housing costs and/or program has access to rent supplements or subsidized housing units.	-4-: Participants pay 30% or less of their income for housing costs and/or program has ready access to rent supplements or provides subsidized housing units for all participants.
Housing Support. Extent to which program offers services to help participants maintain housing, such as offering assistance with landlord relations and neighborhood orientation.	-4-: Program offers ongoing housing support services.
SERVICE PHILOSOPHY	
Service choice. Extent to which program participants choose the type, sequence, and intensity of services such as recovery, medical and other services.	-4-: Participants have the right to choose, modify, or refuse services and supports at any time, except regular face-to-face visit with staff.
Participant-Driven Program & Services. Extent to which the program and services are participant-driven.	-4-: Program offers opportunities for input at all levels of the program: from individual services to tenant committees, and governing bodies.
Contact with Participants. Extent to which program maintains regular contact with participants.	-4-: Program meets with participants at least 2 times a month to ensure participants' safety and well-being.
Continuous Services. Extent to which program participants are not discharged from services even if they lose housing.	-4-: Participants continue to receive program services even if they lose housing.
Directly Offers or Brokers Services. Program directly offers or brokers support services to participants, such as recovery, medical and other services.	-4-: Program directly offers or brokers psychiatric treatment, vocational assistance, and other services.
Selection of Vulnerable Populations. Extent to which program focuses on chronic and/or episodically homeless individuals.	-4-: Program prioritizes interventions for participants who are chronic and/or episodically homeless.
TEAM STRUCTURE/HUMAN RESOURCES	
Low Participant/Staff Ratio. Extent to which program consistently maintains a low participant/staff ratio.	-4-: 20 or fewer participants per 1 FTE staff.

Community Advisory Board Membership

1. **Name of the Community Advisory Board:** Community Council on Homelessness
2. **Number of members in your CAB:** 24

	Community Advisory Board Membership				
Last Name	**First Name**	**TITLE ORGANIZATION**	**SECTOR(S)**	**Role on CAB**	**Include on Distribution List?**
Christie	Mike	Executive Director of Community Foundation of Southeast Alberta	- Other: Community Foundation	Co-chair	No
Woodside	Linda	Board President, Medicine Hat Community Housing Society	- Housing and social housing	Member	No
Motz	Glen	Inspector, Medicine Hat Police Service	- Police and/or corrections	Member	No
Bremner	Leigh	CEO of PDD South Region	- Other: PDD	Member	No
Yam	Robin		- Housing and social housing - Landlord associations	Member	No
McMaster	Dawn	Corrections	- Police and/or corrections	Member	No
Turner	Jim	General Manager, Medicine Hat & Area Food Bank	- Non-profit - Other: Food Bank	Member	No
Hansen	Jeannette	Executive Director, Miywasin Society of Aboriginal Services	- Housing and social housing - Aboriginal	Member	No
Christie	Chris	Executive Director, McMan Youth, Family & Community Services	- Housing and social housing - Youth - Non-profit - Other: Service provider, youth shelter provider	Member	No
Miiller	Robin	CAO, Medicine Hat Community Housing Society	- Housing and social housing - Non-profit - Other: Service provider	Member	No
Carvalho	Natasha	Executive Director, Medicine Hat	- Non-profit	Member	No

Community Advisory Board Membership					
Last Name	**First Name**	**TITLE ORGANIZATION**	**SECTOR(S)**	**Role on CAB**	**Include on Distribution List?**
		Women's Shelter Society	- Other: Service provider, shelter provider		
Hayward	Sharon	Executive Director of Canadian Mental Health Association	- Non-profit - Other: Service provider, mental health	Member	No
Jaster	Murray	Core Officer, Salvation Army	- Other: Shelter Provider	Member	No
Poch	Stephanie	Government of Alberta	- Other: Provincial Government	Member	No
Dehler	Deb	Service Canada	- Other: Service Canada	Member	No
Rogers	Jaime	Manager, Homeless and Housing Development Department, MHCHS	- Housing and social housing - Non-profit - Other: Community Entity Representative	Member	No
Steele	Stacey	Homelessness Initiatives Support, MHCHS	- Housing and social housing - Other: Community Entity / CAB Support	Member	No
Schutzle	Melissa	Integrated Service Delivery Project Supervisor, Alberta Works	- Income supports	Member	No
Slezina	Lonnie	Chief Executive Officer, Southeast AB Children & Youth Services	- Youth - Other: Children and Youth Services	Member	No
Vass	Deborah	Alberta Health Services - Mental Health & Addictions	- Healthcare, including mental health and addictions treatment	Member	No
Weisman	Varley	Manager, Social Development Department, City of Medicine Hat	- Other: City of Medicine Hat	Member	No
Verhoeven	Michelle	Supervisor, AISH Delivery Services	- Other: AISH	Member	No
Stadnicki	Holly	Executive Director, United Way	- Other: United Way	Member	No
Samayoa	Antonio	Executive Director, Saamis Immigration	- Other: Immigration Services	Member	No

3. **Given the requirement to allocate funding to the Housing First approach, which involves both housing and individual supports, are there any sectors or organizations the CAB needs to include and/or engage in the future to more fully represent your community? (for example, Provincial or Territorial representatives responsible for housing and/or mental health, landlord organizations, people with lived experience, police, corrections, health and health promotions (including the Health Authority), income supports, other funders, addictions treatment)**

Yes

Please identify the sectors or organizations and describe how they will be engaged.

Our approach to community-based systems integration has resulted in Housing First program implementation that is interconnected with our service delivery partners in health, corrections and police, child intervention services and income supports. While this integration work was initially informal, in 2014 we launched a transition/discharge planning initiative whereby community partners are working to introduce system measures targeting homeless individuals who frequently use corrections, health, and child intervention systems. The goal is to create community-wide practices that avoid public systems discharge into homelessness.   We have also benefited from a significantly more engaged City Council, particularly through our current Mayor and his efforts to support Medicine HatÆs effort to become the first city to end homelessness.   Moving forward, additional efforts will be placed on our prevention and youth homelessness work. To this end, we are looking expand our collaborative service coordination work by engaging schools in innovative system integration work to prevent and end youth homelessness. We also strive to enhance our capacity to serve Aboriginal clients, who make up about 10% of our shelter users. Enhanced relationships with Aboriginal organizations and targeted support for Housing First programs to increase impact on this population is a priority moving forward.

Planning and Reporting

Your Planning Process

1. Stakeholder Engagement

a. **Who and how did the CAB consult in your community as you prepared this Community Plan? Please include information about the approach you took and the extent of your consultations.**

Medicine Hat's initial Plan to End Homelessness was completed in 2009. In the fall of 2013, MHCHS initiated a strategic review process to determine a framework for the Plan's update. This process involved the purposeful engagement of diverse stakeholders in the update process, including partner agencies, government, mainstream systems, and service participants. A Community Summit was attended by more than 50 participants, including service providers, public system partners, government, landlords, and community members at large. The participants engaged in focused dialogue regarding key learnings from implementation, emerging trends and implications on moving a refocused Plan forward. Further, 30 service participants were engaged in a consultation to develop a better understanding of their experience with the current homeless-serving system and their recommendations for improving outcomes in the refocused Plan. Based on the input derived from key stakeholder interviews and the consultation, as well as the aforementioned research, a refocused Plan was developed and brought back to community to gather feedback on the proposed direction. The draft Plan was revised based on this input, endorsed by the CCH and launched in May.

b. **How is the CAB working with the Aboriginal sector and/or local Aboriginal CAB to identify and implement Aboriginal homelessness priorities?**

Aboriginal organizations have been consulted throughout our community engagement process to develop the refocused Plan to End Homelessness. Representatives participated in the Community Summit and Participant Summit. On an ongoing basis, Aboriginal sector members participate in our system planning efforts, including our discharge/transition planning work and inter-agency meetings to enhance program impact. In July 2014, a specific Aboriginal leadership workshop was held to gain further insight into measures to support an end to Aboriginal homelessness in Medicine Hat. Recognizing the disproportionate representation of Aboriginal people among our shelter population (about 10%), we are introducing new sector-wide measures to enhance Housing First impact for this population. This is the

result of the consultation process whereby Aboriginal leadership expressed willingness to work in partnership to develop innovative practices within our current portfolios that aim to increase cultural competency across providers. The Aboriginal Housing First Impact Initiative is the result of this effort, whereby early indicators support the need for an Elder support position that will be available across Housing First programs to support case management work for this population. This partnership will enhance our Housing First programs' service integration with Aboriginal communities, off and on-reserve.

2. *Other Related Strategies and Programs*

a. **In this section, you will identify and describe the federal, provincial, territorial, or local strategies, programs (other than HPS) which fund activities in your community that you will access to support your Housing First and other homelessness effort.**

How many have you identified? 29

Name of federal, provincial or territorial or local strategies and programs	Focus of strategy or program
Family Community Support Services, City of Medicine Hat	- Social integration
Social Policy Framework (Province)	- Social housing - Rent supplements - Mental health - Addictions - Employment - Income supports - Education - Social integration
Persons with Developmental Disabilities	- Employment - Income supports - Education - Social integration
Office of the Public Guardian	- Mental health - Healthcare - Employment - Income supports - Social integration
Emergency Supports for Victims of Violence &Victim of Violence Start Up Allowance (Province	- Income supports

Name of federal, provincial or territorial or local strategies and programs	Focus of strategy or program
Family Violence Prevention & Emergency services	- Income supports - Social integration
Affordable Housing Program (Canada-Alberta Affordable Housing Initiative: Province & Federal)	- Rent supplements
Alberta Health & Wellness	- Mental health - Addictions - Healthcare
Alberta Health Services	- Mental health - Addictions - Healthcare
Justice & Solicitor General	- Social integration
Municipal Affairs	- Social housing - Rent supplements - Employment - Income supports - Social integration
Alberta Education	- Education - Social integration
Alberta Human Services (Province)	- Social integration
Medicine Hat School District 76	- Education - Social integration
Medicine Hat Catholic Board of Education	- Education - Social integration
University of Lethbridge (Yale Belanger)	- Employment - Income supports - Social integration
CMHC (Federal)	- Social housing - Rent supplements
Medicine Hat Chamber of Commerce	- Social integration
Medicine Hat Police Service	- Social integration
Alberta Children Youth Services	- Income supports - Social integration
Affordable Housing Program (Canada-Alberta Affordable Housing Initiative: Province & Federal)	- Rent supplements

Name of federal, provincial or territorial or local strategies and programs	Focus of strategy or program
XX	- Social integration
Alberta Interagency Council on Homelessness (Province)	- Social housing - Rent supplements - Mental health - Addictions - Healthcare - Assertive Community Treatment (ACT) team - Income supports - Education
A Plan for Alberta Plan: Ending Homelessness in 10 Years	- Social housing - Rent supplements - Mental health - Addictions - Healthcare - Assertive Community Treatment (ACT) team - Employment - Income supports - Education - Social integration
Community Housing Program (Province)	- Social housing - Rent supplements
Rent Supplement Housing Program	- Rent supplements
Special needs & seniors Housing Program (Province)	- Social housing - Rent supplements
Assured Income for the Severely Handicapped (AISH) (Province)	- Healthcare - Social integration
Alberta Works	- Employment - Income supports - Education - Social integration

b. **Does your Province or Territory have a plan or strategic direction to address homelessness, poverty, housing, or another related issue?**
Yes

How does your HPS Community Plan complement Provincial or Territorial direction in this area?

Completely aligns

Please explain.

The Government of Alberta is the only province committed to ending homelessness; this has resulted in significant support for Housing First since 2008, following the direction set out in A Plan for Alberta: Ending Homelessness in 10 Years. More recently, the Government of Alberta's Social Policy Framework was launched with a focus on: reducing inequality, protecting vulnerable people, creating a person-centered system of high-quality services, and enabling collaboration and partnerships. Government of Alberta funds to support Medicine Hat's efforts to end homelessness have grown to approximately $3 million per year. Funds are allocated to a number of Housing First programs, including Rapid Rehousing, Intensive Case Management, and Permanent Supportive Housing. The Community Plan is in full alignment with the A Plan For Alberta: Ending Homelessness in 10 Years and the Social Policy Framework.

c. **The Housing First approach requires access to a range of client supports. How will you engage (or how are you engaging) provincial or territorial programs to facilitate access to provincial/territorial services for Housing First clients?**

Provincial allocation of approximately $3 million per year supports Medicine Hat's HF implementation. As the MHCHS is the Community Entity overseeing HPS and provincial allocations, a coordinated funding approach to investment and performance management been realised, fully integrating the two streams at the community level. Because of MHCHS' unique role as the housing management body overseeing social housing and rent supplements on behalf of provincial government, we have also been able to find innovative ways to enhance rehousing. The creation of the Alberta Interagency Council on Homelessness (IAC), on which MHCHS is represented, has provided a policy-level opportunity to advance innovative changes to support an end to homelessness at the provincial level. The IAC is advancing system reform across ministries to further align policy and procedures, as well as funding and service coordination to advance the Plan for Alberta. From a program implementation perspective, we have developed procedures and protocols to ensure HPS funds are complementary to provincial sources. These measures aim to ensure provincial clinical supports and income assistance are accessed fully to avoid duplication with HPS

funds. Provincial funds also support system coordination, training, data collection and research activities – including the use of our Homeless Management Information System (Efforts to Outcomes) across services.

3. Community Contribution

As part of the eligibility for HPS Designated Community funding, each community must be able to demonstrate that it has mobilized funding partners to contribute to its homelessness efforts.

- **Your community must show that it can identify $1 contributing to your homelessness efforts from other sources for every dollar in your Designated Community allocation.**

    o **The community contribution can include funding from any partner other than HPS such as: governments (Federal, Provincial/Territorial or Municipal/Regional); public institutions, such as hospitals, schools or universities; aboriginal organizations; private sector organizations; and not-for-profit/charitable sector organizations, such as foundations or the United Way.**

    o **If an organization is contributing (financial or in-kind) to more than one activity, you may combine all the amounts received and enter the information once.**

- **The Community Entity (CE) will be required to report annually on the actual amount received.**

You will be asked to provide this information during the annual update. At this time, we need information about your community contribution for 2014-2015.

   a. **How many funders have you identified?** 1

| Name of Funder | Type of Funder | Contact Information | | Financial Contribution | Non-Financial Contribution | Total Contribution |
		Contact Person	(E-mail or Phone Number)	(dollars)	(Estimate in Dollars)	(Dollars)
Alberta Human Services	Province/Territory	Stephanie Poch	403-297-6577	2,783,200	0	2,783,200
Total Community Contribution (dollars)						$2,783,200
HPS Designated Communities Funding Stream allocation (dollars)						$254,779

Reporting

The Community Advisory Board is expected to report to its funder (Employment and Social Development Canada), its stakeholders and the broader community on what it is doing and the progress the community is making in reducing homelessness.

The HPS was renewed with a commitment to using a Housing First approach and demonstrate reductions in homelessness. The collection of data and results will be critical to this change. As part of your community planning process, you will set priorities and select activities. Projects should lead to results that contribute to reductions in homelessness.   The HPS has identified specific results that it will be collecting through Results Reporting, but the CAB and CE should also be working together to identify other results they would like to gather.

Your Priorities

Priorities	The percentage of your HPS Designated Community (DC) allocation that will be invested in this priority in:					Activities Selected	Targets for 2014-2015 Where a target is set at 0 it could be because: (1) The community will not be implementing the activities in 2014-2015. (2) The activities will lead to outcomes different from the ones identified in the targets.
	2014 - 2015	2015 - 2016	2016 - 2017	2017 - 2018	2018 - 2019		
To reduce homelessness through a Housing First (HF) approach[*]	52% DC	85% DC	58% DC	58% DC	58% DC	% of HF Funds by activity selected (Related to 2014-2015 only) ● 50%: Connecting to and Maintaining Permanent Housing ** ● 50%: Accessing Services through case management ††	
To improve the self-sufficiency of homeless individuals and families and those at imminent risk of homelessness through	35% DC	0% DC	28% DC	28% DC	28% DC	Connecting clients to income supports	45 **people will increase their income or income stability**.
						Supports to improve client's social integration	**The HPS has not asked for targets related to this activity.**
						Housing loss prevention (only for individuals and families at imminent risk of homelessness)	30 **people will remain housed at three months after receiving a housing loss prevention intervention.**

Priorities	The percentage of your HPS Designated Community (DC) allocation that will be invested in this priority in:					Activities Selected	Targets for 2014-2015 Where a target is set at 0 it could be because: (1) The community will not be implementing the activities in 2014-2015. (2) The activities will lead to outcomes different from the ones identified in the targets.
	2014 - 2015	2015 - 2016	2016 - 2017	2017 - 2018	2018 - 2019		
individualized services †						Liaise and refer to appropriate resources	**The HPS has not asked for targets related to this activity.**
To preserve or increase the capacity of facilities used to address the needs of people who are homeless or at imminent risk of homelessness.	0% DC	0% DC	0% DC	0% DC	0% DC		

Priorities	The percentage of your HPS Designated Community (DC) allocation that will be invested in this priority in:					Activities Selected	Targets for 2014-2015 Where a target is set at 0 it could be because: (1) The community will not be implementing the activities in 2014-2015. (2) The activities will lead to outcomes different from the ones identified in the targets.
	2014 - 2015	2015 - 2016	2016 - 2017	2017 - 2018	2018 - 2019		
To ensure coordination of resources and leveraging	13% DC	15% DC	14% DC	14% DC	14% DC	- Determining a model in support of a broader systematic approach to addressing homelessness - Identifying, integrating and improving services (including staff training on activities and functions in support of a systems approach to homelessness) - Partnership and development in support of systems approach to homelessness - Working with the housing sector to identify opportunities for and barriers to permanent housing (e.g. establishing landlord relationships, mapping of current available assets) in support of a broader systematic approach to addressing homelessness - Consultation, coordination, planning, and assessment (e.g. community planning)	**The HPS has not asked for targets related to these activities.**

Priorities	The percentage of your HPS Designated Community (DC) allocation that will be invested in this priority in:					Activities Selected	Targets for 2014-2015 Where a target is set at 0 it could be because: (1) The community will not be implementing the activities in 2014-2015. (2) The activities will lead to outcomes different from the ones identified in the targets.
	2014 - 2015	2015 - 2016	2016 - 2017	2017 - 2018	2018 - 2019		
To improve data collection and use	0% DC	0% DC	0% DC	0% DC	0% DC		

Notes:

* The Housing First model includes both housing and access to supports primarily for chronically and episodically homeless individuals. The services provided are offered through an integrated approach and are interdependent. Generally, the approach will be to ensure that Housing First clients have access to all the existing services required.

** Connecting to and maintaining permanent housing require communities to establish housing teams that implement the following activities:
- Facilitate access to housing, which could include providing emergency housing funding to bridge clients to provincial/territorial system
- Set-up apartments (insurance, damage deposit, first and last months' rent, basic groceries and supplies at move-in, etc.)
- Furnish apartments for HF clients (furniture, dishes, etc.)
- Repair damages caused by HF clients
- Provide Landlord-tenant services
- Re-housing (if required)

†† Accessing services through case management include the following activities:

- Coordination of a case management team
- Peer Support
- Working with clients to set goals
- Identifying a strategy for reaching the goals
- Connecting clients to services needed to reach the client's goal
- Monitoring progress
- Support services to improve the self-sufficiency of chronically and episodically homeless individuals and families in the Housing First program through individualized services, including: connecting clients to income supports; pre-employment support, and bridging to the labour market; life skills development (e.g. budgeting, cooking); supports to improve clients' social integration; and culturally relevant responses to help Aboriginal clients;   and connecting clients to education and supporting success

† These services are offered primarily to individuals who are homeless or imminently at risk that are not part of the Housing First program.

Results

With renewal, the HPS is increasing the focus on achieving results. All projects are expected to contribute to reducing or preventing homelessness and CABs and CEs should be working together to determine how they will measure project success. The HPS has identified a number of indicators it will be using to measure the success of the HPS at reducing and preventing homelessness.

Description of your Priorities

Housing First (HF) Priority

Rationale

Why is this a priority for your community? If the priority was identified in another related plan or planning process, please identify it.

Designated Community and Aboriginal Homelessness Funding will focus on enhancing Housing First implementation targeting chronic and episodically homeless youth and Aboriginal people. The presence of youth among our absolute homeless population has emerged as a priority area meriting targeted investment. Our current efforts are tailored to chronic and episodic adults and families, whereas this youth population is in fact often unaccompanied. We already make an investment in funding a youth shelter bed, particularly targeting to meeting the needs of youth who do not have child intervention status with Alberta Human Services. We have also operated a successful program delivering youth outreach (McMan Youth, Family and Community Services Association). We are looking to enhance the services of this program by shifting focus towards serving high acuity youth using the Housing First approach tailored for their specific needs. Community-based youth that are at risk of becoming homeless due to family conflict as well as those currently homeless or staying in the youth shelter. Appropriate housing/re-housing of the youth, as well as support to the family to promote family reunification is the focus of this program. This program will be ramped up to 1.5 FTE case management, serving a target of approximately 55 youth per year.

What other resources can you leverage to contribute to your HF efforts?

- **HF Readiness**
  As noted, Medicine Hat has fully implemented Housing First across a range of services, including emergency shelters, transitional and supportive housing, as well introduced measures to enhance system integration with partners in health, corrections and child intervention services. We are looking to expand our reach in rural communities which act as feeders into our homeless system by developing partnerships to deliver regional Housing First programs. Our first pilot in this area focuses on youth homelessness in Redcliff, AB in collaboration with the Redcliff FCSS (Town of Redcliff).

- **Client Intake & Assessment**
  Medicine Hat has implemented central intake using provincial investment and HMIS (Efforts to Outcomes). Our Housing Assessment and Triage (central intake)

has made a critical contribution to streamlining program participants into appropriate programs and housing quickly and consistently. Yet, only a limited number of programs are currently using this process, which leaves the rest of our system decentralized in some respects. To this end, we will pursue the expansion of our Housing Assessment and Triage across the homeless-serving system in tandem with HMIS implementation.

- **Connecting to and Maintaining Permanent Housing**
  We will continue to leverage existing and new Alberta Human Services investments to further our plan to end homelessness. Using provincial and HPS funds, we aim to house 290 homeless people by March 2015, of which 240 would be chronically or episodically homeless. We will continue to leverage access to provincial income supports, rent supplements and clinical services. As well, our capacity to streamline access to social housing units and rent supports as the social housing management body will also contribute to facilitating access to permanent housing. Our landlord engagement will be strengthened to enable the scattered-site housing proposed. We will convene a Funders Table to share information with funding partners, including FCSS, the United Way and the Community Foundation, on common priorities and identify areas where we can leverage one another's resources and where duplication can be avoided.

- **Accessing Services**
  Housing First case management programs (Rapid Rehousing, Scattered-Site Intensive Case Management, Permanent Supportive Housing) act as access points to available resources in community to meet client needs. Access is facilitated to mental health, detox, and addiction services, social housing units and rent supports, employment and education, and culturally relevant responses.

- **Data, Tracking & Monitoring**
  Efforts to Outcomes, Medicine Hat's HMIS, has been in place since 2009 in provincially funded programs; plans to expand implementation are underway to expand coverage for HPS-funded programs. Our Research Agenda will enhance collaborative knowledge development and dissemination using HMIS data to advance solutions to homelessness with research partners.

Description of the Housing First (HF) Approach

Please describe your Housing First approach, identify what percentage of your allocation will be used towards furnishing and repairing housing for HF purposes and provide a timeline for HF implementation.

Our implementation of HF aligns with HPS definitions. We are allocating 58% of HPS funds (both Community Designated and Aboriginal Homelessness Funding combined) to support HF. This represents a notable shift in our investment as historically HPS funds supported prevention, emergency shelter, and transitional

housing activities. The proposed investment in HF is immediately effective in 2014/15, and is maintained through 2018/19.   In Medicine Hat, HF was initially conceptualised as a programmatic intervention that aimed at rapidly rehousing individuals and supporting them to maintain housing stability. We have since learned that it is much more. The shift to HF in Medicine Hat has been more fundamental than introducing specific programs. We have looked to HF as a call to approaching homelessness differently in our community. Rather than simply introducing new programs, we have restructured our entire system's approach to homelessness following Housing First as a philosophy.   From a service delivery perspective, our HF programs are recovery-oriented and focused on quickly moving people from homelessness into housing and then providing supports necessary to maintain it. Rather than requiring homeless people to first resolve the challenges that contributed to their housing instability, including additions or mental health issues, Medicine Hat's HF approaches focus on stabilizing clients in HF, and then working with them to address other compounding issues.

The transformation of Medicine Hat's approach to homelessness has required a reorientation towards ending homelessness and HF using a system planning approach. System planning is a method of organizing and delivering services, housing, and programs that coordinates diverse resources to ensure efforts align with ending homelessness goals. Rather than relying on an organization-by-organization or program-by-program approach, system planning aims to develop a framework for the delivery of initiatives in a purposeful and strategic manner for a collective group of stakeholders. Medicine Hat has been at the forefront of the shift to system planning in the ending homelessness movement. We have implemented critical measures to shift towards a systems approach, as outlined below.

- Coordinated Intake & Assessment: The Housing Assessment and Triage process has been implemented; together with the SPDAT (common acuity assessment), these initiatives ensure consistent intake and referrals into programs to match program participant needs.

- Homeless Management Information System: Efforts to Outcomes, Medicine Hat's HMIS, has been in place since 2009 in provincially funded programs; plans to expand implementation are underway.

- Performance Management: MHCHS has developed a rigorous performance management and quality assurance system to monitor progress. These

include common system and program benchmarks that align with the community Plan, as well as funder requirements.

- Standards of Care: MHCHS and its funded agencies have implemented common Policies and Procedures in to guide practice at the program and system level; MHCHS monitors these on an ongoing basis in alignment with provincial and federal requirements.

- Technical Assistance: MHCHS has developed a fulsome technical assistance and capacity building program focused on building HF case management capacity, supporting HMIS uptake, and introducing system planning at the agency and program level.

- Embedded Research: HMIS data analysis in embedded in decision-making on an ongoing basis. MHCHS and the CCH have supported the development of poverty reduction plan locally, and are building a comprehensive research strategy, which includes a focus on youth homelessness.

- Systems Integration: We are developing protocols to work with health, police, and justice on shared priorities. On an operational level, case managers collaborate with partners to further program participant outcomes.

Target Group(s)

Please describe in more detail the group(s) this priority will address.

- Chronically homeless individuals
- Episodically homeless individuals

Individualized Services Priority

Rationale

Why is this a priority for your community? If the priority was identified in another related plan or planning process, please identify it.

We are continuing to support the operation of a youth shelter bed by McMan, specifically targeting unaccompanied youth without child intervention status. At about 20-25% of our shelter population (170-210 unique individuals) are young people. We know this shelter bed is only able to assist about 40 of these youth annually, as the remainder access other emergency shelter beds. The research by the University of Lethbridge (Belanger, 2014) shows that youth require

specific intervention designs appropriate to their developmental stage (Gaetz, 2014). Further, the recent research on youth homelessness trends in MH points to the critical role system navigation plays for those who seek supports to connect them to appropriate resources. By funding the shelter bed, we are ensuring young people have somewhere specifically designed for them to go; also, an entry point into the homeless-serving system. Our HF ICM program for youth (Youth) will work closely with the shelter to ensure youth are supported to transition to permanent housing or reunify with family where appropriate.   We are further working to deliver support services for clients who are at risk or recently rehoused by HF programs through Financial Administrator (CMHA) initiative. The program delivers small 't' trustee services to vulnerable citizens at risk of returning to homelessness to ensure increased housing stability and reduced reliance on community based emergency services.

Target Group(s)within the homeless and at imminent risk of homelessness populations

Please describe in more detail the group(s) this priority will address.

- Chronically and episodically homeless individuals
- Youth

Coordination of Resources and Leveraging Priority

Rationale

Why is this a priority for your community? If the priority was identified in another related plan or planning process, please identify it.

About 13% of HPS HF funds are being allocated to the Community Entity to facilitate funding administration, reporting, system planning and coordination, as well capacity building work supporting the programmatic investment. This represents a lower amount than the allowable 15%, however, in light of our capacity to leverage provincially funded HMIS supports, we believe we can effectively reduce our administrative cost to move savings into community services.   Part of our work in the coming year is to document and refine our internal processes for administering coordinated funding and documenting the role of the CE in ending homelessness. Our System Planning & Integration Framework will detail the critical performance management and quality assurance roles the CE plays in this respect.