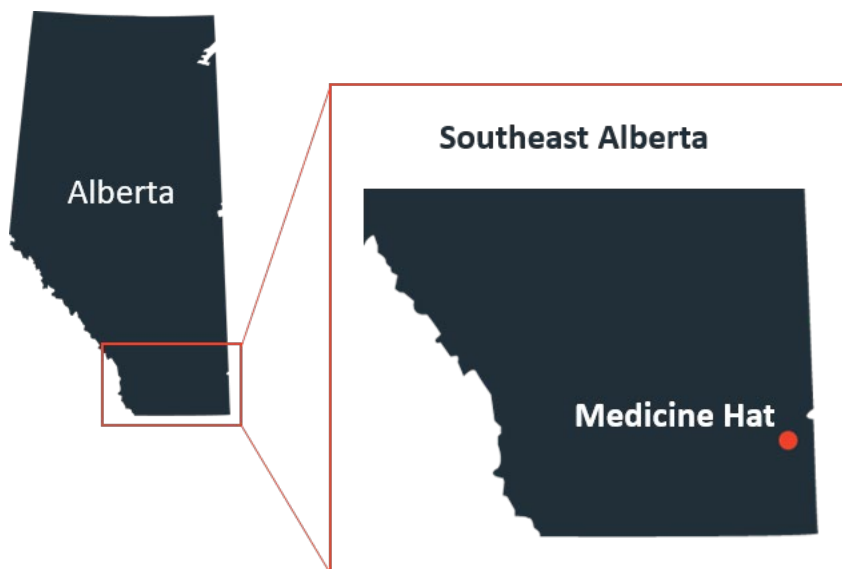# Medicine Hat, Alberta: Functional Zero Chronic Homelessness Case Study

The Built for Zero Canada community of Medicine Hat is the first in Canada to end chronic homelessness.

COVERAGE AREA

Southeastern Alberta's urban centre known as "the gas city" because of its location on top of abundant natural gas fields.
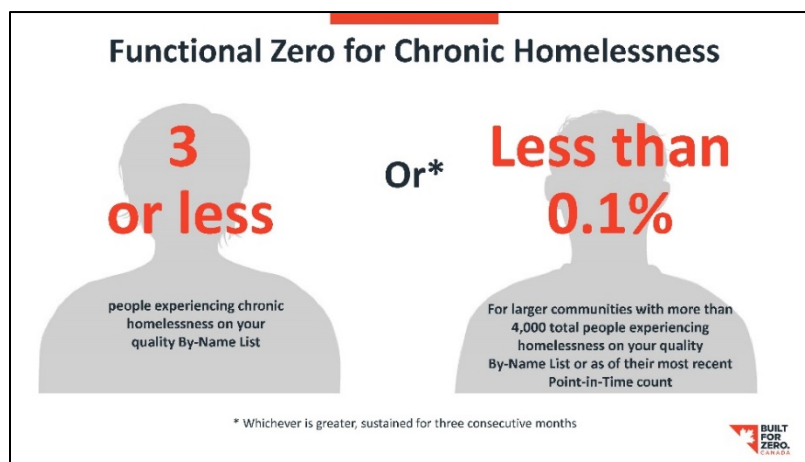
Total Population:
65,441 (2019, Alberta Dashboard)

The Achievement

FUNCTIONAL ZERO CHRONIC HOMELESSNESS

- **Milestones Reached:** Chronic (2021)

Medicine Hat is the first community in Canada to end chronic homelessness as part of Built for Zero Canada, a national movement of over 30 communities working to end chronic and veteran homelessness. The community, first joining the 20,000 Homes Campaign in 2015 and again when it transitioned to Built for Zero Canada in 2019, received functional zero confirmation in May 2021 following a rigorous process from the Canadian Alliance to End Homelessness.

Functional Zero for Chronic Homelessness

3 or less — Or* — **Less than 0.1%**

people experiencing chronic homelessness on your quality By-Name List

For larger communities with more than 4,000 total people experiencing homelessness on your quality By-Name List or as of their most recent Point-in-Time count

* Whichever is greater, sustained for three consecutive months

By reaching functional zero chronic homelessness, the community has proven it has built a system that can ensure chronic homelessness is rare, brief and non-recurring even as new folks experience housing crises over time. In Medicine Hat, that means the community has three or fewer people experiencing chronic homelessness that can be routinely housed within a month.

How did they do it?

Medicine Hat has been forging the path toward ending homelessness even preceding its work with Built for Zero Canada. The community is one of the first to implement By-Name Lists and Coordinated Access beginning in 2010. Medicine Hat achieved functional zero by:

- **Rallying around a defined goal to end homelessness.** In 2009, Medicine Hat was one of the first Canadian cities to commit to ending homelessness, a goal that was updated in 2014. They continue to set measurable goals to end homelessness.

- **Strong partnerships.** Service providers, shelters and other stakeholders representing a broad cross section of interest and expertise locally (e.g., private sector, criminal justice, health care) work together on the Community Council on Homelessness. The community is also supported by all levels of government and the public-at-large where they've fostered a strong belief (and proven!) that ending homelessness is possible.

- **Real-time data used to drive system transformations.** Medicine Hat has a strong culture of data-driven decision-making – where data informs policy, program, and system improvement. Since 2010, a Homelessness Management Information System (HMIS) has been deployed in the community, which means Medicine Hat can see their data in real-time as well as enabling them to review and monitor trends and improvements over time. They use their data daily to provide

service and monitor system functioning. In addition, all funded programs have annual targets that are monitored with monthly reporting. They support programs to read and utilize program and system-level data to inform their programs and leverage funding.

- **Housing First and continuous housing focused system improvement.** Medicine Hat is a strong advocate and user of Housing First principles. These principles have underpinned their continuous housing focused system improvements. Medicine Hat embarked on its own 10-year plan in 2009 and began implementing Coordinated Entry in 2010 (first in Province). Since that time, they have continued to evolve their system, shifting programs and resources in response to their data.

- **Lived experience at the table.** Medicine Hat engages with people with lived experience of homelessness via 1:1 engagement and feedback sessions that support system improvement. The community works hard to address the pipelines into homelessness and work with folks who've experienced the gaps and pitfalls in services to better address the problem areas.

What it means to be a Built for Zero Canada community ending chronic homelessness:

- Aim to functionally end chronic homelessness on path to absolute zero.
- Adopt Built for Zero Canada terms and definitions.
- Achieve a quality By-Name List.
- Collect and submit monthly data through Built for Zero Canada.
- Coordinated efforts with local stakeholders.
- Take on improvement projects to end chronic homelessness.

Community Strengths:

- Community will and buy-in.
- Continuous improvement using real-time data.
- Strong, consistent, brave and accountable leadership.
- Strong local, provincial, and national networks.
- Provincial and federal support.
- Stable economy, housing availability and affordability.

BUILDING DATA DRIVEN AND COORDINATED SYSTEMS

Medicine Hat has been capturing and utilizing data long before Built for Zero Canada started confirming Quality By-Name Lists. So, it wasn't a surprise when the community completed their By-Name List Scorecard with a perfect score in 2018 and set December 2017 as their baseline with seven active chronic homeless. Medicine Hat is also the only community who has submitted complete and balanced chronic By-Name List data back to June 2015, which is when they first joined the 20,000 Homes Campaign (which transitioned to BFZ-C in 2019).

By-Name Lists are a real-time, person-specific list of all known individuals experiencing homelessness in a community. It includes a robust set of data points that support Coordinated Access and prioritization at a household level and an understanding of homeless inflow and outflow at a system level.

This real-time actionable data allows communities to support triage to services, system performance evaluation and advocacy for the policies and resources necessary to end homelessness. **Data is critical to making targeted investments and changes to end homelessness in any community**.

Much like using data, Medicine Hat paved the way on Coordinated Access, as well. The community has a long history of coordinating access to services before it was a federal requirement through Reaching home.

Under Alberta's 10-Year Plan to End Homelessness from 2008, the province's seven largest cities began working with Housing First principles. Medicine Hat embarked on its own 10-year plan in 2008 and quickly started to implement Coordinated Entry in 2010—a first in the whole province—called Housing Link. Its name and functions evolving and improving over time, from Housing Assessment and Triage, to Centralized Housing Assessment and Triage, to Central Intake, and most recently Housing Link.

From 2009, more than 1,323 people who were homeless or at-risk of becoming homeless have gotten a place to live, including 328 children through Housing First programs. An even greater number of people have been stabilized or housed through diversion and rapid resolution. At the same time, shelter use has reduced by 64% overall—including children in shelter and family violence.
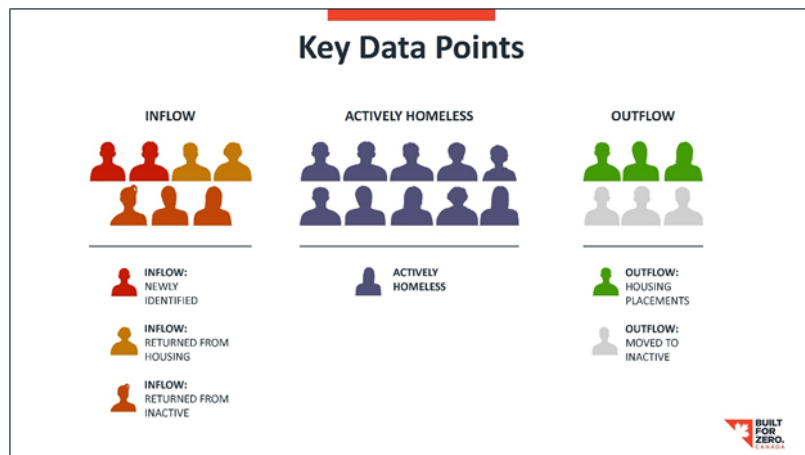
WORKING ON CONTINUOUS SYSTEM IMPROVEMENTS

Medicine Hat has set the standard for constant system improvements. The team is always reviewing data, measuring what's working and isn't working and applying that learning toward system transformation. They do this by building relationships and partnerships, community capacity building, focusing on the data and people, accountability and applying the mantra of burning the system down to build it back up again.

As part of their outreach efforts to address housing issues, in 2011, Medicine Hat Community Housing Society began the work of building bridges with landlords by providing them with Housing First policies to hold service providers accountable. They commended roundtables with landlords and set up a direct line to the funder.

About 99% of their placement success is not about new housing—it's about system changes and working with what they have. While the community could use more housing options, as anywhere else, the

challenge was about rethinking the current stock, space, and its utilization. Outside of 30 new units of permanent support housing that came online between 2017-2019, there has not been a significant housing development for sector access. Medicine Hat released its first Housing Strategy on May 25, 2021.

Community Capacity Building

Another key element is building capacity within the community. The strategy Medicine Hat uses is mandatory and supplemental training provided at no cost to all service providers and others in the sector. The only requirement: all programs must change or alter something to a process or policy based on their learnings.

Setting Standards

In 2011, Medicine Hat developed and implemented a comprehensive, community-wide Housing First Policy and Procedures document with the help of OrgCode Consulting. Since 2011, it's been improved upon and evolved to reflect the learnings and best practices they found to work over time.

The mantra to constantly expand and rebuild on what works and stop what doesn't is the result of outside reviews of work, self-examination from the Community Based Organization (CBO) and funders to ensure they're not part of the problem but the solution, and programs hold each other accountable.

Focusing on data and people

Applying that learning toward improvement comes from paying close attention to monthly data and activity report submissions. They examine critical shifts in outputs versus outcomes (e.g. exits from programs). They execute internal and external program evaluations, then listen to all of the data. They make the necessary changes to service delivery, lean in with housing support at the six-month mark and employ quality hiring practices to improve continuity of care.

Medicine Hat's other motto: "minor adjustments = major gains."

Medicine Hat's second time around ending homelessness explained

Medicine Hat previously announced that they had ended homelessness in 2015. At the time, there was no definition for ending homelessness in any form in Canada. In the absence of definitions to draw on, Medicine Hat boldly set their own as part of their first 5-year Plan. Medicine Hat's definition was that by 2015, no one in Medicine Hat will have to live in an emergency shelter or sleep rough for more than 10 days before they have access to stable housing and the supports needed to maintain it. Since that time, Medicine Hat has continued to improve measurement of ending homelessness. First, by aiming to connect people within just three days, then onboarding with the Canadian Alliance to End Homelessness and Built for Zero Canada definitions of functional zero.

Medicine Hat is known for ending homelessness once before, what's different this time is that their achievement is based on a national definition of functional zero chronic homelessness externally verified by the Canadian Alliance to End Homelessness through a rigorous confirmation process and transparent, publicly available data.

As part of Medicine Hat's participation in Built for Zero Canada, starting in 2017, they began measuring a functional end to chronic homelessness using the definition of 3 or less people actively experiencing chronic homelessness held for 3 consecutive months. In submitting data back to January 2015, there were two previous times when they reached, but were unable to sustain this threshold (once in 2016 and once in 2017). This was also prior to confirming a Quality By-Name List and setting a baseline in December 2017 from which to measure reductions as part of Built for Zero Canada. Since December 2017, Medicine Hat has continued to hover close to the functional zero threshold. In March 2021, they reached Functional Zero Chronic Homelessness (with 3 or less people experiencing chronic homelessness over January, February, and March 2021).

Now, Medicine Hat will work to sustain functional zero and work towards absolute zero on chronic homelessness. At the same time, they will turn their attention to expanding to focus on zero for all homeless populations in their community.

Timeline

Medicine Hat Timeline
Chronic Quality By-Name List (QBNL)
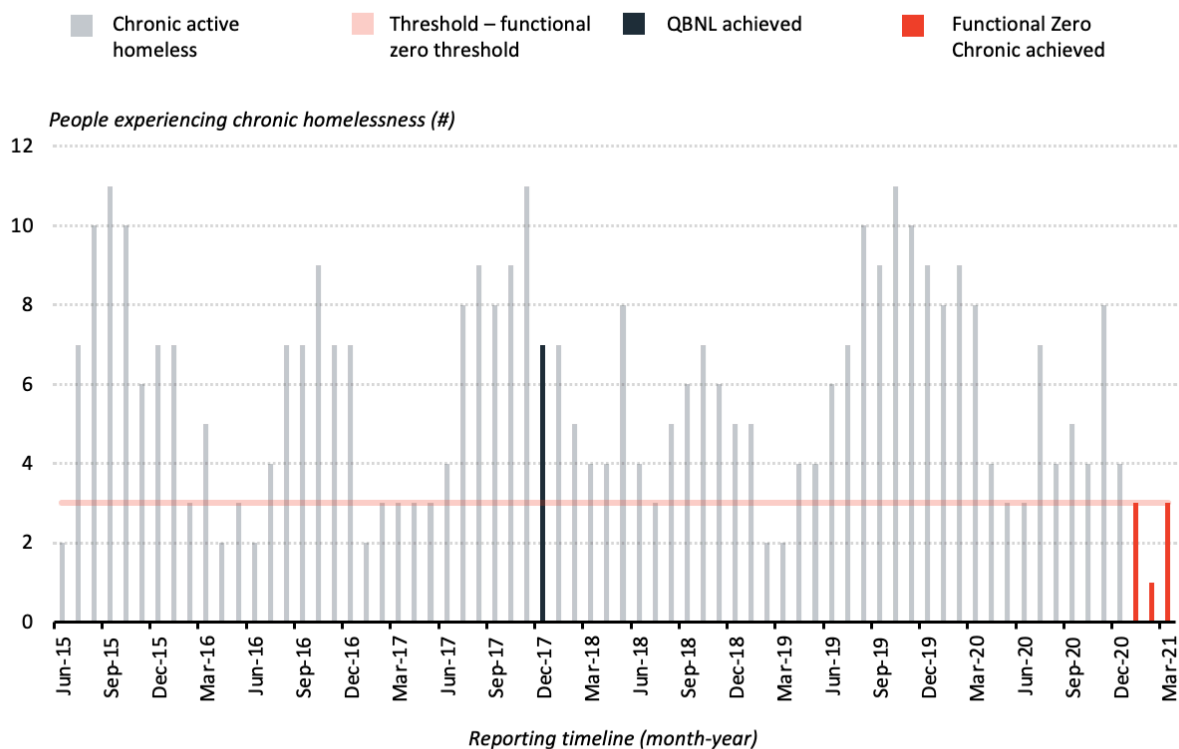
Source: Built for Zero Canada (2021). Medicine Hat Chronic Quality By-Name List [data file]. Retrieved from https://bfzcanada.ca/community-progress/
Notes: Details on the validation process for achieving a Quality By-Name List and Functional Zero Chronic are available here: https://bfzcanada.ca/wp-content/uploads/Chronic-Community-Progress-Indicators.pdf

2015 – 2018

- Participated in the 20,000 Homes Campaign
- Confirmed a Quality By-Name List

2019

- Joined Built for Zero Canada

2021

- **January:** Reached first month of Functional Zero threshold
- **March:** Achieved Functional Zero Chronic Homelessness
- **May - June:** Confirmed and announced Functional Zero Chronic Homelessness
- **Now:** Sustaining and working toward absolute zero on chronic homelessness and functional zero on all homelessness.

> *On the road to achieving functional zero chronic homelessness, Medicine Hat pioneered many of the strategies that are now embedded in*
> *Canada's federal Reaching*
> *Home program including Housing First, data driven decision making, effective and inclusive local leadership, and developing a coordinated local homeless system. These strategies were revolutionary when Medicine Hat began working to end homelessness and are now core strategies being replicated by communities across the country.*

The Team

Lead: Jaime Rogers

Data Lead: Jennifer Brigden and Carrie Menzies

Community Partners: Community Council on Homelessness and all service providers

Built for Zero Canada Improvement Advisors: Kerri Kightley and Marie Morrison

Read the Announcement Release