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THE "FIRST CITY TO END HOMELESSNESS": A CASE STUDY OF MEDICINE HAT'S APPROACH TO SYSTEM PLANNING IN A HOUSING FIRST CONTEXT

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INTRODUCTION

Medicine Hat is a city of 61,180 people and Southeastern Alberta's urban centre (City of Medicine Hat, 2014a). Its economy relies primarily on natural gas, agriculture and ranching (City of Medicine Hat, 2014b). Despite being known as Gas City, due to its role in the resource industry, Medicine Hat has most recently become known for becoming the "first city to end homelessness" (Chan, 2015). In May 2014, community stakeholders launched a refocused plan to end homelessness with an end date in 2015. Though the work had been happening for a number of years locally, considerable attention has emerged since then across Canada and even internationally, evidenced by numerous media articles and news reports (CBC News, 2014; The Economist, 2014; Maki, 2014).

The Medicine Hat Community Housing Society (MHCHS) leads the implementation of the local plan to end homelessness locally. To ensure the implementation of the plan builds on the expertise of diverse partners and shifts to address changing conditions, MHCHS works closely with the Community Council on Homelessness (CCH), which is made up of approximately 20 stakeholders that represent a broad cross section of interests and expertise locally including service providers in the housing and homeless sectors, private sector, police, human services and corrections representatives. This interest in the Medicine Hat approach has led to ongoing requests for information on the 'key ingredients' essential to the community's success and learnings to advance dialogue across communities working to address homelessness. This chapter addresses these requests by focusing on the learnings reported by community members engaged on the ground implementing the initiative.

The Medicine Hat approach to ending homelessness relies on Housing First and system planning. The basic idea behind Housing First is simple: provide a person experiencing homelessness with housing and then offer them supports to address other issues they may be facing. Rather than requiring someone to prove their worthiness for housing (such as being sober or getting job, etc.), Housing First considers access to housing as a basic human right. The application of Housing First as a philosophy across the homeless-serving system is essential to making a sustained impact on homelessness.

In fact, one of the first steps in system planning is identifying shared values or philosophical orientations to ensure stakeholders are driving towards common objectives with a shared understanding. "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" (Turner, 2014: 2).

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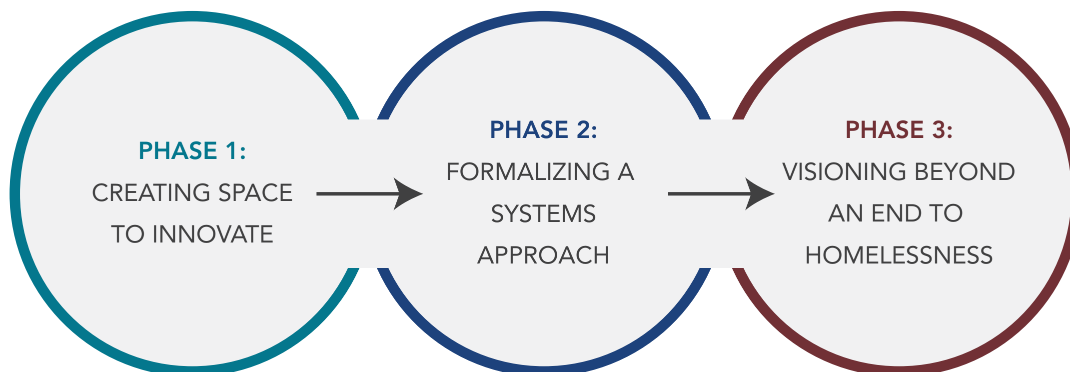
While theoretical frameworks are helpful in outlining the broad strokes of system planning in a Housing First context, it is important that the actual on-the-ground process of implementation be considered as well. In fact, the Medicine Hat case study highlights how interdependent and contingent the processes, players, events and resources are within a dynamic and constantly shifting context. The case study traces the evolution of the approach since the early 2000s to present day through three phases. While no recipe of the 'perfect ingredients' is supplied, the chapter highlights key learnings to date that may be of interest to other communities working to end homelessness using a systems approach grounded in Housing First. This is by no means a chapter about how to definitively end homelessness; it is about sharing learnings from key stakeholders engaged in this work in a particular local context as a means of advancing national dialogue on this issue.

FIGURE 1 *Phases of Evolution of the Medicine Hat Effort to End Homelessness*



METHODS

The lead researcher worked with MHCHS lead staff to identify potential participants based on their involvement in the plan to end homelessness and its implementation. Participants were regarded as knowledgeable on Medicine Hat's work in this area and selected to provide a wide array of perspectives as people who work in frontline agencies, community leaders, public system partners and government representatives. Key stakeholder interviews of approximately one hour were conducted with 18 participants from October 2014 to December 2014. A further 10 potential participants were approached, who were unable or unwilling to participate in the project. Detailed notes were taken during the interviews, which consisted of semi-structured questions that had been provided to respondents ahead of time. The table below summarizes the roles of the interviewees to further contextualize findings.

The data collected was analyzed thematically to deduce recurring patterns. Relying on a qualitative research approach based on a grounded theory, analysis of the interviews was undertaken throughout the data collection process rather than as a one-time effort. This enabled an iterative process whereby the interviews could be guided to probe newly emerging themes as the case study work unfolded. Quantitative data available from existing data sources including previous analyses of system performance in the 2014 update of the Medicine Hat plan to end homelessness, the 2015 point-in-time homeless count and available community-level data from the National Household Survey and Canada Mortgage and Housing Corporation (CMHC) were also synthesized to shed additional light on the local context.

This case study has a few methodological limitations that are worth noting, including a relatively short time frame for data collection which hindered the participation of potential stakeholders during a busy period in the late fall of 2014. Some stakeholders may inadvertently not have been included in this process. The researcher and lead MHCHS staff relied on their knowledge in the homelessness field to inform the interview questions included, though this may have missed other relevant areas. As the case study relied on MHCHS staff's recommendations of participants, this will influence reporting bias and thus potentially skew the findings. Despite these limitations, this is an initial attempt to capture learnings at a single point in time. Future research can build on this analysis complementing it with broader stakeholder selection locally and potentially examining the case study in relation to other communities from a comparative lens.

TABLE 1 *Stakeholder Interviewees*

INTERVIEWEE ROLE	NUMBER OF INTERVIEWEES
Academic Researcher	1
Community Volunteer	1
Consultant	1
Management -level Staff in Funding Organization	5
Management-level Staff in Homeless-serving Organization	4
Municipal Official	2
Private Sector Representative	1
Public System Representative	2
Frontline Service Provider in Homeless-serving Organization	1
Total	**18**

SETTING THE CONTEXT

While the focus of this analysis is primarily on qualitative data from key stakeholder interviews, it is important to also complement findings with figures that add context to the discussion particularly relating to the dynamics impacting homelessness locally. Aside from these concerns about having objective proof to declare an end to homelessness, Medicine Hat's initiative faces some critique with respect to the magnitude of progress. In particular, community stakeholders report concerns they have heard that the "reason we are successful is cause we are small and we don't 'really' have a homeless problem" (Management-level Staff in Funding Organization 1). This section provides contextual information to inform the qualitative findings in the chapter.

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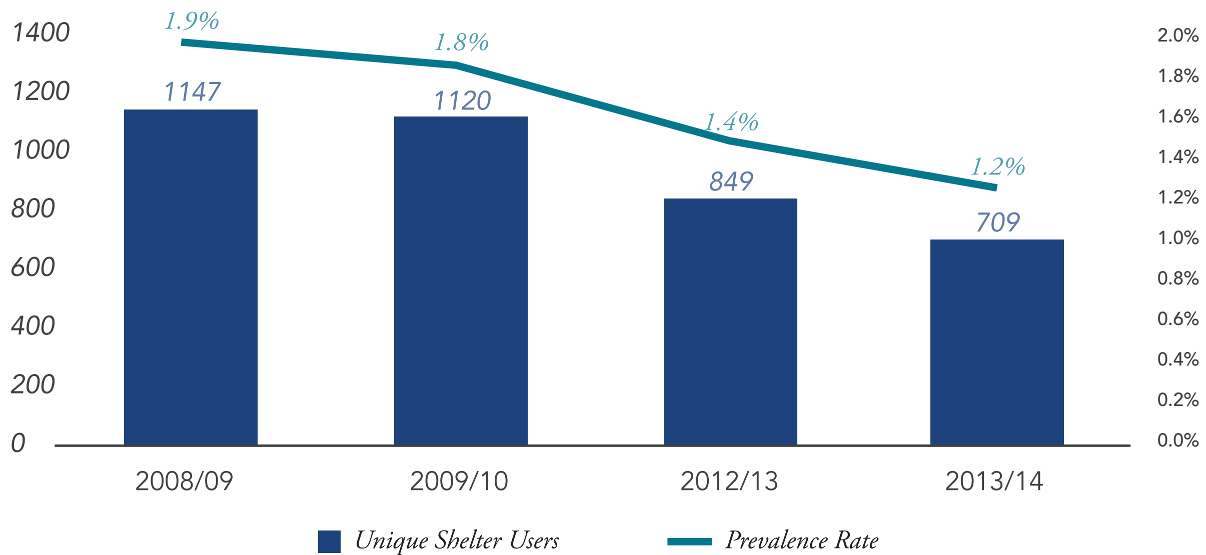
In terms of housing efforts, from April 2009 to December 2014, 848 individuals had been housed across four Housing First programs funded by MHCHS, including 275 children, with a 72% retention rate.[1] Of those who exited programs, 75% had successful exits to stable housing. Additional data pointing to progress concerns emergency shelter use: the number of individuals using emergency shelter as a percentage of the general population decreased significantly from 2008/09 to 2013/14[2] (City of Medicine Hat, 2012).

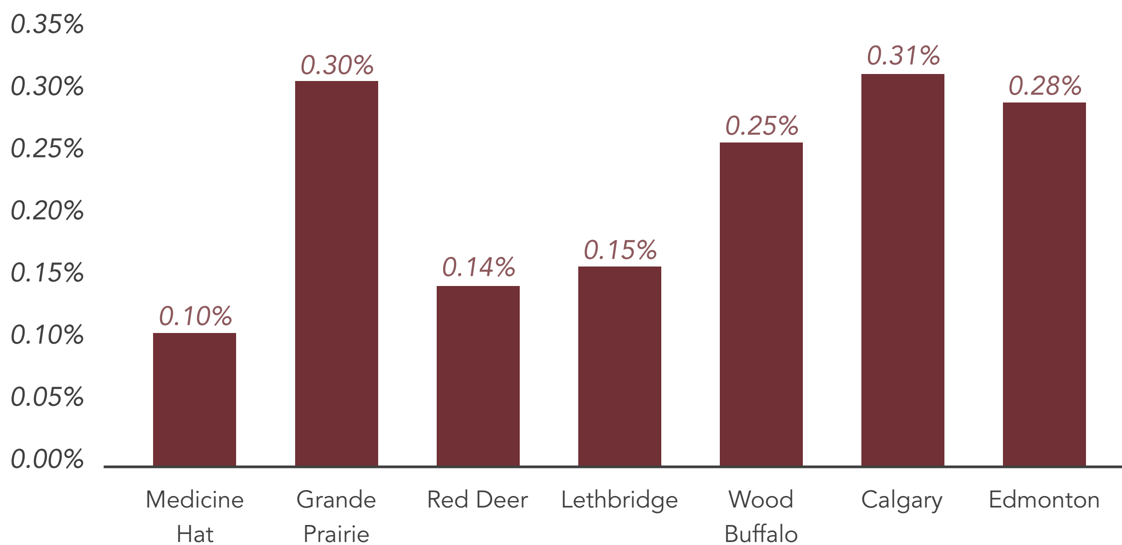
FIGURE 2 *Medicine Hat Emergency Shelter Use Prevalence Rate*



1. Refers to percentage of participants served in period who have successfully exited the program or remain housed as program participants. Calculation excludes exits due to death.
2. The source for the table data on emergency shelter use was found in MHCHS' 2014 Progress Report (MHCHS, 2014).

The provincial homeless point-in-time count conducted in October 2014 found 6,663 individuals to be experiencing homelessness in the province's seven cities. Most of the homeless enumerated were in the two major urban centres, whereas Medicine Hat sat at one percent (7 Cities on Housing & Homelessness, 2015). However, when we consider the proportion of those enumerated as a percentage of the total population in the community, Medicine Hat emerges as having the lowest rate at 0.10%.[3]

FIGURE 3 *Per Capita Homelessness (Point-in-time Counts as Percent of Total City Population)*



Attributing these figures to be a direct and sole result of the Housing First initiatives and the ending homelessness efforts would be inaccurate. Though important factors, it is critical that we contextualize these figures in relation to broader socioeconomic trends, such as population growth. Whilst all seven cities experienced population growth related to the oil and gas industry, Medicine Hat saw a modest growth of 1.2% from 2008 to 2013 compared to an overall average across the seven cities closer to 10% (7 Cities on Housing & Homelessness, 2015: 27).

Moving to housing market trends, the most recent CMHC rental market reports in the fall of 2014 suggest vacancy rates and average rental costs are increasing, with some exceptions. Medicine Hat's average rent was the lowest among the seven cities at $761 in the primary rental market. Despite the comparatively low rental rates, the percentage of Medicine Hatters with a low income is higher than other Alberta communities. As the table below outlines, the percentage spending more than 30% of income on shelter and thus considered to be in core housing need by CMHC is comparable with the other cities in Alberta (7 Cities on Housing & Homelessness, 2015).

3. The per capita rate is calculated with data published by 7 Cities on Housing & Homelessness (2015: 26).

TABLE 2 *Key Indicators Across Alberta Cities*

	Pop. in Low Income (LIM-AT)	Housing Affordability (Households Spending >30% Income on Shelter)	Vacancy Rate	Average Rental Cost	Primary Rental Market Units
Medicine Hat	13.1%	21.9%	4.1%	$761	3,340
Grande Prairie	n/a	22.6%	1.2%	$1,094	3,757
Red Deer	11.6%	26.5%	2.2%	$906	6,093
Lethbridge	11.5%	24.5%	4.8%	$847	3,790
Wood Buffalo	4.5%	18.5%	11.8%	$2,013	2,991
Calgary	10.6%	25.0%	1.4%	$1,213	38,294
Edmonton	10.8%	24.6%	1.7%	$1,103	67,900
Data Source	NHS 2011	NHS 2011	CMHC Oct. 2014	CMHC Oct. 2014	CMHC Oct. 2014

Source of table information: 7 Cities on Housing & Homelessness (2015: 27).

Looking at the results of the 2014 Alberta homeless point-in-time count, a considerable level of migration among the homeless population surveyed is evident. About 18.4% of respondents were new to the community (under one year); however, looking across various communities shows great variance on this issue. Medicine Hat reports a considerably higher percentage at 44.8% compared to other communities. One suggested explanation for the higher proportion of newcomers to some communities is the reduced backlog of long-term homeless people. When the long-term homeless group is removed from the population surveyed, the proportion of those new to the community increases. Thus, it does not necessarily represent a higher mobility in these communities; rather, it may reflect overall rehousing trends in relation to the snapshot methodology used in the count.

The data presented reinforce the need to understand ending homelessness initiatives in a broader socioeconomic context and adjust approaches in real time for those engaged in implementation, funders, policy makers and researchers. Despite these encouraging numbers, the data raise important points about how the broader sector measures the relative success of ending homelessness initiatives, which must be understood in the context of broader socioeconomic trends. As communities begin to publicly declare they have in fact achieved the goal of 'functional zero' with respect to ending homelessness (Chan, 2015; Klingbeil, 2015), it will be essential that agreed upon definitions and measures of an end to homelessness are developed and shared at a national level. Despite these promising signs of progress, there is no internationally recognized definition of what an end of homelessness looks like, what indicators and targets communities should use to measure their progress or process of verifying whether a community has indeed met its goal. Though beyond the scope of this chapter, agreement on the specific measures for assessing an end to homelessness will have to be sought at a national and international level.

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KEY FINDINGS

Phase 1: Creating Space to Innovate

Building on a Solid Foundation

The context in which the initial community mobilization to end homelessness occurred is closely entwined with the MHCHS. MHCHS has a long history of delivering housing and supports locally, as well as functioning as a coordinating body for homelessness and affordable housing initiatives in Medicine Hat beginning in the 1970s. This foundation enabled the nascent ending homelessness initiative to emerge leveraging existing organizational infrastructure, relationships and coordination mechanisms. One of these coordinating mechanisms included the existing Community Advisory Board (CAB), which oversaw federal homelessness funds. Because of the role of the CAB in community planning and developing funding priorities, Medicine Hat had processes in place to engage diverse stakeholders in conversations about service gaps and emerging trends prior to the introduction of Housing First.

Another pre-existing coordination body was the collective table of seven Alberta cities working on homelessness issues since 2001; Medicine Hat has been an active participant of the 7 Cities on Housing and Homelessness. While the 7 Cities initially began working together as community entities overseeing federal funds, they now coordinate local plans at a systems level and align funding resources for greater impact and progress towards ending homelessness with accountabilities to several provincial or federal funders (7 Cities on Housing & Homelessness, 2014a). The 7 Cities table, like MHCHS, served as a consistent part of the initiative's foundation as a platform for knowledge sharing and innovation that reinforced and helped evolve system planning and Housing First in Medicine Hat. It also provided a strong coordinating backbone for the various communities to advance a common agenda provincially and stimulate investment in Housing First in the first place.

A Provincial Boost

Consultations in the early 2000s consistently re-affirmed the need for more affordable housing and homeless supports. While the federal Supporting Community Partnerships Initiative (SCPI) and the Alberta Homelessness Initiative were valuable resources, a notable shift emerged with the Government of Alberta's investment in innovative program pilots aimed at alleviating homelessness. The resulting Outreach Initiative Pilot Projects (OIPP) initiative committed approximately $16 million to the seven Alberta cities, including Medicine Hat at $2 million over two years (2007–2009) to support innovative projects that assisted in moving people experiencing homelessness towards independent living and stable housing.

Though homeless supports already existed in the community, the influx of the new provincial OIPP funds earmarked for innovative projects provided an impetus in the community to try something new. The emergence of Housing First as an innovative approach to resolving homelessness, particularly for those with complex mental health and addictions issues, coincided with the availability of these new funds as well. Initial OIPP funding was not exclusively mandated to Housing First programs, though the ensuing programs had elements of the approach embedded within them. The projects were also part of a provincial evaluation across the seven cities that introduced a common data set, acuity assessment focused on support needs for program participants and a shared program classification process.

In 2009, the 7 Cities received the contractual responsibility for overseeing provincial investment on a go-forward basis. The success of the OIPP initiative along with collective advocacy across the province resulted in a near doubling of investment to $32 million for the funding stream – now referred to as Outreach Support Services Initiative (OSSI).

Early Transitions to Housing First

As the provincial evaluation of the OIPP pilots concluded in 2009, the Government of Alberta mandated the transition of programs to the Housing First model, where appropriate. This period was described as a 'storming' time full of tension by several stakeholders (Municipal Official 2; Consultant 1; Management -level Staff in Funding Organization 5; Community Volunteer 1) where funding decisions across the province resulted in the closure of some programs and considerable changes in others that evolved into Housing First programs. In Medicine Hat, tough conversations ensued with respect to what Housing First meant for agency operating models and guiding philosophies. As a result, some programs chose not to transition and became defunded during the 2008/09 period. For some, Housing First was not a good fit with the organization's area of expertise or philosophical approach to service delivery. Such decisions signaled the need to make evidence-based decisions on funding for the "good of the whole – we had to leave our agency hats at the door" (Management-level Staff in Funding Organization 5).

During this period, the MHCHS formed a Housing First steering committee to help guide the community's transition from a systems perspective. Here, the community leveraged an external consultant's expertise to help guide and provide critical impetus in the change process. "It was such an eye-opener hearing about Housing First – but we were ready for it" – as one stakeholder noted. The consultant provided the community with a way forward at a practical level, introducing common triage and assessment processes, coordinated intake procedures and highlighting the value of performance management early on. Tensions nevertheless surfaced as Housing First challenged practices and beliefs across the sector and broader community. The use of tax dollars to assist those with complex addictions and mental health issues, considered people who "choose to be homeless" (Municipal Official 2) by the broader Medicine Hat community, was met with resistance and challenged during the early adoption of the approach.

Aligning Efforts

Medicine Hat's adoption of Housing First benefited from the policy shifts underway at the provincial level during this period, which prompted the considerable funding commitments to support ending homelessness initiatives at the community level and a public commitment politically to end homelessness. Being part of the 7 Cities collective further affirmed the local drive for change. This was the period where colleagues in Calgary, Lethbridge and Edmonton were already launching plans to end homelessness, as well as program pilots testing Housing First in practice. A key argument used across communities and provincially was the benefit of Housing First from a cost-savings perspective as well. Though local evidence did not exist at the time, other studies, particularly from the United States, confirmed it was less costly to provide housing and supports to end long-term homelessness as opposed to relying on emergency responses which led to expensive use of shelters, emergency health services, police and jails.

At the provincial level, the Government of Alberta mobilized to adopt a plan to end homelessness in 2008 grounded in Housing First as well (Alberta Secretariat for Action on Homelessness, 2008). The plan called for new investment in program supports and affordable housing to operationalize Housing First and resulted in considerable and ongoing increases in funding dedicated to ending homelessness. Again, the business case argument for Housing First was used consistently to secure increased investment, complemented by emerging evidence from within Alberta on cost savings realized and declining shelter use.

In 2009/10, Medicine Hat received a total of $780,000 in OSSI funds, which rose to $2.8 million by 2014/15: a 260% increase over five years. While it is unclear how the inner workings of the provincial budgeting process were determined to result in the increase, at the community level the 7 Cities continued to report success from Housing First initiatives but also ongoing demand for additional funding to meet program

gaps. Advocacy efforts with the province helped in securing additional funds as well. It is important to highlight that while Medicine Hat continued to receive federal homelessness funds throughout the early 2000s, the amount invested through the Homelessness Partnering Strategy (about $350,000 annually) was notably lower than the resources available from the province.

TABLE 3 *Government of Alberta Investment in Housing First (OSSI) (Alberta Human Services, 2015)*

	2009/2010	2014/15
Medicine Hat	$780,000	$2.8 million
Alberta Total	$32 million	$82.6 million

Coordinating the Implementation of a Plan

While the programmatic transitions to Housing First progressed, the Housing First steering committee began community consultation and planning to develop a local plan to end homelessness. Consultations throughout 2009 culminated in the launch of *Starting at Home in Medicine Hat: Our 5 Year Plan to End Homelessness (2010–2015),* which laid out a vision, key principles and core strategies to realize the goal of ending homelessness in 2015 based on the principles of Housing First. The Housing First steering committee evolved into the Community Council on Homelessness (the Council) charged with governance of the implementation of the plan with the MHCHS as the lead implementing body. As a subcommittee of the MHCHS Board of Directors, the Council is recognized as the community stakeholder group that provides stewardship for the community plan on ending homelessness, serves as an active advisor and makes funding recommendations to the MHCHS board in its capacity overseeing federal and provincial homelessness funds. The Council is made up of diverse leaders in decision-making roles from across government and non-profit sectors including public systems such as health, people with developmental disabilities, community funders, income supports, police, correction, child intervention and poverty reduction. Other members represent the business community, particularly landlords.

It is important to understand the role of the MHCHS as lead implementing agency and funder in this process. During the initial ramp up phase, MHCHS was considered to be "more of a community developer and cheerleader" (Consultant 1) bringing diverse stakeholders to the table and facilitating their leadership in the change process. Over time, the coordinating body took an increasingly central role leading practice change with accompanying funding allocation and monitoring. The current role of the MHCHS in community, which is shared with its counterparts across Alberta cities, includes that of planning lead, funder and performance manager, as well as knowledge leader and innovator (7 Cities on Housing & Homelessness, 2014b). Some of the roles of the coordinating body are in fact mandated through contracts with federal and provincial government – others are assumed as a result of practical gaps at the community level or functions it had already had in community before taking on ending homelessness work.

Building the Foundation of the Homeless-serving System

The early phases of mobilization were remembered as a period of risk taking and innovation. As the community was trying a new approach through its first slate of Housing First programs, the old rules no longer applied – yet formalized processes were also lacking, leaving frontline staff, as well leadership, with a certain amount of freedom to learn through implementation. Despite the notable positive results indicated by emergency shelter use reductions as Housing First programs ramped up, challenges continued. The initiative was met with skepticism and implementing stakeholders worked extremely hard to ramp up and demonstrate success. They continued to leverage existing knowledge, looking to Housing First models elsewhere, research and external experts. The Toronto Streets to Homes model was particularly influential during the initial phase, as one of its key developers played a key role assisting in the roll out of Housing First locally.

Housing First programs also worked to develop an intentional coordinated approach at the frontline level to ensure appropriate placement and services for housed service participants. The agency collaborative also engaged key system partners, including health and income supports, to coordinate access to mainstream resources as well. This not only helped challenge existing working models and case management practices, but introduced the community to the practical application of coordinated intake and assessment. Coordinated assessment and triage was introduced in 2010 through the use of a common acuity assessment tool. The use of this tool was reinforced by the provincial push for the adoption of a Homeless Management Information System (HMIS) across Alberta.

A Focus on Service Participants

At the frontline level, the new approach challenged the status quo model of providing housing for those who complied with requirements such as sobriety, taking medication or getting a job, etc. The strong focus on meeting service participants "where they were at" (Management-level Staff in Homeless-serving Organization 2) was consistently mentioned as a key ingredient motivating early adoption across frontline providers (Service Provider in Homeless-serving Organization 1; Management-level Staff in Funding Organization 1; 2; 3; 4; Management-level Staff in Funding Organization 1; 5). In fact, the documented success of the early cohort that participated in the initial Housing First implementation was considered a key factor in the ultimate success of the initiative: there was now "actual proof" (Community Volunteer 1) that Housing First worked from a service participant and system cost-savings perspective. The focus on data collection and analysis that emerged during the early phases took several years to fully ramp up and become integrated into practice. MHCHS saw an early need for "hard evidence to make the business case" (Public System Representative 1) to secure ongoing funding to government and the broader community.

Stakeholders noted that buy-in into the plan and Housing First was not a given during this early phase. In fact, a high level politician, who is now a strong advocate, freely admits his early opposition to the initiative (Maki, 2014). Providing housing and supports to long-term homeless individuals with complex issues challenged the notion of individuals 'pulling themselves up by the bootstraps' and finding their own way through hard work. It also challenged the traditional supports model whereby clients proved their readiness for housing through sobriety and program participation.

Phase 2: Formalizing a Systems Approach

An Intentional Shift to System Planning

A key shift in the evolution of the initiative was prompted by a change in leadership at MHCHS, which brought in a new manager leading the homelessness portfolio in 2011. The manager focused on introducing a system planning approach along with greater performance management and data-driven decision making. This shift was supported by similar processes underway across Alberta's seven cities towards greater formalization of funding allocation processes, performance management and data collection with the introduction of an articulated and deliberate system planning approach to service delivery.

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One of the impacts of the changes in funder expectations around reporting led to the decision of a major Housing First provider to decline renewing its contract to deliver services for MHCHS in 2013. A key concern for the program was the administrative burden placed on staff required for reporting. Other Housing First programs stepped in to collectively take on case management for the program's service participants. This occurrence was mentioned consistently by stakeholders as a key event in the trajectory of the initiative as it marked what stakeholders considered the culmination of a number of changes towards an enhanced formalization of the initiative. It was also a point at which diverse programs came together to work in an enhanced, coordinated manner to ensure service participants' needs were met despite changes in providers.

Enhanced Accountability

The shift towards system planning included an enhanced focus on creating standardized processes with respect to funding allocation, monitoring of outcomes and service quality as well as overall system alignment though coordinated triage and assessment, information management and performance measurement. The shift coincided with the introduction of more robust auditing mechanisms from the Government of Alberta as well, who began formal assessment of the 7 Cities in 2011 in their role as funders. The shift towards system planning and enhanced formalization of performance management and funding allocation processes was consistently described as "a game changer" (Municipal Official 2) for the overall initiative. Being increasingly evidence- and data-driven provided the stakeholders with new resources to prove the concept through "numbers not just anecdotes" (Management-level Staff in Homeless-serving Organization 2). The ongoing development of formalized program procedures and standards, along with staff training, created a continuous cycle of program improvement.

This direction was supported by data highlighting the community's progress. These data were shared in public forums, with media and in communications materials to keep up momentum within the Housing First movement and celebrate success with the broader community. The move to strategically and widely share evidence-based results was considered to have brought additional legitimacy to the initiative. The deliberate use of data in progress reports to showcase cost savings of Housing First to public systems made the argument for increased investment and overall support for the plan transparent and rational. As one interviewee remarked: "the numbers are what they are" – it was no longer necessary to "tug at the heartstrings – we had the data to prove it" (Community Volunteer 1).

The Changing Role of the Coordinating Body

Data and real time monitoring by the MHCHS reinforced the importance of flexibility and adaptation to meet shifting needs in the community across programs. The focus on using data in decision making at the funder and program levels in turn required additional skill-building across organizational levels to ensure data was collected, interpreted and used in a systematic manner. The monitoring of program results and service quality through formal and ongoing site visits, data tracking and ongoing dialogue between the MHCHS and participating agencies was considered to be a catalyst that moved services towards a more coordinated approach. Added expectations around data collection, reporting and the level of oversight by the coordinating body were a change from previous approaches. In some ways, the MHCHS become concerned with the "micro" of system planning (Management-level Staff in Funding Organization 1), rather than the broader community development work it was leading in the ramp-up phase of the initiative.

This administrative burden on agencies played, and continues to play, a key role in ongoing tensions with respect to the role of the MHCHS. In many ways, the MHCHS was following through on its mandated responsibilities from federal and provincial funders – yet, the intentional use of the administrative changes reinforced the systems approach in daily practice. This required that the coordinating body increase its presence as the backbone of the initiative driving change towards enhanced formalization. For instance, the MHCHS mandated data entry from its funded agencies on a monthly basis and introduced a performance management process that included comprehensive site visits and ongoing monitoring. Agencies that may not have had standards of practice in place had to develop new policies and procedures, introduce these as part of staff practice and be responsive to the funder's requirements in a much more rigorous manner than prior to Housing First. MHCHS also developed a core set of standards that agencies were required to adopt – which in some instances conflicted with previous agency practice or philosophy. The focus on data collection and reporting was also new for some agencies that did not have the experience on staff; as a result, the administrative burden often fell on managers to bring programs up to speed with contractual obligations.

Refocusing Strategy

In 2013, the CCH resolved to revisit the original plan to end homelessness in 2013. To update the plan, MHCHS worked with an external researcher to undertake a comprehensive assessment of the community's progress to date and review this against best practices in the research literature. The review process was undertaken using a system planning framework (for a full description of their systems planning framework, please see Turner, 2015), which was applied to a system performance analysis of programs using existing HMIS data and review of MHCHS practices with respect to coordinating the homeless-serving system. The consultation process with key stakeholders occurred throughout the year and culminated in a community summit in November 2013 attended by more than 50 participants, including service providers, public system partners, government, landlords and community members at large. Thirty service participants were also engaged in a consultation to develop a better understanding of their experience with the homeless-serving system and recommendations for improving outcomes in the refocused plan.

While considerable progress was being made, stakeholders also acknowledged that particular gaps in services could be better addressed to assist service participants experiencing long-term homelessness in the community, particularly through permanent supportive housing. There were also service gaps with respect to prevention and particular populations (e.g. youth, Aboriginal people). Further, there was an emerging recognition that enhanced coordination

was needed to enhance housing outcomes further. Enhanced coordination would involve leveraging data at an individual program and system level to make collective decisions about resources and priorities.

The process through which the community reflected on progress, as well as the presence of an external reviewer, led stakeholders to recognize collective accomplishments. As one interviewee remarked: "We thought, hey – we're doing pretty good in Medicine Hat! We are actually leaders in [ending homelessness]" (Municipal Official 2). On the other hand, stakeholders also realized that considerable efforts had to be made to meet the target end date of 2015, particularly with respect to enhancing visibility and support for the work with government and the general public in order to secure necessary resources.

An Achievable End

As the plan review and re-development was underway, the research revealed that the community was on track for meeting targets to end homelessness in 2015 if funding levels continued, particularly if these were enhanced with additional supports for permanent supportive housing. A draft of the refocused plan was developed and brought back to the community on January 2014 to gather feedback on the proposed direction. The participating stakeholders were both invigorated by the projected outcomes for 2015, but also saw it was a risk. The plan gave them just shy of 14 months to end homelessness. The need for an additional infusion of $12 million in new funds to realize the goals was seen as a particularly acute risk.

It was also important that the community be clear in the plan about what they meant by 'ending homelessness.' As one stakeholder remarked: "we're not saying no one's ever going to become homeless in Medicine Hat; what we're saying is that homelessness as a way of life will no longer be a reality though because of the systems we are putting in place to prevent that" (Management-level Staff in Funding Organization 1). The plan set out specific targets through which they would assess whether an end to homelessness had been achieved. For Medicine Hat, an end to homelessness would be apparent when service participants did not experience homelessness for longer than 10 days before they had access to appropriate housing and supports.[4]

The refocused plan became an "empowering and centering force" (Academic Researcher 1) that not only legitimized efforts underway, but would soon propel Medicine Hat to the forefront of the ending homelessness movement as the first community to end homelessness. The refocused plan has a conscious and deliberate embedded system planning approach built into priorities and actions. It reinforces the need for coordinated system planning and service delivery, the use of data and research in decision making, a range of services and housing supports to meet diverse service participant needs and a call to community leadership. While the homeless-serving system is seen as critical to the work of ending homelessness, other public systems are also called to the table through enhanced integration – including health, corrections, domestic violence and poverty reduction. The plan proposed the enhancement of housing and supports options, while looking beyond 2015 to moving increasingly upstream into prevention and maintaining an end to homelessness long term.

4. Note that 'appropriate housing' refers to housing that is affordable according to the CMHC's definitions. According to the CMHC, affordable dwellings cost less than 30% of before-tax household income. Households which occupy housing that falls below any of the dwelling adequacy, suitability or affordability standards, and which would have to spend 30% or more of their before-tax income to pay for the median rent of alternative local market housing that meets all three standards, are said to be in core housing need.

   In addition, housing must meet Modesty Assurance Guidelines available at http://www.housing.alberta.ca/documents/ModestyAssuranceGuidelines.pdf; and Minimum Housing and Health Standards available at http://www.health.alberta.ca/documents/Standards-Housing-Minimum.pdf.

Phase 3: Visioning Beyond an End to Homelessness

The First City to End Homelessness

The launch of the refocused plan in May of 2014 became a critical turning point as Medicine Hat's success was no longer a local phenomenon and the initiative gained the support of a key political figure (Maki, 2014; *The Economist*, 2014). It is important to note that political support for the initiative was not limited to this high-level political figure: interviewees noted that city council was supportive of the work historically, along with local MLAs. Within the provincial government, Medicine Hat and other cities benefited from steadfast support from the various ministers accountable for the homelessness portfolios. However, the media attention garnered by a particular politician was unquestionably a turning point for the community. His support opened doors that were never there before in government and in the business community. It further brought attention to Medicine Hat from other communities: "suddenly we were being asked how we did it, what was the secret 'recipe'?" (Public System Representative 1).

Numerous conversations and relationship building efforts with the right people at the right time led to a gradual increase in their understanding of the initiative and homelessness in general.

It is also important to consider how political support was realized. Numerous conversations and relationship building efforts with the right people at the right time led to a gradual increase in their understanding of the initiative and homelessness in general. For some, this resulted in buy-in for the initiative, which in turn led to a constant need for access to reliable and timely information to be able to speak to and support the issue in public or informal forums. This required accurate data and communications materials, as well as trust between initiative leaders and political and business allies. "It's the little, subtle conversations happening all over the place, over time, that are integral to shifting mindsets and getting buy-in" (Municipal Official 2). "You need people that believe this is possible who could speak to this intelligently who push through despite negativity" (Management-level Staff in Funding Organization 5).

Interestingly, while the recent attention to Medicine Hat's progress brought in new champions, it nevertheless presented a challenge to the effort's veterans who had been doing the heavy lifting through the early years. Ongoing negotiations regarding stakeholders' roles in the effort are occurring, thereby changing its dynamics in real time. What this shift is signaling, however, is broader buy-in and support for the work: "Ending homelessness is something Medicine Hatters are proud of – not just the non-profit sector" (Municipal Official 1). In fact, the city is becoming known for this feat – attracting attention and even economic investment potentially locally for being a socially conscious community according to one municipal official interviewed

The Risk of Success

Becoming known as the first city to end homelessness does not come without risk, particularly in light of the recent drop in oil prices impacting Albertans across the income spectrum. The loss of jobs resulting from the economic slump is enhancing risk for some groups, requiring proactive investment in targeted prevention efforts. Again, a strong systems approach recognizes these shifts and adjusts nimbly to meet new challenges head-on as a collective. The critical dependence on government funds to operationalize the plan's strategic priorities makes the initiative vulnerable to shifts at the political and administrative levels within government. While during early 2015 the threat of cutbacks from the Government of Alberta loomed, the more recent shift in governing parties to the New Democratic Party (NDP) leaves the future nevertheless undetermined at this time. There is awareness that homelessness may not always be "the flavour of the month" (Management-level Staff in Funding Organization 3) and other competing social issues may shift resources and attention away from it.

The province has also been undergoing systematic integration work with respect to homelessness and housing through the Interagency Council on Homelessness, which provides an important platform to address the broader public policy challenges involved in integrating homelessness work with that of other systems, including health, corrections, child intervention, etc. Such major shifts at the provincial policy level, likely to ramp up under the NDP, will have an impact on the initiative locally. Government direction on system integration may result in changes in service delivery and resource allocation locally and will likely impact how system planning is executed at the community level. Navigating such shifts in policy will be critical to maintain momentum while ensuring the ending homelessness agenda is aligned with broader social policy goals. With respect to the Government of Canada, the renewal of the Homelessness Partnering Strategy reinforces Medicine Hat's direction, while the re-focusing of federal funds to Housing First means that the funding allocation in the community may need to shift to ensure a comprehensive system continues to exist and to avoid an over-abundance of particular program types.

Keeping our 'Go-to' People

Additional risks identified related to key roles played by 'go-to' people. Certain individuals were consistently identified as critical to "keeping us on track" (Public System Representative 2) throughout the evolution of the initiative. Some had pivotal roles in kick-starting momentum and opening doors that led to resources and an enhanced profile for the work. Others had developed personal relationships across stakeholders and were able to move the community forward to meet collective objectives. The go-to people referenced most often by stakeholders were those leading homeless system planning work as assigned staff. The position oversaw community planning processes, performance management in Housing First, funding allocation and monitoring, data collection and analysis as well as system integration efforts with public systems like health and corrections. The wide scope of the position ensured one person was deeply immersed in the diverse aspects of implementing the plan to end homelessness and kept abreast of frontline issues, as well as advocacy and funding issues. The position was in a decision-making role as well; rather than gathering information, the staff also oversaw funding allocation and program development and evaluation. In other words, they had the capacity to adjust aspects of system coordination and program delivery in real time, with broader community input.

The content-specific knowledge developed at a system level is centralized in the MHCHS to a certain extent, making the diffusion of the practical "how-tos" (Management-level Staff in Homeless-serving Organization 2) involved in operationalizing system planning and Housing First a priority for the long-term sustainability of the initiative. Recognizing this risk, the MHCHS has consciously begun to enhance the role of agency leadership and the council in system planning work. The current phase sees the MHCHS moving system planning functions increasingly into community – in some ways, resuming its initial role as a community developer and facilitator. This is a result of the increasing recognition that there is a need to make additional efforts to support buy-in into aspects of system coordination, like performance management and data collection, outside of the funding body. The vision for this effort is to embed system planning into the various stakeholder groups that make up the homeless-serving sector and its allies (health, poverty reduction, corrections, etc.) so that ending homelessness is no longer solely an MHCHS or agency job – it becomes a community owned and implemented effort. In this manner, stakeholders would have an enhanced understanding of their roles as part of a system and strive to act in the interest of the group they serve as a collective. Already funding decisions are becoming increasingly determined by strategic conversations among stakeholders based on common priorities, emerging trends, data and evidence rather than being solely driven by the funder.

It is important to highlight that while key leaders were certainly seen as pivotal to the work, the frontline staff and the service participants who do the heavy lifting of operationalizing Housing First are essential to ongoing success. "It was the participants who believed in this that ultimately got this started – if there was no trust [with staff], none of this would be here" (Municipal Official 2). The attraction, retention and training of frontline staff able and willing to work with a complex population was consistently noted as both a critical strength and risk for the initiative. As one stakeholder noted, "you find good people and you let them run with it." It is not surprising to see consistent investment in frontline staff training within agencies and at the system level coordinated by the MCHCS throughout the history of the initiative, though it admittedly remains a challenge given work conditions and wages compared to other available options in a tight labour market.

LOOKING BEYOND ENDING HOMELESSNESS

Interviewees agreed that the "work doesn't end in 2015" (Management-level Staff in Funding Organization 5) – in fact, to truly end homelessness the community could have the opportunity to leverage learning from their success on the homelessness front to expand into other areas, such as poverty, food insecurity and domestic violence. The approach and key ingredients of the homelessness initiative could be examined and applied to this "next phase" since "if anyone can do it, it's going to be Medicine Hat" (Municipal Official 2).

MHCHS's role post-ending homelessness will have to be rethought as well. System coordination and planning will continue to be required by all accounts through enhanced integration of key system planning activities within the council, service providers and allied public systems. Enhanced system integration and the potential of regionalization or expansion to tackle other social issues will similarly challenge stakeholders to adapt while maintaining and building on current success. While homelessness as a long-term experience may be ending at this point in time, the community is "just beginning the hard work of maintaining the gains made."

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CONCLUSION:
KEY LEARNINGS IN SUM

Medicine Hat provides an important case study through which to examine the evolution of system planning approaches following Housing First. The key learnings summarized below highlight the dynamics involved in on-the-ground processes of implementation involved in social change and are of particular interest to a broad range of stakeholders working on addressing homelessness, particularly policy makers and funders, service providers and researchers. While this case study presented the processes and phases a community working to end homelessness went through according to key stakeholders, the chapter is not intending to provide a clear-cut model at this point. As other communities review the Medicine Hat experience and reflect on their own, future research can help articulate such a model with general applicability.

Medicine Hat provides an important case study through which to examine the evolution of system planning approaches following Housing First.

1. Shared community ownership:

- Initiative considered a community-owned effort, not that of a single stakeholder.
- A broad vision created space for diverse stakeholders to contribute towards the greater goal.
- Tension was acknowledged and encouraged as part of the initiative's evolution and continuous improvement.
- Success was celebrated consistently to reinforce overall direction of the community and collective ownership.

2. The right people, at the right time:

- Cultivating a diversity of champions behind the scenes and publically to support the initiative at pivotal moments.
- Having access to consistent support throughout the evolution of the initiative from key stakeholders in government, frontline agencies, business sector, funders and the broader community at large.
- Leveraging expertise and bringing in external knowledge leaders to inform local work.
- A strong core group of leaders was in place to act as the foundation of the initiative and create space for early innovation.

3. A focus on data, performance and continuous improvement:

- Use of data in real time decision making to operationalize system planning and enhance performance.
- Leveraging evidence of success in strategic communications to key stakeholders.
- Ensuring data is accurate, relevant and available.
- Balancing hard data with service participant testimony.
- Building a solid business case for investment in the initiative.
- Evidence, performance results and best practices driving investment decisions.
- Broad service provider buy-in and commitment to service excellence were in place across organizational levels.

4. An intentional community-wide system planning approach:

- Nimble and flexible approach to adjust strategies in real time.
- Broad-based system planning was infused across stakeholders beyond coordinating body.
- Intentional phased approach led by coordinating body to enhance community capacity to participate in system planning.
- Diversity of service providers were engaged in the work to develop a coordinated approach: no one program type was excluded from the process. This included emergency shelters, transitional housing, Housing First, prevention services and social housing providers.
- Intentional integration efforts with other systems (health, income assistance, corrections, etc.) were put in place with an eye to 'moving upstream.'
- Emerging planning recognized regional pressures and the need to coordinate beyond the immediate locality.

5. A nimble coordinating body:

- Coordinating capacity to shift approach according to emerging needs from community developer to system planner and increasingly merging the two approaches.
- Ability to be strategic in creating space for dialogue on tensions, while keeping the momentum of the initiative.
- Leveraging media strategically to advance common goals at critical comments.
- Foresight to develop key relationships, shift program and system design, leverage data and external experts.
- Holding service participant needs at core of decision making.
- Clear direction is maintained, despite criticism and arising challenges.

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