



LETHBRIDGE

COMMUNITY PLAN TO PREVENT & END HOMELESSNESS:

2019 - 2024

Prepared by the City of Lethbridge in fulfillment of its Reaching Home Community Entity
accountabilities for submission Service Canada.

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Table of Contents

1. Community Engagement	3
2. Investment Plan	4
3. Cost-Matching Requirement	6
4. Coordinated Access	6
5. Community-Wide Outcomes	14
6. Official Language Minority Communities	15
7. Community Advisory Table	15

Appendices

1. Community Wellbeing & Safety Needs Assessment
2. Community Wellbeing & Safety Needs Strategic Plan
3. Municipal Housing Strategy Needs Assessment
4. Municipal Housing Strategy Implementation Plan
5. Lethbridge's Systems Change Case Study

1. COMMUNITY ENGAGEMENT

*Please identify the steps taken to engage your community stakeholders in developing this plan.*¹

The 2019-24 Lethbridge Community Plan to Prevent and End Homelessness (the Plan) was developed leveraging several community engagement efforts over the past year:

1. Lethbridge Community Wellbeing & Safety Strategy (2019-2025)
2. Municipal Housing Strategy (2019-2025)

The City of Lethbridge, at Council's direction, embarked on a comprehensive process grounded in research, data analysis, best practice reviews, and community engagement to develop the Lethbridge Community Wellbeing & Safety Strategy (CWSS).

Lethbridge Community Wellbeing & Safety Strategy (CWSS)

The community engagement approach included a series of engagement activities to gain information from residents in Lethbridge and key stakeholders in the community on key priorities, including homelessness.

Main community engagement components included:

1. Public Questionnaire: An online questionnaire of Lethbridge residents was undertaken from October 22-November 29, 2018, which resulted in a total of 1,950 responses.
2. Community Leaders Session #1: On October 3, 2018 over 100 service providers were brought together for a workshop to provide insight and information.
3. Community Consultations: From October 2018 through January 2019 over 300 community stakeholders were engaged through email, phone or in person consultations to share their perspectives on social issues in Lethbridge and provide information and data for the housing needs assessment.
4. Community Leaders Session #2: On January 31, 2019, service providers that were brought together on October 3 were invited to attend a follow-up workshop to give feedback on the needs assessment findings and the proposed direction of the Community Social Development strategic plan.
5. Targeted stakeholder meetings with the following groups (May, 2019 - November, 2019)
 - People of lived experience
 - Indigenous community members
 - Government of Alberta (Alberta Health Services (AHS), Children's Services, Community and Social Services etc.)
 - Chamber of Commerce
 - Services Providers
 - Emergency Services
 - Faith Community

¹Engagement with local Indigenous organizations, and the Indigenous Community Entity and Community Advisory Board is expected in the development of this community plan.

Voluntary Sector
 Business Community
 Key community funding groups
 General Public

Municipal Housing Strategy (2019-2025)

At Council's direction, the City also developed a comprehensive housing strategy to outline Lethbridge's community needs across the housing spectrum, including shelters, permanent supportive housing, rent supports and Housing First alongside broader affordable housing measures.

The community engagement approach to this strategy, overseen by the Lethbridge Municipal Housing Task Force, included a series of activities to gain information from residents in Lethbridge, key stakeholders and persons with lived experience. A number of engagement activities have been undertaken as part of this study as outlined below:

1. Online Questionnaire: Lethbridge residents provided a total of 531 responses on community housing needs and trends.
2. Key Stakeholder Interviews: a total of 24 local service providers and other key stakeholders were engaged through email (19) and phone interviews (5) to share their perspective on housing issues in Lethbridge and provide information on any housing units and/or waitlists they manage.
3. Engagement Sessions: two sessions were conducted with key stakeholders from the private, not-for-profit, and public sectors on November 21st and November 22nd 2018 to present preliminary findings and discuss ideas for addressing the identified housing gaps.
4. Community Workshop: local residents attended on November 22nd 2018 to discuss opportunities and challenges related to finding and maintaining housing in Lethbridge as well as design solutions to these housing challenges. The session was open for the public to attend and actively advertised in the community by the City of Lethbridge.
5. Lived Experience: a workshop was conducted with vulnerable population groups including people with lived experience of homelessness and individuals with special housing needs.

2. INVESTMENT PLAN

The tables below outlined Lethbridge's planned allocation of Reaching Home funding (including funding from the Designated Community stream *and* Community Capacity and Innovation stream) from 2019-24 by investment area. The majority of our funding will be allocated to Housing Services and Coordination of Resources and Data Collection with zero dollars spent toward capital investments.

2019-2020:	\$569,278
2020-2021:	\$556,778
2021-2022:	\$601,963
2022-2023:	\$595,813
2023-2024:	\$595,813

	2019-20	2020-21	2021-22	2022-23	2023-24
Housing Services	31%	32%	32%	32%	32%
Prevention and shelter diversion	21%	21%	21%	21%	21%
Support Services	11%	11%	11%	11%	11%
Capital Investments	0%	0%	0%	0%	0%
Coordination of Resources and Data Collection	27%	26%	25%	25%	25%
Administration	10%	10%	11%	11%	11%
TOTAL	100%	100%	100%	100%	100%

3. COST-MATCHING REQUIREMENT

The tables below outline all funding for homelessness initiatives and community plans to receive from external partners from 2019 to 2024.

Source	2019/20	2020/21	2021/22	2022/23	2023/24
Family and Community Support Services	\$3,146,730	\$3,146,730	\$3,146,730	\$3,146,730	\$3,146,730

Outreach & Support Services Initiative	\$4,377,000	\$4,377,000	\$4,377,000	\$4,377,000	\$4,377,000
City of Lethbridge Grants	\$646,300	\$646,300	\$646,300	\$646,300	\$646,300
Government of Alberta Municipal Block Funding	\$500,000	\$500,000	\$500,000	\$500,000	\$500,000
City of Lethbridge	\$210,000	\$210,000	\$210,000	\$210,000	\$210,000
Total	\$8,880,030	\$8,880,030	\$8,880,030	\$8,880,030	\$8,880,030

4. COORDINATED ACCESS

Lethbridge has been operating a Coordinated Access model since 2017 - however, with the rollout of the CWSS, the community is moving towards an Integrated Coordinated Access approach. Currently Efforts to Outcomes (ETO) is used as the Homelessness Management Information System. As a flagship initiative of the CWSS, Integrated Coordinated Access facilitates the leveraging of over 1,400 programs delivered locally under unifying protocols reaching across sectors, focus areas, and levels of government.

As Lethbridge is the first community to attempt this level of integration, we fully expect to learn, make mistakes, and fine-tune processes as we shift our work in this new direction; as such, we consider these guidelines a living document that will be continuously updated through our collective learnings.

What is Integrated Coordinated Access?

Integrated Coordinated Access (ICA) is a process that Lethbridge's diverse supports are encouraged to follow to streamline access to over 1,400 programs for those individuals in need across diverse service providers in government, nonprofit, voluntary, and private sectors.

This means that no matter where an individual looking for help goes, they get the same answers or advice to get them to the right services and supports as quickly and easily as possible.

Each service provider (health, justice, welfare, homelessness, housing, etc.) will have an opportunity to pre-screen and if needed, full-screen using their specific in-house acuity assessment, and based on the results, ensure that individual is either referred to an appropriate program, or triaged to the ICA table.

Benefits

- Gives everyone looking for/providing help a level playing field of information about what's available and how to access it;
- Allows us to systematically tap into the full scope of resources available, rather than just what we happen to know about;
- Increases the capacity of residents to help one another or themselves where appropriate, rather than needing a professional to help them navigate supports;

- Gives us a much better sense of our local needs and strengths to ensure everyone's needs are being met effectively.

The following tables provide an overview of the ICA process and how it aligns with Reaching Home Coordinated Access (CA) minimum requirements.

Phased Rollout

A phased approach will be taken to roll out the ICA model with community partners. The ICA development process is a key opportunity to enhance buy-in into CWSS Implementation and generate action from service providers and public system partners, while enhancing the City's capacity as lead systems planning organization.

ICA development is not a one-time project, but rather a restructuring of the local social safety net ecosystem to further the common objectives, including reducing and preventing homelessness. The groundwork for systems planning is reaffirmed during ICA development.

The proposed approach hinges the role of local leaders to guide the work of the project team. The Community Wellbeing Integration Table will be engaged throughout the process, making strategic decisions - with working teams of implementing organizations managing operational details with City support. This in turn further builds local capacity and enhances the implementation. A close working relationship with key City staff will ensure alignment with ongoing activities and facilitated shared learning. We consider this endeavor as a truly collaborative one, relying on and leveraging local leadership and expertise throughout.

Phase 1: Development - 2019-2021

Startup (Oct. 2019 -Feb 2020)

ICA Guidelines Draft: To provide the City and service providers an overview of what ICA could look like, conceptual ICA Guidelines will be developed internally with consultant support. These will serve as a starting point to consider rollout and strategic decisions required in the development phase. These will also be used to generate service provider awareness and begin to gauge feedback.

Staff Resources. The ICA Guidelines provide an impetus to understand the internal resourcing needs required by the City to staff the development and implementation process for the ICA as well. A fulsome job description for the ICA Coordinator will be developed accordingly.

Project Governance: In the initial phase of the project, the City will finalize the proposed work plan in dialogue with service providers and the Community Wellbeing Integration Table. The City will identify key stakeholders and how they are to be engaged to assess key environmental trends, policy shifts, opportunities and threats for the ICA. Staff will conduct additional research as required, particularly

regarding best practices to develop the revised strategies and goals of the model.

CA Assessment Evaluation. City staff will review the current CA approach against best practices, funder requirements and community needs. This includes interviews and site visits with current providers, clients, and system partners. Key documents and data on current CA operations will be reviewed and analyzed as well.

Assessment Tool Review. Staff will examine available tools (Vulnerability Assessment Tool, Service Prioritization Decision Assistance Tool, Youth Assessment Prioritization tool, etc.) in the context of Lethbridge's ICA needs and adapt these into ICA guidelines as appropriate.

Systems Mapping. A systems mapping inventory using HelpSeeker of the 1,400 services locally will be used to gauge the scope of the social safety net to fully leverage resources in the new model. This will be a value add to this project, and will enable us to have additional information going into development. HelpSeeker is an online platform developed to gather this information from all relevant programs, their eligibility/prioritization criteria, capacity and occupancy levels.

Engagement & Direction (Mar 2020 - May 2020)

A series of community engagement modalities are recommended to ensure the new model aligns with community needs.

Kick-Off Open House: In order to engage the stakeholders in the development process, it is recommended that an Open House be hosted to introduce the scope of the project, present preliminary findings of the research/evaluation and engage community, Indigenous, non-profit and government stakeholders in discussions of implications for work moving forward in light of a shifting environment.

Design Labs. A series of Design Labs will be scheduled to engage key stakeholders in testing the proposed tenets of the model. City staff will develop preparatory materials to outline the agenda and consultation process as well as facilitate the Design Labs. To ground the participants in a common baseline of information, the City will present key findings from the background research on emerging trends and potential priority directions. For the sessions, a proposed method to undertaking this component is for the consultants to develop key strategic questions to be discussed in smaller groups during the design sessions.

Lived Experience Engagement. The City's team will also engage in focus groups with people with lived experience to complement input received. We will seek input here to inform the proposed model through a Lived Experience lens.

Indigenous Leaders & Healers Engagement. We have established community relationships that we will work through to seek Elder and healer input in the proposed model to ensure alignment with Indigenous principles of healing throughout. A special meeting with key Indigenous leaders and healers is proposed to this end.

ICA Guidelines. A draft guidelines document will be developed after the initial research and interviews/focus groups as the basis for drafting the key directions of the model. The proposed due date for this report will be April, 2020 to synthesize findings to date, and suggest key direction for the ICA moving forward into the onsite community engagement.

Validation Open House. In this session, we will provide overviews of the proposed new model with key stakeholders throughout the course of the day to gauge feedback and confirm direction. The target date for this session is in May 2020.

Funded Service Provider Implementation (Jun 2020- Sep. 2021)

Finalise ICA Guidelines process. The guidelines will be finalized in May after the validation session. Based on acceptance of the guidelines by the Integration Table and ICA Working Groups, the City will work with service providers to commence implementation activities including:

- Privacy Impact Assessment for the Office of the Information and Privacy Commissioner acceptance will be prepared
- Memoranda Of Understanding
- Forms / data sharing agreements
- ETO configuration to support the new CA process.

Communications. To refine the approach and ensure full scale buy-in into systems mapping using HelpSeeker, targeted communications will occur to ensure agencies update occupancy and eligibility for programs across homelessness and housing programs in real time.

Implementation Training. Depending on the level of change management, group trainings may be desired. Training sessions will be broken up by staff roles or by access. At the onset, the City will likely focus implementation on funded service providers. The requirement to participate in ICA has already been put in place starting with April 1, 2019 contracts through the current Integrated Request For Proposals procurement phase.

Service providers will be supported to roll out ICA by City staff dedicated to this process. Learnings from rollout will be integrated in the ICA Guidelines, which become a living document. Approximately 20 organizations are expected to be supported in this initial phase.

Phase 2 Expansion & Refinement: 2021-Onwards

Change management activities, training, oversight of ICA governance and policy development will need to be ongoing activities as part of continuous improvement. We will also develop an expansion plan beyond funded services working with the Integration Table and other funders, including the Government of Alberta, during this phase.

Expansion Plan. As we expand rollout based on learnings from funded programs, we expect to incorporate the 1,400+ programs into ICA on a gradual basis. Pending community engagement we may target phases by population (youth, seniors, etc.), or service focus (counselling, housing, etc.). Or, we may find that certain funding bodies are more likely to support the process and thus we would work with their funded programs. All of these, or a combination thereof, will be explored as the expansion plan

Year	2020-2021	2021-2022	2022-2024	2025-2028	2028-2030
Potential Focus	City funded programs	Children & Youth; Seniors programs	Government of Alberta programs:	Alberta Health Services programs	Government of Canada programs

	(Reaching Home, provincial homelessness/prevention)	United Way / Community Foundation funded Programs	social services, corrections, mental health, addictions, shelter	Disabilities Employment. education	Counselling programs
Number of Programs Incorporated	150	200	300	300	400

Ongoing training, communications and change management will be delivered throughout this phase. The policies and procedures will be refined on an ongoing basis leveraging implementation learnings.

We will ensure the developed system continues to be refined through implementation learnings. In addition, the systems mapping efforts will be ongoing and require support and communications.

Conceptual ICA Process Overview

Note that this will be refined during the consultation process and implementation.

ICA Steps	Level of Need	Service Tier	Service Access Requirement	ICA Lead	Description
Note that individuals of any level of needs can connect anywhere from Options 1-3; Option 4 requires referral from the ICA Table however.					
Option 1 - HelpSeeker.org	Any	Any	None - information access is free, anonymous	Anyone	Anyone can get access to all 1,400+ programs in social safety net (city funds about 100) online, in person, by phone using HelpSeeker.org platform.
Option 2 - Wellbeing Screener	Any	Tier 1	Tier 1 Services require Wellbeing Screener completion, program eligibility to provide services	Anyone	Anyone can complete the Wellbeing Screener in HelpSeeker. The Wellbeing Screener is a 5-7 minute survey integrated as part of the prevention/diversion strategies of relevant service providers in Lethbridge. It is available in print or on the HelpSeeker platform. It can be done as a self-assessment or with support as needed. If completed alone, a low score in any of the 15 domains of the Wellbeing Screener will direct the individual to their closest provider.

Option 3 - Acuity Assessment	Low Wellbeing Screener Score Moderate Acuity Assessment Score	Tier 2	Tier 2 services require low Wellbeing Screener scores + relevant Acuity Assessment of moderate score + program eligibility to receive services	Acuity Assessors at designated ICA sites	Once the individual and service provider meet, either prevention/diversion will kick-in or a referral to a 'selected' Acuity Assessor at a designated ICA sites. The referral is conducted in ETO - see Form A. Service provider → ICA Agency with an Acuity Assessor. A full acuity assessment specific to the issue/ population will be administered to determine next steps. This might include receiving a number of assessments simultaneously (VI-SPDAT, LOCUS, Safety Risk, etc.) at designated Integrated Access sites to speed up referrals. These assessments will be focused by the issue presented (health, safety, housing, etc.) and will take individual factors as well (age, cultural background, mobility, etc.).
Option 4 - Integrated Service Planning	High Acuity Assessment Score	Tier 3	Tier 3 services require recommendation from ICA Table to provide services, including high Acuity Assessment score	ICA Table	Where acuity scores are determined, the person seeking help will be referred to one of 4 Integrated Service Planning Tables focused on youth, singles, families, and seniors. These tables are focused on building and delivering the service intervention among different providers in the best interests of the person needing help. Depending on population focus, they include representatives from health, housing, justice, social and other service providers. These Tables work with the individual to build an Integrated Service Plan and implement it to swiftly enhance wellbeing and reduce acuity.

Reaching Home CA Alignment

Reaching Home Coordinated Access Minimum Requirements	Lethbridge Integrated Coordinated Access (Lethbridge's intent to meet Reaching Home requirements)
Governance	
1. Communities receiving funding from the Designated Communities (DCs) stream must adopt an outcomes-based approach where they work to achieve pre-determined community-level outcomes.	All funded programs are required to meet Key Performance Indicators from the Integrated Investment Framework; this is reinforced in performance management, and Canadian Accreditation Council (CAC) standards.
2. All Designated Communities are required to have a Coordinated Access system in place by March 31, 2022.	Rolled out in 2019.
3. Coordinated Access process must be implemented throughout the geographic area covered by a DC.	Online access via HelpSeeker; 1,400 access points coordinated across the city & regional service catchment area.
4. Reaching Home requires all projects receiving funding from the Designated Communities stream to participate in the Coordinated Access system.	All funded programs are required to adhere to ICA Guidelines.

5. Reaching Home funded projects providing housing placement and associated supports must receive referrals through the Coordinated Access process.	All funded programs are required to receive referrals through ICA.
6. Communities are required to build an appropriate governance operating model to exercise proper leadership for the planning, implementation and ongoing management of the Coordinated Access system. This includes identifying a lead organization to manage implementation and operationalization of the Coordinated Access system.	Lethbridge's Community Wellbeing Integration Table provides strategic oversight across social safety net; the ICA Tables manage Integrated Service Planning at the client level.
7. In all DCs, Community Entities (CEs) must set up a governance structure to oversee decisions related to implementing and maintaining a Homelessness Management Information System and the data collected.	Lethbridge's Community Wellbeing Integration Table provides strategic oversight across social safety net, including information systems.
8. In communities that receive funding from both the Designated Communities (DCs) and Indigenous Homelessness streams, cross-stream engagement on the design and use of the Coordinated Access approach is expected.	Lethbridge's Community Wellbeing Integration Table brings Indigenous leadership to ensure a coordinated approach.
CA Operations	
9. Access points must be easily accessed by individuals and families seeking homeless or homelessness prevention services.	Online access via HelpSeeker; 1,400 access points coordinated across the community.
10. All Coordinated Access locations and methods must offer the same assessment approach using uniform decision making processes.	Requirement reflected in ICA Guidelines.
11. Communities must use a common assessment tool for all population groups (for example, youth, women fleeing violence, Indigenous Peoples) so that there is a shared approach to understanding people's depth of need. However, the questions and approaches used to conduct the assessment can be adjusted for specific populations.	Wellbeing Screener used across 1,400 programs including all Reaching Home funded services. Relevant acuity assessments conducted at ICA Access Points by trained ICA Assessors.
12. There must be an established and agreed upon intake procedure for the entry of individuals and families into the system.	Requirement reflected in ICA Guidelines.
13. Prioritization is established through a series of triaging factors, including but not limited to an acuity assessment score from the common assessment tool. It is also important to note, that only information relevant to factors listed in the Coordinated Access written policies and procedures may be used to make prioritization decisions.	Wellbeing Screener as initial triage, followed by appropriate acuity assessments at ICA Access Points by trained ICA Assessors. ICA Table uses prioritization criteria for assessing referrals to Tier 3 services.
14. In order to manage prioritization for referral and placement in a housing program, communities must maintain a Priority List.	ETO ICA Module maintained to track client level progress and prioritization: ICA Priority List in ETO acting as By-Name List.
15. Communities must develop policies and procedures outlining how the Coordinated Access process operates.	ICA Guidelines are in place.
16. Referral to housing services must be made on prioritization guidelines, project-specific eligibility requirements (for example, age restrictions, geographic location) and the specific needs and preferences of the client.	All Lethbridge programs (1,400) use the ICA Systems Map via HelpSeeker to make referrals.
17. Communities must establish eligibility criteria for each project type.	ICA Systems Map via HelpSeeker tracks program eligibility across 1,400 programs.
18. Methods of dealing with referral challenges, concerns or disagreements such as refusal of various referrals must be in place.	ICA Guidelines provide approach to managing concerns.
CA Principles	
19. Individuals may not be denied access to the Coordinated Access process because of perceived barriers to housing or services (e.g., income, drug or alcohol use).	Requirement reflected in ICA Guidelines.

20. All people experiencing or at-risk of, homelessness must have equitable access to Coordinated Access sites, regardless of the way the sites are organized in the community.	Requirement reflected in ICA Guidelines.
21. Referral must remain person-centred allowing participants self-determination and choice without repercussions or consequences, other than the natural consequences that occur with choice.	ICA Systems Map is publicly available to support client choice via HelpSeeker.org.
Information Management & Privacy	
22. The use of the Homeless Individuals and Families Information System (HIFIS) will be mandatory in all DCs where an equivalent Homelessness Management Information System (HMIS) is not already being used.	Lethbridge uses ICA Tracker and ETO across systems as a pre-existing HMIS was already in place.
23. In all DCs, CEs must develop a set of local agreements to manage privacy, data sharing, and client consent in compliance to municipal, provincial and federal laws.	ICA Guidelines include all relevant privacy compliance and data sharing protocols; these are reinforced through contracts and CAC Accreditation standards.
24. HIFIS: CEs are required to sign a Data Provision Agreement and an End-user License Agreement (software licence agreement) with ESDC. OR HMIS: CEs are required to sign a Data Sharing Agreement with ESDC.	A Data Sharing Agreement will be signed with Employment and Social Development Canada for RH funded programs only.
25. All CEs must access a server and establish corresponding security and safeguards to secure the data collected.	Server is in place as per Government of Alberta requirements for ETO.

5. COMMUNITY-WIDE OUTCOMES

If you would like your community to measure progress on additional outcomes beyond the [federally mandated outcomes](#), please identify those outcomes. Please provide your proposed indicators, targets, and methodology for each of the additional identified outcomes.

The City of Lethbridge is pursuing a number of interrelated outcomes over the 2020-25 period; the following are in full alignment with federal outcomes.

Lethbridge Targets	Alignment with Reaching Home Targets
1. Reach 20,000 people through primary prevention efforts to mitigate risk and vulnerability, while enhancing knowledge about community resources .	New inflows into homelessness are reduced. Homelessness in the community is reduced overall and for specific populations (youth, Indigenous, experiencing violence, families w/ children, seniors/ older adults, disability, immigrants & refugees).
2. Target secondary prevention interventions to annually support 3,000 vulnerable people improve wellbeing and safety outcomes.	New inflows into homelessness are reduced. Returns to homelessness are reduced.

	Homelessness in the community is reduced overall and for specific populations (youth, Indigenous, experiencing violence, families w/ children, seniors/ older adults, disability, immigrants & refugees).
3. House and support 350 people per year across funded programs.	Chronic homelessness in the community is reduced. Homelessness in the community is reduced overall and for specific populations (youth, Indigenous, experiencing violence, families w/ children, seniors/ older adults, disability, immigrants & refugees).
4. End chronic homelessness by 2022.	Chronic homelessness in the community is reduced. Homelessness in the community is reduced overall and for specific populations (youth, Indigenous, experiencing violence, families w/ children, seniors/ older adults, disability, immigrants & refugees).
5. Reduce returns to homelessness from housing interventions to less than 15% across funded programs by 2025.	Returns to homelessness are reduced. Homelessness in the community is reduced overall and for specific populations (youth, Indigenous, experiencing violence, families w/ children, seniors/ older adults, disability, immigrants & refugees).
6. Enhance service quality and impact through Integrated Coordinated Access , performance management, living/lived experience and frontline engagement.	New inflows into homelessness are reduced. Homelessness in the community is reduced overall and for specific populations (youth, Indigenous, experiencing violence, families w/ children, seniors/ older adults, disability, immigrants & refugees).

Beyond federally-mandated outcomes, a number of Key Performance Indicators will be measured. Note that these indicators are a starting point; to this end, ongoing research, analysis, continuous improvement, and evaluation will influence the indicators over time. The indicators will serve as targets and will include progression rates (incremental improvement) over time based on quality assurance funding framework.

6. OFFICIAL LANGUAGE MINORITY COMMUNITIES

Recent data indicates that only approximately 0.5% of our population speak French as their primary language. Although this is not a significant percentage, the City of Lethbridge is committed to ensuring that we address the needs of homeless persons in both official languages.

It is our practice to contract an interpreter from Lethbridge Family Services for a French speaking individual when needed. We also have access to over 70 languages via the Language Bank at Immigrant Services Calgary.

Our ICA process includes a French speaking option and HelpSeeker will be translated in 22 languages, including French, as of June 2020.

We continue to monitor the demand for services in the official minority language on an ongoing basis

to ensure the proper and adequate resources are in place to support the OLMCs.

7. COMMUNITY ADVISORY BOARD

Community Wellbeing Integration Table

After extensive consultation with Lethbridge stakeholders and over 2,000 citizens, City Council adopted the Lethbridge Community Wellbeing Strategic Plan under an overarching Community Wellbeing and Safety Strategy (CWSS) to guide efforts towards common priorities across Lethbridge and spur the collapse of silos and the development of a community-based systems planning and integration approach to manage effective leveraging of over \$700 million of annual investments in the Lethbridge social safety net, leading to better outcomes on common priority issues and a united front for our community.

Based on this work, the need for a systems-level integration table was identified to replace a myriad of committees focused on similar issues with significant overlap. To this end, City Council approved the dissolution of the current Community Advisory Board (CAB) in favour of creating a Community Wellbeing Integration Table that would have a broader mandate around systems planning and integration inclusive of, but not exclusive to homelessness.

The city has commenced its work to catalyze the formation of a ***Community Wellbeing Integration Table (CWIT)*** as the new mechanism to advance the implementation of the CWSS. ***The CWIT will serve a dual role in that it will act as the governance body relating to CWSS decisions, and will serve as the Community Advisory Board for the Reaching Home program.***

This body will encourage coordinated funding/efforts across the community safety net, rather than solely on what the City of Lethbridge directly funds. This will include specific actions to ensure ***Indigenous participation*** in the funding decision-making process.

The new CWIT will be in place in ***February 2020***; until then, ***City Council*** will serve as the CAB for Reaching Home during the currently active procurement process for services using Reaching Home funds.

Indigenous Representation

In alignment with Reaching Home's direction to support evidence-based systems approaches to homelessness leveraging Coordinated Access, the City is working with Indigenous partners to ensure Indigenous self-determination in alignment to the Truth and Reconciliation Commission's Calls to Action. As such, Indigenous community partners will be directly engaged in the decision-making for the Reaching Home Indigenous funding stream.

Decisions about Indigenous funding will be made by Indigenous community member representatives supporting this work through the Indigenous Community Advisory of the Table who will review applications and make funding recommendations. In this manner, Indigenous representatives will not only make decisions about parts of the Reaching Home Indigenous funding, but will be fully integrated into the broader membership and Request for Supplier Qualification process for greater impact on the full funding envelope.

Membership

The membership will comply with the CAB requirements defined within the Reaching Home program. Table members will include high-level decision-makers from a variety of public system and community-based organizations: justice, health/mental health, children's services, income support, Indigenous services, police, and the homeless-serving system. These representatives are leaders in system-level strategic roles engaged in areas relevant to community safety and wellbeing. In addition, we will seek representation from key stakeholder groups such as indigenous representation and those with lived experience. We will also endeavor to secure members with broad and diverse competencies including but not limited to cultural, business, financial and social acumen.

Members bring a wide range of backgrounds and real world experience to the table that can be applied to the CWSS implementation process. They will have a systems-level strategic lens, devoid of conflicts of interest in the procurement processes of the City.

Member selection will be role-based (represent their role within the organization or group, rather than their personal position) to ensure the appropriate level of system knowledge and experience is available from key organizations and demographics groups. Approximately 10-12 members may be drawn from:

- Alberta Health Services
- Business Community
- Urban and Reserve Indigenous Representatives
- Post-Secondary
- School Districts
- People with Lived Experience
- Provincial government
- Federal government
- Housing
- Police
- Justice/Corrections
- EMS/ Fire
- Community Funders

To recruit members, a number of elements will be considered:

- Right composition (skills, experience, decision-making authority)
- Representation of key sectors/ systems/perspectives
- Transparent nominating and selection policy
- Effective orientation and training
- Accountability processes

Members cannot have a conflict of interest due to funding relationships to ensure appropriate levels of conversations and disclosures of strategic information. Membership is role-based: there is a need to

identify the roles and persons within systems that are best suited for the Table. When re-organizations or personnel changes inevitably occur, revisit the assigned positions and representatives to ensure the most appropriate membership.

Subcommittees may be established against CWSS priority areas or functions (finance, revenue, etc.). Ad Hoc committees may be added on time limited actions, such as adjudication of the 2019 CSD Integrated RFQ. At the Table's discretion, additional non-voting members may be added to these committees to complement members.

Because the City of Lethbridge also receives funding from the Indigenous Homelessness stream of Reaching Home, a specific indigenous sub-committee to the CWIT/CAB will be established. This sub-committee will be comprised of key indigenous stakeholders who know and understand the indigenous community and the local issues, and bring a balanced representation of the community.

City's Role

Based on stakeholder direction, the City will take a lead and act as the Backbone Organization of the CWSS and the CWIT. The City's role will be to facilitate, convene and coordinate actions across stakeholders to support the strategy implementation and collective movement.

To support the adjudication of the integrated funding for 2019, the City of Lethbridge will leverage the Table as an advisory capacity to inform recommendations on funding for City consideration. Of note, City Council will continue to be the ultimate decision-makers the City is accountable to.

Operations & Funding Adjudication

A chair or co-chairs will be appointed, and meetings will be convened by the chair/co-chairs and supported by an appointed group coordinator. The CWIT will meet on a regular basis, ideally six times per year (every two months). All meeting agenda items will be forwarded to the coordinator ten working days prior to the next scheduled meeting so that the agenda and any attachments can be distributed five working days prior to the meeting.



CONTACT

MARTIN THOMSEN

Email: Martin.Thomsen@lethbridge.ca

Phone: 403-320-3917