



# Community Wellbeing Advisory Board (CWAB) MINUTES

MEETING NO. 12  
Tuesday, November 18th, 2025  
2:00 PM TO 5:00 PM  
Virtual/Teams Only

## ATTENDEES:

### Voting Members:

Melissa Shouting	Appointed Member; Indigenous community representative
Robin Walker	Appointed Member; Indigenous community representative
Chantelle Fitton	Appointed Member; Indigenous community representative
VACANT	<i>Appointed Member; Indigenous community representative</i>
Heather Oxman	Appointed Member; At-large community representative ( <i>Co-Chair</i> )
Cheryl Patterson	Appointed Member; At-large community representative ( <i>Arrived @ 2:29pm</i> )
Sharon Yanicki	Appointed Member; At-large community representative

### Non-Voting Members

Andrew Malcolm	City of Lethbridge administrative representative ( <i>Co-Chair</i> ) ( <i>Arrived @ 2:20pm</i> )
Provincial Representative	Outreach and Support Services Initiative (OSSI) <i>Program Advisor (South Operations), Government of Alberta</i>
VACANT	Provincial Representative - Family and Community Support Services (FCSS) <i>TBD, Government of Alberta</i>
Donell Iosifelis	Engagement and Program Officer, Government of Canada <i>Federal Representative</i>
Ashley Cesar	Board Secretary <i>CSD Specialist, Community Social Development</i>

### City of Lethbridge Staff

Aiat Aborawi	CSD HIFIS Technician, Community Social Development
Kristina Eyjolfson	CSD Specialist, Community Social Development
Ivan Ho	CSD Specialist, Community Social Development
Danielle Lenaour	Contract Coordinator, Community Social Development
Echo Nowak	Indigenous Relations Specialist, People and Culture
Aum Patel	CSD Specialist, Community Social Development
Taylor Proctor	CSD Specialist, Community Social Development
Arturo Tejeda	CSD Specialist, Community Social Development
Ashley Cesar	CSD Specialist, Community Social Development

### Presenter(s):

David Gabert	Integrated Coordinated Access (ICA)
Ivan Ho	Program Highlight CMHA
Arturo Tejeda and Aum Patel	FCSS

**Not in Attendance:**

Kayla Podrasky	Community-based organization representative <i>Director of Homelessness Supports, Lethbridge Housing Authority</i>
Anastasia Pavlova	Appointed Member; At-large community representative
Seth Adema	Appointed Member; At-large community representative

## 1. Opening Remarks (D. Lanore & H. Oxman)

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D. Lanore and H. Oxman called the meeting order at 2:02 PM

The Board Secretary reviewed attendance and confirmed quorum.

D. Lanore respectfully acknowledged that we are gathered on the lands of the Blackfoot people of the Canadian Plains and paid respect to the Blackfoot people past, present and future while recognizing and respecting their cultural heritage, beliefs and relationship to the land. D. Lanore and H. Oxman offered respect to the Métis and all who have lived on this land and made Lethbridge their home.

## 2. Agenda Approval (H.Oxman)

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Materials were provided to members via email in advance of meeting.

The motion was moved H.Oxman and S. Yanicki seconded.

THAT the CWAB approve the agenda, as amended.

**CARRIED**

## 3. MINUTES OF PREVIOUS MEETING (H.Oxman)

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Materials were provided to members via email in advance of meeting.

The motion was moved H. Oxman and M. Shouting seconded.

THAT the CWAB approve the minutes of its October 27<sup>th</sup>, 2025, meeting.

**CARRIED**

## 4. ITEMS FOR INFORMATION / DISCUSSION

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### 4.1. AGENDA ITEM

**ICA presentation (D. Gabert)**

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- Program Highlight:

The presentation provided an overview of **ICA's development from 2019–2025**, current system navigation structure, and future priorities. It highlighted the shift from informal, inconsistent navigation done “off the side of the desk” toward a coordinated, community-supported model.

Key points included:

**1. Evolution of ICA**

- ICA grew from community need for consistent navigation, accurate referrals, and shared information.

- COVID-19 slowed implementation but clarified gaps and helped shape the model.
- Lethbridge tested both decentralized and centralized service models; the centralized “every door is the right door” model was determined to best support client choice and reduce stigma.

## 2. ICA's Four Core Goals

1. Make it easier for clients to ask for help.
2. Increase accuracy and validity of referrals.
3. Help clients identify needs earlier, including preventative supports.
4. Strengthen positive relationships between clients and providers.

## 3. Current System Structure

- Two main pathways:
  - **Referral Pathway** for all supports.
  - **CART/Housing Assessment Pathway** for complex housing needs.
- Emphasis on ensuring clients are not turned away or redirected repeatedly.
- Priority populations include Indigenous people, BRH, seniors, youth, and shelter users.

## 4. Community Training & Capacity Building

- ICA delivers consistent training to ensure all providers share the same language, information, and referral processes.
- Training also supports community groups, volunteers, and frontline organizations who often serve as first points of contact.
- Ongoing work includes updating referral information, building accurate referral pathways, and coordinating with 211/988 to reduce duplication.

## 5. Community Collaboration

- Monthly Community of Practice meetings bring together sector leaders and small community groups to share updates, coordinate resources, and ensure diverse representation.
- Partnerships continue to expand, such as translation supports from the Islamic Centre and other new organizations joining ICA's network.

## 6. Future Priorities

- Strengthen referral pathways and keep information up to date.
- Increase community supports and collaboration.
- Develop new training topics (e.g., residential tenancy navigation, responding to disclosures of sexual violence).
- Continue evolving the system based on community feedback and changing needs.

Website: [Lethbridge ICA](#)

Trainings Are Offered: (5)

## Discussion:

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- **Priority Populations:** Conversation about improving support by adding web pages that link to local and virtual resources for groups not fully covered by navigators.
- **HIFIS Impact:** HIFIS has greatly reduced duplicated services by allowing agencies to see where clients are already connected.
- **Current Community Needs:** Biggest challenges remain **housing access** and **housing sustainability**. Affordability pressures continue to push more residents—especially youth—toward homelessness despite employment.
- **System Benefits:** Lethbridge's coordinated access includes agencies outside the homeless-serving sector, giving a clearer picture of community-wide needs.
- **Looking Ahead:** Housing and affordability issues are expected to persist, requiring strong wraparound supports to prevent homelessness.

Minutes of presentation: 29 mins.

Minutes of discussion: 10 minutes

### CMHA ICA (I.Ho) : Increase need for counselling services

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- Supported **226 individuals** in 2025 (Q1–Q2), up from **161** previously, showing significant growth in demand.
- In **2024**, the program **fully spent its \$150,000 allocation** and required an added **\$40,000** to meet needs.
- For **2025**, spending has ranged from **\$20,000–\$33,000 per month**, and projections show the program will again fully use its allocation by **November–December**.
- Most clients use **7–8 sessions**, though some use all **10**.

#### Additional Funding

- A **\$50,000 increase** (10% allowable adjustment) is available to extend the program's capacity for the current year.

#### Options Presented

##### 1. Option 1:

- Applicants receive **5 sessions**, then may reapply for **up to 6 total** (pre-approved 3 at a time).
- Maintains short-term, preventative focus and allows more new clients to access the program.

##### 2. Option 2:

- Keep the **maximum at 10 sessions**.
- Will deplete funds quickly and may require pausing the program before year-end.

##### 3. Option 3:

- Prioritize existing clients receiving up to 10 sessions.
- Allocate a set amount monthly for new applicants, resulting in a **waitlist**.

#### Recommendation

- The presenter **advocated for Option 1** to keep the program open longer and increase access for new applicants.

#### Discussion:

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##### • Concerns Raised:

- The **10-session maximum is already insufficient**, and reducing it further would compromise the effectiveness of therapy.
- Short-term counselling requires time to build rapport; **5–6 sessions rarely allow meaningful progress**.
- Limiting sessions may lead clients to believe therapy “didn’t work,” creating long-term disengagement.

##### • Funding Context:

- An additional **\$50,000** must be allocated within the current contract.
- The program is **preventative**, not crisis-based, and is projected to **run out of funding by January** without changes.

##### • Feedback on Options:

- **Option 1** (reducing sessions for new applicants) is expected to receive strong pushback due to limiting service quality.
- **Option 2** (maintaining 10 sessions but likely ending the program early) preserves quality but risks closing intake before year-end.
- **Option 3** (prioritize re-applications, allocate amounts monthly for new clients, maintain a waitlist) raised concerns about possible manipulation but was viewed as supporting **higher-quality service** and maintaining clinical judgment.

##### • Effectiveness Considerations:

- Counsellors report that **meaningful progress often requires more than 10 sessions**, and early limits may create additional work as clients return with unresolved issues.

- Discussions noted the importance of understanding client reasons for accessing counselling to better align supports.
- **Additional Points:**
  - Possibility of redirecting some clients to other available counselling resources (e.g., institutional or partner services) should be explored.
  - Future funding calls may need a different allocation strategy.
  - Question raised about using **unspent funds from other programs** later in the fiscal year, if available.
- **Next Steps & General Direction:**
  - **General consensus leaned toward Option 3**, emphasizing *quality over quantity*—serving fewer clients but providing adequate sessions.
  - Recommendation to take Option 3 to the **Community of Practice** for broader discussion and guidance.
  - Staff will begin conversations with counsellors and **report back with COP feedback**.

**Minutes of presentation: 9 mins.**

**Minutes of discussion : 20 minutes**

## 4.2. City Update (A. Malcolm)

### Service Fair Recap

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- The event was very well attended, with approximately 180 participants in the morning and 100 in the afternoon.
- Participants reported the venue was comfortable, and the trade-show format with mix-and-mingle time supported strong networking and new connections.
- The 1-minute program highlight presentations were identified as a major success, offering quick and effective overviews of services.
- Total event cost was \$10,000–\$15,000, and participants agreed the investment was worthwhile.
- Attendees reported learning a significant amount about available community services.

### Feedback on Structure & Content

- The structure of presentations and short program summaries was well-received.
- Both the value of service duplication (to ensure accessibility) and the need to address unnecessary redundancy were noted as key themes from participant feedback.
- Having multiple similar service providers present helped highlight differences and clarify roles.

### Future Planning

- Suggestions for next year showed a wide range of ideas and needs from participants.
- Approval for a future event is already secured through BRU; however, funding for 2027–2028 will need to be submitted under the next Call for Proposals.

### Organization of Services

- Comment was made that having overlapping or similar services together in the same space **was beneficial**, as it allowed attendees to easily compare offerings and understand distinctions.

**Minutes of discussion: 10 mins**

## 4.3. Call for Proposals

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- Open date: November 13<sup>th</sup>, 2025
- Information Session date: December 1<sup>st</sup>, 2025

**Minutes of discussion: 1 min.**

## 4.4. Public Health Agency of Canada Report

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### Overview

- A new national document from the Chief Public Health Officer was introduced as a resource for defining **well-being**, highlighting strong research and conceptual clarity.
- The board currently lacks a shared definition of well-being, despite its central role in guiding the board's work.

### Key Discussion Points

- Need to **clarify** whether well-being is treated as an **outcome, indicator set, or guiding framework**.
- Importance of **aligning local measures with national and provincial frameworks** to support consistent evaluation and comparison.
- Indigenous perspectives on well-being were noted as essential, especially given the local context, and should be incorporated in future discussions.
- National trends show declining well-being in groups affected by discrimination, toxic drug poisoning, and systemic inequities—issues also relevant locally.

### Why It Matters

- A shared well-being framework would strengthen decision-making, funding alignment, and measurement of community outcomes.

#### Next Steps & General Direction:

- Further review of the framework will be brought back for discussion in upcoming meetings, with additional detail on indicators and implications for evaluation and funding.

**Minutes of discussion: 15 minutes**

## 4.5. Funding Source FCSS (A. Tejeda)

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- FCSS is a partnership program between the Government of Alberta, municipalities, and Alberta Métis settlements.
- Funding model: 80% provincial, 20% municipal; focused on **preventative services**, voluntary participation, and encouraging **community volunteerism**.
- Program structure in Lethbridge: single program under the Social Development Department. 14 organizations and 17 programs are currently funded.
- Programs address homelessness, housing, mental health, employment, and violence, aligned with primary, secondary, and tertiary prevention.
- Data and outcomes are collected and reported to the government to reflect program impact.
- FCSS emphasizes **municipal autonomy** in setting priorities while adhering to provincial guidelines.

### Discussions

- Clarification on **who determines the number of non-crisis counselling sessions (currently capped at 10)**.
- Request for clarification on **what services are covered vs. not covered** under FCSS funding.
- Interest in understanding **the distribution of funding across prevention levels** (primary, secondary, tertiary) in the community.
- Observations that some programs do not directly hold participants and discussion on how reporting can be improved.
- Context provided on past program adjustments (e.g., Friendly Shuttle service changes).
- Noted upcoming FSS conference in Edmonton, which may provide further insights on program guidelines.

#### Next Steps & General Direction:

- Provide a **breakdown of FCSS funding by prevention level** (primary, secondary, tertiary) for clarity.
- **Clarify limits on non-crisis counselling sessions and who sets them.**

**Minutes of presentation: 20 mins**

**Minutes of discussion: 10 minutes.**

## 5. STANDING ITEMS

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### 5.1. PROGRAM HIGHLIGHTS

#### 5.1.1. Program Highlight: Site Visits (A. Cesar)

Move to December to allow time to review evaluation documents

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#### 5.1.2. Transportation (CWAB):

No discussion, item identified as still relevant to stay on agenda.

## 6. NEXT MEETING (A. Malcolm)

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- National Gathering on Indigenous Leadership in Reaching Home (D. Lenaour)
- Reaching Home program (A. Cesar)
- Public Health Agency of Canada Report – Further Discussion
- FCSS funding by prevention level (primary, secondary, tertiary) for clarity that has been allocated.
- Community Homelessness Report (CHR) Question from D. Losifelis: “we’re interested to know more about how communities will be using their CHRs over the coming year (e.g., to inform other public-facing documents, support work implementing minimum requirements, etc.). Please share back how you will be using this document over the next year.”
  - Data Sharing Presentation (T. Proctor)
  - Point in Time Count (Closed Session)

## 7. ADJOURNMENT

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A. Malcolm and H. Oxman adjourned the meeting at 4:21pm.