

Recovery-Oriented Housing Model

Report of the Coordinated Community Response
to Homelessness Task Force

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LETTER FROM CO-CHAIRS

Dear Minister Luan:

It is our privilege to provide this final report and recommendations of the Coordinated Community Response to Homelessness Task Force (task force).

From the outset, we have shared a deep belief in the notion that people and communities “work better together.” It has been personally and professionally rewarding to lead an effort aligned with bringing that virtue to life – especially in support of better assisting Albertans who are experiencing homelessness.

Through many conversations, debates and passionate conversations, our task force has developed a model we believe will make a difference in communities. It offers the promise of stronger, more coordinated responses and, as a consequence, much greater impact.

In the course of our work, we heard very clearly that doing “more of the same” isn’t going to work. Although some strategic investments are required, throwing money at the problem in the same old way through the same old model will not generate the results that Albertans expect. Instead, we must retain what’s working well while recalibrating our responses, backed by clear accountability mechanisms and meaningful metrics that help providers optimize their efforts.

We also heard that housing alone cannot solve the challenge of homelessness. Critically, supports for mental health issues and substance use issues, along with other challenges, must be integrated with housing strategies, otherwise communities cannot hope to serve clients well.

In presenting our findings, model and recommendations, we speak a great deal about individuals experiencing homelessness. Our task force is aware homelessness is also experienced by families and by youth, who engage unique considerations and require attention. However, given our mandate, the focus of our work has been on enhancing community responses for single adults experiencing homelessness.

We wish to convey our appreciation to the people and organizations that contributed to our work. This includes the gracious and courageous participation of those with lived experience, whose perspectives added richness to our report. We thank the service providers who helped ensure the voices of those currently living the experience of homelessness were heard in a dignified and humane manner.

Finally, we express our profound thanks to our fellow task force members for their frankness, wisdom, enthusiasm and dedication to this effort.

Now comes the harder part: making it all a reality.

Patricia Jones Dale McFee
Co-Chair Co-Chair

EXECUTIVE SUMMARY

Albertans who are experiencing homelessness are among the most vulnerable in our communities. While communities have been working for many years to end homelessness, one does not have to look far to find evidence that existing community responses are falling short.

There are many reasons why. Since the Government of Alberta published *A Plan for Alberta* in 2008, much has changed in our province and many lessons have been learned. For instance:

- Community responses have had difficulties assisting clients with multiple and complex challenges. It is not uncommon for these clients to have tri-morbidities such as an active addiction, a mental health issue and physical health challenges.
- The nature of substance use has markedly changed, hallmarked now by opioids and methamphetamines. This is resulting in higher incidences of drug-induced psychosis, and higher co-morbidities among individuals experiencing homelessness.
- Access to addictions and mental health services remain limited. While this is especially problematic in rural and remote communities, urban centers have misalignments between the availability of services and the demands for them. This results in missed opportunities to assist clients who are ready to make changes in their lives.
- Housing options remain limited, with gaps when it comes to options suitable for clients with complex conditions. Many options that used to be available have, over time, been dismantled or converted in response to Alberta's evolving economy.
- Various types of trauma lie at the heart of the challenges that contribute to people's homelessness. Yet communities are at various starting points when it comes to their capacities for trauma-informed approaches in service delivery.
- Indigenous people remain disproportionately represented among those experiencing homelessness. There is still much progress to be made in infusing Truth and Reconciliation considerations and Indigenous lenses into community responses.
- Funding disparities for Indigenous people continue to undermine community responses, manifesting as a lack of housing and other supports for those living on reserve and off reserve. A fundamental change in mindset is required.
- The COVID-19 pandemic caused upheaval in communities and exerted pressures that contributed to more incidents of homelessness.
- Data issues continue to complicate responses, with communities using different terminology and different data collection methodologies. This makes data analysis difficult, compounded by persistent difficulties in data sharing between providers.

In addition, an erosion in safety is undermining communities' abilities to render assistance. There can be no wellness without safety. Yet ideological debates have led to encampments taking root in many communities, in which criminals are preying on vulnerable people experiencing homelessness. The knock-on effects are rising crime, social disorder, random acts of violence, traumatized staff, ruined businesses and destroyed lives in surrounding areas – and, troublingly, people who need assistance going without it, as a result of fear and victimization.

Against this backdrop, our Coordinated Community Response to Homelessness Task Force worked to examine the issues, articulate a more coordinated response model that can be replicated across the province, and develop recommendations for its implementation.

To inform our work, our task force undertook engagement over several months with stakeholders and experts representing parts of communities, including discussions with:

- the academic and research community,
- private, public and non-profit sector representatives from Edmonton's downtown,
- Calgary's Downtown East Village,
- elected officials and community leaders from Alberta's mid-sized cities,
- staff from Alberta Health Services' Zone Emergency Operations Centres,
- staff from emergency shelters in communities,
- staff from various outreach teams in communities,
- representatives of Indigenous communities,
- representatives from the business community,
- elected officials and community leaders from rural municipalities, and
- individuals currently living the experience of homelessness.

We also examined research provided by task force members and received presentations from government ministries and other stakeholders in the areas of housing, addictions and mental health. In addition, our task force pursued two demonstration projects in Edmonton and Lethbridge, to examine how step changes in work on the frontlines could translate into improved outcomes in community responses.

Based on all of these inputs, we determined that coordinated community responses to homelessness need to exhibit the following characteristics and components:

- Availability of a variety of housing options, which are integrated with recovery-oriented supports such that clients are comprehensively assisted in ways that meet their needs.
- A client's readiness for change is treated as an emergency, such that crucial moments are seized to help people make changes in their life trajectories.
- Recovery-oriented care is provided, meaning every service and support is working to help clients become the best version of themselves they aspire to be.
- Avoidance of reliance on waitlists, with providers striving to provide assistance despite established processes.
- A "no wrong door" philosophy, whereby an individual experiencing homelessness can access the response at many different points, offering respect and dignity.
- Diversion is key outcome, with providers doing what they can to leverage a client's natural supports and strengths to help the person find a safe place to call home.
- Warm hand-offs are a standard way of operating, meaning a provider takes responsibility for physically getting each client to the service required.
- Integration with community is the ultimate desired outcome, such that a client makes new and healthier connections that foster community inclusion and personal fulfilment.
- Trauma-informed and culturally competent services are the standard, recognizing the crucial role these play in modern practices.
- There is an appropriate setting for everyone, whether a housing solution, an institutional setting, or an emergency shelter temporarily; but it is not an encampment or the streets.
- Timely interventions and sensible decisions are made to help prevent homelessness, including discharge planning by systems and private sector efforts to prevent eviction.
- Many parts of community are brought on board and kept on board, through partnerships and the use of Good Neighbour Agreements and other processes.
- Safety is paramount, with law enforcement, social workers and other providers working collaboratively to avoid unsafe situations while compassionately assisting clients.

These components and characteristics can be brought about through the implementation of what we call the **Housing Focused Recovery-Oriented Model**.

In this model, outcome-focused outreach serves as an important prong in changing an individual's trajectory. In this paradigm, an "outreach team" is a robust interdisciplinary team that is structured through a centralized coordinator, equipped with the right training and skills and formally linked to other partners in the coordinated response. Recognizing the importance of safety, the participation of law enforcement in outcome-focused outreach is paramount, as is the expectation that compassionate enforcement is utilized by default.

Outreach teams are likely to leverage connections with and make use of emergency shelters as service hubs. These re-envisioned emergency shelters perform their historic roles of providing emergency assistance but now become more systematically connected players in helping move clients into housing with recovery-oriented supports. Gone is the old "soup kitchen" model, in favour of a modern, properly resourced hub that is formally linked to the coordinated response and leverages its trust relationships with clients to help put them on better life trajectories.

In working to assist clients, community partners benefit from an expanded array of housing options. Those options span as much of the housing continuum as possible, but crucially, options are integrated with recovery-oriented supports.

Meanwhile, discharging people into homelessness presents many challenges. Using approaches such as multi-sectoral discharge planning teams, systems and providers only discharge clients to safe, secure housing that is integrated with recovery-oriented supports. This helps stem the flow of people into homelessness and breaks cycling of clients through systems.

To help bring about the establishment of this model across communities, our task force makes several recommendations to the Government of Alberta:

1. Endorse and be guided by a refined province-wide approach.
2. Deploy provincial funding with the aim of better enabling coordinated community responses.
3. Enhance data systems.
4. Establish clear expectations for how shelters are established and operated in the province.
5. Explore ways of supporting staff in emergency shelters.
6. Bring rigour, coordination and accountability to outreach services.
7. Expand addictions and mental health treatment services through a community health centre model.
8. Enhance the availability of services.
9. Focus on recovery-oriented supports, which help foster community integration.
10. Explore a range of policy options to stimulate expansion of housing integrated with recovery-oriented supports.
11. Work with the federal government to expand supports to Indigenous people both on and off reserve.
12. Collaborate with the federal government on investments in affordable and supportive housing for those experiencing homelessness.
13. Work to improve system discharges into homelessness.
14. Establish a small task group to recommend more durable prevention efforts for Alberta.

INTRODUCTION

About the Task Force

Albertans who are experiencing homelessness are perhaps the most vulnerable in our communities. Many have lost everything they have – not only their homes, but their livelihoods, their family connections, their health and, sadly, even their hope. Experiencing homelessness represents some of the darkest and lowest points of one's life.

Regardless of the circumstances that contributed to their homelessness, these are our fellow Albertans. We must be there to assist them, when they are ready, to make changes that will help them move out of homelessness and put them on better life trajectories.

Communities have been working to end homelessness for many years. Yet one does not have to look far to find evidence there is room to boost our effectiveness.

Recognizing this, on November 21, 2022, the Government of Alberta announced the establishment of the Coordinated Community Response to Homelessness Task Force.

Comprised of members from various sectors and having a range of expertise, our task force was asked to examine how communities are impacted by homelessness and to:

- review the access to services including shelter, health and other recovery supports,
- develop a model for delivering a more coordinated community response to homelessness, which can be used in many communities, and
- recommend actions for implementing that model province-wide.

Members of the task force

- Patricia Jones, Calgary Homeless Foundation (Co-Chair)
- Dale McFee, Edmonton Police Service (Co-Chair)
- Carol Adair, University of Calgary
- Kathy Christiansen, Alpha House
- Sandra Clarkson, Calgary Drop-In Centre
- Andre Corbould, City of Edmonton
- Louis Hugo Francescutti, University of Alberta
- Dave Jackson, Lealta Building Supplies
- Kris Johnson, Infrastructure Canada
- Holly Mah, Chinatown and Area Business Association
- Susan McGee, Homeward Trust
- Jordan Reiniger, Boyle Street Community Services
- Tricia Smith, Boyle McCauley Health Centre
- Earl Thiessen, Oxford House
- Morgan Reid, Indigenous Relations Canada
- Bruce Reith, Hope Mission
- Cheryl Whiskeyjack, Bent Arrow
- Michelle White-Wilson, Enoch Cree Nation

Our Process

From the outset, our task force sought to be as collaborative and solutions-minded as possible. Though we came from different organizations with different perspectives, we each committed to approach our work with open minds. We were prepared to challenge our own preconceptions, be led by the evidence and, most of all, identify approaches that would better assist individuals experiencing homelessness.

Recognizing the importance of community in this work, our task force undertook engagement with stakeholders and experts representing various parts of communities. These mainly took the form of roundtables, conducted during the months of January, February, and March 2022. Enabling us to gather the perspectives of dozens of individuals from across Alberta, these included roundtables with:

- the academic and research community,
- private, public and non-profit sector representatives from Edmonton's downtown,
- elected officials and community leaders from Alberta's mid-sized cities,
- staff from Zone Emergency Operations Centres across Alberta Health Services' five health zones,
- staff from emergency shelters in communities,
- staff from various outreach teams in communities,
- representatives of Indigenous communities,
- representatives from the business community,
- elected officials and community leaders from rural municipalities, and
- individuals currently living the experience of homelessness.

Through these roundtables, our task force gathered viewpoints about the successes, challenges and opportunities in their communities as it relates to addressing homelessness and assisting those in need. We aimed to keep these conversations as solutions-focused as possible, inviting participants to tell us about approaches they were finding effective or potential approaches they felt would be helpful.

In addition to being informative, these roundtables had the added benefit of facilitating knowledge transfer between people and communities. Many participants expressed appreciation at having the opportunity to learn about approaches being used and explored by colleagues or counterparts in other communities.

Our roundtables with individuals having lived experience were especially poignant. These were undertaken through respectful and compassionate conversations arranged by members of our task force whose organizations deliver frontline services to those experiencing homelessness. Graciously and courageously, the engaged individuals provided valuable input about their experiences and interactions with assistance services in their communities. Their stories added richness to the input we gathered.

In addition, our task force examined research provided by task force members and received presentations from government ministries and other stakeholders in the areas of housing, addictions and mental health.

With the benefit of this input, our task force came to better understand the challenges around existing community responses to homelessness. Several recurring themes and issues emerged. From this, we identified four areas of common concern across the province, in which changes could help bring about more coordinated responses.

To explore some of these possible changes, members of our task force endeavoured to lead two separate demonstration projects (in Edmonton and Lethbridge). During spring 2022, they engaged other members in those communities to explore the impacts of certain step changes in day-to-day work on the frontlines. Both the demonstration projects, and the processes involved in pursuing them, provided additional learnings for our task force.

Our analysis culminated in the development of a new model for coordinated community responses to homelessness, and a suite of recommendations on how to encourage the implementation of that model across the province.

SETTING THE CONTEXT

Alberta's Efforts to Address Homelessness

It is important to note, Alberta is not starting from zero when it comes to action on homelessness. In fact, our province has stood out as a leader in addressing homelessness and has devoted considerable resources to the cause over many years.

A major milestone was the publication of *A Plan for Alberta*, the Government of Alberta's provincial plan to end homelessness within 10 years. The plan was ground-breaking in terms of its content.

Notably, the plan fundamentally shifted our province's approach – away from managing around the challenge, to addressing the challenge head on. It did this by establishing an expectation that Alberta would use a “housing first approach” to addressing homelessness. Under this approach, the first priority in helping a person experiencing homelessness would be to move them off the streets and into a housing option. These individuals would then be provided further assistance and supports to address their needs and help them achieve stability.

The provincial plan also acknowledged that action on homelessness needed to be community-led and community-driven. Although the provincial plan established an expectation that housing first approaches be used, it gave communities considerable flexibility as to how that was done. This recognized that the challenge of homelessness was unique in each community and, hence, the programs undertaken in each community would need to be unique. To that end, local plans to end homelessness were created in each of seven major Alberta cities. Each of these was expected to be consistent with the provincial plan.

As a means of implementation, a Community Based Organization (CBO) was established in each of Alberta's seven major cities. In the time since, the Government of Alberta has provided annual funding support to each CBO. The CBO, in turn, deploys these funds in its community to finance the delivery of programs in line with their community's local plan to end homelessness. This typically involves a mix of private and non-profit organizations that provide housing and related support services intended to help clients achieve and maintain housing stability.

On a separate but related track, the Government of Alberta has also provided direct funding support to emergency shelters in communities across the province.

Taking Stock of Efforts

One of the first questions our task force confronted was, “What's going on?” After all, it has been over a decade since Alberta first published its provincial plan, and efforts to address homelessness have been occurring throughout that time. Logically, it makes sense to take stock of those efforts and how the landscape has evolved since 2008.

It turns out, our province has learned a great deal about homelessness, and work to address homelessness, during the past 14 years. Communities across Alberta have also experienced considerable changes over that period of time, which have influenced the effectiveness of everyone's work. Based on input gathered from stakeholders, additional research and the expertise of members, our task force makes some key observations:

- Large numbers of Albertans have been moved out of homelessness.

Since the provincial plan to end homelessness was published over a decade ago, thousands of Albertans have been placed in housing. The CBOs report that community responses in Alberta's seven major cities have, collectively, housed and supported approximately 23,000 previously homeless Albertans between 2008 and 2018. These are achievements to be recognized and celebrated. They speak to the power and potential of community responses in changing the lives of vulnerable Albertans and, in the process, strengthening our communities. This is a solid foundation of work on which our province can build and signals that our communities have momentum on their side.

- Those experiencing chronic homelessness have been harder to assist.

While thousands of Albertans experiencing homelessness have been assisted, there have been limitations to the success. In particular, community responses have found it challenging to meet the unique needs of individuals experiencing chronic homelessness. These individuals often present with multiple, complex needs; it is not uncommon for an individual to have tri-morbidities such as an active addiction, a mental health issue and physical health challenges. Frontline workers report they have difficulty assisting these clients because current systems are not well-designed for them. For example, it can be very difficult to find a housing option that can accommodate a complex client's unique needs; or, similarly, a complex client may be ineligible to access assistance for one of their challenges due to one of their other challenges. (Our task force heard stories, for instance, of clients being turned away from addictions treatment due to their mental health issues.) In the worst cases, stakeholders report that complex clients can experience blatant rudeness, disrespect and discrimination from service providers. Viewed against this backdrop, it is evident community responses are not working well for this cohort of clients.

- The nature of substance use has markedly changed.

There has been a major shift in the nature of substance use challenges since the provincial plan was published in 2008. Where these challenges once primarily involved alcohol and cocaine, they now increasingly involve opioids and methamphetamines. This shift has had dramatic impacts, including higher incidences of drug-induced psychosis, resulting in higher co-morbidities among individuals experiencing homelessness. Health services and other systems are still adjusting to confront this new reality, and stakeholders report it is more challenging to assist clients who are experiencing these kinds of substance use challenges.

- Access to addictions and mental health services are limited.

In the midst of what appears to be widespread opioid misuse, addictions and mental health treatment services are challenged to meet demands. Many communities have limited access to these services, particularly rural and remote communities. Even in urban centres, however, front-line staff often encounter huge misalignments between the availability of addictions and mental health treatment services and the demands for them. One of the most common concerns relates to wait times. Clients who are ready to make a change in their lives and undergo treatment are not assisted in that crucial moment; instead, they are often told they must wait for weeks until a spot becomes available. By that time, the moment of opportunity has passed and the client either remains homeless or, if they were placed in a housing option, is at high risk of slipping back into homelessness.

There is also a limited range of treatment and support options in communities. This is a problem because no single type of support will work for all clients. Community responses struggle to serve a client when an appropriate type of assistance is not available for the client's unique needs.

- Housing options remain limited.

Although many new units have been created to assist people experiencing homelessness, the spectrum of housing options remains limited in many communities. Rural and remote communities are especially challenged by this situation, since they do not typically benefit from the same amount of private investment in housing compared to larger centres. However, urban communities also have limited housing options available for clients experiencing homelessness, with a particularly glaring gap when it comes to options that are suitable for clients with multiple and complex challenges. The evolution of Alberta's economy has been a contributing factor. Over time, options that used to be available, such as single-room occupancy units, have disappeared or been converted. The resulting narrower continuum of options is undermining the effectiveness of community responses.

- Trauma-informed approaches are essential.

No one experiences homelessness without having some type of challenge, or multiple challenges, in life. These can take various forms – such as addiction, mental health disorders, physical abuse, loss of employment, or poverty. With those challenges come some form of trauma – including childhood, historical and intergenerational trauma. This trauma will range in nature and severity from individual to individual, but it lies at the ultimate root of the life trajectory that has led the individual into homelessness.

With this in mind, trauma-informed approaches have increasingly come to be seen as essential. Yet communities are at various starting points when it comes to understanding the role trauma plays in homelessness, and their capacities for trauma-informed approaches in service delivery. This reality compromises the long-term efficacy of community responses, because unless an individual's underlying trauma is recognized and addressed, the supports received serve as temporary band-aids.

- Truth and Reconciliation plays a crucial role.

During the years since the provincial plan was created, the realities of the lives and histories of Indigenous people have come further to the forefront in our society. A major milestone was the Government of Canada's acceptance of the *Final Report of the Truth and Reconciliation Commission of Canada* in 2015. Many of the Calls to Action of the Truth and Reconciliation Commission have application in efforts to address homelessness, particularly those addressing health, language and culture, education, justice, and child welfare.

The degree to which Truth and Reconciliation considerations have been infused into community responses is varied. While many communities have taken steps to integrate more culturally appropriate services delivery, there is still much progress to make. This is significant, given the overrepresentation of Indigenous individuals who are experiencing homelessness. Among those entering emergency shelters for the first time in 2020-2021, nearly four in ten (37%) identified as Indigenous; and among those placed in housing programs that same year, almost half (49%) identified as Indigenous.

- The global pandemic has impacted efforts.

While many challenges pre-date COVID-19, the upheaval caused by the global pandemic has left its mark. Downward pressures on the economy and interruptions in employment contributed to more incidents of homelessness. The pandemic has also been taxing on people, exacerbating substance use and mental health challenges. In the midst of this, organizations on the frontlines have laboured to assist clients while navigating physical distancing requirements and other COVID-19-related protocols. Collectively, this has had an impact on communities' success in addressing homelessness.

- Funding disparities for Indigenous people undermine responses.

Longstanding disparities between Indigenous and non-Indigenous peoples is a topic that goes well beyond the scope of our task force. However, the results of chronic underfunding for Indigenous people contribute to the challenge of homelessness. For example, a lack of housing and a lack of services on reserve can effectively force residents of First Nations to leave their communities and seek assistance in a larger centre. This can disrupt their connections to family and culture, undermining their trajectory towards stable housing, healing and wellness.

At the same time, political disputes over jurisdiction for Indigenous people complicate the situation. This leads to situations where a member of a First Nation will lose support if they are off reserve, placing them at high risk of falling between gaps in community responses. A fundamental mind shift is needed if community responses are to effectively serve Indigenous individuals experiencing homelessness.

- A lack of comprehensiveness and coordination continues to hamper the effectiveness of responses.

Many people in many organizations across Alberta communities are doing good work. However, too much of that work happens in silos, or it happens where there are not enough complementary elements present to make the community's response comprehensive. For example, although most urban communities have emergency shelters, very few have integrated or coordinated day programs. Consequently, most shelters have few options each morning but to send their clients back onto the streets and, hence, back into homelessness.

At the same time, other systems can operate in ways that exacerbate the challenge of homelessness. For example, stakeholders widely report there are too many instances of corrections facilities and hospitals discharging people without sufficient planning or coordination, causing them to be released onto the streets and into (or back into) homelessness. The lack of comprehensiveness and coordination is hampering the ability of community responses to be as effective as they could be. This is causing precious resources to be wasted, undermining safety and well-being in communities, and failing vulnerable Albertans who need assistance.

- Data issues complicate the response.

Emblematic of the need for greater coordination are the disparities in data collection, use and sharing across Alberta communities. While there is data collection, there are differences in the way communities define certain terms. They also use different methodologies in the way they gather data. Consequently, it is difficult at a systems level to compare "apples to apples." Although there are still barriers, the sharing of data among systems and service providers has improved. However, the capacity to interpret and make sense of data can vary considerably among organizations. These factors complicate community responses and can have the effect of undermining the level of coordination on the ground.

- Without safety, everything becomes more difficult.

A major sentiment conveyed by stakeholders is that safety is paramount in delivering effective community responses to homelessness. Without safety everything becomes more difficult – especially for those experiencing homelessness, who can be victimized by criminal elements or become afraid to access services. We cannot foster well-being without safety.

For a number of reasons, many Alberta communities are facing safety concerns. One of the contributors is politicization of the problem, with ideological actors on both sides pointing fingers and taking entrenched positions that do not make things better. This is having the effect of dangerously and unfairly confusing criminality with homelessness. It is contributing to a rise in social disorder in many communities. And it is leading politicians and policy makers to make decisions that prevent meaningful, helpful, effective, coordinated community responses from being delivered to Albertans in need.

Encampments are a particular challenge in this context. Stakeholders report that criminal elements (such as gangs, drug traffickers and human traffickers) are infiltrating areas with concentrations of encampments, fostering violence and preying upon people experiencing homelessness. Despite this, there are those who hold a view that encampments are valid types of housing developments and, furthermore, should be off-limits to law enforcement. Predictably, this is triggering over-the-top reactions from others that encampments should be torn down immediately, without any concern for the welfare of the vulnerable citizens residing in them. Both positions are extreme. Both positions are wrong. Yet these extremes are holding sway over debates in the media, while public safety – and the effectiveness of community responses – are deeply undermined. Our task force heard loud and clear that this problematic dynamic must end.

Instead, partnership needs to rule the day. Safety must be fostered through the productive and coordinated co-existence of social workers, law enforcement and others in responses.

Compassionate enforcement must be a touchstone, with respect and dignity for the vulnerable being key touchstones in the work. Moreover, communities must take care to recognize the differences between feeling safe and feeling uncomfortable. Social disorder and criminal actions undermine safety; merely appearing or sounding in a manner that is outside of established neurotypical norms does not. An abundance of caution is thus needed, so responses are calibrated in balanced, common-sense ways.

EXAMINING OPPORTUNITIES FOR ENHANCEMENT

Using what we learned from our engagement activities, additional research and the expertise of our members, our task force sought to identify ways community responses to homelessness can be better coordinated. Rather than remaining stuck in the past or getting hung up on divisive ideological debates, we took a strength-based mindset.

Put another way, we considered **how to take what is working well in communities and enhance it for better coordination and greater impact.**

This was a deliberate choice.

A common refrain we heard was to be mindful of the successful work that has already been devoted to addressing homelessness. Throwing everything out and starting from scratch simply does not make sense. Plus, doing so would unravel some very promising collaborations and pockets of work that are happening in communities across Alberta.

Furthermore, choices made in this policy area profoundly affect the lives of real people who need help or are receiving help right now. The entire system cannot be 'put on pause' while changes are made, and causing massive and radical upheaval across communities is simply not going to work. In fact, doing so would harm the very people we are striving to assist.

The best approach, therefore, is a strategic and surgical one. That is: retain the components in community responses that are proving beneficial, adjust those which are not, and add others that are required to make community responses more comprehensive.

Characteristics of Coordinated Community Responses

We started with the end goal in mind.

As a task force, we aimed to describe an "ideal" coordinated community response. What would a client's journey through that response be like? What elements would it have? How would a person articulate its key attributes?

In the course of those discussions, we identified that coordinated community responses to homelessness should be hallmarked by the following characteristics:

- **Housing is integrated with recovery-oriented supports.** Neither can be effective without the other. In a coordinated response, it is not enough to provide an individual with a safe and secure housing option. That housing needs to be integrated with supports that put the individual on a path towards recovery. Those supports might sometimes be co-located with the housing, but they don't necessarily need to be. But those supports must be integrated such that individuals are comprehensively assisted in an ongoing, effective way that makes sense for their circumstances.
- **Readiness is treated like an emergency.** If a person attends an emergency room experiencing a heart attack or a stroke, the system doesn't tell the person to fill out a form and wait a few weeks. Instead, it responds at that moment, because the moment is crucial. When a person experiencing homelessness presents with a substance use or mental health challenge and is ready in the moment to make a fundamental change in their life trajectory, that moment is likewise crucial. Missing the moment can result in loss of life. A coordinated response recognizes this and treats readiness as an emergency.
- **Recovery-oriented care.** The word "recovery" can have various meanings in various contexts. For the purposes of an ideal coordinated response, it means helping individuals maintain forward momentum toward better wellness and fulfillment, across all dimensions of their life – physically, mentally, emotionally, spiritually and culturally. This involves fits and starts. It happens faster in some aspects and slower in others. It is highly individualized, since each individual is unique. It makes room for harm reduction as necessary, without slipping into harm acceptance. Overall, recovery-oriented care means every service and support is working to strengthen individuals' protective factors and resiliency, with the aim of helping them become the best version of themselves they aspire to be.
- **Avoidance of reliance on waitlists.** Access to a waitlist is not access to assistance. It is a line up, signaling a person's place in the queue while they wait to be shoehorned into established processes. While there will always be limitations on available resources, a coordinated response avoids using a waitlist as a management tool. By contrast, it sees everyone adopt an orientation of, "What can we do to assist this individual?" and doing everything in its power to provide assistance despite established processes. In this paradigm, waitlists represent failures to be creative.

- **An array of housing solutions is available.** No single model of housing with integrated supports is appropriate for everyone. Each client will have unique challenges such that certain solutions will be better fits than others. Moreover, individuals moved out of homelessness may require several different types of housing solutions in the course of their recovery-oriented journey. A coordinated response has access to an array of housing solutions in their community, so that the right type of housing with integrated supports can be leveraged to meet the needs of each client.
- **There is no wrong door.** An individual experiencing homelessness collides with a coordinated response at practically every turn. An interaction with an emergency responder. A visit to a hospital. An overnight stay at an emergency shelter. An encounter with a proactive outreach worker. All of these, and many others in the community, serve as doorways to the coordinated response. Each door engages the individual with respect and dignity. Each door assesses the individual's needs in a similar fashion. Each door invites individuals to obtain assistance and presents them with options. No door is wrong.
- **Diversion is a key outcome.** Service providers in a coordinated response do what they can to leverage an individual's natural supports and strengths. Perhaps there is a safe place they already call home, but they have become stranded in a different community. Perhaps there is a place they could potentially call home, with some assistance or family intervention. Undertaking such an exploration gives each individual the opportunity to maintain positive connections to the extent that it is safe, practical and feasible to do so. Through this kind of constructive diversion, the individual is positioned, as much as possible, to success on a path towards recovery.
- **Warm hand-offs are a standard way of operating.** Individuals experiencing homelessness have different levels of capacity, yet they are all in relative states of vulnerability and disadvantage. Recognizing this, service providers use "warm hand-offs" in a coordinated response, to help individuals access supports and assistance. This means the provider physically assisting or actively facilitating a consenting client in arriving at a service or support from another provider; ; in effect, the service provider performing the "warm hand-off" i takes responsibility for the client getting to the service required. It does not mean giving them a referral form, business card, or contact information, and expecting the person to access assistance or a service provider alone. Used as a standard way of operating, warm hand-offs help prevent individuals from falling through service gaps or becoming lost in the system. They also convey decency and respect human dignity. The taskforce acknowledges the resource challenges this presents and that it will take time to implement.
- **Integration with community is a desired outcome.** Consistent with the concept of recovery-oriented care, a coordinated response aims to help individuals make new, healthier connections in their lives that promote integration with community. These might take the form of employment, a volunteer position, hobbies and recreational pursuits, or other opportunities. In becoming more integrated with the community in healthier ways, individuals become less likely to slip back to the familiar chaos of homelessness, more likely to achieve housing stability, and far more likely to move towards better wellness and fulfillment.
- **Trauma-informed, culturally competent services are the standard.** Trauma lies at the root of homelessness and accompanying challenges. The trauma might be recent, historical or intergenerational. It may have many different origins. Left unrecognized and unaddressed it undermines the efficacy of treatment and other supports. Similarly, a lack of cultural competence can doom the effectiveness of assistance. All the goodwill in the world cannot make up for interactions that are implicitly or explicitly clouded by racism, discrimination, judgment or ignorance. A coordinated response ensures that all services and supports are delivered in trauma-informed and culturally competent ways.
- **There is an appropriate setting for everyone.** That setting depends on the individuals, their circumstances and their needs. It may be one of many different types of housing options available in the community. It may be an institutional setting. It may be a corrections facility. It may be an emergency shelter, temporarily. But is not an encampment, or a transit station, or a public park, or the streets. Moreover, a coordinated response recognizes that a setting can only be appropriate if it is integrated with recovery-oriented supports.
- **Timely interventions and sensible decisions help prevent homelessness.** One of the best ways to reduce homelessness is to prevent it in the first place. A coordinated response acts from this principle, with all parts of the community working to assist individuals with their challenges while retaining their housing. This necessitates the participation of providers from many sectors, with a commitment to proactive and timely interventions. It also requires sensible and compassionate day-to-day decisions across a community. That takes the form of hospitals and corrections facilities not discharging individuals into homelessness. It can take the form of an employer making sure a laid-off employee is connected to financial or other supports. It can take the form of eviction prevention and private sector landlords helping disadvantaged tenants connect to resources that can help them retain their housing. And it can take the form of neighbours, friends and colleagues checking-in on one another and lending an informal hand whenever possible.

- **Many parts of community are brought on board and kept on board.** A coordinated response is anchored in an understanding that no single government, social agency, or leader has the solution alone. It takes many parts of a community, reaching across all sectors, working together. This includes private citizens, businesses and organizations, which can play enriching roles as programmatic partners, volunteers, financial supporters and – just as importantly – moral and political advocates. But keeping a community in coordination means maintaining harmony. To this end, instruments such as “Good Neighbour” agreements and other processes are used to ensure accountability, express shared goals and foster productive relations.
- **Safety is paramount.** Providing assistance to vulnerable Albertans and supporting their well-being can only happen if there is safety. In a coordinated response, law enforcement personnel are empowered to deal with crime and disorder, so social workers and other providers can effectively assist individuals experiencing homelessness. In doing so, room is made for discretion, with compassionate enforcement used as a standard practice. This recognizes that a vulnerable person violating a minor bylaw does not need a ticket they can’t possibly pay, but rather, a safe place to sleep and connections to recovery-oriented supports. Efforts in a coordinated response are also calibrated to avoid unsafe situations from evolving in the first place. With safety treated as a bedrock precondition and outcome, everyone is better positioned to be helpful and to be helped.

While each is starting from a different place, most communities have responses that include several of the characteristics discussed above.

Our ambition is for community responses to exhibit all of them.

Areas of Opportunity

Our task force examined the existing system and explored the ways that responses could be improved so they exhibit all of the “ideal” characteristics discussed above. While there are differences among communities, several province-wide trends became apparent.

Based on this, we identified four major areas of opportunity where meaningful enhancements can be made.

- **Doing discharge differently.**

This area concerns the disturbing instances of various systems that continue to discharge people into homelessness. While they are not the only systems at issue, the most commonly heard stories cite the health system (e.g., hospitals) or the justice system (e.g., corrections facilities) releasing individuals back into the community even when those individuals do not provide an address, have no one coming to collect them, or are very evidently experiencing homelessness. No single system is solely at fault, nor is it happening all of the time, everywhere. Yet it is happening enough that these discharges are, at worst, contributing to homelessness or, at best, not doing anything to help alleviate the challenge.

There is no single reason it is happening. A cynical person might assume that powerful drivers or interests in those systems are playing a role (for example, the push to move people out of hospital beds as quickly as possible). However, it can also be simply a matter of oversight or institutional inertia. In any event, it is emblematic of a lack of coordination in community responses.

Taking meaningful actions on this front would enhance community responses in several different ways. For example:

- Discharge planning would serve as one of many doors to the coordinated response. In the course of planning, a provider could identify and assess individuals experiencing homeless, and proactively connect them to supports.
- It would promote recovery-oriented care, particularly if the discharge planning worked with individuals to explore their “next steps” in life and helped connect them with appropriate supports in the community.
- Better-informed decisions would be made about whether an individual ought to be discharged at all, helping prevent further instances of homelessness.
- Discharge planning would naturally lend itself to a diversion mindset, as it would help identify natural supports that could be leveraged for an individual.
- The entire notion of discharge involves departing from one provider’s care to somewhere else that is safe and supportive, making it emblematic of the need for and benefits of warm hand-offs.
- Community safety would be supported, since the avoidance of discharges to homelessness would prevent individuals from living on the streets or being preyed upon in encampments.

- **Emergency shelters as service hubs.**

As Albertans are well aware, the COVID-19 pandemic led to a variety of protocols, which caused restrictions and interruptions in the delivery of many services. So in an effort to continue meeting the needs of individuals experiencing homelessness, the Government of Alberta and other funders took action to augment the services provided by emergency shelters. In the course of this, our province learned that emergency shelters are well positioned to play much greater roles in addressing homelessness.

There are several reasons for this. For one thing, emergency shelters are gathering points for individuals experiencing homelessness. They are also arguably better positioned than many other providers to establish trusting relationships with clients. This is particularly crucial for assisting individuals with complex challenges and helping them see opportunities to make changes in their life trajectories. As such, emergency shelters have the potential to act as service hubs that systematically help move individuals off the streets and into housing integrated with recovery-oriented supports.

Taking steps to move away from the old “soup kitchen” model and move towards more “housing-focused” emergency shelters means re-envisioning shelters for the modern age. This will be no small feat. But doing so would enhance community responses in several ways. For example:

- While temporary in nature, an emergency shelter serves as a housing option.
- Positioned as a service hub, a shelter can have a more systematic place in the community as housing integrated with recovery-oriented supports.
- As gathering points, shelters serve as natural doors to a coordinated response, using warm hand-offs, and trauma-informed and culturally competent practices.
- Their ability to build trust with clients would enable emergency shelters to identify and leverage individuals’ natural supports, helping to promote diversion.
- Emergency shelters are no strangers to crisis and emergency and can thus lead the way in demonstrating how to treat readiness as an emergency.
- Emergency shelters tend to be high profile members of a community. This profile would likely be further amplified as they evolve into service hubs. As such, they could play powerful roles in establishing relationships and bringing more partners into a community’s coordinated response.

- **Outcome-focused outreach.**

In practically any community you can find people undertaking something they refer to as “outreach.” Virtually no two look the same. Some are led by municipal employees, while others are led by non-profit organizations. Some operate on established schedules, while others occur based on the availability of volunteers. Some are little more than mobile soup kitchens, while others offer wider services. Some liaise with law enforcement, while others eschew the presence of police or peace officers.

Each defines success differently, in the event they define it at all. Not surprisingly, their levels of effectiveness are all over the map.

Yet this presents opportunities. Variable as they are, these existing outreach efforts demonstrate there is a desire in communities to proactively engage individuals experiencing homelessness and offer assistance. This compassionate and community-minded spirit can be harnessed to greater effect by focusing it on some clear outcomes. Ideally, those outcomes should be linked to the goals of moving people out of homelessness and connecting them to housing integrated with recovery-oriented supports.

Outcome-focused outreach will require the use of inter-disciplinary teams with the right mix of skill sets and appropriate training. It will require those teams to be formally linked with the coordinated response. Importantly, it will also require partnerships that enable police to tackle serious crime so social agencies can address the needs of vulnerable citizens.

Making this shift would enhance community responses in several ways. For example:

- Outcome-focused outreach would play a key role in promoting diversion as an outcome, as they engage individuals experiencing homelessness, assess their needs and explore what natural supports they might have.
- Outreach teams would serve as doors to the coordinated response, since they would be systematically linked to that response.
- Practices such as warm hand-offs and culturally-competent service delivery would be further cemented in the community, as outreach teams visibly lead in the application of these practices.
- Community safety would be supported and enhanced, as members of multi-disciplinary outreach teams work together to move individuals off the streets and out of encampments, connecting them with recovery-oriented supports.

- **Expanding the array of housing options.**

Helping individuals move out of homelessness can only be accomplished if there are suitable housing options available for them. Since the needs and circumstances of clients will vary, communities need to have a wider array of housing options, so they can access the right type of housing solution that will meet each client's needs. A more comprehensive continuum of housing options includes:

- Short-term spaces for clients with multiple and complex challenges,
- Pre-treatment spaces for clients who have substance use and/or mental health challenges, which support them in stabilizing,
- Peer-supported, multi-tiered models of housing,
- Bridge housing or transitional housing, to serve as a safe place to bridge care for challenging clients,
- Permanent supportive housing, with customized supports (including ongoing monitoring) for clients with multiple and complex challenges, and
- Longer-term and institutional options (such as psychiatric, palliative and long-term care settings).

Developing this continuum will take time and a number of strategies. Of utmost importance is that all of the options in the continuum are integrated with recovery-oriented supports.

The availability of housing options is fundamental for any community to realize success in addressing homelessness. But done appropriately, having an expanded array of housing options would enhance community responses in some particular ways:

- Recovery-oriented care would be more successful, as treatment and supports are more effective when a client has an appropriate housing option.
- Waitlists can be avoided, since many different and creative options are available for an individual wishing to move out of homelessness.
- Through robust assessment, housing programs can play roles in identifying diversion opportunities for individuals experiencing homelessness.
- A community with an array of housing options is better positioned to have an appropriate setting for everyone.
- By being integrated with effective recovery-oriented supports, housing promotes the ability of individuals to integrate with the community.

Learnings from Demonstration Projects

Identifying the four areas of opportunity led our task force to pursue “test-driving” changes in these areas. Our goal was to practically explore how community responses might be enhanced (or not) when certain approaches were adjusted on the frontlines.

To this end, members of our task force led efforts to undertake two demonstration projects: one in the City of Edmonton and the other in the City of Lethbridge. Two task force members led each demonstration project: one a member from the local business community, and the other a representative of a local shelter.

In identifying demonstration projects, safety emerged as a central and compelling issue – and, in particular, the relationship between safety issues and large encampments. Several communities in Alberta have expressed concerns about the impact of larger encampments, which serve as a visible symptom of the deficiencies in existing community responses. While some hold the view that encampments have a valid place in the housing continuum, neither the perspectives of key stakeholders nor evidence shares this view.

On the contrary, the evidence shows that larger encampments are known to undermine community safety – including, most troublingly, the safety of individuals who are experiencing homelessness. Encampments have been infiltrated by people undertaking criminal activity, who are known to prey upon and exploit vulnerable individuals. Incidents of drug trafficking, human trafficking, gang activity and open drug use are known to occur in encampments. The prevailing sentiment among criminal elements appears to be that encampments serve as ideal enclaves in which they can stay beyond the reach of law enforcement.

The result has been a gradual escalation of criminal activity and social disorder in and around encampments, including the neighbourhoods in which the encampments are situated. This can be seen from news reports, anecdotal accounts and complaints to authorities that are emerging on a daily basis. Emergency responders are typically having to respond to these areas multiple times each day. Businesses, organizations and residents in these areas (including those experiencing homelessness) are living in the midst of disturbances and upheaval including: arson, vandalism, public defecation, littering (especially used needles), drug overdose incidents, drug dealing, theft, property damage, assaults and random violent attacks against staff and patrons of businesses, community members, residents and vulnerable individuals in public places.

These circumstances have undermined the ability of community responses to effectively assist those experiencing homelessness. As we note earlier in this report, there cannot be wellness without safety.

Edmonton and Lethbridge have been among the communities facing these challenges, with an increasing number of encampments emerging in the vicinity of Hope Mission in Edmonton and of Alpha House in Lethbridge. Demonstration projects were thus focused around these areas.

Edmonton Demonstration Project

Task force members from the Chinatown and Area Business Association and Hope Mission led the Edmonton demonstration project, which focused around the downtown Chinatown business area. This project involved the participation of representatives from:

- Edmonton Police Service, including the Human-centered Engagement and Liaison Partnership (HELP) team and the EPS Indigenous Advisor,
- Edmonton Fire Rescue Services,
- Emergency Medical Services (EMS),
- Homeward Trust,
- City of Edmonton, including representation from affordable housing and homelessness, peace officers, bylaw and community services,
- Boyle McCauley Health Centre,
- an emergency room physician, and
- outreach teams at Boyle Street Community Services and Bissell Centre.

The initial demonstration project proposed by the project leads was a request to establish an encampment-free zone in a designated perimeter around the geographic area. However, this concept was not supported by some of the stakeholders at the project table.

The project was thus revised to request an Interdisciplinary Safety Hub coordinated by Edmonton Police Service. This hub would provide an ongoing presence of law enforcement, EMS and others in close proximity to provide assistance to people in encampments, including an active presence of compassionate enforcement to deter criminal activity and social disorder. The intent of the hub is to:

- improve safety for community members,
- connect individuals with complex needs to appropriate mental health and addictions supports,
- improve health and housing outcomes for individuals experiencing homelessness,
- improve access to recovery-oriented services and decrease overdoses,
- coordinate data sharing between healthcare, enforcement and community service providers with the focus on addressing system gaps and improving service delivery focused on client outcomes,
- provide a central point of support for community members and businesses, and
- reduce reliance on crisis interventions (including emergency room admissions, justice and legal system involvement, and community calls to 911 and 311).

As an addition to support this initiative, Hope Mission reassigned staff to provide outreach supports to encampments in the Chinatown area. This enabled representatives of Hope Mission to engage with individuals experiencing homelessness, to find out what they needed immediately and to let them know what other services may be available to them, including shelter and housing options. Approximately 40 per cent of the individuals engaged by the outreach supports indicated they use shelter services either regularly or during inclement weather. Hope Mission staff counted the tents and occupants within them, in order to provide a baseline for project evaluation; approximately 110 tents were counted, with just over 300 occupants.

Discussions on the outreach program models yielded some compelling points:

- There is considerable confusion around how many organizations are undertaking what they call “outreach,” the types of assistance they offer, and what referrals they are providing to people in encampments.
- The HELP team shared findings that there are at least 16 different outreach providers. Since neither a single funder nor registry exists, it is not possible to know exactly which organizations are providing outreach services, nor is it possible to know their desired outcomes or assess their success in achieving said outcomes.
- While Boyle Street and Bissell are located in close proximity to the Chinatown area, they provide outreach across the city, and are often focused on people camping below the bank of Edmonton’s River Valley. (Some of that focus has moved to above-bank, however, due to the increasing numbers).
- During the planning of the demonstration project, two brutal murders were committed in broad daylight – the victims of which were business people working in the Chinatown area. The incident came to the attention of the Minister of Justice and Solicitor General, who requested a safety plan from the City of Edmonton to address ongoing concerns in the downtown core. At the time of our task force report, the City of Edmonton and the Government of Alberta report they are working on a plan to address safety issues in Edmonton.

Lethbridge Demonstration Project

Task force members representing Alpha House and Lealta Building Supplies led the Lethbridge demonstration project, which focused on a geographic area around Alpha House. This project involved the participation of representatives from:

- Lethbridge Police Service,
- Lethbridge Fire Department,
- City of Lethbridge administration,
- the city-contracted outreach provider,
- Alberta Health Services Overdose Prevention Site,
- business owners with properties adjacent to the encampments,
- the Blood Reserve Council, and
- the Soup Kitchen.

The initial demonstration project proposed by the project leads was a request to limit the number of encampments in the area, and to have an enforcement presence to deter criminal activity. This concept, while supported in theory, was determined to not be possible at this time, due to the need for City of Lethbridge administrators to work with Lethbridge City Council on an encampment strategy. The City of Lethbridge indicated it does not expect to propose an encampment strategy to Lethbridge City Council until September. In addition to being quite late from a seasonal perspective (as the weather will already be turning colder), this timeline represented a misalignment with the demonstration project’s goals of doing something to meaningfully assist people in the short-term.

During the planning period of the project, encampments in the area were removed at least twice. However, without a coordinated plan, the encampments returned after a few short hours.

Observations from the Demonstration Projects

- For community responses to effectively assist those experiencing homelessness, it is clear that certain key community organizations need to be involved in those responses. While many organizations might be eager and willing to coordinate in support of shared goals, there are logical limits on what they can do. For instance, not all community organizations have the capacity or authority to undertake law enforcement. This makes local police services and municipal governments (which employ enforcement officers) essential partners in effective responses. They should not only be involved, but also be committed to meeting the expectations of limiting the establishment and growth of encampments and taking action to address criminal behaviour.
- Essential partners in coordinated community responses thus include:
 - Municipal councils and administrators,
 - Local law enforcement agencies,
 - Emergency services (fire and EMS),
 - Shelters and outreach agencies working together,
 - Health providers (including access to health services, and recovery-oriented services at a time when an individual is ready to make a change), and

- Appropriate representation that helps ensure the community response is structured and operates from an Indigenous lens.
- The knock-on impacts of encampments can be devastating for businesses in the vicinity. Issues range from lost revenue (including having to close their businesses completely) to escalating costs stemming from increased damage or the establishment of increased security to protect their properties (which far exceeds regular business expenses). In the past two years, for instance, Edmonton's Chinatown area has lost over 30 per cent of its businesses. Entire businesses have been destroyed by arson or have closed their doors due to difficulties in attracting customers and further economic development. There is a lost sense of community and concerns about safety for staff and customers. These issues also have profound effects on the mental health of staff and are an added burden on ownership, who often feel responsible to protect their employees and their families.
- There are many community and grassroots organizations providing services referred to as outreach, yet there is no organized approach. No clarity exists in communities as to what information is being shared by these outreach efforts, or who is best placed to provide specific types of outreach services. This results in inaccurate or out-of-date information being shared with people who are experiencing homelessness. From a system perspective, it makes sense to identify which organizations are providing outreach services in a community and their principal funding sources, and to assess their success in making referrals and delivering assistance. This would enable a community to rationalize outreach funding and services so as to maximize the collective impact of all providers. It would also be advisable for there to be ongoing orientation of approved outreach providers with their social service agency counterparts (e.g., shelters, health centres, housing agencies, etc.)
- Another key element to address is the need for increased options for immediate housing with integrated supports. When people are released from correctional and health facilities without a place to go besides shelter or the street, it is often difficult for them to stabilize their situations while accessing health and basic supports to meet their needs.

The journeys in pursuing the two demonstration projects were eye-opening and informative in terms of community readiness and the challenges in community responses. These observations added to the mix of evidence and input that our task force considered in developing a new model and recommendations for the Government of Alberta.

A MORE COORDINATED MODEL

Based on what we have learned, tested and examined, our task force offers the following model for a more coordinated community response to homelessness.

Areas of Opportunity and the Model

The model is anchored around the four areas we identified as having prime opportunities for enhancements. From a provincial standpoint, all communities would realize benefits by enhancing these areas.

At the same time, it is recognized that each community is unique. The mix of front-line adjustments and enhancements that one community needs in order to align with the model will be different from those of another.

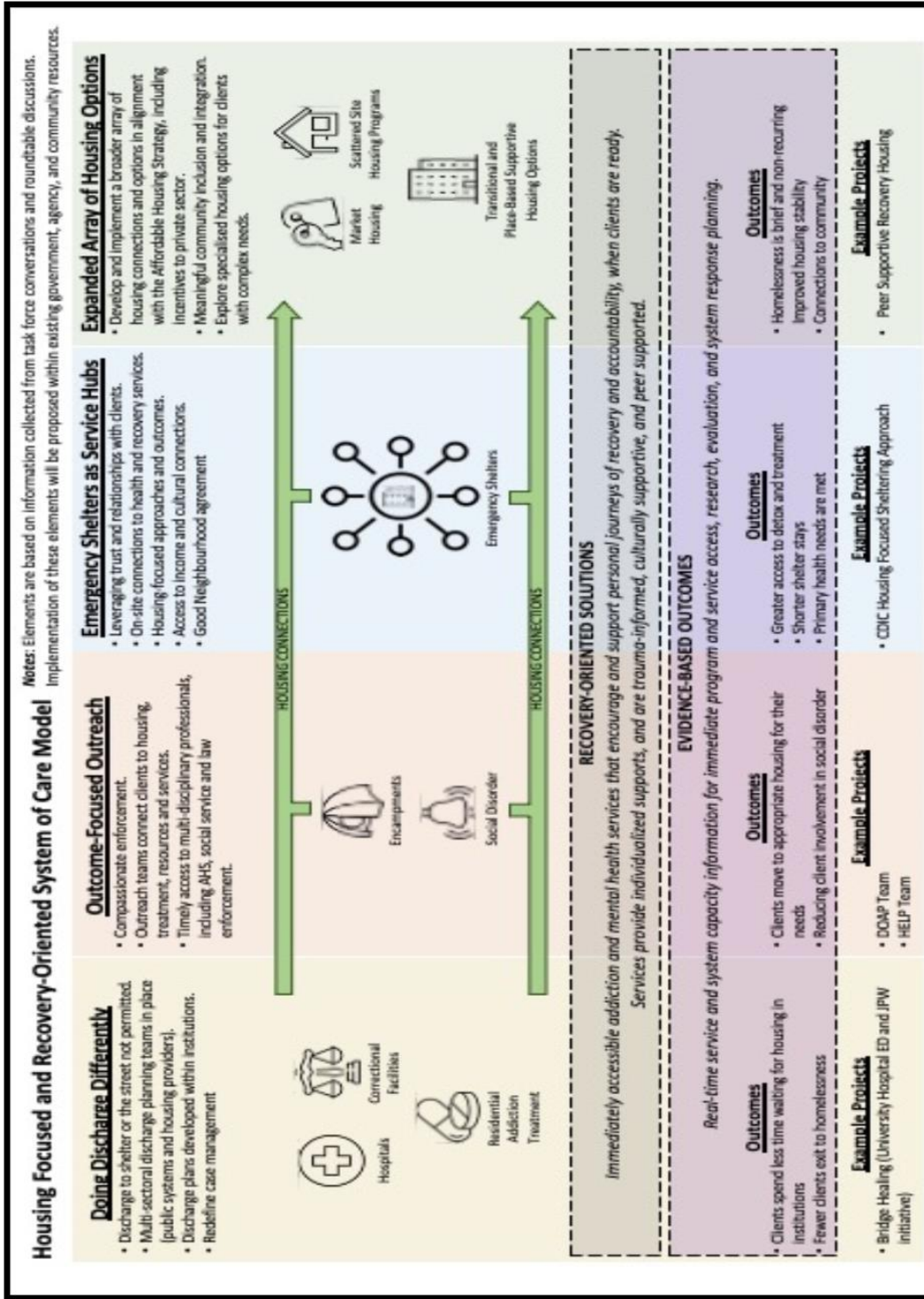
In this way, the model strikes a vital balance. It offers a replicable formula having province-wide application, while providing operational flexibility at the local level.

The depiction in Figure 1 reflects how the model is anchored in the four areas of opportunity:

- Doing discharge differently
- Outcome-focused outreach
- Emergency shelters as service hubs
- Expanded array of housing options.

Despite how it may appear in Figure 1, the model recognizes that activities and outcomes in the four areas are all inter-related and dependent upon one another. The depiction is not intended to suggest efforts to address homelessness occur in a linear fashion. Rather, it is intended to reflect many different parts of a whole community, working in coordination.

Figure 1: The more coordinated model, anchored in the four areas of opportunity.



The Model in Action

For the sake of describing the model, it helps to consider the theoretical journey of individuals currently experiencing homelessness. Reflecting the four areas of opportunity, the depiction in Figure 2 includes key components in communities that have roles in the model, as well as services and supports delivered by government and community that should be brought to bear. Very deliberately, **the client and their experiences are firmly at the centre of the model**. This person-centered notion is consistent with modern practice, and with the characteristics we have identified for well-coordinated responses – such as trauma-informed and culturally appropriate approaches, “no wrong door” architecture, and the use of warm hand-offs.

In the model, **outcome-focused outreach** serves as an important prong in changing an individual’s trajectory. Through a centralized coordinator, members of outreach teams proactively engage individuals experiencing homelessness. Armed with the right training and skills, outreach teams approach their work compassionately, with cultural competence and in trauma-informed ways. When engaging an individual, they:

- undertake an assessment of the individual’s circumstances and needs,
- offer assistance and service options to the individual, and
- explore what kinds of natural supports the individual has, with diversion in mind.

Based on that, outreach team members connect the individual with service providers in the community that deliver housing and recovery-oriented supports, using warm hand-offs. Importantly, outreach teams are better positioned to do this because they are formally linked to and connected with others in the community response.

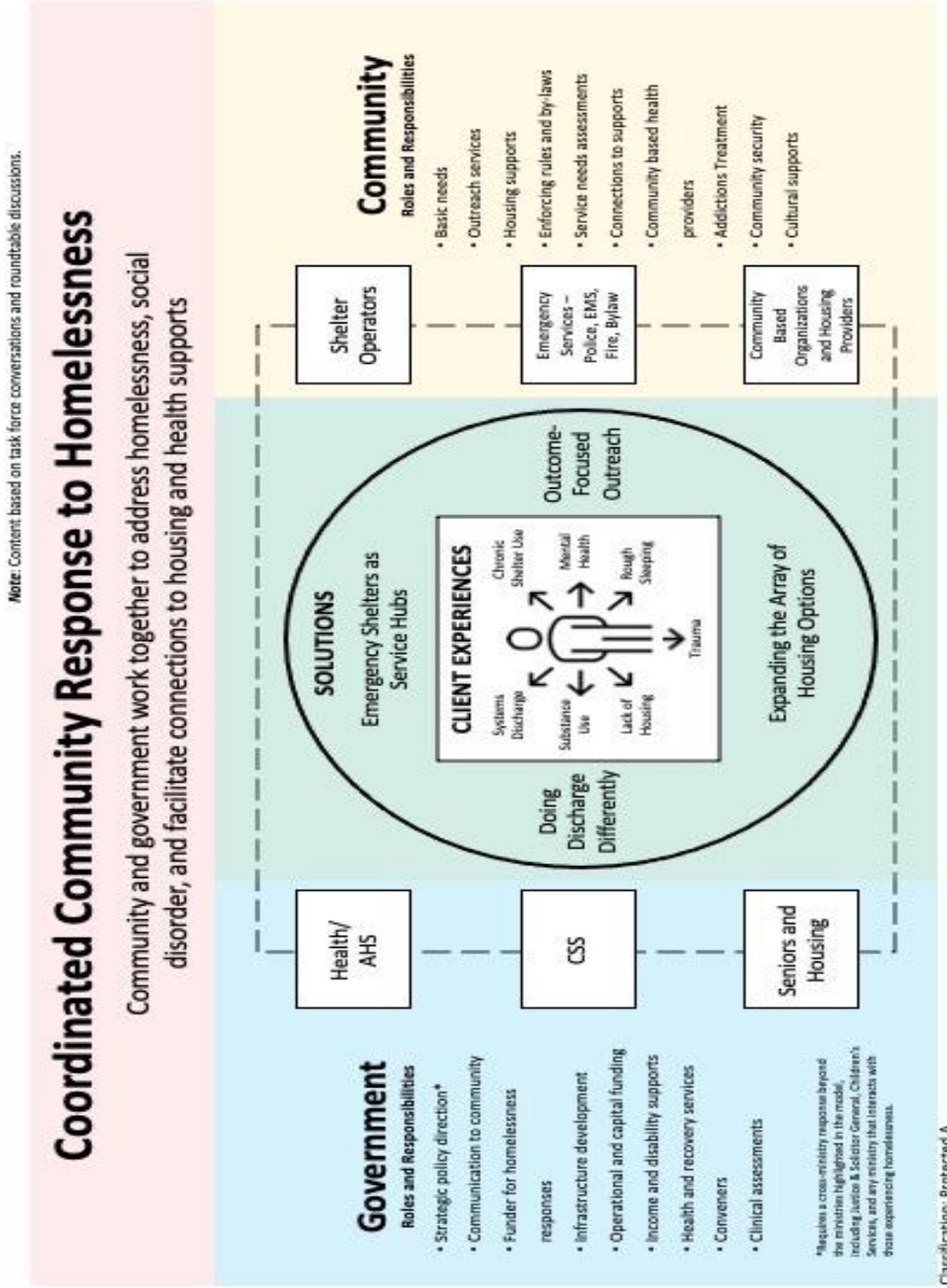
In this paradigm, an “outreach team” thus has particular meaning. It is not an assembly of well-meaning individuals handing out food and blankets on random evenings. It is not a group of workers from a non-profit who are working on their own in siloed fashion. Grassroots efforts are naturally part of the fabric of communities; their input and participation in coordinated responses are to be welcomed. The step change here is in strengthening the coordination of such efforts, so they are formally involved in community responses and their impacts can be energized and maximized.

Thus, in the paradigm of this more coordinated model, an outcome-focused outreach team is:

- comprised of members from a number of disciplines,
- works in formalized partnership with law enforcement personnel,
- empowered with skills and training in appropriate areas, including trauma-informed care and cultural competence, and
- formally linked to an emergency shelter or other key provider in the coordinated response, such that they have access to knowledge about resources and services available in that response.

The presence and participation of law enforcement in outcome-focused outreach is fundamental. . This component is vital for supporting safety, including the safety of outreach workers, the safety of the community-at-large and, very importantly, the safety of individuals experiencing homelessness. Law enforcement are expected to utilize compassionate enforcement in their participation, yet they should not be prohibited from dealing with serious crime and violent criminals.

Figure 2: The more coordinated model, with the client at the centre.



In the course of their work, outreach teams are likely to leverage connections with and make use of **emergency shelters as service hubs**. These re-envisioned emergency shelters perform their historic roles of providing emergency assistance to individuals experiencing homelessness, but now go further. Using housing-focused approaches and outcomes, they become active and systematically connected players in helping move clients into housing with integrated recovery-oriented supports.

Similar to those engaged by outreach teams, individuals who make use of an emergency shelter are engaged in dignified, trauma-informed and culturally competent ways by shelter staff, who:

- undertake an assessment of the individual's circumstances and needs,
- offer assistance and service options to the individual,
- explore what kinds of natural supports the individual has, with diversion in mind, and
- based on this, connect the individual with housing and recovery-oriented supports in the community, using warm hand-offs.

Being service hubs, some emergency shelters may have certain recovery-oriented supports located on site, (such as health services or cultural programming). Some shelters may offer certain types of housing options, such as bridge housing or pre-treatment spaces. Regardless, emergency shelters will be linked to the coordinated response such that they can connect clients to recovery-oriented supports in the community.

Crucial among those supports will be housing, with communities having an **expanded array of housing options**. Those options will need to encompass as much of the housing continuum as possible, using as much creativity as possible.

In all cases, the housing is integrated with recovery-oriented supports. Some supports may be co-located with the housing while others are not. Importantly, the supports must help clients maintain forward momentum toward better wellness and fulfillment, across all dimensions of their life.

This point bears emphasizing. While it is a necessary precondition, the achievement of housing stability is not the ultimate goal. In this model, the ultimate goal is for a client to become integrated with and included in the community. Although this will look different for each individual, it is about enabling people to set goals and become the best version of themselves they aspire to be.

Meanwhile, systems and organizations from across the community work to avoid more or recurring incidents of homelessness by **doing discharge differently**. Hospitals, correctional facilities and other residential or in-patient services are particularly crucial in this respect.

Through enhancements to case management and discharge planning, these providers are better positioned to reduce discharges to emergency shelters or to the streets. This is enabled through the use of multi-sectoral discharge planning teams (including representation from key parts of the community, such as housing) who are connected to the coordinated response. These teams work to ensure every client is discharged to safe, secure housing that is integrated with recovery-oriented supports. This is done with a diversion mindset and accomplished through the use of warm hand-offs.

We call this the **Housing Focused Recovery-Oriented Model**. Our task force is not particularly wedded to that name, but we are deeply wedded to the substance of what it entails.

This is the more coordinated model that, we believe, needs to be in place in communities across our province.

RECOMMENDATIONS

It is one thing to articulate a more coordinated model for addressing homelessness in Alberta. Getting there is quite another.

We hope and expect that communities will take note of the more coordinated model. In the best of cases, members of a community will come together on their own, identify ways of aligning with the model, and strengthen their coordination and their efforts accordingly.

What we learned through our demonstration projects, however, is that this is not always going to happen. Many communities and community partners will need encouragement and assistance in shifting to the more coordinated model.

Communities will also need support to facilitate their adjustments and to build responses that are not only more coordinated, but also more comprehensive. For example, not all communities have local access to a full suite of recovery-oriented supports; in certain places, particularly rural and remote communities, there are presently some key gaps.

Our task force's recommendations are made with all this in mind. They identify actions the Government of Alberta should undertake to foster and nurture implementation of coordinated community responses to homelessness in alignment with the new model.

Overall direction, alignment and accountability

Our task force had many discussions regarding the importance of clear direction and clear accountability. These are crucial elements to align the work of community partners such that responses to homelessness become more coordinated.

1. Endorse and be guided by a refined province-wide approach.

The provincial plan on homelessness published in 2008 served as crucial policy guidance and leadership. It articulated Alberta's intended approach to addressing homelessness, essentially telegraphing how the Government of Alberta philosophically expected communities to undertake that work.

It is time for the Government of Alberta to assert that leadership once again, and articulate fresh policy guidance for the times. As we have catalogued, a lot has changed in Alberta during the past 14 years and there is a need to adapt accordingly.

Furthermore, the new model we articulate is not intended for the seven cities alone. It is intended to serve as a model that can be replicated in any community. Yet it must be recognized that communities will be at different starting points, with each having unique capacities and gaps that must be leveraged and addressed.

To that end, our task force recommends the Government of Alberta does the following:

- endorse the more coordinated model outlined in this report.
- publish policy statements that articulate the Government of Alberta's expectations that:
 - communities utilize that model, and
 - community responses and local plans to end homelessness conform to the characteristics of coordinated responses outlined in this report.
- As part of those policy statements, clearly identify which aspects of the model must be followed province-wide, and which aspects of the model may be tailored by communities for their unique needs and circumstances.
- Identify the province's expectations of municipal governments in supporting the implementation of this new model, including clarifying how the province expects municipal governments to utilize bylaws, zoning, policies, funding and other mechanisms in order to achieve alignment with the model.
- Continue collaborating with the federal government and Indigenous Governments.
- Establish information resources to assist communities in developing coordinated community responses in line with the new model.
- Develop, publish and enforce expectations around governance models and performance measures that must be utilized in community responses.

2. Deploy provincial funding with the aim of better enabling coordinated community responses.

By far, the single largest funder of action on homelessness is the provincial government. Consequently, the ways it deploys funding have dramatic impacts on the success of communities in establishing and delivering coordinated responses. The terms of funding can incorporate expectations for organizations to operate in collaboration with one another

To foster deployment of the new model and drive coordinated community responses, the Government of Alberta needs to review the way it funds the overall system. This includes how funding is deployed, the governance structures through which it is deployed, and the metrics used to ensure accountability for the use of public funding. In the interests of objectivity, the government should use third-party evaluations where it makes sense.

This review, and any adjustments informed by the review, should aim to ensure funding:

- is appropriately aligned with roles and responsibilities in the broader system and in coordinated community responses,
- encourages integrated service delivery among partners in coordinated responses,
- incentivizes innovation that helps coordinated responses achieve desired outcomes,
- takes a value-for-money perspective, with effectiveness as a touchstone,
- helps build capacity and readiness in communities, especially those experiencing critical issues and pressures,
- serves to ensure all communities use the same measurable data, and
- is linked to appropriate accountabilities, given this involves public funding.

3. Enhance data systems.

The new model, and coordinated responses that are developed in communities, can be more successful if it is informed by stronger data. Enhancing data systems will take time, but there is an urgency to take actions in the short-term to strengthen our collective ability to understand what is happening in communities.

We recommend the Government of Alberta works with communities to:

- establish consistent definitions for use in all communities across the province,
- establish clear expectations and standards for data collection,
- bring consistency to the manner, form and timelines for reporting of data from community partners to the province.

Having this consistency will enable everyone to speak the same language and lend itself to improved data analysis, leading to better-informed decisions.

When it comes to data systems and data sharing, the ideal situation is to find ways of sharing data that are platform agnostic, recognizing it can be quite challenging to get all providers on the same system. At the same time, a platform with significant potential is Connect Care. This system is being rolled out by Alberta Health Services, with the aim of providing health system partners with a central access point for complete, up-to-date patient information. We believe the Government of Alberta should work with Alberta Health Services to explore how Connect Care might be leveraged to enable partners in the homeless-serving system to better share up-to-date information regarding clients. This should be done in ways that ensure appropriate protections of privacy for clients.

Shelter and outreach

Two of the most significant shifts in the Housing Focused Recovery-Oriented Model concern the roles and functions of emergency shelters and outreach teams. These recommendations are intended to help bring about those shifts.

4. Establish clear expectations for how shelters are established and operated in the province.

The concept of leveraging emergency shelters as service hubs means re-envisioning the role of emergency shelters. The purpose of shelter is to help aid the process of getting individuals re-housed.. Bringing life to this modern role of shelters can best be achieved through policy and funding levers.

To this end, we recommend the Government of Alberta enacts provincial minimum emergency shelter standards.

When we use the word “standards” we do not mean standards in the fire- or health- inspection sense, such as room occupancy, food preparation and cleanliness, though these kinds of matters are important and need to be included. Instead, we are talking about what we expect emergency shelters to do in the modern age, and how we expect them to approach their work.

For further clarity, provincial minimum emergency shelter standards should incorporate and set out the following expectations:

- Shelters should be integrated with recovery-oriented supports available in the community.
- Recovery-oriented supports can be located on site, or through community partnerships based on shared goals with accountability structures in place.
- A diversion mindset should be brought to all client interactions.
- Individuals making use of a shelter should sign in, ideally in a way that enables the counting of unique individuals, even if it is not personally identifying.
- Shelter staff are to undertake a uniform, holistic assessment of an individual making use of the shelter, if such an assessment has not yet been done.
- Services should be delivered in culturally appropriate and culturally competent ways.
- Services should be delivered in trauma-informed ways.
- Services should be delivered through person-centered care.
- Shelters should enable access to Alberta's Virtual Opioid Dependency Program.
- Staff should receive training appropriate for the client groups being served and the functions they are undertaking.
- The use of warm hand-offs should be embedded in shelter services.
- Secure storage should be available for clients, with this built into new or remodeled shelter accommodations.
- Clients visiting shelter should be rapidly linked to housing integrated with recovery-oriented supports.
- Shelters should establish Good Neighbour Agreements with surrounding members of their communities, outlining clear communication protocols and accountabilities.

In developing provincial standards, it will be important to reflect that not all shelters will or should look the same. While ideally a community has at least one low-barrier shelter in place, there is value in communities having choice in shelter providers. Depending on the unique needs of a community, a coordinated response may involve certain shelters taking on specialized roles or services to meet the needs of particular clients.

The shift in expectations for shelters must also be accompanied with a realistic shift in resources. Emergency shelters have not received increases in their funding for many years, even in the midst of evolving demands and recent inflationary pressures. If our province expects shelters to play a more robust and more coordinated role in helping address homelessness, then it will need to support them accordingly. In particular, shelters must be resourced to maintain physical and psychological safety for clients, staff and volunteers. As we have noted in this report, safety is paramount in community responses.

There is urgency in this. Evolving the roles of shelters is vital for successful coordinated responses to homelessness. At the same time, communities will be in different starting places when it comes to their capacities to conform to new shelter expectations.

Given this, our task force further recommends that the Government of Alberta:

- identifies provincial minimum emergency shelter standards in consultation with emergency shelters operators in communities; and
- lays out expectations for municipal governments in supporting the evolution of emergency shelters, recognizing the roles that municipalities can play in respect of bylaws, zoning, law enforcement, and local public infrastructure.

5. Explore ways of supporting staff of emergency shelters.

For emergency shelters to successfully evolve, they will need staff with appropriate skills and capacities. Our task force learned that emergency shelters are already under strain in this regard. Staff members at shelter interact with people facing challenging circumstances and they can witness and experience incidents that are traumatizing on a daily basis.

The specter of substance use challenges and related behavior challenges are noteworthy examples here. Emergency shelter agencies report having to reverse dozens of overdoses each month. For instance, Alpha House Lethbridge reported 191 overdose reversals in February 2022 alone. Hope Mission in Edmonton reported 52 drug overdoses between April 1 and June 15, 2022, to which its staff have attended. The Calgary Drop-In Centre reports that staff responded to an average of 4 drug poisonings per day during the months of November 2021 through April 2022.

In addition, the Drop-In Centre has noted a disturbing uptick in violent incidents, including client-on-client physical altercations and client-on-staff physical altercations. Between January and May 2022, the Drop-In Centre had already recorded 434 violent incidents, including 62 weapons-related incidents. Other emergency shelters in the province are experiencing similar situations.

As it takes steps to re-envision emergency shelters as service hubs, we strongly recommend the Government of Alberta examines and addresses opportunities to support staff of emergency shelters. For instance, staff members are likely to benefit from development such as:

- training that empowers them for low-barrier shelter scenarios (such as mental health assessment or violence assessment),
- training on trauma-informed care and harm reduction principles,
- training on motivational interviewing, assertive outreach, being housing-focused, first aid, CPR, overdose response and de-escalation,
- critical incident stress debriefing training, and
- training that supports provision of on-site crisis support.

Within this context, the resourcing of emergency shelters should be examined so they are positioned to assume their modern roles. This should consider their ability to provide appropriate and defensible compensation for staff, and to provide adequate staffing ratios.

In addition, staff would benefit from supports that strengthen their resilience, process traumas they have experienced or witnessed, and generally augment their health and wellness. The sustainability and effectiveness of coordinated responses will depend in part on communities' abilities to take care of the caregivers.

6. Bring rigour, coordination and accountability to outreach services.

Making a shift to outcome-focused outreach will require greater rigour in how outreach teams are established, trained, enabled and connected to coordinated responses. Essentially, outreach teams need to be systematized rather than ad hoc in nature. This includes crisis response teams, which play important roles in coordinated responses and are instrumental in assisting people during crucial moments.

We recommend the Government of Alberta utilizes policy and funding levers to set expectations for outreach teams that include the following:

- Outreach teams should be multi-disciplinary in approach.
- They should have formalized linkages to a community's coordinated response, including linkages to:
 - One or more emergency shelters,
 - Local law enforcement,
 - Addictions and mental health services.
- A diversion mindset should be brought to all client interactions.
- Services should be delivered in trauma-informed and culturally competent ways.
- Staff should receive training appropriate for the client groups being served and the functions they are undertaking.
- Outreach teams are required to collect data in accordance with the protocols established provincially and by the coordinated community response.
- Outreach teams are required to submit data to provincial HMIS systems.

Clients with complex challenges

A major lesson over the past 14 years is that our present system does not sufficiently meet the needs of clients with multiple and complex challenges. This deficiency must be addressed, otherwise community responses will have difficulty making any serious headway in reducing homelessness.

According to the *7 Cities By Name List and Housing Program Data Report*, as of January 2022, there were 6,344 individuals on community By Name Lists in Alberta. Of these, 43% reported experiencing substance use issues, 42% reported experiencing mental health issues, and 58% reported experiencing physical health issues. **Significantly, approximately one-quarter (26%) of these individuals reported tri-morbidity – that is, they are experiencing issues in all three health categories.**

The following recommendations are intended to help bring about enhancements that will enable coordinated community responses to better serve clients with multiple and complex challenges.

7. Expand addictions and mental health treatment services through a community health centre model.

The health services pathways typically accessed by most Albertans are often unsuitable for clients with multiple and complex challenges. One key problem is that many of these settings, such as hospital emergency departments, are not typically equipped with separate, safe withdrawal or stabilization spaces.

By contrast, the community health centre model is well positioned to provide timely and effective services to clients with multiple and complex challenges. In addition to the focus they place on the social determinants of health, community health centre models utilize team-based approaches to provide integrated health and social services. Consequently, they go much further than addressing an individual's acute care needs. The model integrates a range of services, including substance use and mental health services, as well as supporting a client's social, emotional and spiritual well-being. They are well-versed in trauma-informed and culturally appropriate practice. Moreover, they place importance on delivering their services with a view to reducing health inequities.

Through a community health centre approach, clients with multiple and complex challenges can be seen and assessed more quickly, treated humanely, and given space and assistance to stabilize. The model emphasizes the importance of building trusting relationships with the target population. This trust component is crucial when delivering services and working with clients to help put them on a better life trajectory.

Communities should aim to leverage community health centres, where available, as important partners in their coordinated responses. One would expect outreach teams and emergency shelters to engage them as integrated service partners.

One issue is the availability of the community health centre model is currently limited in Alberta. This should be rectified, since the model has benefits not only for clients with multiple and complex challenges but for many other Albertans as well, including Indigenous people, members of ethno-cultural communities, and those experiencing socio-economic disadvantages.

Accordingly, our task force strongly recommends the Government of Alberta takes steps to expand the availability and capacity of community health and primary care centres in communities across Alberta. Given the urgency of these services, we also recommend the government explores how technology can be leveraged to expand the availability of the community health centres model to communities.

8. Enhance the availability of services.

Too many services in too many communities operate under standard business hours. But substance use and mental health challenges don't nicely conform to those hours. Crisis can and often does occur during evenings, overnights and weekends. Enhancing services should include the availability of services on a 24/7 basis or at least an expansion of hours. Feedback from service providers is that a stepped approach would be ideal, starting with an expansion of hours, with consideration of going to 24/7 availability.

Moreover, people can be ready to make a change in their lives at any time. As we've noted many times, that moment of readiness is crucial. Coordinated responses need to be ready to respond in that moment, whenever it arrives. Ideally, communities' coordinated responses should include more recovery-oriented supports that are available on a 24/7 basis. Or, at the very least, more that are available beyond the standard business day.

An excellent starting place on this front is the community health centre model or approach. As noted above, these centres can play crucial roles in delivering timely, effective, recovery-oriented supports to clients with multiple and complex challenges

9. Focus on recovery-oriented supports, which help foster community integration.

Although the achievement of housing stability is a necessary precondition, the ultimate goal of coordinated responses should be to foster a client's integration and inclusion in the community. While this is desired for every client, it is particularly important for clients with multiple and complex challenges who have been accustomed to living on the streets. Without the development of new, healthier connections in their communities, these clients may return to the less-healthy but familiar relationships from before, and slip back into homelessness.

New and healthier connections in community can take many forms (e.g., employment, volunteering, spiritual, cultural, recreational) and what is realistic and achievable will be different for each client, depending on each person's circumstances. But to help these connections be created, recovery-oriented supports must go beyond addressing physical, mental and financial issues. They should include supports that enable a client to strengthen life skills, set goals for themselves and partake in community.

Progress on this front may require service providers to continue supports to clients for a period of time beyond their graduation from a housing program. (For example, between six to 18 months post-graduation.) It may also require communities to expand the range of partners in their responses, reaching beyond the health and social services sector.

Community integration and inclusion can take many forms, meaning that a myriad of opportunities for partnerships with businesses, Indigenous service providers and non-profit organizations in many different subsectors. Of particular note are Friendship Centres, which have the potential to play meaningful roles in supporting healing and fostering community integration for Indigenous people. There are currently 21 Friendship Centres across the province, offering a mix of cultural, spiritual, educational, wellness and other programming. The Government of Alberta should consider ways of supporting the capacity of Friendship Centres to participate in coordinated responses.

Housing with integrated supports

The Housing Focused Recovery-Oriented Model will only work if there's housing available. Coordinated responses will need access to a multi-tiered housing continuum in their communities. These recommendations identify ways of addressing that aspect of the model.

10. Explore a range of policy options to stimulate expansion of housing integrated with recovery-oriented supports.

Many different private, non-profit and public entities can play roles in the development of an expanded array of housing options in communities. Not to be overlooked among these are private individuals and private organizations, who often have the expertise and can raise the necessary capital to undertake housing developments. This is another reason why it makes good sense for communities to engage private developers as partners in their coordinated responses.

However, the harsh reality is that creating housing options requires money and needs to be financially sustainable, no matter the developer or owner. And another tough reality is that housing intended for clients leaving homelessness needs to be affordable.

In a world where public finances are more constrained, it does not necessarily make sense for governments to build, own and operate affordable housing developments of varying kinds. But governments can play roles by creating environments that make it easier or more attractive for private and non-profit members of communities to do so.

Therefore, we recommend the Government of Alberta, in collaboration with other governments, explore possible policy approaches to encourage and facilitate the establishment of an expanded array of housing for those experiencing homelessness. These policy approaches could include:

- the use of loan guarantees, to help organizations secure capital for investing the creation or redevelopment of options,
- having municipalities allow property tax exemptions or property tax reductions for affordable housing developments,
- changing provincial regulations to allow exemptions of non-profit affordable housing developments from municipal property taxes and provincial education taxes,
- establishing requirements that a specific percentage of new developments must be affordable units,
- adjusting tax codes to enable and encourage the transfer or gifting of land and buildings to community organizations,
- working with municipal governments to rationalize development approval and inspection processes to reduce duplication and red tape and thereby reduce the costs of developments, and
- encouraging mixed-market models of developments.

Furthermore, we recommend these policy approaches encourage the development of housing in alignment with two key principles.

The first principle is that **housing must be integrated with recovery-oriented supports**. Not all of these supports need to be co-located with the housing, but the integration of supports is essential. This must be remembered, because without the integration of support the housing will not be suitable for coordinated community responses to homelessness.

An often overlooked but compelling aspect of this is the role of the building manager or (comparable individual) in a housing solution. The person in this role often has frequent interactions with clients in a housing development; properly leveraged, they can be much more than a traditional property manager or mere rent-collector. With the right individual in the role, having the right training, a building manager can provide micro-interventions (such as informal advice, reminders or guidance) that support clients' other recovery-oriented supports and help them maintain their trajectory.

The second principle is that housing options for use in coordinated responses to homelessness should **take the form of smaller, scattered site models by default.**

Experience has shown that the concentration of developments in one geographic area can contribute to higher social disorder, reduced community support, and lower effectiveness in helping clients develop new and healthier connections in community. And although there may be economies of scale realized in their establishment, larger-scale developments can be more challenging to operate, particularly in respect of matters such as guest management.

11. Work with the federal government to expand supports to Indigenous people both on and off reserve.

The infrastructure and service disparities between Indigenous communities and non-Indigenous communities in Canada have been well canvassed by others. Our task force does not need to rehash those studies, but can simply take note that housing, wellness and recovery-oriented supports can be counted among those disparities. This is one key contributor to the disproportionately high number of Indigenous individuals experiencing homelessness in Alberta communities.

Significant investments are urgently required to address the array of housing needs on First Nations reserves, which include affordable housing and housing integrated with recovery-oriented supports. But it must be remembered Alberta is home to over 258,000 Indigenous people (2016 Statistics Canada census), who live in communities across the province – including on reserve, in Metis Settlements, and in urban centers. In fact, urban Indigenous organizations provide much-needed housing programs and services to off reserve Indigenous people.

Regardless of where an Indigenous person resides – be that on or off reserve – there is a need for adequate housing, wellness and recovery-oriented supports to be available so they have choice about how and where they access assistance. In addition, relationships among Indigenous urban and rural housing and support service providers need to be further developed, to help ensure Indigenous people living away from their communities have equal access to housing and culturally appropriate recovery-oriented services.

Moreover, having more housing and recovery-oriented support services administered by Indigenous service providers would be one of the best ways of ensuring they are delivered in culturally appropriate ways.

So how is this to be accomplished? We pose that question because too often, and for too long, jurisdictional wrangling has gotten in the way of providing meaningful and effective assistance to Indigenous people. It is past time for this to stop being a barrier. This requires a fundamental change in mindset – one that requires governments to not only consider their constitutional responsibilities, but their moral responsibilities as well.

In the child welfare context, this has been brought to life by “Jordan’s Principle” – a doctrine whereby the government department of “first contact” provides and pays for the services that a child needs, and then can seek reimbursement from another government after the child has received the service.

Perhaps it is time for a similar doctrine to apply in the context of homelessness. Putting the person first – and worrying about the jurisdiction and the money later – would seem to be the most logical approach in the face of a crisis. And it is not an exaggeration to state that the plight of Indigenous individuals experiencing homelessness is akin to a crisis.

12. Collaborate with the federal government on investments in affordable and supportive housing for those experiencing homelessness.

Our task force learned the federal government has committed to make significant investments in affordable housing across the country. The funding is expected to be divided among several different programs targeted at particular populations and communities, but at least some of those programs may serve as potential sources of funding for housing that is appropriate for coordinated responses to homelessness.

This represents significant opportunities for coordinated responses across Alberta, provided the funding is strategically levered to best effect. To create the best chance for that, the Government of Alberta should collaborate with the federal government on investments in affordable and supportive housing for those experiencing homelessness.

A level of dialogue already occurs by way of formalized meetings of federal, provincial and territorial Ministers responsible for housing. In addition to this, the Government of Alberta should undertake robust bilateral dialogue, such that officials from the Canadian and Alberta governments are working in lockstep to maximize the impact of investments in housing.

This will help enable funding decisions to be informed by community needs and aligned with coordinated community responses. It will also enable the identification of opportunities to align provincial investments with those of the federal government, private sector and others in cost-shared developments, to stretch and maximize the impacts of federal dollars.

Avoiding homelessness

Communities will struggle to make meaningful headway in addressing homelessness unless actions are taken to avoid sending people into homelessness. The old saying that “an ounce of prevention is worth a pound of cure” should be in the forefront of everyone’s minds.

13. Prevent/mitigate/oppose system discharges into homelessness.

Doing discharge differently can be supported by applying standards of practice to reduce discharges into homelessness. This will help enforce an expectation across systems (such as the health system and justice system) that individuals leaving their facilities, care or responsibility must be going to safe, secure and appropriate housing integrated with recovery-oriented supports.

It helps to think about other vulnerable Albertans to understand what’s intended here. Consider the senior who lives alone, but one day has an incident that forces the person to go to the hospital. If it’s determined by doctors the senior no longer has the capacity to live alone independently, then what happens when their acute care treatment in hospital is complete? The system arranges for the person to go to the right setting that is integrated with the right supports. That might be their own home again, but now with the support of home care and supports from the community. Or it might be a supportive living setting. Or it might be a long-term care setting. Exactly how it looks will depend upon the senior’s circumstances, but those are all examples of housing integrated with recovery-oriented supports.

A family member or friend might collect the senior. Or they might be transported by ambulance. But they are not typically expected to walk out the door alone.

Our systems need to regard and treat individuals experiencing homelessness in the same way they would regard and treat frail seniors. That means working to arrange an appropriate setting for them that is integrated with supports to help their recovery, and helping them get there through a warm hand-off.

Anything less needs to be regarded and treated by the province as unacceptable.

For further clarity, the expectation of not discharging to homelessness should go beyond provincial systems. It must extend to provincially-funded service providers as well. For example, publicly-funded addiction treatment centres should be expected to incorporate proper discharge planning (including appropriate follow-up) into a client’s aftercare plan.

The Government of Alberta should also work with the federal government on a clearer standard of practice to reduce discharges from federal systems into homelessness. . This includes Corrections Canada, which has a role in the pre-case planning and release of federal inmates. Our communities have experienced how inadequate discharge planning from federal corrections centres can lead to unintended but violent and tragic outcomes.

14. Establish a small task group to recommend more durable prevention efforts for Alberta.

One of the best ways to reduce homelessness is to prevent it from happening in the first place. Prevention science has made enormous advancements in the past decade; effective programs are now available that can reduce the prevalence of homelessness and risk factors for homelessness.

Primary prevention programs aim to reduce risk factors and enhance resiliency factors among those with an elevated risk for homelessness. Programs can be universal (e.g., enhancing mental wellness in children and youth) and targeted (e.g., aimed at vulnerable youth, such as those aging out of care or those involved with the justice system; or aimed at marginalized families through efforts such as eviction prevention strategies).

The effort and cost to assist people with their challenges when their housing is precarious is often far less than the effort and cost to re-house them once they have completely fallen into homelessness. Secondary prevention approaches include rapid re-housing and related targeted supports for those in early homelessness, especially youth.

Our task force has served as an opportunity for a reset and rethink on the best approaches to build the protective factors and resilience of individuals and families in our communities. Doing a better job on this front would help prevent homelessness and, at the same time, help us build stronger communities in which people are living as fulfilling lives as they can.

Homelessness prevention will be most effective if it involves cross-ministerial collaboration and integrates with approaches that are already supported by Alberta Community and Social Services, Alberta Health, Alberta Education, Mental Health and Addictions, and Alberta Justice and Solicitor General. Policy-, practice- and individual-level approaches should all be considered in a prevention framework.

The solutions for prevention go beyond our task force and this report. We strongly recommend the Government of Alberta establishes a small task group to address prevention in greater detail and make recommendations for innovative approaches for Alberta.

The task group should conduct a literature review of the science and an environmental scan of current innovative practices in similar jurisdictions; and highlight where and how such practices might fit in the Alberta context. The group should be small and nimble, including research, practice and policy expertise and it should include Indigenous ways of knowing and culturally relevant and appropriate approaches. The group should be established as soon as possible, while a spirit of “doing things differently” is still in the air and before damage from COVID-19 has become too deeply rooted.

CONCLUDING COMMENTS

In much of this report, our task force has concentrated on how the Government of Alberta can take action to encourage the establishment and use of a new and more coordinated model for responses to homelessness. It was the provincial government that established our task force and gave us our mandate, and so it is to the provincial government that we provide our advice.

But we will fail in addressing homelessness if we adopt an attitude that it is for the provincial government, or any government alone, to solve.

The hard truth is that all of us – all the many parts of our communities – have roles to play in addressing homelessness. The human tragedy that is homelessness impacts everyone in the community, directly and indirectly. As such, everyone is an important contributor to the solutions that will stamp out this tragedy. The contributions we each make will vary, depending on our situations and circumstances. Yet it is essential that we make them.

It is also important for us to remember, people experiencing homelessness are not a homogeneous group.

They are human beings, deserving of respect and dignity, with their own life story that is rich with experiences of celebration and sorrow, connection and loss, success and failure. Somewhere along each of their journeys, in the great teeter-totter of life, the negative experiences have outweighed the positive ones. Yet they remain our fellow citizens and fellow members of our communities.

For the good of our province and the good of our humanity, we need to get our community responses working better for them.

Our report lays out a pathway for doing so. Now, it is time for us to march down it quickly.

GLOSSARY

CBO

Community-based organization, established in each of Alberta's seven major urban centres as part of implementation of the 2008 provincial plan to end homelessness. CBOs were established in the cities of Calgary, Edmonton, Grande Prairie, Lethbridge, Medicine Hat, Red Deer, and the Regional Municipality of Wood Buffalo.

Diversion

Diversion involves the canvassing of a client's circumstances to identify whether there are natural supports that can be leveraged to help connect the client with safe, secure housing that is integrated with recovery-oriented supports. The use of diversion sees a provider marshalling a client's existing strengths as a foundation for the scaffolding of other services and supports that, collectively, will result in comprehensive support for a client.

Low-barrier shelter

A low-barrier, housing-focused shelter is emergency accommodation that sees the purpose of shelter as the process of getting people re-housed as quickly as possible and works to accommodate people with a range of often complex needs, ensuring access to shelter is not based on any pre-conditions for entry or unnecessary demands or rules not aligned to safety.

Recovery-oriented

In a recovery-oriented model, supports are structured to help individuals maintain forward momentum toward better wellness and fulfillment, across all dimensions of their life – physically, mentally, emotionally, spiritually and culturally. Services and support are coordinated to strengthen individuals' protective factors and resiliency, with the aim of helping them achieve community integration and personal fulfillment to the extent they aspire to do so.

Warm hand-off

A warm hand-off involves a service provider physically assisting or actively facilitating a client in arriving at a service or support from another provider. The service provider performing the warm hand-off takes responsibility for getting clients to the service they require.