



A Place to Call Home

Edmonton's 10 Year Plan to End Homelessness

PREPARED BY THE
Edmonton Committee to End Homelessness
JANUARY 2009

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Message from the Committee Chair and Vice Chair

On behalf of Edmonton's Committee to End Homelessness, we present our final report: *A Place to Call Home: Edmonton's 10 Year Plan to End Homelessness*.

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Over the past year, the Committee has met with people experiencing homelessness, talked to those who provide services and supports to them, studied best practices from other cities, held broad consultations, met with government and community leaders, asked questions and listened to a wide range of answers. We've gained an appreciation for the complexity of the problem and for the remarkable dedication of the people and agencies working to help our city's most vulnerable.

We have a better understanding of the impact homelessness has on all of us, as individuals and as a community: its social costs and its significant financial toll. Most important, we are convinced that homelessness can be solved. With commitment and resources, we can do it.

Our goal is to close the front door to homelessness, preventing people from becoming entrenched in a way of life that no one deserves, and open the back door out of homelessness, employing intervention strategies to quickly re-house people in crisis situations and providing the supports they need to maintain their

new homes. This Plan places particular focus on those who are chronically homeless. They are the most needy of our homeless citizens and the people who put the greatest strain on our social and financial resources. But the Plan addresses the problems of all people who find themselves homeless in our city as well as the needs of people at risk of losing their homes, to prevent them from becoming trapped in homelessness. The Plan does not address the broad issue of the need for more affordable housing, but will dovetail with initiatives aimed at solving that problem.

A Place to Call Home calls for fundamental change: we must transition from managing homelessness, with short-term solutions, to ending it, with housing and support. Central to this is adoption of the Housing First approach. People who are experiencing homelessness are quickly found a home, and then given the supports they need to keep that home. The evidence is overwhelming that this approach will contribute to ending homelessness and these citizens will improve their ability to address their underlying problems. This approach works. It will require a financial investment that will pay

significant dividends. It also requires cooperation among all orders of government, the business community, our faith communities, our educators, service providers and all Edmontonians.

This Plan builds on the unique collaborative approach that is a hallmark of our city's social agencies. But collaboration alone will not get the job done. As we heard during our consultations, many agencies told us that, "Housing First will only succeed with a profound shift in the way each and every one of us deliver our services." This Plan provides strategies for building on the work of these agencies, and evolving the homeless serving system to one that focuses on ending homelessness.

Many people have helped us build this Plan and we would particularly like to thank all our outstanding Committee members who were passionate about their commitment and devoted enormous amounts of their time and expertise to the project. Numerous other people volunteered many hours of support and hard work, including those on our sub-committees, and in agencies and organizations throughout the city.

Every step along the way we encountered people who personified the compassionate, collaborative, community spirit that defines and distinguishes Edmonton as a place to live, a place that we all call home. Working together, we can end homelessness in Edmonton.



Linda Hughes, Chair

Edmonton Committee to End Homelessness
January 2009



Eric Newell, Vice Chair

Edmonton Committee to End Homelessness
January 2009

Edmonton Committee to End Homelessness

Leadership Committee

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Barry Andres
Acting CEO, Alberta Health Services - Alberta
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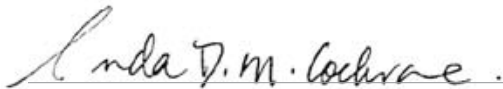
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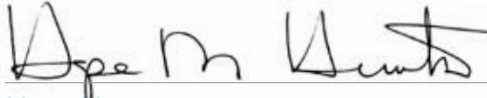
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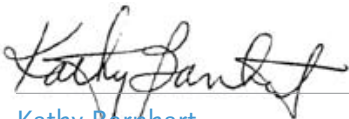
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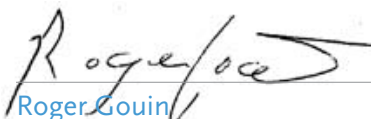
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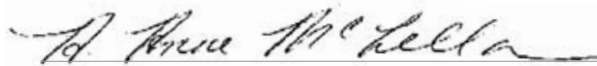
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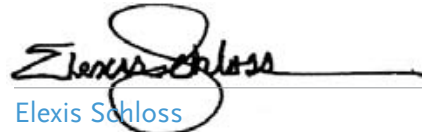
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Shelley Williams
Executive Director, Bissell Centre



Edmonton homeless count:

in 2008

3079

by 2018 if our current homelessness growth rate continues

6500

Executive Summary

The contrast could not be more stark. Edmonton's downtown is a place of gleaming office towers, high-end shopping, lunch time activity and evening entertainment for thousands of Edmontonians and visitors to our city. But it's also a place of despair and loss of hope, where for some, their bedroom is a park, their closet a shopping cart. These are Edmontonians experiencing homelessness.

Their daily struggle to find a warm, safe place to lay their heads at night should not be acceptable in our city. It's time to make a fundamental change in the way we respond to these citizens in need.

That change can bring an end to homelessness in 10 years, ensuring that all citizens have access to a safe, secure and permanent home.

In late January of 2008, Mayor Stephen Mandel asked this Committee to develop a 10 year plan to end homelessness in Edmonton. More than 300 cities across North America have been developing similar plans and have begun to show success by focusing on strategies to eliminate homelessness rather than just managing the problem.

Homelessness is a growing problem in Edmonton. For the past decade, every year, whether the economy was soaring or slumping, the number of people experiencing homelessness in our

city has increased. The most recent survey in 2008, counted 3079 people without a home: an increase of 18% from 2006 and triple the number counted in the first survey in 1999. These numbers include people living on the streets and in shelters as well as some, but far from all, of the hidden homeless: people who couch surf with friends and families.

Many of the causes of homelessness are systemic. In the 1990s there were policy changes in housing and mental health services delivery, along with cuts to government income support programs in Alberta. Subsequently, rapid immigration to the province and an economic boom brought increases in the cost of housing and reductions in available rental accommodation. Finding and keeping an affordable home has become extremely difficult for the most vulnerable in our city, particularly those suffering with mental illness, addictions and family breakdown.

Homelessness takes a huge toll. The moral and social costs are heartbreakingly apparent on our streets and in our shelters. The financial costs are less obvious, but chronically homeless citizens consume enormous public resources with frequent emergency room visits and ambulance trips, longer hospital stays, police and court costs, as well as the costs of shelters and other emergency services. One estimate suggests homelessness costs Canadian taxpayers \$4.5 to \$6 billion every year for 150,000 homeless Canadians. (Laird, 2007) The U.S. experience suggests that the cost of permanent, supported housing programs can be less than the emergency costs associated with chronically homeless people living on the street.

Edmontonians want to feel safe on our streets and be part of a community that cares for its most vulnerable, ensuring they live in safety and dignity.

The shame of us having the number of homeless people we have is very difficult for Edmontonians to accept. They're saying that's not acceptable. It's time to come up with a roadmap, one which will deal with this in an effective manner. We really can't bury our heads in the sand anymore.

Mayor Stephen Mandel

Housing First

The 10 Year Plan developed by the Committee focuses on the Housing First principle. Shelters and drop-in centers and other emergency supports, do not solve the problem of homelessness, they simply manage the crisis. The Housing First approach says the first step in solving the problem is to find people permanent homes and give them the support they need to be successful in those homes. This philosophy represents a shift away from the theory that people have to be 'prepared' or 'transitioned' into housing by first dealing with mental health and addiction issues or finding a job. It recognizes that the best place to deal with those issues is not living on the street but in safe, secure housing.

The Plan focuses on chronically homeless people. (U.S. experience suggests 10 to 30% of homeless people are chronically homeless but use about 50% of the resources devoted to homelessness.) But the goals and strategies outlined address the entire homeless population and those at risk of losing their homes.

The approach is to 'open the back door' out of homelessness by rapidly re-housing people in crisis and ensuring they are fully supported, and 'close the front door' through prevention programs aimed at people at risk of becoming homeless.

The Plan

A Place to Call Home has one mission: to end homelessness. It has **5 goals**, each with a time-lined **target** and strategies to ensure success. In summary they are:

1 Provide permanent housing options for all people living on the street and in public places.

Target: By 2011 all people living on the street or in public places will have been given the option of permanent, supported housing.

2 Ensure an adequate supply of permanent, affordable housing with appropriate supports for people who are homeless.

Target: By 2012, secure 800 supported housing units, in partnership with private landlords. Another 300 units will come on-line in subsequent years.

Target: By 2019, secure 1650 modestly sized units, the first 200 coming on-line in 2011.

Target: By 2014, develop 1000 units of permanent supportive housing.

3 Ensure emergency accommodation is available when needed, but transition people quickly into permanent housing.

Target: By 2012, decrease the number of sheltered homeless to 2006 levels.

Target: By 2014, decrease the average length of stay at an emergency shelter to less than 7 days.

4 Prevent people from becoming homeless.

Target: By 2014, reduce the need for emergency shelter capacity by 50%.

5 Establish a governance structure and an implementation process for the Plan that builds on the strengths of the community; develops capacity; promotes collaboration, innovation and cost-effectiveness; and measures progress.

Target: The Homeless Commission will produce an annual report card, documenting the progress on implementing Edmonton's 10 Year Plan to End Homelessness. The report card will be submitted to all orders of government.

Without a Plan, things only get worse: worse on the streets; worse in our neighborhoods; worse in emergency rooms, police stations, libraries, and in our shelters.

Philip F. Mangano

EXECUTIVE DIRECTOR OF THE UNITED STATES INTER-AGENCY COUNCIL ON HOMELESSNESS.

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DEFINITIONS

Homeless: Persons or families living on the streets or in other places that are not intended or suitable for permanent residence.

Chronic homeless: Homeless persons or families who have been continuously homeless for a year or more, or homeless multiple times over a several year period.

IMPACT ON THE HEALTHCARE SYSTEM

Edmontonians who are hospitalized spend an average 9 days in hospital per year. A person experiencing homelessness spends an average 28 days, excluding stays at Alberta Hospital Edmonton. (Alberta Health Services)

1 out of every 5 calls to Emergency Services in Edmonton is for someone experiencing homelessness, at a cost of \$584 per ambulance ride. (City of Edmonton)

Emergency shelter costs average between \$13,000 to \$42,000 per person, per year. (Pomeroy, 2005)

Investing in the Solution

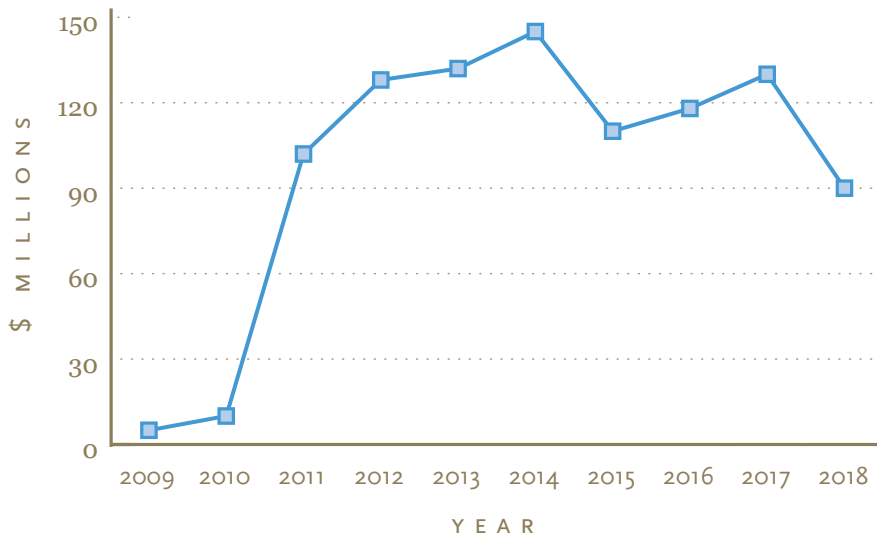
Edmonton's 10 Year Plan to End Homelessness requires significant upfront investment, including capital costs of \$401.6 million (over 10 years) and operating costs of \$567.5 million (over 10 years).

This investment should be weighed against cost savings not just in shelter operations but in all the ancillary costs of homelessness, including health care, police, courts and other emergency services. Calculating future costs and savings related to the Plan must of necessity be based on many assumptions and variables, including potential future growth in homelessness and success rates in moving people into total independence.

However, we know with some certainty that if we continue to respond to homelessness in Edmonton in the current fashion, the number of people experiencing homelessness will continue to grow. Assuming a growth rate of 8% per year (the average from the last 3 homeless counts), there would be approximately 6,500 homeless Edmontonians in 2018. Assuming that we provide emergency shelter space to 40% of that population, as we now do, the annual cost of 2,627 shelter spaces alone would be \$54.3 million, not including all the additional costs of health care and other services. And those costs would grow unabated. By comparison, the operating costs of implementing this Plan will be \$90 million a year.

By the year 2020, when this Plan is fully implemented and running at maximum capacity, our projections indicate it will cost taxpayers slightly less than the cost of maintaining the status quo. And we will have brought an end to homelessness in Edmonton.

Total cost of plan by year



Building on Experience

The Housing First philosophy is being implemented in communities across North America and is showing success. Portland, Oregon, for example, reports a 39% decline in overall homelessness and an astounding 70% reduction in chronic homelessness after four years.

In Edmonton, agencies have used this approach when funding is available. Jasper Place Health and Wellness Centre, for example, uses the Housing First model, and has successfully housed more than 200 families and individuals since 2006. Bissell Centre, with funding from the Edmonton Community Foundation and the United Way of Alberta Capital Region, is using this approach to assist people with mental health issues find and maintain housing. Homeward Trust has piloted housing first initiatives over the past 2 years including Boyle Street's Parkland Initiative, and housing and supporting individuals displaced by tent city.

Implementing the Plan

The Plan outlines targets and aggressive timelines for implementation. It can only be accomplished with the financial backing and commitment of all orders of government and the collaboration and support of all the social agencies and services.

To try to ensure this report doesn't collect dust on a shelf, it asks Edmonton City Council to take responsibility for leading the effort to eliminate homelessness and recommends the creation of a Homeless Commission to oversee implementation of the Plan, champion the cause and report on progress.

We will know we've been successful if, 10 years from now, we no longer have people living in our back alleys, under tarps in the river valley or lining up for a shelter bed every night. And when people find themselves in crisis, without accommodation, they can quickly access the help they need to find a place to call home.



I
AM
HUMAN

A Place to Call Home

Edmonton's 10 Year Plan to End Homelessness

I Am Human
Jenna Clarahan
Grade 12, Strathcona High School

The 3 drawings in this report were created by 3 Edmonton students as part of the *Heart 2 Art* initiative.



Edmonton's Homeless: The Current Reality

Edmontonians experiencing homelessness live in every part of our city: on the streets, in parks, in abandoned buildings. Some make use of the shelters, others couch-surf, depending on the goodwill of friends and relatives. They end up without a home for a variety of different reasons and in ever increasing numbers.

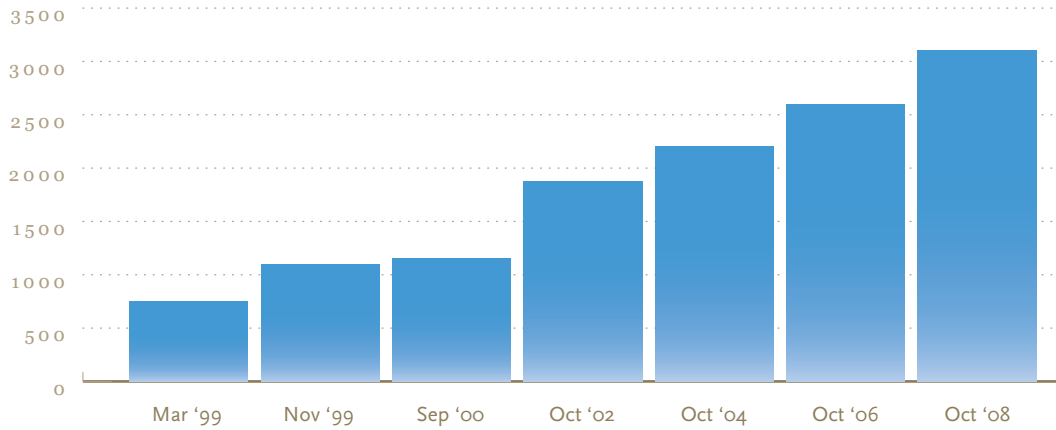
Tent City

Nelson Adkin

Grade 10, J.H. Picard School

Homeless numbers in Edmonton

Source: Homeward Trust*



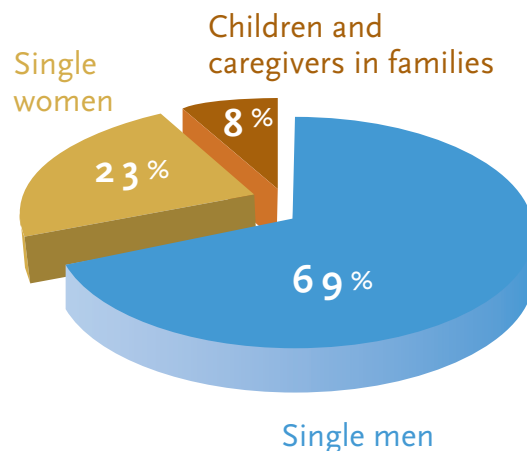
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How Many?

The 2008 Homeless Count estimates that 3079 people in Edmonton do not have a home of their own. This is a 'point-in-time' count; a snapshot of the situation on just one day. The homeless count takes place every two years, with volunteers working from 5 am until 10 pm, asking people outside and at drop-in centers, the food bank and bottle depots if they have a permanent home to return to that night. While it's not completely accurate, it gives us a good sense of the numbers and a clear indication that the problem is getting worse.

More concerning is that these numbers don't generally reflect all of Edmonton's hidden homeless: people who find a temporary couch to sleep on with friends or family, stay in abandoned buildings or a church basement, as well as those who are close to being evicted. There are estimates that the hidden homeless make up the largest proportion of Canadians experiencing homelessness. (Raising the Roof)

People who are homeless in Edmonton in 2008

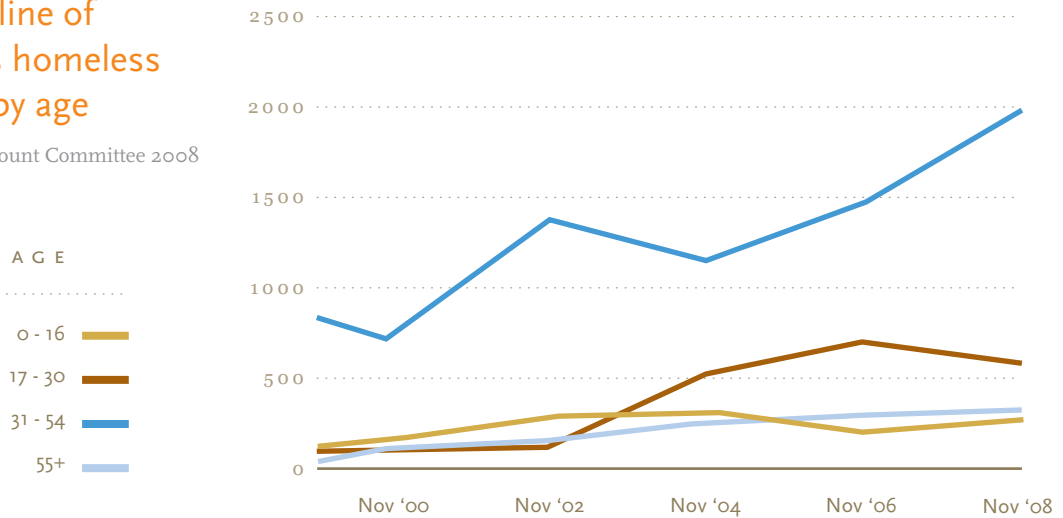


STATUS QUO: HOMELESSNESS NUMBERS IN 2018

If we consider the rate of growth in Edmonton's homeless population since 2002 and if no changes are made in how we deal with the problem, an estimated 6500 people will be experiencing homelessness on our streets by the year 2018.

Growth/decline of Edmonton's homeless population by age

Source: Homeless Count Committee 2008



Who is Experiencing Homelessness?

A diverse mix of Edmontonians: young men, couples, new immigrants, families, teenagers and seniors who've lived here for all their adult lives.

No child plans to be 'homeless' when he or she grows up. Many of us can't imagine homelessness happening to someone we know. But all it takes is the collision of certain unfortunate events. Take for example, the experience of one Edmonton man, who talked with the Committee during public consultations.

We'll call him Jeff, for the purpose of telling his story.

Jeff had a family, a job, a home in the suburbs. Then one day, his 18-year old daughter was killed in a traffic collision. The tragedy was too much for Jeff and his wife. Their marriage fell apart. He lost his house in the divorce, and started drinking. As a result, he was fired from his job. Jeff found himself with no money and no place to go. His support network, everything he knew and cherished in life, had disappeared.

This is homelessness.

In Edmonton, 40% of people experiencing homelessness are Aboriginal, although the Aboriginal community makes up just 5% of the city's population. More than half of those without a home struggle with addictions, and 59% have a mental illness. (Homeward Trust, 2008) Edmonton's 2008 Homeless Count estimates that 259 children, under the age of 16, do not have permanent housing in this city; 133 families are without a place to live.

Not only are there more children than in 2006, the Homeless Count also found a larger number of older people (over the age of 55). However, the most significant increase in numbers is with people between the ages of 31 and 54.

A significant number of people experiencing homelessness also have jobs. Many have migrated to Edmonton, attracted by the boom. They just can't afford rent once they get here.

Systemic Causes / Risk Factors

People with strong support networks most often make it through extremely tough times. But for those who are particularly vulnerable, a personal tragedy can become a catalyst, triggering a series of bad events, each adding a layer onto the problem. They become trapped up against a series of barriers seemingly impossible to push through. And this is how people become entrenched in chronic homelessness.

Poverty

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Poverty is one of the biggest contributors to homelessness. While Alberta's recent booming economy has seen our overall poverty rate decline, the depth of poverty is increasing. The poor are getting poorer. (Edmonton Social Planning Council)

Social assistance rates started declining in the early 1990s, and so, consequentially, people living on low incomes saw their buying power diminish. That trend continued, until one recent increase. Furthermore, until 2007, Alberta had one of the lowest minimum wage rates in Canada. By 2006, 13% of Edmontonians lived in low-income households, compared to the national average of 11%. And these are people who have a place to call home. (Statistics Canada, 2006)

No home, no job - no job, no home

It's the 'low-income – homelessness' vicious circle: without a permanent address, people can't access income support benefits; without money, they can't get a home. For some, getting that job doesn't help either: if they make enough to afford rent in our city, they still can't pull together first and last month's rent and a damage deposit. Outreach workers struggle with what they refer to as inadequate services for people in need of income support.

They also cite navigational challenges: people looking for help must deal with numerous service providers and multiple orders of government. The result? Finding the right place to go for assistance becomes almost impossible. And the greater the need for help, the deeper the trap becomes, as more orders of government and social agency involvement are required.

TENT CITY

In 2006, as Edmonton was in the midst of an economic boom, people working at inner city agencies started noticing a big change: substantially more people coming for help, in need of food and shelter. 'Tent city', in the summer of 2007, brought the severity of the problem into the public spotlight, and with it increased public demand that something be done to provide more help to Edmontonians without a permanent home.

Photo: Sun Media Corporation



I was tired of being alone. I lived in a field by the airport. Slept in the middle of the field. It was a bad place because it was really windy there and I got buried by the snow.

Kelly Ridsdale

Lack of affordable housing

Several factors have combined to create a serious lack of affordable housing in Edmonton.

A series of policy changes in the late 1980s and mid 1990s saw a halt to federal and provincial funding for new affordable housing projects. Provincial programs were reinstated in the late 1990s, and through federal funding, both the Province of Alberta and the City of Edmonton are now investing in affordable housing. Still, the wait list for subsidized housing in Edmonton is 2.5 years. In addition, a combination of very little new rental housing being built in the past decade, rooming houses and older hotels being torn down, and a high number of rental units being converted to condos, means that the stock of rental units has shrunk significantly.

Alberta's robust economy in the early 2000s sent the cost of housing skyrocketing. At the same time, low vacancy rates led to big rent hikes in Edmonton: on average approximately 30% from 2005 to 2007. For people trying to support themselves or a family on minimum wage, a basic pension or other fixed incomes, and for single income households, finding a home has become increasingly difficult.

It's frustrating not knowing if you will even get to sleep. Not knowing how you are going to spend the next day if you do not get sleep. Not knowing anything about the future.

Mental health and addictions

The deinstitutionalization of people requiring mental health treatment began some 40 years ago across North America, but started to have a significant effect in Alberta in the early 1990s, as more psychiatric patients were released from facilities. The plan was for community based mental health service providers to take over, but they didn't all receive the funding needed to maintain adequate treatment programs. The result is more people suffering from mental illnesses living on our streets. Without consistent treatment, many stop taking medications, which can cause a downward spiral. Addictions, such as substance abuse and gambling, are also considerable factors in the homelessness equation.

Many of the people who are on the streets have severe mental health issues...I've seen hundreds of people who are on the streets, they lose their medications...or someone steals their medications. But when you have a home you have someplace to keep them, you have a team that's helping you get on the right path.

Dr. Raj Sherman

ER PHYSICIAN, MLA EDMONTON MEADOWLARK

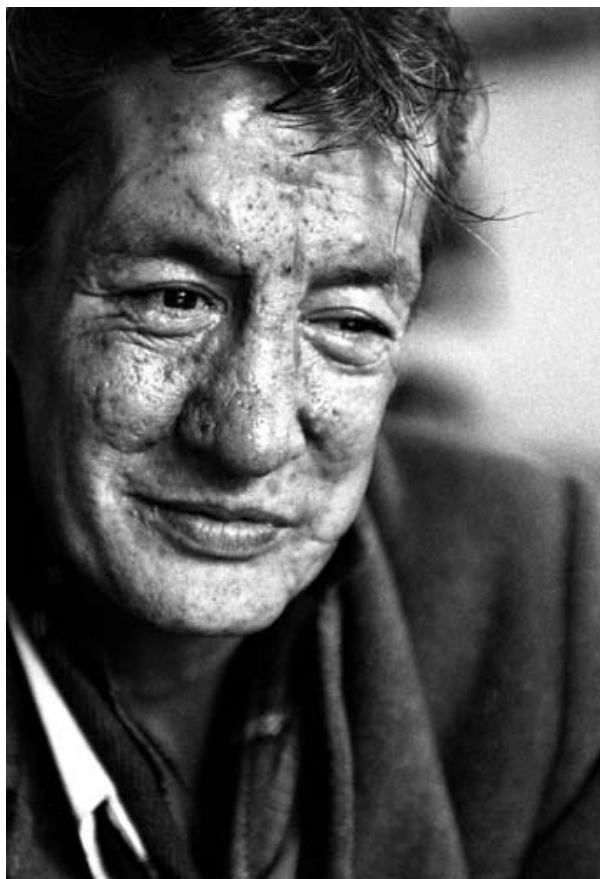
*Spend the day at the library.
Nobody goes there to go smoke their weed, crack or drink.
It makes me feel better. I sit and read, think, write.
It`s away from all the needles and stuff.*

Family violence

20 Research shows that individuals and families who experience homelessness often have histories of family violence, particularly in the case of women and children. (Shinn, 1999) Isolation is a problem; abusers cut off communication with family or community support networks and victims have little or no access to family finances. Add to that overflowing women's shelters, and victims are often forced to choose between staying in a violent situation, or escaping to the relative safety of the streets.

Discrimination

During public consultations leading to the development of this Plan, Committee members repeatedly heard about discrimination, both from visible minorities and from outreach workers, who witnessed it while trying to find homes for clients. The Committee was told of clients being turned away from apartments which were available, when the landlord saw the client wasn't Caucasian. We also heard of cultural discrimination. For many, home is a place of welcome to all members of an extended family, for extended periods of time. But for some landlords, housing more than a nuclear family in one apartment is unacceptable and can lead to eviction.



40%

percentage in Edmonton without a home who are Aboriginal.

According to Statistics Canada's 2006 census, the Aboriginal community makes up 5% of the city's population.

Photo: Pieter de Vos

The Risk, Trigger, Trap Road to Homelessness

Identified by the Calgary Foundation for Homelessness, this is equally applicable in almost any large, industrialized city. It works like this:

People whose life experiences include one or more **RISK** factors:

- Poverty
- Mental illness, chronic substance abuse and addictions
- Physical and developmental disabilities
- Abuse, family conflict
- No or few social networks, isolation, lack of supportive relationships
- Lack of education
- Disruptive childhood experiences, such as time spent in foster homes

Encounter a **TRIGGER** event, an incident which leads to the loss of one's home:

- Financial, family crisis
- Moving, for economic or social reasons
- Family, roommate, landlord conflict
- Health crisis
- Crime (either perpetrated, or as the victim)

The majority of people who lose their homes are able, with the help of family and friends, to get their lives back on track. They typically don't seek assistance from social agencies, and do not become part of the homeless count numbers. But some aren't as fortunate. They turn to outreach workers for help and they are the real people behind the homeless count numbers.

They're caught in the homelessness **TRAP**, finding themselves up against multiple and cumulative barriers, including:

- 'no address, no welfare: no welfare, no address'
- Getting 'lost in the system': navigating all municipal, provincial and non-profit services for help becomes overwhelming, if not impossible
- Conditions put on housing: sobriety, no criminal record, good credit history
- Employment barriers: no permanent address, lack of transportation, health issues, insufficient education, poor hygiene and lack of sleep from living on the streets or in a shelter
- Discrimination, based on race or family circumstances

Of this subpopulation of homeless, some will simply not be able to find their way out, and will become chronically homeless.

The Cost

Some 65 U.S. studies estimate the cost of chronic homelessness, for one person over one year, ranges from \$35,000 to \$150,000. The same studies show the cost of providing housing and supports for that same person ranges between \$13,000 and \$25,000 per year. (United States Interagency Council on Homelessness)

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The Calgary Homeless Foundation estimates that one person experiencing homelessness for one year costs taxpayers on average \$94,000. Providing that same person with housing and the most intensive supports and services, costs on average \$30,000 to \$35,000 per year. (Calgary's Ten Year Plan to End Homelessness, 2008)

Homelessness means more time in hospital, more calls for emergency medical services. It means more costs associated with the justice system, at a price tag of millions of dollars every year, in Edmonton alone.

Most research into the cost of homelessness focuses on the sub-population of people with severe addictions and/or mental illness. These tend to be the chronically homeless. While this group typically represents between 10 and 30% of the overall homeless population, the chronically homeless consume upwards of 50% of the resources attributed to homelessness. (United



\$4.5 - 6 billion

estimated annual cost to taxpayers for
150,000 homeless Canadians

(Laird, 2007)

Because there is no price tag at the end, and no one gets an invoice, it's really lost on the general population how expensive it is to have someone go through all the systems- the justice system, the health system, and running up bills or costs that aren't unnecessary, but in some cases could be avoided or dealt with in a different way.

Bruce Bentley

PRESIDENT AND CEO, MACLAB ENTERPRISES

States Interagency Council on Homelessness)
Without proper access to primary health services, people experiencing homelessness rely instead on emergency and acute care health services. For example, in extreme weather a homeless person in Edmonton is 40 times more likely to access an emergency room than the general population. (Alberta Health Services)

People experiencing chronic homelessness also tend to cycle through a range of emergency and institutional facilities. "Overall costs tend to be significantly higher for institutional responses than is the case for community/residentially based options – even when a fairly high level of service is provided in the latter. Institutional uses often incur daily costs well in excess of \$200/day and, depending on facility and city, reach as high as \$600/day. Emergency services also tend to involve higher costs than the community/residentially based options." (Pomeroy, 2005)
In Edmonton, a homeless person admitted to hospital (from September 1/07 – August 31/08) spent on average 28 days in hospital compared to 9 days for the general population (Alberta Health Services). If Alberta Hospital Edmonton is included in these figures, the average length of stay for a homeless person admitted to hospital is in excess of 66 days. One day in hospital costs approximately \$1,400.

In a 2003 Homelessness survey conducted by Homeward Trust, 79% of respondents indicated they had spent time in jail, the majority for relatively minor offences. The survey states "some of the shelterless reported deliberately breaking minor laws during very cold weather in order to spend time in jail."

Studies across Canada have shown that institutional responses (detention, prison, psychiatric hospitals) for a person experiencing homelessness cost taxpayers between \$66,000 and \$120,000 each year. Emergency shelter costs average between \$13,000 and \$42,000 per person, per year. (In Edmonton, an average of \$15,000.) The price of supportive housing for that person would be between \$35,000 and \$40,000 per year. (Pomeroy, 2005)

Equally, if not more, important is the human cost of homelessness. The growth of our homeless population translates into an increasingly large 'underclass', many of whom are visible minorities. It represents a loss in our potential labour force, and of community members who have time to share their experiences and expertise in making Edmonton a better place to live. For those without a permanent home, finding that time isn't easy.

Potential Savings

Where the Housing First model has already been fully implemented in the United States, evidence is emerging of social and financial benefits.

- **In Denver, Colorado** a cost-benefit analysis of a permanent supportive housing project for people who are homeless and suffering from chronic disabilities saw annual reductions of emergency visits to the local hospital amounting to \$31,545 per person. (Perlman & Parvensky, 2006)
- **In Portland, Oregon** a similar study found that 35 people with disabilities who had been chronically homeless were each costing hospitals more than \$42,000 a year. After entering permanent supportive housing, the same individuals cost the system \$16,000 less each year. (Moore, 2006)
- **In Rhode Island**, an evaluation of the state's Housing First program compared the cost of providing services (hospital stays, alcohol and drug treatment, emergency room visits, incarceration and emergency shelter stays) to a group of 48 chronically homeless persons, before and after they were placed in supportive housing. The cost for the year prior was \$31,617 per client. The cost for these same services in the year after was \$7,635 per client. Even after factoring in the cost of providing support services and the housing subsidy, the total cost was \$22,778 per client. For these 48 clients as a whole, the costs while in this Housing First program were approximately \$424,272 less than the institutional costs over one year of homelessness.

Some people believe that solving homelessness is going to be so expensive that it's impossible to do. But it's not impossible, because if we think long-term, say 10 years, it will be cheaper.

Roger Gouin

BUSINESSMAN,
LEADERSHIP COMMITTEE TO
END HOMELESSNESS



Beyond cost savings are the very positive changes that result from helping people find and stay in a permanent home. People housed through Toronto’s Streets to Homes program reported improvements in nearly all quality of life indicators (health, mental health, food quality, sleeping, personal safety and social interaction). (De Jong, 2007) While clients were accessing more routine health services, there was a marked decrease in use of emergency services. In terms of substance abuse, participants were asked to describe whether they felt their alcohol and drug use had increased, decreased or stayed the same.

Of those who reported using alcohol:

- 49% said their alcohol use had decreased (including 17% who said they had quit altogether), 41% said it had stayed the same and 10% said it had increased.

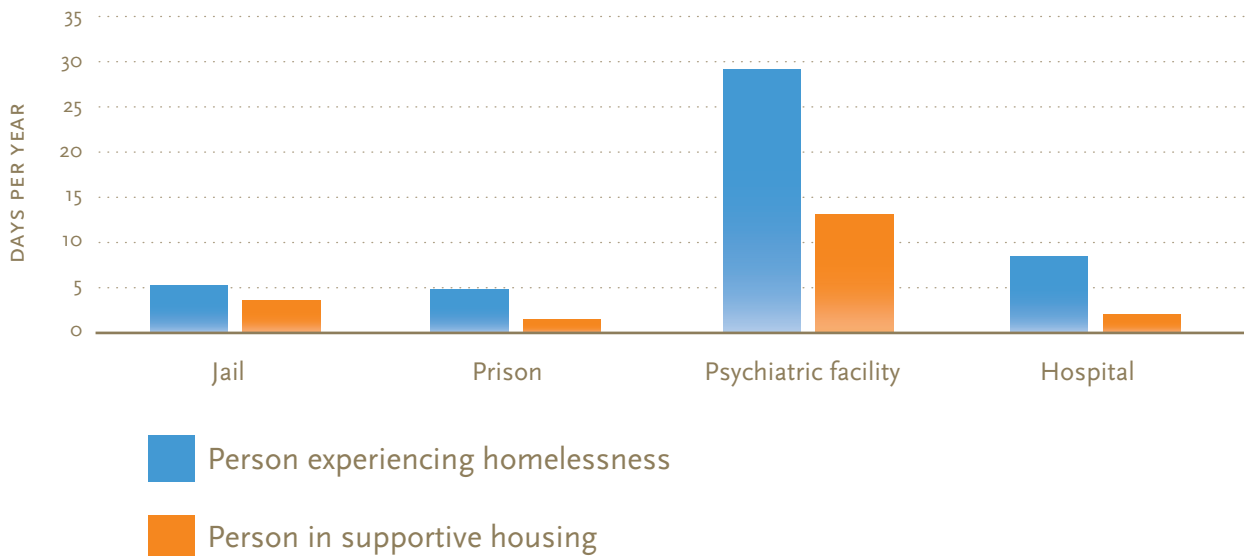
Of those who said they used drugs:

- 74% said their use had decreased since they moved into housing, including 33% who said they had quit using completely. 18% percent said it had stayed the same and 8% said it had increased.

Overall, people in supportive housing spend only one third as much time in hospitals, psychiatric centers, prisons and jails as people who are chronically homeless.

Average institutional use by homeless

Source: Culhane, Metraux, & Hadley, 2001





Feet

Jessica Arzt

Grade 11, Strathcona High School

Tackling Homelessness: Edmonton's Approach

Changing How We Think: Housing First

Edmonton's Committee to End Homelessness has embraced the philosophy of Housing First in order to reach our goal. This approach was tested through our exhaustive consultation process (see appendix 5). Housing First was endorsed and validated by the business community, the community-at-large, agency workers and, most importantly, people experiencing homelessness. It focuses on developing self-sufficiency and independence, employing strategies that fall into the categories of *prevention* and *intervention*. Under this approach:

The primary goal is finding a permanent home for people who are without a place to live, regardless of their past or present issues. This includes accessing rent subsidies and potentially negotiating leases with landlords, on behalf of the client.

Client choice is a crucial element of Housing First.

Clients and outreach workers together figure out how best to ensure the client will be able to stay in their home. This marks a significant change from the common belief that people experiencing homelessness had to be 'prepared' to live independently; where shelters, addiction recovery, mental health treatment or finding a job were seen as stepping stones, readying clients for permanent housing. (BC Partners for Mental Health and Addictions Information)

The next step is to provide all the wrap-around services people need, to stay in their homes and to deal with any issues that might lead to problems with housing. This step is critical to the success of every re-housing plan. Services and supports vary in intensity and can include:

- psychiatric and/or substance abuse treatment,
- daily living skills training / health, wellness and recreational activities,
- help with family reconnections,
- money management training,
- vocational and supported employment services.

Prescribed time limits will not be set on these services. People who've been caught in the trap of chronic homelessness might need intensive, specialized services indefinitely. Others will need help for a limited time, 'graduating' out of supported housing into more independent living situations.

Housing First plans are tailored to the needs of the person being housed to ensure success. In some instances, clients may have to agree to a one-year program of follow-up services, apply for subsidized housing and income assistance and agree to their rent being paid directly from the subsidy provider to the landlord. In others, clients simply must agree to abide by the terms of their lease and a routinely scheduled visit from an outreach worker. Plans also respond to diverse and specific, in particular Aboriginal, social and cultural needs.

The measure of a society is found in how they treat their weakest and most helpless citizens.

Jimmy Carter

Housing First core values include:

- Changing the system, not the person. Outreach workers come to clients in their homes, rather than expecting them to show up at various agencies during office hours.
- Respecting client choice for accepting clinical services. Clients can continue to use alcohol or other substances until they're ready for treatment. But they must comply with standard lease agreements.
- Focusing on learning to be a good tenant. Clients are helped with skills in money management, conflicts with neighbors and apartment upkeep.
- Focusing on strengths and community building. Some projects include community rooms for meal sharing, peer support and connection to the community, as part of the transition to successful permanent housing.

Positive relationships with landlords and property managers are of utmost importance. Rental contracts can be negotiated and signed by service providers rather than individual clients, which provides landlords guaranteed rent payments and long-term tenants. Other strategies to encourage landlord participation include the commitment that outreach workers will intervene before problems might arise and that insurance policies are in place.

Rental units are scattered throughout the city so as not to create housing ghettos. Housing First programs use private market rental units, private sector dedicated rental buildings, and buildings owned by non-profit providers.

Housing First Works: Charles' Story

We know that this can be done. Take Charles. He is 42 years old, HIV positive, and has spent most of the last 25 years sleeping on the street or in crack houses. But Charles' life changed the day he went into the Jasper Place Health and Wellness Centre for a cup of coffee and a shower: he developed a relationship with the staff at the Centre, who were able to give him the tools he needed to get an apartment of his own. They were there when Charles filled out the form for his lease, they helped him with the security deposit, and they assured the landlord that they would be responsible for the apartment if anything went wrong. The assistance and encouragement did not end there: a support worker went grocery shopping with Charles to help him stretch his dollar as efficiently as possible; he helped Charles out with furniture and learning to cook. Then when Charles decided to deal with his cocaine habit, the Centre gave him the resources he needed. The Housing First principle does work.

One Size Doesn't Fit All

People experiencing homelessness in our community have a variety of needs, with a range of complexity. Housing First is not a model that can be applied across the board. There will always be need for interim housing: for youth, people with persistent mental illness and cognitive disabilities or chronic substance abuse problems. For others, the independent living model might never be an option. Our Plan, *A Place to Call Home*, allows for varying levels of housing solutions with different support options.



59%

percentage of those without a home who struggle with a mental illness.

Avoiding the Trap: Preventing Chronic Homelessness

A Place to Call Home recommends several new initiatives aimed at prevention. A coordinated plan will be developed, with health providers, the justice system and child welfare, to ensure people have a safe place to go upon discharge from institutions. A Housing Link will be set up, to link those in crisis with safe housing 24/7. An Early Warning System will identify tenants at high risk for evictions. We will work with the

Alberta government, to ensure people without a home are able to receive eligible income support programs, and to enhance the Eviction Prevention Fund. And we'll connect with employers and unions, to encourage them to make housing plans part of recruitment drives. We also want to provide people at risk of homelessness the opportunity for training and employment skills.



It's Already Working

The Housing First approach is being used by several Edmonton organizations: Homeward Trust, Hope Mission and the Jasper Place Health and Wellness Centre have launched a Rapid Exit Shelter Program. Its goal is to move 80 people, currently living in temporary shelters, into permanent homes this year and provide them with the services they need to stay in their homes. Boyle Street Community Services and Bissell Centre both offer programs aimed at finding and maintaining permanent homes, for individuals and families. Edmonton's 10 Year Plan to End Homelessness builds on such initiatives.

Housing First was introduced by U.S. non-profit agencies in the early 1990s, and has since been used successfully in a number of North American cities.

Toronto's 'Streets to Homes' program has helped some 1800 people find a permanent home since its start in February 2005. To date, some 88% have remained in their homes. Research shows 'Streets to Homes' clients report a far better quality of life: alcohol and drug abuse has decreased, there is less use of emergency services and less panhandling. (City of Toronto: Shelter, Support and Housing Administration Division)

Portland, Oregon implemented its 10 year plan to end homelessness in 2005. Three and a half years later, the city reports that more than 1500 families have been housed and more than 1400 chronically homeless people have found permanent homes. (City of Portland, 2nd Quarter, 2008 Ten Year Plan Report)

Since implementing a similar plan in 2005, overall homelessness in **Denver**, Colorado has been reduced by 11%. The number of chronically homeless has dropped by 36%. The city has also seen a dramatic decrease in panhandling. Denver is now ahead of schedule to meet its five year goal of a 75% reduction in chronic homelessness. (Denver's Road Home - Current State)

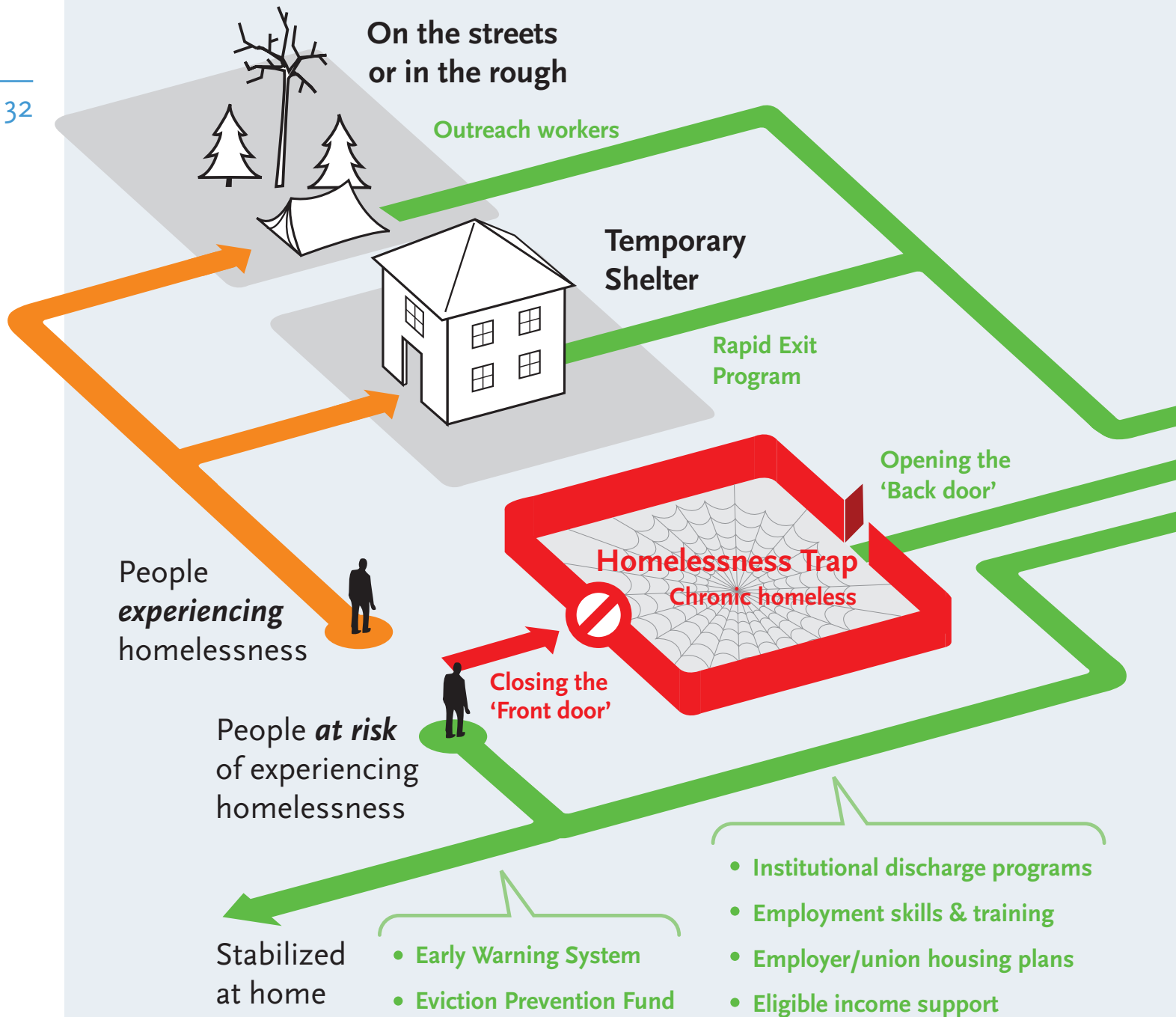
Calgary announced its 10 year plan in January 2007. It calls for the creation of more than 11,000 affordable and specialized housing units and estimates the plan will save Calgary taxpayers more than \$3.6 billion over the next 10 years. (Calgary's Ten Year Plan to End Homelessness, 2008)

The Umisk Housing Association has a number of housing projects, targeting large Aboriginal families who might otherwise be at risk of homelessness.

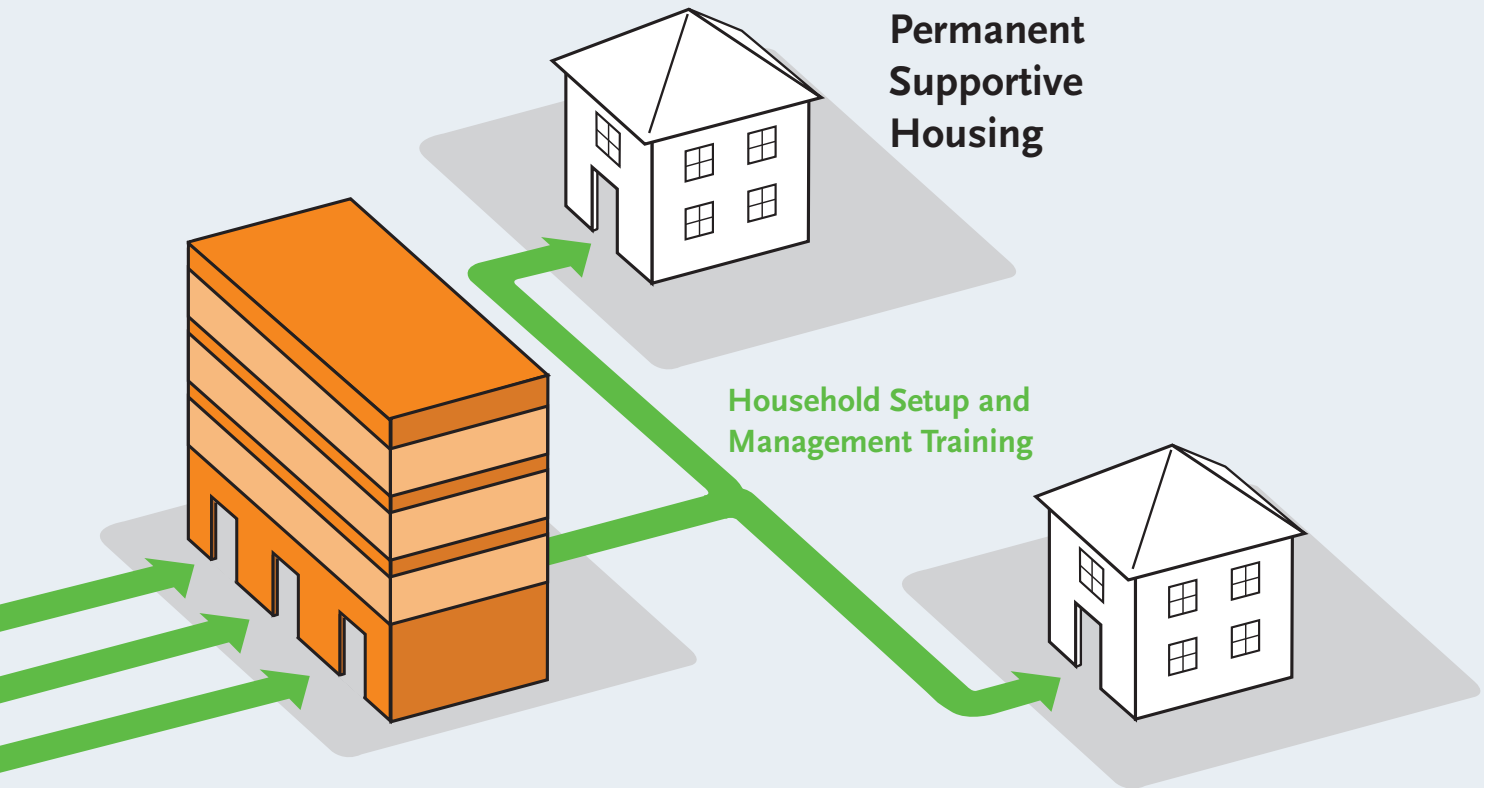
A Place to Call Home

Edmonton's Plan to End Homelessness

32



PREVENTION



Core Assessment / Connection to services

- Connection to services taking place at multiple sites
- Homeless Information and Management System
- MDOTS
- Aboriginal agency(s)
- Housing Link

Permanent Housing

- Wrap-around support services
- Supports to move to independent living
- Affordable
- Early Warning System
- Eviction Prevention Fund

INTERVENTION



The Plan: Goals, Targets, Strategies

Our Mission: Eliminate Homelessness in Edmonton within 10 Years.

Edmonton's Committee to End Homelessness has developed 5 goals: each has a measurable hard target, providing timelines for achieving the corresponding goal. The strategies outline how each targeted goal will be met.

- 1 Provide permanent housing options for all people living on the street and in public places.
- 2 Ensure an adequate supply of permanent, affordable housing with appropriate supports for people who are homeless.
- 3 Ensure emergency accommodation is available when needed, but transition people quickly into permanent housing.
- 4 Prevent people from becoming homeless.
- 5 Establish a governance structure and an implementation process for the Plan that builds on the strengths of the community; develops capacity; promotes collaboration, innovation and cost-effectiveness; and measures progress.

Goal 1

Provide permanent housing options for all people living on the street and in public places.

Target: By 2011, all people living on the street or in public places will have been given the option of permanent, supported housing.

36

A fundamental part of this Plan is a commitment to the Housing First philosophy. It is a client centered practice tailored to the needs of the person being housed. Therefore it responds to diverse

and specific, in particular Aboriginal, social and cultural needs. Housing First can significantly reduce the time people experience homelessness and prevent further episodes of homelessness.



Strategies:

Develop a Housing First Action Centre to coordinate the delivery of a Housing First program. The main functions of this central coordinating entity will be to secure units in the private rental market and to contract with social service agencies for the delivery of the required around-the-clock support services.

- This program may utilize multi-disciplinary outreach teams (MDOT) to stabilize individuals' mental health, addictions or physical health status.
- A single dedicated phone line will be provided to those housed through the program and to landlords participating in the program.
- Co-ordinate with existing agencies to provide outreach and support programs to implement a Housing First program on a city-wide basis.

Develop a shared core assessment for helping people experiencing homelessness, particularly the chronically homeless, connect with appropriate services. Agencies will establish shared core assessment and engagement protocols to ensure ease and variety of access and to reduce red-tape. There will be no wrong door; regardless of where people enter the 'system' they will have access to the same services.

Develop a *Pathways to Housing* type program that provides housing and services to the chronically homeless with the most challenging and complex needs (typically those with a dual diagnosis of mental illness and substance abuse), and/or those discharged from institutions. Consider linking this program with people exiting the Drug Treatment and Diversion Courts. Services provided under this program will be more intensive and comprehensive. They will utilize an Assertive Community Treatment (ACT) approach.

Work with the Aboriginal community to develop the capacity of an Aboriginal agency or agencies to deliver Aboriginal specific services in support of the Housing First program by Aboriginal peoples to Aboriginal peoples when requested.

Work with the Aboriginal and existing service communities to ensure services provided to Aboriginal people are relevant, respectful and effective in helping Aboriginal people secure and maintain a home.

Build on existing programs that combine outreach workers and specialized police units, but direct them to work with the homeless population with special focus on pre-arrest diversion.

Goal 2

Ensure an adequate supply of permanent, affordable housing with appropriate supports for people who are homeless.

Target: By 2012, secure 800 supported housing units, in partnership with private landlords. Another 300 units will come on-line in subsequent years.

Target: By 2019, secure 1650 modestly sized units, the first 200 coming on-line in 2011.

Target: By 2014, develop 1000 units of permanent supportive housing.

The Housing First philosophy states that the vast majority of people who are homeless do not need to be 'readied' for housing, but need to be placed in suitable, affordable housing as quickly as possible after becoming homeless. Then the necessary support services must be provided to assist them to retain their housing. The Housing First approach has proven that social services to enhance individual and family well-being can be more effective when people are in their own home. The effectiveness of existing Edmonton based outreach programs (e.g. Homeless on Parkland) has been hampered by a lack of housing options.

It is also acknowledged that a Housing First approach will not work for all people who find themselves homeless. While it isn't possible to predict with absolute certainty which individuals a Housing First approach will not work for,

research indicates that youth, people with persistent mental illness or cognitive disabilities (e.g. FAS), and people with chronic substance abuse problems will benefit more from permanent supportive housing or congregate/transitional type of housing.

DEFINITIONS

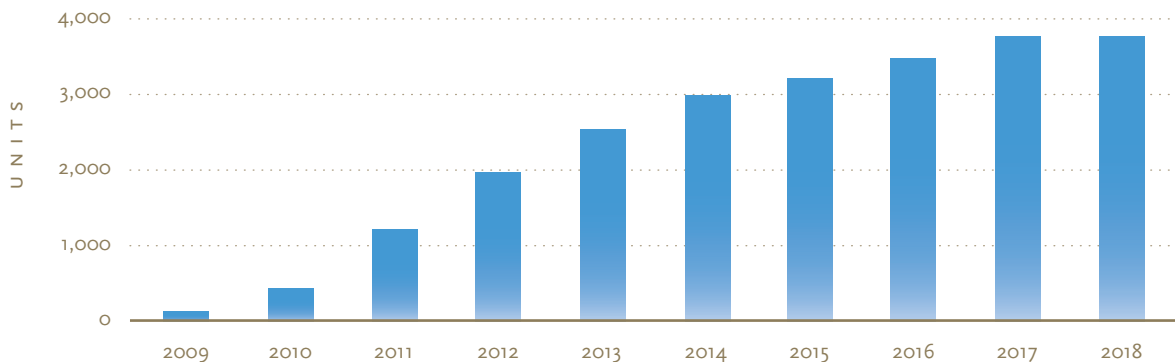
Long-term supportive housing: includes on-site supports for clients with complex needs, so they can live as independently as possible.

Supported housing: support services are not on-site, but can be brought to clients if necessary.

Social housing: for low-income households requiring on-going rent subsidies.

Affordable housing: for low-income households, who typically won't need on-going support services or subsidies.

Units by year (capital and operating)



Strategies:

The Housing First Action Centre will negotiate with private landlords for the provision of existing units. These units will be secured throughout the city and no more than 20% of the units within any building will be set aside for the program. Every effort will be made to provide the homeless with a choice of location. Rent supplements will be utilized where required to ensure the units are affordable.

Develop a range of services to help people establish their homes, including moving services, furniture, appliances and household accessories. Provide training and assistance on household management.

Mobilize community members and volunteers in order to support successful inclusion and integration of people who were previously homeless into the community.

Facilitate the development of 1000 units of permanent supportive housing (affordable housing with the supports provided in-situ) as follows:

- 150 units of permanent supportive housing for people with severe addictions (e.g. Urban Manor).
- 350 units of permanent supportive housing for people with persistent mental illness, or cognitive disabilities (e.g. FAS) who are unable to live independently.
- 50 units for people discharged from health institutions who are not capable of living independently.
- 250 addiction treatment beds for people waiting to be admitted to treatment programs.
- 100 units of transitional housing for youth, including consideration that a portion of that housing be developed as 'tolerant' housing.
- 100 units of transitional housing for families, in lieu of the current practice of placing homeless families in hotels/motels.

Facilitate the development of 1650 modestly sized units.

Goal 3

Ensure emergency accommodation is available when needed, but transition people quickly into permanent housing.

Target: By 2012, decrease the number of sheltered homeless to 2006 levels.

Target: By 2014, decrease the average length of stay at an emergency shelter to less than 7 days.

Evidence clearly indicates that it is much more difficult to escape the homelessness trap, once a person has become chronically homeless. It is also much more costly to serve the chronically homeless. The United States Interagency Council on Homelessness suggests that the chronically homeless account for a relatively small portion of the overall homeless numbers (between 10 and 30%), but consume a disproportionate 50% of

the cost of services provided to the homeless. Therefore the Plan includes prevention strategies to 'close the front door' to homelessness so that people that do experience homelessness do not fall into to the trap of chronic homelessness. And the Plan includes strategies to 'open the back door' out of homelessness for those that are now chronically homeless.

844
2006 sheltered
homeless

1217
2008 sheltered
homeless



Strategies:

Transform the homeless serving system to focus on housing stability. Securing permanent housing will be the primary objective of all homeless programs and services. Establish targets for length of stay at emergency shelters and transitional housing and fund providers to move clients to permanent housing.

Develop and implement a Rapid Exit Program at all emergency shelters, transitional housing and drop-in centers, where housing placement workers will help people in need of secure, permanent and stable housing.

When people feel safe and secure, they are more likely to participate in treatment. Housing has this effect.

National Alliance to End Homelessness

– THE TEN ESSENTIALS

Goal 4

Prevent people from becoming homeless.

Target: By 2014, reduce the need for emergency shelter capacity by 50%.

42

The key to ending homelessness is preventing it from occurring in the first place. Preventive measures are generally far less expensive than homelessness. The sooner a family or person can be helped, the less likely it is they will fall in to

chronic homelessness. Assisting families or individuals with rent, utility payments or support services before they become homeless, for example, is significantly more effective and less expensive than providing emergency shelter and crisis services.



Without a focus on prevention, our success in moving people out of homelessness will be compromised by those falling in. We would simply be 'bailing the leaking boat' of homelessness.

Philip F. Mangano

EXECUTIVE DIRECTOR OF THE UNITED STATES INTERAGENCY COUNCIL ON HOMELESSNESS.

Strategies:

Create a Housing Link that will link those in crisis with safe and suitable housing on a 24/7 basis.

Ensure that no one is discharged from an institution without a place to live. Coordinate with agencies to make it mandatory that discharge policies and practices include coordinated plans to transition people into stable housing. The correctional system, the child welfare system, and health systems (primary care, acute care and mental health) will all be included.

Work with landlords, property managers, people housed and their support workers to develop an Early Warning System to assist in identifying high risk eviction situations, and provide information and assistance to tenants.

Encourage the Province to continue focusing on keeping people housed by enhancing the

Homeless and Eviction Prevention Fund including providing a second month's rent and utility deposits when necessary and developing prevention plans for users of the fund.

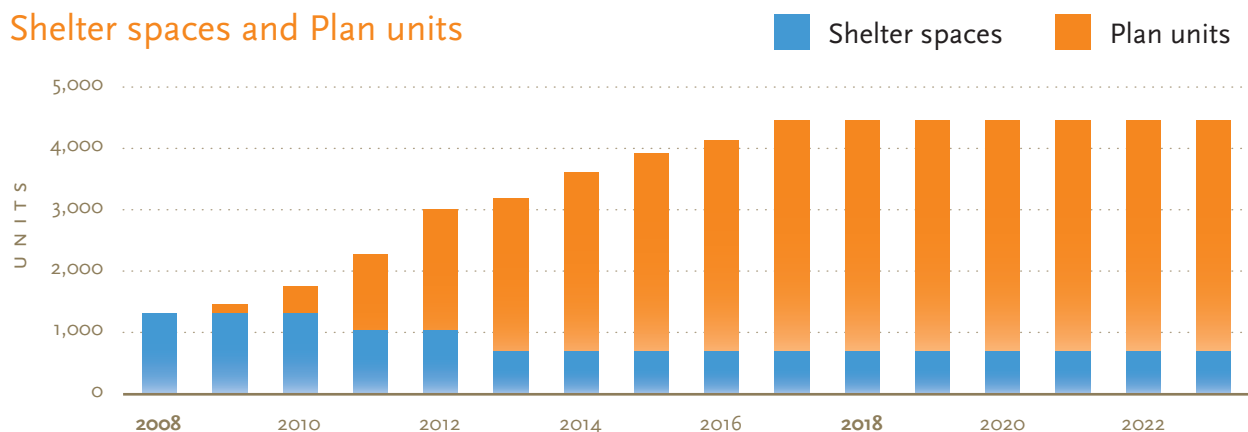
Work with the Province to ensure people who are homeless are able to receive eligible income support programs. (CPP, OAS, Alberta Works, AISH)

Work with employers and unions to encourage them to include housing plans as part of recruitment drives.

Model existing successful training programs to provide training and employment skills to people who are homeless or at risk of homelessness.

Monitor clients and inform allied services of unmet needs (e.g. mental health, addictions) that undermine housing stability.

Shelter spaces and Plan units



Goal 5

Establish a governance structure and an implementation process for the Plan that builds on the strengths of the community; develops capacity; promotes collaboration, innovation and cost-effectiveness; and measures progress.

44

Target: The Homeless Commission will produce an annual report card, documenting the progress on implementing Edmonton's 10 Year Plan to End Homelessness. The report card will be submitted to all orders of government.



Photo: Pieter de Vos

Strategies:

Charge City Council with responsibility for leading the effort to eliminate chronic homelessness in Edmonton.

Establish a Homeless Commission that will be responsible for championing the implementation of the Plan including:

- overseeing implementation of the Plan;
- engaging the community in support of the Plan;
- benchmarking;
- influencing key decision makers to support the Plan with funding and appropriate policy, including eliminating impediments to development of modest housing units;
- engaging a management agency, such as Homeward Trust, to manage the delivery of the Plan;
- liaising with all orders of government, as well as the Provincial Secretariat on Homelessness, other regional governments and Aboriginal governments;
- evaluating and modifying the plan based on research, and changing conditions to ensure continuous improvement.

Set aggressive targets, measure progress, evaluate success and invest in continuous improvement.

Develop and implement a common Homeless Information and Management System.

Foster a culture of collaboration and ongoing learning amongst housing and homeless serving agencies in order to achieve a successful Housing First program.

Jurisdictional leadership and ownership correlates with success. In the plans that are achieving measurable outcomes in the States, they are owned by the Mayor. Mayor Bloomberg in New York, Mayor Daley in Chicago, Mayor Nickels in Seattle, Mayor Diaz in Miami.

Philip F. Mangano

EXECUTIVE DIRECTOR OF THE UNITED STATES
INTERAGENCY COUNCIL ON HOMELESSNESS.



Implementing the Plan

The structure we are recommending for implementation of the Plan is aimed at maintaining accountability and ensuring timetables and goals are met, with clear lines of responsibility.

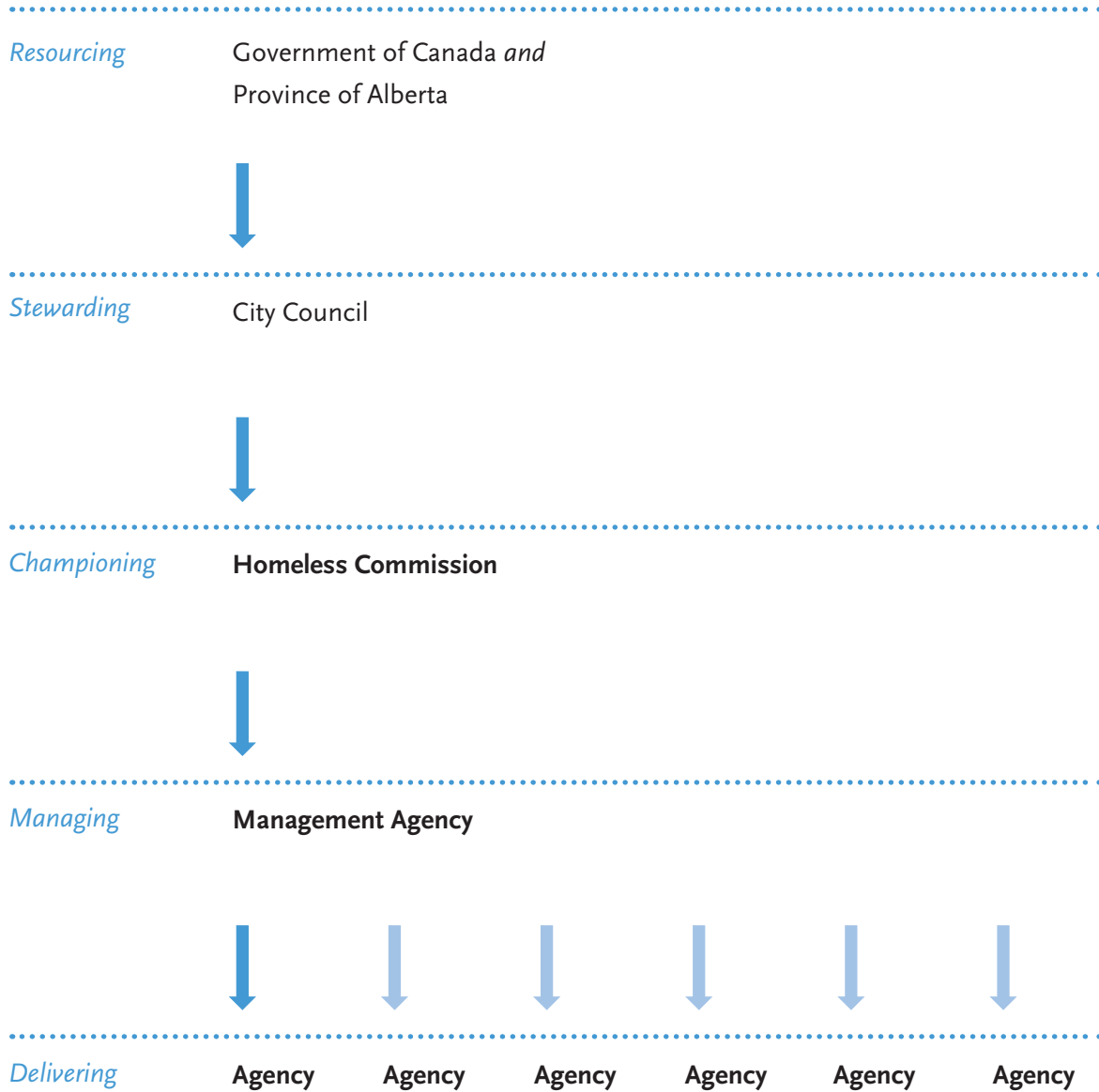
Governance

Cooperation and collaboration between many players is critical to overcoming the barriers which trap people in poverty and homelessness. The Province of Alberta is developing a provincial strategy to end homelessness, through the Alberta Secretariat for Action on Homelessness. Edmonton's Homeless Commission will work closely with the Secretariat to coordinate strategy and policy.

Implementation of Edmonton's 10 Year Plan requires commitment from the Province of Alberta and the Government of Canada for short- and long-term funding, and to policy changes. Our Plan calls for Edmonton City Council to take a leadership role, securing funding, appointing the Homeless Commission, aligning city programs, policies and funding with the Plan, and ensuring work on this starts as soon as possible. Throughout our public consultations, we repeatedly heard a message of urgency: we need to take action now.

The Homeless Commission will champion our cause; ensuring funding is directed appropriately, engaging community support, influencing public policy, setting and resetting aggressive targets, measuring outcomes and evaluating success. A management agency, such as Homeward Trust, will manage coordination of the Plan, allocate funding and ensure training programs are in place to maintain a standard of excellence in program delivery. The management agency will utilize the Homeless Information and Management System, which will become an integral data base of standardized information, and will research best practices in initiatives to end homelessness.

Governance flowchart



Benchmarks

Edmonton's Plan will be implemented in a phased time-frame. The first year (short-term) will see governance bodies, such as the Homeless Commission, established and information systems such as the core assessment tool developed.

By the end of first year, work on securing already existing units will be underway. The Rapid Exit Program and Housing Link will have been implemented. The Homeless Commission will ensure detailed research is undertaken, to more fully understand the issues and solutions to homelessness in our city. By the third year, continued monitoring of the strategies will have allowed for necessary adjustments.

Even if we construct a perfect plan ... and we start to get chronically homeless people off the street, that's not to say that 10 years from now people won't arrive in the city and find themselves without a home, or fall behind, or fall into some circumstance that forces them to be out on the streets. But hopefully we will have systems in place then that help those people find homes, right away.

Linda Hughes

CHAIR, EDM. COMMITTEE TO END HOMELESSNESS

Short-Term (first year)

- Establish and set up Homeless Commission
- Appoint management agency
- Set up the Housing First Action Centre
- Secure 100 units of supported housing in the private rental market
- Develop the Homeless Information and Management System
- Develop core assessment tool
- Develop a *Pathways to Housing* type program
- Secure supported housing for 50 individuals with severe mental illness and substance abuse issues
- Develop Rapid Exit Program

Mid-Term (first three years)

- Develop a Housing Link
- Develop capacity for an Aboriginal agency(s) to support the Housing First program
- Develop an Early Warning System
- By the end of this phase, the number of sheltered homeless should be down to 2006 levels
- Institutional discharge plans will be coordinated
- First 200 units of modestly sized housing come on-line

Long-Term (five years +)

- Average length of stay at an emergency shelter is less than 7 days (2014)
- Need for emergency shelter space has decreased by 50%

Cost of implementation

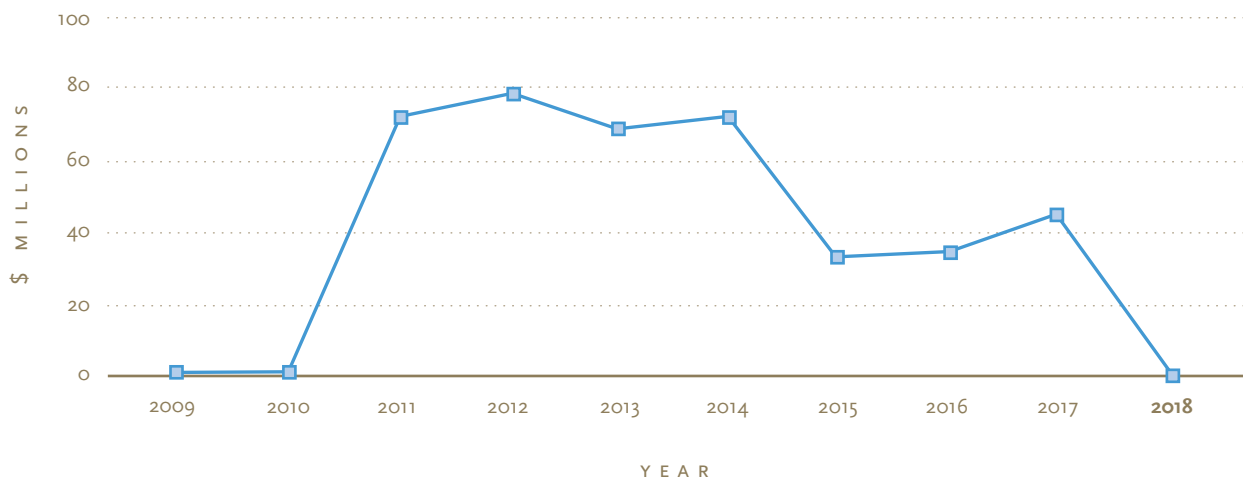
It's clear that ending homelessness in Edmonton will mean fewer taxpayer dollars spent on short-term, emergency responses (shelters, emergency health services, hospitalization, law enforcement). But implementation of the strategies in

this Plan will require significant investment, particularly in the first 5 years, as new affordable and supportive housing units are built, and Housing First services (including wrap-around service costs and rent subsidies) are put in place.

Capital costs

TYPE OF HOUSING UNITS	# OF UNITS	TOTAL INVESTMENT (10 YEARS) (\$M)	% OF TOTAL EXPENDITURE
Independent (Case Management)	1650	\$ 210.2	21%
Supportive (Specialized Housing)	1000	\$ 191.4	20%
Total	2650	\$ 401.6	41%

Capital expenditure by year (on construction of new units)

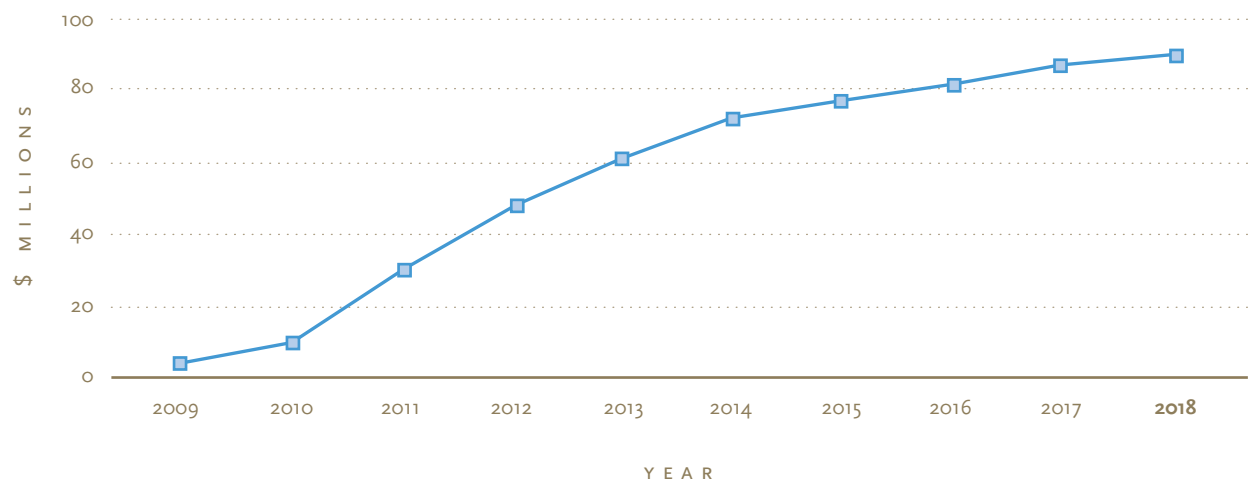


Operating costs

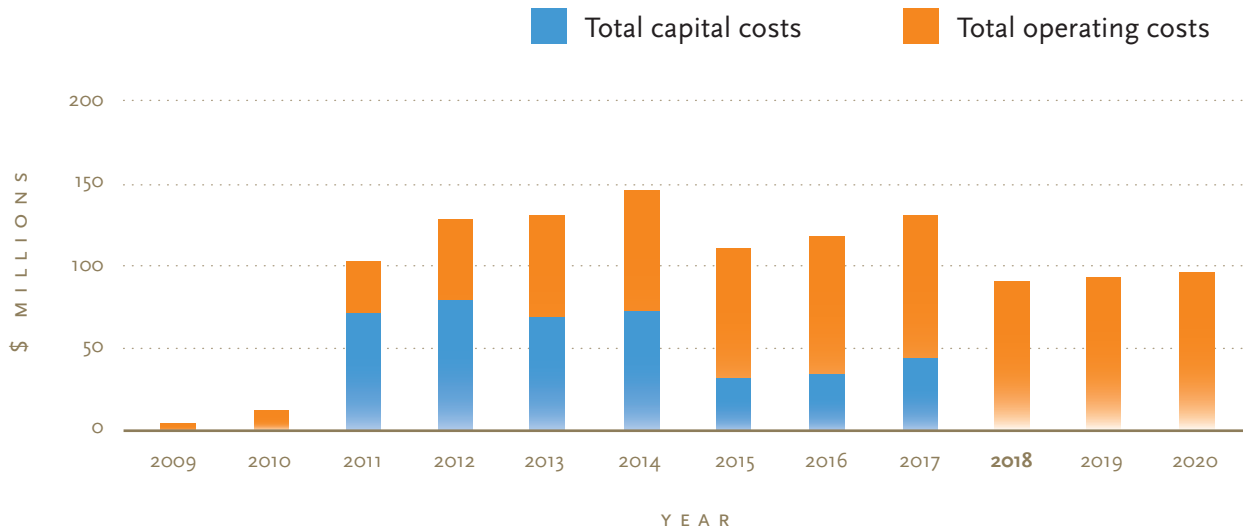
TYPE OF HOUSING UNITS (INITIATIVE NAME)	# OF UNITS	TOTAL INVESTMENT (10 YEARS) (\$M)	% OF TOTAL EXPENDITURE
Independent			
(Case Management)	1650	\$ 91.8	9%
Affordable			
(Pathways)	600	156.9	16%
(Streets to Homes)	500	92.3	10%
Supportive			
(PSH-Addictions)	150	28.0	3%
(PSH-Mental Illness)	350	78.1	8%
(Addiction-Treatment)	250	45.0	5%
Transitional			
(Family)	100	45.2	5%
(Respite Beds)	50	7.5	1%
(Youth)	100	22.6	2%
Total	3750	\$ 567.5	59%

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Operating expenditure by year



Total cost of the Plan by year



Over the long-term, investment in this Plan to end homelessness will pay off for Edmontonians, both financially and socially. By the year 2018, when the Plan is running at full capacity, it will come with an operating cost of \$90 million/year.

Conversely, if we maintain the status quo, it will cost \$54 million in the year 2018 to provide the most basic shelter (a mat on a floor) to just 40% of people experiencing homelessness*. That doesn't take into account institutional costs (hospitalization, law enforcement).

Added up over the years, the taxpayer bill for maintaining the status quo from now until the year 2018, comes to \$355 million. And again, that's only for the cost of providing shelter to less than half the homeless population. If we continue to manage homelessness as we do now, by 2020 the annual shelter cost per homeless person served will be \$21,861. By comparison, if we fully implement the Plan, by 2020 the annual cost of *housing and supporting* that same person will be \$21,280. Clearly, investing in *A Place to Call Home* just makes sense.

* Edmonton's shelter spaces only had the capacity to accommodate 40% of the counted homeless population in 2008.

TOP 10

Ways You Can Make A Difference

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A Place To Call Home can only be implemented with the participation of all Edmontonians, as volunteers, as advocates and as leaders. An element of this Plan is the importance of helping Housing First clients integrate into their new neighborhoods. Community groups can play a role here: social workers start the process by connecting with community league boards and service clubs. From there, board members contact local landlords and businesses, explaining Housing First and encouraging participation. Community meetings can inform neighbors about the program and what they can do to help make a difference.

1 Learn

There is no single cause of homelessness; it results from a combination of personal experiences and systemic issues. Find out more about what these are and learn more about solutions. Recognize that homelessness lurks just around the corner from people you probably know; at work, at school, in your neighborhood. Understand how critical it is to end it.

2 Seeing is believing

Spend time at a social agency, meet some of its clients. Talk to people who are affected by homelessness, find out what they need. Make an emotional connection; put a human face on homelessness.

3 Talk

Help debunk the myths of homelessness, such as ‘some people choose to live this way’. Bring up the topic at community league meetings, at work, at your place of worship, in schools, in your service club. Talk to local businesses about how they can become involved, providing job opportunities or even just a place to meet. Discuss new approaches being taken in other communities and talk about how your group can be part of the solution.

4 Take action

The range of opportunity is broad when it comes to volunteering time and expertise, or making a financial donation. Plan a fundraising event, tutor a child experiencing homelessness, connect with an individual or family without a permanent home.

5 Involve your community

Be innovative. Throw a party and have everyone bring a household item for a Housing First client's new home. Invite speakers on homelessness to meetings of your community league, school council, labor union or religious group. Put up posters in schools, businesses or doctors' offices. You can get them from the Homeless Commission.

6 Lobby for change

Write or call your elected officials; let them know you want more affordable housing in your neighborhood and a high priority put on ending homelessness. Push for students in schools to learn about homelessness.

7 Cultivate your corporate conscience

From large to small, Edmonton businesses have a role to play in ending homelessness. They can offer financial support for initiatives, at a neighborhood or city-wide level. There's a vast amount of expertise in the corporate world that can be tapped into, in areas such as finance, legal and human relations. Staff can be encouraged to volunteer, or to come up with other creative ways to make a difference. Even the basic provision of storage space can make a big difference.

8 Cultivate your corporate connections

Network, network and network again. Advocate new initiatives to other stakeholders, in the private and public sectors. Let them know why it makes sense to get involved.

9 Spread the corporate word

Taking action to end homelessness isn't just about civic duty; it's about good business strategy. Getting involved can provide new market opportunities, such as providing goods for a particular sector in the city. It can help deepen community trust in your business. It can reinvigorate employees and open up a new labor pool. In the long-term, ending homelessness will mean a more stable community, a place where people will want to shop, work and live.

10 Say yes to Y!IMBY

NIMBY – or Not In My Back Yard – stands in the way of our goal. The more people understand about the causes, the cost and the solutions for ending homelessness, the sooner we'll transform NIMBY to Y!IMBY – Yes! In My Back Yard.

Appendices

Appendix I

How we got here: methodology and developing the plan

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The Edmonton Committee to End Homelessness was launched by Mayor Stephen Mandel on January 31, 2008. Its formation reflected the Mayor's view that addressing homelessness is the responsibility of all Edmontonians. The Committee includes leading citizens representing government, business, labour, healthcare and social services. Four sub-committees were also created (Housing, Prevention, Services, and Community Engagement), in order to draw on the expertise, knowledge and passion of a broad range of Edmontonians. In total, close to 70 citizens were involved in developing this report.

At its inaugural meeting, the Leadership Committee heard from Philip F. Mangano, Executive Director of the United States Interagency Council on Homelessness. He spoke about the work already being done by more than 300 cities across North America to end homelessness. Above all else, he stressed that ending homelessness is possible, as evidenced by positive results in other cities.

Much time was spent researching best practices and experiences in other cities. The Committee also closely followed the "Ten Essentials for Ending Homelessness in Your Community", developed by the National Alliance to End Homelessness:

- **Plan** – a set of strategies focused on ending homelessness
- **Data** – a homeless management information system
- **Emergency Prevention** – strategies to prevent homelessness
- **Systems Prevention** – remove impediments
- **Outreach** – engage homeless persons and help them find appropriate housing and services
- **Shorten Homelessness** – reduce the length of time people experience homelessness
- **Rapid Re-housing** – move people out of shelters and in to permanent housing
- **Services** – once re-housed ensure that people have access to services to retain their housing
- **Permanent housing** – a sufficient supply of permanent supportive and supported housing
- **Income** – assist people to secure adequate income to retain their housing

Equally important was an examination of the current state of affairs with respect to homelessness in Edmonton. This included an in-depth review of the homeless population, a survey of our existing resources serving the homeless and an examination of the root causes of homelessness. During this process the Committee made the decision to focus on ending homelessness, but not to try and solve the root causes of homelessness, such as poverty and the lack of affordable housing.

A broad, community-wide consultation process was also undertaken by the Committee. It involved meetings, discussions and interviews with more than 800 Edmontonians, including people experiencing homelessness, people who provide support and services to the city's most needy citizens and community leaders. A summary of those consultations can be found

in Appendix 5 and the full 100-page report is available on-line at our website, www.edmontonhomelessness.ca

On November 18, 2008, all those who had been consulted were invited back to a session entitled From Dialogue to Action, where a draft of the Plan was shared and discussed. Based on the feedback from that meeting, the Plan was finalized.

The Committee also consulted closely with the Provincial Secretariat for Action on Homelessness, to ensure that our respective Plans were aligned. And we would be remiss not to mention the unselfish gift of time and expertise provided by colleagues who worked on the Calgary Committee to End Homelessness.

Early in the Committee's deliberations it was decided there was need to right away seize upon proven initiatives to end homelessness, even before publication of this report. Examples include Pathways to Housing, Streets to Homes and Rapid Exit Programs. With the assistance of Homeward Trust* and Alberta Health Services, work has already begun on these initiatives.

(* In June of 2008, Homeward Trust subsumed the mandates [including strategic research, community planning and raising awareness of homelessness issues as well as coordinating funding from the 3 orders of government] of the Edmonton Joint Planning Committee on Housing, and the Edmonton Housing Trust Fund. Throughout this report, Homeward Trust may refer to previous activities of those two organizations.)

The Committee is acutely aware that ending homelessness will require a substantial investment. Following the recommendations of Philip F. Mangano, it's an investment based on proven business strategies. This Plan includes baselines to quantify the magnitude of the problem, benchmarks that incrementally remedy what the baselines reveal, best practices that ensure we only invest in initiatives proven to produce results, targets to measure the progress of the Plan, and a budget that offers the realistic picture of costs, and the cost savings.

The Plan's strategies were costed out by an independent consultant, Nicols Applied Management, resulting in realistic operating and capital budgets.

The flip side of presenting a realistic picture of the cost of implementing the Plan, is considering the cost of continuing to manage homelessness. The Committee referenced numerous U.S. studies, as well as the Calgary Cost of Homelessness Study, the Cost of Responding to Homelessness in Ottawa, Homelessness – Causes and Effects: The Cost of Homelessness In B.C., and The Cost of Homelessness: Analysis of Alternate Responses in Four Canadian Cities. In summary, these studies all conclude, to quote Philip F. Mangano: “the cost of managing is greater than the cost of solving”.

Guiding principles

During our 11 months of consultations and work on this Plan, the Committee was guided by several principles:

- 1 We share a common belief that ending homelessness is the right thing to do and will result in social and economic benefits for Edmonton.
- 2 We will listen to and respect each other's ideas, including those of the homeless.
- 3 We acknowledge that true collaboration, which involves communication, openness and trust, will lead to better outcomes for everyone.
- 4 We will work with organizations and initiatives that currently target homelessness.
- 5 We will consider all solutions, providing they are action-oriented, practical and sustainable and reflect a fundamental value for the human condition.
- 6 We are committed to seeing successful outcomes, and will systematically set yearly targets and collect stories as ways to measure our effectiveness.
- 7 We will make every effort – collectively and individually – to educate people about the need to end homelessness and the Committee's work.

Appendix 2 Implementation schedule

PROGRAM (UNITS)	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	10 YR TOTAL
Permanent Housing											
Pathways	50	100	150	200	100						600
Streets to Home	100	200	200								500
Modest units for singles and couples - newly built			150	200	250	250	250	250	300		1650
PSH - Addictions			50	50	50						150
PSH - Mental Illness			50	100	100	100					350
Addictions - Treatment			50	50	50	100					250
Subtotal:	150	300	650	600	550	450	250	250	300		3500
Transitional Housing											
Family Units			50	50							100
Beds for those requiring help after discharge from health institutions			50								50
Youth			50	50							100
Subtotal:			150	100							250
Total Housing Units											
	150	300	800	700	550	450	250	250	300		3750

The success of the Plan depends on the details of a clear schedule for implementation within a specific, phased time-frame.

Essential to the Housing First principle is an adequate supply of permanent supportive housing. We have also acknowledged the importance of transitional housing for emergencies, for people leaving institutions, or institutional care, before moving into stable housing.

Appendix 3

Glossary

Homelessness

Typically refers to (a) a personal or family condition of living without access to an adequate, permanent, safe, and secure home; (b) a societal problem consisting of a growing number of people living without access to adequate, permanent, safe, and secure homes.

Homeless

Persons or families living on the streets or in other places that are not intended or suitable for permanent residence.

- **Absolute homeless:** Homeless persons or families who have no shelter at all. An alternate term for these persons or families is the shelterless.
- **At-risk of homelessness:** A person or family that is experiencing extreme difficulty maintaining their housing and has no alternatives for obtaining subsequent housing. Circumstances that often contribute to becoming at-risk of homelessness include eviction, loss of income, unaffordable increase in the cost of housing, discharge from an institution without subsequent housing in place, irreparable damage or deterioration to residences, and fleeing from family violence.
- **Chronic homeless:** Homeless persons or families who have been continuously homeless for a year or more, or homeless multiple times over a several year period.

- **Hard-to-house:** Persons or families who typically face multiple, difficult barriers to accessing and securing permanent housing due to issues such as substance abuse, mental illness, disabilities, HIV/ AIDS, behavioural issues and other issues.
- **Transient/temporarily homeless:** Persons or families who have been homeless for less than 1 year and have had fewer than four episodes of homelessness in the past 3 years.

Housing First

Describes the approach or model of programs that aim to help homeless persons or families quickly access and sustain permanent, affordable homes. The key principles that distinguish a Housing First approach from other strategies include:

- An immediate and primary focus on obtaining permanent housing that is not time-limited.
- Varied, flexible, and responsive support services are offered around the clock, often including aggressive outreach by an ACT team (definition below).
- Access to permanent housing is not conditional upon engaging any support services, and vice versa. The only way people lose their housing is by violating their lease agreement.
- Financial assistance, often in the form of rent subsidies, security deposits, income supports, as well as assistance with budgeting and financial literacy.

- Assistance with the development of relationships with landlords, negotiating lease agreements, paying rent on time, and searching for appropriate housing.
- Case management services help people keep their housing and become successful at improving their overall well-being and independence.

Assertive Community Treatment (ACT) team

An interdisciplinary team of professionals available around the clock to provide treatment, support and other needed services. The ACT team will typically engage people immediately after they have secured permanent housing and will regularly offer a variety of services to choose from. Services may be delivered in people's homes or in community offices or clinics. ACT teams might include social workers, physicians, nurses, occupational therapists, psychologists, counsellors, addictions specialists, housing specialists, employment specialists, administrative assistants, and other professionals.

Continuum of housing

The spectrum of accommodation options that meet a range of needs and standards, including physical adequacy, space and capacity, and affordability. The continuum is often used in reference to a model of housing and support services whereby people progress from one end of the spectrum (short-term housing) towards the other (safe and affordable market housing).

Short-term housing

- **Emergency housing/shelters**

Provide temporary, typically overnight, accommodation to people who would otherwise sleep on the streets. They are not intended to be regular residences. Shelters may also provide support services in relation to addictions and/or mental health, health, education and employment needs.

- **Transitional housing**

Typically provides temporary accommodation (up to 3 years) to individuals who wish to stabilize their housing situation while resolving other issues in their lives, such as unemployment, addictions and/or mental health, education and violence. Individuals and families living in transitional housing have access to a mix of supportive services that would enable them to move towards self-sufficiency and more independent living.

Long-term housing

- **Supportive housing:** Typically provides long-term accommodation with a support component to allow people to live as independently as possible. The housing providers, whether public, private or nonprofit, receive funding to provide the support services to the residents, who also often receive some direct funding. Supportive housing can be called special needs housing.

Note: There is a distinction between supportive housing and supported housing. The latter refers to accommodations with support services that are not linked to the housing.

- **Social housing:** Social housing is provided to very low-income households who are capable of living independently, without a need for support services. On-going subsidies (either to publicly-owned operators or to community-based, nonprofit housing corporations, or to private landlords) enable rents to be paid by residents on a 'rent-to-income' basis (usually 30% of gross household income). Social housing is also called subsidized, community, or public housing.
- **Affordable housing:** Housing that provides permanent accommodation to low-income individuals and families who earn less than the median income and spend more than 30% of their gross household income on housing. Typically, households who live in affordable housing do not require on-going support services or housing subsidies.

Case management

A collaborative process of assessment, planning, facilitation, and evaluation of the options and services required to meet an individual's health and human service needs. It is characterized by advocacy, communication, and creative resource management to promote quality, cost-effective outcomes.

Support services

Programs, services and strategies used in helping persons and families to enhance their independence or self-sufficiency and prevent homelessness. Examples include counselling, assistance with daily living activities such as meals and housekeeping, treatment, financial supports, and development of personal, social, and employment skills, among many other kinds of care.

Harm reduction

Any policies, programs, or practical strategies designed to reduce harm and the negative consequences related to substance abuse, without requiring the cessation of substance use. Harm reduction is typically characterized by meeting substance users 'where they're at,' addressing conditions and motivations of drug use along with the use itself, and acknowledging an individual's ability to take responsibility for their own behavior. Examples of interventions include safer use, managed use, and non-punitive abstinence.

Multiple diagnosis

People who have chronic alcohol and/or other drug use problems and/or a serious mental illness and/or are HIV-positive. Related and synonymous terms include dual diagnosis, triple diagnosis and co-occurring disorders.

Glossary sources

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Appendix 4 Edmonton Committee to End Homelessness

This has been a first for Edmonton: never before has such a large group of people, with such depth of experience and expertise, dedicated so many hours to help bring an end to chronic homelessness in Edmonton. Along with the Leadership Committee listed at the front of this report, four subcommittees were formed.

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Appendix 5 Consultations

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Community consultations form the back-bone of our Plan. The Community Engagement Subcommittee talked to over 800 people from the business community, the community-at-large, agency workers and, most importantly, Edmontonians experiencing homelessness, during the spring and summer of 2008. Some were in groups, others were individual discussions. Each attendee to our group sessions received a written invitation to the consultation, and a backgrounder on homelessness. To maintain data consistency, every consultation session began with the same information on the mandate of the Committee and the principles of the Housing First model. Participants were then all asked the same set of questions around their reaction to Housing First, and the role they could play in implementing the model. Overall, the consultation process generated a ground-swell of enthusiasm and support for the Plan. This is what we heard:

Homeless citizens

Marilyn Fleger interviewed 62 people at Bissell Centre. They ranged in age from 16 to 71 years and were evenly split between male and female. Interviewees had been homeless from 6 months to more than 10 years. 58% were Aboriginal. The most important thing they were looking for in housing was safety and affordability.

Interviewees suggested a number of ideas to help them find or maintain housing. Easy access to services, help in looking for housing and with landlords, assistance with addictions, and Aboriginal services were among the ideas mentioned.

Aboriginal people

Over 75 people participated in an Aboriginal consultation. Combating racism was listed as key to a successful Housing First initiative, to be addressed through education and awareness promotion. Most important in a housing environment was the inclusion of spiritual and cultural practices. Some participants felt that a dedicated Aboriginal housing service would help.

Participants suggested that services should be client driven, and should include addictions support and life skills training. Participants were asked what they thought would prevent homelessness. Answers centered around strengthening the Aboriginal culture, providing better transition between cultures, and having a goal when coming to the city. Community was stressed as a key factor.



Discussions during a consultation meeting.

Frontline workers

A full day forum was held specifically for frontline and agency workers. Over 200 people participated. Topics covered were guiding principles to end homelessness, requirements for the Housing First approach, barriers to the approach, considerations around what ‘client centered’ means, coordination among agencies, and measures of success. Participants also considered what their agencies would do if homelessness was truly eliminated.

The United Way

The United Way discussions involved supporters of the organization including leaders from business, government and the community. Many felt a strong moral and civic obligation to end homelessness. They had several ideas for success, including a social marketing campaign, having a champion in the business community and having the government involved.

The business community, including landlords and developers

Members of the business community were eager to apply business thinking to the problem of homelessness. They felt that strong marketing and positioning was important to garner support for the Housing First initiative. They were firm in their view that ongoing success will only be possible with rigorous outcome-based measures and metrics. They had good insight into the challenges inherent in ending homelessness and supported using a business approach.

The community-at-large, including educational and training organizations, the faith community, and youth groups

A wide range of community groups met to offer input and advice. These groups provided their take on guiding principles and suggested strong communications strategies to address potential negative public perceptions. They emphasized building on community. Faith and education organizations offered ways that they could help, while the youth groups asked for direction in how they should be involved.

Police, fire and emergency medical services

The Police Chief, the Fire Chief, and the Deputy Chief of Emergency Medical Services were interviewed and all were eager to be part of the solution. They spoke about the great cost that homelessness places on their organizations, and said that a successful Housing First initiative would allow them to release resources to other duties. They agreed that wrap-around services were key, and they also mentioned the need for coordination and linkages with other provincial groups working on similar strategies.

Elected officials

One-on-one and small group sessions were held with over 20 individuals in various orders of government. They recognized a need for the three orders of government to work together.

Some, however, were tired of “over planning and under delivering”. Participants suggested several ideas on how Housing First should be managed. They thought that ending homelessness needed to be firmly embedded in a policy framework. Without a policy framework, the elected officials felt that homelessness could be at the whim of the budget or election cycles. All acknowledged that ending homelessness was an idea whose time had come, and was a trend that was sweeping the province.

The momentum needed to propel our Plan into action started with our community consultations. However, public participation did not end there: our first draft of the Plan was shared with consultation participants at a final consultation summit. Their comments were then reflected in the Goals and Strategies. The direction that our Plan takes was clearly endorsed at this final session: everyone was anxious to move forward into implementation.

If you would like to find out more, please go to our website: www.edmontonhomelessness.com.

Specific groups consulted:

- Aboriginal Community
- Association of Conference Hotels
- Business Revitalization Zones (BRZs)
- Business Community
- Christie Communications
- City of Edmonton Youth Council
- Downtown Business Association
- Edmonton Emergency Service (Fire and Medical)
- Edmonton Federation of Community Leagues
- Edmonton Police Service
- Elected Officials
- EPCOR
- Faith Community
- Frontline Workers
- Homeless Citizens
- Industry Associations
- Landlords and Developers
- NexGen
- Post secondary and Training Providers
- Rotary
- St. Joe’s High School World Vision.
- Telus
- United Way Supporters

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Report Artwork

The three drawings in this report were created by three Edmonton students.

They took part in *Heart 2 Art*; an artistic initiative of the Edmonton Youth Council.

The Youth Council is made up of young people, ages 13 – 23, who feel passionately about social justice issues and work to represent the concerns and ideas of youth in Edmonton. *Heart 2 Art* was aimed at raising awareness about homelessness among Edmonton's young people. Youth Council members invited students, ages 5 to 19, to begin an artistic dialogue on the meaning of homelessness and solutions to the problem.

The students were asked to consider the following questions:

What do you think it would be like to be homeless? Your artwork can tell the story of what you think it means to be homeless, or your picture could show what can be done to help the homeless. Where would you go and what would you do? Who would you talk to?



I Am Human

Jenna Clarahan

Grade 12

Strathcona High School



Tent City

Nelson Adkin

Grade 10

J.H. Picard School



Feet

Jessica Arzt

Grade 11

Strathcona High School

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City of Edmonton

Hani Quan
City of Edmonton

ABOUT THE

Edmonton Committee to End Homelessness



The Edmonton Committee to End Homelessness is a community-based approach that aims to end homelessness in Edmonton in 10 years.

The Committee is made up of leading citizens who represent government, business, labour, healthcare and social services — critical areas that can come together and find solutions to end homelessness.

Housing First

Marc Munan

The artwork on the cover is by Marc Munan, and is based on a painting entitled “Housing First.” Edmonton-based Munan lives in an Inner City Housing Society residence, which provides affordable housing to low-income and homeless Edmontonians. “Housing First” is inspired by Munan’s former homes in Columbia and Greenbelt, Maryland. He says the work offers a sense of community with substance while remaining pleasing to the eye.