

# Community Wellness Approaches to Serve Vulnerable Edmontonians

## Recommendation:

That Community Services Committee recommend to City Council:

That the May 9, 2016, Citizen Services report CR\_3404, be received for information.

## Report Summary

Community partners, including the Edmonton Police Service, are developing a project to enhance service capacity and coordinate support to vulnerable people who are homeless, intoxicated, and have complex mental health needs. This report provides current information on a business model that contemplates a phased approach to meeting these needs using distinct delivery systems focused on an integrated client-centred implementation plan.

## Report

### The Need

- As a regional hub, Edmonton faces significant and challenging social impacts for vulnerable communities, particularly for those experiencing or at risk of homelessness. There is a pressing need for investments to support one of the most vulnerable sub-groups of the homeless populations: those suffering from chronic intoxication in conjunction with severe mental illness, addictions, and/or medically complex needs. There is also a need for the integration of services, protocols, and enhanced information sharing beyond current practices.
- The complexity of these individuals' needs is exacerbated by multiple systemic barriers, such as lack of permanent supportive housing, communication gaps in the social sector, challenges with the legal and justice systems, inadequacy of supports for youth, and specifically for Indigenous populations, with a history of inter-generational cultural trauma. Moreover, there is a demonstrated lack of capacity to meet the needs of complex and intoxicated persons along a continuum encompassing crisis prevention, crisis intervention, shelter, detox, mental health, addictions treatment, and transitional and supportive housing.
- As a result, these individuals rely disproportionately on emergency response services; both police and emergency medical intervention. This creates significant strain on health and justice systems. In 2013, the Edmonton Homeless Commission estimated that there were between 300 and 600 "heavy users" of emergency and health services, and in 2014 the Edmonton Police Service responded to approximately 18,000 calls for service related to social disorder, a

- significant proportion of which related to homeless persons suffering from severe intoxication and/or mental illness.
- These calls have a significant impact on police and health system resources. Police are required to ensure the safety of intoxicated persons unable to care for themselves, and in the absence of alternatives, are frequently required to place intoxicated persons in custody. Moreover, individuals who require medical treatment are routinely taken to emergency departments in the absence of community-based alternatives. It is estimated that up to half of these calls for service could be dealt with by agencies other than police, provided that sufficient capacity was in place for crisis outreach, shelter placement with medical support, and support for subsequent transitions to appropriate treatment.
  - Viewed from a return-on-investment perspective, preliminary data from REACH Edmonton's 24/7 crisis diversion program indicates increased efficiency for Emergency Medical Service and health care and shows a return of at least \$2.23 in social value for every \$1 invested. Recognizing recent significant private and public development in downtown Edmonton, including the arena and ICE District, opportunities to appropriately address the potential conflicts with vulnerable populations was also deemed positive.
  - As a result, in early 2015, the City of Edmonton, Edmonton Police Service and REACH Edmonton established a joint leadership group to review opportunities to address these issues and to draft a response/proposal.

In light of the complexity of the challenges, the model in this report outlines a short term strategy which involves augmentation and integration of existing services and a co-located service hub pilot project, and a longer term strategy to co-locate services along with transitional and supportive housing in a permanent facility.

### Process to Date

- While the City, Edmonton Police Service and REACH Edmonton began meeting in early 2015, the Province and Community Agencies joined the dialogue in the fall of 2015. Community Agencies include Boyle Street Community Services, Salvation Army, Herb Jamieson/Hope Mission, Bissell, Edmonton City Centre Church Corporation, Homeward Trust Edmonton, Mustard Seed, Boyle McCauley Health Centre, George Spady Society, Edmonton Public Library, and provincial representatives.
- There have been four joint meetings to date, and Administration has played a key role in bringing all stakeholders together.
- At the December 15, 2015, joint stakeholders meeting, a small sub-group was tasked with developing a plan to augment and integrate existing services. This group is comprised of representatives from Boyle Street Community Services, Boyle McCauley Health Centre, George Spady Society, Hope Mission, Salvation Army, and Alberta Health Services, Edmonton Police Service, and the City.

- At the same time, the Ministry of Human Services convened a Community Wellness Centre Shared Leadership team to foster an integrated provincial approach to supporting vulnerable Albertans. Ministries involved include: Human Services, Health, Health Services, Infrastructure, Justice and Solicitor General, and Indigenous Relations. Their goal is to improve access to social supports and better health and well-being, with a focus on prevention/intervention, as opposed to crisis response. To ensure a coordinated approach, there is now cross-representation on both the City and provincial Committees.

### Proposed Model

- The model aims to improve client outcomes and reduce use of emergency services by improving capacity and integration across a continuum of pre-crisis, crisis intervention, post-crisis, transitional and permanent support services (see Attachment 1).
- The model proposes fully integrated, client-centred service delivery, with providers maintaining distinct competencies while adopting common platforms for enhanced real-time information sharing, joint case management, and seamless client transitions between services.
- The model recommends a phased approach:
  - *Short Term Strategy*: There are two elements under consideration in the short term:
    - 1) augmentation and integration of existing services
    - 2) piloting a 24/7 co-located service hub
  - *Long Term Strategy*: Investing in a permanent co-located service hub (new build or repurposed facility), which would also include transitional and supportive housing.

### **1. Short Term Strategy**

#### *a) Augmenting and Integrating Existing Services*

- This strategy aims to augment staffing, program hours, and available beds within existing services across multiple agencies, while also providing resources to establish integration among services to ease client transitions and offer a “no wrong door” approach to emergency responders bringing clients to agencies.

The following service enhancements are proposed:

- *Pre-crisis*: enhanced availability of mental health and supportive services at drop-in programs, and 30 new daytime mats for concurrent disorder clients.
- *Crisis intervention*: 70 new 24/7 intox shelter mats, plus 20 mats fully funded for use by emergency responders, in conjunction with improved medical supports across agencies.
- *Immediate post-crisis*: enhanced detox availability and supports.
- *Transitional*: enhanced case management and transportation services.

### *b) Co-Located Service Hub Pilot*

- A 24/7 co-located service hub pilot, offering the following services would be located on a single site (location to be determined) to provide integrated supports for complex clients, and could serve as “proof of concept” for a long-term capital investment in a permanent integrated service facility:
  - intox shelter space with paramedical support available to divert emergency department visits
  - immediate access to detox beds (on-site or with door-to-door transport) for clients completing a stay in an intox shelter
  - on-site availability of mental health professionals and addictions counselling
  - on-site access to intensive case management for high-complexity clients

## **2. Long Term Strategy**

### *Co-located Service Hub Permanent*

- This strategy contemplates investment in new infrastructure (a new build or repurposed facility) to increase the sector’s capacity to manage clients with complex needs, in crisis. The facility would offer integrated services at a single site, acting as a single point-of-entry for emergency responders, and would be sensitive to the over-representation of Indigenous persons with complex needs.
- Learnings and evaluation from the 24/7 service hub pilot would inform long term infrastructure planning and design for the permanent facility. It is contemplated that this facility could also include transitional and supportive housing spaces.
- This facility could either be integrated into existing Community Agency capital redevelopment plans, added to an existing health care facility, or be a stand-alone facility.

### Stakeholder Perspective

- Administration has worked extensively to bring stakeholders together, all of whom share a clear commitment to advancing a solution that is effective and responsive. While much progress has been made, there is not yet consensus amongst stakeholders on the model:
  - Community Agencies endorse augmentation and integration of existing services. The Agencies have indicated a need for further discussion on the co-located service hub pilot project and the permanent facility.
  - Edmonton Police Service does not support further augmentation; however, it does support the enhanced integration of existing services through a co-located hub model. Edmonton Police Services does not believe that the Province will entertain funding the augmenting of existing services. They are looking for a different and fresh approach to enhance integration, and believe that the Province will support and give good consideration to a co-located hub model. The Edmonton Police Service also strongly supports a permanent facility.

- The Province has expressed a willingness to consider augmentation and integration of existing services; however, the approach would need to reflect a significant degree of integration and streamlined access for both clients and emergency responders, similar to that included in a co-located service hub pilot/permanent facility. The Province sees real potential in the kind of integration and access that is reflected in both the co-located service hub pilot and a permanent facility. They recognize the importance of Community Agency involvement and support.

### Edmonton Remand Centre

- As part of this process, the Edmonton Remand Centre was identified as a potential site for both a co-located service hub pilot and potential permanent facility.

Consultation with Community Agencies identified a number of concerns with this location due to the history of the building. It is not seen as a place of healing and reconciliation, particularly for the Indigenous population.

- As additional information on the Edmonton Remand Centre, the City was approached by Alberta Infrastructure to determine the City's interest in leasing or purchasing the facility prior to listing the property on the open market. Although the City's assessed value of this facility is \$34 million, it is expected that the Province would release the facility to the City at a nominal cost. In the case of purchase, the City would assume all risks that come with ownership, including future demolition and any environmental contamination of the land. In a lease scenario, the City's risk would be limited to terms with the lease agreement.
- Both the purchase and lease scenarios have similar operating costs averaged at \$2 million per year and exclude any capital investments required to repurpose its use or fund any outstanding deferred maintenance. Operating escalation is estimated at five per cent annually. Given the anticipated nominal purchase price, the major cost consideration for the City to retain a land interest only on this site would be demolition costs. A three to five per cent inflation factor would be applied to this cost estimate should demolition not be undertaken immediately. In the case of both lease and purchase, the City would no longer be eligible for a Grant In Place of Taxes valued at \$650,000 in 2015.
- Administration has determined that the Edmonton Remand Centre does not fulfill an identified need for the City at this time.

### **Budget/Financial Implications**

- There is currently no City of Edmonton funding identified for the model articulated in this report. Schedules provided in Attachment 1 list is a breakdown of potential cost implications, though costs will vary depending upon the suite of services.
- Provincial staff members have indicated they would take a proposal forward to the Provincial Cross-Ministry Community Wellness Centre Leadership Group for consideration.

**Attachment**

1. Enhancing and Integrating Crisis Supports for Vulnerable Persons with Complex Needs

**Others Reviewing this Report**

- T. Burge, Chief Financial Officer and General Manager, Finance and Corporate Services
- R. G. Klassen, General Manager, Sustainable Development
- A. Laughlin, General Manager, Integrated Infrastructure Services
- Edmonton Police Commission