



EXECUTIVE SUMMARY

Project: CR_8440 - Non-Government Organizations - Review of Funding Allocated by Levels of Government for Social Service Functions.

In June 2020, the City of Edmonton directed Edmonton Police Service to probe the response to mounting social, community safety, and health issues, and the current approach to these challenges.

Across Alberta, communities are similarly challenged by the siloed and uncoordinated response to social issues that include mental health, addiction, homelessness, and poverty. These issues are extremely costly to individuals and communities, particularly during the time of the current COVID-19 pandemic and its socio-economic impacts.

To probe these issues further, the Edmonton Police Service engaged HelpSeeker, a social innovation and technology company, to develop a Social Impact Audit analysis of diverse funding sources in Edmonton and propose areas for consideration of systems transformation moving forward.

***Disclaimer:** This report has been prepared for the exclusive use and benefit of the Edmonton Police Service and solely for the purposes of conducting a Social Impact Audit analysis of diverse funding sources in Edmonton and to propose areas for consideration in systems transformation. Limitations with respect to the data collected and presented within are provided throughout this report. Unless the Edmonton Police Service provides its express prior written consent, no part of this report should be reproduced, distributed, or communicated to any third party. HelpSeeker does not accept any liability if this report is used for an alternative purpose from which it is intended, nor to any third party in respect of this report.*

Investments in the Edmonton Social Safety Net Ecosystem

Twelve datasets with financial information at the organizational level were used for the development of this report. This work represents the first of its kind for Edmonton.

At this time, an estimated **\$7.5B/year** investments in social support and community services were identified for Edmonton. However, there are major unknowns and limitations hampering fulsome analysis, and additional research is recommended.

The \$7.5B includes the following breakdown:

1. **\$6.1B** invested in Edmonton charities in 2018; of this, **\$2.1B** (34%) went to community & social services charities. This figure does not include public health or education entities (hospitals, schools, colleges).
2. In total, **2,033** entities (inclusive of charities, non-profits, and other types of organizations) were identified through systems mapping in Edmonton providing about **12,900** service elements in the city. Financial information for a total of \$3.2B could be traced to 460 entities -- **23%** of these were mapped. The balance remains unknown.
3. **\$298M** in public and private foundations was identified for 2018. Of the total, \$10M was from the government -- including **\$4M** from municipal sources. A total of **53%** flowed through to qualified donees.
4. Using public health spending data from 2019, a further **\$1.3-\$1.5B/year** was estimated to be spent on addictions and mental health services in Edmonton.
5. First responders' 2020 budgets totaled **\$782M**; this includes the full budgets of EPS, Fire, and EMS in Edmonton.
6. About **\$3B** comes in the form of direct government cash transfers to individuals in Edmonton based on Census 2016 data -- such as social assistance, low income, unemployment, disability, or seniors' financial supports.

Considerations towards a Recovery & Wellbeing-Oriented Ecosystem in Edmonton

From a research perspective, next steps include targeted requests for funding data and a deeper dive into these additional datasets and other jurisdictions. This will inform the development of an integrated funding model to enhance the coordination of funding from public and philanthropic investors in the Edmonton social safety net to optimize impact and Return On Investment.

To this end, a number of considerations are suggested to enhance individual and community outcomes, maximize impact, and use of funds. This involves rolling out an all-hands-on-deck focus on solutions to align resources towards recovery and wellbeing across all funding streams, and applying a systems approach to data, governance, and service delivery.

The *immediate calls to action* involve an Integrated Investment Framework to coordinate the disparate streams of funding going into the social safety net, and recalibrating these towards direct frontline service delivery with measurable outcomes. Improved funding coordination will support enhanced transparency, service quality and outcomes at the end user and system levels.

A community-based approach, reinforced by a whole-of-government model, can drive the alignment of resources and paradigm shift to wellbeing and recovery. Ultimately, resolute leadership will be needed to achieve transformational systems change.

CONTEXT

The City of Edmonton and Edmonton Police Service, among key stakeholders in the social safety net ecosystem, recognize the need for strategic partnerships and action on social issues impacting our community's safety and wellbeing. Homelessness, social disorder, and addiction are some of the key challenges affecting Edmonton residents that require collaborative, strategic efforts.

Motion

On July 6/8, 2020, Edmonton City Council put forth the following motion:

“Engage external subject matter experts to bring a report summarizing an in-depth analysis of all monies spent within participating cities listed above in b. in the human services/social safety net ecosystem, including but not limited to police, City of Edmonton, Fire, and other orders of government, charitable donations, and fundraising proceeds, with a goal to leverage all expenditures into better system outcomes (and reduced demand for system intakes).”¹

Accordingly, EPS undertook an effort to answer an analysis of financials coming into the Edmonton Social Safety Net ecosystem and set the stage for cross-city comparisons. Key findings from this study are presented herewith.

The first part of this report provides a summary of findings from the diverse investments in Edmonton's social safety net ecosystem, while the second part focuses on potential solutions to support a paradigm shift towards recovery and wellbeing.

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¹ City of Edmonton. 2020. Edmonton City Council Minutes. Retrieved from <http://sirepub.edmonton.ca/sirepub/mtgviewer.aspx?meetid=2556&doctype=MINUTES>

PART 1: UNDERSTANDING INVESTMENTS IN THE EDMONTON SOCIAL SAFETY NET ECOSYSTEM

Overview

Canada's Social Safety Net, including Edmonton's, is composed of a range of programs, benefits, and supports delivered by diverse actors including: local, provincial/territorial, and federal government, public and non-public charities, non-profit organizations, and private sector entities.

Some of these supports are delivered directly by service providers to end users (ie. shelters provide beds to those experiencing homelessness), while other programs offer a benefit (income assistance, tax credits etc.). The study aimed to locate as much information as possible about financial flows into all of these aspects, though much remains unknown still.

At this time, an estimated

\$7.5B per year

has been identified for Edmonton across social and community social services charities, public health spending on mental health and addictions, and first responders (EPS, EMS, Fire) and direct government transfers to individuals. However, data limitations are hampering fulsome analysis for other unknown elements of the social safety net ecosystem.

This Edmonton figure should be further probed in relation to other cities. To date, over **53,000 service** elements have been mapped,² and Alberta charities had revenues of over **\$36 billion in 2018**³ working on systems planning and integration, ways in which services are funded and delivered in the province to enhance transparency, consistency, and efficiency.

Available Datasets for Analysis

EPS worked with key partners to secure and process the following datasets for analysis in this project. Note that all this information is obtainable under FOIP and does not disclose any private information; rather, it supports the financial flows analysis to discern the available funding moving into various entities in Edmonton's social safety net.

Table 1: Secured Datasets for Financial Analysis

² Turner, A. "Opinion: It's a good time to re-evaluate our social safety net".

³ Ibid.

DATASET NAME	TIMEFRAME
Alberta Grant Payments Disclosure Table	2018/19
List of Charities and Charity Information Return (Form T3010)	2017/18
Government of Canada Proactive Disclosure -- Grants and Contributions	2018
Edmonton 2018 Approved FCSS Funded Agencies	2018
Edmonton 2018 Community Facility Partner Capital Grant Funding	2018
Edmonton 2018 Community Investment Operating Grant Recipients	2018
National Health Expenditure Database	2018/19
EPS budget information	2020
EMS budget information	2020
Fire budget information	2020
HelpSeeker Data	2020
Homeward Trust budget information	2019/20

Data Limitations & Opportunities

There are a number of limitations to this analysis. As it relies on available data reported to and by various entities, this analysis relies on the accuracy of these datasets. There are further limitations to the **time lag** of publicly-available data from the government (CRA, Government of AB).

This lag obfuscates the impacts of the **COVID pandemic** and many other factors at play currently, and should therefore qualify considerations emerging from the analysis with caution.

The datasets were also **partial**, thus analysis of all funding coming into the social safety net in Edmonton was not possible. There are non-profits that are not registered charities, and are therefore not subject to the same levels of financial reporting as those located in the CRA dataset. There are also other entities, such as private counsellors or treatment centres, which may receive public funding or donations and fees for service. These play key roles, yet they remain unknown from a financial analysis perspective.

Lastly, the report does not quantify the value add of Civil Society entities that advance wellbeing and safety outside of the formalized entities. Yet, grassroots, voluntary, and natural supports are essential to the operation of the social safety net.

These are important gaps in information to this analysis that must be considered in any interpretation of the emerging findings. **As a result, it is not known how large the social safety net truly is at this time because of data availability limitations.**

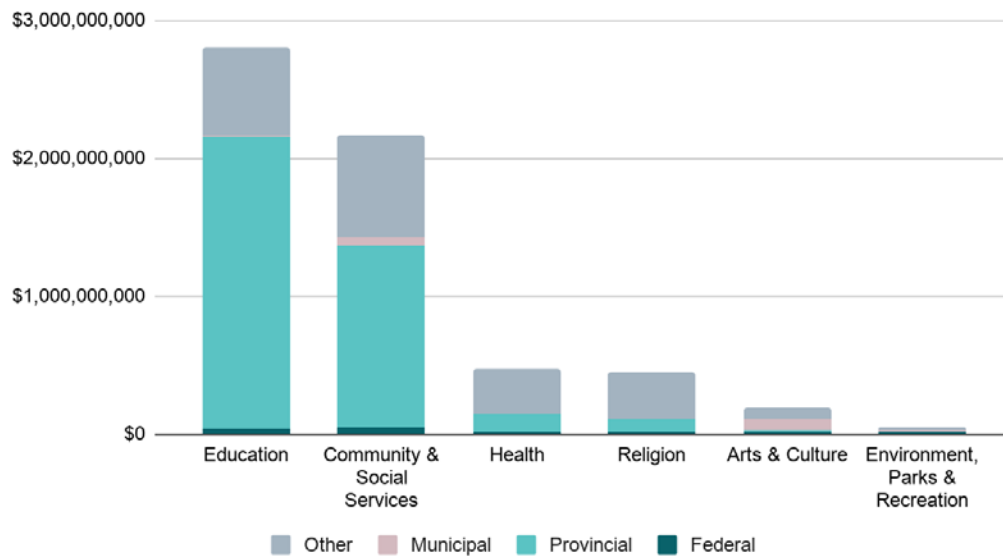
Despite these limitations, the analysis presented here is the first of its kind for Edmonton and offers a new level of transparency to the workings of the social safety net. This is in part thanks to transparency and accountability efforts from the Government of Alberta and the Canada Revenue Agency as they continuously improve Open Data.

Emerging Findings

\$6.1 billion in 2018 to Edmonton charities overall.

- According to the **Canada Revenue Agency** 2018 dataset, the total revenues of charities in Edmonton were \$6.1 billion.
- 60% of this revenue came from the **Government of Alberta**, and 35% from non-governmental sources (*donations, fundraising, foundations, etc.*). The balance came from municipal (2%) and federal sources (2%).
- 17% of this revenue could be attributed to charities that were also located in the AB Grants, Canada Grants, and City of Edmonton grants datasets. This suggests that the **CRA dataset** is the most complete when it comes to charities.

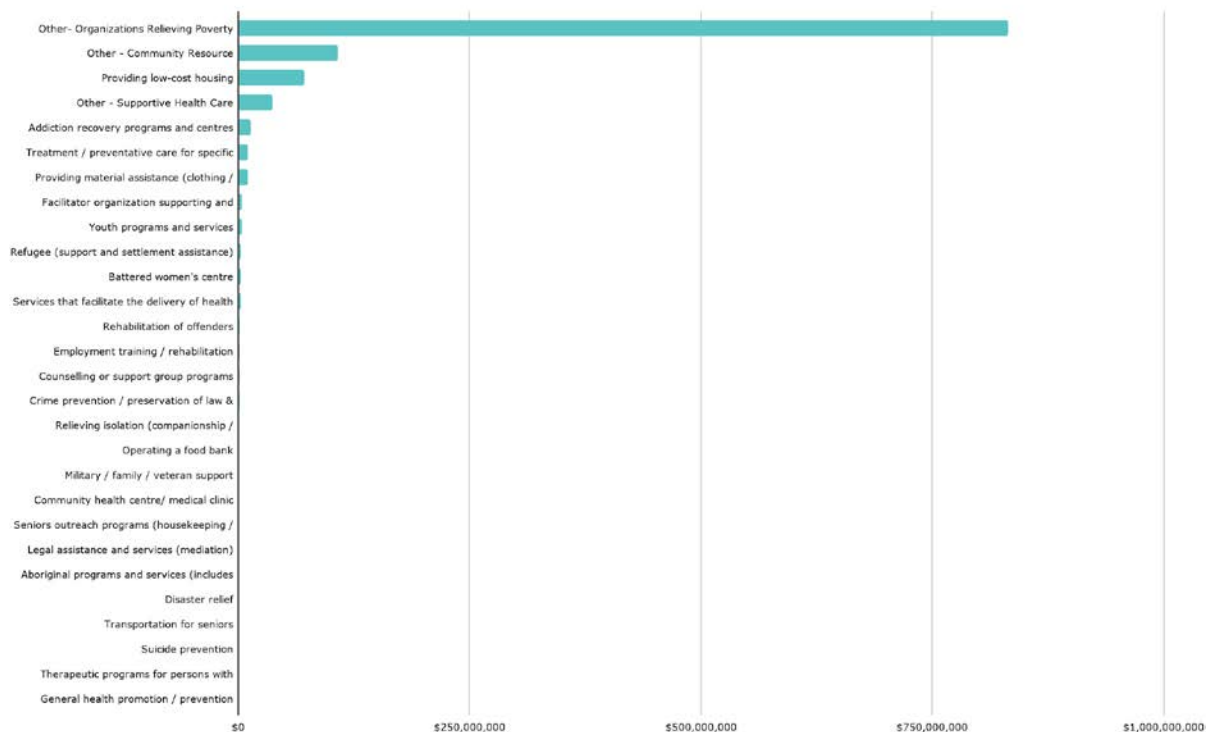
Revenue Sources for Charities in Edmonton by Category in 2018



\$2.1 billion went to community & social services charities from the \$6.1B.

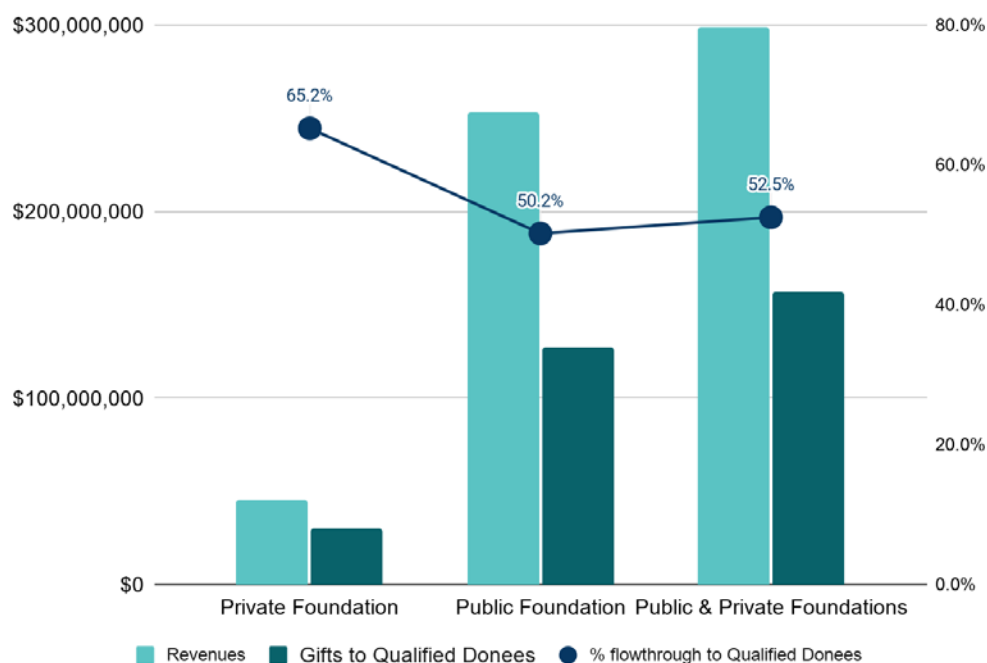
- Further, **\$1.1B** went to charities that support work to intervene/prevent social issues related to poverty, housing, homelessness, addiction, and mental health.
- These figures **exclude public institutions** responsible for health (hospitals) or education (colleges, universities, school boards) which make up the broader \$6.1B figure.

Charity Revenues w/ Relevance to Homelessness, Mental Health, Addictions - excluding public health, totaling \$1.1B in 2018



Foundations contributed \$298M overall; of this, an average of 53% flowed to qualified donees.

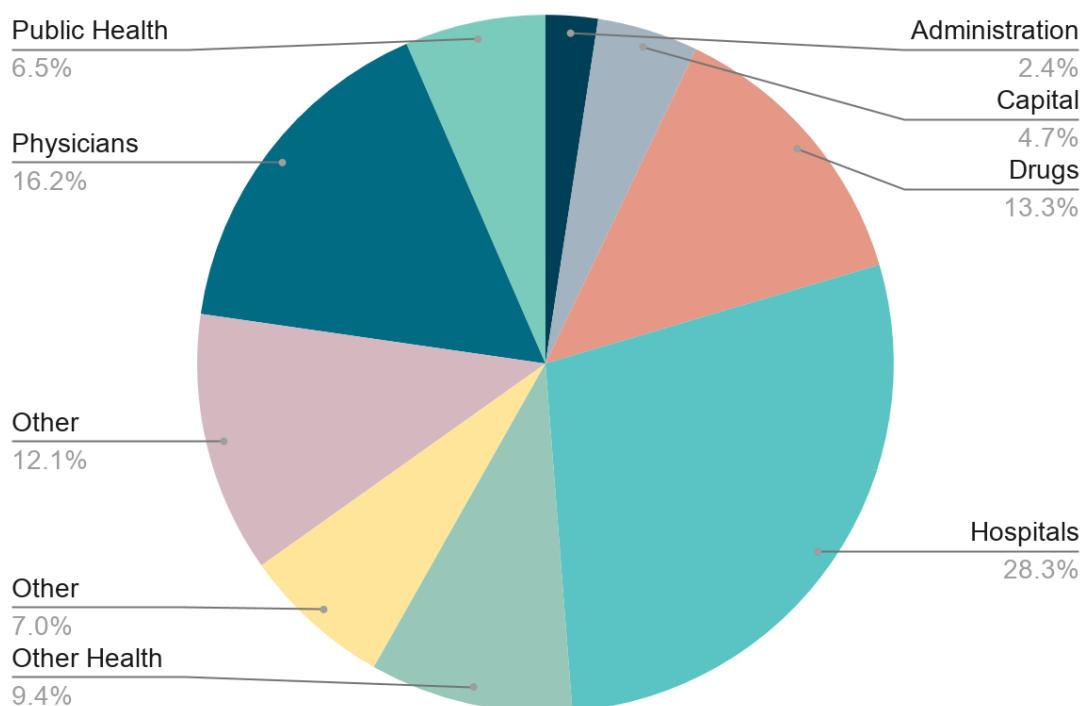
- **\$298M** in public and private foundations was identified for 2018 -- most of whose revenues (\$216M) had a general community benefit focus.
- On average, just over half of revenues (**53%**) flowed through to qualified donees.
- Two well-known contributors to social issues are the **United Way of Alberta Capital Region (UW-ACR)** and the **Edmonton Community Foundation (ECF)** -- thus, these will be focused on further as the two with the highest revenues. Of note, the United Way receives the highest municipal investment in such entities at **\$2.5M**.
- United Way reported **\$25M** in revenues, of which **\$16M (64%)** went to other charities. Community Foundation had **\$27M** in revenues, and flowed **\$23M (85%)** to other recipients -- the largest of which was the United Way of Capital Region, another funder; thus this likely also contributed to UW revenues. The top 10 Edmonton recipients are presented below.



A further estimated \$1.3-\$1.5B/year is spent through public health funding on mental health and addictions in Edmonton.

- The research team used CIHI **health expenditures data** from 2019 (most recent dataset available) to ascertain total Alberta health spending totaled **\$33.6B**. Of this, **73%** was public and 27% was private spending (employee assistance, out of pocket, etc.).
- CIHI estimates nationally that **27% of public health expenditures** are mental health and addictions related.⁴
- Assuming Edmonton receives public health addictions and mental health expenditures on a **per capita** basis, this would total **approximately \$1.5B per year**.

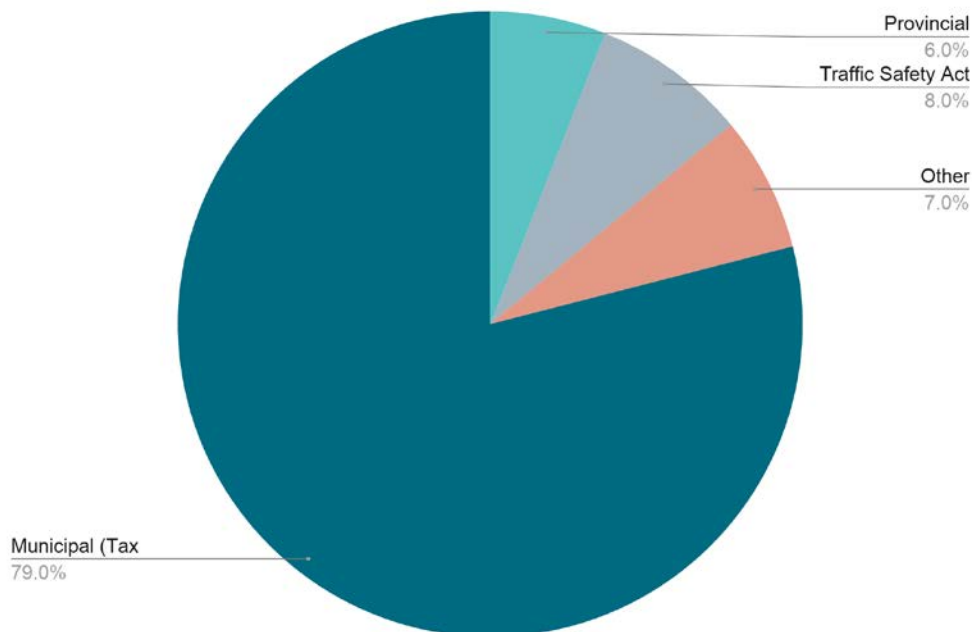
⁴ CIHI. 2020. Health System Resources for Mental Health and Addictions Care in Canada. Retrieved from <https://www.cihi.ca/sites/default/files/document/mental-health-chartbook-report-2019-en-web.pdf>



- It is essential that the funds that are going specifically to charities to deliver addictions and mental health be identified to prevent double counting; unfortunately, this was not possible in this analysis as the CIHI dataset was not available at an organizational level. This is a risk for the Public Health (6.5%) and Other Health Spending categories (9.4%). To manage this risk of double counting, the estimate correspondingly decreased, adding a \$1.3B lower-end of the range to this estimate.

First Responders (EPS, Fire, EMS) total expenditures are about \$782M for 2020 for Edmonton (estimated run rate based on projected budgets).

- **EMS** operations in Edmonton totaled **\$88M** via Alberta Health Services.
- **Fire** expenditures costs were **\$231M**, of which \$5.3M was for capital.
- **EPS** operating costs were **\$462M**, which was sourced primarily from municipal tax levies (80%). The balance was via provincial grants (6%), Traffic Safety Act (7%), and other sources (5%)
- In 2020, EPS reallocated **\$28M** to create a Community Safety and Wellbeing Bureau as part of the Vision2020 initiative, on top of the **\$11M** redirected from their budget.



Direct government cash transfers to Edmonton individuals totaled about \$3B.

In addition to services made available, individuals in various target groups (low income, disabilities, etc.) in Edmonton receive direct government transfers to individuals (tax credits, old age pension, social assistance, disability payments etc.). According to Statistics Canada Census 2016, these government transfers made up 7.4% of the total income of populations aged 15 years and over, with an average of \$7,011 amongst 431,590 individuals.⁵

At this time, an estimated \$7.5B has been identified for Edmonton. However, there are major unknowns and limitations hampering fulsome analysis.

This comes from the lack of information about non-profit organizations and private sector organizations that are receiving public funding to deliver services. The estimate on mental health and addictions for public health spending is also limited as organization level data was not available to discern exact flow of funds into services.

⁵ Statistics Canada. 2017. Edmonton, CY [Census subdivision], Alberta and Division No. 11, CDR [Census division], Alberta (table). Census Profile. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released November 29, 2017.

Expenditure	Amount	Source
EPS Total - known	\$462M	EPS 2020 Budget
EMS Total - known	\$88M	EMS 2020 Budget
Fire Total - known	\$231M	Fire 2020 Budget
Community & Social Services Charities - known	\$2.1B	CRA 2018
Public Health Mental health/addictions - estimate	\$1.5B	CIHI 2019
Direct government transfers to individuals (tax credits, income assistance, disability payments etc.)	\$3B	Census 2016
Public and Private Foundations	Unknown	Unknown
Health Charities	Unknown	Unknown
Other Govt-funded For-profit Social Services	Unknown	Unknown
Other Non-profit Social Services	Unknown	Unknown
Govt-delivered Social Services	Unknown	Unknown

12,900 service elements are provided by 3,480 entities in Edmonton; financial information of \$3.2 billion could be traced to 460 of these. The balance remains unknown.

- For a deeper dive into the entities identified, 3,480 listings of programs and locations with a total of 12,984 service elements are offered in Edmonton. Note that the HelpSeeker systems map was used, which is in constant flux as a real-time dataset and likely misses additional services available as well as a voluntary mapping effort that relies on publicly-available information.
- This dataset included 460 entities that could be traced to the 2018 dataset and totaled \$3.2B in 2018; importantly, these only represented 23% of the 2,033 organizations mapped to financial information by HelpSeeker.

12,984 Service Elements through 3,480 listings mapped in Edmonton to Date



Interactive Model of Edmonton's Social Safety Net Ecosystem



Outstanding Data Challenges

Despite the information available for this report, key challenges remain, as aforementioned, limiting the scope of this analysis. These include:

- **Service information** across diverse providers was limited in public searches which limited capacity to analyze the relationship of financial flows to service availability, hours of operation, eligibility criteria, service focus (specialization), and target end user.
- **Financial Data** was partial, unavailable, and not detailed enough on all relevant entities receiving public funds to operate services in the social safety net to enable a fulsome analysis in real time.
- **Outcome and output information** was only partially available to enable consistent tracking of funds to common priorities and key performance indicators in a consistent manner across investments and funding sources.

- **Cross-city comparatives** were limited due to a lack of unclear regional scope of investments that limits current capacity to compare Edmonton effectively to other cities.

PART 2: CONSIDERATIONS TOWARDS A RECOVERY & WELLBEING-ORIENTED ECOSYSTEM IN EDMONTON

The Case for Systems Transformation

The analysis presented builds on the calls for transformative change in the delivery of health, education, justice, and social services. The various domains of the social safety net are interrelated and, as such, each is impacted by individual experiences, relationships, community, and societal contexts. While this research project has had an immediate focus on the financial flows into the social safety net, they support the case for a paradigm shift to make a positive impact on cross-cutting issues.

The presence of thousands of service elements and considerable investments coming into Edmonton present an opportunity to change siloed and reactive approaches to social issues.

Complex social issues are entwined: addictions, homelessness, domestic violence, criminal justice, trauma, and mental health are very much connected. For instance, research evidence demonstrates the link between **Adverse Childhood Experiences** - physical and emotional abuse, neglect, and household dysfunction, and poor long-term health, economic, and social outcomes; yet, the approaches funded to address these challenges are notoriously segmented, convoluted, and often lacking a clear link to the evidence base on effective practice.

The 2013 Alberta Adverse Childhood Experiences Study⁶ confirmed the international evidence that ACEs were not only common, but that strong associations existed between childhood trauma and increased risk for poor health outcomes in adulthood. Higher ACEs dramatically increase the risk of heart disease, diabetes, obesity, depression, substance abuse, smoking, poor academic achievement, time out of work, and early death.⁷

⁶ McDonald, S. and Trough, S. 2014. *The Alberta Adverse Childhood Experiences Survey*. Retrieved from https://policywise.com/wp-content/uploads/resources/2016/07/345_ALBERTA_ADVERSE_CHILDHOOD_EXPERIENCES_SURVEY_FINAL_JULY_2014.pdf

⁷ Milaney, K., William, N. and Dutton, D. 2018. "Falling Through the Cracks: How The Community-Based Approach Has Failed Calgary's Chronically Homeless". *School of Public Policy Publications. SPP Research Paper. Vol 11:9*. University of Calgary. <https://www.policyschool.ca/wp-content/uploads/2018/02/Falling-Through-The-Cracks-Milaney-FINAL-2Williams-Dutton-final.pdf>

Research has suggested **Intergenerational Trauma** as the principal cause of higher rates of poverty among Indigenous people^{8,9,10}. This trauma is linked to previous government policies aiming at assimilating Indigenous peoples into Euro-Canadian ways of life¹¹ exemplified in the residential schooling system and 60s Scoop with severe impacts on childhood trauma and long-term health outcomes. This phenomenon has been examined from an epigenetic, neurobiological, and sociocultural perspective to explain the overrepresentation of Indigenous populations in the criminal justice system, lower educational attainment, poorer health conditions, substance abuse, and higher premature mortality/suicide rates.

In an examination on **chronic homelessness**,¹² researchers demonstrate the clear link between housing instability, addictions, mental illness, and traumatic childhoods. The 2018 Point-in-Time count of homelessness in 61 Canadian communities¹³ highlights the **overrepresentation of Indigenous people** experiencing homelessness in Canada. Similar results were also found in Edmonton in 2018 by the Provincial Point-in Time count¹⁴ where 32% of people experiencing homelessness, respectively, self-identified as Indigenous, according to administrative data.

Systemic racism and discrimination continue to negatively impact Indigenous people -- as well as racialized and LGBTQ2S+ communities. The perpetuation of these patterns of behaviour, policies, or practices exist in Canada's social safety net and must underpin systems transformation.

All of this points to a clear need to rethink the way in which local supports are being delivered and monitored in Edmonton, and the value people are getting out of it. To address social issues, **a paradigm shift is needed**. In doing so, the funds invested in this new approach can tackle interconnected issues – whether homelessness, domestic violence, addictions, or community safety.

CONSIDERATIONS

Using evidence-based interventions systematically can achieve greater impact. But this requires transformational change and leadership. Edmonton can learn from the experience of other jurisdictions and new research on what works locally that can be scaled.

⁸ The Social Planning and Research Council of Hamilton. 2018. *Intergenerational Trauma and Aboriginal Homelessness 2017*. [http://www.sprc.hamilton.on.ca/wp-content/uploads/2017/09/Intergenerational Trauma and Aboriginal Homelessness 2017.pdf](http://www.sprc.hamilton.on.ca/wp-content/uploads/2017/09/Intergenerational_Trauma_and_Aboriginal_Homelessness_2017.pdf)

⁹ Homeless Hub. 2009. *Aboriginal Homelessness Intergenerational Trauma*. <https://www.homelesshub.ca/resource/aboriginal-homelessness-intergenerational-trauma>

¹⁰ Menzies, P. 2009. *Homeless Aboriginal Men: Effects of Intergenerational Trauma*. <https://homelesshub.ca/sites/default/files/attachments/6.2%20Menzies%20-%20Homeless%20Aboriginal%20Men.pdf>

¹¹ Maltby, A. & Cooke, M. 2017. "Residential schools and the effects on Indigenous health and well-being in Canada—a scoping review". *Public Health Rev* 38, 8.

¹² Milaney, William and Dutton, "Falling Through the Cracks: How The Community-Based Approach Has Failed Calgary's Chronically Homeless".

¹³ Government of Canada. 2019. *Everyone Counts 2018: Highlights - Report*.

<https://www.canada.ca/en/employment-social-development/programs/homelessness/reports/highlights-2018-point-in-time-count.html#3.4>

¹⁴ 7 Cities. *Point in Time Count*.

The funding analysis presents an opportunity for policy makers to probe whether a fulsome restructuring and realignment of these investments can bring better outcomes overall.

Key Concepts

1. Wellbeing & Recovery-Oriented Services

Person-centred interventions are linked to improved individual outcomes.¹⁵ These prioritize end users' strengths, and input in their diverse journeys to wellbeing. For those overcoming trauma, addictions, mental health, and other challenges, services that support recovery -- or the measurable improvement towards the diverse dimensions of wellbeing -- are needed. In the context of **COVID**, a focus on holistic, human-centred, and equitable individual and community recovery becomes particularly urgent.

To support a person-centred approach, interventions that address individual wellbeing across key dimensions of their lives can support the delivery of sustainable results and support sustainable recovery.¹⁶

¹⁵ Poitras, M., Maltais, M., Bestard-Denommé, L. *et al.* What are the effective elements in patient-centered and multimorbidity care? A scoping review. *BMC Health Serv Res* 18, 446 (2018).

¹⁶ Canadian Centre on Substance Use and Addiction (2017). *Moving Toward a Recovery-Oriented System of Care: A Resource for Service Providers and Decision Makers.* Ottawa, Ontario



2. Systems Planning & Integration

Systems planning is a method of organizing and delivering services, housing, and programs that coordinate diverse resources to ensure that efforts align with common goals.¹⁷ Rather than relying on an organization-by-organization, ministry-by-ministry, or program-by-program approach, it aims to ensure all relevant service providers, funders, and other actors work in a coordinated fashion. When working with this approach across sectors or systems, this new lens can help further overcome artificial or inefficient barriers to better policy, funding, and service delivery.

There is opportunity to move towards strategic population level approaches: on the ground, services must be coordinated in a way such that clients can be assessed by level of need using standardized methods across all agencies, while reducing duplication of services across agencies.

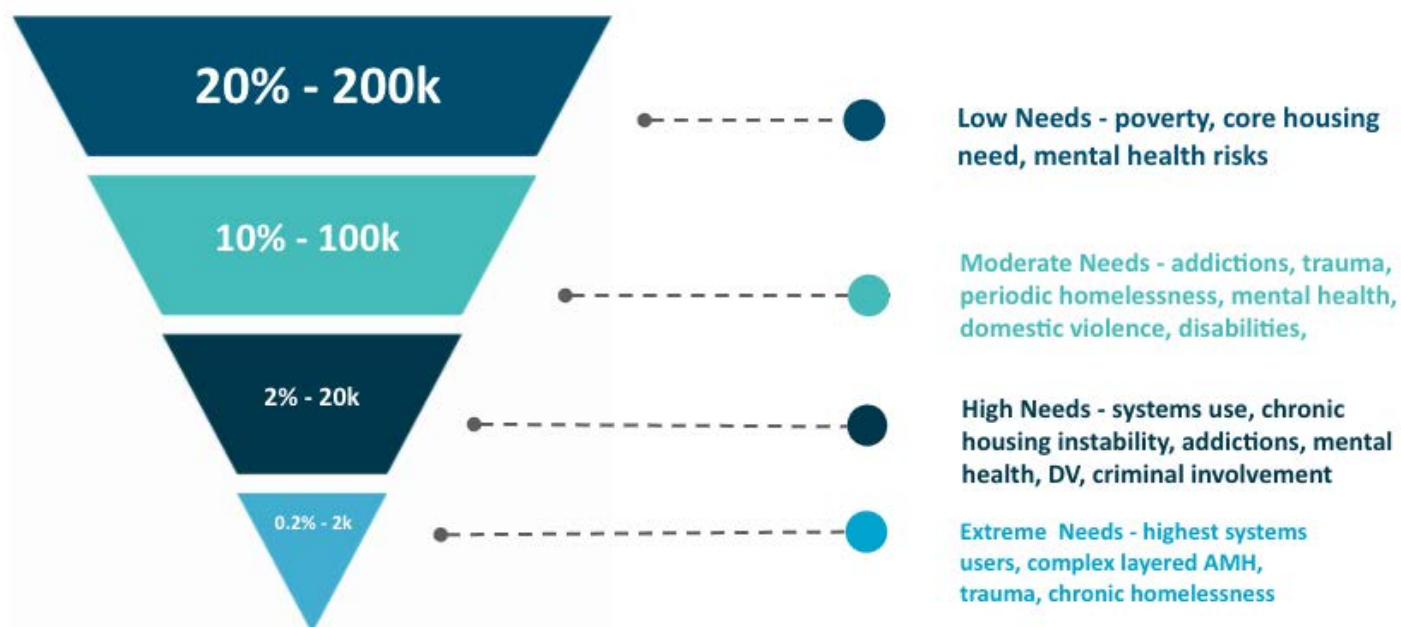
Taking an integrated approach across the social safety net will ensure our resources are used effectively, and more importantly match the needs of those seeking support.

This does not include spending on health needs outside of addictions and mental health, nor education. Surely, there is a better way to leverage this investment we are already making, especially given that some

¹⁷ Turner, Alina, Beyond Housing First: Essential Elements of a System-Planning Approach to Ending Homelessness (October 23, 2014). The School of Public Policy Publications, 2014, Available at SSRN: <https://ssrn.com/abstract=3078877>

groups will have low levels of need, while others are consistently marginalized by current approaches. This estimate is just a starting point for true systems planning and integration if we are to make a visible, measurable, and equitable impact on a community's social outcomes.

A Starting Point to Estimating Demand for Social Safety Net Support for Edmontonians



3. Data & Innovation

This involves continuous learning and subsequent agile adjustment must be informed by evidence-based, data-driven decisions, and openness for innovation. Predictive modelling powered by machine learning can support advanced analytics, and build an evidence base grounded in robust data.

The capacity to address these interrelated issues requires necessary real-time data and information sharing. This existing data disconnects results in communities having no way of knowing whether new service participants are coming into systems as a whole, or if they are cycling through various components. Not only does this disconnect create cost drains and inefficiencies within the public systems, but it also hampers local systems planning and, in turn, the capacity to respond appropriately and adjust in real time.

4. Integrated Coordinated Access

Navigating Edmonton's 12,000+ services in a user-centred, consistent, and transparent manner requires the implementation of service blueprints built on human-centred design principles. In plain terms, Integrated Coordinated Access refers to a process that ties together Edmonton's independent programs,

organizations, and services into a coordinated system to right-match and right-size supports to ensure resilience is built for recovery and wellbeing.

5. Community-Based Governance

A fully-integrated approach has mechanisms in place that bring key public and community decision makers together in an ongoing process to ensure efforts are effective, aligned, and mutually-reinforced towards shared objectives. This, in turn, aligns with efforts across frontline service delivery in respective organizations.

This model requires community-based governance to drive integration and coordination efforts among diverse stakeholders with agility and nimbleness to meet objectives. Local leadership -- including Indigenous representation -- supports community ownership and the co-creation of the mechanisms used to deliver oversight for outcomes monitoring, performance management, and the coordination of diverse funding streams.

6. Integrated Funding

Funds must be leveraged across other government levels, non-profits, charities, private sector, and voluntary sector resources to truly maximize social impact. Public and non-public investments need to have a whole-government benefit rather than only deliver on an issue-by-issue basis. Such horizontal strategies and solutions can deliver on shared priorities and KPIs. Funding already exists – what’s already in place should be leveraged, and re-allocate based on robust logic, evidence, and delivering on shared outcomes.

This will require diverse funders to develop an integrated approach to funding interventions to support vulnerable populations, and ensure these are monitored using consistent KPIs and targets across diverse funding sources.

Immediate Actions for Consideration

City Council can consider promoting the following areas of action in the immediate term.

1. Develop an evidence-based **Integrated Investment Framework** for any funded or government-delivered interventions, programs, services, or benefits. All investment should flow through a consistent procurement and performance management process overseen with strategic governance provided by the Community Systems Integration Table. Philanthropic and other government funders should be encouraged to co-invest/stack through the same mechanism to maximize impact.

Improved funding coordination will support enhanced transparency, service quality and outcomes at the end user and system levels. Ultimately, this can support improved decision making and service delivery while maximizing frontline support from current investments.

2. Enhance **collaborative, on-the-ground efforts** among social, health, and police partners to augment police interventions with additional social support capacity to frontline responders managing community impacts immediately.
3. Champion the creation of a **Community Wellbeing & Recovery Strategy** that lays out community-wide priorities and advances funding and service integration across social issues. This should identify shared Key Performance Indicators, procurement, and service standards consistency regardless of funding source.
4. Champion the creation of a **Community Wellbeing & Recovery Table** that brings the highest level decision makers across governments, and private and philanthropic sectors to provide strategic direction to enhance alignment towards common social objectives, including homelessness, safety, mental health, etc. This could eliminate redundant committees, boards, organizations, or positions, and re-distribute any cost-savings to frontline services.
5. Enhance future Social Impact Audits by encouraging publicly-funded entities and donor recipients to enhance **data availability and service information** by:
 - Publishing per program revenues/expenditures & outputs/outcomes using Open Data standards;
 - Publicly sharing clear/up-to-date information at the funded program's service element level on eligibility, target end users, capacity/occupancy, hours of operation, regional catchment, output, and outcomes.
6. Explore a **Phase 2 of research** to conduct a deeper dive into additional datasets and other Alberta jurisdictions. This could probe correlations between financial investments and service levels, and mix with population outcomes to optimize investments.

7. Apply **Social Impact Modelling** to understand stock and flow of population dynamics and needs to guide intervention supply and flow-through to ensure appropriate investments to needs in a proactive and data-driven manner. This can be applied immediately to find recalibration opportunities in partnership with government and private funders to maximize the \$7.5B currently coming into the Edmonton social safety net.
8. Explore the application of **Digital Identity solutions** -- such as MyAlbertaID -- to connect end users to financial support streams from diverse sources (AISH, income supports, rent supplements, etc.) to reduce redundant administrative processes and give end users better control of personal information. Machine Learning/AI innovations can enhance decision making and system optimization.