



# Environmental Scan and Other Jurisdictional Research Project

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## Report of Findings

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# Executive Summary

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There is a growing recognition across Canada that despite the efforts by numerous organizations/agencies, 'cracks in the system' are still prevalent. As a result of these cracks, a spectrum of criminality and social disorder incidents are being identified by citizens and, in turn, municipal, provincial, and federal governments. This includes the prevalence of deeply entrenched and complex social issues, such as chronic public intoxication, homelessness, and mental health. The root causes of these issues are well understood by researchers and practitioners, including poverty, addiction, mental health, and intergenerational trauma.

Unfortunately, the historic and ongoing investment and development of siloed organizations and services has resulted in a fractured response that does not provide the services consistently to the majority of individuals in need. In other words, existing organizations are often unable to provide coordinated and appropriate levels of services within a sustainable service delivery model.

Acknowledging that these systemic issues are prevalent in municipalities across Canada, the responses to them or specific causes will vary. Consequently, Edmonton City Council put forward the following motion:

*"Approach the large and mid-size cities in Alberta to jointly analyze the 'cracks in the system' in Alberta's cities that drive higher crime, disorder, and demand for service for reactive community services."*

Accordingly, MNP has been retained to help better understand the similarities and differences of the systemic issues as well as causes and responses to them in Edmonton as well as Calgary, Lethbridge, Grande Prairie, Red Deer, Medicine Hat, and the Regional Municipality of Wood Buffalo.

Input from key stakeholders in Edmonton as well as from Calgary, Grande Prairie, Lethbridge, Red Deer, Medicine Hat, and the Regional Municipality of Wood Buffalo identified the following drivers of crime and social disorders:

- Mental health and trauma
- Addiction
- Homelessness
- Poverty and social inequality
  - Lack of affordable housing
  - Income disparity – limited gainful employment opportunities
  - Services are cost prohibitive for individuals to access
- Discrimination
  - Inequitable access to support services

These issues have been noted as being best described as co-occurring as opposed to being mutually exclusive. Stakeholders in Edmonton and other jurisdictions perceive there to be “cracks in the system” at the strategic and operational level that are impeding the ability to address the needs of vulnerable individuals. Strategically, representatives from Edmonton and the other jurisdictions identified:

- A lack of coordination and cooperation between existing service providers and funders by means of joint teams providing services or shared priorities and corresponding performance metrics;
- Inadequate data collection and analysis of established priorities and applicable performance metrics;
- No established continuum of care for high-risk individuals; and
- Limited preventative/intervention services to either prevent high-risk individuals from becoming engaged in crime as well as services to mitigate the risk of individuals involved in criminality from further harming themselves and/or others.

While, the perceived “cracks in the system” at an operational level are:

- Mental health assessments/diagnosis and ongoing support, especially pertaining to services that can meet people where they are in the community;
- Addiction treatment (i.e. detox) availability in general as well as specific to addressing cultural needs for Indigenous peoples and New Canadians;
- Affordable housing as well as addiction treatment specific housing (e.g. stabilization housing, recovering housing, post-treatment housing, permanent stable housing); and
- Accessibility of 24/7 safe places (i.e. shelters) as well as standards regarding the operation of these spaces (e.g. health and safety).

The strategic and operational “cracks in the system” are perceived to be exacerbated by:

- An increasing proportion of individuals with co-occurring drivers of crime and social disorder; and
- A program-focused approach by service providers as opposed to a client-centered approach.

Overall, representatives from Edmonton and other jurisdictions perceive that the current approach by the human service ecosystem in their respective jurisdictions is not consistently leading to desired outcomes. Due to the complexity of the issues being addressed, a multifaceted and coordinated response involving applicable service providers in accordance with the data/evidence within a proper governance structure is perceived to be the optimal solution by the majority of the representatives consulted for this project. Additionally, interviews with stakeholders within Edmonton and other jurisdictions perceive the following opportunities for improvement:

1. Developing a strategic plan at the municipal level that establishes priorities to align funding from all sectors and levels of government including timelines and performance metrics to

gauge success. To this end, the 7 Cities approach to homelessness may serve as a model for how to effectively integrate different levels of government as well as municipal level private and not-for-profit sector partners to achieve shared priorities.

- Data collection, analysis, and governance policies and procedures should be included within an augmenting implementation plan to ensure there is a centralized pool of information for all service providers, funders, and decision makers to reference and use to understand the problems and ongoing efforts to address them.
2. Developing educational material for service providers/funders/public sector representatives to explain the legalities of FIPPA and PHIA and the ability to share data. Furthermore, investment into a comprehensive data strategy to collect and analyze performance data in addition to data enabling proactive/preventative assessments of individuals.
  3. Establishing formal agreements between existing entities providing similar services that includes the adoption of a no wrong door policy. Under this policy, an individual would be referred to the service provider(s) they require no matter whom they initially speak with or contact.
  4. Investment in mobile services that meet people where they are and help ensure individuals receive the support they require.
  5. Ensuring that new policies and services are enacted inclusive of the profile of an individual that has no or limited family support, trauma, and mental/physical disabilities that may require multiple forms of support over an extended period of time to stabilize and begin to thrive.
  6. A preventative approach that provides particular services to individuals based on their needs as assessed by a risk-based analysis utilized proactively by service providers. Determining the proactive supports should be a collaborative approach between the client and service provider.

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# 1.0 Introduction

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There is a growing recognition across Canada that despite the efforts by numerous organizations/agencies, 'cracks in the system' are still prevalent. As a result of these cracks, a spectrum of criminality and social disorder incidents are being identified by citizens and, in turn, municipal, provincial, and federal governments. This includes the prevalence of deeply entrenched and complex social issues, such as chronic public intoxication, homelessness, and mental health. The root causes of these issues are well understood by researchers and practitioners, including poverty, addiction, mental health, and intergenerational trauma.

In recognition of these root causes, novel services such as the 24/7 Crisis Diversion team in Edmonton and the Downtown Outreach Addiction Partnership team in Calgary have been implemented to address gaps in service by providing a needed non-emergency and coordinated response. However, no one service or organization can address the underlying issues causing criminality and social disorder issues. Due to the complexity of these issues, a multifaceted and coordinated response is required that involves multiple organizations and services working towards a similar goal.

Unfortunately, the historic and ongoing investment and development of siloed organizations and services has resulted in a fractured response that does not consistently provide the services needed by vulnerable populations. In other words, existing organizations are often unable to provide coordinated and appropriate levels of services within a sustainable service delivery model.

Acknowledging that these systemic issues are prevalent in municipalities across Canada, the responses to them or specific causes will vary. Consequently, Edmonton City Council put forward the following motion:

*"Approach the large and mid-size cities in Alberta to jointly analyze the 'cracks in the system' in Alberta's cities that drive higher crime, disorder, and demand for service for reactive community services."*

For the purpose of this project, cracks in the system is best defined as systemic gaps in services that negatively impact the recovery and social mobility of individuals that are over-represented within the justice and/or emergency medical services. With this definition in mind, as well as the motion by city council, the objective of this report is to illuminate the perceived and documented gaps in services that are preventing individuals from receiving the supports they need to improve their wellbeing as well as that of their community. Consequently, MNP has been retained to help better understand the similarities and differences of the systemic issues as well as causes and responses to them in Edmonton as well as Calgary, Lethbridge, Grande Prairie, Red Deer, Medicine Hat, and the Regional Municipality of Wood Buffalo.

Finally, at the time of writing this report, the impacts of COVID-19 are ongoing and continually changing the human service ecosystem within Edmonton as well as municipalities across the globe. Multiple factors, such as preventative measures reducing service capacity of public, private, and not-for-profit service providers as well as financial investment by all three levels of government modifying the

responses to the needs of individuals. Additionally, the environment of the pandemic is impacting individuals in different ways. However, it is unknown how the cracks in the system will ultimately be impacted by the pandemic. With that said, the results of this report will provide insights into the historical and persistent cracks in the system to inform decision makers on how to continue to address these issues in the context of our new normal.

## 2.0 Methodology and Approach

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A mixed methodological approach using both quantitative and qualitative data has been utilized to ensure that the findings of the study are based on multiple lines of evidence. With support and approval by the Edmonton Police Commission (EPC), internal and external data sources were identified regarding operational, organizational, and strategic information and subsequently collected, consolidated, and analyzed by MNP.

### 2.1 Data Request

The following list encompasses the information collected and analyzed to inform this research project from the City of Edmonton, the Edmonton Police Service, and REACH Edmonton:

- Edmonton Police Service calls for service Geographic Information System (GIS) data collected between January 1<sup>st</sup>, 2020 and April 4<sup>th</sup>, 2020 for social disorder incidents defined by the service as:
  - Trouble with person
  - Trouble with intoxicated persons
  - Breach court order
  - Warrant execution
  - Mental health act complaints
  - Eloped mental patient
- Edmonton Police Service – Vulnerable Persons Victimization Risk Assessment Matrix
- 24/7 Crisis Diversion Team total calls for service GIS data collected between January 1<sup>st</sup>, 2020 and April 1<sup>st</sup>, 2020

The data noted above is only a small subset of available information collected by the Province of Alberta and Edmonton-based community support service providers. Further investigation into the topics of this report should utilize these additional forms of information to provide a more robust understanding of the cracks in the system as well as opportunities for improvement.

### 2.2 Internal and External Stakeholder Interviews and Focus Groups

In total, there were nine individual/group interviews (Table 1) completed with internal and external stakeholders. The Edmonton Police Commission identified all stakeholder groups to be consulted due



to their significance for the purpose of this study. All interviews and focus groups were conducted between September 7<sup>th</sup>, 2020 and September 28<sup>th</sup>, 2020.

To request and verify participation in this study, all potential participants were individually contacted by the EPC by email. A standardized script was utilized by the EPC representatives to inform potential participants about the purpose of this study, why they were being contacted, and what their participation would entail. Furthermore, all potential participants were informed that their responses would be kept confidential with responses provided in the aggregate and that participation in the study was voluntary.

All interviews were conducted by video conference without recording of any kind. However, interviewers used password-protected laptops to capture input from participants with their consent and subsequently uploaded the electronic file to the secure client file on an MNP server in Winnipeg. All interviews were semi-structured with one interview guide utilized for both internal and external stakeholders (Appendix A).

**Table 1: Stakeholder Group and Department/Position Title**

Stakeholder Group	Department/Position Title
Elected Officials	City Councillors (three)
End Poverty Edmonton	Executive Director
REACH Edmonton	Executive Director
Homeward Trust	Chief Executive Officer
City of Calgary	Chief Bylaw Officer Strategy Lead, Community Action on Mental Health and Addiction Assistant Manager, Strategic Services – Calgary Neighbourhoods
City of Red Deer	Municipal Planning Manager RCMP Officer-in-Charge Social Planning Manager
City of Lethbridge	Manager of Community and Social Development
Regional Municipality of Wood Buffalo	Manager of RCMP Support Services Supervisor of Community Services

Stakeholder Group	Department/Position Title
City of Medicine Hat	Manager of the Homeless and Housing Development Department
City of Grande Prairie	Community Social Development Manager

## 2.3 Data Analysis

Triangulation of the multiple types of data collected for this study ensures the findings and recommendations are based on multiple streams of evidence. Recorded interview and focus group data was analyzed for recurring and unique comments to identify patterns and construct themes that illuminate central concepts/experiences. Interview notes were not analyzed using data analysis software (e.g. Nvivo), as the volume of data collected did not warrant its use. Similarly, all reports and other secondary data sources were analyzed for recurring and unique findings to identify patterns and construct themes illuminating central concepts/experiences.

In addition, ArcGIS software was utilized to analyze spatial data provided by the City of Edmonton, Edmonton Police Service (EPS), REACH Edmonton 24/7 Diversion Team, and 2016 Census Data to identify current service providers, service demands, and neighbourhood risk for criminality and social disorder (i.e. Socioeconomic Risk Index). A Socioeconomic Risk Index utilizes census data to analyze underlying risk factors and provide a prediction of criminal and social disorder incidents based on the known risk factors. The Socioeconomic Risk Index is based on evidence showing that the layering and intersection of risk indicators has a compounding effect on communities. Elevated prevalence of a single risk factor does not necessary indicate that a population is at a higher risk of victimization or criminality, but the nexus and combination of factors has a multiplying effect. In total, there are five risk indicators used to develop the Socioeconomic Risk Index (Table 2).

**Table 2: Socioeconomic Risk Indicators, Descriptions, and Source**

Risk Indicator	Description	Census Data Used
Educational Attainment	Proportion of the population that has not completed secondary education	Number of individuals (25-65 years old) with “no certificate, diploma, or degree” divided by the total population
Unemployment	Percentage of the labour force that was unemployed at time of census	Unemployment rate
Low Income	Proportion of the population that are expected to be required to spend 20% or more of after-tax income	Prevalence of low income based on the low-income cut-offs, after tax

	than average on food, shelter, and clothing	
Lone-Parent Families	Proportion of families that are headed by a single parent	Total lone-parent families in private households divided by total number of census families in private households
Housing Tenure	Proportion of renters	Total renters divided by total private households by tenure

Each risk factor is measured as a percentage of the total for each geographic unit. This is calculated for the smallest geographic and population unit with the necessary level of detail, which in this case is the Dissemination Area (DA). Statistics Canada divided the entire country into Dissemination Area's for analysis of Census data. Each DA represents an average population of 400 to 700 people which leads to maintaining relatively stable boundaries between censuses, making them ideal boundaries for longitudinal analysis.

Census Data was processed so that values were represented as a decimal percentage for all five (5) risk indicators. These were summed to give a Total Risk Index value between zero (0) and five (5), with five (5) representing the highest possible level of risk. These values were calculated for every DA within the Edmonton Census Division and that table was linked to the corresponding 2016 Census Boundary Files.

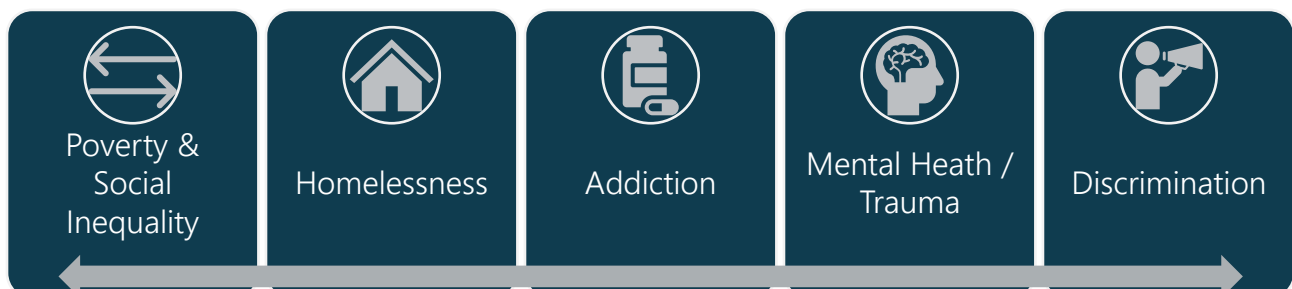
## 3.0 Edmonton

The objective of this section is to determine the drivers of crime and social disorder in Edmonton and the extent that existing strategies and services are aligned with them. First, the perceived drivers of crime and social disorder as well as “cracks in the system” by key stakeholders will be discussed. Subsequently, secondary research will be provided to support or refute perceptions of key stakeholders. Finally, the results of an environmental scan and spatial analysis will visually represent the extent to which existing strategies and services address the identified drivers of crime and disorder.

### 3.1 Perceived Drivers of Crime and Social Disorder as well as the Cracks in the System

When discussing ‘cracks in the system’, internal stakeholders first identified the perceived problems facing communities that drive higher crime, disorder, and demand for reactive community services including:

- Mental health and trauma
- Addiction
- Homelessness
- Poverty and social inequality
  - Lack of affordable housing
  - Income disparity – limited gainful employment opportunities
  - Services are cost prohibitive for individuals to access
- Discrimination
  - Inequitable access to support services



The issues identified by internal stakeholders are not perceived to be mutually exclusive but to coexist and compound one another. For example, an individual experiencing homelessness may be struggling to find affordable housing after losing gainful employment and, due to their precarious circumstances, have turned to substance use to self-medicate an undiagnosed case of depression. The co-occurring nature of these issues ultimately illuminate the cracks in the system as service providers are perceived to be failing to consistently and effectively provide coordinated services (i.e. wrap-around) for individuals with 'complex needs' (i.e. two or more co-occurring conditions). Furthermore, support services to meet the individual needs are perceived to be limited in their duration and difficult to provide to individuals for a period substantial enough to be effective. For instance, individuals may be provided with drug treatment services with little to no supportive housing options after completing a treatment program. The cracks in the system are perceived to be most pronounced for individuals that have lifelong conditions such as Fetal Alcohol Syndrome (FAS) and 'complex needs'. Finally, preventative services are perceived to be limited. For instance, there is a perception that there are not enough services available to help high-risk individuals from becoming more involved in criminality or from becoming involved in criminality in the first place.

In general, stakeholders perceive there to be inadequate detox/addiction treatment services, mental health supports including mobile and community-based services, as well as 24/7 shelter services and long-term affordable housing availability. Stakeholders agree, however, that there are enough resources existing within the human services ecosystem in Edmonton from a holistic perspective. In other words, the perceived issue regarding cracks in the system is not due to having inadequate resources invested in solving the problem as much as it is an issue in how those resources are being allocated to different types of services and the lack of coordination and cooperation in providing services to individuals in need.

There is a shared perception by stakeholders that funders are not working together to incentivize the necessary conditions for cooperation between organizations/entities that will address the cracks in the system. Specifically, there are no financial incentives for coordinating the collection and analysis of client and service delivery information nor is there a shared set of priorities and corresponding performance metrics for gauging the effectiveness of the collective human services ecosystem and/or individual service providers. As a result, collecting, sharing, and analyzing data is a perceived barrier to effective coordination and the ability to target preventative efforts to support individuals that are at-risk of becoming addicted to a substance and/or involved in the criminal justice system. To this point, most stakeholders perceive the existing human service ecosystem in Edmonton as confined to helping individuals that are already chronically homeless, experiencing an acute medical need, or the perpetrator/victim of a crime.

Overall, when discussing perceived cracks in the system, internal stakeholders perceived issues that were strategic and operational in nature (Table 3). When discussing both the strategic and operational cracks in the system all stakeholders agreed that the existing human service ecosystem needs a change to better utilize existing resources to achieve better outcomes. Specifically, the existing resources must be reallocated according to a system-wide continuum of care that is agreed upon by all relevant service providers in Edmonton.

**Table 3: Summary Table of Perceived Strategic and Operational "Cracks in the System"**

Strategic	Operational
A lack of coordination and cooperation between existing service providers and funders by means of joint teams providing services or shared priorities and corresponding performance metrics.	Mental health support and treatment for trauma, especially pertaining to mobile services that can meet people where they are in the community.
Inadequate data collection and analysis of established priorities and applicable performance metrics.	Addiction treatment availability in general as well as specific to addressing cultural needs for Indigenous peoples and New Canadians.
No established continuum of care (i.e. wrap-around services) for high-risk individuals.	Affordable permanent housing as well as addiction treatment specific housing (e.g. stabilization housing, recovering housing, post-treatment housing, permanent stable housing).
Limited preventative/intervention services to either prevent high-risk individuals from becoming engaged in crime as well as services to mitigate the risk of individuals involved in criminality from further harming themselves and/or others.	Accessibility of 24/7 safe places (i.e. shelters) as well as standards regarding the operation of these spaces (e.g. health and safety).

### 3.1.1 What the Data Says About the Drivers of Crime/Social Disorder and Cracks in the System

Secondary research corroborates the perceived drivers of crime and social disorder as well as the cracks in the system as outlined in Table 4. Specifically, a comparison of the research on perceived drivers of crime/social disorder and cracks in the system identifies issues regarding, poverty and social inequality, homelessness, mental health, addiction, and discrimination as well as issues regarding a lack of capacity and preventative services.

**Table 4: Summary Table of Applicable Reports and Key Findings**

Report Title	Key Findings
<b>End Poverty Edmonton – A Profile of Poverty in Edmonton</b>	<ul style="list-style-type: none"> <li>• 1 in 10 metro Edmonton residents live in low income</li> <li>• 1 in 5 metro Edmonton homeowners spend more than 30% of their before-tax income on housing</li> <li>• The rate of poverty for those identifying as Indigenous is three times that of non-Indigenous populations</li> </ul>

Report Title	Key Findings
	<ul style="list-style-type: none"> <li>• 42% of those living in low-income identify as a visible minority</li> <li>• 9,705 lone parent families are living in low income; of these, 8,460 families are female-led</li> <li>• Canadians in the lowest income group are 3 to 4 times more likely than those in the higher income group to report poor to fair mental health</li> </ul>
<b>7 Cities on Housing and Homelessness</b>	<ul style="list-style-type: none"> <li>• An estimated 1,917 individuals in Edmonton are experiencing some form of homelessness with 1,194 being provisionally accommodated, 679 in emergency shelters, 70 unsheltered, and 28 with an unknown housing status.</li> <li>• Approximately 74% of individuals experiencing homelessness are male between the ages of 25 and 64 (77%).</li> </ul>
<b>Canadian Mental Health Association – Availability of Housing for People with Mental Illness in the City of Edmonton: Supported and Non-Supported</b>	<ul style="list-style-type: none"> <li>• Housing has been a priority in Alberta for more than 15 years               <ul style="list-style-type: none"> <li>○ In 2004, the Alberta Mental Health Board released a <i>Provincial Mental Health Plan</i> identifying safe and supportive housing among the top priorities for expanding access to services and supports.</li> <li>○ The 2004 plan led to the development of the <i>Roadmap for the Future: Capital Health Plan for Regional Mental Health Program Delivery 2005 to 2008</i> that identified the following gaps in housing availability for individuals with mental health conditions:                   <ul style="list-style-type: none"> <li>▪ Lack of affordable housing for patients discharged from hospital</li> <li>▪ Lack of affordable housing in general for people living with mental illness</li> <li>▪ Lack of supportive housing and living options for clients with severe and persistent mental illness</li> </ul> </li> <li>○ In 2005, the Edmonton Joint Planning Committee on Housing released a similar plan entitled the <i>Edmonton Community Plan on Housing and Support Services 2005-2009</i> that stated “significantly more housing and support services are required at all levels to address homelessness and affordable housing issues and to prevent homelessness among those at risk. It also (recognized that) efforts should be concentrated to increase the supply of housing and services that provide longer-term solutions.”</li> </ul> </li> </ul>

Report Title	Key Findings
	<ul style="list-style-type: none"> <li>○ In 2009, the Alberta government approved a 10-year strategic plan to end homelessness by 2019 taking a Housing First Approach with a client-centered service model.</li> <li>● In 2009, the following gaps in housing availability were identified:             <ul style="list-style-type: none"> <li>○ Housing for people with a dual diagnosis, this is, housing that provides treatment for addictions (substance use and gambling) and treatment or supports that address the mental health needs of tenants. Currently, there are only two housing options in Edmonton for people with a dual diagnosis: McDougall House/AADAC and Cunningham Place.</li> <li>○ Housing for people with concurrent disorders, providing treatment for a variety of needs associated with more than one diagnosis, including brain injuries, physical disabilities, developmental disabilities and mental illness.</li> <li>○ Transitional housing that allows for a gradual decrease in support until the tenant’s life skills and community living skills reach a point where the tenant is able to live independently. Such supports might include initial and ongoing assessment of skills and stability, assistance in finding appropriate long-term housing and assistance with moving. Currently, there are only two housing options in Edmonton that are specifically designated as transitional housing: YMCA and House Next Door.</li> <li>○ Housing provided by Alberta Health Services for people under 65 years of age living with mental illness or brain injury. Currently, Alberta Health Services housing supports only those over 65 years of age.</li> <li>○ Structured housing for young adults (ages 18 to 25).</li> <li>○ More housing options for people who require support in between custodial care (full support) and independent support.</li> <li>○ More long-term housing for women in rural settings. Currently, Gunn Centre is for men only.</li> <li>○ More housing that provides minimal supports, such as cleaning and cooking, that will help to develop these skill sets.</li> <li>○ Structured supportive housing for people with chronic mental illness when they are discharged from hospital.</li> <li>○ More housing located close to amenities and mental health services (e.g. shopping centres, grocery stores, doctors, groups, etc.).</li> </ul> </li> </ul>



Report Title	Key Findings
	<ul style="list-style-type: none"> <li>• More affordable housing that is located in safe areas of the city for people under the age of 65 with low incomes.</li> </ul>
<b>Edmonton Police Service – Vulnerable Persons Victimization Risk Assessment Matrix</b>	<ul style="list-style-type: none"> <li>• The strongest predictors of criminal victimization include:               <ul style="list-style-type: none"> <li>○ Age – individuals between the ages of 15 and 24 are nine times more likely to be a victim of crime compared to those that are 55 or older.</li> <li>○ Sex – males and females are equally likely to be victims of crimes. However, females are four times more likely to be victims of sexual assault and more likely than males to be a victim of personal theft, whereas males are at a greater risk of being a victim of a robbery or assault compared to females.</li> <li>○ Mental Health Condition – individuals experiencing severe mental illness (e.g. schizophrenia, bipolar disorder, and psychosis) report being victims of violent crime at a rate more than 11 times higher than the general population.                   <ul style="list-style-type: none"> <li>▪ Studies have found that individuals with a mental health condition are at a greater risk of being arrested for minor infractions (e.g. jaywalking or behaviour that breaks social norms).</li> <li>▪ An estimated 30% of individuals experiencing homelessness have a mental health condition, which is higher than the general population. Furthermore, individuals experiencing homelessness and a mental health condition are most likely to have a history of arrest/incarceration.</li> </ul> </li> <li>○ Homelessness – persons are at a higher risk of becoming a victim of crime as well as requiring emergency services because of unintentional injuries and traumatic injuries associated with the conditions of experiencing homelessness.</li> <li>○ Substance Abuse – research indicates that individuals are at a higher risk of becoming involved in a cycle of victimization if they abuse substances.</li> <li>○ Previous Victimization – studies have found that the single most salient indicator of being a victim of a crime is previous victimization (e.g. sexual assault repeat victimization is 67%; domestic violence repeat victimization is 44%; while, assault repeat victimization is 11%).</li> </ul> </li> </ul>

Report Title	Key Findings
<b>Government of Alberta – Gap Analysis of Public Mental Health and Addictions Programs</b>	<ul style="list-style-type: none"> <li>• Residence – Individuals residing in low socioeconomic neighbourhoods are more likely to be involved in crime (victim or perpetrator) compared to individuals from high socioeconomic neighbourhoods.</li> <li>• Existing services do not provide sufficient care to meet the needs of Alberta adults.</li> <li>• Services are mainly operated on a reactive, acute-care model that requires Albertans to seek care at physician offices and specialty clinics.</li> <li>• System resources are heavily invested in providing inpatient, residential, and crisis services.</li> <li>• There is wide variation in the costs of providing acute inpatient care for different conditions.</li> <li>• System resources are heavily invested in providing care for adults.</li> <li>• Programs and services require assistance for continuous improvement.</li> <li>• System resources are heavily invested in providing care for mental health problems and may be under-invested in addiction services.</li> <li>• Supportive services for people with addiction and mental health problems are not well-integrated into addiction and mental health care.</li> <li>• Neither Alberta Health Services nor the Government of Alberta uses standardized nomenclature to define specialty addiction and mental health programs and services.</li> </ul>

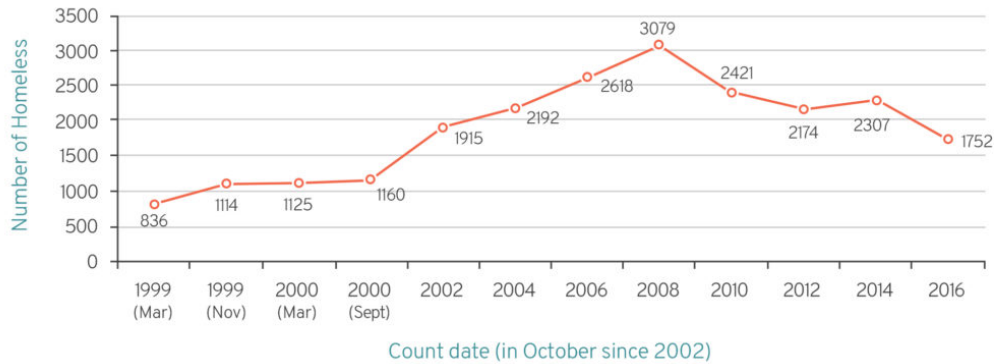
### 3.1.1.1 Key Findings Over Time: A Note of the Historical Prevalence of Crime and Social Disorder

Many of the findings discussed above speak to a longer standing trend of rising rates of homelessness, addiction, mental health, and social inequity in Alberta’s communities. For example, while the recent opioid crisis has exponentially increased the number of deaths as a result of drug overdose – approximately 40 percent – addictions issues have impacted Albertans for decades.<sup>1</sup> Another example, specific to Edmonton, is demonstrated by the increasing rate of homelessness since the 1990s, as documented by Homeward Trust below:

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<sup>1</sup> *Hospitalizations and Emergency Department Visits Due to Opioid Poisoning in Canada* (2016). Canadian Centre on Substance Abuse.

**Figure 1: Count of Edmonton's Homeless Population 1999-2016**



Furthermore, the misalignment between the intersectionality of vulnerable persons and the services available to them is also not new. A number of Canadian and global studies have acknowledged these challenges since the early 2000s. For instance, a study of drug overdoses in major Canadian cities, in which Edmonton was included, documented the importance of understanding and acting on this intersectionality of social issues predominantly facing those dealing with discrimination, poverty, homelessness, and mental health and addictions<sup>2</sup>:

*"This study underlines the important role of housing — and social determinants in general — in determining the health of marginalized populations. Housing and other forms of social support may help to reduce health risks for illicit drug users, including the risk of overdose... [services and supports] must take into account the fact that many treatment episodes for illicit drug users are suddenly or prematurely terminated, which leaves no opportunity for transition measures. Systematic provision to drug users of overdose resources and response training... may be one way to address these response gaps... Interventions are more likely to be effective if they can be directed to some of these specific causal factors [vulnerability indicators]."*<sup>3</sup>

Both provincially and locally, leaders have focused on tackling these challenges to varying degrees. Most notably, these efforts have shifted in recent years from 'managing' social disorder and crime to 'ending' these issues. In doing so, increased attention and awareness of the intersectional nature of issues such as mental health and trauma, addictions, homelessness, discrimination, and poverty and inequality has resulted in more of a focus on integrated service delivery.

<sup>2</sup> *Determinants of overdose incidents among illicit opioid users in 5 Canadian cities* (2004). Canadian Medical Association Journal.

<sup>3</sup> Ibid.

## 3.2 Environmental Scan and Gap Analysis

The purpose of this Section is to identify existing service providers in Edmonton and assess the degree of alignment between the services provided and the underlying problems that illuminate the cracks in the system identified in Section 3.1. To this end, Subsection 3.2.1 will summarize existing strategies to address the perceived underlying problems within Edmonton. Subsequently, Subsection 3.2.2 will provide a graphic depiction of the existing service providers with a corresponding discussion of the results of the spatial analysis and how well these services align with the needs of neighbourhoods in Edmonton based on crime and social disorder calls for service and Statistics Canada’s socioeconomic risk index for criminality. Key findings will be discussed in Subsection 3.3.

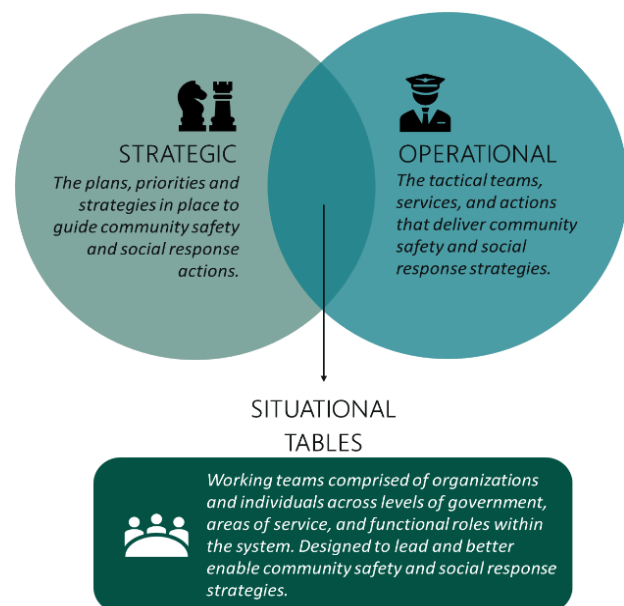
### 3.2.1 Ongoing Efforts to Address the Drivers of Crime and Disorder in Edmonton

Stakeholder input and secondary research has identified multiple ongoing efforts to address the drivers of crime and social disorder in Edmonton.

To better understand the various ongoing efforts, they have been separated into strategic and operational categories linked by interdisciplinary working teams, often referred to as Situation Tables (Figure 2). Each of these three categories are detailed below and analyzed against each of the five key drivers of crime and social disorder:

- Mental health and trauma
- Addiction
- Homelessness
- Poverty and social inequality
  - Lack of affordable housing
  - Income disparity – limited gainful employment opportunities
  - Services are cost prohibitive for individuals to access
- Discrimination
  - Inequitable access to support services

Figure 2: Multi-Tiered Community Safety & Wellbeing System



### 3.2.1.1 Active Strategies in Edmonton

Multiple strategies exist between various not-for-profit organizations as well as various departments and institutions funded or operated by the City of Edmonton. Presently, there is no overarching strategic plan or applicable service model establishing shared priorities, performance metrics, and continuum of care. Since the coordination of complex services requires the existence of a strategic plan and service model, the perception amongst stakeholders of an uncoordinated system appears to be valid.

With that said, there is evidence of efforts made in the development of an overarching strategic plan and service model. Specifically, the Community Wellness Services for Vulnerable Persons with Complex Needs Plan (CWSP) developed in 2016<sup>4</sup> provides the framework to address the drivers of crime and social disorder identified by stakeholders interviewed for this project. The approach provides an overarching model for coordinating existing organizations to provide ongoing, wrap-around services for individuals in need. Highlights from the approach include:

- Providing culturally appropriate and wrap-around services to end poverty
- Ensuring individuals receive coordinated, seamless, and tailored services to meet their needs
- Prevent and address homelessness and improve housing stability by integrating personal financial and health supports with housing
- Enhance the delivery of primary care
- Support Indigenous community members to be able to fully participate in Alberta's economy and society
- Ensure individuals involved with the justice system, including those with mental health and addiction issues, have access to appropriate and timely supports

However, there is no governance or accountability mechanisms established within the plan. Furthermore, there are minimal details regarding support by the community and existing service providers for the plan. At the time of writing this report, there appears to be no further actions taken by the City of Edmonton regarding this plan. A Community Safety and Wellbeing Task Force has been established with a mandate to "...initiate an inclusive, relationship-based process to create actionable recommendations for Council regarding the future of community safety and well-being in Edmonton". Furthermore, the City of Edmonton Family and Community Support Services Program is a joint provincial/municipal program working towards aligning preventative social services in the province.

To realize the benefits of aligned efforts, there would be value in aligning the efforts of the Community Safety and Wellbeing Task Force with that of the Family and Community Support Services Program under a comprehensive strategy (e.g. CWSB).

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<sup>4</sup> Community Wellness Services for Vulnerable Persons with Complex Needs (2016). City of Edmonton.

### 3.2.1.2 Active Situation Tables in Edmonton

Briefly, a Situational Table was originally implemented as Hub Table in Prince Albert, Saskatchewan to facilitate a structured approach in providing wrap-around services for individuals that are most in need. Due to their interdisciplinary composition, involving multiple organizations, these tables serve to best leverage resources and unify organizational objectives on a single mandate. Situational Tables walk the line between strategic and operations, bringing strategies and plans to life while also beyond the typical scope of an operational program or service, which are limited in jurisdiction and resources, to serve community needs in a more cohesive manner.

Generally, a major municipality or region will have one situational table to operate effectively and efficiently. Although, the presence of four Situation Tables in Edmonton with closely aligned objectives and membership suggest a duplication of efforts amongst existing organizations within the human service ecosystem of Edmonton. Multiple situation tables may be associated with the governance and accountability issues that are suggested by the lack of progress to achieving the objectives identified by the Community Wellness Strategic Plan identified above. Moreover, multiple Situational Tables with a lack of an overarching strategy or approach does speak to the perception by stakeholders of an uncoordinated human service ecosystem in Edmonton.

**Table 5: Summary of Existing Situational Tables in Edmonton**

Edmonton Situational Tables	Key Partners	Description / Members	Objectives
Community Action Team (CAT)	<ul style="list-style-type: none"> <li>• EPS</li> <li>• Bent Arrow</li> <li>• Metis Child and Family Services</li> <li>• REACH Edmonton</li> <li>• SAGE Senior’s Association</li> <li>• Crime Stoppers</li> <li>• SNUG</li> <li>• Today Centre</li> <li>• CEASE</li> <li>• ASSIST</li> <li>• 24/7 Crisis Diversion</li> <li>• Community Supervision Unit</li> </ul>	<ul style="list-style-type: none"> <li>• Mobile EPS unit that works with local community supports and organizations to “disrupt the precursors of crime in distressed communities through prevention, intervention and suppression techniques”.<sup>5</sup></li> </ul>	<ul style="list-style-type: none"> <li>• To “reduce the frequency and severity of violence, as well as the fears and perceptions of violence”.<sup>5</sup></li> </ul>

<sup>5</sup> Community Action Team (Synopsis) (2015). Government of Canada.

Edmonton Situational Tables	Key Partners	Description / Members	Objectives
	<ul style="list-style-type: none"> <li>• Neighbourhood Watch</li> <li>• Sportcentral</li> </ul>		
EPS Heavy Users of Service (HUoS)	<ul style="list-style-type: none"> <li>• AHS (EMS, Addictions and Mental Health, Home Care)</li> <li>• Bent Arrow</li> <li>• Bissell Centre</li> <li>• Boyle McCauley Health Services</li> <li>• Boyle Street Community Services</li> <li>• City of Edmonton</li> <li>• E4C</li> <li>• George Spady Society</li> <li>• Government of Alberta, Community and Social Services</li> <li>• Homeward Trust</li> <li>• REACH Edmonton</li> </ul>	<ul style="list-style-type: none"> <li>• Established in 2013 as part of EPS Violence Reduction Strategy</li> <li>• Collaboration of 16 community stakeholders who believed a new and unique harmonization was necessary to address Edmonton's most at-risk citizens.</li> </ul>	<ul style="list-style-type: none"> <li>• HUoS clients have access to the appropriate services and supports they need.</li> <li>• Prevent HUoS clients from "falling through the cracks" as a result of ongoing encounters with the criminal justice system.</li> </ul>
Neighbourhood Empowerment Team (NET)	<ul style="list-style-type: none"> <li>• City of Edmonton</li> <li>• EPS</li> <li>• The Family Centre</li> <li>• United Way</li> </ul>	<ul style="list-style-type: none"> <li>• Main purpose is to "identify recurring situations which affect the perceptions or realities of a community's safety and which would benefit from proactive and preventative interventions."<sup>6</sup></li> </ul>	<ul style="list-style-type: none"> <li>• To "identify and implement innovative strategies and work with community to address factors which are contributing to the situation, ultimately working toward a resolution of the incidents which are creating or contributing to the issue."<sup>6</sup></li> </ul>
REACH Council for Safe Communities (Formerly the	<ul style="list-style-type: none"> <li>• City of Edmonton</li> <li>• City Council</li> <li>• Various organizations, community groups,</li> </ul>	<ul style="list-style-type: none"> <li>• Community-based coordinating council working to make</li> </ul>	<ul style="list-style-type: none"> <li>• Works with organizations, agencies, community groups and individual Edmontonians to realize</li> </ul>

<sup>6</sup> Neighbourhood Empowerment Team (NET) (n.d.). City of Edmonton.

Edmonton Situational Tables	Key Partners	Description / Members	Objectives
Mayor’s Task Force on Community Safety)	agencies, and individuals <ul style="list-style-type: none"> <li>• Private sector</li> <li>• Inter-governmental representatives</li> </ul>	Edmonton a safer city in one generation.	their innovative ideas for crime prevention.” <sup>7</sup>

### 3.2.1.3 Existing Front-Line Service Providers

In accordance with the perceived drivers of crime and social disorder, Table 6 provides a summary of existing front-line service providers in Edmonton by the perceived drivers of crime and social disorder. The list of front-line service providers in Table 6 has been compiled based on input from stakeholders in Edmonton as well as additional online research. Generally, there appears to be a high degree of alignment between existing services and the drivers of crime and social disorder. However, this is not a comprehensive outline of all the social services available in Edmonton. For these, comprehensive maps and listings of services available in Edmonton have been developed by LinkYEG, Help Seekers, 211 United Way Edmonton, as well as Mapping and Planning Support, Alberta Capital Region. With that said, the community services identified in Table 6 illustrate the service offerings available to individuals to help understand the cracks in the system from a client perspective for the purpose of this report.

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<sup>7</sup> REACH Edmonton Council for Safe Communities (n.d.). City of Edmonton.



Table 6: Existing Front-Line Service Providers in Edmonton by Driver of Crime and Social Disorder

Driver	Organization	Services Provided
Mental Health and Trauma	The Family Centre	<ul style="list-style-type: none"> <li>• A variety of services are available including counselling, family support workers, and translation/interpretation services</li> </ul>
	Canadian Mental Health Association	<ul style="list-style-type: none"> <li>• A range of services are provided including online/phone distress support, service navigation assistance, educational and training workshops, peer and grief support, as well as low income housing options for individuals with mental illness</li> </ul>
	Metis, Child and Family Services Society – SNUG	<ul style="list-style-type: none"> <li>• Provides immediate intervention for women, men, trans-gendered who are involved in the sex trade and who need safety planning, community resources support, and guidance for exiting the sex trade</li> <li>• Services include:               <ul style="list-style-type: none"> <li>○ Basic needs assistance</li> <li>○ Counselling</li> <li>○ Advocacy</li> <li>○ Addictions guidance</li> <li>○ Safety planning</li> <li>○ Emotional support</li> </ul> </li> <li>• Referrals to community services</li> </ul>
	Police and Crisis Team (PACT)/ Youth PACT	<ul style="list-style-type: none"> <li>• A response to incidents involving individuals and families experiencing mental health concerns, addiction or psychosocial crisis when there is a danger to themselves and/or the public</li> </ul>
	Centre to End All Sexual Exploitation (CEASE)	<ul style="list-style-type: none"> <li>• Support services for those involved the sex trade, including sex trade workers, sex buyers, and impacted families and communities</li> <li>• Services for sex-trade workers:               <ul style="list-style-type: none"> <li>○ Counselling and trauma recovery</li> <li>○ Financial literacy, matched savings, and success coaching</li> <li>○ Bursaries for going back to school</li> </ul> </li> </ul>

Driver	Organization	Services Provided
		<ul style="list-style-type: none"> <li>○ Advocacy and court support for victims of crime</li> <li>● Services for sex buyers:               <ul style="list-style-type: none"> <li>○ Sex Trade Offender Program (STOP) for those charged with S. 286.1.1 CC (Formerly 'john school')</li> <li>○ Help for sexual addiction (community resources and referrals)</li> <li>○ Public education</li> <li>○ Referrals</li> </ul> </li> <li>● General support programs for men</li> </ul>
	Pride Centre of Edmonton	<ul style="list-style-type: none"> <li>● Provides drop-in counselling services as well information sessions and referral services</li> </ul>
	Momentum Walk-In Counselling	<ul style="list-style-type: none"> <li>● Provides assessment services to address the issue presented by the patient as well as referral services to address the issue</li> </ul>
	The Today Centre	<ul style="list-style-type: none"> <li>● Co-located organizations that connect those suffering or fleeing family violence with community supports and services.</li> <li>● Provides short-term safety planning, emotional support, risk assessment and triage.</li> </ul>
	YWCA Edmonton	<ul style="list-style-type: none"> <li>● Service provider and advocate for women and children. Programs and services include               <ul style="list-style-type: none"> <li>○ Counselling and mentorship</li> <li>○ Disabilities support</li> <li>○ Family violence safe haven</li> <li>○ Youth programs</li> <li>○ Sexual wellness and education</li> <li>○ Pregnancy support</li> </ul> </li> </ul>
Poverty and Social Inequality	United Way	<ul style="list-style-type: none"> <li>● Poverty reduction and support services for children and families</li> <li>● Provides basic needs and uplift supports (education and financial management programs)</li> </ul>

Driver	Organization	Services Provided
	Bent Arrow Traditional Healing Services	<ul style="list-style-type: none"> <li>• Provides a range of services including:               <ul style="list-style-type: none"> <li>○ Elder support as well as Sweat Lodge Ceremonies and POW-WOW practice</li> <li>○ Employment assistance for youth and adults</li> <li>○ Youth mentorship and family activity/supports</li> <li>○ Senior programming</li> <li>○ Support for Indigenous individuals that have recently moved to Edmonton</li> <li>○ Affordable housing for youth, adults, and families</li> </ul> </li> </ul>
	ASSIST Community Services Centre	<ul style="list-style-type: none"> <li>• Provides diversified services to Canadian immigrants and their families, helping them to integrate into mainstream society and actively contribute</li> <li>• Services include:               <ul style="list-style-type: none"> <li>○ Family and youth programs</li> <li>○ English language courses</li> <li>○ Career and employment counselling</li> <li>○ Legal aid</li> <li>○ Administrative and immigration documentation support (healthcare, social benefits, etc.)</li> <li>○ Mental health intake and referral</li> <li>○ Community networking and support groups</li> <li>○ Housing and transportation supports</li> </ul> </li> </ul>
	YMCA Edmonton	<ul style="list-style-type: none"> <li>• Supporting healthy development and social inclusion in communities</li> <li>• Provides several social and recreational services, including youth programs and childcare, community counselling and education, and employment and housing supports</li> </ul>
	Old Strathcona Youth Society	<ul style="list-style-type: none"> <li>• Organization supporting youth through:               <ul style="list-style-type: none"> <li>○ Employment support</li> <li>○ Arts and cultural activities</li> <li>○ Harm reduction resources</li> </ul> </li> </ul>

Driver	Organization	Services Provided
		<ul style="list-style-type: none"> <li>○ Housing referrals and basic needs provision</li> </ul>
	<p>Jasper Place Wellness Community Centre</p>	<ul style="list-style-type: none"> <li>● Provides services to individuals experiencing homelessness including:               <ul style="list-style-type: none"> <li>○ Food and educational programs about how to cook</li> <li>○ Organizing and facilitating community events and services based on members' expressed needs</li> <li>○ Community-based healthcare for complex needs including addiction treatment</li> <li>○ Employment opportunities at businesses operated by the organization</li> <li>○ Affordable housing and education for community members on topics such as renters' rights and tenant agreements</li> </ul> </li> </ul>
	<p>Native Counselling Services</p>	<ul style="list-style-type: none"> <li>● Provides services for Indigenous individuals including:               <ul style="list-style-type: none"> <li>○ Affordable housing</li> <li>○ Family support</li> <li>○ Court and justice involvement support</li> <li>○ Educational</li> </ul> </li> </ul>
	<p>Metis, Child and Family Services Society</p>	<ul style="list-style-type: none"> <li>● Collaborates provincial child and family services and programs and provides supplemental services for:               <ul style="list-style-type: none"> <li>○ Pregnancy support and care</li> <li>○ Family counselling, conflict resolution, and family violence supports</li> <li>○ Youth at risk</li> </ul> </li> <li>● SNUG (see below); Harm reduction related to sex work (collaboration between Edmonton Police Services, Metis, Child and Family Services, Edmonton Food Bank, Women's Emergency Accommodation Centre and Alberta Health Services)</li> </ul>
	<p>e4c</p>	<ul style="list-style-type: none"> <li>● Services and supports offered by e4c include:               <ul style="list-style-type: none"> <li>○ Food provision services</li> <li>○ Homeless outreach</li> </ul> </li> </ul>

Driver	Organization	Services Provided
		<ul style="list-style-type: none"> <li>○ Emergency shelter</li> <li>○ After school programs (including educational programming for children)</li> <li>○ Service navigation</li> <li>○ Job training, like skill development courses</li> </ul>
	Bissell Centre	<ul style="list-style-type: none"> <li>● Provides services and programs to those experiencing poverty including:               <ul style="list-style-type: none"> <li>○ Homeless outreach</li> <li>○ Affordable housing</li> <li>○ Financial and tax education and support</li> <li>○ Mental health support</li> <li>○ Employment readiness</li> <li>○ Victim services</li> <li>○ Fetal alcohol syndrome supports</li> </ul> </li> </ul>
	The Mustard Seed	<ul style="list-style-type: none"> <li>● Provides various services for individuals experiencing homelessness that include:               <ul style="list-style-type: none"> <li>○ Food service and food hampers</li> <li>○ Community-based activities (e.g. Women’s Lunch Circle and Collective Kitchen)</li> <li>○ Service navigation assistance for social support systems</li> <li>○ Employment assistance</li> <li>○ Affordable housing units</li> <li>○ Christian spiritual care</li> </ul> </li> </ul>
Addiction	Hope Mission	<ul style="list-style-type: none"> <li>● Provides a range of services including:               <ul style="list-style-type: none"> <li>○ Meals and meal programs</li> <li>○ Youth after school programs and summer camp</li> <li>○ Detox</li> <li>○ Emergency shelter for youth and adults</li> <li>○ Short-term residential accommodations</li> </ul> </li> </ul>

Driver	Organization	Services Provided
		<ul style="list-style-type: none"> <li>○ Long-term affordable housing units for New Canadians and individuals with addiction issues</li> <li>○ Addiction treatment</li> <li>○ Christian spiritual care</li> </ul>
	George Spady Centre	<ul style="list-style-type: none"> <li>● Shelter for men and women that are intoxicated</li> <li>● Basic need services (e.g. showers, clothing, food)</li> <li>● Safe Consumption Site with access to addiction counsellors</li> </ul>
	iHuman Youth Society	<ul style="list-style-type: none"> <li>● Team of addictions, mental health, and social work experts that supports Indigenous youth impacted by the negative outcomes associated with poverty, intergenerational trauma, addiction, mental health, abuse, racism, discrimination, and exploitation</li> <li>● Provides “Caring” (social and health supports) and “Creative” (arts programming) services</li> </ul>
	Addiction Recovery and Community Health (ARCH) Team – Royal Alexandra Hospital	<ul style="list-style-type: none"> <li>● The Addiction Recovery and Community Health (ARCH) Team strives to improve health outcomes and health care access for patients with substance abuse disorders. The ARCH Team delivers specialty consult services to emergency department patients and hospital inpatients at the Royal Alexandra Hospital including:               <ul style="list-style-type: none"> <li>○ Complex withdrawal management</li> <li>○ Treatment and recovery planning</li> <li>○ Counselling, peer, and psychosocial supports</li> <li>○ Overdose prevention</li> <li>○ Referrals to wraparound addiction recovery supports</li> <li>○ Linkage to primary and community-based care</li> <li>○ Connections to housing, healthcare coverage, income supports and identification</li> <li>○ Other health promotion interventions</li> </ul> </li> </ul>
	Boyle McCauley Health Centre	<ul style="list-style-type: none"> <li>● Medical services for community members and individuals experiencing homelessness including a Safe Consumption Site</li> </ul>

Driver	Organization	Services Provided
	Pride Centre of Edmonton	<ul style="list-style-type: none"> <li>• SMART Recovery program to support individuals to change self-defeating mental and emotional habits and achieving long-term goals</li> </ul>
	Edmonton John Howard Society	<ul style="list-style-type: none"> <li>• Provides youth and adults with counselling, drug treatment, court services, and residential treatment programs</li> </ul>
	Elizabeth Fry Society	<ul style="list-style-type: none"> <li>• Provides women with counselling, court, and life skill support services</li> </ul>
	Access 24/7 – Alberta Health Services	<ul style="list-style-type: none"> <li>• Access 24/7 provides a range of urgent and non-urgent addiction and mental health services including service navigation, screening, assessment, referral, consultation, crisis intervention, outreach and short-term stabilization. This service is a single point of access for adults.</li> </ul>
Homelessness	Salvation Army	<ul style="list-style-type: none"> <li>• Up to two years of affordable housing</li> </ul>
	Boyle Street Community Services	<ul style="list-style-type: none"> <li>• Community services supporting individuals suffering from homelessness, addiction, and poverty in several centres across Edmonton</li> </ul>
	A Safe Place	<ul style="list-style-type: none"> <li>• Up to 21 days of shelter for women and their children experiencing domestic abuse</li> </ul>
	Lurana Shelter Society	<ul style="list-style-type: none"> <li>• Up to 21 days of shelter for women and their children experiencing domestic abuse</li> </ul>
	WIN House Edmonton	<ul style="list-style-type: none"> <li>• Shelter and supportive services for women and children experiencing domestic abuse</li> </ul>
	e4c - Women's Emergency Accommodation Centre	<ul style="list-style-type: none"> <li>• Shelter and affordable housing for Individuals identifying as women including their children</li> </ul>
	Wings of Providence Edmonton	<ul style="list-style-type: none"> <li>• Second stage women's shelter for women and their children that have left an abusive relationship for up to six months</li> </ul>
Youth Empowerment and Support Services	<ul style="list-style-type: none"> <li>• Short-term shelter and basic need services for youth that are experiencing homelessness</li> </ul>	

Driver	Organization	Services Provided
	Catholic Social Services – Safe House, Valeda, and La Salle House	<ul style="list-style-type: none"> <li>• Provides short-term shelter for:               <ul style="list-style-type: none"> <li>○ Youth experiencing homelessness that are involved in the sex industry</li> <li>○ Pregnant women and women with children that are 12-months or younger</li> </ul> </li> </ul>
	Sage Seniors Safe House	<ul style="list-style-type: none"> <li>• Up to 60 days of short-term shelter for seniors that have experienced abuse</li> </ul>
	Edmonton John Howard Society	<ul style="list-style-type: none"> <li>• Provides short-term shelter for youth experiencing homelessness</li> </ul>
	Elizabeth Fry Society	<ul style="list-style-type: none"> <li>• Rental subsidy program for women</li> </ul>
	Homeward Trust	<ul style="list-style-type: none"> <li>• Coordinates funding to provide affordable housing and shelter for individuals in need</li> <li>• Homeward Trust maintains a list of individuals experiencing homelessness and/or at-risk of becoming homeless that is shared amongst community partners</li> </ul>



As vulnerable individuals often have complex needs, demographic and service attributes were cross-referenced to understand the total services, programs, and supports available to clients of different demographic groups and needs. This creates a more realistic picture of which services are available to specific demographics suffering from one or many of the vulnerability indicators listed above. Specifically, the following information regarding identified service providers was utilized:

- a. **Demographics Served:** whether the organization offers programs, services, or supports to the following demographics:
  - i. Families (women and children)<sup>8</sup>,
  - ii. Youth,
  - iii. Women (unattached),
  - iv. Men,
  - v. Seniors, and,
  - vi. LGBTQ2+.

The categories listed above are not mutually exclusive. If an organization offers services for women and men of all sexual orientations and identities (LGBTQ2+), then the organization is categorized and counted as having services for all three demographics

- b. **Services Available:** whether the organization offers programs, services, or supports for key community safety and wellbeing needs and priorities. Specifically, for those facing challenges related to:
  - i. Mental health<sup>9</sup>,
  - ii. Addiction,
  - iii. Poverty & social inequality, and,
  - iv. Homelessness.

Like demographics, the categories listed above (referred to as 'vulnerability indicators') are not mutually exclusive. Organizations that offer homelessness, addiction, and mental health services would be categorized as providing all three. This is particularly important for considering the complex, often compounded, needs of vulnerable populations.

Figure 3 provides the results of the analysis and illuminates the limited services available to individuals with complex needs. Furthermore, the figure shows that there are less resources available for youth and LGBTQ2+ community members. However, this analysis only considers supportive services identified

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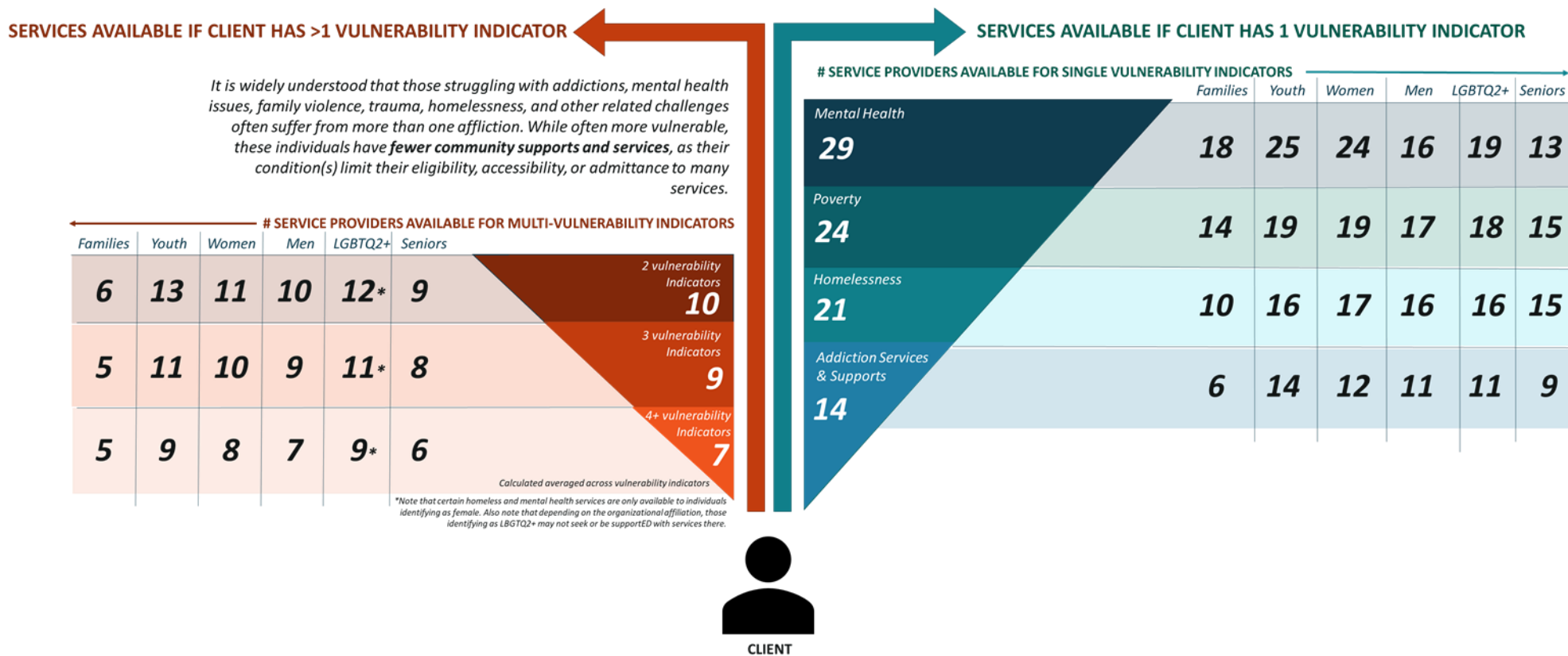
<sup>8</sup> Note the term 'families' is applied only to women and children in this analysis not because it is the only type of family in need, but because family services available are predominantly geared toward women and children, particularly those facing family violence.

<sup>9</sup> Note that mental health services were considered to include clinical, counselling, and intervention supports.

through a limited environmental scan completed for this project. Additionally, this analysis does not consider the demand side (i.e. needs assessment) for the support services. Therefore, the figure should not be interpreted to represent a complete picture of the human services ecosystem within Edmonton. However, the figure helps to illustrate difficulties faced by individuals from vulnerable populations within the city based on potential 'vulnerability indicators' and demographics.

Overall, these findings support the perception that there are a multitude of services available in Edmonton to meet the needs of vulnerable persons. However, individuals with complex needs as well as individuals from particular demographics appear to have comparatively limited options. With that said, additional factors that may impact a client's access to services, such as location, time of day, and day of the week, have not been considered in this report as they will be outlined in more detail within an augmenting report completed by Help Seeker. In alignment with the objective of this report, a more in-depth spatial analysis regarding the location of incidents and underlying environmental factors will be discussed further in Subsection 3.2.2.

Figure 3: Summary of Identified Organizations Providing Support Services in Edmonton Separated by Vulnerability Indicator (i.e. Driver of Crime and Social Disorder)



## 3.2.2 Visualization of Active Service Providers

In this subsection, there will be multiple maps presented to provide insights into where crime and social disorder incidents are occurring in Edmonton as well as support service locations and a risk index to identify the degree of risk for criminality by census track including:

- Figure 4 – Contextual map of Edmonton that serves as the backdrop for all other maps
- Figure 5 – Results of the Socioeconomic Risk Index analysis identifying high risk areas in Edmonton for crime and social disorder incidents
- Figure 6 –EPS social disorder calls for service between January 1<sup>st</sup>, 2020 and April 1<sup>st</sup>, 2020. The breakdown of the frequency of calls for service by type includes:
  - Trouble with person – 8,892
  - Warrant execution – 4,284
  - Trouble with intoxicated persons – 4,168
  - Mental health act complaints – 2,239
  - Breach court order – 1,085
  - Eloped mental patient – 100
- Figure 7 – REACH Edmonton 24/7 Diversion Team calls for service between January 1<sup>st</sup>, 2020 and April 1<sup>st</sup>, 2020. The breakdown of the frequency of calls for service by type includes:
  - Multiple factors – 2,488
  - Basic Needs
    - Economic – 200
    - Homelessness – 1,058
  - Substance Use
    - Intoxication – 294
    - Addiction – 14
  - Health
    - Physical health – 144
    - Mental health – 47
    - Medication – 9
  - Violence
    - Domestic abuse – 11
    - Sexual exploitation – 3
  - Other – 167
  - Covid-19 – 14
- Figure 8 – Overlapping map with EPS and Diversion Team calls for service as well as the Socioeconomic Risk Index
- Figure 9 – Overlapping map of support services identified for this report and the Socioeconomic Risk Index

The results of the spatial analysis are:

1. Downtown and North Edmonton have the most moderate to high-risk areas of town for crime and social disorder according to the Socioeconomic Risk Index.
2. Calls for service for both the EPS and 24/7 Diversion Team are concentrated in Downtown Edmonton as well as around high-risk areas identified by the Socioeconomic Risk Index.
3. The majority of calls for service by the 24/7 Diversion Team are for multiple factors (e.g. a call involving issues regarding physical health, intoxication, and addiction); while, the majority of EPS social disorder calls are for incidents involving individuals involved in breaking social norms or perceived to be acting suspicious (i.e. trouble with person).
4. Support services identified in this report are concentrated within Downtown Edmonton in accordance with the Socioeconomic Risk Index.

Overall, crime and social disorder are concentrated amongst the areas in Edmonton with the highest Socioeconomic Risk Index. This finding supports the stakeholder perception that these incidents are the result of underlying issues that include environmental factors of neighbourhoods within Edmonton. Additionally, support services appear to be concentrated within the highest risk areas based on the Socioeconomic Risk Index. However, there are high-risk areas within Edmonton that are not covered by existing community services. Although the level of demand for services and what types of services are required for these areas is unknown, the result does speak to a possible need for mobile support services as mentioned by stakeholders in Edmonton.

Figure 4: Contextual Map of Edmonton

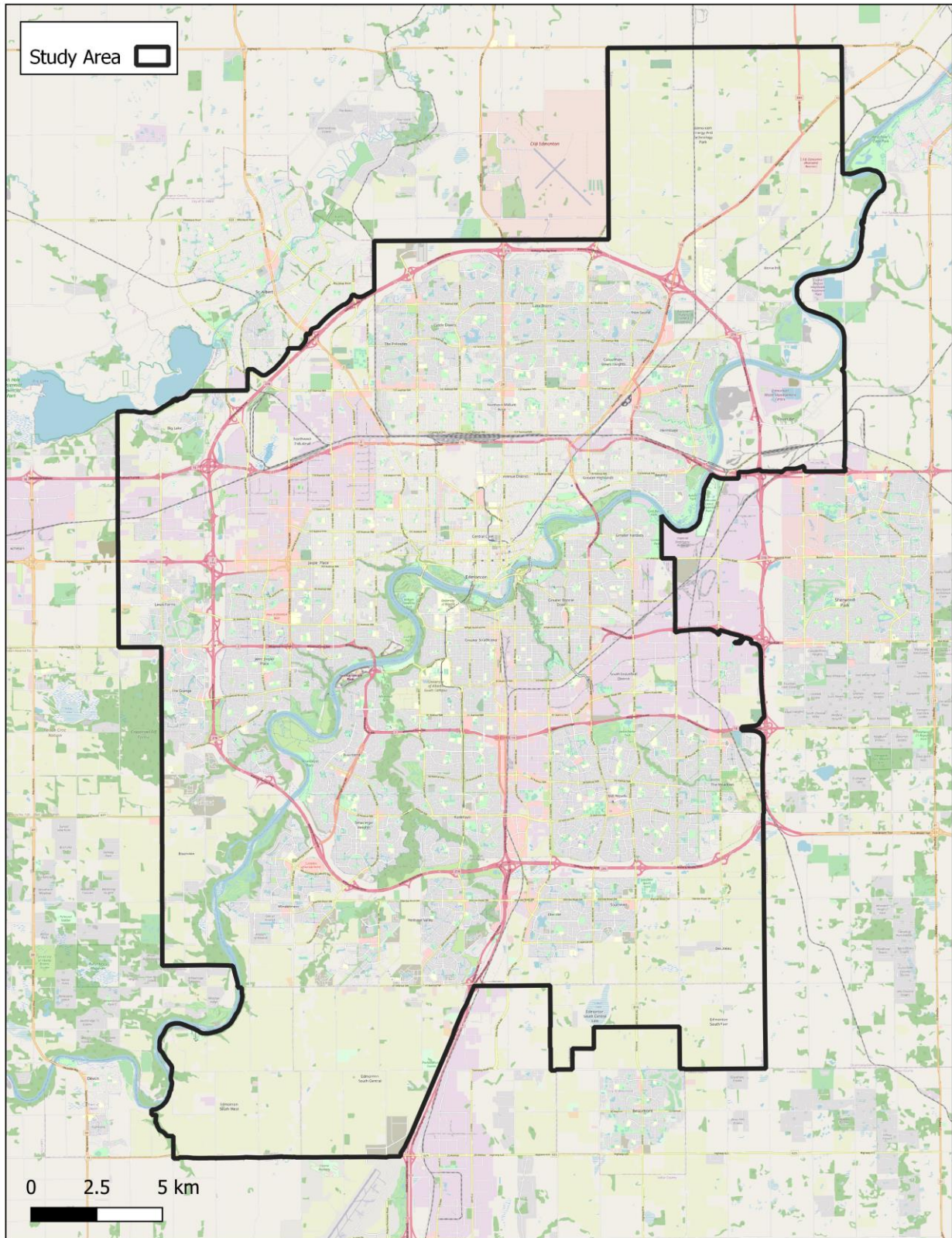


Figure 5: Socioeconomic Risk Index by Census Tracts in Edmonton

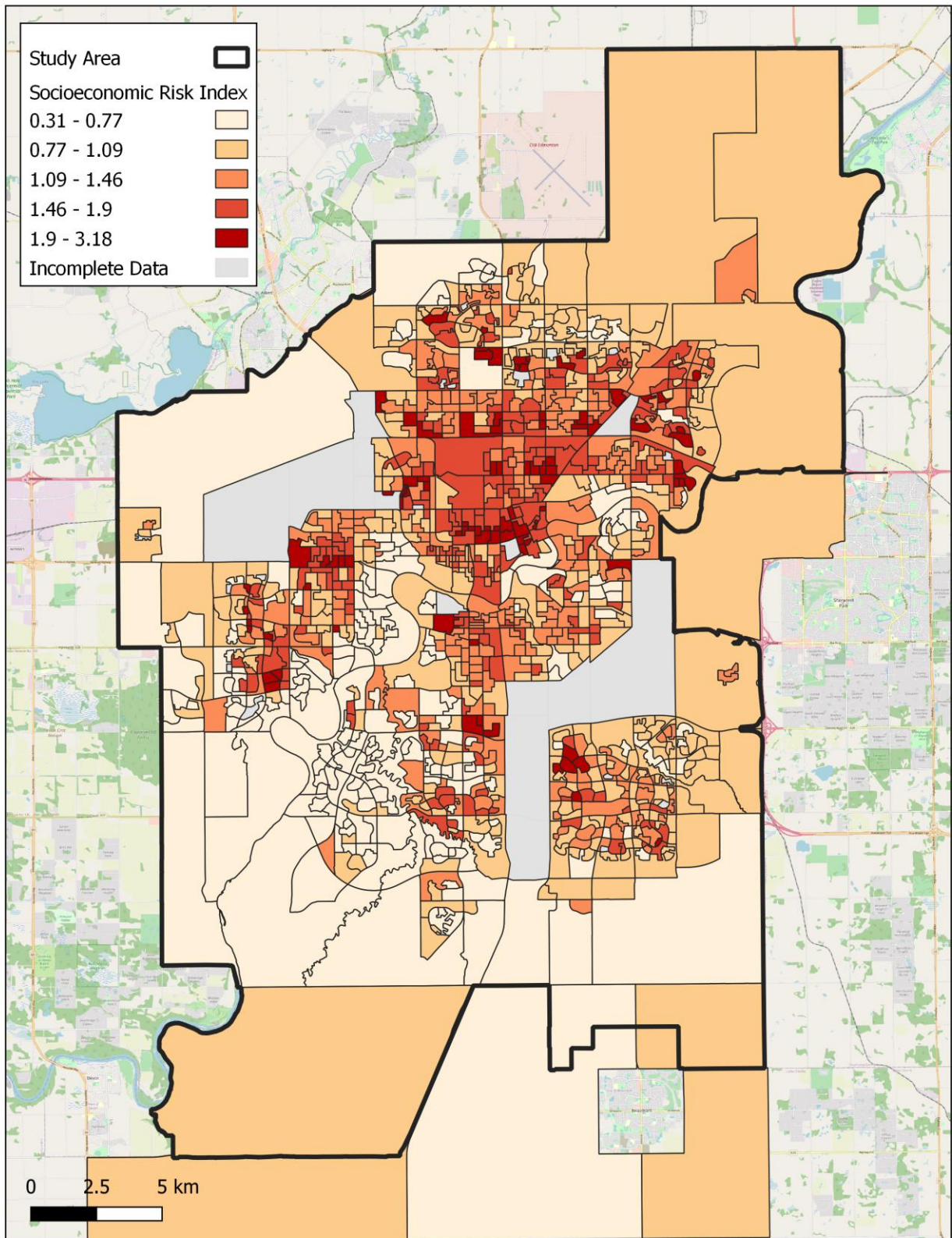


Figure 6: Edmonton Police Service Social Disorder Calls for Service between January 1<sup>st</sup>, 2020 and April 1<sup>st</sup>, 2020

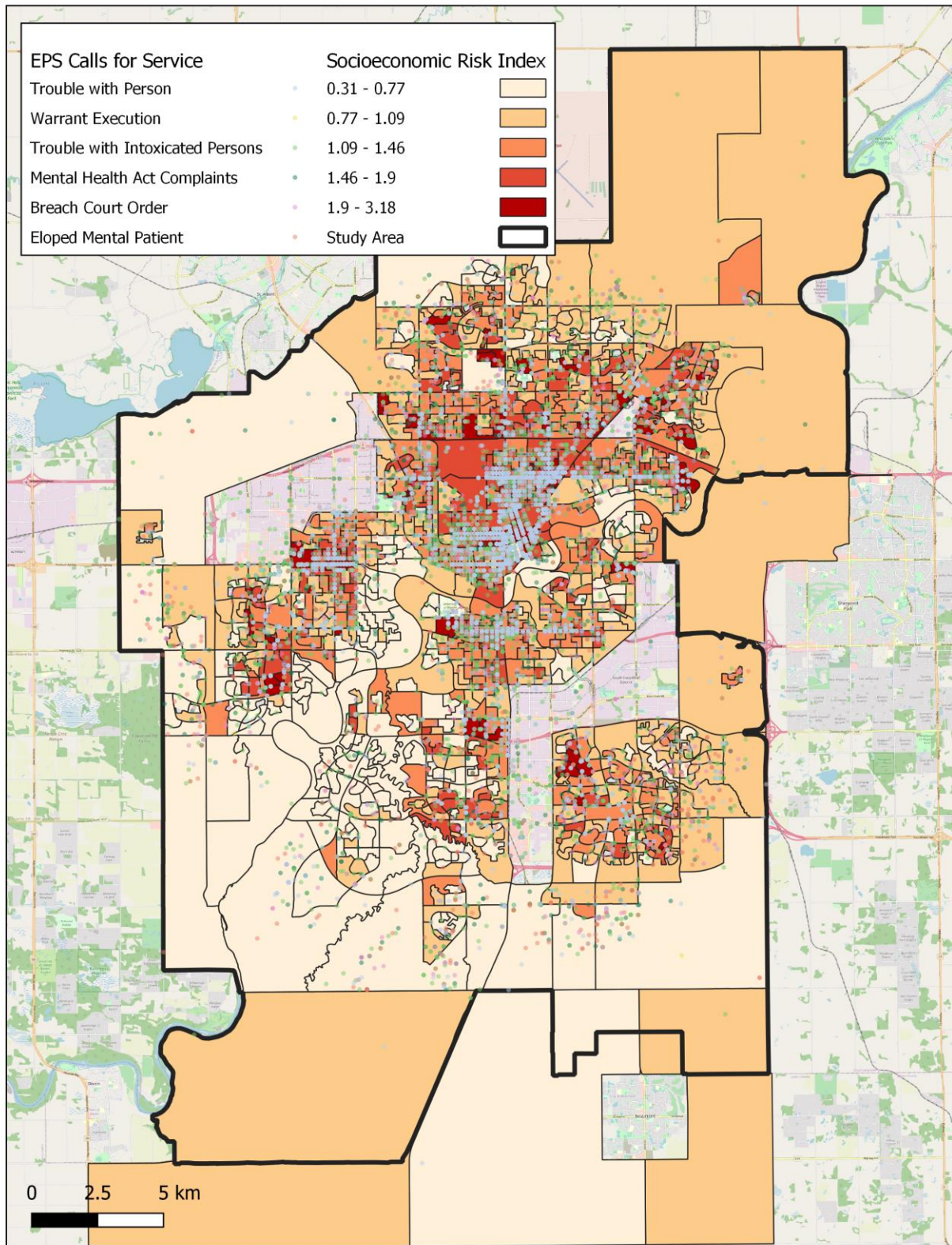




Figure 7: REACH Edmonton - 24/7 Diversion Team Calls for Service between January 1<sup>st</sup>, 2020 and April 1<sup>st</sup>, 2020

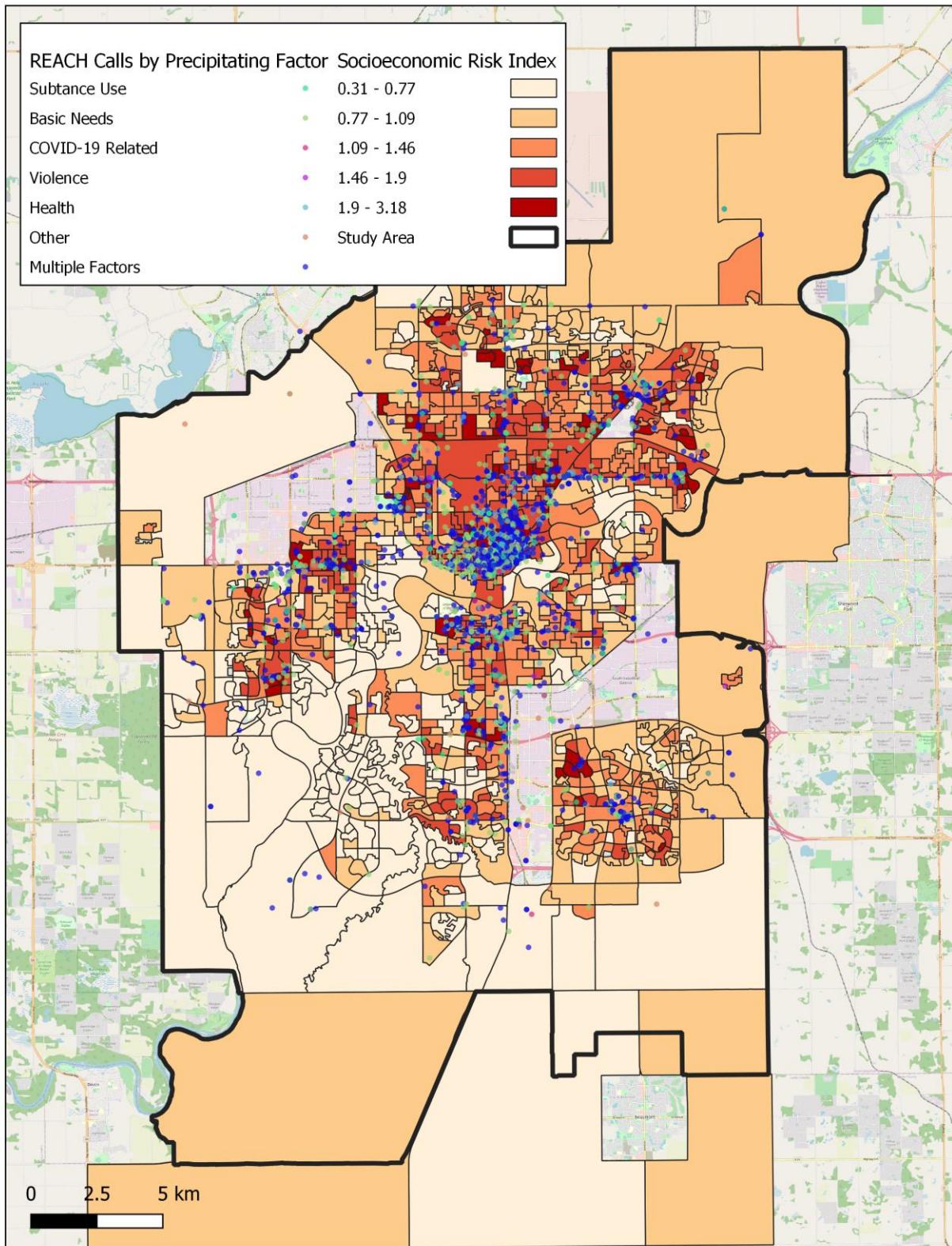


Figure 8: Edmonton Police Service Social Disorder Calls for Service and REACH Edmonton – 24/7 Diversion Team Calls for Service Combined Map

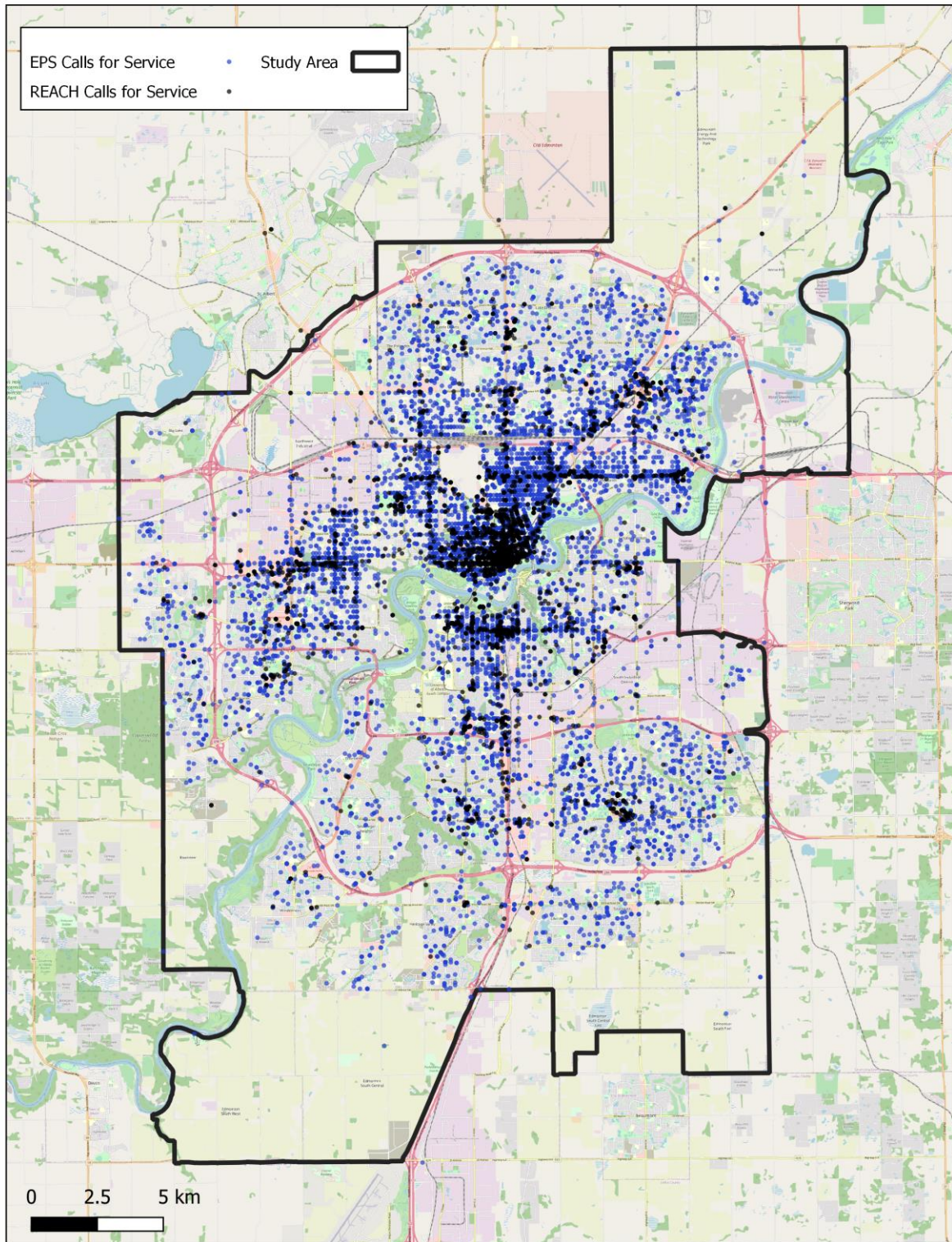
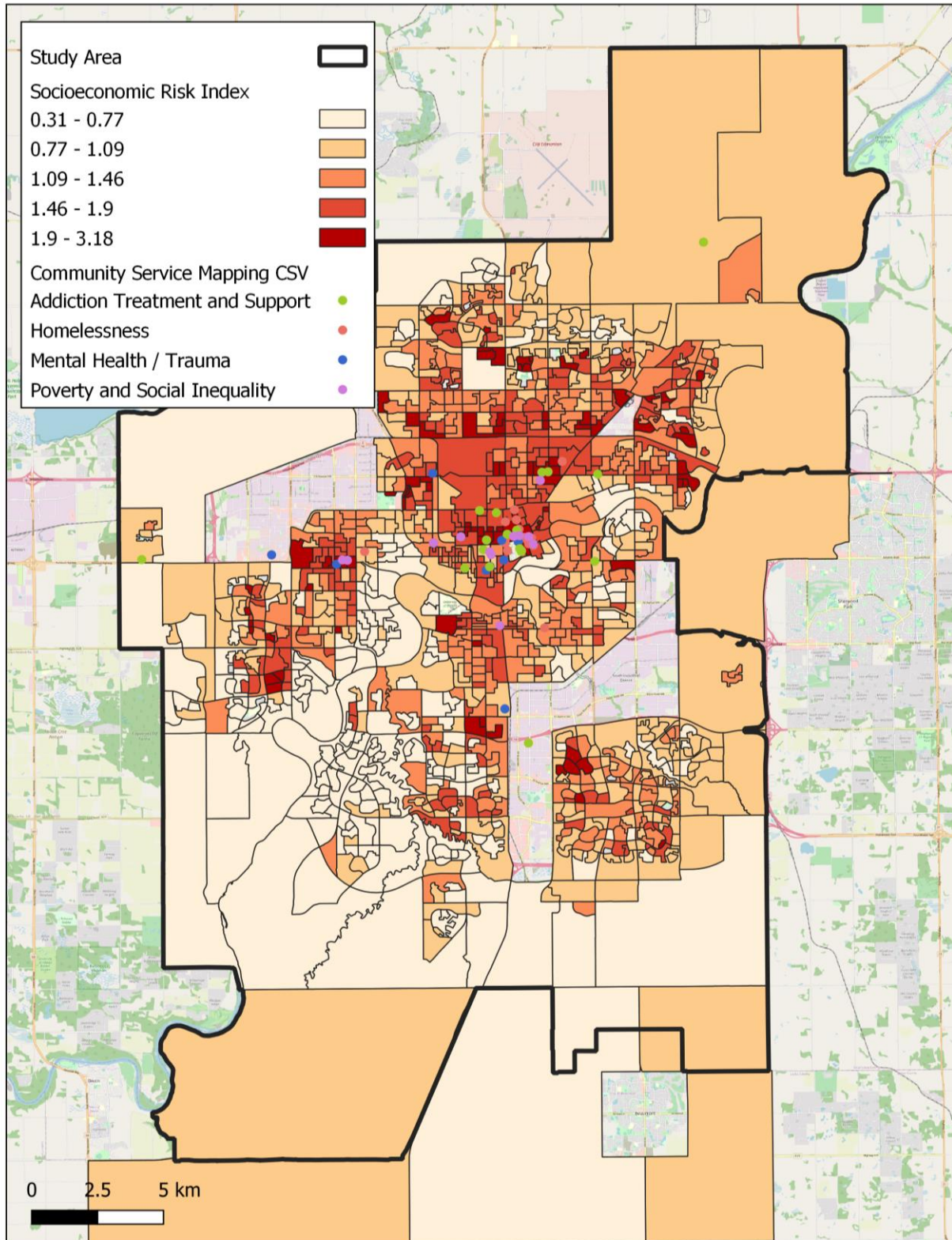


Figure 9: Community Services in Edmonton Identified in this Report Overlapped with the Socioeconomic Risk Index



### 3.3 Summary

The perceptions of the drivers of crime and social disorder by stakeholders is aligned with the data collected and analyzed for this project. Similarly, the perceived cracks in the system are in alignment with the available data collected and analyzed for this project (Table 2). A lack of coordination by funders as well as narrowly defined services that are unable to support individuals with co-occurring vulnerability indicators were perceived to be two core issues negatively impacting the delivery of services for individuals in need. With that said, there are multiple opportunities for improvement that have been noted and will be discussed further in Section 5.

## 4.0 Other Jurisdictions

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The purpose of this section is first to identify the similarities and differences of the perceived drivers of crime and social disorder as well as the 'cracks in the system' between Edmonton and Calgary, Grande Prairie, Lethbridge, Rural Municipality of Wood Buffalo, Red Deer, and Medicine Hat. Second, the approaches implemented by other jurisdictions to address the cracks in the system will be discussed with a focus on identifying lessons learned that are relevant/applicable to Edmonton.

### 4.1 Perceived Drivers of Crime and Social Disorder as well as the Cracks in the System

Overall, the majority of the municipalities perceived similar issues to be driving crime and social disorder including:

- Mental health and trauma
- Addiction
- Homelessness
- Inadequate ongoing support for vulnerable populations diagnosed with a physical/mental disability; especially pertaining to individuals with complex needs
- Poverty and social inequality
  - Lack of affordable housing
  - Income disparity – limited gainful employment opportunities
  - Services are cost prohibitive for individuals to access
- Discrimination of individuals negatively impacting their access to supportive services
- Geographic isolation of the community

In general, the other municipalities perceive these issues to be interconnected and require a coordinated, multifaceted response to establish an effective and sustainable response. Unfortunately, most of the other jurisdictional representatives perceive that they are not meeting the needs of their respective vulnerable populations currently with siloed responses by existing service providers. There is consensus however, amongst other jurisdictional representatives that enough resources exist within their respective jurisdictions to address the drivers of crime and social disorder. Furthermore, there is a perception that appropriate responses exist within their respective jurisdictions (e.g. situational tables, PACT teams, shelters, outreach workers, etc.), albeit without the capacity to meet the demand. For instance, Red Deer has a Situation Table in place to handle six cases annually when there are more than 60 individuals on a waiting list.

Essentially, the resources required to address the drivers of crime and social disorder are sufficient as well as the appropriate responses but, the lack of service provider and funder coordination to allocate the available resources to meet the needs of vulnerable individuals is creating the existing cracks in the system. Overall, other jurisdictional representatives perceive a lack of coordination by service providers and funders due to a lack of shared priorities, data collection, performance metrics, informed by a comprehensive strategy/plan that is overseen by an effective governance structure.

Some other jurisdictional representatives perceive there to be an issue with the utilization of a program-focused operating model as opposed to a client-focused operating model. Municipal representatives identified this as leading to challenges in the current service delivery model and consequently causing gaps in service. For example, having services available between normal business hours of 9:00 am to 5:00 pm, Monday to Friday is a program-focused challenge. Another example that was mentioned by municipal representatives is a requirement for clients to visit the service provider's office(s) to receive service. In general, a program-focused approach is perceived to be a detriment to addressing mental health, addiction, and homelessness due to the clientele's living circumstances and level of need. Generally, vulnerable individuals experiencing a crisis or addressing multiple high-risk factors will require support 24/7 as opposed to only between 9:00 am and 5:00 pm. Moreover, vulnerable individuals are less likely to have access to reliable transportation to move from location to location to receive the support services they require. Additionally, some vulnerable individuals do not feel comfortable receiving support services or entering clinical settings, for instance, due to previous bad experiences or personal feelings of shame or guilt. Consequently, other jurisdictional representatives perceive that there is a gap in service from not providing multiple forms of supportive services that meet the needs of clients. Without receiving the support where and when it is needed, vulnerable individuals are more likely to have exacerbated conditions ultimately requiring more emergency services with a positive outcome becoming less probable.

Most other jurisdictional representatives perceive that there is a growing number of vulnerable individuals within their communities that are not receiving the services they require due to an increasing proportion of them having 'complex needs' (i.e. two or more conditions). For example, an individual may be diagnosed with Fetal Alcohol Syndrome and struggling with a substance abuse problem. Due to these two conditions, the individual is deemed to have complex needs by primary service providers. Unfortunately, most service providers are perceived to be limited or unable to provide the support required to help individuals with complex needs. As a result, supportive services are perceived to be more difficult to access. One other jurisdictional representative summarized this issue by stating the current human service ecosystem has been organized to help an individual that has simply fallen on hard times by means of a job loss that may still have access to family supports. Although, the profile of individuals that require supportive services are individuals with limited family supports, job prospects, or financial resources. Furthermore, these individuals are more than likely dealing with trauma and physical/mental health conditions that may prevent them from obtaining gainful employment or require ongoing supportive services to ensure they remain healthy.

Ultimately, the gap between the needs of clients and the services being provided illuminate the cracks in the system that are similar in other jurisdictions as they are in Edmonton. Specifically, the perceived strategically significant cracks, included:

- Duplicated and overlapping services
- Inadequate data collection and analysis of established priorities and applicable performance metrics
- No established continuum of care for high-risk individuals
- Limited preventative services to mitigate the risk of individuals further harming themselves and/or others
- Precarious funding (i.e. year to year grants and donations)

A unique strategic issue identified by some other jurisdictional representatives is the perceived limited ability to expand existing services to meet the demands and/or continue effective services. For example, a community may have a PACT team, although there are not enough staff members on the team to provide 24/7 coverage to meet the needs in the community. Additionally, other jurisdictional representatives noted that not-for-profit organizations are perceived to have to invest a significant amount of time into re-applying for funding annually as well as seek out new funding sources. Consequently, it is perceived that uncertain funding negatively impacts the ability for organizations to act on a long-term strategic plan, while the inability to allocate funding to services that are in demand negatively impacts the ability to provide direct services to individuals in need. Due to these factors, the coordination of funding is perceived to be an important feature of an improved system by other jurisdictional stakeholders to address the perceived cracks in the system.

The perceived gaps pertaining to the operation of service providers and the existing human service ecosystem included a lack of:

- Mental health assessments/diagnosis and ongoing support, especially pertaining to services that can meet people where they are in the community
- Addiction treatment (i.e. detox) availability in general as well as specific to addressing cultural needs for Indigenous peoples and New Canadians
- Affordable housing as well as addiction treatment specific housing (i.e. stabilization housing, recovering housing, and post-treatment housing)
- Accessibility of 24/7 safe places (i.e. shelters) as well as standards regarding the operation of these spaces (e.g. health and safety)

Finally, some other jurisdictional representatives perceive that members from vulnerable populations may not have access to equitable services based on their needs. For instance, limited services are perceived to be available that consider individuals' cultural and/or sexual orientations. Consequently, individuals risk factors may be exacerbated as opposed to mitigated by existing service providers that do not account for the experiences and realities of these individuals.

Similar perceptions regarding the drivers of crime and social disorder as well as cracks in the system between Edmonton and the other jurisdictions suggest these issues are not exclusive to Edmonton as they are experienced across Alberta. To this point, Subsection 4.1.1. will discuss research findings from other jurisdictions that further support the similarities between the other jurisdictions included in this report and Edmonton.

### 4.1.1 What the Data Says about the Cracks in the System

The publicly available information and reports from other jurisdictions support the perceived drivers of crime and social disorder as well as the cracks in the system as outlined in Table 7. For instance, limited mental health supports, affordable housing, gainful employment opportunities, and siloed service delivery are noted as key findings in reports completed by other jurisdictions. Due to the degree of similarity between the drivers of crime and social disorder as well as cracks in the system between other jurisdictions and Edmonton, there appears to be a clear set of issues to prioritize for all municipalities. In other words, these issues are not unique to Edmonton as they are common to major metropolitan areas within Alberta.

To address these complex issues, other jurisdictional reports support a coordinated and multifaceted strategic approach as well targeted operational services that will be discussed further in Section 4.2 below.

**Table 7: Summary Table of Applicable Reports and Key Findings**

Jurisdiction	Report Title	Key Findings
Red Deer	Red Deer 2018 Poverty Snapshot	<ul style="list-style-type: none"> <li>1 in 10 people in Red Deer live in poverty</li> <li>15.4% of children in Red Deer between the ages of 0 and 5 live in poverty compared to the provincial average of 13.5%</li> <li>Almost 5,000 households in Red Deer experience food insecurity – more than 2/3 are employed</li> <li>38% of households and 13% of renters in Red Deer spend more than 30% of their income on shelter</li> <li>Over 40% of the potential work force in Red Deer work only part-time or part of the year in positions that likely do not include benefits</li> <li>Due to the high cost of housing 4,680 households in Red Deer are at risk of homelessness</li> </ul>
City of Medicine Hat	Medicine Hat’s Vital Conversations Exploring Issues,	<ul style="list-style-type: none"> <li>1 in 10 Medicine Hat families live in poverty</li> <li>In 2017, the Medicine Hat Police Service responded to 1,260 calls related to mental health or addictions</li> </ul>



Jurisdiction	Report Title	Key Findings
	Opportunities, and Solutions (2018)	<ul style="list-style-type: none"> <li>• There are 478 households representing 821 individuals on the waitlist for social and affordable housing – 290 are adults and 531 are children</li> <li>• In 2017, an average of 1,120 Medicine Hat residents have collected Employment Insurance</li> </ul>
Regional Municipality of Wood Buffalo (RMWB)	Housing Needs Assessment (2019)	<ul style="list-style-type: none"> <li>• High average income levels in the community drive up housing costs and limit the availability of affordable housing units</li> <li>• Approximately 20% of the population of RMWB earns below the average household income and are affected by housing affordability, accessibility, and liveability</li> <li>• Community engagement reported a number of issues with overcrowding and disrepair of dwellings</li> <li>• Housing options in high-service, high-mobility areas are limited, making essential travel (work, school, groceries, etc.) more challenging</li> <li>• Senior and Indigenous community members were found to be the most vulnerable to housing challenges</li> <li>• Better data is needed to capture the volume and type of needs of homeless individuals not necessarily captured by census data (upon which this report is based)</li> </ul>
Calgary	Mental Health & Addictions Strategy – Phase 1 Full Report: What We Heard (2019)	<ul style="list-style-type: none"> <li>• Lack of inter-organization service provision and collaboration results in competition for funding, fragmented service delivery, and limited data and information sharing (impacting both the ability to support an individual in need and the ability and willingness of an individual to disclose their challenges).</li> <li>• Siloed service provision of mental health and addictions support often does not meet intersectional needs of individuals, both in terms of demographic (i.e. age, cultural affiliation, sexual orientation, family structure, etc.) and need (mental health, addiction, homelessness, etc.), limiting program eligibility and access.  “Medical practitioners won’t serve/admit [for mental health services] when its ‘addictions related’.”</li> </ul>

Jurisdiction	Report Title	Key Findings
		<p>If eligible, often supported in only certain areas of need.</p> <p>"The [formal medicine] piece is 5 percent of someone's life; there's housing, food security, income, meaningful activity, and all the other psychosocial time and space in someone's life that needs to be considered."</p> <ul style="list-style-type: none"> <li>• "System" entry is timely and burdensome. Long waitlists discourage individuals in need, who often cannot or will not wait for help. More 24/7 services are needed to address community needs.</li> <li>• System transitions (e.g. youth to adult, jail to community, etc.) are poor and often result in individuals falling through the cracks. Greater collaboration and follow-up are needed between system service providers.</li> </ul>
Grande Prairie	Interviews with People Without Homes (2014)	<ul style="list-style-type: none"> <li>• Finding and maintaining affordable housing is a challenge for low-income and vulnerable populations.</li> <li>• Housing support services have limited daytime, weekday hours and exclusive eligibility. Individuals reported struggle with, for example, "needing to be single" or "suffering from mental health issues" to qualify for funding, and when they did, were not able to access daytime-only services.</li> <li>• Lengthy wait times for support services and appointment-style supports are not conducive to supporting vulnerable populations. Those in mental health or addictions crisis often do not attempt to seek support once turned away.</li> </ul>
Lethbridge	Needs Assessment Report (2019)	<ul style="list-style-type: none"> <li>• Housing affordability is a growing concern, with 21% of renters "paying more than half their income in shelter costs".</li> <li>• Homelessness has grown 97% since 2006; 73% of homeless individuals are Indigenous, primarily coming to Lethbridge seeking access to services and supports, housing, and emergency shelters.</li> <li>• Supervised consumption sites also reported a majority Indigenous client base, with 55% of clientele being homeless Indigenous individuals, making the</li> </ul>

Jurisdiction	Report Title	Key Findings
		<p>Indigenous population disproportionately represented in the vulnerable community.</p> <ul style="list-style-type: none"> <li>Mental health surveys indicate an overall score approximately 10% lower than the provincial average. Mental health, addictions support, and crisis response were noted as “dominant social issues” by the community.</li> </ul>

## 4.2 Other Jurisdictional Insights into Strategic and Operational Approaches

Representatives consulted from other jurisdictions provided a shared perspective that no individual service is trained or resourced to address the complex issues driving crime and social disorder alone. Furthermore, all jurisdictions expressed a shared perspective that emergency and supportive services are most valuable when they address the symptoms as well as the underlying problems causing them. With this shared understanding all municipalities perceive that collaborative initiatives are the most effective means of addressing crime and social disorder since the right people are able to provide the right service at the right time.

To this end, all municipalities have either implemented or will be implementing a Situation Table, Crisis Intervention Team and/or PACT teams. Subsection 4.2.2 will provide a general description of these initiatives, followed by applicable research/evaluation results regarding the effectiveness, and finally an overview of the initiative by jurisdiction. Subsection 4.2.1 will discuss the innovative strategic planning approaches that have been utilized in Red Deer and Lethbridge and are applicable to Edmonton.

### 4.2.1 Innovative Strategic Planning Approaches

Increasingly, community safety is understood by researchers, government decision makers, and citizens as being more than police presence and enforcement in a community. Moreover, community safety is not simply the fusion of enforcement of laws/by-laws and crime prevention tactics but is best understood as the mutually reinforcing concepts of education, prevention, intervention, and enforcement. Based on secondary research and an iterative public consultation, the City of Red Deer Community Safety Strategy defines the four components of community safety as<sup>10</sup>:

- Education: Initiatives designed to increase awareness, understanding, accountability, and action.

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<sup>10</sup> City of Red Deer. (2016). Community Safety Strategy.

- Prevention: Proactive initiatives designed to encourage safety and reduce harmful behaviours.
- Intervention: Initiatives designed to respond to existing harmful behaviours.
- Enforcement: Actions designed to respond to criminal activity and minimize the effects of crime.

These four components (i.e. focus areas) identified in Red Deer provide a holistic means of identifying and organizing the existing services within a community to improve community safety. The purpose of which is to identify strategic partnerships within the public, private, and not-for-profit sectors and shared performance measures to improve the safety of all residents.

Building on this understanding of community safety and focus areas, a new concept of community safety and wellbeing has started to be utilized that goes a step further than typical definitions of community safety. Specifically, community safety and wellbeing is a concept based on the understanding that:

- Broader human service system effectiveness is achieved through collaborative development of pragmatic solutions, evidence-based innovations and shared community outcomes.
- The elevation of particular risk factors leads to increases in vulnerability and harm which, if not mitigated, cycles back to re-elevate risk.
- Multi-sector collaboration of human services should be designed to address risk and vulnerability before harm occurs. When harm occurs, collaboration should be used to mitigate the impact of that harm and further elevations in risk.

Due to the scale and scope of community safety and wellbeing plans, an appropriate governance structure is required to ensure effective implementation and sustainability of the plan. To this point, the City of Lethbridge has identified the importance of a Collective Impact Framework. As outlined in the *Stanford Social Innovation Review*, a 'Collective Impact Framework' is the commitment of a group of people or organizations from different sectors to a common agenda for solving a specific social problem, using a structured form of collaboration. The five conditions necessary for successful collective impact include a:

1. **Common Agenda:** A shared understanding of the client and what they need based on facts, data, and information. Additionally, all organizations involved must have a shared vision and direction.
2. **Mutually Reinforcing Activities:** Holistic service integration with no overlap or self-interest.
3. **Shared Measurement:** Shared performance measures and rigours reporting on a shared definition of success.
4. **Consistent and Open Communication:** All partnering organizations must be open and willing to share data and information and ensure ongoing, integrated planning.
5. **Backbone Support:** Overarching and accepted governance model, reliable funding, and strategically applicable partnering organizations with well-defined roles and responsibilities.

Fundamentally, Collective Impact is a means leveraging existing services to address complex issues with the tactful development of additional services or organizations as required. Both the City of Red Deer and Lethbridge specified the implementation of a Centre of Responsibility as an institution that facilitates strategic community-government relationships utilizing evidence-based crime prevention to optimize available resources in diagnosing, mobilizing, implementing, and evaluating crime prevention policies and programs. The purpose of a Centre of Responsibility is to be the impetus for strategic investments and efforts to reduce victimization and improve community safety by facilitating public, private, and not-for-profit organizations. In most cases, the primary function of the Centre of Responsibility is to develop and sustain a strategic community safety plan through the following, cyclical and iterative process:

1. Collecting and analyzing data to define the problem(s) and determine the risk factors causing the problem(s).
2. Facilitate the collective action from available resources to solve the identified problem(s) in accordance with evidence-based practices.
3. Provide continuous oversight for the implementation of the determined solution.
4. Evaluate the implemented solution to provide feedback information for decision makers to establish success of the solution.

Over the past 20 years, there has been an increasing number of Community Safety Centres of Responsibilities across Canada that vary in their design and governance structure, however, predominately have the following characteristics:

- Administered directly by the municipality or region, or by an entity that maintains a direct funding and/or reporting relationship to the municipal or regional government for which it serves.
- Administered, at least partially, by paid employees.
- Primarily dedicated to supporting community efforts to address community safety through the office's direct or indirect provision of services.
- Administratively exclusive with no direct reporting relationship with the police service.
- Services a population of 50,000 or more.

Secondary research into existing Centres of Responsibility in Canada indicate a spectrum related to the degree of separation between the Centre of Responsibility and the local government. One end of the spectrum illustrates not-for-profit organizations that are accountable to a Board of Directors, while the other end of the spectrum demonstrates organizations that are accountable to their local government and governed by a municipally appointed board or council. REACH Edmonton has been working towards establishing itself as a 'back bone' organization under a Collective Impact Framework and as such may be best suited to assume the governance responsibilities associated with a community safety and wellbeing strategy implemented by the City of Edmonton.

## 4.2.2 Trends in Operational Approaches

### 4.2.2.1 Situational Tables

Situation tables are perceived to be effective in addressing chronic individuals that require intensive and ongoing support. Referred to by different names depending on the jurisdiction, Situational Tables are working groups involving multiple agencies from health, justice, education, and not-for-profit sectors that coordinate their services to ensure the highest-risk individuals receive the support they require. Specifically, participating representatives share information and data on a regular basis to ensure strategic coordination of services to reduce crime and disorder in the municipality. For example, individuals that are coming into contact with police, paramedic, or emergency hospital staff on a daily basis. Once identified, the team will work together to stabilize the individual by providing wrap-around services from their respective organizations.

### 4.2.2.2 Research/Evidence on Situational Tables

As of 2019, there are approximately 115 communities across Canada that have implemented a situational table in some form<sup>11</sup>. One of the most comprehensive evaluations of situation tables concluded that<sup>12</sup>:

- The Hub has broken down long-standing institutional silos. Human service agencies are now sharing limited but necessary information, and frontline professionals are more often collaborating around the needs of their shared clients.
- Clients are, for the most part, responding positively to collaborative interventions that are based upon voluntary offerings of support.
- Clients of Hub agencies are not only gaining quicker access to services before harm even occurs, but they are gaining access to services that they were never able to reach (or successfully engage) before their case was brought to the Hub.
- Risk in most Hub discussions is being lowered from acutely elevated to a more manageable level of risk. This lowers the severity and probability of harm to a significant interest of the individual, the family and the community.

Without the completion of a formal impact evaluation, the specific benefits and challenges of a Situational Table cannot be definitively stated. Although, preliminary results are promising with anecdotal support provided for them from the respective jurisdictions involved in this project.

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<sup>11</sup> Corley, Cal & Teare, Gary. (2019). The Hub model: It's time for an independent summative evaluation. *Journal of Community Safety and Well-Being*.

<sup>12</sup> Nilson, Chad. (2014). Risk-Driven Collaborative Intervention: A Preliminary Impact Assessment of Community Mobilization Prince Alberta's Hub Model.

### 4.2.2.3 Overview of Situational Tables in Other Jurisdictions

Table 8: Situation Tables by Jurisdiction and Driver of Crime and Social Disorder

Other Jurisdictional Situational Tables Overview					
Key Theme	Poverty & Social Inequality	Homelessness	Addiction	Mental Health	Discrimination
Calgary	✓	✓	◐	◐	◐
Regional Municipality of Wood Buffalo	◐	◐	◐	◐	◐
Lethbridge	✓	✓	✓	✓	✓
Medicine Hat	✓	◐	◐	✓	✓
Grande Prairie	✓	✓	✓	✓	◐
Red Deer	Situational Table has not been established at the time of writing this report				

✓ = Active Situation Table

◐ = Situational Table has been proposed or stated as being implemented in the near future

### 4.2.2.4 Crisis Intervention Teams

These teams support emergency services by responding to social disorder incidents involving addictions and homelessness. These teams generally have training to provide medical assistance as well as social service navigation for individuals in need. Depending on the jurisdiction, these teams may provide referral services for shelters, detoxification, addiction treatment services, health needs, crisis counselling, advocacy and basic needs like food, housing and clothing.

#### 4.2.2.5 Research/Evidence on Crisis Intervention Teams

Based on publicly available information, the most comprehensive information about Crisis Intervention Teams from the other jurisdictions was a 2013 review of the Calgary Downtown Outreach Addictions Partnership (DOAP) Team<sup>13</sup>. The review included data between 2005 and 2013. At that time, the DOAP had completed over 16,853 transports with 10,741 being to shelters, 3,064 to a hospital/medical appointment, and 1,124 to alcohol/drug detoxification facilities. Of the 16,853 transports, the DOAP team helped 650 unique individuals on average per month. Furthermore, 2,228 referrals came to the DOAP team from emergency medical services. Lastly, the review included a social return on investment (SROI) analysis of the program and found that for every \$1.00 invested, there is at least a \$9.43 of social value returned. In 2018, the DOAP team conducted over 20,700 transports with an average of 89 transports daily. 14% of the calls received by the DOAP team in 2018 came from emergency services, while 23% came from health care providers. Although the findings are limited, they do show promising results in cases where these teams are implemented effectively.

#### 4.2.2.6 Overview of Crisis Intervention Teams in Other Jurisdictions

**Table 9: Crisis Intervention Teams by Jurisdiction and Driver of Crime and Social Disorder**

Other Jurisdictional Crisis Diversion Overview					
Key Theme	Poverty & Social Inequality	Homelessness	Addiction	Mental Health	Discrimination
Edmonton	✓	✓	✓	✓	✓
Calgary	✓	✓	✓	✓	✓
Red Deer	◐	◐	✓	✓	✓
Regional Municipality of Wood Buffalo	◐	◐	AHS/CMHA Only	AHS/CMHA Only	◐
Lethbridge	◐	✓	✓	✓	◐
Medicine Hat	◐	◐	AHS/CMHA Only	AHS/CMHA Only	◐
Grande Prairie	◐	◐	AHS/CMHA Only	AHS/CMHA Only	◐

✓ = Active Situation Table

◐ = Situational Table has been proposed or stated as being implemented in the near future

<sup>13</sup> Alpha House. (2013). The Downtown Outreach Addiction Partnership Team (DOAP) Program: The Calgary Alpha House Society.



The crisis diversion teams listed above are supplemented by resources at the provincial and federal level as well providing the following services:

Federal: Canadian Mental Health Association (in partnership with the Canadian Alliance on Mental Health and Mental Illness and Mental Health works) provides:

- Local mental health services and programs;
- Crisis intervention resources;
- Education and training;
- Mobile addictions outreach;
- Intensive case management;
- Housing for the mentally ill;
- Resource centres; and,
- Disabilities support.

Provincial: Alberta Health Services (in partnership with several non-profits) provides:

- Addiction helpline;
- Mental health helpline;
- Regional housing for the mentally ill; and,
- Traditional addiction and mental health.

For this reason, while some municipalities may appear to have limited or no crisis intervention supports available to those in need, many critical supports are still provided by organizations beyond municipal borders. Reliance on these provincial and federal resources is more common in less populated cities, where local services may otherwise be unsupported.

#### 4.2.2.7 Police and Crisis Teams

These teams provide a joint mental health/police team available for response to mental health crises; an integrated intervention model which ensures proper determination of care and referral. The team is called to assist in situations in the community where mental health and/or concurrent mental health and addictions issues contribute to the individual's crisis to decrease potential escalation of the situation and/or criminal charges.

#### 4.2.2.8 Research/Evidence on Police and Crisis Teams

A 2011 evaluation including an SROI analysis of the PACT team implemented in Grande Prairie found that a total of 817 calls were responded to between May 2010 and May 2011 with only 49 (i.e. 17%) being directed to the hospital<sup>14</sup>. The majority of individuals were assessed and connected with community mental health services. The key benefits of the program included:

- Decreased demand on emergency services for mental health crisis
- Decreased time spent by the RCMP waiting at the hospital for a mental health assessment

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<sup>14</sup> Government of Alberta. (2015). Safe Communities Innovation Fund Pilot Project Executive Summaries.

- Increased likelihood of admission to the appropriate mental health service
- Increased understanding of mental health issues for RCMP members

Finally, the results of an SROI found that there is a rate of return of between \$3.26 and \$3.86 of social value created for every dollar invested in the program. Similar teams have been implemented across Canada with similar results. Consequently, these teams are important measures for addressing the drivers of crime and social disorder identified in this report.

**Table 10: Existing of a Police and Crisis Team by Jurisdiction**

Jurisdiction	PACT Team
Edmonton	✓
Calgary	✓
Red Deer	✓
Medicine Hat	✓
Grande Prairie	✓
Lethbridge	✓
Reginal Municipality of Wood Buffalo	✓

### 4.3 Summary

Overall, there is a shared perception and research supporting the drivers of crime and social disorder as well as the cracks in the system in Edmonton. Similarly, the existing services/programs in other jurisdictions are materially alike to the ones in Edmonton with the primary distinction being the scale and scope of available resources. For instance, Edmonton has an established and successful 24/7 Diversion Team that other jurisdictions are modelling similar programs after. Other similarities in service/programs include:

- Situational Tables
- PACT teams
- Mobile addiction and mental health services

Based on these results, it appears that these issues are similar across the province with similar approaches being implemented to address them. With that said, the strategic approaches identified by the City of Red Deer and Lethbridge provide insights into evidence-based options for implementing and acting upon a plan to help vulnerable populations in Edmonton. Specifically, the concept of

community safety and wellbeing embedded within a Collective Impact Framework with a Centre of Responsibility providing governance and accountability that would enable the holistic factors necessary to effectively and efficiently implement a comprehensive strategy.

## 5.0 Key Findings

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Based on the input provided by internal stakeholders and those from other jurisdictions, the drivers of crime and social disorder are:

- Mental health and trauma
- Addiction
- Homelessness
- Poverty and social inequality
  - Lack of affordable housing
  - Income disparity – limited gainful employment opportunities
  - Services are cost prohibitive for individuals to access
- Discrimination
  - Inequitable access to support services

These issues have been noted as being best described as co-occurring as opposed to being mutually exclusive. Stakeholders in Edmonton and other jurisdictions perceive there to be cracks in the system at the strategic and operational level that are impeding the ability to address the needs of vulnerable individuals. Strategically, representatives from Edmonton and the other jurisdictions identified:

- A lack of coordination and cooperation between existing service providers and funders by means of joint teams providing services or shared priorities and corresponding performance metrics;
- Inadequate data collection and analysis of established priorities and applicable performance metrics;
- No established continuum of care for high-risk individuals; and
- Limited preventative/intervention services to either prevent high-risk individuals from becoming engaged in crime as well as services to mitigate the risk of individuals involved in criminality from further harming themselves and/or others.

The perceived cracks in the system at an operational level are:

- Mental health assessments/diagnosis and ongoing support, especially pertaining to services that can meet people where they are in the community;
- Addiction treatment (i.e. detox) availability in general and specific to addressing cultural needs for Indigenous peoples and New Canadians;

- Affordable housing and addiction treatment specific housing (e.g. stabilization housing, recovering housing, post-treatment housing, permanent stable housing); and
- Accessibility of 24/7 safe places (i.e. shelters) and standards regarding the operation of these spaces (e.g. health and safety).

The strategic and operational cracks in the system are perceived to be exacerbated by:

- An increasing proportion of individuals with co-occurring drivers of crime and social disorder; and
- A program-focused approach by service providers as opposed to a client-centered approach.

Overall, representatives from Edmonton and other jurisdictions perceive that the current approach by the human service ecosystem in their respective jurisdictions is not consistently leading to desired outcomes. Due to the complexity of the issues being addressed, a multifaceted and coordinated response involving applicable service providers in accordance with the data/evidence within a proper governance structure is perceived to be the optimal solution by the majority of the representatives consulted for this project.

The findings of this report indicate that municipalities are addressing similar problems and have similar cracks in the system. Furthermore, similar approaches to address these issues have been or are being implemented by the municipalities consulted for this project. Consequently, there is a significant opportunity for municipalities to work together and advocate for collaboration with federal and provincial ministries ultimately aligning the allocation of funding to provide short-term and long-term support for individuals in need. However, further discussion is required regarding governance and accountability to ensure the sustainability of improvements is realized. With that said, the following are perceived opportunities for improvements that may be considered by the City of Edmonton based on stakeholder input:

1. Developing a strategic plan at the municipal level that establishes priorities to align funding from all sectors and levels of government including timelines and performance metrics to gauge success. To this end, the 7 Cities approach to homelessness may serve as a model for how to effectively integrate different levels of government as well as municipal level private and not-for-profit sector partners to achieve shared priorities.
  - Data collection, analysis, and governance policies and procedures should be included within an augmenting implementation plan to ensure there is a centralized pool of information for all service providers, funders, and decision makers to reference and use to understand the problems and ongoing efforts to address them.
2. Developing educational material for service providers/funders/public sector representatives to explain the legalities of *Freedom of Information and Protection of Privacy Act* (FIPPA) and *Personal Health Information Act* (PHIA) and the ability to share data. Furthermore, investment into a comprehensive data strategy to collect and analyze performance data in addition to data enabling proactive/preventative assessments of individuals.

3. Establishing formal agreements between existing entities providing similar services that includes the adoption of a no wrong door policy. Under this policy, an individual would be referred to the service provider(s) they require no matter whom they initially speak with or contact.
4. Investment in mobile services that meet people where they are and help ensure individuals receive the support they require.
5. Ensuring that new policies and services are enacted inclusive of the profile of an individual that has no or limited family support, trauma, and mental/physical disabilities that may require multiple forms of support over an extended period of time to stabilize and begin to thrive.
6. A preventative approach that provides tailored services to individuals based on their needs as assessed by a risk-based analysis utilized proactively by service providers. Determining the proactive supports should be a collaborative approach between the client and service provider.

In consideration of the six opportunities for improvement, one recurring perception of representatives from Edmonton and other jurisdictions is that enforcement tactics must be understood as only one of multiple options on a spectrum to address crime and social disorder. Specifically, the over-reliance or inappropriate application of enforcement tactics may disproportionately criminalize individuals from vulnerable populations. For example, issuing a ticket for riding a bike on the sidewalk or riding public transportation without paying. There is an understanding by stakeholders that these types of laws serve a purpose and are necessary. However, the enforcement of these infractions for vulnerable individuals may ultimately end up further marginalizing an individual. For instance, an individual issued a ticket for riding public transportation without paying may not pay the fine and may not appear in court. As a result, an arrest warrant for the individual is issued that possible results in jail time.

Another possible barrier established by issuing tickets to vulnerable individuals is that unpaid fines will remain on file with Alberta Services. Consequently, when that individual begins to stabilize, they may have unpaid fines to pay before receiving supportive services that they may otherwise be eligible for to help them on their path of recovery. Ultimately, this issue raises important questions when addressing cracks in the system regarding human services pertaining to the spectrum of options available as well as the roles and responsibility of each organization within the ecosystem. Multiple tools and resources are required and will only work optimally when they are allocated and utilized within a data-informed and strategic framework.

## 5.1 Other Considerations

A mixed perception is evident based on the input from stakeholders in Edmonton and other jurisdictions regarding family breakdowns including domestic violence. Specifically, family breakdowns including domestic violence were identified by some other jurisdictional and Edmonton representatives as an issue that may be a cause or symptom of the drivers of crime and social disorder identified and discussed in this report. For instance, domestic violence is perceived to be linked with trauma and subsequently negative mental health conditions as well as homelessness. Furthermore, there is a perception that a lack of family support may exacerbate an individual's mental health conditions and

addiction issues. With that said, sourcing data to substantiate family breakdowns including domestic violence is difficult to identify due to varying methodologies and definitions.

Publicly available data from the Edmonton Police Service shows that police-reported cases of criminal and non-criminal domestic violence in Edmonton averages 8,144 occurrences annually<sup>15</sup>. Furthermore, the 2017 report entitled *A Place to Call Home* completed in Edmonton identified marital breakdown as a risk factor for homelessness. The *2019 Profile of Poverty in Edmonton* report shows that there are 9,705 lone parent families living in low income, which are both risk factors for criminality. Based on the input from stakeholders and the data mentioned above, supports to prevent family breakdowns and reduce domestic violence may be aligned with preventative efforts within a holistic plan to improve community safety and wellbeing in Edmonton. Although, further research and discussions would be warranted on this specific topic to augment the findings of this report.

Finally, there is a perception amongst some stakeholders in Edmonton and from other jurisdictions that the drivers of crime and cracks in the system are in part the result of uncoordinated provincial priorities between ministries and/or misaligned efforts between municipal level governments and organizations and the province. To this point, a comparison of Alberta's provincial priorities against those of the City of Edmonton for the key themes discussed in this report is shown below (Table 11). Upon review, it is clear that both levels of government are in support of an integrated, cohesive system, pertaining to all the drivers of crime and social disorder identified within this report. However, looking more closely, there appears to be limited approaches/priorities between both provincial and municipal governments regarding transition between different components or organizations within the system (e.g. from shelter to housing, detox centres to recovery programs, etc.). Moreover, while both levels of government have begun to develop priorities around the long-term support and sustained ability to lift clients out of the system, the primary focus remains on responding to immediate social disorder and crime. In order to truly adopt a 'system' approach, provincial and municipal priorities should integrate supports and services that address both immediate and longer-term needs of vulnerable persons.

Further investigation is required, although this high-level analysis appears to suggest that there are areas of opportunity to improve intergovernmental planning and communication, knowledge and data sharing, as well as shared methods to track and understand success.

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<sup>15</sup> Retrieved from Edmonton Police Service Dashboard - <https://dashboard.edmonton.ca/en/stat/goals/fzxw-8pb7/gaiq-592d/knmj-pyjr>

**Table 11: Social Issue Priorities: Edmonton and Alberta**

Area	Alberta's Priorities	Edmonton's Priorities	Areas of Alignment	Areas for Improved Coordination
<p>Mental Health, Trauma, and Addiction</p>	<p>Act in partnership: create an integrated system</p> <ul style="list-style-type: none"> <li>Improved coordination of services between hospitals, treatment facilities, and the community; between government departments and service sectors (e.g. education, justice, and health); between professionals; and between areas of the province.</li> </ul> <p>Act on access: enhance the role of primary health care</p> <ul style="list-style-type: none"> <li>Strengthen primary health care, the 'health home team' with whom Albertans have a long-term relationship, to have a stronger role in addiction and mental health sector navigation, coordination, and continuity.</li> </ul> <p>Act early: focus on prevention and early intervention</p> <ul style="list-style-type: none"> <li>Prevention and early intervention so fewer Albertans require addiction and mental health services and have access to more addiction and mental health supports at home and in their communities.</li> </ul>	<p>System Integration</p> <ul style="list-style-type: none"> <li>A common agenda and cross-sector leadership.</li> <li>Caregivers' ability to navigate the system.</li> <li>Accessing the full continuum of care: from promoting positive mental health to intervening with support for addiction and mental illness.</li> </ul> <p>Service Delivery</p> <ul style="list-style-type: none"> <li>Seamless navigation for individuals, their families and caregivers.</li> <li>Comprehensive mental health and addiction supports.</li> <li>Professional development.</li> </ul> <p>Evidence Foundation</p> <ul style="list-style-type: none"> <li>Consistent use of evidence-based strategies.</li> <li>Disseminate findings (broadly share and communicate findings).</li> <li>Evaluate the shared impact of changes in system integration and service delivery.</li> </ul> <p><i>Edmonton and Area Community Mental Health Action Plan (2016)</i></p>	<ul style="list-style-type: none"> <li>✓ Focusing on integrated service provision and navigation amongst types of services and service providers.</li> <li>✓ Emphasizing improved communication, knowledge sharing, and coordination between service providers.</li> <li>✓ Ensuring mental health and addiction services are inclusive of a suite of primary health care services, community resources, and other supports.</li> <li>✓ Acknowledging and engaging the 'care network' of community groups, families, and other caregivers important to the support experience.</li> </ul>	<ul style="list-style-type: none"> <li>Seeking to better integrate elements of the system framework (policy, funding, etc.) required to provide seamless service provision and transition for the vulnerable.</li> <li>Developing measures to understand and evaluate the effectiveness of system integration efforts over time.</li> </ul>



Area	Alberta's Priorities	Edmonton's Priorities	Areas of Alignment	Areas for Improved Coordination
	<p>Act on system enhancements, legislation and standards</p> <ul style="list-style-type: none"> <li>Better integration of governance, funding, and policy across services and sectors to support more seamless access to, and transition between services.</li> </ul> <p><i>Valuing Mental Health: Next Steps (Alberta Health, 2017)</i></p>			
Homelessness & Affordable Housing	<p>Investing now and for the future</p> <ul style="list-style-type: none"> <li>Increase the supply of affordable housing.</li> <li>Improve and maintain the condition of existing affordable housing.</li> </ul> <p>Providing integrated housing and supports</p> <ul style="list-style-type: none"> <li>Enhance integration with community support services.</li> </ul> <p>Enabling successful transitions and ageing in the community</p> <ul style="list-style-type: none"> <li>Enable transition through the continuum of housing and supports.</li> <li>Support the desire of Albertans to age in their community.</li> </ul> <p>Modernizing processes to focus on fairness and flexibility</p> <ul style="list-style-type: none"> <li>Modernize the regulatory framework to support equitable treatment and continued housing stability.</li> <li>Improve system access and navigation.</li> </ul>	<p>End chronic and episodic homelessness</p> <ul style="list-style-type: none"> <li>Enhance the focus of crisis response services and facilities on permanent housing outcomes.</li> <li>Continue to evolve Housing First programs for maximum impact.</li> <li>Develop permanent supportive housing and affordable housing across neighbourhoods.</li> </ul> <p>Prevent future homelessness</p> <ul style="list-style-type: none"> <li>Enhance homelessness prevention and diversion measures.</li> <li>Increase access to mental health, addiction, trauma, and Indigenous wellness supports.</li> <li>Increase coordination between systems to mitigate homelessness risk.</li> <li>Increase public education and awareness about homelessness.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Focusing on permanent housing solutions.</li> <li>✓ Ensuring housing supports are accompanied by complementary community resources (mental health, addiction, etc.).</li> <li>✓ Increasing community understanding and awareness of homelessness challenges and experiences.</li> <li>✓ Enhancing coordination and connectivity between services facilitate better transitions.</li> </ul>	<ul style="list-style-type: none"> <li>Responding to immediate housing needs and crises.</li> <li>Ensuring housing supports in the long-term, not just regarding the physical condition of homes, but the experience, capabilities, and supports of supported individual(s) from all backgrounds (homeless, low-income, seniors).</li> <li>Developing measures to understand and evaluate the effectiveness of housing programs and efforts at a</li> </ul>

Area	Alberta's Priorities	Edmonton's Priorities	Areas of Alignment	Areas for Improved Coordination
	<ul style="list-style-type: none"> <li>Promote enhanced understanding of and coordinated response to rural and urban community needs.</li> </ul> <p>Creating sustainable systems</p> <ul style="list-style-type: none"> <li>Support operational and environmental sustainability of affordable housing projects.</li> <li>Partner with other governments to support a sustainable system and meet the housing and support needs of Albertans.</li> <li>Improve knowledge of the housing and support needs of Albertans.</li> </ul> <p><i>Alberta's Provincial Affordable Housing Strategy Summary (2017)</i></p> <p><i>**Note that in addition to the above, the Government of Alberta provides funding for the 7 Cities on Housing and Homelessness' Housing First Program to support municipal-level homelessness priorities.</i></p>	<p>Develop an integrated systems response</p> <ul style="list-style-type: none"> <li>Continue to integrate lived experience voices in plan implementation.</li> <li>Expand coordinated access across the homeless-serving system.</li> <li>Integrate research, information, and performance management at the system level.</li> <li>Enhance policy, funding, and resource alignment and accountabilities.</li> </ul> <p><i>A Place to Call Home: Edmonton's Updated Plan to Prevent and End Homelessness (2017)</i></p>		<p>system level over time.</p>
<p>Poverty, Social Inequality &amp; Discrimination</p>	<p>Albertans are safe and have timely and consistent access to supports to meet their basic needs</p> <ul style="list-style-type: none"> <li>Provide financial benefits to eligible Albertans.</li> <li>Work with civil society organizations to improve access to supports to create positive outcomes for people affected by homelessness, domestic and sexual violence, disabilities and unemployment.</li> </ul>	<p>Toward true reconciliation</p> <ul style="list-style-type: none"> <li>Drive actions that lead to Indigenous Edmontonians enjoying prosperous lives, being proud of their history and culture and connected to the larger community.</li> </ul> <p>Justice for all</p> <ul style="list-style-type: none"> <li>Pave the way towards ensuring Edmontonians have full access to resources and opportunities to exercise their rights and responsibilities as citizens.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Acknowledging and providing support for persons marginalized or victimized as a result of their race, gender, culture, beliefs, sexual orientation, disability, or age.</li> <li>✓ Developing strategies to help all community</li> </ul>	<ul style="list-style-type: none"> <li>Providing marginalized persons the information and resources needed to understand their rights.</li> <li>Engaging stakeholders to better understand and be part of the solution to end inequalities and</li> </ul>

Area	Alberta's Priorities	Edmonton's Priorities	Areas of Alignment	Areas for Improved Coordination
	<ul style="list-style-type: none"> <li>Ensure programs are fiscally sustainable.</li> </ul> <p>Albertans participate in their communities through employment and other opportunities to reach their individual potential</p> <ul style="list-style-type: none"> <li>Help vulnerable Albertans improve their lives and futures.</li> <li>Support initiatives that connect Albertans to employment and community participation opportunities.</li> </ul> <p>Alberta's communities provide a sense of belonging and foster resiliency</p> <ul style="list-style-type: none"> <li>Collaborate with civil society organizations, municipalities, Indigenous communities and other governments to create more inclusive communities.</li> </ul> <p><i>Community and Social Services Business Plan 2020-2023</i></p> <p><i>**Note that the Government of Alberta issued a discussion paper to develop a poverty reduction strategy<sup>16</sup> and conducted public engagement<sup>17</sup> in 2013, but a plan has yet to be developed.</i></p>	<ul style="list-style-type: none"> <li>Build an Edmonton where one's future is not limited by one's race, gender, sexual orientation, disability, age, and where one was born or where one lives.</li> </ul> <p>Move people out of poverty</p> <ul style="list-style-type: none"> <li>Implement a comprehensive and diverse suite of actions that is designed to enable low-income Edmontonians to:               <ul style="list-style-type: none"> <li>Have income and assets to meet their basic needs.</li> <li>Access to services in a timely manner and appropriate to their needs and capacities.</li> <li>Have resources to protect them from disruptive events.</li> </ul> </li> </ul> <p>Invest in a poverty-free future</p> <ul style="list-style-type: none"> <li>Secure a better future of our children and youth by advancing an integrated early learning and care strategy at the strategic level and providing a suite of relevant and holistic supports in school.</li> <li>Enabling low-income Edmontonians to have the capacity to participate in the local economy</li> </ul>	<p>members meet their basic needs.</p> <ul style="list-style-type: none"> <li>✓ Providing supports to enable low-income individuals to participate in the local economy.</li> </ul>	<p>discrimination in the community.</p>

<sup>16</sup> *Together We Raise Tomorrow: Alberta's Poverty Reduction Strategy, Discussion Paper (2013)*. Government of Alberta.

<sup>17</sup> *Together We Raise Tomorrow: Alberta's Poverty Reduction Strategy, Results of the Public Engagement on Poverty Reduction (2013)*. Government of Alberta.

Area	Alberta's Priorities	Edmonton's Priorities	Areas of Alignment	Areas for Improved Coordination
		<p>Change the conversation: build the movement</p> <ul style="list-style-type: none"> <li>Harness our community's collective energy in order to demand social change</li> </ul> <p><i>End Poverty in a Generation: A roadmap to Guide Our Journey (2016)</i></p> <p><i>**Note that in addition to the priorities listed above, the City of Edmonton and its community partners have several additional strategies relating to issues of social inequality and discrimination. The above includes the most pertinent information to this context.</i></p>		

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# Appendix A – Stakeholder Interview Guide

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## Introduction

MNP has been engaged by the Edmonton Police Commission to complete an environmental scan of human services / social safety net ecosystem in Alberta. The purpose of the project is to establish a high-level understanding of the “cracks in the system” that drive higher crime, disorder, and demand for service for reactive community services (e.g. police and emergency medical services) in Edmonton and 6 other municipalities in Alberta.

As part of our data collection activities, we are interviewing key external stakeholders identified by the City of Edmonton and Edmonton Police Commission to gather feedback on what are the perceived issues causing an increasing demand in reactive community services in Edmonton as well as the strengths and weaknesses of the existing response to crime/disorder.

The results of these interviews, research and data analysis will inform a final report to the City of Edmonton identifying current cracks or gaps in the system and potential opportunities for policy/process changes to improve service to community members.

## Who is MNP?

MNP is one of the largest professional accounting, consulting and business advisory firms in Canada. National in scope and local in focus, MNP has proudly served individuals and public and private companies for more than 65 years. Our team provides a variety of professional consulting services, including evaluations and reviews, strategies and planning, public participation, technology consulting and economics and research services. For more information, visit [www.mnp.ca](http://www.mnp.ca).

**Participant’s Name:**

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**Participant’s Position/Title:**

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**Date of Interview**

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**Interviewed by:**

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## Interview Questions

1. Please describe your organization/service.
2. Please describe your role.
3. Please describe the human services / social safety net ecosystem in your community?
  - a. Emergency services
  - b. Community/Social services
  - c. What are, if any, of the 'cracks in the system' that are driving higher crime, disorder, and demand for service for reactive community services?
4. With regards to the current service model in your community addressing crime/disorder issues:
  - a. What is working well i.e. what are the strengths of the model?
  - b. What are, if any, challenges / gaps?
5. Based on your professional experience and position, do you believe demand for reactive community services (e.g. police and emergency medical services) are increasing? Please explain why or why not.
6. Do you believe the current service model should be modified or changed in any way? Please explain why or why not.
7. Do you believe there are services that are not being offered and should be? Or if there are existing services that should be enhanced? Please explain why or why not.
8. Are there specific opportunities for policy or process changes within the system that would enable better service to the community?
9. Is there anything else that you believe MNP should consider or be aware of in their analysis for this project?



10. Based on our conversation today, would you have any available data, reports/studies, and/or evaluations that would help illuminate some key points that you made during our interview? Or would help provide pertinent information to the City of Edmonton to help inform the final report?

**Thank you for your time and participation**

# Appendix B – Other Jurisdictional Situation Tables and Crisis Intervention Teams

Situation Tables		
Jurisdiction	Description / Members	Objectives
<b>Calgary</b> <b>Centre City Safety Impact Team</b>	<ul style="list-style-type: none"> <li>Working committee consisting of Calgary Police Service, Calgary Fire Department, Alberta Health Services, Animal &amp; Bylaw Services, Calgary Transit Safety &amp; Security, Calgary Parking Authority, Alberta Gaming &amp; Liquor Commission, Livery Transport &amp; Business Licensing, Corporate Security and Land Use Planning &amp; Policy's Centre City Implementation</li> </ul>	<ul style="list-style-type: none"> <li>"Strategically address safety issues in our Centre City to create a livable, thriving and caring community"<sup>18</sup></li> </ul>
<b>Red Deer</b> <b>Centre of Responsibility "Hub" Model<sup>19</sup> (Not Yet Active)</b>	<ul style="list-style-type: none"> <li>A "unified [(combination of front-line people from community agencies and government systems)] way of utilizing and mobilizing those systems and resources already in place" (rather than a service delivery model).</li> </ul>	<ul style="list-style-type: none"> <li>Mitigates risk within 24-48 hours and connect individuals and families to services.</li> <li>Focused on data sharing for the purpose of immediate intervention of high-risk individuals and families</li> <li>Role is to divert people from the justice system (enforcement) via intervention</li> <li>Address specific situations regarding clients facing elevated levels of risk;</li> </ul>

<sup>18</sup> City of Calgary. (n.d.). Centre City Safety Impact Team

<sup>19</sup> City of Red Deer. (2016). Community Safety Strategy

Situation Tables		
		develop immediate, coordinated and integrated responses through the mobilization of resources
<b>Regional Municipality of Wood Buffalo</b>	N/A	N/A
<b>Lethbridge Executive Leaders Coalition on Opioid Use<sup>20</sup></b>	<ul style="list-style-type: none"> <li>• Community response team stood up to implement a “comprehensive strategy includes Prevention, Early Intervention, Harm Reduction, Treatment and Rehabilitation” for vulnerable populations in Lethbridge.</li> <li>• Members include:               <ul style="list-style-type: none"> <li>○ Alberta Health Services</li> <li>○ Alberta Children's Services</li> <li>○ Alberta Justice and Solicitor General</li> <li>○ Canadian Mental Health Association</li> <li>○ City of Lethbridge</li> <li>○ Holy Spirit Catholic Schools</li> <li>○ Lethbridge College</li> <li>○ Downtown Lethbridge BRZ</li> <li>○ Lethbridge Fire and Emergency Services</li> <li>○ Lethbridge Police Service</li> <li>○ Lethbridge Public Library</li> <li>○ Lethbridge School District #51</li> <li>○ Sik-Ooh-Kotoki Friendship Centre</li> <li>○ Social Housing in Action</li> <li>○ University of Lethbridge</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Deliver a “coordinated community approach to effectively address the growing issue of opioid abuse in Lethbridge.”</li> </ul>

<sup>20</sup> City of Lethbridge. (n.d.). Coalition Member Organizations

## Situation Tables

<p><b>Medicine Hat Southeastern Alberta Sexual Assault Response Committee (SARC)<sup>21</sup></b></p>	<ul style="list-style-type: none"> <li>• Non-profit organization of “collaborative, action-focused response to family violence and bullying which reduces the incidence and impacts of family violence, so families are supported to live free of violence”.</li> <li>• There are over 50 partnering agencies:             <ul style="list-style-type: none"> <li>○ Medicine Hat Police Services</li> <li>○ RCMP</li> <li>○ Alberta Health Services</li> <li>○ Cantara Safe House (Brooks)</li> <li>○ Child and Family Services</li> <li>○ Association of Alberta Sexual Assault Services</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Provide school education programs, First Responder Training, counselling services, and awareness campaigns for survivors of sexual assault and related trauma.</li> </ul>
<p><b>Grande Prairie Grande Prairie Community Opioid Response Task Force<sup>22</sup></b></p>	<ul style="list-style-type: none"> <li>• The purpose of the Task Force is to coordinate community efforts in responding to the opioid crisis.</li> <li>• Members:             <ul style="list-style-type: none"> <li>○ School district representatives,</li> <li>○ Health care representatives,</li> <li>○ RCMP,</li> <li>○ Social services organizations,</li> <li>○ Community members</li> <li>○ Individuals with lived experience City of Grande Prairie</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• To develop a coordinated response to vulnerable population and those suffering from addictions based on “local needs and resources.”</li> </ul>

<sup>21</sup> City of Medicine Hat. (n.d.). Southeastern Alberta Sexual Assault Response Committee

<sup>22</sup> City of Grande Prairie. (n.d.). Grande Prairie Community Opioid Response Task Force

Crisis Intervention Teams		
Jurisdiction	Mandate	Objective
<b>Calgary Downtown Outreach Addictions Program (DOAP)<sup>23</sup></b>	<ul style="list-style-type: none"> <li>Assists vulnerable individuals in the community to get to a safe place”</li> <li>“Helps link those who come into contact with individuals that have substance abuse issues with the appropriate social service agency”</li> <li>Provides an alternative to 911 response to intoxicated persons who require assistance.</li> </ul>	<ul style="list-style-type: none"> <li>“Provides referral services for shelters, detoxification, addiction treatment services, health needs, crisis counselling, advocacy and basic needs like food, housing and clothing.”</li> <li>Supports emergency services (EMS, Fire, etc.).</li> </ul>
<b>Red Deer Diversion Services (AHS)</b>	<ul style="list-style-type: none"> <li>“Links clients to long term local community-based services in order to address mental health, addiction, social, physical, education, life skills, and/or spiritual health needs.</li> <li>Provides short-term treatment by utilizing a number of different treatment modalities such as Cognitive Behavioral Therapy (CBT), Brief Solution Focused Therapy, and other treatment modalities as available in line with staff education and experience.”<sup>24</sup></li> </ul>	<ul style="list-style-type: none"> <li>Provide individuals suffering mental health or addictions issues treatment and support to prevent their entry into the criminal justice system.</li> </ul>
<b>Lethbridge Mobile Crisis Intervention Team<sup>25</sup></b>	<ul style="list-style-type: none"> <li>To provide services to all ages experiencing urgent/emergent mental health problems, often with related addictions issues.</li> <li>“Provides service 7 days a week to defuse crisis situations and offer assessment, intervention, referrals</li> </ul>	<ul style="list-style-type: none"> <li>Coordination of treatment and community support services following emergency/crisis presentation.</li> <li>Consultation with police, emergency medical staff, agencies and individuals for referrals to appropriate support systems</li> </ul>

<sup>23</sup> City of Calgary. (n.d.). Vulnerable Persons in Calgary

<sup>24</sup> Alberta Health Services. (n.d.). Addiction and Mental Health - Diversion Services

<sup>25</sup> Canadian Mental Health Association. (2015). Crisis Intervention Team

Crisis Intervention Teams		
	and links to community agencies for ongoing, longer-term support.”	<ul style="list-style-type: none"> <li>• Improvement of access to services and support systems through cooperation and collaboration among other services agencies</li> <li>• Provision of education in-service to agencies and the public on various mental health and crisis related issues</li> </ul>
<b>Medicine Hat Addiction Crisis Team (Disbanded March 2020)</b>	<ul style="list-style-type: none"> <li>• To connect individuals facing addiction challenges with treatment and support services<sup>26</sup></li> <li>• “Provides outreach services to high-risk, street-involved individuals with substance abuse problems as well as supports their families”<sup>27</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Team no longer active.</li> </ul>
<b>Grande Prairie</b>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>
<b>Regional Municipality of Wood Buffalo</b>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>

<sup>26</sup> Alberta Health Services. (2107). Police and Crisis Team

<sup>27</sup> Alberta Health Services. (n.d.). Mental Health Diversion Services.



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