Appendices

EDMONTON COMMUNITY PLAN

On

HOMELESSNESS

2000 – 2003

Edmonton Joint Planning
Committee on Housing

EDMONTON COMMUNITY PLAN FOR THE HOMELESS
COMMUNITY PLANNING CHARETTE
BACKGROUND PAPER #1

CONTINUUM OF SUPPORT

BACKGROUND

The idea of providing services using a "continuum of support" model provides the community with an integrated approach that focuses on the needs of homeless individuals and families. Within the Edmonton community, there are a number of groups and organizations who provide their services based on a "continuum of support" model. Some Edmonton examples will be presented during the Charette. The idea of using the "continuum of support" as the basis of the Edmonton Community Plan for the Homeless will facilitate the use of the model on a systemic basis, thus enabling the community to address the structural causes of homelessness. In developing a community plan using a "continuum of support" model, the community will be able to utilize the experience of those already involved in providing services and supports using this approach.

The use of this model on a systemic basis was implemented in the United States in the early 1990's. In the US the model is referred to as the "Continuum of Care". The concept of "Continuum of Care was developed in the US by the Federal Department of Housing and Urban Development (HUD) and introduced in the early 1990's. The "Continuum of Care" is designed to assist homeless individuals and families move to self-sufficiency, to the extent possible, and to permanent housing. This approach to addressing the needs of the homeless or near homeless arose because of the growing numbers of homeless and the limited success of previous approaches. A initial review of the impact of the Continuum of Care system conducted by The Centre for Urban and Policy Research of the University of Colombia which reviewed the funded programs between 1990 and 1995 indicated that " the initial implementation of the Continuum of Care concept has resulted in (1) substantial increase in funding from both government and non-government sources: (2) an increase in the number of homeless people assisted; and, (3) an increased emphasis on transitional and permanent housing relative to emergency assistance." The Continuum of Care: A Report on the New Federal Policy to Address Homelessness, Colombia University December

1996.

"New York City shelters approximately 6,900 homeless adults and 5,700 homeless families each day. The response to homelessness in New York City has undergone major changes over the past decade. When increasing homelessness emerged as a more significant problem in the early 1980's, the immediate response was to provide emergency shelter for homeless persons in large temporary facilities. Over time, New York City became aware of the need to address the underlying causes of homelessness, which include barriers to employment, substance abuse, and mental illness....Rather than viewing homelessness as a single issue, DHS [Department of Homelessness Services] began to focus on addressing the multiple needs of individual clients" Homeless Assistance Plan, City of New York , 1998?

WHAT ARE THE COMPONENTS OF A CONTINUUM OF SUPPORT MODEL

"The Continuum of Care model is based upon the understanding that homeless is not caused merely by a lack of shelter, but involves a variety of underlying, unmet needs- physical, economic, and social. HUD believes that the best approach for alleviating homelessness is through a co-ordinated community-based process that provides a comprehensive response to the differing needs of homeless individual and families. The fundamental components of a Continuum of Care system are:

1.   Outreach (engagement) and assessment to identify an individual's or family's needs and connect them to facilities and services.

2.   Immediate (emergency) shelter as a safe, decent alternative to the streets.

3.   Transitional housing with appropriate supportive services, such as job training/placement, child care, substance abuse treatment, mental health services, and instruction in independent life skills.

4.   Permanent housing or permanent supportive housing arrangements.

While not all homeless people will need access to each of these components, all four must be present and co-ordinated within a community in order for the Continuum of Care to be viable. The Continuum of Care system serves the specific needs of all homeless sub-populations within a particular community."
HUD Continuum of Care, April 2000. It should be noted that since the introduction of the Continuum of Care, a number of communities have added prevention and community education to their Continuum of Care model.

"People's Emergency Centres comprehensive approach to helping homeless families achieve self-sufficiency has a unusually high success rate for Philadelphia. Over 90% of the families who complete the PCE's program never return to homelessness. PCE's continuum of care is considered a model for Pennsylvania.

Our 'continuum of care" approach focuses on the mind, body and spirit. PCE provides intensive case management, supportive services, parenting and life skills, education, and job training and placement to homeless mothers. For their children, we offer day-care, after school programs and special activities for pre-schoolers and teens.

Our continuum of care consists of Emergency Shelter; Case Management; Transitional Housing; Teen Services; Parent-Child Education Adult Workshops; Job Opportunities & Business Skills Program (JOBS): Housing Opportunities; and Advocacy."People's Emergency Centre, Philadelphia, Pennsylvania April 2000

HOW HAVE COMMUNITIES IMPLEMENTED THE COMPONENTS OF THE

CONTINUUM OF CARE?

The actual implementation of the various components will depend upon the needs and resources of a specific community. Regardless of the method of implementation the basic fundamental underlying principle of the concept of the continuum of care programs is that services should by tailored to meet the specific needs of the individual or family. The following are some examples of how the four main components have been implemented by various communities.

1.   Outreach and Engagement

        The New York Homeless Assistance Plan provides an overview of what could be included as components of outreach and engagement.

        "Thousands of homeless individuals sleep in public places in New York City each night. A large citywide network of drop-in centres, outreach programs, reception centres, church and synagogue-based voluntary shelters, soup kitchens, and other emergency services attempt to serve and engage members of this generally service-resistant population, with the goal of moving them into transition al programs and housing. Once a homeless individual is engaged, case management and linkages to programs, benefits and other supportive services are used to ensure that the individual is able to follow his or her service plan and gain the highest possible level of independence.

        ..."Many outreach programs co-ordinate their services with eight drop-in centres, which operate 24 hours a day ....Together, outreach and drop-in centres provide emergency and crisis services such as food, clothing, medical programs and showers. In addition, these program provide social services designated to assist homeless persons move to transitional programs and shelters that offer assessment, counselling, access to entitlement, medication management, and mental health, substance abuse and employment services." Homeless Assistance Plan, City of New York , 1998?

2.   Emergency Shelter and Emergency Shelter as a Step Towards Housing Permanency

        One of the more interesting approaches comes from Washtenaw County/City of Ann Arbor Continuum of Care Plan.

        "In order to help people transition from crisis to appropriate housing solutions most effectively , an Emergency Shelter program is needed that includes the following:
        –   *outreach and engagement throughout the community for all types of clients;*
        -        *expert assessment within 72 hours to determine the most appropriate next steps and to move people through to a more permanent alternative as soon as*

> *possible;*
> - *a well trained staff and enough operational funding to function safely and effectively;*
> - *the ability to separate populations such as people actively involved in using drugs from those in recovery, as well as men , women and youth. ...*

Our community goal is that emergency outreach and intake, comprehensive assessment and crisis intervention should be accessible 24 hours per day. This should include physical health, mental health, substance abuse evaluation, and psycho-social needs and be conducted within 72 hours of arrival. Co-ordination among agencies involved in outreach and intake should begin at the point of engagement and continue through the intake and service procedure. Washtenaw County/City of Ann Arbor Continuum of Care Plan 1999.

3.   Transitional Housing

The needs and requirements in a community dictate the nature and scope of the transitional housing within a community. Transitional housing includes housing and support services for the individuals and families including the mentally ill, individuals with disabilities, HIV, dual diagnosed, chemical dependencies, households or individuals fleeing family violence. In addition, in a number of communities, transitional housing and support services also includes housing that will facilitate independent living. An interesting example of transitional housing is that provided by the People's Emergency Centre, which provides a variety of types of transitional housing for women and children. They provide what is referred to as first -tier transitional housing where individual family units in an apartment building "*offer security and privacy and prepare the mothers to provide more and more for their family's needs.*" Families who are involved in a parent-child education, adult basic education, an eight week job search or other approved program have the option of moving into a second-tier transitional housing that "*offers greater independence and responsibility in apartment-like rooms with kitchen facilities and on-site child care for those engaged in employment activities. Mothers living at Rowan House budget their incomes in order to pay rent, buy and provide their own food, provide for their children, and manage other household needs.*" People's Emergency Centre, Philadelphia, Pennsylvania April 2000.

4.   Permanent Housing

A wide range of permanent housing is provided within the continuum of care framework in the US. This includes options such as: rental housing for low income households, (public, private, co-operative and non-profit) and home ownership options for low income households (public, non-profit, co-operative). Permanent housing options include self-contained independent living options including as well as housing with a range of support services designed to meet the needs of the individual household. As well permanent housing options

offer a range of options including single room occupancy units, group homes, apartments, townhouses and single family homes.

WHAT HAS BEEN THE IMPACT OF THE "CONTINUUM OF CARE APPROACH"?

The study conducted by Columbia University indicated that the "continuum of care" approach had a significant positive impact in meeting the need of the homeless. Two key elements that resulted in this success were identified as "*(a) a co-ordinated community-based process of identifying needs and building a system to address those needs, and (b) a doubling of the HUD homelessness assistance budget to provide communities with the resources to carry out these tasks*" The Continuum of Care: A Report on the New Federal Policy to Address Homelessness, Colombia University December 1996.

Case studies of nine sites across the US indicated that this approach has significantly changed the planning process for housing and homelessness. These changes as summarized in the Colombia University review include:

- *The concept of "community participation" has expanded, bringing together a broad-based group of public and private stakeholders. In the past, these stakeholders, including business and civic leaders, service providers, local and state government representatives, elected officials, advocates and the people who are or have been homeless, did not have the incentive to plan together.*

- *Before the Continuum of Care was initiated, the traditional and well-funded service providers, had a great advantage in their applications for McKinney funds. The assistance in completing the applications provided by HUD during the Continuum of Care process improved the success rate of smaller neighbourhood-based organizations in obtaining federal support.*

- *HUD has created valuable fiscal incentives for communities to think "outside their boxes" to define the structural causes of homelessness. Further, this policy enables communities to design comprehensive systems of housing and services to help homeless people find permanent housing and prepare for independent community living.*

- *Communities are rewarded through funding for planning proactively rather than relying on traditional reactive, crisis-oriented responses. This has required community groups to take the time to develop a deeper understanding of existing local resources, needs, service gaps and funding priorities. This process has , in many sites, unearthed existing hidden resources to meet identified needs*" The Continuum of Care: A Report on the New Federal Policy to Address Homelessness, Colombia University December 1996.

EDMONTON COMMUNITY PLAN FOR THE HOMELESS
COMMUNITY PLANNING CHARETTE
BACKGROUND PAPER #2

MEETING THE DIFFERENT NEEDS OF THE HOMELESS

BACKGROUND

Homelessness has many faces and the needs of homeless individuals and families varies. To facilitate the planning process, the homeless have been divided into a groups, men and women, families with or without children, youth and seniors. In addition, within these groups there are a number of sub-groups that have specific needs and requirements that will have to be addressed as part of the plan including those with mental health concerns or addictions, women fleeing violence, those leaving institutions, parolees, individuals involved with prostitution, individuals with HIV/AIDS, young adults, the trans-gendered and persons with disabilities. Finally any plan that is developed must take into account the specific cultural needs and requirements of the Aboriginal community.

To enable the Charette participants to develop the Edmonton Community Plan on Homelessness background material has been gathered regarding the current inventory of emergency shelter beds, transitional beds or housing and permanent housing that is available within the community as well as the need and demand for future beds or housing. No original research was undertaken to determine need, existing data sources were utilized. These data sources included the *"Supply and demand Update on Affordable Housing For Low Income and Special Needs Households"*, Edmonton Joint Planning Committee on Housing, December 11, 1997; *"A Call to Action"*, Edmonton Task Force on Homelessness, May 1999; *"City of Edmonton Housing Agencies Inventory 2000"* The City of Edmonton, Community Services; *"Background Papers 1-7"* prepared for the City of Edmonton, Low income and Special Needs Housing Colloquium, December 3, 1999; the 1999 Annual Report for Housing Registries; the September 1999 Management Bodies Vacancies in Edmonton Report; data from the Aboriginal Housing Forum (March 2000) and information from the Northern Alberta Co-operative Housing Association.

Where possible, projections were made with regard to additional demand. One of the outcomes of the Community Planning Charette will be to confirm total additional housing units within each category that will be required each year over the next three years. Following is an overview of the beds and housing that is available for men and women, families with or without children, youth and seniors. This information is followed by information on the beds and housing that are dedicated to meet the needs and requirements of specific sub groups.

SINGLE MEN AND WOMEN

- Background

Single men and single women represented the largest identified group during the last three homeless counts in the City. Of the 1,125 homeless persons identified in the March 23, 2000 count, 932 (82%) were single. Of these 47% (436) people were identified as absolute homeless and 53% (493) as sheltered homeless. As illustrated in the following Table approximately 74% of the absolute homeless and 64% of the sheltered homeless were male.

	SINGLE MEN		SINGLE WOMEN	
ABSOLUTE HOMELESS	74%	351	24%	116
SHELTERED HOMELESS	64%	284	35%	155

CHARETTE REGISTRANTS

ALLEN, Ron	People In Need Shelter (PINS) Society
APPLEYARD, Reg	Meadowcroft
BEAUPRE, Rick	Facilitator
BENNETT, Christine	Oxford Foundation
BENSON, Alan	Native Counseling Services
BERESKA, Clarence	Alberta Community Development
BLANES, Alan	Alberta Human Rights Association
BODNARUK, Jeanie	WEAC
BOEHM, Reinhild	Millwoods Welcome Centre
BRACE, Faith	Inner City Pastoral Ministry
BREIKRITZ, Dwayne	Edmonton Seniors One Voice Association
BRUCE-KAVANAGH, Kathy	Facilitator
BUFFALO, Mel	Amisk Housing Association
CARDINAL, Gayle	Facilitator
CARDINAL, Linda	Bent Arrow Traditional Healing Society
CASS, Carol	Edmonton Community Services
CATHCART, Chuck	Jellinek/Oxford House
CHALLBORNE, Ione	WIN House
CHAPUT, Larraine	Our House (Edmonton) Ltd.
CHERNEY, Linday	Urban Development Institute
CHOATI, Basant	Alberta Human Resources and Employment
CHRISTENSEN, Hazel	Edmonton Housing Trust Fund
COOPER, Marian	Aboriginal Disability Society of Alberta
COULTER, Bob	Metis Edmonton Local
DEVAM, Sundari	Edmonton City Centre Church Corporation
DEWAR, Faye	Aboriginal Disabled Housing Committee
DYKSTRA, Gordon	Edmonton Apartment Association
FEARNLEY, Ken	Greater Edmonton Foundation
FERCHOFF, Ken	Carrington Properties
FERGUSON, Judy	Greater Edmonton Home Builders
FLETCHER, Kent	Capital Region Housing Corporation
FORGRAVE, Tom	Facilitator
FOWLER, Tom	Premier's Council on Status of Persons with Disabilities
FRANK, Monica	Facilitator
FREEMAN, Dennis	Edmonton Community Services
GARBER-CONRAD, Martin	Edmonton City Centre Church Corporation
GARRETT, Patricia	WINGS of Providence
GARRICK, Lorette	George Spady Centre
GHEBREMUSSE, Zed	Facilitator
GLADUE, Debbie	Canadian Native Friendship Centre
GOATCHER, Richard	Canada Mortgage and Housing Corporation
GORMAN, Wayne	Communicating Power Inc.
GURNETT, Jim	Bissell Centre
HAGEMANN, Pat	Stepping Stones
HAIG, Robb	Facilitator
HANNLEY, Lynn	Facilitator

CHARETTE REGISTRANTS

HAYES, Louise	Alberta International & Intergovernmental Relations
HAYWARD, Richard	Facilitator
HENSON, Shari	Facilitator
HILLS, Bev	SKILLS
HUDSON, Tony	Canadian Mental Health Association
ISLAM, Rafique	Metis Nation of Alberta
JEFFREY, Judi	Aboriginal Homeless Education Committee
JOHNSON, Joyce	Good Samaritan Society
JONES, Cecilia	Amisk Housing Association
JORGENSON, Bill	Alberta Human Resources and Employment
KELLY, George	Edmonton Inner City Housing Society
KLASSEN, June	Edmonton Public School Board
KOHAN, Randy	Wecan Cooperative
KOHLMAN, Evelyn	Alberta Alcohol and Drug Abuse Commission
KRENS, Linda	YMCA
KREUZER, Daryl	Edmonton Community Services
KRIMMER, Helen	Edmonton Coalition on Homelessness; Handicapped Housing Society of Alberta
LABOUCANNE, Ed	
LACOCK, Joy	House Next Door Society
LAMOND, Lance	Poverty in Action
LAMONTAGE, Chris	Ben Calf Robe Society
LAZAR, Dennis	Our House (Edmonton) Ltd.
LOVE, Leona	Landlord & Tenant Advisory Board
LOYEK, Lawrence	
MACDONALD, Hugh	MLA
MACMILLAN, Ron	Oxford Foundation
MARTIAN, Elizabeth	Women Building Futures Society
MARTIN, Rob	Alberta Community Development
MARVIN, Bob	Edmonton Community Services
MCILEEN, David	Boardwalk Equities
MCKINNON, Kathy	Facilitator
MCNABB, Anne	Canadian Foundation On Compulsive Gambling
MILICEVIC, Marg	Facilitator
MILNE, Anne	Human Resources Development Canada
MOISAN, Vic	Facilitator
MORRIS, Debra	Edmonton Presbytery - United Church of Canada
NG, Lena	Schizophrenic Society
NGUYEN, Hai	Canadian Heritage
NIKOLAI, Anne	Beverly Towne Community Development Association
NORTHRUP, Andy	Facilitator
NOVOTNY, Colleen	Boyle-McCauley Health Centre
OLSEN, Sue (or EA)	MLA
OMENIHO, Melanie	Canadian Native Friendship Centre
ONSLOW, Chris	Hope Mission
OTTO, Bernadette	Edmonton Community Services
PAMBRUN, Bea	

CHARETTE REGISTRANTS

PANNU, Raj	MLA
PARKER, Regina	Poverty in Action
PEERS, Doug	YMCA
PETERS, Alice	Canadian Native Friendship Centre
PETERSON, Miriam	Facilitator
PREDT, Shirley	Partner for Kids and Youth
PYKE, Reta	Social Housing Advisory Committee
RANKIN, Sandy	Food Bank
RAYMOND, Gerry	Excel Resources Society
REIST, Etta	Canada Mortgage and Housing Corporation
REMPEL, Alan	Hope Mission
ROACH, Gene	Facilitator
ROSS, Elaine	Urban Native Housing Registry
RYMES, Don	Human Resources Development Canada
SANDS, Darlene	Community Action Project
SCARBEAU, Major Larry	Salvation Army
SCOTT, Laurie	L. B. Scott & Associates
SEEGER, Edwin	Community Land Trust
SHORTEN, Deanna	Poverty in Action
SINCLAIR, Jeannette	Facilitator
SLOAN, Linda	MLA
SMITH, Graeme	W.E.L.O.W.S.
SMITH, Sheila	Operation Friendship
SOPKOW, Gail	Operation Friendship
STARR, Sharon	Boyle Street Co-op
STEWART, Larry	Facilitator
TAM, Samuel	Alberta Hospital
THIESSEN, Vic	Welcome Home
THURLBECK, Shelagh	SMT Business Services Ltd.
THURSTON, Sharon	Boyle-McCauley Health Centre
TYRELL, Fred	Facilitator
VAN DER POORTEN, Emil	Immigrant Neighbourhood Community Planning Ass'n
VASSEL, Pastor Cedric	Inner City Mission
VAUGHAN, Scott	Facilitator
WALLACE, Rick	Northern Alberta Cooperative Housing Association
WATSON, Carol	Facilitator
WATSON, Gordon	Metis Urban Housing Corporation
WEBSTER, Doreen	Wood Again
WHYTE, Bob	Edmonton Seniors One Voice Association
WILLIAMS, Laura	Good Samaritan Society
WOWK, Roger	ComSup Services & Resources Association
WRIGHT, William	Canada Customs and Revenue
YUEN, Kildy	HomeEd

ORGANIZATIONS/INDIVIDUALS PROVIDING COMMENTS ON DRAFT

ORGANIZATION	PERSON
Alberta Alcohol and Drug Abuse Commission	Evelyn Kohlman
Alberta Community Development	
Alberta Mental Health Board (Alberta Hospital)	Ron St. Dennis & Denise Milne
Amisk Housing Association	Mel Buffalo
Bissell Centre	Jim Gurnett
Canadian Centre for Social Entrepreneurship	Gary McPherson
Canadian Mental Health Association (Alta N Cen)	Tony Hudson
CMHC	Richard Goatcher
ComSup Services & Resources Association	Roger Wouk
Edmonton City Centre Church Corporation	
Edmonton Social Planning Council	Brian Bechtel
Family & Social Services (Edmonton Region)	Ken Gurski
Hope Mission	Allen Rempel
Housing Field Services	
Human Resources Development Canada	
Metis Nation of Alberta Association	Audrey Poitras & Jerry Letendre
Native Counselling Services of Alberta	Dan Erickson
Oxford House Foundation of Canada	Christine Bennett
Schizophrenia Society of Alberta	
Terra Association	Gisèle Lacroix
The George Spady Centre	Lorette Garrick
Winnifred Stewart Association	Veronica Ferdinand

Charette Registrants