



# Victoria Cool Aid Society

Victoria, British Columbia

PROGRAM TYPE: Housing, Employment, and Support Services

Beautiful British Columbia (BC), with its Rocky Mountains and Pacific coastline, is a relatively expensive place to live in Canada. The province's capital city, Victoria, is among the most expensive regions to rent property in the country and is even more expensive than Vancouver, the province's largest city.

In 2008, the Greater Victoria Coalition to End Homelessness was formed with the goal of ending homelessness in the province's capital by 2018. As a solutions-oriented approach to ending, rather than managing homelessness, the efforts include prevention, housing and supports. The Coalition promotes integrated, client-centered services that work together to address the needs of homeless citizens.

The Greater Victoria Coalition to End Homelessness reports some of the key factors that have contributed to homelessness: compared to national averages, Greater Victoria has higher rental apartment prices, higher growth of rental apartment prices and lower rental apartment vacancy rates. Despite an increase in subsidized housing, there is a shortage of affordable rental accommodation and few housing options for low-income people (Greater Victoria Coalition to End Homelessness, 2010).

Between 2006 and 2011, rents in Victoria increased by as much as 20%. Based on the cost of living in Victoria, including rent, transportation, food, and recreation, the wage at which one can comfortably afford to live is \$18.07 an hour (and even this amount does not afford luxuries like owning a home or saving for retirement) (Pauly, 2012). Minimum wage in BC, however, is \$10.25 an hour (Ministry of Labour, 2012) – almost half of the living wage.

The number of people experiencing homelessness in Victoria is rising. A 2007 count identified 1,242 people who were homeless or at risk of homelessness (Victoria Cool Aid Society, 2007); in 2012, researchers estimated that 1,617 people were homeless (based on the number of people who attended an emergency shelter at least once in the previous year) (Pauly, 2012).

## KEY MESSAGES

- SUPPORT SERVICES FOR HOMELESS PEOPLE MUST BE CONNECTED TO HOUSING
- SERVICE INTEGRATION IS CRITICAL – HEALTH CARE AND OTHER
- KNOWLEDGE MOBILIZATION AND COMMUNICATION TO ENGAGE THE COMMUNITY
- INFLUENCING POLICY
- DATA AND RESEARCH



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The report by the Mayor's Task Force on Breaking the Cycle of Mental Illness, Addictions and Homelessness estimated that \$76 million is spent annually on more than 200 organizations trying to address the needs of individuals who are homeless and/or struggle with mental illness and addictions issues in the Greater Victoria area. Despite this spending, many needs remain unmet, and at least \$62 million in additional funding is spent on other services, such as policing, jails, hospital services, and emergency shelters. (Mayor's Task Force, 2007).

Ending homelessness requires addressing the range of social and health issues that keep many people on the streets. The cost of managing homelessness through supports, health, policing, and other services is estimated at \$250 million a decade, compared to a \$175 million investment to end homelessness (Greater Victoria Coalition to End Homelessness, 2010). The Victoria Cool Aid Society aims to end homelessness by working in partnership with others to develop community-based solutions. The organization operates a diverse range of social and health services for those in the community who are most vulnerable, through a wide range of programs including supported housing, community health and dental services, emergency shelter, mental health and employment services, and a community centre. Cool Aid works with adults who are homeless or at risk and provides assistance to over 10,000 individuals every year.

The organization traces its origins to the Cool Aid Hostel, established over 40 years ago to provide short-term, emergency shelter to transient youth travelling the country. Over the following decades, the need for housing shifted from travelling youth to locals who were unable to obtain or maintain housing. Staff had noticed that the same people were coming to the shelter over and over and would stay a month or two, find a place to live and before long they would be back at the shelter. As a temporary shelter, the program was a revolving door that did not allow for lasting change for most people. As a result, the organization began to implement housing programs and supports for vulnerable people in the community and would serve as a gateway to all of the services that are required to help someone out of homelessness.

## PROGRAM DESCRIPTION

The Victoria Cool Aid Society provides shelter, housing, and community health services to adults experiencing marginalization in the Victoria area:

### Shelters

Cool Aid operates three shelters: Rock Bay Landing, the Sandy Merriman House (emergency women's shelter), the Next Steps Transitional Shelter, as well as extreme weather shelters when conditions demand and space is available. Amongst these shelters, there are a total of 124 shelter beds (including 25 for women), 23 units of transitional housing, and two units of family shelter.

### Housing

Cool Aid's Housing Program operates within a "Housing First" philosophy. They embrace the principles of harm reduction, and employ a psycho-social rehabilitation approach to personal growth that focuses on building working relationships and trust with tenants. When tenants are ready, they are supported to take initiative in dealing with the more difficult issues in their lives, such as addictions and mental health.

### Health and Dental

The Cool Aid Medical Clinic provides primary health care for people who do not have medical coverage, or who live in the downtown core, many of whom suffer from mental health and addiction issues and/or other chronic health problems. In 2001, Cool Aid received provincial funding to develop the clinic into a comprehensive Community Health Centre. The Dental Clinic, which expands Cool Aid Society's health care mandate, opened at the Centre in the spring of 2002 and addresses the difficulty the at-risk population has in accessing dental treatment and strives to remove the barriers to care by providing affordable dental treatment.

## Education, Employment, Support

Resources, Education, Employment, and Support Program (REES) uses a co-operative, recovery-based approach to help reduce the isolation from community, friends and family that is often a result of mental illness and addictions, and is based on the idea that people with mental health and addictions issues can make important contributions to the system that supports them. The Community Casual Labour Pool is a free service that matches employers with workers looking for short-term, casual positions.

## Downtown Community Centre

Cool Aid staff and volunteers organize special events and free drop-in recreation programs for youth and adults. Low-cost rental opportunities are available seven days a week to diverse groups seeking an open, welcoming and centrally-located venue to host their events or community programs. The facilities include a mid-sized gymnasium, a non-commercial kitchen, a courtyard and computer access.

## Food Services

Cool Aid provides three meals a day in their shelter programs, plus 2 meals a day for their transitional housing clients in Rock Bay, 2 meals a day in their Hillside Terrace assisted living program and 1 meal a day in their 2 seniors buildings. They also have 2 separate Every Step Counts groups meeting twice a week and a healthy snack is served each time.

## Centralized Intake

The Greater Victoria community has recently adopted a new centralized access process that: a) receives referrals for individuals needing supported housing from all of the homeless-serving programs and agencies; and b) makes placement recommendations to all of the supported housing providers. A desired outcome of this process is the knowledge that will be gained to help staff and funders understand the outcomes for people who access services, including identifying other services that they access and how long they stay in each program or housing service. Centralized intake also means that clients are not required to repeatedly give all of their background and personal information at each service they access.

A team was established to work through and address the privacy and freedom of information issues relating to a centralized intake system and included the Victoria Community Outreach Team (VICOT), the police, and representatives from the Ministry of Social Development, the service community and the local housing authority.

*“The stories of homelessness highlight what we all intuitively know about the social determinants of health: everyone needs a home, a job, and a friend. Take away any one of these and we feel vulnerable. Take away two, or three, and getting through the day is a consuming struggle just to stay afloat, and swimming to shore may be impossible without help.”*

(Victoria Report Card, 2010)

# EVIDENCE OF EFFECTIVENESS



The Cool Aid Society has collected data on several indicators of effectiveness for its programs. In collaboration with the University of Victoria and the Centre for Addictions Research BC, Cool Aid undertook an evaluation of their transitional housing program. In collaboration with shelter staff, academic researchers sought to determine if the program effectively supports individuals' transition from homelessness to stable housing and reduces relapse back to the streets or shelters, as well as to produce standardized data on income, housing, health and social supports.

The researchers were able to compare the transitional shelter population to the emergency shelter population, and those serviced by homeless outreach programs, to determine if the shelter was serving a similar population. They were also able to compare housing outcomes across the three sub-populations. Comparison data was obtained from provincial databases.

Data was collected using multiple sources and a variety of measures including:

## Resident Surveys at Intake and Exit

### **BC Housing Intake Survey, In-depth Intake and Exit Surveys**

The BC Housing Intake survey is designed to collect demographic information as well as limited data on income, health, substance use and housing history. Residents are also given an opportunity to complete a more detailed intake survey, the Next Steps Intake Form. This in-depth intake covers housing history, income, health, mental health, use of health services, and social supports. This form is completed by the client and is completely voluntary. The exit survey covers the same topics and uses comparable questions to the intake survey. To compensate individuals for their time, participants are provided with an honorarium of \$20.

### **Staff-Completed Exit Summaries**

In order to supplement the limited data from exit surveys, staff were interviewed about all the residents who met the inclusion criteria and had since left the program (53 people). Information was collected about the type of housing people were going to at exit and activities undertaken while in the program including access to income, health and social services.

### **Six-Month Follow-up**

Of the 47 residents who had been out of the program for 6 months or more at the time of the study, 21 (45%) residents were available and agreed to a follow up interview. Data collected at follow-up differed from data collected at intake and exit in that intake and exit surveys were completed by the residents on their own, while at follow-up a research assistant completed the survey with the client. For this reason, the follow-up data is more consistent and complete than intake and exit data. All 21 follow-up interviews were included in the analysis.

### **Comparative Data from the Canadian Community Health Survey (CCHS)**

The in-depth intake, exit and follow-up surveys contain many questions taken directly from the Canadian Community Health Survey (Statistics Canada, 2009). Provincial data sets provided information to allow for comparisons with the general population, as well as a sub group of low-income individuals (income of less than \$20,000 per year).

## Findings

Data was collected on 53 clients who were discharged from transitional housing and 21 clients at a 6 month follow up. The following data are drawn from the final report: *Transitional Housing: Evaluating the Effectiveness in Breaking the Cycle of Homelessness* (Pauly et al., in press):

### Housing

- 73% of clients were discharged to housing (most exited either to market housing with rent supplements or social or supportive housing; very few exited to market housing without supports)

At 6 month follow up:

- 81% of respondents reported being housed and 19% of respondents were homeless.
- 38.1% were living in social or supportive housing and an additional 19% were receiving rent supplements. This means that 57% had transitioned into housing with some level of income support; either receiving rent supplements, or living in subsidized, social or supportive housing.
- It is important to note that these housing outcomes were achieved in a housing market characterized by high costs and low vacancies.

### Income

- 45% of clients were employed compared to 7% when they entered transitional housing (compared to 14.5% in general shelter population); 42.9% of clients were employed at follow up.
- The percentage of clients with no income went from 11% when they entered transitional housing to 1.9% and 0% at 6 month follow up (compared to 15.5% of general shelter population).
- However, at follow-up, about half (52.4%) assessed their income as just enough to live on and a third (33.33%) reported their income was not sufficient for basic needs. About half of the participants reported having debts they were unable to repay.
- At follow-up, 23.8% reported being hungry weekly and 81% of participants use food banks, drop in and meal programs.
- Although the situation of the residents had improved, these findings suggest that while residents had moved out of homelessness they had not moved out of poverty.

### Mental Health

- As they began the transitional housing program, 48% of clients reported their mental health as poor or fair while only 6.3% of the general population and 14.2% of the low income population would rate their mental health as fair or poor (Statistics Canada, 2009).
- As they were leaving the program, participants rated their mental health as slightly lower than that of the general population, but higher than the low income population, with 62.6 % of participants rating their mental health as very good to excellent. Six months later only 38.1% reported their mental health as very good to excellent.

### Health

- At intake, 43.5% of respondents reported poor or fair health; significantly higher than findings from the general population (14.1%)
- At exit 12.5% of homeless clients rated their health as poor or fair which is comparable to the general population
- At follow-up 23.8% of clients felt that they were in poor or fair health
- 52.3% of respondents report improved health over the previous year and more than a third (38.1%) said their health was about the same. Among low income individuals who completed the CCHS, 20.8% reported improved health in the last year. Fifty-seven percent reported that their health was the same.
- All of the participants had a regular source of care upon exit from transitional housing. At exit, 63% of residents had a community health centre as their regular source of care compared to 4.8% of British Columbians. This highlights the strong links between the transitional housing and the community health centre run by Cool Aid that fostered a connection to a regular source of primary care.

# USER PERSPECTIVE<sup>1</sup>



"Without Cool Aid to get me the support I needed and the doctors I needed I would not be here today. Now I have a job and I have my own place and I have a cat named Milo. I volunteer 2 days a week at Beacon Thrift Store on Pandora with Trish and I just love it. I keep hoping one day my dream will come true and Trish will have a paid job for me. Thanks Cool Aid for every thing you have done for me."

"In the beginning I was a casualty in this war, badly injured in a plane crash while traveling home from work managing a forestry crew on the west coast. I spent several years fighting pain, with painkillers, which lead to a heroin addiction, street drugs and years of living on the street. Since my involvement with the doctor's nurses, dentist and administration staff at the Cool Aid Community Health Centre, I have become one of a dedicated team determined to make a difference in this struggle. I am now 59 and have spent the last five years working in the supportive addiction field."

"I came to Victoria 20 years ago to be with my children, at that time they were 1 and 3 years of age. I was in unsuccessful relationships that involved alcohol and substance use. My failing relationships usually kept me from getting a place and I stayed in these relationships, thinking they were my only hope. I became homeless and became one of the panhandling Crew. We numbered at least forty in those days 15 years ago and we looked after each other. Quite often, each other was all we had to help us get through the rough times. We trusted and loved one another, like family. I have turned my life around and have had my children for ten years, as a part of my life. I quit drinking and stopped using drugs. It was hard and I lost a lot of friends; or so I thought. I started Adult Basic Upgrading, and went on to attain my First Nations Family Support Worker Certificate at Camosun. I have finished my first year of the Child, Family and Community Studies Diploma. My daughter has followed in my footsteps and is entering her First Nations Community Studies Diploma Program at Camosun. My son lives with me and I am teaching him how to become independent. I am also the proud grandmother of a three year old, and my family spends much time together. I thank Cool Aid for being there for me 20 years ago when I was homeless and I hope to be able to work with the Cool Aid soon to help our homeless find a solution to their homelessness and the other challenges they face in every day life."

1. These stories are drawn from the Cool Aid website. To read more stories see <http://www.coolaid.org/>

# RESOURCES & ORGANIZATIONAL MODEL



## Staffing

In 2011 Cool Aid had 231 staff positions. The majority of Cool Aid staff work in the Shelters (44%) and Housing (33%) programs.

### Supported Housing

Cool Aid housing includes a full spectrum of supports geared to each person's needs, to help them manage challenges related to poverty, addictions, mental health, aging, the justice system and other concerns. Fifty full time and 25 casual staff operate 351 apartments in ten buildings, supporting tenants to address all of their physical health and social needs.

### Emergency Shelter and Transitional Housing

The Emergency Shelter and Transitional Department is comprised of 78 full time and 40 casual staff who coordinate services or work with clients to access short and long term housing and transitional or support services.

### Community Health Services

Clients can access a range of professionals from community health services including a nurse practitioner, nurse clinicians, physicians, mental health and addictions counsellors, nutritionist, acupuncturist, pharmacist, dentist and dental hygienist, and visiting specialists, such as psychiatrists, are all possible points of entry into accessing comprehensive, primary health care. Thirty-two full time staff and 8 contracted medical professionals make up the Community Health Services department.

## Partnerships

### Greater Victoria Coalition to End Homelessness

The coalition is a major partner; they share an overarching goal – to end homelessness in Greater Victoria by 2018. Through the coalition there is an integration working group, which exists at a grassroots level and focuses on greater Victoria, and was the impetus for the Centralized Access to Supportive Housing System, as well as the Streets to Homes program, which is connected to the centralized system and connects people to market housing directly.

As part of the Coalition, Cool Aid contributed to several key partner initiatives in 2011/12, among them, the Housing Procurement Action Plan (Housing Working Group), the Community Plan to End Homelessness (Management Committee), and a business plan (Management Committee).

### Rental Owners and Managers Society (ROMS) of BC

ROMS is a keen supporter of Cool Aid's Next Steps Transitional shelter program – it is their charity of choice. Cool Aid also participates with ROMS through the Streets to Homes program, another community initiative.

Cool Aid partnered with ROMS through the Coalition's Streets to Homes pilot program (now delivered directly by Pacifica Housing), promoting the program to their member landlords, encouraging them to rent their market units to Cool Aid's client population (who would be receiving a rent subsidy in order to afford the market rent).

### BC Non-Profit Housing Association (BCNHPA)

Cool Aid is a member organization of the BC Non-profit Housing Association. The ED is currently the Chair of the BCNHPA board. The organization has benefitted from its relationship with the association by participating in research and being able to use data from the research department in order to support funding proposals. Cool Aid is also linked to other member programs through the BCPHA.

### Canadian Housing and Renewal Association

Cool Aid is a member organization and participates in CHRA's annual congress.

## Funding

### Major Funders and Sources of Funds for 2011-2012:

- BC Housing (40% of revenue) - \$6,926,776
- Vancouver Island Health Authority (VIHA) (24%) - \$4,051,274
- Forensic Psychiatric Services Commission (4%) - 693,308
- Rental Income and Occupancy (11%) - \$1,885,179
- Pharmacy and Dental fees (13%) - \$2,163,792
- Donations and Grants (4%) - \$626,006

By program, the funding breakdown is as follows:

- Housing – 40%
- Shelters – 29%
- Health Services – 26%
- Central Services and Other – 5%

At Cool Aid, fund development is seen as supplementary; the long-term goal is to move privately funded initiatives into sustainable government-funded services. There are nevertheless compelling reasons to seek private funding: it allows Cool Aid to provide additional services that would not otherwise be possible; fund development is one way to engage the broader community in the organization's work and provides an opportunity for others to contribute to ending homelessness; and private funds enable Cool Aid to diversify its revenue sources and make the organization stronger.

## KEY MESSAGES

### SUPPORT SERVICES FOR HOMELESS PEOPLE MUST BE CONNECTED TO HOUSING

Although homelessness boils down to one key factor, the absence of a home, simply providing housing for people who face a range of other difficulties is unlikely to lead to lasting change. In order for clients to maintain housing, they need support with managing a home, managing alcohol or drug issues, help with employment, social support, and/or accessible health care. By providing these other essential services, the costs associated with homelessness can be reduced.

## SERVICE INTEGRATION IS CRITICAL – HEALTH CARE AND OTHER SUPPORT SERVICES

Cool Aid recognizes the importance of community collaboration to address the needs of this population, so that no one group is over-burdened, and everybody can benefit from the interaction and integration that occurs. Through the Coalition there is an *integration working group*, which was the impetus for the Centralized Access to Supportive Housing System. This group facilitates a number of cross-connections between the Coalition, downtown service providers, and the community council. Because there is a common intake form across agencies, it facilitates knowledge sharing, collaboration and service integration in order to adequately meet the needs of homeless citizens in Victoria.

## KNOWLEDGE MOBILIZATION AND COMMUNICATION TO ENGAGE THE COMMUNITY

Cool Aid's efforts to bring the community together to provide these essential services include the use of innovative communication tools like digital media. Through YouTube, Facebook, and 600 Twitter followers, social media has become an integral part of engaging the community. Monthly email stories are also sent to all Cool Aid supporters. By engaging more people in their approach to homelessness, and raising awareness of effective solutions, Cool Aid will be able to help more people.

## INFLUENCING POLICY

Recognizing that some solutions require policy changes that are beyond the scope of any one organization or community, Cool Aid joined Board Voice this year. This is a fairly new organization comprised of boards of community-based social service agencies from across British Columbia, and is dedicated to creating a clear and effective voice for its members in support of high-quality social services and strong, vibrant communities. It is hoped that this will lead to meaningful change, including policies to address the problem of homelessness.

## DATA AND RESEARCH

The Victoria Cool Aid Society has been actively involved in data collection, evaluation and research to inform its progress. By undertaking a research study in collaboration with the University of Victoria, which provided externally generated data on several indicators of effectiveness, the organization can demonstrate evidence of the effectiveness of its programs in the current housing environment.

Next steps would be to increase the reliability and validity of the data by promoting consistent data collection to ensure higher response rates and comparisons of the data between intake, exit and follow up. Future research can also be improved by increasing the number of data sources, and implementing standardized data collection tools to eliminate varied interpretation of questions.

# CONCLUSION

From the east coast to the west coast of Canada, communities are not just struggling with homelessness, they are solving it by implementing programs and practices that address its many causes. Victoria's Cool Aid Society is effectively working towards providing or facilitating access to all of the services that would enable people to escape homelessness.

Cool Aid's transitional shelter program has been effective in getting people housed, helping them to generate an income, and supporting their mental health. Cool Aid is working to break the cycle of homelessness by increasing access to affordable housing and income supports in one of Canada's most expensive housing markets, and providing access to health and social supports.

Resolving the long-standing problems that have led to homelessness requires collaboration, persistence, and a holistic approach towards a common goal of ending homelessness. The Cool Aid Society is effectively working towards realizing this goal in Victoria.

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