Community Action Initiative (CAI): Final Summative Evaluation Report

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Social Planning and Research Council of British Columbia (SPARC BC) and MNP_{LLP}

Table of Contents

List of Tables and Figures

1. Executive Summary

In the spring of 2013, a mid-term evaluation was conducted to develop a deeper understanding of the Community Action initiative (CAI). This occurred as a half-way point between the formative evaluation and this final summative evaluation. The mid-term evaluation focused on the outputs and the extent of realization of immediate outcomes reflected in the CAI logic model. This summative evaluation builds on prior evaluations and primarily focuses on the outcomes realized through CAI efforts. The priority areas of inquiry for the summative evaluation include CAI's governance and positioning, administration and funding, and future pursuits, as well as the demonstrated impacts of the efforts towards the immediate, intermediate and long-term outcomes.

Approach to the CAI summative evaluation

A mixed methods approach was employed for this summative evaluation, to gather both quantitative and qualitative data on CAI outputs and outcomes (Creswell & Clark, 2006[1]). Informed consent was gained from community stakeholders and members of the CAI via cover letters outlining the purpose of the data collection. Quantitative data were derived from two online surveys that were opened mid-May of 2014 through the end of July of 2014. Qualitative data were derived from a series of semi-structured phone and face-to-face interviews with diverse stakeholders. Interviews followed an interview guide using open-ended and closed-ended questions, as well as multiple choice and Likert-scale responses. Participant responses were recorded and thematically analysed to allow flexibility in identifying, analysing, and reporting themes within the interview data (Braun & Clarke, 2006[2]). A thorough document review was also undertaken as part of this evaluation, which included an analysis of CAI administrative data and funded project progress reports with a focus on monitoring and evaluation practices as well as to inform the development of community case studies.

Conclusions

The CAI has achieved many notable successes through its support of community-driven approaches to improving mental health along with reducing and preventing problem substance use in British Columbia. As an important part of the implementation of the Provincial Government's Ten Year Plan *(Healthy Minds, Healthy People)* the CAI has helped spur innovations in the mental health field. Added to this is the sharing of knowledge, building of capacity and upholding of an emphasis on culturally-appropriate approaches to mental health promotion and reduction/prevention of problem substance use.

[1] Creswell, J., & Plano Clark, V. (2007). Designing & Conducting Mixed Methods Research. Thousand Oaks, CA: Sage.

[2] Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77-101.

The CAI is partially or fully realizing its aims, as reflected in its immediate, intermediate and long-term desired outcomes. Less than 1% of all respondents engaged in the summative evaluation process believe that any of the outcomes have not at all been realized. This success is seen most strongly in the substantial progress toward fulfilling the desired immediate outcomes found in *Project Lead* and *Collaborator* surveys along with the reporting on the Service Innovation Grant and Training Innovation Grant funded projects in Cycles 1 through 4. The three immediate outcomes that the CAI has most fully realized are: *Funded, Active Projects that Demonstrate Impacts Within and Across Communities*, *New Exchanges of Information*, and *Enhanced Cross-Sector and Cross-Cultural Collaboration*.

The CAI has also made progress in achieving the desired intermediate and long term outcomes. According to the survey, interview and administrative data review, the two intermediate outcomes for which the CAI has made the most progress toward fulfilling are: *Demonstrated New and Effective Approaches to Improve Mental Health/Illness and Address Problematic Substance Use,* and, *Strengthened Role of the Community Sector in the Continuum of Response to Issues Related to Mental Health/Illness and Problematic Substance Use*.

While CAI funding has helped some communities to actively engage in the setting of government policy, most often by bringing new ideas and concepts to the table, there is an opportunity for CAI to be clearer about its aspirations for the type of policy influence it hopes to achieve.

In terms of implementation, the CAI has exhibited a strong and diverse investment of funds into each of BC's health authority regions and the many unique communities that make up these areas of the province. The CAI has also managed to meet its targets for funding for Aboriginal organizations and communities. As well, it has followed through on a commitment to ensure that funding is directed to diverse and often under-resourced populations with a view to enhancing services and supports for specialized groups such as youth transitioning out of care and previously incarcerated individuals. This commitment to specialized, and often underserved, populations should be kept moving forward, with many of those consulted during the evaluation suggesting that the CAI could focus more strongly on the mental health and substance use challenges of children and youth.

Project collaborators and provincial and regional level stakeholders are unified in their support for the innovative approaches to mental health and problem substance use that the CAI is aiding. There are opportunities for continued and new collaborations with provincial, regional, and municipal level stakeholders, including the BC Ministry of Health and the Health Authorities explicitly. There is also the potential for overtures to the following agencies for opportunities to collaborate and coordinate on investments, including: regional Ministry of Children and Family Development (MCFD) offices, the Ministry of Social Development and Social Innovation (MSDSI) which provides some granting to address matters impacting people with disabilities; and local governments, which also provide grant funding to non-profit agencies . This work

could begin with conversations about ways of continuing to align strategic directions among organizations with similar mandates moving forward.

In terms of the governance and administration of the CAI, the Leadership Council and the Secretariat continue to demonstrate strong and positive performance in their respective and complimentary roles. There are opportunities for ongoing refinements both in terms of governance and administration, which are described in greater detail in the recommendations below.

Recommendations

The recommendations have been divided into three categories: outcomes, governance and administration. A total of twelve recommendations are being proposed with a view to supporting mutually reinforcing steps toward an increasingly effective and efficient CAI.

CAI Outcomes

1. Continue to work toward the outcomes as articulated in the CAI logic model, with additional consideration given to the specific focus of the policy oriented outcome statement.

2. Explore new opportunities to utilize Service Innovation Grants to positively demonstrate impacts on the mental health and wellbeing of British Columbians, with this including a stronger focus on showing innovative approaches to addressing the mental health and problem substance use issues faced by children and youth.

CAI Governance

3. Consider succession planning efforts for the Leadership Council to manage knowledge transfer as new members replace former members. To this end, the Leadership Council could benefit from the creation and completion of an annual "self assessment" with a view to identifying opportunities to refine the roles and responsibilities of Leadership Council members, as well as identifying skill sets and perspectives useful to the governance work of the CAI.

4. As part of an ongoing process, consider positioning the CAI strategic plan as a three-year document with the Secretariat and Leadership Council creating the priorities. As part of this same process, consider undertaking more explicit collaborative planning with the Ministry of Health and its current focus on the implementation of the ten-year plan.

5. Based on the three year strategic plan, create annual "action plans" or "implementation plans" that would translate the multi-year strategic plan into more operational directions for a given fiscal year as well as identify the key measures of progress and results. This presumes that the CAI is in a position to extend its mandate through further funding.

6. Explore pathways for enhancing the coordination of CAI funding and projects with regional level Health Authority planning for mental health and problematic substance use programs and services. Also consider outreach to regional MCFD offices and local governments, as appropriate and where capacity exists for uptake.

CAI Administration

7. Build on initial forays to enhance project sustainability by exploring the development of explicit sustainability and legacy plans for Service Innovation Grant recipients, with consideration given to innovations and the scalability of these innovations to the regional and/or provincial level. The targeted study on sustainability and legacy of CAI funded projects can provide a knowledge base for the development of guidelines for sustainability and legacy planning.

8. Continue to improve the application and progress reporting system, and tied to this, maintain the ongoing development of an online CAI application and progress reporting system, making capacity building for applicants a priority moving forward.

9. Ensure that Service Innovation Grant recipients provide a practical outline of how performance and results will be evaluated. This work can be informed by the guidance of an external community level evaluator.

10. Continue to engage in research that identifies issues in the existing continuum of care for people with mental health and/or problem substance use issues, as well as generates innovative and practical approaches to the design and delivery of mental health and addictions programs and services in British Columbia.

11. Continue to use webinars and conferences as mechanisms for bringing together CAI funded organizations to exchange knowledge and identify promising practices that can continually improve mental health and reduce problematic substance use in BC communities.

12. Maintain a focus on provincial evaluation and the integration of evaluation findings into the ongoing strategic planning work of the CAI Leadership Council and Secretariat.

2. Introduction to the Summative Evaluation

This chapter of the summative evaluation provides a brief overview of the purpose and intentions of the summative evaluation, as well as the methodology that was followed and any critical assumptions.

2.1. Scope of this Summative Evaluation

This summative evaluation builds on prior evaluations and primarily focuses on the outcomes realized through CAI efforts. The priority areas of inquiry for the summative evaluation include CAI's governance and positioning, administration and funding, and future pursuits, as well as the demonstrated efforts towards the immediate, intermediate and long-term outcomes.

2.2. Methods

We used a mixed methods approach for this summative evaluation, to gather both quantitative and qualitative data on CAI outputs and outcomes (Creswell & Clark, 2006[3]). Informed consent was gained from community stakeholders and members of the CAI via cover letters outlining the purpose of the data collection. Quantitative data were derived from two online surveys were opened mid-May of 2014 through the end of July of 2014. Qualitative data were derived from a series of semi-structured phone and face-to-face interviews with diverse stakeholders. Interviews followed an interview guide using open-ended and closed-ended questions, as well as multiple choice and Likert-scale responses. Participant responses were tape recorded and thematically analysed to allow flexibility in identifying, analysing, and reporting themes within the interview data (Braun & Clarke, 2006[4]). The tools used to collect data and associated respondents are summarized below and described in more detail on the following pages.

Table 1. Description of Tools and Respondents for the CAI Summative Evaluation

Tool	Participants	# of Responses
• Document review: CAI administrative data and funded project progress reports with a focus on monitoring and evaluation practices as well as to inform community case studies.	n/a	Project Progress Reports - 75 Project Final Reports - 25 Project Evaluations - 22 Leadership Council Meeting Minutes - 12

[3] Creswell, J., & Plano Clark, V. (2007). Designing & Conducting Mixed Methods Research. Thousand Oaks, CA: Sage.

[4] Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77-101.

• Web enabled surveys of:	○ Project Collaborators	67
	○ Project Leaders	63
• Semi-structured interviews carried out in-person and by telephone with:	○ Provincial Stakeholders	15
	○ CAI Leadership Council	10
	○ Project Leads	14
	○ CAI Staff	4
	○ Consultants	3

CAI Administrative Data and Funded Project Progress Reports

For the summative evaluation, the evaluators used the administrative data provided by the CAI Secretariat. These documents included progress and project reports, as well as minutes and other administrative documentation. Together, this administrative data for Cycles 1 through 4 consisted of:

- CAI funding allocations by Cycle;
- Length of time (days) to process CAI funding applications;
- Service Innovation Grant and Training Innovation Grant project-specific reports (status, mid-term, three-quarter point, final) and project evaluations[5];
- Leadership Council Meeting Minutes (January 2013 – December 2013);
- Leadership Council Strategic Planning Workshop Meeting Minutes (February 2013); and
- Documents produced by the CAI for additional background information (i.e. CAI Operational Accountability; Project Accountability and Grants hand-out).

The research team systematically reviewed the data to understand the administration of funding and the scope of CAI impacts. In particular, an analysis of the administrative data on the distribution of CAI funding provided in Service Innovation Grants into the allocation of funding toward:

- Aboriginal-mandated and non-Aboriginal mandated organizations;
- Rural, remote and urban communities;
- Health authority regions; and,
- Targeted age populations.

[5] The project-specific reports were assessed to estimate the realization of CAI intended immediate and intermediate outcomes. The available reports were reviewed through the lens of the definition for each outcome. The immediate and intermediate outcome definitions are provided in section 4 of the report as part of "Understanding the Outcome." Specific illustrations in the reports of project impacts, in addition to the challenges and successes, were used to describe the realization of intended outcomes.

Web-Enabled Surveys

1. To gather thoughts and feedback about the successes, challenges and lessons learned as the initiative has progressed, *Project Collaborators* were asked to complete a 37-item online survey taking approximately 20-30 minutes (see Appendix I).

2. *Project Leaders* overseeing CAI-funded projects were asked to complete a 121-item online survey taking approximately 30-45 minutes (see Appendix N). Questions covered an array of topics including respondent beliefs about the CAI encouraging evidence-based and culturally-appropriate practices; the CAI promoting cross-sector and cross-cultural collaboration; the extent to which the CAI fosters new exchanges of information as well as new and effective approaches to mental health (illness) and problematic substance use; CAI engagement in government policy; confidence in the role and value of the community sector; and the CAI advancement of the *Provincial Government's Ten Year Plan Healthy Mind's, Healthy People*[6] (*Ten Year Plan* hereafter).

Structured Interviews

1. To fully appreciate the level of awareness of the CAI, and its accomplishments, strengths and challenges, a series of 20-30 minute interviews were conducted with *Provincial Stakeholders*[7] (see Appendix O). These interviews gauged stakeholders' views and opinions concerning the merits of the CAI; barriers encountered while carrying out their work; areas that could be strengthened and recommendations for the CAI moving forward; familiarity with any other CAI-associated projects; CAI contributions toward the advancement of the *Ten Year Plan* in addressing mental health and substance use and; anticipation of any shifts in government direction, or emerging needs related to mental health along with problematic substance use that the CAI should take into consideration.

2. Building on previous interviews and surveys, *Leadership Council* members took part in a series of focused discussions intended to provide a deeper understanding of how the CAI has been performing (see Appendix K). Through 20-30 minute, semi-structured interviews, members were asked to identify current accomplishments, challenges and strengths to inform the direction that may be taken with the initiative in the future. Interviews consisted of four closed-ended questions (i.e., yes/no), six open-ended questions, two multiple choice response questions and 12 single response questions that fell on a 1-7 Likert scale. We were also interested in the views of members of the *Leadership Council* to build on the interviews and provided a 17-item survey lasting 10-15 minute (see Appendix J).

3. Additionally, a series of 20-30 minute phone interviews were conducted with Executive Directors of organizations funded by CAI (see Appendix P).

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[6] Government of British Columbia. Healthy Minds, Healthy People: A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia. Victoria, BC, CAN: Government of British Columbia, 2010.

[7] Technical details and scope of the respondents (e.g., Collaborators, Project Leads, and Stakeholders) are provided in the Technical Appendices.

4. To understand the successes and limitations of the CAI, and how to most effectively work toward its future success, CAI *Staff* members took part in a series of 15-20 minute interviews covering a wide-range of topics including: application guidelines, efficacy of additional resources (e.g., tips, webcasts, instructions) to assist in the application process, and the requirements of the application process, relative to similar funding programs (see Appendix L).

5. To gather thoughts on the accomplishments, strengths and challenges of the CAI, a series of phone interviews were conducted with *Consultants* (see Appendix M) covering various topics including: familiarity with CAI-funded projects, and ways in which the CAI contributes toward the advancement of the goals of the *Ten Year Plan.* In addition, respondents were asked about any potential shifts in government direction, or emerging needs related to mental health (illness) or problematic substance use.

2.3. Key Considerations for the Summative Evaluation

The administrative data provided by the CAI Secretariat included all funded-projects in Cycles 1 through 4. For some projects, not all five forms of reporting were available[8]. This could be explained by the CAI's continued development of project reporting mechanisms. Some projects may not have completed all the reporting requirements or reporting procedures may have changed through the project life Cycle. In these cases, the analysis was based on all available project reports. It is important to note that at least one project report was available for every project.

[8] Five forms of project reports include: status report, mid-term report, three-quarter point report, final report and final project evaluation.

3. Findings on BC Community Action Initiative Operations

3.1. Governance and Positioning of the BC Community Action Initiative

Summary: *The CAI is more widely recognized now than in the past as compared to the mid-term evaluation and this level of awareness continues to build. This is especially true among stakeholders and communities directly involved in the program. There is demonstrated alignment with the Ten Year Plan and the participating organization's mandates. Though strong leadership has contributed to a culture of trust and collaboration, there is an opportunity to review and understand the CAI's governance structure, define roles and responsibilities, and consider succession planning. The CAI is well-positioned in addressing mental health (illness) and problematic substance use.*

In this part of the evaluation, the CAI was considered through the lens of: (1) the awareness of the program; (2) the alignment of the CAI with provincial priorities and participating organization mandates; (3) the CAI leadership; and (4) the future positioning of the CAI. The information provided in this section is a summary of findings.

Awareness of the CAI

There is evidence that key sectors within BC widely recognize and understand the CAI. As deduced from *Leadership Council* meeting minutes, and triangulated from other data, the CAI has undertaken many levels of communication efforts to produce a critical mass of awareness and support. This is also seen with *Project Collaborators* being either very aware (41%) or somewhat aware (54%) of the CAI mandate. In the majority of cases, these *Project Collaborators* first heard of the CAI through another partner organization (65%), followed by the CAI mailing list (20%). The rest of the respondents first became aware of the CAI through other sources, including: the CAI email or blog (4%); CAI website (2%); newsletter (2%); media article or posting (2%); own staff (2%) and other unidentified sources (6%).[9] When asked to describe the purpose of the CAI, three themes emerged:

- To promote and support networks.
- To promote and support mental health and well-being.
- To adopt and/or support (innovative) programming.

Similarly, *Consultants*, *Provincial Stakeholders* and key partner organizations demonstrated an understanding of the CAI program. *Consultants* spoke positively about the CAI's community organization grants for projects related to mental health and problematic substance use. While *Provincial Stakeholders* understood the broader purpose of the CAI, they were less versed in the specifics of the program, describing it more as a Service Innovation Grant body, stewarding provincial funding to the non-profit sector. As well, *Provincial Stakeholders* believed the CAI funding supported the *Ten Year Plan.* When it comes to key partner organizations, the *Leadership Council* believes there is a strong awareness, and support of the role, mandate and value of the CAI. One *Leadership Council* member pointed out that this could be seen through the increasing number of organizations that apply to the CAI.

[9] The total responses exceed the number of Project Leads as the respondents were allowed to choose more than one answer.

There remains a varying degree of awareness of the CAI within the government sector, the BC Ministry of Health being considered as the most informed of the provincial ministries. A better awareness of the CAI could be cultivated within other ministries and health authorities, including the BC Ministry of Children and Family Development and the BC Ministry of Social Development and Social Innovation. *Provincial Stakeholders* associated with both Health Authorities and the Ministry of Health indicated that while they were aware of the overall CAI initiative, they were not aware of specifics about which projects had been funded and the outcomes that had been realized. Several indicated they would appreciate receiving updated information about CAI activities and projects especially as they related to their mandate and focus.

At the national level, the *Leadership Council* believes there is a limited awareness of the CAI, though some work is being done in partnership with the Canadian Institute for Health Information and there has been contact with Health Canada. More recently in the spring of 2014, the CAI joined a national mental health funders table and has begun participating in some of these events, ultimately with the hope of expanding its national profile. Through a review of the meeting minutes, it was also clear that the *Leadership Council* has made headway in spreading the awareness of the CAI to a number of other key stakeholders, including United Way organizations. In terms of local governments, there is familiarity of the CAI with the Union of BC Municipalities. Moreover, local governments directly involved with CAI-funded projects are well-informed. The First Nations Health Authority (FNHA) has been helpful in creating a good awareness of the program within BC First Nation governments through the use of "e-blasts".

Alignment of the CAI

There is strong evidence that the CAI is aligned with the BC government's provincial priorities, especially the *Ten Year Plan*. The majority of the *Leadership Council* interviewed (90%) specifically noted that the CAI was advancing the *Ten Year Plan.* In terms of advancing the plan, the *Leadership Council* pointed out how the CAI supports knowledge exchange, capacity building, culturally-appropriate responses, and empowers communities to address mental health issues. *Provincial Stakeholders* (50%) also noted the *Ten Year Plan* in their understanding of the CAI mandate as well as the CAI's contribution toward the advancement of provincial priorities. One *Provincial Stakeholder* considered the CAI to be a concrete and cost-effective means for the Provincial Government to address mental health needs. This can be seen in terms of generating community partnerships, pursing innovations, and implementing initiatives that show promising results in addressing mental health and substance use challenges. Another provincial priority that a *Provincial Stakeholder* believed the CAI to be advancing was the Ministry of Health's "Families at the Centre" policy priority. The CAI is thought to be advancing this priority in terms of social inclusion and the vulnerabilities of those dealing with mental health and substance use challenges. Both the *Leadership Council* and *Provincial Stakeholders* spoke positively about the CAI's support of Aboriginal communities, culturally appropriate practices, and capacity building at the community level.

On the other hand, some *Provincial Stakeholders* noted that opportunities existed for better coordination with local Health Regions especially with regard to planning and project review. It was noted that many Health Regions are undertaking their own activities in support of the *Ten Year Plan* and stronger communication and cooperation could strengthen the effectiveness of activities by both the Health Regions and the CAI. While no interviews were conducted with any representatives from the

Ministry of Children and Family Development (MCFD), a similar opportunity for coordination and cooperation could exist with regional MCFD offices, a well as with the activities of the Ministry of Social Development and Social Innovation (MSDSI). It should be noted that CAI staff already conduct quarterly update discussions with some MSDSI staff, and opportunities exist for building on those connections.

The CAI is also aligned with the mandates of participating organizations. *Project Collaborators* said the mandate of their organization was aligned with CAI very well (49%), mostly (22%), or in part (24%). All *Project Leads* mentioned how CAI projects were aligned with the mission and goals of their organization. For example, two comments made by *Project Leads*, included:

> *"CAI's emphasis on integration into community and how that looks really fits with who we are as an organization so it is landing in the middle of our mandate and ethos."*

> *"The opportunity that was offered to us through CAI funding to create a training program to engage our community was absolutely in line with our mission and vision."*

Leadership of the CAI

The CAI is built from a strong leadership team. *Provincial Stakeholders* noted the collaborative approach and the co-governance model of funding are strengths of the CAI. The *Leadership Council* views its members as a diverse set of members that are reflective of community voices, with a built-up trust that has contributed to a collaborative and open culture. The CAI Secretariat is considered to be responsive, well-informed and supportive of the *Leadership Council* in driving the program forward. While the majority of project *Consultants* have not interacted directly with the *Leadership Council*, the ones that did said that it was receptive of feedback and open to new ideas for the CAI's approach to working with communities.

There are areas though, in which the CAI leadership could be further strengthened. The *Leadership Council* brought forward the concern of succession planning. The *Leadership Council* wants to ensure the climate of trust will remain as new members join the team. As well, the *Consultants* and the *Leadership Council* pointed out, in interviews and in the meeting minutes, the challenge of the quorum voting system. When attendance is low at meetings, decision-making is halted, which creates challenges for staff to proceed in their work. The membership of the *Leadership Council* was raised as well. *Leadership Council* members suggested expanding the membership base to those outside of the BC Alliance of Mental Health/Illness and Addiction. Diversifying the perspectives was seen as a potential benefit, with one option being the addition of a prior grant receiver to the Council. *Consultants* agreed that the CAI should transition *Leadership Council* membership in an effort to bring in fresh perspectives. As well, the *Leadership Council* thought that extending outreach efforts to senior government officials, including Assistant Deputy Ministers and Deputy Ministers, including key meetings and presentations, to increase the awareness of what is happening with and through the CAI. It is evident that the *Leadership Council* has already taken steps in this direction. The *Leadership Council's* meeting minutes noted many instances in which the *Leadership Council* met with Cabinet Ministers and political leaders to further the awareness of the CAI.

The *Leadership Council* spoke to the need for the CAI to continuously refine its purpose, organizational structure and business processes, as indicated by data from interviews and in the meeting minutes. In

terms of the governance structure, back in May 2013, *Consultants* believed the CAI should consider a more formal board structure, creating committees which report back to the Leadership Committee.

Future Positioning of the CAI

The CAI has been well-positioned in realizing the broader mandate of addressing mental health (illness) and problematic substance use. As found in the *Leadership Council* meeting minutes, the tireless efforts of the CAI and strong communication of its accomplishments has contributed to a growing recognition and understanding of the value of community capacity building in addressing mental health (illness) and problematic substance use. The *Leadership Council* has also expressed a belief that the CAI should continue to work toward realizing its stated goals.

Specifically, the top three areas of priority that the *Leadership Council* thought the CAI should focus on included:

- Enhanced cross-sector and cross-cultural collaboration (50%).
- Evidence-based and culturally-appropriate practices (40%).
- Increased confidence in the role and value of the community sector (40%).

In terms of focusing on evidence-based and culturally-appropriate practices, one *Leadership Council* member suggested a need to balance the evidence-based, medically-informed model of treatment, and the understanding of individuals and their needs in a context of a community. For enhancing cross-sector and cross-cultural collaboration, another member stated the importance of greater teamwork among organizations within and between sectors, as well as across cultures. Other *Leadership Council* members noted the importance of leveraging project learning across multiple communities, to better demonstrate impacts. For new exchanges of information, one *Leadership Council* member suggested the need to define what "exchanges of information" means, including whether it is at the provincial or local government level. To better foster confidence in the role and value of the community sector, one member mentioned collaboration as being critical to delivering services and managing transitions between community and government care.

Linking immediate, intermediate and long-term CAI outcomes is referenced by the *Leadership Council* in the strategic planning workshop meeting minutes from February 2013. Noting the time needed to realize long-term outcomes, the *Leadership Council* would like to see the immediate outcomes lead to the intermediate outcomes and ultimately to the long-term outcomes. One approach to bridging these outcomes was to better define and clarify the outcomes. An example was brought forward in reference to the third intermediate outcome, ***communities engaged in shaping policy***. For this outcome, "policy" could be better defined. The *Provincial Stakeholders recommended* that the CAI considers potential shifts in the direction of the BC Government as it relates to mental health and problematic substance use. One *Provincial Stakeholder* stressed the importance of the CAI maintaining connection with the Provincial Government at the governance level. *Provincial Stakeholders* also thought coordination could be improved between provincial social services and the health sector, and that the CAI is well-positioned to contribute to such an improvement. As well, *Provincial Stakeholders* saw an emerging emphasis on early childhood development. Another *Provincial Stakeholder* suggested the CAI is well-positioned in

their partnerships with ministries, institutions and communities to advance and improve prevention and treatment. Further, in considering the future direction of the CAI, *Provincial Stakeholders* believed in the need to also consider the outcomes of the community projects at the regional and provincial levels. This can be described as how the CAI contributes to a broader, systemic change to system response for clients with mental health and substance use challenges, generally.

3.2. Administration of the BC Community Action Initiative and its Funding

Summary: *The CAI has disbursed $6,790,011 in grants over Cycles 1 through 4. When making funding decisions, the Leadership Council considered government initiatives, namely the Provincial Government's Ten Year Plan as well as the priorities of the First Nations Health Authority. The CAI has supported grantees in the application process; although some challenges have been reported, namely with the budgeting template. Potential areas for improvement include more focused application instructions and enhanced web-based services. The diversity of grants has been noted as a CAI success. While Convening Grants were specifically raised as a value-add in that they allow community organizations to establish partnerships and develop strategies for responding to mental health (illness) and substance use challenges, Project Leads thought the turnaround time for submitting applications after receiving Convening Grants was short and that additional time should be provided.*

This section will focus on the administration and funding activities of the CAI, including: (1) funding profile; (2) funding decisions; (3) grant applications and reporting; and 4) funding strengths and considerations (see Appendix A).

Profile of Funding

A profile of funding has been prepared for Cycles 1 to 5, which can be described as:

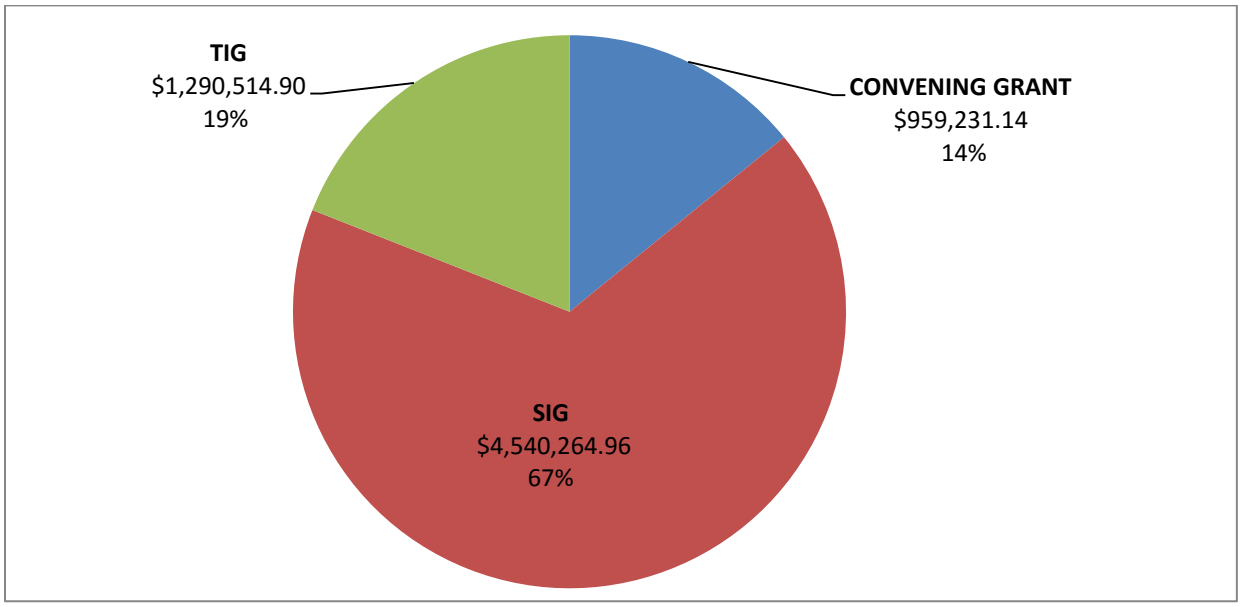
- Cycle 1 – Upstream strategies to address mental health (illness) and substance use (2010).
- Cycle 2 – Healthy transitions for vulnerable youth (2011).
- Cycle 3 – Integrating mental health and substance use knowledge (2012).
- Cycle 4 – Promoting social inclusion in vulnerable populations (2012).
- Cycle 5[10] – Healing families through connective settings and approaches (2013)

While Cycle 5 project funding is underway, the related figures are not yet available. The scope of Cycle 5 funding was found in the *Leadership Council* meeting minutes, basically to support families with dependent children (including adult children) where one or more members is/are impacted by mental illness, problematic substance use and/or unhealed trauma. The funding proposals will focus on approaches that demonstrate the potential to improve social and emotional well-being of family members through connections to culture and/or spirituality; or community and neighbourhood.

[10] *While Cycle 5 project funding is underway, the related figures are not yet available*

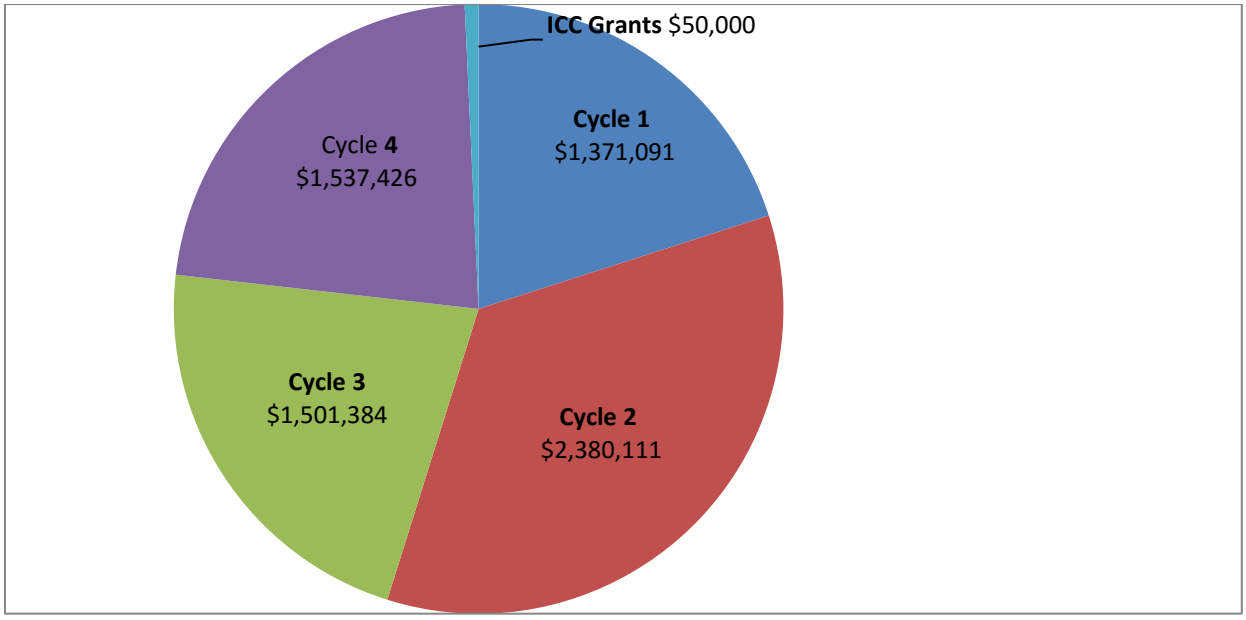
From Cycles 1 through 4, the CAI has contributed $6,790,011 dollars toward Service Innovation Grants (67%), Training Innovation Grants (19%) and Convening Grants (14%). See Figure 1 below:

Figure 1. Total CAI Funding by Grant Type Cycles 1-4



As seen in Figure 2, the distribution of funding is similar across the funding Cycles with slightly more funding in Cycle 2.

Figure 2. Total CAI funding allocated by Cycle



As seen in Table 2, in terms of the length of time (days) to process funding applications, there were demonstrated improvements in application turnaround times as the Cycles progressed. For every funding application received, there is a 5-step defined process to ensure a systematic review of the applications. These include[11]:

1. Applications are initially screened by staff to eliminate those that do not meet basic eligibility requirements;
2. Eligible applications are compiled for *Leadership Council* team reviews;
3. An adjudication meeting is held;
4. Notifications are sent to applications; and,
5. First funding instalments are made to successful applicants.

Table 2. Length of Time (Days) to Process Funding Applications

Cycle	*Convening Grant*	*Service Innovation Grant*	*Training Innovation Grant*
1	*24*	*424*	*N/A*
2	*25*	*55*	*N/A*
3	*46*	*N/A*	*71*
4	*24*	*65*	*N/A*
Average	***30***	***181***	***71***

[11] *Information sourced directly from the CAI website*

As aligned with the CAI mandate, 34% of CAI funding was allocated toward Aboriginal-mandated organizations and the remaining 66% was put toward non-Aboriginal-mandated organizations. This is aligned with the CAI funding targets of 30% for Aboriginal-mandated organizations and 70% for non-Aboriginal-mandated organizations.

Funding Decisions

Almost all (88%) *Leadership Council* members who responded indicated that Provincial priorities were considered in CAI funding decisions. In particular, the First Nations Health Authority and the *Ten Year Plan* were referenced as influential considerations for CAI funding decisions. Half of the respondents suggested that the rationale and linkages for CAI decisions that directly relate to the *Ten Year Plan* be made more transparent. When asked about their views on the degree to which the provincial government considers the CAI in its funding decisions, half of all *Leadership Council* members expressed that they were unaware of any such considerations. The other half noted some awareness of provincial government considerations of the CAI in its funding, which is evidenced in the recently renewed provincial funding for the CAI.

Grant Applications and Reporting

Grant recipients have reported receiving support with direct communication from CAI *Staff* over the phone, online or in-person. CAI *Staff* mentioned that personal connections have been made with the grantees, and identified direct contact with grant recipients in the early phases of the project, and progress reports and program evaluations as valuable in the application and funding process. *Project Leads* were appreciative of the support offered during the grant application and funding processes, and valued the prompt and effective feedback offered by the CAI *Staff*. The *Staff* identified the role of the Secretariat in helping applicants complete their submissions as an important contribution the CAI makes toward potential fundees. *Staff* and *Project Leads* also believed the additional resources provided in the grant application phase were valuable. Notably, training was provided around cultural competency, motivational interviewing, and collective impact to help build capacity amongst grantees.

CAI *Staff* also identified challenges with the funding application and reporting process. The effort and time required to complete a funding application remains significant, and may act as a barrier to complete funding applications for smaller organizations lacking the resources to dedicate to this process. While the CAI may require more time involved for grantees in terms of paperwork, CAI *Staff* thought the grant applications were easier to understand and less onerous when compared with other granting programs. CAI *Staff* also observed that grantees appeared to struggle with correctly completing the progress report budget template, which requires them to report on both financial and in-kind contribution amounts. Organizations also encountered challenges in preparing full financial reports. This may suggest that grantees have experienced challenges in reporting on the financial and budgetary components of the progress reports.

These observations indicate that there is opportunity to improve the CAI's grant application and reporting process. The CAI *Staff* suggested that additional online support and updated, easy-to-access web resources be considered to improve the grant application process. The CAI is in the process of transitioning to an online application and progress report system, and CAI *Staff* noted this online system could include a check-list which grantees can use to track requirements. The online application system could also provide resources to assist grantees in completing the application requirements, such as a "how-to" guide for using CAI's templates. As well, *Staff* mentioned the new online application system could track progress report and project evaluations. In terms of the budgeting template, *Staff* recommended it could be reviewed and simplified.

Staff mentioned The Vancouver Foundation's grant application process as a model that the CAI should try to emulate; citing their online grant application system and "coaching" support for applicants. *Staff* suggested that the CAI equip grant managers with tools and resources needed to provide more formal coaching support to applicants.

Information regarding the full Cycle of grant applications is provided on the CAI website. For Cycle 5, grantees must complete the application package which includes a letter of intent, an application form, a budget addendum, and a reference letter template[12]. As mentioned earlier, once the CAI receives funding applications, there is a five-step process in terms of application reviews. These steps include an initial screening by CAI *Staff*, review by the *Leadership Council*, adjudication, notification of decisions, and finally the first funding instalment is provided. CAI grantees recommended the CAI adopt a shorter application up front, to allow grantees who are successful at the convening stage to proceed with additional funding. Additionally, CAI *Staff* thought the grant application process could be improved by enhancing internal protocols and establishing procedures for staff to clarify roles and expectations for processing applications.

Funding Strengths and Recommendations

The CAI funding has some notable successes. *Provincial Stakeholders* believed the funding is well-administered in a fair and transparent manner, and is responsive to the needs of community organizations. As well, the funding is seen as respectful and inclusive of Aboriginal communities, with a strong outcome and partnership focus. *Provincial Stakeholders* and members of the *Leadership Council* spoke about the diversity of funds available and the funding Cycle themes as strengths of the CAI's funding models. The Convening Grant process was seen as a particular success allowing community organizations to plan and establish partnerships, and develop strategy for responding to community mental health and substance use challenges.

There is evidence that the CAI has led to the leveraging of additional resources for grantees. Thirty-six percent of *Project Leads* reported that CAI funding has helped to leverage additional financial resources (e.g., funding from local government, funding from local philanthropic organizations) to support their project; and an additional 43% of the *Project Leads* reported that the CAI process helped them to leverage in-kind contributions from partner organizations (e.g., room space, in-kind staff time).

[12] *Information sourced directly from the CAI website*

Project Leads also offered recommendations to improve the CAI's grant application process for future funding Cycles. One recommendation was to extend the timeframe for Convening Grants to allow for more time to conduct research within the community and to develop their project proposal. A second recommendation was for greater clarity regarding the CAI's funding process and the intentions of each grant type. *Project Leads* would also like to see more support toward grantees after the funding has ended including an updated list of supports and services as well as gap funding to maintain hired positions until new project funding was sought and received, and greater support to smaller communities with resource constraints.

3.3. Future CAI Directions for the BC Community Action Initiative

Summary: *The sustainability of funded projects has been a recurring theme, and it is evident the CAI is taking a proactive role in the continuation of projects. There is some evidence the CAI is developing a legacy; similar projects have been replicated in other jurisdictions. As well, in the spirit of continuous improvement, the CAI has undertaken strong evaluative efforts and considers the perspectives of multiple stakeholders in program decision-making. Going into the future, the CAI should continue to promote innovative approaches to addressing mental health (illness) and problematic substance use. While the Leadership Council believe mental health priorities could shift toward children and youth, they also believe there will be a continued focus on non-profit, community-based services and supports. It is clear the CAI should continue to advance the Ten Year Plan. This could be enhanced by developing a long-term action plan for the CAI as a funding channel.*

This section focuses on the future pursuits of the CAI in terms of: (1) sustainability; 2) legacy; and 3) future directions.

Sustainability

The sustainability of the impacts from CAI-funded projects has been a recurring theme in this evaluation.

Consultants thought the CAI could establish partnerships with regional health authorities to create local initiatives that are sustainable, linking CAI project outcomes to health authority priorities. Similar partnerships with other agencies, including regional MCFD offices, the MSDSI, and local governments might also have sustainability benefits. As well, *Project Leads* suggested the CAI could consider further publishing its successes. *Project Stakeholders* emphasized the importance of demonstrating CAI impacts at the broader population and systems level. This could include increasing the scale of project impacts to British Columbians as a whole, in addition to client-specific and community-specific outcomes. *Project Stakeholders* and *Project Leads* also believed that funded organizations should take a proactive role in sustaining projects. In taking ownership, organizations would create a sustainability plan as part of the application process and consider funding sources beyond the Provincial Government.

Project Leads were optimistic that the relationships and partnerships they had established through Convening Grant and collaborations would continue into the future, and cited strong partnerships and collaborations as contributing the most to project sustainability (86%), followed by community need and support (68%), grant writing skills (68%), and project management skills (67%).

The *Leadership Council* also emphasized the importance of project sustainability in achieving the CAI's long-term goals, and endorsed a number of activities to support the sustainability of future CAI-funded projects (contained in *Leadership Council* meeting minutes), including:

- Online and/or webinar-based training made available to all Service Innovation and Training Innovation Grant recipients on the successful use of crowd-funding techniques, at a cost not to exceed $8,000.
- $5,000 to be made available from the CAI to all Service Innovation Grant projects as seed money for future sustainability efforts that use either a crowd-funding site with a tipping point, or projects that are making specific grant proposals which lists the CAI money as an in-kind contribution, with an understanding that only projects whose campaigns or new grant applications succeed will receive the funds.
- That up to $50,000 plus travel costs for each granting Cycle be made to fund up to five digital stories with staff to exercise due diligence in ensuring that the final costs of digital stories are reasonably priced, and with films awarded on a competitive basis, to be determined by staff. These digital stories will provide projects with an outlet to tell their story, possibly leading to funding from other sources.
- A "scaling-up" grant competition to be launched, for projects from all granting Cycles as appropriate, with up to $100,000 each awarded to 3 to 5 projects, to be determined by the Leadership Council. This initiative can serve to promote the longevity of a particular successful project and increase its positive impacts[13]. Organizations that have succeeded in one or more aspects of a program often consider 'scaling' to expand impact. This can involve extending the reach of a program by targeting a broader audience, or trying to achieve change on a different 'scale' or level.

CAI Legacy

Leadership Council members and CAI *Staff* were aware of projects that have been modelled or replicated on approaches used in the CAI. These examples included:

- The project, *Connected by 25*, provided by the Canadian Mental Health Association Kelowna Chapter;
- The project, *Culturally Relevant Urban Wellness Program*, provided by Vancouver Aboriginal Child and Family Services;
- The project, "*Grounded in the Ground: Reintegration, Restoration and Food Security*," provided by the Long-term Inmates Now in the Community is being replicated in other parts of the province in partnership with Corrections Canada; and,
- Convening Grant processes is viewed by other funders (unidentified) as an approach that can be replicated.

[13] Information directly sourced from CAI website (Resources – Scaling for Impact)

In the quest for continuous improvement, the evaluation efforts of both the CAI and funded projects are described as program strengths by the *Leadership Council* and *Project Stakeholders*. In terms of program and project-level decisions, the CAI considers input from a diverse set of stakeholders. This is inclusive of the government, community representatives, sector associations, and project partners. *Project Stakeholders* indicated that the CAI could be strengthened by focusing on what is learned from each community project, and scaling this up to the regions and province as a whole. This would allow the CAI to demonstrate significant impacts of the investments made in funded projects at a boarder population and system level. In terms of project-level evaluations, CAI *Staff* mentioned the need for common evaluative measures to improve the consistency in reporting among grantees.

Future Directions

As one *Leadership Council* member noted, the CAI is gaining recognition, nationally and internationally, as an effective, innovative model for addressing mental health challenges and problematic substance use at both the community and provincial level. It is clear the CAI should continue to develop innovative, alternative ways of programming to serve populations suffering from mental illness and problematic substance use, as mentioned by *Project Stakeholders*. While some of the *Leadership Council* believed there will be a shift toward children and youth, namely in transition from care, they also think there will be a continued focus on community-level support that includes the non-profit sector. The *Leadership Council* supports the continued strong alignment with the *Ten Year Plan* in moving forward with the CAI. The CAI could work with the Provincial Government in developing three-year action plans to support the plan and evaluate the long-term role of the CAI as a funding channel. As well, the CAI *Staff* highlighted the importance of continuing to spread awareness of the CAI, enhancing the public profile through communication and outreach efforts.

4. Findings on the Realization of Intended Outcomes of the BC Community Action Initiative

In order to understand the success of the CAI in realizing results that were planned, we surveyed *Project Collaborators* and *Project Leads*, and conducted interviews with *Leadership Council* members as well. Their answers were then grouped[14] as:

- Could not comment
- The desired outcomes were not at all realized.
- The desired outcomes were realized in part
- The desired outcomes were realized in full or absolutely

To determine the extent to which each outcome was realized, the responses of *Project Collaborators, Project Leads* and the *Leadership Council* were combined and averages were calculated for each of the outcome categories. In addition, project reports were reviewed to provide specific examples of funded projects that demonstrated these desired outcomes.

From this work, it was found that the CAI has made significant progress toward realizing the immediate, intermediate and long-term outcomes. The two outcomes at the top in the "realized in full" category, were:

- **Advancing the Provincial Government's Ten Year Plan, Health Minds, Healthy People** (48%), and
- **Enhanced cross-sector and cross-cultural collaboration** (45%).

On the other hand, less progress was made toward achieving the outcome **communities engaged in shaping policy**. In this case, the average of those consulted (20%) agreed this outcome was realized in full.

While the CAI was successful in attaining, every outcome, to some degree, it was not immune to challenges. In the Cycle 3 and 4 project status reports, 64% of the projects referred to their timing as a constraint. While this was seen as a barrier to some, it is important to note that the CAI shortened project time frames as a response to the uncertainty with its future funding. When further funding of the CAI was confirmed toward the end of Cycle 4, project extensions were offered in a number of cases. The other five commonly reported challenges included: program design and delivery (45%), managing and maintaining partnerships (27%), marketing and advertising projects (23%), followed by human resource capacity constraints (18%) and project sustainability (9%).

This section provides more information on the realization of each of the intended immediate, intermediate and long-term outcomes (see Appendix B and C).

[14] *On a 1-7 Likert scale, respondents answers to various statements ranged from 1 = Not at all realized; 4 = realized in part; and 7 = absolutely or fully realized. Responses ranging from 2-6 were grouped together as this signified that the outcome was realized in part.*

4.1. Realization of the Immediate Outcomes

Summary: *The CAI made substantial progress toward realizing the desired immediate outcomes. The average response rate from the surveys and interviews revealed how the outcomes were either being realized in full (34%) or in part (61%). Of notable success, CAI funding contributed toward the development and maintenance of partnerships, indicating the strongest level of collaboration. Many of these projects demonstrated culturally-appropriate practices and enhanced cross-cultural collaboration specific to Aboriginal cultures, and sharing of project information in new and innovative ways.*

A summary of the findings on the extent to which each of these outcomes was achieved is provided below.

Immediate Outcome 1: Training on Evidence-Based and Culturally-Appropriate Practices

Understanding the Outcome:

Evidence-based practices are built upon new learning and research evidence. These include studies or examples new to the field, as well as strong research or evaluation techniques to demonstrate effectiveness. Culturally-appropriate practices reflect the culture and ways of life of those served, including First Nations, urban, rural, immigrant, youth, and other cultures.

Overall Assessment of Outcome:

No Comment (7%)	**Not at all Realized** (2%)	**Realized in Part** (66%)	**Fully Realized** (25%)

Out of 108 total responses among 53 *Project Leads*, 45 *Collaborators* and 10 *Leadership Council* members, the average responses from surveys and interviews revealed that 27 (25%) respondents believed this outcome was fully realized while 72 (66%) respondents believed it was realized in part. A total of 2 (2%) respondents believed this outcome was not at all realized. A total of 8 (7%) did not comment.

A related finding based on available project reports is that 82% of the Service Innovation Grants and Training Innovation Grants in Cycles 1 through 4 demonstrated some realization of the outcome. The project status reports provide many examples of training that built awareness and understanding of evidence-based or culturally-appropriate practices. While evidence-based practices were cited a number of times, the majority of projects focused on fostering the use of practices that are appropriate to Aboriginal cultures.

Evidence of Outcome Realization:

Project reports provided examples of training that incorporated evidence-based and culturally-appropriate practices, including:

- Curricula specific to Aboriginal and Northern communities with culturally-appropriate practices and tools including art, story-telling, and Elder Circles.
- Aboriginal advisors or consultants with extensive practice and professional knowledge of First Nations bringing cultural sensitivity to courses and training materials.
- Training programs incorporating different languages and sensitivities to a variety of ethnicities in support of the immigrant population.

Results of the *Project Collaborators* and *Project Leads* surveys as well as the interviews with the *Leadership Council* indicate the CAI has contributed to the provision of training on evidence-based and culturally-appropriate practices. Specifically, it was observed that:

- *Project Collaborators* believed this outcome was absolutely (RC, 8; 18%), or at least partly (RC, 29; 64%), realized. The other 2% (RC, 1) believe it was not at all realized and 16% (RC, 8) did not comment.
- *Project Leads* believed this outcome was fully (RC, 13; 24%), or partially (RC, 39; 74%), realized. The final 2% (RC, 1) believed it was not at all realized.
- The *Leadership Council* believed this outcome was absolutely (RC, 6; 60%), or partly realized (RC, 4; 40%).

Based on the perspectives of the surveyed *Project Leads*, CAI funding supports new learning and information on culturally-appropriate practices and partially supports practices reflecting the traditions and ways of life of those being served. To better encourage the use of culturally-appropriate practices based on new learning and information, *Project Leads* believed the CAI could:

- Host regular webinars that showcase leading practices.
- Establish a community of practice that focuses on the use of leading practices.
- Provide regular online publication entries that showcase new learning and information.

As well, *Project Leads* suggested ways in which the CAI could broaden the understanding of culturally-appropriate practice that builds on the ways of life of those being served. Some examples included:

- Have Indigenous leaders comment on Aboriginal and culturally-appropriate practices.
- Share toolkits on best practices and stories of success.
- Provide funding and support deeper community involvement of cultural clinicians such as healers and elders.
- Provide multi-year funding so programs can accumulate evidence and determine best practices.

Immediate Outcome 2: Enhanced Cross-Sector and Cross-Cultural Collaboration

Understanding the Outcome:

Cross-sector and cross-cultural collaborations were understood to include partnerships with governments (local, provincial or federal), as well as collaboration with community members, and non-governmental organizations. These collaborations are intended to better address mental health (illness) of children, youth and adults, along with the harms of problematic substance use. This evaluation was interested in assessing the development, duration, and nature of collaborations for CAI-funded projects.

Overall Assessment of Outcome:

No Comment (3%)	**Not at all Realized** (0%)	**Realized in Part** (62%)	**Fully Realized** (35%)

Out of 110 total responses among 56 *Project Leads*, 44 *Collaborators* and 10 *Leadership Council* members, the average responses from surveys and interviews revealed that 39 (35%) respondents believed this outcome was fully realized while 68 (62%) respondents believed it was realized in part. A total of 3 (3%) did not comment.

In terms of project status reports, 82% of the Service Innovation Grants and Training Innovation Grants in Cycles 1 through 4 demonstrated realization of this immediate outcome. The project status reports provide many examples of cross-sector and cross-cultural collaborations for CAI-funded projects. These include the health and education sectors, police forces, local governments, and Aboriginal communities and organizations. Surveys of the *Project Collaborators* and *Project Leads* along with interviews with the *Leadership Council* support these findings. This is a strong showing for this outcome which speaks to the impact of CAI efforts to explicitly encourage partnerships and collaborations. This is especially beneficial in the forging of new partnerships and those that are likely to continue after a specific project.

Evidence of Outcome Realization:

The CAI project status and final reports provided additional examples of cross-sector and cross-cultural collaboration. Community partnerships were formed within a number of sectors, including policing, health, Aboriginal organizations, educational institutions and non-profit social services. The full list of partnerships can be found, by region, in the Technical Appendices. Some examples of partnerships formed, included:

- RCMP and Municipal Police Services
- Health Authorities in BC
- The BC Aboriginal Friendship Centre
- Canim Lake Indian Band

- The North Island College
- School Districts in BC
- The College of the Rockies Invermere Campus
- EDUCO Adventure School
- Axis Family Resources
- Northern Health Community Mental Health and Addictions
- Big Brothers and Big Sisters
- The Canadian Association of Suicide Prevention
- Canadian Mental Health Association
- Port Alberni Friendship Centre
- The Shuswap Ban

The surveys of *Project Collaborators* and *Project Leads* coupled with interviews with the *Leadership Council* also offered a strong indication that the CAI supports enhanced cross-sector and cross-cultural collaboration. More specifically, it was found that:

- *Project Collaborators* viewed the CAI had absolutely realized (RC, 14; 32%), or partly realized (RC, 27; 61%), this outcome. The other 3 (7%) respondents could not comment.
- *Project Leads* believed the CAI fully realized (RC, 18; 32%), or partly realized (RC, 38; 68%), this immediate outcome.
- The *Leadership Council* deemed that the CAI absolutely realized (RC, 7; 70%), or partly realized (RC, 3; 30%), this immediate outcome.

Project Leads identified the CAI funding grants as primary to the development of community partnerships (90%), followed by a previous history with a partner (55%), CAI formal supports (29%), access to CAI website materials (24%), being approached by the new partner directly (24%) and informal CAI supports like coaching or conversations with staff (21%). When asked about the nature of the community partnerships, 81% of *Project Leads* said they shared resources to help achieve mutual goals (partnership), while 80% worked together to leverage funds and tasks (cooperating). This was followed by 71% indicating the nature of their partnership was a networking relationship to explore mutual interests and support and finally, 20% indicated it was an investing in a new organization or initiative with longer-term commitments (merging).

Asked whether *Project Leads* believed the CAI encourages partnerships with governments to better address mental health (illness) of children, youth and adults along with the harms of problematic substance use, 65% feel this has been realized in part while 29% feel this has been fully realized. Asked whether *Project Leads* believed the CAI encourages partnerships with community members and non-governmental organizations to better address mental health (illness) of children, youth and adults along with the harms of problematic substance use, 59% feel this has been realized in part while 40% feel this has been fully realized. Government partnerships were most often described as

networking relationships (73%), followed by cooperation to leverage funds and ensure tasks are being carried out (69%), as a partnership with a sharing of resources (69%) and lastly as a merging or investing in the creation and support of a new organization or initiative with longer-term commitments (11%).

Project Leads reported that the greatest challenges to sustaining partnerships were the conclusion of projects as well as competing priorities for personnel and resources. *Project Leads* raised opportunities to further collaborative relationships as well, including:

- Encouraging continued involvement in related projects.
- Working together on an issue-based task force, committee or working group.
- Encouraging continued involvement in the provision of on-going services.
- Sharing of personnel and other resources.

In terms of the sustainability of long-standing partnerships, it was seen that:

- *Project Leads* believed it was very likely (67%), or somewhat likely (32%), that their partnerships would result in future collaborations.
- *Project Collaborators* believed it was very likely (72%), or somewhat likely (17%), to have future collaborations.

As well, 83% of *Project Leads* said the CAI could further encourage community partnerships to address mental health (illness) and the harms of problematic substance use, by:

- Facilitating relationship building in the early stages of community project design and delivery.
- Supporting training for project leads on the development of community relationships.
- Providing networking opportunities to encourage the building of community relationships.

Immediate Outcome 3: Funded, Active Projects that Demonstrate Impacts Within and Across Communities

Understanding the Outcome:

The demonstration of impacts by funded community projects included the reporting of numbers of participants, partners and activities, as well as the reporting on the numbers and types of services provided, with associated changes in behaviour or practices.

Overall Assessment of Outcome:

No Comment (5%)	**Not at all Realized** (1%)	**Realized in Part** (56%)	**Fully Realized** (38%)

Out of 109 total responses among 55 *Project Leads*, 44 *Collaborators* and 10 *Leadership Council* members, the average responses from surveys and interviews revealed that 41 (38%) respondents believed this outcome was fully realized while 61 (56%) respondents believed it was realized in part. A total of 1 (1%) respondents believed this outcome was not at all realized. A total of 6 (5%) did not comment.

A related finding based on available project reports is that all (100%) of the Service Innovation Grant- and Training Innovation Grant-funded projects in Cycles 1 through 4 demonstrated contributions toward this immediate outcome. The project status reports and administrative data also provide many examples of funded, active projects that demonstrate impacts within and across communities. Although there are many cases of positive impacts as a result of CAI-funded projects, the most substantial are seen within communities. The surveys with *Project Collaborators* and *Project Leads* along with the interviews with the *Leadership Council* confirm these findings.

Evidence of Outcome Realization:

CAI funded organizations created direct impacts to project participants in participating communities. It is estimated that approximately 12,300 people were directly engaged and positively impacted by CAI Service Innovation Grant- and Training Innovation Grant-funded projects in Cycles 1 through 4, based on administrative data. The greatest number of project participants was found in the Lower Mainland, with close to 4,400 people directly impacted. On the other hand, Central Vancouver Island and Surrounding Area had the fewest directly impacted, at almost 30 participants (excluding province-wide projects). The distribution of project participants in all BC regions is illustrated in Table 3. Refer to the Community Case Studies in the Technical Appendices for more detailed information.

Table 3. Number of Project Participants by BC Region

BC Region	Number of Project Participants
Province-wide	1,428

Cariboo	967
Central Vancouver Island	27
Kootenay	658
Lower Mainland	4,370
North Vancouver Island	1,250
Okanagan	183
Omineca and Peace	115
Skeena	2,672
South Vancouver Island	631
Thompson-Nicola Valley	N/A[15]

Through Cycles 1 and 4, 39 organizations were funded by Service Innovation Grants and Training Innovation Grants. Please refer to the Community Case Studies in the Technical Appendices for the full listing of CAI funded organizations.

According to the surveys with *Project Collaborators* and *Project Leads* combined with the interviews with the *Leadership Council*, there are many funded, active projects that demonstrate impacts within and across communities. In particular, it was observed that:

- *Project Collaborators* viewed the CAI had absolutely realized (RC, 19; 43%), or partly realized (RC, 18; 41%), this outcome. One respondent (1%) felt this outcome was not at all realized, and the remaining 6 (5%) respondents could not comment.
- *Project Leads* believed the CAI fully realized (RC, 18; 33%), or partly realized (RC, 37; 67%), this immediate outcome.
- The *Leadership Council* deemed that the CAI absolutely realized (RC, 4; 40%), or partly realized (RC, 6; 60%), this immediate outcome.

Administrative data provided by the CAI Secretariat offered several examples of funded, active projects demonstrating impacts within and across communities, including:

- Increased knowledge and ability with practitioners working directly and indirectly with clients in the community to produce referrals to mental health resources within communities.
- Enhanced community mental health practitioners' abilities to include and honour traditional cultural practices and knowledge within evidence-based theory and practice of suicide postvention[16].
- Increased friendships, and greater social connectedness for people living with mental illness and substance use issues in communities, including youth community participation, community attachment and peer support networks.

[15] Program participation estimate is not available for Convening Grants. The Thompson-Nicola Valley had all Convening Grants, in addition to the projects that service this region that are Province-wide (and included in the Province-wide count).
[16] Postvention refers to an intervention conducted after a suicide, largely taken in the form of support for the bereaved family. Family and friends may be at increased risk of suicide themselves.

- Enhanced parenting skills, resilience and family functioning, and connection of parents and families to health and social services.
- Increased resiliency, self-esteem, self-advocacy skills and self-regulation for First Nations and low-income youth.

Immediate Outcome 4: New Exchanges of Information

Understanding the Outcome:

This outcome focuses on the extent of sharing of newly released or acquired information on mental health (illness) and problematic substance use. Other areas of interest within this outcome relate to the preferred means of receipt and sharing of information, especially by the CAI, as well as the sharing of new information related to project successes, challenges or impacts.

Overall Assessment of Outcome:

No Comment (2%)[17]	**Not at all Realized** (1%)	**Realized in Part** (61%)	**Fully Realized** (36%)

Out of 108 total responses among 55 *Project Leads*, 43 *Collaborators* and 10 *Leadership Council* members, the average responses from surveys and interviews revealed that 39 (36%) respondents believed this outcome was fully realized while 66 (61%) respondents believed it was realized in part. A total of 1 (1%) respondents believed this outcome was not at all realized. A total of 2 (2%) did not comment.

In terms of available project reports, close to two-thirds (62%) of the Service Innovation Grant- and Training Innovation Grant-funded projects in Cycles 1 through 4 reported a contribution toward this immediate outcome. It may be difficult to define "new exchanges" as organizations and partners access and share information on an ongoing basis. However, the survey responses from *Project Collaborators* and *Project Leads*, combined with the interviews with the *Leadership Council* confirm that the CAI is encouraging such exchanges of information. Evidence from the project status updates and final reports provide further examples of information sharing. New information was most often gathered from community organization websites, and suggestions for increasing accessibility included the use of lunch seminars or webinars.

Evidence of Outcome Realization:

The CAI project status and final reports described instances of new exchanges of information, including:

- Presentations at international academic conferences (especially the CRUW project).
- Development of toolkits and educational materials.
- Participation in CAI knowledge exchange events.

[17] The average total is 101% due to rounding.

- Sharing CAI training knowledge with others.
- Public presentations to engage the broader community.
- Service providers communicating and collaborating with one another to ensure that mutual clients are receiving holistic, culturally competent care in a safe environment.
- The use of "Project Wiki" to provide an overview of the Helping Boys Helping Men project.
- The sharing of project knowledge at an academic conference in Victoria for educators, including a story-telling toolkit. Provision of a day of Healing at the Kwanwatsi Big House in Campbell River offering an opportunity for survivors of Residential Schools to tell their stories.

Project Collaborators and *Project Leads* that were surveyed, and the interviewed *Leadership Council* members, believed the CAI contributes to new exchanges of information. Specifically, it was observed that:

- *Project Collaborators* viewed the CAI had absolutely realized (RC, 18; 42%), or partly realized (RC, 23; 54%), this outcome. The other 2 (5%) respondents could not comment.
- *Project Leads* believed the CAI fully realized (RC, 17; 31%), or partly realized (RC, 37; 67%), this immediate outcome.
- The *Leadership Council* deemed that the CAI absolutely realized (RC, 4; 40%), or partly realized (RC, 6; 60%), this immediate outcome.

Project Leads thought the CAI fostered the sharing of new information and that the funding led to exchanges of information on mental health and problematic substance use. Nearly 25% of the *Project Leads* surveyed also believed that the sharing and exchange of information was absolutely or fully due to the CAI, while almost three-quarters felt it was somewhat, or due in part, to the CAI.

When questioned on the outlets for sharing new information on mental health (illness) and problematic substance use, *Project Leads* identified community organization websites foremost (79%), followed by conferences (72%), social media sites (52%), government websites (47%), provincial or local print media (41%) schools (39%), community centres (33%), and television media (25%). The two outlets selected the least often were community libraries (18%) followed by provincial or local radio (16%).

Project Leads provided suggestions to further facilitate the exchange of new information on mental health and problematic substance use. Examples include lunch seminars, sharing best practices with neighbouring communities, webinars, and CAI knowledge translation funding (e.g., increase the means of sharing CAI funded projects through various sectors as a learning tool, publication on promising practices developed through projects, and development of culturally-relevant resources).

4.2. Realization of the Intermediate Outcomes

Summary: *The CAI has made partial progress in achieving this set of outcomes. The average responses from surveys and interviews revealed the outcomes were being realized in full (24%) or in part (73%). The evidence also suggests* ***demonstrations of new and effective approaches to improve mental health/illness and address problematic substance use was most fully realized*** *(32%). CAI funding contributed toward a number of noteworthy successes in keeping with these intermediate outcomes. Funded projects made it possible for communities to have a proactive role in addressing mental health and substance use issues in innovative and effective ways. Positive media messaging was used to spread the messages on project successes, enhancing confidence in the community sector. Many of these projects have resulted in the shifting of programs and services toward culturally-appropriate guidelines especially with respect to Indigenous populations. While the CAI has allowed some communities to actively engage at the policy level, most often by bringing new ideas and concepts to the table, there is an opportunity to reconsider this outcome into the future.*

This section provides an overview of the degree of realization of the CAI intended intermediate outcomes, followed by a synthesis of findings as they relate to each of the outcome statements.

Intermediate Outcome 1: Demonstrated New and Effective Approaches to Improve Mental Health/Illness and Address Problematic Substance Use

Understanding the Outcome:

The CAI, from its inception, has aligned its strategic funding decisions with evidence-based practice and insights about local communities. The demonstration of new and effective approaches to improve mental health (illness) and address problematic substance use at the community level includes the identification of local strengths and unique assets, as well as place-specific initiatives to better serve people with mental health (illness) and problematic substance use issues.

Overall Assessment of Outcome:

No Comment (4%)	**Not at all Realized** (1%)	**Realized in Part** (63%)	**Fully Realized** (32%)

Out of 107 total responses among 53 *Project Leads*, 44 *Collaborators* and 10 *Leadership Council* members, the average responses from surveys and interviews revealed that 31 (32%) respondents believed this outcome was fully realized while 68 (63%) respondents believed it was realized in part. One respondent (1%) believed this outcome was not at all realized. A total of 4 (4%) did not comment.

A related finding based on available project reports is that over half (59%) of the Service Innovation Grant- and Training Innovation Grant-funded projects in Cycles 1 through 4 demonstrated the realization of this intermediate outcome. Project progress updates and final reports provided a number of examples. These findings were consistent across the surveys with *Project Collaborators* and *Project Leads*, as well as the interviews with the *Leadership Council*.

Evidence of Outcome Realization:

The CAI project reports provided examples of new and effective approaches to improve mental health and address problematic substance use, including:

- **Revitalization of Indigenous Support Systems**
    - The re-strengthening of the "Wilp" (a house group within a clan), a key component of the Nisga'a culture and a natural protective mechanism, to prevent the onset of substance misuse and mental health problems.
- **Community Mental Health Promotion**
    - Delivering community wellness practices by citizens, other than mental health professionals, to create a process of community healing that becomes a social ecosystem that fosters wellness and helps people heal from trauma. This is aligned with innovative research on trauma-related mental illness and substance use.
    - Workshop participants being encouraged to brainstorm innovative ways to bring together their community's traditional practices with the youth-friendly postvention strategies learned from the workshops facilitators.
- **Gender-Sensitive Programs**
    - Bringing boys together in regular gatherings and engaging them in meaningful ways in the community. Such programs are inspired by an innovative and highly successful program already in place for girls.
    - The use of a 'grounded in experience' approach to learning about the sex trade. Women in the sex trade share their experiences and self-advocate on their circumstances to be used as part of training for service providers. The innovative 'grounded in experience' approach was developed through powerful dialogue with experiential women. The idea of this program was that if professionals really understood the truth about their lives on the street, they could provide more effective supports and services to women and offer realistic help.
- **Digital Media**
    - Fostering mental health and addressing problematic substance use through digital story-telling. Digital story-telling engages youth in learning skills, provides an alternative to problematic substance use, and helps them find their voice, identity, culture, and sense of belonging, which increases mental wellness, enhances resilience, and prevents problematic substance use.

Project Collaborators and *Project Leads* that were surveyed along with the *Leadership Council* members interviewed believed the CAI has demonstrated new and effective approaches to improve mental health and address problematic substance use. More specifically, it was observed that:

- *Project Collaborators* believe this intermediate outcome was absolutely realized (RC, 13; 30%), or realized in part (RC, 27; 61%). The other 4 (9%) respondents could not comment.
- *Project Leads* indicated the CAI fully realized (RC, 17; 32%) this intermediate outcome, or

realized it in part (RC, 35; 66%). The remaining 2% (RC, 1) believed it was not at all realized.

- The *Leadership Council* believed the CAI absolutely realized (RC, 4; 40%) this outcome or realized it in part (RC, 6; 60%).

Based on the perspectives of the *Project Leads*, the CAI has been encouraging the use of new approaches and enabling communities to make the most of their strengths and assets to innovatively address mental health issues and problematic substance use. Further to this, *Project Lead's* selected outlets they were most familiar with in the sharing of new information on mental health and substance use. From greatest to least, *Project Leads* selected organization websites (79%), followed by conferences (72%), then social media outlets (52%) and government websites (47%), provincial and local print media (41%), schools (39%), community centres (33%), television media (25%), libraries (18%), provincial or local radio (16%), and faith-based institutions (13%). When communities take a strength-based approach, the majority of *Project Leads* noted that informal dialogues were used, followed by asking community members to help design programs or services, then formal consultations and finally engaging community members.

Intermediate Outcome 2: Shifts in the Community Sector Toward Culturally-Appropriate Practices

Understanding the Outcome

This outcome is based on understanding the culture and ways of life of those served, including First Nations people, people living in urban and rural communities, immigrants, and youth. The outcome also focuses on the shifts in community programs towards culturally-appropriate practices, as well as the creation of learning opportunities and practice development that reflect the culture of those being served.

Overall Assessment of Outcome:

No Comment (0%)	**Not at all Realized** (0%)	**Realized in Part** (74%)	**Fully Realized** (26%)

Out of 103 total responses among 52 *Project Leads*, 41 *Collaborators* and 10 *Leadership Council* members, the average responses from surveys and interviews revealed that 27 (26%) respondents believed this outcome was fully realized while 76 (74%) respondents believed it was realized in part.

A related finding based on available project reports is that almost three-quarters (74%) of the Service Innovation Grant- and Training Innovation Grant-funded projects in Cycles 1 through 4 demonstrated the realization of this intermediate outcome to some extent. Although projects demonstrated shifts toward a diversity of cultural practices, the majority focused on enhancing practices that are relevant to Aboriginal cultures, as aligned with the CAI's mandate to serve Aboriginal communities. While *Project Collaborators* and *Project Leads* shared similar perspectives on the realization of this outcome, the findings from the *Leadership Council* differed. The discrepancy in perspectives may be explained by the strategic focus of the *Leadership Council* and the project-specific focus of the *Project Collaborators* and *Project Leads*.

Evidence of Outcome Realization:

Project reports provided examples of shifts in the community sector toward culturally-appropriate practices, including:

- *Connecting for Change* curriculum focused on Aboriginal and northern communities that can be translated for use in other communities, particularly those with larger Aboriginal populations and in Northern and small community settings. The program trained front line and other workers in health care, social services and related fields in Quesnel, BC on understanding and supporting people with mental health and addictions issues with a focus on Aboriginal and northern, rural, and remote contexts.
- *The Port Alberni Community Outreach and Advocacy Improvement Project* which included an Aboriginal Knowledge course that offered Aboriginal worldviews into health, education, justice and other social services. This course was provided to students and case workers from Aboriginal and non-Aboriginal health and social services agencies.
- *Canoe Journeys*, an evidence-based program developed in 2009, which taught Haida stories, traditions, and life skills to youth, as future leaders, in an effort to promote their mental health and prevent problematic substance use. In addition, youth had the opportunity to participate in cultural activities including traditional food gathering, carving, drum making, blanket making and canoeing.
- *The Pathways to Success* program, offered by the Three Voices of Healing Society, which prepared people for entry into the job market. It is designed to enhance self-esteem, confidence, and personal growth with the goal of preparing students for entry-level work. Course components included Life Skills, Culture and Job Readiness. A unique aspect of this program is that Elders were included in the process and in the classroom to add to a positive learning environment.
- A training program for community ambassadors. The training was provided to seniors of diverse ethnicities and cultural backgrounds to help their vulnerable peers connect with community-based services. This program is empowering the community ambassadors to go out and create healthy and supportive relationships in their communities and bridge seniors, which are at times isolated and disconnected from the community, to community services.
- Imagine Campbell River established a *First Nations Working Group* made up of local Elders and Cultural Leaders to increase awareness of Aboriginal issues within the John Howard Society of North Island.
- A cultural exchange between the Stz'uminum First Nation and the Town of Ladysmith through *Project Reel Life* involved the Town of Ladysmith and the Stz'uminum Youth Group. A piece of art from the Live Event feedback depicted the cultural transmission with the teachings of the Elders promoting cultural understanding and connections between generations.
- The *Aboriginal Concurrent Disorders* project, from the Westbank First Nation and the First Responder Training, from the Fraser House Society are initiatives that target service providers who work with Aboriginal clients.

There is further evidence the CAI supports shifts in the community sector toward culturally-appropriate practices as drawn from the surveys of *Project Collaborators* and *Project Leads* coupled with interviews with the *Leadership Council. Project Collaborators* and *Project Leads* shared similar perspectives on the realization of this outcome, while the *Leadership Council* did not. The majority of the *Leadership Council* believed this outcome was being absolutely realized, while the majority of *Project Collaborators* and *Project Leads* thought it was realized in part. Differences in perspectives may be explained by the program-level strategic focus of the *Leadership Council*, and the project-specific focus of the *Project Collaborators* and *Project Leads*. The *Leadership Council* may be more versed in the realization of CAI funded projects as a whole, whereas the *Project Collaborators* and *Project Leads* may be more attuned to what is happening in their funded projects. Specifically, it was found that:

- *Project Collaborators* viewed the CAI had absolutely realized (RC, 10;24%), or realized in part (RC, 31; 76%), this outcome.
- *Project Leads* believed this intermediate outcome was fully realized (RC, 11; 21%) or realized in part (RC, 41; 79%).
- The *Leadership Council* agreed this outcome was absolutely realized (RC, 6; 60%) or realized in part (RC, 4; 40%).

Intermediate Outcome 3: Communities Engaged in Shaping Policy

Understanding the Outcome

This outcome refers to activities, and related results, that seek to bring community voices, concerns and concepts to the work of shaping provincial and local policy on mental health and problematic substance use issues. This outcome also focuses on the active participation in policy-making by those directly affected by mental health (illness) and problematic substance use issues.

Overall Assessment of Outcome:

No Comment (0%)	**Not at all Realized** (4%)	**Realized in Part** (79%)	**Fully Realized** (17%)

Out of 101 total responses among 50 *Project Leads,* 41 *Collaborators* and 10 *Leadership Council* members, the average responses from surveys and interviews revealed that 17 (17%) respondents believed this outcome was fully realized while 80 (79%) respondents believed it was realized in part. A total of four (4%) respondents believed this outcome was not at all realized.

In terms of available project reports, just under a quarter (21%) of the Service Innovation Grant- and Training Innovation Grant-funded projects in Cycles 1 through 4 demonstrated the realization toward this intermediate outcome. Although there were cases of projects with communities engaging in shaping policies, gleaning this information from the project reports proved difficult as there were few examples provided. While there may be a number of reasons that few examples were provided in project reports, it may be explained by a percentage of Service Innovation Grant- and Training

Innovation Grant-funded projects with primary government partners. A little over one-quarter (26%) of Service Innovation Grant- and Training Innovation Grant-funded projects had primary government partners in Cycles 1 through 4, similar in the proportion to the number of projects with examples of this outcome in project reports (21%). Thus, it may be presumed that projects with a primary government partner would be more likely to articulate how their project may contribute to communities engaged in shaping policy.

Evidence of Outcome Realization:

The CAI project status and final reports described cases of communities engaged in shaping policy as a result of the CAI, including:

- Commitment between the Ktunaxa/Kinbasket Child and Family Services Society and the RCMP to develop a "train the trainer" reciprocal model, including the development of culturally sensitive and more appropriate policy relating to violence issues that involved RCMP officers.
- The *Connected by 25* project offered by the Canadian Mental Health Association Kelowna Chapter which has been actively involved in promoting policy change at the Provincial level, to increase the age of income assistance for youth in care. The desired policy change is to increase the age of income assistance for youth in foster care.
- The *Elders' House of Teaching and Learning* offered by the Seabird Island Band which provided Elders a forum to pass on knowledge and access traditional teachings. The Elders' House provided a space for Elders to teach and learn and strength-build so that they feel empowered to speak up and create change in communities that will benefit both community and themselves.
- *R-Life* program results on resilience that will likely be incorporated into many service providers' practices including RCMP, and high school curriculums. The program is already incorporated into the DARE program.
- Events and workshops which brought together youth and policy makers to talk about the concept of youth engagement and how it should be applied in Fort St. John.

The CAI is contributing to communities engaging in policy, to an extent, as evidenced by surveys with *Project Collaborators* and *Project Leads* in conjunction with interviews with the *Leadership Council.* More specifically, it was observed that:

- *Project Collaborators* believed the CAI absolutely realized (RC, 5; 12%) this outcome, or realized it in part (RC, 36; 88%).
- *Project Leads* considered the CAI absolutely realized (RC, 9; 18%) this outcome, or realized it in part (RC, 40; 80%). The other 2% of *Project Leads* believed the CAI did not realize this outcome at all (RC, 1).
- The *Leadership Council* indicated that the CAI absolutely realized (RC, 3; 30%), or realized in part (RC, 4; 40%), this intermediate outcome. The other 30% indicated the outcome was not at all realized (RC, 3).

Further commentary by the majority of *Project Leads* suggested that the CAI funding and support contributed, in part, to communities shaping government policy on mental health and problematic substance use. When asked about their perspectives on the CAI enabling communities to become more engaged in the shaping of government policy, 11% thought it was absolutely realized, while the majority agreed it was realized in part (64%). *Project Leads* believed communities most often informed government policy by securing additional budget resources to address specific issues or needs (68%), combined with introducing new issues or concepts to policy discussions (64%). For example, one *Project Lead* discussed their work with the City on food security and poverty reduction plans and that the City has responded with support for their centre and contributes financially. Another Project Lead has a working relationship with the Department of Justice and the Correctional Services of Canada and how they work with people their organization served. Communities were least likely to inform government policy by influencing the content of legislation and regulations (23%).

Project Leads suggested ways in which the CAI could further facilitate community engagement in government policy (see Appendix B), including:

- Highlighting and sharing lessons learned from CAI-funded projects with the provincial government to translate provincial policy priorities for mental health and substance use.
- Highlighting and sharing lessons learned from other (non-CAI-funded) projects with the provincial government to translate provincial policy priorities for mental health and substance use into focused community-based action.
- Co-hosting a workshop for community-based service providers that involve consensus building around emerging opportunities to extend and enhance the continuum of services beyond what is delivered through the public sector systems.

Intermediate Outcome 4: Increased Confidence in the Role and Value of the Community Sector

Understanding the Outcome:

The community sector is actively involved in the work to address mental health challenges and problematic substance use issues, because it is the site where individuals and families live and work. This outcome is predicated on the belief that raising public and government confidence in the sector will further contribute to the effectiveness of community-based program and approaches.

Overall Assessment of Outcome:

No Comment (0%)	**Not at all Realized** (0%)	**Realized in Part** (77%)	**Fully Realized** (23%)

Out of 103 total responses among 53 *Project Leads*, 41 *Collaborators* and 9 *Leadership Council* members, the average responses from surveys and interviews revealed that 24 (23%) respondents believed this outcome was fully realized while 79 (77%) respondents believed it was realized in part.

A related finding based on available project reports is that all (100%) of the Service Innovation Grant-

and Training Innovation Grant-funded projects in Cycles 1 through 4 demonstrated the realization of this intermediate outcome to some extent. The surveys with *Project Collaborators* and *Project Leads* along with the interviews with the *Leadership Council* confirm these findings.

Evidence of Outcome Realization:

CAI project status and final reports described examples of increased confidence in the role and value of the community sector. These examples are demonstrated in terms of youth engagement, employability, and community involvement, as a result of the CAI, and include:

- *Not a Kiddie at the Table Anymore*, a program offered by the Fireweed Collective Society, supported the reduction of school drop-outs and increased youth engagement. To participate in programs, youth were required to attend their classes. As a result of successful school attendance, a positive feedback loop was created for students.
- The *Seed to the Table* program, offered by the Mountain Youth Society, focused on increasing the employability of vulnerable youth. The older youth involved in this program were supported in obtaining food industry certifications and were coached on job applications. For younger youth participants, the program focused on easing their transition into high school.
- The *Connected by 25* program was successful in helping to address the needs of young people ages 16 to 24, which had been identified as vulnerable in their transition to adulthood. Overall, youth reported an increase in life skills knowledge and development. As well, many of the youth identified as achieving a stable income source through employment or statutory supports (including income assistance).
- The *Honouring our Past, Nurturing our Future* project focused on social inclusion. The target population for this project was older adults aged 55 plus with mental health (illness) and or substance use challenges. Nearly all project participants that were surveyed agreed that this project increased community inclusion. All participants agreed the project was successful in increasing participant involvement within the community.
- The *Grounded in Experience* program, offered by the Prince George New Hope Society, found that program participants (women on the streets engaged in the sex trade), were not aware of the range of services they could access. A mapping exercise of all the services offered in the city increased overall awareness and provided an opportunity to discuss previous negative and positive experiences using these supports offered in the community.

Findings from the surveys with *Project Collaborators* and *Project Leads* along with interviews with the *Leadership Council* suggest the CAI has been increasing confidence in the role and value of the community sector. Specifically, it was found that:

- *Project Collaborators* believe this intermediate outcome was absolutely realized (RC, 6; 15%) or realized in part (RC, 35; 85%).
- *Project Leads* indicated this outcome was fully realized (RC; 14; 26%), or somewhat realized (RC, 39; 74%).
- The *Leadership Council* considered the CAI had absolutely realized (RC, 4; 44%) this outcome,

or realized it in part (RC, 5; 56%).

It is important to note that the perspectives of the *Provincial Stakeholders* corroborated these findings. *Provincial Stakeholders* who were interviewed noted that the CAI enables the Provincial Government to engage with community service organizations as per best practice, in a cost-effective, innovative and collaborative way, using a community-based partnership model. This relationship between the CAI and provincial government contributes toward building community capacity to address mental health (illness) and problematic substance use.

When *Project Leads* were asked in which ways greater confidence in the role and value of the community sector had been demonstrated, the two top responses included positive media coverage on the efforts and successes of community agencies and organizations; and public sharing or posting of publications by community agencies and organizations. *Project Leads* suggested the CAI could strengthen confidence placed in the community sector by encouraging media on the positive impacts of community projects, and representing community successes during interactions with government on policy-related matters. It should be noted that during CAI conversations and communications with government representatives (both staff and elected officials) CAI has consistently drawn on examples from successful funded projects to convey its results. This is something that may not be sufficiently communicated to funded projects. Opportunities exist for making grantees more aware of these efforts.

4.3. Realization of the Long-Term Outcomes

Summary: *The average responses from the surveys and interviews revealed that these longer-term outcomes were being realized in full (26%) or in part (71%). The evidence also suggests that the* ***strengthened role of the community sector in the continuum of response to issues related to mental health/illness and problematic substance use*** *was most strongly realized (30%). Notable accomplishments of the CAI included knowledge exchange, building capacity, and fostering culturally-appropriate responses to mental health and substance use challenges. As well, the CAI was successful in facilitating meaningful conversations and spurring innovation. While there has been advancement on all of these outcomes, there are more opportunities for the CAI to positively impact the mental health and wellbeing of British Columbians through instrumental and financial support.*

This section provides an overview of the degree of realization of the CAI's intended long-term outcomes, followed by a synthesis of findings as they relate to each of the outcome statements.

Long-Term Outcome 1: BC is Becoming a Leader in Community-Based and Culturally-Appropriate Approaches to Address Issues Related to Mental Health/Illness and Problematic Substance Use

Understanding the Outcome:

Building on a number of immediate and intermediate outcomes, the intention is for British Columbia to be a leader in community-based and culturally-appropriate approaches to addressing issues related to mental health (illness) and problematic substance use. This supports, in turn, the health of citizens across the province.

Overall Assessment of Outcome:

No Comment (0%)	**Not at all Realized** (2%)	**Realized in Part** (76%)	**Fully Realized** (22%)

Out of 100 total responses among 53 *Project Leads*, 38 *Collaborators* and 9 *Leadership Council* members, the average responses from surveys and interviews revealed that 22 (22%) respondents believed this outcome was fully realized while 76 (76%) respondents believed it was realized in part. Two respondents (2%) believed this outcome was not at all realized.

The majority of *Project Collaborators* and *Project Leads* surveyed agree this outcome is being realized, at least in part. Conversely, the majority of the *Leadership Council* believed this outcome was being absolutely realized. The discrepancy in perspectives may be explained by the strategic focus of the *Leadership Council,* especially their knowledge of what other provinces are doing, and the project-specific focus of the *Project Collaborators* and *Project Leads*.

Evidence of Outcome Realization:

The evidence suggests this long-term outcome is being realized, as indicated by surveys with *Project Collaborators* and *Project Leads* in conjunction with interviews with the *Leadership Council.* Specifically:

- *Project Collaborators* believed this long-term outcome was absolutely realized (RC, 7; 18%) or realized in part (RC, 31; 82%).
- *Project Leads* suggested this outcome was fully realized (RC, 10; 19%), or realized in part (RC, 41; 77%). The other 2% (RC, 2) believed it was not at all realized.
- The *Leadership Council* confirmed the CAI had absolutely realized this outcome (RC, 5; 56%), or realized in part (RC, 4; 44%).

Long-Term Outcome 2: Strengthened Role of the Community Sector in the Continuum of Response to Issues Related to Mental Health/Illness and Problematic Substance Use

Understanding the Outcome:

Based on the foundations of community level projects, collaborations and engagement, strengthening the role of the community sector will increase the availability and variety of programs related to mental health (illness) and problematic substance use.

Overall Assessment of Outcome:

No Comment (4%)	**Not at all Realized** (0%)	**Realized in Part** (66%)	**Fully Realized** (30%)

Out of 109 total responses among 55 *Project Leads*, 44 *Collaborators* and 10 *Leadership Council* members, the average responses from surveys and interviews revealed that 33 (30%) respondents believed this outcome was fully realized while 72 (66%) respondents believed it was realized in part. Four respondents (4%) could not comment.

Evidence of Outcome Realization:

Based on the surveys with *Project Collaborators* and *Project Leads* along with interviews with the *Leadership Council,* the CAI is contributing to a strengthened role of the community sector in the continuum of response to issues related to mental health/illness and problematic substance use. More specifically:

- *Project Collaborators* believed this long-term outcome was absolutely being realized (RC, 12; 27%), or being realized in part (RC, 28; 64%). The other 4% (RC, 4) could not comment.
- *Project Leads* indicated the CAI fully realized (RC, 14; 26%) this outcome, or realized it in part (RC, 41; 74%).
- The *Leadership Council* agreed the CAI absolutely realized this outcome (RC, 7; 70%), or realized it in part (RC, 3; 30%).

Long-Term Outcome 3: Advancements of the Provincial Governments Ten Year Plan, Healthy Minds, Healthy People
Understanding the Outcome This outcome includes increasing awareness of the *Ten Year Plan* to address mental health (illness) and substance use, the alignment of funded organizations to the intentions of the plan, as well as improved access to and quality of services for British Columbians affected by mental health and problematic substance use issues.
Overall Assessment of Outcome: Of the ten *Leadership Council* members interviewed, 90% felt the CAI is aligned with, and contributing to, the *Ten Year Plan*. Among the 51 *Collaborators* who responded, 24% (RC, 12) felt they were not at all aware of the *Ten Year Plan*, 43% (RC, 22) were somewhat aware of the *Ten Year Plan*, 31% (RC, 16) were very aware of the *Ten Year Plan* and 2% (RC, 1) could not comment or were unsure. Among the 38 *Collaborators* who responded, 3% (RC, 1) felt that their organization's mandate aligned very little with the *Ten Year Plan.* 32% (RC, 12) felt that their organization's mandate aligned in part with the *Ten Year Plan*, 26% (RC, 10) felt their organization's mandate aligned mostly with the *Ten Year Plan*, and 34% (RC, 13) felt that their organization's mandate aligned very well with the *Ten Year Plan.* *Project Leads* believed the CAI funding and support strongly contributed to achieving the goals of the *Ten Year Plan*. The majority of the *Leadership Council* members (60%) indicated that the CAI absolutely improved the quality and accessibility of mental health services for British Columbians.
Evidence of Outcome Realization: It is evident that the CAI is meeting this long-term outcome, especially from the perspectives of the *Project Collaborators*. When asked about their awareness of the *Ten Year Plan*, 74% of respondents were either very aware (31%) or somewhat aware (43%) of the plan. The remainder were not at all aware (24%) of the plan, or did not comment (2%). Further to this, when asked how aligned their organization's mandate with the plan, 60% agreed it was very aligned or mostly aligned, while 32% indicated it was partly aligned. *Project Collaborators* provided examples of how the CAI contributed to the advancement of the plan, including: • **Promotion and Support of Networks** – Supporting collaborative relationships on innovative local projects. • **Promotion and Support of People's Mental Health and Well-Being** – Taking a holistic view to wellness, leading to systemic change. • **Support and or Adoption of Innovative Programming** – Providing funding for innovative programs to combat the impact of mental illness and problematic substance use. For additional examples, refer to the *Project Collaborators'* Survey in Appendix C.

Project Leads believed the CAI somewhat advanced the *Ten Year Plan*. *Project Leads* believed the CAI funding and support contributed strongly to:

- Improved accessibility of services for people with mental health (illness) and problematic substance use issues;
- Improved mental health and well-being of British Columbians; and,
- Improved quality in services.

Project Leads provided examples of how the CAI could further facilitate improvements in mental health and wellbeing of British Columbians, including:

- Policy development to change the way systems address mental health (illness) and wellbeing;
- Engaging the clients in determining their wants and needs;
- Long-term funding contracts that reward collaboration, build on existing resources and fill in gaps of needed services; and,
- Long-term funding based on performance of programs.

For additional examples, refer to the *Project Leads'* Survey results in Appendix B.

The *Leadership Council* believed the CAI realized the *Ten Year Plan*. Nearly 40% of respondents agreed the CAI absolutely contributed to improved mental health and well-being of the population, while the remaining 60% believed it was realized in part. Similarly, 60% of respondents believed the CAI absolutely contributed to the improved quality of accessibility of services for people affected by issues related to mental health/illness and problematic substance use, while the remainder (40%) indicated this was realized in part.

5.0 Conclusions and Recommendations

Conclusions

The CAI has achieved many notable successes through its support of community-driven approaches to improving mental health along with reducing and preventing problem substance use in British Columbia. As an important part of the implementation of the Provincial Government's Ten Year Plan *(Healthy Minds, Healthy People)* the CAI has helped spur innovations in the mental health field. Added to this is the sharing of knowledge, building of capacity and upholding of an emphasis on culturally-appropriate approaches to mental health promotion and reduction/prevention of problem substance use.

The CAI is partially or fully realizing its aims, as reflected in its immediate, intermediate and long-term desired outcomes. Less than 1% of all respondents engaged in the summative evaluation process believe that any of the outcomes have not at all been realized. This success is seen most strongly in the substantial progress that has been made toward fulfilling the desired immediate outcomes as evidenced by *Project Lead* and *Collaborator* surveys along with the reporting on the Service Innovation Grant and Training Innovation Grant funded projects in Cycles 1 through 4. The three immediate outcomes that the CAI has most fully realized are: *Funded, Active Projects that Demonstrate Impacts Within and Across Communities*, *New Exchanges of Information*, and *Enhanced Cross-Sector and Cross-Cultural Collaboration*.

The CAI has also made progress in achieving the desired intermediate and long term outcomes. According to the survey, interview and administrative data review, the two intermediate outcomes for which the CAI has made the most progress toward fulfilling are: *Demonstrated New and Effective Approaches to Improve Mental Health/Illness and Address Problematic Substance Use,* and, *Strengthened Role of the Community Sector in the Continuum of Response to Issues Related to Mental Health/Illness and Problematic Substance Use*.

While the CAI has allowed some communities to actively engage in the setting of government policy, most often by bringing new ideas and concepts to the table, there is an opportunity to reconsider this as a stated outcome of the CAI with a view to specifying in greater detail the type of policy work that the program seeks to undertake with its stakeholders.

In terms of implementation, the CAI has exhibited a strong and diverse investment of funds into each of BC's health authority regions and the many unique communities that make up these areas of the province. The CAI has also managed to meet its targets for funding for Aboriginal organizations and communities. As well, it has followed through on a commitment to ensure that funding is directed to diverse and often under-resourced populations with a view to enhancing services and supports for specialized groups such as youth transitioning out of care and previously incarcerated individuals. This commitment to specialized, and often underserved, populations should be kept moving forward, with many of those consulted during the evaluation suggesting that the CAI could focus more strongly on the mental health and substance use challenges of children and youth.

Project collaborators and provincial and regional level stakeholders are unified in their support for the innovative approaches to mental health and problem substance use that the CAI is aiding. There are opportunities for continued and new collaborations with provincial and regional level stakeholders, including the BC Ministry of Health and the Health Authorities, as well as regional MCFD offices and potentially local governments. This work could begin with conversations about ways of continuing to align strategic directions among organizations with similar mandates moving forward.

In terms of the governance and administration of the CAI, the Leadership Council and the Secretariat continue to demonstrate strong and positive performance in their respective and complimentary roles. There are opportunities for the ongoing refinement of the implementation of the CAI both in terms of governance and administration, which are described in greater detail in the recommendations below.

Recommendations

The recommendations have been divided into three categories: outcomes, governance and administration. A total of twelve recommendations are being proposed with a view to supporting mutually reinforcing steps toward an increasingly effective and efficient CAI.

CAI Outcomes

1. Continue to work toward the outcomes as articulated in the CAI logic model, with additional consideration given to the specific focus of the policy oriented outcome statement.

2. Explore new opportunities to utilize Service Innovation Grants to positively demonstrate impacts on the mental health and wellbeing of British Columbians, with this including a stronger focus on showing innovative approaches to addressing the mental health and problem substance use issues faced by children and youth.

CAI Governance

3. Consider succession planning efforts for the Leadership Council to manage knowledge transfer as new members replace former members. To this end, the Leadership Council could benefit from the creation and completion of an annual “self assessment” with a view to identifying opportunities to refine the roles and responsibilities of Leadership Council members, as well as identifying skill sets and perspectives useful to the governance work of the CAI.

4. As part of an ongoing process, consider positioning the CAI strategic plan as a three-year document with the Secretariat and Leadership Council creating the priorities. As part of this same process, consider undertaking more explicit collaborative planning with the Ministry of Health and its current focus on the implementation of the ten-year plan.

5. Based on the three year strategic plan, create annual "action plans" or "implementation plans" that would translate the multi-year strategic plan into more operational directions for a given fiscal year as well as identify the key measures of progress and results. This presumes that the CAI is in a position to extend its mandate through further funding.

6. Explore pathways for enhancing the coordination of CAI funding and projects with regional level Health Authority planning for mental health and problematic substance use programs and services. Also consider outreach to regional MCFD offices and local governments, as appropriate and where capacity exists for uptake.

CAI Administration

7. Build on initial forays to enhance project sustainability by exploring the development of explicit sustainability and legacy plans for Service Innovation Grant recipients, with consideration given to innovations and the scalability of these innovations to the regional and/or provincial level. The targeted study on sustainability and legacy of CAI funded projects can provide a knowledge base for the development of guidelines for sustainability and legacy planning.

8. Continue to improve the application and progress reporting system, and tied to this, maintain the ongoing development of an online CAI application and progress reporting system, making capacity building for applicants a priority moving forward.

9. Ensure that Service Innovation Grant recipients provide a practical outline of how performance and results will be evaluated. This work can be informed by the guidance of an external community level evaluator.

10. Continue to engage in research that identifies issues in the existing continuum of care for people with mental health and/or problem substance use issues, as well as generates innovative and practical approaches to the design and delivery of mental health and addictions programs and services in British Columbia.

11. Continue to use webinars and conferences as mechanisms for bringing together CAI funded organizations to exchange knowledge and identify promising practices that can continually improve mental health and reduce problematic substance use in BC communities.

12. Maintain a focus on provincial evaluation and the integration of evaluation findings into the ongoing strategic planning work of the CAI Leadership Council and Secretariat.