

COMMUNITY ACTION INITIATIVE

Annual Report

2020-2021



caibc.ca



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Land Acknowledgement

We acknowledge that our work takes place on the unceded traditional homelands of the Coast Salish Peoples. Specifically, our office is on the homelands of the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish) and sel̓ílʷitulh (Tsleil-Waututh) Nations. We believe in the power of community to bring us together and help create a better, more just world, yet we recognize the forced displacement of Indigenous People in their own lands and that our work and gathering of people across the province takes place on many traditional and unceded homelands. For those of us who are settlers, we have a responsibility to understand how today's accepted practices of grant making are the product of specific histories. We commit to doing our own internal work to building relationships with others so that we can transform ourselves and shift mainstream funding practices in service of equity, truth, and reconciliation.

Letter from the Board of Directors

Shelagh Turner, Chairperson



Looking Back at 2020

On behalf of the Board of Directors, Acting Executive Director, and staff, we are pleased to present this year's Annual Report summarizing CAI's work over the past year with an emphasis on how we pivoted to support the community-based mental health and substance use sector in response to the COVID-19 pandemic. Despite a year of great uncertainty - grappling with the dual public health emergencies of the pandemic and the overdose crisis - one thing remained certain: our commitment and our connection to community. As shown in this report, the past few years have called for true community collaboration and at CAI, this was a rallying cry. With care and connection at the heart of every decision, we adapted our established ways to become increasingly community-driven, flexible, and responsive.

This past year, we created flexible funding opportunities in community counselling, extended project timelines for organizations working in youth substance use prevention, expanded funding to additional Community Action Teams, created our first ever funding stream to support municipalities and regional districts in their harm reduction efforts and upheld peer and Indigenous-led initiatives across the province, with a specific focus on rural and remote communities. We heard from community members that there is an ongoing need to connect with allies and learn from peers, so we pivoted to create grantee networks and will soon be launching a provincial recovery-oriented community of practice in partnership with the BC Addiction Recovery Association.

We renewed our commitment to diversity, equity, inclusion, and Reconciliation and have recently participated in training about decolonization, anti-racism, and creating inclusive, safe spaces. We are learning about what it means to become actively anti-racist, not just passively inclusive. CAI staff meet monthly to engage in decolonizing practice, a space where we continually evaluate our approach to grant-making and commit to learning practices that uphold our values - and unlearning practices that do not. This learning journey is about incorporating equity, not as an afterthought, but as a central mandate in CAI's work. It has not always been easy, but it has been fundamental to shaping our organization.

We thank and acknowledge the tireless efforts of the community mental health and substance use sector in helping British Columbians get through this pandemic and continuing to respond to the overdose crisis. Community-based organizations have consistently been at the forefront of the brave transitions we find ourselves working through, and they are leading the way in their belief that a vastly more cohesive, coordinated, and resilient mental health and substance use system of care is possible.

A special thanks to our Board of Directors for their willingness to help where needed, and to every partner and funder who has stepped up. It is a privilege to work with our exceptional staff who tirelessly work on behalf of the diverse communities we serve.

We look forward to another successful year ahead working collaboratively with grantees, volunteers, community partners, funders, and others to creatively deliver successful granting programs during these unprecedented times.

Shelagh Turner
CAI Chairperson

Our Staff

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Our Board

Shelagh Turner

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Community Action Initiative

\$41M Invested | 2010-2021

- ✓ Strategic, responsive partner
- ✓ Leader in innovative granting models
- ✓ Commitment to equity & decolonizing
- ✓ Showcasing community sector impact
- ✓ Bridge between government & community



"The CAI grant created the program, turned an idea, and a dream, into reality. Now we have an incredibly successful program supported by our community that we hope will continue for the long term." - 2020/2021 Municipal Harm Reduction & Wellness Grantee



CAI is separate from but connected to the community sector, supporting diverse perspectives & learning opportunities, providing a bird's eye view of provincial impact

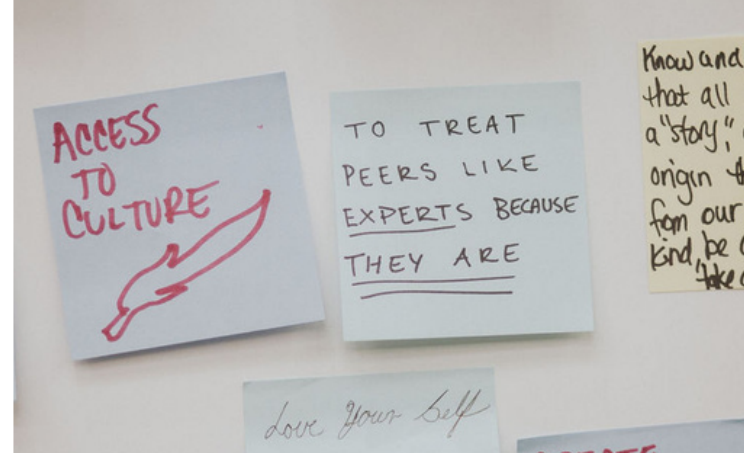


With 10+ years of community-engaged expertise via grants & knowledge exchange, CAI is flexible & nimble in ways government cannot be

CAI is BC's only provincial funder dedicated to community-based mental health and substance use initiatives



Equity in grant-making



For many British Columbians, stigma, access, and affordability are substantial systemic barriers to receiving the mental health and or substance use care they need. For those who use substances, harms reported span several determinants of health, including impacts on housing, economic opportunities, and loss of social relationships. These harms to mental health are often structurally “produced” by a system that disenfranchises people who are marginalized, and include financial issues linked to unemployment or underemployment, grief and loss, housing instability, and higher rates of medical sequelae. Moreover, inequitable access to mental health and substance use (MHSU) resources, social and systematic discrimination, and the lack of culturally appropriate resources puts specific population groups at greater risk in developing a mental health and / or substance use disorder.

CAI has a long track record in community sector leadership and equitable granting, leveraging provincial investments to support strategic shifts in the types of MHSU services offered and innovation in how these services are delivered in community. CAI’s approach to grant making respects the wisdom, power, and self-determination of equity-seeking groups across BC. We distribute grants that build the long-term resilience of community allies so that they remain strong in advancing justice, often in the face of ongoing inequity and social exclusion. Our funding model upholds a participatory, responsive relationship with grantees, shaping the emergence of new MHSU best practices in BC. Through this, CAI plays a unique role, **bridging provincial government priorities and community needs**. Each year, we invest a minimum of 25% of overall resources in Indigenous-led initiatives, with particular focus on geographic equity across the province.



Decolonizing grant-making

CAI works alongside BC's community-based mental health and substance use sector, which includes non-governmental, not-for-profit, charitable, and Indigenous-led organizations providing mental health and substance use-centered services and supports. We are committed to exploring how shared collaboration can help us move forward in a decolonial way that upholds Indigenous knowledge with the belief that bringing community together helps us create a better and more just world.

Decolonization is an ongoing process that involves humility in acknowledging that no one person or organization "knows it all," thus necessitating the engagement of a wide variety of perspectives. CAI commits to transforming outdated, colonial granting processes to better engage and address the needs of Indigenous and non-Indigenous community-based organizations more meaningfully. The intention for this crucial transformation of our granting systems is to enable CAI to better support diversity and inclusion across the mental health and substance use sector in BC. CAI is guided by principles of reciprocity, in our accountability to community:

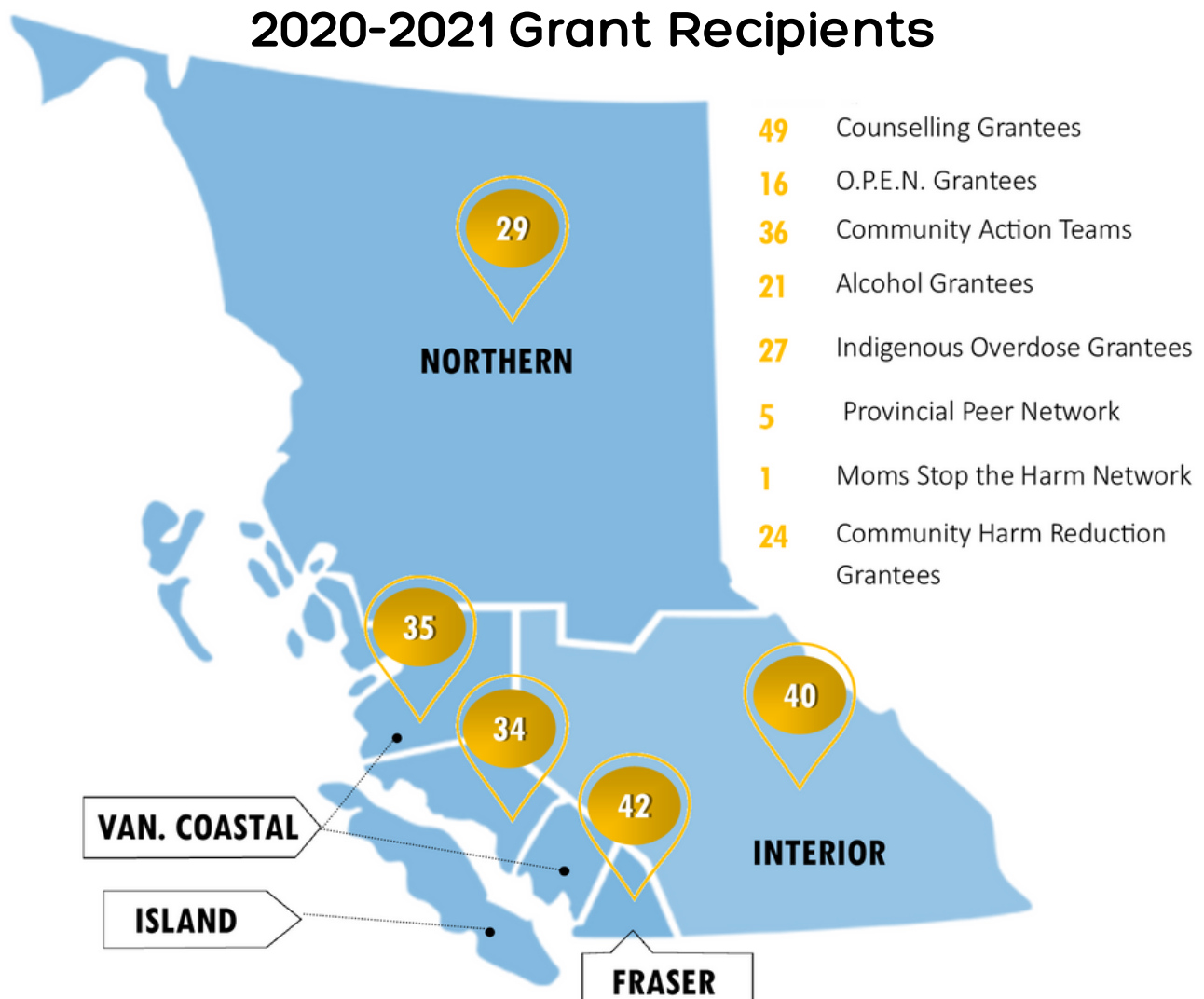
- We value the knowledge and experience of grantees, peers, and community partners
- We strive to be transparent and share operational processes relevant to the granting process
- We strive to communicate the realities of our grantees' experiences
- We support grantees by creating platforms for them to speak about their communities
- We co-create resources and materials with grantees, peers, and community partners
- We share back materials we have developed with grantees' information

Provincial Policy Alignment

Community-based organizations (CBOs) are important allies in transforming the system of mental health and substance use care, with strong expertise in connecting people with culturally effective and sensitive care when and where they need it. CBOs are uniquely situated to overcome issues of stigma, and meet people's needs in meaningful, culturally sensitive ways. Working at the edges of a formal healthcare system organized around acute and crisis care, CBOs are the first-line knowledge holders on emerging issues and local needs. Yet, CBOs need to be resourced to support this transformation.

CAI endeavors to build bridges between government priorities and community needs. We collaborate closely with communities to identify, articulate, and uplift local priorities, and we work to co-create solutions that complement and enhance provincial policies. Through this collective action, we believe CAI and community partners can enhance the provincial policy agenda through sector level insights, evidence, and peer knowledge.

2020-2021 Grant Recipients



Funded by the Ministry of Health (MoH) and the Ministry of Mental Health and Addictions (MMHA), over the past decade CAI has played an integral role in BC's MHSU system through fostering diverse, cross-sectoral initiatives that promote mental health and wellness using a "whole community" approach. With investments of \$41M between 2010-2021, CAI provides grant funding and capacity building opportunities to community-based and peer-led organizations across BC to develop and implement innovative projects in alignment with provincial priorities for mental health and wellness (see Table 1). Additionally, several grant funding streams contribute to the MMHA's Overdose Emergency Response Centre (OERC) response regarding **essential health sector interventions** and **strategies for a supportive environment** (see Table 2).

Funding streams align with provincial policy as set out in the MMHA's Pathway to Hope (PTH) strategy, which aims to transform BC's mental health and substance use service system away from its current crisis-response approach towards a system focused on wellness promotion, prevention and early intervention. Table 1 (below) outlines ways in which each grant stream aligns with and enhances provincial policy.



Table 1: CAI Funding Streams Policy Alignment

Funding Initiative	Alignment with Provincial Policy
Community Counselling Fund (CCF)	Aligns with PTH action of improved access, better quality, and “building a seamless and integrated system where people are connected to care in a timely way.”
Community Action Teams (CATs)	CATs have been established in 36 high priority communities in partnership with the OERC to address stigma and raise awareness of the overdose crisis through organizing and participating in community events, working with local media, or delivering training for first responders and community members.
Community Wellness and Harm Reduction (CWHR)	This grant was supported by the Ministry of Health and Ministry of Mental Health and Addictions’ comprehensive response to the provincial overdose emergency, through the Community Crisis Fund.
Provincial Peer Network (PPN)	In partnership with the OERC, this grant aimed to increase capacity and strengthen collaboration and information sharing between peer-led organizations. Aligns with PTH action of substance use: better care, saving lives, and more specifically, engaging people with lived and living experience of substance use.
Moms Stop the Harm (MSTH)	Aligns with PTH action of substance use: better care, saving lives, and more specifically, engaging people with lived and living experience of substance use.
OPEN	Aligns with PTH action of substance use: better care, saving lives and more specifically, it supports stigma reduction while also engaging PWLLE of substance use.
Registered Supportive Recovery ALR Training Grants	Training grants were developed to implement new requirements through the amendments to the Assisted Living Regulations, also focusing on strengthening the safety, quality, and oversight of bed-based supportive recovery services with the overall goal of building a system of care with a focus on treatment and recovery services.
Alcohol and Girls: Making Prevention a Priority	Aligns with MoH and MMHA focus on prevention, early identification, improving access to and quality of services, and enhancing child and youth mental health and substance use services.

Table 2: OERC Interventions

Grant streams supported and funded through the OERC tracked ways in which funded projects worked to enhance specific health sector interventions, including; naloxone, overdose prevention services, acute overdose risk case management, and treatment & recovery; as well as essential strategies for a supportive environment, including; social stabilization, peer empowerment and employment; cultural safety and humility; and addressing stigma, discrimination, and human rights. See Table 2 below for more information.

Intervention	Project Alignment and total funded projects		
	CAT* (36)	CWHR* (24)	PPN* (6)
Essential Health Sector Interventions			
Naloxone	27	17	6
Overdose prevention services	28	15	6
Acute overdose risk case management	10	8	--
Treatment & recovery	17	12	--
Essential Strategies for a Supportive Environment			
Social stabilization	26	17	6
Peer empowerment & employment	33	23	6
Cultural safety & humility	31	19	6
Addressing stigma, discrimination, & human rights	33	21	6

*CAT - Community Action Team

*CWHR - Community Wellness & Harm Reduction

*PPN - Provincial Peer Network

Projects & Descriptions

2020-2021



Community Counselling Fund

Original Commitment: \$9M + \$4.8M surge over 3 years (2019-2022)

Total funds awarded 2020/21: \$8,488,530

Range of funds granted (per year): \$40,000 - 120,000

Number of grantees: 49

Marginalized populations lack access to affordable, culturally relevant, and appropriate mental health care services and supports inclusive of preventative and health promotive, community-based options. The Community Counselling Fund aims to improve access to equity-oriented counselling provided by social sector organizations such as neighbourhood houses, friendship centres, community health centres, peer-led groups, and Indigenous organizations. Focused primarily on community counselling for adults in relation to mental health and substance use, the fund has the goal of reaching underserved or hard to reach populations that face barriers to accessing culturally appropriate and timely counselling opportunities. The additional COVID-19 Surge Fund supported twenty organizations who met the original eligibility criteria of the Community Counselling Fund to scale up their counselling services to a virtual context as a response to the rise in mental health needs uncovered and caused by the COVID-19 pandemic.

Grantees comprise a broad range of therapeutic modalities, focus populations, service delivery models, geographic regions and counselling capacities that reflect the differing needs of the communities they serve. Grants have also supported trainings, professional development, and technological upgrades, enabling grantees to offer a greater diversity of therapeutic modalities, pilot support groups, deepen their understanding of client needs, and better track and monitor data for more proactive responses. The granting program's flexible budget has allowed a variety of capacity development activities to be funded as needs change, including the purchase of cell phones and tablets to ensure communication with clients and vice versa during the COVID-19 pandemic and the diversion of funds to support mental health crises resulting from natural disasters and colonial violence. Funds made available over a 3-year period have allowed grantees to engage in longer-term organizational planning and evaluation to assess necessary program changes, and to pivot services as needed amidst emergent and ongoing crises.

"This has been tremendous. Offering this service to our community without cost has made a real difference in people who otherwise could not afford to access support doing so, many for the very first time. This has been a resounding success and provided a much-needed support to our community."

- SHARE Family and Community Services

Community Wellness and Harm Reduction (OERC-CAI stream grants)

Original Commitment: \$933,968 over 1 year (2019-2020)

Total funds awarded 2019/20: \$932,666

Range of funds granted (per year): \$7,200-\$50,000

Number of Grantees: 24

In partnership with the OERC, the design of this funding stream supported a “whole community” approach to harm reduction, by fostering intersectoral partnership between local government, health authorities and community-based organizations, with the goal of assisting municipalities in developing collaborative community-level responses to the complex issues they face.

Funding supported innovative harm reduction approaches, such as peer-witnessing programs, overdose prevention apps, youth-oriented programs, arts-based interventions, and drug-checking programs. Funding also enabled smaller communities to take important first steps in establishing low-barrier, non-stigmatizing services for people who use substances (e.g., shower/storage facilities, meal programs, shelter-based programs, peer navigator programs, anti-stigma campaigns). For many municipal staff, collaborating with health authority, community partners, and people with lived/living experience (PWLLE) greatly expanded their knowledge and competence in harm reduction approaches. Learning how harm reduction can be incorporated in a diversity of community services and witnessing the positive impacts firsthand helped shift beliefs, in a positive direction, about harm reduction, the impacts of stigma, barriers to access and gaps in services. .

"Our model was developed and piloted from within a true partnership of people with lived/living experience, community agencies, municipal government, and Health Authority staff. The secret to the success was a problem was presented, with no preconceived solutions, and a group of interested individuals and organizations worked together to come up with a response that all could agree to. It was a case of starting out the way in which we intended to end, bringing everyone to the table, problem solving and implementing the agreed upon solution together. The partnership and collaborative approach continued through this project and others funded by CAI."

-BEAP project, City of Abbotsford

Community Action Teams (OERC-CAI stream grants)

Original Commitment: \$7.2M over 4 years (2018-2022)

Total Funds Awarded in 2020/21: \$2,599,316

Range of funds granted (per year): \$13,160 - \$175,000

Number of grantees: 36

In partnership with the OERC, funds provided for Community Action Teams are supporting cross-sectoral networks of people and organizations who are in turn creating community-specific responses to the overdose crisis, inclusive of First Nation communities, municipalities, first responders, community agencies, people and families with lived experience, business, local government agencies (housing, social development, education), the local recovery community, and other stakeholders (e.g. youth, school boards).

Community Action Teams build upon existing networks of peers and PWLLE – people who are most affected by the overdose crisis. The CATs have also supported a variety of new overdose prevention programming, including overdose prevention and consumption sites, housing-based initiatives, mobile outreach, drug checking and peer witnessing. Peer employment and empowerment has been a key component of grantees' projects, providing individual skills and capacity-building for PWLLE.

CATs have diverted much needed funds to many under-resourced communities across the province, which have worked to establish services and supports where previously there were none. In early 2020 during the initial days of the pandemic, many grantees were unable to operate their harm reduction services and needed to roll-over funds to the following funding period. CAI supported grantees in diverting budget towards emergency medical supplies, food, shelter, and PPE. In regions affected by wildfires in 2021, CAI also supported funds spent toward mitigating the effect of smoke and wildfires on displaced individuals.

"We've accomplished a lot and one of the things that I share most often is that it's not what we've done, it's how. It's about collaborating, teamwork, and relationship building that has brought so many resources to our community that didn't exist before. In May 2016, when the overdose crisis was first declared a public health emergency, we had almost nothing. We have the sharps team, OAT in a broader sense of the community, opioid dialogues. We have a stigma exhibit that was created by the peers. There's just so much that we've done since 2016. It's not the what, but the how, and we're going to keep doing that".

- Cindy Lise, Project Coordinator, Cowichan CAT

Rural, Remote & Indigenous Overdose Grants (OERC-CAI stream grants)

Original Commitment: 1.4M over 1 year (2021-2022)

Total funds Awarded in 2021/22: \$1,332,259

Range of funds granted (per year): \$42,000 - \$50,000

Number of grantees: 27

People in rural and remote areas face obstacles when it comes to accessing substance-use services. Geographic remoteness, and low population densities may mean longer travel distances to access health care and treatment, and limited access to Naloxone and harm reduction services. In addition, stigmatizing attitudes towards people who use drugs, combined with outdated understandings of substance use and addiction, drive these activities underground thereby increasing risk of overdose. First Nations people and Indigenous communities are over-represented when it comes to overdose deaths and an increasingly toxic drug supply has magnified the impact of the overdose crisis. Data from January to October 2020 shows First Nations people died from overdose at a rate 5.5 times higher than other residents in B.C., a consequence of historical and existing systems of colonialism and oppression.

In partnership with the OERC, CAI offered funding for rural, remote, and Indigenous overdose initiatives or projects, to address inequities in the overdose response in these communities these funds supported local community groups, service providers and Indigenous-led organizations to conduct local actions specific to the needs of their community. The granting program supported initiatives that decreased stigma, and increased identity and belonging through local/community dialogues and trainings on how to support people who use substances including Naloxone training. The grant sought to reinforce connections between service providers and people who are at risk of overdose. Grants also supported connections and relationships within the larger drug-use community with projects aiming to strengthen identity, culture and belonging.

Moms Stop the Harm (OERC-CAI stream grants)

Original Commitment: \$400,000 over 1 year (2020-2021)

Total Funds Awarded in 2020/21: \$400,000

Number of Grantees: 1

Mom Stop the Harm (MSTH) is an influential national advocacy and peer support network, comprised of families impacted by substance-use-related harms and deaths. They believe that the continued criminalization of illicit drug use, lack of safe supply [of opiates], inaccessible or inadequate treatment services, and barriers navigating services all contributed to the loss of their children. Through this grant opportunity, MSTH sought to broaden their engagement, inclusive of Indigenous communities (through a partnership with FNHA) and communities of colour.

The target group of this initiative are families impacted by substance-use-related harms and deaths. To address this issue, the Moms Stop the Harm organization is developing support groups, resources, and creating a network to support families. In partnership with the OERC, MSTH applied for funding to support both core and operational expenses, such as rent, and programming costs related to support groups and trainings. Funding sought to build the capacity of the Moms Stop the Harm network, including scaling up the Holding Hope and Healing Hearts support groups, developing a training program for group facilitators and strengthening provincial partnerships to reach underserved communities. Through the first year of this grant, MSTH has worked to build and strengthen their in-house training programs, including completion of two group facilitator training manuals and creation of a website to recruit group facilitators and new members.

Provincial Peer Network (OERC-CAI stream grants)

Original Commitment: \$1M over 1 year (2020-2021)

Total Funds Awarded in 2020/21: \$1,000,000

Number of grantees: 1

BC / Yukon Association of Drug War Survivors (BCYADWS) is the only provincial peer-led organization comprised of drug user groups. In operation for over 10 years prior to this funding, this group is a pre-existing network of peer leaders and drug user groups engaged in innovative harm reduction interventions. This group has naturally filled in the gap for people who use drugs (PWUD) to organize and form affinity groups for the purposes of advocacy, mutual support and life-saving membership and belonging. As a strong example of a peer-led group, inclusive of people with lived and living experience of substance use, BC/Yukon Association of Drug War Survivors are familiar with existing gaps in services and community needs and they hold specific expertise in designing and implementing highly effective harm reduction programming. Significantly, this group voices the deep expertise and experience of drug user organizations and activists, with allyship between drug user advocates and centres such as the Canadian Institute for Substance Use Research.

In partnership with OERC, this project seeks to better engage the expertise of PWUD within the provincial overdose emergency response, including engagement with OERC and regional health authority Peer Coordinators. BCYADWS' provision of core funding to established and burgeoning drug user groups across BC has allowed these groups to focus on implementing programming for PWUD in their communities which meets local needs, addresses service gaps, and serves those who are reluctant to engage with the formal health system or social service organizations due to racism, stigma, criminalization. These groups are engaging with health authorities and other system stakeholders, where they are contributing to systems change through advocacy. Yet, the stigma towards PWUD embedded within systems needs ongoing attention and resourcing, for the Provincial Peer Network to fully realize its stated objectives related to systems change.

Overdose Prevention and Education Network (OPEN)

Total Commitment: \$2.6 M over 5 years (2017-2022)

Total Funds Awarded in 2020/21: \$620,000

Range of funds granted (per year): \$20,000-\$40,000

Number of grantees: 16

Initiated in by CAI in 2016 in response to the province's public health emergency announcement, the Overdose Prevention and Education Network (OPEN) project supports opioid overdose prevention and response efforts directed and led by community coalitions, peer-based groups, and Indigenous organizations across BC through grants, knowledge exchange, and capacity building opportunities. OPEN's unique approach to community building has helped foster intersectoral relationships centered upon the inclusion of peer voices, resulting in strong, trust-based relationships between peers and service providers. This grant stream has evolved to become one of the primary sources of funding in BC for grassroots organizations seeking low barrier, flexible funding to purchase critical outreach supplies and Indigenous medicines, create coalition coordinator positions, pay peers for duties such as attending meetings, provide honoraria to Elders, focus on advocacy activities, and otherwise address gaps in core funding that other grants cannot fill.

OPEN's focus on empowering and building capacity in peers helped coalitions move their work forward in inclusive and meaningful ways. Within communities where there is also a Community Action Team, the OPEN-funded group supported and enhanced the CAT's peer engagement or complemented CAT initiatives. Peers in OPEN engage in and lead a wide range of harm reduction and overdose prevention work, including giving out harm reduction supplies, sharing practices and information, doing outreach, making referrals, doing peer support and navigation, conducting naloxone training, distributing naloxone kits, connecting people with overdose prevention sites, mentoring, and drug checking. In the initial weeks of the COVID-19 response, OPEN peers stepped up and took on additional responsibilities amidst the dual public health crises, including: providing meals as hot meal services shrank to once a day or a few times a week, coordinating clothing donations as folks lost access to shelters, and providing access to warmth through vehicles or sites, as well as continued provision of harm reduction supplies as OPS's reduced capacity and systems navigation, such as advocating for an individual to access safe supply medications.

"The funding we have received over the years has resulted in stronger relationships between us as a service provider and peers. The support we were able to provide to our peer groups grew into the first drug user organization in the northern region."

- Anonymous funding recipient

Registered Supportive Recovery ALR Training Grants

Original Commitment: \$115,004 over 2 years (2019-2021)

Total Funds Awarded in 2020/21: \$19,345

Range of funds granted (per site): \$2000-\$8000

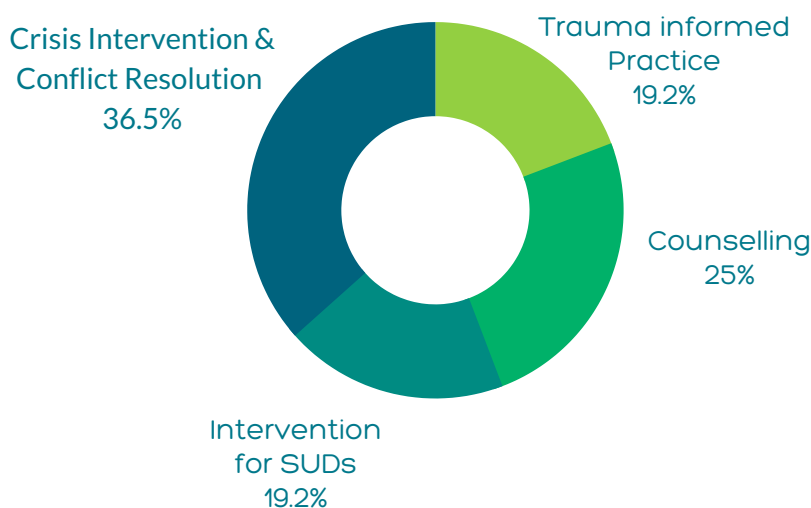
Number of grantees: 48 recovery homes

Need and Approach:

In partnership with the MoH and the MMHA, CAI established a Training Bursary Fund to support employees of eligible Supportive Recovery Assisted Living Residences to participate in courses, workshops, certificate programs or other formal training opportunities. Service operators were able to apply for a maximum of \$8,000 per residence to support education and training needs. There were 254 course seats available at all sites. Training opportunities targeted knowledge or skill development which would enhance the employee's ability to support clients with substance use issues in the following categories:

- Counselling
- Crisis Intervention and Conflict Resolution
- Intervention for Substance Use Disorders
- Trauma-Informed Practice
- Training bursaries were awarded to 48 recovery homes, representing about 40% of the supportive recovery sector in BC.

The most common 'Training Category' was
Crisis Intervention & Conflict Resolution.



Funded Training Opportunities:

Achieve Centre for Leadership
Canadian Association for Mental Health
Change Talk Associates
CMHA BC
CMHA Vancouver Burnaby
Community Resilience Initiative
Crisis and Trauma Resource Institute
Crisis Centre
Homelessness Services Association of BC
Justice Institute of BC
Kelowna College of Professional Counselling
Mental Health Commission of Canada
PHSA
Rhodes College
Vancouver College of Counsellor Training
Vancouver Community College
Vancouver Island Crisis Society
Vernon Jubilee Hospital

Alcohol and Girls: Making Prevention a Priority

Original Commitment: \$748,404 over 3 years (2017-2020)

Total funds awarded 2019/20: \$498,404

Range of funds granted (per year): \$5,300 - \$25,000

Number of grantees: 21

Alcohol use is socially accepted and normalized in Canada, yet alcohol is also responsible for significant individual and societal costs inclusive of downstream health care impacts. In alignment with research lead by McCreary Centre Society, there is a need for prevention and health promotion opportunities regarding alcohol use specific to the demographic of young girls. This funding initiative supported the community sector to tailor programming specific to this demographic, with the goals of increasing resilience, improving capacity to make informed choices, developing healthy coping skills, promoting overall health and wellbeing, and reducing harmful drinking behaviours. Grantees were encouraged to offer youth opportunities to take on leadership roles within the funded projects, and funds were available to support staff time to better understand the issues and create new programming. As a result of the pandemic, funds were available to support access related barriers, inclusive of technology for virtual connection.

All grantees identified relationship-building as a strength of their project, and several said that regular check-ins helped to promote trusting relationships within the group. Healthy discussions about using alcohol and other substances, through a harm-reduction lens, helped participants to think about their own substance use, including why they might be drinking and how to stay safe. Youth were taught ways to cope with challenges or stressors in their lives that did not involve the use of alcohol. Most youth survey respondents reported enhanced healthy coping and refusal skills because of their involvement in the project. They also reported improved ability to recognize when they might be in an unsafe situation and what to do. In addition, many youth reported at least a slight improvement in their understanding of alcohol use and its potential harms (84%) and in how to drink more safely if they were to drink (75%).

“Participants have been set up with opportunities to build healthy coping skills and build resilience through trying a wide variety of activities. They have been introduced to community supports, learned about harm reduction, and had pathways opened for continuing support in the community.”

-Anonymous funding recipient

Grantees 2020/21

Community Counselling Fund

Fraser

- Cynthera Transition House Society
- DIVERSEcity Community Resources Society
- Fraser House Society
- Kinghaven Peardonville House Society
- Moving Forward Family Services Society
- Native Courtworker and Counselling Association of BC
- RainCity Housing and Support Society
- Yale First Nation
- Archway Community Services
- Deltassist Family and Community Services Society
- SHARE Family and Community Services
- Elizabeth Fry Society of Greater Vancouver
- Maple Ridge Pitt Meadows Community Services

Interior

- Cariboo Family Enrichment Centre Society
- Circle of Indigenous Nations Society
- Family Tree Family Centre (Kamloops Family Resources Society)
- Independent Living Vernon Society
- Lillooet Friendship Centre Society
- Metis Community Services Society of BC
- Canadian Mental Health Association, Cariboo Chilcotin
- Canadian Mental Health Association, Kelowna
- OneSky Community Resources
- Yellowhead Community Services

Vancouver Island

- Kwakiutl Band Council - Health
- Hiiye'yu Lelum (House of Friendship) Society
- Peers Victoria Resources Society
- Salt Spring and Southern Gulf Islands Community Services Society
- Vancouver Island Counselling Centre for Immigrants and Refugees
- Pacific Centre Family Services Association
- Snuneymuxw First Nation
- Esquimalt Neighbourhood House Society

Northern

- Carrier Sekani Family Services
- Quesnel Women's Resource Centre
- Central Interior Native Health Society
- Dze L K'ant Friendship Centre Society
- Canadian Mental Health Association, Prince George Branch
- Prince George Native Friendship Centre

Vancouver Coastal

- Vancouver Association for Survivors of Torture
- Association of Neighbourhood Houses BC, DBA, Gordon Neighbourhood House
- Jewish Family Services
- PACE Society
- Watari Counselling and Support Services
- Turning Point Recovery Society
- Canadian Mental Health Association, North and West Vancouver
- Canadian Mental Health Association, Vancouver-Fraser
- Family Services of the North Shore
- REACH Community Health Centre
- S.U.C.C.E.S.S.
- Sunshine Coast Community Services Society

Community Wellness Harm Reduction (CWHR)

Fraser

- City of Abbotsford
- City of Chilliwack
- City and Township of Langley
- District of Hope

Interior

- City of Cranbrook
- City of Kamloops
- City of Merritt
- City of Penticton
- City of Revelstoke
- City of Vernon
- City of Trail
- City of West Kelowna
- District of Lake Country

Vancouver Island

- City of Campbell River
- City of Langford
- Village of Alert Bay
- City of Port Alberni
- City of Victoria

Northern

- City of Prince George
- District of Houston
- District of Kitimat

Vancouver Coastal

- City of Powell River
- City of Richmond
- City of Vancouver Board of Parks and Recreation

Community Action Teams (CATs)

Fraser

- Abbotsford Police Department (Abbotsford)
- Burnaby Family Life (Burnaby)
- Chilliwack Community Services (Chilliwack)
- Hope and Area Transition Society (Hope)
- Stepping Stone Community Services Society (Langley)
- Community Services (Maple Ridge)
- Fraser House Society (Mission)
- Lower Mainland Purpose Society (New Westminster)
- Sources Community Resources Society (South Surrey-White Rock)
- City of Surrey (Surrey)
- Share Family and Community Services (Tri-Cities)

Interior

- Urban Matters CCC - Central Okanagan (Central Okanagan)
- ANKORS Cranbrook (Cranbrook)
- ANKORS Grand Forks (Grand Forks)
- United Way British Columbia - Thompson Nicola Cariboo (Kamloops)
- ANKORS Nelson-Castlegar (Nelson Castlegar)
- Urban Matters CCC Penticton (Penticton)
- Social Planning Council for the North Okanagan (Vernon)
- CMHA Cariboo Chilcotin (Williams Lake)

Community Action Teams (CATs) cont'd

Vancouver Island

- City of Campbell River (Campbell River)
- Comox Valley Transition Society (Comox Valley)
- CMHA Cowichan Valley (Cowichan Valley)
- Town of Qualicum Beach (Oceanside)
- City of Port Alberni (Port Alberni)
- AVI Health and Community Services Society Nanaimo (Nanaimo)
- AVI Health and Community Services Society Victoria (Victoria)

Northern

- Network Ministries (Dawson Creek)
- Community Bridge (Fort St. John)
- Positive Living North (Prince George)
- Quesnel Shelter and Support Society (Quesnel)
- 'Ksan Society (Terrace)

Vancouver Coastal

- Nuxalk Nation (Nuxalk)
- Lift Community Services
- Squamish Helping Hands Society (Sea to Sky)
- BC Hepatitis Network Society (Sunshine Coast)
- City of Vancouver (Vancouver)

Rural Remote and Indigenous Grants

Fraser

- Lower Fraser Valley Aboriginal Society (LFVAS)
- Spuzzum First Nation

Interior

- ANKORS
- Kelowna Area Network of Drug Users (KANDU)
- OneSky Community Resources
- Penticton Indian Band
- Shuswap Indian Band

Vancouver Island

- Gwa'sala-'Nakwaxda'xw Nations
- Indigenous Women's Sharing Society
- Kwakiutl District Council Health
- Kwunatsustul
- Mid-Island Peer Network Society
- Salt Spring & Southern Gulf Islands Community Services Society
- Westcoast Community Resources Society

Northern

- Carrier Sekani Family Services
- Coalition of Substance Users of the North (CSUN)
- Dze K'ant Friendship Centre
- Fort Nelson First Nation
- McLeod Lake Indian Band
- Nislaa nNaay Healing House
- Society for Narcotic and Opioid Wellness (SNOW)
- Takla Nation
- Tsay Keh Dene Nation

Vancouver Coastal

- DUDES Club
- Lil'wat Nation
- SUSTAIN

Provincial

- Unlocking the Gate Services Society

Moms Stop the Harm

Provincial Peer Network (PPN)

BC/Yukon Association of Drug War Survivors: Disseminated funds to an additional four groups via the Provincial Peer Network:

- Nanaimo Area Network of Drug Users (NANDU)
- SOLID Outreach Services
- Rural Empowered Drug Users Network (REDUN)
- New Leaf

Overdose Prevention and Education Network (OPEN)

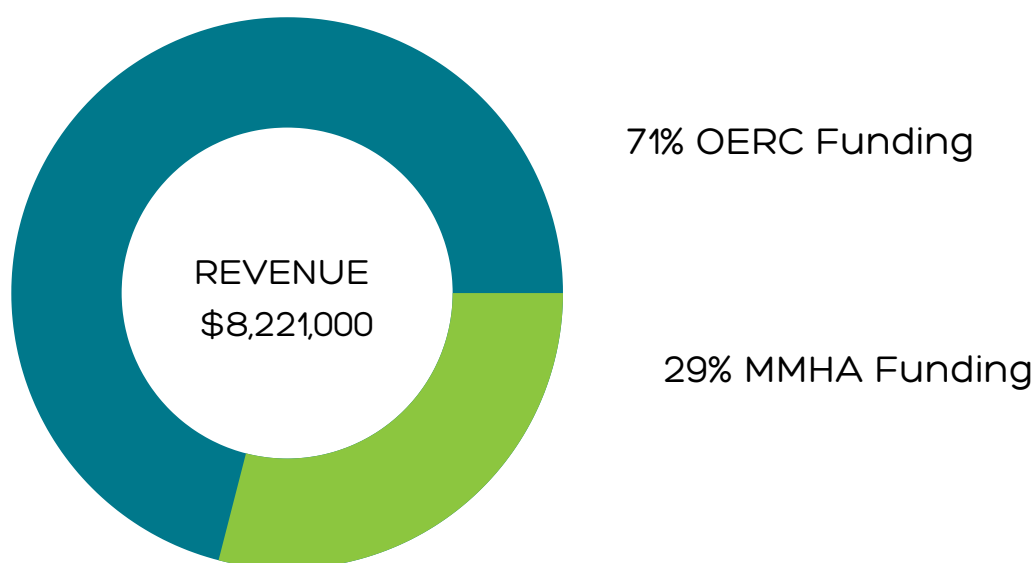
- Nelson Fentanyl Task Force / ANKORS
- Vernon COOL Team / Turning Points Collaborative Society
- CORE (Community Overdose Response and Education)/ Lake Country Health Planning Society
- Penticton and District Overdose Coalition / Pathways Addictions Resource Centre
- Coalition of Substance Users of the North (CSUN)/ Quesnel Shelter and Support Society
- BC/Yukon Association of Drug War Survivors
- Harm Reduction Round Table for Youth Service Providers/ ADAPS
- South Island Community Overdose Response Network / AVI Health and Community Services
- Business Engagement Ambassador Program (BEAP) / Matsqui/ Abbotsford Impact Society
- Overdose Community Action Team / Stó:lō Service Agency
- Ridge Meadows Overdose Community Action Team/ Alouette Addictions Services
- SUSTAIN (Substance User Society Teaching Advocacy Instead of Neglect) / Lift Community Services
- Urban Indigenous Opioid Task Force/ Metro Vancouver Aboriginal Executive Council
- ILLICIT Projects
- Indigenous Outreach to Prevent Overdoses / Vancouver Aboriginal Community Policing Centre
- Vancouver Community Coalition Against Prohibition and Overdose / Coalition of Peers Dismantling the Drug War

Alcohol and Young Girls Grants

- | | |
|---|---|
| • Bella Cools Community Support Society | • Positive Living North |
| • Cowichan Green Community | • Sauteau First Nations |
| • Dze K'ant Friendship Centre | • Skwah First Nations |
| • Fraser House Society | • Snuneymuxw First Nation |
| • Freedom Quest Youth Services Society | • South Vancouver Neighbourhood House |
| • Gitxsan Health Society | • St. Leonard's Youth and Family Services Society |
| • Heiltsuk Kaxla Society | • Stz'uminus First Nation |
| • Hope and Area Transition Society | • Watari |
| • Kwakiutl District Council Health | |
| • Kwakiutl Health Department | |
| • Matsqui-Abbotsford Impact Society | |
| • Osoyoos Indian Band | |
| • Pathways Addictions Resource Centre | |

Financials

The main revenue streams received by CAI in fiscal year 2020/21 were from the Ministry of Mental Health and Addictions (29%) and the Overdose Emergency Response Centre (71%). Revenue streams are primarily designated as grants out to community-based organizations through one of several funding streams operated by the CAI, with a small proportion dedicated to internal program and administrative costs incurred by CAI in disseminating and providing oversight for these funds. Revenue streams for some multi-year grants initiated prior to 2020/21 (e.g., 10M commitment to the Community Counselling Fund in 2018/19) are not captured in current-year revenue.



The main expenses incurred by CAI in fiscal year 2020/21 were in the form of grants payable to community-based organizations and coalitions (93%), through various funding streams administered by CAI. Program and administrative costs represent 7% of total expenses. Grants payable expenses exceed grants receivable revenue in 2020/21 as some multi-year grants were initiated prior to 2020/21 (e.g., 10M commitment to the Community Counselling Fund in 2018/19).

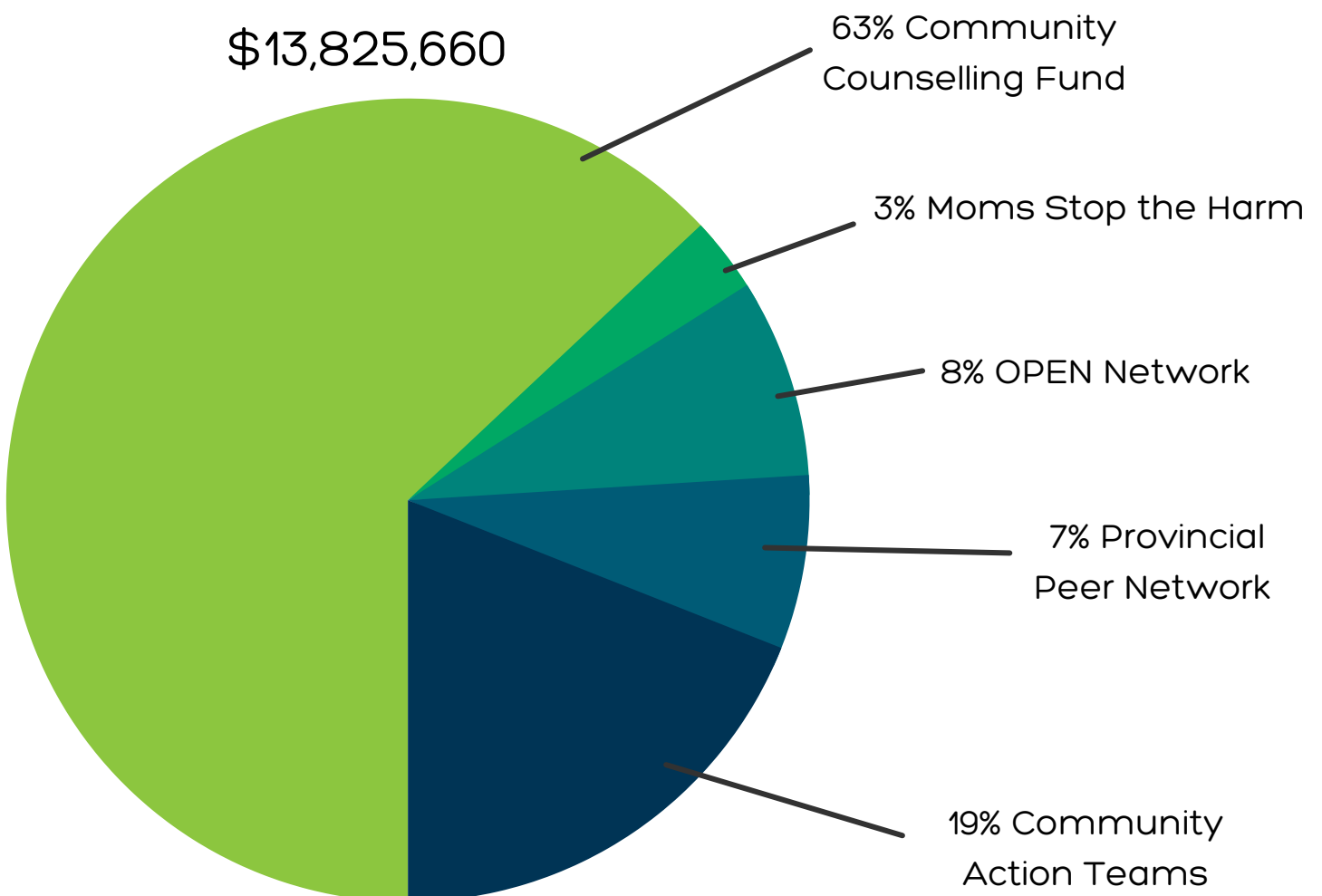


93% Grant funding to community

7% Program and administrative costs

GRANT FUNDING STREAMS

\$13,825,660





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