

OVERDOSE EMERGENCY RESPONSE CENTRE Community Action Team Grants 2020/2021 Guidelines and Application

Overview

The Community Action Initiative (CAI), in partnership with the Ministry of Mental Health and Addictions (MMHA), and the Overdose Emergency Response Centre (OERC), has funding available for additional Community Action Team Grants.

Grants are available for initiatives aligned with the OERC's *Comprehensive Package of Interventions* (see Appendix A). Community Action Team Grants will be one-time-only in nature and can be awarded as one or multiple linked initiatives to one or multiple organizations, with applicants to identify one lead financial organisation to host the funds.

Funding for this grant program ranges between \$30,000 up to \$100,000 per high priority community.

Purpose of the Community Action Team Grants

The purpose of the Community Action Team Grants is to help communities develop partnerships to provide focused, action-oriented strategies tailored to local community needs that will support addressing the overdose crisis.

Work will be guided by the OERC's *Comprehensive Package of Interventions* (see Appendix A).

Rationale

A comprehensive response to the overdose crisis is required to address the ongoing Public Health Emergency. The funding is intended to build upon or facilitate the creation of Community Action Teams within the high priority communities to develop multisectoral response to the overdose crisis. This recognizes that each Community Action Team will play a crucial role in targeting local resources where they are needed most on the ground in their communities. Communities have an invaluable role in saving lives, strengthening local partnerships and connecting people to treatment and recovery.

Community Action Teams should be inclusive of diverse partners engaged in local overdose response efforts including; First Nations, Metis and Urban Aboriginal communities, municipalities, first responders, community organizations and local not-for-profits, people and

families with lived experience, businesses, local provincial government offices (i.e. housing, social development, education), and divisions of family practice.

Funding

Maximum funding ranges from \$30,000 to \$100,000 as determined, in partnership with Regional Health Authorities, by the overdose surveillance data and community need.

Eligible Applicants

- Community Action Teams within the high priority communities.
- Community Action Teams must identify a lead financial agency responsible for management of the grant funds. Lead financial agencies need to have a Canadian Revenue Agency (CRA) number or BC Society Registration.
- The organization must be a municipal government or a non-government, not-for-profit, community-based, or a First Nations, Metis or Aboriginal-mandated organization in British Columbia. Non-government, not-for-profit, community-based organizations must provide proof of society registration or charitable status as part of the application.
- For-profit businesses, research institutions, health authorities and primary care providers are not eligible to apply for this grant but may be members of an applicant's Community Action Team.
- Initiatives must be one-time-only in nature and intent and must be completed, with all funds spent by January 2022.

Community Action Team applications should:

- Address one or more interventions detailed in the OERC's *Comprehensive Package of Interventions* (see Appendix A).
- Show awareness that there is more than one social identity among drug users, and the unique needs associated with identifying with an additional marginalized group (e.g. LGBTQIA+, youth, sex workers, people diagnosed with a mental illness).
- Consist of, or support, multisectoral activities that bring together multiple stakeholders at the community level (First Nations communities, municipalities, first responders, front-line community agencies, people and families with lived experience, drug user groups, businesses, local provincial government offices, e.g. housing, social development, education).
- Build, or support building, on the individual and/or community capacities of people with lived experience (including families).
- Demonstrate cultural humility towards, and safety for, First Nations/Indigenous Peoples.
- Community Action Teams must be able to demonstrate engagement with their Regional Health Authority.

- Applicants must identify plans for sustainability beyond their one-time allocation of funding.

Eligible Expenses

- One-time-only program enhancements/expansions, pilot initiatives, planning, and/or capacity building initiatives. Proposed projects can strengthen, expand, or make more effective existing programs identified by a Community Action Team. *For example*, funds can be used to build the Community Action Team by hiring a project coordinator; providing cultural safety training; formalizing the role of peers within an organization; funding a drug user group.
- Salaries or honoraria for staffing support.
- Research and evaluation costs.
- Expenses must be reasonable in relation to proposed activities and budget estimates well supported.
- In the event of a large project that may have co-funding, we require a clear financial delineation of the different grants and/or funding that will be contributing to the project.

Ineligible Expenses

- Project expenses that have been incurred prior to term of the grant.
- Large capital or public infrastructure projects (e.g. healthcare facilities).

How to apply

- Complete a Community Action Team Grant Application, signed and saved in PDF format, emailed or sent to CAI (contact details provided below) by **December 15, 2020**, or in tandem with your Final Report on January 15, 2021.
- Letters of support from your Community Action Team partners will be an asset to the application.

Contact CAI

Email: aharcourt@caibc.ca

Mailing address:

Community Action Initiative - Attn: Anna Harcourt
1183 Melville Street
Vancouver, BC
V6E 2X5

After you apply

- Application process may include an interview with applicant's Community Action Team members.
- Final application is reviewed by a review committee that includes representatives from the OERC, CAI and Regional Health Authorities. Proposals will be assessed on strength of coalition, and fulfilment of funding criteria. All applicants will be notified of results. Successful applicants will be notified of amount awarded.
- Successful applicants must have their lead financial agency sign a Contribution Agreement Amendment for grant funds to be released.

Payment

- Will be divided into three installments; the first installment will be issued on signing the Contribution Agreement Amendment (70% of total budget); the second installment issued on receipt of a mid-point report (15% of total budget) and the final installment issued on receipt of a final report (15% of total budget).

Reporting requirements

Details of Community Action Team Grants reporting requirements will be shared with successful applicants.

Community Action Team Grant - Application Form

Name of Community Action Team:	Campbell River Community Action Team		
Prepared by (Name/Title): Gwendolyn Donaldson, CAT Project Coordinator	Date:	Dec. 15, 2020	
	Date Received:		

Lead Financial Agency

We require a financial lead agency to take responsibility for managing the funds, and to initially receive the funds. The lead financial agency is responsible for providing a financial report at completion of the term of the grant, as well as tracking the use of grant funds throughout the project.			
Lead Financial Agency Name: City of Campbell River			
Address: 301 St. Ann's Road			
City: Campbell River	BC	V9W 4C7	
Telephone: 250-286-5700			
Primary Contact Person: Cleo Corbett			
Telephone: 250-286-5764	Email: cleo.corbett@campbellriver.ca		
CRA or BC society registration #			
First Nations, Metis or Aboriginal mandated organization <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Please list the members of your Community Action Team (if known), and describe their roles/contributions within the Team:

Member name	Member type	Role/Responsibility	Primary contact person
Kwakiutl District Council Health (KDC Health)	First Nations Health Organization	<i>Leadership Team</i>	<i>Leanne McIntee and Ken Bell</i>

City of Campbell River	Municipal Government	Funding Partner/ CAT Member	Cleo Corbett
Bob McElwain	Peer Advisor	CAT Leadership/ CAT member	Bob McElwain
Aids Vancouver Island (AVI) – North Island	Service Provider	CAT Leadership/ CAT Member	Leanne Wingert/ Sarah Delaney- Spindler
Positive Wellness North Island- VIHA	Regional Health Authority – Service Provider	CAT Member	Amy Palumbo / Sonja Hartz
Tracy Masters	Community Action Team – Campbell River	Peer Coordinator / CAT leadership	Tracy Masters
Ray Goodwin	Peer Leader	Cat Leadership Team/ CAT member	Ray Goodwin
Vancouver Island Mental Health Society	Service Provider	CAT Leadership / CAT member	Kevin James / Kristi Schwanicke
North Island Medical	Service Provider - OAT Clinic/ Addictions Treatment	CAT Leadership Team	Amanda Brown
<u>VIHA Addictions Treatment Team</u>	Health Authority - Service Provider	CAT Leadership Team	Dr. Erika Kellerhals
Gwendolyn Donaldson	Community Action Team – Campbell River	CAT Coordinator	Gwendolyn Donaldson
Ministry of Justice- Probation	Provincial Government Ministry	CAT Member	Carrie Steiman

John Howard Society of North Vancouver Island	Service Provider- Non Profit	CAT Member	Steve Ayers/ Maarten van der Wielen
Jessica Martens	Provincial Health Authority	CAT Member	Jessica.martens@phsa.ca
First Nations Health Authority	Health Authority	CAT Member	Jenny Peters / Hannah Watler
Sasamans Society	Service Provider – Non-profit	CAT Member	Alynnen Neault
Division of Family Practice	Non-profit, Health Organization	CAT member	Christine Colbert
VIHA – Chief Medical Office	Regional Health Authority	CAT Member	Dr. Charmain Enns
Colleen Salter	Individual – Industry Outreach	CAT Member	Colleen Salter
VIHA- Public Health Nursing Unit	Regional Health Authority	CAT Member	Carla Valentine
Strathcona Regional District- Emergency Services	Regional District	CAT Member	Shaun Koopman
VIHA – Community Action / MHSU	Regional Health Authority	CAT Member	Stephanie McCune
VIHA – Admin Support	Regional Health Authority	Administrative Support	Betty Katan
Private Business / BIA	Private Sector	CAT Member	Heather Gordon Murphy
Nuu-cha-nulth Tribal Council	First Nations Health Organization	CAT Member	Becki Nookmis
Strathcona Community Health Network	Regional District – Health Network	CAT Member	Erica Benson/ Libby King

North Island Hospital Emergency Department	Regional Health Service Provider	CAT Member	Tricia Sinclair
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Project Information and Alignment with Comprehensive Package of Interventions

What is the primary nature of your project/plan?	<input checked="" type="checkbox"/> One-time-only program enhancement or expansion <input type="checkbox"/> One-time-only initiative <input type="checkbox"/> One-time-only pilot initiative <input type="checkbox"/> One-time-only program research/planning <input checked="" type="checkbox"/> One-time-only capacity building
Which of the Essential Health Sector Interventions Funding Priority Areas does your initiative address directly or support indirectly?	<input checked="" type="checkbox"/> Naloxone <input checked="" type="checkbox"/> Overdose Prevention Services <input checked="" type="checkbox"/> Treatment and Recovery <input type="checkbox"/> Acute overdose risk case management
Which of the Essential Strategies for a Supportive Environment Funding Priority Areas does your initiative address directly or support indirectly?	<input checked="" type="checkbox"/> Cultural safety and humility <input checked="" type="checkbox"/> Social stabilization <input checked="" type="checkbox"/> Peer empowerment and employment <input checked="" type="checkbox"/> Addressing stigma discrimination and human rights

Community Action Team Project(s)

1. Please describe the main goals of your Community Action Team Project(s). Relate these goals directly to the comprehensive package of interventions (Appendix A) and your Community Action Team. In Intended Outcomes, please describe and provide some examples on how you plan on measuring success for your projects(s) outcomes.

Main Goal/Objective	Intended Outcome (Based on Comprehensive package)
<u>Peer Program</u> Create at least 3 defined opportunities for Peer Engagement along the continuum of	<u>Peer Empowerment and Employment:</u> Provide training opportunities and education that allows peers at different stages of the

<p>care for substance use in our region, including low barrier work, outreach/recruitment, general peer support, and specialized roles in primary care.</p> <p><u>Peer Stream One- low barrier work opportunities:</u> including clean-up projects, landscaping, environmental projects, gardening, food preparation roles, and casual OPS work.</p> <p><u>Peer Stream Two-community Outreach Oriented Roles:</u> business outreach and community outreach roles, public engagement opportunities, and recruitment.</p> <p><u>Peer Stream Three-Treatment, Recovery and Social Stabilization Roles:</u> Peer support integrated into primary care / health service roles. Peers aiding in system navigation and providing treatment and recovery work, within the context of their own place and comfort on the substance use spectrum</p>	<p>substance use pathway to be meaningfully engaged in a continuum of care point that is appropriate to their current place in life.</p> <p>Opportunities include: work -training and general capacity building, peer mentorship, primary care training, and other social services oriented roles.</p> <p><u>Overdose Prevention:</u> the first and second stage of peer engagement will include engaging peer workers in OPS support work. This will also contribute to enhancing the local OPS services.</p> <p><u>Social Stabilization:</u> Providing work opportunities that are graduated/ targeted should allow us to reach and empower peers who are at all stages of the substance use path. These paid work and educational opportunities should increase individual’s capacity to find other employment, connect them to social services, and provide enhanced economic stability though low barrier work opportunities.</p> <p><u>Treatment and Recovery:</u></p> <p>Stream three of the peer program will work to place peers into primary care environments, which would enhance and improve the overall experience for service users. Peer involvement in these areas may increase success and participation rates for treatment and recovery services in our community.</p>
<p><u>Communications and Coordination</u></p> <p>Enhanced communications campaigns, and anti-stigma messaging.</p>	<p><u>Addressing Stigma, Discrimination and Human Rights:</u></p> <p>Targeted communications campaigns will help us increase public knowledge of</p>

<p>Goal: Run one targeted digital campaign every month for the duration of the term, or until we can reasonably consider in- person engagement activities again. Increase the amount of knowledge that is available in our community, and target certain messages to increase understanding of the CAT’s activities and advocacy issues in underserved populations and target markets.</p>	<p>substance use topics, and help us reach demographics that will aid in our messaging, or influence policy.</p> <p>As part of our communications strategy, we may also look at conducting municipal level policy analysis, or jurisdictional scans, and use this to promote messaging that creates public support for projects/ policies that will enhance the lives of the people who use substances.</p>
<p>Cultural Safety and Humility</p> <p>Goal: Work to create and implement 1-2 CAT projects that promote cultural safety and humility. Ideally, we will create one project targeted at CAT partners, to enhance service provider knowledge, and one targeted for the peers to support Indigenous peers in our community.</p>	<p>We will create a dedicated plan to engage in the promotion of cultural safety and humility training for our CAT. We will need to engage our existing partner organizations, and work toward creating a safe space for everyone in our CAT going forward. We will work to identify an Indigenous partner lead, to aid in this work. At this point, we are currently talking to an individual who is well equipped to lead this work, and we hope that they will work with on this project.</p>
<p>Micro-Grant Program</p> <p>Allocate between \$9,000-10,000 of funding to support emergent issues and local “micro” projects. We would like to be able to provide small funding grants to partners who wish to engage in a pilot project that falls within the OERC’s Core Interventions.</p>	<p>In 2020, we introduced a proposal system that allows partners to submit for pilot funding. This has allowed us to fund 2 innovative projects (Peers at the OPS, Opioid Specific Harm reduction pipe) , and enable one peer engaged recovery intervention.</p> <p>We would like to continue to use the micro-granting process to help our community generate and support innovative social interventions. Upon the approval, success and evaluation of a micro-grant project, the CAT would then support the organization to seek additional funding through other avenues. This should create a system that</p>

	builds community capacity, breeds innovation, and allows for responsive program interventions.
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2. Please summarize the main actions of your project(s). If you are proposing a project that includes multiple small projects, please list each project and summarize their main activities.

a. Peer Program:

- i. Create a comprehensive training program that include modules specific to each peer stream, and that build upon each other. This educational component should allow people to build upon the skills they acquired, and grow within the peer program. It will also allow us to tailor certain aspects of the program to the individual needs and goals of each peer.
- ii. Create opportunities for peers at all stream levels. This will be done through existing partnerships, and will required support from CAT members to help us create space for peer involvement in their organizations. This stage will be informed by the existing peer engagement already underway with the “get the point program” (Stream 1&2) and the Peers at the OPS project with VIHMS (Stream 1). We will also need to reach out to external organizations for working models for stream three, but similar programs exist in Victoria (Umbrella Society) and in Vancouver (Coast Mental Health).
- iii. Step one and two of the peer project will run tandem. As we grow the program, more opportunities should exist for peers, and we will provide training to meet each available work opportunity.
 - 1.1 External Support (businesses & organization) : we will look into developing a training course for organizations, to help them learn how to support peer engagement in their organizations.
 - 1.2 (Peers): We will focus on developing an external support network, using our CAT partners, to create a place for peers to access if they need support. We will need to ensure that peer workers are appropriately supported in the work that they choose to engage in.
- iv. Work to determine if we should continue the Peer advisory group, as a separated, low barrier safe space for peer engagement, or if we should work to integrate the peer group into the larger CAT meetings in an effort to create enhanced communications and engagement with the larger CAT. We will engage the Peer group as to their comfort levels and preferences.

b. Communications & Coordination

- i. Work with the CAT committee to develop a campaign schedule, and decide on key messages.
- ii. CAT coordinator to run campaigns every month, and create assets that help promote the month's education or anti-stigma message.
- iii. Perform environmental scans, literature reviews, and keep up to date on regional data sources to identify topics that should be addressed on an ongoing basis.
- iv. Continue work on policy community, terms of reference, and governance structure to ensure that the CR CAT is utilizing current best practices, and meeting its goals.
- v. Continue member recruitment, create a welcome package for new members, and ensure that all members are up to date and informed of the CAT's ongoing activities.
- vi. Continue monthly meetings, working groups, and moving projects forward as planned, via the coordinator and the peer coordinator.

c. Cultural Safety and Humility

- i. Empower and support an Indigenous peer who is interested in working with the CAT, to aid us in the development of enhanced cultural safety, inclusion and humility education.
- ii. Ensure that the peer is supported to do this work, and feels like a valued member of the team. Focus on capacity building and creating a culturally safe space for Indigenous Peers within the CAT programs.
- iii. Ensure that we value and seek out opportunities to meaningfully engage members of the Indigenous community with all of our programs. In this respect, our cultural safety program will be embedded and prioritized within our CAT's activities.
- iv. Work with our existing Indigenous CAT representatives to ensure that we are always acting in a culturally safe way, that they feel included and valued, and that we are meeting their needs with the work that we engage in.
- v. When regional lockdowns lift, we can reassess if we are able to establish the Indigenous table of partners or if would should work to create space within the larger CAT, in order to create an atmosphere of equality, and acceptance. We will need to decide if the table of partners should be separated, or integrated into the regular function of the CAT. We will consult Indigenous partners as to their preferences for engagement, inclusion and participation.

d. Micro-grants and Emergent Support:

- i. Continue to develop our proposal and project evaluation criteria.
- ii. Communicate the program to our partners, and encourage CAT members to make use of the micro-grant or emergent funding program to pilot or develop innovative, and applicable projects.
- iii. Determine appropriate projects throughout the year, on a rolling basis.
- iv. Follow up, support, and evaluate sponsored projects, on a rolling basis throughout the year.
- v. If successful, aid partners in replicating project successes, locating additional funding, or offering parallel programs in our community. This should help up generate innovative, local solutions to the overdose crisis, while also enhancing knowledge sharing opportunities and building capacity in our community.

3. What is your working project plan throughout the term of the grant? Detail your projects major project milestones and the anticipated timeframe in the table below.

Timeline	Project Milestones (0-4 Months)
Jan-Feb.	<p>Milestone 1: Identify gaps or areas of unmet need in the Peer Training/ capacity building</p> <p>1.2 Expand and formalize procedures, re. existing peer programs.</p> <p>1.3: re-engage with the peer advisory committee</p> <p>1.4: Engage with Indigenous Peer Lead for the Cultural Safety and Humility, and work to develop appropriate project and implementation plan</p> <p>1.5: work to develop a plan for tier three peer recruitment and training.</p>
March-April	<p>Milestone 2: Implement Peer Training and Tier 2 Peer Outreach</p> <p>1.2 Work with Outreach Peers to start businesses engagement and 1:1 work</p> <p>1.3 Create Implementation Plan for Cultural Humility Project</p>
Jan-April	<p>Milestone 3: Communications and Coordination.</p> <p>1.1 Create and implement communications campaigns, Digital Campaigns will be ongoing through to the end of the year.</p>

Timeline	Project Milestones (4- 9 Months)
May-July	<p>Milestone 5: Evaluate tier one and tier two peer programs.</p> <p>1.1 Assemble qualitative and quantitative data on peer programs, and create a working group to discuss outcomes, funding streams, and best practices.</p> <p>1.2 Implement Cultural Safety and Humility project, in coordination with Indigenous partners.</p>
May-August	Milestone 6: Create Implementation plan for Tier Three Peer projects
	Milestone 7: Coordinator to continue ongoing communications and coordination work
	Milestone 8: Coordinator to continue seeking funding opportunities
Timeline	Project Milestones (10-13 Months)
Sept-Jan	Implement Tier Three: primary care support project
Nov.-Dec.	Evaluate peer engagement programs, and determine future funding, best practices, and ongoing support
Nov.-Dec.	<p>Evaluate success and relevancy of CAT funding initiatives, and micro-grant projects, and determine the overall success of the CAT's 2021 activities.</p> <ul style="list-style-type: none"> • Conduct needs assessment, and determine 2022 priority areas, and funding sources.

4. Describe how your CAT will ensure that people with lived/living experience (PWLE) are engaged in active and meaningful roles, and that CAT projects and activities address the needs of PWLE.

One of our CAT's central objectives is to create opportunities for PWLE, along the continuum of care for substance use in our community, in an effort to create an environment for people who use substances that helps prevent overdoses. As a group, one of the central values that we have identified is the empowerment, support, and inclusion of peers in our community. We have dedicated the majority of our project goals to involving and empowering PWLE. Putting

the meaningful involvement of PWLE at the core of our activities, will mean that all of our projects will, ideally, include a component of peer engagement. So, this leads us to work to create spaces and opportunities for PWLE in all of our programs. The Campbell River CAT will work to advocate for PWLE in our community, and find opportunities, create space, and work to empower Peers with all of our programs.

Please consult Appendix B when completing question 5.

5. a) Please provide examples of how your CAT is focusing on meaningful relationships and engagement with First Nations and Indigenous communities (i.e. Nations) and partners (i.e. service organizations)?

We have the Kwakiutl District Council Health (KDC Health) represented on our leadership team and we have worked to involve an Indigenous peer in our 2020 Logo developmental project.

Currently, we are facing difficulty with regional lockdowns; but, we are working to build stronger relationships with the First Nations Governments in the Region. We have recently had a representative from the Nuu-Chah-nulth tribal council join our whole CAT meetings, and we have recently connected with the Ka:'yu:'k't'h' / Che'ktles7'e't'h First Nation, and they are hoping to attend our meetings in 2021.

We have also connected with a Peer leader, who we are hoping to engage as a project leader for our Indigenous engagement work. We also need to focus on creating a meaningful and active land acknowledgment for our organization, that prioritizes continuous learning and growth. We are still looking at how we can prioritize this work in 2021. Given our existing ties with KDC health, and our emerging ties with NTC, we anticipate that we will be able to meaningfully focus on building relationship with the regional Indigenous Nations, going forward into 2021. We will maintain our commitment to responsibly and respectfully working towards this with all of our CAT activities in 2021.

- b) Given that embedding cultural safety and humility is a continuous and lifelong process, what commitments have CAT members made to practicing and learning cultural safety and humility moving forward?

We have worked to include representatives from Indigenous organizations on our CAT team. We will work towards creating a dedicated space for all members to engage in cultural safety and humility training opportunities. At this point, we probably need to engage local Indigenous organizations in the development of a specific plan for how we can conduct this in a responsible and impactful way.

We will need to address this with our CAT and work towards creating these opportunities in our committee. We will work to empower and support an Indigenous Peer worker in our organization to help us guide this work, while also respecting their own comfort, needs, and goals.

c) Does your CAT budget include items that reflect your commitments to relationship building with First Nations and Indigenous communities and partners (i.e. Indigenous-led Projects, Cultural Protocol, Consultation with Knowledge Keepers/ Elders, etc....)?

Our CAT budget does include line items that reflect our commitment to inclusion and relationship building. We are prioritizing some projects to be led by Indigenous peers and organizations. We also consistently work with Indigenous organizations on our leadership team.

6. What barriers or risks do you anticipate running into as you implement this project/community action plan? What would their impact be on your project?
- a. We could face challenges with the continued COVID-19 restrictions that begin said, we have deliberately planned for smaller engagement groups and we have not prioritized any larger community events for this year.
 - b. We could be challenged if we have a larger than predicted interest in our peer programs, and we could have to either reduce the scale of our programs or locate other funding sources. We have preliminary data that these peer employment programs are popular once they get going; but, we also need to plan for lower than expected interest as well. Because our plan relies heavily on peer utilization rates, we may need to continually reevaluate to find opportunities that work and are appealing for peers in our community
 - c. Organizational capacity may also be a challenge in our partner organizations. One thing we have encountered in the past, is that we have many passionate leaders in our community, who are incredibly over extended. So, often we need internal coordination to harness this passion into action. This challenge will be mitigated with the continual involvement of the existing Coordinator and Peer Coordinator. So, as long as we do not face personnel challenges, we should be able to navigate the capacity constraints of our partner organizations.
7. What contingencies have you considered or built into your project/ plan to prepare for these risks or barriers?

- a. We have averaged out our planned peer utilization rates, to adapt for varying levels of involvement, and also built in a contingency fund with our micro-granting program. This funding could be allocated to more peer engagement programs if they prove to be overwhelmingly successful.
 - b. We have a strong peer coordinator and coordinator who will hopefully be able to support our partner organizations to achieve their goals.
 - c. We also have a strong community of partners, who can help us access funding and support if we need to work to financially enhance a successful program.
 - d. We have not planned any large scale community events, so this will hopefully mitigate some of the COVID-19 related challenges that we faced in 2020. We have developed a very different operating plan this year. Our plan this year allows for more peer capacity building, small scale work opportunities, and individual engagement initiatives, that won't be as susceptible to derailment with COVID-19 restrictions.
 - e. We have also built in a contingency fund for small scale micro-grants and emergent funding that we feel will allow our community to take advantage of the potential for unpredictable situations in the coming year. In a sense, we have deliberately "under-designed" (Lindquist and Wanna, 2011, p. 5) a percentage of our proposal in an effort to mitigate some of the risks that can arise from over-planning in an unpredictable environment.
8. If you plan on the project continuing, please detail any plans for its continuation beyond this one-time-only funding.
- a. At this point, we are running our programs as pilot projects that will build local capacity in our community. If our projects are successful, we would hope to be able to apply for continued funding, or leverage the administrative support provided by the coordinator and our partner organizations to secure future funding from grants or sponsorships. We hope to build community capacity and support for our Peer program and micro-grant funded pilot projects to continue our work, in the future. Seeking our additional funding opportunities will be an ongoing responsibility of the Coordinator throughout the 2021 operational cycle.

Budget Estimate

Applicants must include a breakdown of anticipated costs with clear rationale for each area.

Please include additional lines or attach separate sheet as needed.

Budget Items (Items below are just a guide)	Total Funding Requested from	Additional Information
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	CAI	
Personnel Expenses		
<ul style="list-style-type: none"> Project Coordinator/Manager 	26,250	750 hours at \$35/ hour (about 13 hours per week)
<ul style="list-style-type: none"> Peer Coordinator 	12,500	500 hours at \$25/ hour (about 9 hours/week)
<ul style="list-style-type: none"> Peer Projects (Honorariums) 		
Peer Project: Tier One- Low Barrier Employment and Engagement		
<ul style="list-style-type: none"> Peers at the OPS (VIHMS) 	7000	350 peer work hours at \$20/hour
<ul style="list-style-type: none"> Peers at AVI project 	4000	200 Peer work hours at \$20/hour
<ul style="list-style-type: none"> Peers at "Get the Point" Casual work 	4000	200 peer hours at \$20/hour
Peer Project: Tier Two – Outreach and Operational Involvement		
<ul style="list-style-type: none"> Peer Advisory Meeting 	1920	8 peers/ meeting, \$20 honorarium (12 meetings)
<ul style="list-style-type: none"> Business, 1:1, and Organizational Outreach 	3400	170 peer hours at \$20/ hour (14 hours / month)
Peer Project: Tier Three – Primary Care, Support work	3400	170 peer hours at \$20/hour
Indigenous Peer Engagement- Cultural Humility and Support	2000	Indigenous peers will also likely work in the other peer project streams, but this is dedicated Indigenous project funding.
Training Expenses		
<ul style="list-style-type: none"> Peer Training fees 	2500	<ul style="list-style-type: none"> Split between required fees and honorarium expenses
<ul style="list-style-type: none"> Consulting/ Clinical Consultation: Peer Support 	3000	Paid to enhance and ensure peer safety in their

		participation with our program.
Project: Communications, Coordination and Anti-stigma		
• Social Media Advertising	554	\$46/month
• Printing Fees	195	\$15/month
• CAT Phone	455	25/month
• Annual Website Hosting Fees	250	
Project: Micro-grants and Emergent Funding	9,500	
Administrative		
• Catering Fees	1000	
• Room Rentals	500	
• Misc. Expenses	250	
TOTAL:	82,672	
2019-2020 Carry Over		29,582.39
2021 CAI Contribution		53,090.00

***Note:** Honorarium and recipient names, signatures, and amounts must be reported at completion of project.

9. Are you requesting that CAI/OERC to fund 100% of your proposal?

Yes No

We have in-kind support from our partners that help us with partnerships and facilitate our programs; but, this particular proposal relies completely on funding from CAI.

10. If no, please identify other funders who may also be funding your proposal, and the project components their funds will be applied towards.

Potential or current funder/grant	Project Component(s)

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Signatures

Permission to cite portions of your application

With your consent, CAI and/or OERC may refer to portions of your application for quality improvement, research, or advocacy purposes. Confidentiality will be respected, and no identifying information will be used without your permission.	
Do you consent to CAI referring to portions of your application for quality improvement, research, or advocacy purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Declaration

I attest that the information provided in this application is true, accurate and complete to the best of my knowledge.

Community Action Team Representative

Signature:	Date:
Print Name:	Title/organization:

Financial Lead Agency

Signature of Executive Director or Equivalent:	Date:
Print Name:	Title/organization:

Members of Project Team

Signature:	Date:
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Print Name:	Title/organization:

Signature:	Date:
Print Name:	Title/organization:

Signature:	Date:
Print Name:	Title/organization:

Regional Health Authority Representative

Signature of Senior Director or Equivalent:	Date:
Print Name:	Title/organization:

Please attach any letters of support from your Community Action Team partners.

Thank you for applying.

Appendix A

Comprehensive package framework of core interventions:

Essential Health Sector Interventions	Essential Strategies for a Supportive Environment
<p><u>Naloxone</u> Ensuring optimal supplies, training and community-level infrastructure to provide sustained access, including:</p> <ul style="list-style-type: none"> • Coverage • Supplies • Trainers • On-going capacity 	<p><u>Social stabilization</u> Community-level strategies to ensure on-going psycho-social support, access to housing, income stabilization, transportation, food:</p> <ul style="list-style-type: none"> • Services to engage and strengthen support networks such as family/friends • Support groups/healing circles, counselling • Access to affordable and/or supported housing • Support programs incorporate capacity to address housing, income, food insecurity
<p><u>Overdose Prevention Services</u> Supporting a range of community-level, low barrier services tailored to local needs, such as:</p> <ul style="list-style-type: none"> • Overdose prevention & supervised consumption sites • Housing-based initiatives • Strategies to reach individuals using alone • Mobile Services • Drug Checking • Safe drug supply (e.g. hydromorphone in supervised settings) 	<p><u>Peer empowerment and employment</u> Providing individual skills and capacity-building initiatives for communities/people with lived experience:</p> <ul style="list-style-type: none"> • Diversity of paid peer program opportunities • Peer-led initiatives • Peer training opportunities • Involving people with lived experience in strategic program planning and decision-making
<p><u>Acute overdose risk case management</u> Robust surveillance, analytics and referral system to identify individuals at risk within communities and capacity for follow-up connection to care:</p> <ul style="list-style-type: none"> • Proactive screening for problematic opioid use at health care sites • Clinical follow-up • Fast-track pathways to treatment and care • System for monitoring/evaluating patient outcomes and following up 	<p><u>Cultural safety and humility</u> In collaboration with Indigenous communities and organizations, ensuring services are rooted in an understanding of the social and historical context of health and health-care inequities:</p> <ul style="list-style-type: none"> • Cultural safety teachings and support available to all service providers • Trauma-informed and culturally safe facility/space and program design • Services and supports incorporate Indigenous approaches to healing and wellness • Elders involved in service delivery & planning
<p><u>Treatment and Recovery</u> Ensuring low-barrier access to a full spectrum of evidence-based medications and comprehensive treatment & recovery services, including access to:</p> <ul style="list-style-type: none"> • Methadone, suboxone, oral morphine, injectable hydromorphone • Continuum of treatment and recovery programs for opioid dependence that combine medication and psychosocial supports. • Multi-disciplinary pain management 	<p><u>Addressing stigma, discrimination, and human rights</u> Policy/legal analysis & action plans to address barriers to services based on stigma/discrimination:</p> <ul style="list-style-type: none"> • Access to legal team to address discriminatory laws and policies that impact harm reduction • Public education resources, campaigns • Community-level actions to address barriers in access to services for people who use drugs.

Appendix B

First Nations Health Authority (FNHA) released data and recent updates showing that, since the declaration of the opioid overdose public health emergency in 2016, First Nations have been over-represented in the statistics. In 2019, First Nations people died at 3.8 times the rate of other BC residents. In the first half of 2020 (Jan-May), First Nations people died at 5.6 times the rate of other BC residents. The data also reveals how First Nations women are uniquely impacted. First Nations women died from overdose at 8.7 times the rate of other women in BC in 2019.

Community Action Teams (CATs) play a key role in developing focused, action-oriented strategies tailored to local needs to address the overdose crisis. The recent data from FNHA underscores the importance of investing in meaningful engagement and relationship-building with local First Nations and Indigenous people.

We, the CAI, OERC and FNHA, jointly commit to supporting this work in your CAT, in partnership with your local Regional Health Authority partners. Please review and share the resources below with your CAT membership and community to further support this work.

Recommended resources:

- Link to FNHA July 2020 Update: First Nations Illicit Drug Deaths Rise during COVID-19 Pandemic <https://www.fnha.ca/about/news-and-events/news/covid-19-pandemic-sparks-surge-in-overdose-deaths-this-year>
- Link to Mary Ellen Turpel-Lafond's investigation into systemic racism in BC's health system. <https://engage.gov.bc.ca/addressingracism/>
- Link to FNHA Cultural Safety and Humility resources: <http://www.fnha.ca/wellness/cultural-humility>
- There may be local FNHA Regional Team members available to provide support and connection to your CAT. To learn more, please contact Dustin Johnson, Project Manager, Opioid and Overdose Response, First Nations Health Authority at Dustin.johnson@fnha.ca