

OVERDOSE EMERGENCY RESPONSE CENTRE (OERC)

Community Action Team Grants – Final Report

Project Information

Name of CAT:	Campbell River Community Action Team	
Community:	Campbell River	
Prepared by: (name & title)	Gwendolyn Donaldson CAT Coordinator	Date (yyyy/mm/dd): 2020-12-11
Status of CAT - Progress on meeting planned goals/objectives and deliverables over the past year -Were projects completed on time, and on budget? -Significant activity, budget, or timeline changes?	<p>In the 2019-2020 cycle, just over 45% of our CAT’s planned goals involved community events, engagement sessions, and public presentations. Given that our goals were oriented towards actions that involved the general public and large groups of people, we encountered considerable challenges when confronted with the COVID-19 pandemic.</p> <p>We also encountered two staffing changes this cycle, which contributed to our operational challenges. The original CAT coordinator left in the fall of 2019, a second coordinator was hired, but vacated the position in the summer of 2020. The current coordinator is committed to continue in the coordinator role through the upcoming funding cycle and beyond. The current coordinator has been in the position since Sept. 1, 2020.</p> <p>Some of our project were not completed at all, some were altered significantly, and others were not completed on time. Our challenges during this funding cycle were rooted in our human resources capacity and the COVID 19 pandemic.</p> <p>The CR- CAT peer program made a number of large steps forward this year, and we have recently made rapid progress on a number of projects, including: communications and anti-stigma activities; the procurement of innovative harm reduction supplies; developing peer engagement opportunities; and streamlining our administrative operations.</p> <p>Despite our challenges during 2019-2020, we are well positioned to move into our 2021 funding cycle.</p>	

Goals and Outcomes

Please provide an update on the Main Goals and Objectives, and Intended Outcomes as described in your original plan. Where possible, please provide any specific, measurable outcomes to demonstrate results.	
Main Goal/Objective	Intended Outcome (based on Comprehensive Package)
<i>e.g. Achieved ___ goal through meeting objectives.</i>	<i>e.g. As a result of _____, increased/reduced amongst _____ people.</i>
<p>1) Peer Engagement, Education, Support & Social Stabilization</p> <p>To create a peer-led engagement program focused on training, harm reduction education and promotion of wellness for Indigenous and Non-Indigenous peers</p> <p>To support the Masters of Hope program towards enhanced social stabilization</p>	<p>We hired a peer coordinator, which has allowed us to focus on peer training and recruitment.</p> <p>Over the past year, we offered peer 5 training sessions. 18 peers received training through this program.</p> <p>As part of our peer engagement work we supported an upscaled component of the ‘get the point’ program by funding casual work opportunities to peers. Over the reporting period, this program provided over 186 paid work hours to at least 25 different peer participants.</p> <p>We also have 2 peers who regularly attended our leadership meetings. This fall we instituted a monthly peer advisory committee, which offers a safe and low barrier space for peers to engage with the administrative aspects of the CAT. We have had about 8 different people attend our peer advisory meetings, and we hope to grow this meeting into 2021, as COVID-19 restrictions lift.</p> <p>Tracy, our peer coordinator is the manager of Masters of Hope. While we have engaged with them, as a result of our connection to Tracy, we have not actively pursued a collaborative project, due to COVID-19 restrictions.</p> <p>We have also funded a pilot project, led by Vancouver Island Mental Health Society (VIHMS), that provided work opportunities for peers, at the OPS site. This project has been very well received in our community. As a pilot, it provides a daily 3 hour peer shift at the OPS. This program resulted in 126 paid work hours for peers, over the 6 week pilot project.</p>

<p>2) Stigma & Discrimination Reduction</p> <p>To host community-based dialogue groups and develop a comprehensive anti-stigma and education campaign</p>	<p>Staffing challenges and COVID-19 protocols forced us to reevaluate our stigma and discrimination reduction activities. Stigma and discrimination reduction remains a priority for our CAT leadership and will be reflected in our 2021 plan.</p> <p>We focused on enhancing our communications channels in order to position ourselves in a way that will allow us to conduct digital outreach for anti-stigma initiatives, until we are able to host community events again.</p> <p>CAT peers and programs were featured in a number of media sources this year (articles are attached in the assets section of this report).</p> <p>We also created a website (www.communityactioncr.ca), which has had over 194 visitors and 561 pageviews since it was launched on October 13, 2020.</p> <p>We also launched a social media channel in October 2020 at providing information about substance use, ongoing projects, research and advocacy issues to our community. Our Facebook page currently has 109 likes and 122 followers. Since launching the page our organic posts have reached 3807 people, and 381 people have directly engaged with our posts.</p> <p>In November, we began running targeted social media awareness campaigns, as part of our general anti-stigma work. We began targeting our campaigns to reach people in specific industries, such as, construction, heavy industry and forestry. Our paid campaigns reached 2958 people in our community, and 155 people engaged with the ads.</p> <p>We have also worked to engage the business community in Campbell River, in order to combat some of the negativity that exists in our community around the downtown area. We have built a relationship with a prominent member of</p>
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	<p>the downtown BIA, and we are actively working to create more business outreach activities. These relationships should put us in an excellent position to engage in targeted anti-stigma work in 2021.</p> <p>Finally, as part of the peer engagement project with VIHMS, the CAT will be supporting two meal events, aimed at bringing the community around the OPS site together, to reduce localized stigma and discrimination in the area. Peers will be involved in the planning process for these events, and we are optimistic that these events will be able to alleviate some of the community stress surrounding the OPS.</p>
<p>3) Enhanced Indigenous Collaboration</p> <ul style="list-style-type: none"> -To enhance Indigenous membership with the CR CAT. -To liaise with Indigenous organizations and communities towards enhanced collaboration -To better coordinate services of the CAT, greater community and First Nations communities and organizations in Campbell River. -To create partnered approaches to harm reduction strategies, training and awareness, and reducing stigma and discrimination 	<p>The fulfillment of this goal was challenged by local COVID-19 related lockdowns. We were unable to create connections with local Indigenous communities as we had intended. That being said, KDC health is a prominent member of our leadership team, and they have greatly contributed to the overall awareness and inclusion of Indigenous values and concerns in the CAT.</p> <p>With the encouragement and help of KDC, the CAT was able to engage with a local peer artist in the creation of our logo, providing a relatively small, yet highly significant visual representation of our commitment to Indigenous inclusion and partnerships. We will continue working on this particular goal in our 2021 plan.</p>
<p>4) Enhanced Coordination of CAT Activities and Funding</p> <ul style="list-style-type: none"> -Contract a Project Coordinator to oversee coordination, planning and implementation of activities of CAT -Engage a Peer Coordinator to oversee peer related operational duties -To seek additional funding for CAT activities ongoing -To coordinate CAT membership recruitment, retention and 	<p>Initially, this goal presented a challenge due to coordinator staffing shifts throughout the winter and spring of 2019-20.</p> <p>Tracy Masters was successfully hired as the peer coordinator in the fall of 2019, and she has been highly successful in the position through this reporting cycle. The peer coordinator position has allowed us to better support and grow the peer program, and we intend to carry this work through 2021.</p>

<p>nurturing activities including revision of Terms of Reference</p>	<p>Gwen, the new coordinator was hired at the end of August 2020. She holds a Master’s in Public Administration and has a background that includes working for Indigenous Government-owned organizations. She is well positioned to advance the funding, recruitment, and administrative goals of the CAT going forward, with the support of our strong leadership team and CAT committee.</p> <p>The CR CAT was able to partner with the City of Campbell River, AVI, and KDC on a civil forfeiture grant application for 2021. We are waiting to hear if our application for funding will be successful.</p> <p>We are also planning a review of our terms of reference, operating procedures, goals, and role in the community, as part of our early 2021 activities. We are currently engaged in a policy community mapping exercise, which is being developed along-side a review of our overall governance structure and goals.</p>
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Project Milestones

<p>Please list all the project deliverables described in your original grant application, and update CAI on related progress, including as much detail as possible (<i>i.e. who, what, when, where, and effectiveness related to Strategies from the Comprehensive Package of Interventions</i>).</p>		
<p>If your CAT experienced any challenges, please describe the issue, impacts on milestones and how these challenges were addressed. If there were any changes to your project deliverables, <i>please provide a rationale for these changes</i>.</p>		
<p>Please add or delete rows as necessary.</p>		
Timeline	Milestone #1:	Comments:
<p>Oct 2019</p>	<p>Milestone 1: 1) Hire Project & Peer Coordinator for contract position 2) Revise Terms of Reference 3) Seek additional funding opportunities for CAT</p>	<p>1) Project Coordinator and Peer Coordinator were successfully hired; however, the project coordinator did vacate the position and a new coordinator was hired sept. 1, 2020. The peer coordinator was hired in the fall of 2019 and has remained in the position. 2) Terms of Reference were revised in the fall of 2019. They will be reviewed in Jan. 2021, due to changes in the operating environment. An annual ToR review is planned in order to ensure that we are in line with contemporary best practices.</p>

	<p>4) bring together partners for Indigenous Partnership Table</p> <p>5) Explore Indigenous Collaboration opportunities</p> <p>6) Plan and coordinate community dialogue sessions format</p> <p>7) Recruit & orient Indigenous & non-Indigenous Peers</p> <p>8) Develop training plan</p> <p>9) Develop anti-stigma campaign plan</p> <p>10) Develop evaluation plan</p>	<p>3) Funding opportunities were pursued throughout the year. A CAI grant was secured for KDC to support their “Get the Point” program which has also led to a number of peer engagement opportunities. In Nov. 2020, the City of Campbell River, in collaboration with the CAT, KDC and AVI, applied for civil forfeiture funds and are collaborating on a number of other funding opportunities.</p> <p>4) Indigenous engagement activities were challenged by the COVID-19 pandemic, and we were unable to implement the “Table of Partners” plan due to regional lock-downs. However, we work closely with KDC health and they have an active role on our leadership team.</p> <p>5) We were able to meaningfully engage, and appropriately compensate, an Indigenous peer artist in the creation of our CAT logo. This provides a public representation of our commitment to Indigenous collaboration and representation in the Campbell River CAT.</p> <p>6) We were unable to host the community dialogue sessions that we had intended- however, in October 2020, we did institute a monthly “Peer Advisory Meeting” which is a low barrier opportunity for peers from all stages of the substance use path to come to a safe space and provide their perspectives on the activities of the CAT.</p> <p>7) We have onboarded an additional peer leader onto the Leadership team, giving us 3-4 peers in various capacities, on the leadership team. The “get the point” program and the peer advisory meeting have also provided opportunities for us to engage with more peers.</p> <p>8) We did not develop a formal training plan during this period, due to staffing changes (coordinator). However, we did successfully offer a number of training sessions, and are currently working on developing a comprehensive peer training plan.</p> <p>9) We did not develop an anti-stigma plan during this period, due to staffing changes (coordinator). However, we did develop and implement an anti-stigma / communications campaign in the 4th quarter.</p> <p>10) We did not develop an evaluation plan during this period, due to staffing changes. However, in the 4th quarter we began requiring evaluation data on all of our projects. The current coordinator is working on collecting and analyzing the existing qualitative and quantitative data from our 2019-2020 projects. Project evaluation plans will be included and prioritized going forward. The current coordinator has taken graduate level courses in program evaluation, and is well positioned to meet our evaluation goals in 2021.</p>
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<p>Timeline : Nov. 2019</p>	<p>Milestone # 2: 1) Train Indigenous and Non-Indigenous peers 2) Commence dialogue sessions with community and organizations 3) Develop materials for and implement anti-stigma plan</p>	<p>Comments:</p> <ol style="list-style-type: none"> 1) We offered 5 training courses during the 2019-2020 reporting period: <ul style="list-style-type: none"> o A comprehensive Harm Reduction, Stigma, and Discrimination training session (17 peer attendees) (1-day, 7 hours) o Hep C/ HIV training (6 peer attendees) o Inwards/ Outward, boundary focused session (6 peer attendees) o Overdose Response (6 peer attendees) o Gender Identification, Inclusion & Queer Sensitivity training (8 peer attendees). <p>We faced challenges with course offerings during this period due to the pandemic. This reduced the number of courses we were able to offer and the number of participants we could accommodate.</p> 2) We did not implement community dialogue sessions due to our initial staffing challenges, and then the onset of the pandemic. 3) We did not develop any anti-stigma materials or implement our communications plan until the 4th quarter.
<p>Timeline Jan. 2021</p>	<p>Milestone # 3: 1) Commence Peer Engagement Sessions</p>	<p>Comments:</p> <ol style="list-style-type: none"> 1) We did not immediately commence peer engagement sessions. We focused on offering training programs first, and these continued throughout the year. 2) In July 2020, we created our peer/ client engagement protocols and expectations. This was a collaborative process, that prioritized Peer feedback on the guidelines. 3) In May peers began working and engaging with the “get the point” project 4) In Oct. 2020, we implemented our Peer Advisory Committee, which is a monthly low- barrier, dedicated space for peer engagement and input into the CAT’s activities.
<p>Timeline : March 2020</p>	<p>Milestone #4: Milestone 4: Interim evaluation of activities/Interim Report to CAI/Initiative revisions</p>	<p>Comments:</p> <ul style="list-style-type: none"> - We were unable to fully implement this goal, due to staffing challenges and the advent of the COVID-19 pandemic. We did submit an interim report during the summer. We continually reevaluated our operating environment, due to the large component of public events that were planned for in our initial proposal.

<p>Timeline : April 2020</p>	<p>Milestone # 5 Milestone 5: Re-implementation of activities based on evaluation</p>	<p>Comments: COVID-19 fundamentally altered our planned CAT operations. We worked to reevaluate during this time in an attempt to redefine our role within the community during the COVID-19 pandemic.</p>
<p>Timeline : September 2020</p>	<p>Milestone 6: Final Evaluation of activities/Succession and sustainability planning</p>	<p>Sept. 1, 2020, a new coordinator was hired; so, this caused a natural re-evaluation of our activities within the context of an extended pandemic-era operating period. In September, we begin a rapid process of planning and project implementation. We received an extension for our projects until Dec. 2020.</p> <p>Activities that we implemented between Sept 1- Dec. 15th, 2020 include:</p> <p><u>Communications planning and Implementation:</u></p> <ol style="list-style-type: none"> 1) We created a logo, and integrated an Indigenous Peer artist into the logo development and design process. 2) We created and launched a website and social media channels: www.communityactioncr.ca / fb: Campbell River Community Action Team – CAT 3) We created branded communications assets for our peer program and had contact cards created for key CAT members to aid in peer recruitment and retention. 4) We launched and ran a regional Naloxone awareness campaign and a general awareness campaign on Facebook/ Instagram <p><u>Peer Engagement:</u></p> <ol style="list-style-type: none"> 1) We continued to offer peer training courses 2) We implemented the monthly Peer Advisory Meeting 3) We streamlined the peer communications assets to aid in recruitment and retention 4) We sponsored a project with Vancouver Island Mental Health Society to support peer workers at the local OPS site 5) Since July we had been, and we continued to, sponsor the inclusion of causal peer workers at the MOUHSS’ ‘get the point’ project. <p><u>Overdose Prevention:</u></p> <ol style="list-style-type: none"> 1) We sponsored a joint project between AVI and VIHMS to secure innovative opioid pipes that are not currently covered by the BCCDC 2) We worked with VIMHS to support the inclusion of Peer workers at the OPS.

		<p><u>Administration and future planning:</u></p> <ol style="list-style-type: none"> 1) We developed a project proposal system to review and support regionally responsive projects that fit within the OERC core interventions 2) We supported a civil forfeiture funding proposal for an expanded peer capacity project 2021. 3) We continue to seek and pursue future funding opportunities, as they arise. In our future plans, this will be an ongoing action, rather than a singular event. 4) We furthered the development of an industry outreach working group, and have connected with and included a representative from the Downtown BIA, to help inform this planning process. We are working to develop and implement a 2021 project that focuses on overdose awareness and prevention in local workplaces and industrial sectors. 5) We are working to review our ToR and engage in a policy community mapping exercise that will allow us to better understand our regional operating environment. 6) We are planning enhancements to the peer program, and have identified that peer engagement is a foundational value of the work that our CAT engages in. 7) Our Peer Coordinator and a number of our leadership team members have been actively participating in the LOUD in in the ER engagement sessions, that are being facilitated by the BC Patient Safety and Quality Council (BC-PSQC) 8) We supported two of our Peer members to attend the CAT Knowledge Exchange that was facilitated by the BC-PSQC

Community Action Team Meetings

<p>Approximate frequency of meetings: <u> 2-3 </u> times per <u> </u> Month <u> </u></p> <p>NOTE: We hold 2-3 meetings monthly, one CAT leadership meeting, one whole CAT meeting and one Peer Advisory Meeting.</p>	<p>How many times has the CAT met during this reporting period?</p> <p>We have met 30 times</p> <ul style="list-style-type: none"> - 12 Whole CAT committee meetings - 13 Leadership meetings - 2 Peer advisory meetings - 2 work plan meetings - 1 industry outreach meeting
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Stakeholders most frequently present CAT meetings:

- Not-for-profit organization based in British Columbia (or not-for-profit with a BC branch)
- Indigenous organization
- First Nation
- Metis Organization
- School district
- Police
- Post-secondary institute
- Peers
- People with Lived Experience
- Local Division of Family Practice
- Local government (e.g. municipality, regional, district)
- Health Authority
- Labour organization
- For-profit business (including, but not limited to, for-profit health care provider(s))
- Provincial Government Ministry
- Other (please specify) _____

List the most active/engaged CAT members and provide details of their contribution. Please add more rows if necessary.

NOTE: it is very hard to rank our CAT participants in order of participation (so consider this largely a “tied” list, we are lucky to have a passionate group of people in our community.

I have not included the Peer Coordinator and the Project Coordinator on this list, as we are contracted members of the CAT team, But, I would be negligent if I did not note that we make a valuable contribution to the team.

Peer Representatives	<p>Major Contribution</p> <p>Our peer representatives, Ray and Bob, have been consistent in their ongoing participation with the CAT. Bob has always been available to support the CAT, and prioritizes his time so that he is always able to attend our meetings. He also contributes greatly to the leadership team and is always available to help.</p> <p>Ray has taken on a Peer Leader role in our community, and he sits on the leadership team. He was also our CAT’s main representative at the BC-PSQC CAT knowledge exchange. Ray engages in outreach and recruitment for the peer program with his work at the Get the Point program. Ray offered his support, his story, and his perspective to news media outlets (including CBC, Global News, and the Campbell River Mirror), which</p>
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	<p>has resulted in positive national and regional press coverage for our CAT and our community. Ray has gone above and beyond to motivate our team, and offer his experience and expertise to the group. Ray, Bob and all of our peers' participation and commitment to our CAT has helped us make our work more appropriate and meaningful to those who need it most.</p>
<p>Kwakiutl District Council Health</p>	<p>Major Contribution</p> <p>KDC health is represented on our Leadership team by two members, Ken and Leanne M. KDC has led the Get the Point project, and in conjunction with Tracy and Ray, developed the Peer/client conduct and responsibilities guidelines.</p> <p>Leanne M. also stepped in to support the CAT, greatly, during the staffing issues that we encountered during the spring and summer of 2020. Her commitment to the CAT helped us weather through this transition period, and she was a key contact in recruiting and orienting the current coordinator. Leanne has an unwavering commitment to our community, and she makes the meaningful engagement of peers a central consideration of all of her programs.</p>
<p>AVI</p>	<p>Major Contribution</p> <p>AVI has been a consistent supporter of the CAT, and is represented on the leadership team by 2 people, Leanne W. and Sarah D.S. Leanne and Sarah are exceptionally supportive of the CAT, and always work collaboratively to support and serve our community's most vulnerable.</p> <p>AVI has lead and supported a number of the CAT's peer training courses, and they have provided the administrative support for our Peer cash honorarium dispersals. Their role administering cash honorariums has allowed us to diversify our peer engagement opportunities. Our ability to work with AVI on our peer training courses and to provide cash honorarium payments to peers serves as an important platform in which we are able to build our peer programming off of. AVI has helped us to provide low-barrier opportunities for Peers to be meaningfully engaged with CAT programs.</p>
<p>Geo 1 Medical Lead for Addictions, North Island. (VIHA)</p>	<p>Dr. Kellerhals has been a long time and passionate advocate for people who use substances in our community. She has been</p>

<p>Team Lead Inpatient medicine team in Campbell River.</p>	<p>central to the CAT’s involvement with the BCPSQC’s LOUD in the ER project, which aims to bring attention to opioid use disorder and its presentation in the emergency department. Dr. Kellerhals has supported and provided professional insight into many of our initiatives. She is a key contact for our future projects that intend to focus on the meaningful integration of peer workers along the substance use continuum of care in our community.</p>
<p>Vancouver Island Mental Health Society (VIMHS)</p>	<p>Vancouver Island Mental Health Society is represented on our leadership team by Kevin, and he is a long time CAT member who has given his time, experience, and guidance to the CAT since its inception in 2018.</p> <p>This year, VIMHS has taken on the leadership of Campbell River’s OPS service, and two supportive housing projects. They are involved as a major service provider in our community. The CAT has financially supported their development and implementation of a project that includes peer workers in operationally supportive roles at the OPS site. This project has been well received by the community. They are also engaging in a peer engaged anti-stigma initiative that will work to create a positive relationship between their service sites and the surrounding businesses.</p>
<p>The City of Campbell River</p>	<p>The City of Campbell River is our funding partner and they have been instrumental in our ability to monitor and disperse our project funds.</p> <p>Further, Cleo C., Sr. Planner, provides significant support to the CAT. She helps us with a lot of the “big picture” aspects of our operations. Cleo’s support and energy help guide and motivate the CAT team. She has helped us create community partnerships, and she has connected us to funding opportunities. Her support and experience helps us drive our operations forward, and she is always there to provide guidance if we start to stray off-course.</p>

Comprehensive Package of Interventions

- Which of the following strategies from the comprehensive package of interventions has your CAT been able to make progress on? Please provide examples and/or links to Milestones.
 - Naloxone
 - Overdose Prevention Services
 - Acute overdose risk case management
 - Treatment and Recovery
 - Social stabilization
 - Peer empowerment and employment
 - Cultural safety and humility
 - Address stigma, discrimination and human rights

Naloxone:

We created a regionally specific Naloxone page on our website, and ran a targeted social media campaign to raise awareness of the availability and accessibility of Naloxone in our community.

Web page: <https://www.communityactioncr.ca/naloxone>

Social Media Results :

We reached just over 2400 people with our ad campaign. We had over 100 people engage with the ad by liking it, sharing it, or clicking on it. The ad drove 76 people to the regional naloxone page on our website. The ad campaign cost us about \$27.00. Due to the cost effectiveness of this communications strategy, we will continue to employ targeted social media campaigns as part of our overall communications and engagement strategy going forward. More social campaign metrics below (you may have to zoom in)

Nov. CAT social Results																		
Ad set name	Campaign name	Reach	Impressions	Frequency	Result Type	Results	Cost per result	Ad set budget	Amount spent (CAD)	CPM (cost per 1,000 impressions)	Link clicks	CPC (cost per link click)	CTR (link click-through rate)	Page engagement	Page likes	Post engagement	Post reactions	Post shares
Naloxone- Targeted Trades	Naloxone Awareness	1300	2515	1.93	Link clicks	42.00	\$ 0.39	\$ 2.00	\$ 16.41	42.00	\$ 0.39	1.67	65.00	65.00	13.00	13.00	10.00	
Naloxone- General	Naloxone Awareness	1117	1498	1.34	Link clicks	34.00	\$ 0.32	\$ 3.00	\$ 10.83	7.23	\$ 0.32	2.27	51.00	51.00	12.00	12.00	5.00	
General	CAT- Awareness- Like	544	952	1.76	Page likes	10.00	\$ 1.04	\$ 3.00	\$ 10.42	10.95	\$ 1.16	0.95	49.00	10.00	39.00	25.00	4.00	
Totals		2958	4965			86.00			\$ 37.66	24.70	85.00		165.00		155.00	50.00	19.00	

We have also been in on-going discussions surrounding the use of Naloxone as a workplace health and safety intervention, in order to aid in our overall business outreach goals. We have identified the industrial sector in our community as a place of need for overdose prevention outreach. We are considering utilizing naloxone awareness as a component of our engagement strategy . We feel that if we address Naloxone, as a health and safety intervention, it may be an effective strategy for neutralizing the conversation surrounding substance use in the workplace. These have been ongoing discussions in our CAT and have led to the development of a workplace/industry outreach working group.

Overdose Prevention Services

Campbell River has an operating OPS service, a sobering center, and a Bridge housing project. While this still does not meet the need that exist in our community, it is a start.

This year the CAT funded the purchase of Opioid specific harm reduction pipes, that will be distributed by VIHMS and AVI. We are optimistic that this new harm reduction intervention will aid in the prevention of overdoses in our community. In the *2018 Evaluation of Overdose Prevention Sites: Campbell River, Courtenay, Cowichan Valley, Port Alberni*. (Island Health, 2018, p. 4) it was noted that Port Alberni has the highest OPS attendance rates, and they were the only location in the evaluation to offer inhalation services. This disparity in use, suggests that inhalation services are beneficial, and VIHMS has worked to create inhalation OPS services in Campbell River. Taking into consideration the importance of inhalation OPS services, it logically supports the potential for these specialized inhalation pipes to be an innovative tool for overdose prevention in Campbell River. More information about this specific harm reduction tool can be found here: <https://filtermag.org/heroin-pipes-harm-reduction/> and the program logic for this intervention is also supported by Stöver and Schäffer (2014)'s research detailed in: "Smoke it! Promoting a change of Opiate consumption pattern- from injecting to inhaling".

Peer empowerment and employment

We have been able to provide a number of low barrier peer employment opportunities, we have provided over 170 paid work hours to over 25 peers, and we have offered 5 courses to 17 peers. We have also worked to move peers into leadership roles in our CAT, and within the employment opportunities available.

We have launched the Peers at the OPS work project, and are actively seeking ways that peers can engage in business outreach, education, and other community engagement roles.

We have developed guidelines for peer and organization conduct, and we have worked to increase our recruitment and retention of peers from all stages of the substance use path.

We are holding monthly peer advisory committee meetings, to gain peer input into the operations of the CAT. These meetings have create a powerful feedback loop, between the larger CAT committee and the peers, while also maintaining a dedicated space that is safe for the peers to freely voice their ideas, opinions, and goals, outside of the normal beaurocratic power structures that could be perceived to be inherent to the CAT committee organizational structure.

Cultural safety and humility

We work closely with KDC, and we were able to meaningfully engage and appropriately compensate an Indigenous peer artist in the creation of the CAT logo.

We are currently assessing our land acknowledgements. This goal has been challenging in the COVID operating environment, and we look forward to reevaluating and moving forward with our activities in this area in 2021.

Address stigma, discrimination and human rights

We have worked to enhance our ability to communicate with the public, through the creation of our website, mailing lists, and social media channels. Our communications activities have focused on creating and disseminating regionally relevant material that focuses on anti-stigma messaging and resource awareness.

We are currently discussing system navigation in Campbell River, and this is connected to our policy community map. By analyzing our stakeholders and our operating environment we should be able to promote horizontal collaboration in our community. Our community of substance use stakeholders is quite fragmented, so we will be focusing on system navigation and reducing barriers to access in 2021. In 2020, we focused on setting up the necessary communications framework that will help us get our information out into the community.

We have also worked on advancing our industry outreach project. This is an area that our CAT has been discussing for many years. Business and industry in our community tend to be places where people who use substances work; while, also serving as locations where people feel stigmatized and unable to ask for help. In our 2018 CAT industry outreach project, anecdotal data suggested that many employees were reluctant to utilize their employee provided health plans for fear of being stigmatized in the workplace. This is an area we will continue to address going into 2021.

2. *Please consult Appendix B when completing question 2.*

- 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)?

Our CAT works closely with KDC health, and they are represented on our leadership team. We have often engaged in joint- managed projects and funding applications with the organization. We are working to establish deeper and more productive relationships with the Indigenous governments in our region; however, this work has been challenged by localized lockdowns. We are currently working on developing an Indigenous led outreach project, and we hope that this connection will serve as an excellent starting point for more active, diverse, and direct engagement with Indigenous communities and partners in our area.

- 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?

We faced a lot of challenges this year, so I would be incorrect to imply that we had dealt with this question in a dedicated way this year. That being said, this will be an important component of our ToR and governance review in the upcoming year. We have considerable work to do in this area.

c) Has 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 budget has included items that reflect our commitment to relationship building with the Indigenous communities and partners in the region. For a variety of reasons, ranging from staffing issues to the pandemic, we faced significant challenges this year in actually spending the budget that we had allocated to this area.

However, we will continue to allocated a portion of our budget to these commitments for 2021, and we are currently in discussions with some partners about how we can better move forward with these objectives.

3. Please describe the role of peers and peer networks in your CAT.

Peers are regularly engaged in the work of the CAT, we have 2-4 peers on our Leadership team.

We also have a peer advisory committee, and we prioritize projects that include a peer employment, engagement, or capacity building component.

a) Please describe how peers are resourced to take part in the work of your CAT? (i.e. paid part-time/full-time employees, cash stipends, earmarked funds for peer network, etc...)

Peer engagement and employment are central values for our CAT. Almost every project that we pursue includes a paid opportunity for peers. We have a couple of peers who are on a regular pay structure, and are consistently engaged with the CAT.

We also have a number of peer opportunities that allow for causal, low-barrier participation. In these situations, our partnership with AVI, and their wiliness to disperse cash honorariums, has allowed us to provide cash to peers immediately after their participation in the project. We do have earmarked funds for peer engagement, and we prioritize projects that allow for peer engagement.

- b) How is your CAT consulting, engaging, and hiring peers with consideration for equity?

We include peers in our decision making and governance structure. We also allow for low barrier input of peers into the CAT's activities, with the Peer advisory committee. We have worked to eliminate as many administrative barriers as possible. This is particularly evident in the Peer advisory meeting, where we take a more casual approach to participation, and do not require a long term commitment, formal interviews, or unnecessary bureaucratic processes that could impede participation for some people.

- c) Moving forward, what will your CAT do to ensure peers and people with lived and living experience have equitable opportunities to lead and participate in CAT projects and affiliated work?

We work to offer a range of supportive peer opportunities and we are always seeking ways to expand the roles of peers in our organization. The CAT uses ongoing conversations and engagement to ensure that we are providing meaningful employment, and training to meet their goals with our peer programming. We want to cater to peers from all stages of the substance use path, so we aim for diversity in our work opportunities. Peer inclusion, opportunities, and capacity building are values that we will bring with us into our 2021 activities.

In 2021, it is our goal to find and engage peers in the entire continuum of care for substance use in our region.

Future Planning

1. Based on what you've learned during this last year, are there any changes to operational/project planning or stakeholder engagement that you would incorporate into any plans for future activities?

This year, we had planned for a number of larger in-person community engagement activities, and due to internal capacity challenges and the COVID-19 pandemic, we were unable to complete this aspect of our project. Given this unprecedented time, we will have to adjust our expectations for 2021, in relation to our ability to host larger events.

We will likely focus on smaller group engagement, educational series', digital communications, working groups, and more 1:1 correspondence, through 2021.

We would like to integrate more peers into our community engagement opportunities, and really highlight the important role that they play both in external community outreach, and in internal peer recruitment and community support roles.

2. Will any project activities continue to be sustained with in-kind support and/or other funding sources? Please describe what is/was needed to enable sustainability.

We have some in-kind support from our operating partners, and they do provide time, knowledge and some administrative support. That being said, we will always require some direct funding in order to maintain the Coordinator and Peer Coordinator positions in the organization. We will also continue to require funds to pay our peer workers for the projects that we embark on. With continued funding for our CAT administration team and peer team, we should be able to use that capacity to apply for other grant funding in the future. Ultimately, we will likely always need to find funding to pay our two administrators, and then use their capacity to organize the in-kind operational support that our partners provide, and to apply for more funding.

3. Going forward, what information or resources might be useful to support your CAT's operations?

We really enjoy the knowledge sharing events and initiatives that have been undertaken this year by the CAI, VIHA, and the BC-PSQC. These have really helped us generate ideas for our own work, and created opportunities for us to learn from other community's challenges and successes. Enhanced knowledge sharing and connections to other communities would be beneficial. Also, access to more quantitative data, but I will address that in the following question.

4. How is your CAT using data in planning? What evidence informs your priorities? (i.e. local, regional, provincial data from institutional or other sources)

Currently we use local qualitative and quantitative data from our existing programs and partners to inform our priorities. We also use publicly accessible substance use and overdose statistics, and any published program evaluations for our region.

I, as the coordinator, would like to be able to access the Team site data dashboard in order to gain more regionally specific data for our CAT to use. I contacted the person who is listed in the CAT 2020 reference guide, but that person is no longer with the organization (Margot Kuo). If there is an updated way to access this platform, I would appreciate the information.

I will work to incorporate more data into our program development in the upcoming year, by using the sources referenced in the CAT 2020 Resource Guide.

A couple of our partner organizations utilize drug checking services. These organizations use this data to inform their own work, and going forward we will work to establish a localized knowledge-sharing program for this drug toxicity data.

From your point of view, what is the most significant change you've witnessed in your community since formation of your CAT? What was it like before? Who was involved in eliciting this change, and what role did the CAT play?

Recalled, by Leanne W. from AVI, about Ray G., one of our Peer Leaders:

"Back in early October – he [Ray] was doing volunteer work in the back alley here by AVI. He came across a male in his early 20's, who appeared somewhat confused and out of sorts. Ray approached him and said, "Hey brother, how's it going?" The male replied that he was uncertain of what to do as he used IV drugs before, and had very recently overdosed while alone. He didn't know anybody here and was kind of upset that nobody was talking with him in the groups of people in the alleyway. Ray talked with him for a few minutes about being a previous substance user and how with many "falls" he had succeeded in overcoming his addiction. Ray states that the male was intrigued with Ray's story and began talking about NOT wanting to continue using, but he didn't feel he had the physical or mental conviction to do it. There is a gap at this part of the story, but in the continuation of it – Ray mentioned Erika Kellerhals and the MOUHSS van, to access OAT. The male took his card and I believe contacted Erika. The male came to AVI a couple days later, asking if Ray worked here, because he really wanted to thank him for taking the time to talk with him, he was feeling much stronger than the days previous."

Stories From Peers, Provided by Kristi Schwanickie, Manager, VIMHS, expressing how the Peer Support Program has benefitted them, and why they think continuing the program is important.

"The job is a confidence booster to get me back into real work. It's helping to ease me back in, and it's been a relaxed atmosphere even though people would think it's an intense place to work. It's a good way to teach people life skills and interpersonal skills. It's a good way to get to know the downtown people more too. I think it can help to build healthy relationships, especially if people may be scared of others." – peer in late 20's

"I really like problem solving and helping people so they are happy and feeling good for themselves. There always is something to do. A lot of people need help here and things to do for the good. I like spending time here and the staff are great people and are great to work with." – peer in 50's

"We have a lot of growing to do as people and as our own little society. It benefits the community as a whole. None of us really socialized before this place. The OPS helps us feel safer about using together, helps build relationships together. I was using alone when I first got into drugs and now I don't. It means a lot to have an honest way to make money as a lot of us resort to crime for funds." – peer in early 30's

Multimedia

Please include the following:

1. Photos (**2** or more high resolution images).
2. Videos (optional - please send link to website or send file).
3. Posters, brochures, articles.

Media: Links to our 2020 media coverage and articles can be found on our website here:

<https://www.communityactioncr.ca/media>

And previous year's CAT reports can be found here:

<https://www.communityactioncr.ca/cat-reports>

We received significant publicity for the "Get the Point" program, including coverage by CBC and Check news, as well as our local newspaper. See:

<https://www.cbc.ca/news/technology/what-on-earth-trash-cleanup-turtles-1.5693519>

<https://www.campbellrivermirror.com/news/new-campbell-river-outreach-program-empowering-volunteers/>

<https://www.cheknews.ca/homeless-volunteers-cleaning-up-homeless-camps-in-campbell-river-694789/>
(Video)

Quotes

Please insert quotes here (optional).

Quote	Source (e.g. program participant, partner, staff, etc.)
"Working as a peer support makes me feel good. I like being able to support a well need organization."	Peer worker at OPS (VIHMS)
"I like it. Anything I can do to help out at a place that helps other people.... Money can't buy putting a smile on other peoples faces."	Peer worker at OPS (VIHMS)
"Comradery is essential when trying to build trust and understanding."	Peer worker at OPS (VIHMS)

<p>We've onboarded 16 peers at OPS thus far who have been filling 6 hour shifts onsite – with many more interested. This has been of great benefit to the site, staff and most importantly, guests of the service and we are appreciative of CAT support in funding this peer program.</p> <p>Our peer program has made an impact in supporting our immediate neighbours, helping with the high utilization of our service- and employing people with living experience who may have less opportunities to paid work in community</p>	<p>Kristi Schwanicke, Manager, Vancouver Island Mental Health Society</p>

Resource Materials

Please list the resources and materials created during this project. This may include toolkits, resource manuals, etc. *Please provide a copy of these materials to the CAI.*

<ul style="list-style-type: none"> - Local CAT Website: www. communityactioncr.ca - Facebook page: Campbell River Community Action Team- CAT (https://www.facebook.com/CampbellRiverCAT) - Instagram Page: (https://www.instagram.com/campbellrivercat/) - Appendix 1: Logo and branding Documents - Appendix 2: Peer Poster, Document & Tri-fold - Appendix 3: Draft Policy Community - Appendix 4: Contact Cards for Peers and Staff to aid in recruitment - Appendix 5: Digital ad series for informational campaigns - Appendix 6: CAT Website Analytics

Acknowledgement/Consent

Name of Executive Director (or equivalent):			
Job Title/Role:			
Project Title:		Date (yyy/mm/dd):	

<p>Signature:</p> <p>The Executive Director (or other person of designated authority) must sign off on this report.</p>	<hr/> <p>Signed (Authorized Representative)</p> <p>Name and title:</p> <p>Name of organization:</p> <p>Date:</p>
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This section must be completed by the Executive Director named above as an authorized signatory.

<p>I acknowledge that the information presented in this report, and in the multimedia section and attachments is a true and accurate representation of the project.</p> <p>X Yes <input type="checkbox"/> No</p>
<p>I consent to the publication of select content in this report in Community Action Initiative (CAI) communications and promotional materials, including the CAI website and social media platforms. I understand that portions of this report may be cited for the purposes of training, research and/or advocacy.</p> <p>X Yes <input type="checkbox"/> No</p>
<p>Information collected through this reporting template will be shared with the Overdose Emergency Response Centre and Ministry of Mental Health and Addictions. I acknowledge that the information I provide is governed under the <i>Freedom of Information and Protection of Privacy Act</i> and may be subject to freedom of information requests.</p> <p>X Yes <input type="checkbox"/> No</p>

Financial Report

Please attach the CAI Financial Report.

Overdose Emergency Response Centre (OERC) - Community Action Team Grant

Reporting Period: Refer to Contribution Agreement i.e. July Sept. 1, 2019- Dec. 31, 2020

Budget Items (Items below are just a guide; please input your own)	Proposed CAI Amount Allocated (refer to your original budget)	Revised CAI Amount Allocated (Budget changes of more than 20% of the total grant amount must be approved by CAI in advance)	Actual CAI Amount Spent	Additional Info
Personnel Expenses				
Project Coordinator/Manager	15,198		\$ 12,124.13	
Peer Coordinator(s)	6000		\$ 4,665.37	
Honorariums/Gift cards*				NOTE: Honorariums are included in line items below, as associated with each project, I have attached the Honorariums Sheets submitted from our partner organizations.
Coordinator Expenses	2090		\$ 556.65	Includes Cell Phone Purchase and 'Pay as you go' monthly, and Zoom Subscription
Peer engagement, Education and Social Stabilization				
Peer Engagement program				This program was altered due to COVID 19 and Administrative Challenges
Meals	7000		\$ 1,034.58	
Elder Honorariums	1500			
Peer Honorariums	4000		\$ 5,000.00	Peer Honorariums, held by AVI and dispersed for Peer training, "get the point" program upscale, and peer advisory meetings
Masters of Hope (10)				This program was altered due to COVID 19 and Administrative Challenges
Meals	1500			
Supplies	1000			
** ADDED Peer Project: VIHMS Peer work at OPS site			\$ 3,020.00	VIHMS Peers work at OPS Honorariums
Stigma and Discrimination Reduction				
***ADDED: Website Development- for digital communications and Anti Stigma work			\$ 1,026.08	Pivoted communications strategy to account for Social Distancing- Move towards digital channels
Community Dialogue Sessions (7)				
meals	1000		\$ 500.00	VIHMS Led, anti-stigma sessions and neighborhood meals
Facilitation (\$500/session)	3500			
Supplies	500		\$ 400.00	VIHMS supplies for peer work at OPS
Anti-stigma Education Campaign (10)				
Meals	1000			This program was altered due to COVID 19 and administrative challenges
Peer Honorariums	1000			
Facilitation (\$40/hour x 3 hours)	2000			
Supplies/ Printing	1500		\$ 268.28	
Enhanced Indigenous Collaboration				
Indigenous Partnership Table (10)				
Meals	1500			
Elder Honorariums	1500		\$ 300.00	Honorarium paid to Indigenous artist for gifted logo art.
**ADDED: Harm Reduction, Inhalation specific supplies not covered by BCCDC			\$ 4,000.00	Pilot Project with VIHMS and AVI to provide Opioid specific inhalation harm reduction supplies
Travel / Transportation	1000			
Training Expenses			\$ 1,000.00	
Peer Engagement (Street College)	1500		\$ 812.64	
Peer Engagement (SMART Recovery)	1500		\$ 812.63	
*ADDED: Facilities Rental fees			\$ 115.25	Room booking for Peer advisory Meeting
Research and Evaluation (includes \$480 remaining)	2000			
Overdose Prevention Outreach (All \$7430 carry over from VI)	7430			
In-kind Funding from VIHA (\$2000) and City of Campbell River (\$10,000)				
				2021 Carry over
TOTAL	65,218.00		0 \$ 35,635.61	\$ 29,582.39

*print out "Gift Cards & Honorariums" template for use. Report total in this row.

Financial Authorization by Funding Partner:



Director (or equivalent): Dennis Brodie

Job Title/Role:	Acting Director of Finance/CFO
------------------------	---------------------------------------

Project Title: Campbell River
Community Action Team

Date (yyy/mm/dd): 2021/01/12

Logo & Identity Breakdown

Sun to symbolize new beginnings.

Mountains to represent our local area.



Campbell River Community Action Team

Curve of the text box to match the curve of the logo.

"Cracked" effect referencing healing, and restoration, inspired by a Japanese technique of fixing broken pottery with gold.

Fonts

Headings: **Questrial**

Body:
Raleway Thin, Raleway Medium, Raleway Thin Italic

Colors

Text or Background Color.
This colour should only be paired with the off-white color in context of text or background color.



#33203A
R 53 B 45 G 58
C 73% M 73%
Y 53% K 55%

#FFF8FA
R 255 B 251 G 250
C 0% M 1%
Y 1% K 0%



Text or Background Color.
Is an extremely versatile colour can be used with both of the blues and the accent color.

Text or Background Color.
Can be used with the dark blue or the off-white. It could be used as a text colour on top of the off-black but only in rare cases.



#60CEED
R 100 B 206 G 207
C 51% M 0%
Y 4% K 0%

#547AA7
R 84 B 122 G 67
C 73% M 40%
Y 16% K 1%



Text or Background Color.
This dark blue works wonders with the off-white and the lighter blue as a background color or as a text color.

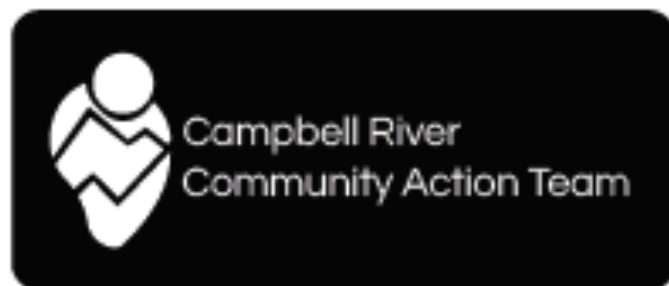
Accent Color Only.
Only to be used to draw attention to a CTA, link or important information. Make sure to use sparingly to ensure it retains its high contrast.



#F0C877
R 255 B 203 G 119
C 0% M 22%
Y 62% K 0%



Horizontal Logo: This one should be your main logo as it is very versatile. It's great for websites, letterheads, horizontal business cards, posters, etc..



Solid color logos, like the black and the white ones above are best used in combination with a busy background. They are also useful when faced with a color that is not specified in the identity colors, and does not compliment any of the identity colors.



Vertical Logo: Great for vertical business cards, flyers, brochures etc..

Vertical Logo: Great for vertical business cards, flyers, brochures etc..



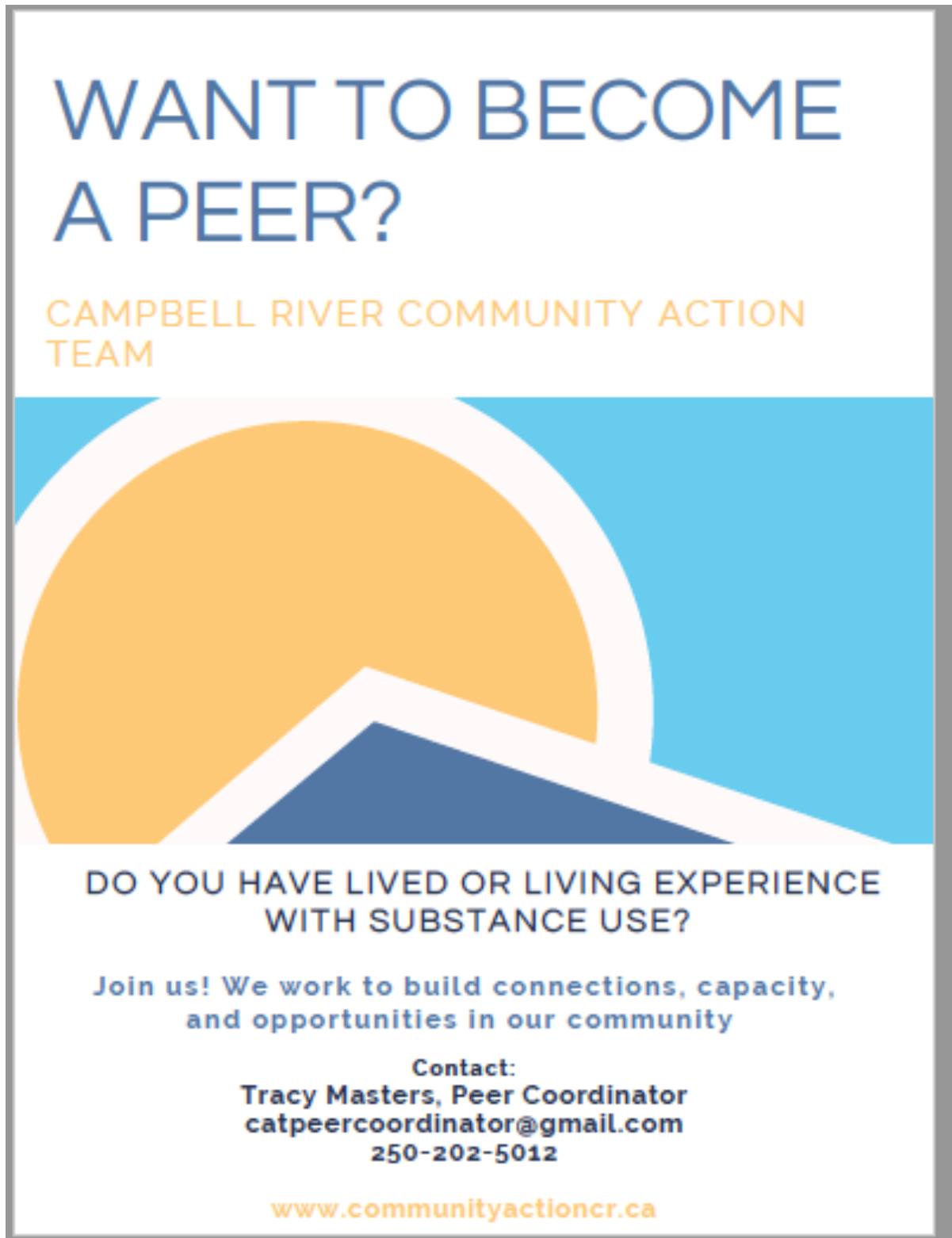
Badge Logo: Best used for social media profile pictures, stickers, and merchandise that does not allow for the horizontal or mark logo.



Mark: This logo is best used for business cards, websites, merchandise, posters. Your mark is meant to be the most recognizable part of your branding, if your brand includes one.



Campbell River
Community Action Team



Poster

Information Document:



Campbell River
Community Action Team



PEER PROGRAM

Campbell River Community Action Team

2020-2021

WHO ARE PEERS?

The CAT Peer Program works with people with lived/living experience of substance-use.

This program invites people from all stages of the substance-use path, ranging from active use to long term recovery.

"The program really helps because having people out there who were homeless or using and are now clean really gets others feeling like they can do it too,"

- Ray Goodwin, Peer Leader. "

The Peer program aims to give a platform to the many voices in our community who often go unheard.

Connecting with the program, as either a Peer or a partner, makes a direct impact in our region.



THE OBJECTIVE

The Peer Program offers an opportunity for people to receive training, employment, and establish connections with local organizations, businesses & initiatives.

Peers make a valuable contribution to the anti-stigma work that the CAT engages in.

Often, many Campbell River residents do not get to hear the stories and perspectives of people with lived/living experience of substance use.

PEER GUIDELINES

- Peer workers are a positive example to the people we serve
- Peers need to be fully involved in the work being done (not just showing up)
- Peers present a positive image, engage with people, and show others there is another aspect to their current lifestyle.
- Peers are expected to participate in the training modules provided

OUR COMMITMENT

- Peers will be involved in identifying useful training opportunities or goals
- Peers will have a voice in how training is implemented
- Peers will be provided with clear expectations.
- Staff must provide regular check-ins to keep peers safe when doing their work, including a required "end of shift" check-in.
- If the peer wishes to speak to another professional, staff must be able to provide this for a peer.
- Peers will be given meaningful work, that encourages direct participation while, centring their experience & personal goals.
- Peers will be given a manageable, quality-focused workload.
- Staff is responsible (but not liable) for peer well being during the working process.
- Staff will ensure that the work is appropriate for the peer individual. and Staff will not place a peer in a compromising position)

**Mutual respect and clear communication will
be prioritized**

Peer Trifold

'THE PROGRAM REALLY HELPS BECAUSE HAVING PEOPLE OUT THERE WHO WERE HOMELESS OR USING AND ARE NOW CLEAN REALLY GETS OTHERS FEELING LIKE THEY CAN DO IT TOO.'

-RAY, PEER LEADER

CONTACT

Tracy Masters, Peer Coordinator
catpeercoordinator@gmail.com
250-202-5012

PEERS

CAMPBELL RIVER
COMMUNITY
ACTION TEAM



WORKING TOGETHER
TO STRENGTHEN OUR
COMMUNITY
RESPONSE TO THE
OVERDOSE CRISIS

WHO ARE PEERS

The CAT Peer Program works with people with lived/living experience of substance-use.

This program invites people from all stages of the substance-use path, ranging from active use to long term recovery.

THE ROLE OF PEERS

Peers make a valuable contribution to the anti-stigma work that the CAT engages in.

Often, many Campbell River residents do not get to hear the stories and perspectives of people with lived/living experience of substance use.

Why the Peer Program

The Peer Program offers an opportunity for people to receive training, work experience, and establish connections with local organizations, and businesses



Campbell River
Community Action Team

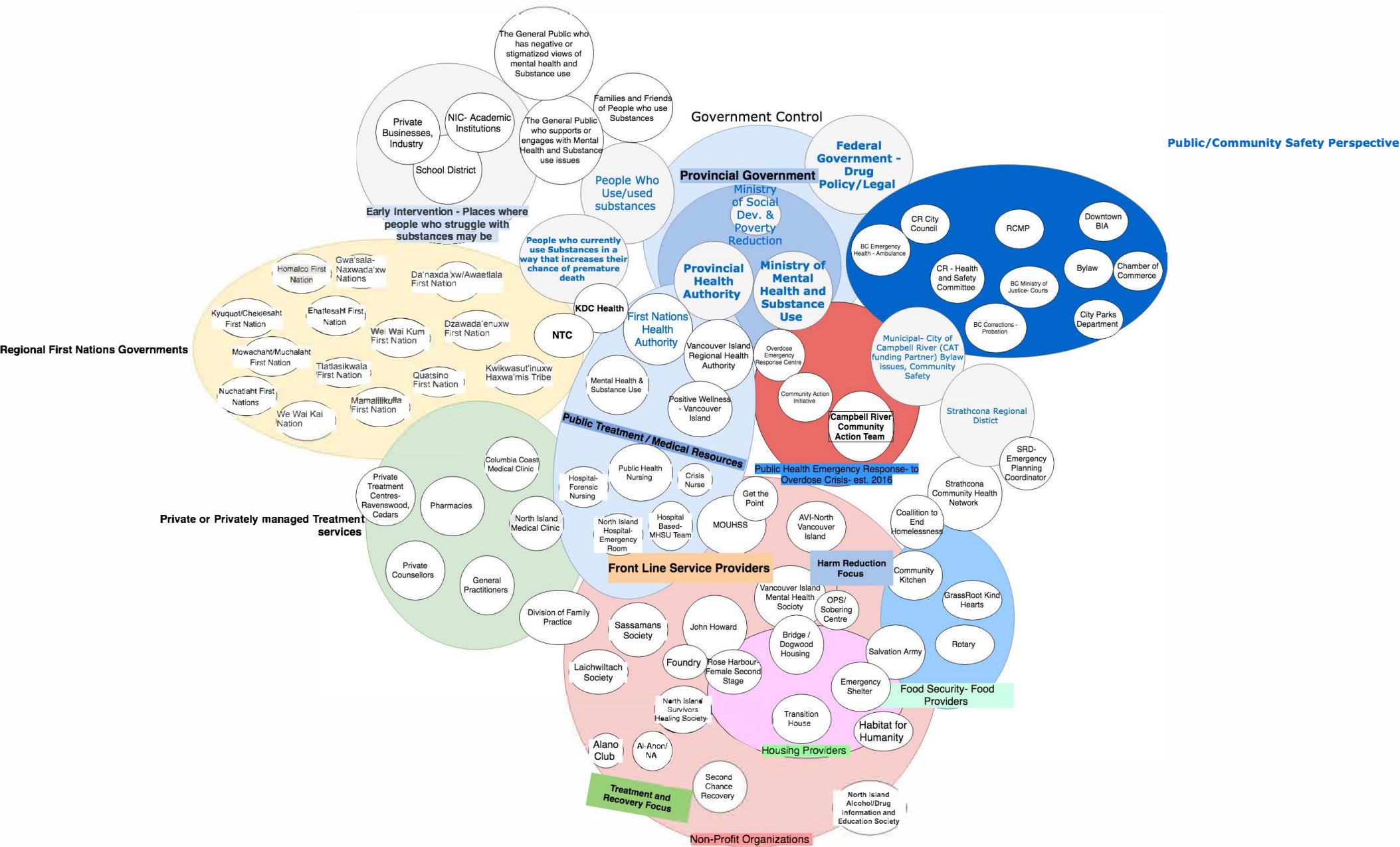
Peer Guidelines

- Peer workers are a positive example to the people we serve
- Peers need to be fully involved in the work being done (not just showing up)
- Peers present a positive image, engage with people, and show others that there is another aspect to their current lifestyle.
- Peers are expected to participate in the training modules provided

Our Commitment to Peers

- Peers will be involved in identifying useful training opportunities or goals
- Peers will be provided with clear expectations.
- Peers will be given a manageable, quality-focused workload.
- Staff will ensure that the work is appropriate for the peer individual
- Staff will not place a peer in a compromising position.

APPENDIX 3: POLICY COMMUNITY DRAFT - NORTH VANCOUVER ISLAND



Appendix 4: CAT Contact Card Template

Front:

Campbell River
Community Action Team

250-202-5012
info@communityactioncr.ca

www.communityactioncr.ca

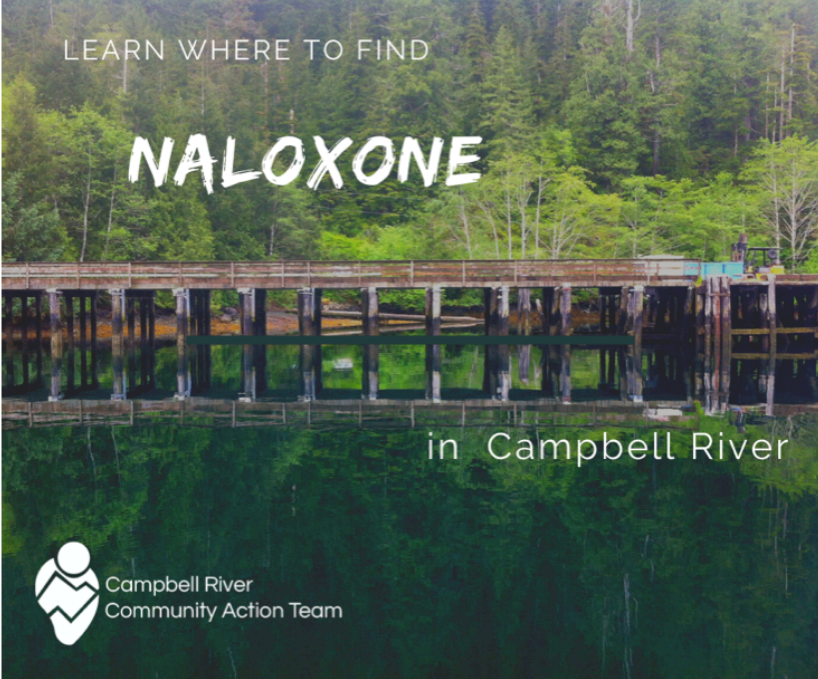


Back:



Campbell River
Community Action Team

Appendix 5 : Digital Ad Template- Naloxone



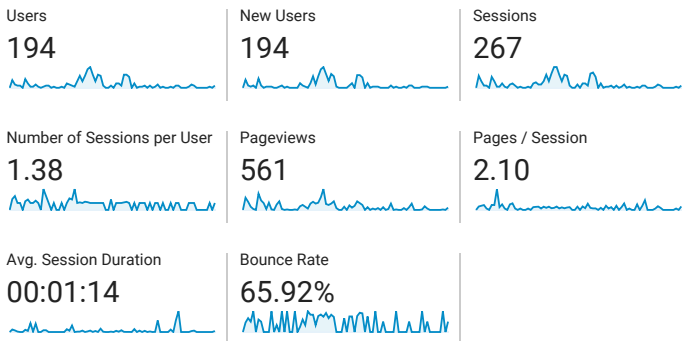
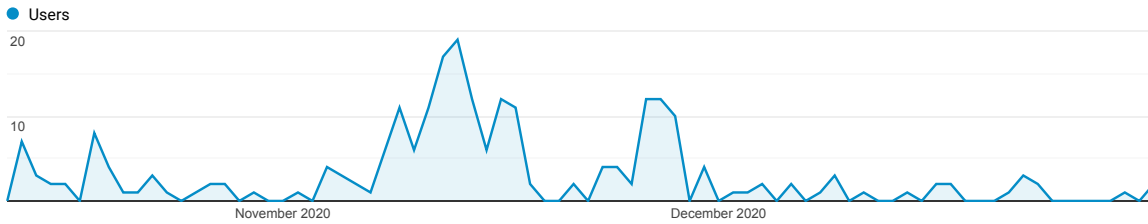
Appendix 6: CAT Website Analytics

Audience Overview

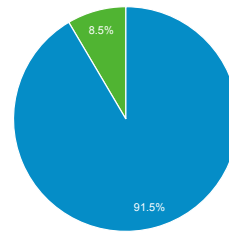
All Users
100.00% Users

Oct 13, 2020 - Dec 31, 2020

Overview



■ New Visitor ■ Returning Visitor



Language	Users	% Users
1. en-ca	92	47.18%
2. en-us	85	43.59%
3. en	15	7.69%
4. en-gb	3	1.54%