Third Performance Measures Report: Community Action Initiative

January 3, 2014

SPARC BC & MNP_{LLP}

Contents

Table of Figures

1. Executive Summary

The Community Action Initiative (CAI) was launched by the BC Alliance for Mental Health (Illness) and Addictions through a $10 million grant from the Province of British Columbia (augmented in April, 2013 by an additional $15 million). The grant, and continued funding, is an investment in community level initiatives for addressing mental health and problematic substance use. The CAI plays a substantial role in the implementation of the Province's Ten-Year Plan to Address Mental Health and Substance Use in British Columbia (Healthy Minds, Healthy People) as an independent enterprise, facilitating local, partnership driven and culturally appropriate projects and approaches.

The CAI has structured funding and support through a unique process of convening grants which assist communities to articulate their needs and possible solutions, followed by a smaller number of larger value service innovation grants to implement those solutions.

This report follows the Baseline Report, and reflects the collaborative revision and administration of an online tool that is enabled using Survey Monkey. This online tool was administered by email over October to November 2013, with 34 responses or 95% coverage of project leads.

Based on results, the majority of supported organizations are reporting positive progress towards the immediate and intermediate outcomes of the CAI. With some slight differentiation across cycles, these findings confirm that the CAI is realizing positive outcomes by funding community level approaches to addressing mental health illness and problematic substance use.

More specifically, the CAI:

Continues to sustain government and community collaborations at the project level through networking, partnering and cooperating. The majority of respondents indicated these collaborations were most likely to continue through involvement in related projects, involvement in the provision of on-going services, and working together on issue-based task forces or committees.

Maintains its role in sharing new information and encouraging the use of practices based on new learning and information. Projects continued to share new information through events (forums, public events), training and online sources. Sources of new information on mental health (illness) and problematic substance use that were most frequently mentioned include: community organization websites, conferences, government websites, and social websites.

Provides ongoing support for understanding of culture practices and encourages the adoption of culture practices that reflect the community being served. Survey respondents reflect culture in programs and services by developing innovations in working with at-risk or vulnerable populations, to preventative health care, and program evaluation. With regard to adoption of culturally relevant practices participants noted the use of culturally relevant social practices within groups, the promotion of indigenous and multicultural languages and stories, and the development of linkages between traditional culture and self-care strategies.

Supports communities to capitalize on their strengths and assets and continues to encourage the use of new approaches by communities. Examples of strength based approaches mentioned include informal dialogues among leaders and service providers, asking community members to help design programs and services, and engagement with community members to develop inventories of community strengths. Commonly mentioned examples of innovative approaches to mental health include training and workshops, information sharing, and teamwork and partnership building.

Continues to increase confidence in the role and value of the community sector in addressing mental health and substance use. Ways in which this is demonstrated included public sharing and posting of publications by community agencies and organizations, positive media coverage about efforts and successes of community agencies and organizations, as well a increasing requests from government for information or contacts with the community sector.

Supports ongoing progress towards implementation of the Provincial Government's Ten-Year Plan. Participants indicated that the CAI continues to support improvements to the mental health and well-being of British Columbians, access to services as well as the development of better quality services. Improvements specifically mentioned include increased communication and/or conflict resolution skills, increased use of mental health (illness) supports, improvements in health lifestyles, and seeking out employment or volunteer opportunities. Respondents also noted that information and services are available at convenient times both in-person and by telephone. Other continuing improvements include quality of services including knowledgeable staff and personnel, respect for cultural traditions and beliefs, and being treated with sensitivity.

Based on the above feedback from survey respondents reinforcing the significant progress being made towards the immediate and intermediate outcomes of the CAI, project leads also suggested areas of future focus:

- **Sustain cross-sector and cross-cultural collaboration** by showcasing successful projects and by continuing to provide more training opportunities and resources. There is also a strong demand for more ongoing funding. While the evaluation team appreciates that this is not possible given the nature of the CAI's current mandate, consideration could be given to extending future project time frames to up to three years in order to provide more time to secure other funding. Other ideas to encourage community partnerships included facilitation of relationship building at early stages of community project design and delivery, training for project leads on the development of community relationships, and provision of networking opportunities to encourage development of community relationships.

- **Continue to facilitate the exchange of new information on mental health and problematic substance abuse** through the use of web resources, conferences and events. Requests for sustained funding were also linked to information exchange. Methods for providing new information include websites, conferences, social media, and provincial and local media.

- **Maintain support for the learning and adoption of culturally appropriate practices** by sharing success stories through print, web and other media, facilitating consultations on aboriginal cultural practices, and by continuing with the current focus and efforts of the CAI.

- **Further facilitate communities to capitalize on their strengths and assets in order to address mental health (illness) and problematic substance abuse** by supporting conferences, workshops and community forums, and by acknowledging the challenge of ongoing funding. Strategies which have been employed to date include training opportunities, sharing success stories, and teamwork and partnership. New approaches include sharing examples of best practices, additional and on-going funding, as well as conferences and community forums.

- **Continue to strengthen confidence in the community sector and to support engagement in government policy** by facilitating networking events (including community, government and private sector representatives), encouraging positive media coverage of community projects and services, and posting or distributing information about community successes. New ideas identified include providing interactive opportunities between policy makers and community sectors groups, co-hosting a consensus building workshop, and highlighting and sharing lessons learned from CAI funded projects.

- **Sustain support to advance the provincial government's ten-year plan** by facilitating the sharing of ideas and success stories and by helping address the challenge of sustained funding. Ideas to further improve accessibility of services include sustained funding and sharing best practices and information with clients, the general population, community partners and physicians. Ideas to further improve the quality of services include sustained funding, development of community assessments and issue identification, and working with media to reduce the stigma associated with mental health and problematic substance abuse issues.

2. Background to the Report

The Community Action Initiative (CAI) was launched by the BC Alliance for Mental Health (Illness) and Addictions through a $10 million grant from the Province of British Columbia (augmented in April, 2013 by an additional $15 million). The grant, and continued funding, is an investment in community level initiatives for addressing mental health and problematic substance use. The CAI plays a substantial role in the implementation of the Province's Ten-Year Plan to Address Mental Health and Substance Use in British Columbia (Healthy Minds, Healthy People) as an independent enterprise, facilitating local, partnership driven and culturally appropriate projects and approaches.

The CAI has structured funding and support through a unique process of convening grants which assist communities to articulate their needs and possible solutions, followed by a smaller number of larger value service innovation grants to implement those solutions.

To provide for the demonstration of results from the funding invested towards these critical outcomes for British Columbians, the CAI has made use of the services of the Social Planning and Research Council (SPARC) and MNP to conduct evaluation activities. Evaluation efforts began in 2011 to establish the basis for assessing progress and impacts over a multi-year period. Formative and mid-term evaluation efforts included the review of administrative information, jurisdictional scanning, engagement of partners and collaborators through interviews and a survey. Another key component of the evaluation is the development of performance measures. A web-enabled online tool gathered ongoing feedback on the portfolio of performance measures, which were designed to be tracked semi-annually. The reporting discusses areas of specific interest, which are aligned with the intended immediate and intermediate outcomes of the Community Action Initiative, as described in the following table:

CAI Intended Outcomes	Outcome Level
Enhanced cross-sector and cross-cultural collaboration	Immediate
New exchanges of information	Immediate
Training on evidence-based and culturally appropriate practices and shifts in the community sector towards culturally appropriate practices	Immediate Intermediate
Demonstrations of new and effective approaches to improve mental health and problematic substance use	Intermediate
Communities engaged in shaping policy, and increased confidence in the role and value of the community sector	Intermediate

This report follows the Baseline Report, and reflects the collaborative revision and administration of the online tool with the CAI Evaluation Advisory Committee and Provincial Director through Survey Monkey. This online tool was administered using Survey Monkey and email over October to November 2013 with 36 responses or 95% coverage of project leads.

3. Findings on Enhanced Cross-Sector and Cross-Cultural Collaboration

3.1 Overview of the Measures on Government, Community and Non-Government Collaborations

Three measures gauge the realization of this outcome, namely:

- **Encouraged partnerships with government —** This measure considers the degree to which the CAI has encouraged partnerships with governments, be it at the federal, provincial or local levels, to better address the mental health (illness) of children, youth and adults along with the harms of problematic substance use. The extent to which these government partnerships are due to the funding and support provided by the CAI is also considered.

- **Facilitated partnering of community members and non-government organizations —** This measure provides for an understanding of the degree to which the CAI is bringing community members and non-government organizations together to better address the mental health (illness) of children, youth and adults along with the harms of problematic substance use. Further, the extent to which these community collaborations are due to the funding and support provided by CAI is reported on.

- **Sustainability of collaborations —** This measure takes into account the likelihood those long-standing collaborations (i.e., relationships that have lasted for more than a year and/or have involved working together on more than one occasion) might continue into the future.

3.2 Summary of the Findings on the Nature and Sustainability of Collaborations

The majority of surveyed project leads (32 out of 34, or 94%) assessed how well the CAI has done in encouraging partnerships with government to address mental health (illness) and problematic substance use. In most cases, these project leads thought that this intention had either been partially (9 respondents) or substantially (16 respondents) achieved, with these views showing little variation between the four different cycles of funding. This result is also to a large extent due to the funding and the support of the CAI (average score = 5.4 on a seven-point scale), although this attribution was relatively weaker for the Funding Cycle 3 (average score = 4.8) than for the other cycles.[1]
On the nature of these government partnerships, most of the surveyed project leads (82%) provided a description, with the most common being as follows:

[1] Only five of nine Funding Cycle 3 respondents provided a rating as the extent to which the funding and support of the CAI encouraged partnerships with government to address mental health (illness) and problematic substance use. Of the five respondents, four suggested the result was substantially due to the funding and support of the CAI while one response indicated that it was not at all due to the funding and support of the CAI. Due to the low response rate, one low rating yielded a sharp fall in the overall average.

- Networking (19 respondents);
- Partnering (18 respondents); and
- Cooperating (18 respondents).

The greater part (21) of surveyed project leads mentioned that they had at least one government partner that was new to them and their project. Of these, 8 project leads mentioned having three or more new partners.

Turning to community and non-government collaborations, 32 out of the 34 surveyed project leads (94%) provided ratings on the success of the CAI in enabling such partnerships to address mental health (illness) and problematic substance use issues. The majority either thought that the CAI had substantially (21 respondents) or absolutely (7 respondents) achieved this aim. Cycle 4 funding recipients were the most likely to report that this was the case (i.e., with three out of seven Cycle 4 funded project leads stating that the CAI had absolutely achieved this outcome). These partnerships were seen as being substantially (21 respondents) due to the support and funding of the CAI (average score = 5.6).

On the nature of these community and non-government relationships, 32 out of 34 the surveyed project leads (94%) described them as:

- Networking (25 respondents);
- Cooperating (25 respondents); and
- Partnering (24 respondents).

With regard to the future, most of the surveyed project leads believed that it was either likely (10 respondents) or very likely (19 respondents) that these relationships would continue as collaborations. This belief was especially strong among Cycle 4 funding recipients: 7 out of the 8 who answered this question believed that these collaborations were very likely to be maintained. Most (32 out of 34, or 94%) provided descriptions of opportunities to further their collaborations, with the most common mentions being:

- Continue involvement in related projects (27 respondents);
- Continue involvement in the provision of on-going services (21 respondents); and
- Work together on an issue-based task force or committee (20 respondents).

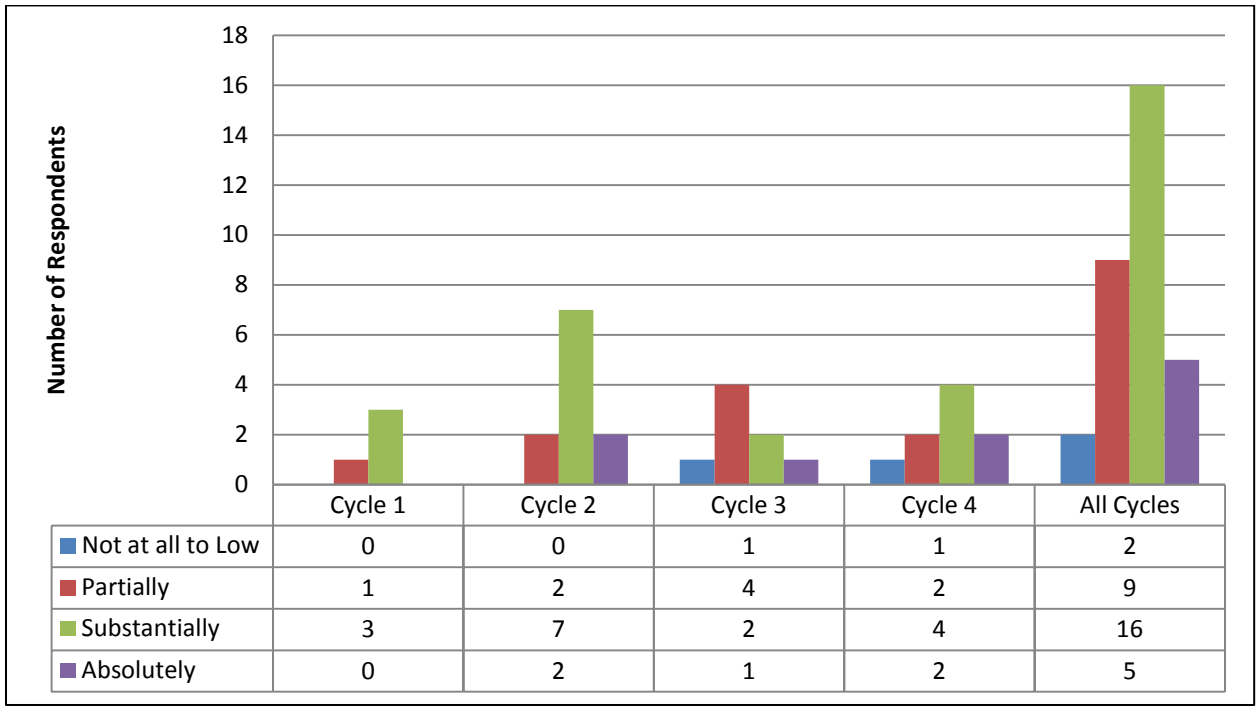
The same proportion provided descriptions of challenges in furthering their collaborations, namely:

- Conclusion of projects with no planned extension (24 respondents); and
- Competing priorities for personnel and resources (19 respondents).

3.3 Detailed Performance Measure Charts and Tables

Figure 1: Encouraged partnerships with government

Degree to which the BC Community Action Initiative has encouraged partnerships with governments to better address the mental health (illness) of children, youth and adults along with the harms of problematic substance use.



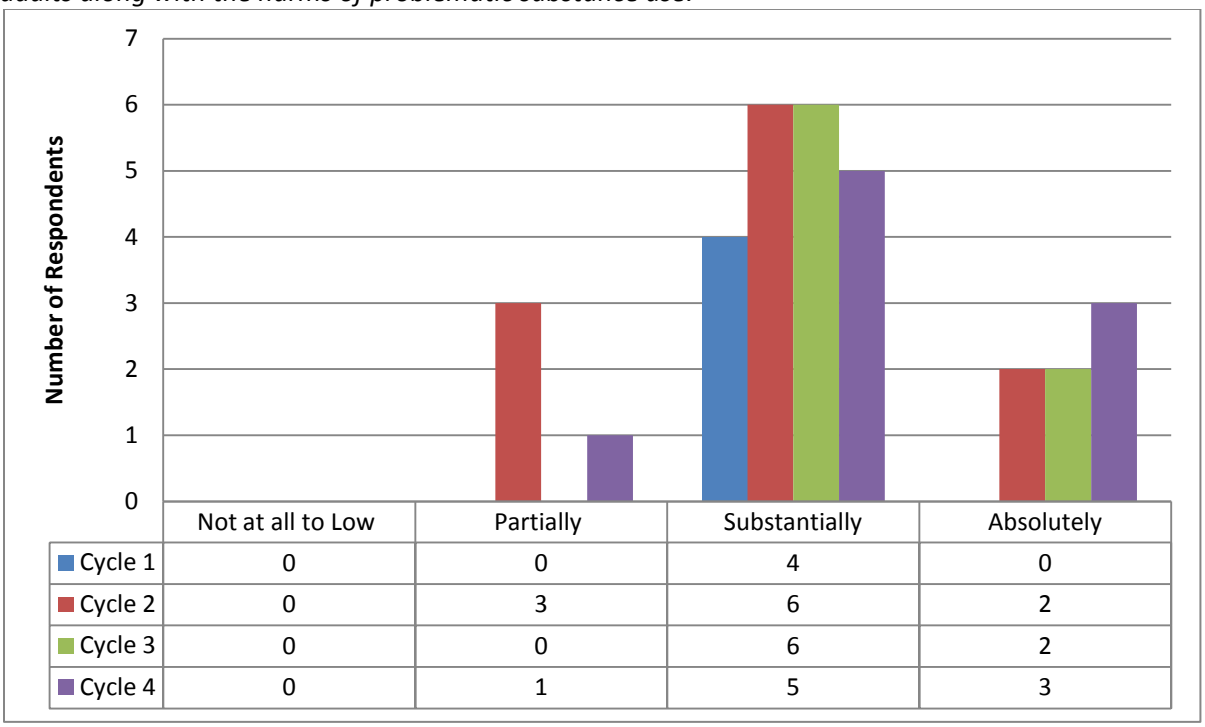
	Cycle 1	Cycle 2	Cycle 3	Cycle 4	All Cycles
Not at all to Low	0	0	1	1	2
Partially	1	2	4	2	9
Substantially	3	7	2	4	16
Absolutely	0	2	1	2	5

Extent to which the formation of reported government partnerships are due to the funding and support provided by the BC Community Action Initiative.

	Not at all to Low	Partially	Substantially	Absolutely	Total	Average 1 = Not at All 7 = Absolutely
Cycle 1	0	0	4	0	4	6.0
Cycle 2	0	2	7	2	11	5.5
Cycle 3	1	0	4	0	5	4.8
Cycle 4	0	1	5	1	7	5.4
All Cycles	**1**	**3**	**20**	**3**	**27**	**5.4**

Figure 2: Facilitated partnering of community members and non-government organizations

Degree to which the BC Community Action Initiative is bringing community members and non-government organizations together to better address the mental health (illness) of children, youth and adults along with the harms of problematic substance use.



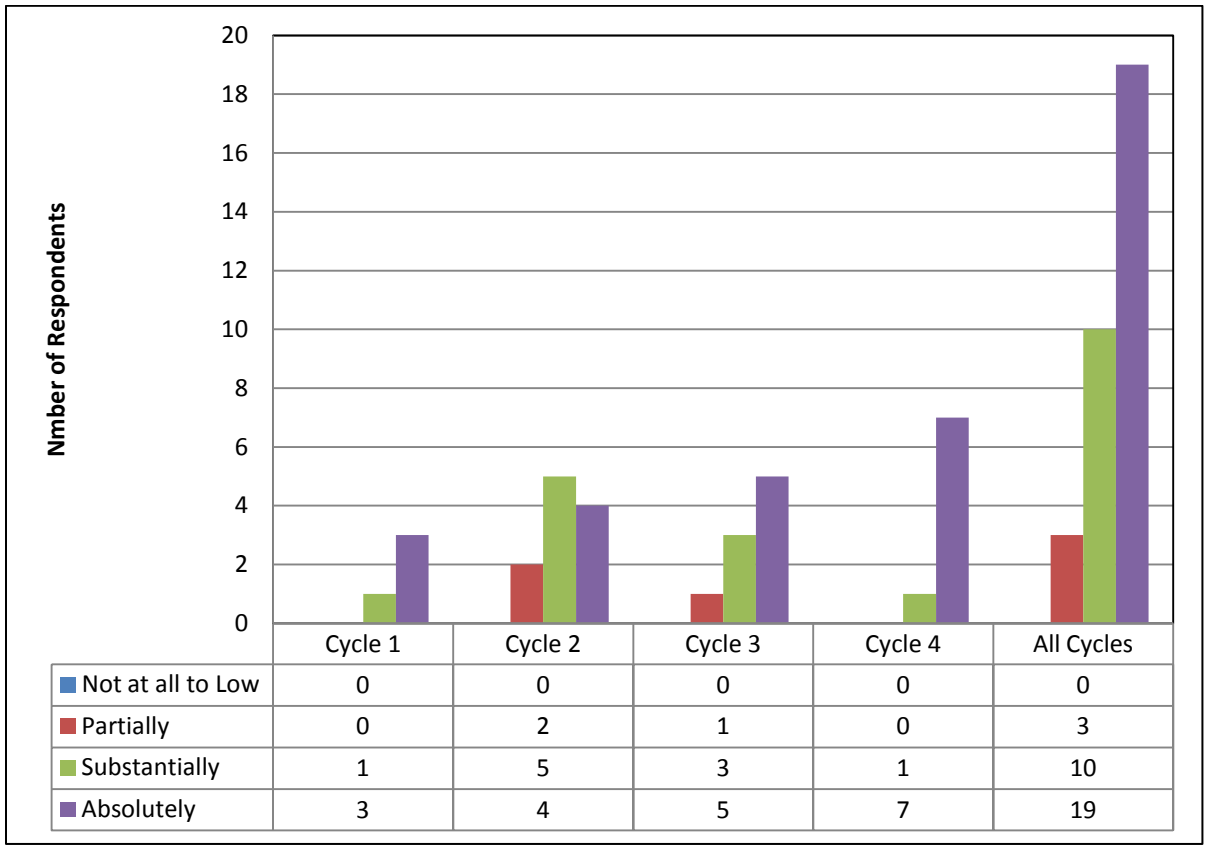
	Not at all to Low	Partially	Substantially	Absolutely
Cycle 1	0	0	4	0
Cycle 2	0	3	6	2
Cycle 3	0	0	6	2
Cycle 4	0	1	5	3

Extent to which the establishment of community member and non-government organization partnerships are due to the funding and support provided by the BC Community Action Initiative.

	Not at all to Low	Partially	Substantially	Absolutely	Total	Average 1 = Not at All 7 = Absolutely
Cycle 1	0	0	4	0	4	6.0
Cycle 2	0	2	7	2	11	5.5
Cycle 3	0	1	5	2	8	5.9
Cycle 4	0	3	5	1	9	5.3
All Cycles	**0**	**6**	**21**	**5**	**32**	**5.6**

Figure 3: Sustainability of collaborations

The likelihood that long-standing collaborations (i.e., relationships that have lasted for more than a year and/or have involved working together on more than one occasion) might continue into the future.



	Cycle 1	Cycle 2	Cycle 3	Cycle 4	All Cycles
Not at all to Low	0	0	0	0	0
Partially	0	2	1	0	3
Substantially	1	5	3	1	10
Absolutely	3	4	5	7	19

4. Findings on the Sharing of New Information

4.1 Overview of the Measures on the Sharing of New Information

There are two measures that serve to gauge the realization of this outcome, namely:

- **New information sharing-** This measure considers the degree to which the CAI has fostered new information sharing relating to the mental health (illness) of children, youth and adults along with the harms of problematic substance use. The extent to which this exchange of new information on mental health (illness) and problematic substance use is due to the funding and support provided by the CAI is also considered.

- **Outlets for new information –** This measure describes the outlets that respondents are most familiar with for the purposes of sharing new information on mental health (illness) and problematic substance use.

4.2 Summary of the Findings on the Sharing of New Information

The vast majority of survey respondents (32 out of 34, or 94%) provided ratings on how well the CAI has fostered the sharing of new information related to mental health (illness) and problematic substance use. In most cases, respondents thought that this goal had either been substantially (21 respondents) or absolutely (6 respondents) achieved. Cycle 2 respondents were more likely to state that this goal had been substantially met (8 out of the 11 cycle 2 respondents who answered this question stated that this goal had been substantially met) as opposed to cycle 3 respondents as four out of the eight responses considered the goal absolutely met.

Further, 91% of survey respondents (31 out of 34) provided ratings as to what extent this sharing of new information was due to the funding and support of the CAI. Most of these respondents (22 out of 31) stated that the exchange of new information on mental health (illness) and problematic substance use was substantially due to the funding and the support of the CAI (average score = 5.8). Results were slightly stronger for cycle 3 (average score = 6.2) than for the other cycles. Of the nine cycle 3 respondents who answered the question, four stated that the achievement of this goal was absolutely due to CAI.

Those survey respondents (22 out of 34, or 65%) that provided examples of the ways in which they had seen or heard about the sharing of new information on mental health (illness) and problematic substance use most commonly made note of:

- Information shared through training (11 respondents);
- Information shared through the internet/websites (6 respondents); and
- Information shared at events (3 respondents).

In relation to the most familiar outlet for the purposes of sharing new information on mental health (illness) and problematic substance use (33 out of 36 or 92%), the most commonly mentioned outlets were:

- Community organization websites (25 respondents);
- Conferences (22 respondents);
- Government websites (15 respondents); and
- Social media websites (15 respondents).

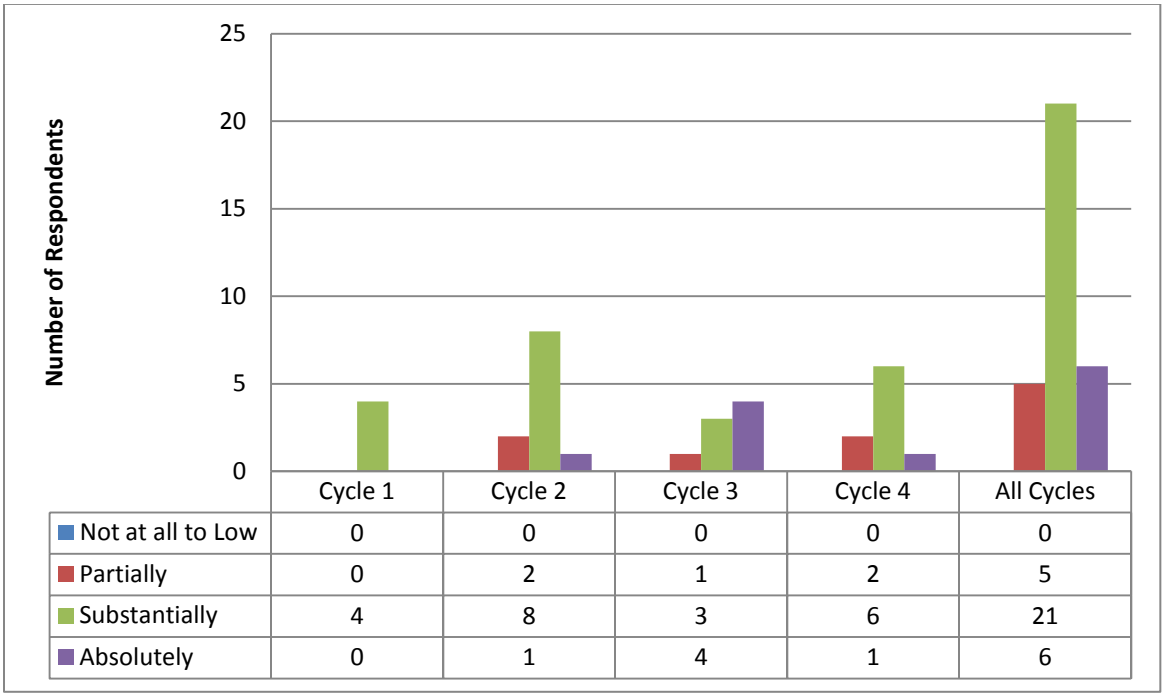
There was a small amount of variation of answers to this question and across the funding cycles:

- Conferences and community organization websites were mentioned more often than other outlets by cycle 1 respondents (mentioned by 4 out of 5 cycle 1 survey respondents);
- Community organization websites, conferences and social media sites were mentioned more often than other outlets by cycle 2 respondents;
- Conferences were mentioned more often than other outlets by cycle 3 respondents (mentioned by 8 out of 9 cycle 3 respondents); and
- Community organization websites were mentioned more often than other outlets by cycle 4 respondents (mentioned by 7 out of 9 cycle 4 respondents).

4.3 Detailed Performance Measure Charts and Tables

Figure 4: Sharing of new information

Degree to which the CAI has fostered the sharing of new information relating to the mental health (illness) of children, youth and adults along with the harms of problematic substance use.



	Cycle 1	Cycle 2	Cycle 3	Cycle 4	All Cycles
Not at all to Low	0	0	0	0	0
Partially	0	2	1	2	5
Substantially	4	8	3	6	21
Absolutely	0	1	4	1	6

Extent to which this exchange of new information on mental health (illness) and problematic substance use is due to the funding and support provided by the CAI

	Not at all to Low	Partially	Substantially	Absolutely	Total	Average 1 = Not at All 7 = Absolutely
Cycle 1	0	0	4	0	4	6.0
Cycle 2	0	1	7	2	10	5.7
Cycle 3	0	0	5	4	9	6.2
Cycle 4	0	1	6	1	8	5.5
All Cycles	**0**	**2**	**22**	**7**	**31**	**5.8**

Figure 5: Outlets for new information

Outlets that respondents are most familiar with for the purposes of sharing new information on mental health (illness) and problematic substance use.

Outlet	Cycle 1	Cycle 2	Cycle 3	Cycle 4	All Cycles	% of Respondents
Community organization websites	4	8	6	7	25	74%
Conferences	4	9	8	4	25	74%
Social media sites	3	9	4	4	20	59%
Community centres	3	7	3	4	17	50%
Schools	2	8	3	2	15	44%
Government websites	2	5	3	4	14	41%
Provincial or local print media	1	3	6	4	14	41%
Provincial or local radio	2	4	3	2	11	32%
Community libraries	1	4	2	3	10	29%
Television media	2	3	1	1	7	21%
Faith-based institutions	0	0	1	3	4	12%
Others	0	0	2	2	4	12%

5. Findings on the Learning and Adoption of Culturally Appropriate Practices

5.1 Overview of the Measures on the Learning and Adoption of Culturally Appropriate Practices

There are two measures that serve to gauge the realization of this outcome, namely:

- **Opportunities to learn about cultural practices** – This measure reflects the degree to which the CAI is providing opportunities to learn about practices that reflect the culture and ways of life of those being served. The extent to which these opportunities to learn about practices that reflect the culture and ways of life of those being served are due to the funding and support provided by the CAI is also reported on.

- **Adoption of cultural practices** – This measure considers the degree to which the CAI has encouraged the community sector to adopt practices that reflect the culture and ways of life of those being served. The extent to which the use of practices that reflect the culture and ways of life of those being served is linked to the funding and support provided by the CAI is also reported on.

5.2 Summary of the Findings on the Learning and Adoption of Culturally Appropriate Practices

Almost all of the survey respondents (33 out of 34, or 97%) provided ratings on the degree to which the CAI is encouraging the use of practices that build on new learning and information to better address the mental health (illness) of children, youth and adults along with the harms of problematic substance use. In most cases, respondents, consistently across all project cycles, thought that this outcome had either been substantially (21 respondents) or absolutely (7 respondents) achieved.

Further, 94% of survey respondents (32 out of 34) provided ratings as to what extent are these practices that build on new learning and information due to the funding and support provided by the Community Action Initiative. Most of the respondents (21 respondents) stated that the extent to which opportunities to learn about practices that reflect the culture and ways of life of those being served were substantially due to the funding and the support of the CAI (average score = 5.6), with results being fairly similar across all cycles.

Of the 94% of survey respondents (32 out of 34) who provided examples of the ways in which they have seen, or heard about, practices that build on new learning and information, the most commonly mentioned examples were:

- Innovations in working with at-risk or vulnerable populations (24 respondents);
- Innovations in approaches to preventative mental health care (20 respondents); and
- Innovations in evaluating program delivery (17 respondents).

The vast majority of survey respondents (33 out of 34, or 94%) also provided ratings on the degree to which the CAI is providing opportunities to learn about practices that reflect the culture and ways of life of those being served. In most cases, respondents, consistently across all project cycles, thought that this outcome had either been substantially (18 respondents) or absolutely (12 respondents) achieved.

Further, 88% of survey respondents (30 out of 34) provided ratings as to what extent these opportunities to learn about culturally appropriate practices was linked to the funding and support of the CAI. Half of the respondents (15 respondents) stated that the extent to which opportunities to learn about practices that reflect the culture and ways of life of those being served were substantially due to the funding and the support of the CAI. In addition, there were eleven other respondents that felt that the extent to which opportunities to learn about practices that reflect the culture and ways of life of those being served were absolutely due to the funding and the support of the CAI with results being fairly similar across all cycles (overall average score=5.9).

Again, nearly all of the survey respondents (30 out of 34 or 88%) provided ratings on how well the CAI has encouraged the community sector to adopt practices that reflect the culture and ways of life of those being served. In a majority of cases, respondents, consistently across all project cycles, thought that this outcome had either been substantially (18 respondents) or partially (8 respondents) achieved.

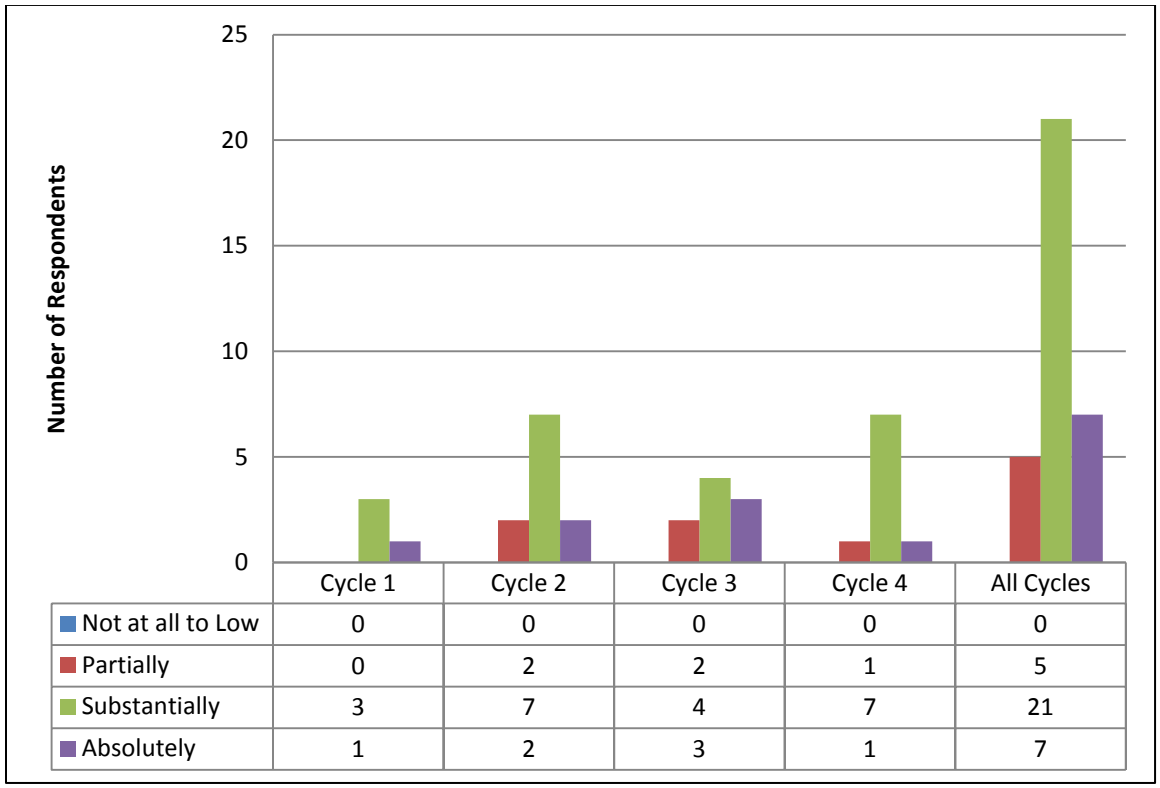
Of those that provided examples (29 out of 34 or 85%) of the ways in which they had seen or heard about the community sector adopting practices that reflect the traditions and ways of life of those being served, the most commonly mentioned were:

- Use of culturally relevant social practices within groups (25 respondents);
- Promotion of Indigenous and multicultural languages and stories (16 respondents); and
- Stronger linkages between traditional culture and specific self-care strategies (16 respondents).

5.3 Detailed Performance Measure Charts and Tables

Figure 6: Encouraging the use of new practices that build on new learning and information

Degree to which the CAI has realized its goal of encouraging the use of practices that build on new learning and information to better address the mental health (illness) of children, youth and adults along with the harms of problematic substance use.



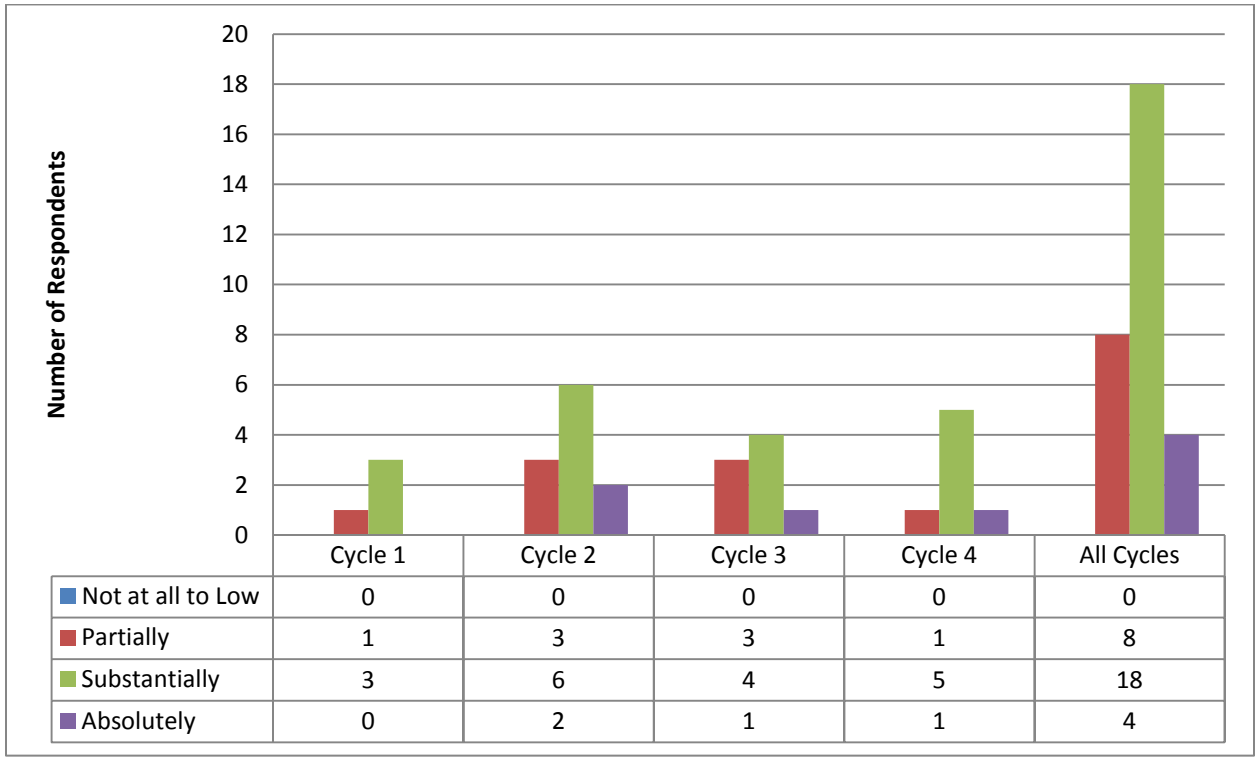
	Cycle 1	Cycle 2	Cycle 3	Cycle 4	All Cycles
Not at all to Low	0	0	0	0	0
Partially	0	2	2	1	5
Substantially	3	7	4	7	21
Absolutely	1	2	3	1	7

Extent to which this exchange of new learning and information to better address the mental health (illness) of children, youth and adults along with the harms of problematic substance is due to the funding and support provided by the CAI

	Not at all to Low	Partially	Substantially	Absolutely	Total	Average 1 = Not at All 7 = Absolutely
Cycle 1	0	0	4	0	4	6.0
Cycle 2	0	0	6	4	10	5.5
Cycle 3	0	0	4	5	9	5.7
Cycle 4	0	1	7	1	9	5.6
All Cycles	**0**	**1**	**21**	**10**	**32**	**5.6**

Figure 7: Adoption of cultural practices

Degree to which the CAI has encouraged the community sector to adopt practices that reflect the culture and ways of life of those being served.



	Cycle 1	Cycle 2	Cycle 3	Cycle 4	All Cycles
Not at all to Low	0	0	0	0	0
Partially	1	3	3	1	8
Substantially	3	6	4	5	18
Absolutely	0	2	1	1	4

Extent to which the use of practices that reflect the culture and ways of life of those being served is due to the funding and support provided by the CAI.

	Not at all to Low	Partially	Substantially	Absolutely	Total	Average 1 = Not at All 7 = Absolutely
Cycle 1	0	0	4	0	4	6.0
Cycle 2	0	1	8	1	10	5.5
Cycle 3	0	1	6	1	8	5.4
Cycle 4	0	1	3	3	7	5.9
All Cycles	**0**	**3**	**21**	**5**	**29**	**5.6**

6. Findings on the New and Community Strength-Based Approaches

6.1 Overview of the Measures on New and Community Strength-Based Approaches

There are three measures that serve to gauge the realization of this outcome, namely:

- **Encouraged the use of practices that build upon new learning** – This measure considers the degree to which the CAI has encouraged the use of practices that build on new learning and information to better address the mental health (illness) of children, youth and adults along with the harms of problematic substance use. The extent to which these practices are due to the funding and support provided by the CAI is also reported on.

- **Encouraged the use of new approaches** – This measure considers the degree to which the CAI has encouraged the use of new approaches by communities in order to address mental health (illness) and problematic substance use. The extent to which the innovation in the approaches used by communities is due to the funding and support provided by the CAI is also reported on.

- **Enabled communities to make the most of their strengths and assets** – This measure considers the degree to which the CAI has enabled communities to make the most of their strengths and assets in the addressing of mental health (illness) of children, youth and adults along with the harms of problematic substance use. The extent to which this realization by communities of their local strengths and assets is due to the funding and support provided by the CAI is also reported on.

6.2 Summary of the Findings on New and Community Strength-Based Approaches

A vast majority (31 out of 34 or 91%) of survey respondents provided ratings on the degree to which the CAI has enabled communities to make the most of their strengths and assets in addressing the mental health (illness) of children, youth and adults along with the harms of problematic substance use. In most cases, respondents, consistently across all project cycles, thought that this outcome had either been substantially (22 respondents) or absolutely (7 respondents) achieved.

Similarly, a large majority of survey respondents (32 out of 34 or 94%) provided ratings as to what extent this realization by communities of their local strengths and assets was due to the funding and support provided by the Community Action Initiative. Most of the respondents (22 respondents) stated that the extent to which practices were used to build upon mental health (illness) and substance abuse knowledge and learning was substantially due to the funding and the support of the CAI (average score = 5.4) and responses were fairly similar across cycles.

Of the larger number of survey respondents (32 out of 34 or 94%) that provided examples of the ways in which they have seen, or heard about, communities taking a strengths-based approach in addressing mental health (illness) and problematic substance use, the most commonly mentioned were:

- Informal dialogues among local leaders and service providers on the strengths of a community(s) to address related issues (28 respondents);
- Ask community members to help design programs or services on the basis of local strengths (23 respondents); and
- Engage community members to create an inventory of community strengths in addressing these issues (20 respondents).

In considering the degree to which the CAI has encouraged the use of new approaches by communities in order to address mental health (illness) and problematic substance use, 97% (33 out of 34) provided ratings. In most cases, these respondents thought that this goal had either been substantially (21 respondents) or absolutely (9 respondents) achieved. Cycle 3 respondents provided the most positive ratings, with five out of the nine cycle 3 respondents who answered this question stating that this goal had been absolutely achieved.

Further, the same number of respondents (31 out of 34 or 89%) provided ratings as to what extent this innovation in approaches used by communities was due to the funding and support of the CAI. Most of the respondents (20) stated that the extent to which innovative approaches were used to address mental health (illness) and problematic substance use was substantially due to the funding and the support of the CAI (average score = 5.8), with results being fairly similar across cycles.

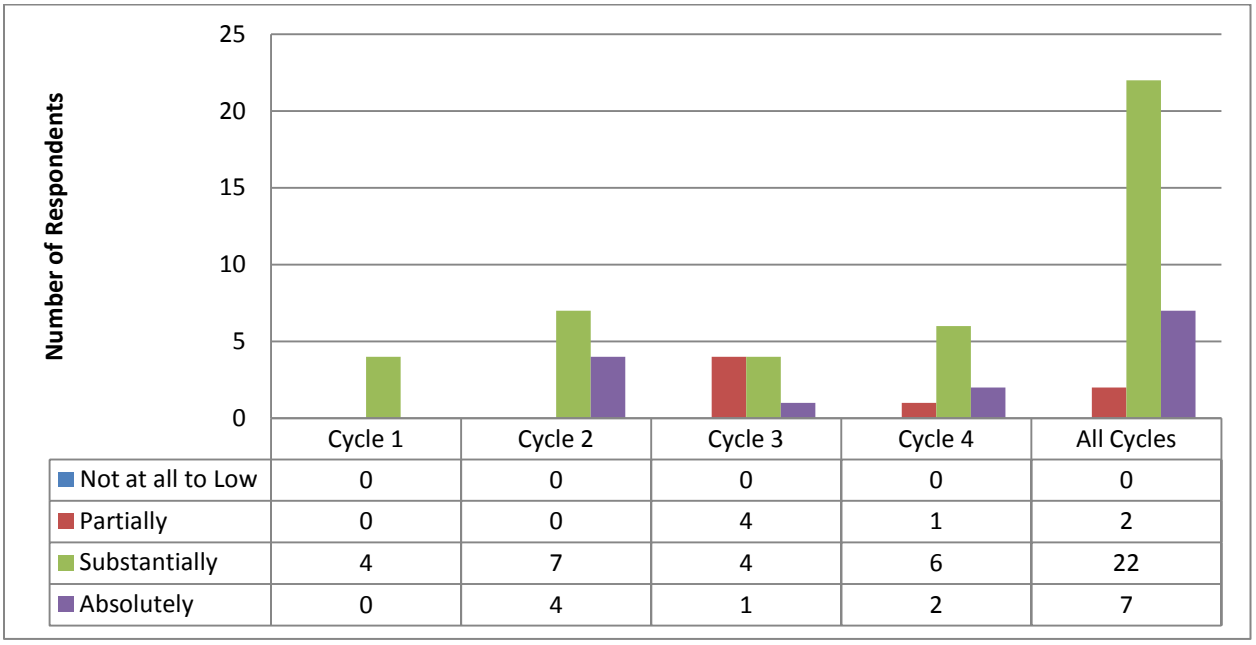
More than half of respondents (20 out of 36 or 56%) provided examples of the ways in which they had seen or heard about communities being innovative in their approaches to the addressing of mental health (illness) and problematic substance use. Of those 20, the most commonly mentioned examples were:

- Training, workshops (7 respondents);
- Information shared (4 respondents); and
- Teamwork, partnership, collaborations (4 respondents).

6.3 Detailed Performance Measure Charts and Tables

Figure 8: Encouraged the use of practices that build upon new learning

Degree to which the CAI has enabled communities to make the most of their strengths and assets to better address the mental health (illness) of children, youth and adults along with the harms of problematic substance use.



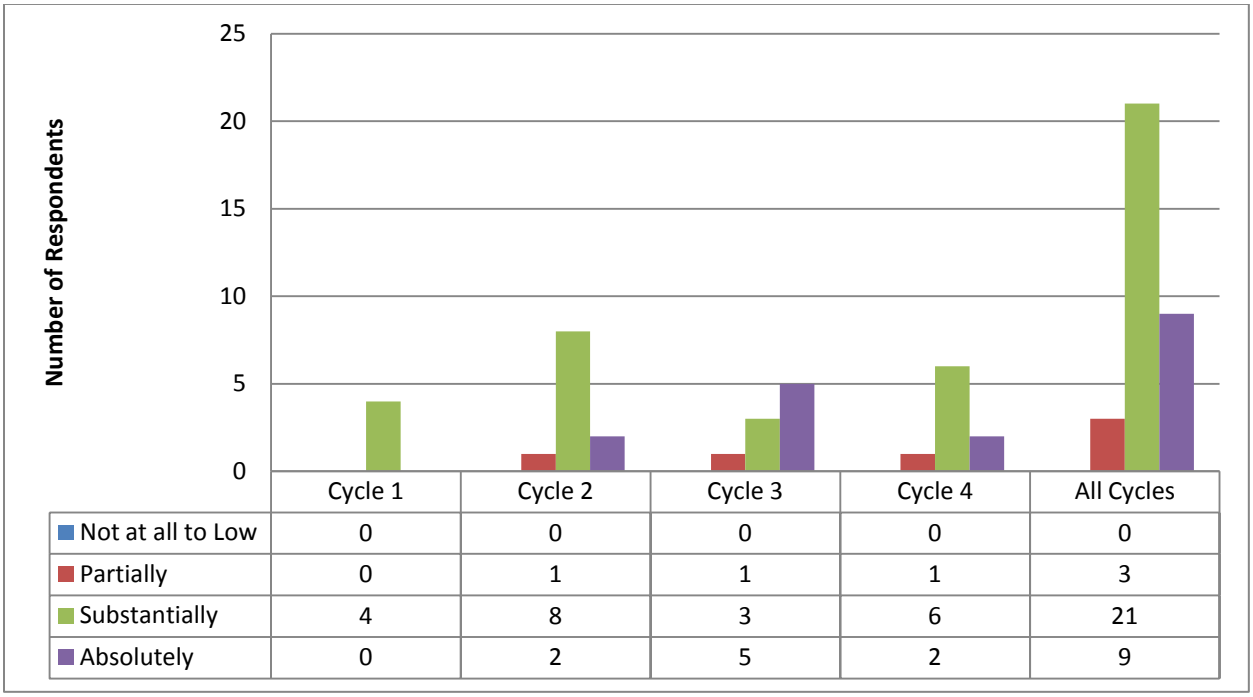
	Cycle 1	Cycle 2	Cycle 3	Cycle 4	All Cycles
Not at all to Low	0	0	0	0	0
Partially	0	0	4	1	2
Substantially	4	7	4	6	22
Absolutely	0	4	1	2	7

Extent to what extent is this realization by communities of their local strengths and assets due to the funding and support provided by the CAI.

	Not at all to Low	Partially	Substantially	Absolutely	Total	Average 1 = Not at All 7 = Absolutely
Cycle 1	0	0	4	0	0	6.0
Cycle 2	0	0	10	1	0	5.4
Cycle 3	0	1	6	1	0	5.4
Cycle 4	0	1	8	0	0	5.5
All Cycles	**0**	**2**	**22**	**7**	**31**	**5.4**

Figure 9: Encouraged the use of new approaches

Degree to which the CAI has encouraged the use of new approaches by communities in order to address mental health (illness) and problematic substance use.



	Cycle 1	Cycle 2	Cycle 3	Cycle 4	All Cycles
Not at all to Low	0	0	0	0	0
Partially	0	1	1	1	3
Substantially	4	8	3	6	21
Absolutely	0	2	5	2	9

Extent to which the innovation in the approaches used by communities is due to the funding and support provided by the CAI.

	Not at all to Low	Partially	Substantially	Absolutely	Total	Average 1 = Not at All 7 = Absolutely
Cycle 1	0	0	3	0	3	6.0
Cycle 2	0	1	6	4	11	5.8
Cycle 3	0	0	5	4	9	6.2
Cycle 4	0	0	6	2	8	5.9
All Cycles	**0**	**1**	**20**	**10**	**31**	**5.8**

7. Findings on the Confidence and Engagement in Government Policy with the Community Sector

7.1 Overview of the Measures on Confidence and Engagement in Government Policy with the Community Sector

There are two measures that serve to gauge the realization of these outcomes, namely:

- **Confidence in the role of the community sector** –This measure considers the degree to which the CAI has raised confidence in the role and value of the community sector in addressing mental health (illness) and problematic substance use. The extent to which this increased confidence in the role and value of the community sector is due to the funding and support provided by the CAI is also reported on.

- **Engagement in the shaping of government policy** – This measure considers the degree to which the CAI has enabled communities to become more engaged in the shaping of government policy on mental health (illness) and problematic substance use. The extent to which this involvement by communities in the shaping of government policy is due to the funding and support provided by the CAI is also reported on.

7.2 Summary of the Findings on the Confidence and Engagement in Government Policy with the Community Sector

Most of the survey respondents (32 out of 34 or 94%) provided ratings on the degree to which the CAI has raised confidence in the role and value of the community sector in addressing mental health (illness) and problematic substance use. The majority of respondents (16 respondents) believed that this outcome had been substantially achieved, with results being generally consistent across all cycles.

Slightly fewer (30 out of 34 or 88%) survey respondents provided ratings as to what extent this increased confidence in the role and value of the community sector was due to the funding and support provided by the CAI. Most respondents stated that this increased confidence was either substantially (18 respondents) or absolutely (10 respondents) due to the funding and the support of the CAI (average score = 5.9), with results being fairly similar across cycles.

Three quarters (27 out of 36 or 75%) of survey respondents provided examples of the ways in which they had seen or heard about greater confidence being shown in the role and value of the community sector. The most commonly mentioned examples were:

- Public sharing or posting of publications by community agencies and organizations (20 respondents).

- Positive media coverage on the efforts and successes of community agencies and organizations (19 respondents); and
- Government requests for information or contacts with the community sector (13 respondents).

More than two thirds (28 out of 34 or 82%) of survey respondents provided reflections on the degree to which the CAI has become more engaged in the shaping of government policy on mental health (illness) and problematic substance use. The majority of respondents felt that the degree that this outcome had been achieved was either not at all to low (10 respondents) or partially (8 respondents). This was the lowest perceived level of achievement of any of the outcomes mentioned within this third performance measure survey (average score=3.7).

Only 14 out of 34 respondents (41%) provided ratings as to what extent this involvement by communities in the shaping of government policy was due to the funding and support provided by the CAI. This low response rate was largely due to the fact that most respondents did not believe that communities had become sufficiently involved in the shaping of government policy. Of the 14 respondents who did provide answers to this question, the majority said that this involvement was either partially (5 respondents) or substantially (6 respondents) due to the funding and support of the CAI (average score = 5.6).

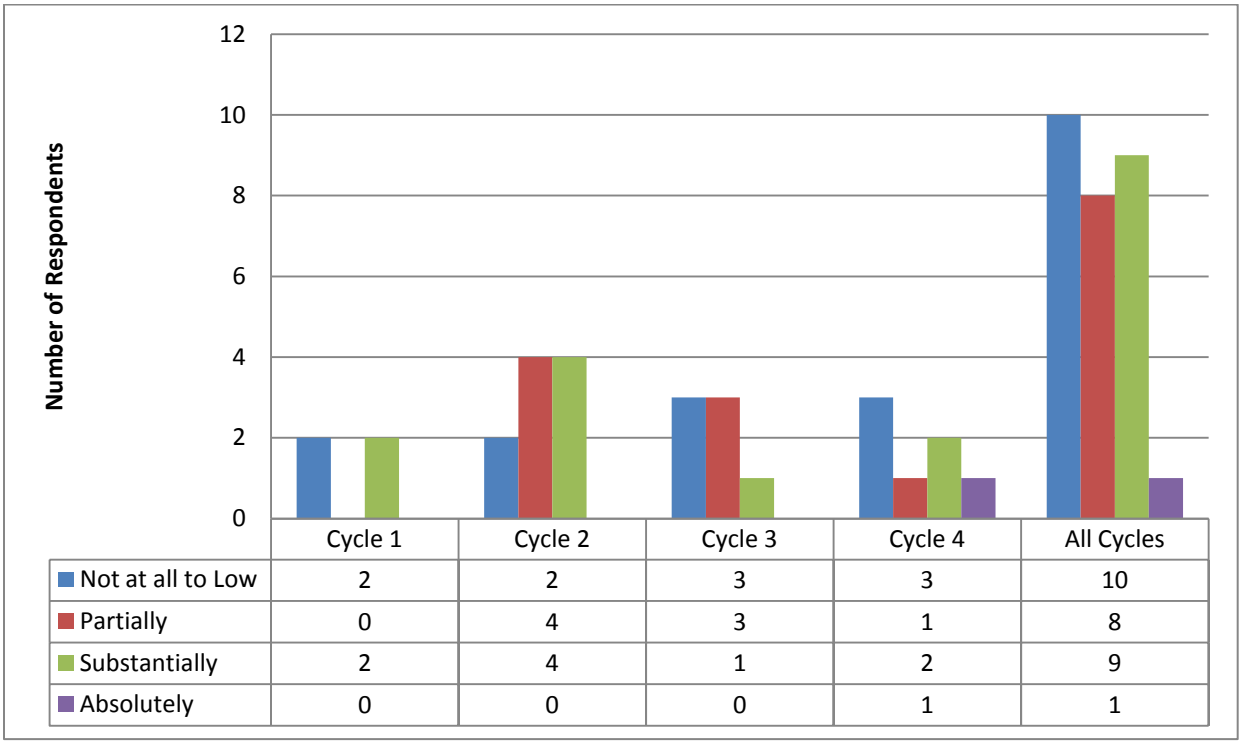
Only 15 of the 34 survey respondents (44%) provided examples of the ways in which they had seen or heard about communities informing government policy on mental health (illness) and problematic substance use. Two items were mentioned somewhat frequently:

- Community members participate in informal dialogues with government staff on policy issues (12 respondents); and
- Formal consultations (e.g., surveys, group events) by government and with community members on policy issues (10 respondents).

7.3 Detailed Performance Measure Charts and Tables

Figure 10: Confidence in the role of the community sector

Degree to which the CAI has raised confidence in the role and value of the community sector in addressing mental health (illness) and problematic substance use.



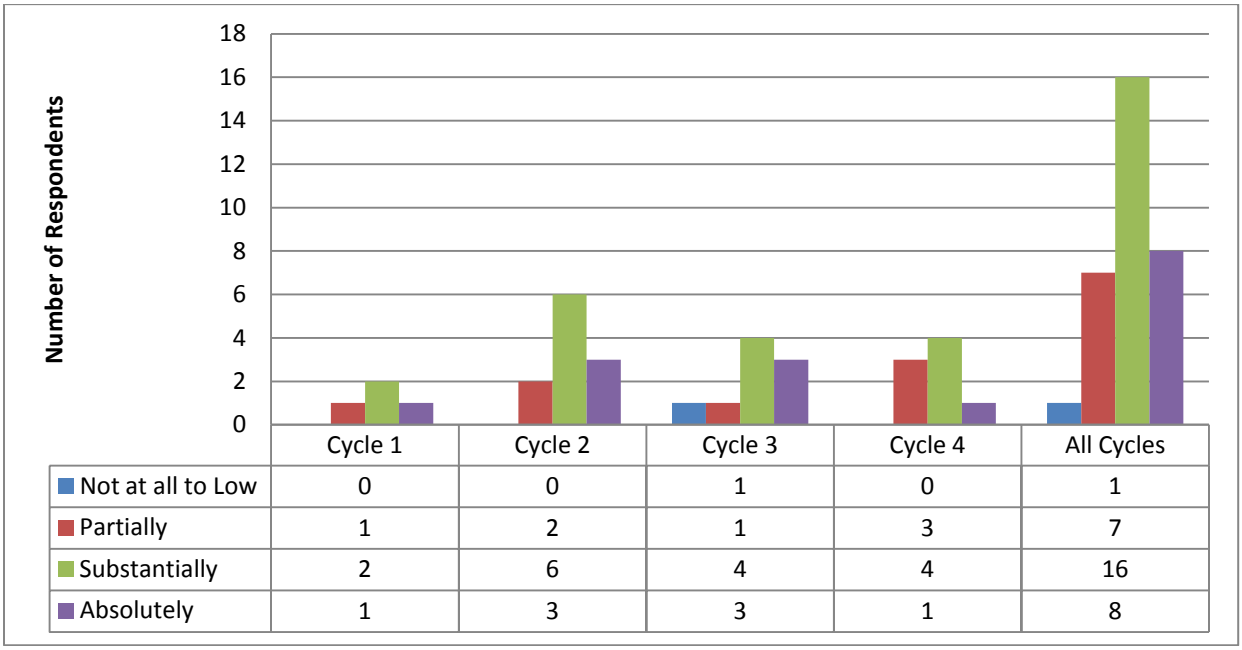
	Cycle 1	Cycle 2	Cycle 3	Cycle 4	All Cycles
Not at all to Low	2	2	3	3	10
Partially	0	4	3	1	8
Substantially	2	4	1	2	9
Absolutely	0	0	0	1	1

Extent to which this increased confidence in the role and value of the community sector is due to the funding and support provided by the CAI.

	Not at all to Low	Partially	Substantially	Absolutely	Total	Average 1 = Not at All 7 = Absolutely
Cycle 1	0	0	2	0	2	6.0
Cycle 2	0	1	2	3	6	6.0
Cycle 3	0	2	1	0	3	5.4
Cycle 4	0	2	1	0	3	4.7
All Cycles	**0**	**5**	**6**	**3**	**14**	**4.3**

Figure 11: Engagement in the shaping of government policy

Degree to which the CAI has enabled communities to become more engaged in the shaping of government policy on mental health (illness) and problematic substance use.



	Cycle 1	Cycle 2	Cycle 3	Cycle 4	All Cycles
Not at all to Low	0	0	1	0	1
Partially	1	2	1	3	7
Substantially	2	6	4	4	16
Absolutely	1	3	3	1	8

Extent to which this involvement by communities in the shaping of government policy is due to the funding and support provided by the CAI.

	Not at all to Low	Partially	Substantially	Absolutely	Total	Average 1 = Not at All 7 = Absolutely
Cycle 1	0	1	2	1	4	5.8
Cycle 2	0	0	7	4	11	5.9
Cycle 3	0	0	5	3	8	6.2
Cycle 4	0	1	4	2	7	5.7
All Cycles	**0**	**2**	**18**	**10**	**30**	**4.3**

8. Findings on the Advancement of the Provincial Government's Ten-Year Plan

8.1 Overview of the Measures on the Advancement of the Provincial Government's Ten-Year Plan

There are three measures that serve to gauge the realization of this outcome, namely:

- **Improvement in the mental health and well-being of British Columbians** – This measure considers the degree to which the CAI, through its funding and projects being supported, has helped improve the mental health and well-being of British Columbians. The extent to which these improvements in the mental health and well-being of British Columbians are due to the funding and support provided by the CAI is also reported on.

- **Improvement in access to services** – This measure considers the degree to which the CAI, through its funding and the projects being supported, has helped improve access to services for people with mental health (illness) and problematic substance use issues. The extent to which this improved accessibility of services for people with mental health and problematic substance use issues was due to the funding and support provided by the CAI is also reported on.

- **Improvement in the quality of services** – This measure considers the degree to which the CAI, through its funding and the projects being supported, has helped improve the quality of services for people with mental health (illness) and problematic substance use issues. The extent to which this improved quality of services is due to the funding and support provided by the CAI is also reported on.

8.2 Summary of the Advancement of the Provincial Government's Ten-Year Plan

A majority of survey respondents (33 out of 34 or 97%) provided ratings on the degree to which the CAI, through its funding and the projects being supported, has helped improve the mental health and well-being of British Columbians. Most respondents believe that this outcome has been either absolutely (9 respondents) or substantially (18 respondents) achieved with an overall score of 5.6.

Furthermore, 30 out of 34 survey respondents (88%) provided ratings as to what extent these improvements in the mental health and well-being of British Columbians were due to the funding and support provided by the CAI. Most respondents stated that this increased confidence was substantially (20 respondents) due to the funding and the support of the CAI (average score = 5.6), with results being fairly similar across cycles.

Of those who provided examples (26 out of 36 or 76%) of the ways in which they had seen or heard about improvements in the mental health and well-being of British Columbians, the most commonly mentioned were:

- Improvements in the use of communication and/or conflict resolution skills (21 respondents);
- Increased usage of counselling and other mental health supports (21 respondents);
- Improvements in healthy lifestyles (e.g., diet, spiritual practices) (17 respondents); and
- Seeking of employment and/or volunteer opportunities (17 respondents).

In reflecting on the degree to which the CAI, through its funding and the projects being supported, has helped improve access to services for people with mental health (illness) and problematic substance use issues, 28 out of 34 (82%) of survey respondents provided ratings. Most respondents believe that this outcome has been substantially achieved (18 respondents). In analyzing the results of each cycle, there was no distinct variation.

Almost 60% (24 out of 34 or 71%) of survey respondents provided ratings as to what extent this improved accessibility of services for people with mental health (illness) and problematic substance use issues was due to the funding and support provided by the CAI. A strong majority of respondents stated that this increased confidence was substantially (19 respondents) due to the funding and the support of the CAI (average score = 5.7), with results being fairly similar across cycles.

Of the more than 24 respondents (71%) that provided examples of the ways in which they had seen or heard about improved access to services for those dealing with mental health (illness) and problematic substance use issues, the most commonly mentioned were:

- Enhanced access to information and services at convenient times in-person (17 respondents); and
- Enhanced access to information and services at convenient times by telephone (10 respondents).

Three quarters of the respondents (30 out of 34 or 88%) provided ratings on the degree to which the CAI, through its funding and the projects being supported, has helped improve the quality of services for people with mental health (illness) and problematic substance use issues. Most of these respondents believe that this goal has been substantially (19 respondents) achieved and the degree of agreement was consistent across all project cycles.

When reflecting on the extent to which this improved quality of services for people with mental health (illness) and problematic substance use issues was due to the funding and support provided by the CAI, 27 out of 34 survey respondents (79%) stated that this was substantially (21 respondents) the case

(average score = 5.7). Cycle 4 respondents (average score = 5.2) were slightly more likely than other funding cycle respondents to believe that CAI was partially responsible (5 out of the 6 cycle 4 respondents who answered this question stated partially) for this improved quality in services.

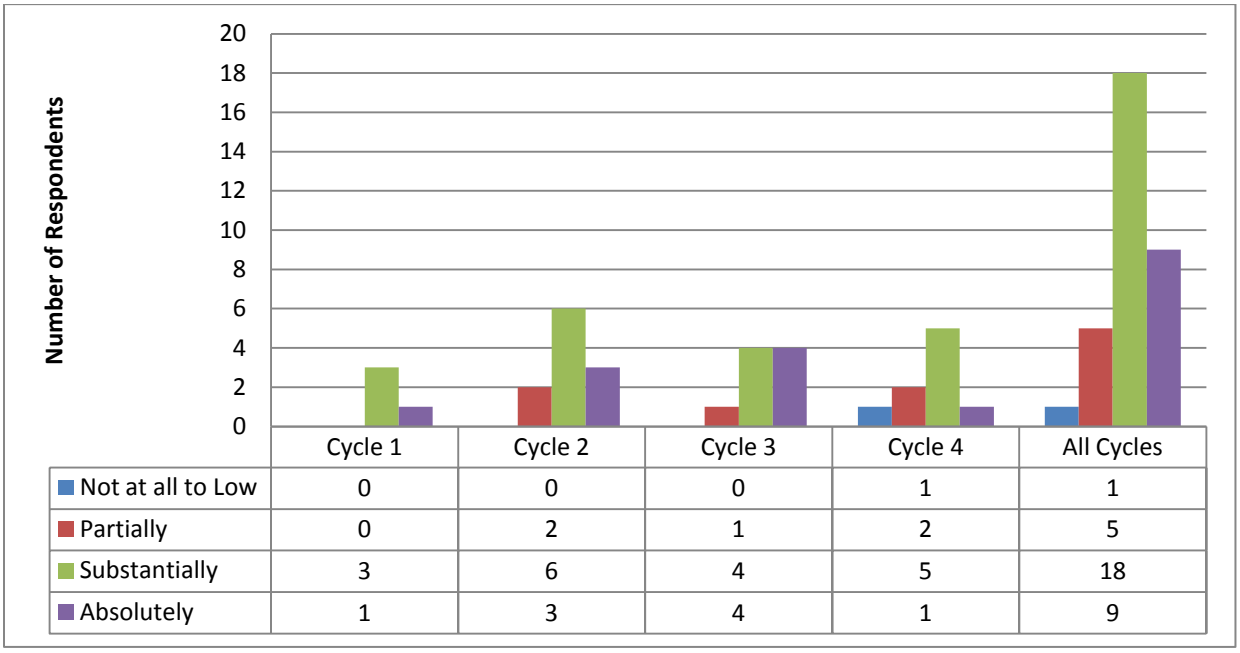
Two thirds of the respondents provided (26 out of 34 or 76%) examples of the ways in which they had seen or heard about improved quality of services for those dealing with mental health (illness) and problematic substance use issues. The most commonly mentioned examples were:

- Reports of being treated in a manner sensitive to the issues (20 respondents);
- Reports of cultural traditions and beliefs being respected (19 respondents); and
- Reports that those providing the service are knowledgeable (19 respondents).

8.3 Detailed Performance Measure Charts and Tables

Figure 12: Improvement in the mental health and well-being of British Columbians

Degree to which the CAI, through its funding and projects being supported, has helped improve the mental health and well-being of British Columbians.



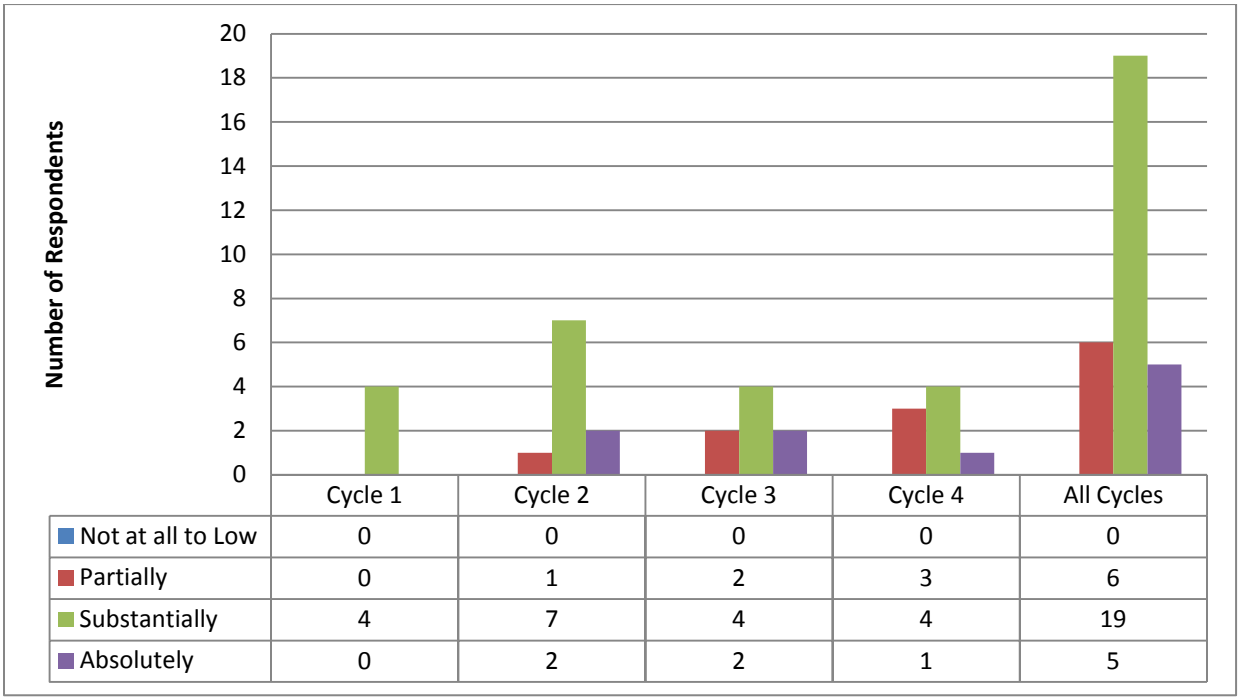
	Cycle 1	Cycle 2	Cycle 3	Cycle 4	All Cycles
Not at all to Low	0	0	0	1	1
Partially	0	2	1	2	5
Substantially	3	6	4	5	18
Absolutely	1	3	4	1	9

Extent to which these improvements in the mental health and well-being of British Columbians are due to the funding and support provided by the CAI.

	Not at all to Low	Partially	Substantially	Absolutely	Total	Average 1 = Not at All 7 = Absolutely
Cycle 1	0	0	4	0	4	6.0
Cycle 2	0	0	7	2	9	5.9
Cycle 3	0	3	4	2	9	5.3
Cycle 4	0	2	5	1	8	5.4
All Cycles	**0**	**5**	**20**	**5**	**30**	**5.6**

Figure 13: Improvement in access to services

Degree to which the CAI, through its funding and the projects being supported, has helped improve access to services for people with mental health (illness) and problematic substance use issues.



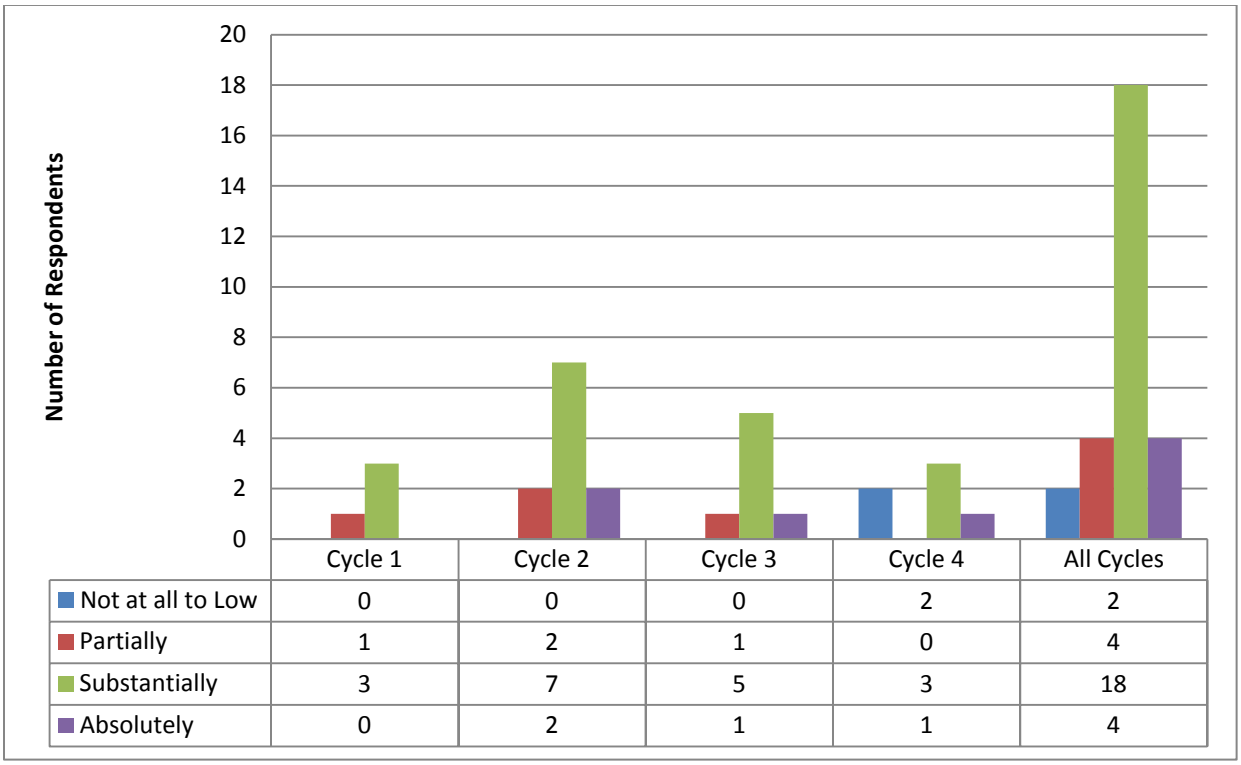
	Cycle 1	Cycle 2	Cycle 3	Cycle 4	All Cycles
Not at all to Low	0	0	0	0	0
Partially	0	1	2	3	6
Substantially	4	7	4	4	19
Absolutely	0	2	2	1	5

Extent to which this improved accessibility of services for people with mental health and problematic substance use issues was due to the funding and support provided by the CAI.

	Not at all to Low	Partially	Substantially	Absolutely	Total	Average 1 = Not at All 7 = Absolutely
Cycle 1	0	0	4	0	4	6.0
Cycle 2	0	1	6	2	9	5.8
Cycle 3	0	0	6	2	8	5.8
Cycle 4	0	1	5	0	6	5.2
All Cycles	**0**	**2**	**21**	**4**	**27**	**5.7**

Figure 14: Improvement in the quality of services

Degree to which the CAI, through its funding and the projects being supported, has helped improve the quality of services for people with mental health (illness) and problematic substance use issues.



	Cycle 1	Cycle 2	Cycle 3	Cycle 4	All Cycles
Not at all to Low	0	0	0	2	2
Partially	1	2	1	0	4
Substantially	3	7	5	3	18
Absolutely	0	2	1	1	4

Extent to which this improved quality of services is due to the funding and support provided by the CAI.

	Not at all to Low	Partially	Substantially	Absolutely	Total	Average 1 = Not at All 7 = Absolutely
Cycle 1	0	1	3	0	4	5.5
Cycle 2	0	0	8	2	10	5.9
Cycle 3	0	1	5	0	6	5.0
Cycle 4	0	0	3	1	4	5.8
All Cycles	**0**	**2**	**19**	**3**	**24**	**5.7**

9. Strategic Directions

In addition to providing ratings on the levels of achievement for the various desired outcomes of the CAI, survey respondents were also asked to provide recommendations for improvements in regards to furthering such successes. These recommendations form the strategic directions as specified by the survey respondents.

9.1 Summary of the Findings

Strategic Directions for Increasing and Sustaining Cross-Sector and Cross-Cultural Collaboration

Nearly half of the respondents (14 out of 34 or 94%) described tools or other supports that would help in sustaining government collaborations during or after the project(s). The most commonly mentioned were:

- Showcase successful projects (e.g., communication between provincial and local government, newsletter) (10 respondents);
- Continue to provide training and resources (e.g., funding) to ensure successful long-term projects (4 respondents).

Almost all of the respondents (12 out of the 34 or 35%) provided feedback regarding what the CAI could do to help sustain community collaborations during or after projects. The most commonly mentioned ideas were:

- Provide on-going funding (5 respondents); and
- Offer more training opportunities (4 respondents).

Almost all of the survey respondents (32 out of 34 or 94%) described what the CAI could do to encourage community partnerships in addressing mental health (illness) and problematic substance use. The most commonly mentioned ideas were:

- Facilitate relationship building in the early stages of community project design and delivery (24 respondents);
- Support of training for project leads on the development of community relationships (22 respondents); and
- Provision of networking opportunities to encourage the building of community relationships (21 respondents).

Strategic Directions for Increasing the Sharing of New Information

More than half of the survey respondents (20 out of 36 or 56%) described what the CAI could do to further facilitate the exchange of new information on mental health (illness) and problematic substance use. The most commonly mentioned ideas were:

- Web resources (8 respondents);
- Conferences, events, and workshops (8 respondents); and
- Sustained, on-going funding (3 respondents).

When reflecting on which method(s) would work best for providing new information on mental health (illness) and/or problematic substance use, almost 90% (32 out of 36) provided feedback with the most commonly mentioned methods as follows:

- Postings on websites (25 respondents);
- Conferences (22 respondents);
- Use of social media sites (15 respondents); and
- Provincial or local media (15 respondents).

Strategic Directions for the Learning and Adoption of Culturally Appropriate Practices

Three quarters of respondents (25 out of 34 or 74%) described what the CAI could do to broaden the understanding of practices that build on the traditions and ways of life of those being served. The most commonly mentioned ideas were:

- Share stories about culture and successes related to CAI through print, web and other media (8 respondents);
- Facilitate consultations to ensure aboriginal cultural practice is captured (7 respondents); and
- Maintain the current focus and efforts of the CAI (3 respondents).

Of those (16 out of 34 or 47%) survey respondents that described what the CAI could do to encourage the community sector to adopt practices that build on the traditions and ways of life of those being served, the most commonly mentioned ideas were:

- Share stories about culture and successes related to CAI through print, web and other media (8 respondents); and
- Maintain the current focus and efforts of the CAI (3 respondents).

Strategic Directions for the Use of New and Community Strength-Based Approaches

All of the respondents (16 out of 34 or 47%) provided feedback as to what could be done by the CAI to further facilitate communities capitalizing on their strengths and assets in order to address mental health (illness) and problematic substance use. The most commonly mentioned ideas were:

- Conferences, events, workshops, and community forums to identify strengths and develop a local dialogue (7 respondents); and
- On-going funding (5 respondents).

When reflecting on any examples of the ways in which they have seen, or heard about, communities being innovative in their approaches to the addressing of mental health (illness) and problematic substance use, 16 out of 34 survey respondents (47%) noted the following:

- Training opportunities and workshops (7 respondents);
- Knowledge transfer and the sharing of success stories (4 respondents); and
- Teamwork, partnership, and collaboration (4 respondents).

More than half of the respondents (20 out of 34 or 59%) described what the CAI could do to further facilitate communities adopting new approaches to addressing mental health (illness) and problematic substance use. The most commonly mentioned ideas were:

- Sharing examples of best practices (7 respondents);
- Additional and on-going funding (5 respondents); and
- Conferences, events, workshops, and community forums to exchange information (3 respondents).

Strategic Directions for Increasing Confidence in the Community Sector and Increasing Engagement in Government Policy

Almost 94% (32 out of 34) of survey respondents described what the CAI could do to strengthen the confidence placed in the community sector in terms of its role and the value that it provides. The most commonly mentioned ideas were:

- Facilitate networking events involving community, government and private sector representatives (29 respondents);
- Encourage media coverage on the positive impacts of community projects and services (e.g., engagement of youth, actions taken to improve health, etc.) (27 respondents); and

- Post or distribute information on the successes of community agencies and organizations (e.g., newsletters, blogs) (24 respondents).

Most respondents (28 out of 34 or 82%) provided feedback regarding what the CAI could do to further facilitate community engagement in government policy that addresses mental health (illness) and problematic substance use. The most commonly mentioned ideas being:

- Provide interactive opportunities between policy makers and community sector stakeholders (e.g., knowledge exchanges and/or dialogues) (22 respondents);
- Co-host a workshop that involves consensus building around emerging opportunities to extend and enhance the continuum of services beyond what is delivered through the public sector systems (22 respondents); and
- Highlight and share lessons learned from CAI-funded projects (22 respondents).

Strategic Directions for Advancing the Provincial Government's Ten-Year Plan

When asked to describe what the CAI could do to further facilitate improvements in the mental health and well-being of British Columbians, 13 out of 34 survey respondents (38%) provided responses, with the most commonly mentioned ideas were:

- Facilitate the sharing of ideas, successes, learning opportunities with service providers and community organizations (4 respondents); and
- Sustained funding (3 respondents).

Slightly more than half of the survey respondents (13 out of 34 or 38%) described what the CAI could do to further improve the accessibility of services for people with mental health and problematic substance use issues. The most commonly mentioned ideas were:

- Sustain funding (5 respondents); and
- Share best practices and provide increased access to information for clients, the general population, community partners and physicians (4 respondents).

More than half of the respondents (18 out of 34 or 53%) described what the CAI could do to further improve the quality of services for people with mental health and problematic substance use issues. The most commonly mentioned ideas were:

- Sustain funding (9 respondents);
- Community assessments including issue identification (6 respondents); and

- Work with media, service providers, and community organizations to reduce the stigma related to mental health and problematic substance use issues (2 respondents).

9.2 Detailed Strategic Direction Charts and Tables

Figure 15: Methods for best providing information

Methods that would work best for providing information on mental health (illness) and/or problematic substance use.

Outlet	Cycle 1	Cycle 2	Cycle 3	Cycle 4	All Cycles	% of Respondents
Postings on websites	3	9	6	7	**25**	74%
Conferences	4	8	5	5	**22**	65%
Use of social media sites	3	6	4	2	**15**	44%
Provincial or local print media	2	7	3	3	**15**	44%
Notices at faith-based institutions	1	5	6	2	**14**	41%
Schools	1	4	5	1	**11**	32%
Television media	0	5	4	1	**10**	29%
Notices at community libraries	2	3	4	1	**10**	29%
Notices at community centres	0	2	4	1	**7**	21%
Provincial or local radio	1	2	1	1	**5**	15%

10. General Conclusions

In looking across the current online survey and creating the linkages to Community Action Initiative strategies, the following observations can be made across all cycles of funding. The Community Action Initiative strategies, through funding of community level approaches to address mental health (illness) and problematic substance use:

Continues to sustain government and community collaborations at the project level through networking, partnering and cooperating. The majority of respondents indicated these collaborations were most likely to continue through involvement in related projects, involvement in the provision of on-going services, and working together on issue-based task forces or committees.

Maintains its role in sharing new information and encouraging the use of practices based on new learning and information. Projects continued to share new information through events (forums, public events), training and online sources. Sources of new information on mental health (illness) and problematic substance use most frequently mentioned include community organization websites, conferences, government websites, and social websites.

Provides ongoing support for understanding of culture practices and encourages the adoption of culture practices that reflect the community being served. Survey respondents reflect culture in programs and services by developing innovations in working with at-risk or vulnerable populations, to preventative health care, and program evaluation. With regard to adoption if culturally relevant practices participants noted the use of culturally relevant social practices within groups, the promotion of indigenous and multicultural languages and stories, and the development of linkages between traditional culture and self-care strategies.

Supports communities to capitalize on their strengths and assets and continues to encourage the use of new approaches by communities. Examples of strength based approaches mentioned include informal dialogues among leaders and service providers, asking community members to help design programs and services, and engagement with community members to develop inventories of community strengths. Commonly mentioned examples of innovative approaches to mental health include training and workshops, information sharing, and teamwork and partnership building.

Continues to increase confidence in the role and value of the community sector in addressing mental health and substance use. Ways in which this is demonstrated included public sharing and posting of publications by community agencies and organizations, positive media coverage about efforts and successes of community agencies and organizations, as well a increasing requests from government for information or contacts with the community sector.

Supports ongoing progress towards implementation of the Provincial Government's Ten-Year Plan. Participants indicated that the CAI continues to support improvements to the mental health and well-being of British Columbians, access to services as well as the development of better quality services. Improvements specifically mentioned include increased communication and/or conflict resolution skills, increased use of mental health (illness) supports, improvements in health lifestyles, and seeking out employment or volunteer opportunities. Respondents also noted that information and services are

available at convenient times both in-person and by telephone. Other continuing improvements include quality of services including knowledgeable staff and personnel, respect for cultural traditions and beliefs, and being treated with sensitivity.

11. Recommendations

Based on the above feedback from survey respondents reinforcing the significant progress being made towards the immediate and intermediate outcomes of the CAI, project leads also suggested areas of future focus (presented in no particular order):

1. **Sustain cross-sector and cross-cultural collaboration** by showcasing successful projects and by continuing to provide more training opportunities and resources. There is also a strong demand for more ongoing funding. While the evaluation team appreciates that this is not possible given the nature of the CAI's current mandate, consideration could be given to extending future project time frames to up to three years in order to provide more time to secure other funding. Other ideas to encourage community partnerships included facilitation of relationship building at early stages of community project design and delivery, training for project leads on the development of community relationships, and provision of networking opportunities to encourage development of community relationships.

2. **Continue to facilitate the exchange of new information on mental health and problematic substance abuse** through the use of web resources, conferences and events, and sustained funding. Methods for providing new information include websites, conferences, social media, and provincial and local media.

3. **Maintain support for the learning and adoption of culturally appropriate practices** by sharing success stories through print, web and other media, facilitating consultations on aboriginal cultural practices, and by continuing with the current focus and efforts of the CAI.

4. **Further facilitate communities to capitalize on their strengths and assets in order to address mental health (illness) and problematic substance abuse** by supporting conferences, workshops and community forums, and by acknowledging the challenge of ongoing funding. Strategies which have been employed to date include training opportunities, sharing success stories, and teamwork and partnership. New approaches include sharing examples of best practices, additional and on-going funding, as well as conferences and community forums.

5. **Continue to strengthen confidence in the community sector and to support engagement in government policy** by facilitating networking events (including community, government and private sector representatives), encouraging positive media coverage of community projects and services, and posting or distributing information about community successes. New ideas identified include providing interactive opportunities between policy makers and community sectors groups, co-hosting a consensus building workshop, and highlighting and sharing lessons learned from CAI funded projects.

6. **Sustain support to advance the provincial government's ten-year plan** by facilitating the sharing of ideas and success stories and by helping address the challenge of sustained funding. Ideas to further improve accessibility of services include sustained funding and sharing best practices and information with clients, the general population, community partners and physicians. Ideas to further improve the quality of services include sustained funding, development of community assessments and issue identification, and working with media to reduce the stigma associated with mental health and problematic substance abuse issues.

Appendix A: Overview of Projects

34 out of the 38 project leads (90%) who were funded for the cycles answered this third performance measure report project leads survey:

- Five (5) cycle 1 respondents;
- Eleven (11) cycle 2 respondents;
- Nine (9) cycle 3 respondents; and
- Nine cycle 4 respondents.

31 out of 34 survey respondents (91%) described their organizational type. The most commonly mentioned organizational type was not for profit (20 respondents). This was consistent across all cycles. Cycles 3 and 4 had larger numbers of First Nations Bands and Aboriginal organizations with mandates recognized by the provincial government than Cycles 1 and 2.

25 out of 34 survey respondents (74%) described their organizations' mandate. The most common theme areas included within the mandates were:

- Counselling, mental health services (9 respondents);
- Family-related services (7 respondents);
- General health services (5 respondents); and
- Aboriginal-specific services (4 respondents).

32 out of 34 survey respondents (94%) described the health regions that their projects were being carried out. The number of projects being carried out in each health region varied from a minimum of 5 (Vancouver Island Health Region) to a maximum of 12 (Northern Health Region). Many respondents identified multiple health regions as their projects were intended to be carried out beyond a regional level. There was considerable variation within each cycle in terms of health regions where the projects were being carried out:

- Cycle 1: Northern, Vancouver Coastal, and Vancouver Island Health Regions had the largest number of respondents (2 respondents each);
- Cycle 2: Vancouver Coastal Health Region had the largest number of respondents (4 respondents);
- Cycle 3: Vancouver Coastal and the Northern Health Region had the largest number of respondents (4 respondents each); and
- Cycle 4: Fraser Health Region had the largest number of respondents (4 respondents).

31 out of 36 survey respondents (86%) described the communities that they were serving. Analysing the communities served by type of community (located within Census Metropolitan Areas (CMA – urban area of 100,000 or more people), located within a Census Agglomerations (CA – urban area of between 10,000 and 100,000 people), rural (not located in a CMA or a CA), and all of BC) revealed the following geographic communities of service:

- Rural areas (12 respondents);
- CMAs (7 respondents);
- CAs (5 respondents); and
- BC-wide (4 respondents).

It is also worth noting that the geographic scope varied enormously by organization, with some organizations serving all of BC to some organizations serving a general region (e.g., East Kootenays) to other organizations serving a particular neighbourhood (e.g., East Vancouver).

31 out of 34 survey respondents (91%) described the populations that their projects were serving. Vulnerable and at-risk individuals were the most commonly served population (23 respondents), followed by individuals with mild to moderate problems (17 respondents). Cycle 3 and cycle 4 both had the largest number of projects assisting all British Columbians (i.e., general population) (3 respondents each). Cycle 3 had a larger number of projects assisting individuals with severe problems (4 respondents) compared to the other cycles (cycle 1 – 0 respondents, cycle 2 – 3 respondents, cycle 4 – 2 respondents).

Respondents were also asked to describe the age groups their projects were serving based on the following population groups:

- All British Columbians (whole population);
- Vulnerable or at-risk individuals;
- Individuals with mild to moderate problems; and
- Individuals with severe problems.

For projects serving all of British Columbia, the most commonly served age group was those people less than 25 years in age (17 respondents), followed by those people between 25 and 55 years in age (11 respondents) and those people 56 years or older in age (10 respondents). Cycles 2 and 4 were more youth-focussed (i.e., the largest categories of those served were those less than 25 years in age), while cycles 1 and 3 focussed on all three age groups.

For projects serving all of vulnerable or at-risk individuals, the most commonly served age group was those people less than 25 years in age (21 respondents) , followed by those people 56 years or older in age (14 respondents) and people between 25 and 55 years in age (11 respondents). All cycles were generally more youth-focussed (i.e., the largest categories of those served were those less than 25 years in age) with consistent results across all cycles.

For projects individuals with mild to moderate problems, the most commonly served age group was those people less than 25 years in age (19 respondents), followed by those people between 25 and 55 years in age and those people 56 years or older in age (12 respondents each). As seen with projects serving all of British Columbia, Cycles 2 and 4 were more youth-focussed (i.e., the largest categories of those served were those less than 25 years in age), while cycles 1 and 3 focussed on all three age groups.

For projects serving individuals with severe problems, the most commonly served age group was those people less than 25 years in age (14 respondents) , followed by those people 56 years or older in age (9 respondents) and those people between 25 and 55 years in age (8 respondents). Once again, cycles 2 and 4 were more youth-focussed (i.e., the largest categories of those served were those less than 25 years in age), while cycles 1 and 3 focussed on all three age groups.

30 out of 34 survey respondents (88%) described whether they had been any changes in terms of which groups they planned to target in their projects (target group). Of these 30 survey respondents who answered this question, 25 of them replied that there had been no change in which their target group was, while 5 replied that there had been a change.

30 out of 34 survey respondents (88%) described whether any of their target groups had been consulted during the planning for, the delivery of, or after the project(s). Of these 30 survey respondents who answered this question, 27 of them stated that these groups had been consulted, while 3 respondents stated that these groups had not been consulted.

30 out of 36 survey respondents (83%) described how these target groups had been consulted. The most common methods through which these target groups had been involved were:

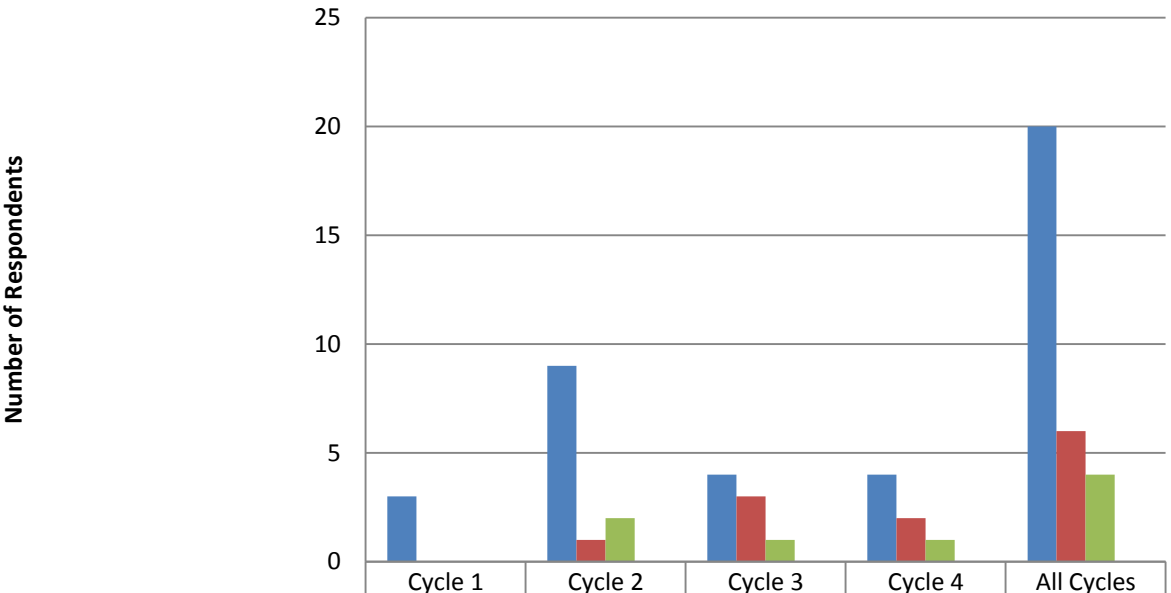
- Understanding the needs to which the project(s) responded (25 respondents);
- Guiding how the project(s) was delivered (25 respondents); and
- As part of an evaluation of the project(s) (25 respondents).

Results

Figure 16: Response rate for each cycle

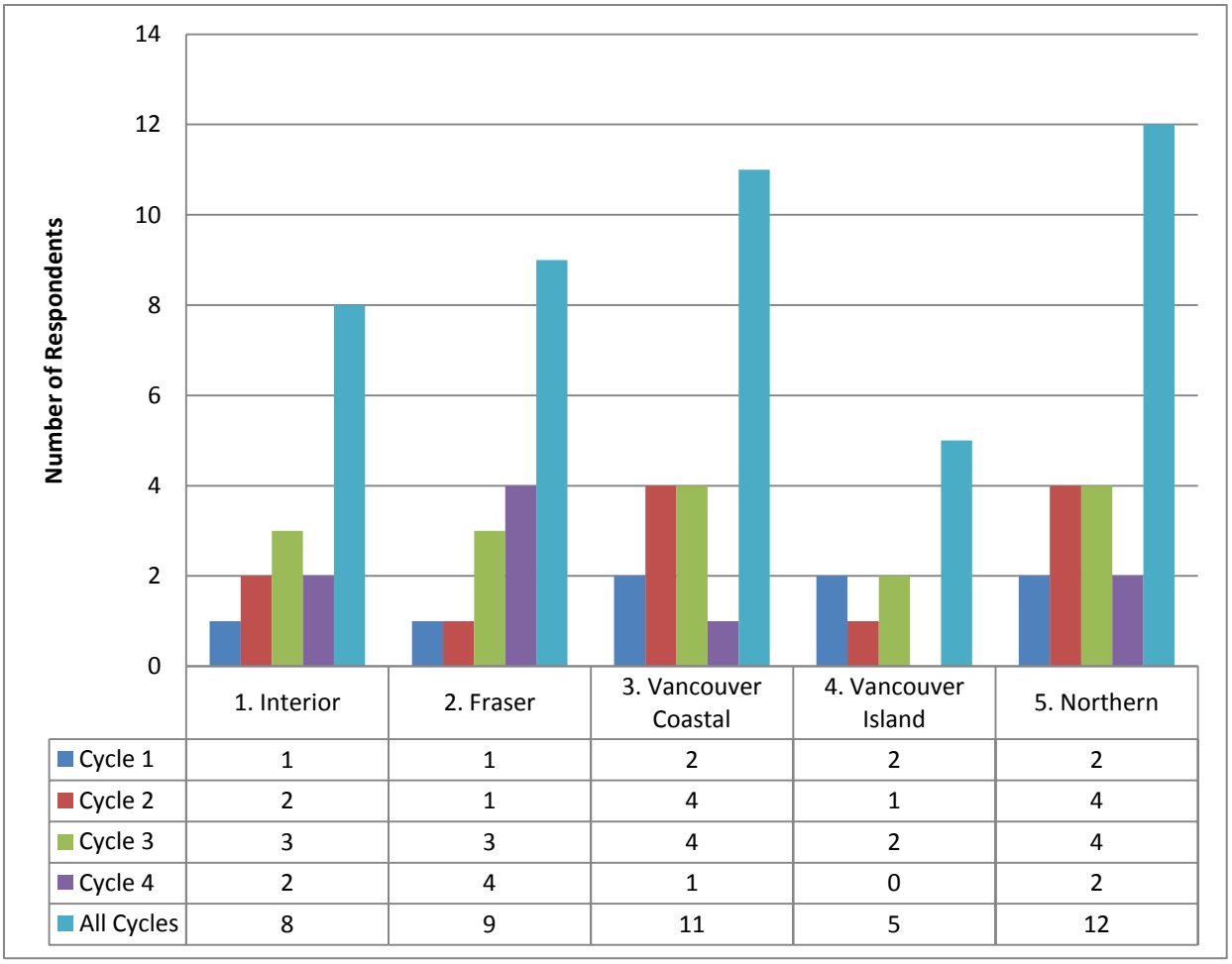
	Survey Respondents	Funding Recipients	Percentage of Recipients who answered the survey
Cycle 1	5		
Cycle 2	11		
Cycle 3	9		
Cycle 4	9		
All Cycles	**34**		

Figure 17: Type of organization



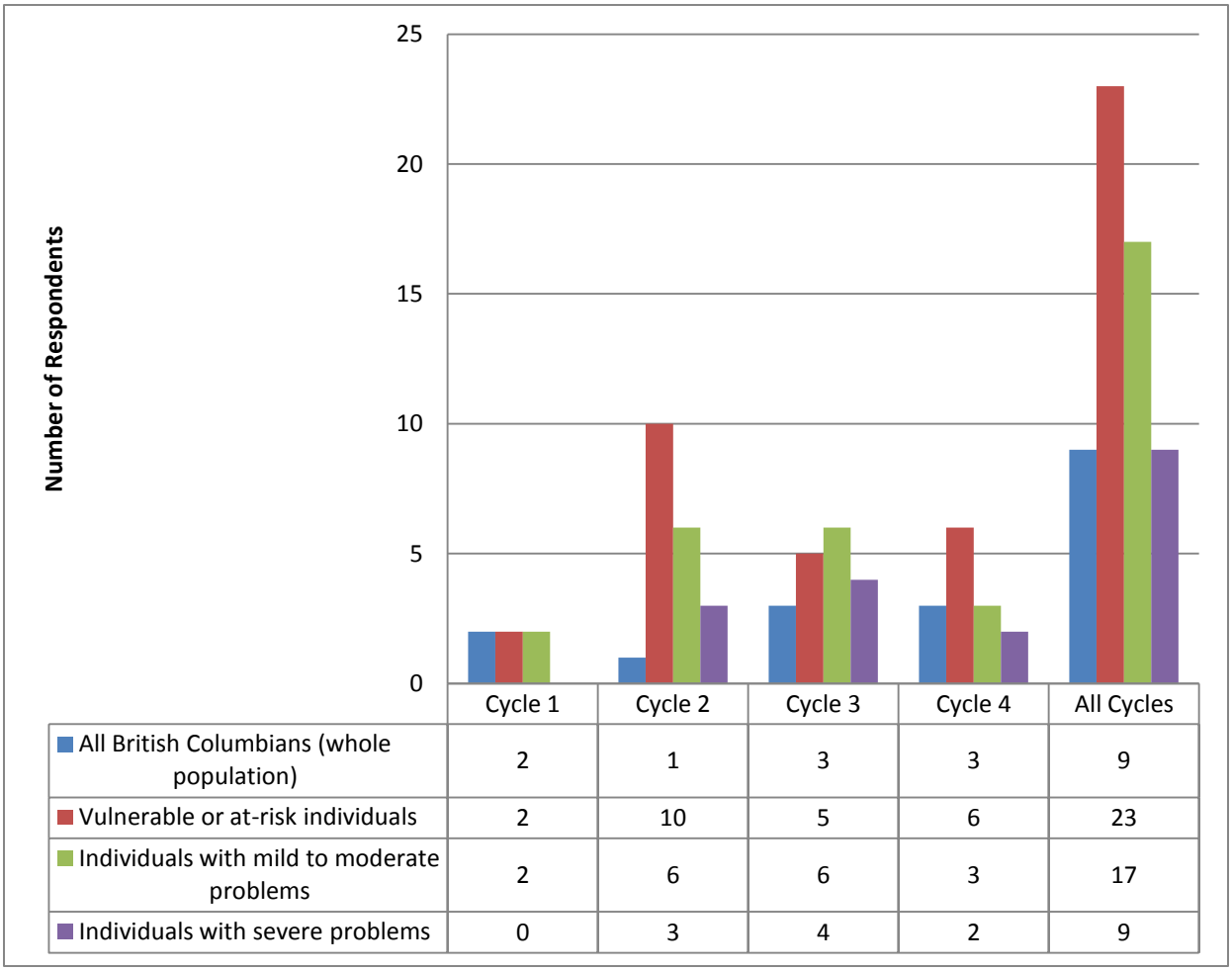
	Cycle 1	Cycle 2	Cycle 3	Cycle 4	All Cycles
Not-for-profit or registered Society	3	9	4	4	20
First Nation Band	0	1	3	2	6
Aboriginal organization w/ a recognized mandate	0	2	1	1	4
Aboriginal organization w/o a recognized mandate	0	0	0	0	0

Figure 18: Health regions of British Columbia where projects are being carried out



	1. Interior	2. Fraser	3. Vancouver Coastal	4. Vancouver Island	5. Northern
Cycle 1	1	1	2	2	2
Cycle 2	2	1	4	1	4
Cycle 3	3	3	4	2	4
Cycle 4	2	4	1	0	2
All Cycles	8	9	11	5	12

Figure 19: Description of populations to reach through the project(s)



	Cycle 1	Cycle 2	Cycle 3	Cycle 4	All Cycles
All British Columbians (whole population)	2	1	3	3	9
Vulnerable or at-risk individuals	2	10	5	6	23
Individuals with mild to moderate problems	2	6	6	3	17
Individuals with severe problems	0	3	4	2	9