Year 1 Evaluation Report

Community Action Initiative
Community Counselling Fund
December 2020

Community Action Initiative

REICHERT & ASSOCIATES
PROGRAM EVALUATION & RESEARCH

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Acronyms and Abbreviations

CAI	Community Action Initiative
CBO	Community-Based Organization
CCF	Community Counselling Fund
EWG	Evaluation Working Group
MHSU	Mental Health and Substance Use
MMHA	Ministry of Mental Health and Addictions
PWLLE	People With Lived and Living Experience

Executive Summary

About this Report

This report presents the learnings from year 1 of the Community Action Initiative Society of BC's (CAI) Community Counselling Fund (CCF). The CCF aims to expand access to quality, affordable community counselling in BC with **funds awarded to 29 organizations** ('grantee organizations' or 'grantee(s)'). In response to the COVID-19 pandemic, **surge funding was made available through the CCF to scale up virtual services for an additional 20 organizations** ('surge organizations' or 'surge'). CCF grantees and surge organizations serve a variety of focus populations and are located across the province and in all five geographic health authorities, reflecting the focus of the CCF on improving health equity for underserved populations.

Implementation of the Community Counselling Fund

Year 1 Implementation Activities

Grantees and surge organizations were able to significantly increase program capacity in the first year of CCF funding (November 1, 2019 to October 31, 2020) compared to the annual averages before receiving the CCF grant.

Key Finding	Details / Examples
Grantees	
Offering new or additional services	• 60% relative increase in individual, couple, and family sessions • 47% relative increase in group sessions, and workshops
Securing additional staff, clinical supervision and/or volunteers	• 41 FTEs • 78 interns/post secondary students • 18 volunteers
Building relationships with other service providers	• 209 new partnerships secured
Surge Organizations	
Offering additional virtual counselling sessions/services	• 10,507 individual, couples or family counselling sessions • 157 group counselling sessions or psychoeducational workshops
Securing additional counselling staff/staff hours and supervision	• 4 FTEs • 1 volunteer

Impact of COVID-19

The emergence of the COVID-19 pandemic in March 2020, 5 months into CAI CCF funding, had a profound impact on grantee organizations, their clients and the implementation of their program enhancements, and was the catalyst for funding the additional 20 surge organizations.

Key Finding	Details
Increased demand for counselling services	• **92%** (24 of 26) **of grantees and 94%** (17 of 18) **of surge organizations saw an increase in demand** for counselling services as a result of COVID-19.
Delays and interruptions in programming caused by the COVID-19 pandemic	• **85%** (23 of 27 grantees) **had to delay, change, or cancel elements of their planned program enhancements** because of public health order restrictions and the time and resources needed to transition to virtual services.
Grantees and surge organizations were able to successfully and quickly implement or scale up	• **81%** (21 of 26) of grantees **transitioned to virtual counselling in response to COVID-19**, while 12% (3 of 26) already offered virtual services. • **Factors that facilitated the transition** included the **flexibility of CCF funding, and the adaptability of staff and clients.**

virtual services to meet the needs of clients	• **Challenges in implementing virtual funding** included the time and resources necessary to **troubleshoot technical aspects of virtual platforms**, the time and resources for **staff to support clients in the transition,** and **clients' lack of access to technology or a secure, private space**.
After adjusting to virtual services, grantee and surge organizations were able to meet increased demand for counselling	• **69% of grantees** (18 of 26) noted that they **ultimately did not reduce their services during COVID-19**. Furthermore, a **greater percentage of grantees and surge organizations agreed or strongly agreed their capacity to meet the needs of clients had increased since March 2020 compared to applicant organizations.**

Involvement of People with Lived and Living Experience

Organizations offering programs to specific equity-seeking population groups reported that engaging PWLLE, people from the same culture, and/or people who speak the same language as these clients in program delivery improved connections to clients, facilitated new engagement, and increased clients' comfort and trust in services.

- **88%** (23 of 26) **of grantees engage PWLLE in some way**, for example as paid full-time or part time staff, contract/honoraria, or volunteer in at least one role within their organization, such as providing counselling services, administrative/office staff, community outreach, program leadership, or other.
- **PWLLE were engaged as full-time employees** providing counselling services, as administrative/office staff, community outreach, program leadership, or other roles **in 50% to 69% of grantee organizations** (depending on the role).

Cultural Relevance

The diversity of organizations and their clients has necessitated a wide range of approaches to developing programming that is relevant and culturally safe. **Connecting people to services delivered and designed by members of clients' own cultural group was the most commonly-reported way that grantee organizations ensured their programs were culturally relevant**. Specific activities and the impacts of these will be explored in more depth through case studies in years two and three of the evaluation.

Reach of the Community Counselling Fund

In the first year of the CCF, grantees reported increases in the number of clients they were able to accommodate, as well as gains in reaching equity-seeking populations or reducing barriers to access.

Key Finding	Details
Increased number of referrals, total clients, and new clients compared to previous years	• **71% increase in referrals** to their counselling program • **49% increase in total number of clients** accessing individual, couple or family counselling sessions **and 45% increase in <u>new</u> clients** accessing individual, couple or family counselling • **13% increase** in clients accessing **group counselling, and 34% increase in <u>new</u> group counselling clients**
Grantees reported increased access to a number of equity-seeking population groups	• **Increased access by people with mobility or transportation barriers** due to the transition to virtual services • **Increased access by Indigenous** clients through expanded culture-based programming

	• **Increased access for other equity-seeking populations** such as LGBTQ2S+ populations, people who use substances, and people engaged in sex work because of outreach activities and close connections with communities
Challenges remain in meeting access barriers for certain population groups stemming from a lack of trust, lack of relevant services, and financial or other logistical barriers	• Indigenous clients (including those in community and urban Indigenous populations) • People who are homeless or precariously housed • Newcomers to Canada and people who speak languages other than English • People who use substances • People in rural/remote communities • People with low income

Early Outcomes of the Community Counselling Fund

As this is the first year of the CCF, outcomes reported may provide early insight into the impacts of programs, but will be explored in greater depth and detail in years two and three of the evaluation as the programs progress.

For Clients	For Organizations	For Communities
• Reduced barriers to counselling services and made service more accessible for clients • Increased capacity to engage clients more consistently and offer greater continuity of support • Improved the capacity of clients to manage their mental health, and gain additional skills and knowledge	• Increased capacity to serve more clients and meet the demand for services brought on by the COVID-19 pandemic • Elevated staff expertise and quality of their programming • Enhanced safety and relevance of programming by identifying and overcoming barriers faced by specific population groups and by offering new programs for specific population groups	• Increased collaboration and integration with other services and further conversations on stigma around MHSU

Discussion

In the first year of the CCF, several learnings emerged in terms of what has helped the CCF to positively impact clients, grantees/surge organizations and their broader communities, and the challenges in implementing the CCF and implications for the sustainability of these programs.

Key Facilitators	Details
Flexibility of CCF funding	• Flexible or dedicated funding was also the most commonly cited facilitator by grantee organizations responding to the CBO survey in delivering programs that are culturally relevant to their clients.
Staff with specific expertise and/or lived and living experience	• Staff with expertise and/or lived and living experience in counselling and/or clinical supervision roles increased the overall quality of services • Increased organizational capacity to deliver culturally-relevant services and services in clients' first language.
Connections to community	• Improved relationships between service providers and increased collaboration on program delivery, case management, and service design were critical in improving the system of care.
Key Barriers	**Details**

Difficulties finding and securing qualified staff	• The most commonly cited barrier to implementation from grantee organizations in mid-term and final reports was finding qualified staff • 69% (18 of 26) of grantees reported that recruiting counsellors with the right fit of experience and credentials was a barrier, and 58% (15 of 26) identified retaining counselling staff as a barrier • Grantees reported a need for funding that could allow organizations to offer more competitive wages for new staff
Overburdened resources	• Grantees reported significant challenges managing the capacity of their programs to see clients in a timely manner. • Grantees who do not maintain a waitlist reported that the higher caseloads made it difficult to accommodate clients who needed more frequent appointments. • 69% (18 of 26) of grantees reported that counselling staff spent time on administrative duties at the expense of client maintenance.
Lack of stable core funding	• 88% (23 of 26) of grantees reported that securing funding applicable to planned programming was a barrier. • The lack of long-term, core funding was also a concern regarding the sustainability of the programs for both grantee and surge organizations.

Key Lessons Learned

CCF Grantees are well-placed to provide services tailored to specific communities and equity-seeking populations.

- Grantees and surge organizations tailored programming to their clients and equity-seeking populations and pivoted quickly to respond to changing contexts (for example, the COVID-19 pandemic) and community needs.
- Grantee organizations function as key points of entry to a system of care for MHSU.
- Strong connections to the community enabled grantees to refer clients to a wide range of services to address other needs related to social determinants of health (such as financial needs, primary health care, food, housing, employment), and enhance the holistic care offered to their clients.
- Grantee organizations have generally exhibited a broad, holistic approach to care reflective of the equity-based approach of the CCF, evidenced through the provision of a range of integrated counselling services that centre the social determinants of health.

More flexible, long-term funding opportunities identified as primary need to address barriers for grantees and other community-based organizations

- The flexibility of the CCF, driven by the equity-based approach of the fund itself, was noted to be the primary facilitator in organizations implementing programs that were responsive to the needs of their focus populations and communities.
- a lack of long-term, flexible funding options may be a barrier in developing a more integrated system of care within communities, and improving coordination and collaboration between organizations within a community.

Conclusion

Grantees and surge organizations were able to quickly pivot their operations to respond to the increased demand brought on by the COVID-19 pandemic, and implement flexible programming to meet demand and increase access to existing and new clients of equity-seeking populations. Strong integration in their communities is a key strength of grantees, and continued support for flexible programs and enabling efforts to improve coordination among service providers is needed.

About the Community Counselling Fund

The Community Action Initiative Society of BC, in partnership with the Ministry of Mental Health and Addictions and the Ministry of Health, aims to expand access to quality, affordable community counselling in British Columbia through the Community Counselling Fund. With equity as a guiding principle, this program will advance the goals of the Province of British Columbia's *A Pathway to Hope: A Roadmap for Making Mental Health and Addictions Care Better for People in British Columbia*, released in June 2019.

This funding opportunity focuses on community counselling for adults in relation to mental health and/or substance use, with the goal of reaching underserved or hard to reach populations that do not have access to counselling opportunities. Non-government, not-for-profit, community-based organizations and First Nations, Metis or Urban Indigenous organizations in British Columbia were invited to apply for up to $120,000 in annual funding, distributed over 3 years. A diverse group of 30 adjudicators prioritized proposals that demonstrated the ability to reach these populations through the application of a health equity lens. The Community Counselling Fund defines health equity as including mental health, when all people can reach their full health potential and are not disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, social class, socioeconomic status, sexual orientation or other socially determined circumstance[1]. Funding for 29[2] Community Counselling Fund programs began on November 1, 2019 and will end on October 31st, 2022.

Community Counselling Surge Fund

In response to the COVID-19 pandemic, the Ministry of Mental Health and Addictions (MMHA) released $1M in additional funding to the Community Action Initiative Society of BC (CAI) through its Community Counselling Fund (CCF). The grant, entitled the COVID-19 Surge Funding Grant Opportunity to Expand Online and Virtual Mental Health and Substance Use Supports ('Surge Funding' or 'Surge Fund'), was intended to support organizations to pivot their counselling services to a virtual format in response to increased demand arising from the COVID-19 pandemic and was open to organizations who had previously applied to the CCF and who were best placed to quickly scale their existing virtual services. The grant was awarded to 20 organizations with project activities to be implemented and completed over a 5 month period (May 15, 2020 – October 15, 2020). In Fall 2020, this funding was extended to March 31st, 2021.

Grantee organizations

The 29 CCF grantee organizations ('grantee organizations' or 'grantee(s)') are located across the province in all five geographic health authorities and serve clients in 33 different communities. Ten grantees (34%; 10 of 29) operate in rural or remote settings. The population groups grantees serve includes a wide variety of ages, genders, cultures, languages and life experiences and/or challenges. Grantees report serving several focus populations, including Indigenous people (12 grantees), individuals with low income (10 grantees), people who use/have used substances (10 grantees), those whose first language is not English (6 grantees), those who are new to Canada (5 grantees), and those who identify as LGBTQ2S+ (4 grantees).

[1] Community Action Initiative Community Counselling Fund Grants. Available at https://caibc.ca/grants-training/community-counselling-fund-grants/

[2] One grantee organization dropped out of the CCF program in Sept 2020 due to a loss of service delivery staff and an inability to deliver the funded programing. A new grantee was selected and signed on in Nov 2020.

Surge organizations

The 20 CCF surge organizations ('surge organizations' or 'surge') are located across the province in all five geographic health authorities and serve 21 different communities. Surge organizations serve clients of different ages, from children and youth to adults and seniors.

Evaluation Framework and Approach

The evaluation is founded on participatory and equity-focused evaluation practices, to ensure the approach, methods, and learnings are grounded in the experience of grantee and surge organization staff and clients, grantees' partner organizations, and key stakeholders in the broader counselling community. The evaluation explores the unique contexts in which programs are situated, and the structural and systems-level barriers to implementing and accessing counselling services in communities, particularly as they relate to the historical impacts of colonization. In addition, the evaluation focuses on building capacity among community-based organizations and people with lived and living experience (PWLLE) to facilitate knowledge sharing and promote the sustainability of ongoing evaluation and learning. See the Evaluation Framework for more details.

Key Evaluation Questions

The evaluation will answer the following key questions:

1. To what extent has the initiative been implemented as initially planned? Were there any changes to implementation plans?

2. To what extent are the community-based programs reaching focus populations?

3. To what extent has the CCF achieved its intended objectives for individuals, community-based organizations, and communities as a whole?

4. What lessons does the project provide that could be used to support similar initiatives? (e.g. in other locations or for other populations) and how can these lessons be applied?

5. To what extent are the outcomes of the project sustainable?

These questions will be explored through a series of sub-questions and indicators, detailed in Appendix C.

Evaluation Framework Development

The evaluation framework was developed, in consultation with the CCF Advisory Committee, between November 2019 and March 2020. A key element of the framework is the logic model, which represents a simplified, linear depiction of the overall relationship between the inputs of the CCF, the activities and outputs of the grantee organizations, and the outcomes for the clients, the grantee organizations, and the broader communities in which the organizations operate (Appendix B)[4]. A critical purpose of the logic

[3] The Equitable Evaluation Framework, Equitable Evaluation Initiative. Available at https://www.equitableeval.org/ee-framework

[4] While activities and outcomes of surge organizations are included in the evaluation, these activities are not included in the evaluation framework and logic model, as the Surge funding was implemented after the development of the evaluation framework.

model is to surface what questions need to be asked, and articulate what outcomes stakeholders and partners believe are important. The logic model can also serve as a common tool to guide discussion about the CCF as a whole and its evaluation regardless of where a particular stakeholder/partner's interest lies and the type of knowledge they hold.

Evaluation Methods

The evaluation uses a mixed methods approach incorporating qualitative and quantitative methods as outlined below. More details on each method are provided in Appendix D.

Method	Description
Document review	Key documents reviewed included: Grantee application packages (n=29), 2019-20 mid-term reports (n=29) and 2020 final reports (n=27[5]). Surge 2020 mid-point reports (n=20).
CBO Survey	**Grantee Survey**: A survey was administered from June 22 to August 6, 2020 to all grantee organizations. 27 of 29 (93%) grantees completed the survey. **Surge Survey**: A survey was administered from June 22 to August 6, 2020 to all surge organizations. 18 of 20 (90%) surge organizations completed the survey. **Applicant Survey**: A survey was administered from June 22 to August 6, 2020 to all organizations who applied to the CAI CCF but who did not receive funding ('applicants'). 65 of 142 (45%) applicants completed the survey.
Case Studies	**5 grantees were selected as case studies**. Case studies focus on the CCF grantees and do not include surge organizations. The selected grantees were Cariboo Family Enrichment Centre (CFEC), Carrier Sekani Family Services (CSFS), Moving Forward Family Services (MFFS), Peers Victoria Resources Society (PVRS) and Turning Point Recovery Society (TPRS)
Social Network Analysis (SNA)	Social Network Analysis (SNA) surveys were conducted for all 5 case studies. **CFEC SNA Survey**: A survey was administered from October 27 to November 27 2020 to CFEC and its partners. 20 of 22 (91%) of those who received the survey completed it. **CSFS SNA Survey**: A survey was administered from October 27 to December 3 2020 to CFEC and its partners. 12 of 17 (71%) of those who received the survey completed it. **MFFS SNA Survey**: A survey was administered from October 27 to November 27 2020 to CFEC and its partners. 27 of 34 (79%) of those who received the survey completed it.

[5] One grantee had not yet submitted their final report to CAI. The grantee organization that dropped out of the CCF program, and the new grantee was not expected to complete a final report.

Method	Description
	PVRS SNA Survey: A survey was administered from October 27 to November 27 2020 to CFEC and its partners. 17 of 23 (74%) of those who received the survey completed it. **TPRS SNA Survey**: A survey was administered from October 27 to November 27 2020 to CFEC and its partners. 19 of 27 (70%) of those who received the survey completed it.

Implementation of the Community Counselling Fund

Community Counselling Programs

Implementation of CCF Programming

Based on the mid-term and final grantee reports, program enhancements across the 29 grantees involved offering additional services through existing counselling programming or creating entirely new counselling programs. The additional or new services resulting from these program enhancements, as reported by grantees, included services such as group counselling, workshops, outreach activities, offering home-based visits, employing new modalities, offering population-specific programs, or offering culture-based programs.

To implement these program enhancements, grantees most commonly reported undertaking the following activities:

- Securing additional staff for counselling and/or clinical supervision
- Building relationships with other service providers
- Offering training to staff, PWLLE, volunteers and/or other service providers
- Conducting program awareness raising activities
- Securing technology for the program[6]

Table 1: Grantees increased their capacity in year one with more staff and increased partnerships.

Grantees Secured:
✓ **41** additional FTEs
✓ **78*** additional interns/post secondary students
✓ **18** additional volunteers
✓ **209** new partners

*one grantee secured 65 interns

With these program enhancements, grantees reported they **increased the number of individual, couple and family counselling sessions and group counselling sessions or psychoeducational workshops** delivered between November 1, 2019 to October 31, 2020, as compared to their annual estimated baseline figures, as at October 31, 2019 (**Error! Reference source not found.** and **Error! Reference source not found.**).

Figure 1: Grantees saw a 60% relative increase in individual, couple, and family sessions.

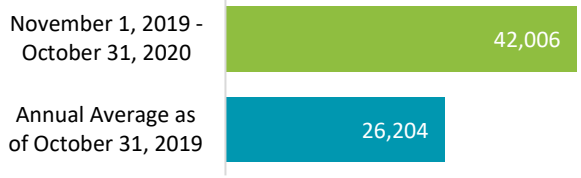
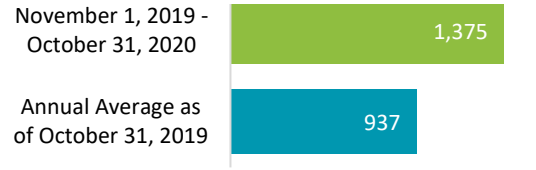


Figure 2: Grantees saw a 47% relative increase in group sessions, and workshops.



Surge Funding Implementation

All 20 surge organizations began their program enhancements as of May 15, 2020. Based on the surge mid-point reports, enhancements involved offering additional virtual counselling sessions/services for individuals, families, couples, small groups and/or enhancing the flexibility of services, such as offering short-term or drop-in counselling, or extending service hours. Surge organizations also reported offering counselling to 'waitlist' groups, to provide support to individuals waiting to schedule a session, as well as

[6] Please see the Impact of COVID-19 section; $5K was awarded to grantees for technology upgrades/support

offering counselling services for support workers, front-line workers, and others greatly impacted by the pandemic.

To offer these additional sessions/services, surge organizations most commonly reported undertaking the following activities:

- Securing additional counselling staff/hours and supervision
- Securing technology and/or tech support for the program (staff and or/clients)
- Conducting program awareness raising/engagement activities (such as via social media or websites, meetings with community partners or within the organization)
- Offering training sessions to staff and clients (such as Solution Focused Brief Therapy (SFBT), naloxone administration, vicarious trauma, virtual counselling, and IT support)
- Implementing public health recommendations (such as physical barriers or partitions)

With these activities, surge organizations were able to offer **10,507** individual, couples or family counselling sessions and **157** group counselling sessions or psychoeducational workshops over the first 5 months of the Surge Fund.

Impact of COVID-19

The emergence of the COVID-19 pandemic in March 2020, 5 months into CAI CCF funding, had a profound impact on grantee organizations, their clients and the implementation of their program enhancements. In response to the COVID-19 pandemic, $145,000 from approximately $860K in quality enhancement funding set aside for grantees was awarded at $5,000 per grantee to assist in technological upgrades to support virtual services, and a further $75,000 was awarded for technology supports in collaboration with the Metis Nation of British Columbia and the Canadian Mental Health Association. A webinar series on digital equity and transitioning to a virtual workplace environment with the Federation of Community Social Services of BC drew $17,000 from the fund[7]. Across all data sources, evaluation findings consistently demonstrate, for grantees, as well as surge organizations and applicants, how the pandemic impacted demand for, and the delivery of, counselling services.

Increase in Demand

92% (24 of 26) of grantee survey respondents and 94% (17 of 18) of surge survey respondents saw an increase in demand for counselling services as a result of COVID-19.

The increase in demand for counselling services was driven by a rise in MHSU issues associated with the impact of the pandemic on peoples' everyday lives, such as mobility in their community, ability to socialize in-person, changes in financial means, and access to services, from social or medical supports to basic amenities.

The most common issues faced by clients during the pandemic, according to grantee and surge survey respondents were:

1. Anxiety

> "There has been a **marked increase in requests for individual counseling since the beginning of COVID-19**. Individuals are experiencing new levels of isolation and our community has voiced that they are longing for gatherings and connection."
>
> *- Grantee final report*

[7] CAI Community Counselling Grant, Community Action Initiative Community Counselling Grants (caibc.ca)

2. Isolation
3. Depression
4. Job loss and/or financial insecurity
5. Substance use
6. Gender-based / intimate partner violence
7. Burdens of caretaking and concern for family (especially children and elderly family members)

To meet the needs of their clients during the pandemic, grantees report offering additional activities or services. These include[8]:

- Increasing programming for COVID-19 specific issues (e.g. anxiety, isolation, violence, managing relationships, groups for isolated seniors)
- Distributing supplies or basic goods to their clients
- Mitigating waitlists by creating 'waitlist counselling groups' or increasing group sessions

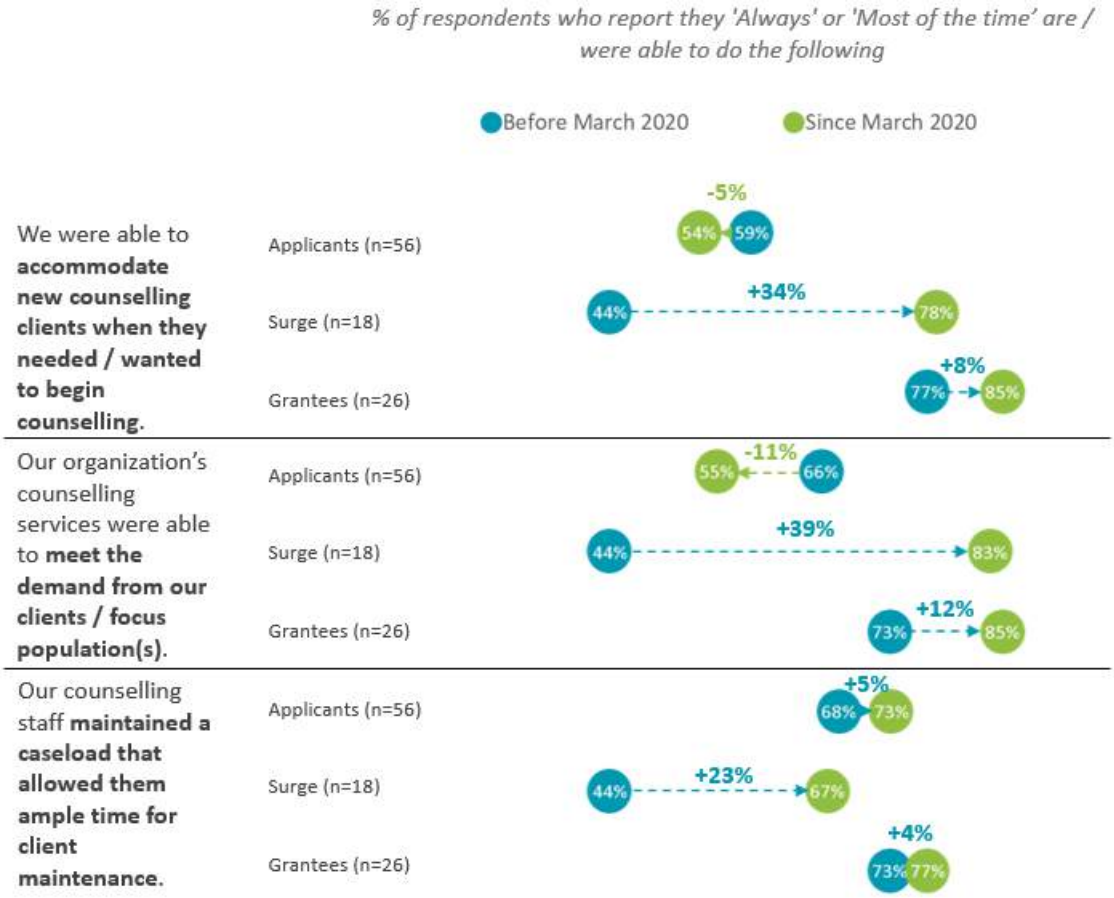
In their reports, many grantees describe operational changes in order to maintain some in-person contact with clients. Several sought to support clients by providing them with items such as supplies for their sessions, food, or hygiene kits. Three grantees reported they instituted a drop off system whereby supplies for counselling sessions were dropped off to clients, while several others reported providing meals and food hampers to their clients or creating a hamper/frozen meal delivery service. Other grantees travelled to clients' homes for "walkaround" sessions with socially-distant walking meetings, while several kept staff on hand in large indoor spaces to maintain drop in hours that allowed for social distancing.

To keep some form of connection with clients until they were able to have an appointment with a counsellor, several grantees also reported increasing group services, either through 'waitlist counselling groups' or additional groups. Another strategy to mitigate waitlists, reported by one grantee, was to increase peer phone support to clients.

Despite the increase in demand, and after an adjustment period, the majority of grantee survey respondents (18 of 26) noted that they did not reduce their services during COVID-19. Furthermore, a greater percentage of grantee survey respondents agreed or strongly agreed their capacity to meet the needs of clients had increased since March 2020 compared to applicant respondents (**Error! Reference s ource not found.**).

[8] Source: reported activities in grantee mid-term and final reports

Figure 1: Despite the challenges associated with the COVID-19 pandemic, grantees and surge organizations report significant increases in their ability to accommodate new clients and meet the demand from clients.



Delays, changes, or cancellation of program enhancements

In order to successfully meet the increase in demand for counselling services during the COVID-19 pandemic, and ensure the safety of staff and clients, the **majority of grantees (85%; 23 of 27 grantees) had to delay, change or cancel elements of their planned program enhancement.** The most common change to programming was transitioning to virtual services (see 'Transitions to Virtual Services' below) and developing new strategies to align with public health orders, however grantees also reported delays related to hiring staff and engaging with Indigenous communities or to offer culture-based programming.

One grantee explained that their organization instituted a hiring freeze as a result of delays in hiring from COVID-19 while two grantees reported the pandemic made it difficult to recruit clinical supervision for their program as, for example, partners who had intended to provide in-kind clinical supervision to the program were significantly impacted by COVID-19 and had to delay their involvement in the program.

Another grantee also reported changes to their programming with First Nations communities as "*First Nations communities were "closed" and our staff could not enter the communities so the program was done primarily online*".

Transitions to Virtual Services

Since the onset of COVID-19, 92% (24 of 26) of grantee survey respondents reported they now offer virtual services. **81% (21 of 26) of grantee survey respondents transitioned to virtual counselling in response to COVID-19,** while **12% (3 of 26) already offered virtual services**. As noted above, surge organizations already offered virtual services, but scaled up their capacity with the funding.

To make the transition online, the activities most commonly undertaken by grantee survey respondents included adapting workflows, securing equipment, creating procedure or policies around client confidentiality, security, and privacy, offering supports to their clients and training staff to deliver virtual counselling.

In terms of the forms of virtual counselling most commonly offered, **100%** of grantee survey respondents now offer **telephone counselling** and **92%** (22 of 24) now **offer video counselling.** Compared to telephone or video counselling, it was less common for grantees to offer text-based counselling, online real-time chat or to use guided, or self-guided, apps or online mental health programs.

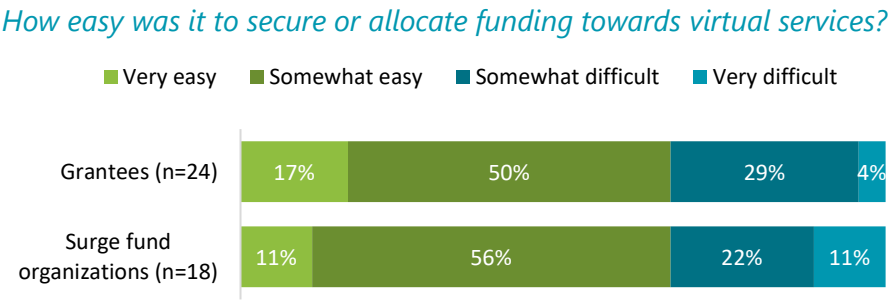
Facilitators to Implementing Virtual Services

In their reports, grantees and surge organizations highlighted several key factors as to what facilitated this success. The three most commonly reported facilitators, commonly held across grantees and surge organizations, included:

- The flexibility of the CCF to respond to changing needs/circumstances
- The strengths and adaptability of their teams
- Staff and client access to, and comfort using, technology

Both grantee and surge organizations reported that the flexibility of the funding allowed for the implementation of virtual services and other program adjustments to meet their clients' and organization's unique situation and needs. 67% of grantees (16 of 24) and surge organizations (12 of 18) reported that it was easy or very easy to secure or allocate funding towards virtual services (**Figure 2**).

Figure 2: More than two thirds of grantee and surge organizations reported it was easy to allocate or secure funding for virtual services



"As a funder **CAI has been incredibly supportive**, especially during increasing barriers such as those that COVID-19 has brought to our program and organization."

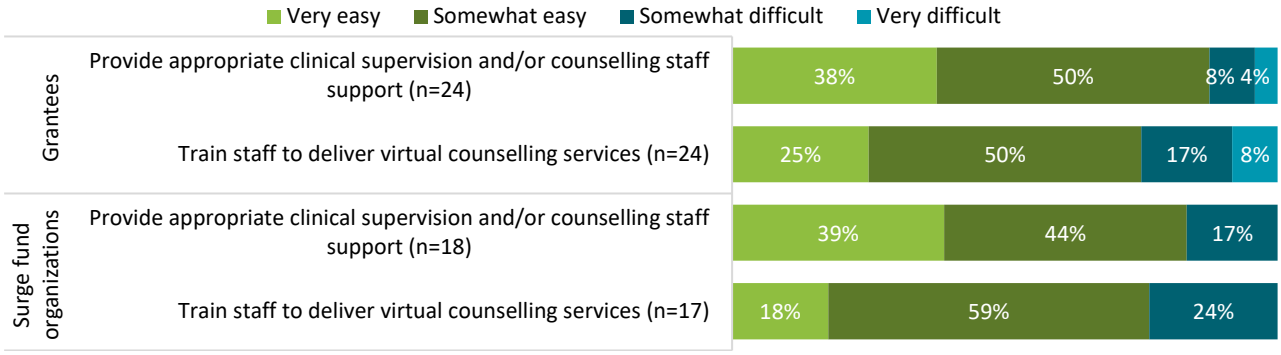
- Grantee final report

"Our staff have done an incredible job of **maintaining the program and increasing the number of those served despite the pandemic** and staff changes throughout the year."

- Grantee final report

In their reports, grantee and surge organizations also remarked how their staff were integral to successfully implementing program enhancements. By having staff that were adaptable and able to respond to a rapidly changing environment, grantee and surge organizations were able to quickly transition to, and offer, new virtual services. Providing appropriate clinical supervision and/or counselling support to staff, and training staff to deliver virtual counselling support was rated by the vast majority of grantees and surge organizations as being very easy or somewhat easy (**Figure 3Error! Reference source not found.**), which may be indicative of their staff's ability to adapt to new situations.

Figure 3: 88% (21 of 24) of grantees and 83% (15 of 17) of surge organizations reported it was easy to provide appropriate clinical supervision and/or counselling staff support for virtual services. 75% (18 of 24) of grantees and 77% (13 of 17) of surge organizations reported it was easy to train staff to deliver virtual counselling services.



Finally, grantee and surge organizations reported that many of their clients were comfortable with virtual platforms and were receptive of the transition to virtual services, which was a key facilitator during the initial transition period.

"One client said that although he was initially frustrated by phone sessions, he felt that his rapport with our outreach counsellor carried over to the phone, and **he was able to open up about his relationship to suicide throughout his life, and he shared that he might not have done so in person**."

– Grantee final report

"Seniors and people with mobility challenges have embraced counseling services via technology."

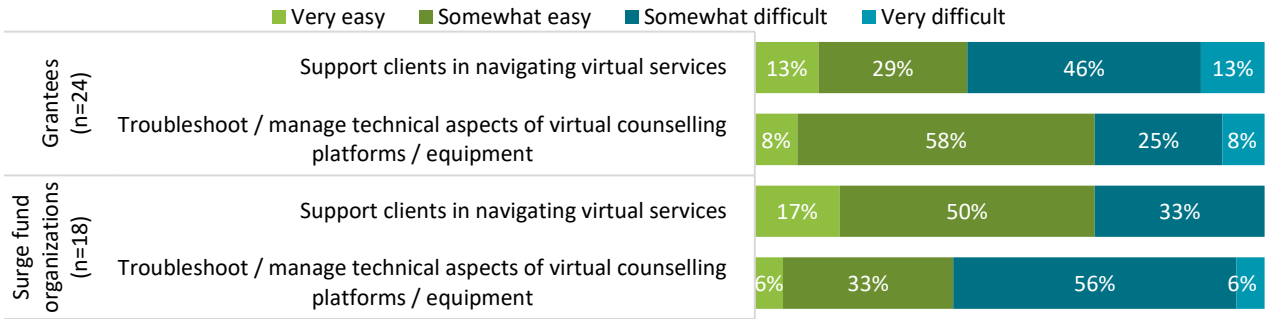
– Grantee final report

For those clients who required more support, grantees reported that they required a significant amount of time and resources to coach clients or provide troubleshooting for navigating virtual platforms. In addition, many grantees reported that they directed funding towards providing phones or spaces to use computers for virtual appointments for clients who did not have access to technology.

Challenges Implementing Virtual Services

Grantee and surge organizations also reported several challenges they experienced in transitioning to virtual services. Grantee survey respondents found it most difficult to support clients in navigating virtual services, whereas surge survey respondents reported that troubleshooting and managing the technical aspects of virtual counselling platforms and equipment caused the biggest challenge (Figure 4).**Error! R**

Figure 4: While grantees reported the most difficulty with supporting clients in navigating virtual services, surge organizations reported the most difficulty with troubleshooting and managing the technical aspects of virtual services.



eference source not found.

The key barriers encountered by clients, and strategies grantee and surge organizations used to address these, were as follows:

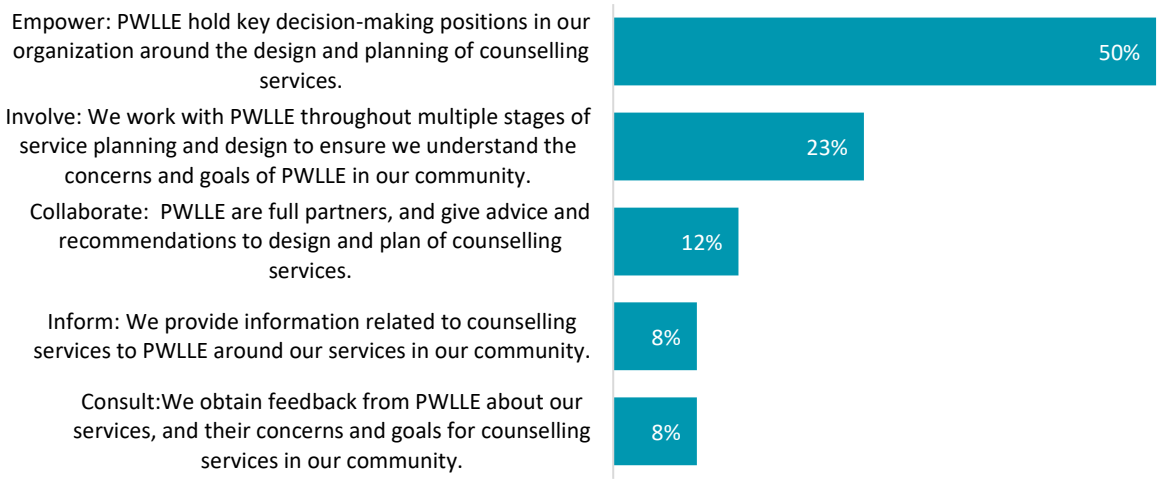
Table 2: Grantee and surge organizations were able to quickly identify their clients' barriers to access for virtual services and implement strategies to mitigate these.

Barrier Encountered	Strategies Implemented
Clients lacking access to equipment	• creating a computer lending library • providing cell phones to clients • networking with organizations to support access to computers
Clients lacking access to secure, private space	• continuing in-person sessions by maintaining proper social distance • offering private spaces equipped with technology available to clients
Clients not being comfortable or familiar with technology	• continuing in-person sessions by maintaining social distance • offering troubleshooting or coaching support to clients to navigate virtual platforms • offering mixed model of delivery ensuring safety protocols for in-person delivery

Involvement of People with Lived and Living Experience

The CBO survey asked grantees to describe their engagement of PWLLE in program planning and service delivery. Half of grantee respondents (n=26) described this engagement in terms of empowerment, indicating a high level of engagement of PWLLE at various levels within organizations[9] (Figure 5).

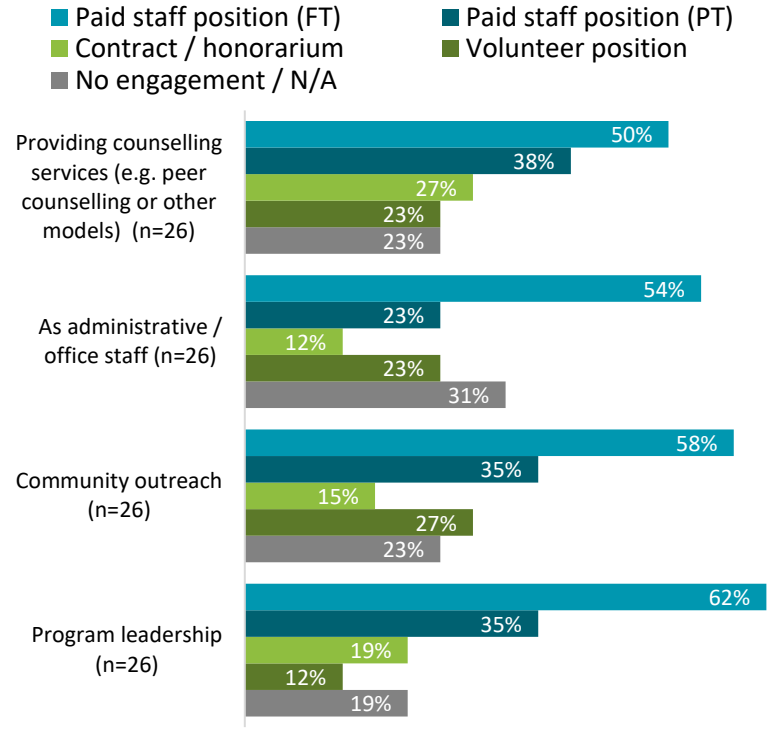
Figure 5: Half of grantee organizations report that PWLLE are deeply engaged in the delivery, planning and design of counselling services.



This is further evident in the types of roles PWLLE hold within grantee organizations. 88% (23 of 26) of grantees engage PWLLE in some way, for example as paid full-time or part time staff, contract/honoraria, or volunteer in at least one role within their organization, such as providing counselling services, administrative/office staff, community outreach, program leadership, or other. PWLLE were engaged as full-time employees providing counselling services, as administrative/office staff, community outreach, program leadership, or other roles in 50% or more of grantee organizations (Figure 6).

[9] The scale describing the engagement of PWLLE was adapted from the International Association for Public Participation, available at: https://iap2canada.ca/Resources/Documents/0702-Foundations-Spectrum-MW-rev2%20(1).pdf.

Figure 6: PWLLE are most often employed in program leadership and community outreach positions.



The grantee reports corroborated this finding, with several grantees describing how PWLLE hold key leadership positions in their organizations, such as board members, and/or are providing advice and guidance on how to best design or deliver programming. Grantees also reported engaging PWLLE in a variety of different service delivery roles, from providing programmatic support, to conducting outreach and delivering counselling services.

Some grantees noted that the involvement of PWLLE was a key facilitator in designing and delivering programs that engaged their clients. Organizations offering programs to specific equity-seeking population groups reported that engaging PWLLE, people from the same culture, and/or people who speak the same language as these clients in program delivery improved connections to clients, facilitated new engagement, and increased clients' comfort and trust in services.

Grantee survey respondents noted that having dedicated funding to hire and support PWLLE within their organization (whether in direct service delivery, support roles, or other roles) was critical in supporting engagement of PWLLE in the design and delivery of services. Other grantee respondents noted that their organizations had policies and procedures in place around supporting PWLLE in their roles and ensuring their health and wellbeing.

Cultural Relevance and Cultural Safety

The CBO survey asked grantees[10], including those with an Indigenous mandate or who are Indigenous-led, to identify steps taken to ensure the cultural relevance and safety of their counselling programming. At the time of completing the survey, all grantee respondents had already begun, or had plans to begin, acknowledging traditional territories as part of their standard processes, building relationships with local First Nations, Metis or other specific populations and offering staff training/education of historical impacts of ongoing colonization and racism.

In the final reports, connecting people to services delivered and designed by members of clients' own cultural group was the most commonly-reported way that grantee organizations ensured their programs were culturally relevant. Grantee organizations either reported that they supported their clients' access to members of their cultural group (e.g. Elders) or to their practices and ways of knowing/being. Other

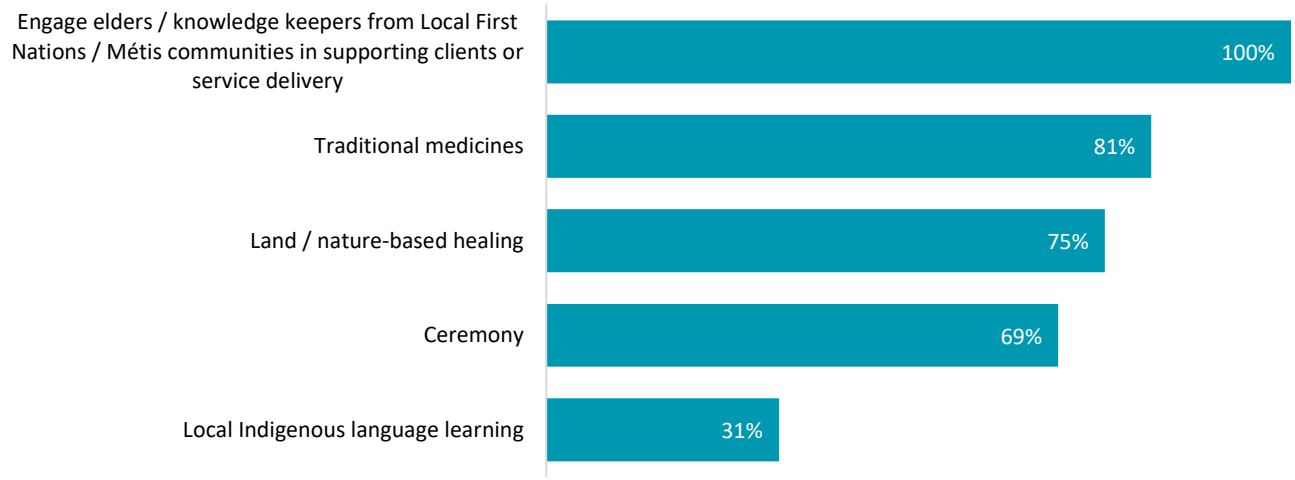
[10] Only grantee organizations were asked this survey question

grantees reported hiring staff from the same culture as their clients in order to provide specific, culture-based programming.

Nine grantee organizations who have an Indigenous mandate or are Indigenous-led all offer culture-based programs, including traditional medicines, ceremony, land/nature-based healing, and other culture-based activities. In their reports, these grantees credited their success in implementing and offering culture-based programs to the flexibility of their funding, having relationships with Elders and Indigenous community leaders, and being trusted, and seen as reputable, by local First Nations.

Beyond this, 16 grantee survey respondents (including organizations that are not Indigenous-led or do not have an Indigenous mandate) reported that they offered programming led by Indigenous people for Indigenous people. All of these programs connected clients to Elders or local knowledge keepers, and the majority involved the use of traditional medicines (81% or 13 of 16), land or nature-based healing (75% or 12 of 16, and ceremony (69% or 11 of 16) (Figure 7).

Figure 7: All programs led by Indigenous people for Indigenous people involved the engagement of an Elder and/or local knowledge keeper, and less commonly (5 of 16) involved local Indigenous language.



Reach of Community-based Counselling Programs

Over the first year of funding, grantee and surge organizations reported overall increases in clients accessing counselling from the baseline period (annual estimates as of October 31, 2019) compared to year one of the funding (November 1, 2019 to October 31, 2020), with the most significant gains being in individual, couple, or family counselling. Grantees received 7,991 referrals, compared to estimated 4,669 at baseline[11], a 71% relative increase (Figure 10). Furthermore, the total number of unique individuals who have accessed individual, couples, or family counselling sessions from grantees increased, from 3,922 estimated at baseline to was 5,863, a 49% relative increase (Figure 9). Grantee organizations also reported increases in the number of new clients accessing services (those who had never accessed services at the organization before), from a total across organizations of 2,906 at baseline, to 4,228, a 45% relative increase (Figure 8).

Figure 10: Referrals to grantee organizations' counselling programs increased by 71% in year one of the funding compared to previous years.

Figure 9: The number of clients accessing individual, couple, or family counselling sessions increased by 49% in year one from past years.

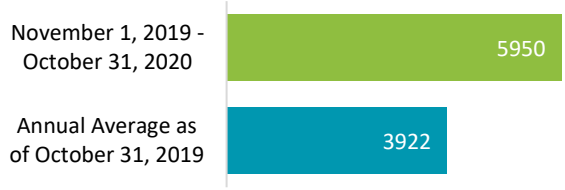


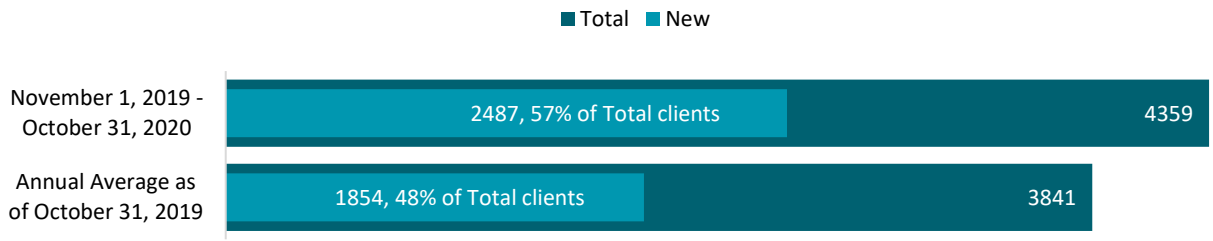
Figure 8: Grantees reported a 45% increase in new clients accessing individual, couple, or family counselling compared to previous years.

Grantee organizations also reported increases in the number of clients accessing group services. The number of unique clients in group sessions totaled 4,328 in year one compared to 3,841 in baseline, a 13% relative increase (Figure 11). Grantees reported in mid-term and final reports that their group counselling services were key sources of engagement for both new and returning clients while on waitlists for individual counselling sessions. Furthermore, there was a significant increase in new clients as a percentage of total group session clients from the baseline estimates to year one totals. New clients for groups accounted for 57% of total clients in year one, compared to estimate of 48% at baseline (Figure 12), suggesting that more clients who had never before been reached by the grantee accessed services through group sessions.

Figure 11: The number of individuals accessing group counselling increased by 13%.

[11] Two organizations were not able to provide baseline numbers.

Figure 12: New clients made up a higher percentage of the total number of clients accessing group services in year one of funding compared to previous years.



Connections to a System of Care

As noted in their reports, increasing existing relationships or establishing new relationships was a key area of activity for many grantee organizations. Relationships with other service providers in their area was noted as a key facilitator to success for delivering counselling programs. Findings from the CBO survey and SNA surveys indicate that grantees are highly embedded within localized or targeted networks of service providers, centred around a certain geographic area and/or around focus client populations.

In the CBO survey, 93% of grantee respondents (24 of 26) **agreed or strongly agreed their organization is a key entry point for MHSU services**, and **96%** (25 of 26) **agreed or strongly agreed their organization is a key place to connect people to other local health and social service providers**. Moreover, when asked in the SNA surveys to identify organizations that were key entry points for MHSU care, grantee organizations were identified in four of five cases as either the top or among the top two key entry points by other respondents. **Additionally, findings from the SNA show that all five case study organizations were central to their networks for referrals, which provides further evidence of grantees' roles as key points of entry for MHSU services.** For visual representations of all five network maps, see Appendix A: Connections to a System of Care, and for more detailed analysis from the SNA, see the individual SNA reports for each case study.

However, findings from the CBO and SNA surveys suggest that shared coordination and communication among service providers, joint strategic planning and shared service delivery may be areas where broader, systemic change is needed. In open-ended responses to the SNA survey, a common theme among all respondents was a desire for increased coordination and communication among service providers in their community or area. In addition, respondents stressed the importance of coordination and communication in delivering services and connecting people to care for MHSU.

In the CBO survey, grantee, surge and applicant organizations similarly rated shared communication and coordination as the aspect of a system of care the most in need of improvement; 65% of surge organizations, 61% of applicant organizations, and 46% of grantees reporting this to be not very effective or not at all effective (Figure 13). Grantees and surge organizations were more likely to rate all aspects of a system of care as being effective than applicant organizations, suggesting these organizations are more connected within a network of organizations related to MHSU care.

Figure 13: Grantees and surge organizations were more likely to rate all aspects of a system of care for mental health and substance use as very effective or somewhat effective than applicant organizations.

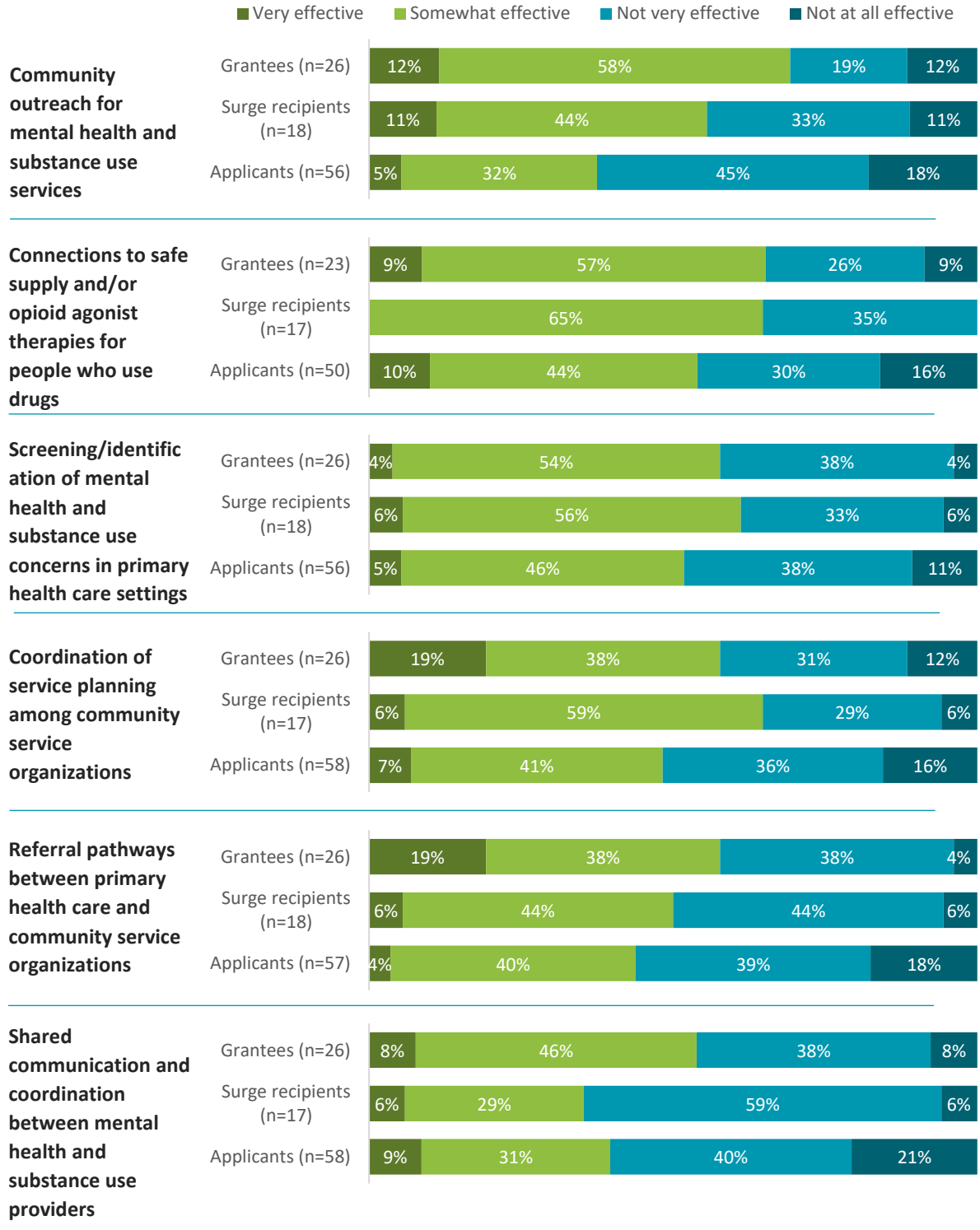
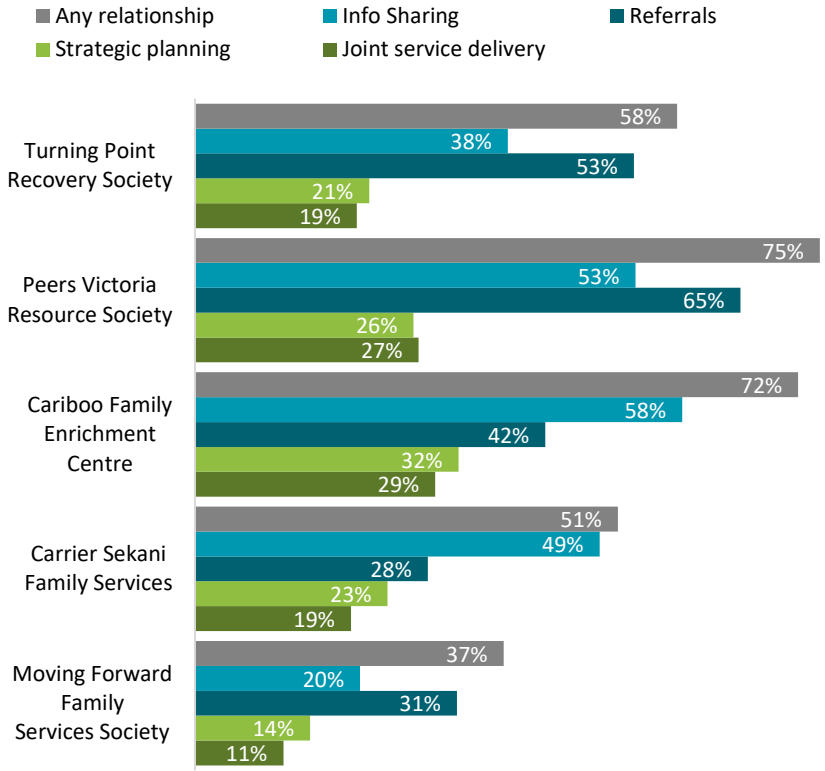


Figure 14: While there was significant variation between the overall density of case study networks, all five organizations had higher density for information sharing and referrals than other relationship types.



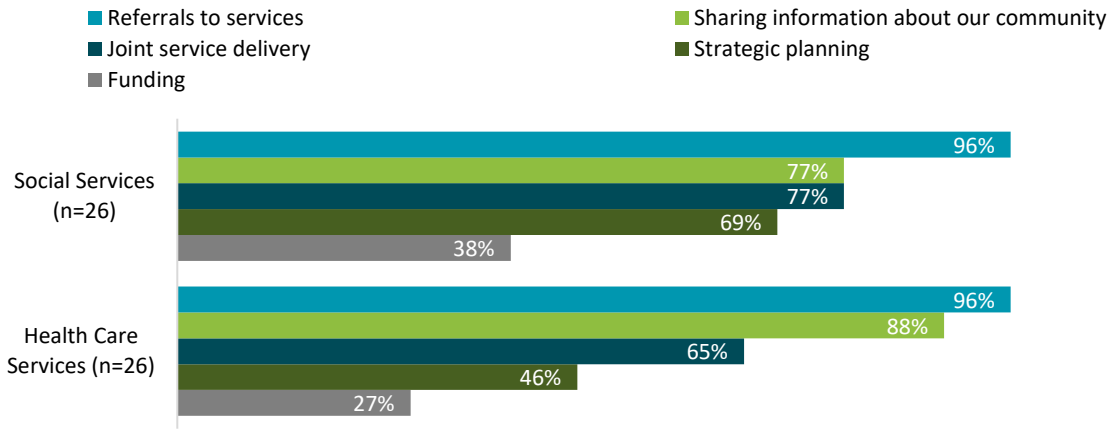
Other findings suggest that while many grantees are well-connected within a system of care for MHSU, these relationships are primarily driven by sharing information and referring clients, and more involved connections required for strategic planning and joint service delivery may be lacking. Grantee respondents to the CBO survey most commonly reported that their work with other service providers was around information sharing and referrals (Figure 15), though grantees reported more joint service delivery and strategic planning with social services[12] than with health care services.[13] For a detailed breakdown on grantees' reported relationships with each individual type of service in the CBO survey, see Appendix A: Connections to a System of Care.

SNA findings from the five case study organizations also show a high level of connection between organizations around information sharing and referrals, and much fewer connections in strategic planning and joint service delivery. When looking at the five networks as a whole, the percentage of possible relationships that actually exist (known as network "density") is far higher for all five networks around information sharing and referrals (Figure 14).

[12] Social services included in the survey were financial / income assistance services, child and family services, employment services, food security services, housing supports, legal services, adult education / literacy programs, and immigration and settlement services.

[13] Health care services included in the survey were primary health care services, harm reduction / overdose prevention services, and prescribers for safe supply and/or opioid agonist therapies for people who use drugs.

Figure 15: Grantee's relationships with health care services and social services are largely driven by referrals and information sharing, though joint service delivery and strategic planning is more common with social services than with health care.



Populations Being Reached

In their reporting, grantee organizations highlighted their ability to expand their reach to specific populations and successfully serving clients who had previously been disadvantaged from accessing services, either due to logistical barriers, such as being in a rural or remote location, or due to socially determined circumstances, such as age, disability, race, social class or socioeconomic status.

Reach of virtual services

The transition to virtual services was a significant change for many grantee organizations, and for many presented new opportunities to engage with clients. Many grantee organizations reported that virtual services had increased engagement with people with mobility issues, transportation barriers, and other challenges travelling to appointments in-person. Some grantees reported that virtual services had increased their capacity to engage with rural and remote communities, though for some access to phone and internet services remained a barrier.

> "Phone and video counselling has been a positive addition to the program enabling participation by people with heightened privacy concerns and without travelling to attend appointments."
>
> *- Grantee final report*

A large number of grantees reported that many of their clients required coaching and other support in order to learn how to navigate and become comfortable using various virtual platforms, but that this resulted in increased engagement and access for many of their clients after the initial adjustment period.

> "Phone and video counselling has been a positive addition to the program **enabling participation by people with heightened privacy concerns** and without travelling to attend appointments. We have learned that some people prefer telephone counselling and **there are fewer "no shows" with this method**, so we plan to keep this option going forward even if restrictions on in person counselling are eased."
>
> *– Grantee final report*

Increased engagement with Indigenous clients

A number of Indigenous-serving grantee organizations (including those with self-identified Indigenous mandates and Indigenous-serving organizations with programs run by Indigenous people for Indigenous people) reported that they had been able to increase engagement with Indigenous communities and that they had been able to offer increased access to culture-based programming. For some, they were able to reach clients who had never before had access to culturally-relevant or culture-based programs.

> "[There has been an] overall increase in interest and participation in our counseling programs over the last year. **Many of our participants are discovering their culture for the first time** and are from many different nations across Turtle Island."
>
> *- Grantee final report*

Outreach and community connections with focus populations

Grantee organizations reported that outreach activities and close connections with communities and focus populations had helped them to increase their reach within these populations once their program enhancements were in place. A few grantee organizations who tailor services to LGBTQ2S+ populations noted increased engagement, others described increased capacity to provide outreach and wraparound services for people who use substances, and others described the impacts of new programs focused on specific populations (such as pregnant women and mothers who use substances, single fathers, people engaged in sex work, etc.) now that they had capacity to offer services to these populations.

> "Participants have benefited greatly from our counselling program as they are **able to access counseling directly from our agency where they are already accessing other services and they are able to access counselling almost immediately**. Our increased profile in the community is allowing for greater interactions with this population (pregnant and newly parenting mothers who use or have used substance in the past)."
>
> *- Grantee final report*

> "**Holding a group specifically for single dads was meaningful and delightful because there are no resources or programs for dads in our valley**."
>
> *- Grantee final report*

> "More under-served populations were reached than anticipated. **We have been receiving more referrals for transgender individuals - we went from enquiries about our services in general to actually receiving referrals for transgender individuals** to access our support services."
>
> *- Grantee final report*

Populations not Being Reached

Grantee organizations identified a number of population groups that are currently not effectively reached through their counselling programs. This finding was consistent through the CBO survey results, SNA survey results, and in grantees' mid-term and final reports. CCF applicant organizations and organizations included in the SNA surveys reported challenges reaching the same population groups reported by grantees and surge organizations. Table 3 summarizes these population groups and the

challenges that all organizations (including grantees, surge, and applicant organizations, and respondents to the SNA survey) have reported in reaching them.

Table 3: Grantee organizations described a number of challenges they face in reaching different population groups.

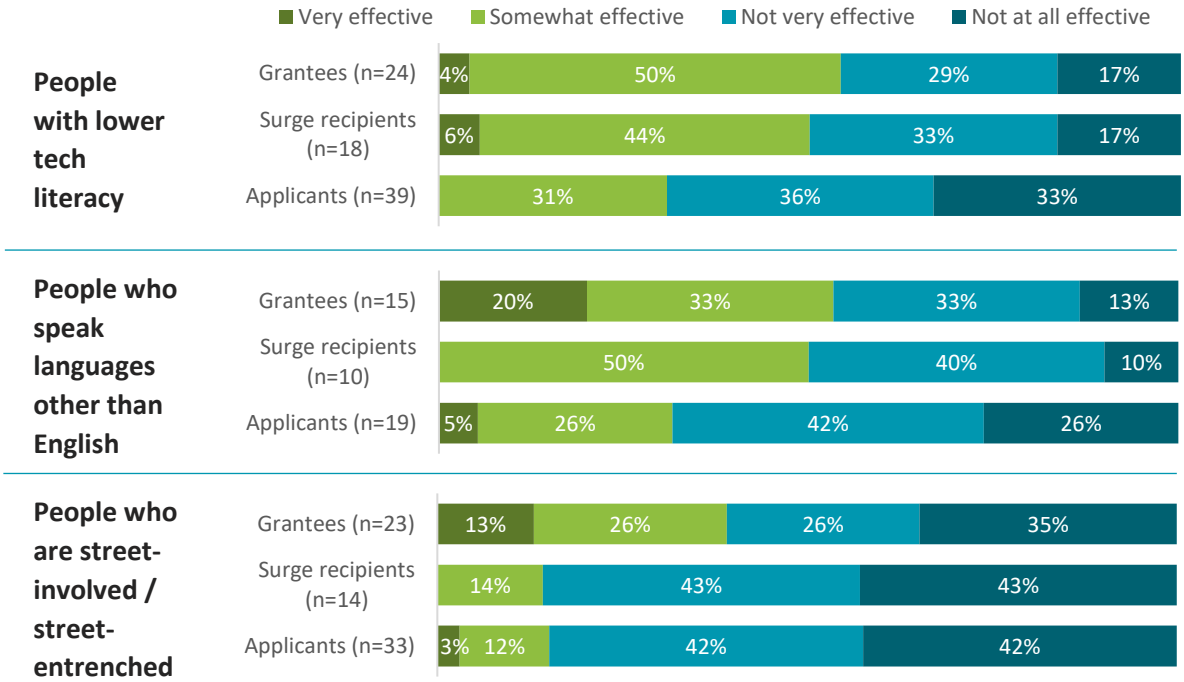
Population	Challenges
Indigenous communities and urban Indigenous populations	• Lack of culturally-relevant services (due to lack of funding and/or capacity) • Lack of trust and/or previous stigmatizing experiences • Lack of capacity for outreach
People who are homeless or precariously housed	• Lack of capacity for outreach • Lack of trust and/or previous stigmatizing experiences • Difficulty establishing relationships
Newcomers to Canada (including new immigrants, refugee claimants, temporary foreign workers)	• Lack of culturally-relevant services (due to lack of funding and/or capacity) • Fear of accessing services due to immigration status • Lack of services in first language
People who speak languages other than English	• Lack of services in first language
People who use substances	• Lack of funding for specific services • Abstinence policies of other supports
People in rural/remote communities	• Access to telephone and internet service • Transportation barriers
People with low income	• Lack of funding to offer free / low-fee services

Populations not effectively reached with virtual services

In addition to the challenges noted above, grantee and surge organizations reported that virtual services were not effective for all populations equally. Grantee, surge, and applicant survey respondents reported that people who experience homelessness or are precariously housed, people who speak languages other than English, and people with lower tech literacy were the populations for whom virtual counselling was least effective (Figure 16).

However, both grantee and surge survey respondents reported much higher efficacy for all of these populations compared to applicant respondents, suggesting that the funding had increased their capacity to successfully tailor and implement virtual services in ways that were effective for these clients (Figure 16). For people who experience homelessness or are precariously housed, grantee respondents in particular reported significantly higher efficacy of virtual services. 39% of grantee respondents (9 of 23) reported that virtual services were very or somewhat effective for people who are street involved or street entrenched, compared to 14% (2 of 14) of surge respondents, and 15% (5 of 33) of applicant respondents (Figure 16).

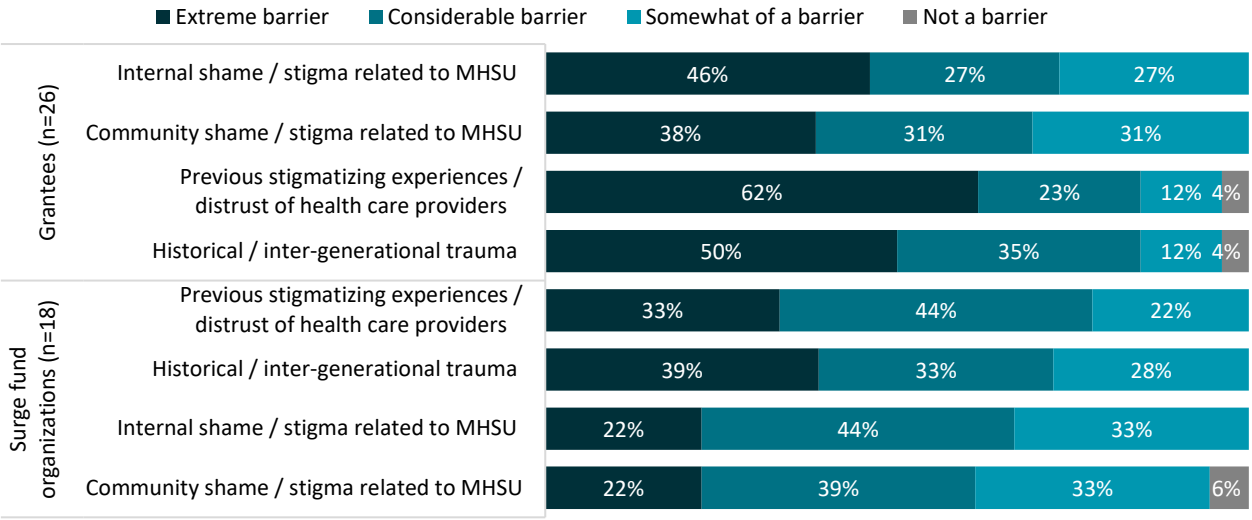
Figure 16: Grantees, surge, and applicant organizations all agreed that virtual services were the least effective for people with lower tech literacy, people who speak languages other than English, and people who are street-involved or street-entrenched.



Barriers to access for clients

In their reporting, grantee and surge organizations identified a number of barriers, in addition to virtual service barriers, to access for their clients and focus populations. The most-cited barriers included logistical barriers to access, such as a poverty, lack of transportation, lack of childcare, and difficulties making and keeping appointments. A smaller number of organizations identified stigma as a barrier, though in response to the survey, various sources of stigma were the barriers most commonly identified by grantee and surge respondents as extreme or considerable barriers (Figure 17).

Figure 17: Grantees and surge organizations most commonly reported previous stigmatizing experiences or distrust of healthcare providers and historical or inter-generational trauma to be an extreme or considerable barrier.



In mid-term and final reports, grantee organizations described a number of strategies for overcoming the different social and logistical barriers faced by their clients. The key barriers encountered by clients, and strategies grantees used to address these, were as follows:

Table 4: Grantee organizations were able to quickly identify barriers to access for their clients and implement strategies to mitigate these

Barrier Encountered	Strategies Implemented
Stigma and lack of trust	• Awareness and education around MHSU for MHSU providers, other health and social services, and the general public • Provide low-barrier introductions to counselling services, such as drop-in services and outreach activities • Have PWLLE conduct drop-in or outreach services • Offer culturally-relevant services for specific populations and in a variety of languages
Inadequate support for basic needs (income, food, housing)	• Have relationships and collaboration with other service providers to connect clients to other support services • Bring supplies on outreach visits, such as harm reduction supplies, food, or sanitation products.
Lack of transportation	• Offer supports such as ride or bus tickets to attend appointments
Lack of time	• Offer counselling services close to other services in the community • Offer child minding services

Other needs identified by grantees and surge respondents included a more integrated and collaborative approach to MHSU care with increased collaboration and coordination among service providers, and long-term, stable core funding for low-barrier and/or free services. Finally, the capacity for expanded options for counselling and MHSU services was identified as a need; many grantee respondents noted the need for staff with specialized expertise or experience, and many surge respondents reported a need for expanded options of service delivery models and modalities.

Early Outcomes of the Community Counselling Fund

In year one of the fund, many grantees were in the beginning stages of implementing their planned programming, and with the onset of COVID-19, there were significant delays or changes in program implementation for many grantees. For this reason, outcomes reported in this section may provide early insight into the impacts of programs, but will be explored in greater depth and detail in years two and three of the evaluation as the programs progress. These outcomes include those reported by grantees, in their mid-term and final reports, and surge organizations, in their mid-point reports.

Impacts for Clients

The most significant impact for clients, as reported by organizations, has been the **reduced barriers and more accessible services that they have implemented as a result of the funding**, which is further reflected in the significant increases reported in the number of clients accessing services. As discussed in previous sections, organizations credited a number of facilitators to increasing the accessibility of their services (including expanding language capabilities, offering new program types and virtual counselling options, offering new programs for specific population groups, new counselling methods and modalities, expanding outreach, increasing clinical supervision and staff capacity, and engaging PWLLE in program design and delivery), and employing a wide variety of program solutions to address community-specific and population-specific barriers. Based on the populations identified as being effectively reached by the CCF, such as people with mobility issues, people in remote or rural communities, Indigenous populations, and LGBTQ2S+ populations, evaluation findings suggest that the strategies used to reduce access barriers for clients has helped to ensure that clients are not disadvantaged from accessing services because of socially determined circumstances.

Many organizations also spoke to the impacts of the increased capacity to engage clients more consistently and offer greater continuity of support. For many organizations, virtual services and group services increased their capacity to engage clients who were either on waitlists for individual services or who found virtual services reduced their barriers. In addition, many organizations noted that their connections to other service providers allowed them to connect clients to other services to help meet other needs and connect them with a greater continuity of care across a holistic system of care.

A smaller number of organizations spoke to the individual impacts the programming has had on their clients' lives. Some noted that clients had reported improved capacity to manage their mental health and had gained additional skills and knowledge. Some of these organizations noted that after completing programs, some clients had gone on to volunteer with the organization to help run programs

"One participant who took the Connections program once and the self esteem program twice, expressed interest in providing support with ongoing programs. She helped with a round of self esteem and a round of connections program to distribute materials and assist participants to get set up with the online platform. She had learned technical skills through the program and wanted to share her learning with others."

- Client impact story, Grantee final report

"I am experiencing relief from experiences of depression, anxiety, suicidality as I learn additional tools."

- Client impact story, Grantee final report

or deliver them within their communities after completing appropriate training. Similarly, organizations noted that group programs and engaging clients as volunteers had helped to foster stronger connections to the community and maintain social connection for their clients, particularly those who were experiencing feelings of isolation because of the COVID-19 pandemic.

Impacts for Community-based Organizations

The most commonly cited impact in grantee and surge organizations' reporting was the increased capacity to serve more clients through their programs, and to meet the increased demand brought on by the COVID-19 pandemic. Grantee organizations who increased their clinical supervision capacity reported that this allowed new programs to open up (such as waitlist counselling groups), gave staff time and space to reflect on their practice and make adjustments between sessions, and gave peer counsellors resources needed to support them in their roles, as well as reduced burnout and stress, and improving connections between staff.

> "Group supervision support was really helpful because of all the learning and discussion of ethics that was needed to change our services from in person to online. [This] gave staff [the] **opportunity needed to debrief and be reflexive about the sessions and what needed to be changed** before the next session with participants**."**
>
> *- Grantee mid-term report*

Other grantees reported on the positive impacts that more generally support staff activities, such as changes in management and administrative support, and regular staff meetings have had on their counselling programming. Grantees noted improved internal processes (for example, hiring processes, intake and referral workflows) and more capacity for front-line service staff.

> "Having additional support at the management level allowed for **improved job postings, recruitment strategies and time recruiting.** In May 2020, we had several vacancies, and **now nearly all roles are filled."**
>
> *- Grantee final report*

A smaller number of organizations highlighted the training opportunities they have been able to offer staff through the funding. Some organizations were able to implement cultural safety, diversity and inclusion trainings, or trainings on particular counselling modalities or for specific population groups. This was noted to have elevated staff expertise and quality of programming.

Finally, a few organizations noted that implementing programs focused on serving specific population groups, or bringing on staff with expertise and who had lived and living experience with their programs' focus had brought increased attention and awareness of the barriers and issues facing their clients throughout the entire organization. These organizations noted that activities designed to increase the safety and relevancy of programs for focus populations have carried over to the rest of the organization, beyond the staff delivering or working on the counselling programs.

Impacts for Communities

While it is too early to assess the broader impacts of the CCF counselling programs on the broader communities in which they operate, many organizations reported that the funding had allowed them to increase their connections and relationships to other service providers, and that there had been a greater overall sense of collaboration and integration of services within their networks.

A small number of organizations reported that increased awareness and education around MHSU programming, as well as increased outreach and staff connections in community had resulted in furthering conversations on stigma around MHSU.

Discussion

Facilitators to Implementation

In their reporting, grantee and surge organizations highlighted several key factors which facilitated the implementation of their program enhancements, which are more general to their programming and not limited to the transitions to virtual services.

Flexibility of Funding

It was widely reported that the flexibility of the CAI CCF enabled them to both address gaps in their existing services while also allowing them to respond to changing needs and circumstances, such as the pandemic.

> "CAI funding made it possible to **offer more in-depth clinical services** to our clients. It has allowed us to become a **more well-rounded organizations offering both peer and professional based services**."
>
> *- Grantee final report*

As detailed in the Implementation section, grantee organizations noted in their final reports that the funding had allowed for a wide range of program enhancements, from increasing staff FTEs, hiring and onboarding staff with specific skills or perspectives tailored to unique client needs, and acquiring equipment and physical space. **Flexible or dedicated funding was also the most commonly cited facilitator by grantee organizations responding to the CBO survey in delivering programs that are culturally relevant to their clients**. Similarly, surge survey respondents most often identified flexible funding that allowed them to use funding tailored to their clients' needs as the biggest facilitator in scaling up their virtual programs to respond to the pandemic.

Staff with specific expertise and/or lived and living experience

Many grantee **organizations were able to engage staff with specific expertise and/or lived and living experience, and noted that this was a critical facilitator to success for their clients and staff.** For example, Indigenous organizations who had been able to hire an Elder or Jr. Elder noted that the addition had increased the reach of their organization to Indigenous clients, as well as adding increased support for their staff as well.

> "This program has been life-changing, especially because **I do not have to explain or justify my work, or other aspects of my identity** (e.g. LGBTQ, experiences with disability/mental illness, sexualized violence)."
>
> *- Client impact story, Grantee final report*

Other organizations who had hired **staff with expertise and/or lived and living experience to take on a clinical supervision role noted that this had increased the overall quality of services**, and for some allowed for the addition of interns with specific skills themselves (particularly language skills and from the same cultural background as clients) which **increased organizational capacity to deliver culturally-relevant services and services in clients' first language**.

Connections to community

Grantees, surge organizations, CBO survey respondents, and SNA survey respondents reported that improved relationships between service providers and increased collaboration on program delivery, case management, and service design were critical in improving the system of care. Many grantee organizations noted in their final reports that their relationships with other service providers helped in identifying needs in the community during the COVID-19 pandemic, and allowed them to reach clients who no longer had access to care when other services were forced to close.

> "Staff have a strong and extensive knowledge of the issues specific to our community which **allows clients the ability to work on their personal goals rather than spend time educating professionals**."
>
> *- Grantee mid-term report*

Other grantees reported that their **staff's knowledge and connections in the community in which they worked improved connections with clients and resulted in better wraparound care.** These included organizations who employed counsellors and support staff with lived/living experience relevant to their client populations. These organizations noted that the specialized knowledge and expertise by their staff had helped establish a sense of trust with clients.

Barriers to Implementation

In addition to reporting what factors facilitated the implementation of their program enhancements, both grantee and surge organizations shared the barriers they encountered during implementation. In some cases, particularly for grantees, these barriers altered, delayed or cancelled elements of their planned programming, yet in many cases, these barriers resulted in the development of new strategies to overcome them.

Difficulties finding and securing qualified staff

The most commonly cited barrier to implementation from grantee organizations in mid-term and final reports was finding qualified staff to fill counselling, supervision, and other positions (such as recruiting an Elder). 69% (18 of 26) of grantee survey respondents reported that recruiting counsellors with the right fit of experience and credentials was a barrier to implementing community-based counselling programs, and 58% (15 of 26) identified retaining counselling staff as a barrier. Many grantees in rural areas noted that it had been very difficult to find counselors who were willing to move to and stay in rural and remote communities. For other grantees, finding staff with specific experience (either lived/living experience or professional experience) for population-specific programs (e.g. LTGBTQ2S+, specific languages) was a challenge. These delays were exacerbated in many cases by the COVID-19 pandemic (one grantee noted that a hiring freeze implemented during the pandemic caused further delays).

In order to address these barriers**, grantees reported a need for funding that could allow organizations to offer more competitive wages for new staff.** In the first year of implementing the CCF, many grantees delayed the implementation of the programs until these positions were filled. Some adjusted their criteria as a response; for example, one grantee increased the salary offered, another grantee hired suitable bachelor-level counsellors rather than masters-level counsellors, one grantee reduced the counsellor FTE from 0.6 to 0.4, and another hired a Jr. Elder after difficulties recruiting an Elder.

Overburdened resources

In their final reports, grantee organizations reported significant challenges related to managing the capacity of their programs to see clients in a timely manner. Of the 15 grantee organizations who reported they maintained a wait list, 9 did not report any reduction or changes over the first year. For those programs that operate on a waitlist model, most noted that the COVID-19 pandemic had increased demand and burdens of existing waitlist backlogs. Some of these grantees reported absorbing referrals from other service providers who either closed due to COVID-19 or were referring clients elsewhere because of their own limited capacity.

Other **grantees who do not maintain a waitlist reported that the higher caseloads made it difficult to accommodate clients who needed more frequent appointments.** In some cases, organizations reported that they lacked administrative capacity to support the increased case loads; and that the lack of core funding towards ongoing, administrative resources was a major challenge.

> "With a fuller caseload, [it] has become **more challenging to spend more time with one client**, although when a clients' needs are higher, daily to multiple contacts a week can/do happen. Though we don't have a waitlist, our client loads and numbers of sessions are significant, and **we are running our programs over capacity much of the time**."
>
> *- Grantee final report*

Grantees also reported **counselling staff being overburdened with administrative work.** 69% (18 of 26) of grantee survey respondents reported that counselling staff were having to spend time on administrative duties unrelated to client maintenance, and that this was a barrier to implementation. Other capacity-related barriers reported by grantee respondents included a lack of physical space to conduct programs (58% or 15 of 26), and a lack of capacity to evaluate programs (54% or 14 of 26).

Lack of stable core funding

88% (23 of 26) of grantee survey respondents reported that securing funding applicable to planned programming was a barrier, with long-term funding for programming the most commonly cited way to address barriers to implementation.

While some grantee organizations noted that demand for their counselling programs exceeded their capacity with current available funding (though the CCF and other sources), **the lack of long-term, core funding was also a concern regarding the sustainability of the programs for both grantee and surge organizations**, and is discussed in the next section.

> "We did reach capacity to support the full quantity of requests we were receiving and implemented a short waitlist. **…[We] continually struggle without core funding to ensure the infrastructure to adequately support staff** and rely on small portions (up to 10%) of project and programming grants to go toward these critical administrative supports, which this funding did not initially include."
>
> *- Grantee final report*

Lessons from Year 1

CCF Grantees well-placed to provide services tailored to specific communities and population groups

Grantees and surge organizations were able to **tailor programming to their clients and equity-seeking populations and pivot quickly to respond to changing contexts and community needs.** With the onset of COVID-19, grantee and surge organizations were able to transition to or scale up virtual services, identify problems and where these services were not effective, and implement a wide range of solutions to address them. While the extent of the impacts of these activities and their effectiveness for clients cannot yet be fully understood, **the speed with which organizations were able to put the funding to use and respond to a drastically changing environment indicates they have a high level of expertise and knowledge of the needs of their particular communities and clients.**

Many grantee and surge organizations noted that the connections they had within their community, both with their clientele and other organizations in the area, was a key facilitator in implementing their programming. These connections to the community enabled grantee organizations to refer clients to a wide range of services to address other needs related to social determinants of health (such as financial needs, primary health care, food, housing, employment), and enhance the holistic care offered to their clients.

Grantee organizations have generally exhibited a broad, holistic approach to MHSU care that is reflective of the equity-based approach of the CCF through their community counselling programs, evidenced through the provision of a range of integrated counselling services, including culture-based programs and programs that centre social and community connections as well. Moreover, in response to COVID-19, many organizations implemented program activities complementing their counselling services that directly addressed systemic barriers to services, working to establish trust and reduce stigma, address logistical barriers, and find flexible delivery models that worked for individuals. While assessing the clinical impacts of the counselling programs is beyond the scope of this report, there is strong evidence of the success of CCF grantees in delivering programs that address a wide range of barriers to accessing MHSU services through a broader, holistic approach.

"Shortly after [our] offices closed to the public in mid-March, one of our clients already struggling with severe anxiety and depression lost all hope and became suicidal. Even though it was not possible to meet the client in person, [we] continued to offer online counselling twice a week. While the counsellor was seeing the client we also felt the need to have our consultant psychiatrist see them for a second opinion and possibly some medication.

To bring about this referral it was necessary to arrange for a medical referral from a nurse practitioner to the psychiatrist. Within two days the psychiatrist managed to have two phone conversations with the client and prescribed medication to relieve some of the anxiety. But the client had no money for medications. The counsellor arranged with the pharmacy to provide the medication free of charge and it was delivered to the client. At the same time the client's immigration status was also being threatened. The counsellor provided an important report to the client's legal counsel for their immigration claim.

This illustrates the excellent teamwork between counsellor, nurse practitioner, psychiatrist, pharmacist and legal counsel. Most importantly the client is doing much better and had managed to obtain a job in a nearby city. The counsellor continues to offer online counselling to the client for as long as they need therapeutic support."

- Client impact story, Grantee final report

More flexible, long-term funding opportunities identified as primary need to address barriers for community-based organizations

The flexibility of the CCF, driven by the equity-based approach of the fund itself, was noted to be the primary facilitator in organizations implementing programs that were responsive to the needs of their focus populations and communities. This is further reinforced through CBOs reporting that the scarcity of such funding opportunities were a major barrier in implementing services.

This was reported to impact all aspects of programming, from the ability to find and recruit qualified staff with the right fit of experience, the capacity to onboard and support PWLLE, and the capacity to offer specific programming. Applicant organizations and other community service organizations responding to the SNA surveys, that were not CCF grantee or surge organizations, very often noted the need for more flexible, long-term funding options, indicating a sector-wide need across a spectrum of services directly and indirectly related to MHSU care.

While responses to the surveys and grantee reports were focused on the funding needs of individual programs and their respective organizations, **there is also evidence to suggest that a lack of long-term, flexible funding options may be a barrier in developing a more integrated system of care within communities, and improving coordination and collaboration between organizations within a community.** While many grantee organizations noted that the funding had increased their ability to create or strengthen their relationships with other service providers in the community, a major theme from other organizations, those responding to the CBO survey and community service organizations responding to the SNA surveys, was a desire to improve collaboration and communication between

service providers in a system of care, and the recognition that time and resources were a barrier to furthering this work. Findings from year one of the evaluation suggest that more flexible, long-term funding may impact the delivery of MHSU care both at the organizational and at a broader systems level.

Sustainability of Community-Based Counselling Programs

Community-based Organizations plan to continue virtual counselling with long-term funding needed to sustain program impacts

Many of the key impacts identified by grantees were attributed to increases in staff (e.g. hiring counsellors with different language skills or lived experience, hiring Elders for culture-based programing, increased capacity due to new clinical supervision, etc.). Stable, core funding was identified as a need in order to address many of the systemic barriers facing client access, as well as the barriers facing organizations, particularly for continued funding for staff at competitive wages and for infrastructure and administrative capacity. 81% (21 of 26) of grantee survey respondents reported they were able to implement sustainability plans in their counselling programs, and 83% (24 of 26) of grantee survey respondents, as well as 78% (14 of 18) of surge survey respondents, plan to continue with virtual services beyond the COVID-19 pandemic. The sustainability of impacts and what is needed to continue these programs will be explored further in years two and three of the evaluation.

Conclusion

The first year of the CCF was significantly impacted by the onset of the COVID-19 pandemic, and while grantees experienced significant challenges in responding to the increased demand and strained resources, additional funding for pivoting to virtual services and technology upgrades allowed grantees to meet the needs of their clients and maintain connections. In many cases, virtual services helped to reduce access barriers for many people, including those with mobility challenges and other barriers to attending appointments in person, and people in rural and remote communities (although internet and phone access remained a challenge for some communities). Many of the challenges facing community-based organizations were exacerbated by the pandemic, including difficulties finding and recruiting staff, and overburdened resources and a lack of stable core funding.

The CCF grantees and surge organizations reported significant gains in accessing and reaching new clients, and have reported evidence of their programs reducing logistical and social barriers to mental health and substance use services. While many grantees reported new and strengthened relationships with other service providers over year one, collaboration and communication among providers in a system of care for mental health and substance use remains a key area for improvement, identified by grantees, surge organizations, and other community-based organizations alike. Strong integration in their local communities and systems of care is a key strength of community-based organizations, and findings from year one suggest that further gains in this area may have positive implications for clients, organizations, and communities as a whole.

Appendix A: Connections to a System of Care

Types of relationships reported in CBO survey

Figure 19: Relationships reported by grantee respondents to the CBO survey to social service organizations

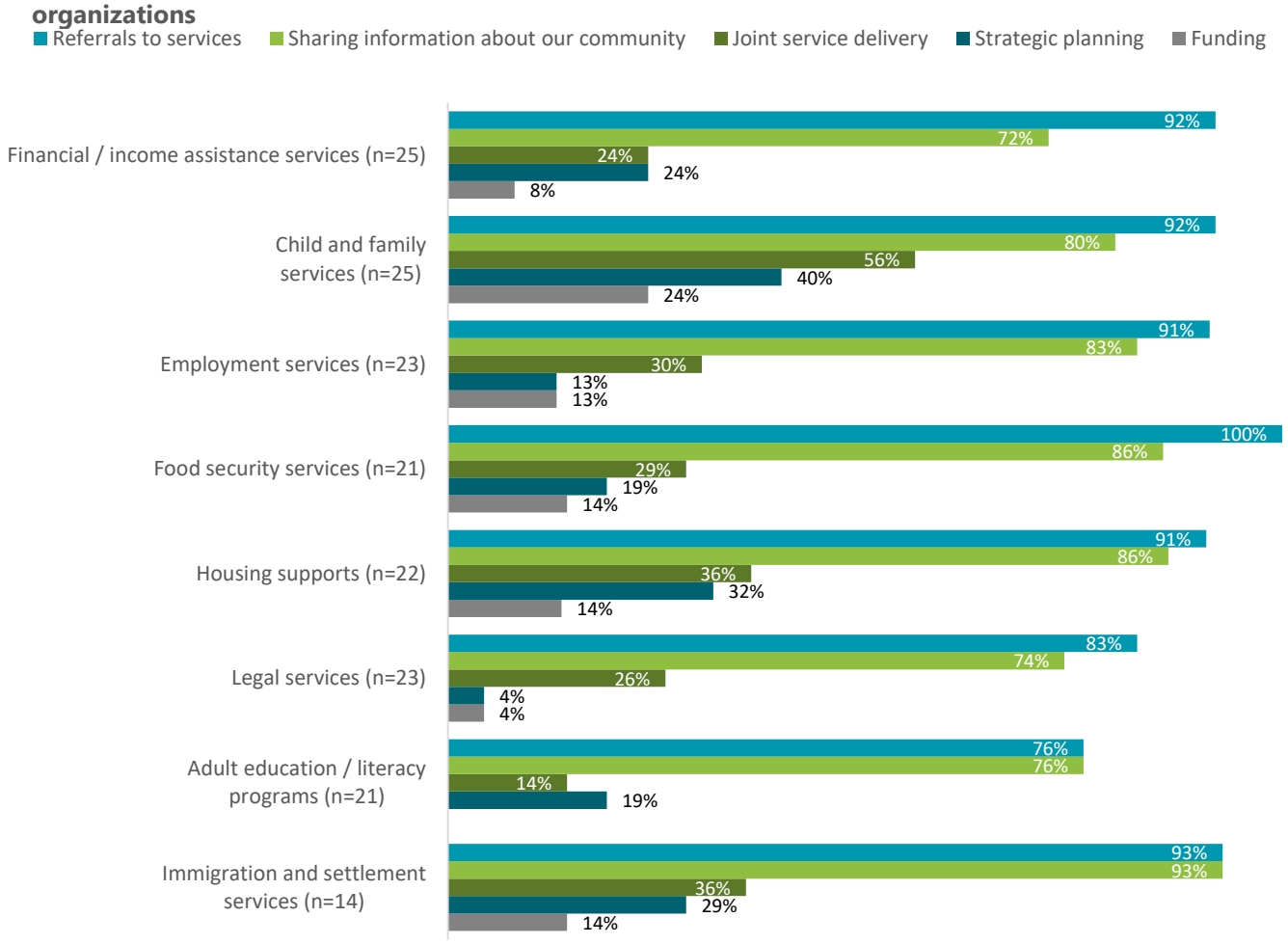
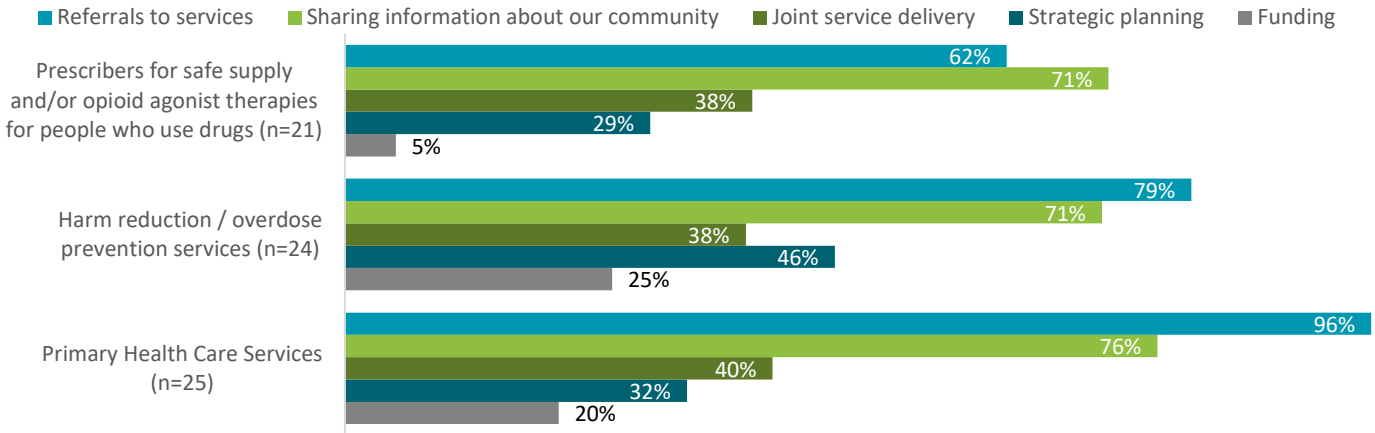


Figure 18: **Relationships reported by grantee respondents to the CBO survey to health service providers.**



Social Network Analysis Maps

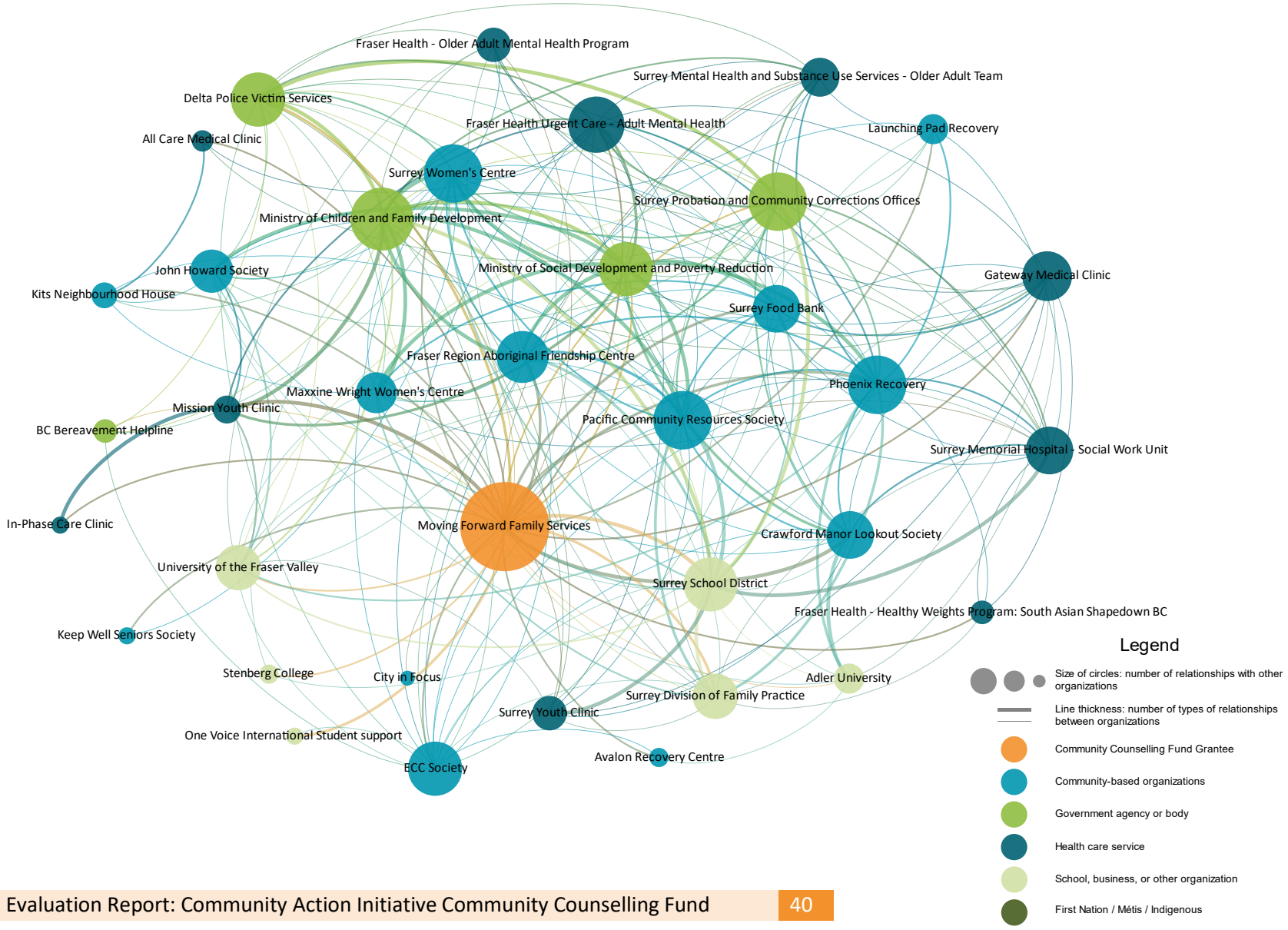
The following maps provide a visual representation of the results of the Social Network Analyses conducted with five case study organizations: Moving Forward Family Services Society, Carrier Sekani Family Services, Cariboo Family Enrichment Centre, Turning Point Recovery Society, and Peers Victoria Resources Society. These network maps represent all reported relationships between respondents to the surveys, and show a great level of variability in the extent to which organizations are connected to each other. Further analysis of these networks will be reported in individualized case study reports.[14]

These network maps represent only the relationships reported by organizations who responded to the survey, and organizations or connections missing in the maps do not necessarily reflect a missing link in reality. As well, it is important to recognize that these networks are the reflection of each case study organization's perception of their network: organizations included in the survey were identified by grantees as those organizations that are central in some way to their delivery of services. These include organizations that are both directly and more indirectly related to the provision of counselling or mental health and substance use services, and organizations were able to determine for themselves how to select and define their network lists.

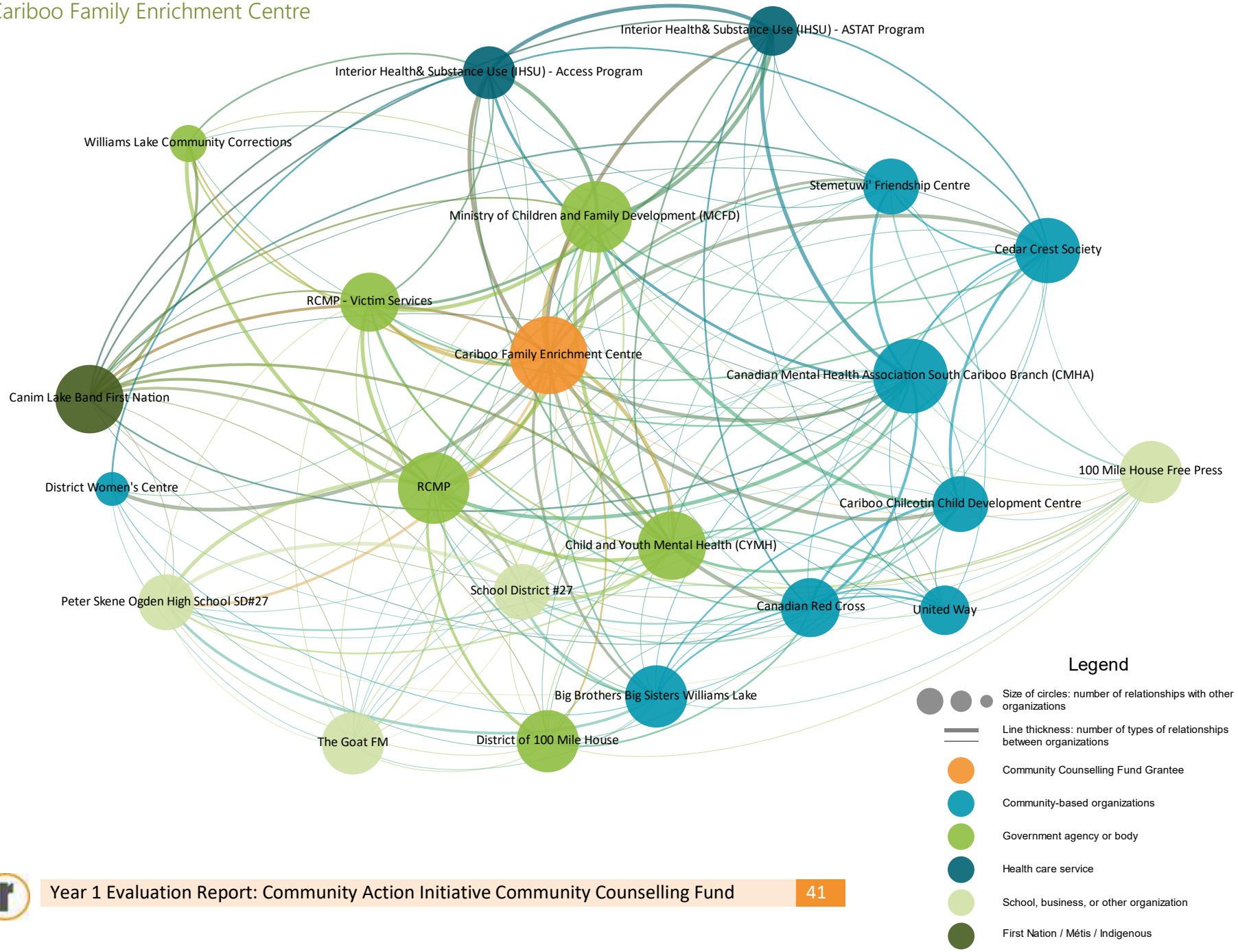
Because the network was defined by organizations, it is unsurprising that they feature as the central figures in their respective networks. However, each respondent was asked to identify up to five organizations that were NOT included. These additions will be explored within the individual case study reports, along with more in-depth analysis of the various features of each individual case study network. However, the meaning and implications of this analysis will not be fully understood until the SNA workshops occur in year two of the evaluation, when participants to the SNA surveys will have a chance to review and make sense of the results of the survey, and offer critically important context of the significance and implications and contextual factors for their specific communities or systems of care.

[14] All five SNA surveys achieved a 70% response rate or higher, which is a widely accepted benchmark of validity in which non-responses do not significantly impact the accuracy of network measures and statistics. (Borgatti, S. P., Carley, K. M., & Krackhardt, D. (2006). On the robustness of centrality measures under conditions of imperfect data. Social Networks, 28(2), 124-136.)

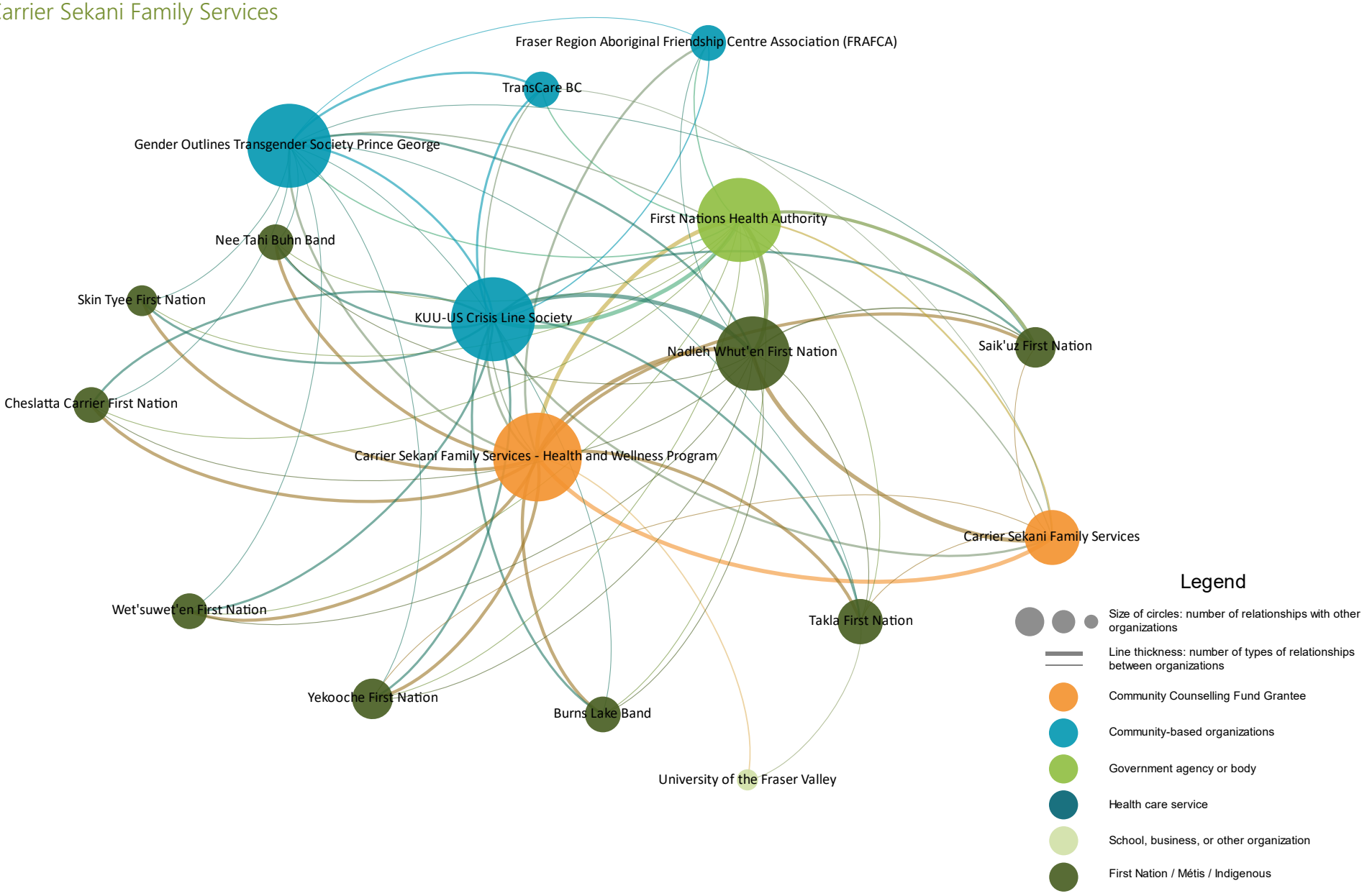
Moving Forward Family Services Society



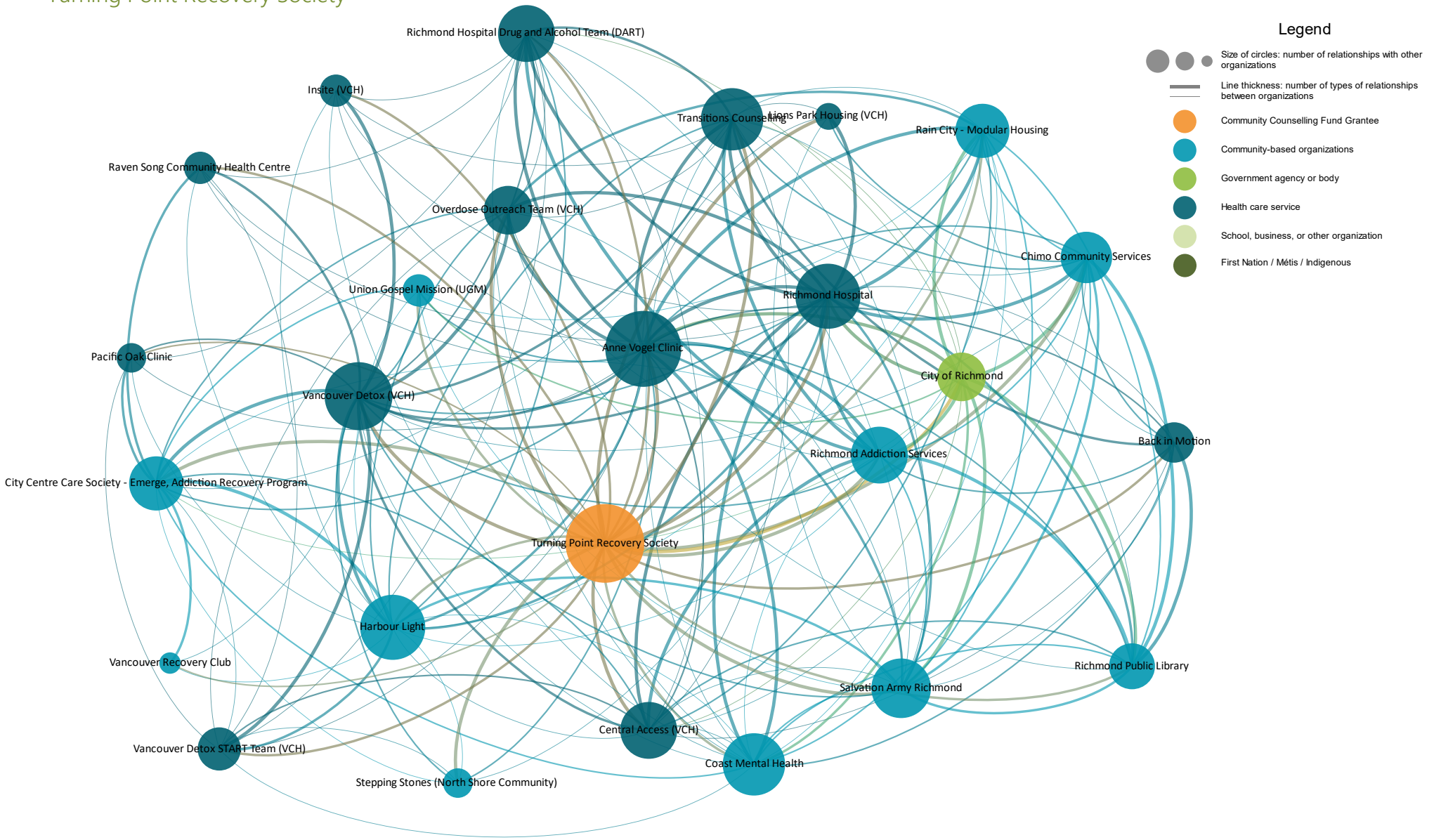
Cariboo Family Enrichment Centre



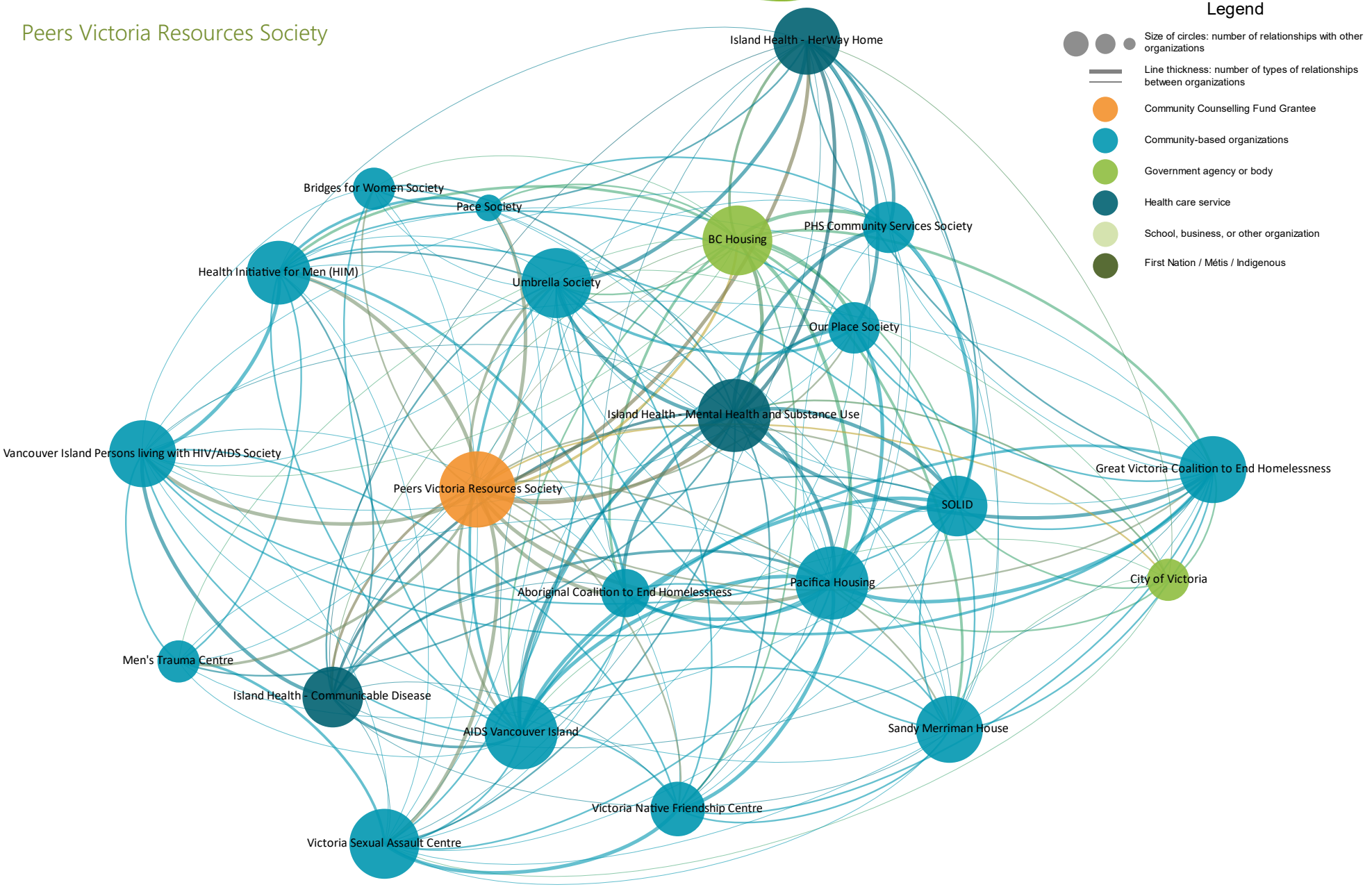
Carrier Sekani Family Services



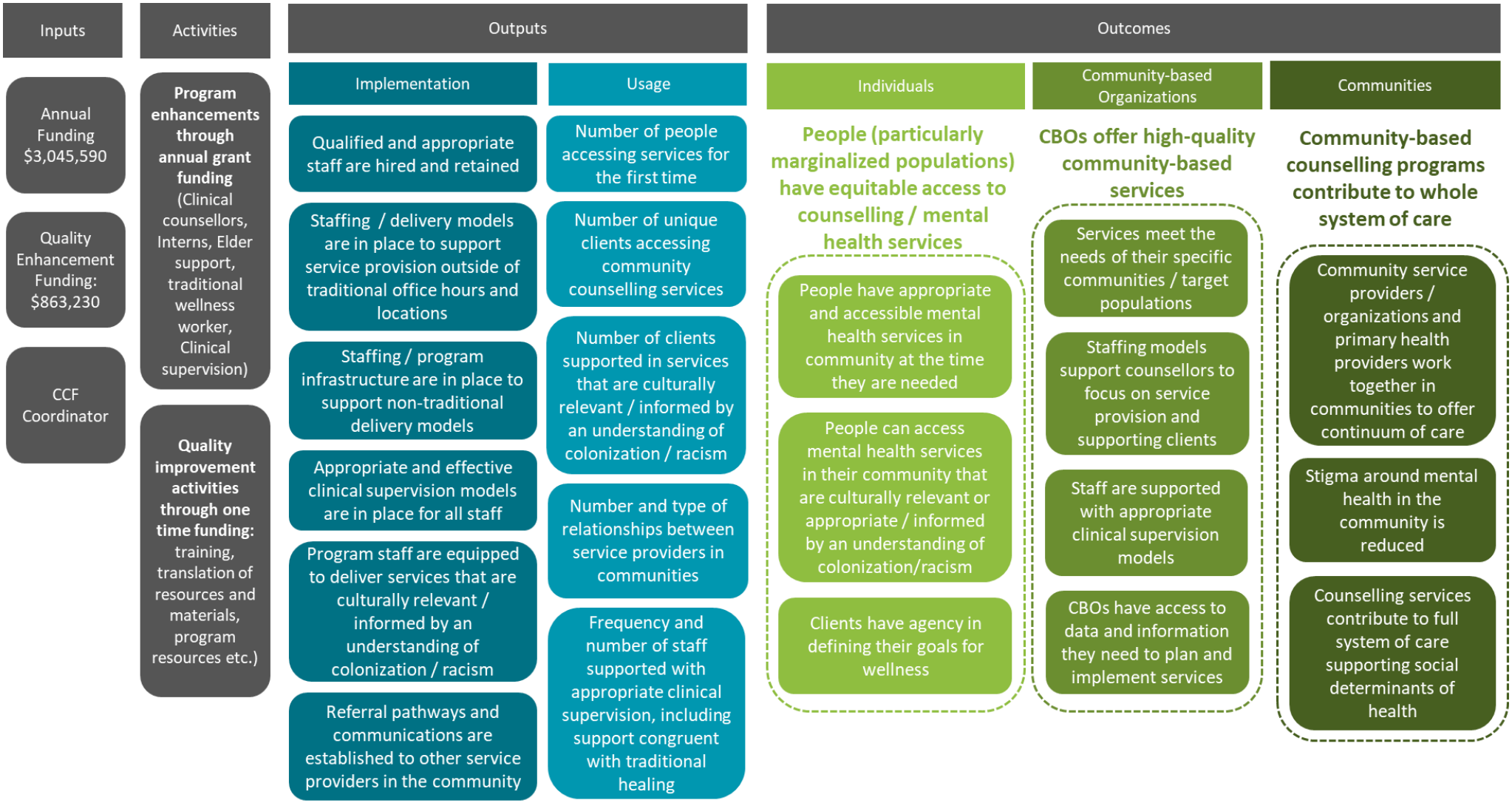
Turning Point Recovery Society



Peers Victoria Resources Society



Appendix B: Logic Model of the Community Counselling Fund



Appendix C: Evaluation Questions and Sub-questions

The questions used to evaluate the Community Counselling Fund are grouped by the main evaluation questions and sub-questions listed below. These are further detailed with specific indicators and respective proposed methods in the Evaluation Matrix in **Error! Reference source not found.**

1. **To what extent has the initiative been implemented? Were there any changes to implementation plans?**
    a. What program enhancements have been implemented by the grantee CBOs?
    b. What quality-improvement initiatives have been implemented by the grantee CBOs?
    c. How have PWLLE informed the design and implementation of program activities?
    d. What processes have been implemented to ensure services are culturally relevant / informed by an understanding of colonization / racism?
    e. What relationships have been established with other organizations/providers in the community?
    f. What changes to implementation and/or shifts in resources/priorities have occurred? What prompted these changes?
    g. What are the barriers and facilitators to implementation? What are the contextual variables?
2. **To what extent are the community-based programs reaching focus populations?**
    a. Has there been an increase in the total number of people accessing services, and those accessing services for the first time?
    b. How are people in communities accessing services?
    c. What populations are being reached? Are there populations that are not being reached?
    d. What gaps exist in services available?
3. **To what extent has the Community Counselling Fund (CCF) achieved its intended objectives for individuals, community-based organizations, and communities as a whole?**
    a. To what extent has the CCF increased equitable access to counselling services, particularly for marginalized populations?
    b. To what extent has the CCF enabled the provision of high-quality community-based services?
    c. To what extent has the CCF supported programs that contribute to a whole system of care in communities?
    d. Were there any unintended outcomes of the community counselling funds?

e. Were there any new objectives or goals that emerged? What were they? What progress has been made towards these objectives?

f. What have been the impacts of changes in objectives/goals and/or shifting resources/priorities?

4. What lessons does the project provide that could be used to support similar initiatives? (e.g. in other locations or for other populations) and how can these lessons be applied?

a. What factors contributed to success (structural, operational, other contextual factors etc.) in delivering quality services through community-based programming?

b. What barriers (structural, operational, etc.) still exist to delivering quality services through community-based counselling and what recommendations can be made to address these?

c. Was there anything that could have been done differently to improve the implementation and/or outcomes of the initiative?

5. To what extent are the outcomes of the project sustainable?

a. Are there barriers to sustainability?

b. What are the enablers to sustainability?

c. What structures, tools, and procedures have been put in place to sustain the impacts over the long-term?

d. What ongoing supports are needed to ensure sustainability of changes?

Appendix D: Evaluation Methods

Document Review

To enable us to develop the fullest possible understanding of the individual organizations and the implementation of services within the community, and to minimize the reporting burden for grantees and surge organizations, the evaluation team reviewed all available grantee and surge application and reporting documents.

Community-Based Organization Survey

A survey[15] was distributed to all grantee and surge organizations to gather baseline information about their community-based counselling services and to explore themes related to the capacity and needs of community-based organizations (CBOs) to deliver the service. The survey was extended to applicants of the CAI CCF (non-funded CBOs) to provide a more comprehensive understanding of the community-based counselling landscape in BC. The survey will be repeated in each year of the evaluation to quantify whether progress is being made towards the expected outcomes of the CAI CCF and, using this years' results as a baseline, will capture changes over time. The survey includes both multiple choice and open-ended questions; quantitative data arising from surveys has been reported descriptively and qualitative data was thematically analysed.

Case Studies

Five grantees were selected as case studies for the evaluation. Each of these organizations also assisted the evaluation team to conduct this years' Social Network Analysis (see 'Social Network Analysis' below). All grantees were invited to express their interest in case study participation. Cases were selected on the basis of maximum variation to document unique, contextual themes across different settings and conditions, and identify common patterns that cut across variations. Surge organizations were not included as possible cases as their funding ends March 2021. A case study selection matrix, created in collaboration with the CCF Advisory Committee, documented this selection process. Five grantees were selected, formally invited, and agreed to participate.

The case studies are intended to highlight and provide in-depth understanding of how community-based counselling services are being implemented to serve a variety of historically underserved populations. The focus and structure of the case studies and any additional data collection activities, such as interviews and/or local focus groups, will be elaborated on in subsequent years of the evaluation.

Social Network Analysis

A baseline Social Network Analysis (SNA) was performed for the selected case study organizations, to explore how different community counselling initiatives have been implemented within the broader community context. SNA involves a survey to be completed by the case study organization and by all organizations identified as being a partner[16] of the case study organization. SNA is designed to capture social/relational characteristics of systems and to explore how and where organizations are networked

[15] Some survey questions were added/removed to ensure the survey was appropriate for each audience (grantee, surge and applicant organizations)

[16] A partner was understood in broad terms and could include relationships such as information sharing, referrals, strategic planning or joint service delivery

within the community. SNA software was used to create visual network maps for each of the 5 SNA's, displaying the relationships that existed between organizations included within each survey, and perform statistical analyses that help to describe the unique characteristics of each of the networks.

Results of the SNA will be shared with CBOs and the CCF Advisory Committee in a collaborative workshop in early 2021 to make sense of the findings and identify areas for growth or change. A second SNA will be performed in the final year of the evaluation to capture the changes in the network and the extent to which program activities have coincided with enhanced connections and collaboration between service providers in community.