

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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 41 FTEs • 78 interns/post secondary students • 18 volunteers
Building relationships with other service providers	<ul style="list-style-type: none"> • 209 new partnerships secured
Surge Organizations	
Offering additional virtual counselling sessions/services	<ul style="list-style-type: none"> • 10,507 individual, couples or family counselling sessions • 157 group counselling sessions or psychoeducational workshops
Securing additional counselling staff/staff hours and supervision	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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.

Involve ment 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	<ul style="list-style-type: none"> 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 new clients accessing individual, couple or family counselling 13% increase in clients accessing group counselling, and 34% increase in new group counselling clients
Grantees reported increased access to a number of equity-seeking population groups	<ul style="list-style-type: none"> 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



	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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.

