

GRANT GUIDELINES

Capacity Building Grant for First Nations, Métis, Inuit, and Urban Indigenous led Bed-based Treatment and Recovery Operators

Overview

The Capacity Building Grant is a one-time funding opportunity up to \$25,000 for First Nations, Métis, Inuit, and urban Indigenous led organizations currently providing bed-based treatment and recovery services to develop and/or implement capacity building strategies within their organization in alignment with the [Provincial Standards for Registered Assisted Supportive Recovery Services](#), or the [Community Care and Assisted Living Act Residential Care Regulation](#) including but not limited to:

- Programming to support wellness, culture, traditional practice, and maintain service quality.
- Development of organizational documents, policies, and processes.
- Expanded training and supports for staff.
- Administrative and staffing supports.
- Other capacity building initiatives, as determined by your organization.

Guidelines

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Timeline

Grant Process	Key Dates
Applications open	May 12, 2025
Applications close	July 4, 2025
Review and selection process	May – August 2025

Applicants notified of decisions	September 2025
Grant awards distributed	September 2025
Project activities completed and funding spent by	August 2026

For any questions and application support, please contact:

- Samantha Young, Project Manager, Support Recovery– Community Action Initiative
- Syoun@caibc.ca , (604) 638-1172

About the grant

The Capacity Building Grant originally launched in May, 2024. Due to the number of successful grantees, half of the grant envelope remained unused. The decision was made to have a secondary round of granting the following year, giving applicants another opportunity to secure capacity building funds.

The Capacity Building Grant is established in partnership with [Community Action Initiative](#) (CAI) and the Ministry of Health (MoH) and is informed by the needs of First Nations, Métis, Inuit, and urban Indigenous service providers and community organizations. It includes a one-time award up to \$25,000 to **First Nations, Métis, Inuit, and urban Indigenous led bed-based treatment and recovery operators in B.C.** to increase their capacity to:

- Deliver bed-based supportive recovery services that are responsive to community need, free of all forms of racism and discrimination, and are evidence-based/wise practice.
- Deliver programming that supports cultural healing and substance use recovery.
- Align services with the objectives of the [Provincial Standards for Registered Assisted Supportive Recovery Services](#), or the [Community Care and Assisted Living Act Residential Care Regulation](#).

How can funding be used?

Proposed project activities must align with the objectives of the [Provincial Standards for Registered Assisted Supportive Recovery Services](#) or the [Community Care and Assisted Living Act Residential Care Regulation](#). Grant funds can be used for expenses such as program and event supplies, equipment, technology, staff wages and benefits, honoraria, travel expenses, consultant fees, staff training, administrative costs, resident resources, and other expenses related to your proposed capacity building initiative.

Please see [Appendix A](#) for further details and examples on how grant funding can be used in alignment with the Standards.

Who can request funding?

This funding opportunity is open to organizations in B.C. who meet all the criteria below:

- ☐ **Are a First Nations, Métis, Inuit, or urban Indigenous led organization.**
 - *Funding is open to any of the following agencies, organizations, and communities in B.C.: First Nations, Bands, and/or Tribal Councils; Treaty First Nation Governments; Métis Nation Chartered Communities; not-for-profit organizations or registered charities that are First Nations, Métis, Inuit, or urban Indigenous led.*
- ☐ **Are providing bed-based substance use treatment and recovery services to adults (19+)**
- ☐ **Are currently either:**
 - Licensed or registered under the [Community Care and Assisted Living Act](#); *or*
 - Accredited through an accrediting body such as [Accreditation Canada](#), [Canadian Accreditation Council](#), [CARE](#); *or*
 - Plan to, or in the process of applying for licensing, registration or accreditation.

If you are unsure about eligibility, please contact Samantha Young, Syoung@caibc.ca

How to apply

The application process was created to be as low barrier as possible. It has two steps with an emphasis on orally sharing your organization's story and proposal.

Step 1: Complete a short application (includes basic eligibility questions, 1-2 paragraph description of proposed activities, and proposed budget)

- ☐ Submit the application by email or by phone call.

Step 2: Participate in a call with the grant review committee to share more about your proposal (30 minutes)

- ☐ For Step 2, eligible applicants may be invited to participate in an online call or phone call with the grant review committee.
- ☐ The goal of these conversations is to use storytelling to share more about your organization and how these funds can support you. You will have the opportunity to discuss your application further, share additional information about your proposed activities, answer questions, and receive suggestions/feedback.

Contact information

For application support or for more information about the selection process, please contact:

- Samantha Young, Project Manager, Support Recovery– Community Action Initiative
- Syoung@caibc.ca , (604) 638-1172

Appendix A: Provincial Standards for Registered Assisted Supportive Recovery Services & Project Examples

Provincial Standards	Intent	Project Examples: Capacity Building
1. Informed Decision Making & Admissions	To ensure that the person has all the information they need to make an informed decision about whether the service is a good fit for them, and that the admission process is as low barrier as possible.	• Develop easy-to-understand information materials about available services and cultural supports (such as brochures, creating a video to share your organization's story, website development).
2. Supporting People Who Are Waiting to Access Your Service	To ensure that people who are waiting or preparing to enter a service stay connected to the service, engaged in their recovery, and informed about next steps.	• Hire contract staff to support the intake processes and to regularly check-in with people who are waiting. • Upgrade and purchase technology needed for administrative work (such as computers, internet access, software).
3. Staffing	To ensure that staff members have the skills and competencies to perform the duties outlined in their job descriptions, and to create a positive and safe living environment for residents, and a safe working environment for staff.	• Provide wellness supports for staff (such as grief counselling for staff, critical incident debriefing, team wellness activities). • Pay for staff to attend a conference, training or webinar (such as about crisis intervention, conflict resolution). • Increase staff support (such as hire additional contract staff).
4. Indigenous Cultural Safety & Humility	To ensure that all people who identify as Indigenous are respected and safe at the supportive recovery service, are in an environment that is free of racism, discrimination and stigma,	• Provide residents with access to land-based healing activities, Traditional Medicines, and other cultural healing. • Create programming to allow for connections and visits with family.

	and can access programming that supports cultural practices and connection to community.	• Develop strategies to recruit, hire, and retain First Nations, Métis, Inuit, and urban Indigenous staff.
5. Helping New Residents Settle In	To ensure that the person's immediate needs are met and that the first few days contribute to their positive engagement with the service.	• Hire contract peer support workers. • Hire a consultant to develop procedures and materials (such as an orientation checklist for staff, handouts for residents).
6. Personal Service Planning	To ensure that personal service planning is a collaborative process that accurately reflects the person's goals and the steps that will be taken to achieve them, and to ensure that these decisions are clearly documented and regularly reviewed.	• Provide residents with access to Elders, Knowledge Keepers, and Traditional Healers for guidance to develop plans for mental, emotional, spiritual, and physical wellness.
7. Medical Needs & Prescribed Medications	To ensure that the person receives help in accessing any medical care they may need, and that they are able to take prescribed medications that support their health, wellbeing, and goals for recovery.	• Buy a van for safe transportation to appointments. • Buy supplies to set up a safe space onsite to manage and distribute medications (such as OAT). • Hire a consultant to develop medication management policies.
8. Evidence-Informed Practice	To ensure that all supports, and programming offered at the service are informed by the best available evidence about what works in the field of supportive recovery for substance use.	• Provide learning opportunities for staff (such as trauma-informed practice, concurrent mental health issues, traditional healing).
9. Programming & Supports	To ensure that the person can take part in a variety of programs and activities in-house and in-community that meet their	• Buy resources (such as logs for a totem pole, supplies for a food and medicine garden, exercise equipment, computers).

	preferences and help them to make progress towards the goals identified in their personal service plan.	• Provide classes for residents (such as employment training, computer skills, life skills, personal finance). • Renovate and stock the kitchen so that residents can cook meals together.
10. Keeping Residents Safe	To ensure that all residents are free from harm and feel safe and respected in the supportive recovery community.	• Work with residents, staff, and Elders to develop practices for mediation and dispute resolution.
11. Transition Planning & Ongoing Connections	To ensure that the person experiences a seamless and safe transition from the supportive recovery service to their next living situation and is supported to continue building on the progress they have made.	• Hire contract staff to do short-term follow up with residents' post-program.
12. Evaluating Your Service & Continuous Quality Improvement	To ensure that the service provider seeks and uses input from individuals and organizations connected with their service to evaluate and enhance the effectiveness of the care provided.	• Hire a consultant to develop an evaluation framework and guide for your organization that is grounded in culture and community. • Develop a staff performance measurement with input from past residents, Elders, and partners.

Appendix B: Glossary

Accredited: Accrediting body must have reputable standing and standards focusing on evidence-based service delivery, continuous quality improvement, and the best care for clients. Accredited can be through an accrediting body such as [Accreditation Canada](#), [Canadian Accreditation Council](#), [CARF](#).

Cultural Humility: Cultural humility is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience. Source: www.fnha.ca

Cultural Safety: Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care. Source: www.fnha.ca

Evidence-Based vs Evidence-Informed Practice: Evidence-based practices are approaches to prevention or treatment that are validated by some form of documented scientific evidence. This includes findings established through controlled clinical trials, but other methods of establishing evidence are valid as well. Evidence-based programs use a defined curriculum or set of services that, when implemented with fidelity, has been validated by some form of scientific evidence. Evidence-informed practices use the best available research and practice knowledge to guide program design and implementation. This informed practice allows for adaptation while incorporating the lessons learned from the existing research literature. Ideally, evidence-based and evidence-informed practice and programs should be responsive to individual, family, and community values, needs, and preferences. Sources: www.childwelfare.gov and www.samhsa.gov

Medication-Assisted Therapies: Medication-assisted therapies (MAT) is the use of prescribed medications, often in combination with counseling and behavioral therapies, to provide a "whole-person" approach to the treatment of substance use disorders. Several different medications are available in Canada to treat alcohol, nicotine, and opioid use disorders. Medications used for MAT are evidence-based treatment options proven to reduce or prevent substance-related harms and do not just substitute one drug for another. Source: www.samhsa.gov

Opioid Agonist Treatment: Opioid agonist treatment or OAT is a treatment for opioid addiction that involves taking opioid agonist medications such as methadone, buprenorphine/naloxone (Suboxone), or slow-release oral morphine (Kadian). These medications act slowly in the body, prevent withdrawal, and reduce cravings for opioid drugs. OAT is prescribed by trained clinicians in a structured clinical setting to ensure the patient or client's safety. OAT is proven safe and effective for preventing and reducing substance-related harms and can be an important tool to support long-term recovery. Although oral OAT is most commonly prescribed in BC, long-acting implant and injectable formulations of buprenorphine (Probuphine, Sublocade) were recently approved for use in Canada and their clinical

use is expected to increase. Additionally, several clinical programs in BC offer injectable OAT using hydromorphone or diacetylmorphine (heroin) for individuals who have not benefited from oral OAT.

Source: www.bcmhsus.ca

Supportive Recovery Residences: Supportive recovery residences provide safe, substance-free accommodation in a communal living environment that provides individuals with the opportunity and the support to focus on their recovery journey as they prepare for living independently in the community. Typically, supportive recovery residences provide a lower level of supervision and higher level of resident independence than bed-based treatment facilities. Most programs offer some scheduled programming with a focus on peer support and mentorship, group work, education, and life-skills training, as well as social or recreational opportunities, hospitality services (meals, housekeeping, laundry), and connection to offsite professional services (therapy, medical care) and community-based programs (employment, housing). Some programs may offer one-on-one or group counselling onsite. Length of stay typically ranges from 60 to 120 days but can be longer.

Trauma-Informed Practice: Trauma-informed policy and practice involves integrating an understanding of experiences of violence and trauma into all aspects of service delivery, so that any service user feels safe and able to benefit from the services offered. The goal of trauma-informed services and systems is to avoid re-traumatizing individuals and to support safety, choice, and control on the part of all service users. Source: bccewh.bc.ca

Wise Practices: This phrase is widely used in Indigenous contexts to describe locally appropriate Indigenous actions that contribute to sustainable and equitable conditions. Wise practices are interventions and protocols that are reflective of Indigenous peoples' worldview and ways of creating knowledge. Rather than only implementing practices that draw on a narrow range of research methodologies or only relying on practices that are exported from elsewhere, it is essential to learn from what is already working well in communities, based on their own Indigenous knowledge systems and experience. The notion of wise practices acknowledges that a "one size fits all" best practices model is not always appropriate or effective. Source: wisepractices.ca