

Community Wellness & Harm Reduction Grants

Eligibility Application

- 1. Organization overview
- 2. Project team
- 3. Project/Initiative
- 4. Initiative goals
- 5. Project plan
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- 7. OERC alignment
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Organization overview

[? Ask a Question](#)

1. Contact information

Municipality *	City of Merritt		
Address *	2185 Voght St PO Box 189	City *	Merritt
Province *	British Columbia	Postal code *	V1K 1B8
Telephone *	250.378.4224	Website/Social media (optional)	https://www.merritt.ca/city-serv

2. Organization contacts

Application prepared by (name) *	Sarah Sandusky	Title *	Contract Grant Writer
Primary contact person			
Name *	Marlene Jones		
Telephone *	250.378.3955	Email *	cpo@merritt.ca
Secondary contact person			
Name *	Will George		
Telephone *	250.378.8619	Email *	wgeorge@merritt.ca

3. Organization profile

Is your community designated as rural and/or remote? *	Yes
Within which geographic health region are you located? *	Interior Health

4. Heard about grant

How did you hear about the Harm Reduction & Community	<input type="checkbox"/> CIA Newsletter <input type="checkbox"/> Social Media <input type="checkbox"/> Word of Mouth <input type="checkbox"/> News Media
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Wellness grants? *

- ☐ MMHA Website
- ☒ UBCM
- ☐ Community Partner
- ☐ CAI Website
- ☐ Other

Other

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Project team

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- Please list the members of your Project Team (if known) and describe their roles/contributions within the Team
- All projects/initiatives must include a Regional Health Authority partner. **The Health Authority Partner identified in your application will receive a verification e-mail requesting their confirmation as a partner in this Community Wellness & Harm Reduction Project. They will have until November 8th, 2019 to respond to the verification e-mail. Please ensure that you have notified your Health Authority Partner that they have been identified in this application and will be contacted by the CAI.**
- Collaboration with community-based organizations, local First Nations communities and Indigenous service providers, and with PWLLE / people who use drugs is encouraged.

Member name *	Member type *	Role/Responsibility *	Primary contact person *	
City of Merritt Community Policing Office	Other	Lead Applicant (Municipal Representative)	Marlene Jones	i x
Interior Health	Regional Health Authority	Harm Reduction Advisor	Maja Karlsson	i x
ASK Wellness Society	Not-for-profit organization	Community Collaborator	Keri Cooke	i x
Nicola Valley Shelter & Support Society	Not-for-profit organization	Community Collaborator	Andree Harley	i x
Scw'exmx Community Health Services Society	First Nations/Aboriginal Community	Community Collaborator	Jim Adams	i x
+ Add				

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Harm Reduction Project/Initiative

[? Ask a Question](#)

1. Current harm reduction services

Does your local municipal region have existing harm reduction services or initiatives currently in place? *	<input type="text" value="Yes"/>
If yes, please indicate the number of years they have been in operation	<input type="text" value="13"/>
If yes, what organization has been running them (e.g., health authority, community agency).	Interior Health, Community Policing Office, ASK Wellness, Nicola \

2. Overview of initiative

Initiative title *	<input type="text" value="Never Alone With Addiction"/>
Please provide an overview of the harm reduction and community wellness initiative for which you are seeking funding *	Improve access by persons with substance use disorder to harm reduction and health and wellness services via a collaborative network of peer navigators and community organizations offering wrap-around addictions care, while creating stigma-reducing dialogue with the broader community of Merritt.
Does the project/initiative described above enhance an existing project/initiative? *	<input type="text" value="Yes, it will enhance an existing project/initiative"/>

3. Primary nature of initiative

What is the primary nature of your harm reduction project/initiative? *	<input type="text" value="One-time-only program enhancement or expansion"/>
Other - please list	<div></div>

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Initiative goals

 Ask a Question

- Please describe the main goals of the project or initiative you are seeking funding for.
- Relate these goals directly to the comprehensive package of interventions (Appendix A) and to the needs of your community.
- If funded, how will you know that your project has been a success? Note: Indicators need to be aligned with the comprehensive package outcomes.

Main goal/objective *	Intended outcome (based on comprehensive package) *	
Reduce the number of overdose deaths in Merritt	<div>1. Overdose Prevention: Develop a collaborative network of community agencies to address barriers in access to addiction care services; Divert youth at risk.</div> <div>2. Acute Overdose Risk Case Management: Identify persons at risk of overdose to provide wrap-around harm reduction support.</div> <div>3. Cultural Safety and Humility: Collaborate with Indigenous communities and service providers in project planning, training and delivery.</div>	<div> </div>
Reduce harms associated with substance use in Merritt	<div>1. Social Stabilization, Peer Empowerment and Employment: Train and employ peer navigators to help address service gaps; Employ individuals who use substances in community projects.</div> <div>2. Addressing Stigma, Discrimination and Human Rights: Improve harm reduction awareness and reduce stigma within the community via public education and building relationships with local businesses.</div>	<div> </div>
<div> Add</div>		

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Project plan

[? Ask a Question](#)

1. Actions

Please summarize your project or initiative's **main** actions. If you are proposing a project/initiative that includes multiple small projects, please list each project and summarize their main activities.

Constituent project *	Main activities/actions *	
Never Alone With Addiction	Multi-stakeholder health & wellness network Peer navigators Resource kits Community dialogue	i x
+ Add		

2. Milestones

What is your working project/initiative plan throughout the term of the grant (Dec 2019-Dec 2020)? Detail the major project milestones and the anticipated timeframe in the table below.

Anticipated timeframe *	Milestone *	
1-4 MONTHS		
31 December 2019	Collaborative Situation Table launched	i x
31 December 2019	Stakeholder groups invited to join network	i x
31 January 2020	2 Peer Navigators trained	i x
31 January 2020	Resource kits distributed	i x
14 February 2020	Peer/participant employment team activated	i x
29 February 2020	Website launched	i x
31 March 2020	2 additional Peer Navigators trained	i x
+ Add		
5-8 MONTHS		
30 June 2020	Mid-year evaluation completed	i x
30 June 2020	Grants for sustainability identified	i x
30 June 2020	Additional Peer Navigators trained if needed	i x

30 June 2020	Peer navigator presentation to youth	i x
+ Add		
9-12 MONTHS		
30 September 2020	Additional Peer Navigators trained if needed	i x
30 November 2020	Grants to sustain project confirmed	i x
31 December 2020	Final report and recommendations distributed	i x
+ Add		

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Project characteristics

[? Ask a Question](#)

1. Project scope

Describe how you will include people with lived or living experience and their families in your project/initiative. *	<p>People with lived/living experience were included and consulted in the peer support pilot project delivered at NVSSS.</p> <p>People with lived/living experience will be involved directly in this initiative as peer navigators and participants.</p>
Describe how your project/initiative demonstrates principles of cultural safety and humility. For example, how are you ensuring meaningful First Nations, Métis, and/or Urban Aboriginal engagement? *	<p>Scw'xmx Community Health Services Society is a partner on this proposal and the Mental Health Clinicians Manager of the Nlaka'pamux mental health team was instrumental in its development.</p>
Please describe how you have incorporated the use of best available evidence or wise practices into your proposed project/initiative *	<p>ASK Wellness Society is a partner on this initiative and advised on harm reduction components.</p> <p>We consulted an IH harm reduction advisor to discuss this proposal and used her feedback to modify it accordingly.</p> <p>We collaborated with multi-stakeholder community agencies to develop this initiative.</p>
What strategies will you employ to ensure your project/initiative reaches individuals who are underserved or considered to be the hardest to reach? *	<ul style="list-style-type: none"> - shelter-based, drop-in access - situation table to address barriers in access to addiction care services, identify individuals needing wrap-around harm reduction support, and ensure fit into the broader community response - peer engagement - food and employment as engagement tools - community-integration activities

2. Barriers/Risks

What barriers or risks do you anticipate running into as you implement this harm project/initiative? What would their impact be on your project/initiative? *	<ul style="list-style-type: none"> - availability of peer navigators could affect/delay actions - potential turnover of peer navigators could require new recruits and training
What contingencies have you considered or built into your harm reduction project/initiative plan to prepare for these risks or barriers? *	<ul style="list-style-type: none"> - staged milestones for recruitment and training of teams of peer navigators built into plan helps prepare for both availability and turnover - stakeholder network will collaborate on solutions to broaden reach

3. Project continuity

This grant is a one-time only funding opportunity. If you plan on the project continuing, please detail any plans for its continuation beyond this funding. In your answer, be sure to describe the steps you will take to ensure the project will continue.

We will explore other grant opportunities within our stakeholder network and more broadly.

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OERC alignment

Ask a Question

1. Alignment considered

In the design of your harm reduction and community wellness project/initiative, have you considered alignment with the OERC's Comprehensive Package of Interventions (See Appendix A) *	<div>Yes</div>
If no, please explain.	<div></div>

2. Alignment

Within a harm reduction framework, which of the Essential Health Sector Interventions will you implement? *	<div><div><input type="checkbox"/>Naloxone</div><div><input checked="" type="checkbox"/>Overdose Prevention Services</div><div><input checked="" type="checkbox"/>Acute overdose risk case management</div><div><input type="checkbox"/>Treatment and Recovery</div></div>
Within a harm reduction framework, which of the Essential Strategies for a Supportive Environment does your project/initiative address directly or support indirectly? *	<div><div><input checked="" type="checkbox"/>Social stabilization</div><div><input checked="" type="checkbox"/>Peer empowerment and employment</div><div><input checked="" type="checkbox"/>Cultural safety and humility</div><div><input checked="" type="checkbox"/>Addressing stigma, discrimination and human rights</div></div>

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Proposed budget

[? Ask a Question](#)

Applicants must include a breakdown of anticipated costs with clear rationale for each area.

Please include additional lines or attach separate sheet as needed. This can be uploaded below.

Should you experience issues in advancing to the next page, please click the "i" at the end of each entry and ensure that all of the required fields have the requested information.

Item *	CAI funding *	Additional info / rational	
PERSONNEL EXPENSES			
Coordinator	\$22,400.00	\$33,600 provided in kind by NVSSS	i x
	\$22,400.00		
+ Add			
MEETING/COMMUNICATION EXPENSES			
Meetings	\$0.00	Situation Table & collaborative network meetings provided in kind by CPO	i x
Public forum	\$0.00	with panel of service providers and peer navigator to educate public, reduce stigma, and develop community dialogue	i x
Resource kits: online	\$1,500.00		i x
Resource kits: client education	\$250.00		i x
Resource kits: public education	\$250.00		i x
	\$2,000.00		
+ Add			
TRAVEL/TRANSPORTATION EXPENSES			
	\$0.00		
+ Add			
TRAINING EXPENSES			
Peer navigator training	\$1,000.00	provided partially in kind by community partners (includes cultural safety and humility content)	i x
	\$1,000.00		
+ Add			
RESEARCH/EVALUATION EXPENSES			
Project Evaluation	\$0.00	provided in kind by project team	i x

	\$0.00		
+ Add			
ADMINISTRATIVE EXPENSES (MAXIMUM 10%)			
Grant administration	\$0.00	finance, operations, auditing - in kind from City of Merritt	i x
Supplies	\$0.00	office supplies, meeting supplies, printing documents, etc. provided in kind by CPO	i x
Initiative oversight	\$0.00	provided in kind by CPO	i x
Harm reduction and outreach advisor	\$0.00	provided in kind by ASK Wellness Society	i x
Cultural safety and humility advisor	\$0.00	provided in kind by Scwexmx Community Health Services Society	i x
	\$0.00		
+ Add			
OTHER EXPENSES			
Peer participant honoraria	\$6,000.00	clients casually employed in community project teams	i x
Peer navigator remuneration	\$10,000.00	includes wages, training and transportation reimbursement	i x
Food	\$4,400.00	engagement tool; matching amount in food donations from community partners	i x
Programming space	\$4,200.00	plus \$2,400 provided in kind by NVSSS	i x
	\$24,600.00		
+ Add			
	\$50,000.00		

*Note: Honoraria and recipient names, signatures, and amounts must be reported at completion of project/initiative.

Additional budget information

Attach any additional lines or separate sheets here. This upload is optional.

Optional upload for any additional budget information	 Upload file
---	---

2. Other funding

Are you requesting that CAI/OERC fund 100% of your proposal? *	<input type="text" value="No"/>
--	---------------------------------

If no, please identify other funders who may also be funding your proposal, and the project/initiative components their funds will be applied towards.

Other funder	Project component	
<input type="text" value="City of Merritt"/>	<input type="text" value="grant administration, public education and community dialogue"/>	x
<input type="text" value="City of Merritt Community Policing Office (CPO)"/>	<input type="text" value="meeting space, oversight, evaluation, supplies"/>	x
<input type="text" value="Nicola Valley Shelter and Support Society (NVSSS)"/>	<input type="text" value="shared funding of personnel, programming space, peer navigator training support and remuneration"/>	x
<input type="text" value="ASK Wellness Society"/>	<input type="text" value="harm reduction and outreach advisor"/>	x

Scw'exmx Community Health Services Society	peer navigator remuneration, cultural safety and humility advisor	✕
Food bank, soup kitchen, NVIT, community donations	food and preparation	✕
Other funders (corporate, foundation, government)	scaling up as program progresses	✕
+ Add		

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Additional information

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1. Permission to cite portions of your application


With your consent, CAI and/or OERC may refer to portions of your application for quality improvement, research, or advocacy purposes. Confidentiality will be respected, and no identifying information will be used without your permission.

Do you consent to CAI and/or OERC referring to portions of your application for quality improvement, research, or advocacy purposes? *	<input type="text" value="Yes"/>
--	----------------------------------

2. Declaration


I attest that the information provided in this application is true, accurate and complete to the best of my knowledge. *	<input type="text" value="Yes"/>
--	----------------------------------

3. Uploads

Document	Upload *
Reference	 Upload file

4. Signed declarations

Please download [this document](#), and then print, sign and upload below.

Document	Upload *
Signed declarations	 Upload file

Please fill out all required fields, indicated by a orange asterisk *.