

CANADIAN RESEARCH INITIATIVE IN SUBSTANCE MISUSE, Phase 2: REPORTING TEMPLATE for NODES

Background

The objectives of CRISM are:

- To identify and develop the most appropriate clinical and community-based prevention or treatment interventions for substance misuse;
- To provide evidence to support the enhancement of prevention or treatment services regarding substance misuse to decision makers and service providers; and
- To support the improvement in the quality of care and quality of life for Canadians living with substance misuse.

It is anticipated that CRISM will lead to interventions and programs that are proven to be 1) efficacious; 2) tailored to individuals in both their needs and psychosocial context; 3) feasible and applicable in clinical and community intervention settings; and 4) more easily accepted by health care and service providers. It is expected that CRISM will result in improved evidence-based interventions for substance misuse.

CRISM was developed via a three-phased funding approach:

1. Development Grants to build teams of academic researchers and service providers around common projects in substance misuse (This phase is now [completed](#)).
2. Team Grants to establish regional Nodes of research capacity including shared infrastructure between researchers and service providers.
3. Operating Grants directed towards high priority research issues will enable the Network of Nodes to work together on national studies for substance misuse. Only successful Nodes will be invited to apply for these funding opportunities.

The specific objective of the nodes is:

- to establish Nodes of research composed of researchers, service providers and representatives of people living with substance misuse with shared infrastructure to facilitate research in interventions and other therapeutic approaches to substance misuse.

The purpose of this reporting template is to understand the activities' of the CRISM Network at the node level.

Reporting Requirement

The Funding Opportunity indicates that PIs will be required to contribute to the monitoring, review and evaluation of the programs. By completing this template the PI will have met current reporting requirements for their Node.

Methodology:

The proposed reporting template is based on:

- The objectives and requirements of the Funding Opportunity and
- The objectives committed to in the funding applications

In addition as CRISM was part of the National Anti-Drug Strategy's full submission to the Treasury Board Secretariat, which included a performance measurement strategy, the objectives and commitments for the third phase have been cross referenced with those indicators for which CIHR is responsible in efforts to streamline data collection activities.

**CANADIAN RESEARCH INITIATIVE IN SUBSTANCE MISUSE,
PHASE 2, CRISM NODES**

Note: Throughout this report, if there is any information that should not be included in the Annual Performance Report, which is to be made publicly available, please **bold and underline** this information.

1. PERFORMANCE REPORTING PERIOD

Fiscal Year: 2015-16 Jan 1, 2015 to Mar 31, 2016

2. REPORT PREPARATION

Please indicate who prepared this report, including contributors and what information sources were used.

Report Lead	Name, title, telephone #, e-mail Cameron Wild, Professor School of Public Health, University of Alberta cam.wild@ualberta.ca 780-492-6752
Contributors	Name and Title Colleen Dell, Principal Investigator David Hodgins, Principal Investigator Denise Adams, Node Manager Barb Fornssler, Node KTE Coordinator
List information sources used to prepare the report	Please identify all sources that were used: <input checked="" type="checkbox"/> Application <input checked="" type="checkbox"/> Work Plan <input type="checkbox"/> Publications (specify, ISBN #): <input type="checkbox"/> Research (specify & attach reports): <input type="checkbox"/> Consultations (specify & attach reports) <input type="checkbox"/> Evaluation Results (specify & attach reports) <input checked="" type="checkbox"/> Other (specify): node tracking files, emails, newsletters, website

3. DELIVERY

Please review your team's application and, if applicable, your submission from the previous year.

Have there been any changes to the operational context or the objectives of your node in this reporting period?

Yes: Please describe:

No

4. NARRATIVE SUMMARY OF PROJECTS AND KEY ACCOMPLISHMENTS OF NODE

a. Summarize projects and key accomplishments of the node including main activities, a description of partnerships, linkages with local, regional, provincial health authorities, community engagement and knowledge translation and exchange activities. (250 words max)

The Prairie Node has made very good progress in establishing operations, initiating work on demonstration projects, developing and implementing a Node development funding program, and consulting with key academic and non-academic stakeholders in our region. Because the vast majority of the original signatories on our application were from Alberta, much focus and effort for this reporting period has gone into increasing Prairie Node membership in Saskatchewan and Manitoba.

Establishing Node operations. Since receiving funding in August 2015, our first priority was establishing Node operations. This included (a) hiring two core Node staff members (a Manager and a Knowledge Transfer and Exchange coordinator), (b) securing space and equipping the Node main office at the University of Alberta, (c) implementing governance structures, including terms of reference for Node Advisory and Coordinating committees, (d) creating administrative and communication processes and tools (email list-serves, newsletters, a website (www.crismprairies.ca), twitter account), (e) recruiting trainees, including: two Alberta-based summer research assistants and a Saskatchewan-based practicum placement student, each working with the Node from May-August, 2016, as well as well as a post-doctoral fellow, slated to start Fall 2016, and (f) forming collaborative relationships with the other three CRISM nodes.

Demonstration projects. Work has commenced on (1) a systematic review of over 3000 scientific publications addressing screening and brief intervention for adolescent substance misuse/addiction, and (2) formation of a working group of 32 researchers and regional treatment programs focused on retention in addiction treatment, and an associated work plan.

Node development funding program. We created a research and KTE sub-grant program, accessible to Node members. Two teams from the Universities of Lethbridge and Regina have been supported for intervention development and knowledge exchange, focusing on couples congruence and animal-assisted interventions.

Consultation. During the reporting period we (a) developed, administered, analyzed, and acted on the feedback from a Node member needs assessment survey, (b) formed member interest groups, (c) engaged in 88 consultative, strategic, and outreach meetings as well as Node presentations to regional non-academic stakeholders, and (d) planned for our first annual Node gathering to be held June 23, 24 2016 in Calgary, AB.

The Node PIs meet regularly with stakeholders from provincial governments and regional health authorities to inform them of CRISM Node activities and to engage in strategic planning about how results from CRISM-affiliated projects can enhance intervention programs for substance misuse.

b. Please provide evidence and describe the extent to date to which your node has supported the overall objectives of CRISM including the enhancement of prevention or treatment services regarding substance misuse to decision makers and service providers, clinical practice and or community-based prevention or treatment interventions for substance misuse. (1 page max)

We created a coordinating core for the Node at the U of Alberta, with a full-time manager responsible for handling information requests from external stakeholders, managing regional advisory and coordinating committees, and providing support for Members, including coordination of Node communication infrastructure (website, email lists, Node bulletins).

These efforts have facilitated awareness of CRISM to regional managers of addiction and mental health programs and policy makers and have resulted in four concrete outcomes. First, the Node was invited to consult with Alberta Health to determine priorities for opioid research to support interventions, treatment development, and system-wide planning. In that consultation, CRISM has been positioned as a regional resource available to Government to generate evidence that can be translated into program and policy changes. Second, the Node was invited to consult with Alberta Health Services (AHS) with regard to evaluation of its take-home Naloxone programming. Discussions are underway on how to leverage CRISM infrastructure to assist in research and evaluation of this intervention strategy, which is new in the Alberta context. In addition, strategic discussions with AHS are underway with regard to providing evidence on planned expansion of their opioid dependency programming throughout the Province. Similar discussions in Saskatchewan and Manitoba will be described in the next reporting period. Third, CRISM funding contributed to the fieldwork and dissemination of a report to Alberta Health entitled *Risk behaviours and service needs of marginalized people who use drugs in Edmonton's inner city: Results from the Edmonton drug use and health survey*. Results from this community-based survey are being used locally by a coalition of Edmonton-based agencies, service providers, and AHS to support their application for a medically-supervised safe injection facility to Health Canada, are being used in strategic planning in the provincial ministry, and both the data and the report are in the process of being included on the Node website. Finally, the Node established a functional link to the Saskatchewan Team for Research and Evaluation of Addictions Treatment and Mental Health Services (STREAM), through PI Colleen Dell. STREAM, funded by the Saskatchewan Health Research Foundation, aims to reduce the health and social consequences of problematic substance use and mental health problems in SK. Other key STREAM partnerships include; University of Saskatchewan department of Psychiatry, Family Medicine, Sociology & School of Public Health -

First Nations University of Canada department of Indian Social Work - Prince Albert Parkland Health Region, Calder Centre Saskatoon, Metis Addictions Council of SK Inc, SK Ministry of Health, National Treatment Strategy Leadership Team and a Community Advisory team comprised by Elders, service-providers, and people with lived experience.

Beyond service providers and policy makers, the Node began formal outreach to drug user and professional organizations by initiating consultative meetings with Alberta Addicts Who Advocate and Educate Responsibly (AAWEAR) and Edmonton-based harm reduction service providers, including Streetworks.

Research Capacity of Node

c. Please describe how your node has improved research capacity.

Infrastructure development has included recruitment and hiring of 2 key staff members

- Denise Adams, PhD; Node manager, hired 2015/09
- Barb Fornssler, PhD; Knowledge Transfer and Exchange Coordinator, hired 2016/03

During the reporting period, we established and equipped the Node office in Edmonton at the University of Alberta. In-kind support for space and trainees is being provided by the School of Public Health, University of Alberta, and the University of Saskatchewan. This support facilitated the recruitment and hiring of two research assistants (summer students) to start May 2016 and advertised for a Post-doctoral fellow (to start Fall 2016), under the co-supervision of Drs. Wild and Adams. A Master of Public Health student will also complete a practicum to enhance Node research capacity under the co-supervision of Drs. Dell and Fornssler at the University of Saskatchewan from May-August 2016.

Our node website was developed and launched in order to facilitate member communication and to act as a repository of research resources and information (www.crismprairies.ca). Additional website content is under development and will be tailored to meet the requirements of node members as determined through our member survey protocol.

During the reporting period, we also executed a Node member survey to systematically document member research interests, including their interest in participating in funded Node demonstration projects, as well as new member-initiated research topics. We have worked with members to disseminate their ideas among the network in order to form new research collaborations. These efforts resulted in the Node brokering access to, and approval for, 7 regional addiction treatment sites for inclusion in a CIHR Project Scheme application entitled *A theory-based study of motivation in compulsory addiction treatment*, currently under review.

As noted above, we established a Node development grant funding process for member-initiated pilot research or KTE projects. During the reporting period, we awarded 2 Node development projects to members to support knowledge exchange for funded research examining effectiveness of congruence couples and animal-assisted treatment interventions.

Additional research capacity was realized for the Node by the successful application for CIHR funding for the National OPTIMA study. In addition to the main study, the Node solicited project proposals for ancillary studies from our members and successfully recruited two Alberta-based treatment sites into the Node, focusing on treatment for opioid dependence.

d. Please describe how your team established and strengthened collaborations between all Node members.

Initial communication with the Node members was carried out by email and our electronic newsletter, *News and Notes*, which was distributed 7 times during the reporting period. The newsletter included updates on regional and National CRISM activities, provided members with links to relevant Canadian and US initiatives (e.g., CIHR-SPOR; SAMHSA), and informed members of opportunities to participate in consultative processes with external stakeholders as described earlier. With the launch of our website, www.crismprairies.ca, information designed to enhance member collaboration is also available via this route.

	<p>The above-mentioned member needs assessment survey was circulated opportunistically through individual and organizational snow-balling as well as targeted outreach, in order to recruit new Node members. Results provided demographic and professional characteristics of our members and described their interests in addiction (including target populations, substances, interventions and specific project areas of interest). We also collected information on the kinds of support members would like the Node to provide (e.g., communication about Node news and events, resources, training opportunities, research funding opportunities, research protocols and registries, etc). As a result of this process, we have implemented several initiatives designed to enhance collaboration among Node members, including:</p> <ul style="list-style-type: none"> • Coordination of targeted communication to members with similar interests regarding their participation in Node demonstration projects. Initial phone meetings with interested members were held to define specific member involvement and to develop initial protocols and processes. Additional phone calls and email communication were used to further the projects; • Brokering a process for Node members to contribute to stakeholder consultations regarding Alberta government and Alberta Health Services planning regarding opioid interventions; • Development of a process for soliciting and evaluating Node development sub-grants for members engaged in research and KTE pilot projects (\$15,000 max each); • Administration of successful sub-grants (<i>n</i> = 2 to date) to the Universities of Regina and Lethbridge; • Initiation of successful collaborative relationships with the other three CRISM Nodes through inter-node infrastructure development, including: regular in-person and phone meetings between CRISM Node managers as well as Node NPIs, development of a common CRISM logo for use by all Nodes, as well as planning for a national website. • Initiation of collaborative and strategic discussions with national groups including the Canadian Centre on Substance Abuse, Thunderbird Partnership, and NIDA; • Setting an agenda for the Node’s annual meeting <p>Communication with and feedback to Node members is an ongoing process and, as one means to facilitate broad member networking and collaboration, we initiated our First Annual Node Gathering, to be held June 2016 in Calgary, AB.</p>
<p>Collaborations & Partnerships of the Node (excluding other Nodes in the context of Network activities)</p>	<p>e. # of collaborators within the node (defined as parties identified on the application) minus the PI: <u>56</u></p> <p>f. Please describe the type and value of these collaborations:</p> <p>Our original application included 31 individuals representing 24 partner organizations:</p> <ul style="list-style-type: none"> • Provincial/Regional Health Authorities (<i>n</i> = 7) • Foundations/Institutes (<i>n</i> = 3) • Patient advocacy groups (<i>n</i> = 1) • Addiction treatment centres (<i>n</i> = 7) • Health practitioner colleges (<i>n</i> = 1) • Universities/Research centres (<i>n</i> = 7) <p>The original application also included 25 addiction researchers with expertise in clinical and biomedical studies (<i>n</i> = 7), health services research (<i>n</i> = 8), and indigenous and/or socially marginalized populations (<i>n</i> = 10).</p> <p>The nature of collaborations and partnerships varies according to member interests and capacity.</p> <p>The value of this diverse membership includes access to a wide range of experience and</p>

	<p>expertise, including patient voices; access to treatment programs and patient groups as potential research participants; access to decision makers at system management (regional health authority) and policy (Provincial government) levels. Collectively, Node collaborations and partnerships have been structured to maximize influence on prevention and treatment interventions, as well as on strategic planning and policy making.</p> <p>g. # of partnerships, defined as collaborators external (defined as parties not listed on the application) to the node: <u>12</u></p> <p>h. Please describe the type and value of these partnerships:</p> <p>Over the reporting period, 12 new organizations have been recruited as Node partners. Newly-affiliated organizations include:</p> <ul style="list-style-type: none"> • Provincial/Regional Health Authorities (n = 2) • Foundations/Institutes (n = 2) including one National organization (CCSA) • Addiction treatment centres (n = 6) • Health practitioner colleges (n = 1) • Universities/Research centres (n = 1) <p>The value to the Node of these new partners is similar to the description in f, above. New organizations include 2 Health Authorities and 6 Centres in Alberta that focus on addiction prevention and treatment.</p> <p>Alberta was well represented in the original application; we have since expanded partnerships in our other provinces (Saskatchewan and Manitoba) with the addition of members at the University of Manitoba and the Manitoba College of Pharmacy as well as the Saskatchewan Addictions Foundation.</p> <p>We have also engaged with the Canadian Centre on Substance Abuse (CCSA) at the National level. The CRISM national body will seek a formal collaboration agreement with CCSA in the next funding year.</p>																																													
<p>Knowledge Exchange</p>	<table border="1"> <thead> <tr> <th colspan="3" style="background-color: #d9e1f2;">Research Contributions</th> </tr> <tr> <th></th> <th># Published</th> <th># Submitted</th> </tr> </thead> <tbody> <tr> <td>Data Resources</td> <td>0</td> <td>0</td> </tr> <tr> <td>Peer-Reviewed Publications</td> <td>0</td> <td>0</td> </tr> <tr> <td>Books</td> <td>0</td> <td>0</td> </tr> <tr> <td>Conference Presentations/Abstracts</td> <td>0</td> <td>0</td> </tr> <tr> <td>Other Reports</td> <td>1</td> <td>0</td> </tr> <tr> <th colspan="3" style="background-color: #d9e1f2;">Public Outreach and Media Coverage</th> </tr> <tr> <td>Presentations</td> <td>13</td> <td></td> </tr> <tr> <td>Newspaper</td> <td>0</td> <td></td> </tr> <tr> <td>TV/radio</td> <td>1</td> <td></td> </tr> <tr> <td>Social Media CRISM collectively uses social media and this will be addressed in the Network report</td> <td>NA</td> <td></td> </tr> <tr> <td>Other (including meetings, cross training)</td> <td>72</td> <td></td> </tr> <tr> <th colspan="3" style="background-color: #d9e1f2;">From NADS Performance Measurement Strategy</th> </tr> <tr> <td># of knowledge exchange opportunities with partners, the public and other stakeholders: sum of the above table</td> <td></td> <td>87</td> </tr> </tbody> </table>	Research Contributions				# Published	# Submitted	Data Resources	0	0	Peer-Reviewed Publications	0	0	Books	0	0	Conference Presentations/Abstracts	0	0	Other Reports	1	0	Public Outreach and Media Coverage			Presentations	13		Newspaper	0		TV/radio	1		Social Media CRISM collectively uses social media and this will be addressed in the Network report	NA		Other (including meetings, cross training)	72		From NADS Performance Measurement Strategy			# of knowledge exchange opportunities with partners, the public and other stakeholders: sum of the above table		87
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i. Please describe the node's meaningful outreach, engagement, and dissemination activities with end users and the community as listed on the grant (internal collaborators). – does not include researchers

End users and community partners (not including research partners) affiliated with the Node include stakeholders representing provincial governments, health authorities, foundations/institutes/centres, patient advocacy groups, treatment centres, and health practitioner colleges.

We have facilitated meetings with each of these partners in order to develop relationships and assess collaborative potential and needs.

Specific details of outreach, engagement and dissemination activities are addressed in question d, above.

One important way that our partners have benefitted from Node activities is in the reduction of redundancy among partners, as demonstrated by two examples. First, collection of member interests allowed the Node to broker introductions between members with common interests in support of project development, i.e., evaluation of Naloxone Kit distribution programs in Alberta. Second, consultation with Alberta Health (AH) identified numerous interests that overlapped with CRISM initiatives that are planned or underway, resulting in harmonization and reduced duplication of research and evaluation efforts, along with recognition by this important agency of the role the Node can play in local and regional project planning and conduct.

Consultations that area taking place with Saskatchewan partners include the Saskatchewan Prevention Institute regarding opiate cessation therapy options training and collaboration, regarding expansion of research sites and the First Peoples - First Person Regional Depression Hub of the Canadian Depression Research and Intervention Network, regarding connections between substance misuse and mental health.

j. Please describe you node's meaningful engagement and interactions with parties not listed on the application including knowledge users, policy-makers including reports and other dissemination materials, impact on clinical practice and service providers, impact on community-based interventions, etc.

Expanding on the response to question i, above, we also carried out targeted engagement with newer node members, including individual community members with lived experience and specific service provision sites.

Individual lived experience is crucial for understanding and addressing the needs of those directly suffering from addiction as well as of their families and communities. Working relationships have been developed with these individuals that will allow for their participation in planning and conducting node activities. We have invited several of them to attend our annual meeting where they will be asked to share their experiences and perspectives with service providers and decision makers as well as researchers.

We are also in the process of setting up an Indigenous Advisory Committee for the Node to provide guidance on addressing needs specific to that population and to follow up on initiatives put forward by the Truth and Reconciliation Commission.

As part of our activities to recruit clinical sites for studies, we have partnered with the Calgary and Edmonton Opioid Dependency Programs who are also able to provide region-specific data on their clients that is useful for targeting node initiatives to their needs. Consultations have also been carried out with Dr. Peter Butt (University of Saskatchewan and Saskatoon Health Region) regarding expansion of opioid substitution therapy delivery in Saskatchewan along with examination of provincial guidelines and regulations for opioid therapy delivery.

	<p>We have also engaged with new partners in Manitoba, increasing Node representation in that province.</p> <p>k. How will knowledge users communicate and apply findings? (Actual or anticipated)</p> <p>Communication will occur through direct dissemination via electronic and regular mail to and from individual knowledge users. The Node website is being designed as a hub for knowledge users to access plain-language reports of CRISM projects, CRISM-supported datasets, list-serves, online communities of interest, formal working group meetings, study protocols, technical reports, and newsletters.</p> <p>Research results and knowledge syntheses will be disseminated using the above methods as well as at local, national and international conferences, and by submission to open-access peer-reviewed journals.</p> <p>In relation to application of findings, the Node has launched a series of activities that are expected to impact addiction health care practice and policy in our node. For example:</p> <ul style="list-style-type: none"> • Recruitment of Alberta Health Services clinical sites for the upcoming OPTIMA clinical trial prompted the sites to initiated harmonization of protocols and practice between the sites. This will not only be advantageous to the trial but will enhance synthesis of patient care data between sites, which is used in regional and national reports to guide policy and practice; • Node members are preparing evidence summary documents that directly address current gaps in knowledge and that are critical to changing National and Provincial clinical care policy. For example, we have evaluated data related to comparative safety of Opioid Maintenance Treatment in preparation for dissemination of this document to decision makers and regulatory agencies. We expect this evidence to result in policy changes that make Suboxone more available as an alternative to Methadone. Additional documents are being planned, including cannabis use and evaluation guidelines; • Suboxone safety data and updated practice guidelines will also be used to train service providers in use of this alternative treatment, since lack of familiarity with Suboxone is a common barrier to routine use in Alberta; • Evaluation of the Alberta Health Services Naloxone Opioid Overdose Kit Program is underway by Node members and is expected to influence the process of kit distribution and outcome assessment. • Discussion with Saskatoon Health Region regarding expansion of opioid substitution therapy delivery in Saskatchewan along with examination of provincial guidelines and regulations for opioid therapy delivery has also been initiated. 								
<p>Ethics, Legal and Social</p>	<p>i. Has your node encountered any challenges (i.e. ethical, legal and social) when interacting with partners, end users, knowledge users and or the community and what has your node done to mitigate these challenges?</p> <p>Planning and development of our node has gone well.</p> <p>The main impediment to implementing original goals and objectives has to do with the recent changes to National, Provincial and local governments and related changes to regulatory bodies in our Node.</p> <p>Although we had established relationships with representatives of these agencies for our original application, changes to agency staff has resulted, in some cases, in loss of our node member and the need to re-establish agency relationships. In each case, we have been successful in re-establishing those links.</p>								
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<p>m. Please describe how your Node has used and involved a Steering Committee or equivalent body.</p> <p>The Node has a complex governance structure, as reflected by our regional responsibility. Prairie Node is guided by a Steering Committee (SC), Regional Advisory Panel (RAP) and Regional Coordinating Committee (RCC).</p> <p>The SC guides functioning of the Node and is composed of the Nominated PI (Cam Wild – University of Alberta), and two PIs (Colleen Dell – University of Saskatchewan and David Hodgins – University of Calgary).</p> <p>The RAP includes the NPI (<i>Wild</i>) and includes senior executives occupying key strategic positions within Prairie SM service systems and a representative from the Nechi Institute. The RAP facilitates information exchange between strategic decision-making in each Province. Strategic planning for Node activities and inform decisions made by the Regional Coordinating Committee (RCC).</p> <p>The RCC includes the 3 PIs (Wild, Hodgins, Dell), the Knowledge Users and the Principal Consumer Advocate. The RCC sets strategic direction (with respect to research priorities and opportunities for collaboration across the CRISM network), resource allocation and staffing for the Prairie Node, and provides strategic oversight of initiatives to secure complementary funding.</p> <p>To date, the RAP and RCC have jointly met twice to provide input into Node activities. RAP/RCC have approved the Node’s strategic direction and activities. The SC meets once monthly or more often as needed and directs day-to-day Node activities.</p>																				
<p>n. Please provide a summary of pertinent strategic directions arising from discussions with an External Advisory Board or equivalent body relating to your node, including how these recommendations are being implemented or justification for deviation.</p> <p>The above mentioned governing bodies were pivotal in establishing the Prairie Node goals and objectives.</p>																				
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Our long-term **goals** for the Node are to (1) facilitate regional uptake of evidence-based treatment and prevention interventions for substance misuse/addiction, including poly-drug misuse and related comorbidities; (2) increase regional capacity to test the efficacy and effectiveness of new treatment and prevention interventions; and (3) effectively collaborate with other CRISM Nodes and other research partners on intervention trials, secondary analyses, and related research.

Our Node **objectives** are to (1) create effective and trusting collaborative working relationships among our affiliates, and (2) develop accessible resources for substance misuse/addiction interventions that are of value to researchers, service providers, and consumer advocates.

Three sets of interrelated activities have been undertaken in order to meet these goals and objectives. First, development of the Node website (www.crismprairies.ca) during the reporting period will facilitate implementation of five web-based infrastructure resources, each designed to enhance capacity for our regional research-practice-advocacy network. Second, the outreach activities described earlier are contributing to developing the Node as an integrated cross-provincial collaboration. Third, development of the Node's infrastructure has kick-started collaborative regional collaboration on retention in substance abuse treatment and screening and brief interventions for substance misuse/addiction. These activities are laying the groundwork for conducting future intra- and inter-Node research on substance misuse/addiction interventions.

Additional Comments. Please add any additional comments that are relevant to the analysis of the information provided within this report.

In preparing this report, we found that repetition between questions (f) and (h) as well as (i) and (j) led to redundancy by distinguishing partners who are listed on the grant from those who are not. Our criteria for Node membership is not determined by the signatories on the grant, and thus, we strive to engage with additional partners in order to expand the depth and breadth of expertise available to us. These new partners are of similar type and value as the grant signatories. Furthermore, several of the applicants on the grant have left or changed positions and we have reached out to individuals who have since filled those roles, making the distinction less meaningful.

Additionally, variation in terms (meant to define the same groups) throughout the document introduces some uncertainty in what the questions are asking. Harmonization of terms or provision of a glossary would be helpful.

In describing our activities, it was unclear how to distinguish 'CRISM Node' activities from those of the PIs or other members. We decided to limit descriptions of our activities in this report to those that were considered to be distinctly CRISM-related.

Full functioning of the node began in September, 2015 with the hiring of a full time Node Manager.

Reference List. Please provide the full reference for any source document (APA style) that you have used as evidence in your narrative contribution analysis.

Hyshka, E., Anderson, J., Wong, Z., & Wild, T.C*. (2016). *Risk behaviours and service needs of marginalized people who use drugs in Edmonton's inner city: Results from the Edmonton drug use and health survey*. Final report submitted to Alberta Health.