

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: Apr 1, 2016 - Mar 31, 2017	
2. REPORT PREPARATION	
Please indicate who prepared this report, including contributors and what information sources were used.	
Report Lead	Cameron Wild Professor, School of Public Health, University of Alberta cam.wild@ualberta.ca 780-492-6752
Contributors	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) Summaries of community meetings <input type="checkbox"/> Evaluation Results (specify & attach reports) <input checked="" type="checkbox"/> Other (specify): Node tracking files, emails, e-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?	
<input type="checkbox"/> Yes: Please describe: <input checked="" type="checkbox"/> No	
4. NARRATIVE SUMMARY OF PROJECTS AND KEY ACCOMPLISHMENTS OF NODE	
<p>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)</p> <p>The Prairie Node continues to attract new members (173 as of this submission) and we have broadened our reach into SK, MB, and NWT. During the reporting period we provided one-time funding to 8 regional projects through our Node Development Program and leveraged these investments into a further \$200K of peer-</p>	

reviewed funding. Both Node demonstration projects have made significant progress. We created clinical trial infrastructure for OPTIMA at two Alberta Health Services clinics, organized a regional reference group of clinical leaders who participated in the National Opioid Treatment Guideline review (including new Node members from the NWT), and hosted the CRISM annual NEC meeting in Banff. The Node supported Edmonton's application for a supervised injection service and formalized affiliations with harm reduction service providers in Edmonton, Saskatoon, and Winnipeg. We supported *Alberta Addicts Who Advocate and Educate Responsibly* (AAWEAR) in a project to develop drug user advocacy groups in SK and MB. The Node developed terms of reference for a Node Indigenous Advisory Council and organized two sweat lodge and pipe ceremonies that we participated in with our Indigenous Elders. In addition to our regular e-newsletter, we co-sponsored *A family-centered approach to substance use in Alberta*, held March 9, 2017 in Edmonton, which was attended by 106 people, with live-streaming to remote audiences.

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)

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 prevention and intervention programs for substance misuse. Dr. Wild is a member of the Government of Alberta's addiction integration committee and the core committee of Alberta Health Services' addiction and mental health strategic clinical network; both venues allow for routine updates to Provincial decision makers on CRISM activities and opportunities for collaboration. One of our Node members (Dr. Hyshka) was appointed as co-chair of the Alberta Government's emergency task force addressing the opioid crisis. The Node provided in-kind support for Access to Medically Supervised Injection Services Edmonton's (AMSISE) proposal for a federal exemption to establish this service. As part of our governance strategy, we have begun to establish 2 new advisory groups: a Community/People with Lived Experience Advisory Group and an Indigenous Advisory Group. Steps in building these groups include taking part in ceremonies and meetings that are meaningful to the stakeholders/participants, including two sweat lodge and pipe ceremonies that we participated in with our Indigenous Elders, one in Maskwacis, AB Nov 2, 2016 and one in Sturgeon Lake, SK Mar 4, 2017.

Demonstration projects have made significant progress using structured work plans. For Project Engage, progress included recruiting 6 regional treatment programs interested in the use of contingency management (CM) in their services, hiring a project coordinator, submitting and obtaining REB approval, development of materials, and implementation of the first phase of the study which involved orienting treatment partners to CM and its evidence base, as well as structured consultation with them regarding barriers to uptake of this intervention strategy in substance misuse treatment. For SSMRT, progress included hiring a PDF to lead the project, completion of a systematic review of over 3500 scientific publications addressing screening and brief intervention for adolescent and young adult substance misuse/addiction, and developing a template for an on-line screening and brief intervention platform intended to support members of the public in learning about substance use/misuse, determining if their own use is problematic, and taking steps to address the problem. Working groups for these projects include over 40 Node member-researchers and knowledge users from regional health authorities and local service providers drawn from across the region.

Our Node Development Program has provided support for 8 projects designed to enhance prevention and treatment services. All of them are linked to decision makers and service providers at the local and regional level, as noted in the following table.

Table 1. Node Development Program Sub-Grantees funded during the reporting period

Lead	Topic
Kay Rittenbach (AHS/SCN)	Evaluating AHS's take-home naloxone program
Darren Christensen (U Lethbridge)	Online contingency management intervention
Julie Kaye (U Saskatchewan)	Sex worker safety, substance use, and harm reduction
Kristina Brache (AHS, Foothills Hospital)	Adaptation of contingency management for adolescents
Anas el-Aneed (U Saskatchewan)	Harm reduction training for pharmacists
Elaine Hyshka (U Alberta)	In-hospital needle exchange evaluation
Geoffrey Maina (U Saskatchewan)	Prince Albert municipal substance misuse needs assessment

JoAnn Saddleback (Maskwacis, Alberta)	Gathering of addiction wisdom from Indigenous Elders
<p>We have also engaged with the other 3 CRISM Nodes to conduct 3 national projects: a randomized clinical trial (OPTIMA), the National Opioid Dependence Treatment Guidelines (NOG), and the Lower Risk Cannabis Use Guidelines (LRCUG). Progress on the national projects has been documented in the recent Network Report submitted to CIHR in Jan 2017. The Prairie Node has continued to work on development and implementation of OPTIMA in 2 Alberta sites and anticipate enrolling patients in Summer 2017. The NOG project involved 2 rounds of soliciting feedback from Node members on a document intended to guide treatment of Opioid Use Dependence in Canada. These guidelines are expected to be released in July 2017 after which, Phase 2 will begin, which will involve facilitating the implementation of the guidelines in each Province and Territory in Canada.</p>	
<p>Research Capacity of Node</p>	<p>c. Please describe how your node has improved research capacity.</p> <p>Infrastructure development has included recruitment and hiring of additional staff members in the Node administrative offices (in Edmonton, Calgary and Saskatoon) in order to manage administration and research activities. These include five additional research assistants (3 full time, and 2 summer students for May – Aug 2016) and a Post-doctoral fellow (Dr. Igor Yakovenko, hired in November, 2016). One of our Node members, Dr. Elaine Hyshka has leveraged approximately \$200,000 in research funds with applications supported by CRISM. Additionally, CIHR has granted an additional \$100,000 to each CRISM Node for activities stemming from the National Opioid Use Disorder Treatment Guidelines, including regional KTE and implementation support activities.</p> <p>As a key tool for building research capacity and collaboration, our node website was launched in April 2016; it is intended to act, in part, as a repository of research resources and information (www.crismprairies.ca). We continue to utilize a Node member survey to collect member research interests, including their interest in participating in funded Node demonstration projects, as well as new member-initiated research topics. During the last reporting period, we have added over 50 new members to our Node; this includes broadening our reach into the NWT (three new members). More details on membership are displayed in Tables 2 and 3.</p> <p>In our first year we created a research and KTE sub-grant Node Development program, which has been very successful. This funding is for up to \$15,000 and allows for teams to pilot their projects and to collect data for funding applications for more extensive projects. In our second year, we funded 8 teams from the Universities of Alberta, Calgary, Lethbridge, and Saskatchewan (see Table 1, previous page).</p> <p>We have also begun a program to support KT events (for up to \$2,000) such as meetings or fora for the purposes of gathering or disseminating research. To date we have supported one such event, <i>A Family-Centered Approach to Substance Use in Alberta</i>, held on March 9 2017 in Edmonton and attended by over 100 people, with live streaming to remote audiences.</p> <p>Additional research capacity is being built within Alberta Health Services (AHS) and other agencies within the Node. For example, clinical staff, located at the 2 AHS sites participating in the OPTIMA trial, was invited to take part in the trial as research staff. As such, 3 staff members (MDs, nurses, counsellors) from each site were funded to attend a 2 day clinical research training session in Montreal in March 2017 which provided a solid understanding of clinical trial development and implementation. Ongoing training will also include required certification in GCP and TCPs as well as OPTIMA-specific protocols. Other Node members who attended the Montreal training are not directly involved in OPTIMA and include Ginette Poulin (Addictions Foundation of Manitoba Medical Director) and Kimberly Fairman (Advisor, Strategic Implementation and Planning Institute for Circumpolar Health Research).</p> <p>Finally, we are working with Alberta Health and Alberta Health Services to develop an agreement that would allow the Prairie Node to access and analyze provincial data related to addictions and associated health care. This would facilitate node members being able to</p>

	<p>access data about current levels of health care use for addiction as well as identification of gaps in services that could be addressed through member research or implementation projects. Our node is also initiating processes with health agencies in Saskatchewan and Manitoba to achieve better research member access to current health and addictions data. The Addictions Foundation of Manitoba and the Saskatchewan Centre for Patient Oriented Research will be key agencies for developing this access.</p> <p>d. Please describe how your team established and strengthened collaborations between all Node members.</p> <p>Communication with Node members occurs in a variety of ways, including group and targeted email, twitter, a monthly electronic newsletter (<i>News and Notes</i>) and bulletins for time-sensitive announcements. With the launch of our website (www.crismprairies.ca) in April 2016, information is also available via this route. Drs. Wild, Hodgins, and Dell regularly communicate with Node members regarding ongoing projects, future collaborations, and plan knowledge exchange strategies.</p> <p>We also employ a web-based process to systematically describe member expertise, research interests, and to expand regional reach of the Node. Specifically, we ask that those interested in joining the Prairie Node complete a needs assessment survey. Results provide demographic and professional characteristics of our members and describe their interests in addiction (including target populations, substances, interventions and specific project areas of interest). We also collect 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 coordination of targeted communication to members with similar interests regarding their participation in Node demonstration projects. Initial phone meetings with interested members are held to define specific member involvement and to develop initial protocols and processes. Additional phone calls and email communication are then used to further develop the projects and approve work plans.</p> <p>On June 23-24, 2016, we held our First Annual Node Gathering, in Calgary, AB. This event was attended by over 65% of the membership. Feedback from attendees included:</p> <ul style="list-style-type: none"> • 96% rated the meeting as <i>very good or excellent</i> • 84% felt the content was <i>very or extremely helpful</i> • 78% that information presented about the state of addictions in our region was <i>very good or excellent</i> • 77% felt the meeting was a good forum for member input into Node projects <i>very or extremely well</i> • 77% felt that the networking opportunities were <i>very or extremely valuable</i> <p>Our Second Annual Node Gathering will be held Nov 15-16, 2017.</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: 56</p> <p>f. Please describe the type and value of these collaborations:</p> <table border="1" data-bbox="375 1619 1216 1892"> <thead> <tr> <th>Institution Type</th> <th># Individuals</th> <th># Institutions</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Academic research</td> <td>26</td> <td>7</td> <td>Researcher expertise includes specialists in behavioral and social sciences, epidemiology, health economics, clinical research, implementation science, and statistics. Beyond disciplinary expertise, value includes access to students and staff as well as access to research funding</td> </tr> </tbody> </table>	Institution Type	# Individuals	# Institutions	Value	Academic research	26	7	Researcher expertise includes specialists in behavioral and social sciences, epidemiology, health economics, clinical research, implementation science, and statistics. Beyond disciplinary expertise, value includes access to students and staff as well as access to research funding
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CRISM Prairie Node Membership Details for Annual Report June 2017

	Other	11	5	Institutional membership in this category includes Aboriginal Elders from AB, SK and MB; the Alberta Rural Development Network; Saskatoon Police. Representation from these institutions provides access to members, programs and resources through collaborations.
	Total	117	51	As above
Knowledge Exchange	Research Contributions			
			# Published	# Submitted
	Data Resources		0	
	Peer-Reviewed Publications		14	
	Books		0	
	Conference Presentations/Abstracts		38	
	Other Reports		2	
	Public Outreach and Media Coverage			
	Presentations		62	
	Newspaper		43	
	TV/radio		61	
	Social Media CRISM collectively uses social media and this will be addressed in the Network report		n/a	
	Other (including meetings, cross training)		95	
	From NADS Performance Measurement Strategy			
	# of knowledge exchange opportunities with partners, the public and other stakeholders: sum of the above table		315	
<p>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).</p> <p>As mentioned earlier, Dr. Wild is a member of the Government of Alberta's addiction integration committee and the core committee of Alberta Health Services' addiction and mental health strategic clinical network; both venues afford routine updates to Provincial decision makers on CRISM activities and opportunities for collaboration with these end users. The other Node PIs (Drs. Hodgins and Dell) also meet regularly with stakeholders from provincial governments, regional health authorities, and regional service providers 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.</p> <p>Additional activities targeted to end users and community partners (not including research partners) include those listed in our response to question d above, as well as:</p> <ul style="list-style-type: none"> • Strategic planning meetings to develop new advisory groups for the Node; • Inclusion in Node annual meeting and working groups; • Development of a communication forum accessed through our Node website that includes specific topic threads and an 'ask an expert' section; 				

	<ul style="list-style-type: none"> • Linkage of end users interested in specific CRISM projects with Node researchers to facilitate project development and implementation. <p>j. Please describe your 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.</p> <p>End users and community partners (other than researchers) who are affiliated with the Prairie Node include, according to our Node membership terms (see Additional Comments section) individuals who are acting as representatives of agencies such as provincial governments, health authorities, foundations/institutes/centres, PLE advocacy groups, treatment centres, and health practitioner colleges.</p> <p>The Node has facilitated meetings with each of these partners in order to develop relationships and assess collaborative potential and needs. Each affiliated organization is represented in the Prairie Node by at least one individual.</p> <p>Details of outreach, engagement and dissemination activities are addressed in question d, above.</p> <p>As part of our evolving governance strategy (see section m, following), we have started the groundwork to establish two advisory councils: an Indigenous Advisory Council and a Community/People with Lived Experience Council. The Indigenous Advisory Council (IAC) will function as an organizational and constituency council to the Prairie Node. The IAC will offer ongoing guidance from an Indigenous perspective and ensure the relevance and quality of research outcomes for Indigenous populations. Elders JoAnn and Jerry Saddleback have been engaged by the Node to develop the IAC terms of reference and have drafted a list of key contacts for inclusion in this governance initiative.</p> <p>Further partnerships between CRISM Prairies and Indigenous health research organizations are currently underway including with the Indigenous Peoples’ Health Research Centre, the First Peoples First Person research network, and the Thunderbird Partnership. The working relationships and nature of these partnerships will be primarily directed by members of the IAC, however affiliation with these organizations immediately fosters greater reach within Indigenous communities and greater connections to Indigenous stakeholders for Prairie Node operations.</p> <p>Steps in building these councils include taking part in ceremonies and meetings that are meaningful to the stakeholders/participants along with attendance at conferences and knowledge sharing events such as the <i>University of Saskatchewan Building Reconciliation Forum</i> where CRISM Prairie Node representatives presented a poster about reconciliation in the research process. Further, CRISM Prairies hosted a table at the <i>All Nations Hope</i> conference (March 21-22, 2017) in Saskatoon where guiding Node elder Jerry Saddleback provided the keynote address. <i>All Nations Hope</i> is a network of Indigenous people, organizations and agencies that provide support and services to First Nations, Métis and Inuit families who are experiencing HIV, AIDS and Hepatitis C. This community-based organization is also interested in further affiliation with CRISM Prairies. The terms of this affiliation will be address with the IAC and fully developed in the 2017-18 funding year. Further affiliations are being developed through the First Peoples First Person Network that was recently successful in its application for a CIHR Planning and Dissemination grant and aims to address cultural safety, cultural competency, and cultural humility in relation to the Mental Health Continuum Framework and the Micro-Reconciliation Framework. This analysis will be used for policy development and education curriculum development for health-related disciplines. CRISM Prairies is contributing to this initiative through Node member expertise and activity involvement.</p>
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	<p>Ensuring that the voices of people with lived experience are included in Node activities is crucial for understanding and addressing the needs of those directly suffering from substance misuse 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 invited a number of them to attend our annual meeting where they shared their experiences and perspectives with service providers and decision makers as well as researchers.</p> <p>The Node has begun outreach to drug user and professional organizations by initiating consultative meetings with Alberta Addicts Who Advocate and Educate Responsibly (AAWEAR). The Node provided ad-hoc funding to AAWEAR for a project to support development of drug user advocacy organizations in SK and MB. In addition, the Node has engaged Edmonton-based harm reduction service providers, including Streetworks and AMSISE, which is a coalition of Edmonton-based agencies and service providers advocating for medically-supervised safe injection facilities. In Saskatchewan, the Node is developing affiliation with the advocacy group Saskatchewan Advocates for Safe Consumption (SASC) and the terms of formal affiliation are anticipated in the next funding year. We have also engaged with new partners in Manitoba, including the 595 Prevention Institute and Addictions Foundation of Manitoba, increasing Node representation in that province. In Fall 2016, direct support was provided to the 595 Prevention Institute in MB regarding a new CIHR funded project "Remote Control" a multi-site community-based research study that aims to address gaps in services for people living with HIV/Aids in northern, rural and remote communities, with emphasis on Indigenous populations. This project will build research capacity within participating communities in northern MB. This enhanced capacity will foster further growth and uptake of research practices to enhance future research site potential. CRISM Prairies provided research expertise and writing support for the development of the project ethics proposal and CRISM Prairies continues to consult with the project coordinator regarding the project process, aims and goals. Further direct support was provided to the 595 Prevention Institute's Supply Distribution Working Group (SDWG) to draft a policy brief regarding supply distribution access in the province of Manitoba. This policy brief was taken up by the working group and directed to provincial stakeholders involved with supply distribution, including provincial government representatives.</p>
	<p>k. How will knowledge users communicate and apply findings?</p> <p>Communication occurs through direct dissemination to and from individual knowledge users as well as through Node group communication tools including our website, list-serves, interest or working groups meetings, reports, and newsletters, as well as via various forms of media.</p> <p>Research results and knowledge syntheses are disseminated using the above methods as well as at local, national and international conferences, by submission to open-access peer-reviewed journals, and at our 2nd Annual Node Gathering (Nov 15-16, 2017).</p> <p>In relation to application of findings, we have 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"> • 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 in progress, including Lower Risk Cannabis Use Guidelines; • As part of the implementation of the National Opioid Use Disorder Treatment Guidelines, we are planning a series of seminars in major cities across the Prairies (and Territories since the Prairie Node has a working relationship with agencies in the NWT

	<p>that could facilitate this initiative in the Territories) to introduce and enhance buy-in of the guideline recommendations;</p> <ul style="list-style-type: none"> • 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 being implemented as an ancillary study to OPTIMA. Results from this study are expected to influence the process of kit distribution and outcome assessment; • As part of our Indigenous stakeholder engagement, we are planning a series of regional forums about Indigenous addiction and healthcare. These are intended to provide community needs assessments that will inform programs to address the issues identified in culturally appropriate ways. We anticipate the first forum taking place Summer 2017. 																																			
<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>No.</p>																																			
<p>Leveraging of Node (excluding studies funded under the Network)</p>	<table border="1" data-bbox="375 858 1127 1142"> <thead> <tr> <th colspan="4">Funds Leveraged</th> </tr> <tr> <th>Source</th> <th>Amount/year</th> <th>Years</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>NOG KT CIHR</td> <td>100,000</td> <td>2016-2017</td> <td>100,000</td> </tr> <tr> <td>MSI Foundation (E Hyshka)</td> <td>98,000</td> <td>2016-2017</td> <td>98,000</td> </tr> <tr> <td>CIHR (E Hyshka)</td> <td>99,992</td> <td>2016-2017</td> <td>99,992</td> </tr> </tbody> </table> <table border="1" data-bbox="375 1205 1127 1608"> <thead> <tr> <th colspan="3">In-Kind Support</th> </tr> <tr> <th>Source</th> <th>Years</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>University of Alberta</td> <td>1</td> <td>Office space, access to Department level administration (i.e.. grants, IT support)</td> </tr> <tr> <td>University of Calgary</td> <td>1</td> <td>Office space, access to Department level administration (i.e.. grants, IT support)</td> </tr> <tr> <td>University of Saskatchewan</td> <td>1</td> <td>Office space, access to Department level administration (i.e.. grants, IT support)</td> </tr> </tbody> </table>	Funds Leveraged				Source	Amount/year	Years	Total	NOG KT CIHR	100,000	2016-2017	100,000	MSI Foundation (E Hyshka)	98,000	2016-2017	98,000	CIHR (E Hyshka)	99,992	2016-2017	99,992	In-Kind Support			Source	Years	Total	University of Alberta	1	Office space, access to Department level administration (i.e.. grants, IT support)	University of Calgary	1	Office space, access to Department level administration (i.e.. grants, IT support)	University of Saskatchewan	1	Office space, access to Department level administration (i.e.. grants, IT support)
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<p>Governance of the Node</p>	<p>m. Please describe how your Node has used and involved a Steering Committee or equivalent body.</p> <p>As outlined in our first annual report, the Prairie Node has been governed by a Node Steering Committee (NSC) and a Regional Coordinating Committee (RCC). The NSC includes the Nominated PI (Dr. Wild) and two co-PIs (Drs. Hodgins and Dell), as well as the Node Manager (Denise Adams) and our Knowledge Exchange specialist (Barbara Fornssler). The NSC meets weekly and directs day-to-day Node operations. The RCC includes the PIs (Wild, Hodgins, Dell), a Principal Knowledge User (Allan Aubry) and the</p>																																			

	<p>Principal Consumer Advocate (Stacey Petersen). The NSC has consulted with our non-academic RCC members regularly on strategic directions and decisions for Node activities throughout the reporting period.</p> <p>Our original application also specified a Regional Advisory Panel (RAP), which included the NPI (Dr. Wild) and senior executives occupying key strategic positions within Prairie SM service systems and a representative from the Nechi Institute. During the reporting year, we identified several problematic issues with the RAP as originally structured:</p> <ul style="list-style-type: none"> • Since most of our original membership was based in Alberta, all but one of our original RAP members were drawn from Alberta. This was problematic in terms of regional scope of our Node. Unlike other CRISM Nodes (BC, Ontario), where the Node is located within a single institutional structure (BCCSU and CAMH, respectively), and has as its target population a single Province (BC, Ontario), the Prairie Node includes three Provinces and multiple institutions; • Despite efforts to effectively engage the Nechi Institute on the RAP, effective Indigenous participation was not obtained. In response, we developed an independent relationship with two Indigenous Elders (JoAnn and Jerry Saddleback); • Efforts to expand Node reach to Saskatchewan and Manitoba are ongoing. Our original RAP member from SK delegated responsibility to other Ministry staff. In Manitoba, we recruited Sheri Fandrey, a senior executive at Addictions Foundation of Manitoba, into the Node. <p>These issues, combined with a recent retirement from one of our key governance representatives, and CIHR's request for CRISM to clarify its governance structure at the national level, has led us to conclude over the reporting period that the Node needs to restructure its governance. We have begun strategic consultations on this and are planning an organizational retreat in September, 2017. The purpose of this retreat is to reorganize Node governance to ensure regional equity and compliance with CIHR governance expectations, to review our approaches for engaging with Indigenous peoples and people with lived experience of substance use, and to create more efficient structures and processes.</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>Please refer to section m, above.</p>
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Additional Comments. Please add any additional comments that are relevant to the analysis of the information provided within this report.

The Prairie Node has clarified its membership terms and processes as follows:

The Prairie Node recognizes 2 types of members – individuals and affiliates (institutional representatives). Both types of members were included as signatories on the original CIHR application and members from both types have been added after the original application.

Individuals

- The Node has an open membership policy. Interested researchers, service providers, decision-makers, and those with lived experience in the region represented by the Node are all welcome to join the Prairie Node;
- Individuals may join at any time by completing an on-line survey;
- Individuals may represent their own personal interests (Members) or provide representation at the institutional level (Affiliates);
- We anticipate that Members and Affiliates will become more or less active in the Node depending on opportunities and interests;
- Members will have access to CRISM resources and support

Institutional Representatives

- Institutions represented by any area (research, service provision, policy, and lived experience) are eligible to affiliate with Prairie Node;
- Requirements for affiliation include:
 - Active engagement in Node initiatives of interests and/or as appropriate;
 - Participation in Node committees and groups as appropriate;
 - Sharing relevant resources, materials, or products as appropriate with members or on the Node website;
 - Assisting in raising awareness of CRISM activities, including sharing Node newsletters, contributing timely content for Node bulletins, connecting across websites, providing network attribution where appropriate, and other mutually beneficial promotion activities;
 - Confirmation of institutional interest by submitting and updating letter of affiliation

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

None.