



Signature of Institution Paid

Institution Paid Signature	
<p>It is agreed that the general conditions governing Grants and Awards, as well as the statements "Meaning of Signatures on Application Forms" as outlined in the CIHR Grants and Awards Guide, apply to any grant or award made pursuant to this application and are hereby accepted by the applicant's institution or the applicant(s) employing Institution(s). A signature is not required at institutions outside of Canada. If both your Program and submitting institution are using the Electronic Approval Tool on ResearchNet, a signature is not required for block 1 if the Authorized Official can bind the institution to all obligations outlined in the "Meaning of Signatures on Application Forms". If the Authorized Official cannot bind the institution to all obligations in the "Meaning of Signatures on Application Forms", complete block 2.</p>	
1. Signature of Authorized Official: University of Alberta	
Print Name:	RESEARCH FACILITATOR RESEARCH SERVICES OFFICE University of Alberta
Date:	21 Oct 2014
Signature:	<i>Pat Jones</i>
X	
2. If the Authorized Official above cannot bind the institution to all obligations outlined in the "Meaning of Signatures on Application Forms", please provide additional signatures below as required.	
Print Name:	Faith G. Davis
Date:	October 21, 2014
Signature:	<i>Faith Davis</i>
X	
Print Name:	
Date:	
Signature:	
X	

Signature of Research Institution

Institution Signature at Primary Location of Research (Awards Programs Only)	
<p>It is agreed that the general conditions governing Grants and Awards, as well as the statements "Meaning of Signatures on Application Forms for the Authorized Official at the Primary Location of Research" (http://www.cihr-irsc.gc.ca/e/22630.htm#1-G3) as outlined in the CIHR Grants and Awards Guide, apply to any award made pursuant to this application and are hereby accepted by the Nominated Principal Applicant's institution where the research is to be conducted.</p>	
Signature of Authorized Official: University of Alberta	
Print Name:	Date:
Signature:	
X	



Appl. # 337945

Application Details

Funding Opportunity:

Other: Canadian Research Initiative in Substance Misuse - Nodes (2014-10-21)

Proposed Start Date:

Proposed End Date:

Applicant:

Surname WILD

Given Names Cameron

Institution University of Alberta

Faculty School of Public Health

Department

Telephone 780-492-6752

Fax

E-mail cam.wild@ualberta.ca

Title: Prairie CRISM Node Proposal

Primary location where research to be conducted: University of Alberta

Faculty: School of Public Health

Department:

Institution which will administer project funds (Institution Paid):

University of Alberta

Location of proposed Activity:

Period of support requested: 5 Year(s) Month(s)

THE FOLLOWING SECTIONS ARE NOT APPLICABLE TO ALL PROGRAMS

Budget section - Amounts Requested from CIHR in the First Full Year:

Operating: 350000

Equipment: 85000

Total Amount Requested: \$435000

New

Renewal

Funding Reference Number (FRN):

Is this application a resubmission of a previously unsuccessful new application?

Yes No

Is this application a resubmission of a previously unsuccessful renewal application?

Yes No FRN #:

Have you applied to this program in the last two years?

Yes No

Is this a multi-center study?

Yes No



Certification Requirements:

- Human subjects Human stem cells Animals Biohazards
- Environmental Impact Containment Level _____
- Clinical Trial
- Contains a randomized trial
- In order to carry out the proposed research in this application, an exemption from Health Canada under Section 56 of the Controlled Drugs and Substances Act is required. Should my application be approved, I understand that I will need to seek an exemption from Health Canada and provide this exemption to CIHR before any funding will be released for this application.

Other Project Information:

- For statistical purposes, does this application propose research involving Aboriginal people?
- Are sex (biological) considerations taken into account in this study?
- Are gender (socio-cultural) considerations taken into account in this study?

Please describe how sex and/or gender considerations will be considered in your research proposal:

Gender differences are not the central focus of the proposed CRISM Node. Females who use illicit drugs are often more vulnerable to experiencing negative health outcomes than their male counterparts; however, female drug users are not the focus of this application. If the Node is funded, CRISM projects may explore whether sex (biological) and gender (sociocultural and identity) factors moderate the impact of substance misuse interventions.



Other Applicants

Surname	Given Names	Role
AUBRY	Allan	Principal Knowledge User

Institution Alberta Health Services	Department	Faculty
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Surname	Given Names	Role
Dell	Colleen	Principal Applicant

Institution University of Saskatchewan	Department Sociology	Faculty School of Public Health
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Surname	Given Names	Role
Hodgins	David	Principal Applicant

Institution University of Calgary	Department Clinical Psychology	Faculty Faculty of Psychology
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Surname	Given Names	Role
Christensen	Darren	Co-Applicant

Institution University of Lethbridge (Alberta)	Department	Faculty Faculty of Health Sciences
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Surname	Given Names	Role
Currie	Cheryl	Co-Applicant

Institution University of Lethbridge (Alberta)	Department	Faculty Faculty of Health Sciences
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Surname	Given Names	Role
Currie	Shawn	Co-Applicant

Institution Alberta Health Services, Calgary and Area	Department	Faculty
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Surname	Given Names	Role
Dursun	Serdar	Co-Applicant

Institution University of Alberta	Department Psychiatry	Faculty Faculty of Medicine
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Surname	Given Names	Role
Lee	Bonnie	Co-Applicant

Institution University of Lethbridge (Alberta)	Department	Faculty Faculty of Health Sciences
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Other Applicants

Surname Ohinmaa	Given Names Arto	Role Co-Applicant
Institution University of Alberta	Department	Faculty School of Public Health

Surname	Given Names	Role
Institution	Department	Faculty

Surname	Given Names	Role
Institution	Department	Faculty

Surname	Given Names	Role
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Institution	Department	Faculty

Surname	Given Names	Role
Institution	Department	Faculty



Lay title of the research

Abstract suitable for preparation of a press release

Currently, there is no network linking substance misuse intervention researchers, service providers, and consumer/patient advocates across Alberta, Saskatchewan, and Manitoba. This proposal brings together over 50 key stakeholders together from across the Prairies to establish a regional Node dedicated to substance misuse interventions as part of the national CRISM network.

Project Descriptors *

substance misuse, treatment, prevention, knowledge exchange, client motivation, screening and brief interventions

Areas of Research *

Primary
HEALTH SERVICES RESEARCH

Secondary
PSYCHOSOCIAL/HEALTH BEHAVIOURAL RES.

Classification Codes *

Primary
DRUGS- PHARMACEUTICAL SCIENCE/CHEMISTRY &
NON MEDICAL USE OF DRUGS

Secondary
MULTIDISCIPLINARY

Themes *

1st Health systems/services

2nd Social/Cultural/Environmental/Population Health

3rd Clinical

4th

Categories *

1st Neurosciences, Mental Health and Addiction

2nd

3rd

4th

Canadian Research Initiative in Substance Misuse - Nodes/Initiative Canadienne sur l'abus de substances – Pôles
Application/Demande 2014-10-06

Summary of Research Proposal/Résumé de la proposition de recherche

Rationale. Alberta, Saskatchewan, and Manitoba have excellent researchers investigating substance misuse (SM) interventions delivered in the clinic and the community. Each province funds treatment and prevention of SM and has developed strategic plans through their respective Ministries of Health and Regional Health Authorities. But to date, these assets have operated either in isolation, or as part of small provincial teams. This is a missed opportunity for collaboration and impact in light of three challenges shared across the Prairie provinces: (1) treatment and prevention services that serve a diverse case mix of SM clients drawn from urban and rural populations – the latter who are often highly geographically dispersed; (2) high prevalence of SM among Indigenous peoples, the fastest-growing segment of urban populations in this Canadian region; and (3) relatively limited research capacity (i.e., few faculty positions and trainees specifically allocated to SM; limited in-house capacity for SM research among service providers). The present application is submitted to address these challenges.

Node organization. Over 50 investigators, system and program managers, policy makers, and consumer advocates responded to the CRISM opportunity. Each recognizes the need for enhanced regional collaboration to address SM, and have committed to participate in a Prairie CRISM Node. A flexible organizational structure will allow for different levels of affiliation, collaboration, and responsibility, while providing broad reach into the research, service provider, and consumer communities. A Regional Coordinating Committee (RCC) will set strategic direction for the Node, and will be informed by a Regional Advisory Panel. Node members include investigators (academic researchers) and knowledge users (line-level service managers) who will provide additional input to RCC decisions via an annual Node meeting. Projects will involve identification of smaller subsets of members who will collaborate to use CRISM resources to execute activities of joint interest and benefit to the academic research and service/practice/consumer communities.

Objectives and goals. Currently, there is no network linking researchers, service providers, and consumer/patient advocates across Alberta, Saskatchewan, and Manitoba, nor have coordinated research agendas in SM interventions been articulated across the region. Viability and success of CRISM research in this Node thus critically depends on achieving our two objectives, i.e., (1) creating effective collaborative working relationships built on trust, and (2) developing regionally accessible resources that are of value to researchers, service providers, and advocates. Our long-term goals for the Node are to (1) facilitate regional uptake of evidence-based treatment and prevention interventions for SM, including polydrug 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 research partners on intervention trials, secondary analyses, and related research.

Activities. Three sets of interrelated activities will be undertaken. First, we will develop five infrastructure resources, each designed to enhance capacity for a viable regional research-practice-advocacy network. Proposed resources include knowledge mobilization tools, registries, research resources, treatment resources, and templates, most of which will be available online. Second, a regional engagement strategy will build a Prairie CRISM node as an integrated cross-provincial collaboration, using a combination of outreach to underrepresented stakeholders across our region, and training supports for graduate students. The proposed infrastructure and engagement strategy will be used to support two demonstration projects, which were developed in response to an online survey of priorities completed by Node stakeholders, an initial team meeting held in Calgary in June, 2014, and feedback provided during the proposal writing process. Project 1 will develop and test protocols to enhance motivation and client retention in substance abuse treatment in three demonstration sites (programs) across the region. Project 2 will develop and test online resources for screening, self-management, and referral to treatment for youth SM by adding a regional supplement to the Canadian Student Alcohol, Tobacco, and Drugs Survey. The projects will generate critical initial data to inform future CRISM research, and are well-aligned with international research priorities in SM interventions.

WILD, Cameron

Canadian Research Initiative in Substance Misuse - Nodes/Initiative Canadienne sur l'abus de substances – Pôles Application/Demande 2014-10-06

Lay abstract/Résumé non scientifique

Currently, there is no network linking substance misuse intervention researchers, service providers, and consumer/patient advocates across Alberta, Saskatchewan, and Manitoba. This proposal brings together over 50 key stakeholders together from across the Prairies to establish a regional Node dedicated to substance misuse interventions as part of the national CRISM network.

A. Overview

Alberta, Saskatchewan, and Manitoba have excellent researchers investigating substance misuse (SM) interventions delivered in the clinic, the community, and in academic research settings. Each Province funds treatment and prevention of SM and has developed strategic plans through their respective Ministries of Health and Regional Health Authorities. But to date, these assets have operated either in isolation, or as part of small provincial teams. This is a missed opportunity for collaboration and impact in light of three challenges shared across the Prairie provinces: (1) treatment and prevention services that serve a diverse case mix of SM clients drawn from urban and rural populations – the latter who are often highly geographically dispersed; (2) high prevalence of SM among Indigenous peoples, the fastest-growing segment of urban populations in this Canadian region; and (3) relatively limited research capacity (i.e., few faculty positions and trainees specifically allocated to SM; limited in-house capacity for SM research among service providers). The present application is submitted to address these challenges, and was designed through a collaborative process of stakeholder consultation, an online priority-setting survey, and iterative feedback on drafts of our proposal. This groundwork resulted in recruiting over 50 regional investigators, system and program managers, policy makers, and consumer advocates, each of whom recognizes the need for enhanced regional collaboration to address SM, and who have committed to participate in a Prairie regional CRISM Node.

Our *objectives* for the funding period are to (1) create effective and trusting collaborative working relationships among our affiliates, and (2) develop accessible resources for SM interventions that are of value to researchers, service providers, and consumer advocates. Three sets of interrelated *activities* will be undertaken. First, we will develop five infrastructure resources, each designed to enhance capacity for a viable regional research-practice-advocacy network. Second, a regional engagement strategy will build the Prairie CRISM Node as an integrated cross-provincial collaboration. Third, the proposed infrastructure and engagement strategy will be used to support two demonstration projects designed to kick-start collaborative regional collaboration on retention in substance abuse treatment and screening and brief interventions. These activities will lay the groundwork for conducting future intra- and inter-Node research on SM interventions. Our long-term *goals* for the Node are to (1) facilitate regional uptake of evidence-based treatment and prevention interventions for SM, including polydrug 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.

B. Applicant Team

1. Principal Investigators

The Nominated Principal Investigator (NPI) is *T. Cameron Wild*, who completed a Postdoctoral Fellowship in the Human Motivation program at the University of Rochester, New York, and was a staff Scientist of the former Addiction Research Foundation of Ontario. *Wild* was the inaugural Associate Dean (Research) in the School of Public Health at the University of Alberta, where he is currently a Professor and Director of its Addiction and Mental Health Research Lab. His research interests include: epidemiology of SM, injection drug use, comorbid addictions and mental disorders; randomized trials and quasi-experiments of community-based brief interventions; motivation and client retention in addiction treatment; compulsory treatment policies and outcomes; and organization of service systems in relation to population need. *Wild* has published over 125 peer-reviewed articles and chapters on these topics, obtained over \$5M as a Principal Investigator in competitive grants and contracts, and has successfully supervised 33 graduate students and postdoctoral fellows.

David C. Hodgins (PI), is a Professor in the Program in Clinical Psychology in the Department of Psychology, University of Calgary. *Hodgins* is also Head, Department of Psychology and a coordinator with the Alberta Gambling Research Institute. His research focuses on various aspects of

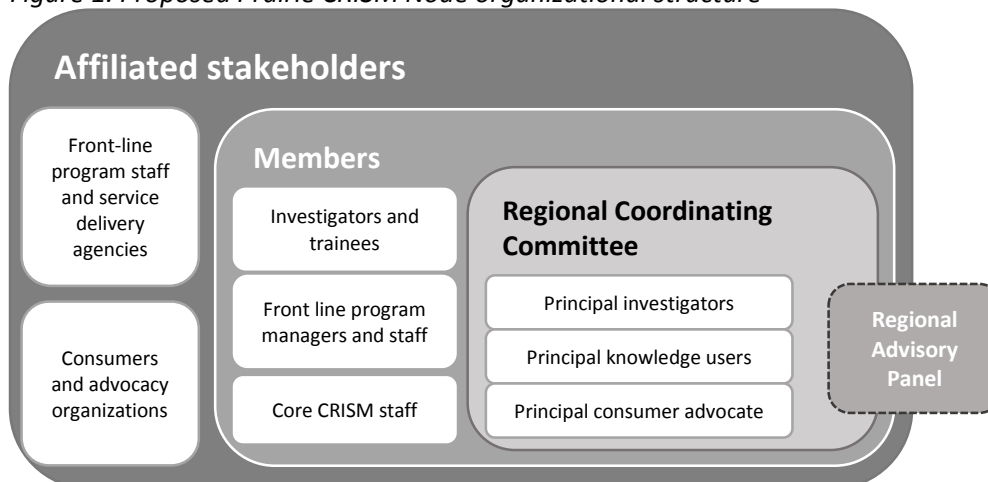
addictive behaviours, including relapse and recovery from substance abuse and gambling disorders. *Hodgins* has published over 150 peer reviewed articles and chapters on these topics and has had continuous external research funding since 1992. He has conducted randomized clinical trials of both brief and more traditional addiction treatment models and is Director of the Addictive Behaviours Lab at the University of Calgary. *Hodgins* developed a self-directed treatment model that is recognized as an evidence-based treatment by the United States Substance Abuse and Mental Health Administration. In 2010, he received the Scientific Achievement Award from the US National Center for Responsible Gaming. He teaches in the clinical psychology program and has an active cadre of graduate students (11 MSc and 10 PhD students to date as primary supervisor). He maintains a private practice in Calgary and consults with a number of organizations internationally.

Colleen Anne Dell (PI) was appointed as the Research Chair in Substance Abuse at the University of Saskatchewan in 2007. Funded by the Government of Saskatchewan, her work emphasizes research, community outreach, and training. *Dell* is also Professor in the Department of Sociology and School of Public Health at the University of Saskatchewan, and a Research Associate with the Indigenous Peoples' Health Research Centre at U Saskatchewan. Since her appointment, she has secured nearly \$3M in external funding for her research program as a PI, has published over 25 peer-reviewed articles, 11 book chapters and 25 technical reports, and co-edited a special issue of *Substance Use & Misuse*. *Dell's* research interests include identity and stigma and their relationship to healing from drug addiction, SM treatment and programming, the connection between youth resilience and inhalant abuse, animal assisted interventions as a healing approach to addictions and mental health, and research methodology and evaluation. Her research focuses on Indigenous populations, criminalized women, and drug-using populations. *Dell's* research studies are grounded in a community-based, participatory approach and she mentors a strong cadre of graduate students. In 2010 she received the YWCA Women of Distinction award in Research, Science and Technology.

2. Proposed Node Organizational Structure and Roles (see Table 1, attached, for a complete listing of applicants).

The Prairie CRISM Node will implement a flexible organizational structure designed to accommodate our large team's needs for different levels of affiliation, collaboration, and responsibility, while providing broad reach into the research, service provider, and consumer communities across the region. Figure 1 presents the proposed organizational structure for the Node, which includes 4 levels of affiliation (coordination, advisory, members, and stakeholders). Composition of these groups will be reviewed annually as relationships strengthen with regional stakeholders who are underrepresented in this proposal, particularly representatives from Manitoba, as well as Indigenous Elders.

Figure 1. Proposed Prairie CRISM Node organizational structure



Regional Coordinating Committee (RCC). RCC will include the 3 PIs described earlier, as well as four Knowledge Users and a Principal Consumer Advocate. RCC will set strategic direction for the Node with respect to research priorities and opportunities for collaboration across the CRISM network, resource allocation and staffing for the Node, and will provide strategic oversight of initiatives to secure complementary funding. Three experienced administrators with extensive influence in regional treatment systems will participate as knowledge users on RCC. *Aubrey* (Principal Knowledge User) is Director of Addiction and Mental Health at Alberta Health Services (AHS), *Enns* is Regional Executive Director of the Prince Albert Regional Health Authority in Saskatchewan, and *King* is Manager of Addiction Services for the AHS Edmonton Zone. Their expertise will be complemented by *Weber-Pillwax*, who is a Board member of the Nechi Training, Research and Health Promotions Institute. Nechi is well recognized across our region for offering specialized training to addiction counsellors working with Indigenous communities. These knowledge users will ensure that RCC is advised of, and aligned with, the activities and priorities of front-line service providers. They will also be instrumental in brokering access to administrative health service data and programs and services interested in participating in CRISM activities. The principal consumer representative on RCC (*Lyseng*) is the Executive Director of the Alberta Alliance on Mental Illness and Mental Health (AAMIMH). AAMIMH is a consortium of professional and non-profit organizations that includes the Alberta Addiction Service Providers (AASP), a network of 32 community-based treatment and service provider organizations operating outside Alberta Health Services that offer over 500 treatment beds and provide treatment and support to between 2,000 and 4,000 Albertans annually. AAMIMH holds a well-established role in the community as a strong voice for Alberta consumers. A key activity of the principal consumer advocate will be to build connections with similar groups in Manitoba and Saskatchewan, and to those with lived experience of SM who, unlike other areas in Canada, are to a great extent not formally organized in our region.

Regional Advisory Panel (RAP). This panel will be overseen by the NPI (*Wild*) and includes seven senior executives occupying key strategic positions within Prairie SM service systems. Functionally, RAP will facilitate information exchange between strategic decision-making in each Province and strategic planning for Node activities. *Trew* is the Chief Mental Health Officer within Alberta Health and a practicing psychiatrist. *Craig* is Director of Addiction Assurance at Alberta Health. *Andres* is the Senior Provincial Director of Addiction and Mental Health for Alberta Health Services (AHS). *Willerth* is Director of Addiction and Mental Health in the Saskatchewan Ministry of Health. *Block* is the CEO of the Addiction Foundation of Manitoba. *Bercov* is the Executive Director of the Addiction and Mental Health Strategic Clinical Network within AHS (AMH-SCN). The AMH-SCN was created to enhance prevention and treatment of addiction and mental health issues in order to optimize patient outcomes. *Sherren* is the Scientific Director and Program Officer for the Norlien Foundation and is a behavioural neuroscientist. The Norlien Foundation is a private foundation active in knowledge mobilization and professional development in the areas of childhood development, addiction, and mental health. It has a longstanding partnership with PIs *Wild* and *Hodgins* and with numerous national and international organizations in the field. *Bastien* will also represent the Nechi Institute on RAP.

Members. Two types of CRISM members will participate in Node activities: (1) investigators who hold academic positions and who supervise graduate and postdoctoral trainees, and (2) knowledge users, who are senior managers within the Provincial treatment and prevention systems, and who are the gatekeepers to study populations and services for SM. Readers should note that, due to our large membership, CRISM projects will necessarily involve identification of smaller subsets of members who agree to collaborate to use CRISM resources to execute research projects of joint interest and benefit to the academic research and service/practice/consumer communities.

In recruiting our 23 CRISM member investigators, we sought expertise in three areas that are critical to support the regional challenges and national aspirations of CRISM: (1) clinical research

designed to assess the efficacy and biobehavioural mechanisms underlying SM interventions, (2) health services research designed to optimize effectiveness of SM treatment and prevention programs delivered in clinics and in the community, and (3) innovative services for Indigenous and/or socially marginalized populations. The clinical research area is represented by *Dursun*, a Professor of Psychiatry at the University of Alberta whose research interests include neuroimaging of patient responses to addiction treatment, and who will provide Node leadership for physician-led pharmacotherapy trials in which CRISM may participate. Three other academic psychiatrists have been recruited for their clinical research expertise and willingness to participate in SM intervention research (*el Guebaly, Silverstone, and Aitchison*); their interests include cannabis misuse; randomized clinical pharmaceutical trials; and psychopharmacology and pharmacogenetics, respectively. *Mackay* and *Greenshaw* bring expertise in neuroimaging and treatment response, and behavioural and functional imaging studies, respectively. In the health services research area, our member investigators include researchers conducting studies on the implementation of relational therapies, contingency management, animal-assisted therapies, and knowledge mobilization in SM treatment (*Lee, Christensen, Chalmers, and Novotna*, respectively), as well as researchers interested in economic evaluation of SM services and assessment of telemedicine and telehealth interventions (*Ohinmaa*) and treatment of cannabis use disorders (*Stea*). *Ogenchuk, Mykota, and S. Currie* all investigate prevention of SM in youth.

In the indigenous and/or socially marginalized populations area, we recruited several member investigators with expertise in prevention and treatment of SM among Aboriginal communities (*Acoose, Bourassa, Butt, C. Currie, Episkenew, Henry, Reading, and Tait*). *Dell, Wild, Chalmers, Ogenchuk, Mykota* and *Greenshaw* also bring experience working with Indigenous populations and have established relationships with a variety of Indigenous stakeholders. We have also recruited three academic physicians in this area to our team. *Butt* is the past Medical Director of Northern Medical Services in Saskatchewan and conducts research on implementation of brief interventions in primary care. *Salvalaggio* and *Dong* operate the Inner City Health and Wellness Program at the Royal Alexandra Hospital in Edmonton, Alberta, an innovative service designed to link socially marginalized, substance-misusing patients to primary care and supportive services.

A diverse group of 17 knowledge users will provide access to a broad range of treatment and prevention programs and services offered in our region. In Alberta, representing AHS direct and funded SM services are *Walmsley*, who is Site Manager of the Henwood residential Treatment Centre; *Johns* of the Renfrew Recovery Detoxification Centre; *Mountain* who is the Manager of Addiction and Mental Health for the AHS South Zone; *Mclean*, who is Manager of Adult Addiction Services in the AHS Calgary Zone; *Peterson*, who is Executive Director of the Fresh Start Recovery Centre; and *Rasmussen*, who is the Clinical Administration Manager at Aventa Addiction Treatment for Women. Alberta-based knowledge users also include two senior administrators responsible for system-level performance measurement and reporting: *Huebert*, Director of System Performance and Evaluation for AHS Provincial Portfolio, and *S. Currie* (described earlier). *Balachandra* is Chief of Addiction Medicine at AHS (Edmonton Zone) and is medical lead of AHS' opioid dependency clinic, and *Kinjo* is an addiction psychiatrist affiliated with the Claresholm Centre for Addictions and Mental Health. To ensure that our Node has capacity for addressing prescription drug misuse (PDM) issues, we have also recruited *Ulan*, who is the Senior Medical Advisor on PDM for the College of Physicians and Surgeons of Alberta; her involvement provides regional links to Canada's national PDM consortium. In Saskatchewan, knowledge users include *Bokitch*, Clinical Supervisor of Child and Youth Mental Health Services in the Heartland Health Region; *Brad*, Director of Programming for the Métis Addictions Council of Saskatchewan; *Field*, Clinical Supervisor at Eagle's Nest Youth Ranch; and *Palibroda*, Director of Community Relations and Outreach, Métis Addictions Council of Saskatchewan. Further engagement of program managers in addition to *Hockley* within Manitoba's service system will be a priority of our regional engagement strategy.

CRISM core staff. Infrastructure resources will support five core staff members for the Node. Collectively, their role is to operationalize our two *goals* for the funding period, i.e., to (1) create effective and trusting collaborative working relationships among Node affiliates, and (2) develop accessible resources for SM interventions that are of value to researchers, service providers, and consumer advocates. Core staff will also provide day-to-day support for project teams. The Node's senior research manager will assume overall responsibility for oversight and daily management Node operations. Reporting to, and following the strategic direction of RCC, the Senior Research Manager will supervise research staff and trainees, coordinate the execution of demonstration and other CRISM projects, maintain relationships with Node members, plan and implement knowledge mobilization activities, conduct data analyses, and prepare manuscripts and presentations.

The Node will employ four additional research support positions to facilitate activities over the funding period. In each funding year, a CRISM Champion will be seconded to the Node for .5 FTE of their time. We will recruit Champions from our regional pool of experienced treatment, prevention, and advocacy system managers who have a track record of successfully collaborating with researchers. The Champion role has been developed to broker partnerships with decision makers and system administrators, expedite approvals and access to patient and other populations, advocate for the Node and its projects, participate in regional engagement activities, and share successes and learnings with stakeholders. Champions will support research activities at the front lines of the system, promote reach, adoption, implementation, and maintenance of new and/or best prevention and treatment practices, and serve as a liaison between researchers, front-line workers, and persons with lived experience. Champions will be drawn from each of the provinces in rotation, however, each will be expected to build relationships across the Node. Champions will be selected by RCC, with terms reviewed annually. Two clinical liaisons (each .5 FTE) will be embedded within services participating in our demonstration projects. Clinical liaisons will have both research and front-line experience. Their role will be to communicate research protocol requirements to front-line staff (including providing training on any new procedures), help researchers better understand the service contexts in which Node projects are operating, build research skills and buy-in within service settings, and conduct primary and secondary data collection as demonstration projects require. A research assistant (1.0 FTE) will be hired to support the demonstration projects by conducting literature reviews, preparing study materials, completing preliminary analyses, and assisting with knowledge mobilization. Graduate trainees under the supervision of academic affiliates of the project will also contribute to Node activities, as appropriate. All core staff will be expected to work on multiple projects to enhance professional development and skill development, and to create cost efficiencies for resourcing Node activities. Such cross-resourcing is possible because the resourcing needs associated with each demonstration and the infrastructure development will vary over the course of the project. Finally, an IT consultant (.25 FTE) will be hired to provide strategic planning, consultation, and implementation support for coordinating data management plans and protocols, using electronic resources to coordinate CRISM members within and across Nodes, and will provide technical oversight and expertise in the development of the Node's website, online registries, and collaboration tools (see Section D).

Affiliated stakeholders. Affiliated Node stakeholders will include consumers, advocates, evaluators, front-line program staff, and other community organizations who want to be kept informed about CRISM and who will help promote diffusion of CRISM materials and innovations (regional reports, fact sheets, other materials related to SM interventions). International collaborators with specific content expertise will be invited to participate in projects as needed, building on the extensive networks that the PIs and member investigators bring to the Node.

3. Operational Principles and Processes

Principles. The PI team (*Wild, Hodgins, Dell*) will be responsible for all objectives over the funding period and will ensure that systems are in place to guarantee compliance with Provincial, Federal, and CIHR ethical and institutional policies. In addition, we commit to adopting best practices

in engaged scholarship, including principles articulated in the CIHR Guidelines for Health Research Involving Aboriginal People. This will involve approaching all activities with respect for the worldview and jurisdiction of our community partners, ensuring that research is beneficial to all parties, embedding capacity building and knowledge exchange activities into project plans from the outset, undertaking participatory methodologies whenever possible, adhering to ethical standards for the protection of privacy and obtaining informed consent, recognizing the contribution of all collaborators, and considering gender and diversity perspectives in all activities. Projects undertaken by the Node will involve negotiation of memoranda of understanding as a first step so that all project team members have a shared understanding of the nature of the project and its process, roles and responsibilities, and agreement about ownership and use of data, and plans for knowledge dissemination. Our proposed infrastructure development activities, regional engagement strategy, and demonstration projects will adhere to these operating principles. A flexible structure that allows members, stakeholders, RCC, and RAP members to shift their levels of affiliation depending on interests and potential for garnering partner funding, with these changes ultimately being overseen and approved by RCC.

Processes. RCC will oversee Node operations, including review and approval of CRISM projects, allocation of CRISM funds to support regional infrastructure needs, hiring decisions for CRISM core staff, and knowledge mobilization activities. RCC will convene 3 times per year via teleconference to review progress. As required by CIHR, RCC members will also participate in the annual national CRISM meeting. RAP will inform (but will not have veto power over) RCC decisions, and will be an advocate for CRISM in provincial and regional planning initiatives. RAP will convene semi-annually via teleconference to review progress and to provide advice to RCC. Node Members will have access to CRISM data, and are committed to either lead or support CRISM-sponsored research projects and/or facilitate access to patient and other populations for intervention research. Members will also contribute to the creation of resources for the dissemination of results into the broader service community. CRISM members will meet yearly at an in-person regional meeting chaired by RCC. This meeting will, in part, serve as a forum for Node members to provide input into RCC decisions and priorities. In order to access CRISM resources, a project team will draft a brief proposal, which will be reviewed by RCC to assess its alignment with the Node's mandate and strategic priorities and to determine how the Node can best support the project. All projects must include researcher and knowledge user members. If there are more projects proposed than the Node can support, priority will be given to those that (a) engage more than one province, (b) engage other regional Nodes or international partners, (c) have the greatest potential for receiving external support, and (d) have the greatest potential impact for the community.

C. Research Environment

SM intervention research in the Prairie region has historically been undertaken by PIs who create their own research teams, or via small Provincial collaborations. Currently, there is no network linking researchers, service providers, and consumer/patient advocates across Alberta, Saskatchewan, and Manitoba, nor have coordinated research agendas been articulated across the region. Viability and success of Node research thus critically depends on achieving our two *objectives*, i.e., (1) creating effective collaborative working relationships built on trust, and (2) developing regionally accessible resources that are of value to researchers, service providers, and consumer-patient advocates.

1. Provincial and National Contexts

Alberta has a population of 4M overseen by a single Health Authority, Alberta Health Services (AHS). Alberta Health's *Creating Connections: Alberta's Addiction and Mental Health Strategy and Action Plan* (2011–2012) lays out broad directions for addiction and mental health priorities and informs the overarching legislative, policy, strategic and performance management direction for SM services in the province. Saskatchewan has a population of 1M served by 13 Regional Health Authorities, which provide the majority of SM services either directly or through contracted agencies. The provincial Ministry of Health (Community Care Branch) supports a broad range of community and

clinic-based treatment and prevention programs for Saskatchewan residents. RCC member *Enns* is the past Chair of this group. RAP member *Willerth* is the Provincial Director of Mental Health and Addictions in Saskatchewan and works closely with all of the Health Regions. Manitoba has a population of 1M, and five Health Regions are responsible for overseeing SM services across the province. Manitoba is unique in having a provincial agency devoted to overseeing provincial SM treatment and research, the Addiction Foundation of Manitoba (AFM). AFM partners with the National Native Alcohol & Drug Abuse Program to assist First Nations and Inuit communities to set up and operate treatment programs. RAP member *Block* is the CEO of AFM and will help to ensure that Node activities are aligned with AFM's strategic plan and to identify opportunities for collaboration within Manitoba's treatment system as part of our regional engagement strategy. Our region has a significant Aboriginal/First Nations population constituting 7%, 10%, and 16% of the total population in Alberta, Saskatchewan, and Manitoba, respectively. This community is very diverse, with 70 First Nations and 5 linguistic groups in Saskatchewan alone. Between 20% and 35% of Aboriginal people in the Prairies live on reserves. An important goal of the Node will be to effectively engage the many voices within this broader community to ensure representation of, and relevance to, a multiplicity of experiences. At the national level, the NPI (*Wild*) has longstanding collaborative research relationships with the NPIs of three other CRISM infrastructure applications (*Fischer* [Ontario], *Bruneau* [Quebec/Maritimes], and *Wood* [BC]; see joint Letter of Collaborative Intent, attached), which includes implementation of multi-site Canadian research protocols investigating SM (*Fischer et al., 2005; Monga et al., 2007; Wild et al., 2005*). PI *Dell* is a Senior Research Associate with the Canadian Centre on Substance Abuse, Canada's national non-governmental addictions agency.

2. Complementary Initiatives

Our Node will link with a number of complementary initiatives to enhance viability and success of CRISM research. A key resource is Alberta Innovates – Health Solutions (AIHS), which is Alberta's principal health research funder. AIHS provides grants to academics and community-research partnerships, and is the home of Alberta's support unit for the CIHR-funded Strategy for Patient Oriented Research (SPOR). Funding received by the Alberta SPOR Support Unit will support the creation and development of 7 platforms (including administrative data platforms, methods, pragmatic clinical trials, patient engagement) and is being designed to offer expertise and services for provincial patient-oriented research services. AIHS has provided a letter of support for our application, highlighting opportunities for our Node to benefit from the Alberta SPOR Support Unit (see letters of support). AIHS and AHS have also initiated the Partnership for Research and Innovation in the Health System (PRIHS) to fund networks of health researchers and practitioners, with an emphasis on population health and community and primary care, to identify sustainable solutions to improve overall quality of care. The network-building and demonstration project activities proposed here will strengthen grant proposals submitted for this funding opportunity, which will contribute to the long-term sustainability of the Prairie CRISM Node. AHS has established an Addiction and Mental Health Strategic Clinical Network – a community of physicians, front-line providers, researchers, others specialized in addressing Albertans' addiction and mental health needs focusing on prevention and treatment. RAP member *Bercov* is the Executive Director of this SCN. Finally, AHS coordinates the Addiction and Mental Health Partnership Program. This is a multi-disciplinary and multi-sectoral collaboration of service providers, research institutions, government ministries, non-profit organizations, and others who work together to advance research and translate evidence into practice. Both of these Alberta-based initiatives have helped to forge new relationships among researchers and treatment providers upon which the Prairie CRISM Node can build. The Node will identify similar opportunities in Saskatchewan and Manitoba as part of its regional engagement strategy.

3. Leveraging Existing PI Programs to Enhance Node Activities

The three PIs each have longstanding research programs and collaborations that will support Node activities over the funding period. *Wild's* recent cross-ministry study of the organization and

costs of the Provincial addiction and mental health treatment system (*Gap Analysis of Public Mental Health and Addiction Programs*; GAP-MAP; Wild, Wolfe, Wang, & Ohinmaa, 2014) produced a critical summary of the state of the current system, generated a comprehensive inventory of publically funded programs and services and a baseline population survey of unmet service needs and service utilization. *Wild* has been the provincial investigator for five iterations of Health Canada's Canadian Student Tobacco, Alcohol, and Drug Survey (CSTADS), which collects data from a population-based random sample of 4,000 students in grades 6 – 12 across the province. This biennial national survey provided the first national estimates of PDM among Canadian youth (Currie & Wild, 2012), and is a platform for connecting with students and schools to conduct complementary research and knowledge mobilization. This funded survey platform will be leveraged to support one of the proposed demonstration projects (see Section E2). Finally, with support from the Norlien Foundation, *Wild* has built the Knowledge Mobilization: About Addictions website (knowmo.ca), housing a searchable database of treatment programs, a listing of addictions researchers, plain-language summaries of research, research project materials, research and evaluation capacity-building resources, a database of addiction-related measures, and other resources. This website will provide a foundation for our proposed online resource hub, which will be revised and expanded to meet the needs of the Node.

Hodgins co-directs the University of Calgary's Centre for Research and Dissemination of Evidence-Based Treatments – clinical research infrastructure funded by the Canadian Foundation for Innovation, which includes SM treatment as part of its mandate. This role, along with his experience in developing nationally recognized evidence-based addiction treatment protocols, will be leveraged through his oversight of one of our proposed demonstration projects (see Section E1). *Dell* works closely with Saskatchewan's Health Regions. The purpose of her Chair is to guide the advancement of information and the development and application of knowledge to inform SM treatment, prevention and health promotion policy and practice in order to improve the health and well-being of the people and communities of the province. *Dell* provides an annual training seminar for the Health Regions, and engages in research projects with several of the health regions. She has extensive experience facilitating engagement in her community-based research projects. As PI of a CIHR operating grant examining the role of Indigenous culture in addiction treatment, her team of 30 treatment providers, Elders and researchers collaborates with the Assembly of First Nations, Centre for Addiction and Mental Health and National Native Addictions Partnership Foundation. *Dell* brings to the application extensive experience in community-directed research and translation of results into products that respond to stakeholder-identified needs. This expertise will be leveraged by having *Dell* oversee our proposed regional engagement strategy (see Section D3).

D. Potential Impact

1. Overview of Proposed Enhancements to the Research Environment

Three *activities* will be undertaken to enhance the regional research environment and ensure sustainability and productivity of the Node. First, we will develop five infrastructure resources, to be implemented by CRISM core staff and overseen by the PI group. Second, we will implement a regional engagement strategy, which will be overseen by PI *Dell*. The third activity involves developing and using these infrastructure resources in the course of two demonstration projects; one overseen by PI *Hodgins*, the other by NPI *Wild* (see Appendix for timeline for all Node activities during the funding period). Collectively, these activities support the long-term *goals* of the Node, which are to (1) facilitate regional uptake of evidence-based treatment and prevention interventions for SM, including polydrug 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 research partners on intervention trials, secondary analyses, and related research.

2. Proposed Infrastructure Resources (Oversight: CRISM core staff)

Five regional CRISM infrastructure resources will be developed (see Table below). Each will (a) provide tangible resources that will be of stand-alone benefit to Node members and stakeholders,

(b) support regional engagement and relationship development activities, and (c) provide support for executing larger-scale intervention research projects that operate on a regional basis and through collaboration with other CRISM Nodes, consistent with the joint statement of collaborative intent signed by the NPIs of 4 Regional Node applicants (see attached letter). Development of these resources will occur in collaboration with other regional Nodes to ensure consistency and cost-efficiency where possible, and promote greater use. Equipment funds will be allocated, in part, to purchase a dedicated secure server to house the electronic resources. As described in Section B2, budgeting for an IT consultant will ensure that these resources are well-maintained and supported, and effectively linked to other CRISM Nodes.

Proposed Infrastructure Resources

Knowledge mobilization tools	Registries	Research supports	Intervention supports	Templates
<ul style="list-style-type: none"> - Website - Online collaboration space - Annual knowledge mobilization studio 	<ul style="list-style-type: none"> - Programs/services - Clients/practitioners 	<ul style="list-style-type: none"> - Assessment tools and study protocols - Data sharing platform 	<ul style="list-style-type: none"> - Treatment manuals - Training materials 	<ul style="list-style-type: none"> - MOUs - Data sharing agreements

Knowledge mobilization tools. Three types of resources will be created to facilitate effective knowledge mobilization and knowledge exchange between Node members, stakeholders, and oversight provided by RCC and RAP. First, we will develop and implement a knowledge sharing and capacity building website. Modelled on the successful knowmo.ca resource, the Node will develop a website that will allow CRISM members, stakeholders, and the general public to share results of projects and initiatives, access information about best practices, learn new treatment techniques and research skills, make available self-management tools and self-help resources, and find local events and opportunities. This website will provide an hub to house all other Node online infrastructure resources. Second, we will create a communities of interest (COI) online collaboration space. COIs may develop around specific research projects, areas of practice, topics of interest (e.g., prescription drug misuse, marginalized populations), or roles (e.g., trainees, persons with lived experience, RCC members, other CRISM Node investigators, etc.). The Node will create an online space for discussion forums and information exchange. This collaboration space will help facilitate partnerships across the large geographical space of the region and will support networking and relationship building. Finally, the Node will offer an annual knowledge mobilization studio and mentorship program. The Studio will be a yearly event, coordinated with the Node annual meeting, and organized around (a) skills workshops for research, analytics, and knowledge mobilization, (b) seminars to share project results from Prairie and other CRISM Nodes, and internationally, and (c) action sessions to address issues of interest and develop new project ideas. It will be complemented by formation of year-long mentorship teams consisting of a researcher, policy-maker/service provider, trainee, and or person with lived experience/advocate who share a common interest. At the Studio, each team will identify a particular knowledge mobilization mini-project. Over the course of the ensuing year, the mentorship team will collaborate implement that mini-project, and will report back about their progress at the following year's Studio.

Registries. To help facilitate new partnerships, a searchable database will be created to document the research capacity of front line programs and services affiliated with the Node. An online app will be developed to enable affiliates to provide information about their organization's mandate, case mix, client capacity, staff composition, and capacity to engage in research. Some of this information is already available through NPI *Wild's* GAP-MAP project. Profiles will be updated annually with support from the Node staff. With respect to research projects, researchers in our region

must negotiate access to client populations on an individual basis with interested SM services. This practice constrains sample sizes and makes it difficult to coordinate research across sites serving the same target population(s) and across broad intervention approaches designed to serve different target populations. We will therefore develop a client and practitioner research registry, an online app to enable members of the general public, clients of treatment programs and services, and front-line practitioners to register their interest in participating in research. The tool will collect consent, contact, and standard baseline assessment protocol (tailored to each group) data. This registry will be available to CRISM Node members upon submission and approval of an access request to ensure appropriate use. Eventually, this registry will be used by the Node as a pool of potential intervention study participants, and will provide summary information for research planning and grant writing purposes.

Research supports. SM researchers in our region currently plan grant applications and study protocols on a project-by-project basis, with little coordination across investigators. Only sporadic efforts are made to coordinate identification and implementation of SM screening and assessment tools by program managers and front-line service providers. Thus, there is a need to develop and maintain an online research supports resource. Included in this bank will be a compendium of assessment tools and study protocols, including SM measures, learning modules for basic research and evaluation concepts, approved information and consent forms and procedures, a registry of study designs (including randomized controlled clinical and community-based trials, quasi-experiments, telephone and interview-based survey protocols), resources for sample size calculations and power estimates, randomization tools for experimental studies, as well as observed sample sizes, response rates, and attrition rates in Node-sponsored studies. These resources will support Node member investigators in planning complementary grant applications and funded research protocols, and will support service providers participating in research projects. Many of these resources are already under development as part of *Wild's* Knowledge Mobilization: About Addictions website (knowmo.ca).

Access to data for secondary analyses is a key element of research planning and productivity. As well, decision makers, program planners, and researchers often require prevalence estimates and data related to SM and service use. We will develop a data sharing platform in collaboration with other CRISM Nodes and Alberta's SPOR Support Unit. This tool will centralize publicly-accessible data from national and provincial research, and will also be used to store datasets from regional and national CRISM research projects. Data for secondary analyses from these sources will be accessible to CRISM members via a central online access portal.

Intervention supports. Service providers interested in implementing evidence-based interventions often face challenges in acquiring aids to support training of front-line providers. NIDA's Clinical Trials Network has addressed this by creating online treatment manuals and training materials; the proposed infrastructure will link to existing resources when available and develop new materials using NIDA resources as a model. We envision that this resource will serve as a repository for new treatment and prevention interventions developed through CRISM projects at the national level.

Templates. To help support the development and maintenance of respectful, ethical, mutually-beneficial, and responsive collaborations, memoranda of understanding templates will be drafted. These will include community-research MOU templates, used to establish a common basis for the terms of collaboration among academic, community agencies, persons with lived experience, and government partners, and a set of data sharing agreement templates that will outline rules and guidelines for sharing information and publishing.

3. Regional Engagement Strategy (Oversight: PI Dell)

An underlying principle of our proposed Node is that successful research and adoption of evidence-based practice is dependent on meaningful engagement of researchers, practitioners, decision makers, and advocates and that this is only possible through respectful and mutually beneficial partnerships. Thus, the infrastructure building activities described earlier and the demonstration

projects (see Section E below) should be seen as critical elements of our regional engagement strategy. In addition, our strategy also involves outreach and training. With respect to outreach, a priority task of Node Champions and RAP (see Section B) will be to engage new Node members representing decision makers, treatment providers, persons with lived experience, increase participation of relevant Manitoba and Saskatchewan stakeholders, and to build mutually beneficial relationships with Indigenous communities. This will also allow the identification of complementary activities and initiatives in those provinces. The knowledge mobilization Studio and year-long mentorship program will also serve to connect and provide tangible benefits to stakeholders. With respect to training, an emphasis will be placed on providing opportunities for trainees to receive cross-disciplinary mentorship, engage with stakeholders across the region and in other Nodes, and develop a passion for, and expertise in, the field to help grow the next generation of SM researchers. To support trainees the Neuroscience and Mental Health Institute and the School of Public Health of the University of Alberta have each committed to funding \$75,000 for graduate trainees embedded in the Node (see letters of support, attached). We will identify other institutions who are prepared to make similar contributions to trainees across the region to leverage this \$150,000 commitment over the funding period as part of our regional engagement strategy.

E. Demonstration Projects

Overview

Node applicants represent diverse communities of interest organized around either special populations or topics (e.g., youth, concurrent disorders, prescription drug misuse), or service system features (e.g., accessibility of services in rural areas, scale-up of efficacious interventions). Each demonstration project thus represents a broad research theme that (a) is located at the intersection of two or more regional communities of interest, (b) develops and/or uses Node core staff (Section B) and infrastructure resources (Section D), (c) has very good potential to inform SM service system changes, (d) will generate critical initial data to inform future research, and (e) is well-aligned with other CRISM Node and international research priorities. The attached Appendix outlines the timeline for our demonstration projects. Readers should note that space limitations preclude a detailed presentation of methods, and that we intend to recruit international experts to collaborate on each project.

1. Demonstration Project 1 (Oversight: PI Hodgins)

Rationale. Research theme 1 is motivating client engagement in SM treatment. Researchers and service providers recognize that drop-out is perhaps the most common outcome of specialty SM treatment – regardless of type of intervention offered or service context (Cacciola et al., 2007; Milward et al., 2014). The most innovative evidence-based pharmacotherapies or psychosocial treatment interventions stand little chance of reducing the individual and population burden of SM unless new approaches to address client engagement and retention in treatment are developed. Interventions targeting motivational processes are promising, and important strategies include implementing protocols that characterize the client case mix in relation to initial treatment motivations (Urbanoski & Wild, 2012; Wild et al., 2014, 2016) and incorporating motivational enhancement and contingency management interventions into treatment programs to increase adherence, retention, and client engagement (Ledgerwood & Petry, 2006). A thematic focus on motivation is supported by consistent evidence that treatment motivation predicts initial client engagement in SM programs (Adamson et al., 2009; Simpson, 2004) and that client retention, in turn, is a robust predictor of positive post-treatment outcomes (Hser et al., 2004; Zhang et al., 2004). Evidence for the efficacy of using motivational interviewing (MI) interventions and contingency management (CM) protocols for increasing participation and quality of client outcomes is also well established (Dutra et al., 2008; Lundahl & Burke, 2009). MI interventions have been widely disseminated, in part because individual practitioners can integrate the techniques into routine clinical activities. However, there is continuing concern about whether MI is effectively implemented by practitioners after training workshops (Martino et al., 2010). CM has been less widely adopted because it requires structural program changes and considerable

resources to provide motivational incentives. It also requires broadening of treatment models to acknowledge the impact of external reinforcers in addition to the intrinsic motivation that clients bring to treatment, a shift that some treatment personnel, in some situations, resist (Petry, 2010). Because of these issues, the potential benefit of MI and CM interventions for promoting client retention in treatment is unrealized and only sporadic attempts have been made to adapt these interventions to the Canadian treatment context. The aim of this project is to adapt these evidence-based interventions to the Canadian treatment context to enable more widespread adoption with high levels of fidelity.

Methods. Three phases are proposed (see Appendix). First, three development sites will be chosen from across the Prairie region, i.e., treatment agencies or programs that indicate an interest in addressing issues of motivation and retention within their settings. The three sites will be chosen to reflect diversity in geography, special populations (e.g., women, youth) and/or treatment focus (e.g., outpatient substance abuse, opioid replacement clinic). In Phase 1 (2015-2016), CRISM core staff will work with program personnel from each setting to explore how MI and CM techniques and principles could be adapted for implementation into existing programming. Published training materials (e.g., NIDA Blending Team Products) will be further developed, adapted, and piloted to develop user-friendly protocols, and training and resource needs will be determined. In Phase 2 (2017-2018), we will conduct an open label prospective trial of the adapted protocols with new program admissions. A separate trial will be conducted with each treatment site, allowing for staggered start times, and participant accrual over a 6 month period. Client outcomes (retention, in- and post-treatment SM and psychosocial functioning) and program staff acceptance and performance will be assessed over a 12 month follow-up period. Participating programs will be provided with support from Node clinical liaisons, tablets to facilitate efficient data collection, as well as a CM reinforcement budget (\$10,000 in 2017-2018, shared across participating programs). Results will be used to further refine the training, supervision, and treatment models as well as refinement of training materials. Phase 3 (2019) will involve (a) using Phase 2 data to develop a randomized effectiveness trial (RET) protocol comparing motivational enhancement strategies developed in Phases 1 and 2, with an emphasis on change in process measures, such as the Treatment Outcomes Profile (Marsden et al, 2008), clinical outcomes, and cost effectiveness, (b) grant writing to obtain independent funding for executing the protocol, and (c) implementation of a knowledge mobilization strategy to share results of the open-label trial, increase utilization of evidence-based motivational enhancement techniques more generally, and engage additional partners for the RET. This project will utilize infrastructure resources developed for the Node, specifically, the online data collection and case management system. Also, the Node website will enable front-line providers to readily access best-practice intervention resources (e.g., MI and CM intervention protocols, including training manuals and related resources such as MI scripts).

2. Demonstration Project 2 (Oversight: NPI Wild)

Rationale. Research theme 2 is building capacity for community-based SM screening and brief interventions. Researchers and service providers recognize that only a small proportion of substance misusers are ever diagnosed or receive specialty SM treatment (SAMHSA, 2012). Many people exhibiting moderate-to-low levels of problem severity prefer, and can benefit from, exposure to low-intensity brief and self-directed interventions. Alberta-based randomized trials demonstrate the efficacy of this type of intervention among adults (Hodgins et al., 2004; Wild et al., 2007), but the approach has been challenging to scale up for population impact (Davoudi & Rawson, 2010). The aim of this project is to develop an online screening, self-management, and referral to treatment (SSMRT) resource for SM among youth. Recent reviews concluded that application of SSMRT interventions to youth is promising, but that the evidence base is weak and that additional research is needed to examine the impact of interventions that link SM screening with tailored and brief, internet-based interventions (Mitchell et al., 2013; US Preventive Services Task Force, 2014). A thematic focus on SSMRT is appropriate for our region as it represents an opportunity to reduce unmet need for care, particularly in remote regions, by using online technologies. Focusing on youth leverages NPI Wild's work over the

past decade as Provincial Investigator of Health Canada's Canadian Student Tobacco, Alcohol, and Drug Survey (CSTADS, formerly the Youth Smoking Survey). CSTADS collects data biennially from 50,000 students nationwide including 15,000 students in Grades 6-12 in Alberta, Saskatchewan, and Manitoba. CSTADS provides an opportunity for CRISM to (a) collect high quality supplemental data across the Prairie region to guide the development of an online SSMRT resource targeting youth SM, (b) engage schools as partners to make the resource available to students, and (c) establish a sustainable mechanism for future research to refine, evaluate, and expand the resource to other populations.

Methods. Four phases are proposed, coordinated with the next two iterations of CSTADS (see Appendix). In Phase 1 (2015-2016), we will undertake a systematic review of brief SM prevention resources that would be suitable for use in a self-directed online format. This Phase will also involve the development of an online screening tool with the capacity for linkage to provincial treatment service databases. The Brief Screener for Tobacco, Alcohol, and other Drugs (BSTAD) has been selected for this project, because it is an adaptation of an instrument originally developed out of NIH-sponsored research, and has been validated for online administration in the target population (Kelley et al., 2014). The BSTAD will be constructed to later enable the addition of a self-directed intervention module. Phase 1 will also focus on recruiting Provincial CSTADS investigators from Saskatchewan and Manitoba to collaborate on the demonstration project, as part of our regional engagement strategy. Phase 2 will coincide with the 2016-2017 iteration of CSTADS and will be designed to validate the BSTAD as a youth-appropriate screener in a Canadian context, and assess uptake of a school-driven strategy for implementing the tool. A two-page supplement will be added to the CSTADS questionnaire in Alberta, Saskatchewan, and Manitoba. The content of the supplement will include the BSTAD as well as respondent interest in, and preferences for accessing, different types of resources for SM, including information, self-management, and brief interventions. Students will be given a linking code on the regional CSTADS supplement that will allow their supplement responses to be linked with their responses to the substance use questions and demographics in the CSTADS. Participating schools will also be asked to send students a personalized email through their school email system inviting them to visit the online resource developed in Phase 1. Students will enter their linking code into the online resource so that initial estimates of uptake of these online resources can be made using this personalized invitation. Previous work by *Wild* with a University student population has revealed that this method can yield uptake of at least 25% of the target population. Phase 3 (2017-2018) will involve refinement of the self-management module and implementation methodology based on results from Phase 2, and finalizing a fully integrated screening + self-management + referral to treatment online resource. Phase 4 will consist of a pilot roll out of the online tool in conjunction with the 2018-2019 iteration of CSTADS across all 3 provinces in the Prairie Node, analysis of the results, and dissemination of findings to stakeholders. This resource will lay the groundwork for the development of a modular platform (screener + self-directed intervention + referral to treatment) that can later be adapted for different target populations, such as adults in primary care.

F. Conclusion

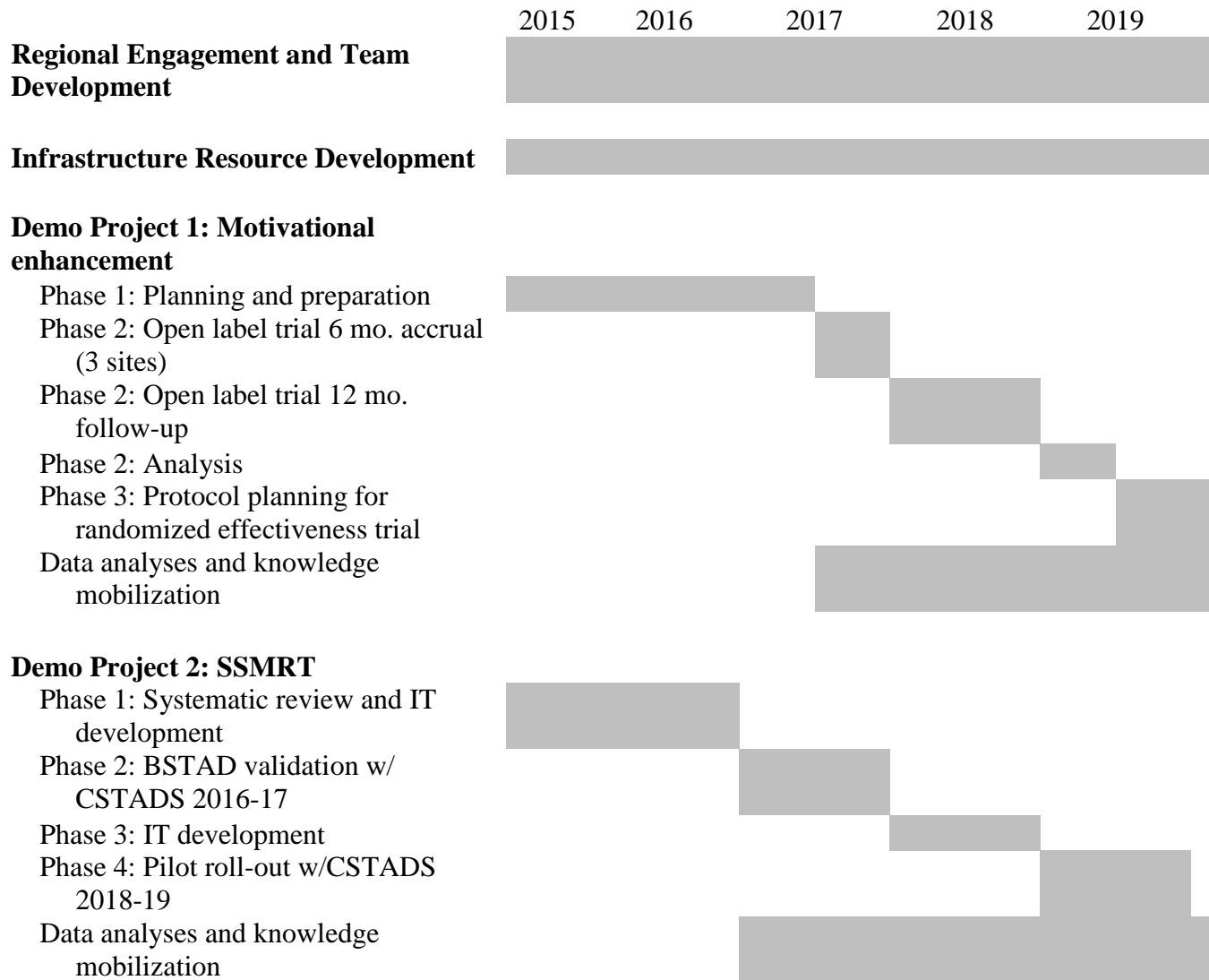
The size, diversity, and regional scope of our team requires a unique organizational model and a robust online infrastructure to support the proposed CRISM Node. Our activities will link SM research expertise in clinical, health services, and indigenous and/or socially marginalized populations with service providers and system managers around projects of joint academic, service, and consumer benefit. The demonstration projects have been carefully chosen to create regional partnerships in two research themes that are highly relevant to the activities of front-line service providers: motivating client engagement in SM treatment, and building capacity for SM screening and brief interventions. Collectively, the proposed activities will create platforms for subsequent Node research examining the efficacy, effectiveness, and institutionalization of pharmacotherapies and psychosocial interventions for SM. We are confident that the proposed activities and projects will build capacity for a viable research-practice-advocacy network in SM interventions in the Canadian Prairie region.

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- Zhang, Z., Friedmann, P. D., & Gerstein, D. R. (2003). Does retention matter? Treatment duration and improvement in drug use. *Addiction*, 98, 673-684.

Appendix (Section C). Activity Timeline for the Funding Period



Selected Representative Publications from the Applicants¹

- Christensen, D. R., Landes, R. D., Jackson, L., Marsch, L. A., Mancino, M. J., Chopra, M. P., & Bickel, W. K. (2014). Adding an internet-delivered treatment to an efficacious treatment package for opioid dependence. *Journal of Consulting and Clinical Psychology*. Advance online publication. <http://dx.doi.org/10.1037/a0037496> [Health services research]
- Currie, C.L., Wild, T.C., Schopflocher, D.P., Laing, L., & Veugelers, P. (2013). The role of traditional culture in protection and resilience against drug problems among urban Aboriginal adults in Canada. *Social Science & Medicine*, 88, 1-9. [Indigenous and/or socially marginalized populations]
- Deakin, B., Lees, J., McKie, S., Hallak, J.E., Williams, S.R., & Dursun, S.M. (2008). Glutamate and the neural basis of the subjective effects of ketamine: A pharmaco-magnetic resonance imaging study. *Archives of General Psychiatry*, 65, 154-164. [Clinical research]
- Dell, C., Duncan, A., DesRoches, M., Bendig, M., Steeves, H., Turner, T., Quaife, C., McCann, B., & Enns, B. (2014). Unexpected outcomes: Identifying the theoretical framework for a youth drug prevention program in rural Saskatchewan, Canada amidst a process evaluation. *Substance Abuse: Treatment, Prevention, and Policy*, 8, 1-12. [Indigenous and/or socially marginalized populations]
- Hodgins, D.C., Fick, G., Murray, R. & Cunningham, J.A. (2013). Internet-based interventions for disordered gamblers: Study protocol for a randomized controlled trial of online self-directed cognitive-behavioural motivational therapy. *BMC Public Health*, 13 (10). [Clinical, Health services research].
- Hodgins, D.C., Stea, J., Grant, J. (2011). Gambling disorders. *The Lancet*, 378(9806), 1874–1884. [http://dx.doi.org.ezproxy.lib.ucalgary.ca/10.1016/S0140-6736\(10\)62185-X](http://dx.doi.org.ezproxy.lib.ucalgary.ca/10.1016/S0140-6736(10)62185-X) [Clinical]
- Novotna, G., Urbanoski, K.A. & Rush, B.R. (2011). Client-centered design of residential addiction and mental health care facilities: Staff perceptions of their work environment. *Qualitative Health Research*, 21, 1527-1538. [Health services research]
- Rowan, M., Poole, B., Shea, J.P., Gone, D., Mykota, D., Farag, M., Hopkins, C., Hall, C., Mushquash, C. & Dell, C. (2014). Cultural interventions to treat addictions in Indigenous populations: Findings from a scoping study. *Substance Abuse: Treatment, Prevention, and Policy*, 9:34. doi:10.1186/1747-597X-9-34. [Indigenous and/or socially marginalized populations]
- Urbanoski, K., & Wild, T.C. (2012). Assessing self-determined motivation for addiction treatment: Validity of the Treatment Entry Questionnaire. *Journal of Substance Abuse Treatment*, 43, 70-79. [Health services research]
- Tran, B.X., Ohinmaa, A., Duong, A.T., Nguyen, L.T., Vu, P.X., Mills, S., Houston, S., & Jacobs, P. (2012). Cost-effectiveness of integrating methadone maintenance and antiretroviral treatment for HIV-positive drug users in Vietnam's injection-driven HIV epidemics. *Drug and Alcohol Dependence*, 125. [Health services research]
- Salvalaggio, G., Dong, K., Vandenberghe, C., Kirkland, S., Mramor, K., Brown, T., Taylor, M., McKim, R., Cummings, G., & Wild, T.C. (2013). Enhancing screening, brief intervention, and referral to treatment among socioeconomically disadvantaged patients: Study protocol for a knowledge exchange intervention involving patients and physicians. *BMC Health Services Research*, 13, art. 108. [Indigenous and/or socially marginalized populations]
- Wild, T.C., el-Guebaly, N., Fischer, B., Brissette, S., Brochu, S., Bruneau, J., Noel, L., Rehm, J., Tyndall, M., Mun, P., & Haydon, E. (2005). Comorbid depression among untreated illicit opiate users: Results from a multi-site Canadian study. *Canadian Journal of Psychiatry*, 50, 512-518. [Clinical research]

¹ Underlining denotes applicants for the proposed CRISM node.

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Tel: 780.492.5353
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www.research.ualberta.ca

20 October 2014

Canadian Research Initiative in Substance Misuse (CRISM)
Review/Adjudication Committee
Canadian Institutes of Health Research
160 Elgin Street, 9th Floor
Address Locator 4809A
Ottawa, Ontario
K1A 0W9

Dear Committee Members:

Re: Prairie Node Application to the CIHR INMHA-Sponsored CRISM Initiative

The University of Alberta strongly supports this application by Dr Cam Wild and colleagues. The CRISM program is an exciting initiative that will foster strong links among various regions in Canada and use the complementary strengths in those regions to improve research and service delivery in the area of substance misuse interventions. The applicants in the proposal have skills and experience that when combined will lead to improvements in treatment and prevention of substance misuse and provide much needed knowledge translation and dissemination platforms. Drs Wild and Hodgins are well known in Alberta for their research on substance misuse and both have collaborated extensively with other researchers in substance misuse both provincially and nationally. Dr Wild's comprehensive review of Alberta's addiction and mental health services (GAP-MAP) is already being used widely in our province to gain insights into ways that Alberta's programs in substance misuse can be improved. The acquisition of CRISM funding would provide the motivation and expertise to allow the various regions to improve their own substance misuse programs and also to work effectively with other regional CRISM nodes to establish effective national programs.

Enhancement of translational research programs in substance misuse and mental health is a high priority at the University of Alberta. Indeed, the University has recently approved the establishment of a Neuroscience and Mental Health Institute (NMHI) in which research on substance misuse will be a major focus. The Faculty of Medicine & Dentistry is providing research funding of \$750,000 per year for 3 years to facilitate NMHI programs; this is in addition to the substantial funding already provided by the Provost and Vice-President (Academic) and the Faculty of Science to fund educational programs and support administrative infrastructure in the NMHI. The University has also provided office space and a conference room for the NMHI. After discussing the CRISM proposal with Dr Wild, the NMHI has agreed to provide 3 years of funding for trainees to support the proposed CRISM Node. The School of Public Health has also committed 5 years of trainee support to the Node. Both of these funding

arrangements are shown in the budget, and we have just learned that the Faculty of Graduate Studies and Research and the Department of Psychiatry will each provide support for one graduate student for a 3-year period if this CRISM proposal is funded by CIHR.

In summary, the University of Alberta is very excited by the CRISM program and supports the proposal by Dr Wild and his colleagues with great enthusiasm. The time has come for productive collaboration among regions of Canada to improve treatment and prevention of substance misuse, and the CRISM program will provide the impetus for that collaboration.

Yours sincerely,

A handwritten signature in black ink, reading "Lorne A. Babiuk". The signature is written in a cursive style with a large, stylized initial 'L'.

Lorne A Babiuk, OC, PhD, DSc
Vice-President (Research)

LAB/km

Kue Young, CM, MD, FRCPC, DPhil, FCAHS
Professor and Dean

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11405 - 87 Ave
Edmonton, Alberta, Canada T6G 1C9
Tel: 780.492.9981
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Dr. Cam Wild
Professor
School of Public Health
University of Alberta

October 9, 2014

Re: Prairie Node application to the CIHR INMHA sponsored CRISM initiative

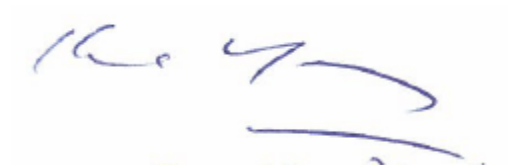
Dear Dr. Wild,

The School of Public Health is pleased to strongly support your team's application to the CIHR-INMHA Collaborative Research on Interventions for Substance Misuse (CRISM) team grant competition. Substance misuse is a significant public health concern having implications for both personal health and well-being as well as community functioning. The outstanding work that you and your colleagues on this team grant have been undertaking to address substance misuse will greatly benefit from the greater collaboration among policy makers, treatment providers, researchers, and advocates that would be possible with the establishment of a CRISM Prairie Node. The approach you propose is also closely aligned with the School of Public Health's strategic directions and values.

In recognition of the potential for this initiative to provide high quality training and networking opportunities for students, the School of Public Health will commit to the funding of \$15,000 each year for each of the five years of this grant to be dedicated to supporting graduate student involvement in the project. In-kind support will also be provided by our School's Marketing and Communications staff, who will be available to provide advice and guidance with respect to the Prairie Node's knowledge mobilization activities and event planning for the annual Knowledge Mobilization Studio and stakeholder meeting. Because this initiative is multi-disciplinary and community engaged, it also qualifies for access to one of the new Edmonton Clinic Health Academy Discovery Mall research spaces. These spaces provide dedicated workrooms for office, collaboration, meeting, and storage and will be useful for the central coordination of this regional endeavor.

The School of Public Health sees the CRISM Prairie Node as an excellent opportunity to build long term relationships with new partners and communities that will strengthen our Faculty and the University of Alberta's role as a leader in innovation.

Sincerely,

A handwritten signature in blue ink, appearing to read "Kue Young", is positioned above a horizontal line.

Kue Young, CM, MD, FRCPC, DPhil, FCAHS
Professor and Dean

1 October 2014

Cameron Wild, Ph.D.
Professor
School of Public Health
University of Alberta
3-277 Edmonton Clinic Health Academy
Edmonton, AB T6G 2R3

Dear Dr. Wild,

RE: Prairie Node application to the CIHR INMHA sponsored CRISM initiative

Please include this letter as an indication of support by the University of Alberta's Neuroscience and Mental Health Institute for your application to establish a Prairie Node of the Collaborative Initiative in Substance Misuse (CRISM). We strongly support the development of links between academic research, service delivery, advocacy and community engagement in the area of substance misuse interventions within Alberta, Saskatchewan, and Manitoba.

The demonstration projects to be undertaken by the Prairie CRISM node will directly build on your recent work documenting the state of Alberta's addiction and mental health service system, and will help expand efforts to document and improve treatment and prevention services across the Prairie region. The infrastructure created through CRISM will provide important tools for researchers, service providers, system managers, and consumer advocates alike. There are no precedents for creating an effective regional research team in substance misuse across the Prairie provinces, and your proposal has the potential to significantly enhance collaborative work, link researchers with clinical and community-based service providers, and provide much-needed tools to enhance knowledge translation.

Our Institute is a new cross-faculty entity designed to be a hub for translational research in the neurosciences and mental health at the University of Alberta. Our mandate includes addictions, and we are delighted to support the proposed CRISM node as an institutional affiliate. As tangible indication of our support for CRISM, the University of Alberta's Neuroscience and Mental Health Institute commits to providing \$25,000 per year for 3 years toward PhD training.

Yours sincerely,



John J. Greer, PhD
Director, Neuroscience and Mental Health Institute
Professor of Physiology, AIHS Scientist, University of Alberta
Edmonton, AB, T6G 2E1

August 11, 2014

Cameron Wild, PhD
Professor, School of Public Health
University of Alberta
3-277 Edmonton Clinic Health Academy
11405 87 Ave NW
Edmonton, AB T6G 1C9

Dear Dr. Wild:

Re: Prairie Collaborative Research Initiative in Substance Misuse (CRISM) node

On behalf of Alberta Innovates – Health Solutions (AIHS), I am pleased to provide this letter of support to the proposed Prairie CRISM node.

The CRISM node concept, launched by the Canadian Institutes of Health Research - Institute of Neurosciences, Mental Health and Addiction (CIHR – INMHA), strategically aligns well with AIHS. AIHS is aligned to Alberta's Health Research and Innovation Strategy (AHRIS) which includes mental health and addiction as a strategic area of focus. AIHS is committed to a "team" approach - supporting health research and innovation through collaborative research platforms. Given the complexity of the issues CRISM will address, AIHS is supportive of the cross-pillar approach taken by this CIHR-INMHA initiative which is able to draw on perspectives from across Canada.

It also appears that the Prairie CRISM node may be poised to utilize the services available through the Alberta SPOR SUPPORT Unit. The Alberta Unit is building critical infrastructure to help to facilitate research and innovation. AIHS' SPOR team would be pleased to help the Prairie CRISM node navigate access into platforms provided through SPOR as they become available.

Should the team grant for the Prairie CRISM node prove successful, AIHS looks forward to building a strong collaborative relationship.

Sincerely,



Pamela Valentine, PhD
Chief Operating Officer



22 August 2014

Cameron Wild, Ph.D.
Professor
School of Public Health
University of Alberta
3-277 Edmonton Clinic Health Academy
Edmonton, AB T6G 2R3

Dear Dr. Wild,

RE: Prairie Node application to the CIHR INMHA sponsored CRISM initiative

Please include this letter as an indication of support by Alberta Health Services, Addiction & Mental Health for your application to establish a Prairie Node of the Collaborative Initiative in Substance Misuse (CRISM). We strongly support the development of links between academic research, service delivery, advocacy and community engagement in the area of substance misuse interventions within Alberta, Saskatchewan, and Manitoba.

Alberta Health Services and the former AADAC has a long history of collaborating with national initiatives to reduce the harms associated with substance misuse and put into practice intervention modalities that are known to have excellent results. I had the opportunity to attend the CRISM workshop in the fall of 2013 and look forward to with great enthusiasm to being a part of the research node.

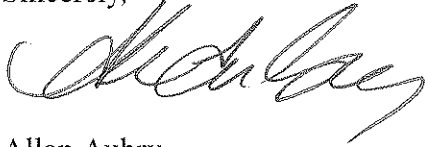
Over the last decades I have had the pleasure of collaborating with Dr. Wilde on a number of initiatives in the areas of tobacco cessation, Gap Map, TAYES (The Alberta Youth Experience Survey), the Edmonton Drug Treatment and Community Restoration Court, Norlien Recovery from Addiction Symposium to name a few. Dr. Wilde has great credibility in the community and is relied upon to set a direction for innovative practices in the field of addiction and mental health. Many of the initiatives identified are ongoing that provide me an opportunity to maintain a close working relationship with Dr. Wilde.

Over the last 3 decades I have witnessed the significant gap that exists between current knowledge and research and their integration into the continuum of addiction treatments. The integration of addiction and mental health services with Alberta Health Services has created

fertile soil for the advancement of the goals of this research node. The recent appointment of an Addiction Medical Director, our Strategic Clinical Network (SCN) and Addiction & Mental Health Research Partnership will all be allies in supporting the success of this initiative.

Over the next months I plan to support the CRISM Prairie Node as a member of the Executive Coordinating Committee. I have witnessed the positive impact of the synergy of the various partners and look forward to being a part of this exciting opportunity that will build on the collective wisdom of these partners.

Sincerely,

A handwritten signature in black ink, appearing to read 'Allan Aubry', written in a cursive style.

Allan Aubry

Director, Addiction & Mental Health

Alberta Health Services



28 August 2014

Cameron Wild, Ph.D.
Professor
School of Public Health
University of Alberta
3-277 Edmonton Clinic Health Academy
Edmonton, AB T6G 2R3

Dear Dr. Wild,

RE: Prairie Node application to the CIHR INMHA sponsored CRISM initiative

Please include this letter as an indication of support by Prince Albert Parkland Health Region for your application to establish a Prairie Node of the Collaborative Initiative in Substance Misuse (CRISM). We strongly support the development of links between academic research, service delivery, advocacy and community engagement in the area of substance misuse interventions within Alberta, Saskatchewan, and Manitoba.

To date, we have been a part of this initiative through an invitation to the initial planning meeting and have had dialogue with both you Dr. Wild and with Dr. Dell.

As the research chair, Dr. Dell works as a provincial resource to the 13 health regions across the province, through our provincial ministry of health-Community services branch. She has been connected to this table through her research lens and to broader initiatives such as the provincial review of mental health and addiction services entitled *Be a Powerful Voice of Change*.

As the Mental health and Addiction services department of the Prince Albert Parkland Health Region (PAPHR) we have had the pleasure of working with Dr. Dell on several projects, both from a provincial and regional lens. Dr. Dell is currently the Research Chair of Substance Abuse at the University of Saskatchewan. As examples of this work, Dr. Dell conducted research and assisted our health region in the development of a business plan for Outreach Worker services within our local school division.

Mental Health and Addiction Services, Victoria Square

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2345 – 10th Avenue West
Prince Albert, SK S6V 5T4
Phone: (306) 765-6055 - Fax: (306) 765-6349

Education through knowledge exchange opportunities allowed us to implement the work that she conducted on substance abuse recovery entitled from “Stilettoes to Moccasins” not only in an outpatient setting but also within our inpatient Family treatment center.

In addition, we have had the opportunity to work with her and her team in the development of manual helping front line mental health and addiction workers weave research into their daily work for program development and improvement. All of the research work to date conducted by Dr. Dell has assisted in the advancement patient first clinical services. Dr. Dell in my estimation will be a valuable asset to your research team.

Certainly the idea of this type of venue supports the mandate both provincially and regionally from a patient first perspective, ensuring that clients are provided services and programs by competent, informed providers that use evidence based research as the foundation. As we reflect on this opportunity what is important about the Prairie CRISM node is the opportunity for connectivity of research to practice in a formalized, organized community network that provides an avenue for knowledge exchange. Our institution is interested in this knowledge to advance substance misuse interventions within the Prince Albert Parkland Health region and in addition using this information to support and influence policy development at the provincial level. As part of the support for the CRISM, I am willing to serve as a member of the Executive Coordinating Committee.

In closing I want to take this opportunity to thank you for considering this exciting proposal. I think there is an unlimited research opportunity for better understanding this issues specific to substance misuse from a prairie perspective. The opportunity to work collaboratively with this team of researchers and be a part of utilizing the findings of evidence into front line practice is an exciting venture. We have much to learn as providers and much more to offer the health system specific but society as a whole on this very important social issue. I look forward to the opportunity to see CRISM move forward.

Sincerely,



Brett Enns RN, BSN
Regional Executive Director Community Services
Prince Albert Parkland Health Region

CC: file
C. McCann Director Addiction Services PAPHR
L. Berg, VP Primary Care PAPHR

Mental Health, Victoria Square
Box 3003
2345 – 10th Avenue West
Prince Albert, SK S6V 5T4
Phone: (306) 765-6055 - Fax: (306) 765-6349

September 3rd, 2014

Dr Cameron Wild

School of Public Health

University of Alberta

3-277 Edmonton Clinic Health Academy

Edmonton, AB T6G 2R3

Dear Dr. Wild,

RE: Prairie Node application to the CIHR INMHA sponsored CRISM initiative

Please include this letter as an indication of support by Alberta Health Services, Addiction and Mental Health for your application to establish a Prairie Node of the Collaborative Initiative in Substance Misuse (CRISM). We strongly support the development of links between academic research, service delivery, advocacy and community engagement in the area of substance misuse interventions within Alberta, Saskatchewan, and Manitoba.

Alberta Health Services, Addiction (former AADAC) and Mental Health has an extensive history of collaborating with Dr Wild on numerous research initiatives that have examined best and innovative practices in the field of addiction and mental health. Some of these initiatives include research in the areas of prevention and treatment, concurrent disorders, the Alberta Family Wellness Initiative, and the Gap Analysis of Public Health and Addiction Programs in Alberta (GAPMAP).

While progress has been made with the integration of addiction and mental health services within the province of Alberta, I believe there is still a great deal that can be done to further enhance services particularly as it pertains to prevention and treatment best practices, outcome measurement, and the engagement and retention of clients in services .

In my role as Area Manager of a large urban addiction and mental health outpatient treatment clinic in Edmonton, I would welcome the opportunity for our clinic to be a pilot site for this CRISM initiative. Participating in this research initiative investigating evidence based addiction treatment and approaches

will serve to enhance clinician's practice and therefore benefit clients, who may experience better outcomes related to their addiction and mental health concerns.

I plan to support the CRISM Prairie Node as a member of the Executive Coordinating Committee. The opportunity to collaborate with partners across the Prairie region to potentially enhance our respective addiction and mental health systems is both exciting and welcomed.

Sincerely,

A handwritten signature in black ink, appearing to read 'Cindy King', written over the printed name.

Cindy King

Program Manager,

Addiction and Mental Health Urban Services

Alberta health Services

September 10, 2014

Alberta Addiction Service
Providers (AASP)

Alberta Association of
Services for Children and
Families (AASCF)

Alberta College of Social
Workers (ACSW)

Alberta Network for
Mental Health (ANMH)

Alberta Pharmacists'
Association (RxA)

Alberta Psychiatric
Association (APA)

Alberta Students'
Executive Council
(ASEC)

Canadian Mental Health
Association (CMHA)

CASA Child, Adolescent
and Family Mental
Health (CASA)

College of Registered
Psychiatric Nurses of
Alberta (CRPNA)

Psychologists'
Association of Alberta
(PAA)

Schizophrenia Society of
Alberta (SSA)

Society of Alberta
Occupational Therapists
(SAOT)

The Organization for
Bipolar Affective
Disorders Society
(OBAD)

Cameron Wild, Ph.D.
Professor
School of Public Health
University of Alberta
3-277 Edmonton Clinic Health Academy
EDMONTON, AB T6G 2R3

Dear Dr. Wild,

Re: Prairie Node application to the CIHR INMHA sponsored CRISM initiative

Thank you for meeting with members of the Executive Committee of the Alberta Alliance on Mental Illness and Mental Health (AAMIMH) on August 19, 2014 to discuss the AAMIMH support to the CRISM Prairie Node Project.

The AAMIMH is very supportive of the CRISM Prairie Node Project, and on behalf of the AAMIMH, I am pleased to indicate my organization's wish for me as Executive Director to sit on the CRISM's Prairie Node Executive Coordinating Committee and thus be a representative of the patient/advocacy community. The AAMIMH believes the presence of the AAMIMH on this committee will allow the CRISM initiative to take advantage of the extensive network of patient and family/advocacy communities that are part of the AAMIMH. In addition, involvement at this level on this initiative will have great benefit for the AAMIMH, as it will allow the AAMIMH to take advantage of the opportunities that being a member of the CRISM Prairie Node Project will provide, and it will better allow the AAMIMH to fulfill its mandate. As you know, the three key points of the AAMIMH mandate are:

1. Work to ensure the mental health system reflects best practices and is responsive to the mental health needs of Albertans.
2. Unify and strengthen the voices of the mental health communities.
3. Advocate for mental health issues to be prominent on health and social policy agendas.

As we discussed, the AAMIMH was given three-year funding from the Minister of Health to allow the AAMIMH to carry out its mandate. In addition, the Minister enhanced our three-year grant with the request that the AAMIMH expand its voice to include speaking on behalf of addiction and substance abuse issues. Since

addiction/substance abuse issues are so intimately connected with mental health issues, the AAMIMH willingly agreed. To that end we have expanded our membership to include organizations that address addiction and substance abuse issues.

- The Alberta Addiction Service Providers (AASP) – is a network of 32 community treatment and service provider organizations – previously referred to as the Funded Agencies under the Alberta Alcohol and Drug Abuse Commission (AADAC) structure. They offer over 500 treatment beds throughout Alberta and provide treatment and support in the community to between 2,000 and 4,000 people annually.
- The Alberta Students' Executive Council (ASEC) – is a body composed of representatives of the student unions of the 16 post-secondary learning institutions across Alberta – representing over 170,000 students. They have received a \$1.5 million grant to allow the establishment of projects in each of the member post-secondary learning institutions, to address mental health issues within each respective university/college. Alcohol and addiction issues and the mental health issues that emerge for this young population are issues of concern.

In addition, we have several Associate Member Organizations that have joined the AAMIMH in the past three years that also have concerns about or directly address substance abuse or addiction issues.

- Parents Empowering Parents (PEP) Society is a regional organization of parents that works to provide support to parents of young people who have substance abuse or addiction problems.
- John Howard Society of Alberta – estimates that over 70% of their community struggle with substance abuse or addiction problems.
- The Support Network (Edmonton) and the Distress Centre (Calgary) run crisis call-in lines in which addiction and substance abuse plays a large part in the crises that people face which prompt them to call for assistance and support.

Our long-standing member organizations also address addiction and substance abuse as they carry out their work.

- Our member organizations that are the Professional Bodies/Associations representing Psychologists, Psychiatrists, Psychiatric Nurses, Social Workers, Pharmacists and Occupational Therapists all assist their clients/patients and their families address addiction and substance abuse issues.
- Our client and family support organizations also address substance abuse and addiction issues as well. These organizations are: the Schizophrenia Society of Alberta; The Organization for Bipolar Affective Disorders Society (OBAD); the Alberta Network for Mental Health; and the Canadian Mental Health Association. It is estimated that over 40% of persons diagnosed with schizophrenia and bipolar illness also have substance abuse or addiction issues.

Finally, the AAAMIMH also sits as an Advisory Committee Member of the Government of Alberta-led Alberta Alcohol Strategy and also is a community partner, along with the University of Alberta and other university partners in the Western Hub of CDRIN (Canadian Depression Research and Intervention Network).

Clearly, addiction and substance abuse is of great concern for the AAMIMH, and we look forward to participating in and contributing to the success of the CRISM Prairie Node Project.

Sincerely,

A handwritten signature in black ink, appearing to read "Orrin Lyseng". The signature is fluid and cursive, with a large initial "O" and a long horizontal stroke extending to the right.

Orrin Lyseng
Executive Director
Alberta Alliance on Mental Illness and Mental Health

W: 780.482.4993

C: 780.977.6043

OGL/jrd

Q:\AAMIMH\lyseng\wildlet.docx



22 August 2014

Cameron Wild, Ph.D.
Professor
School of Public Health
University of Alberta
3-277 Edmonton Clinic Health Academy
Edmonton, AB T6G 2R3

Dear Dr. Wild,

RE: Prairie Node application to the CIHR INMHA sponsored CRISM initiative

Please include this letter as an indication of support by Alberta Health Services for your application to establish a Prairie Node of the Collaborative Initiative in Substance Misuse (CRISM). We strongly support the development of links between academic research, service delivery, advocacy and community engagement in the area of substance misuse interventions within Alberta, Saskatchewan, and Manitoba.

Alberta Health Services, Addiction and Mental Health has collaborated with yourself and Dr Hodgins on many research and knowledge exchange initiatives that advanced understanding of the needs of the Albertan's and the evidence base of addiction treatment services. This has included most recently work on the Gap Analysis of Public Mental Health and Addictions Programs (GAP-MAP 2014) and the Alberta Survey of Mental Health, Addictions, and Related Treatment Services (A-SMARTS 2009). AHS has benefited from research by Dr Hodgins on gambling related surveillance, prevention and interventions including Causes of Problem gambling (2012), and Treatment of Problem Gambling; A Vision for the Future (2004). I have also worked with Dr Dell regarding her participation in the development of the paper on Collaboration for Addiction and Mental Health Care: Best Advice (June 2014).

AHS Addiction and Mental Health services experience challenges responding to the demand for services, retaining clients in treatment for sufficient duration and effectively assessing and placing clients. The A-SMARTS (Wild et al.) study identified that practitioners indicated that more people came to their program than they had resources for, indicating that demand is exceeding the current availability of services and practitioners identified a greatest desire for guidance with using clients assessment to document program effectiveness, increasing participation by clients, and using client assessments to guide clinical and program decisions. The motivational enhancement intervention and research platform will increase client retention through motivational enhanced assessment and enhance providers competence in assessment.

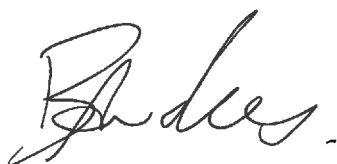
The GAP-MAP (Wild et al.) identified that 1) existing services do not provide sufficient care to meet the needs of Alberta adults, 2) services are mainly operated on a reactive, acute-care model that requires Albertans to seek care at physician offices and specialty clinics and, 3) system resources are heavily invested in providing inpatient, residential, and crisis services. The proposed online screening, brief intervention and referral to treatment service (SBIRT) project will advance an evidence informed intervention that addresses these limitations by providing early intervention to Alberta's who may not access in-person treatment.

AHS Addiction and Mental Health is well connected with researchers and service delivery leaders in Saskatchewan and Manitoba. This occurs through formal mechanisms such as the Canadian Executive Council on Addiction and cross consultation on emerging practices. A Prairie CRISM node would strengthen the collaboration by establishing a formal mechanism for research and knowledge translation.

A Prairie CRISM node aligns with the strategic direction of AHS. The AHS 2013-2016 Health Plan and Business Plan (Better Quality, Better Outcomes, Better Value) identifies the three strategic directions of: bringing appropriate care to community, partnering for better health outcomes and achieving health system sustainability. A partnership with the Prairie CRISM node would support these strategic directions by increasing community access to care through the SBIRT project and partnering with other centres of research for better health outcomes through enhanced motivational assessment of clients.

I am encouraged by the possibility of further strengthening the research capability that exists and supporting its application to inform practice in a meaningful way that improves care. I believe this initiative has the potential to enhance the level evidence based care provided to Albertan's and provide substance abuse interventions that respond to the population needs. I look forward to serving as a member of the Regional Advisory Panel in support of the CRISM initiative.

Sincerely,

A handwritten signature in black ink, appearing to read "Barry Andres". The signature is fluid and cursive, with a horizontal line extending from the end.

Barry Andres
Senior Director, Addiction and Mental Health
Alberta Health Services



22 August 2014

Cameron Wild, Ph.D.
Professor
School of Public Health
University of Alberta
3-277 Edmonton Clinic Health Academy
Edmonton, AB T6G 2R3

Dear Dr. Wild,

RE: Prairie Node application to the CIHR INMHA sponsored CRISM initiative

Please include this letter as an indication of support by Alberta Health Services - Addiction and Mental Health Strategic Clinical Network for your application to establish a Prairie Node of the Collaborative Initiative in Substance Misuse (CRISM). We strongly support the development of links between academic research, service delivery, advocacy and community engagement in the area of substance misuse interventions within Alberta, Saskatchewan, and Manitoba.

Approximately 2 years ago AHS formed the strategic and clinical networks (SCNs) to bring the latest research into clinical practice, and to support researchers carrying out transformative work. The Addiction and Mental Health Strategic Clinical Network (SCN) brings together expert clinicians, researchers, patients and other groups and individuals dedicated to addiction and mental health care. Together this diverse group is working to engage stakeholders in the dissemination and implementation of best evidence practices to prevent treat and improve outcomes in addiction and mental health.

Among the Network's key priorities is the very important issue of substance misuse. We have recently conveyed a group of experts to develop an alcohol misuse pathway and we have identified several key areas of interest for future work. We are delighted that the CRISM node is now underway and we anticipate that we will work closely with this larger group to identify emerging priorities and opportunities for advancing patient care.

Our organization is keen to be a partner in defining the changes necessary to improve mental health and addiction outcomes for g people in our community. If you are successful in becoming a demonstration site, we are willing to explore with you how we can utilize and leverage our existing resources (people – expertise; funding; infrastructure; community location; diversity, etc.) to better meet current needs and to work collaboratively with the local and national network of partners to seek additional resources to support this work.

Sincerely,

A handwritten signature in black ink, appearing to read "M Bercov". The signature is fluid and cursive, with the first name "Marni" and last name "Bercov" clearly distinguishable.

Marni Bercov
Executive Director - Addiction and Mental Health Strategic Clinical Network
Alberta Health Services

September 11, 2014

Cameron Wild, Ph.D.
Professor
School of Public Health
University of Alberta
3-277 Edmonton Clinic Health Academy
Edmonton, AB T6G 2R3

Dear Dr. Wild:

RE: Prairie Node application to the CIHR INMHA sponsored CRISM initiative

Please include this letter as an indication of support by the Addictions Foundation of Manitoba for your application to establish a Prairie Node of the Collaborative Initiative in Substance Misuse (CRISM). We support the development of links between academic research, service delivery, advocacy and community engagement in the area of substance misuse interventions within Alberta, Saskatchewan, and Manitoba.

The Addictions Foundation of Manitoba has participated on the Manitoba Gambling Research Council with David Hodgins as a fellow participant for the past few years.

The Addictions Foundation of Manitoba is the Crown agency for addictions in Manitoba with a mission to be a foundation of excellence providing addictions services and supporting healthy behaviours. One of the organization's key values is continuous improvement – identifying and using evidence-based practices. The Prairie CRISM node would build capacity in the addictions field to conduct research and identify evidence-based practices in addictions treatment and translate the findings into tangible, practical tools for front line service providers. Conducting this research through coordination of agendas across the Prairie provinces and with the input and direction of researchers, service providers and consumer/patient advocates will provide the information and tools that are most needed and most likely to be adopted and put to use in the addictions system across the Prairies.

The Addictions Foundation of Manitoba has recently established a Knowledge Exchange Centre to support information sharing and networking between addictions organizations across Manitoba. A Prairie CRISM node would be of value in providing knowledge exchange and knowledge mobilization across the Prairie provinces. Within Manitoba, the Addictions Foundation of Manitoba is



ADDICTIONS
FOUNDATION
OF MANITOBA



Office of the CEO
3rd Floor – 1031 Portage Avenue
Wpg., MB R3G 0R8

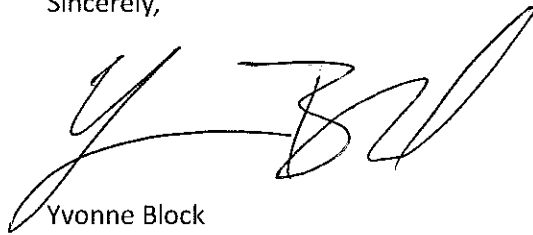
afm.mb.ca

well positioned to support the movement of the research findings from CRISM into the hands of clinicians across Manitoba's addictions system.

The work of the Prairie CRISM node will be of significant value to the Addictions Foundation of Manitoba as well as the addictions system broadly in Manitoba and as such, the Addictions Foundation of Manitoba will provide support for the Prairie CRISM node through participation on the Regional Advisory Panel and the Executive Coordinating Committee.

We are keen to see this project move forward to support increased effectiveness in addictions treatment services and prevention efforts.

Sincerely,

A handwritten signature in black ink, appearing to read 'Y Block', written in a cursive style.

Yvonne Block
Chief Executive Officer

26 August 2014

Cameron Wild, Ph.D.
Professor
School of Public Health
University of Alberta
3-277 Edmonton Clinic Health Academy
Edmonton, AB T6G 2R3

RE: Prairie Node application to the CIHR INMHA sponsored CRISM initiative

Dear Dr. Wild,

Please include this letter as an indication of support by Addiction and Mental Health Branch, Ministry of Health for your application to establish a Prairie Node of the Collaborative Initiative in Substance Misuse (CRISM). We strongly support the development of links between academic research, service delivery, advocacy and community engagement in the area of substance misuse interventions within Alberta, Saskatchewan, and Manitoba.

The Addiction and Mental Health Branch provides legislative, policy direction and funding support to prevent, mitigate and treat addiction and mental health problems of Albertans. Using evidence derived from research and practice to inform policy direction is a critical aspect of our work. We support creation of a Prairie Node CRISM initiative to improve and increase our access to evidence based approaches from a larger and more coordinated network of linked research resources, which we will use to further inform policy.

Dr. Wild and Dr. Hodgins are known leaders in addiction research in Alberta. Over the years we have had the opportunity to work with them on a variety of initiatives designed to inform policy and improve addiction services. In addition, they have provided expertise and advice on a number of matters including the development and implementation of *Creating Connections: Alberta's Addiction and Mental Health Strategy*. Most recently Dr. Wild completed the Gap Map, a comprehensive review of Alberta's addiction and mental health services, which provided insights into gaps and opportunities for improvement in Alberta's addiction and mental health system.

Through my position as Director, Addiction Assurance and Strategies in the Ministry of Health I will bring knowledge of the policy context and current policy directions relevant to the CRISM work. I will also have the opportunity to promote the CRISM work in setting policy direction, planning and implementation for addiction prevention and treatment across the province. Policy directions regarding funding, intervention standards and staff and agency competencies can directly impact regional capacity to address addiction prevention and intervention. In turn, I will use and share the findings and learning resulting from the CRISM work to inform policy direction setting, development and implementation.

We are pleased to have a representative on the Regional Advisory Council for the Prairie CRISM as this is an opportunity to better link research, policy and practice which supports our ongoing work to improve addiction and mental health services and supports for all Albertans now and into the future.

Sincerely,

A handwritten signature in black ink, appearing to read "Michelle Craig". The signature is written in a cursive, flowing style.

Michelle Craig, Director Addiction Assurance and Strategies
Addiction and Mental Health Branch, Alberta Health

22 August 2014

Cameron Wild, Ph.D.
Professor
School of Public Health
University of Alberta
3-277 Edmonton Clinic Health Academy
Edmonton, AB T6G 2R3

Dear Dr. Wild,

RE: Prairie Node application to the CIHR INMHA sponsored CRISM initiative

Please include this letter as an indication of support by *Addiction and Mental Health Branch, Ministry of Health* for your application to establish a Prairie Node of the Collaborative Initiative in Substance Misuse (CRISM). We strongly support the development of links between academic research, service delivery, advocacy and community engagement in the area of substance misuse interventions within Alberta, Saskatchewan, and Manitoba.

The Addiction and Mental Health Branch provides legislative, policy direction and funding support to prevent, mitigate and treat addiction and mental health problems of Albertans. Using evidence derived from research and practice to inform policy direction is a critical aspect of our work. We support creation of a Prairie Node CRISM initiative to improve and increase our access to evidence based approaches from a larger and more coordinated network of linked research resources, which we will use to further inform policy.

Dr. Wild and Dr. Hodgins are known leaders in addiction research in Alberta. Over the years we have had the opportunity to work with them on a variety of initiatives designed to inform policy and improve addiction services. In addition, they have provided expertise and advice on a number of matters including the development and implementation of *Creating Connections: Alberta's Addiction and Mental Health Strategy*. Most recently Dr. Wild completed the Gap Map, a comprehensive review of Alberta's addiction and mental health services, which provided insights into gaps and opportunities for improvement in Alberta's addiction and mental health system.

We are pleased to have a representative on the Regional Advisory Council for the Prairie CRISM as this is an opportunity to better link research, policy and practice which supports our ongoing work to improve addiction and mental health services and supports for all Albertans now and into the future.

Sincerely,



Michelle Craig, Director Addiction Assurance and Strategies
Addiction and Mental Health Branch, Alberta Health

28 August 2014

Cameron Wild, Ph.D.
Professor
School of Public Health
University of Alberta
3-277 Edmonton Clinic Health Academy
Edmonton, AB T6G 2R3

Dear Dr. Wild,

RE: Prairie Node application to the CIHR INMHA sponsored CRISM initiative

Please include this letter as an indication of support by the Office of the Chief Addiction & Mental Health Officer (OCAMHO) of Alberta for your application to establish a Prairie Node of the Collaborative Initiative in Substance Misuse (CRISM). We strongly support the development of links between academic research, service delivery, advocacy and community engagement in the area of substance misuse interventions within Alberta, Saskatchewan, and Manitoba.

Alberta Health has always been part of the discussions regarding substance misuse in Alberta, and more recently was included in the discussions about the creation of Prairie Node CRISM initiative. Alberta Health directly and indirectly funds prevention, intervention and treatment activities related to substance misuse within Alberta. The ability to coordinate a greater use of evidence-informed approaches to individual programs and larger networks of linked resources is ideal from a provincial, and indeed an inter-provincial perspective. It is also an ideal time to differentiate approaches according to the degree of abuse or addiction, as well as separating strategies for earlier intervention and those requiring a longer-term approach, which is consistent with the principles of chronic disease management.

Dr. Wild and Dr. Hodgins are well known to me personally and professionally as leaders in the field of addiction in Alberta for many years. They bring a combination of epidemiological expertise with a deep understanding of the process of treatment in addiction. They are particularly well-suited to leading research in addiction in Alberta and the prairie provinces, with links to both major universities in Alberta as well as the other links with treatment within Alberta Health Services.

Dr. Wild and Dr. Hodgins have been active with the Norlien Foundation's work over the last number of years with the intent of bringing a current, brain-development based view of addiction to attention. This activity has laid a fertile ground for research work in the field. It has also spurred a new emphasis on empirically-based best practice being brought to bear on policy and funding decisions. This has the potential to move knowledge to action much faster than has previously been seen.

The exciting possibilities that come with the Prairie CRISM project emerge from the ongoing involvement of researchers, clinicians, and policy makers to improve the clinical outcomes from early intervention and more involved care for people with addiction. This will allow Alberta Health to not only encourage clinical research, but to take the learnings, disseminate them and apply them to public policy. The involvement of players from prevention to primary care, and on to intensive treatment, gives opportunity to generate coherent streams of activity and intervention, linked to an ongoing accumulation of evidence. This will stimulate knowledge translation right down to the direct clinical interactions across the region. The ability to coordinate this with other provinces multiplies the opportunities to test slightly different approaches in different jurisdictions, while sharing an evaluation approach to allow comparison.

I am pleased to be a member of the Regional Advisory Council for the Prairie CRISM. I believe that it has the opportunity to make a real difference to the management of substance misuse in Alberta and the prairie region. Addiction has been hidden from sight, burdened with stigma, and consequently not well managed by the health care system. We are at a point where these obstacles are being overcome, and our ability to apply the tools of empirical sciences including pharmacology, psychology, neurophysiology and social science to the betterment of so many individuals and families. What better opportunity could there be to make a difference.

Sincerely,

A handwritten signature in black ink, appearing to read 'M Trew', with a stylized flourish at the end.

Michael Trew MD, FRCPC
Chief Addiction & Mental Health Officer
Alberta Health
michael.trew@gov.ab.ca



Norlien Foundation

#540, 1100 1 Street SE

Calgary, AB T2G 1B1

T (403) 215-4490

F (403) 705-0126

21 August 2014

Cameron Wild, PhD
Professor
School of Public Health
University of Alberta
3-277 Edmonton Clinic Health Academy
Edmonton, AB T6G 2R3

Dear Dr. Wild,

RE: Prairie Node application to the CIHR INMHA sponsored CRISM initiative

On behalf of the Norlien Foundation, it is my great pleasure to express our support for your application to establish a Prairie Node of the Collaborative Initiative in Substance Misuse (CRISM). We strongly support the development of links between academic research, service delivery, advocacy and community engagement in the area of substance misuse interventions within Alberta, Saskatchewan, and Manitoba.

As you know, the Norlien Foundation works within the science-policy-practice gap, linking research generators with their end users across every major jurisdiction in Alberta that touches the lives of children and families, including health, education, human services, and the justice sector. In 2007, we created the Alberta Family Wellness Initiative (AFWI), a platform of relationships and targeted investments designed to catalyze concrete actions and system change to advance our understanding and approach to childhood development and its life-long impact on addiction and other negative health outcomes. The AFWI is built on a neuroscience framework that links brain science with health and human development across the lifespan, and supports knowledge mobilization, research with impact, workforce development, and demonstration projects across the province of Alberta.

I have reviewed your proposal and the objectives of the CRISM initiative and believe both are well aligned with the overarching goals of the Foundation and the AFWI. In fact, we already support both yourself and co-PI David Hodgins in a research project designed to assess population level prevalence rates of several types of addictions and co-morbid mental health disorders in Alberta – this innovative project will not only provide needed baseline data on addiction prevalence rates in Alberta, it will also create screening tools suitable for use in primary care, where we know addictions are not adequately diagnosed or treated.

Establishing a Prairie node for the CRISM initiative is timely for Alberta given that the province appears ripe for transformational change: a new, ground-breaking addiction and mental health strategy that extends the focus of addiction prevention to early childhood and applies principles of chronic disease management to treatment services was released in 2011, and the recently released GAP-MAP of addiction services, led by yourself, has provided a much needed assessment of the current state of the addiction and mental health system in Alberta and a baseline from which to measure change. Despite these advantages, Alberta's addiction system still suffers from fragmentation between research, policy, and practice, and across the continuum of care. The Prairie CRISM node will provide an important and much needed infrastructure piece to bridge institutions and service settings and ensure research is both guided by and informs government policy and clinical care. You have assembled an impressive team of researchers and practitioners from across the service continuum to launch this initiative, many of whom are leaders in their fields. CRISM will help focus this collective brain power on the most relevant issues in addiction and mental health, and Alberta's current policy framework and baseline data can help guide the development of projects that stand to make the most significant impact within this province.

I would be pleased to represent the Norlien Foundation on the Prairie node's Regional Advisory Committee. For the past several years we have launched several innovative knowledge mobilization platforms and education and training initiatives that have helped embed scientific knowledge into addiction services across the province. Our experience as a knowledge broker would be a valuable asset in helping you engage governments and community in meaningful ways and disseminate CRISM's work broadly, and we'd be happy to assist you in this endeavour. Furthermore, I know most of the other members of this committee well and believe you have pulled together the right people to ensure that CRISM projects and data are effectively translated and scaled.

In closing, the Foundation is enormously supportive of a Prairie CRISM node. We would welcome a partner with an expanded jurisdictional mandate in our efforts to turn "what we know" into "what we do" in addiction and mental health. I very much look forward to discussing both CRISM research projects and knowledge mobilization activities that are of mutual interest once the initiative is underway, and wish you every success with this application.

Sincerely,

A handwritten signature in black ink, appearing to read 'Nicole Sherren', with a long horizontal line extending to the right.

Nicole Sherren, PhD
Scientific Director
Norlien Foundation

August 27, 2014

Cameron Wild, Ph.D.
Professor
School of Public Health
University of Alberta
3-277 Edmonton Clinic Health Academy
Edmonton, AB
T6G 2R3

Dear Dr. Wild:

RE: Prairie Node application to the CIHR INMHA sponsored CRISM initiative

I am writing to enthusiastically support the application you and Dr. Hodgins are preparing to establish a Prairie Node of the Collaborative Initiative in Substance Misuse (CRISM). We strongly endorse the development of collaborative links between academic research, service delivery, advocacy and community engagement in the area of substance misuse interventions within Alberta, Saskatchewan, and Manitoba.

The University of Calgary has identified Mental Health, including Addictions as an area of strategic priority for the university. I am leading a university-wide initiative to foster collaboration and development across the university and beyond – the CRISM project aligns perfectly as it also serves to facilitate collaboration across researchers who have typically worked independently. Dr. Hodgins as Head of Psychology and a leader in mental health research is active in our initiative as are researchers from the Faculties of Nursing, Social Work, Medicine and Kinesiology. The goal, in part, is to provide supportive infrastructure to catalyse research. In addition, the University of Calgary recently developed the Mathison Centre in the Department of Psychiatry, which focuses on mental health research. Expertise is also available through the Hotchkiss Brain Institute and the Alberta Children's Hospital Research Institute. The CRISM focus on substance misuse will serve to highlight this important component of mental health.

CRISM also is designed to eliminate the research- clinical practice gap by conducting translational treatment research in partnership with service providers and consumers. This focus also aligns with another University of Calgary priority- fostering a connection to the community, and is entirely consistent with our other mental health initiatives.

In summary, we view ourselves as fortunate to have the University of Calgary play an active role in CRISM and will work actively toward successful implementation.

Sincerely,



Samuel Weiss, PhD, FRSC
Professor and Director
Hotchkiss Brain Institute

29 August 2014

Cameron Wild, Ph.D.
Professor
School of Public Health
University of Alberta
3-277 Edmonton Clinic Health Academy
Edmonton, AB T6G 2R3

RE: Prairie Node application to the CIHR INMHA sponsored CRISM initiative

Dear Dr. Wild:

The Saskatchewan Prevention Institute supports the application of Wild, Hodgins, and Dell to establish a Prairie Node of the Collaborative Initiative in Substance Misuse (CRISM). As a provincial non-profit organization, we rely on links between academic research, service delivery, advocacy and community engagement in order to provide evidence-based information in Saskatchewan. For the last 34 years, we have had an active and strong program in the prevention of FASD.

As we are located in Saskatoon, we have had the opportunity to engage with Colleen Dell on issues of mutual interest. Dr. Dell has held the Research Chair of Substance Abuse at the University of Saskatchewan since 2007. The Prevention Institute has had the opportunity to collaborate with her as she is a member of the Saskatchewan FASD Coordinating Committee, she has presented at Prevention Institute conferences and workshops, and we have participated in “What’s Your Cap?” a University of Saskatchewan binge drinking prevention program. Dr. Dell has shown strong leadership in addictions issues in Saskatchewan.

The Saskatchewan Prevention Institute’s mandate is to reduce the occurrence of disabling conditions in children through primary prevention activities. Our prevention activities have evolved from information sharing to skill development and community engagement. Currently, we have a youth engagement program, which works to raise awareness among young people about how their decisions regarding substance use today may impact their health in the future. As well, we present motivational interviewing workshops to practitioners in order to promote a meaningful and respectful discussion with pregnant women about their substance use. The Prevention Institute also provides information about the use of tobacco and its impact on pregnancy, the fetus and young children and we inform about HIV and pregnancy, including the infection risk of using injection drugs.

As the executive director of the Saskatchewan Prevention Institute, I am pleased to have been invited to participate with the Prairie Node of the Collaborative Initiative in Substance Misuse. The opportunity to work together with experts in the field of substance misuse, share the Institute's experience and knowledge, and provide increased knowledge to the Saskatchewan public will be beneficial to our organization.

Sincerely,

A handwritten signature in black ink, appearing to read "Noreen Agrey". The signature is fluid and cursive, with the first name "Noreen" written in a larger, more prominent script than the last name "Agrey".

Noreen Agrey
Executive Director

23 September 2014

To the Canadian Research Initiative in Substance Misuse (CRISM)
Review/Adjudication Committee
c/o Canadian Institutes of Health Research (CIHR)
Ottawa, Ontario

TO WHOM IT MAY CONCERN:

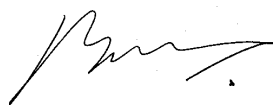
Re: Canadian Research Initiative in Substance Misuse – regional CRISM node/team collaboration

As you will know, the CRISM initiative seeks to develop a national research consortium on substance misuse research. To this end, a recent bibliometric analysis from the period 1997 to 2011 demonstrated that Canada has significant addiction research strength that is particularly concentrated in Toronto, Alberta, Montreal, and Vancouver, yet also showed that unique cross-jurisdictional collaborations already exist between these centres with respect to collaborations by the lead investigators from the below specified proposal teams.

In preparing full applications towards establishing regional CRISM nodes/teams, the Nominated Principal Applicants on the Ontario (Dr. Fischer), Quebec/Maritimes (Dr. Bruneau), Prairies-Alberta (Dr. Wild) and British Columbia (Dr. Wood) proposals have prepared this letter of support for CIHR and its external reviewers to formally highlight their extensive record of collaboration, and universal enthusiasm to readily and closely collaborate in the development and execution of joint, pan-Canadian intervention studies under the CRISM umbrella once regional node teams are established.

As outlined in our respective proposals, each of our regional CRISM node teams brings several key complementary strengths that will be most beneficial in the establishment and functioning of the overall CRISM network, and are committed to collaborating to ensure the network's success. Planned collaborations include the joint development of potential intervention studies/clinical trials and of related technical (e.g., regarding data platforms, standardized data collection protocols and related operating procedures, etc.) and knowledge translation activity structures (e.g., study and protocol registries and online collaborative spaces). These joint efforts will be immensely helped by the long history of collaborative research and knowledge exchange undertaken between the regional team's lead investigators ranging back >15 years to today. For example, the lead investigators have collaborated in joint multi-site study protocol development and execution involving illicit street drug user populations (e.g., the multi-site OPICAN study, joint VIDUS/Vancouver & St. Luc/Montreal cohort studies), as well as research projects focusing on opioid, cannabis, and crack use, and key co-morbidities (HIV/AIDS, psychiatric co-morbidities) in marginalized drug user populations across Canada.


In sum, the four regional CRISM node application teams look forward to working together through the development and execution activities brought by the present phase of the CRISM network, extending previous innovative and productive collaborations. We believe the CRISM initiative has the potential to greatly improve evidence-based interventions and policies for substance misuse in Canada.



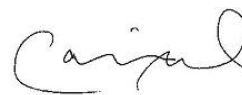
Julie Bruneau, MD, MSc,
Professor, Department of
Family and Emergency
Medicine, Université de
Montréal; Clinical
Scientist, Research Center,
Centre Hospitalier de
l'Université de Montréal



Benedikt Fischer, PhD,
Senior Scientist, Centre
for Addiction & Mental
Health (CAMH), Toronto;
CIHR/PHAC Applied
Public Health Chair &
Professor, Faculty of
Health Sciences/SFU



Evan Wood, MD, PhD,
FRCPC, Professor and
Canada Research Chair in
Inner City Medicine,
Department of Medicine,
University of British
Columbia



T. Cameron Wild, PhD
Professor,
School of Public Health,
University of Alberta

Table 1. Complete listing of applicants.

Name	Institution/Organization (Position)	CRISM node role	CV type submitted
Regional Coordinating Committee (RCC)			
Wild	U Alberta (Professor, School of Public Health)	Nominated Principal Investigator, Chair of RCC and RAP	CCV – Academic
Hodgins	U Calgary (Professor, Psychology)	Principal Investigator	CCV – Academic
Dell	U Saskatchewan (Professor, Sociology and Public Health)	Principal Investigator	CCV – Academic
Aubry	Alberta Health Services (Director, Addiction Services)	Principal Knowledge User	CCV – Knowledge user
Enns	Prince Albert Regional Health Authority, Saskatchewan (Regional Executive Director)	Knowledge User	Free form CV
King	Alberta Health Services (Area Manager, Addiction Services)	Knowledge User	Free form CV
Lyseng	Alberta Alliance on Mental Illness and Mental Health (Executive Director)	Principal Consumer Representative	Free form CV
Weber-Pillwax	Nechi Institute (Board Treasurer)	Knowledge User	Free form CV
Regional Advisory Panel (RAP)			
Andres	Alberta Health Services (Senior Director, Provincial Addiction and Mental Health)	Knowledge User	Free form CV
Bastien	Nechi Institute (Board Chairperson)	Knowledge User	Free form CV
Bercov	Alberta Health Services (Executive Director, Addiction and Mental Health Strategic Clinical Network)	Knowledge User	Free form CV
Block	Addictions Foundation of Manitoba	Knowledge User	Free form CV

	(Chief Executive Officer)		
Craig	Alberta Health (Director, Addiction Assurance)	Knowledge User	Free form CV
Sherren	Norlien Foundation (Scientific Director)	Knowledge User	Free form CV
Willerth	Saskatchewan Health (Director, Addiction and Mental Health)	Knowledge User	Free form CV
Node Member Investigators			
Acoose	First Nations University of Canada (Associate Professor, School of Indian Social Work)	Indigenous and/or socially marginalized populations	Free form CV
Aitcheson	U Alberta (Professor, Psychiatry)	Clinical research	Free form CV
Bourassa	First Nations University of Canada (Professor, Indigenous Health Studies)	Indigenous and/or socially marginalized populations	Free form CV
Butt	U Saskatchewan (Associate Professor, Family Medicine)	Indigenous and/or socially marginalized populations	Free form CV
Chalmers	U Saskatchewan (Assistant Professor, Social Work)	Indigenous and/or socially marginalized populations	Free form CV
Christensen	U Lethbridge (Assistant Professor, Health Sciences)	Health services research	CCV – Academic
Currie, C	U Lethbridge (Assistant Professor, Health Sciences)	Indigenous and/or socially marginalized populations	CCV – Academic
Currie, S	Alberta Health Services/U Calgary (Adjunct Professor, Director of Research and Evaluation)	Health services research	CCV – Academic
Dong	U Alberta (Associate Clinical Professor, Emergency Medicine)	Indigenous and/or socially marginalized populations	Free form CV

Dursun	U Alberta (Professor, Psychiatry)	Clinical research	CCV – Academic
el Guebaly	U Calgary (Professor, Psychiatry)	Clinical research	Free-form CV
Greenshaw	U Alberta (Professor, Psychiatry)	Clinical research	Free form CV
Henry	U Saskatchewan (PhD Candidate, Native Studies)	Indigenous and/or socially marginalized populations	Free form CV
Lee	U Lethbridge (Associate Professor, Health Sciences)	Health services research	CCV - Academic
Mackay	U Alberta (PhD candidate, Psychiatry)	Clinical research	Free form CV
Mykota	U Saskatchewan (Associate Professor, Educational Psychology and Special Education)	Health services research	Free form CV
Novotna	U Regina (Assistant Professor, Social Work)	Health services research	Free form CV
Ogenchuk	U Saskatchewan (Assistant Professor, Nursing)	Health services research	Free form CV
Ohinmaa	U Alberta (Professor, School of Public Health)	Health services research	CCV - Academic
Salvalaggio	U Alberta (Assistant Professor, Family Medicine)	Indigenous and/or socially marginalized populations	Free form CV
Silverstone	U Alberta (Professor, Psychiatry)	Clinical research	Free form CV
Stea	Alberta Health Services (Clinical Psychologist, Foothills Medical Centre, Calgary)	Clinical research	Free form CV
Tait	U Saskatchewan (Associate Professor, Psychiatry)	Indigenous and/or socially marginalized populations	Free form CV

Node Members: Knowledge Users			
Agrey	Saskatchewan Prevention Institute (Executive Director)	Primary prevention services for youth	Free form CV
Balachandra	Alberta Health Services (Chief of Addiction Medicine, Edmonton Zone)	Opioid dependency clinic	Free form CV
Bokitch	Heartland Health Region, Saskatchewan (Clinical Supervisor)	Program management	Free form CV
Brad	Metis Addiction Council of Saskatchewan (Director of Programming, Research, and Development)	Program management	Free form CV
Episkenew	Indigenous Peoples Health Research Centre, Saskatchewan (Director)	Services for indigenous populations	Free form CV
Field	Eagle's Nest Treatment Centre, Saskatchewan (Clinical Supervisor)	Residential treatment facility	Free form CV
Hockley	Addictions Foundation of Manitoba (Client Services Manager)	Program management	Free form CV
Huebert	Alberta Health Services (Director, System Performance and Reporting)	Provincial system administration	Free form CV
Johns	Renfrew Recovery Centre, Calgary (Site manager,)	Medically supervised detoxification facility	Free form CV
Kinjo	Alberta Health Services (Psychiatrist, Claresholm Centre for Mental Health and Addictions)	Concurrent disorders program	Free form CV
McLean	Alberta Health Services (Manager, Adult Addiction Services (Calgary); Integrated Justice Services Program; Corrections transition team)	Outpatient treatment; Justice-involved clients	Free form CV

Mountain	Alberta Health Services (Manager, Addiction and Mental Health, Lethbridge)	Program management	Free form CV
Palibroda	Metis Addiction Council of Saskatchewan (Director of Community Relations and Outreach)	Services for indigenous populations	Free form CV
Petersen	Fresh Start Recovery Centre, Calgary (Executive Director)	Residential treatment facility	Free form CV
Rasmussen	Aventa Addiction Treatment for Women (Clinical Administration Manager)	Residential treatment facility	Free form CV
Ulan	College of Physicians and Surgeons of Alberta (Senior Medical Advisor)	Provincial physician prescribing practices	Free form CV
Wamsley	Alberta Health Services (Site Manager, Henwood Residential Treatment Centre, Edmonton)	Residential treatment facility	Free form CV

First Nations University of
Canada
841 East Centre
Saskatoon, SK S7J 2Z9
306-931-1800 ext. 5482
sacoose@fnuniv.ca

Education

2013
PhD, College of Medicine
Community Health &
Epidemiology
Community and
Population Health Science
University of
Saskatchewan

1995
Master of Social Work
University of Regina

1993
Bachelor of Human
Justice
University of Regina

Relevant Experience

April 2014 - Present
Associate Professor
School of Indian
Social Work
First Nations
University of Canada

July 2002- Present
Assistant Professor,
Practicum Supervisor
School of Indian
Social Work
First Nations
University of Canada

Personal statement

First of all, I am an Indian woman with a wealth of life experience that is now intertwined with Academia, which offsets a beautiful balance. I have been sober for nearly 25 years and prior to that I was a junky and a prostitute. I am a victim of family violence, and many other abuses that happened along the way in my years. I was sexually abused from the time I was 3 until I was 10 or 11 years of age and that offset and would pave the way for my life destruction. I firmly believe that my whole life is extremely relevant to the CRISM initiative and that I fit nicely into its mold. I understand addictions alcohol and drugs. I understand being incarcerated been there and done that, and now I have Culture/Ceremony/Tradition, which again is my balance. Of course I do not know everything and this is where I can learn from this research project. Ekosi!

Relevant Publications

1. Acoose, S., Blunderfield, D., Dell, C. A., & Desjarlais, V. (2009). Beginning with Our Voices: How the Experiential Stories of First Nations Women Contribute to a National Research Project. *Journal of Aboriginal Health*, 4(2), 35.
2. Acoose, S. (2011). My Healing Journey. *Journal of Prisoners on Prisons*, 20 (1), 39-45.
3. Acoose, S., & Dell, C. A. (2009). Hear me heal: First Nations women healing from drug abuse. *Indigenous education: Pacific Nations Saskatchewan: First Nations University of Canada*, 1-8.
4. Lafontaine, T., Acoose, S., & Schissel, B. (2009). Healing connections: Rising above the gang. *Journal of gang research*, 16(2), 27-55.

Expertise Keywords

Street People, First Nation women, Prostitution, Imprisonment, Medicine Wheel, Sharing/talking Circles, Ceremony

Affiliated Grants

*Honoring Our Strengths:
Indigenous Culture as
Intervention in Addictions
Treatment.
\$1,183,177, Institute of
Aboriginal People's Health
(Researcher)
2012-2015*

*Evaluation Workbook
\$11,484, Province of
Saskatchewan
Drug Treatment Funding
Program
(Researcher)
2011-2013*

*Aboriginal Knowledge
Exchange
\$63,852, Province of
Saskatchewan
Drug Treatment Funding
Program
(Researcher)
2011-2012*

*From Stiletto's to
Moccasins: A Guide for
Group Discussion
\$98,782, CIHR
Meeting, Planning, and
Dissemination Grant:
Knowledge Translation
Supplement
(Principal Investigator)
2011-2012*

*A Balanced Approach to
Knowledge Exchange:
Sharing the Voices of First
Nations Women's Healing
from illicit Drug Abuse
\$5,000, National Network for
Aboriginal Health Network
2009*

Academic Presentations

1. They Stole my Thunder: Warriors who were behind the walls. Native American and Indigenous Studies Association (NAISA) Conference. 2013
2. Principles of FASD Prevention Practice arising from Work with Aboriginal Women. Supporting a Woman who May be at Risk of Having a Child with FASD Symposium. Collaboration with Dell, C. 2012
3. Hear Me Heal: Aboriginal Women, Drug Abuse and the Healing Journey. Healing Our Spirit Worldwide, Honolulu, HI. Sept 2010. Collaboration with Dell, C.
4. From Stiletto's to Moccasins: The Healing Journeys of Criminalized First Nations Women from Illicit Drug Use. Innovations in Qualitative Research Conference 2010. Collaboration with Dell, C, Gardipy, J., Naytowhow, V.
5. Saskatchewan Indigenous Women's Work: A Brief History, "VII Seminar on Canadian Studies. PhD Presentation – They Stole my Thunder: Warriors who were behind the Walls: Experiential Storytelling with Criminalized Indian women. University of Holguin, Guardalavaca, Cuba, 2013.
6. Hearing Our Voice: First Nations Women's Healing from Drug Abuse. Women's and Children's Health Conference, 2011.
7. Workshop: From Stiletto's to Moccasins: A Guide for Group Discussion. Issues of Substance Conference, Vancouver BC, 2011. Collaboration with C.Dell, M. Martinson, S. Taylor, and J. Gardipy
8. Hear Me Heal: Aboriginal Women, Drug Abuse and the Healing Journey. Translating Finding to Community. National Network on Aboriginal Mental Health Research Annual Meeting, Montreal, Quebec, 2009. Collaboration with C. Dell.
9. Our Story: The Healing of Criminalized First Nations Women from Illicit Drug Abuse. 21st Annual Native Health Research Conference. Portland, Oregon, 2009. Collaboration with C. Dell, C. Tait, and N. Crowe-Salazar.

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nagrey@skprevention.ca

Education/ Training

1976-79
B.A. History
University of
Saskatchewan

1988
B.Ed.,
University of
Saskatchewan

Work Experience

1986 – present
Program
Development/Manager
Executive Director
Saskatchewan Prevention
Institute

1980-86
Teacher
Rural Saskatchewan

Expertise Keywords

Health promotion
Primary prevention
Collaboration/coordination
Knowledge
translation/exchange

Executive Director, Saskatchewan Prevention Institute

The Saskatchewan Prevention Institute (est. 1980) is a provincial non-profit organization with a mandate to reduce the occurrence of disabling condition in children.

Relevance statement

The Prevention Institute works in the area of primary prevention and has had a focus on the prevention of FASD since 1980. As well, we currently have a youth-engagement program focused on the prevention of FASD. The Institute's expertise is in the areas of: knowledge translation/exchange; community capacity building; collaboration; training.

Knowledge translation experience

The last 28 years of my career have been in the field of knowledge translation. I have presented at local, provincial, national, and international conferences on topics related to maternal and child health and the prevention of disabling conditions, including fetal alcohol spectrum disorder. The role of the Institute is to share evidence-based information with professionals and the public to enhance informed decision making in health – personal and policy. As such, we develop workshops on pertinent topics, host conferences, and respond to requests for presentations. As much as possible, we work in collaboration with communities and other organizations with similar goals.

Committee experience

Saskatchewan Coordinating Committee on FAS
Member, Lead Agency
1998 - present

Acquired Brain Injury Provincial Advisory Group
Member
2004 – present

National strategy on shaken baby syndrome
Lead, Lead agency
1998-2004; 2014

Grants

*National Strategy on
Shaken Baby
Syndrome/Abusive
Health Trauma
\$97,000, 2014*

*National Consultation,
PHAC*

*Promoting and
Supporting Early
Childhood Mental
Health
\$54,000, 2010*

*KT, Canada Post Mental
Health Foundation*

*Using Social Marketing
to Prevent Fetal Alcohol
Syndrome Disorders
\$127,254 , 2009-2010
BC Prov Health Services
Authority Grant*

Memberships

Canadian Public Health Association

Canadian Collaborating Centres on Injury Prevention
1998

Relevant Publications

1. Thurmeier R, Deshpande S, Lavack A, Agrey N, Cismaru M (2011). Next Steps in FASD Primary Prevention in Fetal Alcohol Spectrum Disorder: Management and Policy Perspectives of FASD, *175-191*.
2. Thurmeier R, Deshpande S, Lavack A, Agrey N, Cismaru M (2010). Preventing fetal alcohol spectrum disorders: the role of protection motivation theory. *Health marketing quarterly*, 27 (1), 66-85.
3. Agrey, N (2000). Chapter author, Family-Centred Maternity and Newborn Care: National Guidelines, Minister of Public works and Government Services, Ottawa.

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Edmonton, AB T6G 2E1
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kaitchis@ualberta.ca

Education/Training

*FRCPSych (2012), CCST
(2001), MRCPsych
(1996)
Royal College of
Psychiatrists*

*1996 – 2003
PhD, Pharmacogenetics
King's College London*

*1982 – 1990
BM BCh (=MD)
University of Oxford*

Positions

*2011 – present
Alberta Centennial
Addiction & Mental
Health Research Chair,
Professor of Psychiatry
University of Alberta*

*2012 – present
Clinical Director
Edmonton Early
Psychosis Intervention
Clinic, Alberta Health
Services*

*2012 – present
Visiting Professor
King's College London*

Expertise Keywords

Psychopharmacology,
genetics, genomics, ecstasy,
cannabis, new psychoactive
substances

Present position and research interests

Dr. Aitchison serves as an Alberta Centennial Addiction & Mental Health Research Chair. She is Professor of Psychiatry and an Adjunct Professor of Medical Genetics at the University of Alberta, and a Consulting Psychiatrist with the Edmonton Early Psychosis Intervention Clinic. Her Chair program of work is in Mental Illness and Addictions, with a secondary focus on Suicide Prevention: translational medicine, in order to lead change and support evidence-based practice, resulting in health care innovations. Her publication areas include human genetics, pharmacogenetics, psychopharmacology, and mental health outcomes.

Relevance statement

I am interested in local and national trends for substance use. Having analysed data pertaining to patterns of stimulant use and the clinical effects thereof, I can offer expertise in that area. Together with Drs A Hudson, K Wells, and G Baker, I have taken an interest in the local and national consumption of ecstasy, related substances, and novel psychoactive substances, including in the legal implications thereof. In addition, as a member of the Scientific Advisory Committee on Substance Abuse and a contributor to the report, "Best advice on Collaboration for Addictions and Mental Health Care," I have gained expertise in standards of practice for concurrent disorders and can bring that to the table. My laboratory has developed a number of assays relevant to addictions (cannabis-induced psychosis, opiate replacement therapy, etc.) and would be happy to collaborate in any relevant projects.

Peer-reviewed publications

1. Bernier D, Macintyre G, Bartha R, Hanstock CC, McAllindon D, Cox D, Purdon S, Aitchison KJ, Rusak B, Tibbo PG (2014). NPAS3 variants in schizophrenia: a neuroimaging study. *BMC Med Genet*.
2. Rossolatos D, Aitchison KJ (2014). Genomics for clinical utility: the future is near. *Genome Medicine*, 2014 Jan 28;6(1):3. [PMID: 24468134.
3. Aitchison KJ*, Tsapakis EM*, Huezo-Diaz P, Kerwin RW, Forsling ML & Wolff K (2012). Ecstasy (MDMA)-induced hyponatremia is associated with genetic variants in CYP2D6 and COMT. *J Psychopharmacol*, Mar;26(3):408-418. Epub 2012 Feb 1 as doi: DOI: 10.1177/02698811111434624. PMID: 22303032. *joint first authors.
4. Wolff K*, Tsapakis EM,* Pariante CM, Kerwin RW, Forsling ML & Aitchison KJ (2012). Pharmacogenetic studies of change in cortisol on ecstasy (MDMA) consumption. *J Psychopharmacol*, Mar;26(3):419-428. Epub 2011 Oct 3 as doi:10.1177/02698811111415737. PMID 21969106. *joint first authors

Grants Held

Pharmacogenetic translational biomarker discovery.
\$694,961 , 2013-2018
Leaders Opportunity Fund, Canadian Foundation for Innovation (CFI)

Alberta Innovation and Advanced Education \$277, 985, 2012-2017
Alberta Innovation and Advanced Education (IAE) Fund, Gov't of Alberta

Alberta Centennial Addiction & Mental Health Research Chair in Mental Illness and Addictions
\$1,250,000 , 2011- 2016
Alberta Centennial Addiction & Mental Health Research Chairs Program, Gov't of Alberta

NPAS3 variants in schizophrenia: A neuroimaging study.
\$150,000 , 2012-2015
Establishment Grant to Tibbo P, Nova Scotia Health Research Foundation (NSHRF)

Peer-reviewed publications (continued)

5. Wolff K & Aitchison K (2013). Reply to 'MDMA can increase cortical levels by 800% in dance clubbers' Parrott et al. *J Psychopharmacol.* 2013 Jan;27(1):115-6. PMID: 23255437.
6. Tansey KE, Rucker J, Kavanagh DH, Guipponi M, Perroud N, Bondolfi G, Domenici E, Evans DM, Hauser J, Henigsberg N, Jerman B, Maier W, Mors O, O'Donovan M, Peters TJ, Placentino A, Rietschel M, Souery D, Aitchison KJ, Craig I, Farmer A, Wendland JR, Malafosse A, Lewis G, Lewis CM, Kapur S, McGuffin P & Uher R (2013). Copy number variants and therapeutic response to antidepressant medication in major depressive disorder. *The Pharmacogenomics Journal.*
7. Gassó P, Pagerols M, Flamarique I, Castro-Fornieles J, Rodriguez N, Mas S, Curran S, Aitchison KJ, Santosh P, Lafuente A, and the STOP consortium (2014). The effect of age on DNA concentration from whole saliva: implications for the standard isolation method. *American Journal of Human Biology.*
8. Hodgson K, Uher R, Crawford AA, Lewis G, O'Donovan MC, Keers R, Dernovšek MZ, Mors O, Hauser J, Souery D, Maier W, Henigsberg N, Rietschel M, Placentino A, Aitchison KJ, Farmer AE, Davis O, McGuffin P (2013). Genetic predictors of antidepressant side effects: a grouped candidate gene approach in the Genome-Based Therapeutic Drugs for Depression (GENDEP) study. *J Psychopharmacol.*
9. Hodgson K, Tansey K, Dernovšek MZ, Hauser J, Henigsberg N, Maier W, Mors O, Placentino A, Rietschel M, Souery D, Smith R, Craig IW, Aitchison KJ, Belsy S, Davis OS, Uher R, McGuffin P (2013). Genetic differences in the cytochrome P450 enzymes and antidepressant treatment response. *J Psychopharmacol.*
10. Tsapakis EM, Fernandes C, Moran-Gates T, Basu A, Sugden K, Aitchison KJ, Tarazi FI (2014). Effects of antidepressant drug exposure on gene expression in the developing cerebral cortex. *Synapse.*
11. Koola MM, Tsapakis EM, Wright P, Smith S, Kerwin Rip RW, Nugent KL, Aitchison KJ (2014). Association of tardive dyskinesia with variation in CYP2D6: Is there a role for active metabolites? *J Psychopharmacology.*
12. Hudson A, Lalies M, Baker G, Wells K, Aitchison KJ (2014). Ecstasy, Legal Highs, and Designer Drug Use: A Canadian Perspective. *Drug Science, Policy and Law.*

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Education/ Training

*Master of Science in
Health
Promotion, University of
Alberta, 2004*

*Bachelor of Education,
University of
Saskatchewan, 1986*

*Bachelor of Arts,
University of
Saskatchewan, 1981*

Work Experience

*May 2012 - Present
Senior Director
Addiction & Mental
Health
Alberta Health Services*

*June 2009 – May 2012
Executive Director
Addiction & Mental
Health
Alberta Health Services*

*Dec 2008 – March 2009
Acting Chief Executive
Officer
Alberta Health Services –
Alberta Alcohol and Drug
Abuse Commission*

Present position and responsibilities

Senior position providing leadership within addiction and mental health treatment services responsible for safety and quality improvement initiatives, strengthening legislated mental health and corrections programs, and advancing professional development and system performance and reporting.

Relevance statement

The important outcomes from CRISM would inform the workforce and professional development work prioritized in AHS resulting in greater competency in service delivery. It would also inform the standardization of assessment and intake services underway. I am positioned to apply CRISM findings in the training curriculum, policy, procedures and treatment services manuals currently under development.

Committee experience

Canadian Executive Council on Addictions

Director of this national body providing leadership in transforming the health system's response to substance use practice
2006 – Present.

AHS Addiction and Mental Health Joint Leadership Committee

Provides a forum in which shared accountability for addiction and mental health services in Alberta Health Services can be realized in order to improve care and outcomes for the population we serve.
2009 – Present.

Memberships

Alberta College of Social Workers, Registered Social Worker, 2004 - Present

Expertise Keywords

Advancing evidence based services, quality assurance, community engagement

Knowledge translation experience

Recovery From Addiction Symposium

Senior Leadership Team Member, 2010 – 2012.
Provided content and symposium design for the 3-year Symposium sponsored by Norlien Foundation's Early Family Wellness Initiative.

When Substance Abuse is Not a Stand-Alone Issue: Working to Better Understand and respond to Concurrent Disorders and Multiple Presenting Problems,

Issues of Substance Conference

Edmonton, November 2007.

Enhancing Access to Methadone Treatment: A Canadian Perspective.

American Association for the Treatment of Opioid Dependency,

Atlanta Georgia, April 2006.

The Nature of Gambling Addiction

Canadian Gaming Exhibition and Summit

Edmonton, March 2004

Consultation or training experience

Treating Addictions: Assessment, Treatment and Relapse Prevention, **Certificate of Addictions Studies. University of Alberta, Faculty of Extension, 1997 to 1998.**

Problem Gambling Program of Studies, Alberta Alcohol and Drug Abuse Commission, Edmonton. A one week course for professionals taught twice a year. 1994 - 2000

Relevant Publications

1. Andres, B.L & Hawkeye, S, (1997). Treating People with Gambling Problems. In S. Harrison & V. Carver (Eds.), Alcohol and Drug Problems (pp. 551-575). Toronto: Addiction Research Foundation..

Balachandra, Krishna

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Education/ Training

2004-2005
Fellowship in Addiction
Psychiatry
Yale University

1999-2004
Psychiatry Residency
University of Western
Ontario

1995-1999
MD
University of Manitoba

Work Experience

2013 - Present
Physician, ODP clinic
Alberta Health Services

2008-2013
Psychiatrist
Alberta Hospital
Edmonton

2005-2008
Psychiatrist, Concurrent
Disorders Program
RMCH-London

Expertise Keywords

Concurrent Disorders,
Addiction, Mental
Health, Substance Use

Present position and responsibilities

Medical lead at AHS Edmonton Opioid Dependency Clinic.

Chief of Addiction Medicine, AHS-Edmonton Zone

Relevance statement

Frontline physicians treating patients with addiction/ mental illness. Many clinical questions that could be the basis of research and ready to translate research findings directly into treatment.

Knowledge translation experience

Brain and Behaviour Conference
Edmonton, April 2010
Allied Mental Health Professionals.

Committee experience

Alberta Health Services, Edmonton Zone
Mental Health Committee
2014 - present

U of Alberta, Psychiatry Residency Training Committee
2009 - present

Consultation or training experience

Concurrent Disorders Planning Committee
Alberta Hospital Edmonton 2013

Integration of Mental Health and Addiction Service
Delivery Working Group
2008-2009

**Recognition/
Awards**

- 2010
Preceptor Excellence
University of Alberta
(selected by third year
medical students)
- 2009
Alcohol Medical
Scholars Program
(University of California
San Diego)
Senior Scholar
- 2008
Faculty Star of the Year
UWO Dept of Psychiatry
- 2008
Best Psychiatry
Consultant as role
model (selected by
psychiatry residents
UWO)
- 2008
Tom Hepburn Award
(Best Junious Faculty
Research Award UWO)

Memberships

- American Society of Addiction Medicine
2004 - present
- Canadian Society of Addiction Medicine
2004 – present
- American Psychiatric Association
1999 – present
- Canadian Psychiatric Association
1999 - present

Relevant Publications

1. Pallaveshi L, Balachandra K, Subramanian P, Rudnick A. Peer-Led and Professional-Led Group Interventions for People with Co-occurring Disorders: A Qualitative Study. [Community Ment Health J](#). 2014 May;50(4):388-94.
2. Ralevski E, Balachandra K, Gueorguieva R, Limoncelli D, Petrakis I. Effects of naltrexone on cognition in a treatment study of patients with schizophrenia and comorbid alcohol dependence. *Journal of Dual Diagnosis*. 2006; 2(4): 53-69.
3. Balachandra K, Petrakis IL. Setting up a buprenorphine clinic: one year later. *Addictive Disorders and Their Treatment*. 2005 Sep; 4(3): 111-116.

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Education/Training

1999
PhD, Traditional Studies
California Institute of
Integral Studies

1986
MSW, Social Services
Management
University of Calgary

1980
BSW
University of Calgary

1976
BA, Sociology
University of Lethbridge

Expertise Keywords

*Indigenous Epistimology, &
Research Historical
Trauma, Indigenous Social
Work, Northern Rural
Indigenous Social Work,
Child Welfare, Revitalizing
Language & Culture*

Present position and research interests

Associate Professor, Faculty of Social Work University of Calgary, Alberta. Research methods consistent with marginalized population, such as indigenous populations, that I have used for research include: Indigenous methodologies, participatory action research, and affirmative inquiry.

Relevance statement

Indigenous people have extremely high rates of substance abuse related deaths. It is my interest that underlying structural and social relations that construct and perpetuate this phenomena are understood and responsive policies regarding treatment and prevention are constructed.

Book Chapters

1. Bastien, B. (2012) Indigenous Pedagogy: A Way Out of Dependence, Aboriginal Reader. Burnett, Kristin and Read, Geoff. Oxford University Press.
2. Bastien, Betty, Jeannine, Carriere, Susan, Strega. (2009) Healing vs. Treatment, in Susan Strega, Jeannine Carriere, (Eds) Walking This Path Together. Fernwood Publishing Canada.

Invited Papers, Presentations and Conference Workshops

1. Bastien, B., Belleau, Dave, (2014 July) Aboriginal Peoples and Communities Workshop, Nechi Institute, Lethbridge, AB.
2. Bastien, B., (2014 June) Case Management, Reducing Dependency Workshop, Piikuni Nation, Piikuni, AB.
3. Bastien, B. (2014 June) Sacred Science of Circles, International Social Work Groups Symposium, Calgary, AB, Keynote.
4. Bastien, B., (2014 June) Transformational Healing Through Education Conference, Nechi Institute, Edmonton, AB.
5. Bastien, B., (2014 May) Lateral Violence Children's Services, Piikuni Children Services, Piikuni Nation, AB.
6. Bastien, B., (2014 May) Impact of Residential Schools, Southern Alberta Consortium, Lethbridge AB.

Positions

1999 - Present

*Associate Professor, Faculty
of Social Work
University of Calgary*

1998-199

*Associate Professor
Indigenous Social Work
Program
Red Crow Community
College*

1991 – 1998

*Lecturer and Researcher
Native American Studies
University of Lethbridge*

Grants Held

*Enhancement Grant
Research Service
University of Calgary
\$2,800; 2013-2013*

*FSW Proposal
Development Fund
Aataimapi for SSHRC
Partnership
\$4,000; 2011-2012; PI*

*NEAHR Community Grants
(Alberta)
\$15,000; 2011-2012; PI*

*CIHR-IAPH NEAHR
Program
ACADRE Network for
Aboriginal Health Research
\$970,000; 2011-2012; PI*

*CIHR-IAPH NEAHR
Program
ACADRE Network for
Aboriginal Health Research
\$1,160,000; 2007-2010; PI*

Conference Presentations

1. Bastien, B. Potts, G. (2014) Indigenous Social Work Standards, Borders Without Boundaries Globalization of Social Work Education: CASWE. Brock University, St. Catherines, ON.
2. Bastien, B., Potts, G. (2014) Transformative Epistemological and Pedagogical Social Work Practice, National Joint Social Work Conference, Brock University, St, Catherines, ON.
3. Bastien, B. (2014) Person-In-Environment Perspective, Contextual Indigenous Knowledge of Story Telling, ACSW, Shaw Centre, Edmonton, AB.
4. Bastien, B., Pratt, A., (2014) Transformational Education Through Indigenous Language, The Pedagogy of Storytelling, World Indigenous People's Conference on Education, Honolulu, Hawaii.
5. Bastien, B., Potts, G., (2014) Indigenous Social Work Standards, World Indigenous People's Conference on Education, Honolulu, Hawaii.
6. Bastien, B., Red Crow, M., (2013) Indigenous Social Work Standards. Alberta College of Social Workers Conference. Calgary, AB.
7. Bastien, B., Red Crow, M., (2013) Indigenous Technology, Sacred Places. Alberta College of Social Workers Conference. Calgary, AB.
8. Bastien, B., Red Crow, M., North Peigan, H. (2012). Pommakinni, Transfer of Competencies. Alberta College of Social Workers Conference. Edmonton, AB.
9. Bastien, B., Josie Auger. (2011 October) Language and Wellness. Honoring Our Indigenous Ways Of Knowing, Life Long Learning Conference. Siksika Nation, AB.
10. Bastien, B., Narcisse Blood. (2011 August) Indigenous Languages for Global Sustainability. World Indigenous People's on Education. Cusco, Peru.
11. Bastien, B., Josie Auger. (2011 August) Indigenous Knowledge and Language for Community Wellness. World Indigenous People's on Education. Cusco, Peru.
12. Bastien, B., Pratt, Angelina. (September 2010) Where Healing & Education Meet. Healing Our Spirit Worldwide Conference. Honolulu, Hawai'i. USA
13. Bastien, B., (2010 April) Researchers Engaged in Indigenous Epistemology and Pedagogy. 6th Annual Shawane Dagoswin, Aboriginal Research Conference. Winnipeg, MB.

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Education/ Training

1985-1986

Masters of Arts in
Criminology
University of Toronto

1981-1985

Bachelor of Social Work
(with distinction)
University of
Alberta/McGill
University

Work Experience

2012 - Present

Executive Director
AMH SCN
Alberta Health Services

2009 - 2012

Director
Justice Acute & Tertiary
Services
Alberta Health Services

1999-2005

Program Manager
Children's Mental
Health Capital Health

**Executive Director-Addiction & Mental Health
Strategic Clinical Network (AMH SCN)**

Responsible for the development of the transformational agenda for the organization.

Relevance statement

The SCN is the mechanism through which AHS plans to achieve on-going provincial improvement in health, patient outcomes and experience, health improvement and sustainability of our health system. The depth and breadth of the Network is extensive and will support new best evidence clinical practices through out the province.

Knowledge translation experience

Significant experience in a variety of Quality Improvement activities throughout my career with AHS.

Committee experience

Significant committee leadership and participation over my career .

Consultation or training experience

British Columbia Forensics Review on AWOL Practices
Review Board Member
2012

Parole Board Member, Prairie Region, Government of
Canada
2005-2008

Expertise Keywords

Experience planning and delivering addiction programs in residential and community settings

**Recognition/
Awards**

*President's Excellence
Award
2011
Quality & Safety
Improvement
Alberta Health Services*

Grants

None

Memberships

Alberta College of Social Workers

1999 - Present

Relevant Publications

None

*Heartland Health Region
Box 1300
Rosetown, SK S0L 2V0
306-882-2672 ext. 2280
allison.bokitch@hrha.sk.ca*

Education/ Training

*2009
Masters of Counselling
Psychology
Yorkville University*

*1995
Bachelor of Arts,
Psychology
University of Regina*

Relevant Experience

*2012 - Present
Clinical Supervisor of Child
and Youth Mental Health
Services
Heartland Health Region*

*2004 - Present
Early Childhood Therapist
Heartland Health Region*

*2004 - Present
Obedience Instructor
KENRO Dog Training*

Expertise Keywords

*Psychology, Dog Therapy,
Animal Assisted therapy,
Addictions, Family Therapy*

Personal statement

I've worked in mental health and addictions for approximately 20 years and seen many changes in the field. I have learned to be creative and flexible when working with clients which brought my interest with using animals in treatment for these clients. Thinking outside of the box and trying to develop new and different ideas to work with these patients is very important. I've had an interest in trauma over the years and how that impacts mental health and addiction challenges. My unique experiences and interests will be a valuable asset to the Prairie Node of CRISM.

Certifications

St. John Ambulance Therapy Dog Program
Chief Provincial Evaluator
2006-2009

Brief Solution Talk Therapy
Level 1 &2
2001 - 2002

Certified Suicide Interventionist
2002

Play Leadership Workshop
Saskatchewan Parks & Recreation Association
1996

Memberships

Member of the Canadian Kennel Club
Certified to evaluate the Canine Good Neighbour certificate
Member of the Golden Retriever Club of Canada & the Golden Retriever Club of America
Saskatchewan Regional Representative for the Canadian Association of Professional Dog Trainers
Trainer Mentor for the Animal Behaviour College in California
Trainer Saskatoon Kennel and Obedience Club

2932 St James Cres
Regina, SK
Canada

Education/Training

2004-2008

Doctorate of Philosophy
Dept of Sociology
University of Regina

1997-1999

Masters of Arts
Dept of Political Science
University of Regina

1990-1995

Bachelor of Arts (Hons)
Dept of Political Science
University of Regina

Positions

2014-Present

Professor
First Nations University
of Canada

2009-Present

Associate Professor
First Nations University
of Canada

2001-2009

Assistant Professor
Saskatchewan Indian
Federated College

Expertise Keywords

Community-based
research, HIV/AIDS,
Indigenous
methodology, cultural
safety.

Present position and research interests

I am an Anishnabe/Métis Professor at First Nations University of Canada. I have an extensive history of working with First Nations and Métis communities utilizing community-based research methods. The focus of my research is on Indigenous Health, including HIV/AIDS, dementia, traditional healing, and grief and bereavement.

Relevance statement

My ability to engage community members for consultation, as well as dissemination of information or interventions would greatly improve access and engagement with vulnerable populations. The CRISM infrastructure would allow me to participate in collaborative research with academics and communities that may otherwise be difficult to coordinate. The online resource hub will be very useful for organizing grant applications and other research projects and proposals to develop better practices and interventions in the future.

Peer-reviewed publications

1. Ramsden, V.R., McKay, S., Bighead, S., Boucher, G., Bourassa, C., Butt, P., Clinton, A., Crowe, J., Felix, F., Jorgenson, D., LaRocque, K., McKee, N., Nketia, I., Thunderchild, E., Troupe, C., Turner, T. (2013). Participatory health research. *Canadian Family Physician* (59), 1014-1015.
2. Gendron, F., Bourassa, C., Cyr, D.L., McKenna, B., McKim, L. (2013). The Medicine Room: A Teaching Tool for Elders and Educational Opportunity for Youth *First Nations Perspectives* (5), 83-97.
3. Bourassa, C. (2012). How I Construct a Positive Identity by Translating Tradition Into the Contemporary Context. *Honouring Indigenous* (2), 69.
4. Bourassa, C. (2012). My Resistance to Negative Definitions of Being. *Honouring Indigenous Women Volume* (2), 53.
5. Evans, M., Andersen, C., Dietrich, D., **Bourassa, C.**, Logan, T., Berg, L.D., & Devolder, E. (2012). Funding and Ethics in Métis Community Based Research: The Complications of a Contemporary Context, *International Journal of Critical Indigenous Studies* (5), 54-66.
6. Kubik, W., Hampton, M., Juschka, D. **Bourassa, C.**, Jeffery, B. (2011). Talking to the 'Healing Journey' Interviewers: Ethical Concerns and Dilemmas. *Journeys in Community-Based Research*.

Grants Held

*Digging Deep:
Examining the Root
Causes of HIV and AIDS
Among Aboriginal
Women* \$450,000, 2014-
2017

Operating Grant, CIHR

*Canadian Consortium
on Neurodegeneration
In Aging (CCNA)
\$1,000,000, 2014-2019*
Operating Grant, CIHR

*Prince Albert School
Study
\$119,230, 2014*
Operating Grant, Pure
North S'Energy
Foundation

*Drug Treatment
Funding Program –
Aboriginal Knowledge
Exchange
\$65,000, 2013*
Operating Grant, Sask
Ministry of Health

*George Gordon First
Nations Holistic Health
Evaluation
\$37,000, 2012*
Operating Grant, First
Nations Inuit Health

Peer-reviewed publications (continued)

7. Hampton, M., Baydala, A., Bourassa, C., McKenna, B., Saul, G., McKay-McNabb, K., Goodwill, K., Clark, V., and Christiansen, J. (2011). Happenings - Seven Years Completing the Circle: End-of-Life Care With Aboriginal Families, *Canadian Journal of Nursing Research*, 43(3), 119-125.
8. Hampton, M., Hampton, J., Saul, G., Bourassa, C., Goodwill, K., McKenna, B., McKay-McNabb, K., & Baydala, A. (2011). Stories through video: Aboriginal elders speak about end of life. In J. Bacsu & F. Macqueen Smith (Eds.), *Innovations in Knowledge Translation: The SPHERU KT Casebook*, 19-22.
9. McKenzie, H., Bourassa, C., Kubik, W., Strathy, K. and McKenna, B. (2010). Aboriginal Grandmothers Caring for Grandchildren: Located in a Policy Gap, *Indigenous Policy Journal*, 11(3), 1-18.
10. Hampton, M., Baydala, A., Bourassa, C., McKay-McNabb, K., Placsko, C., Goodwill, K., McKenna, B., McNabb, P., Boekelder, R. (2010). Completing the Circle: Elders Speak About End of Life Care with Aboriginal Families in Canada, *Journal of Palliative Care*, 26(1), 5-13.
11. Bourassa, C., Hampton, M., Baydala, A., Goodwill, K., McKenna, B., McKay-McNabb, K., Saul, G., Clarke, V., Christiansen, J., Jackson, M., Novik, N., Millman, C. (2010). Completing the Circle: End of Life Care with Aboriginal Families, *The Exchange*, Canadian Virtual Hospice, available online only:
http://www.virtualhospice.ca/en_US/Main+Site+Navigation/Home/For+Professionals/For+Professionals/The+Exchange/Current/Completing+the+Circle_++End+of+Life+Care+with+Aboriginal+Families.aspx
12. Bourassa, C. (2010.) The Construction of Aboriginal Identity: A Healing Journey, *Torn From Our Midst: Voices of Grief, Healing and Action from the Missing Indigenous Women Conference, 2008*. CPRC Press: University of Regina, 75-85.
13. Hampton, M., Kubik, W., Juschka, D., Bourassa, C. And Woods, M. (2010). RESOLVE to End Violence in Our Society, *Torn From Our Midst: Voices of Grief, Healing and Action from the Missing Indigenous Women Conference, 2008*. CPRC Press: University of Regina, 221-233.

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Education/ Training

2007-2012
College of Arts & Science-
Bachelors of Arts
Honours degree
(Psychology)
University of
Saskatchewan,
Saskatoon, SK

2013
Applied Suicide
Intervention Skills
Training (ASIST),
Saskatoon, SK

Work Experience

2014-present
Director of Programming,
Research, and
Development
Metis Addictions Council
of Saskatchewan Inc.,
Saskatoon, SK

2011-present
Research Assistant
Community Alliance for
Quality of Life in Long
Term Care, Saskatoon,
SK

2012-2014
Addictions Counsellor
Metis Addictions Council
of Saskatchewan Inc.,
Saskatoon, SK

2013-2014
Intervention Worker
McLeod House,
Saskatoon, SK

Present position and responsibilities

The Director of Programming, Research and Development is responsible for developing, maintaining and evaluating all of MACSI client services across three treatment centres located throughout Saskatchewan. This involves designing services to meet the changing and evolving needs of clients, and ensuring a high quality of care to clients and their families. The Director of Programming, Research and Development also develops the knowledge and skills of program delivery staff by initiating and developing training programs, and by researching and distributing current information relevant to addiction services. The Director of Programming will provide assistance with the strategic functions of the Council.

Relevance statement

Having MACSI as a team member will aid in the flow of service delivery information and potential impacts of current service delivery to clients. MACSI serves a population of clients who are statically more at risk for unhealthy behaviours (i.e., intravenous drug use, pregnancy, methadone) compared to similar services offered through the Regional Health Authorities in which MACSI operates in. The CRISM Prairie Node Infrastructure registry will inform various service providers of the services MACSI has to offer; allowing clients to gain access to the services they may need most. The CRISM Prairie Node Infrastructure will also provide MACSI with an avenue to refer client's to various service providers to meet their needs.

One of my main research interests is treatment responsivity and how it is influenced by client factors (i.e., motivation levels); therefore, taking part in Project 2 as a participating treatment agency would be of high interest to me. Furthermore, MACSI strives for the best possible outcomes in relation to client intervention. Project 2 will aid MACSI in using motivational interventions in order to measure client outcomes which in turn will allow MACSI to deliver services that are more evidence based.

I believe that my involvement in CRISM would be beneficial as I have taken part in many research projects in the past, have a keen eye for detail, and have a striving ambition to develop new knowledge and add to the existing pool of knowledge. The CRISM Prairie Node Infrastructure is a giant step forward in having open communication between service providers which in turn will allow service providers to provide the appropriate services to clients and/or allow service providers to refer clients to the appropriate services. The CRISM Prairie Node Infrastructure will also create a much needed structure for knowledge exchange between service providers. As the Director of Programming, Research, and Development for MACSI, I am open to working with CRISM to aid in projects and provide information in the development of the CRISM Prairie Node Infrastructure.

2011-2012
Research Assistant
Regional Psychiatric
Centre, Saskatoon, SK

2010-2011
Research Assistant
(Volunteer)
Regional Psychiatric
Centre, Saskatoon, SK

2010
Assistant (Volunteer)
13th Biennial Symposium
on Violence and
Aggression Conference,
Saskatoon, SK

Expertise Keywords

Research design, data
collection, screening and
assessment.

Recognition/ Awards

High Honours Graduate
2012
Academic, University of
Saskatchewan

University of
Saskatchewan
Undergraduate
Scholarship
2011-2012
Academic, University of
Saskatchewan

Dean's List
2009-2012
Academic, University of
Saskatchewan

Knowledge translation experience

An examination of mental health, hostility, and typology in
homicide offenders (Poster presentation)
73rd Annual Canadian Psychological Association Convention,
Halifax, NS
2012

An examination of mental health, hostility, and typology in
homicide offenders (Poster presentation)
14th Biennial Symposium on Violence and Aggression
Conference, Saskatoon, SK
2012

An examination of mental health, hostility, and typology in
homicide offenders (Thesis presentation)
25th Annual Undergraduate Research Conference, Saskatoon SK
2012

The Relationship Between Maternal Affectionate Touch, Bedtime
Routine Strategies, and Sleep Quality For Young Children (Poster
presentation)
24th Annual Undergraduate Research Conference, Saskatoon, SK
2011

Coached Malingering and the Effect it has on Neuropsychology
Tests (Poster presentation)
24th Annual Undergraduate Research Conference, Saskatoon, SK
2011

Consultation or training experience

Addiction counsellor staff training on processes and screening
and assessment.
2014

Addictions treatment consultation experience as the
Outpatient/Intake counsellor of MACSI Saskatoon.
2012-2014

Clinical training and assessment with the geriatric population with
research assistants. Quality control, participant recruitment and
consent procedure training.
2013-2014

Relevant Publications

1. Brad, C. A., Coupland, R. B. A., & Olver, M. E. (2014, in press). An examination of mental health, hostility, and typology in homicide offenders. *Homicide Studies*

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Education/ Training

1997

*FCFP, College of Family
Physicians of Canada*

1994

*CCFP(EM)
College of Family
Physicians of Canada*

1981-1984

*CCFP, Family Medicine,
University of
Saskatchewan*

1978-1981

*MD
McMaster University*

1978

*BA English
Wilfrid Laurier University*

Positions

1996 – 2014

*Faculty (Assoc. Prof.)
Family Medicine, University
of Saskatchewan*

2010 –Present

*Consultant in Addiction
Medicine,
Saskatoon Health Region*

1996 - 2010

*Director,
Northern Medical Services,
University of
Saskatchewan*

Present position and research interests

Associate Professor, Academic Family Medicine, University of Saskatchewan. Interests include: Binge Drinking Prevention amongst college students, Animal Assisted Therapy in Mental Health and Addictions, the role of cultural identity in the treatment of Aboriginal people.

Relevance statement

The screening and brief interventions project is relevant to my work as I have been the lead, with CCSA and CFPC, in the development of an open source, on-line alcohol SBIR website. KT is now the focus, with particular attention to implementation science in order to have a clinical impact. CRISM's emphasis on a patient directed model is novel, and may by-pass the limitations in Primary Care uptake.

The motivational enhancement project is of great interest to me as it is central to patient centred interventions. Most programs do not focus on the patient's own motivations and establish their goals as a therapeutic priority. Doing so would create inherent contingency rewards, aligned with their own values and goals.

Peer-reviewed Publications

1. Stockwell, T, Beirness, D, Butt, P, Gliksman, L, Paradis, C. Canada's Low Risk Drinking Guidelines, Canadian Medical Association Journal, January 10, 2012, vol. 184, no. 1. Letter to the Editor.
2. Stockwell, T, Butt, P, Beirness, D, Gliksman, L, Paradis, C. The Basis for Canada's New Low Risk Drinking Guidelines: A Relative Risk Approach to Estimating Hazardous Levels and Patterns of Alcohol Use. Alcohol Review, November, 2011.
3. Bowen, A, Bowen, R, Butt, P, Rahman, K, Muhajarine, N. The Patterns of Depression in Pregnant and Postpartum Women. Canadian Journal of Psychiatry, September 9, 2011
4. Butt, P. Crossing Boundaries: The National Treatment Strategy Leadership Team, Canadian Journal of Addiction Medicine, 1(1), December 2009, pg. 46. (Abstract presentation at the ISAM/CSAM Annual Conference, Calgary, AB, September 26, 2009.)

Grants Held

*Animal Assisted
Wellness: Treating Drug
Addiction with Animal
Assisted Therapy
2014 - 2015
CIHR*

*Restoring Indigenous
Miyo-mahicihoyan
(physical, mental,
emotional and spiritual)
well-being
\$118,404 ; 2012 - 2014
Saskatchewan Health
Research Foundation*

*Honouring Our
Strengths: Indigenous
Culture as Intervention
in Addiction Treatment
\$1,833,116 ; 2012-2015
CIHR*

*Engaging Communities
in Implementing the
Framework for Tobacco
Control with Vulnerable
Populations – West
Winds Primary Health
Centre, Riel Metis Sports
Centre, Metis Nation of
Saskatchewan &
Sturgeon Lake First
Nation.
\$70,000; 2011-2012
Tobacco Control
Program, Health
Canada*

Expertise Keywords

*Low Risk Drinking
Guidelines
Alcohol SBIR
Methadone
IV Drug Use
Detox*

Butt, Peter R.

Non Peer-Reviewed Publications

Ramsden, VR, McKay, S, Bighead, S, Boucher, G, Bourassa, C, Butt, P, Clinton, A, Crowe, J, Felix, F, Jorgenson, D, LaRocque, K, McKee, N, Nketia, I, Rabbitskin, N, Thunderchild, E, Troupe, C, & Turner, T. (2013) Participatory health research: Celebrating Smoke-Free Homes. *Canadian Family Physician*, 59, 1014-1015.

Technical Reports

Robertson-Boersma, D., Shenher, J., Dell, C. A., Butt, P. (2013) "Navigating Your Way: A How-To Guide for Creating a Campus Alcohol Prevention Initiative" Saskatoon, SK. University of Saskatchewan, Research Chair in Substance Abuse.

Butt, P, Becker, C, Heilman, L. (2013). Opioid Detox In-Patient Order Sets. Saskatoon Health Region

Daschuk, M, Dell, C, Duncan, CR, Heller, S and STREAM: Tempier, R(PI), Block, G, Butt, P, Mykota, D. (2013). First Steps First: A Community-Based Workbook for Evaluating Substance Abuse and Mental Health Programs in Saskatchewan. University of Saskatchewan.

Ramsden, VR, Bighead, S, Boucher, G Bourassa, C, Butt, P, Clinton, A, Crowe, J, Jorgenson, D, LaRocque, K, McKay, S, McKee, N, Rabbitskin, N, Turner, T conjointly with members of the communities. (Apr 30, 2012). Engaging Communities in Implementing the Framework for Tobacco Control with Vulnerable Populations – West Winds Primary Health Centre, RMSC, Métis Nation of Saskatchewan & Sturgeon Lake First Nation: Final Report. Research Division, Department of Academic Family Medicine, College of Medicine, University of Saskatchewan, Saskatoon, SK. Tobacco Control Program, Health Canada.

Regier, L, Butt, P, Carter, A. Pain Approaches: Distinctives in the Acute vs. Palliative vs. CNCP Use of Opioids. (Sep 2011). Rx Files, Saskatoon, SK

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Social Work
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306-664-7379
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Education/ Training

(2008-2014)

*Doctor of Philosophy
Faculty of Social Work
University of Calgary
(1997- 1999)*

*Master of Social Work
Faculty of Social Work,
University of Calgary
(1995 - 1997)*

*Bachelor of Social Work
Faculty of Social Work
University of Calgary*

Positions

(2012 - present)

*Assistant Professor
Faculty of Social Work
University of Regina
(2002 - 2012)*

*Instructor/Field Education
Coordinator*

*Faculty of Social Work
University of Regina
(2000 - 2002)*

*Community Specialist
Calgary Rockyview Child &
Family Services*

Expertise Keywords

Equine-assisted learning, First Nations Youth, Solvent Abuse, Animal Assisted Therapy

Present position and research interests

Assistant Professor, Faculty of Social Work, University of Regina, Research interests include the use animal assisted interventions as an adjunct in substance misuse treatment for children, youth and adults with a specific focus on Indigenous populations using community-based, participatory, qualitative approaches.

Relevance statement

My interests in CRISM relate to my research in substance misuse treatment and intervention research. This has specifically involved First Nations youth in treatment for solvent abuse and the use of equine assisted learning as an adjunct to treatment programming. I see the CRISM infrastructure as a clearing house related to substance misuse services, research, and information that could be accessed to provide a comprehensive state of the current knowledge base and of treatment providers and programs provincially and nationally. This could enable and stream-line future research collaborations and resource pooling. My involvement in team-based research can assist in the development of local and regional knowledge to influence innovative treatment and prevention alternatives for substance abuse in Saskatchewan.

Peer-reviewed publications

1. Chalmers, D, & Dell, C (2011). Equine-assisted therapy as an adjunct to treatment for solvent abuse among First Nations youth: A key consideration for building an empirical knowledge base. *Native Studies Review, 20(1)*, 59-87.
2. Dell, C, Chalmers, D, Bresette, N, Swain, S, Rankin, D, Hopkins, C (2011). A Healing Space: The experiences of First Nations and Inuit youth with equine assisted learning. *Child & Youth Care Forum, 40(2)*, 319-336.

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Edmonton, Alberta
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Michelle.Craig@gov.ab.
ca*

Education/ Training

*1996
Masters of Speech-
Language Pathology
University of Alberta*

*1986
Bachelor of Science
Speech-Language
Pathology
University of Alberta*

Work Experience

*2012 – 2013
Project Director, ECD
Priority Ministry of
Human Services,
Gov. of Ab (secondment)*

*2009– 2013
Manager, Early Childhood
Alta. Health Services*

*2005 – 2009
Regional Manager Capital
Health*

*1998 – 2005
Executive Director
ABC Head Start
Edmonton, Alberta*

*1986– 1998
Clinical, Supervisory,
Manager positions in
Speech-Language
Pathology*

Present Position

Director, Addiction Assurance and Strategies
Addiction and Mental Health, Alberta Health

Relevance statement

Through my position as Director, Addiction Assurance and Strategies in the Ministry of Health I will bring knowledge of the policy context and current policy directions relevant to the CRISM work. I will also have the opportunity to promote the CRISM work in setting policy direction, planning and implementation for addiction prevention and treatment across the province. Policy directions regarding funding, intervention standards and staff and agency competencies can directly impact regional capacity to address addiction prevention and intervention. In turn, I will use and share the findings and learning resulting from the CRISM work to inform policy direction setting, development and implementation.

Knowledge translation experience

Numerous educational and professional development presentations in the areas of early childhood development, child development, and leadership in work related contexts with Alberta Health Services, MacEwan University, University of Alberta, non-profit agencies and others.

Committee experience

Numerous work related committees as chair and participant. Including President of the Alberta College of Speech-Language Pathologists and Audiologists.

Expertise Keywords

Child Development, Government Policy and Strategies

Room 604-2 CSC, Royal
Alexandra Hospital
10240 Kingsway Avenue
Edmonton, AB T5H 3V9
780.613.5022
kathryni@ualberta.ca

Education/ Training

2003 - 2007
MSc Population Health
University of Alberta

1999-2004
FRCP Emergency
Medicine
University of Alberta

1996-1999
MD
McMaster University

Positions

2004 - present
Emergency Physician
Royal Alexandra
Hospital

2008 - present
Co-Director
Edmonton Inner City
Health Research and
Education Network
(EICHREN)

Expertise Keywords

Emergency medicine,
injection drug use,
overdose, opioids,
community-based
naloxone

Present position and research interests

Associate Clinical Professor, Department of Emergency Medicine, Faculty of Medicine & Dentistry, University of Alberta

Director, Inner City Health and Wellness Program and the Addiction Recovery Community Health (ARCH) Team, Royal Alexandra Hospital, Edmonton, AB
Main research interests: screening, identification and evidence-based treatment of patients with substance use issues who are also dealing with social inequity

Relevance statement

As Director of the ARCH team, an addiction medicine speciality consultation service that also emphasizes stabilization of the social determinants of health, I am excited to partner with the CRISM team. Screening and brief intervention in acute care and emergency department settings as well as how to optimize client engagement in speciality treatment are critical research areas of interest for our team. We are building local capacity around best practices in addiction medicine in the acute care setting.

Peer-reviewed publications

1. Mabood N, Ali S, Dong KA, Wild TC, Newton AS. "Experiences of Pediatric Emergency Physicians in Providing Alcohol-Related Care to Adolescents in the Emergency Department" *Pediatric Emergency Care* 2013; 29: 1260-1265.
2. Salvalaggio G, Dong K, Vandenberghe C, Kirkland S, Mramor K, Brown T, Taylor M, McKim R, Cummings G, Wild TC. "Enhancing screening, brief intervention, and referral to treatment among socioeconomically disadvantaged patients: a study protocol for a knowledge exchange intervention involving patients and physicians" *BMC Health Services Research* 2013, 13:108 doi:10.1186/1472-6963-13-108
3. Jackman A, Gordey E, Dong K, Khera S. "Asclepius Medical Day Camp: A Student Led initiative for Youth of Under-Represented Backgrounds" *MedEdWorld* 2013 <http://www.mededworld.org/MedEdWorld-Papers/Papers-Items/Asclepius-Medical-Day-Camp-A-Student-Led-Initiativ.aspx>

Grants Held

*Addictions and Persons
at Risk Initiative*
\$3.5 Million, 2013-2016
Royal Alexandra
Hospital Foundation

*Finding Common
Ground: A Scoping
Review of Medical
Education Programs for
Inner City Health*
\$5000, 2013-2015
Arnold P. Gold
Foundation

*Emergency Physician
Attitudes Towards
Homeless and
Substance Using
Patients*
\$2500, 2011-2012
Canadian Association of
Emergency Physicians

*Towards Patient
Centred Addictions Care*
\$250,000, 2010-2012
Alberta Heritage
Foundation for Medical
Research

Inner City Health Care
\$240,000, 2008-2012
Royal Alexandra
Hospital Foundation

*Pilot Study of a
Computer Base Brief
Intervention for
Adolescent Alcohol
Misuse in the
Emergency Department*
\$59,469, 2009-2012
Norlien Foundation

Peer-reviewed publications (continued)

4. Randall JR, Rowe BH, Dong KA, Nock MK, Colman I. "Assessment of Self-Harm Risk Using Implicit Thoughts" *Psychological Assessment* 2013 May 6
doi:10.1037/a0032391

5. Mabood N, Zhou H, Dong KA, Ali S, Wild TC, Newton AS. "Attitudes and Beliefs towards Patients with Hazardous Alcohol Use: A Systematic Review" *ISRN Emergency Medicine* 2012; vol. 2012, Article ID 837380, 10 pages. doi:10.5402/2012/837380

6. Dong KA, Taylor M, Wild TC, Villa-Roel C, Rose M, Salvalaggio G, Rowe BH. "Community-based Naloxone: A Canadian Pilot Program" *Canadian Journal of Addiction Medicine* 2012; 3(2): 4-9.

7. Newton AS, Rosychuk RJ, Dong K, Curran J, Slong M, McGrath, PJ. "Emergency health care use and follow-up among sociodemographic groups of children who visit emergency departments for mental health crises" *Canadian Medical Association Journal* 2012; 184(12): e665-e674.

8. Ali S, Rosychuk RJ, Dong KA, McGrath PJ, Newton AS. "Temporal Trends in Pediatric Mental Health Visits: Using Longitudinal Data to Inform Emergency Department Health Care Planning" *Pediatric Emergency Care* 2012; 28(7): 1-6.

9. Newton AS, Gokiart R, Mabood N, Ata N, Dong K, Ali S, Vandermeer B, Tjosvold L, Harling L, Wild C. "Instruments to Detect Alcohol and Other Drug Misuse in the Emergency Department: A Systematic Review" *Pediatrics* 2011; 128(1): e180-92.

10. Yu AY, Ata N, Dong K, Newton AS. "A Description of Emergency Care Received by Children and Youth with Mental Health Presentations for Alcohol and Other Drug us in two Alberta Emergency Departments" *J Can Acad Child Adolesc Psychiatry* 2010; 19(4): 290-296.6.

Foothills Hospital
Addiction Centre
1403 - 29 Street NW
Calgary Alberta T2N 2T9
403-944-2086

Education/ Training

1986
Diploma, Certificand &
Diplomate
American Board of
Addiction Medicine

1971 - 1972
Diploma, DPsych, Diploma
in Psychiatry
University of Ottawa

1967 - 1968
Diploma, DPH, Public
Epidemiology
Alexandria University

1958 - 1964
Bachelor of Medicine/
Bachelor of Surgery
Cairo University

Expertise Keywords

Addiction, Comorbidities,
Drug Strategies, Mental
Illness, Pathological
Gambling, Substance
Abuse, Substance
dependence

El-Guebaly, Nady

Present position and research interests

Currently a professor and head of Addiction Division of Psychiatry at the University of Calgary.

Peer-reviewed publications

1. Lobo, D, Aleksandrova, L, Knight, J, Casey, D, el-Guebaly, N, Nobrega, J, & Kennedy, J. (2014). Addiction-related genes in gambling disorders: new insights from parallel human and pre-clinical models. *Molecular psychiatry*.
2. Quigley, L, Yakovenko, I, Hodgins, DC, Dobson, KS, el-Guebaly, N, Casey, DM, Currie, SR, Smith, GJ, Williams, RJ, & Schopflocher, DP. (2014). Comorbid problem gambling and major depression in a community sample. *Journal of gambling studies*.
3. Cortina, S, Williams, J, Lavorato, D, Link, S, & el-Guebaly N. (2014). Disordered gambling and health functioning in individuals receiving disability benefits. *Addictive disorders & their treatment*.
4. Alharbi, F, & el-Guebaly, N. (2014). Exploring the management of cannabis use among women and during pregnancy. *Addictive disorders & their treatment*, 13(2), 93-100.
5. Konkoly-Thege, B, Colman, I, el-Guebaly, N, Hodgins, DC, Patten, SB, Schopflocher, D, Wolfe, J, & Wild, TC. (2014). Substance-related and behavioural addiction problems: Two surveys of Canadian adults. *Addiction research & theory*.
6. El-Guebaly, N. (2014). A Canadian Perspective on Addiction Treatment.. Substance abuse : official publication of the Association for Medical Education and Research in Substance Abuse.
7. Konkoly-Thege, B, Colman, I, el-Guebaly, N, Hodgins, DC, Patten, S, Schopflocher, D, Wolfe, J, & Wild, TC. (2014). Social judgments of behavioral versus substance-related addictions: A population-based study. *Addictive behaviors*.
8. Crockford, D, Milin, R, Buckley, L, Charney, D, Rogers, J, George, T, & el-Guebaly, N. (2014). Updated curriculum guidelines for psychiatric residency training in substance-related and addictive disorders. *The Canadian journal of psychiatry*.

Positions

1996 – Present
Professor & Head,
Addiction Division of
Psychiatry
University of Calgary

2005 – 2008
Medical Director,
Addictions Program
Calgary Health Region

1987- 1996
Professor & Head
Psychiatry
University of Calgary

1980 – 1987
Associate Department
Head, Psychiatry
University of Manitoba

Grants Held

*Assessing Transitions in
Problem Gambling in a
Longitudinal Study*
\$148,579; 2012-2015; CI
Alberta Gambling
Research Institute
(AGRI)

*Leisure, Lifestyle,
Lifecycle Study*
\$65,000; 2010-2012; CI
AGRI

ISAM Conference Grant
\$120,000; 2008-2011; CI
National Institutes of
Health

Peer-reviewed publications (continued)

9. Patten, SB , Wilkes, TC , Williams, JV , Lavorato, DH , El-Guebaly, N , Schopflocher, D , Wild, C , Colman, I , & Bulloch, AG. (2014). Retrospective and prospectively assessed childhood adversity in association with major depression, alcohol consumption and painful conditions. *Epidemiology and psychiatric sciences*, 1-8.
10. Galperyn, K, Crockford, D, el-Guebaly, N. (2014). Understanding cognitive behavioural therapy for addiction: Its use in tapering off benzodiazepines. *The Canadian journal of addiction*. 5(1): 13-15.
11. Alharbi, F, & el-Guebaly, N. (2013). The relative safety of Disulfiram. *Addictive disorders & their treatment*, 12(3): 140-147.
12. Alharbi, F, & el-Guebaly, N. (2012). Disulfiram: The survivor medication. *Addictive disorders & their treatment*, 11(4): 212-223.
13. Hodgins, DC, Schopflocher, DP, Martin, CR, el-Guebaly, N, Casey, DM, Currie, SR, Smith, GJ, & Williams, RJ. (2012). Disordered gambling among higher-frequency gamblers: who is at risk? *Psychological medicine*. 42(11): 2433-44.
14. el-Guebaly, N, Mudry, T, Zohar, J, Tavares, H, & Potenza, MN. (2012). Compulsive features in behavioural addictions: the case of pathological gambling. *Addiction* (Abingdon, England). 107(10): 1726-34.
15. el-Guebaly, N, Mudry, T, Zohar, J, Tavares, H, Potenza, MN. (2012). Broadening our horizon: response to commentaries. *Addiction* (Abingdon, England). 107(10): 1739-40.
16. Khazaal, Y, Chatton, A, Billieux, J, Bizzini, L, Monney, G, Fresard, E, Thorens, G, Bondolfi, G, El-Guebaly, N, Zullino, D, & Khan R. (2012). Effects of expertise on football betting. *Substance abuse treatment, prevention, and policy*. 7: 18.
17. El-Guebaly, N. (2012). The meanings of recovery from addiction: evolution and promises. *Journal of addiction medicine*. 6(1): 1-9.
18. Currie, SR, Hodgins, DC, Casey, DM, el-Guebaly, N, Smith, GJ, Williams, RJ, Schopflocher, DP, & Wood, RT. (2012). Examining the predictive validity of low-risk gambling limits with longitudinal data. *Addiction* (Abingdon, England). 107(2): 400-6.

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Education/Training

2012 - Present
Masters of Nursing
University of
Saskatchewan

1998 - 1999
BSc, Nursing
University of
Saskatchewan

1984-1986
Nursing Diploma
Wascana Institute of
Applied Arts and Science

Work Experience

2005 - Present
Regional Director
Community Services
Prince Albert Parkland
Health Region

2001- 2005
Director of Care
Birch Hills Health Facility

2000 - 2001
Nursing Unit Manager
Birch Hills Health Facility

Present position and responsibilities

Regional Executive Director
Prince Albert Parkland Health Region

Relevance statement

I have worked in the area of Mental Health and Addiction services for over 25 years in a variety of venues. My current position as Regional Executive Director affords me the opportunity to understand the service needs of communities, individuals and organizations related to this important topic of substance misuse. As a member of local, provincial and federal organizations I have opportunity to advance knowledge exchange and influence policy development. My recent reintroduction to university, specifically graduate school as allowed me to better understand the research process but more importantly the dissemination of the knowledge that is generated from research. I think that the combination of these qualities may be an asset to a larger collaborative team.

Committee Participation

Provincial RED representative to Canadian Executive Council of Addiction- 2009 to present

Regional Intersectoral Committee
Executive member, 2006 – present

Prince Albert Horizontal Homelessness project
2008 – 2010

Mental health Commission of Canada provincial
consultations
RED representative, 2009

Saskatchewan Team for Research and Evaluation of
addictions Treatment and Mental Health Services
Member, 2010 – 2012

Community Mobilization Prince Albert
OCC member, 2011 - 2013

Associate Dean Review Committee
member (Grad Student Representative), 2013

Teaching experience

Bachelor of Science
Nursing Program
University of
Saskatchewan, Prince
Albert Campus
2014/2015

Issues and Trends in
Corrections: Discovery of
Social Determinants of
Health as it relates to
crime (COR 385)
Lethbridge College,
Corrections Program
2007/2008; 2009/2010

Expertise Keywords

*Youth, Adult,
Prescription,
Concurrent Disorder,
Alcohol,
Motivational
Interviewing, CBT*

Knowledge translation experience

Mental Health and Addiction
Saskatchewan Community Schools, Prince Albert
2014

Suicide Framework
Canadian Foundation of Health Care
Improvements/NRoR Inovations and Improvements
2014

What is all the fuss about Mental Health?
Health Campus, Prince Albert
2014

Mental Health and Addiction
Canada Post Area Superintendents Conference
Prince Albert, 2011

Imagine Ten Billion dollars in the Community –
Addressing Canada's Law and Order agenda
St. Thomas Moore College, 2011

Prince Albert City Council Presentation
2009

Board Presentations
Prince Albert Parkland Health Region
2007- Present

Leadership Activities

Mental Health and Addiction Quality Improvement/
Accreditation Team, Chairperson, Ongoing

Framework for Assessment & Management of People at
Risk of Suicide for Saskatchewan Health care providers
Regional Executive Director Chair, 2009- Present

Community Mobilization
Mental Health/Addiction delegate to Scotland, 2011

Canadian Executive Council of Addiction
Executive Member, 2011- Present

Independent Assessment Committee
Member, 2014

Education/ Training

2006

*PhD, Magna Cum Laude
Ernst-Moritz-Arndt-
Universität*

1994

*MA, Department of English
University of Regina*

1992

*Honours Certificate
Saskatchewan Indian
Federated College*

1991

*BA, with Distinction
Saskatchewan Indian
Federated College*

Positions

2010 - Present

*Director
Indigenous Peoples'
Health Research Centre*

2010 – Present

*Professor, English
First Nations University of
Canada*

2006 - 2007

*Acting Head, Department
of English
First Nations University of
Canada*

2004 - 2006

*Associate Director,
Programs & Administration
Indigenous Peoples'
Health Research Centre*

Present position and research interests

I am Director of the Indigenous Peoples' Health Research Centre, which is a University of Regina, University of Saskatchewan, and First Nations University partnership; however, I am on U of R payroll. To further complicate things, I am on leave from my position as Professor of English at the First Nations U. I'm also adjunct in the Department of Community Health and Epidemiology at the U of S and in the Faculty of Kinesiology and Health Studies and at the Johnson-Shoyama Graduate School of Public Policy both at the U of R. My primary health research methodologies are ABHR (arts-based health research), narrative theory, and multi-modal analysis.

Relevance statement

CRISM research could inform two project in which I am deeply involved. The first project relates to Indigenous youth suicide prevention through wellness promotion using the arts. Our work with the youth aims to strengthen wellbeing, which we believe will result in healthy decisions. We have found that suicide can take many forms, including substance abuse. The second project relates to First Nations peoples' respiratory health, and a major factor is tobacco misuse.

Peer-reviewed publications

1. Yuen, F., Linds, W., Goulet, L., Ritenburg, H., Episkenew, J., and Schmidt, K. (2013). You Might As Well Call it 'Planet of the Sioux': Indigenous Youth, Imagination, and Decolonization. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*, 11(2), 269-281.
2. Linds, W., Ritenburg, H., Goulet, L., Episkenew, J., and Schmidt, K. (2013). Layering Theatre's Potential for Change: Drama, Education, and Community in Aboriginal Health Research. *Canadian Theatre Review*, 37-43.
3. Episkenew, Jo-Ann. (2012). "Indigenizing" author meets critics: Collaborative Indigenous Literary Scholarship. *Canadian Literature*, 117-127. LastName, I, & LastName, I (Year). Title of article/publication. *Journal*, Volume (issue), page range.
4. Linds, W., Goulet, L., and Episkenew, J. (2011). Creating a space for decolonization. Special issue on Aboriginal Youth of the *Native Studies Review Journal*, 20.1, 90-116.
5. Episkenew, Jo-Ann. (2009). Afterward. Special Edition of *English Studies in Canada on Aboriginal Redress*, 35.1, 195-200.

Grants Held

*Dissemination Events,
Miywayawin Wahkotawin:
A Roundtable
on Arts-based Innovations
in Aboriginal Health
Research – NPI
\$25,000; 2013; CIHR*

*Applying the “Two-eyed
Seeing” Model to
Aboriginal Health
Kitinkewin
misiwanacihisowin:
Researching arts-based
wellness promotion for
suicide prevention among
Aboriginal youth – NPI
\$553,556; 2013-2015; CIHR*

*Phase 3 Health Research
Group Grant Iyiniw-
Oskâtisak Pamihisowak:
Using Indigenous
Knowledge for a Healthier
Aboriginal Youth – NPI
\$750,000; 2013 – 2015;
SHRF*

*Operating Grant, Network
Environment in Aboriginal
Health Research
\$1,000,000; 2013- 2014
CIHR*

*Operating Grant, Assess,
Redress, Re-assess:
Addressing Disparities in
Respiratory Health Among
First Nations People
\$1,592,521; 2012-2017;
CIHR*

Chapters In Books

1. Linds, W., Goulet, L., Episkenew, J. and Ritenburg, H. (In press). Sharing the Talking Stone: Theatre of the Oppressed workshops as arts-based health research with Indigenous youth. In Anita Sinner and Diane Conrad (Eds.). Creating together: Participatory, community-based and collaborative arts practices and scholarship across Canada. Waterloo, ON: Wilfred Laurier University Press.
2. Episkenew, Jo-Ann. (Forthcoming, 2014). Healing the Wounds of Representational Violence with Poetry and a Decolonizing Pedagogy. In W.G. Pearson, K.J. Verwaayen, E. Blackmore, and R.E. Bédard, (Eds.), First Women and the Politics of Looking: Gender, Indigeneity, and Representation. Waterloo, ON: Wilfred Laurier University Press.
3. Yuen, F., Linds, W., Goulet, L., Episkenew, J., and Arnason, K. (2010). Rehearsing with Reality: Exploring Health Issues with Aboriginal Youth through Drama. In Julie Salverson (Ed.), Popular Political Theatre and Performance: Critical Perspectives on Canadian Theatre in English. Toronto, ON: Playwrights Canada Press.
4. Linds, W., Yuen, F., Goulet, L., Episkenew, J., and Arnason, K. (2010). Exploring and Recreating Indigenous Identity through Theatre-based Workshops. In Drew Chappell (Ed.), Children Under Construction: Critical Essays on Play as Curriculum. Berne: Peter Lang.
5. Goulet, L., Episkenew, J., Linds, W., and Arnason, K. (2009). Rehearsing with Reality: Exploring Health Issues with Aboriginal Youth through Drama. In McKay, S., Fuchs, D., and Brown, I, Passion for Action: Building on the Strength and Innovative Changes in Child and Family Services – Voices from the Prairies. Regina: Canadian Plains Press.

Expertise Keywords

5-10 key words that describe your areas of expertise in substance abuse and treatment

*Street Address
City, Prv Postal Code
Phone number
Email address*

Education/Training

*Masters, Social Work
University of Regina*

*Bachelor of Arts
Flinders University
South Australia*

Work Experience

*2010 - Present
Clinical Services Director
Eagle's Next Youth
Ranch*

*2005 - Present
Partner and Counsellor
Family Counselling
Centre*

*2005 - Present
Owner
Prairie Echoes
Consulting*

*2009
Regional Manager
Ministry of Social
Services Children's
Service*

Expertise Keywords

*ADHD, Counselling,
Adolescent Mental
Health, Child & Family
Services, Case
Management, Policy and
Program Consultation*

Present position and responsibilities

Clinical Services Director: Overseeing a therapeutic program for 34 youth with very high needs. Partner and Counsellor: Providing individual counselling, adolescent mental health, critical incident stress debriefing. Consulting Services

Relevance statement

After reviewing our brief description of the Prairie CRISM organizational structure and our use of infrastructure and demonstration projects, please replace this text with a brief description of how your position and expertise can assist in the development of regional capacity to influence treatment and prevention for substance abuse. If possible, describe how you would use CRISM information and results in your own work.

Selected Accomplishments & Honours

Certified Equine Assisted Therapy Mental Health Therapist (Level II)
Equine Assisted Growth and Learning Association
2013

Committee experience

Saskatchewan Association of Social Workers
Practice ethics committee
Member, 2007 - Present

National Alliance for Children and Youth
Member, 2013

Consultation or training experience

I currently provide policy and program consultation concerning youth issue, with an emphasis on residential care, through Prairie Echoes Consulting.
2005 - Present

Memberships

Saskatchewan Association of Social Workers
Registered Social Worker, 2013

Canadian Association of Social Workers
Member, 2013

*Dept. of Psychiatry
3-088 RTF Building
University of Alberta
Edmonton, Alberta
T6G 2R7
+1 780 667 2599
Andy.Greenshaw@
ualberta.ca*

Education/ Training

*1975-1978
B.Sc. (Hons)
Psychology
University of Liverpool*

*1978-1982
Ph.D., Psychology
University College Cardiff
Wales, UK*

Positions

*Years (1981-1986)
Postdoctoral Fellow
Psychiatry
University of
Saskatchewan
Years (1986 – present)
Professor, Psychiatry
University of Alberta*

Expertise Keywords

*Biological mechanisms,
Neuroimaging, Care
Pathway Development,
Continuity of Care*

Professor & Associate Chair (Research) Department of Psychiatry, University of Alberta.

Currently engaged in clinical research in addiction including neuroimaging and responses to therapeutic drug treatments, and technology-based interventions. Chaired CINP 2014 Addiction Symposium. Involved in development of care pathways in substance misuse with Alberta Health Services.

Relevance statement

I am now engaged in clinical addictions research and care pathway development. In the context of the proposed Prairie CRISM node I intend to develop collaborative research on substance misuse combining and extending our current neuroimaging and clinical trial approaches on alcohol misuse to stimulant and opioid misuse. For this work we will capitalize on our international collaborations, including collaborative work with David Nutt and his group in the UK. In the context of my co-lead role for the Alberta Hub of the Canadian Depression Research & Intervention Network and the Alberta Strategic Clinical Network in Addiction & Mental Health, I am working with the Alberta Alliance on Mental Illness & Mental Health to develop increased patient engagement in substance misuse focused translational research.

Grants Held

Collaborative Depression Research & Intervention Network (CDRIN) Alberta. *364,000, 2014-2016 .PI – Operating. Health Canada*

Towards a quantitative study of the neurological impact of therapeutic interventions in children who have experienced trauma. *30,000, 2014-2015 . Co-Applicant-Operating. Norlien Foundation & ACCFCR*

Diagnostics and Prognostics for Alzheimer's Disease and Related Dementias: Machine Learning Analysis of Existing Neuroimaging Datasets . *99,900, 2013-2015 . Co-Applicant - Catalyst CIHR*

INMHA - Collaborative Research Initiative in Substance Misuse: The Alberta Proposal. *50,000, 2014 . Co-Applicant-LOI network, CIHR.*

Grants Held Contd.

Dysfunctional neuronal networks in alcoholism: Utilizing translational neuroimaging to identify altered brain connectivity and treatment efficacy predictors
201,906, 2011-2015
Co-Applicant – Int. Team Grant, CIHR

Dysfunctional neuronal networks in alcoholism: Utilizing translational neuroimaging to identify altered brain connectivity and treatment efficacy predictors
Euros 365,480, 2011-2015
Co-Applicant ERANet Neuron Team Grant, European Commission

fMRI analysis of high risk Youth. Support for neuroimaging research
106,000, 2009-2014
PI – VP Research Office University of Alberta

Relevant Publications

1. Brown MRG, Label RM, Dolcos F, Wilman AH, Silverstone PH, Pazderka H, Fujiwara E, Wild TC, Carroll AM, Hodlevskyy O, Zedkova L, Zwaigenbaum L, Thompson AH, Greenshaw AJ and Dursun SM. (2012) Effects of emotional context on impulse control. *Neuroimage* 63:434-46.
2. Brown MRG, Sidhu GS, Greiner R, Asgarian N, Bastani M, Silverstone PH, Greenshaw AJ, Dursun SM (2012) DHD-200 Global Competition: Diagnosing ADHD using personal characteristic data can outperform resting state fMRI measurements. *Frontiers in Systems Neuroscience Front. Syst. Neurosci.* 6:69. doi: 10.3389/fnsys.2012.00069
3. Hayes DJ, Greenshaw AJ. (2011) 5-HT receptors and reward-related behaviour: a review. *Neurosci Biobehav Rev.* 2011 35:1419-49.
4. Hayes DJ, Hoang J and Greenshaw AJ. (2011) The role of nucleus accumbens shell GABA receptors on ventral tegmental area intracranial self-stimulation and a potential role for the 5-HT_{2C} receptor. *J. Psychopharmacology* 25:1661-1675
5. Hayes DJ, Clements R, Greenshaw AJ. (2009) Effects of systemic and intra-nucleus accumbens 5-HT_{2C} receptor compounds on ventral tegmental area self-stimulation thresholds in rats *Psychopharmacology* 203:579–588
6. Hayes D.J. Mosher T.M. and Greenshaw A.J. (2009) Differential effects of 5-HT_{2C} receptor activation by WAY 161503 on nicotine- induced place conditioning and locomotor activity in rats *Behavioural Brain Research* 11;197(2):323-30.
7. Hayes D.J. Graham D.A. and Greenshaw AJ (2009) Effects of systemic 5-HT_{1B} receptor compounds on ventral tegmental area intracranial self- stimulation thresholds in rats. *European Journal of Pharmacology* 14:74-78.
8. McGrath BM, McKay R, Dave S, Seres P, Weljie AM, Slupsky CM, Hanstock CC, Greenshaw AJ, Silverstone PH. (2008) Acute Dextro-Amphetamine administration does not alter Brain myo-Inositol Levels in Humans and Animals: MRS Investigations at 3T and 18.8T. *Neuroscience Research*, 61: 351-359.

103 Wiggins Road
3316 Health Sciences
Building
Saskatoon, SK
S7N 5E4
306 966-1206
rob.henry@usask.ca

Education/ Training

Years (2010-Present)
Phd ABD
Department of Native
Studies, University of
Saskatchewan

Years (2005-2009)
Masters of Education
Department of
Educational
Foundations, University
of Saskatchewan

Years (2000-2004)
Bachelor of Education
Saskatchewan Urban
Native Education
Program, University of
Saskatchewan

Positions

Years (2010-Present)
Research Assistant
University of
Saskatchewan

Years (2006-Present)
Sessional Lecturer
University of
Saskatchewan

Years (2009-2011)
Project Coordinator
Saskatchewan
Aboriginal Literacy
Network

Present position and research interests

Phd., ABD, Department of Native Studies, University of Saskatchewan. My research interests focus on Aboriginal street gang identities and masculinities. I focus my research around relational accountability utilizing visual research methods such as photovoice.

Relevance statement

After reviewing our description of the Prairie CRISM organizational structure and our description of CRISM infrastructure and demonstration projects, I am interested in street narconomy and how illegal and prescription substances are used in coping with trauma, particularly within Aboriginal street gang cultures. Do to my relationships through my research with ex-street gang members I am able to work with a specific street subculture in order to understand the issues that they face around substance abuse and the barriers to/and implementation of prevention and intervention programs to this population.

Peer-reviewed publications (*last 5 years only*)

1. Henry, R. (2014). Social Spaces of Maleness: The Role of Street Gangs in Practicing Indigenous Masculinities. *Indigenous Masculinities: An Anthology*, Anderson, K, & Innes, R. (eds).
2. Brooks, C., Henry, R., & Daschuk, M. (2014). Aboriginal Youth Gang Involvement: Decolonizing and Multi-Causal Perspectives Towards Community Strategies and Social Justice. *Serious and Violent Offenders and Youth Criminal Justice: A Canadian Perspective*, Corrado, R. & Leschied, S. (eds).
3. Henry, R. (2013). Moving Beyond the Simple: Addressing the 'Misuse' of the FASD-Gang Link in Public Discourse. *Pimatisiwin: A Journal of Indigenous and Aboriginal Community Mental Health*, 11(2), 241-254.
4. Tait, C., Henry, R., & Lowen Walker, R. (2013). Child Welfare: A Determinant of Health for Canadian First Nations and Métis Children?. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*, 11 (1), 39-53.

Expertise Keywords

Aboriginal street gangs,
illegal economy, resilience,
masculinity, trauma,
mental health, youth
subcultures

Grants Held

Health Research Dissemination in an Interdisciplinary Context

\$24,680, 2013

Dissemination Grant (Co-I), CIHR

Tell Me About Your Life: Life History Narrative Inquiry with a Male Forensic Population with FASD

\$10,000 2013-2015

Faculty Special Projects (Co-I), Centre for Forensic Behavioural and Justice Studies

Through an Indigenous Lens: Indigenous Male Gang Identity on the Prairies

\$6,000, 2012-2013

Graduate Research, Centre for Forensic Behavioural and Justice Studies

Addictions Foundation of
Manitoba
510 Frederick Street
Brandon, MB R7A 6Z4
jhockley@afm.mb.ca

Education/ Training

2006– 2009
MSc, Health
University of Michigan

1992– 1996
Bachelor of Psychology
Western New England
College

1989-1992
Associates, Business
Administration
Red Deer College

Work Experience

2013-Present
Client Services Manager
Addictions Foundation of
MB (AFM)

2009-2013
Supervisor, Community
Programs
Addictions Foundation of
MB

2006-2009
Community Addictions
Counsellor
Addictions Foundation of
MB

Expertise Keywords

Extensive clinical and
leadership experience in
prevention and treatment
initiatives related to
Addictions and Mental
Health

Hockley, Julie

Present position and responsibilities

Reporting to the Chief Executive Officer, the Client Services Manager is responsible for the ongoing leadership, management, and administration of their respective program area(s) in substance abuse and problem gambling, while ensuring that a client centered philosophy and approach is maintained, enhanced and integrated into the development, provision and support of our programs and services. They will be coaches in the area of supervision and will be collaborative partners in developing and maintaining community partnerships.

Relevance statement

The AFM is a Crown agency committed to being a foundation of excellence in providing addictions services and supporting healthy behaviors. AFM employs over 400 staff and provides a wide range of addictions services to Manitoban's through 28 locations across the province. As one of seven Client Services Managers, my role is to lead, support and coach staff in order to meet the above and also to achieve our Strategic Plan namely:

1. Client Centred Care – Welcoming and respecting diversity
2. Capacity for Change – Supporting clients and staff
3. Collaboration – Working with Partners
4. Continuous Improvement – Identifying and using evidence-based practices.

Consultation or training experience

Wraparound Coordinator/Trainer; 2002-2004

Canadian Association of Suicide Prevention
Committee Member; 2004-2012

Motivational Interviewing Coach (MINT Certified)
2012-Present

Committee experience and memberships

Community Mobilization;
Executive Committee Member; 2013-Present

Harm Reduction Initiative
Committee Member; 2004-2009

American Association of Suicidology/ Canadian
Association of Suicide Prevention; 2007

Huebert, Kathy

2 Floor, 10909 Jasper Ave
Edmonton, AB T5J 3M9
780 422-1249

Kathy.Huebert@albertahealthservices.ca

Education/ Training

1984 – 1989

MA Sociology, University
of Manitoba

1979-1984

BA Sociology and
Honours Certificate,
University of
Saskatchewan

1979-1981

BScN, University of
Saskatchewan

1974-1976

RN, St Boniface School of
Nursing

Work Experience

2009 – present

Director/Manager
Alberta Health Services

1986-2009

Manager/ Research
Officer
Alberta Alcohol & Drug
Abuse Commission
(AADAC)

1981 – 1986

Research Assistant
U of S and U of M

1977 – 1981

Registered Nurse
hospitals in Winnipeg and
Vancouver

Director, System Performance and Reporting, AHS Addiction and Mental Health

Through collaboration, provides provincial coordination in system level performance reporting and measurement. Supports strategic priorities through evidence informed decision making, complex data analyses, evaluation design and knowledge exchange activities.

Relevance statement

From a provincial AHS service perspective, I could support access to a range of administrative data sources as relevant to CRISM projects as well as facilitate sharing of results and ideas generated through the CRISM research projects to support enhancement of Addiction services within AHS. Also, our team has a coordinating role in the process to post practice support information on the internal AHS website.

Knowledge translation experience

Addiction and Mental Health: System Performance and Reporting

Primary and Community Care Connections Lunch and Learn for provincial stakeholders
September 2013

System Level Performance Report for Addiction and Mental Health Services in Alberta 2011-2012

Addiction and Mental Health Strategy Steering Committee
September 2013

Committee experience

Addiction and Mental Health Strategic Clinical Network Core Committee

Provincial coordination of data analytic support
2012 to present

Addiction and Mental Health Evaluation Committee
Co-chair
2010 - present

Expertise Keywords

System performance, monitoring, reporting, data analysis, evaluation.

Relevant Publications

1. Wiebe, J, & Huebert, K (1996). Community mobile treatment: What it is and how it works. *Journal of Substance Abuse Treatment*, 13(1), 23-31.
2. Parsons, M, Wnek, I, & Huebert, K (1993). A unique intervention program for repeat impaired driving offenders. *Journal of Alcohol and Drug Education*, 39(1), 34-40.
3. Huebert, K., & James, D (1992). High-risk transmission of HIV among clients in treatment for substance abuse. *The Journal of Drug Issues*, 22 (4), 885-901.

Consultation or training experience

Provide system level performance reporting and evaluation consultation to Addiction and Mental Health provincial and zone stakeholders in AHS
2009 to present

Provided consultation on evaluation and population and client service statistics for the Alberta Alcohol and Drug Abuse Commission
1986-2009

501 1 St NW
PO Box 276
Linden, AB T0M 1J0
403-297-2507
dianne.johns@albertahe
althservices.ca

Education/ Training

1993-1997
Bachelor of Nursing
University of Calgary

1990-1992
Athletic Therapy
Diploma
Mount Royal College

Work Experience

2013-Present
Care/Site Manager
Alberta Health Services

2011-2013
Outreach Nurse
Alberta Health Services

2001-2011
Staff Nurse
AADAC/AHS

Present position and responsibilities

Site Manager of Renfrew Recovery Centre, Alberta Health Services Addiction and Mental Health medically supported detoxification facility.

Relevance statement

As the current Site Manager at a medically supported detoxification centre with 13 years of front line addiction experience, I bring an understanding of the various factors that contribute to the cycle of addiction. Understanding these factors may contribute to development or regional capacity to influence treatment and prevention for substance abuse. Also, I have direct access to clients who are struggling with the cycle of addiction.

Memberships

College and Association of Registered Nurses of Alberta
June 1997

Expertise Keywords

Detoxification
Concurrent Disorders
Withdrawal
Forensics and Addiction
Treatment

Present position and responsibilities

Area Manager, Addiction and Mental Health: responsible for the administrative and program management of Addiction Services Edmonton, an outpatient addiction clinic with 60 staff employed at or out of this unit and in the outlying offices of Leduc, Sherwood Park, St Albert and Stony Plain.

Relevance statement

In my position overseeing several outpatient addiction and mental health clinics, I can see the benefit of clinical staff learning and utilizing new approaches to address client engagement and retention in treatment services. With respect to project one, Addiction Services Edmonton (ASE) could be one of the research sites involved in tracking referral rates in each target population using an online SBIRT substance misuse tool. With respect to project two, while MI techniques are used during assessment counselling and group sessions at ASE, our clinic is well positioned to enhance our assessment of client motivation for treatment and to be a possible pilot site for MI and contingency management protocols as treatment adjuncts.

Project Involvement

Alberta Improvement Way (AIW) : ASE is participating in continuous quality improvement by participating in a change initiative examining our intake and assessment process. This initiative looks at strategic goal setting, day to day problem solving, and priority setting practices to better ensure effective use of resources to deliver meaningful progress on improving client access to services and enhancing the client experience.

To commence September 2014

Institute for Healthcare Improvement (IHI) : Triple Aim- Project related to working more effectively with pregnant and parenting women who abuse substances. The goals of this project are to improve the health of this population, enhance the experience and outcomes of these women while reducing the per capita cost of care.
2012 to present

Alberta Improvement Measures (AIM): ASE participated in a 10 month Quality Improvement Project which helped improve client access to service, reduce wait-times for treatment, improve office efficiency, and learn to create a culture of continuous improvement through the use of evidence informed principles.
February 2011 to November 2011

*Alberta Health Services
Addiction & Mental Health
10010-102A Ave
Edmonton, AB
T5J 0G5
(780) 415-0038
cindy.king@
albertahealthservices.ca*

Education/ Training

*2012-2014
Certified Sex Addiction
Therapist
International Institute of
Trauma and Addiction
Professionals*

*2003-2007
Master of Counselling
University of Calgary*

*1981- 1985
Bachelor of Sociology with
Distinction*

Work Experience

*2007- Present
Area Manager
Alberta Health Services
Addiction & Mental Health*

*2005- 2007
Counselling and
Prevention Supervisor
Alberta Alcohol and Drug
Abuse Commission
(AADAC)*

*2003-2005
Addiction Counsellor/
Prevention Consultant
AADAC*

Expertise

Leadership, Client Service Orientation, Creativity and Innovation, Program Development, Implementation and Evaluation, Quality Improvement Initiatives and Change Management

Committee experience

Steering Committee for the development of a harm reduction housing model specific to homeless, pregnant or parenting women with substance abuse concerns

Member
May 2013 to present

Addiction and Mental Health Management Council
Member

February 2013 to present

Addiction Counsellor Practice Council
Chair

February 2013 to present

Former member of the Concurrent Disorders Enhanced Services Committee

Memberships

International Institute of Trauma and Addiction Professionals

February 2014 – current

Research Involvement

Collaboration in a proposed research study “Gambling Disorder vs. Alcohol Use Disorder: Comparing Treatment Outcomes with Congruence Couple Therapy” (Principal Investigators: Dr. Bonnie Lee and Dr. Darren Christenson, Co-Investigators: Dr. Andrew Greenshaw and Dr. Kathy Atchison).

Date: Ongoing involvement

Addiction Services Edmonton participated in a research study with researchers from the University of British Columbia and Alberta Health to adapt the new SAMHSA FASD screening TIP protocol to represent the Canadian experience

November 2013 to June 2014

Addiction Services Edmonton is potentially a pilot site for the study of the use of mobile alcohol monitoring (MAM) devices among pregnant women as an intervention both to prevent FASD among the children of alcohol dependant women, and to reduce the costs of alcohol-related disease burden in health systems among women themselves.

Principal Investigator, Dr Andrew Greenshaw and Co-Investigators, Dr Egon Jonsson, and Dr. Amy Salmon

Current

Knowledge translation experience

“Grape, Grain and Grass”: Seniors and Addiction Audience: Grand Rounds, Geriatric Psychiatry Glenrose Hospital. Co-presented with Dr Jean Johnson

Numerous presentations on addiction to audiences such as allied health professionals, Justice, Children’s Services and Academic Institutions.

Present position and responsibilities

Inpatient and outpatient psychiatrist with a special interest in Addiction. Inpatient psychiatrist at the Claresholm Centre for Mental Health and Addictions providing care for patients in the Concurrent Disorders, Active Rehabilitation, and Extended Care programs. Inpatient consultation at the Rockyview Hospital as a psychiatrist with the Addictions Network. Outpatient psychiatric practice in general and perinatal psychiatry at Sunridge Community Mental Health. Outpatient practice at the Addictions Centre involved in care of patients with concurrent psychiatric disorders and addiction.

Relevance statement

Given my role as both an inpatient and outpatient psychiatrist involved in the care of patients struggling with addiction, I have access to a significant pool of potential candidates who may wish to be involved in research on addiction. As a CRISM member, I may be instrumental in collecting data from patients in these settings. I am able to follow the same patient over time in both settings and thus may be able to gather longitudinal data.

Consultation or training experience

Consultant psychiatrist for the Addictions Network for the Rockyview Hospital. Involves the assessment and treatment of patients with concurrent psychiatric illness and addictions.

July 22, 2014 to present

Elective training at the Claresholm Centre for mental Health and Addictions Concurrent Disorders program As a fifth year psychiatric resident.

Jan 2013 – June 2013

*307 Springborough Way
SW
Calgary, AB T3H-5M7
403-837-3550
Tashi.kinjo@
albertahealthservices.ca*

Education/Training

2008-2013

*Psychiatry residency
program
University of Calgary*

2000-2008

*MD. PhD.
Leaders in Medicine
program
University of Calgary*

1996-2000

*B.A. in Molecular, Cellular
and Developmental
Biology
Yale University*

Work Experience

2013-present

*Staff Psychiatrist
Alberta Health Services*

2013 - Present

*Clinical Lecturer
University of Calgary*

1997-2000

*Lab Technician
Hockfield Neurobiology
Lab
Yale University*

**Recognition/
Awards**

*Peter Lougheed
Hospital Resident of the
Year
2011*

*Achievers in Medical
Science (AIMS) award
2007*

*Alberta Odd Fellow
Rebekah Visual
Research Award
2003*

*Prize for Poster
Presentation FASEB
Conference 2003*

*Prize for Poster
Presentation APS
Conference 2001*

Grants

*Alberta Heritage
Foundation For Medical
Research Scholarship
2001-2007*

*Reuben E. Thalberg
Scholarship
1999-2000*

Memberships

Alberta Medical Association/Canadian Medical Association

Alberta College of Physicians and Surgeons

Royal College of Physicians and Surgeons

Committee experience

Post Graduate Medical Education (PGME) committee
Psychiatry resident representative
2013

Psychiatry Resident Research Rep.
2010

Publications (last 5 years only)

Szerencsei, R.T., Kinjo, T.G., Schnetkamp, P.P. (2013) The topology of the C-terminal sections of the NCX1 Na (+) /Ca (2+) exchanger and the NCKX2 Na (+) /Ca (2+) -K (+) exchanger. Channels (Austin), 2013 Mar 1;7(2):109-14. doi: 10.4161/chan.23898. Epub 2013 Mar 1.

Presentations (last 5 years only)

Invited oral presentation on sleep disorders. Alberta Children's Hospital Feb. 25, 2011.

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Edmonton, AB T5K 2L9
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aamimh.ca

Education/ Training

1979

BA, Sociology/Psychology
University of Alberta

1974

Registered Nurse
Red Deer College

1970

Registered Psychiatric
Nurse
Alberta Hospital Ponoka

Work Experience

2008 - Present

Executive Director
Alberta Alliance on Mental
Illness and Mental Health

2006-2007

Interim Executive Director
Canadian Mental Health
Association, Alberta Div.

2006-2007

Interim Director
Society of Alberta
Occupational Therapists

2000-2005

Executive Director
Schizophrenia Society of
Alberta

Present position and responsibilities

I currently hold the position of Executive Director for the Alberta Alliance on Mental Illness and Mental Health and have formally held this position since 2008. My contributions and experience within the mental health service delivery field, both working within the formal government and government funded organizations providing mental health care and, working as well external to government within the non-profit sector and as a private contractor/consultant, provide me with a broad view and perspective of the health delivery sector.

Relevance statement

I believe my education and professional experience will allow me to be an effective member in CRISM's Prairie Node Executive Coordinating Committee. I was employed in government positions for over 35 years. I worked as Registered Psychiatric Nurse in a staff position in a Provincial Psychiatric Hospital for 10 years, in the community for 15 years, and in the corporate office for Alberta Health and wellness for 11 years.

I have provided first line care to mental health clients. I have also worked as a Project Leader in Community Development within AHW with a focus on building community capacity around mental health and mental health promotion. I facilitated the design and production of a number of published material drawing attention to mental health concerns within the community. These included: suicide and depression awareness audiotapes, several handbooks on depression, bipolar disorder, Alzheimer disease and schizophrenia - produced to help community members, including caregivers, understand the nature of each mental health concern.

As the Executive Director for the Schizophrenia Society of Alberta, I was on the Steering Committee for the first edition of the handbook, Rays of Hope: Learning about Schizophrenia, produced by the Schizophrenia Society of Canada. This resource is now in its 4th Edition.

Committee experience

Discharge Planning for Homeless Albertans Cross Government Committee

Provincial Diversion Committee

Steering Committee for the Interdisciplinary Health Research Academy (IHRA), Health Sciences Council, U of A

Workplace Mental Health Promotion Project Advisory Committee (IHE)

AAMIMH Research Database Project Advisory Committee Chair

Memberships

St Albert Stop Abuse in Families Society Founding Member and President 1983-1986

Health Line for the Edmonton Region Founding Member and Treasurer 1989 - 1991

Expertise Keywords

Health promotion, prevention, networking, planning, coordination, advocacy, community development, community capacity building, collaboration

Lyseng, Orrin

Relevance statement contd.

Working with Alberta Mental Health Board, my role was the assessment of the extent of collaboration and cooperation between the Regional Health Authorities and the newly formed Primary Health Care Networks to deliver comprehensive mental health services. I contributed to the strategic assessment and planning of mental health service delivery within Alberta's newly developed Primary Care Networks.

I have held concurrent Interim Executive Director positions -with the Canadian Mental Health Association, Alberta Division and the Society of Alberta Occupational Therapists. During this time period I simultaneously held the position of Community Mental Health Nurse within the Home Support Team for the Alberta Health Services (AHS) Edmonton Mental Health Region.

Consultation or training experience

Alberta Mental Health Board
Provided an assessment of the extent of collaboration and cooperation between the Regional Health Authorities and the newly formed Primary Health Care Networks to deliver comprehensive mental health services
2005 -2007

Knowledge translation experience

Audio/Visual Resources

- Deanna Don't Do It – An audiotape drawing awareness to teenage suicide within Aboriginal communities
- Reach out with Hope – A learning video produced to assist individuals identify signs and symptoms of depression and suicide in others

Handbooks

- Depression: What is it? What to do?
- Bipolar Disorder: Where is the balance?
- Schizophrenia: Youth's Greatest Disabler (re-edited)
- Alzheimer Disease: A Handbook for Alberta Caregivers
- Rays of Hope: Learning about Schizophrenia (1st Edition)
- AAMIMH-ADF Joint Position Paper – Valuing and Supporting Alberta's Non-Profit Disability Organizations: Challenges and Solutions

Present position and research interests

I am a registered nurse who has over 20 years of clinical experience in psychiatry while also serving as sessional lecturer for the Faculty of Nursing at the University of Alberta. In my role as sessional instructor, I provide both clinical and classroom instruction to undergraduate students in mental health nursing. Currently, I am a PhD candidate in the Department of Psychiatry at the University of Alberta. My research is focused on the use of novel pharmacotherapeutic strategies for the treatment of schizophrenia as well as investigating the neurobiological benefits of naltrexone therapy in alcohol use disorder.

Relevance Statement

My collaboration to the proposed CRISM project as Prairie Node Member will draw on past and current work experience and research. I have extensive experience working with refractory, difficult to treat patients and my current position as clinical lead coordinator for TRANSALC (Translational Neuroimaging in Alcoholics) will enable me to provide or to facilitate access to patients in the Edmonton area for intervention research. I am well versed in addictions services within the Edmonton region which could add to future success of this ongoing project.

Expertise Key words

- Clinical Trial Coordination
- Alcohol Use Disorder
- Neuroimaging
- Refractory Populations
- Naltrexone Drug Therapy

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Education/ Training

PhD Psychiatry
University of Alberta,
Edmonton, Alberta, Canada
Sept 2009 – Present

BSc Nursing
University of Alberta,
Edmonton, Alberta, Canada
September 1992-April 1994

Nurse Diploma
Grant MacEwan University
College, Edmonton, Alberta,
Canada
July 1991-June 1992

Psychiatric Nurse Diploma
Alberta Hospital Edmonton,
Edmonton, Alberta, Canada
September 1988-June 1990

Positions

Sessional Lecturer
Faculty of Nursing, University
of Alberta, Edmonton, Alberta
September 2004 – Present

Research Nurse
Department of Psychiatry,
University of Alberta,
Edmonton, Alberta
July 2009 – Present (Casual)

Staff Nurse - Alberta
Hospital Edmonton,
Edmonton, Alberta
December 2009 – Present
(Casual)

Previous Employment

Research - Clinical
Research Group, Grey
Nuns Hospital Site
Coordinator
Edmonton, Alberta
(Casual)
May 2005-October 2007

Clinical Nurse
Genpharm Inc. Edmonton,
Alberta
Coordinator
May 2003 – June 2004

Community Nurse
Alberta Health Services,
Edmonton Mental Health
Clinic, Edmonton, Alberta
March 1998- May 2003

Community Nurse
Alberta Mental Health
Board, Lesser Slave Lake
Team, Slave Lake, Alberta
October 1995 – March
1998

Lecturer
Grant MacEwan
Community College
Mental Health Diploma
Program, Driftpile, Alberta
Contract
May 1997

Staff Nurse
Adolescent Psychiatry,
Prince George Regional
Hospital
Prince George, BC
February 1995-October
1995

Peer-reviewed publications

Dhami K., **MacKay M.**, Maia-de-Oliveira, J., Hallak J., Todd K., Baker G., Dursun, S. (2013) Novel targets for development of drugs for treating schizophrenia: Focus on glycine, D-serine, and nitric oxide. Bulletin of Clinical Psychopharmacology, May 2013, 23(2): 129-37.

MacKay M., Cetin M., Baker G., Dursun, S. (2010) Modulation of central nitric oxide as a therapeutic strategy for schizophrenia. Bulletin of Clinical Psychopharmacology, 20(3): 115-119.

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healthservices.ca

Education/ Training

2009 – 2014
Doctoral Student,
Faculty of Social work
University of Calgary

2003 – 2005
Master of Social Work
University of Calgary

1993 – 1997
Bachelor of Science,
Human Ecology
University of Alberta

Work Experience

2011- Current
Manager,
Alberta Health Services

2005– 2011
Provincial Coordinator
Alberta Health Services

2000 - 2005
Addiction Counsellor
AADAC

Expertise Keywords

Siblings, Gambling,
Gender-Specific
Treatment, Female
Adolescents

Manager, Alberta Health Services (AHS)

Oversee three programs: Adult Addiction Services Calgary (AASC), Integrated Justice Services Program (IJSP), and the Corrections Transition Team (CTT).

Relevance statement

My role is to provide information on current practices within addiction outpatient and justice programs and to participate in other knowledge exchange activities. Additionally, the CRISM information and results will be considered when implementing programming in each of the clinics.

Committee experience

Community Clinic Service Delivery Advisory Committee
Member
August 2013 - Current

Philosophy of Care Working Group
Member
August 2013 – April 2014

Consultation or training experience

Contract Instructor, Addiction Certificate Program,
Continuing Education, Mount Royal University
2000 – 2009

Sessional Instructor, Faculty of Social Work
University of Calgary
Fall/Winter & Spring 2009

**Recognition/
Awards**

*Queen Elizabeth II
Graduate Scholarship
2010
University of Calgary*

*Dean's Entrance
Scholarship
2009
University of Calgary*

*The Alberta Graduate
Student Scholarship
2004 - 2005
University of Calgary*

Memberships

Alberta College of Social Workers
2005 - current

*200 5th Ave South
Lethbridge, Alberta,
T1J 4L1
403-381-5260*

*Thomas.mountain@
albertahealthservices.ca*

Education/ Training

*2010-2012
Master of Arts, LEADS
(Health)
Royal Roads University*

*1994
Emergency Medical
Technician
Southern Alberta
Institute of Technology*

*1987-1992
Bachelor of Physical
Education
University of Calgary*

Work Experience

*2006-present
Manager
AADAC/ Alberta Health
Services
Various portfolios:
PChAD, Youth
Residential Treatment,
Rural addiction services,
Community Addiction
and Mental Health
Services*

Expertise Key words

*Addiction Treatment,
Outreach Services,
Service Administration,
Residential Treatment,
Youth and Adult
Services*

Manager, Alberta Health Services, Addiction and Mental Health

Leads all aspects of Addiction and Mental Health Community Clinic in Lethbridge

Support the development of integrated Addiction and Mental Health Adult Treatment and Prevention Service in Lethbridge

Contract management for several Community Addiction Treatment Programs

Participate in Management and steering committees to develop the strategic direction of Addiction and Mental Health Services in the South Zone.

Committee experience

I have been an active member or lead on a variety of committees throughout my career including, service program development committees, professional development advisory committees, management service delivery committees for addiction programs and mental health programs.

Relevance statement

As part of my responsibility as an operational manager in Addiction and Mental Health for Alberta Health Services, I am responsible for promoting evidence based and promising practices, not only within the offices I supervise, but also throughout Addiction and Mental Health in the South Zone. Participation in CRISM is important as I can help provide input when selecting and developing research questions to ensure relevance to current challenges, and I can ensure that information gained through research is applied during service delivery.

University of Saskatchewan
EPSE Department
Rm 3109, 28 Campus Dr
Saskatoon, SK S7N 0X1

Education

2002
PhD, Educational
Psychology and Special
Education
University of Saskatchewan

1996
Master's, Educational
Psychology and Special
Education (EPSE)
University of Saskatchewan

1991
BeD, Social Sciences
University of Saskatchewan

Relevant Experience

2008 - Present
Associate Professor, EPSE
University of Saskatchewan

2012-Present
Research Associate,
Community University Institute
for Social Research,

2007 - 2012
Department Head,
Associate Professor, EPSE
University of Saskatchewan

2002 - 2008
Assistant Professor, EPSE
University of Saskatchewan

Personal statement

My research interests include substance use, child and youth psychopathology, e-learning, and resilience in youth. Using multivariate and qualitative methods I bring a strength based, resilience focus to problematic substance use/misuse.

Relevant Publications

1. Rowan, M., Poole, N., Shea, B., Gone, J.P., Mykota, D., Farag, M., Hopkins, C., Hall, L., Mushquash, C., and Dell, C., (2014) Cultural Interventions to Treat Addictions in Indigenous Populations: Findings from a Scoping Study. *Substance Abuse Treatment, Prevention, and Policy*.
2. Laye, A. & Mykota, D., (2014) Rural Canadian Youth Exposed to Physical Violence. *Canadian Journal of School Psychology*, 29(1), 21-39
3. Mykota, D. & Laye, A., (2014) Violence Exposure and Victimization Among Rural Adolescents. *Canadian Journal of School Psychology*
4. Bartlett, E., Dell, C., Mykota, D., Robertson-Boersma, D., (2014) Starting From a Theoretical and Empirical Evidence Base: Development of a Coalition-centered Student Binge Drinking Prevention Initiative on a Canadian University Campus. *Canadian Journal of Higher Education*.
5. Mykota, D., (2013) A Coordinated Decentralized Approach to Online Project Development. *Turkish Online Journal of Educational Technology*, 12(1), 1-14
6. Brockman, J., Campbell, E., Dell, C., Fornssler, B., Hopkins, C., LaLiberte, L., McKenzie, H., Mykota, D., Papequash, C., Ross, C., Swampy, S., Walker, T. (2013) *alphabetical listing of authorship, "Join the Conversation! Joignez-vous à la discussion! Ne àwok làgà! Pi-Kakeekiton! Pe-mamiskota kista! Ne àwok nàgà! Ne àwok dàgà! Paywiichipiikishkwayminaan! Nuhÿhel yanÿãti hoŕiãæih dé, nÿba hoæâ si t'óho lósi!, *Community Engaged Scholarship for Health*.
7. Quaipe, T., Fauchoux, L., Mykota, D., Findley, I., (2014). Program Evaluation of Crisis Management Services, Community-University Institute for Social Research (CUISR), University of Saskatchewan. 59 pages.

Grants Held

*Honouring our Strengths:
Indigenous Culture as
Intervention in Addiction
Treatment*

*\$1,183,116, Aboriginal
Health Intervention (CIHR)
Co-investigator: Colleen Dell
2012 - 2015*

*Saskatchewan Team for
Research and Evaluation of
Addictions and Mental
Health Phase 2
\$300,000 Health Research
Group Phase 2 Grant
(SHRF)
Co-investigator: Colleen Dell
2010 -2013*

*Aboriginal Culture as
Intervention, Aboriginal
Knowledge Exchange
\$104,711, Drug Treatment
Program Funding
Government of
Saskatchewan
Co-investigator: Colleen Dell
2011-2012*

*Phase 2 Online
Development of M. Ed. in
Educational Psychology
and Special
Education
\$86,050, Technology
Enhanced Learning
University of Saskatchewan
2010 - 2011*

*Phase 1 Online
Development of M. Ed. in
Educational Psychology
and Special
Education
\$134,750, Technology
Enhanced Learning
University of Saskatchewan
2009 - 2010*

Conference Publications

*The Influence of Social Presence on Learner
Characteristics. (Paper) International Educational
Technology Conference, September 4, 2014*

*A Replication Study on the Multi-dimensionality of the
Construct Social Presence as Measured by the Computer-
mediated Communication Questionnaire. (Paper)
International Educational Technology Conference.
September 4, 2014.*

*How has Aboriginal Culture Helped You, or Someone You
Know, on the Journey of Healing from Addictions? A
Qualitative Review. (Paper) Qualitative Analysis
Conference. May 24, 2013.*

*Crisis Management Services: Client Perspectives. (Poster)
The Canadian Psychological Association's 74th Annual
Convention. June 13, 2013.*

*Mentoring Male Transitioning Foster Youth. (Poster) The
Canadian Psychological Association's 74th Annual
Convention. June 13, 2013.*

*How has Aboriginal Culture Helped You, or Someone You
Know, on the Journey of Healing from Addictions? (Poster)
The Canadian Psychological Association's 74th Annual
Convention. June 13, 2013.*

*Online Project Development in Higher Education. (Paper)
Association for the Advancement of Computing in
Education Society for Information Technology and Teacher
Education. March 28, 2013*

*Rural Canadian Youth Exposed to Physical Violence:
Resilience, Disruptive Behaviour, Depression, and PTSD
Symptoms. (Poster) Canadian Psychological National
Conference. June 15, 2012.*

*Harmony at Home: The Experience of Raising a Child with
Externalizing Behaviour. (Poster) Canadian Psychological
National Conference. June 15, 2012.*

Expertise Keywords

*At-risk Youth, Child and Youth Health, Child
Psychopathology, Educational Psychology, Program
Evaluation, Resilient Children and Youth*

3737 Wascana Parkway,
ED 454
Regina, SK S4S 0A2
Phone: 306-585 4237
Fax: 306-585 4872
gabriela.novotna@uregina.ca

Education/ Training

2010-2012

Post Doctoral Fellow
Department of Psychiatry
and Behavioral
Neurosciences
McMaster University

2003-2009

PhD, Social Work
Faculty of Social Work
Wilfrid Laurier University

2001-2002

Graduate Training &
Professional Development,
Prevention & Treatment of
Substance Abuse
Problems,
Johns Hopkins Bloomberg
School of Public Health

Positions

2014-current

Assistant Professor
Faculty of Social Work
University of Regina

2012-2014

Assistant Professor
Faculty of Health Sciences,
University of Lethbridge

Expertise Key words

Substance abuse
treatment, concurrent
disorders, knowledge
translation, evidence-based
practice, institutional theory

Present position and research interests

I currently work as an assistant professor in the faculty of social work at the University of Regina. My research interests are implementation research, organizational delivery of substance abuse treatment, co-occurring substance abuse and mental health problems; qualitative research and mixed methods research

Relevance statement

My research interests correspond with the CRISM's objective to enhance the capacity of addiction services to adopt evidence based practices (EBPs) in treatment and prevention of substance abuse. I am interested in conducting research and producing data on conditions for adoption of EBPs post-trial. My research in KT can contribute to the development of more effective KT tools through direct examination of facilitators and barriers to knowledge transfer (e.g. clinicians attitudes towards EBPs, organizational context and organizational readiness to change, etc) using both qualitative and quantitative methodologies. I am also interested in conducting research on sustainability and fidelity of developed EBPs within the CRISM Prairie Node in "real world" conditions.

Peer-reviewed publications

1. **Novotna, G.**, Dobbins, M., Henderson, J., Jack, S., Sword, W., & Niccols, A. (2014, Accepted, *Journal of Groups in Addiction & Recovery*). Practice-related decisions influenced by personal addiction or recovery experience of executive directors of agencies serving women with substance use issues in Canada: A qualitative descriptive study.
2. **Novotna, G.** (2014). Competing institutional logics in the development and implementation of integrated treatment for concurrent disorders in Ontario: A case study. *Journal of Social Work, 14 (3): 260-278*.
3. **Novotna, G.** (2013). Institutionalizing integrated treatment for concurrent disorders: Creating new organizational discourse. *Health Care Management Review, 38, 1, 51-60*.

Grants Held

Developing Knowledge Translation Interventions for Service Providers with Lived Experience of Addiction or Recovery: The Delphi Method
\$6,483; 2012-2013
Connections, CIHR, subgrant
Investigators: **Novotna, G.**

Deepening the Quality of Sophisticated Reasoning in Rural Nursing: Taking Knowledge to Action
\$19,761, 2012-2013
The Alberta Innovates-Health Solutions: KTA Grant
Investigators: *Sedgwick, M., Grigg, L., & Novotna, G.*

Organizational Delivery of Problem Gambling Treatment in Canada: Review of Literature.
\$2,500, 2013-2013
Seed grant, Alberta Gambling Research Institute
Investigators: **Novotna, G.**, & Williams, R.

Wounded Healers: The Ethical, Personal and Professional Issues Faced by Mental Health and Addiction Professionals in Recovery: A Scoping Review
\$6,000, 2012-2013
University of Lethbridge, Faculty of Health Sciences, Research Fund
Investigators: **Novotna, G.**

Novotna, Gabriela

Peer-reviewed publications (continued)

4. Urbanoski, K.A., Mulsant, B., Novotna, G., Rush, B. (2013). Does the redesign of a psychiatric inpatient unit change the treatment process and outcomes? *Psychiatric Services*, 64, 8.
5. **Novotna, G.**, Dobbins, M., Henderson, J. (2012). Institutionalization of evidence-informed practices in healthcare settings. *Implementation Science*, 7:112. *This article is designated as highly accessed by the journal.*
6. **Novotna, G.**, Dobbins, M., Jack, S.M., Sword, W., Niccols, A., Brooks, S., & Henderson, J. (2012). The influence of lived experience with addiction and recovery on practice-related decisions among professionals working in addiction agencies serving women. *Drugs: Education, Prevention and Policy*. Early Online: 1-9.
7. Morgenshtern, M., & **Novotna, G.** (2012). (In)(Out)Sider(s): White immigrant PhD students reflecting on their teaching experience. *Social Work Education: The International Journal*, 31:47-62.
8. **Novotna, G.**, Urbanoski, K.A. & Rush, B.R. (2011). Client-centered design of residential addiction and mental health care facilities: Staff perceptions of their work environment. *Qualitative Health Research*, 21,11, 1527-1538.
9. Jack, S.M., Dobbins, M., Sword, W., **Novotna, G.**, Brooks, S., Lipman, E.L., Niccols, A. (2011). Evidence-informed decision making by professionals working in addiction agencies serving women: A descriptive qualitative study. *Substance Abuse Treatment, Prevention, and Policy*, 6:29. *This article is designated as highly accessed by the journal.*

College of Nursing
University of
Saskatchewan
104 Clinic Pl
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marcella.ogenchuk@
usask.ca

Education/ Training

2010
PhD,
College of Education, Dept.
of Education
Administration, University
of Saskatchewan

2004
Master of Nursing
College of Nursing,
University of
Saskatchewan

1986
Bachelor of Nursing
College of Nursing,
University of
Saskatchewan

Positions

2007- current
Assistant Professor
College of Nursing,
University of
Saskatchewan

Expertise Keywords

Youth alcohol prevention;
Pediatric health
Interprofessional
collaboration

Present position and research interests

Assistant Professor, College of Nursing, University of Saskatchewan. My research interests are in Pediatric Health, specifically in Youth Alcohol Education and Prevention, Interprofessional Collaboration, and Oral Health. Qualitative research methods are the main methodological approaches used in my work.

Relevance statement

My research interests are focused on pediatric health and specifically with the prevention of youth substance use. I am interested in the dissemination of knowledge that will occur through the developed structure and process that CRISM will provide. The structure outlined will enhance the ability to inform research and practice between investigators and knowledge users. My research with youth substance use prevention will be enhanced by having the opportunity to collaborate with researchers and practitioners involved in CRISM. This process will allow me to assist in the development of regional capacity through my work at the population level with prevention and early treatment approaches in youth substance abuse, in the delivery and evaluation of substance use prevention programs.

Peer-reviewed publications

1. Preston, J., Ogenchuk, M., & Nsiah, J (2014). Peer Mentorship and Transformational Learning: PhD Student Experiences. *Canadian Journal of Higher Education*, 44(1), 52-68.
2. Ogenchuk, M., Spurr, S., & Bally, J. (2013, December). Caring for Kids Where they Live: Interprofessional Collaboration in Teaching and Learning in School Settings. *Nurse Education in Practice*.
3. Spurr, S., Bally, J.M., Ogenchuk, M., & Walker, K. (2012, October). A Framework for Exploring Adolescent Wellness. *Pediatric Nursing*, 6(38), 320-326.

Grants Held

Sport Participation and Alcohol Use, Letter of Intent CIHR, advancing Research to Improve Boys' and Men's Health Team Grant.
\$9,740.00
2014-2015
CIHR

Maternal Oral Health Social Marketing Project.
\$5,000.00
June 2013 – 2015.
Saskatoon Health Region, Community Grant Program

Examining the Efficacy of an On-Line Alcohol Intervention Project for Adolescents.
\$49,895.00
March 2013 – January 2015
RBC Nurses for Kids Community Development Program Operating Grant

School-based Alcohol Abuse Prevention Initiative.
\$9,973.00
2009-2010

RBC Faculty Community Development Award, Royal Bank of Canada

Peer-reviewed publications (continued).

4. Ogenchuk, M., Hellsten, L-A, & Prytula, M. (2012, May). Gender differences in alcohol prevention programming. *Journal of Case Studies in Education*, 4, 1-12.
5. Ogenchuk, M. (2012). High school students' perceptions of alcohol prevention programs. *Canadian Journal of Education*, 35(1), 156-170.
6. Spurr, S., Bally, J.M., Ogenchuk, M. & Peternelj-Taylor, C. (2011, December). A Wellness Framework for Pediatric Nursing Clinical Practice. *Holistic Nursing Practice*, 25(6), 298-308.
7. Ogenchuk, M. (2009). Symbolic policy and alcohol abuse prevention. *Canadian Journal and Educational Administration and Policy*, 94.

*Métis Addictions Council of
Saskatchewan Inc.
Prince Albert, SK S6V 1J7
306-953-8250
bpalibroda.macsi@shaw.ca*

Education/ Training

1994-1998

*University of Saskatchewan
College of Arts and Sciences
Bachelor of Arts High
Honours
Sociology and Women's and
Gender Studies*

1990-1992

*Saskatchewan Institute of
Applied Science and
Technology
Rehabilitation Worker
Diploma*

Work Experience

2012– present

*Director of Community
Relations and Outreach
Métis Addictions Council of
Saskatchewan Inc. (MACSI)*

*2004– 2012, Communications
Coordinator*

*FASD Support Network of
Saskatchewan*

2012– 2012

*Project Analyst
Provincial Partnership
Committee on Missing
Persons*

2008—2009

*Program Coordinator
Prairie Women's Health
Centre of Excellence*

Director of Community Relations and Outreach

The primary aim of the Director of Community Relations and Outreach is to raise MACSI's community profile and offer a supportive and engaged presence throughout the province by enhancing communications, community relations and coordinating outreach activities related to substance addictions.

Relevance statement

Métis Addictions Council of Saskatchewan Inc. (MACSI) is a community based non-profit addictions agency with three treatment facilities, one in each Regina, Saskatoon and Prince Albert. For over 45 years MACSI has been providing substance addictions services to Aboriginal and Non Aboriginal citizens of Saskatchewan. As the Director of Community Relations and Outreach my involvement and expertise would be most valuable in bridging the gap between research, theory and daily practice. I am keen to represent the views of the MACSI team, as well as to raise issues and concerns related to the individuals served through MACSI's inpatient, outpatient, stabilization, day program and field and outreach services. Additionally, within my role, I anticipate the ability to incorporate CRISM information and findings into MACSI produced reports, internal presentations to employees and Board of Directors, as well as inclusion of key initiatives on the MACSI website for which I am responsible. My involvement in community based photovoice research as well creating plain language educational materials has broadened my insight into the value of collaborative approaches to knowledge creation, knowledge translation and application to daily practice.

As a Métis led substance addictions agency MACSI is committed to collaborative work with others. We are enthusiastic to participate in creating and implementing new knowledge in the substance addictions field.

Expertise Key words

Community based initiatives
Strategic planning
Plain language communication
Participant informed Partnerships

Recognition/ Awards

High Honours with Distinction 1998
University of Saskatchewan

Knowledge translation experience

Developing FASD Prevention and Awareness through Educational Partnerships, Canada Northwest FASD Partnership Conference
Regina, SK 2006

FASD Basics for Healthcare Workers, Emergency Nursing Conference
Saskatoon, SK 2007

Belonging—Such an Achingly Simple Word. Mentoring and Circles of Support, National Biennial Conference on Adolescents and Adults with FASD and Mental Health Issues
Vancouver, BC 2008

Mentoring and Circles of Support, Canada Northwest FASD Partnership Conference,
Banff, AB 2008

Under the Lens Photo Voice Process Reflecting Women's Lives, Looking Back, Thinking Ahead: Using Research to Improve Policy and Practice in Women's Health
Halifax, NS 2009

Finding the Words...Poster session at the International FASD Conference
Vancouver, BC 2011

Relevant Publications

1. Palibroda, B. & Krieg, B., Murdock, L., Havelock, J. (2009). A Practical Guide to Photovoice: Sharing Pictures, Telling Stories, Changing Communities.
2. Palibroda, B. (2011). Improving Outcomes for Children with FASD in Foster Care: Training for Saskatchewan Foster Families Trainer's Manual and Parent Workbook.

Committee experience

FASD Provincial Interagency Committee, current
FASDLive Conference Planning Committee Member
2011-2012

Stacey Petersen

*Box 1458
Crossfield, AB T0M 0S0
403-941-4448
Stacey@freshstartrecovery.ca*

Education/Training

*1999 - 2000
Accounting &
Bookkeeping
Mount Royal University*

*1993 - 1995
RSW, Social Work
(Honours)
Mount Royal University*

Relevant Experience

*2004 - Present
Executive Director
Fresh Start Recovery
Centre*

*1995 - 2003
President and CEO
Simon House Recovery
Centre*

*1994 - 1997
Support Worker
Calgary Alternative
Support Services*

Expertise Keywords

*Community Outreach,
Community
Development,
Community
Engagement,
Program Development,
Non-profits*

Personal statement

Having worked for over 20 years in the field of addiction and recovery I feel we are at a tipping point for research and awareness. In my opinion this initiative is flagship in nature with the potential to impact communities and shift political will to make a difference with annual health budget allocations. I believe this initiative will clearly demonstrate the human case as well as the business case illustrating; cost avoidance, high returns on investment and enhanced quality of life for all concerned.

Committee Involvement

Calgary Community Addiction Strategy Leadership committee
Member, 2012

Keys to Recovery initiative
Flagship, 2011

Calgary Addictions Sector
Chair, 2007-2011

United Way Advisory Committee
Member, 2007-2011

Norlien Foundation 3 year initiative Recovery from
Addiction
Member, 2010 - 2012

Pathways to Housing Advisory Committee
Member, 2009

City of Calgary Services Sub Committee of the 10-year
plan to end Homelessness
Co-chair, 2007

Norlien Foundation Addiction initiative Steering
Committee
Member, 2005

Recognitions/ Awards

*2001
Top 40 Under 40*

*2011
McKillop Award
Leadership and
Community Service*

Related Agency Awards

*2014
Bhayana Family
Foundation Awards
(United Way)
Collaboration Award*

*2013
United Way
Together We Can Award*

*Finalist 2006 to 2013
Winner 2013 and 2010 as
Top Agency in Canada
Excellence in the Delivery
and Prevention of
Substance Abuse
Donner Canadian
Foundation Awards*

*2012
City of Calgary Community
Achievement Awards
Community Advocate
Organization*

*2007 – 2012
Recommended Canadian
Charity
Charity Intelligence*

Knowledge and Technology Translation

TED Talk: Innovation and Change
General Public, 2014

Clinical Aspects of Addiction
Rotary Club Event, 2000

Impact of Addiction
Calgary Police Service, 1998

Courses completed

Clinical Case Note Recording, First Nations Rituals and
Recovery, Street Drugs & Problem Gambling
Alberta Health Services

Mergers, Acquisitions & Partnerships
Centre for Non Profit Management

Impact of funding practices on not for profits
Calgary Centre for Voluntary Organizations

Fund Raising
Association of Fund Raising Professionals

Outcomes Measurement Assessment
Canadian Outcomes Research Institute

Affordable Housing and Community Capacity Building
Canadian Housing and Mortgage Corporation

Memberships

Alberta College of Social Workers
1999

*Aventa Addiction
Treatment for Women
610 25 Ave SW
Calgary, AB, T2S 0L6
403-245-9050 ext 4689*

crasmussen@aventa.org

Education/ Training

*2000-2005
Bachelor of Social Work
University of Victoria*

*1994-1996
Social Work Diploma
Red Deer College*

Work Experience

*2006- 2012
Team Leader of Client
Services
AIDS Calgary
Awareness Association*

*2001-2006
Addictions Counsellor
Aventa Addiction
Treatment for Women*

*1996-2001
Residence Counsellor
YWCA - Mary Dover
House*

Expertise Keywords

*Gender specific
treatment, trauma
informed, FASD
prevention*

Clinical Administration Manager

Oversee administrative operations of the Aventa Clinical Team; evaluation, quality improvement, safety, Accreditation, community development, participation in research projects.

Relevance statement

For the past 44 years Aventa Addiction Treatment for Women has been successful in providing treatment, education and support to women struggling with addictions. By participating in the CRISM project we would provide feedback on our perspectives as providers of gender specific treatment for women. In our role as a Knowledge User member, we will benefit from new research and information for possible inclusion in our practice.

Knowledge translation experience

2010 Poster Presentation - Building Client Centred Space, Leading Together: 6th Canadian HIV/AIDS Skills Building Symposium, Canadian AIDS Society.

2009 Presenter – HIV/Concurrent Disorders, 2nd Annual Addiction Day & Networking Fair, Faculty of Medicine, University of Calgary

2009, Facilitator, University Without Walls: CIHR Strategic Training Grant in HIV/AIDS Health Research - Summer Learning Institute.

Committee experience

2013-Present Calgary Fetal Alcohol Network, Committee Member

2013-Present Calgary Urban Aboriginal – Health Domain, Committee Member

2008-2010 Research Advisory Committee Member, "Getting to Work: Creating Evidence-Informed Learning Tools to Enhance Labour Force Participation Options for People Living with HIV in Canada"

2008-2009 Member of National Steering Committee, "Do you Have What it Takes? A community based HIV prevention project"

610 University Terrace
Edmonton, AB
T6G 2T4
(780) 492-2890
ginetta@ualberta.ca

Education/ Training

2004-2008
Master of Science
(Population Health)
School of Public Health
University of Alberta

1999-2001
Certification in Family
Medicine
College of Family
Physicians of Canada

1995-1999
Doctor of Medicine
Faculty of Medicine and
Dentistry
University of Alberta

Positions

2007-present
Assistant Professor
University of Alberta

2012-present
Research Director
Inner City Health and
Wellness Program

2004-present
Active Medical Staff
Alberta Health Services

Expertise Key words

Screening
Brief Intervention
Primary Care
Harm Reduction
Underserved Populations

Present position and research interests

I am an Assistant Professor with the University of Alberta Department of Family Medicine. My research interests include inner city health service delivery and the primary care of addictions. I bring to the research team expertise in addiction medicine, chronic disease prevention and screening, and primary care delivery as a result of my primary care training. I am experienced in mixed methods, knowledge translation, and community engaged research.

Relevance statement

The proposed Prairie CRISM demonstration projects relate directly to my ongoing work in 1) the KT of SBIRT in primary care settings and 2) the embedding of substance use screening tools in EMRs. Further, as the research director of Edmonton's Inner City Health and Wellness Program, I foresee substantial opportunity for program-nodal collaboration with respect to data sharing, registry development, and KT. I have established clinical and academic relationships with regional inner city stakeholders and primary care teams that will facilitate recruitment, retention, and KT activities for the CRISM node.

Peer-reviewed publications

1. Campbell-Scherer DL, Rogers J, Manca D, Lang-Robertson K, Bell S, Salvalaggio G, et al. Guideline Harmonization and Implementation Plan for the BETTER Trial (Building on Existing Tools to Improve Chronic Disease Prevention and Screening in Family Practice). *CMAJ Open* 2013;0040.R1.
2. Salvalaggio G, Taylor M, McKim R, Wild TC. Patient-Provider Rapport in the Health Care of People Who Inject Drugs. *SAGE Open* 2013;3(4).
3. Torti J, Duerksen K, Forst B, Salvalaggio G, Jackson D, Manca D. Documenting alcohol use in primary care in Alberta. *Can Fam Physician* 2013;59:1128.
4. Salvalaggio G, Dong K, Vandenberghe C, Kirkland S, Mramor K, Brown T, Taylor M, McKim R, Cummings G, Wild TC. Enhancing screening, brief intervention, and referral to treatment among socioeconomically disadvantaged patients: study protocol for a knowledge exchange intervention involving patients and physicians. *BMC Health Services Research* 2013;13:108. .

Grants Held

Inner City Health and Wellness Initiative (Research Lead)
\$3.5 million, 2013-2016
Operating grant, Royal Alexandra Hospital Foundation

Building on Existing Tools to Improve Chronic Disease Prevention and Screening in Family Practice: the BETTER2 Project (co-I)
\$1,499,981, 2012-2014
Coalitions Linking Action and Science for Prevention, Canadian Partnership Against Cancer Corporation

Toward Patient-Centered Addiction Care in a Socioeconomically Disadvantaged Population (PI)
\$250,000, 2010-2013
Knowledge Exchange grant, Alberta Innovates-Health Solutions

Developing a Preventative Alcohol Screening Tool for Use in Primary Care Practices (co-I)
\$5000, 2014-2015
Northern Alberta Academic Family Medicine Fund

Peer-reviewed publications (continued)

5. Dong K, Taylor M, Wild TC, Villa-Roel C, Rose M, Salvalaggio G, Rowe B. Community-Based Naloxone: A Pilot Program. *Canadian Journal of Addiction Medicine* 2012;3(2):4-9.
6. Jepson M, Kirkham A, Smith K, Salvalaggio G, Dong K. Health Care Worker Attitudes Toward Inner City Populations: A Literature Review. *Can J Emerg Med* 2014;15(1S):S93.
7. Salvalaggio G, Duerksen K, Steblecki L, Ross S. Aiming for Change: An Educational Initiative to Improve Medical Student Knowledge, Skills, And Attitudes About Addiction. *Family Medicine* 2013;45(Suppl4).
8. Manca D, Aguilar C, Greiver M, Carroll JC, Cave A, Pencharz J, Salvalaggio G, Grunfeld E, Doing It BETTER (Building on Existing Tools to Improve Chronic Disease Prevention and Screening): A Qualitative Evaluation of a Personalized Approach to Prevention and Screening. *Family Medicine* 2013;45(Suppl4).
9. Salvalaggio G, Dong K, Vandenberghe C, et al. Impact of an Addiction Assessment Knowledge Translation Strategy on Physician Attitudes and Assessment Behaviour. *Can J Emerg Med* 2013 15(1S): S51.
10. Dong K, Cooper R, Salvalaggio G, et al. Needs Assessment Survey Of Homeless And/Or Substance Using Adults Presenting To The Emergency Department. *Can J Emerg Med* 2013 15(1S): S71.
11. Salvalaggio G, Dong K, Vandenberghe C, et al. Impact of Patient Engagement Resources on Satisfaction With Care for Disadvantaged Patients Who Use Alcohol or Drugs. *Family Medicine* 2013;45(Suppl2).
12. Salvalaggio G, Dong K, Storie D, et al. Effectiveness of Screening, Brief Intervention, And Referral for Treatment (SBIRT) for Problematic Drug Use In Primary Care: A Systematic Review. *Family Medicine* 2012;44(Suppl1).
13. Salvalaggio G, Dong K, Storie D, et al. Determinants of Effective Engagement for Low
14. Socioeconomic Position And/or Addicted Patients In Primary Care Settings: A Descriptive Review. *Family Medicine* 2012;44(Suppl1).
15. Dong K, Vandenberghe C, Kirkland S, et al. Surveying Homeless and/or Substance Using Adults that Present to the Emergency Department: Developing a Protocol to Maximize Data Capture. *Can J Addiction Med* 2011;2(2),12.

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sherrenn@norlien.org

Education/Training

2003

PhD, Psychology
Neuroscience
Specialization
Carlton University

1998

MSc, Psychology
Neuroscience
Specialization
Carlton University

1995

BA, Highest Honours,
Psychology
Carlton University

Relevant Experience

Scientific Director
Norlein Foundation

Program Officer
Norlein Foundation

2003 - 2007

Post Doctoral Fellow
Dept of Neuroscience
University of Lethbridge

Current Position

As the scientific director of the Norlien Foundation I oversee scientific research grants, provide leadership and assistance on neuroscience-related content and research matters both internally and externally. I also partner with provincial, national, and international funding agencies to lever funds

Knowledge and Technology Translation

Changing the Public Discourse on Addiction In Alberta, Lieutenant-Governor's Circle on Addiction and Mental Health, 2014, Calgary and Edmonton, AB

Building a Solid Foundation for Lifelong Learning and Health. *Alberta Teacher's Association Research Colloquium*, 2014, Edmonton, AB

Marijuana Fact and Fiction: How Policies Can Help Solve a Complex Social Problem. *Calgary Police Services*, 2013, Calgary, AB

Making Positive Change: Mobilizing Knowledge About Addiction in Alberta. *1st International Conference on Sex and Love Addiction*, 2013, Brooklyn, NY

Committee Involvement

Calgary Alpha House Society
Board Chair, 2009 - Present

RESOLVE Capital Campaign for Affordable Housing in Calgary
Steering Committee, 2013 - Present

The City of Calgary's Community Addictions Strategy Strategic Planning Group, 2011 - Present

Alberta Research Network In Addiction
Member, 2013 - Present

ACEs-A Research Working Group
University of Calgary/Alberta Health Services/Primary Care
Member, 2012 - Present

Expertise Keywords

Community Engagement
Knowledge Mobilization
Program Development
Neuroscience
Strategic Planning

Relevant Publications

1. Sherren N, Kolb B. (2010) A comparison of the effects of days 1 and 10 unilateral lesions of medial prefrontal cortex on cerebral morphogenesis and behavior. *Behav. Brain Res.* 214(1): 108-14.
2. Sherren N, Pappas BA. (2005) Selective acetylcholine and dopamine lesions in neonatal rats produce distinct patterns of cortical dendritic dysgenesis in adulthood. *Neuroscience* 136(2): 445-45.
3. Pappas BA, Payne KB, Fortin T, Sherren N. (2005) Neonatal lesion of forebrain cholinergic neurons: further characterization of behavioural effects and permanency. *Neuroscience* 133(2): 485-492.
4. Pappas BA, Sherren N. (2003) Neonatal 192 IgG-saporin lesion of forebrain cholinergic neurons: focus on the life span? *Neurosci. Biobehav. Rev.* 27(4): 365-376.
5. Pappas BA, Nguyen T, Brownlee B, Tanasoiu D, Fortin T, Sherren N. (2000) Ectopic noradrenergic hyperinnervation does not functionally compensate for neonatal forebrain acetylcholine lesion. *Brain Res.* 867(1-2): 90-99.
6. Sherren N, Pappas BA, Fortin T. (1999) Neural and behavioral effects of intracranial 192 IgG-saporin in neonatal rats: sexually dimorphic effects? *Dev. Brain Res.* 114(1): 49-62.

Memberships

American Association for the Advancement of Science
□ Society for Neuroscience

*Dept. of Psychiatry
1E1.07*

*Mackenzie Center
University of Alberta
8440 - 112 Street,
Edmonton, AB T6G 2B7
(780) 407-6576
peter.Silverstone
@ualberta.ca*

Education/Training

1994

*Fellowship of the Royal
College of Physicians of
Canada*

1988

*Membership of the Royal
College of Psychiatrists
(UK)*

1989

*MD, Doctoral Thesis
University of London, UK*

1982

*MBBS, Medical Degree
University of London, UK*

1977 – 1982

*Saint Bartholomews
Hospital Medical School
London, U.K.*

Expertise Keywords

*Imaging, Research,
Psychopharmacology,
Trials, Study Design,
Prevention, Youth*

Silverstone, Peter

Present position and research interests

Currently, I am working as a professor of psychiatry at the University of Alberta. My research focus is on addictions, both drug and non-drug addictions, and prevention of illness by intervening in high-risk youth. I have a wide number of collaborations, including with two professors in the Business Faculty and an increasing collaboration with the Edmonton Police Service.

Relevance statement

With my background in psychopharmacology research and imaging research, as well as my current active involvement in youth prevention programs, I believe that there would be a strong fit in what I have been doing with the goals of the CRISM program. With my active group of trainees, many of whom are working in this area, the ability to expand clinically-relevant research capabilities in this area would be a specific goal of my involvement with CRISM

Peer-reviewed publications

1. Suen VYM, Silverstone PH. (2014). Does decision-making during gambling involve primary roles for the pre-frontal cortex and anterior cingulate cortex. *International Journal of Medical Imaging*. 2(5): 96-104
2. Suen VYM, Morck R, Brown M, Silverstone PH. (2014). Regional brain changes occurring during disobedience to “experts” in financial decision-making”. *PLOS One*. January 24, 2014. DOI: 10.1371
3. Martin EK, Silverstone PH. (2013). How much Child Sexual Abuse is “below the surface”, and can we help adults identify it early? *Frontiers in Child and Neurodevelopmental Psychiatry* 4, 58.
4. Silverstone PH, Krameddine YI, DeMarco D, Hassel R. (2013). A novel approach to training police officers how to best interact with individuals who may have a psychiatric disorder. *Journal of the American Academy of Psychiatry and the Law*, 41:3:344-355

Positions

*1999 - Present
Professor, Psychiatry
University of Alberta*

*2003 – Present
Professor, Center for
Neuroscience
University of Alberta*

*2009 – Present
Chair, Edmonton Psychiatry
Conference*

*2012-2014
Scientific Director
Strategic Clinical Network
for Addiction and Mental
Health, Alberta Health
Services (AHS)*

Grants Held

*Towards a quantitative
study of the neurological
impact of therapeutic
interventions in children
who have experienced
trauma; AIHS
\$30,000; 2014 – 2015*

*EMPATHY – Empowering a
Multisectoral Pathway
Towards
Health Youth
\$2,000,000; 2013 -2015
Addictions and Mental
Health, Alberta Health
Services*

*Increasing public
awareness of addictions
and abuse as a means of
lowering risk of subsequent
development of addictions
\$80,000; 2012 - 2016
Centre for effective business
management of addiction
treatment*

Peer-reviewed publications (continued)

5. Greenspan F, Moretzsohn AG, Silverstone PH. (2013). What treatments are available for Childhood Sexual Abuse, and how do they compare? *International Journal of Advances in Psychology*, 2, 232-241.
6. Krameddine YI, DeMarco D, Hassel R, Silverstone PH. (2013). A novel training program for Police Officers that improves interactions with mentally ill individuals and is cost-effective. *Frontiers in Forensic Psychiatry*, 4, 9.
7. Ashton CKK, Silverstone PH. (2012). Risks and interventions for adolescent alcohol abuse. *Current Trends in Neurology*, 6, 21-28.
8. Silverstone PH., Lalies MD, Hudson AL. (2012). Quetiapine and bupropion both elevate cortical levels of noradrenaline and dopamine in vivo, but do not have synergistic effects. *Frontiers in Neuropharmacology*, 3, 82.
9. Dadashova R, Silverstone PH. (2012). Off-label use of atomoxetine in adults: Is it safe? *Mental Illness*, 4, e19.
10. Brown MRG, Lebel M, Dolcos F, Wilman A, Silverstone PH, Pazderkag H, Fujiwara E, Wild TC, Spetch M, Carroll AM, Hodlevskyya O, Zedkova L, Zwaigenbaum L, Thompson A, Greenshaw AJ, Dursun SM. (2012). Effects of emotional context on impulse control. *Neuroimage*, 63, 434-446.
11. Hudson A, Lalies M, Silverstone PH. (2012). Venlafaxine enhances the effect of bupropion on extracellular dopamine in rat frontal cortex. *Canadian Journal of Physiology and Pharmacology*, 90, 803-809.
12. Silverstone PH, Dadashova R. (2012). Atomoxetine treatment for nicotine withdrawal: a pilot double-blind, placebo-controlled, fixed-dose study in adult smokers. *Annals General Psychiatry*, 11, 6.

Foothills Medical Centre
Addiction Centre, 6th Floor,
North Tower
1403 29 Street NW
Calgary, AB, T2N 2T9,
Canada
Office Phone (not yet
available)

Jonathan.stea@albertahealthservices.ca

Education/ Training

2010 – 2014 (convocation
in November)
Ph.D. (Clinical Psychology)
University of Calgary

2008 – 2010
M.Sc. (Clinical Psychology)
University of Calgary

2003 – 2008
H.B.Sc. (Psychology
Specialist, Philosophy
Minor)
University of Toronto

Positions

September 2014 – present
Clinical Psychologist
Alberta Health Services,
Addiction Centre, Foothills
Medical Centre

September 2013 – August
2014
Clinical Psychology
Resident
Alberta Health Services

Present position and research interests

Starting on September 8th, 2014, I will be employed as a Clinical Psychologist at the Addiction Centre, Foothills Medical Centre, Alberta Health Services, Adult Team. My research interests include topics related to the development, assessment, and treatment of concurrent disorders as well as cannabis use disorders. In prior research, I have applied both quantitative and qualitative statistical procedures to analyze cross-sectional, longitudinal, and retrospective studies. .

Relevance statement

My interest in CRISM stems from my belief in the philosophy of the scientist- practitioner model in clinical psychology, which broadly seeks to bridge the gap between research and practice. I have experience in delivering motivational and behavioural interventions to clients presenting with a range of psychopathology. In potential collaboration with my manager at the Addiction Centre, I may be of assistance by possibly helping to implement aspects of Demonstration Project 2 at the Addiction Centre.

Peer-reviewed publications

1. Stea, J. N., Hodgins, D. C., & Fung, T. (2014). Abstinence versus moderation goals in brief motivational treatment for pathological gambling. *Journal of Gambling Studies*. doi: 10.1007/s10899-014-9461-6
2. Stea, J. N., Lee, S. M., & Sears, C. R. (2013). Enhancement of false memory for negative material in dysphoria: mood congruency or response bias? *Cognitive Therapy and Research*, *37*, 1189-1200.
3. Stea, J. N., & Hodgins, D. C. (2012). The relationship between lack of control and illusory pattern perception among at-risk gamblers and at-risk cannabis users. *The Social Science Journal*, *49*, 528-536.
4. Stea, J. N. (2012). Freud's conceptualization of the social world: psychology recapitulating sociology or sociology recapitulating psychology? *Europe's Journal of Psychology*, *8*, 182-202.
5. Stea, J. N., & Hodgins, D. C., & Lambert, M. J. (2011). Relations between delay discounting and low to moderate gambling, cannabis, and alcohol problems among university students. *Behavioural Processes*, *88*, 202-205.

Expertise Keywords

Concurrent disorders,
cannabis use disorder,
cognitive behavioural
therapy, motivational
interviewing, relapse
prevention

Peer-reviewed publications (continued)

6. Hodgins, D. C., Stea, J. N., & Grant, J. E. (2011). Gambling disorders. *Lancet*, *378*, 1874-1884.
7. Stea, J. N., & Hodgins, D. C. (2011). A critical review of treatment approaches for gambling disorders. *Current Drug Abuse Reviews*, *4*, 67-80.
8. Vettese, L. C., Toneatto, T., Stea, J. N., Nguyen, L., & Wang, J.J. (2009). Do mindfulness meditation participants do their homework? And does it make a difference? A review of the empirical evidence. *Journal of Cognitive Psychotherapy: An International Quarterly*, *23*, 198-225.

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Building
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306 966-6956
caroline.tait@usask.ca

Education/Training

2003-2004
Postdoctoral Fellow
Dept. Psychiatry, McGill

Graduated 2003
Doctorate of Philosophy
Dept. Anthropology,
McGill

Graduated 1995
Masters of Arts
Dept. Anthropology,
University of California,
Berkeley

Positions

2010-Present
Associate Professor
Department of
Psychiatry
University of
Saskatchewan

2004-2010
Assistant Professor
Department of Native
Studies, University of
Saskatchewan

2007-2010
Associate Director
Indigenous Peoples
Health Research Centre

Present position and research interests

Associate Professor, Department of Psychiatry, University of Saskatchewan. My research program focuses on Indigenous women and addictions, fetal alcohol syndrome prevention, and First Nations and Métis youth mental health. I am trained as a medical anthropologist and undertake community-based research with Indigenous peoples.

Relevance statement

My role in this project will be to examine the intersection of health determinants, intergenerational trauma, and individual and community resilience as they relate to substance misuse and policy and program development. I specialize in the creation of “ethical policies and programming” and processes of micro reconciliation within health care and addictions services targeting Indigenous peoples. My work is driven by Indigenous experience and worldviews and undertaken as Indigenous driven community-based research and knowledge translation.

Peer-reviewed publications

1. Tait, C. (2014). Fetal Alcohol Spectrum Disorder and Indigenous Peoples of Canada: Reflection on 15 Years of Study. *Working with Aboriginal Peoples with Mental Health and Addictions, Menzies and Lavaleé (eds)*, Chapter 18. Toronto: CAMH.
2. Tait, C. (2015 forthcoming). Fetal Alcohol Syndrome. *The Wiley-Blackwell Encyclopedia of Gender and Sexuality Studies*. John Wiley and Sons, Inc.
3. Tait, C. (2013). Resituating the Ethical Gaze: Government Morality and the Local Worlds of Impoverished Indigenous Women. *International Journal of Circumpolar Health*, 72. 21207.
4. Tait, C., Henry, R., & Loewen Walker, R. (2013). Child Welfare: A Determinant of Health for Canadian First Nations and Métis Children?. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*, 11 (1), 39-53.
5. Tait, C. & Whiteman, E. (2011). Introduction: Indigenous Youth, Resilience, and Decolonizing Research. *Native Studies Review*, 20 (1).

Grants Held

*Transformational
Research in Adolescent
Mental Health
\$25,000,000, 2014-2019
Co-Principal
Investigator
Research, CIHR and
Graham Boeckh
Foundation*

*Technologies of
Potential Change:
Tracking the Impact of
Saskatchewan's Child
Welfare Reform
\$236,839, 2011-2014
Operating Grant, CIHR*

*Network Environments
for Aboriginal Health
Research
\$9,280,961, 2010-2011
CIHR*

*Ethical Guidelines in the
Delivery of Mental
Health and Addictions
Programs and Services
to First Nations, Inuit,
and Métis Peoples
\$202,498, 2009-2011
Research, Mental
Health Commission of
Canada*

Expertise Keywords

*Indigenous,
FASD, mental health,
intergenerational
trauma, resilience,
addictions and
mothering*

Peer-reviewed publications (continued)

Tait, Caroline L. (2009). Is Canada failing Métis children? An examination of the challenges and barriers to improved health. *Canadian Supplement to The State of the World's Children 2009: Aboriginal Children's health: leaving no child behind*, 30-36. Ottawa: Unicef Canada.

Tait, Caroline L. (Research/Writer and Content Producer) and Doug Cuthand (Producer) (2011). *Child Welfare – The State as Parent*. (Documentary). Saskatoon, Saskatchewan, Canada: Blue Hill Production.

Tait, Caroline L. (Research/Writer and Content Producer) and Doug Cuthand (Producer) (2011). *Do you find this unethical, partner?* (Documentary). Saskatoon, Saskatchewan, Canada: Blue Hill Production.

24th Floor, ATB Place North
10025 Jasper Ave. NW
Edmonton AB T5J 1S6
403-641-8639

Education/ Training

2010 – 2013

*Certified Physician Executive
Canadian Society of
Physician Executives*

1977 – 1982

*FRCPC – Psychiatry
University of Calgary*

1972 – 1977

*Doctor of Medicine
University of Saskatchewan*

Relevant Experience

2013 – Present

*Chief Addiction & Mental
Health Officer
Alberta Health*

2009 – 2013

*Senior Medical Director in
Addiction & Mental Health
Alberta Health Services*

2005 – 2009

*Medical Director
Division of Primary Care
Psychiatry*

1984 – 2006

*Clinical Director
Consultation–
Liaison Psychiatry,
Foothills Medical Centre
Calgary*

Present Position and Responsibilities

As Chief Addiction & Mental Health Officer in Alberta Health, I am charged with being the clinical voice within government, and for the public at large. As such, I am involved with policy direction and implementation within government and Alberta Health.

Relevance Statement

Alberta Health has always been part of the discussions regarding substance misuse in Alberta, and more recently was included in the discussions about the creation of Prairie Node CRISM initiative. Alberta Health, directly and indirectly, funds prevention, intervention and treatment activities related to substance misuse within Alberta. Alberta Health also treats the medical mishaps associated with substance misuse. The ability to coordinate a greater use of evidence-informed approaches to individual programs, and a larger network of linked resources, is ideal from a provincial, and indeed an inter-provincial perspective. My position within Alberta Health is ideally placed to use the experience arising out of CRISM activities to link them to provincial initiatives. The Prairie Node's projected involvement with primary care reinforces Alberta Health's priorities. However, it will be challenging to implement without multiple levels of integration, including from the ministerial level. This project will be particularly powerful if we can influence all three provinces simultaneously

Knowledge and Technology Translation

Strategic Reorientation in the Mental Health System in Alberta, Canada: Forum für Gesundheitswirtschaft e.V. Berlin, Feb 18, 2011

Harm to Healing- Partnering with Patients who have been Harmed: for Patients for Patient Safety Canada. March 26, 2012

Lessons on Psychosocial Recovery from the Flood: After the Flood – Making Resilient Communities Calgary Oct 18, 2013

Expertise Keywords

Clinical leadership
Advocacy in government
First Do No Harm
Chair provincial Alcohol and Tobacco Strategies

Recognitions/ Awards

Readiness to Partner in Patient Safety after Harm: \$14,400 2009 – 2011
Patients for Patient Safety Canada

Committee Involvement

Quality & Access Committee of the Board
Physician Representative
2001 – 2005

Regional Event Safety Review Committee (previously: Critical Incident Review Committee)
Member 1998 – 2009
Chair 2005 - 2009

Calgary & Area Suicide Prevention Committee
Co-Chair
2005 – 2009

Addiction & Mental Health Strategic Clinical Network
Medical Director
2012 - 2013

Creating Connections: The Alberta Addiction & Mental Health Strategy – Implementation Committee
Member 2012 – 2013
Chair 2014

First Do No Harm – Treatment Implementation
Member
2014

Alberta Alcohol Strategy
Co-Chair
2014

Memberships

Alberta Medical Association
Alberta Psychiatric Association
Canadian Medical Association
Canadian Psychiatric Association
Canadian Society of Physician Executives

2700, 10020 100 St.
Edmonton, AB
T5J 0N3
780-969-4930
Susan.Ulan@cpsa.ab.ca

Education/ Training

1988 - 1990
Family Medicine
Residency
University of Alberta

1984 - 1988
Doctor of Medicine
University of Western
Ontario

1981 - 1984
General Sciences
University of Western
Ontario

Work Experience

2009 - 2014
Senior Medical Advisor
College of Physicians &
Surgeons of Alberta

2010 - 2012
Assistant Clinical
Professor
University of Alberta

1990 - 2009
Family Medicine
Edmonton, AB

Expertise Keywords

Quality improvement
program development
in medical regulation

Senior Medical Advisor, College of Physicians & Surgeons of Alberta (CPSA)

Physician Prescribing Practices (PPP) Program utilizes physician prescribing data to create prescribing interventions with a focus on quality assurance and improvement.

Relevance statement

Alberta's The Triplicate Prescription Program is operated by the CPSA on behalf of partners. Improved analytics help to identify high risk patient medication use and prescribing practices. The CPSA has developed educational interventions with physicians using best practice guidelines and prescribing tools. Evaluating the impact of prescription monitoring programs (PMP) and establishing best practices will inform our work as a medical regulatory body and operator of a PMP.

Knowledge translation experience

PPP Program develops broad based and targeted interventions for physicians with high risk prescribing practices. Projects include high meperidine prescribing, high risk patient identification, high daily oral morphine equivalent work and collaborative work with Alberta FNIHB. (2009 – present)

Leadership role in development of the CAMH Opioid Dependence Treatment Core Course – Alberta version (2012 – 2014)

Leadership role in the update of the Alberta Methadone Maintenance Treatment Standards Guidelines for Dependence. (2014)

Committee experience

National Advisory Council on Prescription Drug Misuse
Co-chair
2012 – present

Alberta Coalition on Prescription Drug Misuse
Co-chair
2011 – present

**Recognition/
Awards**

*University of Alberta
Undergraduate Family
Medicine Preceptor of
the Year
(2009)*

*University of Western
Ontario, Faculty of
Medicine Obstetrics and
Gynaecology Award
(1988)*

*University of Western
Ontario, Entrance
Scholarship
(1981)*

Grants

CIHR CRISM Grant
*Developing a Canadian
Research Network to
Evaluate Prescription
Monitoring Programs in
Preventing/Reducing the
Non-Medical Use of
Pharmaceutical Drugs*
(Principal knowledge user
supporting Dr. Sproule)
2013 – 2014

Alberta Health Grant
Development of the
*CAMH Opioid
Dependence Treatment
Core Course-Alberta
Version*
(\$100,000 granted to
CoOPDM)
2012 - 2014

Memberships

College of Physicians & Surgeons of Alberta
(1988 to present)

College of Family Physicians of Canada
(1990 – present)

Alberta Medical Association
(1990 – present)

Research Activities:

*Developing a Canadian Research Network to Evaluate
Prescription Monitoring Programs in
Preventing/Reducing the Non-Medical Use of
Pharmaceutical Drugs*, CIHR Canadian Research
Initiative in Substance Misuse Grant - principal
knowledge user supporting the research of Dr. Beth
Sproule.
(2013 – 2014)

*Intervention Strategies to Address Concerning
Prescribing Practices Related to Medications with High
Potential for Misuse*, abstract presentation at Canadian
Public Health Association conference, Edmonton – co-
author with Dr. Shelly Vik.
(June 11-14, 2012)

*A Systematic Review of Long-Term Opioids for Chronic
Non-Cancer Pain*, CIHR Knowledge Synthesis Grant
Knowledge user supporting the research of Dr. Andrea
Furlan et al.
(2011 – present)

18750 – 18 Street
Edmonton, Alberta,
T5Y 6C1
780-422-8888
Glenn.Walmsley@albertahealthservices.ca

Education/ Training

1969
Bachelor of Science
McGill University

1976
Master of Social Work
Wilfred Laurier
University

Work Experience

2004-current
Site Manager
Alberta Health Services

1997-2004
Program Director
The Family Centre

1994-1997
Executive Action North
Recovery Centre

Expertise Keywords

Adult, residential,
gender-specific, alcohol,
drugs

Present position and responsibilities

I am the Site Manager of Henwood Treatment Centre, a 72 bed adult residential alcohol and drug treatment centre, responsible for the day-to-day operation.

Relevance statement

As the Site manager of a large addiction treatment centre we are a hub for such treatment in northern Alberta, and I can play a leadership role in transferring knowledge into practice. I have 13 years in the addiction field and 5 years in the mental health field. I use the AHS research department and other data sources to drive our goal of best practice. Henwood has a 46 year tradition of using leading best practices and it is a privilege to continue that tradition. I do very few presentations. However, I am a user of research, translating findings into operational pilots or programs.

Committee experience

Accreditation
Member
Current

Clinical Standards
Member
Current

Memberships

Alberta College of Social Workers
Date of affiliation: October 29, 1980

*Department of Educational
Policy Studies
University of Alberta
7-104 Education North
Edmonton, AB T6G 2G5
780-492-7606*

Education/ Training

1996-2003

*Doctorate, Educational
Policy Studies
Indigenous Peoples
Education
University of Alberta*

1979 – 1992

*Msc, Educational Policy
Studies, International
Intercultural Education
University of Alberta*

1965-1977

*Bed, Secondary English
University of Alberta*

1968 -1970

*Diploma, Intercultural
Education
University of Alberta*

Expertise Keywords

*Aboriginal health/research,
collaborative approaches,
community based
research, Indigenous
education, Indigenous
knowledges in research,
Indigenous
methodologies,
interdisciplinary studies,
narrative inquiry research,
synthesis*

Presentations

1. (2013). National Colloquium on Indigenous Knowledge: Aboriginal Health Research. Aboriginal Health Research Networks Secretariat, Vancouver, Canada
2. Sockbeson R. (2013). Bridges as Supports and Threats: A Critical Examination of the Bridges Concept in Relation to Indigenous Knowledge in the Academy. Educational Policy Studies Research Day 2013, Edmonton, Canada
3. Vedan R. (2012). Indigenous Knowledge & Aboriginal Health Research. Aboriginal Health Research Network Gathering, Vancouver, Canada
4. Crier J, Sockbeson R, Steinhauer E. (2012). Sustaining Academic Vitality: Indigenous Knowledges in the Academy. Educational Policy Studies Research Day: The Future of Education and Education for the Future, University of Alberta, Edmonton,
5. (2012). Canadian Indigenous Plenary Presentations: Indigenous Community Research. Canadian Association for the Study of Indigenous Education (CASIE), First Nations Longhouse, University of British Columbia, Vancouver, Canada
6. (2012). Indigenous Knowledge, Aboriginal History and Theorizing About Racism. National Colloquium on Racism, Cultural Safety and Aboriginal Peoples' Health, Ottawa, Canada
7. Auger S, Steeves P, Weber J. (2011). Community as the Heart of Research. AHRNet National Conference, IPHRC, University of Regina, Regina, Canada
8. Auger S, Steeves P, Weber J. (2011). Incorporating Indigenous Knowledge into Research. 11th Annual National Gathering of Graduate Students in Aboriginal Health Research: Indigenous Innovation Integration, Indigenous Peoples Health Research Centre, Regina, Canada
9. DePass C, Jardine G. (2011). Liberate Yourself from Mental Slavery - Women's Perspectives of Diversity & Gender in the Lived Curriculum. Women's Perspectives on Student Development Conference, OISE (Ontario Institute for Studies in Education), University of Toronto, Toronto, Canada
10. (2010). Standing up in Support of Life: Lessons from Strong Women. Native Women's Wellness Retreat, Edmonton, Canada

Positions

2006 - Present
Associate Professor
Educational Policy Studies
University of Alberta

2002-2006
Assistant Professor
Educational Policy Studies
University of Alberta

1999-2000
Researcher, Adult Literacy
Metis Nation of Alberta
Zone IV

Grants Held

Alberta NEAHR: Access to
Health Research -
Participation and
Empowerment of
Aboriginal People in
Research to Improve
Health and Well-Being
\$970,000; 2010 – 2015 (PI)
CIHR, NEAHR

Alberta NEAHR: Access to
Health Research -
Participation and
Empowerment of
Aboriginal People in
Research to Improve
Health and Well-Being
\$100,000; 2013-2015; (CI)
CIHR

Understanding How the
Social Determinants of
Health Affect the
Experience of Access
to Primary Care Services in
Low Income Individuals
and Families in Alberta,
\$25,000; 2013-2014; (CI)
CIHR

Book Chapters

1. Weber-Pillwax C, Sinclair J. (2013). Traditional Indigenous Knowledge in Contemporary Leadership: The Context for Ethical Leadership for Indigenous People. Beauvais C, Shukla R, David-Blais M. Ethical Leadership and Contemporary Challenges, Philosophical Perspectives. Peeters Publishers, Leuven, Belgium
2. Weber-Pillwax CK, Chartrand LD. (2011). Pimatsowin Weyasowewina: Our Lives, Others' Laws. Mosher J, Brockman J. Constructing Crime: Contemporary Processes of Criminalization. UBC Press, Vancouver, Canada
3. Weber-Pillwax CK. (2009). When Research Becomes a Revolution: Participatory Action Research with Indigenous Peoples. Kapoor D, Jordan S. Education, Participatory Action Research, and Social Change: International Perspectives. Palgrave Macmillan, New York, United States.

Journal Articles

1. Shultz L, Kelly JR, Weber-Pillwax CK. (2009). The Location of Knowledge: A Conversation with the Editors on knowledge, Experience and Place. Alberta Journal of Educational Research: Expanding Knowledge Systems in the Teacher Education Program. 55(3): 335-350.

Committee Membership

1. Department External Review, IPE Representative, Educational Policy Studies, Faculty of Education, University of Alberta, University of Alberta. Member.
2. Department External Review, IPE Representative, Educational Policy Studies, Faculty of Education, University of Alberta, University of Alberta. Member
3. Aboriginal Health Group, University of Alberta. Member
4. Alberta Project Promoting Active Living and Health Eating in Schools (APPLE Schools), University of Alberta. Member
5. Aboriginal Education: Undergraduate Program Component Development Ad Hoc Committee, University of Alberta. Chair.
6. Wasi Communities Northern Alberta Indigenous Women's Research Network. Lead Facilitator.

4822 Junor Place
Regina, SK S4X 0B6
306-787-5020
Kathy.Willerth@
health.gov.sk.ca

Education/ Training

2009
Masters of Public
Administration
University of Regina

1989
Bachelor of Social Work
University of Regina

Recognition or Awards

Saskatchewan Health
Excellence Award

Expertise Keywords

*Mental Health,
Addictions, Culturally
Affirming Services,
Management, Policy
Analysis*

Present position and responsibilities

As the director of mental health and addictions for Saskatchewan Health I act to represent the province on federal or national committees addressing mental health and alcohol and drug abuse issues. I also provide leadership and direction to three work units. These units provide support to various regional health authority mental health, alcohol and drug abuse, and youth at risk programs, develop and evaluate appropriate program standards and legislation, conduct strategic planning, and policy development

Work Experience

2007- Present
Director, Mental Health and Addictions
Saskatchewan Health

2002 – 2007
Program Manager, Randall Kinship Centre
Child and Youth Services, Mental Health Services

1996 – 2002
Program Manager, Children's Services Program
Child and Youth Services, Mental Health Services
Regina Health District

2000 – 2001
Program Consultant, Early Childhood Development Unit
Saskatchewan Health

1989- 1997
Social Worker, Children's Services Program
Child and Youth Services, Mental Health Services



Application for Funding – Budget

Funding Opportunity

Canadian Research Initiative in Substance Misuse - Nodes 2014-10-06

Applicant

Last Name
WILD

First Name
Cameron

Institution
University of Alberta

Financial Assistance Required

Year 1

Research Staff (excluding trainees)	No.	Salary	Benefits	CIHR	Other Funding Sources		Total
					Cash*	In-Kind*	
Research Assistants	1.0	\$40,180	\$9,820	\$50,000	\$0	\$0	\$50,000
Technicians	0.25	\$16,375	\$3,625	\$20,000	\$0	\$0	\$20,000
Other personnel (as specified in Employment History)	2.5	\$178,240	\$31,760	\$210,000	\$0	\$0	\$210,000
Research Trainees	No.	Stipend	Benefits	CIHR	Other Funding Sources		Total
					Cash*	In-Kind*	
Postdoctoral Fellows (post PHD, MD, etc.)	0.0	\$0	\$0	\$0	\$0	\$0	\$0
Graduate Students	2.0	\$40,000	\$0	\$0	\$0	\$40,000	\$40,000
Summer Students	0.0	\$0	\$0	\$0	\$0	\$0	\$0
Materials, Supplies and Services				CIHR	Other Funding Sources		Total
					Cash*	In-Kind*	
Animals				\$0	\$0	\$0	\$0
Expendables				\$5,000	\$0	\$0	\$5,000
Services				\$0	\$0	\$0	\$0
Other (as specified in the Details of Financial Assistance Requested)				\$50,000	\$0	\$0	\$50,000
Travel				CIHR	Other Funding Sources		Total
					Cash*	In-Kind*	
Travel				\$15,000	\$0	\$0	\$15,000
Total Operating				\$350,000	\$0	\$40,000	\$390,000
Total Equipment				\$85,000	\$0	\$0	\$85,000
Total Request				\$435,000	\$0	\$40,000	\$475,000



Application for Funding – Budget

Funding Opportunity

Canadian Research Initiative in Substance Misuse - Nodes 2014-10-06

Applicant

Last Name
WILD

First Name
Cameron

Institution
University of Alberta

Financial Assistance Required

Year 2

Research Staff (excluding trainees)	No.	Salary	Benefits	CIHR	Other Funding Sources		Total
					Cash*	In-Kind*	
Research Assistants	1.0	\$40,180	\$9,820	\$50,000	\$0	\$0	\$50,000
Technicians	0.25	\$16,375	\$3,625	\$20,000	\$0	\$0	\$20,000
Other personnel (as specified in Employment History)	2.5	\$178,240	\$31,760	\$210,000	\$0	\$0	\$210,000
Research Trainees	No.	Stipend	Benefits	CIHR	Other Funding Sources		Total
					Cash*	In-Kind*	
Postdoctoral Fellows (post PHD, MD, etc.)	0.0	\$0	\$0	\$0	\$0	\$0	\$0
Graduate Students	2.0	\$40,000	\$0	\$0	\$0	\$40,000	\$40,000
Summer Students	0.0	\$0	\$0	\$0	\$0	\$0	\$0
Materials, Supplies and Services				CIHR	Other Funding Sources		Total
					Cash*	In-Kind*	
Animals				\$0	\$0	\$0	\$0
Expendables				\$5,000	\$0	\$0	\$5,000
Services				\$0	\$0	\$0	\$0
Other (as specified in the Details of Financial Assistance Requested)				\$50,000	\$0	\$0	\$50,000
Travel				CIHR	Other Funding Sources		Total
					Cash*	In-Kind*	
Travel				\$15,000	\$0	\$0	\$15,000
Total Operating				\$350,000	\$0	\$40,000	\$390,000
Total Equipment				\$0	\$0	\$0	\$0
Total Request				\$350,000	\$0	\$40,000	\$390,000



Application for Funding – Budget

Funding Opportunity

Canadian Research Initiative in Substance Misuse - Nodes 2014-10-06

Applicant

Last Name
WILD

First Name
Cameron

Institution
University of Alberta

Financial Assistance Required

Year 3

Research Staff (excluding trainees)	No.	Salary	Benefits	CIHR	Other Funding Sources		Total
					Cash*	In-Kind*	
Research Assistants	1.0	\$40,180	\$9,820	\$50,000	\$0	\$0	\$50,000
Technicians	0.25	\$16,375	\$3,625	\$20,000	\$0	\$0	\$20,000
Other personnel (as specified in Employment History)	2.5	\$178,240	\$31,760	\$210,000	\$0	\$0	\$210,000
Research Trainees	No.	Stipend	Benefits	CIHR	Other Funding Sources		Total
					Cash*	In-Kind*	
Postdoctoral Fellows (post PHD, MD, etc.)	0.0	\$0	\$0	\$0	\$0	\$0	\$0
Graduate Students	2.0	\$40,000	\$0	\$0	\$0	\$40,000	\$40,000
Summer Students	0.0	\$0	\$0	\$0	\$0	\$0	\$0
Materials, Supplies and Services				CIHR	Other Funding Sources		Total
					Cash*	In-Kind*	
Animals				\$0	\$0	\$0	\$0
Expendables				\$5,000	\$0	\$0	\$5,000
Services				\$0	\$0	\$0	\$0
Other (as specified in the Details of Financial Assistance Requested)				\$60,000	\$0	\$0	\$60,000
Travel				CIHR	Other Funding Sources		Total
					Cash*	In-Kind*	
Travel				\$5,000	\$0	\$0	\$5,000
Total Operating				\$350,000	\$0	\$40,000	\$390,000
Total Equipment				\$0	\$0	\$0	\$0
Total Request				\$350,000	\$0	\$40,000	\$390,000



Application for Funding – Budget

Funding Opportunity

Canadian Research Initiative in Substance Misuse - Nodes 2014-10-06

Applicant

Last Name
WILD

First Name
Cameron

Institution
University of Alberta

Financial Assistance Required

Year 4

Research Staff (excluding trainees)	No.	Salary	Benefits	CIHR	Other Funding Sources		Total
					Cash*	In-Kind*	
Research Assistants	1.0	\$40,180	\$9,820	\$50,000	\$0	\$0	\$50,000
Technicians	0.25	\$16,375	\$3,625	\$20,000	\$0	\$0	\$20,000
Other personnel (as specified in Employment History)	2.5	\$178,240	\$31,760	\$210,000	\$0	\$0	\$210,000
Research Trainees	No.	Stipend	Benefits	CIHR	Other Funding Sources		Total
					Cash*	In-Kind*	
Postdoctoral Fellows (post PHD, MD, etc.)	0.0	\$0	\$0	\$0	\$0	\$0	\$0
Graduate Students	1.0	\$15,000	\$0	\$0	\$0	\$15,000	\$15,000
Summer Students	0.0	\$0	\$0	\$0	\$0	\$0	\$0
Materials, Supplies and Services				CIHR	Other Funding Sources		Total
					Cash*	In-Kind*	
Animals				\$0	\$0	\$0	\$0
Expendables				\$5,000	\$0	\$0	\$5,000
Services				\$0	\$0	\$0	\$0
Other (as specified in the Details of Financial Assistance Requested)				\$60,000	\$0	\$0	\$60,000
Travel				CIHR	Other Funding Sources		Total
					Cash*	In-Kind*	
Travel				\$5,000	\$0	\$0	\$5,000
Total Operating				\$350,000	\$0	\$15,000	\$365,000
Total Equipment				\$0	\$0	\$0	\$0
Total Request				\$350,000	\$0	\$15,000	\$365,000



Application for Funding – Budget

Funding Opportunity

Canadian Research Initiative in Substance Misuse - Nodes 2014-10-06

Applicant

Last Name
WILD

First Name
Cameron

Institution
University of Alberta

Financial Assistance Required

Year 5

Research Staff (excluding trainees)	No.	Salary	Benefits	CIHR	Other Funding Sources		Total
					Cash*	In-Kind*	
Research Assistants	1.0	\$40,180	\$9,820	\$50,000	\$0	\$0	\$50,000
Technicians	0.25	\$16,375	\$3,625	\$20,000	\$0	\$0	\$20,000
Other personnel (as specified in Employment History)	2.5	\$178,240	\$31,760	\$210,000	\$0	\$0	\$210,000
Research Trainees	No.	Stipend	Benefits	CIHR	Other Funding Sources		Total
					Cash*	In-Kind*	
Postdoctoral Fellows (post PHD, MD, etc.)	0.0	\$0	\$0	\$0	\$0	\$0	\$0
Graduate Students	1.0	\$15,000	\$0	\$0	\$0	\$15,000	\$15,000
Summer Students	0.0	\$0	\$0	\$0	\$0	\$0	\$0
Materials, Supplies and Services				CIHR	Other Funding Sources		Total
					Cash*	In-Kind*	
Animals				\$0	\$0	\$0	\$0
Expendables				\$5,000	\$0	\$0	\$5,000
Services				\$0	\$0	\$0	\$0
Other (as specified in the Details of Financial Assistance Requested)				\$50,000	\$0	\$0	\$50,000
Travel				CIHR	Other Funding Sources		Total
					Cash*	In-Kind*	
Travel				\$15,000	\$0	\$0	\$15,000
Total Operating				\$350,000	\$0	\$15,000	\$365,000
Total Equipment				\$0	\$0	\$0	\$0
Total Request				\$350,000	\$0	\$15,000	\$365,000



Human Resources

Surname	Given Names	Role	Hours / week
WILD	Cameron	Nominated Principal Applicant	10

AUBRY	Allan	Principal Knowledge User	3
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Dell	Colleen	Principal Applicant	7
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Hodgins	David	Principal Applicant	7
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Christensen	Darren	Co-Applicant	3
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Currie	Cheryl	Co-Applicant	2
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Currie	Shawn	Co-Applicant	2
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Dursun	Serdar	Co-Applicant	2
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Lee	Bonnie	Co-Applicant	2
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Ohinmaa	Arto	Co-Applicant	2
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Budget Justification

1. Research Staff

Overview

Human resources	Year 1	Year 2	Year 3	Year 4	Year 5
Research assistant	50,000	50,000	50,000	50,000	50,000
IT consultant (0.25 FTE)	20,000	20,000	20,000	20,000	20,000
Senior research Manager (1.0 FTE)	90,000	90,000	90,000	90,000	90,000
CRISM Champion (.5 FTE)	50,000	50,000	50,000	50,000	50,000
Clinical liasons (2 X .5 FTE)	70,000	70,000	70,000	70,000	70,000

Note. Research staff costs have been estimated according to standard University of Alberta pay grades for each type of position listed. We acknowledge that we have not adjusted yearly estimates for cost of living increases. This was a deliberate decision made in light of our experience that it is unusual to retain all research staff for over a long (i.e., 5-year) funding period. Because we have rounded staffing estimates upward or downward slightly for ease of communication (these adjustments have been made in the benefits column of the CIHR budget template forms), approximate figures for staffing costs are presented. This will allow us to apply cost of living increases in cases where staff are retained over multiple years during the funding period.

Research Assistant

Role description. A full time (1.0 FTE) research assistant is required to conduct data entry, literature reviews, basic data analysis, organization of records, and contribute to the development of knowledge mobilization resources.

Costs. This position is budgeted as a Grade 6 support staff position at a rate of \$22.96 per hour, 35 hours per week, for 50 weeks per year, or the equivalent of \$40,180 per year, plus 23% benefits (\$9,241 per year). Total yearly costs are \$49,421, rounded upwards to \$50,000, for a total of \$250,000 over the 5-year funding period.

Technicians (IT consultant)

Role description. The IT consultant will be expected to have an undergraduate degree in computing science and will be responsible for planning IT development for the infrastructure development activities and demonstration projects, liaising with firm(s) contracted to build the project website and apps, researching and recommending hardware procurement, linking with other CRISM nodes to ensure compatibility of IT systems, and maintaining Node IT resources.

Costs. The IT consultant is budgeted at a Grade 10 support staff position at a rate of \$32.75 per hour, 10 hours per week, for 50 weeks per year, or the equivalent of \$16,375 per year, plus 23% benefits (\$3,766 per year). This amounts to \$20,141 per year (rounded downwards to \$20,000, or a total of \$100,000).

Other Personnel

In addition to the staff listed above, core CRISM staff for the node will include an additional 2.5 FTE positions.

Node senior research manager. As described in the proposal, this full-time (1.0 FTE) individual will have significant administrative duties related to finances and human resources, as well as management of Node infrastructure and demonstration projects, contributions to research design, data analysis, manuscript and grant proposal preparation, and maintenance of relationships with team members and other stakeholder organizations. This position is budgeted as a Trust-Funded Research Associate. At an average rate of \$72,000 per year, plus 20% benefits, the total budget allocation for this position is \$90,000 per year or \$450,000 total).

CRISM Champion. This individual will be charged with developing relationships with decision makers and service system managers, particularly in Manitoba and Saskatchewan, identifying complementary initiatives in the region, and facilitating access to programs and system-level administrative data. Consistent with the CIHR Funding Opportunity Description for the CRISM RFA, \$50,000 each year is allocated for the secondment of a senior administrator to serve as a Champion (total = \$250,000). Assuming that the senior administrator selected for this position is receiving a salary of \$100,000, the secondment will represent a .5FTE or 2.5 days per week

Clinical liaisons. Clinical Liaisons will be expected to have a Bachelor's level of education or higher with both research experience and experience in front-line treatment settings. Their responsibilities will include maintaining positive relationships with treatment facilities participating in infrastructure and demonstration projects, communicating program staff about research protocols and procedures, collecting data from research participants and program administrative records, and developing knowledge mobilization materials. These 2 positions are budgeted as a Grade 8 support staff position. Each averaging over the five years \$28.12 per hour plus 23% benefits, 20 hours per week for 50 weeks per year, this is the equivalent of \$34,588 per year (rounded to \$35,000) per position, or \$70,000 for two positions (total = \$350,000).

2. Research Trainees

In-kind support for graduate student trainees in the Node has been secured from the University of Alberta School of Public Health (\$15,000 per year for each Year in the funding period) and the U of A Institute for Neuroscience and Mental Health (\$25,000 per year in Years 1-3). Interested graduates students who affiliate with the Node and participate in CRISM research will receive stipends at the rate of \$15,000 per year for Master-level trainees and \$25,000 per year for PhD-level trainees. We will encourage all Node-affiliated trainees to apply for Provincial and National scholarships in order to increase the pool of trainees affiliated with the Node.

Budget justification continues on next page....

3. Materials, Supplies, and Services

Overview

Materials, supplies, services	Year 1	Year 2	Year 3	Year 4	Year 5
General supplies and services	5,000	5,000	5,000	5,000	5,000
Annual Node meeting and knowledge mobilization studio	50,000	50,000	40,000	40,000	50,000
Contingency management vouchers and participant compensation	0	0	20,000	20,000	0

Note. We will attempt to supplement budgeted costs for the Annual Node meeting and Knowledge Mobilization Studio with sponsorship and modest registration fees.

General supplies and services

A total of \$5,000 per year is allocated for the purchase of office supplies, printing and photocopying, software licenses, urine screening equipment for Demonstration Project #1, and other supplies necessary for the day to day operations of the Node, in compliance with CIHR rules for allowable expenses.

Annual Node general meeting and Knowledge Mobilization Studio

All members of the Node will be invited to an annual general meeting where the Node's progress will be reviewed and input will be sought to set strategic direction for the upcoming year. Videoconferencing will be available for those who cannot attend in person and a small travel subsidy will be offered to attendees (amount dependent on number of registered attendees). The annual Node meeting will be complemented by the Knowledge Mobilization Studio, which will be a showcase for CRISM projects underway, seminars on treatment techniques and research skills, and collaborative workshops to develop mini-projects to be undertaken by mentorship teams. Budgeted at \$50,000 per event in Years 1, 2, and 5 and \$40,000 in Years 3 and 4 (total \$230,000), the two-day annual events will seek in-kind contributions and sponsorships to help defray costs. Modest registration fees will be used to supplement these resources to ensure the events are sufficiently resourced.

Contingency management vouchers and participant compensation

Demonstration Project 1 requires the provision of vouchers for patients exposed to contingency management. Based on previous work, an amount of \$750 per person in a 12 week program is budgeted with 15 participants recruited at each of the three research sites (\$33,750, rounded to \$33,700). Participant compensation is budgeted as \$20 per person for the first two

assessments and \$50 per person for the last two assessments (\$6,300; total = \$40,000, with costs split across Years 3 and 4).

4. Travel

Overview

Travel	Year 1	Year 2	Year 3	Year 4	Year 5
Travel	15,000	15,000	5,000	5,000	15,000

We have budgeted \$15,000 for travel in Years 1, 2, and 5, and \$5,000 in Year 3 and 4 (Total travel expenses = \$55,000). These funds are allocated for travel expenses associated (a) attending National CRISM meetings, and (b) the critical task of building the Prairie CRISM Node across three provinces in the region (Alberta, Saskatchewan, Manitoba). Travel expenses will include mileage for visits to research sites and affiliated organizations, as well as flights and accommodations for the PIs, PKUs, and or CRISM Champions to attend National CRISM meetings and to meet and engage with new potential regional Node affiliates. The higher amounts at the beginning and end of the project period reflect a greater emphasis during these periods on outreach (Years 1 and 2), and knowledge mobilization and ensuring Node sustainability (Year 5).

5. Equipment

As specified in the Funding Opportunity Description for the CRISM RFA, a one-time request of \$85,000 is allotted for Year 1 to cover the cost of equipment required to establish the technical infrastructure capacity of the CRISM Node (e.g., computers, randomization software, a secure server, and other information technology needs). Equipment purchases will be coordinated with other node sites once the CRISM network is established to ensure compatibility across network nodes and that technical needs are tailored to actual project work needs within the network. Pre-submission consultation with CIHR indicated that specific details for equipment purchases were not required.