Chatham-Kent Community Drug Strategy

Report

Prepared by: Collective Results Inc.
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Executive Summary

From November 2022 to December 2023, Collective Results supported the Chatham-Kent (CK) Municipality with the development of a community drug strategy. The project consisted of five main elements: community consultations, drug strategy development, key performance indicator selection and recommendations for strategy structure and implementation.

COMMUNITY CONSULTATIONS

Collective Results conducted community consultations with community partners, community members and people with lived/living expertise (PWLE). Consultation findings provided insight into the local substance use context. These findings were used to inform the development of the drug strategy.

DRUG STRATEGY DEVELOPMENT

Collective Results guided the steering committee and pillar focused groups through five facilitated sessions to develop the drug strategy. Strategic pillars, strategic goals, strategic objectives and actions were crafted, refined and prioritized over the course of these sessions.

KEY PERFORMANCE INDICATOR SELECTION

Collective Results facilitated a session with content experts familiar with substance use data across the four pillars to select key performance indicators (KPIs). The KPIs will support ongoing monitoring and reporting on drug strategy progress.

RECOMMENDATIONS FOR STRATEGY STRUCTURE

Collective Results summarized recommendations for the drug strategy structure that are informed by the community context and a review of drug strategy structures across the province.

RECOMMENDATIONS FOR STRATEGY IMPLEMENTATION

Collective Results summarized recommendations for drug strategy implementation. These recommendations outline a step-by-step process to support the implementation of prioritized actions in the CK community.

Project Overview

Substance use is a complex public health concern across Ontario, impacting individuals, families and communities in a variety of ways. In Chatham-Kent (CK), local trends associated with substance use related harms have caused significant concern for the well-being of those who use substances in the community (see the Chatham-Kent Community Drug Strategy Community Consultations Executive Summary on the [Let's Talk Chatham-Kent website](#)). The local data highlights the need for a comprehensive approach that effectively addresses the numerous substance use related harms in CK, particularly among those at the highest risk. A local situational assessment of opioid use and related harms for the region also suggested a coordinated approach to substance use in CK with a focus on prevention, building community capacity and supporting people who use opioids (Chatham-Kent Public Health, 2018). To move action forward, the report specifically recommended the development of a municipal drug strategy. This type of approach has been successful in many other communities across the province (Piscitelli, 2017). To have impact, the local drug strategy must be a coordinated, evidence-based effort among people with lived and living expertise of substance use (PWLE), service providers, and all levels of government. The plan must also be tailored to CK's unique local needs and context, with ongoing investments and opportunities (Chatham-Kent Public Health, 2022).

Thus, this report presents a comprehensive community drug strategy with prioritized areas for collaborative action and key performance indicators (KPIs) for monitoring and reporting that are tailored to CK based on a four pillar approach. The four pillar approach is evidence-based and has been used widely for drug strategy development across Canadian municipalities (Piscitelli, 2017). This report also provides recommendations to support the development of the drug strategy structure and implementation of actions within the CK community.

Pillars

The definitions of the four pillars used with the Chatham-Kent Community Drug Strategy (CKCDS) are modelled after those used in the Wellington Guelph Drug Strategy (Wellington Guelph Drug Strategy, n.d.) and the Community Drug Strategy for Strathcona County (Strathcona County, n.d.).

Prevention: Interventions that seek to prevent or delay the onset of substance use or reduce the factors that increase the risk of harmful substance use. These interventions increase protective factors that provide education and awareness elevating community knowledge of stigma and substance use.

Treatment and Recovery: Interventions that seek to improve the physical and emotional well being of people experiencing difficulties related to substance use. This can include a broad range of community-based medical and counselling interventions, outreach support and other

bio-psychosocial programs. These interventions include a continuum of person-centered services that focus on developing the capacity to make healthy choices, ranging from abstinence-based programs to managed use programs, depending on the individual's goals. Any door is the right door to access support.

Harm Reduction: Approaches, programs, policies and practices that aim to reduce potential adverse health, social and economic consequences of substance use, drug policies, and drug laws. These interventions acknowledge the rights and experiences of people who use substances to use in safer ways, helping to reduce risks such as communicable disease transmission and poisoning related harms and deaths, while increasing connection to community care and support.

Community Inclusion and Safety: This pillar recognizes the community's need for peace, public order, and safety. As an integral component of this strategy, human connection is at the core of community safety and is prioritized, in addition to the enforcement components of the broader criminal justice system. It addresses the crime and social disorder related to substance use while protecting the vulnerable and preserving and protecting life.

Chatham-Kent Community Drug Strategy

Strategy Development Process

Collective Results worked with CK Public Health and a Steering Committee comprised of multiple agencies and organizations to inform the development of a comprehensive, applicable and attainable drug strategy for CK. The process that was followed included:

1. **Local Data Situational Assessment:** A review of existing local data related to the four pillar areas occurred.
2. **Community Consultations:** Community partners, community members and PWLE were engaged in surveys and interviews to gather pertinent information highlighting the current local substance use context in CK, thoughts and suggestions.
3. **Findings Report:** The findings from the local data situational assessment and community consultations were analyzed and synthesized into a report that highlights the key findings and themes identified by the community (see the Chatham-Kent Community Drug Strategy Community Consultations Executive Summary on the Let's Talk Chatham-Kent website). This information, in addition to best practice evidence, provided a strong foundation to inform strategy development.
4. **Setting Community Vision, Mission and Strategic Goals, Objectives and Actions:** Five facilitated strategy sessions with pillar focused groups and the project steering committee occurred to develop the strategy. Individuals that participated in these sessions included community partners and PWLE. Each facilitated strategy session included a review of the community consultation findings and worked towards strategy prioritization by using a PICK Chart (Difficulty vs. Payoff) and the COVEY Matrix (Urgency vs. Importance) to inform decision making. These sessions informed the development of the draft strategy including the following components: vision, mission, strategic pillars, strategic goals, strategic objectives and prioritized actions within each of the four pillars.
5. **Quality Check:** Collective Results engaged all individuals who participated in the facilitated strategy sessions in a Quality Check Survey to seek feedback and ensure the draft strategy was meeting key criteria. Based on the feedback collected from the survey, no further revisions were made to the draft strategic plan.

Strategy Definitions

Vision: Your vision focuses on the future and informs the overall goal that connects the entire strategy.

Mission: Your mission statement informs where you are at now. The mission statement answers five important questions: Who are you? What do you do? How do you do it? Why do you do it? What value do you bring?

Strategic Plan: Your strategic plan identifies what your community intends to accomplish in a certain amount of time and outlines how its energies and resources will be directed to get there. A strategic plan focuses on community-wide issues and high-level priorities that cross over all aspects of the community, including collaboration, integration and alignment. A strategic plan is an important navigational tool for a community. At its very core, it's an opportunity for your community to identify where you are now, where you want to be in a certain period of time, and how you are going to get there. It is your community roadmap. Your strategic plan includes the following components:

- **Strategic Pillars:** The "big buckets" of work that structure your strategy.
- **Strategic Goals:** Provide clear direction within each strategic pillar. Aim for 1-3 goals within each strategic pillar.
- **Strategic Objectives:** Further breakdown of each goal into smaller parts. Aim for 1-3 objectives within each strategic goal.
- **Short-Term Actions:** Nested within the strategic objectives, these actions were identified as being easy to implement with a high payoff. It is recommended that work begin on these actions immediately with the potential for these actions to be implemented within the first year of plan implementation.
- **Long-Term Actions:** Nested within the strategic objectives, these actions were identified as being difficult to implement with a high payoff. It is recommended that work begin on these actions immediately with the potential for these actions to be implemented within 3-5 years of plan implementation.

Final Strategy

Outlined below in Figures 1-5 is the final recommended CKCDS. Figure 1 illustrates the overall strategy, including the vision, mission and strategic pillars. Figures 2-5 elaborate on each strategic pillar including strategic goals, strategic objectives, short-term actions and long-term actions.

Based on the prioritization process followed during the facilitated strategy sessions, there are some strategic objectives within the strategy where short-term actions or long-term actions have not been identified. This does not represent a gap in the strategy, but rather clearly focuses and aligns pillar actions with the key findings that emerged from the community consultation process. As CK proceeds with strategy implementation, there is the flexibility to identify and prioritize additional actions to remain aligned with changes to community need and readiness for implementation.

Figure 1. Chatham-Kent Community Drug Strategy Overview

Chatham-Kent Community Drug Strategy

Vision
A caring, inclusive and safe community that works together to reduce the harms, stigma and systemic barriers associated with substance use.

Mission
The Chatham-Kent Community Drug Strategy is a collaborative community table with representation from people with substance use lived/living expertise (PWLE), and organizations in the public sector, not-for-profit, and private sectors. Drug Strategy partners are committed to a collaborative, inclusive, flexible, and evidence-informed approach to address substance use related harms in the Chatham-Kent community. Partners work together to implement prioritized community actions structured on a four pillar model focused on prevention, harm reduction, treatment and recovery, and community inclusion and safety. This collaborative partnership allows for the implementation of prioritized actions that require the collective expertise of individuals from diverse backgrounds, organizations and sectors.

Prevention
Interventions that seek to prevent or delay the onset of substance use or reduce the factors that increase the risk of harmful substance use. These interventions would increase protective factors that provide education and awareness elevating community knowledge of stigma and substance use.

Treatment and Recovery
Interventions that seek to improve the physical and emotional well being of people experiencing difficulties related to substance use. This can include a broad range of community-based medical and counselling interventions, outreach support and other bio-psychosocial programs. These interventions would include a continuum of person-centered services that focus on developing the capacity to make healthy choices, ranging from abstinence-based programs to managed use programs, depending on the individual's goals. Any door is the right door to access support.

Community Inclusion and Safety
This pillar recognizes the community's need for peace, public order, and safety. As an integral component of this strategy, human connection is at the core of community safety and is prioritized, in addition to the enforcement components of the broader criminal justice system. It addresses the crime and social disorder related to substance use while protecting the vulnerable and preserving and protecting life.

Harm Reduction
Approaches, programs, policies and practices that aim to reduce potential adverse health, social and economic consequences of substance use, drug policies, and drug laws. These interventions acknowledge the rights and experiences of people who use substances to use in safer ways, helping to reduce risks such as communicable disease transmission and poisoning related harms and deaths, while increasing connection to community care and support.

Figure 2. Chatham-Kent Community Drug Strategy: Prevention Pillar

Chatham-Kent Community Drug Strategy

Prevention

Goals	Objectives	Short-term Actions	Long-term Actions
Prevent and reduce the harms associated with substance use among youth	Increase substance use awareness and protective factors among youth	• Implement evidence based approaches to youth substance use education in community based organizations	• Implement evidence based approaches to youth substance use education in schools • Provide more low cost/no cost youth opportunities for recreation and engagement in the community
Continuously strive to create a community that fosters a sense of belonging among people who use substances	Increase substance use knowledge, awareness and protective factors to breakdown stigma and systemic barriers within the health and social services sectors and the broader community	• Implement trauma and violence informed approaches to care • Provide education and training on Adverse Childhood Experiences (ACEs) to service providers in the health and social services sectors • Provide education and training on substance use stigma to service providers in the health and social services sectors	• Create more opportunities for low cost/no cost recreation opportunities • Provide an education and awareness campaign that aims to increase local awareness of the harms associated with substance use and drug policy • Provide community focused education to address "Not In My Backyard" (NIMBY) perspectives

Figure 3. Chatham-Kent Community Drug Strategy: Treatment and Recovery Pillar

Chatham-Kent Community Drug Strategy

Treatment and Recovery

Goals	Objectives	Short-term Actions	Long-term Actions
Provide equitable access to a continuum of person-centred substance use services	Expand local treatment and recovery services to be accessible, equitable and inclusive	• Include peers within treatment, recovery and post-recovery planning, services and supports • Free and timely transportation to access treatment and recovery services in CK and in other communities • Increase community awareness of evidence-based treatment and recovery services • Expand local services for community based withdrawal management	• Expand local services for post-recovery care
	Create a local continuum of care for substance use services	• Expand system navigation roles to support community members and service providers in substance use care • Coordinate access to services across the substance use care continuum	• Improve transitions in care for service recipients (e.g., warm hand-offs) • Improve discharge (hospital, community outpatient and residential services) planning through system level collaboration (e.g., housing, transitional housing/care, mental health etc.)

Figure 4. Chatham-Kent Community Drug Strategy: Harm Reduction Pillar

Chatham–Kent Community Drug Strategy

Harm Reduction

Goals	Objectives	Short-term Actions	Long-term Actions
Reduce the harms and risks associated with substance use	Expand evidence-based harm reduction programs and services across Chatham-Kent	• Explore the feasibility of a drug checking program	• Advocate for, and explore the feasibility of a safe supply program • Advocate for, and explore the feasibility of a safe consumption site
	Establish locally coordinated and responsive harm reduction services that meet community needs	• Expand naloxone distribution and training • Expand interdisciplinary mobile outreach models • Increase awareness and build capacity around evidence-informed approaches to engage PWLE in harm reduction work	• Explore opportunities for harm reduction supplies to be organized and distributed by a local organization • Develop and implement comprehensive strategies to engage PWLE in the planning and delivery of harm reduction programs and policies across all health and social service organizations within Chatham-Kent

Figure 5. Chatham-Kent Community Drug Strategy: Community Inclusion and Safety Pillar

Chatham-Kent Community Drug Strategy

Community Inclusion and Safety

Goals	Objectives	Short-term Actions	Long-term Actions
People who use substances are supported through a health and human-centred approach in the community	Increase community awareness of the benefits of the decriminalization of substances for personal use	• Provide opportunities for community dialogue and information sharing about decriminalization of substances for personal use	
	Align drug strategy efforts with other community based efforts that seek to address complex health and social issues	• Support interventions that align needs around substance use, housing and mental health • Support interventions that provide care and support for families and caregivers of people who use/used substances	
People who use substances are supported within the justice sector	Create local pathways and services that support people who use substances in the justice system	• Provide people who use substances support in navigating the criminal justice system	• Develop effective pathways to support safe transitions for people who use substances within the justice system and between the justice system and the community • Establish a therapeutic drug treatment court in Chatham-Kent that provides opportunities for a court monitored drug treatment program as an alternative to incarceration
	Increase substance use knowledge, awareness and protective factors to breakdown stigma and systemic barriers within the justice sector	• Provide cultural safety and trauma-informed care training for professionals working in the justice sector	

Tier 2 Actions

Some actions that emerged from the comprehensive community consultation process were not identified as short-term or long-term priorities during the strategy development process (See Table 1). These are referred to as "Tier 2 Actions" and include:

- Actions where community work is already underway, indicating that drug strategy efforts on this action may have a smaller payoff in the community.
- Actions where the community is not at a state of readiness to begin. Reasons for this may include a lack of community awareness to focus limited resources and capacity on identified action.
- Actions where there is a need to focus on other priority actions first due to sequencing.

It is recommended that Tier 2 actions are monitored by CKCDS to assess if changes in community need, capacity or readiness impact the prioritization of these actions. Prioritization of these actions should be re-assessed annually.

Table 1. Tier 2 Actions

Pillar	
Treatment & Recovery	Expand local services for residential withdrawal management.
	Provide peer-led navigation supports.
Prevention	Increase awareness of comprehensive, evidence-based, upstream approaches such as the Icelandic Model.
	Create low-barrier social spaces in the community.
Community Inclusion and Safety	None identified
Harm Reduction	None identified

Indicators and Monitoring Plan

About Key Performance Indicators

Key Performance Indicators (KPIs) are metrics that inform how your drug strategy is performing. A good KPI should act as a compass by helping you and your team understand whether you're taking the right path toward your strategic goals. KPIs are the most important metrics you have and underscore what your key goals are.

A KPI is:
1. A clearly defined, quantifiable goal for your work
2. Tied to a measurable metric
3. Vital to the CKCDS goals
4. Easily communicated back to CKCDS members, CK Municipal Council, and the community

KPIs should always teach you something. If you set KPIs and, in tracking them, you have not gleaned any new information, it means they are not meaningful and a more appropriate KPI should be chosen. Like everything else about the CKCDS, KPIs should be monitored and adjusted if appropriate at regular intervals to ensure they remain relevant as storytelling and progress-tracking tools. They must help you make decisions and track progress.

Indicators and Monitoring Plan Development Process

The following process was conducted to begin the development of the CKCDS indicators and monitoring plan.

1. An initial core indicator data review was conducted as part of the local data situational assessment. The following **indicator selection criteria** were used:
   Criterion 1: Indicators must be important to one of the four drug strategy pillars.
   Criterion 2: Indicators must be relevant to policy (system planning and service provision).
   Criterion 3: Indicators must use rigorous measurement methods.
   Criterion 4: Indicators must be capable of producing estimates for key subgroups.
   Criterion 5: Indicators must be easily understood by (and relevant to) multiple partners.
   Criterion 6: Indicators must represent a variety of substances where possible.
   Criterion 7: Indicators should have high proxy power (an indicator that is a good proxy for other indicators and says something of central importance about the outcome).

2. Collective Results and identified community partners with content expertise and familiarity with substance use data across the four pillars prepared for the indicators and monitoring plan facilitated session:
    a. Collective Results created initial draft key performance indicators for each strategic goal, which were derived from the initial core indicator data review and previous strategic planning discussions. Monitoring plans were developed for each indicator.
    b. The group attending the indicators and monitoring plan facilitated sessions was asked to review the CKCDS Community Consultation Findings Report, the CKCDS Findings Report Executive Summary along with the strategic goals and draft KPIs prior to the session.

3. Two indicators and monitoring plan sessions were facilitated by Collective Results:
    a. The sessions were led by Collective Results and attended by members from the Chatham-Kent Ontario Health Team, LINCK Child, Youth, and Family Supports, the   Municipality of Chatham-Kent, including Chatham-Kent Public Health, Child Care, Early Years, and Recreation Services, and Employment and Social Services. During the sessions, the draft strategic plan was reviewed, including the pillar definitions and strategic goals. The indicators and monitoring plan was discussed and revisions were made based on feedback from attendees.
    b. Indicators were prioritized to identify KPIs by reflecting on the questions:
        i. How connected is this indicator to the goal?
        ii. To what extent would this indicator indicate progress toward the goal?
        iii. How onerous would it be to collect this data?
    c. As the group decided which metrics they will measure, the following details were determined as a group:
        i. Source(s) of the data
        ii. Organization(s) responsible for data collection, management, and reporting
        iii. Data reporting cycle

4. After the session, the draft indicators and monitoring plan was finalized by Collective Results (See Table 2). The indicators and monitoring plan is intended to be a living document.

Indicators and Monitoring Plan

Table 2. KPIs by Pillar

Prevention			
Goal: Prevent and reduce the harms associated with substance use among youth.			
KPIs	**Data Source**	**Reporting Cycle**	**Organization(s)**
Rate of underage alcohol consumption (ages 12-18)	Canadian Community Health Survey (CCHS)	Every 2 years	Chatham-Kent Public Health
Rate of total and new users of opioids prescribed for pain, ages 0-14 and 15-24 *(need to define youth age range; report 15-24 age group with disclaimer)*	Ontario Drug Policy Research Network (ODPRN)	Annually	Chatham-Kent Public Health
Goal: Continuously strive to create a community that fosters a sense of belonging among people who use substances.			
Percentage of people who use substances that report feeling a sense of community belonging *(use equity lens)*	Develop data collection tool (dependent on funding)	TBD	TBD
Percentage of population that report a strong or somewhat strong sense of community belonging	Canadian Community Health Survey (CCHS)	Every 2 years	Chatham-Kent Public Health
Percentage of population that report their mental health is very good or excellent	Canadian Community Health Survey (CCHS)	Every 2 years	Chatham-Kent Public Health
Treatment and Recovery			
Goal: Provide equitable access to a continuum of person-centred substance use services.			

Rate of opioid agonist therapy users by treatment type	Ontario Drug Policy Research Network (ODPRN)	Annually	Chatham-Kent Public Health
Rate of 30-day hospital readmission for mental health and substance use by diagnosis code	Chatham-Kent Ontario Health Team or Chatham-Kent Health Alliance	Annually	Chatham-Kent Ontario Health Team
Harm Reduction			
Goal: Reduce the harms and risks associated with substance use.			
Rate of opioid-related emergency department visits	National Ambulatory Care Reporting System (NACRS)	Annually	Chatham-Kent Public Health
Rate of opioid-related hospitalizations	National Ambulatory Care Reporting System (NACRS)	Annually	Chatham-Kent Public Health
Rate of opioid-related deaths	Office of the Chief Coroner of Ontario	Annually	Chatham-Kent Public Health
Rate of alcohol-related emergency department visits	National Ambulatory Care Reporting System (NACRS)	Annually	Chatham-Kent Public Health
Rate of alcohol-related hospitalizations	National Ambulatory Care Reporting System (NACRS)	Annually	Chatham-Kent Public Health
Rate of cannabis-related emergency department visits	National Ambulatory Care Reporting System (NACRS)	Annually	Chatham-Kent Public Health
Rate of cannabis-related hospitalizations	National Ambulatory Care Reporting System (NACRS)	Annually	Chatham-Kent Public Health

Count of suspected drug-related deaths	Office of the Chief Coroner of Ontario	Annually	Chatham-Kent Public Health
Count and rate of substance-related deaths (reported overall and then by specific substances, e.g., opioids, stimulants)	PHO Snapshots	Annually	Chatham-Kent Public Health
Community Inclusion and Safety			
Goal: People who use substances are supported through a health and human-centred approach in the community.			
% of clients of agencies that support people who use substances who report they are supported through a health and human-centered approach in the community	Local service providers (need to develop a list)	TBD	TBD
Goal: People who use substances are supported within the justice sector.			
Explore local police data related to situations in which charges are diverted for substance-related violations	Local police data	TBD	Explore partnership with Chatham-Kent Police Service
Rate of charges related to drug possession, by substance *(i.e., opioids, methamphetamine, and cocaine)*	Uniform Crime Reporting Survey, Statistics Canada	Annually	TBD

Note: Three indicators were identified as needing further exploration before deciding whether they will be included as KPIs. These are:
- Treatment and Recovery Pillar:
  - Count of individuals on waitlists for local treatment and recovery services, and housing services *(note that some local service providers serve areas outside of Chatham-Kent)*

- Count of people who use substances that are accessing local treatment and recovery services (Data Source: Drug and Alcohol Treatment Information System (DATIS)
  - Community Inclusion and Safety Pillar (goal 1):
    - Count of individuals that are accessing housing services, who use substances *(this needs to be explored; housing services may not be able to collect this data for stigma reasons)*

Table 3. Indicators by Data Source

Community Data Collection
KPIs
Explore local police data related to situations in which charges are diverted for substance-related violations   **Data source:** Local police data
Percentage of people who use substances that report feeling a sense of community belonging *(use equity lens)*   **Data source:** Develop data collection tool (dependent on funding)
% of clients of agencies that support substance users who report that they are supported through a health and human-centered approach in the community   **Data source:** Local service providers
Community data indicators to be explored for consideration
Count of individuals that are accessing housing services, who use substances   *(this needs to be explored; however, housing services may not be able to collect this data for stigma reasons)*   **Data source:** Local housing service providers
Count of individuals on waitlists for local treatment and recovery services, and housing services *(note that some local service providers serve areas outside of Chatham-Kent)*   **Data source:** Local service providers (need to develop a list)
Canadian Community Health Survey (CCHS)   Reporting cycle: every 2 years   Responsible organization(s): Chatham-Kent Public Health
KPIs

Rate of underage alcohol consumption (ages 12-18)
Percentage of population that report feeling a sense of community belonging
Percentage of population that report their mental health is good or excellent
Ontario Drug Policy Research Network (ODPRN) Reporting cycle: annually Responsible organization(s): Chatham-Kent Public Health
KPIs
Rate of total and new users of opioids prescribed for pain, ages 0-14 and 15-24 *(need to define youth age range; report 15-24 age group with disclaimer)*
Rate of opioid agonist therapy users by treatment type
Office of the Chief Coroner of Ontario Reporting cycle: annually Responsible organization(s): Chatham-Kent Public Health
KPIs
Count of suspected drug-related deaths
Rate of opioid-related deaths
PHO Snapshots Reporting cycle: annually Responsible organization(s): Chatham-Kent Public Health
KPIs
Count and rate of substance-related deaths (reported overall and then by specific substances, e.g., opioids, stimulants)
Uniform Crime Reporting Survey, Statistics Canada Reporting cycle: annually Responsible organization(s): TBD
KPIs

Rate of charges related to drug possession, by substance *(i.e., opioids, methamphetamine, and cocaine)*
National Ambulatory Care Reporting System (NACRS) Reporting cycle: annually Responsible organization(s): Chatham-Kent Public Health
KPIs
Rate of opioid-related emergency department visits
Rate of opioid-related hospitalizations
Rate of alcohol-related emergency department visits
Rate of alcohol-related hospitalizations
Rate of cannabis-related emergency department visits
Rate of cannabis-related hospitalizations
Rate of 30-day hospital readmission for mental health and substance use by diagnosis code
Note: This data source needs further exploration before deciding whether the indicator will be included as a KPI **Drug and Alcohol Treatment Information System (DATIS)** Reporting cycle: TBD Responsible organization(s): Chatham-Kent Public Health
Count of people who use substances that are accessing local treatment and recovery services

Indicators and Monitoring Plan Next Steps

Within the CKCDS structure proposed to support implementation (see Table 4), Collective Results recommends that the CKCDS Data and Monitoring Group be responsible for the CKCDS KPIs. Building from the KPI work that was initiated during the Indicators and Monitoring Plan facilitated sessions, Collective Results recommends the following next steps to continue to advance the KPI planning efforts of the CKCDS:

1. Further develop your list of KPIs. This will include reaching out to identified partner organizations to obtain a full picture of local data available and determine using the identified indicator selection criteria (see above) if data could serve as a KPI. In some cases, a data and indicator development agenda will be needed to support planning for KPIs where local data does not currently exist, or indicators are not well-defined. Finalize the organization(s) responsible for data collection, management, and reporting for each KPI, as well as the reporting cycles.

2. Refine your list of KPIs. Usually, it is recommended to have one to three KPIs per goal; however, this may not be applicable to this strategy as there may be more than three KPIs per goal (e.g., one KPI for each substance). Refer to Criterion #7 of the indicator selection criteria; measures should have high proxy power. Some indicators are good proxies for other indicators and say something of central importance about the outcome. When there are multiple measures for an indicator, the measure with the highest proxy power should be selected. Additionally, the following criteria may be helpful for narrowing down KPIs:
   a. How connected the indicator is to the goal
   b. To what extent the indicator would indicate progress toward the goal
   c. How onerous it would be to collect the data

3. Determine targets or thresholds for each KPI. For example, a **5% decrease** in the rate of underage alcohol consumption by the end of year 2 of the strategy.

4. Using analytic and reporting resources and tools available, collate baseline indicator values and circulate to CKCDS members (via report or dashboard) for feedback. As a result of seeing this dashboard, will CKCDS be able to make changes to their tactical or strategic work? If not, it needs more refinement. Targets may need to be adjusted after the baseline values have been reviewed. KPIs may need to be reworded for plain language or clarity depending on the audience.

5. The chosen indicators are outcome focused and answer the question, "Is anyone better off?". This is purposeful because outcomes are the most important indicator of whether progress is being made towards the goals. The downside of population level outcome indicators is that it takes time to see change and often change happens in small increments. In order to more clearly communicate about both effort and effect it will be important to also monitor and report on process measures, answering the questions, "How much did we do?" and "How well did we do it?". Once work plans have been developed for the short- and long-term actions, project leads for each of the actions will be asked to submit quarterly reports. The process for reporting should be simple and

could be done through an online form. Quarterly reminders will need to be sent. The reporting form should be brief and include items such as:

    a. Project Lead: [name]

    b. Short- or Long-Term Action: [drop down list]

    c. Reporting quarter: [drop down list]

    d. Updates for this quarter: [include information about any progress that was made during the reporting quarter. Answer the questions, "How much did we do?" and "How well did we do it?" If no progress was made this quarter, please submit a report and indicate "No progress was made this quarter".]

    e. Challenges/barriers/resources needed:

Reports that show progress towards goals by describing the work done by the CKDS as well as change in outcome indicators will be powerful and meaningful.

6. Work with KPIs is ongoing. You need to measure, report, and revisit your metrics to ensure they help you tell a story and make decisions over time. When reassessing, you may find some of your metrics continue to demonstrate insight that shows the value of your work. Keep what is working and either adjust the others or find new ones to measure and keep moving ahead. Remember that the indicators and monitoring plan is meant to be a living document and certain aspects such as responsibilities may change.

Recommendations for Strategy Structure

For optimal implementation and impact, structure recommendations were created based on the CK context and best practices. Table 4 includes structural components that are recommended with key primary functions to guide the implementation of the CKCDS.

Table 4. Structural Component Recommendations

Recommended Structural Component	Primary Functions	Suggested Members for Consideration
Full-time Drug Strategy Coordinator (see Sample Job Description)	- Co-chair the Steering Committee - Chair the Data and Monitoring Group - Co-chair the PWLE Advisory Group - Attend and support Pillar Focused Action Group meetings - Ongoing planning, oversight, communications, change management and coordination of the CKCDS - Advance community partnerships and establish working relationships with local community groups, agencies, boards of directors, levels of government officials, and individuals to meet the objectives of the CKCDS - Administrative tasks associated with CKCDS implementation, the Steering Committee and Pillar Focused Action Groups (e.g., monitor budgets and expenditures) - Report on CKCDS progress to Council annually - Member of the Drug Strategy Network of Ontario	- To be hired as a new position
Steering Committee	- Co-chaired by Drug Strategy Coordinator and an appointed co-chair (to be revisited annually) - Oversee and guide the implementation of the CKCDS in the community - Communication, engagement and integration between Steering Committee and Pillar Focused Action	- Drug Strategy Coordinator - PWLE - Senior Leaders from the following sectors including but not limited to:

Recommended Structural Component	Primary Functions	Suggested Members for Consideration

	Groups
	- Annual review of and approval of drug strategy and prioritized actions
	- Coordinate and implement prioritized actions focused on:
	  - Collaboration within and across sectors
	  - Liaising with other collaborative tables
	  - Advocacy
	  - Funding
	- Communicate information between Steering Committee and agency/organization
		substance use, mental health, housing, health care, public health, emergency services, law enforcement, early years, education, children services, Indigenous services
		- Elected representatives from Municipal Council, Provincial Government, Federal Government

Pillar Focused Action Groups	- Steering Committee to establish 4 Pillar Focused Action Groups that align with the Community Drug Strategy: (1) Prevention; (2) Treatment and Recovery; (3) Harm Reduction and (4) Community Inclusion and Safety - Chair to be appointed annually from the Steering Committee - Report to the Steering Committee - Complete project scoping forms and the annual pillar work plan with roles, responsibilities, resources and timelines for the identified priorities - Coordinate and oversee the established work plan actions via full action group or specific project teams - Alter work plans to meet objectives, as	- Drug Strategy Coordinator - PWLE - Membership based on prioritized actions in each pillar (could be leadership or front line)

Recommended Structural Component	Primary Functions	Suggested Members for Consideration
	needed - Revisit pillar's prioritized actions annually	
Project Teams	- Project lead and members appointed by the Pillar Focused Action Groups. Project team members may include individuals that are not members of the Pillar Focused Action Group. - Report to the associated Pillar Focused Action Group - Develop and implement project work plan for prioritized action - Project lead will submit quarterly reports to the Data and Monitoring group, describing progress - Alter project work plans to meet objectives, as needed	- PWLE - Membership based on project
PWLE Advisory Group	- Co-chaired by the Drug Strategy Coordinator and a PWLE - Annual review of drug strategy goals - Act as an advisory for the Steering Committee, Pillar Focused Action Groups and Project Teams, as requested - Provide feedback or input into issues, solutions, processes or ideas	- Drug Strategy Coordinator - Steering Committee co-chair - PWLE

Data and Monitoring Group	- Chaired by the Drug Strategy Coordinator
	- Establish work plan with roles, responsibilities and timelines for the identified priorities focused on:
	  - Ongoing KPI monitoring
	  - Data development agenda
	  - Evidence base for innovative solutions and best practices to inform future planning
		- Drug Strategy Coordinator
		- Representatives with content expertise and familiarity with substance use data across the four pillars from the following

Recommended Structural Component	Primary Functions	Suggested Members for Consideration
	- Coordinate and implement established work plan - Annually revisit KPI selection and refine selection and work plan based on updated CKCDS prioritized actions and local data available - KPI reporting to the Steering Committee and Pillar Focused Action Groups. - Responsible for ensuring that KPI's are communicated in plain language within the CKCDS, the community and among partners to increase local capacity in using data to monitor progress on prioritized community actions.	sectors including but not limited to: health care, public health, housing, early years, law enforcement, emergency services, children services

Drug Strategy Coordinator

To ensure the CKCDS is implemented in a consistent and efficient manner, the development of a full-time CKCDS Coordinator position is recommended. This position will support the ongoing planning, oversight, communications and coordination of the CKCDS. When communities have not attached an assigned role to drug strategy oversight, it has been challenging to attain and sustain the proper support and leadership to move the strategy and associated work forward in an organized effort. Without a properly coordinated approach, the strategy work may not move forward or will be fragmented, with minimal to no community impact. This dedicated role is required to steadily drive this important work, support long-term sustainability and achieve the desired CKCDS vision for CK. The Drug Strategy Coordinator's job description can be tailored to the needs of the community, but should include involvement in all levels of strategy (see sample job description in Appendix A). Examples of additional tasks could include advancing community partnerships and establishing working relationships in the community; administrative oversight (e.g., budget oversight, etc.); and reporting to CK Municipal Council on the progress of the CKCDS annually. The organization that hosts the coordinator position should be selected based on organizational mandate and skills and capacity to oversee the position.

Steering Committee

The ideal leadership model recommended for the CKCDS Steering Committee is a co-chair model with the CKCDS Coordinator and an additional community partner assuming these roles. A co-chair model will provide additional leadership distribution, community ownership and

sustainability to the structure. The Steering Committee's suggested focus is to oversee and guide the implementation of the CKCDS in the community; annual review and approval of the CKCDS; and coordination and implementation of specific priority areas that span across all the pillars of focus. This includes collaboration within and across sectors (e.g., housing, mental health); liaising with other collaborative tables (e.g., CK Drug Awareness Council, Community Safety and Well-Being Plan, Child and Youth Planning Network); any advocacy efforts within the strategy at local, municipal or federal levels; and any funding activities.

The Steering Committee will also appoint chairs for each of the Pillar Focused Action Groups; therefore, each Pillar Focused Action Group chair will be directly linked to the Steering Committee for an integrated structure with regular communication, reporting and accountability built in. This ensures the Steering Committee and all Pillar Focused Action Groups have the same information about what CKCDS work is being done in the community within the Steering Committee and within each Pillar Focused Action Group. This structure also supports a coordinated annual review and update of the strategy and pillar's prioritized actions.

Pillar Focused Action Groups and Project Teams

Pillar Focused Action Groups will be responsible for establishing work plans for their pillar, with clearly defined roles, responsibilities, resources and attainable timelines. These details will support the coordination and oversight of the work plan implementation via one of two routes. The first route requires action to be planned and moved forward by the members at the Pillar Focused Action Group. The second route requires expertise and capacity from outside of the Pillar Focused Action Group. In this case, the Pillar Focus Action Group will establish focused Project Teams with an Action Group member as the Project Team lead. Project teams will acquire additional skills and expertise from community partners to execute the project work plan. The Project Team will be responsible for implementing the established work plan for their specific project/s, altering work plans to meet objectives as needed.

PWLE Advisory Group

The PWLE Advisory Group will report directly to the CKCDS Steering Committee, but will provide support to any of the groups in the CKCDS structure. The PWLE Advisory Group will be co-chaired by the CKCDS Coordinator and a PWLE. This group will provide important feedback or input on issues, solutions, processes or ideas requested by the Steering Committee, Pillar Focused Action Groups and Project teams. The Steering Committee and each Pillar Focused Action Group and Project Team will also include a member of this Advisory Group to act as a conduit for requests and input.

Peers should be representative of the different communities in CK (e.g., rural, urban). Peers should also be compensated in any role that supports the CKCDS for their expertise and time, in addition to any resources required to participate (e.g., food, transportation, connection to mental health resources, etc.). Peer compensation should be in accordance with the Peer Payment Standards.

Data and Monitoring Group

Lastly, the Data and Monitoring Group will report directly to the CKCDS Steering Committee. To institute consistency across the CKCDS and monitoring of progress and impact, it is recommended that the CKCDS Coordinator chair this group. The Data and Monitoring Group will establish and implement a work plan with roles, responsibilities, resources and timelines based on the identified priorities related to ongoing KPI selection and monitoring, executing the data development agenda and a regularly updated evidence base for innovative solutions and best practices to inform future planning. A substantial focus of this work will involve KPI reporting to the Steering Committee and Pillar Action Focus Groups at predetermined time points. The Data and Monitoring Group will also revisit the KPI selection annually based on the updated prioritized actions for the CKCDS. A visual representation of the recommended strategy structure is included in Figure 6.

Figure 6. Recommended Strategy Structure
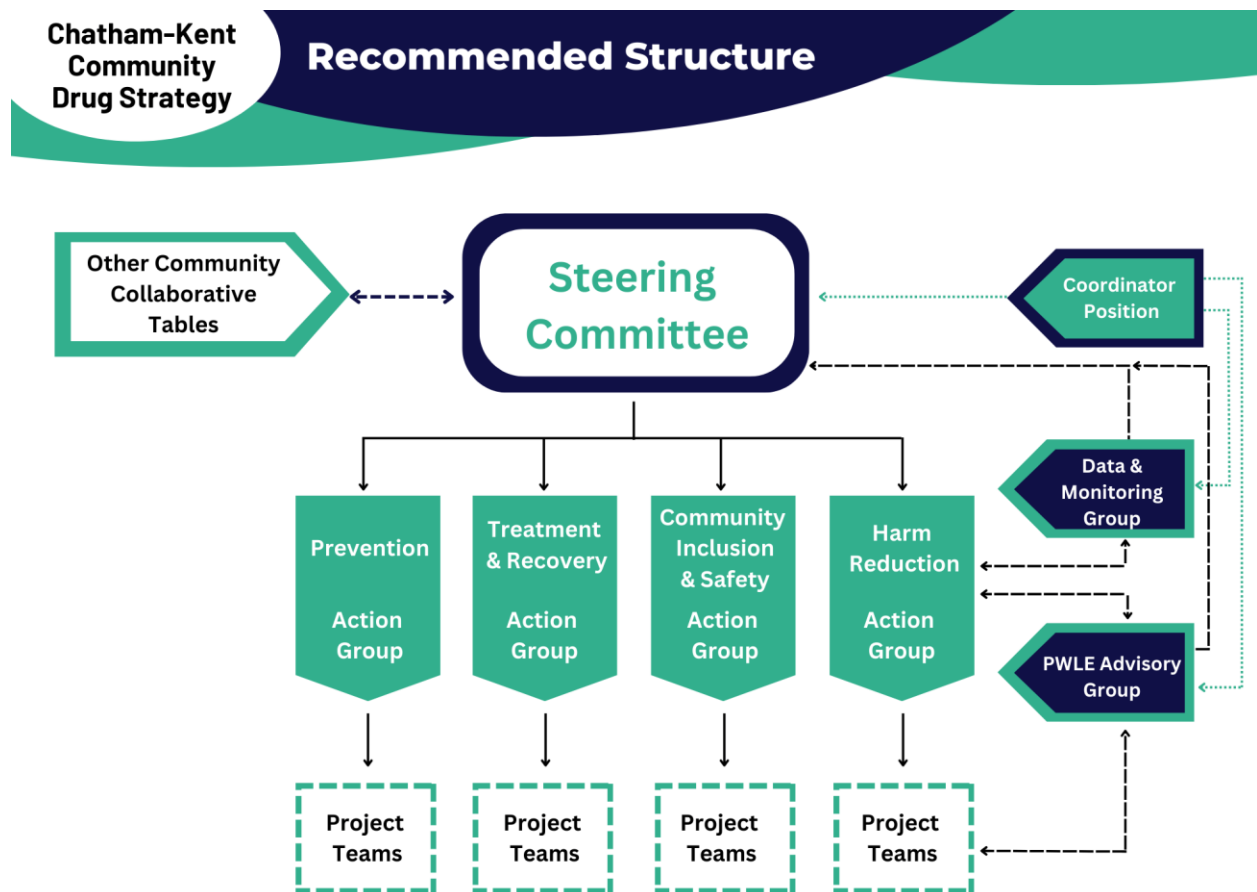
Recommendations for Implementation

With the momentum achieved over the past year through the comprehensive community consultations and the development of the drug strategy and monitoring plan, the CK community is well positioned to move into plan implementation. To move from plan development to plan implementation, it is recommended that the CK community follow the steps as outlined in Table 5.

Table 5. Drug Strategy Year 1 Implementation Plan

Step	Details	Recommended Timeline
Drug Strategy Presentation	Consultant recommendations on drug strategy, structure and implementation presented to CK Municipal Council.	Timeline for approval of implementation recommendations and for securing funding to be confirmed by Municipal Council
Secure Funding to Support Drug Strategy Implementation	Secure funding to: - Hire a full time Drug Strategy Coordinator Position. - Allow for compensation of PWLE participating in the PWLE Advisory Group, Steering Committee, Pillar Groups and Project Teams. - Support indicator development and monitoring. This funding will support identified data development needs including primary data collection in the community.	
Identify Drug Strategy Host Organization	Identify the organization that will host the drug strategy and the Drug Strategy Coordinator Position.	Within the first 2 months after funding secured
Hire a Full Time CKCDS Coordinator	Host organization to recruit and hire Drug Strategy Coordinator.	Within the first 3 months after funding secured

Step	Details	Recommended Timeline
Communications	The drug strategy is communicated throughout the CK community to individuals and groups including: PWLE; public sector, not-for-profit and private sector organizations; and the community at large.	
Technology: Drug Strategy File Management & Digital Meeting Platforms	Establish a central location (e.g., Google Drive, Microsoft SharePoint) where drug strategy documents, including plans, terms of references, project related documents, agendas, minutes, etc., can be accessed by all participating individuals and organizations. Select the digital meeting platform that will be used for all CKCDS virtual and hybrid meetings. Accessibility of the digital meeting platform must be considered in making this decision. Technology solutions that are identified for the CKCDS will have information management implications for the host agency.	
Steering Committee Formation and First Meeting	**Steering Committee** - Terms of Reference drafted by the Drug Strategy Coordinator for review, refinement and approval at the first meeting. - Drug Strategy Coordinator to recruit members as identified in Table 4. - The Steering Committee has their first meeting to affirm strategic focus and structure prior to implementation. - Appoint a co-chair (to be re-visited annually). Decide on the approach for selecting the co-chair. Examples of how this could be approached include a consensus vote by the Steering Committee, co-chair appointed by the host agency etc.	4 months after funding secured

Step	Details	Recommended Timeline
Form the Pillar Focused Action Groups (4), the Data and Monitoring Group and the PWLE Advisory Group.	**Pillar Focused Action Groups (4)** - Terms of Reference drafted by the Drug Strategy Coordinator for review, refinement and approval at the first meeting. - Drug Strategy Coordinator to recruit suggested members with support from the Steering Committee co-chair as identified in Table 4. - A Chair for each of the pillar focused action groups to be appointed annually by the Steering Committee. **Data and Monitoring Group** - Terms of Reference drafted by the Drug Strategy Coordinator for review, refinement and approval at the first meeting. - Drug Strategy Coordinator to recruit members as identified in Table 4. - Chaired by the Strategy Coordinator **PWLE Advisory Group** - Terms of Reference co-developed by the Drug Strategy Coordinator and PWLE. - Drug Strategy Coordinator to recruit members as identified in Table 4. - Co-chaired by PWLE and Strategy Coordinator	4-5 months after funding secured
Early Implementation Planning: Pillar Focused Action Groups	In alignment with the approved strategy, Pillar Focused Action Groups will prepare for the implementation of prioritized actions by completing a Project Scoping Form for **each** prioritized short-term and long-term action.	6 months after funding secured

Step	Details	Recommended Timeline
Early Implementation Planning: Data and Monitoring Group	Develop a work plan with roles, responsibilities, resources and timelines based on the identified priorities related to: - Ongoing KPI selection and monitoring - Developing and distributing a quarterly report form for project leads - Executing the data development agenda - Regularly updating the evidence base for innovative solutions and best practices to inform future Drug Strategy planning.	
Early Implementation Planning: PWLE Advisory Group	Establish the approach and process that the PWLE Advisory Group will use to provide important feedback or input on issues, solutions, processes or ideas requested by the Steering Committee, Pillar Focused Action Groups and Project teams.	
Early Implementation Planning: Steering Committee	Identify strategic priorities for the Steering Committee that align with primary functions: - Collaboration within and across sectors - Liaising with other collaborative tables - Advocacy - Funding Develop a Steering Committee work plan with roles, responsibilities and timelines.	
Establish Project Teams for Prioritized Actions	Based on information captured in the Project Scoping Form, Project Teams will be established for each prioritized short-term and long-term action. In some instances, due to efficiencies and alignment, a Project Team may be responsible for multiple projects. The Project Team leads and project members are appointed by the Pillar Focused Action Groups. Project Teams are responsible for completing a Project Work Plan for **each** prioritized short-term and long-term action.	7 months after funding secured Note: project team development may occur at any point to align with identified priorities

Step	Details	Recommended Timeline
Development and Approval of Annual Pillar Work Plans	Following completion of the project scoping forms and project work plans, each Pillar Focused Action Group and the Data and Monitoring Group will complete an Annual Pillar Work Plan outlining activities and tasks for completion over the coming year.	8-9 months after funding secured
	The Steering Committee reviews and approves the Annual Pillar Work Plans as presented by the Chairs of the Pillar Focused Action Groups and the Data and Monitoring Group.	10 months after funding secured
Implementation Year 1	Pillar Focused Action Groups, the Data and Monitoring Group and the Project Teams implement the approved Annual Pillar Work Plans. Chairs of the Pillar Focused Action Groups and the Data and Monitoring Group provide Annual Pillar Work Plans updates at each Steering Committee Meeting. The PWLE Advisory Group will provide important feedback or input on issues, solutions, processes or ideas requested by the Steering Committee, Pillar Focused Action Groups and Project teams. Movement towards the completion of work plans is monitored by the Chairs of the Pillar Focused Action Groups, the Data and Monitoring Group and the Steering Committee.	11 months after funding secured

Next Steps: Annual Planning Cycle

Strategic Goals

Annually, it is recommended that the PWLE Advisory Group and the Steering Committee independently review the drug strategy goals to affirm if they continue to provide the right direction for the community drug strategy. Following independent review, both groups will come together to review the strategic goals and recommend one of the following:

No Changes: The goals continue to provide the right direction to guide the work of the drug strategy over the coming year.

Minor Changes: The goals continue to provide the right direction to guide the work of the drug strategy over the coming year; however, minor adjustments in wording are recommended. These changes do not impact the overall intent of the goals.

Significant Changes: Following review, it has been identified that significant changes are required for the goals to remain aligned with the changing community context. In this instance, it will be necessary to identify the approach that will be taken to conduct a comprehensive review and reset of the strategic plan for the drug strategy.

Strategic Objectives and Actions

Annually, following review of the strategic goals, the Pillar Focused Action Groups will revisit prioritized short-term actions, long-term actions and Tier 2 actions to align with the strategic goals. The following process is recommended:

Short-Term and Long-Term Actions Underway: The group will begin by reviewing the short-term actions and long-term actions that are already underway. This process will involve affirming if those actions continue to be priorities for the Pillar Focused Action Group over the coming year. If the group is not aligned, the group could revisit the PICK Chart (Difficulty vs. Payoff) and the COVEY Matrix (Urgency vs. Importance) to inform decision making.

Tier 2 Actions: For Pillar Focused Action Groups with identified Tier 2 Actions (see Table 1), there will be a need to reassess prioritization of those actions annually. It is recommended that the group use the PICK Chart (Difficulty vs. Payoff) and the COVEY Matrix (Urgency vs. Importance) to inform the prioritization of Tier 2 actions.

Other Actions: The Pillar Focused Action Groups could also identify other potential actions that align with the strategic goals set by the Steering Committee and the PWLE Advisory Table. If new actions are identified for consideration, it is recommended that the group use the PICK

Chart (Difficulty vs. Payoff) and the COVEY Matrix (Urgency vs. Importance) to inform the prioritization of these actions.

Pillar Focused Action Groups summarize annual recommendations for strategic objectives and actions for Steering Committee approval.

Annual Completion of Templates

Once the annual priorities are established, it is recommended that the following templates are completed:

- Project Scoping Form completed by the Pillar Focused Action Group
- Project Work Plan completed by each Project Team
- Annual Pillar Work Plan completed by the Pillar Focused Action Group and Data and Monitoring Group

Annual plans are reviewed and approved by the Steering Committee.

References

Chatham-Kent Public Health. (2018). *Community Health Services Public Health Information Report: Situational Assessment for Opioid Use and Related Harms in Chatham-Kent.*

Chatham-Kent Public Health. (2022). *Community Health Services Public Health Information Report: Updates to CK Public Health's Harm Reduction Program*.

Piscitelli, A. (2017). *Learning from Ontario's municipal drug strategies: an implementation framework for reducing harm through coordinated prevention, enforcement, treatment, and housing*. Journal of Community Safety and Well-Being, 2(2), 58–62. https://doi.org/10.35502/jcswb.42

Strathcona County. (n.d.). *Community Drug Strategy for Strathcona County Acknowledgements*. https://strathconacablob.blob.core.windows.net/files/files/fcs-comdrugstrategy-final.pdf

Wellington Guelph Drug Strategy. (n.d.). *4-pillar drug strategies*. https://wgdrugstrategy.ca/4-pillar-drug-strategies/

Appendix A: Quality Check Survey

1. Please review the draft CKDS and rate each quality check statement using the scale below:

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
Clarity: The CKDS is communicated in clear language and makes sense.					
Impact: The fully implemented CKDS will make a positive difference in the lives of the people and the communities we support.					
Relevance: The CKDS is well positioned in the current context.					
Inspiration: The CKDS is inspiring.					
Decision Making: The CKDS is a useful tool to guide decision making.					
Central Point of Connection: The CKDS is memorable and serves as a connection point to guide the community in this important work.					

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
Relatable: The CKDS provides clear linkages to where my work/role fits in.					

2. If you selected "*strongly disagree*" or "*disagree*" for any of the statements in the question above, please elaborate on how you think the CKDS can be changed to improve those elements in question. Please include which criteria you are speaking to (i.e., clarity, impact, relevance, inspiration, decision making, central point of connection, or relatable)

Appendix B: Sample Drug Strategy Coordinator Job Description

Position Title: Drug Strategy Coordinator

Position Summary: Reporting to the [HOST ORGANIZATION HERE], the CKCDS Project Coordinator will facilitate and support the overall implementation of the CKCDS.

Responsibilities:
- In partnership with community-based sectors, facilitate the implementation of the CKCDS; monitor and report on implementation progress
- Involvement in all levels of the strategy, including Co-chair the CKCDS Steering Committee, chair the Data and Monitoring Group, co-chair the PLWE Advisory Group and attend and support each Pillar Focused Action Group's meetings.
- Ongoing planning, oversight, communications, change management and coordination of the CKCDS
- Establish working relationships with local community groups, agencies, boards of directors, levels of government officials, and individuals to meet the objectives of the CKCDS
- Coordinate resources in the development of innovative programs, policies, programs and services to move CKCDS prioritized actions forward
- Provide organization and resources to the CKCDS Steering Committee and Pillar Focused Action Groups
- Demonstrate organization, communication, and strategic planning skills in a community context
- Develop and maintain strong communication links with other municipal drug strategy representatives
- Work with volunteers, students, persons with lived/living experience of substance use, and administration to execute key strategic directions
- Report to CK Municipal Council annually about the progress and impact of CKCDS
- Monitor operating budgets for assigned projects/programs and ensure expenditures remain within budget
- Participates in the Municipal Drug Strategy Coordinators Network of Ontario.
- Perform other related duties as may be assigned

Qualifications:
- Degree in social sciences, health administration, or other related discipline or an equivalent combination of education and skills
- 2-5 years related experience, including community development, substance use, and mental health

- Experience working with people with lived/living experience of substance use, municipal governments, public health organizations, and community agencies focusing on mental health and addictions
- Knowledge of, and experience in, applying for federal and provincial government and non-government funding sources
- Experience in evaluation and community level data and indicators
- Strong facilitation skills
- Proven report writing, and presentation skills
- Well spoken
- Demonstrated interpersonal skills and ability to establish and maintain effective professional and working relationships with a variety of people including funding agencies, staff, community organizations, volunteers and community members
- Demonstrated organizational, analytical, and decision-making abilities
- Experience working in an inter-professional team of programming and health promotion
- Demonstrated ability to work collaboratively with individuals and a broad range of community organizations
- Ability to work independently with minimal supervision
- Proficiency with office computer equipment and software, including word processing, spreadsheet, virtual meeting programs, and presentation software
- Proven abilities to build consensus, to inspire confidence and to lead

Appendix C: Project Scoping Form Template

Pillar Focused Action Groups to complete one project scoping form for **each** prioritized short-term and long-term action within the approved Drug Strategy.

Section 1: Background Information	
Pillar Focused Action Group:	
Prioritized Action: *Copy wording from approved Drug Strategy*	
Short-Term or Long-Term Priority?	
Brief Justification of Need or Problem *Briefly describe (3-5 bullet points) the need or problem being addressed by this action*	
Recommended Project Lead(s) *Responsible for developing workplan and monitoring completion of tasks and project timelines*	
Core Project Members *Directly involved in planning and implementation activities*	
Involved Project Members *Support Role, Consulted*	
Peripheral Project Members *Keep Informed*	

Budget Available *If yes, describe source and amount (e.g., grant, operational budget from partner organization, Drug Strategy funding etc.)*	
Environmental Scan *Are other organizations/groups in Chatham-Kent working towards this recommendation? If yes, describe and outline opportunities for partnership and collaboration.*	
Project Exclusions *State what is out of scope for this project*	

Section 2: Goals, Objectives, and Indicators

Project Goal *What do you want to achieve (outcome) and for who (population)?*	

Project Objectives *An objective should indicate intermediate outcomes towards achieving your main project goal.*	**Project Indicators** *How will you know that you've achieved our objectives?*

Appendix D: Project Work Plan Template

Established project team to complete one project work plan for **each** prioritized short-term and long-term action. Continue to add rows as needed.

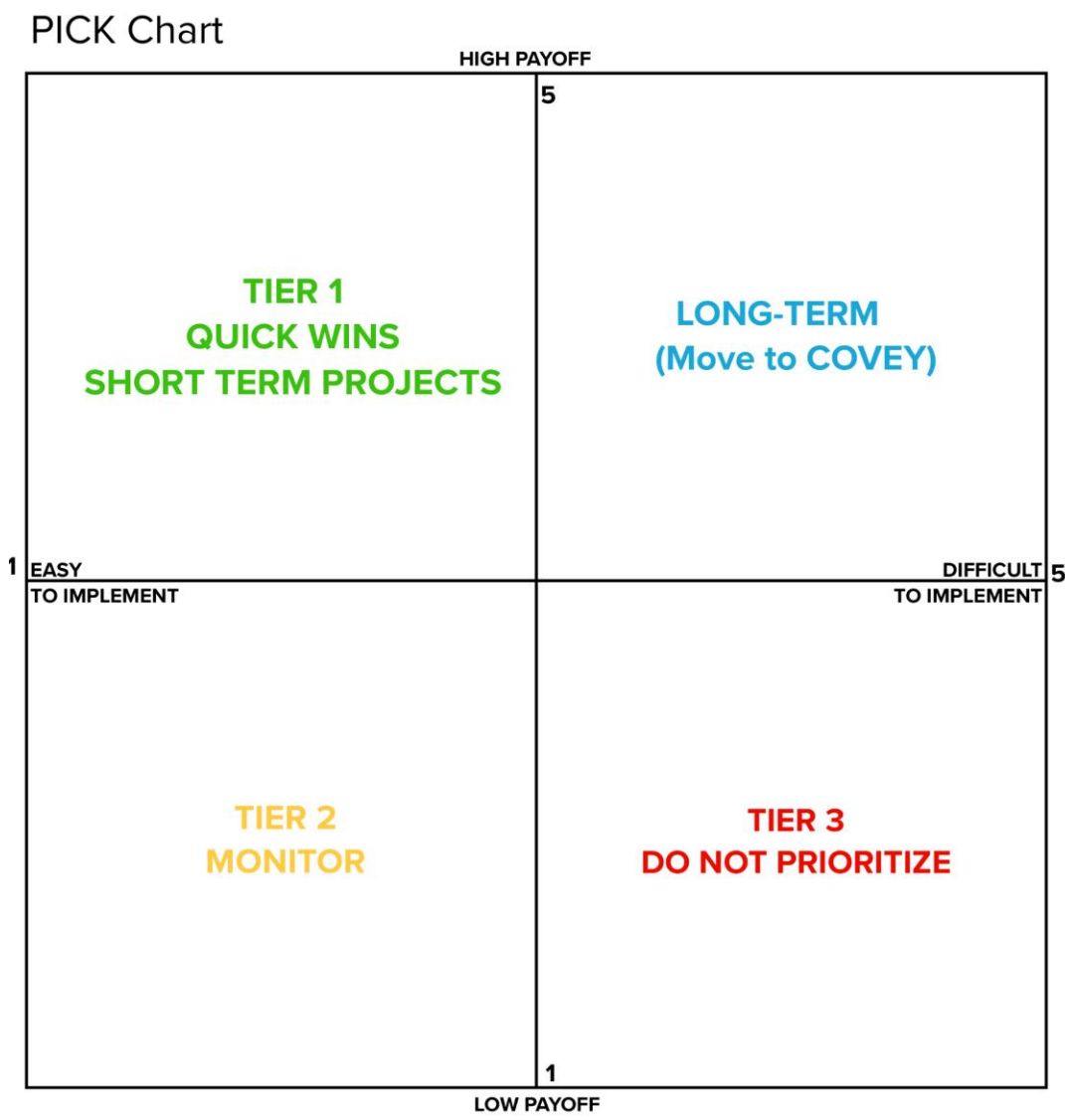| Recommendation:					
Key Activity *Big buckets of work that contribute to the achievement of the prioritized action.*	**Task** *Smaller tasks that contribute to the achievement of the key activity*	**Responsibility**	**Start Date**	**End Date**	**Status** *Not started, in progress, complete*

Appendix E: Annual Pillar Work Plan Template

Each Pillar Focused Action Group and the Data and Monitoring Group will complete an Annual Pillar Work Plan that will go to the Steering Committee for review and approval. Continue to add rows as required.

Pillar Name:					
Prioritized Action #1:					
2024 Key Activities *Big buckets of work that contribute to the achievement of the recommendation*	**2024 Tasks** *Smaller tasks that contribute to the achievement of the key activity*	**Responsibility**	**Start Date**	**End Date**	**Status** *Not started, in progress, complete*
Prioritized Action #2:					
2024 Key Activities *Big buckets of work that contribute to the achievement of the recommendation*	**2024 Tasks** *Smaller tasks that contribute to the achievement of the key activity*	**Responsibility**	**Start Date**	**End Date**	**Status** *Not started, in progress, complete*

Appendix F: PICK Chart & Covey Matrix

Step 1: Use the PICK Chart to prioritize actions on the scale of payoff vs. difficulty. As the group considers the concept of payoff, they are encouraged to consider the impact if implemented in the community (e.g., would the action fill an identified community gap? Is work on this action already underway in the community?). As the group considers the concept of difficulty, they are encouraged to consider the current community landscape including existing partnerships, resources, capacity and community alignment. The PICK chart will identify "quick wins" in the upper left quadrant and "long-term projects" in the upper right quadrant.

Step 2: For any identified long-term projects from the PICK chart, the group can use the COVEY matrix to further prioritize actions on the scale of urgency vs. importance. Actions falling in the top right quadrant should be prioritized as long-term actions.

COVEY MATRIX