

NATIONAL KNOWLEDGE EXCHANGE NETWORK OF NETWORKS

KEY INFORMANT CONSULTATIONS: SUMMARY REPORT

**Prepared for:
Canadian Centre on Substance Abuse**

**Submitted to:
Rebecca Jesseman**

**By:
Shalini Lal
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BACKGROUND

A key recommendation in *A Systems Approach to Substance Use in Canada: Recommendations for a National Treatment Strategy* is the implementation of a National Knowledge Exchange Network of Networks related to substance use services and supports. As part of the early planning for this national initiative, the Canadian Centre on Substance Abuse (CCSA) is drawing upon the expertise of those with experience in the development and management of knowledge exchange networks relevant to (but not limited to) substance use.

A **key informant consultation process** was undertaken between February 8, 2010, to March 31, 2010, by Shalini Lal, under the supervision of Rebecca Jesseman. The objective of the consultation process was to complete 10–12 qualitative interviews with key informants working in the field of knowledge exchange networks.

This report summarizes the methods, results and findings from the consultation project.

METHODS

The methods for the key informant consultations are outlined as follows:

- 1) Potential interviewees were identified by drawing upon three sources: CCSA (via Rebecca Jesseman); referrals from interviewees; and the contractor's environmental scan.
- 2) A total of 29 potential interviewees were contacted individually by email between February 15, 2010, and March 12, 2010. See **Appendix 1** for the email template and **Appendix 2** for the list of individuals that were contacted, including detailed response results (e.g., agreed, agreed but not during the consultation period, refused, no response, retired).
- 3) Each interviewee was asked to suggest individuals and initiatives that they considered to be potentially useful to consult with in relation to the planning of the Network of Networks; these names were compiled into a list for future consideration by the CCSA (see **Appendix 3** and **Appendix 4**).
- 4) Interviews were conducted by telephone and ranged in duration from 45 minutes to 1 hour and 30 minutes. Interviews were not recorded; however, notes were taken diligently throughout the conversations.
- 5) In general, interview questions were organized around the following topical areas: features of a knowledge exchange network; experiences and challenges of developing and managing a knowledge exchange network; network structures, strategies and process; and recommendations for a national knowledge exchange network in substance use.

RESULTS

RESPONSE RATE

- Out of the 29 individuals that were contacted, 41 percent (n=12) agreed to participate and completed the consultation interview.
- An additional 17 percent (n=5) agreed to participate, but were unable to complete the interview during the given consultation period.
- Approximately 28 percent (n=8) did not respond to the initial contact email.
- Approximately 10 percent refused (n=3) and one person had retired.

OVERVIEW OF PARTICIPANTS AND NETWORKS REVIEWED

The twelve key informants interviewed represent and participate in a number of different networks. Ten of the informants spoke at length in relation to nine networks (these networks are listed and described in Table 1); two additional initiatives were discussed—Echo, a women’s health initiative in Ontario, and Recherche et intervention sur les substances psychoactives – Québec (RISQ); however, they are not included in this table for the following reasons: 1) Echo was not considered by the respondent as a network, *per se*; and 2) the respondent related to RISQ spoke from the perspective of a participating member and therefore the content of this interview did not cover details around governance, development, structure and process of a network.

In terms of **key informant roles**, interviewees represented a range of paid and unpaid network roles; for example, a participating member (e.g., the key informant that spoke in reference to Community Campus Partnerships for Health); an executive director (e.g., the key informant that spoke in reference to Senior’s Health Research Transfer Network); and a co-chair (e.g., the key informant that spoke in reference to Collaborative Networks of North America). While these diverse roles allowed for the elicitation of different perspectives, they also limited the types of information interviewees were able to provide. Hence, the ability to provide details around network development, administration, governance and structure varied across respondents. The evolutionary nature of network development in terms of administration, governance and structure also presented a challenge for harnessing details.

Networks reviewed represented a range of **administrative, governance and structural features**. The larger, more established networks tended to be governed by a **board of directors** that has decision-making power and responsibility for the direction of the network (e.g., CanFASD, Senior’s Health Research Transfer Network, Community-Campus Partnerships for Health). The boards of directors tended to be representative of a range of stakeholders. Networks governed by a board of directors in turn had hierarchically organized staffing for the day-to-day administrative functioning of the network. In three of the networks, the governance concepts of **steering committee and oversight committee** were adopted instead of a board of directors (e.g., Southern Alberta Child and Youth Health Network, Collaborative Networks of North America, Women’s Health Research Network).

In terms of **funding**, most of the networks functioned based upon a combination of financial and in-kind contributions. The nine networks reviewed were funded mainly through the following resources: public health sector (n=5); competitive health research grants (n=2); a combination of public/private multiple sector resources (n=1); and membership in-kind contributions (n=1). Long-term funding and the ability to plan network activities over a long period (e.g., three years at a time) was mentioned by several informants as being key to optimizing network function.

In terms of **administrative hosting**, four of the networks were hosted by a provincial or regional health authority, three were hosted by a university and/or university research centre, one was hosted through an independent organization, and the youngest network of networks discussed—the Collaborative Networks of North America—was hosted virtually at the time. Governmental hosting of a network appears to pose a risk for the stability of the network during public sector reform (e.g., Southern Alberta Child and Youth Health Network). Other hosting options, such as independent organization (with stable funding) or through a university appear to more stable.

Evaluation of networks can be conducted in relation to process and outcome. While it was clear that evaluation of network process and outcomes was considered by interviewees to be a challenging and complex endeavor, network evaluation was not a topic that was easily described or discussed. (See **Appendix 5** for two examples of how evaluation was approached by the Women’s Health Research Transfer Network and the Southern Alberta Child and Youth Health Network.)

Please refer to Table 1 for further details regarding the features of the nine networks as well as **Appendix 5** for a list of documents relevant to these networks (e.g., terms of references, prioritizing content areas for network focus, evaluation report, annual reports, network literature review).

IDEAL FEATURES OF A KNOWLEDGE EXCHANGE NETWORK OF NETWORKS IN SUBSTANCE USE

- Creates the *conditions* for knowledge exchange (multidirectional); *filters, routes, provides and mobilizes* information and knowledge.
- Has a *strong vision* and *clear focus*.
- Membership and participation in network activities is *voluntary*.
- Governance is *transparent* and democratic.
- Structure is relatively loose and *non-hierarchical*.
- *Connects people* with common interests and constituents who have historically operated apart (e.g., mental health and addictions) by:
 - *Facilitating relationships* and sets of relationships (e.g., between networks);
 - *Stimulating collaboration* between common stakeholders (e.g., researchers to researchers) and across stakeholders (e.g., policy makers to service providers, students to researchers);

- *Supporting relationships*; and
- *Providing space for relationships to grow* over time, which can then lead to collaboration.
- Adds *value* to the functions of existing networks, initiatives and organizations.
- *Not in competition* or *duplication* with activities of individual membership.
- Mindful that the network is *virtual and permeable*; that it permeates organizational structures.
- *Process* is as *important* as content.
- Creates the conditions for *multiple linkages*.
- Utilizes a *diverse range of strategies* to engage membership.

STRATEGIES AND MEDIUMS TO ENHANCE MEMBER PARTICIPATION

The following is a summary of the types of strategies that key informants expressed as being integral to enhance member participation. Networks and specific examples that illustrate these strategies are provided in square brackets.

- ***Leveraging the use of technology*** (e.g., meeting tools, website) to connect members to each other and to network activities [**Women’s Health Research Network**; **Senior’s Health Research Transfer Network**].
- ***Making activities accessible***:
 - Ensuring that people have *access* to technology and have the *technological literacy* to know how to use it [**Senior’s Health Research Transfer Network** Library Service Initiative ensures that all providers have access to free library services, training on how to use library technology, and a senior’s health information specialist (see [SHRTN Annual Report, p. 20](#))].
 - Offering materials and activities in English and French.
- ***Online and offline activities*** (e.g., workshops, podcasts, newsletters, discussion forums, list serves, cafés)[**ECHO** for offline activities such as ECHO Conversations]; ***archiving online and offline activities***; and ***providing opportunities for post-activity engagement*** [**Women’s Health Research Network** website]
- ***Project-based initiatives*** (e.g., bringing membership together to work on a project such as a practice guideline, a participatory action research project or a demonstration project; this was a common approach utilized by several of the networks) [**L’Association des centres de réadaptation en dépendance du Québec**; **CanFASD**; **Women’s Health Research Network**; **ECHO**].

- **Concrete incentives** (e.g., pockets of money to support stakeholders to work together on a project, host a webinar or provide a meeting platform; rewards for completing a knowledge exchange needs assessment or network feedback survey) [**Connections**; **Women's Health Research Network**].
- **Timely dissemination** of work that is supported/funded by the network [**Women's Health Research Network** website; **Southern Alberta Child and Youth Health Network** website].
- Supporting **skills-based training opportunities** [**L'Association des centres de réadaptation en dépendance du Québec**].
- **Tailored dissemination and messaging**.
- **Electronic databases** of networks, organizations, synthesis materials, toolkits and guidelines [**Women's Health Research Network** website; **Southern Alberta Child and Youth Health Network** website].
- Having a **point person to call**.
- **Participatory action research principles**, giving end users the opportunity to have a 'voice' in the process of knowledge creation, translation and exchange [**Connections**].
- **Leveraging existing networks and knowledge exchange initiatives** [**CanFASD**; **Southern Alberta Child and Youth Health Network**].
- **Mediating linkages** between stakeholders (e.g., between researchers and policymakers) [**CanFASD** linkage mediation between network action teams and policymakers].
- **Assessing knowledge exchange needs of stakeholders** (e.g., surveys, focus groups) [**Connections** needs assessment using participatory principles during the early set-up of its network].
- **Providing opportunities for membership feedback** (e.g., surveys, focus groups).
- **Leveraging existing events to bring members together** (e.g., dovetailing network activities to conferences and events in areas related to substance use that would likely be attended by members) [**CanFASD**; **Collaborative Networks of North America**].

FACILITATORS OF NETWORK FUNCTION

How to avoid a 'network' from turning into a 'notwork'!

- Strong ***leadership*** (e.g., through a governing body or oversight committee) and choosing the right people for leadership (e.g., people who have experience, connections and vested interests).
- ***Clear mandate.***
- ***Management and coordination*** of network functions (e.g., connections manager, content manager, community practice leader).
- ***Diffused structure; not hierarchical; a distributive model.***
- ***Diversity of membership and leadership.***
- ***Content*** is organized by ***nodes (themes)*** with ***linkages between nodes.***
- ***Close relationships*** between stakeholders (these can take time to develop).
- ***Project-based committees.***
- ***Democratic and transparent decision-making processes.***
- ***Membership equality*** regardless of size, sector or geography; network is ***driven by membership.***
- ***Integrated evaluation*** of network process and outcomes.
- ***Sustainable funding*** that allows for long-term network planning (e.g., three years at a time).
- Utilization of ***knowledge exchange and network specialists*** (e.g., knowledge brokers, information specialists).

CHALLENGES OF MANAGING AND SUSTAINING A NETWORK

- ***Administrative hosting of the network*** in a location that is invulnerable to political changes and system reform (e.g., SACYHN disassembled following provincial health reform in Alberta).
- ***Avoiding stagnancy*** in growth and activity (e.g., nodes do not evolve).
- ***Limited governance***, which makes it difficult to set priorities around activities and to distribute money.
- ***Preventing the network structure from becoming overly diffused.***

- ***Preventing network governance and structure from becoming complex*** (as this creates challenges for sorting out lines of communication between key constituents and membership) ***and rigid in process***.
- ***Choosing the right people for leadership roles and staffing***.
- ***Technology*** (i.e., people don't have access to technology or don't possess the required technology literacy skills).
- ***Getting information and knowledge to the frontline; making a difference at the level of service delivery***.
- ***Limited influence of network*** within the power structure of institutions and organizations.
- ***Misunderstanding/lack of clarity*** regarding the utilization/distribution of funds or of the expectations of the network.
- ***Avoiding network turf wars or encroaching membership territory***.
- ***Ensuring representativeness*** of stakeholders and perspectives; ***engaging comprehensive participation*** in the network (i.e., across sectors, disciplines, service levels, perspectives, sex, gender and culture).
- ***Facilitating collaboration*** between traditionally competitive parties.
- ***Sustainable funding***.
- ***Consensus***.
- ***Tracking network outcomes*** at the level of service delivery.
- ***Not being all things to all people***.

RECOMMENDATIONS

- ***Be focused about mandate***.
- ***Minimize goals***; try not to be all things to all people.
- ***Involve membership*** in shaping the network; allow it to be an ***organic process***.
- ***Primary focus on linkage*** with a secondary focus on content.
- Consider ***different ways of organizing networks*** (e.g., networks into sub-networks and communities of practice); not limiting the structure of a network of networks to those used by existing networks.
- Consider ***different opportunities for memberships*** (e.g., members can be individuals, organizations and networks).

- Bringing people together through *projects* (e.g., to develop a best practice document).
- Attention to *gender* and *diversity* (e.g., First Nations).
- Supporting *activities that engage active participation* from users.
- *Avoid duplication*; however, some duplication is okay because people may need to be offered the same information or activity from different sources.
- *Facilitate conversations* around key issues.
- *Centralized model of core information supplier* to a broad network; *website to disseminate information* regarding RFPs, conferences, events and other opportunities or *linking to other sites* that are well developed on these topics; *library hub*.
- Providing a *range of different opportunities for member participation* (e.g., some will use it only as a source of information and others as opportunities to get involved in projects).
- *Categorize and filter information and knowledge* through a content committee.
- *Entry point for all the provincial networks*.
- Use *mapping systems* to link networks.
- Conduct an *environmental scan* to determine the different linkages that need to be made.
- Nurture *communities of practice*.
- Careful *not to compete/conflict* with network activities at the jurisdictional level.
- *Be strategic regarding evaluation of outcomes*.

TABLE 1: SUMMARY OF NETWORKS

NETWORK	PURPOSE	MEMBERSHIP	ADMINISTRATION, GOVERNANCE STRUCTURE	FUNDING
<i>Network of Networks</i>				
1 Canada Northwest FASD Research Network (CanFASD Northwest) No website available Operating since 2005	To build research network and capacity across Western Canada and the Territories to address high-priority research questions; to devise more effective and culturally appropriate prevention, surveillance, diagnoses and intervention strategies for women, individuals with FASD and their families; and to better inform policy.	Each Network Action Team (NAT) determines its membership based on workplan. For example, members of the NAT that is focused on diagnostics is largely clinic-based, whereas other NATs are more inclusive of different stakeholder groups based on their objectives.	Provincial Health Services Authority (PHSA) is the host agency for the central office of the Network. Central office organizes opportunities for communication between NATs. <u>Board of Directors.</u> <u>Staff</u> (CEO and scientific director, managing director, clinical research manager, research communications manager, administrative secretary). <u>An ad hoc Network Action Teams Model</u> (five NATs organized around priority topic areas that are housed in research institutions and submit yearly workplans; are largely independent, with each NAT having a leader).	The Canadian Northwest FASD Partnership (interprovincial and territorial partnership; three-year funding to the Network by each province or territory contributing on a proportion-by-population basis). In-kind contributions from PHSA and NAT-hosting research centres.

NETWORK	PURPOSE	MEMBERSHIP	ADMINISTRATION, GOVERNANCE STRUCTURE	FUNDING
<p>2 Collaborative Networks of North America (CNNA)</p> <p>No website available</p> <p>Operating since 2009</p>	<p>To promote the awareness, development, understanding and value of networks in the public interest.</p> <p>Strategic directions: Enhance and promote knowledge mobilization regarding networks; contribute to the research and evaluation about networks; provide peer support and learning opportunities in network-related research, education and practice; and ensure a sustainable and effective CNNA.</p>	<p>Individuals and organizations.</p>	<p>Co-chairs appointed annually; interim <u>Steering Committee</u> to develop an initial workplan, meeting schedules and agenda; and <u>sub-committees</u> with Chair.</p> <p>Secretariat functions through membership volunteers.</p> <p>Consensus decision-making model.</p>	<p>In-kind contributions: Members will provide resources and/or financially contribute to support costs related to network administration and activities.</p> <p>May seek external funding.</p>
<p>3 Community-Campus Partnerships for Health (CCPH)</p> <p>http://depts.washington.edu/ccph</p> <p>U.S./international</p> <p>Operating since 1996</p>	<p>Combine the knowledge, wisdom and experience in communities and in academic institutions to solve major health, social and economic challenges; build the capacity of communities and higher educational institutions to engage each other in authentic partnerships.</p>	<p>1,800 communities and campuses across North America and the world; administrators, faculty, staff, students, clinicians, researchers, educators, civic leaders and policymakers.</p>	<p>Hosted through the University of Washington; self-identified as a non-profit organization.</p> <p><u>Board of Directors</u> (chief governance officer and CGO-elect selected by board yearly; Board members selected through open application process).</p> <p><u>Staff</u> (executive director, associate director, administrative coordinator, membership coordinator, program assistant, conference manager, webmaster).</p>	<p>Combined funding and in-kind contributions through public and private organizations, government agencies, philanthropies and individual citizens.</p>

NETWORK	PURPOSE	MEMBERSHIP	ADMINISTRATION, GOVERNANCE STRUCTURE	FUNDING
<p>4 Senior’s Health Research Transfer Network (SHRTN)</p> <p>www.shrtn.on.ca</p> <p>Part of the network of networks that links SHRTN, Alzheimer Knowledge Exchange and the Ontario Research Coalition</p> <p>Provincial/ Ontario</p> <p>Operating since 2005</p>	<p>Improve care for seniors in the long-term care and community care sectors by facilitating knowledge exchange and dialogue between caregivers, researchers and policymakers; encouraging innovation and avoiding duplication; and supporting people within communities of practice.</p>	<p>Researchers, policymakers and caregivers; 8,516 members across 19 communities of practice.</p>	<p>Hosted through the Elizabeth Gruyere Institute.</p> <p><u>Provincial Board of Directors</u> (co-chairs, voting members, non-voting members, staff)_representing geographic regions, caregivers, policymakers, researchers, educators, seniors, librarians and SHRTN communities of practice.</p> <p><u>Staff</u> (executive director, knowledge brokers, information specialists).</p> <p><u>Local Implementation Teams</u> that advise, guide and oversee SHRTN initiatives and help implement initiatives locally; teams are aligned with Local Health Integration Network boundaries.</p> <p><u>Communities of practice.</u></p>	<p>Ontario Ministry of Health and Long Term Care (three-year contract); in-kind funding from collaborating centres.</p>

NETWORK	PURPOSE	MEMBERSHIP	ADMINISTRATION, GOVERNANCE STRUCTURE	FUNDING
<i>Networks</i>				
5 BC Addictions Network/BC Substance Use Network No website available Provincial/BC Operating since 2007	Build capacity and promote availability, access and quality across the system of services and supports in British Columbia for addressing substance use; promote bilateral and multilateral cooperation and collaboration, and make multilateral recommendations on issues as appropriate.	Representatives from four ministries; clinical and administrative representation from six regional health authorities; academic/research partners; other networks; aboriginal representation; and <i>ad hoc</i> membership. Approximately 25-30 members.	British Columbia Mental Health and Addictions Services (BCMHAS; an agency of the Provincial Health Services Authority). BC Addictions Network is one of eight specialized mental health and addictions networks administered and coordinated by <u>BCMHAS</u> (BCMHAS network director, chairs, clinical research leads, project/KT manager). Accountable to Mental Health and Addictions Provincial Planning Council (i.e., people in decision-making roles relevant to various ministries), BCMHAS research and networks, and regional health authorities.	Five-year funding obtained through Health Canada's Drug Treatment Funding Program (DTFP), which is administered through BCMHAS.
6 Connections www.connectionscanada.ca National Operating since 2008	Develop and evaluate an innovative knowledge transfer and exchange strategy with meaningful involvement of stakeholders to ultimately improve services for women with substance use issues and their children in Canada.	300 organizations (representing 2,000 individuals).	Grant is administered by McMaster University. <u>National Research Team</u> consisting of 13 co-investigators representing different sectors (e.g., health, child protection); National Research Team operates the website and the network's activities. <u>Advisory Committee</u> (no decision-making power) consisting of 12 selected representatives from addictions agencies, organizations and institutions.	Emerging Team Grant (\$1.5 million from CIHR over five years).

NETWORK	PURPOSE	MEMBERSHIP	ADMINISTRATION, GOVERNANCE STRUCTURE	FUNDING
<p>7 Southern Alberta Child and Youth Health Network (SACYHN) www.sacyhn.ca Regional/ Alberta Operated between 2001- 2009 (until dissolution of health regions in Alberta)</p>	<p>Vision: Optimal health and well-being for children, youth and families through network strength.</p> <p>Mission: Using collective resources and expertise, the Network advances high-quality, coordinated programs and services for children, youth and families.</p> <p>Collaborative venture among parents, regional authorities, ministries and provincial agencies, universities and the not-for-profit sector.</p>	<p>Parents, youth, ministries, organizations, regional authorities, First Nations, universities and not-for-profit agencies.</p> <p>2,500 members (individuals and organizations, with emphasis on organizations).</p>	<p>Was hosted by the Calgary Health Authority; located administratively in the Alberta Children’s Hospital.</p> <p><u>Steering Committee</u> (met three or four times per year) to provide strategic direction and advocacy (representatives from key partners and charter affiliates).</p> <p><u>Staff</u> (seven, not all full time: director, network managers, network coordinators).</p> <p><u>Working groups</u> (met monthly): task-oriented groups that undertake specific projects and strategies.</p> <p><u>Regional groups</u> (met every six to eight weeks): intersectoral groups that identify and work on regional priorities; included network coordinators.</p>	<p>Calgary Health Authority and in-kind contributions from charter affiliates.</p>

NETWORK	PURPOSE	MEMBERSHIP	ADMINISTRATION, GOVERNANCE STRUCTURE	FUNDING
<p>8 Women’s Health Research Network (WHRN)</p> <p>www.whrn.ca</p> <p>Provincial/BC</p> <p>Operated between 2005-2010 (until non-renewal of funding)</p>	<p>Creation of new knowledge in the area of girls' and women's health research across B.C.; promotion of knowledge translation; fostering of strong linkages among research collaborators; mainstreaming of sex and gender in health research; and integration of new technologies into research and collaboration.</p>	<p>Researchers (institutionally and community based); research trainees and students; community collaborators (grassroots initiatives and organizations); service providers; directors; policymakers; and individuals at large with an interest in women's health research.</p> <p>1,000 members in the database (with a large representation of researchers).</p>	<p><u>Oversight Committee with elected co-chairs</u> (meets three times per year) directs priorities, oversees WHRN policy development and approves key initiatives and financial allocations; members serve on one-year terms with option to renew for one extra year.</p> <p><u>Provincial networking coordinator.</u></p> <p><u>Co-leaders.</u></p> <p><u>Staff.</u></p> <p><u>Research directors.</u></p>	<p>Michael Smith Health Research Foundation (has funded eight province-wide research networks, including WHRN).</p>

APPENDIX 1: EXAMPLE OF INITIAL CONTACT EMAIL

Dear Dr. ...,

I'm contacting you on behalf of the Canadian Centre on Substance Abuse (CCSA) with regards to the development of a National Knowledge Exchange Network of Networks on substance use, which is one of the key recommendations for the National Treatment Strategy on substance use in Canada.

CCSA is taking a leadership role in the development of this national initiative and is looking to draw upon the expertise of those with experience in the development and management of knowledge exchange networks in the area of substance use.

You have been identified as a potential interview participant due to your work in the area of knowledge exchange, networks and substance use (e.g., insert name of initiative/network) and we hope that you will be able to lend us some of your time in sharing your experiences and perspectives on this topic via a telephone consultation. I would be happy to send you the interview guide prior to the discussion.

Please let us know of your interest to participate in a telephone interview (45 min. to 1 hr.) and of your availabilities to do so between now and March 22, 2010. If you are interested to participate but have no availabilities during this period, please also let us know so that we can include you on a list to contact in the future.

Looking forward to hearing from you,

Shalini Lal

APPENDIX 2

OTHER NETWORK MODELS/INITIATIVES AND RESOURCES RECOMMENDED BY KEY INFORMANTS

Networks:

- National Centre on Substance Abuse and Child Welfare: www.ncsacw.samsha.gov.
- Prima Group: May not officially call themselves a network, but their focus is on substance use and pregnancy across Canada for health providers and they have been effective in engaging clinicians.
- National Initiative for the Care of the Elderly (NICE): www.nicenet.ca.
- Canadian Network for Substance Abuse and Allied Professionals (CNSAAP): www.cnsaap.ca.
- Canadian Dementia Resource and Knowledge Exchange (CDRAKE): www.dementiaknowledgebroker.ca.
- Centre for Addictions Research of BC (CARBC): www.carbc.ca.
- BC Mental Health and Research Network: www.mhanet.ca.
- Gurteen Knowledge: www.gurteen.com.
- Substance Abuse and Mental Health Services Administration (SAMHSA): www.samhsa.gov.
- National Institute on Drug Abuse (NIDA): www.drugabuse.gov.
- Canadian Drug Policy Consortium (CDPC)

Resources:

- [SHRTN Year 4/5 Annual Report](#)
- [Canada Northwest FASD Research Network: Three Forums Report on Opportunities and Challenges](#)
- [SAYCHN 2005 Evaluation Report](#)
- [WHRN Governance \(Links to Org Chart & Logic Model\)](#)
- [One Step Further: Toward a Canadian Civil Society Voice on Drug Policy](#)