



# Grey Bruce Community Drug and Alcohol Strategy (CDAS)

Strategic  
Consulting  
Services

## Strategic Planning Session Summary Report

*July 18, 2024*

✉ Hello@ArisingCollective.ca

☎ 705-761-4078

ArisingCollective.ca

304 Elias Avenue  
Peterborough, ON K9J 5G9

***Prepared by:***

Christie Nash

Arising Collective

[www.arisingcollective.ca](http://www.arisingcollective.ca)

July 18, 2024

Dear Community Drug and Alcohol (CDAS) Steering Committee Members,

I am pleased to present you with this Strategic Planning Summary Report which includes highlights of discussions from the CDAS engagement session that took place Monday June 3, 2024, from 9:00am-4:00pm at Grey Bruce Public Health. This report also provides a summary of strategic priorities that arose and recommendations for next steps for CDAS to consider as part of your strategic plan development.

The session was an absolute joy to facilitate. Witnessing the willingness of community partner organizations and those with lived and living experience engaging deeply and demonstrating their commitment to making Grey Bruce a safe and healthy place to live, work, and play instilled hope in me.

I appreciated the opportunity to connect with all of you, who care deeply about the future of CDAS and the betterment of your communities. I look forward to working with you to determine how the results of this session will inform the development of your new strategic plan. These insights are integral to the process and will ensure that you have a plan that is dynamic and can guide your decision-making in the years to come.

Please contact me if you have any questions.

Sincerely,



Christie Nash

## Table of Contents

Executive Summary .....	3
Introduction .....	4
Session Overview & Participation.....	5
Highlights From Small Group Discussions.....	5
Highlights From World Café Activity.....	8
Highlights From The Learning Wall.....	15
Recommendations For Next Steps .....	17
Appendix A: Community Drug And Alcohol Strategy Community Partner Survey Results .....	18
Appendix B: Community Drug And Alcohol Strategy Strategic Planning Session Pre-Reading Package.....	18
Appendix C: Small Group Facilitator/Notetaker Package .....	19
Appendix D: Session Agenda.....	21

## Executive Summary

Building on the strengths of the current Grey Bruce Community Drug and Alcohol Strategy (CDAS) strategic plan, a full-day session was held on June 3, 2024 to re-energize the partnership through alignment of community priorities related to substance use and by identifying key actions for the collaborative to address over the next several years.

An agenda for the session was co-created with the CDAS Steering Committee and the facilitator based on the results of a recent community partner survey and an environmental scan of substance use trends in Ontario and Grey Bruce was conducted. A pre-retreat package that included the results of the research and engagement were also shared with all participants in advance of the session.

A total of 51 people attended the session representing 25 agencies and groups and over 12 sectors. The outcomes of the strategic planning session echoed the community priorities that were identified in the community partner survey. Identified roles for the CDAS to fulfill include:

- Community Education and Training to Reduce Stigma
- Advocate and Raise Awareness of Local Needs
- Engage People with Lived and Living Experience

Local priorities CDAS should address include:

- Focus on specific substances, including: opioids, alcohol, and youth vaping
- Upstream/early intervention and prevention, including addressing root causes of generational trauma, Adverse Childhood Experiences (ACES), and Protective and Compensatory Experiences (PACES)
- Harm Reduction
- Develop resources for service navigation.

It was evident throughout the session that CDAS plays a vital role in building capacity across Grey Bruce to support the development and implementation of rural solutions and interventions Across a Continuum at the Community Level. Concerns were raised about the financial sustainability of the collaborative and finding creative solutions to sustain the network is the most urgent priority for the collaborative. Without a champion to convene the partners and advance the priorities, the objectives will not be achievable.

## Introduction

There is an identified need among community partner organizations and people with lived and living experience (PWLLE) with substance use to take collective action to address the harms of substance use. It is core to the work of the Grey Bruce Community Drug and Alcohol Strategy (CDAS) to act and address substance use concerns. Fatalities, emergency room visits, and hospitalizations are life altering and costly to the health care system. Locally, across the province, and beyond, many substance-use trends continue to worsen, particularly among youth and young adults. A multi-pronged approach, consisting of both upstream and downstream interventions, is required.

Building on the strengths of the current strategic plan, a full-day session was held on June 3, 2024 to re-energize the CDAS partnership through alignment of community priorities related to substance use and by identifying key actions for the collaborative to address over the next several years. This report outlines the activities of the day, highlights outcomes from the CDAS Strategic Planning Session, and provides next steps for the development of the new strategic plan.

## Background

In the winter of 2024, the CDAS Steering Committee engaged [Arising Collective](#) to guide a process to develop a new strategic plan. A workplan was developed to ensure the plan is grounded in both the experiences and expectations of CDAS members, and also informed by the current context in which the plan is being developed.

To inform the strategic planning session, Lindsay MacDermid, Program Evaluator from Grey Bruce Public Health (GBPH), developed and conducted a survey of community partners in April 2024, to help assess perceptions and experiences related to the local landscape of substance use, strengths and challenges of the CDAS, and key community priorities. Results of the survey were presented at the Strategic Planning Session in June and were used by Arising Collective to develop questions for small group discussions and the World Café activity during this session. See [Appendix A](#) for a summary of the survey results.

GBPH also developed a Strategic Planning Session Pre-reading Package outlining substance use trends in Ontario and Grey Bruce and other related information. The package was emailed to participants one week prior to the session. The purpose of the package was to inform dialogue and decision making at the session, and participants were encouraged to review the resource in advance. Hard copies were also made available on June 3<sup>rd</sup>. See [Appendix B](#).

In advance of the session, several facilitators were selected to help focus the small group discussions and World Café activity. A package was developed to orient facilitators to the activities and expectations for the day and a brief training session took place a week before the session. See [Appendix C](#).

A date was set for a full-day engagement session with CDAS members and invitations were issued. The Steering Committee continued to meet with the facilitator to develop a dynamic agenda for the day, See [Appendix D](#).

## Session Overview & Participation

An **in-person event** was held at GBPH on June 3, 2024, between 9:00am and 4:00pm. The CDAS Steering Committee compiled a comprehensive contact list which was used to invite participants and to distribute background information. **There were 51 people in attendance at the session representing 25 agencies and groups and over 12 different sectors.**

The session began with a warm welcome and land acknowledgment by Monica Blair, Manager of the Harm Reduction Program at GBPH. Monica then introduced the facilitator who provided an overview of the session objectives and agenda. Scott McKay, Director of Client Services at Canadian Mental Health Association (CMHA) Grey Bruce Mental Health and Addiction Services and Chair of CDAS presented highlights of the history and accomplishments of CDAS. Next, Kelsey Mighton and Heidi Lucas, Public Health Nurses from the Harm Reduction team at GBPH, who are currently coordinating the CDAS, shared highlights and results of the CDAS community partner survey results.

Participants then took a short break with refreshments before diving into the group activities. Participants were encouraged to share their thoughts, ideas, and questions on a Learning Wall, which was posted on a wall and available to participants throughout the session.

The remainder of the day was devoted to interactive activities, including small group discussions and a World Café activity, to gather input from participants on relevant themes that had emerged in the community partner survey. More detailed session information is provided in [Appendix C](#).

The session concluded with a warm expression of gratitude from Lindsay Johnston, Director of the Ontario Health Team (OHT), and a commitment to next steps.

## Highlights from Small Group Discussions

The first activity consisted of small group discussions at each table. Special consideration was given to the group composition. A facilitator and note-taker were assigned to each table. As a group, participants were asked to discuss the following questions for 45 minutes and to be prepared to share high-level points to the full group.

1. Based on what you have heard, what are the top priorities CDAS should focus on in the next few years?
2. How, and in what ways, can CDAS best support these initiatives?
3. What resources need to be in place for CDAS to be successful?

The following is a summary of what was shared.

### ***What are the top priorities CDAS should focus on in the next few years?***

- Community Education and Training to Reduce Stigma

- Knowledge sharing among service providers and PWLLE
- More targeted training for: Front line staff, youth and families, healthcare providers and pharmacists, and law enforcement
- Substance use prevention in schools, with youth and teachers/staff
- General public, including enhancement of social media
  
- Advocate and Raise Awareness of Local Needs
  - Provide information to municipalities so they can advocate for other levels of government to adequately fund and resource existing services
  - Advocate for all options and pathways to treatment
  - Advocate for policies and funding to support upstream work, such as increased access to culturally safe services, primary care, transportation, and housing
  - Demonstrate the economics of alcohol costs of treatment
  
- Engage People with Lived and Living Experience
  - Secure funding for the Peer Advisory Committee (PAC)
  - Engage PAC in training opportunities
  - Enhance peer support
  - Youth Voices/membership (partner with Ontario Students Against Impaired Driving [OSAID] or Big Brothers Big Sisters), connections with school board.
  
- Community Priorities CDAS should address:
  - Opioids, alcohol, and youth vaping
  - Focus on upstream/early intervention and prevention, including addressing root causes of generational trauma, Adverse Childhood Experiences (ACES), and Protective and Compensatory Experiences (PACES) (with Children's Alliance)
  - Harm Reduction
    - Continue to strengthen current harm reduction work and initiatives
    - Advocate for evidence-based harm reduction interventions (i.e. safe supply and safe consumption site)
  - Develop a resource package with ALL existing services (harm reduction, housing, treatment, etc.) for service providers AND for recently incarcerated individuals and upon discharge from hospitals

***How, and in what ways, can CDAS best support these initiatives?***

- Act as a unified voice
- Convene opportunities to network and discuss
- Action-oriented working groups
- Advocacy
- Break down silos
- Support PAC
- Liaise with other groups across the province
- Empower members to integrate language, strategies, and key messages into organizations such as strategic and operational plans (develop training and foundational documents)
- Collaborate with other planning tables to pool resources (i.e., Community Safety and Well-Being Planning [CSWBP])
- Tap into/rely on community partner expertise (not duplicate work)- clarify role of CDAS vs. municipalities vs. organizations
- Share information, data, best practices, and shared messaging

***What resources need to be in place for CDAS to be successful?***

- Sustainable and continuous funding (\$150,000 per year)
- Grant writer to access funding
- Dedicated coordinator who understands both systems and front-line
- Funding for the PAC and Community Voices
- Terms of reference (TOR) to clarify CDAS role and the role of GBPH to augment and not duplicate.
- Need a champion for CDAS.
- Have the right people at the table - consider who needs to be a decision-maker vs. providing input.
- Develop a shared understanding of what it looks like to build community
- Utilize media partners
- Scan other drug strategies across the province to see which organizations lead, governance structures, and funding.



## Highlights from World Café Activity

Following the lunch break, participants were asked to remain in small groups and to rotate through 5 different tables to discuss 5 key themes that arose as priorities in the CDAS community partner survey. Suggestions raised during the morning session were also included in each of the topics. Facilitators and note-takers were at each table to guide the conversations.

Groups spent between 15-25 minutes at each table before moving on to the next. Facilitators shared what the previous groups had discussed, and participants were asked to build on these conversations.

The 5 themes discussed were:

1. Collective Voice/Collaborative Action
2. Data Informed and Raise Awareness
3. Engage and Amplify Lived Experience
4. Governance
5. Developing and Implementing Rural Solutions/Supporting Interventions Across a Continuum at the Community Level

The activity not only enabled meaningful dialogue but also provided an opportunity for participants to get to know one another and to discuss their own/organizations work. Participants were asked to discuss guiding questions at each table, which are listed in [Appendix C](#).

The following is a summary of the highlights of each topic area.

### Theme One: Collective Voice/Collaborative Action

<b>What was heard in the survey</b>	<ul style="list-style-type: none"><li>• Strategic direction on specific community issues (see supporting interventions/developing and implementing rural solutions)</li><li>• Convene community for discussions on substance use and its impact.</li><li>• Provide insights to integrate harm reduction approaches to larger community and system-wide tables.</li><li>• Addressing stigma: Education on the harm reduction model</li><li>• Advocacy for increased resources and supports.</li><li>• Acknowledge connection/impact between substance use and root causes (ACES, trauma, mental health, social pressure/normalization, social determinants of health [SDOH])</li></ul>
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## Theme One Discussion Highlights

### ***Thoughts on priority area?***

- Is it relevant? YES!
- Collective voice results in greater impact
- Includes diverse backgrounds, experiences, expertise
- People need options across a spectrum of supports to meet individual needs
  - Harm-reduction -- abstinence-based
  - Need for all options/varieties of pathways
- Includes PAC, schools, youth, agencies. Values must align.
- Difference between collective voice and collaborative action

### ***What goals or outcomes are we trying to achieve?***

- Broad/high-level
- Realistic and achievable
- Need project plans and evaluation plans to track progress
- Clarity in accountability and responsibility

### ***What activities/objectives do we need to identify to help us achieve our goal/outcomes?***

- Address stigma
  - Research best practices and what is happening locally
  - Educating providers and public (adapting approach for the audience)
  - Network of experts
- Substance use prevention
  - Start early in schools
  - Start with who – school board? Teachers? Parents?
- Share current initiatives/projects/programs/services
  - Service and program mapping
  - Accessible platform with more timely updates (i.e. 211)
  - Shared mentorship
- Facilitate community conversations (i.e. town halls)
  - Safe consumption, safe supply, and harm reduction
  - Address alcohol consumption
  - Develop one-page resources

### ***What else is important to consider in this priority area?***

- Alignment with other plans
  - Children's Alliance Mapping Exercise
  - CSWBP
- Risks/challenges
  - Need sustainable funding and resources

## Theme Two: Evidence-Informed and Raise Awareness

### What was heard in the survey

- Collect and track emerging and long-standing community trends (see supporting interventions/developing and implementing rural solutions)
- Share information more broadly to raise awareness and influence policy and practices.
- Research promising practices in other communities.
- Substance use prevention/youth substance use
- Education and training (general and customized)

### Theme Two Discussion Highlights

#### ***Thoughts on priority area?***

- Is it relevant? YES!
- Fuels all of our work to have data that backs it up
- Fuels funding
- Add in dissemination of this data

#### ***What goals or outcomes are we trying to achieve?***

- Raising awareness of the local, rural context is key
- Increase understanding
- Feasibility study- look at similar areas to Grey Bruce
- Use data to allocate resources and monitor trends
- Evaluation of Plan, Do, Study, Act (PDSA)
- Create benchmarks and targets
- Environmental scan of current climate
- What data do we need? Want? – Need to determine this

#### ***What activities/objectives do we need to identify to help us achieve our goal/outcomes?***

- Social media/awareness campaign
- Fundraising campaign
- Partner with different groups to increase understanding
- Establish better reporting pathways
- Rotate engagement meetings/townhalls
- Role clarification and accountability related to data
- Engage with lower tier municipalities and school boards (prioritize these groups first)
- Engage people with lived and living experience to get anecdotal evidence. Use to raise awareness.

#### ***What else is important to consider in this priority area?***

- Various communication tools/resources to raise awareness
- Streamline communication channels
- Ability to “bend” confidentiality to effectively share information

- Alignment with other plans/programs
  - CSWBP
- Risks/challenges
  - Grey Bruce is a HUGE area to cover and each area is unique
  - Different policies/mandates between organizations
  - Data sharing:
    - Lack of data sharing agreements
    - Ensure consistent and comparable data over time
    - Buy-in from the community
    - Need to ensure confidentiality- de-identifying data
    - REDCap/Bruce Grey Data Information Sharing Collaborative (BGDiSC) to share data across sectors
    - Inter-agency consent to share data and direct clients
    - More money and staff capacity required
    - Make this a priority within organizations

### Theme Three: Engage and Amplify Lived Experience

<b>What was heard in the survey</b>	<ul style="list-style-type: none"><li>• Facilitate the PAC</li><li>• Integrate lived and living experience of substance-use into broader community planning processes</li><li>• Strengthened connections with Indigenous communities</li><li>• Community Voices</li><li>• Patient Advisory Council</li><li>• OHT</li></ul>
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#### Theme Three Discussion Highlights

##### ***Thoughts on priority area?***

- Mandate/create best practice guidelines for consultations with PAC. Understand/avoid power imbalances
- Must be mutually beneficial. Must allow space for PAC to lead consultations, provide training
- Ensure PAC is foundational
- Ensure voices from entire region are included

The following quotes were shared during the session as it relates to engaging people with lived and living experience:

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*“They are our teachers.”*

*“Nothing about us without us.”*

*“They’re the experts in what they need and how it’s delivered.”*

*“Who else can tell the story but the person who has lived it.”*

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**Accountability:**

- What organizations oversee PAC?
- How do we get PAC at every table?
- Review TOR, practices from various peer advisory groups (what works, what doesn’t, sustainability, who provides support)
- Through OHT - make PAC consultations routine when relevant to a project

**What goals or outcomes are we trying to achieve?**

- Re-instate PAC
  - Keep informed on trends
  - Have different knowledge, ideas, needs, wants
  - Opportunities to share stories, address stigma, change community narrative
- Create framework/pathway for participation
- Ensure supportive training through all stages
- Enhance representation from front lines and youth (look into The Well Community Collective the Grey Bruce Governance Table)
- Include opportunities for further employment
- Work with college to develop credentials for the experience (i.e., Peer Support Canada Certificate)

**What activities/objectives do we need to identify to help us achieve our goal/outcomes?**

- Include people who are “helpers” of PWLLE, i.e. friends, families, community members.
- Provide meaningful, useable, accessible services
- Continue to build and keep trust
- Re-instate focus groups/interviews to help guide projects
- Provide education to organizations re: the value of PAC feedback
- Promote/create awareness of PAC services and its value
- Secure ongoing funding for regular meetings, regular connections, regular updates and training
- Consider donation or fee for service

- Coordinator needed to oversee group, build relationships, ensure continued support and engagement
- Ensure follow through/evaluation/report back on PAC recommendations (ensure reciprocal relationships)
- Partner with other advisory groups
- Develop intentional recruitment strategy for representation from across the Counties. Reduce barriers to participation (transportation, remuneration, care giving support)
- Rotate meeting points, use of technology

**What else is important to consider in this priority area?**

- Ensure support for PWLLE and not re-traumatizing.
- Use a trauma-informed approach and ensure a debriefing process is in place.

## Theme Four: Governance

**What was heard in the survey**

- Who should coordinate this work?
- Who should champion this work?
- What is the best way to engage and/or re-engage members?
- How can this initiative be financially sustainable?

## Theme Four Discussion Highlights

**Coordination:**

- Agreement that a full-time funded coordinator is required to champion this work
- Approximately \$150,000 is needed to pay the coordinator and fund PAC activities
- Need secure and ongoing funding. Coordinator should not need to write grants to fund position.

**Funding Opportunities to Consider:**

- Can municipalities declare a state of emergency to open up more funds to support this work? One participant noted “People are dying. We need to figure out a way to make this work!”
- Develop a membership model with “anchor” organizations i.e. hospitals, CMHA, GBPH, Police, OHT, and sliding scale for smaller organizations
- Mental Health and Addictions need to be central to leadership and providing funding.
- Aligns well with GBPH standards. Can .4 position stay with Public Health and have partners contribute to other .6 FTE?
- If there is increased Indigenous engagement, there may be federal funds available.
- Ask the Drug Strategy Network of Ontario (DSNO) to advocate to the province for local funding

**Governance:**

- What is the best composition/representation on the Steering Committee?

- What does participation on the Steering Committee look like?
- What is relationship to CSWBP?
- How can PWLLE be represented on the Steering Committee?

**Backbone Function/Accountability:**

- Can position be held at GBPH and be accountable to Steering Committee and not GBPH Board of Health (BOH)?
- Templates exist of agreements and job descriptions where staff is accountable to Steering Committee and not to organization.
- Other potential host organizations include: South East Grey Community Health Centre (SEGCHC), United Way, CMHA.
- Consider where coordinator can be a trailblazer or system disruptor

**Roles:**

- CDAS role is to not “do” the work, but to support organizations to do the work
- Can organizations integrate CDAS into their strategic plans?
- Continue working groups: Cannabis, opioids, and alcohol
- Need a place where activists and advocates can come together with organizations and services to listen to one another and learn from one another.

**Theme Five: Developing, Supporting, and Implementing Rural Solutions/Supporting Interventions Across a Continuum at the Community Level**

<b>What was heard in the survey</b>	<ul style="list-style-type: none"><li>• Harm Reduction: Safe supply and safe consumption</li><li>• Services and treatment</li><li>• Youth vaping and substance use prevention</li><li>• Alcohol consumption</li><li>• Drug poisoning crisis</li><li>• System navigation</li><li>• Transportation</li><li>• Safe and appropriate housing</li></ul>
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**Theme Five Discussion Highlights**

**Thoughts on priority area?**

- Collaboration for areas of overlapping mandates
- Identify, support, coordinate, recommend on best practice and local and rural expertise
- Coordinate outreach services
- Emergency response plan for CDAS alignment with CSWBP

***What goals or outcomes are we trying to achieve?***

- Prevention/upstream youth initiatives
- Harm reduction outreach
  - Mobile and facility where people can drop in
  - Building trust and connecting to service
  - Directory of service for everyone to access (keep up to date)
  - Identify and reduce barriers to access (transportation, cell phone, internet)
- Assess inequities, gaps, and impacts of health inequities across the region.
- Advocate and educate
  - After hours service and weekend (urgent clinics)
  - Education for parents
  - Funding for youth recreation
  - Transportation
  - Supportive Outreach Services (SOS) or other outreach, health, other services
- Share information and evidence to support funding applications
- Share evidence around safe consumption and other harm reduction initiatives
- Tackle stigma

***What activities/objectives do we need to identify to help us achieve our goal/outcomes?***

- Practitioner training and education (physicians, nurse practitioners and community leaders)
- Map supports and service pathways for those who have been discharged from hospital or released from criminal justice system

***What else is important to consider in this priority area?***

- Risk of burnout and moral crisis of frontline staff and PWLLE

## Highlights from the Learning Wall

Over the course of the day, participants were encouraged to share their thoughts, ideas, and questions on a Learning Wall, which was posted on a wall and available to participants throughout the session.

Questions posed on the Learning Wall include:

- What questions are coming up for you?
- Who is missing from this conversation that should be included?
- What additional information is needed for you to make decisions today?

The following comments/questions were shared on the Learning Wall. They have been organized thematically.



### **Funding for CDAS and Initiatives**

- Our government promotes, let our government pay. To fix the \$ funding.
- When we have “bake sale” level of funding, how do we prove impact?

### **Centering Equity and Lived Experience**

- How do we address inequity?
- Barriers: Checklists are great BUT If you are on the street sick with mental health issues, substance use, no phone, no bed, no food, wet socks, etc. IT IS NOT AS EASY AS IT SOUNDS.
- Indigenous communities/peer experts

### **Impact of Provincial Initiatives**

- Provincial strategies + CDAS provincial+ Alcohol sales +harm
- We keep people sick (liquor store, beer stores, variety store, pot shops, legalization, safe consumption sites, methadone, suboxone, illegal drugs, gambling, mental health issues increasing). What would happen if we didn't provide these?

### **Harm Reduction and Treatment**

- When a client (drug use or alcohol) asks for help: Are they offered rehabilitation first?
- Are there peer support workers at emergency to help with the crisis? There was talk of this happening for the PAC members.
- Safe consumption sites: Negative- Keeping people sick. Ongoing, having to attend daily. Positive- hope the intervention is temporary and service users will be able to access support for not using substances.
- Safe Supply: Keeping people sick, costs of this vs. helping people get well
- Substance use (Opioids, alcohol, vaping, etc.) Cost of treatment i.e. Rehabilitation vs. Treating with other substances (i.e. methadone, suboxone)

### **Questions and Considerations for CDAS**

- What are/is the rural model?
- Missing all justice partners beyond police (crowns, probation/parole/ corrections, etc.)
- Ensure strategic priorities align with CSWBP

## Recommendations for Next Steps

To build on the outcomes of this session and the results of the CDAS Partner Survey, the following next steps are recommended.

1. Meet with the Steering Committee to provide feedback on the report and discuss the recommended priority areas, goals, and objectives outlined in the Strategic Plan.
2. Consider what, if any, parts of this report can be shared back with those who participated and when the best time to do that is.
3. As a Steering Committee, assess the funding options available and consider what is realistic for CDAS to commit to over the next 3-5 years.
4. As Steering Committee members, consider what resources (financial or in-kind) you are able to offer to support the sustainability of CDAS (i.e. could your organization take the lead on one of the priority areas?)
5. Once decisions are made, complete the Strategic Plan.
6. Consider how and in what ways you would like to disseminate the Strategic Plan, and what key messages are important to include with CDAS members and the broader public.

## **Appendix A: Community Drug and Alcohol Strategy Community Partner Survey Results**



**June 3 CDAS Survey  
Summary Presentatio**

## **Appendix B: Community Drug and Alcohol Strategy Strategic Planning Session Pre-reading Package**



**Final May 23 CDAS  
Strategic Planning Se:**

## Appendix C: Small Group Facilitator/Notetaker Package

### Notetaker Roles:

- Throughout the session, welcome participants and orient them to the agenda and different ways they can engage throughout the session.
- Keep groups on track throughout the small group discussion and World Cafe and take high-level notes on flipchart paper. Flip chart paper, sharpies, sticky pads, and printed agendas and worksheets will be available on each table.
- Be prepared to share highlights of discussions with the larger group.

### Tips for Facilitating Small Group Discussions

- Start the conversation with round table introductions at your table.
- Let folks know that part of your role is to keep the conversation on track and ensure that everyone has a chance to share their thoughts.
- Silence is ok; the group has 45 minutes to discuss. Encourage folks to take their time to think and review supporting documents on the table.
- Encourage folks to take their own notes on the worksheets and/or use the sticky notes.
- Record high level themes on the flip chart (these will be reported back to the larger group)
- We are looking for areas/themes of clear alignment and noting where the group members differ/where further discussion may be needed. Please don't feel you need to write down detailed notes.
- Repeat/reflect back/validate what you hear with the group as you record.
- If something isn't clear, feel free to ask people to repeat back the main points, or simply ask "tell me more".
- Encourage everyone to share their thoughts and reflections. If folks are quiet, you can check in with them.
- Feel free to facilitate more assertively if the conversation is getting off topic.
- Encourage people to visit the learning wall and share thoughts, questions, and ideas there throughout the day.

### Small group Discussion Questions

1. Based on the list of priorities identified in the survey (see last column of survey summary table), and what you learned in the pre-reading package, which priorities do you see as the most pressing for the CDAS to address?
2. How and in what ways can CDAS best support these initiatives?
3. What resources need to be in place for CDAS to be successful?

## World Café Questions

The following questions and prompts were provided to guide facilitators and participants through a meaningful discussion on each of the identified thematic areas in the World Café activity.

1. What are your thoughts on this priority area?
  - a. Is this priority relevant?
  - b. Why is it a priority?
  - c. Should it be re-categorized/re-named?
  
2. What goal or outcomes are we trying to achieve in this area?
  
3. What activities/objectives do we need to identify to help us achieve our goal/outcomes?  
*N.B: This is a multi-year strategic plan, so it is important that it is broad to allow for flexibility and change over the coming years.*
  - a. Immediate/Short term, i.e. this year.
  - b. Medium to longer term? i.e. What outcomes would you like to see in 3-5 years from now?
  
4. What else is important to consider in this priority area?
  - a. Other opportunities?
  - b. Risks? Challenges?
  - c. What resources/conditions are required to be successful in achieving this goal/outcome?
  - d. Is it realistic given the resources available?

## Appendix D: Session Agenda

Grey Bruce

Community Drug and Alcohol Strategy (CDAS)  
Strategic Planning Session

### Agenda

June 3, 2024

8:30 am	Doors open Registration
9:00 am	Welcome Monica Blair, Grey Bruce Public Health (GBPH)
	Introduction Christie Nash, Arising Collective
9:30 am	Highlights of CDAS Accomplishments Scott McKay, Canadian Mental Health Association Grey Bruce
	CDAS Survey Results Kelsey Mighton & Heidi Lucas, GBPH
10:30 am	Break and refreshments Visit the Learning Wall
10:45 am	Small group discussions
11:30 am	Full group report back
12:15 pm	Lunch break
1:00 pm	World Café exercise
2:30 pm	Break and refreshments Visit the Learning Wall
	Full group report back
2:45 pm	Full group report back
3:45 pm	Final comments & next steps Lindsay Johnston, Grey Bruce Ontario Health Team
4:00 pm	Conclusion