



Final Report 2006-2007

Action Plan 2007-2008

Manitoba
Harm
Reduction
Network

Annual
Report

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Introduction

The Manitoba Harm Reduction Network (MHRN) is now entering its fifth year of operations. This report:

- summarizes accomplishments and challenges of the network over the past year
- analyzes the evaluations of the skill building day, the Harm Reduction curriculum training, and the two day planning meeting that took place on March 20-22, 2007
- provides an overview of the values, vision and strategic priorities developed this year by the membership of the network
- includes the Network's action plan for 2007-2008 as well as several three year goals that will begin to be explored in year one
- reports on any recommendations for the network and the planning process for the Annual Planning Meeting

The MHRN

The MHRN Mandate

The overarching mandate of the MHRN is to make recommendations regarding the development, implementation and evaluation of STI's and BBP prevention initiatives based on the principles of harm reduction for affected communities in the province of Manitoba. That said the network approaches this work with an understanding that addressing the various determinants of health is critical in addressing issues like STI's and BBP's. To this end the network is committed to addressing issues related to housing and homelessness, culture and gender, stigma and discrimination (etc.) as well as access to services and care.

The Principles of Harm Reduction

The MHRN supports the following principles of Harm Reduction:

Humanistic

- The intrinsic value and dignity of all human beings.
- A non-judgmental attitude toward individuals on the basis of their individual behaviors.
- Moral condemnation leads to isolation of people and communities and is therefore counterproductive.
- The enhancement of social and health programs, disease prevention and education, while minimizing repressive and punitive measures.
- Accessible, flexible, culturally responsive and non-judgmental services for all.
- The rights and abilities of individual to make their own choices.

Pragmatic

- Risk-taking is normal human behavior.
- Risk minimization occurs when people make choices that reduce the possibility of harm, while not expecting the total elimination of harm or risk.
- The identification of a range of risks related to STI and blood borne infection and the context in which they occur.
- People need to start "where they're at" in order to protect themselves and their partners.

Focus on Harms

- Harmful social policies and their consequences, including misrepresentation of communities and misinformation about risk-taking behaviors need to be challenged.

Balance (evaluating impact)

- Harm reduction initiatives must be evaluated to ensure they contribute to the safety and well being of the community.
- Diversity within the community or communities. There is no one homogenous group.
- Believes that individuals and communities affected be directly involved in organization of strategies for harm reduction.

Deal with priority issues

- The right to expect comprehensive, non-judgmental medical and social services and the fulfillment of the basic needs of all individuals and communities.
- The development and provision of accessible harm reduction tools and information.

Executive Summary and Recommendations

Overall, this has been a year of change. And while change is sometimes met with hesitation and trepidation the end result was a year of self assessment and renewed commitment to the mandate of the network. A new coordinator and new faces on the coordinating committee married with the experience of long-term members has allowed the network to really focus on what is being done well and build on past successes as well as allow for change and new ideas to be explored.

Successes

The first edition of the harm reduction training curriculum – ‘Harm Reduction- what does it mean to me, my work, and my community’ was completed this year. The network held a training session for 12 network members on how to facilitate the curriculum. The next step is for the network to release the second edition of the manual with changes based on the feedback from the training session, network facilitators and other key network

members. A second curriculum training session is planned for the summer in order to train members from a variety of regions throughout Manitoba. Pieces of the curriculum have also been used in compiling a teen clinic training manual for Healthy Child Manitoba.

Peer engagement and meaningful participation on the network has increased and been strengthened throughout the year. There are peer members on every task group including the coordinating committee. Peer driven initiatives have been a priority for the network. For example the Sharps Meetings facilitated by the WRHA were initiated when concerns arose at the Support and Outreach task group regarding safe disposal of sharps. This issue was identified as a priority by peer membership. Peer members also participated in the training of members by delivering a workshop on women, the sex trade and the use of art to share stories at this year's Annual Planning Meeting. In addition, the network saw the highest turnout for peer participation at this year's Annual Planning Meeting. The development of a strong peer model for engagement in the network and the development of a peer forum is an initiative that was proposed by peer members of the network.

The Harm Reduction Network sought funding from a variety of sources over the year and, in addition to primary funding from MB Health, was successful in securing funding from the WRHA for the Annual Planning Meeting as well as the Public Health Agency of Canada for the facilitation contract for the Annual Planning Meeting. Finally, ACAP funding was provided to the network for training and planning in the Burntwood Regional Health Authority.

Collaboration and coalition work was ongoing with the network engaging and participating on a number of committees and coalitions including:

Partners in Caring

The GLBTT* Health Promotion Coalition

World Aids Day Planning Committee

Correctional Services of Canada Community Consultation

The Drug Framework Development Committee

The Sharps Retrieval Committee

The Little Black Book was launched across the province in January and is currently in the midst of a second printing. This was a project identified as a priority by the network and taken on by one of the network's member agencies, the Sexuality Education Resource Centre. This project, supported by MB Health, has helped address a gap in resources for young people in MB. This tool uses a harm reduction approach to providing information and access to resources to high school students and other youth across the province.

Membership has grown steadily over the year with several new individual members spanning many fields including academia, corrections, law enforcement, healthcare and many others. Several other organizations and agencies have joined the network over the year as well. The College of Registered Nurses of Manitoba and the Coalition of Experiential and Transgendered Women are two of our newest members.

Training and Education of students, agency staff and governmental departments increased this year. Policy workshops as well as Harm Reduction 101 workshops were delivered in several different settings. These trainings help to educate and inform those most likely to be working with vulnerable populations and most likely to require a harm reduction approach to best care for clients.

This year's annual planning meeting was an important opportunity to refine the mandate, goals, and vision of the network and in doing so allowed the network to design an action plan that truly addresses the strategic priorities set out by the membership. The facilitation process was inclusive and democratic, giving equal weight to each member's voice. Using an Appreciative Inquiry model to design the planning process ensured that the membership was fully integrated and involved in democratically setting the agenda and action plan for 2007-2008.

Challenges and Recommendations

As in every endeavor there are challenges that arise over time. Exploring these and developing creative solutions is an important part of network development. Some of these challenges and recommendations for the upcoming year include:

Maintaining an active core of network members who represent the diversity of our membership is an ongoing challenge for the network. Peer engagement is currently strong and the challenge has recently become recruitment and retention of existing and new members who represent government, direct service provision, and supportive services. Internal focus on our existing members will be a priority in the coming year in order to strengthen current membership engagement and participation.

As staffing for the network is limited to one part-time employee, prioritizing action items and the work of the network is critical. Not surprisingly there is more than enough work to be done and developing a work plan that maximizes the energies of the coordinator is a key component of the work of the coordinating committee and the coordinator.

Developing a clear and workable budget early in the year is another critical issue. The network budget for 2007-2008 from MB Health has been set; however, there are other granting agencies and bodies which have supported the network in the past and which require proposals and applications to be submitted in early fall. The Coordinating Committee is responsible for this work and will develop a working budget in the coming months. This budget will be revised as funding applications are approved and confirmed. This type of process does not allow for long-term planning as funding must be confirmed prior to initiating a project or plan.

Development and agreement on a process to use in engaging those members who were unable to attend the annual planning meeting will be critical in ensuring support for and participation in the implementation of the action plan for the upcoming year.

Evaluation and research related to participation in the network and the implementation of the action plan might be a useful undertaking for the network. Exploring models which

use a community based research approach and using one of these in this type of undertaking will be another important consideration for the coordinating committee.

Finally, ongoing reassessment of the action plan and focus of the network is of the utmost importance. There is a tendency to lose sight of priorities when working on specific action items. Maintaining a clear sense of vision is critical in ensuring that the work of the network is being done in a way that supports the vision and strategic priorities of the network is an ongoing task of the Coordinating Committee.

Conclusions

As we head into the 5th year since the inception of our network, it is important to celebrate the successes of the network and all the work that has been done. The Network has strengthened over the past several years and has been active in working towards integrating a philosophy of Harm Reduction into Manitoba's Health and Social Services systems. Whether it be through the production of a Harm Reduction curriculum, support and commitment to the Little Black Book, lobbying for a sharps disposal program, HR Policy implementation in the Norman Regional Health Authority, or Harm Reduction training for staff in the Brandon Regional Health Authority, Network members have clearly been involved in promoting, supporting, and implementing Harm Reduction approaches in the community. With this level of commitment from its members, there is no question that the next year will hold as many, if not more, opportunities for successful integration of the principles of Harm Reduction into the delivery of healthcare services and client care.

Harm Reduction approaches work. It is that simple. Programs and agencies with a philosophy of care that embraces harm reduction show results and have been proven time and time again to reduce the incidences of HIV and STI's and other harmful consequences of risk behaviors. In addition, this approach allows people to find success in their lives and can empower people to take control of their lives and their health.

The work of the MHRN is ongoing, harm reduction is not always an easily accepted philosophy, but there have been steps taken in this province that allow for a tentative hope. Through promotion, education, advocacy, and thoughtful debate the principles and concepts of harm reduction have begun to find their way into agency policy and into the philosophy of care of many service providers across the province. This is the true work of the network- to support and encourage Manitobans to embrace this health strategy in the hopes that eventually the necessity of Harm Reduction Networks will disappear.

MHRN 2006-2007 Final Report

While many changes have taken place in the MHRN over the past year the commitment and enthusiasm of the membership to work towards integrating concepts of Harm Reduction into current service provision in Manitoba, improving Harm Reduction services and developing new and creative ways to decrease the rates of STI's and other BBP has only been strengthened over the past four years. This year stands to be an exciting and productive one for the network.

A special thank you to all the network members who worked so tirelessly on the task groups over the past year and who contributed their time and expertise to the Harm Reduction network. Thank you also to the coordinating committee without whom the work could not be done.

Coordinating Committee Membership 2006-2007

Co-Chairs

Dave Kennedy Manitoba Health
Marj McNeil Play it Safer Network

Education Task Group Co-Leads

Kim Bailey Mount Carmel Clinic
Rosemarie Gjerek Klinik Community Health Centre

Support and Outreach Task Group Lead

Ken Bristow MB PHA Caucus

Communication Task Group Lead

Cathy Steven Sexuality Education Resource Centre

Policy and Practice Task Group Lead

Bohdanna Kinasevych Nine Circles Community Health Centre

Financial Representative

Shereen Denetto Sexuality Education Resource Centre

Peer Representatives

Dawn Coffin Resource Assistance for Youth
Alexus Young Sage House
Lawrence McKinzie Nine Circles

Public Health Agency of Canada Rep

Maxine Zasitko Program Consultant PHAC

Network Coordinator

Margaret Bryans MHRN

Follow-up from Last Year's Report

Recommendation 2005-2006	Action 2006-2007
<p>The Network has moved from Communicable Disease Control to Mental Health and Addictions within Manitoba Health. The coordinating committee has addressed this matter, adjusting its terms of reference and does not feel that it will have to revise the network mandate, however, this change needs to be monitored and its impact on the network assessed over the coming year.</p>	<p>The move to mental Health and Addictions came to an end in November and The MHRN is once again housed under the purview of Communicable Disease Control Unit in Manitoba Health. Roberta Coulter, who was the co-chair from May 2006 to November 2006, turned the co-chair over to Dave Kennedy, who is the current MB Health representative. The mandate of the Network has remained the same over the year, though at the most recent annual planning meeting, the membership added a set of core values, vision and strategic priorities to the mandate of the network.</p>
<p>This year the Coordinating Committee introduced an election process for the first time and while this process met with a satisfactory result in that all individuals interested in joining the committee were ultimately endorsed by the membership, the process itself needs to be reviewed by the coordinating committee. Recruitment to the coordinating committee needs to begin well in advance of the Annual Meeting.</p>	<p>There were no elections this year as the majority of positions are two year term positions. The position of Co-Chair was uncontested and Marj McNeil turned over the co-chair position to Maxine Zasitko, public health nurse for the Interlake.</p>
<p>Enhance and formalize the Coordinating Committee's role in overseeing and managing overlapping activities between the task groups.</p>	<p>Each co-chair reports back to the co-coordinating committee every meeting in order to keep the committee up to date. As neither co-chair is full-time with the network the Coordinator and the co-chairs met or teleconferenced monthly in order to keep up with the activity of the network. The coordinator also disseminated information to the task groups by reporting back on the activities of the other groups at the various task group meetings.</p>

Recommendations 2005-2006 cont.	Action 2006-2007 cont.
<p>As soon as is possible, a budget for the upcoming year should be developed. Work should begin immediately to seek funding to cover the necessary expenses for the network by making formal requests of traditional funders as well as seek alternates where possible.</p>	<p>Done in June 2006 and revised in late February 2007. ACAP funding as well as a Grant from the WRHA supplemented the MB health funding for the Annual Planning Meeting as well as a workshop in Thompson MB for the Burntwood Regional Health Authority.</p>
<p>Individual members should be contacted, especially if they have not been recently active in the network, to confirm their membership and interest in participating. Basic information listing opportunities for involvement in the network, time commitments, activities, etc. should be circulated and posted to the website.</p>	<p>Updating contact information for members of the network is ongoing.</p> <p>Primarily communication is via electronic means, however phone calls and posting meeting times at various agencies is also a means of maintaining contact with members.</p>
<p>Peers should be consulted as to what constitutes meaningful involvement and guidelines for peer involvement drawn up to establish a fair playing field and equal opportunities for peers.</p>	<p>Peer membership was strong in the network this year. Each task group had peer members participating. In addition 20 peers attended the general meeting and were active participants and were key in cementing the commitment to recruiting new peers, to developing guidelines for peer membership and to initializing a peer forum where peers of the network gather to discuss harm reduction initiatives and to share information regarding the work of the network.</p>
<p>The success of this year's Annual Meeting indicates that the planning process worked well and all the various elements that went into the planning should be retained, including: members survey; mail out information to members; separate skills day and members day; concurrent sessions; task group leads as small group facilitators; rotational feedback process for action planning; et al. Having said this, care needs to be taken to ensure the varying needs of existing members and new members are balanced and that the meeting remains fresh and exciting for those in attendance.</p>	<p>The Annual Planning Committee took a different approach to the planning meeting this year. The committee hired facilitators who were involved in the planning process from the very beginning. The Annual Planning Committee worked with them to develop a strategic planning process that accommodated the various needs of the membership. This process worked very well and required a different commitment from task group leads than in past years. In addition the committee planned a skill building day as well as a curriculum training day for interested members.</p>

Task Group Reports

Education Task Group

Action Items from 2006 Annual Planning Meeting

Logo and Brochure	<ul style="list-style-type: none"> • Develop design for logo and brochure • Brochure printing • Distribution and promotion
Harm Reduction Training Curriculum	<ul style="list-style-type: none"> • Review 1st edition • Develop distribution plan • Identify resource team • Explore linking up to existing training opportunities

What items were completed?

Logo and Brochure	<ul style="list-style-type: none"> • Logo design was contracted out to graphic designer. Design to be showcased at harm Reduction Conference March 07.
Harm Reduction Training Curriculum	<ul style="list-style-type: none"> • Harm Reduction train the trainer curriculum was circulated to task group. Revisions were made and the curriculum was again circulated and approved for design. • Contract signed with Doo Wah Design to design curriculum. • Curriculum has been printed for distribution. (Will be available mid April) • Trainers from a variety of organizations and agencies were recruited to participate in first training session for the curriculum. • First Training of the curriculum to take place March 20th, 2007. Facilitated by TeenTalk.
Peer Representation	<ul style="list-style-type: none"> • Peer involvement in the Education Task Group increased to include 4-5 peers on the task group.

What items were not completed?

- Brochure development stalled due to difficulty in developing content for one brochure as well as lack of visual identity and logo for the network. The task group has had preliminary discussions around developing a general ‘what is the MHRN’ style pamphlet as well as a pamphlet developed for peers by peers on harm reduction and how it is relevant to our lives.

What have we learned about these items/tasks?

- With increased peer involvement in the group we will be able to complete the brochure(s)/pamphlet. It will be helpful for the pamphlet that a logo will have been designed.
- It took a lot of time but we are satisfied with the final ‘train the trainer’ product.
- Communication in the group is excellent and it is very valuable having peer input into the process.
- Regular meeting schedule continued to be successful.
- We have had discussion on how to better integrate peer involvement in the committee. This might involve a mentoring process with other peers so that it is not so intimidating for newcomers to the group.

Suggested priorities for next year’s action plan?

- Develop brochures for the Network. Prioritize Peer responsibility in developing the brochures for the Network.
- Development of dissemination strategy for manual will be needed.
- Ongoing Training Sessions (May 2007)

Policy and Practice Task Group

Action Items from 2006 Annual Planning Meeting

Recruit agencies to become members of policy task group	<ul style="list-style-type: none"> • Identify organizations that would benefit objectives of task group and network • Actively recruit identified organizations
Promote Harm Reduction Policy Adoption	<ul style="list-style-type: none"> • Develop follow-up plan to policy framework • Direct ‘personalized’ promotion with agencies, committees, boards, etc. • Offer policy presentations to organizations as requested
Support Harm Reduction Policy implementation	<ul style="list-style-type: none"> • Identify key organizations to adopt harm reduction policy • Support implementation and document steps • Develop standard evaluation framework for documenting process

What items were completed?

Recruit agencies to become members of policy task group	<p>New task group members include: Karen Tuck – MB Corrections – Probation Sylvia Skrypnyk – Mount Carmel Clinic Hepatitis C Program Carolyn Hill-Carroll – College of Registered Nurses of Manitoba Tonya Tabubondung – Sage House</p>
Promote Harm Reduction Policy Adoption and support policy implementation	<p>Conducted survey of members to assess uptake of policy. Members have liaised with individual agencies to promote policy adoption:</p> <ul style="list-style-type: none"> • Judy Wright – Brandon Regional Health Authority (RHA) • Marj McNeil and Trish Sattleberger – NorMan RHA • Bo Kinasevych – Mount Carmel Clinic • Gayleen Diamond Winnipeg Regional Health Authority (WRHA) • Margaret Bryans–Women’s Health Clinic

What items were not completed?

N/A

What have we learned about these items/tasks?

- Many organizations are practicing harm reduction without a formal policy.
- There is willingness among the membership to adopt harm reduction policies for their organizations.
- For those working on a policy, it is time consuming and long process. Additional supports could be offered by the MHRN, however, we need to clearly determine what supports are required and how they can be provided.

Suggested priorities for next year's action plan?

- Need to review findings from evaluation and resurvey members to gather more input due to low response.
- Need to monitor and evaluate process of policy adoption among those agencies we are currently working with.

Communication Task Group

Action Items from 2006 Annual Planning Meeting

Website Maintenance	<ul style="list-style-type: none">•Review website content on an ongoing basis.•Link MHRN website to member websites and link members to MHRN website.•Ensure consistency between logo, pamphlet and website.•Explore potential of offering subscription service via website.
Public Media Campaign	<ul style="list-style-type: none">•Link new logo with established organizations that support/endorse harm reduction•Devise a public advertising campaign•Proactively engage the media•Develop list of media spokespeople on specific topics•Explore feasibility of public service announcements, community broadcasting and rural stations•Booth with materials and information at events
Organizational Outreach	<ul style="list-style-type: none">• Write letter to organizations not already involved in network• Link to newsletters• Brochure development and distribution

What items were completed?

<p>Website Maintenance</p>	<p>Sent MHRN link to members and task groups to review relevant sections of the website. Retitled and organized website content in anticipation of new website in late spring.</p> <p>checked and updated current link page</p> <p>Contacted member organizations to request link to/from MHRN site.</p> <p>Website redesign and visual identity contracted out – to be completed by late spring.</p>	
<p>Public Media Campaign</p>	<p>‘Harm Reduction Friendly’ safe space campaign -decision to acknowledge those that adhere to harm reduction principles in two different ways:</p> <ol style="list-style-type: none"> 1. Organizations with a harm reduction policy will be identified as such with visible messaging and HR logo in their space. 2. Individuals that have taken harm reduction training can be identified as harm reduction friendly. <p>List of media contacts developed</p> <p>Media training was held with people representing various programs that adhere to harm reduction; these individuals are now additional resources for media opportunities</p>	
<p>Organizational Outreach</p>	<p>See below.</p>	

What items were not completed?

Website Maintenance

- Task group decided against a subscription process for the website and bulletins as the list serve system is working well and giving the public as much access to materials was seen as an important purpose for the website.

Public Media Campaign

- Public advertising, linking up with existing newsletters, and setting up at other conferences are all action items that are waiting on the development of a visual identity for the network.

Organizational Outreach

- These tasks were taken on by other task groups. I.E. Recruitment – Policy and Practice, Brochure – Education task group.

What have we learned about these items/tasks?

The communication task group and coordinator need to be empowered to respond to media stories in a timely manner. I.e. be prepared to give comment, initiate stories, write letters to the editor and send press releases.

The website needs ongoing updating and management.

The communication task group's membership has evolved and is now stable with approx. 10 members. This is sufficient for the nature of the work required by the network/task group.

Suggested priorities for next year's action plan?

- Finalize 'safe space' campaign by designing stickers and distributing them to membership and clients through local newsletters.
- Develop Table kit for conferences.
- Network subscription to local newspapers.
- Review copy for website and insert new copy with website redesign.

Support and Outreach Task Group

Action Items from 2006 Annual Planning Meeting

Hard Night Out	<ul style="list-style-type: none"> •Facilitate transition of coordination lead of Hard Night Out to another organization •Participate in follow-up activities to outcomes of Hard Night Out
Phone Line Resource	<ul style="list-style-type: none"> • Offer harm reduction information and resources via existing phone lines • Develop resource list

What items were completed?

Hard Night Out	<ul style="list-style-type: none"> • Hard Night Out was transferred to RAY who decided to skip this year and reassess next year. There was some interest in developing a HNO tool in order to facilitate a rural/northern MB HNO. • The Hard Night Out video has been copied and is available at the AFM Library in the Harm Reduction Special Collection.
Phone Line Resource	<p>NDINEWE and Street Connections developed a resource list of relevant and non-judgmental organizations that can be accessed by the Wpg street involved population. This resource is based on the CONTACT resource developed by Volunteer Manitoba.</p> <p>The Klinik phone line and Farm line were not able to serve as the main phone lines for this project.</p> <p>Volunteer MB is interested in partnering to train their phone volunteers in using the resource developed by the MHRN to accommodate any calls from clients looking for specialized services.</p>
Sharps Retrieval Program	<ul style="list-style-type: none"> • There was discussion within this task group about concerns regarding sharps retrieval in the city. Members of the task group have taken on this issue and have set

	<p>up several meetings with the province and the city to address this concern. Project funding is being secured to develop a pilot project regarding this issue. The MHRN has been and will continue to be present at these meetings.</p>
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What items were not completed?

The Phone line project has not been completed.

What have we learned about these items/tasks?

- This task group needs to take on projects and action items that reflect the time and resource availability of the network.

Suggested priorities for next year's action plan?

- The priority identified by the task group is to address some of the housing issues in the province. Specifically, a lobby campaign to increase the housing allowance or a media campaign to draw attention to the housing problems in MB were discussed as possible action items.

Successes, Activities, and Responsibilities of the Coordinating Committee

Coordination

- Updates from task groups and information sharing every two months
- Resource for coordinator of the network
- Financial Management of resources
- Ongoing maintenance of communications within the network and the task groups

Visual Identity

- Solicited tender and quotes for development of visual identity of the network.
- Hired Purple Crayon Design to develop visual identity of the network.

Membership

The Coordinating Committee revised the terms of reference to include a financial representative from SERC on the coordinating committee. The Terms of Reference were also adapted to include a description and definitions of a 'member-at-large' of the Network.

The Coordinating Committee welcomed the expertise from two MB Health co-chairs for 2006-2007, Roberta Coulter and Dave Kennedy. Marj McNeil from the Play it Safer Network contributed her skills and experience for her second year as the MHRN's community agency co-chair.

The membership of the network increased this year and peer participation on the network has also increased with peer members on each task group.

The College of Registered Nurses of Manitoba and the Manitoba Council of Experiential and Transgendered Women are two of the newest members of the MHRN.

Financial Management

The Sexuality Education Resource Centre has taken on the role of financial administration for the network and will continue to do so for the upcoming year.

Community Partnerships

The Network has been involved in a number of projects in the community over the past year. Here are some examples of the work the network has been involved in:

- Partners in Caring Committee member
- Manitoba Drug Framework
- World Aids Day Planning
- Correctional Service of Canada Community Consultation
- Member of the GLBTT* Health Promotion Coalition
- Sharps Retrieval Committee
- Burntwood Regional Health Authority – Strategic Planning Group

Education

Harm Reduction and Policy Workshops and training delivered to:

The Winnipeg Regional Health Authority
The Faculty of Nursing at the University of Manitoba
The Women's Health Clinic
The Burntwood Regional Health Authority
The Brandon Regional Health Authority
Healthy Child Manitoba

Other Successes, Activities, and Responsibilities of the MHRN Coordinator

Training and Education

Visual Identity Development

Curriculum revisions and development

Coalition work

Increased peer participation on the network

Increased membership of the network

Coordination and action item completion for task groups and coordinating committee.

Expanded content of the bulletin

Maintained and expanded contact list and communications of network

Advocacy

Media contact

Daily operations and management of the MHRN

Organization of training opportunities for network members

Organization of the Annual Planning Meeting of the Network

Successful Nomination of Marj McNeil to the National Advisory Committee on HR projects in Medium-sized cities in Canada.

Delivery of HR workshops and training

MHRN 2007 Annual Planning Meeting

At the Annual Planning Meeting in March 2007, the network focused on ensuring strength and cohesiveness within and between the various task groups and committees that make up the structure of the network. To this end the membership of the Network developed four key strengths and values as well as a mission statement upon which to build our action plan. The membership also identified five strategic priorities for the network as a whole. Based on these strategic priorities, goal setting and action planning took place.

In order to follow these goals to action the membership of the network adjusted its structure by amalgamating the four task groups into two and by adding a peer forum. In this way the network maximizes the human energy in each group.

In the past the network was comprised of four task groups and one coordinating committee. As of March 31, 2007, The Network is now comprised of the following groups:

Education and Communication

Policy and Programs

Peer Forum

Coordinating Committee

This year the planning committee for the annual planning meeting worked with two facilitators from Think Unlimited to develop a model and strategy for the meeting that would build on past successes and at the same time plan for the future. An important piece of this planning also included a day dedicated to skill-building for members of the network and the community. In addition, the committee also provided members with an opportunity to familiarize themselves with the Harm Reduction Curriculum developed over the past two years. The following is a summary and evaluation of the three day meeting.

Skill Building Day Evaluation Results

Summary

29 participants attended the skill building day.

We received 19 evaluations back from participants.

2 completed skill building day evaluations did not identify which workshops they attended.

2 completed skill building day evaluations only identified one workshop that they attended.

Overall we received a 66% return on evaluations for the Skill Building Day

From Grassroots to Government – Implementation of a Harm Reduction Policy in the NorMan Regional Health Authority: Implications for practice.

Facilitators: Marj McNeil – Play it Safer Network
 Connie Beaton – Play it Safer Network
 Bodhanna Kinasevich – Nine Circles Community Health Centre

N=12

To What extent do you agree with the following?	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Objectives for the workshop were explained.	9	2	1	0	0
The facilitator provided effective information.	9	3	0	0	0
The workshop met my expectations.	8	2	2	0	0
The presentation was interactive and engaging.	9	1	2	0	0
I received information I need to use harm reduction within my work.	8	2	2	0	0
Discussion was encouraged and well managed.	8	1	2	1	0

Additional Comments Included:

Excellent! Well done, well explained and it provided useful information for our organization.

Excellent Presentation.

Co-presenters were able to discuss how and what worked in passing a policy with the RHA

Well Done. Informative.

It's nice to see how much the MHRN has grown.

How do I know what I'm doing is working? Program Evaluation and Outcome Evaluation from a Harm Reduction Perspective.

Facilitator: Paula Migliardi – Sexuality Education Resource Centre

N=4

To What extent do you agree with the following?	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Objectives for the workshop were explained.	1	3	0	0	0
The facilitator provided effective information.	1	3	0	0	0
The workshop met my expectations.	2	2	0	0	0
The presentation was interactive and engaging.	3	1	0	0	0
I received information I need to use harm reduction within my work.	2	2	0	0	0
Discussion was encouraged and well managed.	3	1	0	0	0

Additional Comments Included:

The facilitator knew her business and did her homework!

Will use what I learned in developing an evaluation for a teaching program at basic training.

The facilitator really made the workshop usable for all who were participating. Participant driven, this workshop allowed experiential and peer participants to discuss how evaluation should be done on programs that they participate in.

Trying to Exit – The use of art and video in exploring personal experiences of women and girls working in the sex trade.

Facilitators: Tonya Tabobondung... - Crossing Communities
 Charlene Flett – Crossing Communities
 Edith Pfaff – Crossing Communities

N=12

To What extent do you agree with the following?	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Objectives for the workshop were explained.	3	9	0	0	0
The facilitator provided effective information.	8	4	0	0	0
The workshop met my expectations.	7	4	1	0	0
The presentation was interactive and engaging.	9	2	1	0	0
I received information I need to use harm reduction within my work.	7	4	1	0	0
Discussion was encouraged and well managed.	8	4	0	0	0

Additional Comments Included:

Great. Needs to be done in every health care facility, every health care educational program.

Good to connect with people who made the video and sharing their life. It would be difficult to just show the video without one of the people who lived it for the discussion.

Made contact with Crossing Communities for future education opportunities in our area.

Excellent Presentation.

This needs to be promoted to health care, corrections, social workers...those in helping professions.

The videos were in your face reality...and that's good.

It's great that peers can go beyond themselves so that others can be aware of pitfalls as well as harm reduction

Harm Reduction Initiatives from a First Nations Perspective

Facilitator – Cindy Hart – First Nations Inuit Health Branch

N=3

To What extent do you agree with the following?	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Objectives for the workshop were explained.	2	1	0	0	0
The facilitator provided effective information.	2	1	0	0	0
The workshop met my expectations.	2	1	0	0	0
The presentation was interactive and engaging.	2	1	0	0	0
I received information I need to use harm reduction within my work.	2	1	0	0	0
Discussion was encouraged and well managed.	2	1	0	0	0

Additional Comments Included:

Excellent! Broadened my knowledge of working with smaller communities and the challenges associated.

I would like to meet with [the facilitator] and have a 1 on 1 discussion so we could help the youth.

Harm Reduction Curriculum Training – Feedback and Evaluation

Summary

- 12 network members participated in the training of the Harm Reduction Curriculum
- 12 evaluation and feedback forms were returned.
- 100% of participants returned completed evaluations

Manitoba Harm Reduction Network - Curriculum Training Evaluation Results

Facilitator: Vycki – TeenTalk

N=12

To What extent do you agree with the following?	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Objectives for the workshop were explained.	6	6	0	0	0
The facilitator provided effective information.	7	5	0	0	0
The workshop met my expectations.	6	4	2	0	0
The presentation was interactive and engaging.	7	3	2	0	0
I received information I need to use harm reduction within my work.	7	5		0	0
Discussion was encouraged and well managed.	7	3	1	1	0

Did the flow of the curriculum seem logical?

-100% of evaluation responses stated that the curriculum flowed logically from one section to the next.

Can you see this curriculum being of use to staff or members of your agency/organization?

-100% of evaluation responses stated that the curriculum would be valuable for staff and members of the participant’s agency/organization.

This is a living document and if you have any suggestions for improvement we would appreciate that feedback.

This curriculum requires that participants are already operating under a harm reduction philosophy.

The document requires more time, participation, role play and discussion to be effective.

Make sure the PowerPoint coincides with material in the manual info sections.

Watch for minor spelling and layout issues in this draft of the manual.

Any other comments?

Overall participants stated that more time is required to train facilitators in the curriculum

Comments included:

All service providers should have to receive harm reduction training.

Good Work! Informative. Lots of information over one day.

Vycki did a fantastic job! Great work!

This facilitator makes the workshop interactive, informative, interesting and can use humour- Awesome job.

Thank you this training was awesome and the facilitator made it fun.

This clarified and re-enforced principles of HR for me.

Excellent curriculum. Congrats.

Strategic Planning Meeting – Evaluation Results

Summary

A total of 44 people participated at different times over the two days of the strategic planning meeting.

Day 1 - MHRN Strategic Planning – Evaluation results N= 18 or 40% evaluation return rate

What did you value or appreciate about the work today?

Clear process, organized, creative

Small group work was great. Good group and clear things to be done.

To find out exactly how you need to plan before you act.

The involvement of peers and the respect for each other.

Positive energy, strong peer input.

Everyone had an opportunity to share their ideas in a very safe environment- the process ensured this as there were a variety of ways for people to express themselves non-verbally.

Not just being heard but having people listen to my ideas.

Discussions around First Nations Policies and government funding.

Hearing from peers about what works and what is important.

The input of others.

Learnt some new things.

Working as a group.

The people and the interaction.

The whole process was valuable. It was focused, interesting and delightful.

I liked the fact that there was group interaction.

The new connections that were made.

What was your most positive experience today?

Development of 6 major priority areas.

The flipcharts of each group were nearly the same.

The energy of the people to do the work.

Developing our vision statement, good clear focus.

I loved the process and am thinking about how I can implement it in my work.

Taking part in the hands on work.

Communication

Making the collage

The interviewing and small group work.

Setting goals that could actually be possible in the future.

Arts and crafts stuff!

Taking risks.

The whole process was outstanding. Most enjoyable.

Interesting strategic planning and use of varied methods.

Art experience.

Seeing how we all blend and gravitate towards the same subject matter. For instance education/awareness.

Creating our vision for harm reduction using crafts.

What did you contribute to ensure a positive experience for other participants?

Tried to participate actively.

Made sure in small groups all got to participate

Keep it positive

Vote when you are supposed to

My experience, knowledge and energy

Offered some leadership and facilitation of small group discussion

A positive attitude and tried to be informative

Working together on collages

Respect and actively listened to others' point of view

A positive attitude

My creativity and listening skills

I was friendly and funny.

I made an attempt to have other peers speak publicly

Openness

Participation

Feedback and ideas

I added info that was not covered to fuel conversation

Having a non-judgmental attitude

Day 2 - MHRN Strategic Planning – Evaluation results
N= 21 or 48% evaluation return rate

N=21

Please rate the following	Excellent	Good	Fair	Poor
Registration Process	15	6	0	0
Facility: Location	11	9	1	0
Meals	11	9	1	0
Meeting Space	11	9	1	0
Networking opportunities	16	5	0	0
Learning environment	16	5	0	0

1. What did you like best about the approach to the 2007 Annual Meeting?

- Facilitators/speakers were very easy to listen to and understand.
- It was good working together. Getting peers and professionals helping each other
- Great spirit of cooperation from all who attended.
- Dot Democracy
- Excellent representation from peers
- getting a variety of perspectives on the issues
- Varied groups
- Group interaction
- the facilitation process
- The number of peers, the great work of the entire group, best yet!
- The shift of the network. I was ready for the change!
- How the groups were split up so you had to meet with people you weren't familiar with.
- The active participation of members.
- Very comfortable, laid back, experiential and non.
- Networking with various organizations, developing new and refurbishing existing relationships.
- how people really got working together.
- It went really well.
- the whole set up about the workshops.
- the interaction and group was fun.

2. *What would you like to change for next year?*

- Better breakfast!
- Getting peers together (pamphlets, network, meeting regularly)
- I liked the format and everyone's contribution.
- Bring back service providers, move meeting to May to avoid conflict with year end.
- Food Choices – add soup
- location – more centralized
- expand the curriculum training
- Try to educate the younger generation on HR and Safety out on the street.
- Location – closer to down town

3. *After participating in the MHRN Annual Meeting what is one thing you plan on doing to promote harm reduction in your organization?*

- Recruit more peers
- Harm Reduction Day (3year plan)
- Keep spreading the word far and wide!
- We are currently an HR based organization. I would consider a formal HR policy.
- Stay on network, work on needle exchange services.
- ensure more staff are educated and promote HR.
- Work on needle exchange committee in Norman RHA
- Continue giving info to officers at basic training.
- Make mention of HR practices.
- Keep talking about it.
- Continuing with policy implementation in my workplace.
- Implement HR procedure-go beyond the policy
- To present the curriculum to my agency
- Share my info gathered at the MHRN APM with my workplace – Friendship Centre
- Teach the curriculum to my staff and expand harm reduction in my worksite
- carry on the newfound knowledge.
- To talk to the younger people about harm reduction because there is a lot of kids out on the streets.
- implement.
- promote more about the MHRN
- peer promotion

4. *One more thing I would like to say...*

- Thank-you
- People keep bringing up the peers. We'd like youth involved!! Children/Youth are our future.
- How can you improve on perfection?!!
- Good process. It brought everyone together. I felt as a group we did an excellent job of identifying Goals and where the MHRN should be headed in the next three years.
- Nancy and Joyce were great – best strategic planning meeting in terms of outcomes.
- Congrats Margaret.
- Great work.

- Let's provide childcare next year to support mothers who are members of the network.
- The facilitators made it fun. Not boring.
- These 3 days have been very informative and exciting to see the peer involvement and understanding the core concepts of H.R.
- For next year. Challenge everyone here to contact one or more people who may be interested in Harm Reduction to attend the meeting next year. They could provide them with info and someone to come with. Once they are here they will be hooked.
- I wish to take a more proactive part in this planning meeting.
- This is good education for me about H.R.
- Thank you for having me.
- I really enjoyed day 2.
- This is fantastic.

Manitoba Harm Reduction Network – 2007-2010 Values, Vision, and Action Plan

This year the membership of the network strengthened the foundation upon which we base the work that we do. The result is that alongside our mandate we have now developed four core values, a vision and five strategic priorities.

Mandate

The mandate of the Manitoba Harm Reduction Network is to make recommendations regarding the development, implementation and evaluation of sexually transmitted (STI) and blood borne infection prevention initiatives based on the principles of harm reduction for affected communities in the province of Manitoba. The network approaches this work with an understanding that addressing the various determinants of health is critical in addressing issues like Sexually Transmitted Infections (STI's) and Blood Borne Pathogens (BBP's). To this end the network is committed to addressing issues related to housing and homelessness, culture and gender, stigma and discrimination (etc.) as well as access to services and care.

Positive Core – strengths and values on which to build

- Client Centered Approach
- Non-judgemental
- Creating Relationships
- Supportive Environment

Vision

The Manitoba Harm Reduction Network is a broad and diverse network of peers, service providers, administrators, and policy-makers collaborating to provide province-wide access to services, materials and resources rooted in the principles of harm reduction. We follow and promote the principles of harm reduction. We are peer driven with peers having strong representation in all aspects of the network.

Strategic Priorities

1. Expand the promotion and education of resources rooted in the principles of harm reduction for peers and professionals in MB.
2. Improve open access to harm reduction services, materials and resources to those in need.
3. Integrating the philosophy of harm reduction across the board - government, health & corporations.
4. Marketing the network.
5. Welcoming peer input.

Network Goals – 3 years

- Increased representation and participation of peers
- Relationships with 3-5 organizations to influence adoption of harm reduction policy
- Harm reduction curriculum delivered to 10 sites in rural Manitoba
- Have a provincial harm reduction day
- Targeted advertising to improve public awareness of harm reduction
- Improve accessibility of services in First Nations communities, rural and Northern communities and Correctional Facilities by educating and establishing relationships with leaders, decision makers, and healthcare professionals.

Each task group is responsible for particular goals with the understanding that some overlap is needed and wanted between the two task groups, the Peer Forum and the coordinating committee.

PEER Forum

Goal - Increase representation and participation of Peers	
Promote the network to other peers and agencies working directly with peers and experiential people.	<ul style="list-style-type: none"> -Develop MHRN presentation with a clear Peer focus. -Identify interested presenters. -Identify agencies to present to i.e. – Manitoba Coalition of Experiential and Transgendered Women, PHA Caucus, RAY, Stepping Stones etc...
Support and provide training and professional development opportunity for Peer membership.	<ul style="list-style-type: none"> -Develop a list of possible topics for presentation. -Solicit presenters to come to Peer Forum Meetings.
Ensure a voice and meaningful participation of peers on the Task Groups of the Network.	<ul style="list-style-type: none"> -Develop a structure for participation in the Network. -produce and orientation manual for new peer members to the network. -Review budget for Peer Participation in the Network. -Develop a mentoring process for new members to the network. -Ensure a minimum of three peers are in attendance at each task group meeting. -Make links with national Peer Networks and ensure that network peer members are participating on National Networks.

Education and Communication Task Group

Deliver Harm Reduction Curriculum to 10 sites in rural and Northern MB	
Develop resource bank for Curriculum Trainers	<ul style="list-style-type: none"> -brainstorm list of resources that are available and relevant for trainers delivering the curriculum. -Purchase and Inventory Resources -Develop Training 'kit' for Trainers -Review curriculum and develop 2nd edition.
Develop distribution and promotion plan for the curriculum	<ul style="list-style-type: none"> -develop copy for Curriculum Post Card to be distributed/mailed out -Media Launch of Harm Reduction Curriculum (plan for fall) -Mail out promotional postcard
Year 1 – Identify what resources, agencies, and organizations exist and where.	-Identify MHRN point person for various RHA's and develop resource and agency checklist to assess available resources.
Year 1-3 Identify 10 communities that might be interested in or benefit from the curriculum training.	-Prioritize agencies and RHA's to focus training energy.
Year 1-3 Deliver the Curriculum	<ul style="list-style-type: none"> -train 20 trainers to deliver the curriculum -hold 2 day training -Book trainings -Evaluate training sessions and review of curriculum

Target advertising to improve public awareness of harm reduction	
Year 1 – Finalize MHRN visual identity	-Review third proofs and approve design
Year 1 Launch new Website	<ul style="list-style-type: none"> -review copy and content for the website -Web redesign included in contract for visual identity.
Year 1 Develop PSA's to go into newsletters and local papers	<ul style="list-style-type: none"> -develop copy for PSA's -Identify newsletters and papers to contact
Year 1-2 Respond in timely manner to relevant news	<ul style="list-style-type: none"> -news subscriptions? -write three letters to the editor
Year 1-2 finalize sticker design. Begin 'HR Friendly' Campaign	<ul style="list-style-type: none"> -confirm and approve terms and conditions of the sticker campaign developed last year. -Inform members of the MHRN of the campaign and distribute stickers as needed.

Have a provincial harm reduction day/Support awareness of Harm Reduction	
Year 1 – Identify who would/should participate	Explore potential partnerships with other events taking place i.e. world AIDS day, Pride, etc. Connect with the Canadian Harm Reduction Network regarding their planning for a Harm Reduction Day
Year 2 Develop a strategy for the campaign	Strike committee and work to develop planning, budget, and harm reduction coalition for the event. Media strategy, events, materials, support etc.
Year 3 – Implement the strategy/campaign	Roll out strategy. To be further developed by the task group and the campaign committee.

Policy and Programs Task Group

Goal Develop Relationships with 3-5 health organizations to influence adoption of harm reduction policy	
Year 1 – Target 3 organizations and develop relationship with key stake holders	AMC(Assembly of MB Chiefs)-Cindy Hart and MOH for FNIB Interregionals (RHA’s) – Pierre Plourde, Horst Backe, Margaret Fast Corrections – Marilyn Sloane
Year 1-Year 3 present workshops and presentation on HR services and gaps at the senior management level	-Book workshops -Identify facilitators -Develop packages and presentation to each of the above agencies
Year 3 – Evaluation and follow-up	Work with agencies to develop one to two core actions that will help integrate HR into practice in three areas (ex: policy to match programs, introduce policy, introduce education curriculum into communities, develop HR protocol for staff...)

WRHA will implement a Harm Reduction policy 1-2 year goal	
Using the MB Justice and the NorMan RHA’s Harm Reduction Policy as a template the WRHA will work on developing an HR policy for the RHA.	Key responsibility – Margaret Fast, Pierre Plourde, and Horst Backe. The MHRN will work as support and in information sharing regarding templates and Policy tools.

Improve accessibility of services in First Nations communities, rural and Northern communities and Correctional Facilities by educating and establishing relationships with leaders, decision makers, and healthcare professionals.	
Promote and support needle exchange and condom distribution in MB	Continued presence and participation on Sharps Retrieval Committee. Recruit Professional Pharmacy Body to network Improve current access to NEP’s in Wpg through meetings and work with decision makers and leaders. Discussions re: hours of operation – query 24hour NEP possibility. -Compile and distribute best practices document for MB Health and MB Justice. -offer support to NorMan RHA in working to implement an NEP in their region.

Coordinating Committee

Mandate

To support and coordinate the operations of the Manitoba Harm Reduction Network, its task groups and members, by facilitating effective communication and feedback mechanisms that engages MHRN network members and include peer, rural and northern representation.

Actions

To maintain effective network communication and feedback mechanisms.

To maintain communication between all task groups and members at large of the MHRN.

Oversee network finances.

To advise and direct the MHRN Coordinator.

To support the planning of the MHRN Annual Meeting.

Action Plan 2007-2008

Maintain oversight and cohesiveness of the Network.

Maintain active membership of Network members.

Financial Management of the MHRN – MB Health Funding has been secured for 2007-2008 with additional funding to increase staffing capacity by three days a month. SERC continues to hold the contract for the MHRN.

Promote and support the work of the task groups.

Maintain Communication with the membership of the network.

Plan and Organize the Annual Planning Meeting for 2008-2009.

Support and direct the work of the MHRN Coordinator.

Maintain coalition work and partnerships.

Appendix 1

Dates and Times for Meetings

Peer Forum

July 3, 2007 1-3pm

September 4, 2007 1-3pm

November 6, 2007 1-3pm

January 8, 2008 1-3pm

March 4, 2008 1-3pm

Policy and Programs

June 12, 2007 1-3pm

August 14, 2007 1-3pm

October 9, 2007 1-3pm

December 11 2007 1-3pm

February 12, 2008 1-3pm

April 8, 2008 1-3pm

Education and Communication

July 10, 2007 1-3pm

September 18, 2007 1-3pm

November 20, 2007 1-3pm

January 22, 2008 1-3pm

March 18, 2008 1-3pm

Coordinating Committee

July 31, 2007 1-3pm

September 25, 2007 1-3pm

November 27, 2007 1-3pm

February 26, 2008 1-3pm

April 29, 2008 1-3pm

