

Oxford County Drug Strategy Project Steering Committee
Meeting Minutes
November 6, 2018

Present: Erica Arnett, Peter Heywood, Lynn Hinds, Sue Tobin, Mary Van Den Neucker, Shannon Byrnes, Melissa MacLeod, Brian Lester, Pat Baigent, Clay Laanemets (teleconference), Liz Urbantke, Aaron Smith, Randy Peltz, Anthony Hymers, Catherine Willinsky (teleconference), Sandy Jansen

Regrets: Patrick McMahon, Mamta Chail-Teves, Linda Sibley

1. Welcome and Introductions

- Welcome to Erica Arnett from Southwestern Public Health who will replace Mary Van Den Neucker on the committee

2. Presentation and Approval of Oxford County Community Drug & Alcohol Strategy

- Presentation by Clayo & Catherine – DPRA – please refer to presentation
New action items for prevention pillar
- Note: under Leadership/Collaboration – “create a working documents of all existing prevention initiatives to review against what is evidence based” – want to ensure we are supporting activities/programs that are evidence based.
- Note: clarify wording under Education & Awareness - “increase knowledge” as this is an outcome rather than an action item. Also, include increase access to evidence-based education
- Note: Implement Strengthening Families –delivered by PAD (Parents against Drugs) where parents/children come together to engage in activities/collaborate/communicate. Soften work “implement” to “explore”
- Note: Research, Evaluation and advocacy – who advocates? Individual agencies may not be able to advocate but as a community table there is strength to advocate. In regards to protective factors – how to build protective/resiliency factors in youth. Research is also a form of advocacy – being able to present data to support activity/initiatitve
- Note: Is it possible to identify the lead agency for each of the action items? If this is a community document – allows for community members to review and know who they can contact. Ownership of the action item – track success. Provides clarity on who is responsible for the action item. For other action items there may not be a specific lead agency but there is work group streams that will work collectively towards the action item.
Leave column out at this point until further discussion can occur.
- Note: under SDOH – make items more action oriented
- Note: SW LHIN – Trauma Informed care/Colonialism – 8-hour online course is available – 100 seats available. No costs other than staff time. Subsequent courses are available.
- Approval will be done via doodle poll, so all members of steering committee can participate to accept and endorse Oxford County Drug & Alcohol Strategy

3. Implementation Plan

- Refer to presentation for specifics

Structure

- Need to reconfirm Steering committee members including PWLE
- Co-ordinator role – moving forward public health to fully/partially fund a co-ordinator. Consider shared funding model.

There is a need for a co-ordinator role. Elgin/St.Thomas at a different point in developing their drug strategy. Elgin/St.Thomas drug strategy is being led by the community health center. The CHC will review Oxford's strategy but a custom design for their specific community – working through the process from their lens. Sub committee to be formed to recruit/hire co-ordinator. Co-ordinator will report to funding organization. It would be great to have the co-ordinator in place as the face of the strategy.

- Importance that PWLE are a part of the implementation plan moving forward – People with Lived Experience Working Group. These would be paid positions.
- Four pillar streams – each will have leading and supporting community agencies and groups that will work together (and across pillars) to carry out pillar actions. Clarification between leading/supporting agencies - Agency/Oxford table leads (cross pollination across the two) as an option. Is there a list of agencies/tables to draw from? An excel spread sheet was developed in the early stages to identify community agencies (may not have included community tables).
- Comment re disclosure around privacy/confidentiality.
- Shannon & Aaron voiced that they would like be a part of harm reduction group

Potential Performance Measures

- Performance indicators for each pillar – further discussion is required. This will not be included in public document but there will be a notation that as part of the action plan performance measures will be developed.

Risk and Mitigation Strategies

- Funding
- Workload
- Crisis response
- Imprecise action items
- Competing priorities

4. Thresholds for a community opioid overdose response plan

- A copy of the plan was disseminated for review
- If you have any concerns/comments, please forward to Melissa MacLeod

Discussion

- SWPH will lead this component
- This is the criteria – every agency will use to develop their own response plan
- If an alert was met – SWPH would activate emergency control group
- Levels notice/advisory/alert – can we use levels 1, 2, 3 or colour coding– pick a scale that is relevant
- Want to name organizations – e.g. specify hospitals
- Under investigate causes remove hospitals and include Ontario Chief Coroner office
- Under distribute resources – redirect naloxone is complicated – how do we know who has what and who needs it? There is a wider community.
- Communicate & engage – police have resources. In harm reduction – OPP need to be removed.
- In sharing information (reporting up from the street) – no formal way to obtain information from PWLE or community agencies -? list serve ? anonymous reporting on web page ? Facebook. The validity of information – many reports can confirm that something is happening on the street. Follow up on this in 2019. Brian Lester will review what their structure/use of Facebook.

5. Communication and Dissemination Strategy

- Before released publicly need communication with other community agencies/stakeholders to share information and have the opportunity to comment/provide feedback on the plan (there was community consultation at the initial phase of the project)
- Launch the strategy mid January from County council chambers
- Peter to present to the SWPH Board of Health in January
- Oxford County Council presentation
- Peter will develop a communication & dissemination strategy

Next steps/action it

1. Oxford County Community Drug and Alcohol Strategy

Action: Final comments are due to DPRA by November 20
Action: DPRA to prepare and submit the final draft to the Steering Committee by November 30
Action: A motion will be presented during the week of December 3rd to accept and endorse the Strategy as submitted. A per the TOR a simple majority is required to pass the motion. The vote will take place electronically via Doodle Poll.
2. Thresholds for a Community Opioid Overdose Response Plan

Action: Final comments are due to Melissa by November 20
Action: A motion will be presented during the week of December 3rd to accept and endorse the Response Plan as submitted. A per the TOR a simple majority is required to pass the motion. The vote will take place electronically via Doodle Poll.
Action: After it is endorsed by the Steering Committee, Melissa will share the Response Plan with other community organizations for their review and acceptance. This does not include Melissa's planned meeting with the Elgin-St. Thomas Drug Strategy Committee next week where she will present the idea of the Elgin-St. Thomas Committee adopting the Response Plan.
3. Communication and Dissemination Plan

Action: Peter to develop a Communication and Dissemination Plan for the committee members consideration by December 11.
4. County logo. I forgot to mention that I don't think it is appropriate for us to use the County logo on the cover of the Strategy, also it may not represent the mandate and interests of the organizations sitting around the table. Therefore, I am proposing we remove the County logo. Any objections?
5. Brian Lester will bring back information on their agencies use of Facebook
6. Environmental scan of agencies– Erica/Peter on funding for co-ordinator position

Next meeting:

- 2nd week of January – doodle poll to be sent by Peter to choose a date