SURREY COMMUNITY ACTION TEAM ON OPIOID OVERDOSE RESPONSE

TERMS OF REFERENCE (DRAFT)

OVERVIEW

The Province of British Columbia (B.C.) declared a state of emergency throughout the province related to the overdose crisis on April 14, 2016. To respond to the crisis, the Regional Health Authorities are engaging community service providers, people with lived and living experience and municipalities in strategies that meet the needs of their individual communities. The City of Surrey has the second largest number of overdoses and overdose related deaths in B.C., and has been identified as a priority community by the Ministry of Mental Health and Addictions.

On December 1, 2017 the Ministry of Mental Health and Addictions launched an Overdose Emergency Response Centre (OERC). The goal of the OERC is to spearhead urgent action at the community level to prevent further deaths and to support people using substances and people struggling with addiction to access supports, treatment and recovery services where appropriate. Located at Vancouver General Hospital, the OERC will be the provincial hub for regional and Community Action Teams (CATs) collaborating on targeted local strategies. The following Terms of Reference serves as a guide for the work of the Surrey CAT.

1. **PURPOSE**

The purpose of the Surrey CAT is to act as a platform for collaboration, discussion and decision-making related to the opioid overdose response within the municipal boundaries of Surrey. The Surrey CAT members will communicate, coordinate and deliver local projects in order to provide a robust strategic response to the needs of those most at risk of overdose. Indicators of success for the Surrey CAT will be a reduction in opioid overdose incidences and deaths. The work of the Surrey CAT will be guided by eight (8) objectives outlined by the OERC (See Appendix A).

2. **GUIDING PRINCIPLES**

The Surrey CAT is committed to:

- Coming from a place of caring and respect;
- Using an evidence-informed approach which includes and honours the perspectives of people with lived and living experience;
- Being open to innovative solutions and respectful of different perspectives;
- Being inclusive and honouring diversity, cultural humility and working in culturally safe ways;
- Aligning with identified OERC objectives and direction;
- Partnering with stakeholders and community members to develop a collaborative and flexible approach;

- Promoting a strength-based approach: The CAT will facilitate the development of new services and enhance existing services to individuals, families, and communities that build on current strengths and capabilities; and
- Share information with other community CATs.

3. FUNCTIONS

As aligned with the OERC, the functions of the Surrey CAT are to:

- Commit and contribute to the development of a shared community-based action plan;
- Identify, prioritize and support projects that are most likely to provide a measurable, strategic impact to lower the risk and/or incidence of overdose among target populations;
- Adopt a collective approach for all work on the development, implementation, review and evaluation of community-based actions;
- Identify resources internal or external to the CAT that can be utilized to implement the action plan; and
- Commit to a decision-making process that supports evidence-informed actions and evaluation. This decision-making will stay within committee authority. Decisions that have potential budgetary or policy implications outside of the CAT's authority will be taken back to the appropriate leadership within each member organization.

4. MEMBERSHIP

Membership can be reviewed on an on-going basis. Representation on the Surrey CAT will be from the following organizations:

- BC Emergency Health Services
- City of Surrey
- City of Surrey, Libraries
- First Nations Health Authority
- Fraser Health, Public Health
- Fraser Health Mental Health and Substance Use Services
- Fraser Health, Aboriginal Health
- Kwantlen Polytechnic University
- Native Courtworker and Counselling Association of British Columbia (NCCABC)
- Surrey North Delta Division of Family Practice
- Surrey School District #36
- Simon Fraser University
- Surrey RCMP
- Surrey Fire Department

- Community Service Organizations including: Sources, Options, Fraser Region Aboriginal Friendship Centre Association (FRAFCA), Surrey Women's Centre, Phoenix Society, Lookout Society, DIVERSEcity, Atira Women's Resource Society, Kekinow Native Housing Society, Surrey Urban Mission, Fraserside Community Services Society, Metis Community Association, Cwenengitel and Fraser Valley Aboriginal Child and Family Services Society
- Business Organisations or Individuals: e.g., Surrey Board of Trade
- People with lived/living experience with substance use and family members

5. GOVERNANCE AND ACCOUNTABILITY

- The Surrey CAT will be co-led by Fraser Health and the City of Surrey;
- The co-leads will provide a coordination role and will not make decisions on behalf of the CAT;
- New co-leads can be selected as needed;
- The CAT co-leads will work with a third party consultant to coordinate administrative and facilitation responsibilities, complete grant applications and ensure objectives set out by the OERC are met; and
- Individual members of the CAT are accountable to the overall group for fulfilling the responsibilities outlined in section 6.

6. RESPONSIBILITIES OF REPRESENTATIVES

- Contribute relevant expertise, knowledge and experience in CAT activities;
- Provide knowledge of and linkage to their respective organizations or peers, networks, sectors and communities;
- Share information about the Surrey CAT with other members of their organisation;
- Maintain the confidentiality of meetings and materials shared with the CAT, and ensure that confidential materials are not distributed outside members unless otherwise agreed or requested;
- Agree not to video or audio tape CAT meetings;
- Agree that meetings are not open to the public, and non-members will be included by invitation;
- Participate in regular meetings, ad-hoc conference calls and other activities when necessary;
- Prepare for meetings by reading through the agenda and materials prior to meetings, arrive to meetings on time, provide feedback and be respectful of others' thoughts and opinions;
- Review and score project proposals using the scoring rubric in Appendix C and bring scores and feedback to CAT meetings for discussion or provide them by email as appropriate;
- Contributing to the CAT in a collaborative manner that facilitates the achievement of the CAT's purpose and guiding principles;
- Follow an agreed upon process for the development of an action plan;
- Follow an agreed process for consensus (general agreement) and conflict management for all decisions and recommendations (Appendix B);
- Use CAT meetings as a platform to share and disseminate information specific to the opioid crisis;

- Provide feedback on the CAT process and effectiveness in providing a response to the opioid overdose crisis as part of any evaluation processes that may be put in place; and
- Ensure services and initiatives are rooted in Cultural Safety.

7. MEETING STRUCTURE

- Administrative and facilitation function will be provided by a third party consultant funded by the Community Action Initiative (CAI);
- Meetings will take place approximately every four (4) weeks on a prescheduled day/time. Meeting locations will be decided by the Chairs and members. A minimum of ten (10) meetings will be held each year; additional meetings may be required as directed by OERC. Information may be distributed via email between meetings;
- Minutes and agendas will be distributed in advance of meetings; and
- A quorum for a meeting of the CAT will be no less than 10 member organizations attending.

8. ACTION PLAN

- Activities to support action on the opioid overdose crisis will be coordinated through a CAT Action plan;
- The Action plan will identify and prioritize projects and activities that are most likely to provide a measurable, strategic impact to lower the risk and/or incidence of overdose among target populations and to improve access and accessibility to services;
- An Action Plan will be developed and projects prioritized based on a ranking system created by members. A draft scoring rubric to rank project ideas is included in Appendix C;
- New project or activity ideas will be considered for inclusion in the action plan when members submit a template (Appendix D) outlining the idea, scope, target audience, intended outcomes, budget and other resources required;
- Projects will be evaluated in terms of effectiveness by the Surrey CAT once the project implementation is complete. Projects will be evaluated based on the intended outcomes and scope outlined in the project idea template. Scoring will be coordinated by the Surrey CAT third party contractor and presented to the group for review and discussion; and
- The Surrey CAT will review the action plan as required.

9. FUNDING GUIDELINES AND ACCOUNTABILITY

As a condition of funding, the CAT will adhere to the requirements set out by its funder, CAI.

(Organization TBD) will serve as Banker and hold funds granted to the CAT for projects. Funds will be allocated to various projects once these are approved for inclusion in the action plan by the members. Organisations that are assigned to lead projects under the action plan will be responsible for reporting back on the use of funds as per the agreed budget.

10. TERMS OF REFERENCE REVIEW AND CAT TERMINATION

The Terms of Reference will be reviewed at least on an annual basis, so members can endorse it accurately reflects the purpose and operation of the CAT.

The Surrey CAT will terminate once the declaration of emergency is rescinded or the Action Plan is completed. CAT strategies may be adopted into other community-based groups where feasible.

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Appendix A
Overdose Emergency Response Centre Objectives

Essential Health Sector Interventions	Essential Strategies for a Supportive Environment
Naloxone Ensuring optimal supplies, training and community-level supports to provide broad access to naloxone, including: • Coverage • Supplies • Trainers • On-going capacity	**Social stabilization** Community strategies to promote access to social and emotional supports. For example: • Services to engage and strengthen support networks such as family and friends • Support groups, healing circles & counselling • Affordable and/or supported housing • Integrating access to supports with housing, income, transportation & food security into addictions & harm reduction services
Overdose Prevention Services Supporting a range of community-level, low-barrier services tailored to local needs, such as: • Overdose prevention & supervised consumption sites • Housing-based initiatives • Strategies to reach people using alone • Mobile services • Drug checking • Safe drug supply (e.g. hydromorphone)	**Peer empowerment and employment** Programs that help people with lived experience build skills and experience. For example: • Diversity of paid peer program opportunities • Peer-led initiatives • Peer training opportunities • Involving people with lived experience in program planning and decision-making
Acute overdose risk case management Robust data collection and analysis, as well as a system to identify individuals at risk within communities and ensure they have follow-up connection to care: • Proactive screening for problematic opioid use at health care sites • Clinical follow-up • Fast-track pathways to treatment and care • System for monitoring/evaluating patient outcomes and following up	**Cultural safety and humility** Together with Indigenous communities and organizations, ensuring services are rooted in understanding and respect, such as: • Services and supports incorporate Indigenous approaches to healing wellness • Cultural safety teachings and support for all service providers • Trauma-informed and culturally safe facility/space and program design • Elders involved in service delivery & planning
Treatment and Recovery Ensuring low-barrier access to a full spectrum of evidence-based medications and comprehensive treatment & recovery services, including access to: • Methadone, Suboxone, oral morphine, injectable hydromorphone • A range of treatment and recovery programs for opioid addiction that combine medication and social and emotional supports • Multi-disciplinary pain management	**Address Stigma, discrimination & human rights** Action to tackle stigma and discrimination and protect human rights for people with addiction: • Eliminate barriers to services for people who use drugs caused by stigma and discrimination: • Provide legal support to address discriminatory laws and policies that impact harm reduction • Deliver public education and campaigns

Appendix B
Process for Consensus

The following approach has been adapted from the *National Evaluation Team for Children Terms of References*, Annex C and adapted from the *BC Labour Force Development Board* and *Martha's Rules of Order.* It does not preclude using additional methods or processes to achieve consensus or in times where disagreements escalate.

The process for determining where a member falls on the decision-making scale is achieved through the following steps:

Step 1: Discussion (email, phone call between CAT members if required)
Step 2: Identify emerging question/proposal or decision to be made, or item for discussion
Step 3: Identify any outstanding concerns
Step 4: Meet as a group (monthly meetings) - modify the question/proposal or decision to be made, or item for discussion
Step 5: Assess the level of support
Step 6: Finalize the decision or circle back to Step 1 or 3 if required

The process for Step 4 involves a round-table discussion giving everyone the opportunity to state what their opinion is with regard to the question/proposal or decision being made, or item for discussion. In Step 5, the participants or group are assessed for their level of support. Participants do not simply decide if they are 'for' or 'against' a decision, but have the opportunity to identify their place on the scale and to express their opinion, issues or concerns more clearly. Participants can situate themselves on the scale according to the following six levels:

1. Fully support the decision being made
2. The decision is acceptable
3. Support the decision but with reservations
4. Will not block the decision, can live with what is decided
5. More information/discussion is needed before the decision is made
6. Do not support the decision

Consensus is achieved if the majority of participants identify that they score 1-4 on the scale above.

If a member is at level 3 or 4 they will be given time to explain their reservations. The reservations can be addressed by the group at that time if required or discussed at another time. A discussion may improve the recommendation, suggestion or decision being made.

If a member is at level 5, they need to explain what information may be missing or the focus of the discussion they want from the rest of the group. At that time a vote by show of hands will be taken to

determine if the majority of the group agrees that a decision be deferred pending more information/discussion.

If a member is at level 6, it is important for them to offer a solution that accommodates their needs while meeting the needs of the rest of the group. When addressing a member's reservations, it is important to ask the entire group for possible solutions. All members have the responsibility to find solution and to suggest improvements or alternatives to the question/proposal or decision that meet the objectives of the entire group.

<u>Resolution</u>
If, after the member(s) at level 6 have explained their concerns and offered an alternative solution(s) the majority of the group is in agreement with an amended proposal (i.e., at level 1-4 on the above scale) then consensus is deemed to be achieved on the amended proposal.

If however, after further discussion, the majority of members are still in agreement with the original proposal (i.e., at level 1-4 on the above scale) then the original proposal will be deemed to have achieved consensus and is agreed to move forward, and the member(s) at level 5 concerns will be duly noted.

Appendix C

Scoring Sheet to Rank Projects for Inclusion in the Action Plan (DRAFT)

Components	5 Points	3 Points	0 Points
Project Description	A clear project description is provided. The description is comprehensive and clearly linked to project activities.	The project description is clear but may be missing some key details or links to project activities.	The project description is vague or does not seem related to the activities.
Alignment with existing initiatives	The proposal demonstrates how the project builds on specific existing initiatives and provides details or examples of how this will be done.	The proposal mentions that the proposal builds on existing initiatives but does not name specific initiatives or does not provide details/examples.	This is a new project that does not build on any existing initiatives.
Project Relevance	The project is shown to be relevant to community needs based on data or evidence and applicant knowledge of community assets. Project falls within one or more of the 8 OERC action areas in Appendix A.	The project is shown to be relevant to community needs based on data and evidence **or** applicant knowledge of community assets. Project falls within one of the 8 OERC action areas in Appendix A.	The proposal fails to convincingly demonstrate relevance of the project to community needs. Project does not fall within one of the 8 OERC action areas in Appendix A.

Project Meets Grant Goals :
 	
To make a measurable, strategic impact to either,
  a) Lower risk of overdose; and/or
  b) Improve opportunities for access and availability of services for safer substance/opioid use and/or overdose; and/or
  c) Reduce the incidence of overdose.
	The project demonstrates that it will make a measurable and strategic impact on one or more of the grant goals.	The project provides some indication that is it's in line with grant goals but it is not clear how impact will be assessed or measured.
		
		Project could be improved with some clarification or further detail.
			The project does not demonstrate that can make a measurable and strategic impact to meet grant goals.

Target Groups	The project is specifically tailored to those most at risk of overdose that face barriers/constraints to receiving services. The project demonstrates understanding of target groups.	The project targets the general population and includes some elements to meet the needs of those who face barriers/constraints to receiving services and demonstrates basic understanding of target groups.	The project targets the general population and does not demonstrate understanding or ability to target identified at risk populations.
Estimated Reach	The project is expected to reach a large proportion of	The project is expected to reach some of the target	Population impacted by the project is insufficient to

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	the target population and, if effective in creating behaviour change, would produce a measurable impact in line with grant goals.	population and may be effective in supporting positive behaviour change.	justify the funding request or target populations are unlikely to be reached through proposed activities.
Partnerships	Cross sector partnerships are evident and local partnerships are established or strengthened both of which add value to the project. Partner roles are clearly articulated with a lead agency identified. Partnerships including people with lived/living experience with substance use are established or strengthened both of which add value to the project.	Cross-sector and/or local partners are identified but they do not add significant value to the project. Moderate partnerships including people with lived/living experience with substance use are identified but they do not add significant value to the project.	There is limited or no cross-sector or local partners identified in the project. There is limited or no people with lived/living experience with substance use identified in the project.
Collaboration	The project is in collaboration with 2 or more other communities.	The project is in collaboration with 1 other community.	There is no collaboration with any other communities.
Sustainability	The proposal demonstrates that the project can be sustained beyond the funding period; sustainability planning is included in the proposal.	The proposal indicates that the project can be sustained beyond the funding period; but sustainability planning is not included in the proposal.	The proposal does not demonstrate that the project can be sustained beyond the funding period.
Scalability	The proposal demonstrates that the project can be shared and adopted/adapted by other communities; scalability planning is included in the proposal.	The proposal demonstrates that the project can be shared and adopted/adapted by other communities; but scalability planning for scaling out is not included in the proposal.	The project design does not lend itself to being adopted/adapted by other communities.
Budget	The budget is detailed and accurate with line items clearly related to proposed activities. Budget requested is within funding parameters. Additional funds required for project completion are secured. Funds from all sources are identified.	The budget is missing details in some areas. **OR** Some line items are not clearly related to proposed activities. **OR** Additional funds required for project completion are planned but not confirmed. **AND** Budget requested is within funding parameters.	Budget is inaccurate, unrealistic or not sufficiently detailed to assess. OR Budget request fall outside of funding parameters. OR Additional funds required for project completion are not secured or sufficiently planned.
Timelines	Project activities are clearly described with realistic timelines that will make a short, medium or long term impact in line with grant goals.	Project activities are clearly described but timelines do not appear to be realistic.	Project activities are poorly described **and** timelines are not realistic.

Project Measurement	All relevant project outcomes and indicators are specified and align with project activities. Meaningful data source(s) and collection strategies are outlined.	Some project outcomes and indicators are unclear and/or incomplete **OR** they do not align well with project activities. **OR** Data source(s) and collection are incomplete or use weak methodology.	Two or more of the gaps in the previous column. **OR** Project outcomes and indicators are not specified. **OR** Meaningful data source(s) and collection are not outlined.

Surrey Community Action Team (CAT) on Opioid Overdose Response

Project Title	[insert simple title here]	
Date Submitted	*[insert date first proposed to the CAT here}*	
Lead Agency	*[identify the name of the organisation and individual (if known)that will manage the project idea if successful]*	
Project Partner Organisation	**Role on the project**	**Support Confirmed**
[name of organisation]	[what specific role they will play to support the project idea]	[Y / N]

Project Focus Area – which Overdose Emergency Response Centre (OERC) objective will the project focus on?

Social Stabilization	Y / N	Naloxone	Y / N
Peer Empowerment and Employment	Y / N	Overdose Prevention Services	Y / N
Cultural Safety and Humility	Y / N	Acute Overdose Risk Management	Y / N
Address Stigma, Discrimination and Human Rights	Y / N	Treatment and Recovery	Y / N

Project Relevance and Alignment (max 250 words)

[describe how the project aligns to existing initiatives and is relevant to community needs based on data or evidence]

Target Group(s) and Estimated Reach (max 400 words)

[in this section outline specifically which target populations that will benefit from the program or be directly involved – e.g. youth, seniors, South Asian males, homeless individuals etc. Also provide an estimate of the size of population that this project is likely to reach , you may want to express this in terms of the size of the target group relative to their representation in the Surrey Population]

Description of project idea (max. 500 words)
[the project description should provide enough information on the nature of the project, how activities will support the desired outcome and how it will effectively address the intended goal(s)]

Activity	Resources Required ($ and other)	Timeline
[Outline specific activities, e.g. development of advertising materials, purchase of materials, staff time, workshop venue rental etc.]	*[provide as accurate as possible estimate of budget or other resources needed]*	*[when will the activity occur/end]*
Project Measurement	**Method**	**Timeline**
[list measures that will demonstrate project delivery effectiveness and impact/outcome]	*[how will date for this measure be collected]*	*[when will the data collection happen]*

Sustainability and Scalability
[Briefly describe how the project would be sustained beyond one time project funding through a sustainable funding model. As well indicate here if the project could be scaled across other communities how would this be achieved.]

Collaboration
[If the project is being delivered with other areas/partners outside Surrey, please detail here the nature of collaboration. Not this is not a requirement, but should be noted here if it applies. Also indicate if the project includes people with lived or living experience with substance use in the development and execution.]