

**Ad Hoc Task Force
Mental Health & Addictions**

BC Mental Health & Addictions Research Network

Network Implementation Plan

Submission: November 1, 2004

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Network Plan Summary

Mission, Vision and Goals

The **mission** of the BC Mental Health and Addictions (MH&A) Research Network is to contribute to the excellence of mental health and addictions research in British Columbia by strengthening relationships among researchers across disciplines and across academic and health services organizations in BC. The aim is to build research capacity and generate research that will inform policy and practice in the field of mental health and addictions. The **vision** for the MH&A Network is to significantly contribute to BC's MH&A researchers engagement in multidisciplinary, multi-partner research and to be a leading force in MH&A research in Canada.

Specific **goals** or expected outcomes include:

- promote open exchange of information and sharing of resources among MH&A researchers
- facilitate collaborative MH&A research activity across research organizations and health authorities in order to increase BC's competitiveness for funding
- partner in the active translation of research into policy and practice arenas
- nurture the development of clinician-researchers and young investigators by exposure to a network of researchers and promoting opportunities for collaboration

Needs and Challenges

The program and plan for the MH&A Research Network was shaped, to a large extent, by the needs and challenges identified by the research community in this province. In summary:

- **Better Coordination:** need for greater collaboration and partnerships among researchers across disciplines and organizations. At present, the research environment is unevenly developed and fragmented. Networks/partnerships are not highly evolved.
- **Increase Capacity:** need for increased research capacity, in terms of expertise, resources and infrastructure, particularly outside the Lower Mainland area.
- **Effective Links:** need for enhanced linkages between academic researchers and health authorities, in order to facilitate research and enable active translation of research into policy and practice arenas. Challenge to create structures and processes that will enable links across historically separate "pillars" (biological through population) and across diverse population interests relevant to MH&A (C&Y, seniors, etc).
- **Researcher Development:** need to nurture and support clinician researchers and young investigators.

These needs and challenges served as a guide in the development of the scope and the program of activities for the MH&A Network.

Scope

The MH&A Research Network will have a broad focus and agenda aimed at engaging a wide range of researchers. The network will bridge across basic, clinical, population health, and social/behavioural science domains and all target populations of mental health and addictions.

In the area of mental health, the Network will aim to build capacity and promote networking among the diverse nodes in mental health research. In the addictions field, the Network is partnering with the Centre for Addictions Research (CAR-BC), and will aim to further expand the partnerships and infrastructures that have been initiated across the province.

Program of Activities

The MH&A Research Network plans activities across the following three focus areas:

- **Research Capacity Building and Integrating Activities:** a set of activities aimed at building capacity and promoting partnerships and integration within the research community.
- **Collaborative Research Activities:** a program of collaborative or jointly executed research designed to support the mission, vision and goals of the network.
- **Activities Designed to Disseminate Knowledge:** a set of activities designed to disseminate knowledge to those within and outside the research network.

Details of these activities are outlined in the next section of the proposal.

Network Management

Network Leadership

The Research Network will have two Co-Leaders – one from mental health and one from addictions. They will together be responsible for the coordination and facilitation of the network and its activities.

Planning and Advisory Committee

A Planning and Advisory Committee includes the Co-Leaders and representatives from universities, health authorities, and non-governmental organizations. It is responsible for advising on key initiatives and Network budget, supporting and promoting Network involvement and activities in their organizations; assisting in identifying and obtaining resources to support the work of the Network, monitoring progress of initiatives and advising on adjustments, supporting on-going planning and plan implementation.

Membership

The Network will be inclusive, multidisciplinary, and province-wide. Members will have a research and/or clinical position at a university, health authority or other organization predominately focused on mental health and addictions.

Networking Scope & Activities

Network Scope

The MH&A Research Network will have a broad focus and agenda aimed at engaging a wide range of individuals and organizations from the field of mental health and addictions. The network will focus on all aspects of mental health and addictions, including research areas and populations that have traditionally been under-researched (e.g., youth) and will bridge across basic, clinical, population health, and social/behavioural science domains.

The MH&A Network will actively seek to engage of a range of producers and consumers of research, as these various perspectives are viewed as adding value to the research enterprise. The Network will involve not only researchers, but clinicians/practitioners and policy makers, and will actively seek to engage and link those from universities and health authorities around the province. In that regard, the network will promote an agenda aimed at:

- **Connecting Disciplines:** Facilitating collaboration and partnerships between researchers from a variety of disciplines, particularly those which traditionally have low levels of collaboration.
- **Connecting Institutions/Sites:** Pulling together researchers from various universities and non-academic organizations, as well as health authorities across the province.
- **Connecting Regions:** Involving researchers from all regions of the province, particularly in the interior and north where there is a lack of capacity and infrastructure.
- **Connecting Networks:** Establishing linkages with other MSFHR research networks, as well as related networks across Canada and internationally.

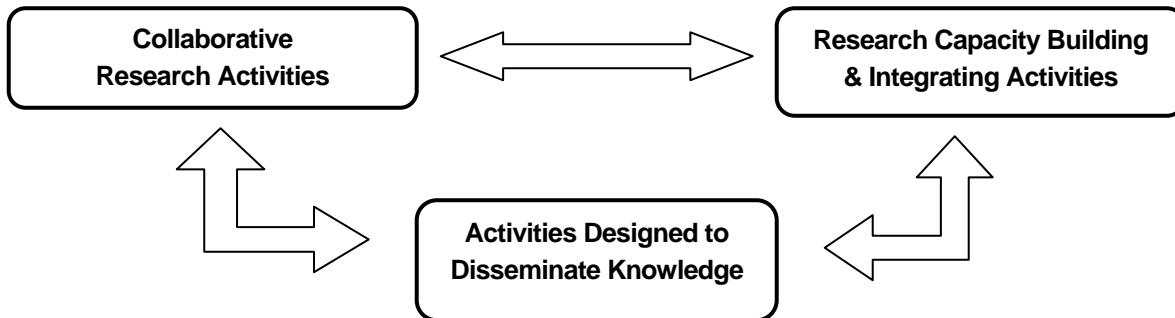
The MH&A Network will build upon and leverage the current strengths in the research community, including existing research groups and networks, infrastructures, and platforms. In the area of mental health, the Network will aim to build capacity and promote networking among the diverse nodes in mental health research. In the addictions field, the Network is partnering with the Centre for Addictions Research (CAR-BC). Over the past 18 months, CAR-BC has undertaken research network development work across B.C., and has established a province-wide presence, including nodes in four universities. As a partner and co-leader of the MH&A Network, CAR-BC will aim to further expand the partnerships and infrastructures that have been established across the province, and extend the population health research being undertaken through this network.

Program of Activities: Network “Blueprint”

Within this broad, inclusive scope, the plan for the MH&A Research Network, over the long term, is to build a comprehensive program of network activities. In building its program of activities, the central aims of the MH&A Network are to establish activities that will: (1) support the mission and vision of the network; (2) build upon existing strengths, capacities and successes, and add value and offer something different to engender participation; (3) fit within and address the needs and challenges faced by the health research community in B.C.

The program for the BC MH&A Network will consist of three groups of activities: (1) research capacity building and integrating activities, (2) collaborative research activities, and (3) activities designed to disseminate knowledge.

MH&A Research Network Program of Activities



1. Research Capacity Building and Integrating Activities: a set of activities aimed at building capacity and promoting partnerships and integration within the research community. These include:

- sharing platforms (e.g., gene sequencing, bio-informatics, clinical trials, knowledge transfer, health policy/services research and evaluation databases and skills, epidemiology, health promotion)
- joint use of research infrastructures, and adaptation of the existing facilities with a view to their shared use
- developing and sharing common research tools or instruments
- a program of training for researchers and other key staff
- exchanges of research personnel, integrated management of knowledge
- establishment of electronic information and communication networks to support interactive working between members/teams

2. Collaborative Research Activities: supports to collaborative or jointly executed research that positions BC researchers more competitively in research funding arenas.

3. Activities Designed to Disseminate Knowledge: a set of activities designed to disseminate and transfer knowledge to those within and outside the research network.

The program of activities outlined above represents a “blueprint” of the types of activities that the MH&A Research Network will aim to establish as it moves forward in the next few years. Given that the network is in a very early stage of development, the Network will begin with a focused/selected program of activities. As these activities become established and generate success, the MH&A Network will then move forward with expanding its program of activities.

Program of Activities: Year One Plan

Network Operation & Mobilization

A first task for the MH&A Network will be to develop the management, administrative and communications infrastructures and systems/processes necessary for operating the new network. Part of this process will involve ensuring that these operational structures and systems build upon and effectively interface with those being developed by CAR-BC.

Concurrently, the MH&A Network will address mobilization of the network. This will involve undertaking a variety of activities aimed at generating network interest and awareness, promoting network participation, and developing partnerships and linkages in the research community across B.C. These activities will include:

- **Outreach:** reaching out and meeting, on an ongoing basis, with individuals and groups across the province.
- **Communications:** establishing communications mechanisms, such as a website, group e-mails, and a newsletter, and regularly communicating with the research community.
- **Profile and Strategic Analysis of Research Community:** conducting a strategic analysis of the MH&A research community in B.C. The aim is to develop a profile of who is involved in research, what research is currently underway, what partnerships exist, what resources are in place, and what are the relative strengths/capacities of existing researchers and resources. This will support the network's strategic planning and communications.

Network Activities

1. Research Capacity Building and Integrating Activities

1.a Researcher Interaction Activities

The MH&A Research Network will undertake a number of activities designed to support researcher interaction across the province. These activities include:

- **Meetings and Conferences:** The Network will hold a major conference or themed meeting once a year plus other meetings (2-3 per year) in order to stimulate interaction, dialogue and relationship building among the various disciplines and organizations in the research community.
- **Electronic Communications:** The MH&A Research Network will establish a website and/or 'community of practice' portal for the network. The aim is to promote the network and to support effective communications among network members.

1.b Researcher Development Activities

The MH&A Network will also engage in activities designed to support the development of mental health and addictions researchers throughout the network. These include:

- **Training :** The Network will promote communication and networking, encourage strategic thinking about research design, forge opportunities for information exchange, and generate research activity through education and training initiatives. Consultation participants expressed interest in topics such as: research networks and the networking process, research resources and opportunities available, research design across CIHR pillars, and research application strategies and funding programs/agencies.
- **Training Programs:** The Network will offer research fellowships to graduate and post-doctoral students. Network funds will prioritize students whose location or organizational affiliation may mean limited access currently to training funds.

1.c Support for Research Platforms

The MH&A Research Network will invest to leverage or strengthen B.C.'s mental health and addictions research platforms. These investments will allow for greater access to platforms by researchers throughout the network. Examples of the types of platforms considered for investment include:

- Databases (e.g., linking patient data, survey data)
- Scientific Equipment (e.g., imaging)
- Clinical Tools (e.g., diagnostic, clinical, neuropsychological)
- Measures/Instruments (e.g., cognitive functioning, physical health, coping skills)
- Clinical Guidelines/Protocols (e.g., imaging, behaviour management)
- Research Protocols (e.g., clinical trial standards)
- Biological Repositories (e.g., DNA banks, brain banks)
- Human Resources (e.g., statisticians, epidemiologists, grant facilitators)

During the first year of implementation, the Network will begin with investments in selected platforms which support mental health and addictions researchers. As the Network moves forward, the Network will expand the support for research platforms.

2. Collaborative Research Activities

2.a Support for Research Submissions

The MH&A Research Network will provide funding to emerging research teams to support the development of their research proposals. The focus will be on research teams that are viewed as "good to go"¹. That is, the core team is established and the research ideas are formulated, but the team needs a small amount of funding to assist in the late stage development and finalization of their proposal.

The Network can provide funding for a range of proposal development supports, including access to expertise (e.g., proposal writer), collection and analysis of pilot data, travel monies for team meetings, etc. As part of this process, teams will be encouraged to expand and diversify participation by disciplines and organizations. Priority will be given to projects that demonstrate collaboration and networking across disciplines, across sites/organizations, and/or across regions of the province. The aim of these grants is to move researchers from an

¹ This determination will be informed by the findings from the environmental scan.

intermediate stage to a final stage of project and proposal formulation and to make researchers more competitive for securing national or international funding for their project (e.g., CIHR).

3. Activities Designed to Disseminate Knowledge

3.a Knowledge Translation and Dissemination

Knowledge translation (KT) or uptake addresses the issue of ensuring that the results of research are delivered to those who can utilize them to make a difference (e.g., policy makers, clinicians, planners, etc.). The strategies that will be used by the MH&A Network to ensure translation of knowledge are as follows:

- **Linkages with Practitioners/Service Providers:** the MH&A Network includes linkages with key MH&A stakeholders in each of the health authorities. Through these regional representatives, the Network will ensure that the knowledge generated by network activities is transferred to clinicians/service providers in the health authorities.
- **Publications:** the Network will seek to ensure that research funded through the network is submitted for publication.
- **Communications:** the Network will ensure that the findings of research funded by the network is communicated and/or accessible to all members.
- **Workshops/Conferences:** the Network will invite researchers with studies funded through the network to share their findings.

Discussion – Key Components of Network Activities

In the following section, key components of Network activities of particular priority are summarized, as required by the MSFHR proposal guidelines.

Training Support

As part of its blueprint for the network for the next four years, the MH&A Research Network will begin to develop a number of strategies for training and adding value to the training environment. During the initial phase of network implementation, the Network will provide the following training support:

- **Training Workshops:** education and training in areas highlighted in the consultation process as valuable to a range of people in the research community to improve their ability to work effectively in the evolving research environment.
- **Training Programs:** research fellowships for graduate and post-doctoral students who normally have limited access to training funds.

Networking and Partnerships

The MH&A Network has begun and will continue to build a number of strategic partnerships:

- **Partnerships With Existing Formal Research Networks and Research Groups across the pillars of MH&A research activity and in academic centres all across the**
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province: The consultation demonstrated interest in the Network initiative in centres across the province, by academic groups in a range of disciplines (medicine, nursing, psychology, neurosciences), and from researchers engaged in the full range of research pillars (biological, clinical, health services, population). The MH&A Network recognizes the importance of linking to and building on the strengths of MHECCU, Centre for Addictions Research (CAR-BC), with MHECCU and with other teams already promoting multi-disciplinary and/or multi-institutional research efforts.

- **Partnerships with Health Authorities:** The MH&A Research Network has met with representatives from all the health authorities across the province and confirmed their interest in this initiative and their desire for an active role in Network leadership through the Planning and Advisory Committee. Given the alignment of the MSF Research Network objectives with the provincial mandate of PHSA Mental Health Services, this HA anticipates contributing substantial “in kind” funding to assist with the initial setup as well as the ongoing operation of the network.
- **Partnerships with Other MSF Networks:** Early discussions of the Task Force as well as the consultation highlighted the need to design MH&A structures, processes and activities that will permit engagement of researchers from other MSF Networks (C&Y, Women, Aging, Aboriginal, etc) in MH&A Network initiatives. There was an early decision not to select *a priori* specific populations as a priority for MH&A Network initiatives. The consultation meetings highlighted interest in building capacity in MH&A research platforms as a vehicle for engagement of researchers working with diverse populations.

Knowledge Translation

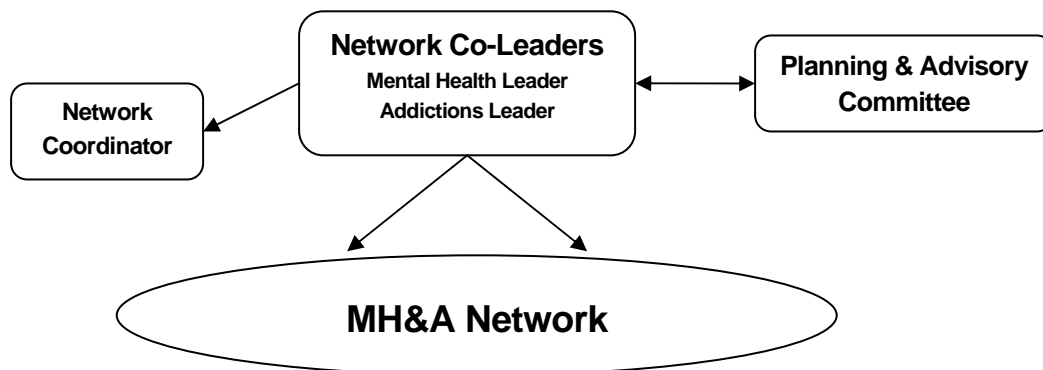
Knowledge translation or uptake is an important component of the activities of a research network. The strategy of the MH&A Network in relation to knowledge translation is outlined above in the program of activities.

Network Management

Network Organization

The Network Co-Leaders will work jointly with a Planning and Advisory (P&A) Committee to establish the strategic directions and coordinate the network as well as the activities of the network. The Network will be actively supported on a day to day basis by a Network Coordinator, who will have significant skills in project management and organizational animation.

MH&A Research Network Organizational Model



Leadership

The MH&A Research Network proposes a Co-leadership model, drawing one leader from each of the mental health and addictions research communities. This thinking arose as part of the consultation process, and reflects:

- the broad scope of the MH and Addictions fields, and the need to draw in members from both the mental health and addictions research communities, many of whom have historically not had linkages
- the recognition of the existing investment and almost two years of work which have gone into Network infrastructure by the Centre for Addictions Research based at University of Victoria (CAR-BC).

Through the summer consultation process, there were active deliberations on the nature of leadership required and ways of enabling leadership. Consultation participants highlighted the importance of dedicated and high profile leadership. Based on this input, it is proposed the MH&A Network Co-Leaders will be responsible for:

- Leading on-going planning and plan implementation in their respective areas and jointly
- Acting as a spokesperson for the network
- Ensuring the network's activities support the outlined mission, vision and goals
- Promoting the visibility and profile of the MH&A network
- Providing direction and support to Network operations

As part of the summer consultation process, some potential Leaders were identified and names tabled at the September 23 Task Force meeting. In addition, and as outlined by MSF guidelines, a general call for leadership candidates will go out the week of November 1, along with request for comment on the following draft criteria:

- Commitment to the Network and its mission and vision.
- Well respected, with a proven track record as a leader in the mental health and/or addictions research community.
- Appointment at an academic institution.
- Strong research and academic credentials in the mental health and/or addictions fields.
- Ability to dedicate the required time to the growth and development of the network (estimated at 1 day per week).

A process for Task Force review of interested candidates will be arranged, and resulting names will be submitted to MSFHR by November 19, 2004 for review and decision.

Planning and Advisory Committee

The Planning and Advisory (P&A) Committee for the Network will be composed of the Co-Leaders and the following representatives from the key groups/organizations:

- Universities – 4
- health authorities – 6
- leaders in each of the 4 content pillars – biological, clinical, population, services – 4
- non-governmental /provincial education & advocacy organizations - 1².

The founding P&A Committee will be appointed upon recommendation of the members of the Ad Hoc Task Force.

The P&A Committee will be responsible for:

- Advising on key initiatives and Network budget
- Supporting and promoting Network involvement and activities in their organizations and geographic areas; identifying additional Network promoters in their organizations
- Assisting in identifying and obtaining resources to support the work of the Network
- Monitoring progress of initiatives and advising on adjustments
- Supporting on-going planning and plan implementation.

Management

² BC Partners for MH&A Information is a consortium of 7 provincial MH&A education and / or advocacy organizations: CMHA-BC, BCSS, Anxiety Disorders Ass'n, Eating Disorders Ass'n, Mood Disorders Ass'n, FORCE (re C&Y MH), and CAR-BC (previously Kaiser Fdn). This may provide an appropriate mechanism for identification of an NGO representative to the Committee.

Network Coordinator

The Network will hire a Coordinator to provide project management and organizational animation support to Network activities. This Coordinator will be responsible for a wide array of duties, including coordinating network communications, managing the network budget and related administrative duties, coordinating network events, managing the network website/portal, etc. The Coordinator will support the whole Network agenda, reaching across MH and Addictions.

Host Agency

The host agency will be expected to provide the necessary resources to establish a home for the network and its leadership, including:

- Office space and equipment
- Finances and accounting
- Technological infrastructure
- Communications and information technology.

It is anticipated that Network office space will be provided in Vancouver, and supported at that location by a part – time clerical staff member. It is also anticipated that the Director of CAR-BC, Tim Stockwell, may serve as a Co-leader, given the existing strengths in Addictions research and networking being provided by that organization. The Network has budgeted to provide CAR-BC with supplemental clerical support in recognition of the added workload of the MSF Network Co-leadership role.

Membership

The MH&A Research Network will be a broad-based, inclusive and multidisciplinary network that promotes the participation of all segments of the research community throughout the province. Membership will be open to those who have a research and/or clinical position at a university, health authority or other organization predominantly focused on mental health and/or addictions.

Accountability

The Network Co-Leaders, working with the Coordinator, will be responsible for allocating the funds of the network as set out in the annual budget, as well as monitoring and recording, according to recognized accounting procedures, the distribution of funds and the expenses of the network. At the end of each fiscal year, an audited financial report will be prepared for submission to the Planning and Advisory Committee. The Co-Leaders, as required, will report to MSFHR.

The host agency will provide financial and accounting services for the MH&A Network. The funds for the network will be managed in accordance with the host agency's financial policies as well as standard accounting practices.

Shared Infrastructure

There is significant potential to share infrastructure within the MH&A Network and with other research networks. The aim of identifying and promoting such partnerships and collaboration, is to increase overall research capacity.

During the MH&A Network's first year of implementation, there are a number of potential areas of infrastructure that could be shared with other networks. These include:

- ***Inventory/profile of MH&A research community:*** The inventory will provide a profile of the researchers and research groups (including existing networks), the types of research activity, and the research infrastructure and platforms in the province. The inventory will provide a mechanism for researchers to identify other researchers with similar interests, and identify resources that may support their work.
- ***Education and Training:*** The MH&A Network aims to deliver education and training on a variety of topics: which may be relevant to others: e.g. research networks and networking, research methods, data – how to undertake research, and research application strategies and funding programs/agencies. There may be opportunities to collaborate across networks in the design and delivery of some of this material.

In addition to these opportunities, the MH&A Network will examine the findings of the review currently being undertaken by MSFHR to identify further opportunities for infrastructure that can be shared with the health of population networks.

Budget Request

Budget Item	Year 1 (\$) (15 mos)	Year 2 (\$)	Year 3 (\$)	Year 4 (\$)
Network Leadership & Operations				
Co-Leaders (\$150,000/yr x 0.2 FTE)	In kind	In kind	In kind	In kind
Coordinator (\$70,000/yr + 20% bens x0.8 FTE = 67,200 per year; for 15 mo = \$84,000)	84,000 (0.8 FTE)	84,000 (1.0 FTE)	84,000 (1.0 FTE)	84,000 (1.0 FTE)
Clerical Support (\$40,000/yr + 20% bens) MH Leader (0.5 FTE) for 15mo = \$30,000 Addictions Leader (0.25 FTE) for 15 mo = \$15,000	30,000 15,000 (0.5FTE + 0.25 FTE)	28,800 19,200 (0.6 FTE + 0.4 FTE)	28,800 19,200 (0.6 FTE + 0.4 FTE)	28,800 19,200 (0.6 FTE + 0.4 FTE)
Office space/equipment, financial services, IT support/services, etc.	In kind Host agency	In kind Host agency	In kind Host agency	In kind Host agency
Sub-total Management & Operations	129,000	132,000	132,000	132,000
Network Activities				
Network Mobilization				
Inventory/profile of research community	5,000	3,000	3,000	3,000
1. Capacity Building Activities				
Network meetings, conferences	57,000	100,000	100,000	100,000
Education, training	30,000	50,000	50,000	50,000
Electronic communications (website, internet portal, etc.)	5,000	7,000	7,000	7,000
Platforms support	26,000	58,000	58,000	58,000
2. Collaborative Research Activities				
Research submission supports	30,000	100,000	100,000	100,000
3. Knowledge Dissemination Activities				
Knowledge translation/transfer activities	18,000	50,000	50,000	50,000
Sub-total Network Activities	171,000	368,000	368,000	368,000
TOTAL	300,000	500,000	500,000	500,000

Budget Rationale

The proposed budget reflects the strategic direction and the priority areas identified for the development and implementation of the Mental Health and Addictions Research Network, as well as activities identified by research networks in other jurisdictions as key to success. See Appendix C: MH&A Research Network Consultation Paper, July 30 / 04.

Substantial investments are targeted to Capacity Building Activities, in year one and 2, 3 and 4. Researchers told of their need to re-orient to the evolving research environment through education and interaction with researchers across “pillars” and institutions. Health Authorities told of the need to link clinicians to the research community. Improved understanding and access to key platforms for MH&A research was identified as a critical enabler for many consultation participants.

Somewhat more modest but important investments are proposed in year 1 for research submission supports and knowledge translation. These grow in years 2, 3 and 4. The Network would like to facilitate emerging research teams in moving to a nationally and internationally competitive status. It also intends to build on the current relatively robust knowledge translation capacity in the province, notably with MHECCU and with CAR-BC, to enhance this key ‘value add’ of research.

The Network assumes indirect, in-kind contributions from participating organizations to support Network member and Planning and Advisory Committee participation, and significant in-kind support from a host agency and from Co-leaders and their organizations. These assumptions are deemed reasonable based on interest expressed in the consultation phase.

Network Leadership and Operations

We anticipate that leadership will be a key determinant of network success. This was highlighted by consultation participants. The budget assumes Co-Leaders will commit on average 1 day per week to the Network, provided on an in-kind basis. It also provides for recruitment of a capable Network Coordinator, based on a \$70,000 per year pay rate and 0.8 FTE position for the first 15 months, growing to 1.0 FTE in years 2, 3 and 4.

Clerical support is provided to both Co-leaders in the budget. We are anticipating CAR-BC at UVic will be designated the Addictions Co-leader, and given their existing Network infrastructure, a modest 0.25 FTE clerical support in year 1, growing to 0.4 FTE for years 2, 3, and 4 is proposed. Clerical support for the overall Network Coordinator, and in support of the MH Co-leader, is provided at 0.5 FTE for year 1, growing modestly to 0.6 FTE for years 2, 3 and 4.

In year 1 (15 months), direct MSF funding support to Network Leadership and Operations is 43% of the MSF grant. For years 2, 3, and 4, direct MSF funding to this activity is 26% of the MSF grant.

Network Activities

Consultation highlighted BC researcher and clinician interest in obtaining a better understanding of the capacities currently in the BC MH&A research community, and building

skills in new ways of doing research that Networks enable. Opportunities for interaction and learning were highlighted, as well as enabling access to specialized research expertise and resources (“platforms”) and enabling current teams to strengthen their work and their linkages across pillars, disciplines and organizations. The importance of building stronger links between the clinician / health services community and the research community as a resource to the work of researchers and to inform the clinical environment of current research evidence was highlighted.

In year one of implementation, the funding aims to initiate Network activity in identified interest areas. In years two through four, the funding for existing network activities will increase substantially.

Network Outcomes

The expected outcomes for the network will include both process-oriented and outcome-oriented measures.

Measures discussed through the Task Force consultation and proposal preparation phase include:

- Increased output of BC proposals
 - √ number of applications and applicants
 - Increased output of successful BC proposals
 - √ number of applications and applicants
 - √ total dollar value of funded projects (by funding source)
 - Increased research relationships
 - √ Increase in co-applicants/applications
 - √ Increase in multi-disciplinary applicants/applications
 - √ Increase in multi-institutional applicants/applications
 - √ Increase in multi-jurisdictional applicants/applications
 - satisfaction of network members and health authorities with
 - √ the network, its direction and its activities.
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Appendix A: Proposal Cover Form

Appendix B: Network Consultation Proceedings

Appendix C: Reports Produced by Ad Hoc Task Force Activities

Appendix D: Network Development Report