Community Workshop Report

Prince George
November 19– 20
2019

THE ITT PROJECT

The Improving Treatment Together Project

·FOUNDRY·
PRINCE GEORGE

WHERE WELLNESS TAKES SHAPE

Canadian Centre
on Substance Use
and Addiction

Acknowledgements

We would like to begin by acknowledging, with gratitude and respect, that these workshops took place on the ancestral, traditional and unceded territory of the Lheidli T'enneh First Nations.

We would like to thank our community partner, Foundry Prince George for their ongoing support of this project. To Melissa Cailleaux, Director of Community Health at YMCA of Northern British Columbia (Lead Agency of Foundry Prince George), thank you for endorsing this partnership.

We would like to acknowledge the Foundry Prince George team for working alongside members of the BC ITT Project Team in the planning of the workshop. Specifically, we would like to thank Toni Carlton and Christina LaBerge for their invaluable input and tireless support leading up to and on the day of the workshops.

We would like to give a special thank you to Lacey Anderson, our Youth Project Team Member from Prince George, for their role in planning and co-facilitating the workshops.

We would like to thank the House of Ancestors Conference Center for hosting us on both workshop days.

Lastly, we would like to thank all of the participants from the Prince George community who gave their time, wisdom, and experience and who so generously supported this project and each other in attending the workshops.

This work would not be possible without all of you.

Supporting Organizations

We would like to thank the following organizations for their support of this project and the workshops:

Report Authors

This report was drafted by members of the BC ITT Project team including Christina Katan,[1] Oonagh Fogarty,[2] Lacey Anderson,[3] Corinne Tallon,[2] Roxanne Turuba,[2] Jill Fairbank,[1] Dr. Steve Mathias,[2] and Dr. Skye Barbic.[2,4] The report writers received feedback from our community partners and workshop participants to ensure that the information shared by participants is represented accurately.

Production of this report has been made possible through the Improving Treatment Together project, a partnership between the Canadian Centre on Substance Use and Addiction and Foundry Central Office. The views expressed herein do not necessarily represent the views of CCSA or its funders.

Project Contacts

For information related to this report, or to the ITT Project, please contact either:

Corinne Tallon
Research Manager
Foundry Central Office
604-789-5238
ctallon@foundrybc.ca

Christina Katan
Knowledge Broker
Canadian Centre on Substance Use and Addiction
613-235-4048 ext. 262
ckatan@ccsa.ca

1 Canadian Centre on Substance Use and Addiction
2 Foundry, Providence Health Care
3 YMCA of Northern BC
4 University of British Columbia, Faculty of Medicine

Contents

The Improving Treatment Together Project

Background **5**

Service Provider Workshop

About the Workshop **7**
Objectives **7**
Findings **8**
Discovery Session 8
Design Session 13

Parent / Caregiver Workshop

About the Workshop **21**
Objectives **21**
Findings **22**
Discovery Session 22
Design Session 27

Summary

Comparing Workshop Findings **35**
Workshop Feedback **37**
Next steps **37**

Appendices

Appendix A: Agenda **39**
Appendix B: Snapshot of Community Workshops **40**
Appendix C: Full list of specific needs identified by theme **41**
Appendix D: Full list of specific ideas by need / question **46**

The Improving Treatment Together Project

Background

The goal of the Improving Treatment Together (ITT) Project is to improve experiences and outcomes of community-based services, such as medical and social services, for young people who use opioids, their families, and the health service providers who deliver health and social services to this population. The project aims to achieve this goal by developing youth-centred, evidence-informed health service interventions that can be implemented within an integrated youth service context. Our approach is guided by a co-design process that involves young people, families, and service providers.

The ITT Project Team is led by the Canadian Centre on Substance Use and Addiction (CCSA). CCSA developed a provincial partnership with Foundry British Columbia (foundrybc.ca). Four community-based Foundry centres (Kelowna, Prince George, Victoria, and Vancouver) are community project partners. These centres have supported, and continue to support, the co-design process, project implementation, and evaluation. Their expertise has been and will continue to be essential in informing the research project design and execution.

The ITT project is a multi-year, multi-phase project and each phase involves several specific project activities that use different community engagement and research methods. Phase 1, which is now complete, involved community engagement through the completion of a series of community-based co-design workshops that were hosted in each of the four partner communities. Phase 2 will involve the selection, development, and design of up to four unique health services interventions and the implementation and evaluation of these interventions with the four partner Foundry centres.

Phase 1 community workshops were split up into two sessions. Please refer to Appendix A on page 39 for the workshop agenda. The workshop started with a **Discovery session**. In this session, we asked participants to explore their experiences and define specific needs for improving the experience of delivering and accessing youth-centered opioid use treatment services. This session was followed by a **Design session**. In this session, we asked participants to brainstorm ideas to address these needs and co-design and create prototypes of their ideas.

Separate workshops were held for:

- Young people (ages 16-24) with lived or living experience of opioid use
- Parents or caregivers of young people (ages 16-24) with lived or living experience of opioid use
- Service providers who work directly with young people (ages 16-24) who use opioids

Phase 1 project activities received harmonized research ethics approval for study activities occurring across multiple jurisdictions. The Board of Record is the Providence Health Care/University of British Columbia Research Ethics Board (Study ID H19-02077). Findings from all Phase 1 workshops will inform the selection and development of the unique health services interventions that will be piloted across the Foundry network. This report summarizes the findings from service provider and parent/caregiver workshops that were held in Prince George.

Service Provider Workshop

November 19, 2019

About the Workshop

The workshop was held at the House of Ancestors Conference Center in Prince George. Twelve service providers attended the workshop, and 11 of them completed a demographic questionnaire. The participants represented a wide range of professions including family medicine (GP), nursing (RN), Clinical counselling (youth clinician, mental health clinician), Social Work and clinic staff (Assistants). Four of the attendees identified as Indigenous (First Nations, Métis, or Inuit). The amount of experience participants had in working with youth populations in their current profession ranged from 1 to 30 years. The most common practice setting was hospital (inpatient = 5, outpatient = 3). Other settings included private practice / office, outreach, community centres, and specifically Foundry Prince George. In terms of types of interventions or services provided, the most frequently selected category was "harm reduction" (n = 8), followed by screening or early intervention (n = 7), brief intervention (n = 7), motivational interviewing (n = 7), and medication assisted therapy or opioid agonist therapy (n = 7). Two of the providers offered family therapy.

Objectives

The objectives of the Improving Treatment Together project workshops were:

1. To understand what could be done to better support and improve the delivery of services to youth who use opioids,
2. To co-design solutions to ensure better experiences and outcomes for young people, their families, and for services providers.

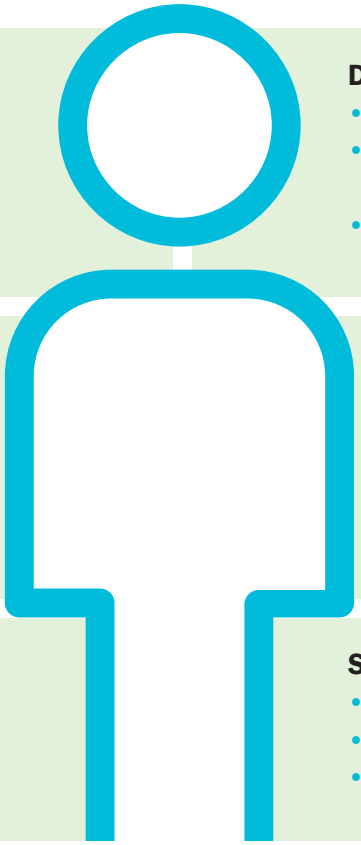
Findings

Discovery Session

Understanding Experiences

Participants were asked to reflect on their experiences working directly with young people who use opioids, with a focus on point-of-care interactions. First, participants were asked to put themselves at the centre of those direct interactions and unpack the different aspects of those experiences. We used the empathy mapping process to explore these experiences by asking them specific questions regarding what they have heard, said, thought, done, felt, or seen in these point-of-care interactions.

As a service provider working directly with young people who use opioids, what am I:



Hearing?
- Everything;
- Desperation;
- Urgency.

Doing?
- Listening;
- Building relationships and connections;
- Providing treatment.

Thinking?
- "How can I help?";
- "What are their immediate needs?";
- "How can I best support their needs?"

Saying?
- Words of validation;
- Supportive language;
- Asking questions;
- Available supports and services.

Feeling?
- Hopelessness and hope;
- Burn out.

Seeing?
- Barriers to care;
- Fear;
- Trauma.

The themes that emerged included:

Hearing

Participants reported hearing:

- Stories of physical and emotional pain
- Defense mechanisms
- Statements of distrust of the system
- Stories of hope and resiliency
- Tones of desperation and urgency

Saying

Participants reported saying:

- Using words of validation and positive, supportive language when treating young people, such as, "You've done the best you can…" and "it makes sense you're afraid of that"
- Using questions to gather additional information about the young person they are supporting
- Using language that validated feelings of confusion around navigating the complicated system
- Discussing with young people the current supports and services that are available

Doing

Participants reported that they are actively:

- Listening, and also building relationships and connections with young people
- Providing Treatment
- Providing harm reduction services
- Providing individualized care

Seeing

Participants reported seeing:

- Barriers that limit access to care for young people. For example, wait times
- Young people who were fearful
- The impact that trauma has had on young people's lives

Feeling

Participants reported feeling:

- Many emotions at once when delivering treatment, including hope and hopelessness
- Sad, helpless, defeated, and frustrated about the current system for their patients
- Excited and optimistic when they did see small, positive improvements for their patients
- That this wide array of emotions and barriers leaves them feeling overwhelmed and burnt out

Thinking

Participants reported thinking:

- Asking themselves how they can help or best support young people
- About which resources to offer, which services to suggest, and how best to meet the immediate, basic needs of their young person

Next, participants were asked to reflect on what success would look like from their perspectives and what they need to achieve success in their context. Here are the themes that emerged from those discussions:

As a service provider delivering services to youth who use opioids…

What am I trying to achieve? Participants reported trying to build connections as one of their top priorities, which requires developing rapport with young people and creating a safe space. In general, participants reported that providing client-centred care is important. Additionally, participants reported that understanding root causes is incredibly important to the young person's treatment journey, as well as understanding what the young person's goals and needs are in terms of accessing services. Long term achievement goals included improving function and relieving stress for young people. Harm reduction services were frequently flagged as a regular part of their discussions and service delivery experience.

What do I need in order to achieve those things? To facilitate these achievements, participants reported a need for more resources (e.g. funding, time, more doctors and nurses), a team support network they can contribute to and draw from, plus ongoing learning and training, with up-to-date knowledge on treating opioid use. They also reported needing a safe, private, and inviting environment that is appropriate for their patients. Participants also stressed the importance of their own self-care in order to fully support and treat their patients.

Lastly, participants were asked to evaluate their experiences of direct, point-of-care interactions with young people who use opioids by discussing four specific questions:

During my point-of-care interactions with delivering services to youth who use opioids…

What is successful (i.e. what do I want to keep)? Participants reported that being able to offer a variety of non-medical (e.g. art therapy) or flexible (e.g. mobile support team) services were hugely positive to point-of-care experiences. Similarly, same-day service models (e.g. drop-in or walk-in counselling) were also reported as important options for this population. Creating safe spaces without triggers and with small thoughtful "details" (e.g. snacks, water, fidgets, food) were seen as promoting service access. Participants reported that positive relationships with welcoming and non-judgemental staff are foundational, and that peer support services are critical to achieving this. Having doctors available who are involved in care and prescribing medication was also noted as an important feature for success.

What could be improved (i.e. what do I want to change)? Participants reported that improvements to accessing care, like reducing wait times, and extending hours of operation into weeknights and weekends would be beneficial for young people. Additionally, improving the scheduling system for shorter and less frequent shifts for service providers to avoid burn out would be helpful for staff. They also suggested including more opportunities to debrief about cases amongst service providers. Adding more outreach in the community and bridging the gap between communities would help improve interprofessional and interorganizational collaboration between services and create opportunities for networking.

What questions did I / do I still have (i.e. what do I need)? Participants reported wondering about the best way to stay connected with other services and supports, and about who would take the ownership and responsibility of bridging the gaps between services and breaking down siloes. Additionally, participants questioned what the best practices should be, given special considerations to the North (e.g. limited, spread out and sparse resources, culturally safe) and how, as service providers, to stay knowledgeable in a rapidly evolving field. Participants also questioned how best to balance low barrier approaches when it comes to services, while also meeting quality of standards (for example, keeping case confidentiality but wanting to share for learning opportunities)

What is making it hard to achieve those things? Participants reported that a lack of outreach in the community to inform people about available services makes it difficult to achieve the above. Additionally, participants reported that not having streamlined and standardized procedures, protocols and referrals between services creates difficulties. Barriers related to access to services, plus a lack of doctors and nurses in services, were also reported as hampering achievements.

Understanding Needs

After reflecting on their individual and collective experiences, participants were asked to describe what specifically they would need in order to improve those experiences and, ultimately, improve outcomes and experiences of services for young people. As a result, a long list of needs was developed (the full list of needs is listed in Appendix C on page 41). Themes that emerged from this list are described below:

Improve Accessibility: Participants reported that improving accessibility is needed to improve services and to reduce barriers for access. For example, extending hours so services remain open longer, or providing less strict rules and regulations when it comes to care (e.g. allowing smoking while in care).

Youth Engagement / Client Feedback and Involvement: Participants reported the need for increased involvement and input from young people and families regarding treatment services, which should be more youth-friendly and include more awareness about peer support.

Self-care: Participants reported that they need more opportunities for self-care as service providers to avoid burn out from their job.

Collaboration across Services: Participants reported the need for improving understanding of other services in the community to build relationships, improve information sharing, and better integrate services.

Team-based Approach: Participants reported the need for a team-based approach when it comes to their client's treatment journey to ensure consistent care.

Resources: Participants reported that access to more resources to increase capacity (e.g. staff, money) is needed to improve treatment services for young people.

Education / Awareness: Participants reported that more education is needed in the community about treatment options for young people and substance use in order to reduce stigma and increase awareness. More specifically, increasing awareness in schools was a need that was reported for early intervention and prevention for young people.

After creating a list of needs (see Appendix C on page 41), participants were asked to decide which needs they wanted to focus on in order to design solutions. As part of this decision-making process, they were asked to consider which needs they are most passionate about, which needs they would like to design solutions for, and which needs they felt would have a large impact if solved.

Below are the needs that were selected by the participants as options to move forward to the design session:

- Collaboration with local service providers to educate and raise awareness of the services available
- Collaborate with other health services in the community to identify existing services and identify gaps in services
- Do early intervention, prevention, education in schools (in curriculum) on substance use, drugs, treatment, signs, symptoms and risk
- Increase awareness of programs and services in community
- Increase referrals from school (from counsellors, self-referrals from students)

Design Session

Brainstorming Ideas

Using the list of needs from the end of the Discovery session as a starting point, participants self-selected the need that they personally wanted to design solutions for. This meant that not all needs identified at the end of the Discovery session were addressed in the afternoon Design session. Each of those needs was then transformed into a question format (e.g. “How might we …”) in order to support the brainstorming process. At this workshop, all twelve participants decided to brainstorm around the identified need for collaboration across services to increase education and awareness of services available in community. The figure below is a description of the types of ideas that emerged from the brainstorming session about that specific need (the full list of ideas is listed in Appendix D on page 46).

Brainstorming Group 01

NEED

- Collaboration across services
- Education / awareness of services in the community

QUESTION

- How might we create a community of practice for service providers in Prince George?

IDEAS

- Use of media / social media
- Other knowledge translation products — (e.g. digital platform to share ideas / information between service providers, newsletter, living document list of services, bring back crisis centre resource book, service posters)
- Partnerships — (e.g. shared charting system, co-hosting working groups with other agencies)
- Professional events / groups — (e.g. a big local conference, secret santa draw, take someone to work day, tours, community of practice, drop-in days)
- Youth consultation / engagement — (ask youth: what do they use, what do they want / need, what do they know about, shared consent forms?)
- Transportation for young people
- Establish a community of practice

From this list of ideas, three ideas were selected to go forward to prototyping related to this need (See "Designing Solutions" on page 15). The chosen ideas were:

- The idea of hosting a large local conference for information sharing regarding services in the community (See Prototype 01 on page 15)
- The concept of a working group between service providers to collaborate around resources for Opioid Agonist Therapy specific services. (See Prototype 02 on page 17)
- The idea of a cross-organizational drive for organizations and service providers to share resources in the community. (See Prototype 03 on page 17)
- The idea of improving transportation for young people trying to access services was brainstormed and taken forward to prototyping (See Prototype 04 on page 19)

Designing Solutions

Following the brainstorming sessions, participants were asked to select the idea they felt most passionate about and wanted to design solutions for. After choosing their idea, participants expanded on them by developing details around what the solution entails, how it could be implemented, who would be involved, and why it's important. Participants then had the opportunity to create an interactive prototype.

Four ideas were selected to design prototypes for:

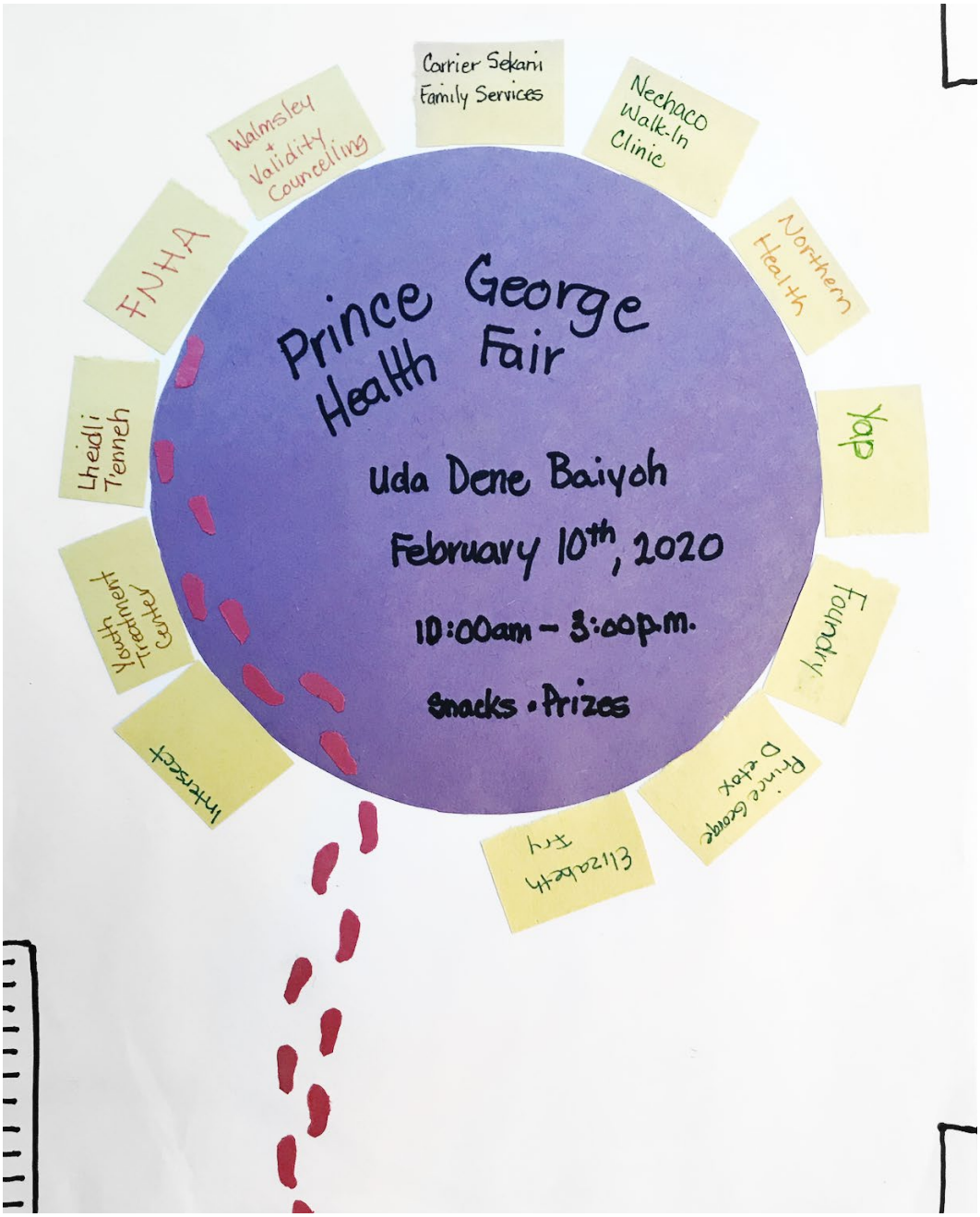
- **Health Fair** (See Prototype 01 on page 15)
- **Working Group with Service Providers** (See Prototype 02 on page 17)
- **Cross-organizational share drive** (See Prototype 03 on page 17)
- **Improved Transportation for Youth** (See Prototype 04 on page 19)

Prototype 01	**Health Fair**
What?	A local health fair for the public where organizations would have booths that would provide information on the resources that they deliver. This would bring service providers and the community together to learn and share about organizations' resources in the community.
Who?	Health and social services in the community. For example: • Intersect • Youth Treatment Centre • Lheidli T'enneh • First Nations Health Authority • Walmsley and Validity training, • Carrier Selkani Family Services • Nechaco Walk-in Clinic • Northern Health Authority • Youth Around Prince • Foundry • Prince George Detox • Elizabeth Fry
Where?	Local — in Prince George
How?	Organizations would be invited to champion and share their services.
Why?	To show what kind of resources are available to community members of Prince George

The prototype was a poster layout design of how the health fair would be set up.

Description of prototype image

This prototype was a birds-eye-view poster of how the health fair would be set up in a room along with the different organizations that would be present. Information on where the fair would take place, when, and that snacks and prizes would be provided for community members.



Prototype 02	Working Group with Service Providers
What?	A working group for service providers to collaborate around resources for Opioid Agonist Therapy specific services and gaps in services
Who?	• Adult Withdrawal Management Unit (AWMU) • Nechako Youth Treatment Centre (NYTC) • Connect with clinical coordinators • Foundry • Central Interior Native Health Society (CINH)
Where?	Local — in Prince George
Why?	To create opportunities for warm hand offs between services, and for service providers to become more aware of OAT services in the community.

This prototype was a list of organizations to be involved written out on paper.

Prototype 03	Cross-organizational share drive
What?	A share drive that contains information from various different organizations that can easily be accessed by other services providers and that can be updated as information changes. An opportunity for collaboration amongst services providers to share information. A group share drive with folders for example: • [Service] e.g. Clothing, food, outreach, addictions, • [Agency] Northern Health Authority, Foundry, Prince George Native Friendship Centre
Who?	Community organizations in Prince George
Where?	The drive would be accessible online for service providers
How?	• There would be an initial meeting to confirm logistics. Could be housed online via Google drive. Issues such as storage limits and privacy would have to be considered. • It would be a working meeting so that there are no extra tasks for service providers afterwards. • There would be one representative from each organization
Why?	To improve access to information across organizations

This prototype was a visual depiction of the information sharing interface.

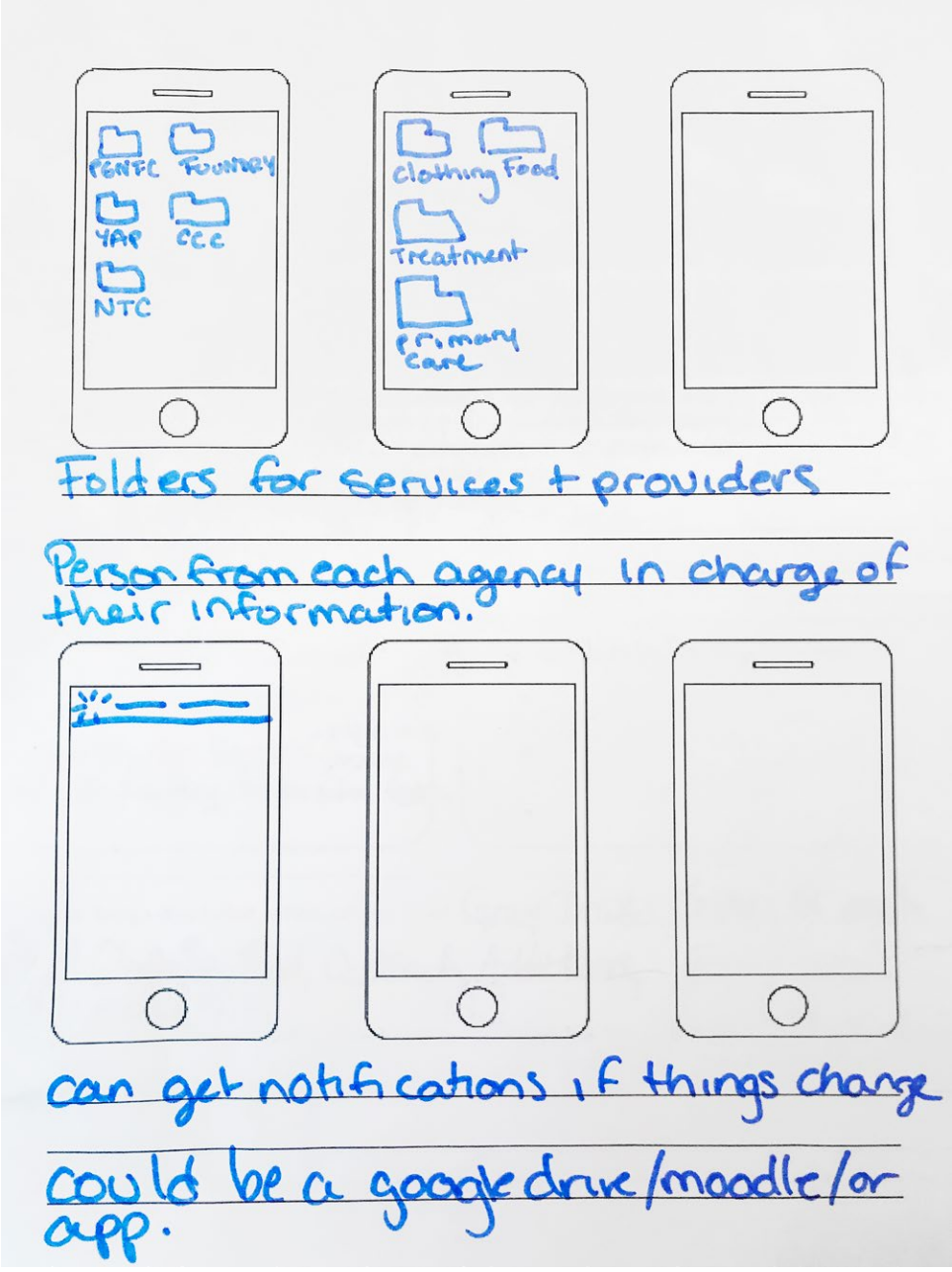
Description of prototype image

The prototype illustrates the different files and information that would live online to be accessed by service providers. The folders are separated by community organization and service.

The representative from each agency would be in charge of their community organization,

Notifications to be sent out if there are changes to the content of the folders.

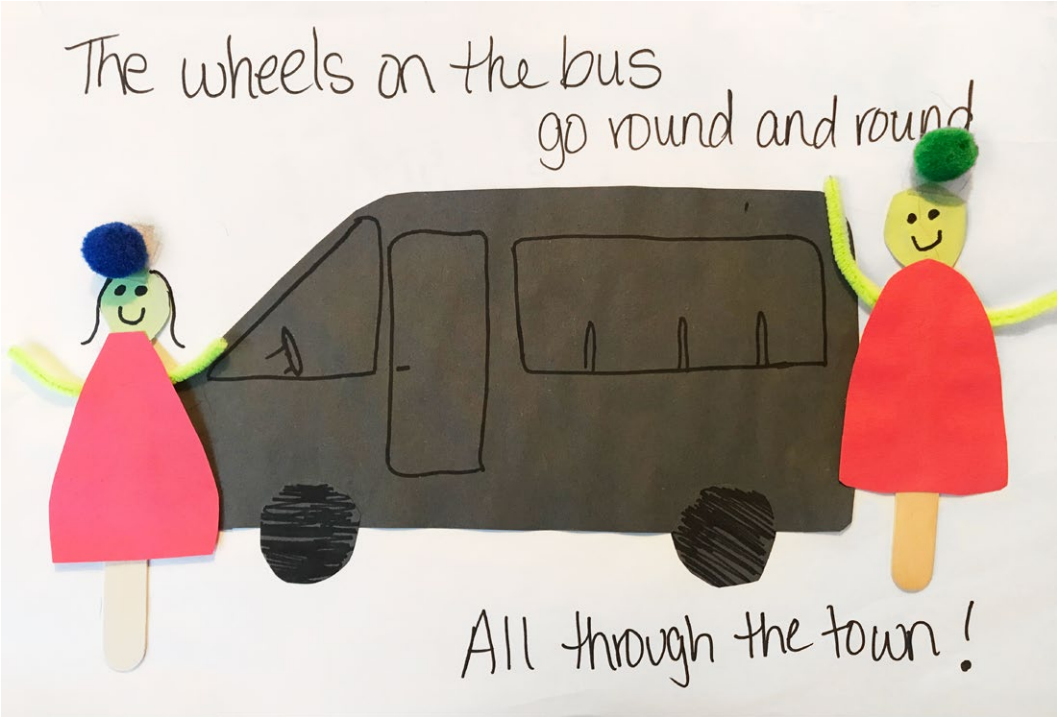
This information could be stored on applications like Google Drive or Moodle.



Prototype 04	Improved Transportation for Youth
Idea:	Improved transportation for youth who are accessing opioid use treatment services
What?	A 10-seater bus to transport clients to and from appointments related to opioid use.
Where?	• Adaptive route (Nechako Centre / University Hospital of Northern British Columbia / Foundry / Clients home / Etc.) • Predetermined 1 day in advance by clients calling in and requesting services
How?	• 2 full-time staff working Monday-Friday to drive clients. Staff to have CPR training and Narcan training • Clients can book times on the bus by texting a phone number. They can book 2 weeks—1 day in advance. They will be sent an auto text 1 day before their ride where they would respond "y" to confirm or "n" to cancel. Alternatively, they could book by email or a social media page. • There would be 2 crisis appointments reserved for day of requests • Youth would have to go over an agreement that outlines expectations while riding the bus prior to first ride (e.g. no drug use on the bus) • Bus would not have any identifiers to maintain confidentiality
Why?	• There is a lack of follow up and a need to improve transportation. • This bus is intended to decrease appointment cancellations, reduce family stress / caregiver burnout, increase medication compliance leading to decreased opioid use, increase support, and provide safe transport during bad weather.

Description of prototype image

This prototype was a drawing of what the bus could look like, with friendly, trained staff ready to bring young clients to their appointments in Prince George.



Parent / Caregiver Workshop

November 20, 2019

About the Workshop

Of the six caregivers who attended the workshop, four completed voluntary questionnaires. Three of these participants identified as female and two identified as being First Nations, Métis or Inuit. Of the three who reported accessing services as a parent of a young person who uses opioids, only one reported having a great experience. The other two reported that it had not been beneficial. Three had found out about their child's substance use when their young person was in their late teens / early 20s, but one reported having found out when their child was 15-16. All reported having obtained a naloxone kit and receiving overdose prevention and response training. Two reported that their young person was still actively using opioids. All of them mentioned that their young person was also using other substances concurrently with opioids (e.g. alcohol, cannabis). While all reported their young person having received some form of psychosocial treatment, none had ever received Opioid Agonist Therapy. All four reported their young person using the emergency department. Their family doctor was the second most cited service setting (n = 3). All four parents saw themselves as being part of their young person's support network. Other members of their support networks included friends (n = 4), siblings (n = 3) and health professionals (n = 2).

Objectives

The objectives of the Improving Treatment Together project workshops were:

1. To understand what could be done to better support and improve the delivery of services to youth who use opioids,
2. To co-design solutions to ensure better experiences and outcomes for young people, their families, and for services providers.

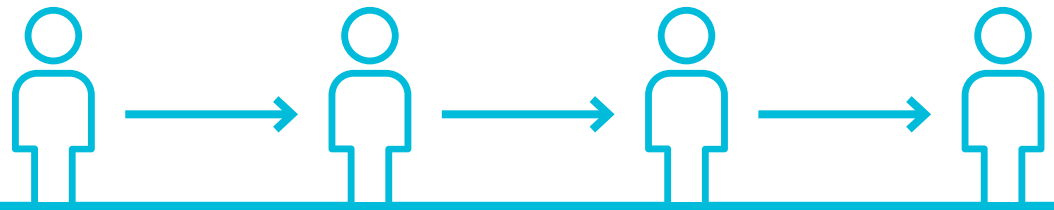
Findings

Discovery Session

Understanding Experiences

Participants were asked to reflect on their experiences from their perspective as a parent or caregiver of a young person who uses opioids. Working closely with members of the ITT Project team, participants described what the journey of accessing services looks and feels like from their perspective, from the moment of recognizing their young person needs help, through to what happens after they have accessed services. Here are the themes that emerged on how participants described that journey, separated into four steps:

As a parent / caregiver of a young person who uses opioids, what am I experiencing when:



Step	Realizing / Deciding to seek out services	Finding out how / where to access services	Accessing Services	"After" accessing services
Themed Experiences	• Feeling uneducated about opioid use in young people • Experiencing barriers • Thinking "I've got this"	• Thought it would be straightforward • Lack of information online • Onus on the parent to navigate the system • Thinking that services should know about each other	• Accessing "Wrong doors" • Balancing busy schedules • Taking time off work • Encountering wait lists • Perspective on harm reduction changing	• Experiencing lack of follow up • Thinking "Is this going to last"? • Feeling the need for respite

The themes that emerged included:

Realizing / Deciding to seek out services: Participants reported many barriers during this stage, including stigma related to their young person's substance use. They also reported a sense of distrust with services and did not know whether their young person would receive kind and gentle care or not. Some participants reported that they would have benefitted from more information and awareness about opioid use in young people. They felt that they were not educated on the topic and did not know what the risk factors looked like in their young person until they decided to seek out services themselves. Participants also reported feeling a sense of responsibility at this stage and stated that they "got this", as in they can handle this and fully be there for their young person.

Finding out how / where to access services: Participants reported that they thought that finding out where to access treatment for their young person would have been straight forward, but they learned this was not the case. They reported trying to find more information about current treatment options, but that it was hard to find this information online. Participants also reported that they would look for someone to "point them in the right direction", but they never found that person. Instead, there was a sense of responsibility or "onus" on the parent to navigate the treatment system. Participants reported that mental health and substance use services should know about each other in the community. Participants described how services are not available in the evening, which creates a barrier to access as many of them have to work during the day. Participants also reported that they felt like there is a lack of family involvement for their young person's treatment journey.

Accessing Services: Participants reported having to juggle schedules between the young person, the service providers, and their own work and personal lives, including having to take time off work in order to access services for their young person that are primarily only open during regular working hours. Participants also reported that they experienced opening "wrong doors" and would be turned away from services that their young person is not eligible for. Additionally, participants reported experiencing wait lists when accessing services for their young person. Participants felt judged when accessing services with their young person from others around, especially in a small town where it is likely that you will know run into people you know, or blamed for the current situation. Participants also shared that when accessing services, they started to change their perspective regarding harm reduction services.

"After" accessing services: Participants reported feeling frustrated when they did not receive any follow up from service providers and when they witnessed a lack of coordination across services. Participants reported feeling fear and concern about their young person regarding their recovery journey and if "this is going to last?". After accessing services, there is a real need for respite as a parent/caregiver to catch up on sleep and to meet other basic needs. Participants also reported that abstinence from all substances (e.g. cigarettes or cannabis use) for their young person is a challenge when it comes to receiving ongoing treatment, and that this shouldn't prevent their young person from receiving it.

Understanding Needs

After reflecting on their individual and collective experiences, participants were asked to describe what specifically they would need in order to improve those experiences and, ultimately, improve outcomes and experiences of services for young people. As a result, a long list of needs was developed (the full list of needs is listed in Appendix C on page 41). Themes that emerged from this list are described below:

Education and Awareness for Families: Participants described needing to know what services and resources are available in the community and where to go for them, particularly for emergency services. They identified that this information could be presented while they are accessing services for their young person. Participants also reported a need to educate and bring awareness to parents and caregivers about substance use disorders, opioid use disorder in particular, how they are treated, and associated risk factors.

Education and Awareness for Service Providers: Participants identified a need for improving the redirection process when young people who use opioids are trying to access services by increasing key contact people's awareness of other services. For example, there should be more appropriate redirection to services when parents call 911 or when they are referred by a service provider to another service. Participants also reported the need for more training and awareness regarding mental health and substance use.

Empathy: Participants identified a need for a warm welcome followed by timely information when they are first accessing services. Additionally, participants reported the need for kind and empathetic care for their young person when accessing services.

Parent / Caregiver and Family Support: Participants identified a need for parent peer support and a community of people with shared experience to support each other, in addition to support from trained advocates. They also reported a need for services to encompass the family's situation, and that the basic needs of the family are met as a part of care. Additionally, participants reported the need for respite care. Participants also reported the need for family inclusion throughout the treatment journey, as they have a full understanding of the "big picture" and context.

Access to Services and Removing Barriers: Participants identified a need for having "every door be the right door" when it comes to accessing services, and if they had to be redirected to another service, it would entail a "warm hand off." In other words, there is a need for services to be aware of all services in the community and redirect accordingly. They also identified the need for services to have more broad eligibility requirements and flexibility for accessing services. An example of this is to allow for substance use (like smoking a cigarette) in treatment programs and extending hours of operation into the evening.

After Care / Follow Up: Participants identified a need to improve the quality of life of young people who use opioids that goes beyond reacting to crisis. They also reported a need for follow-up care that continues after their young person has received treatment services.

Creating Trust / Safety: Participants identified a need for establishing trusting relationships between parents and caregivers and service providers that are non-judgmental. Participants also identified a need for creating environments where young people and their families feel safe to talk and to feel validated rather than criticized.

Youth Engagement: Participants identified the need for young people's perspectives to inform the treatment process. Young people's perspectives and stories should inform the process of developing and delivering treatment services.

Prevention: Participants reported the need to be able to have conversations with young people around the risks of opioid use. They reported a need for improved steps towards prevention before youth use opioids.

Culture Change: Participants identified a need for the culture around how substance use is treated to change. They reported that services should be adapted to have a greater emphasis on family, whatever family means to the young person. They also suggested that the way that services are provided should go deeper than detoxing and substance use treatment to address the root reasons for young people's opioid use. Another culture shift that participants identified was the need to include medication or substances as part of the outcome of treatment rather than having young people lying about abstinence.

After creating a list of needs (see Appendix D on page 46 for the full list of needs), participants were asked to make a decision about which needs they wanted to focus on to design solutions. As part of this decision-making process, they were asked to consider: which needs they were most passionate about, which needs they would like to see designed solutions for, and which needs they felt would have the largest impact if solved.

Below are the needs that were selected by the participants as options to move forward to the design session:

- Improving access to services
- Including family in care journey for young people accessing services
- Establishing trust with service providers for young people and their parents and caregivers

Design Session

Brainstorming Ideas

Using the list of needs from the end of the Discovery session as a starting point, participants self-selected the need which they personally wanted to design solutions for. This meant that not all needs selected at the end of the Discovery session were actually designed for in the afternoon. Each of the needs that was selected at this point was then transformed into a question format (e.g. "How might we…") in order to support the brainstorming process. Below are descriptions of the types of ideas that emerged for each of the selected needs / questions. The full list of ideas is listed in Appendix D on page 46.

Brainstorming Group 01

NEED

- Improving access to services

QUESTION

- How might we create an effective outreach service to cover when offices are closed?

IDEAS

- Family support (e.g. outreach, crisis support program, peer support program)
- Changing "office culture" for service hours (e.g. 11AM–7PM, virtual care)
- Collaboration between services (e.g. police, social workers, emergency services, peer support, counsellors)
- Mentoring programs for young people with Substance Use Disorder (e.g. peer support from people with lived experience)
- Providing transportation support for clients (e.g. an outreach bus)

The idea of an after-hours outreach bus was also brainstormed after this activity took place, which was selected for prototyping. (See Prototype 01 on page 30)

Brainstorming Group 02

NEED

- Including family in care journey for young people accessing services

QUESTION

- How might we create formalized supports for both the parent and caregiver and the youth / young adult?

IDEAS

- Community paramedicine
- Peer navigators (e.g. at the Emergency Department, youth navigator, has a bond with the family / young person)
- Advocates on call (e.g. long-term role, paid, trained support worker)
- Community elders (e.g. family care person chosen by family matched with cultural values)

From this activity, two ideas were taken forward to prototyping:

- The concept of community paramedicine for youth substance use (See Prototype 02 on page 32).
- The concept of a family advocacy network for families of young people who are using substances. (See Prototype 03 on page 34).

Brainstorming Group 03

NEED

- Establishing trust with service providers for young people and their parents / caregivers

QUESTION

- How might we create a space that is safe for both parents and youth to feel vulnerable in a non-judgmental environment?

IDEAS

- Improving environment (e.g. private room with fidgets, snacks, etc., stuff to do while you wait)
- Validating lived experience (e.g. Holding space Helping families identify and work through "blocks," stigma free environments — no disagreeing with youth or supports)
- Support people who can do outreach (e.g. medication liaison)

No ideas were selected to continue on to prototyping from this list.

Designing Solutions

Following the brainstorming sessions, participants were asked to select the idea they felt most passionate about and wanted to design solutions for. After choosing their idea, participants expanded on them by developing details around what the solution entails, how it could be implemented, who would be involved, and why it's important. Participants then had the opportunity to create an interactive prototype.

Three ideas were selected to design prototypes for:

- **After Hours Outreach Bus** (See Prototype 01 on page 30)
- **Community Paramedicine for Youth Substance Use** (See Prototype 02 on page 32)
- **Family Advocacy Network** (See Prototype 03 on page 34)

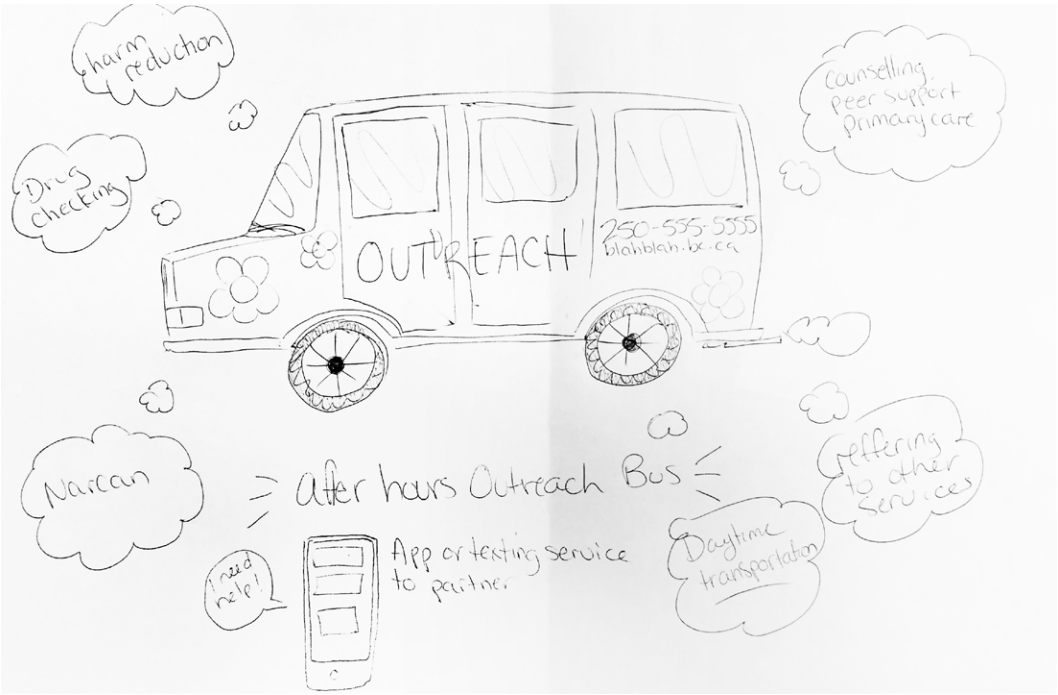
Prototype 01	**After Hours Outreach Bus**
What?	A bus that provides counselling, peer support, primary care, harm reduction, drug checking, Narcan, referrals to other services, and daytime transportation.
Who?	Counsellors, peers, primary care professional, outreach workers, dispatch / call-in, Mental health in general
Where?	Downtown Prince George — office during the day and outreach during off hours
When?	Later in the day service delivery or peak engagement times
Why?	• Often, overdose happens after hours • Not all people can access services between 9–5 • Not all people can access downtown • Unsafe drugs are available • Reduce emergency responses • Need clean equipment

Description of prototype image

The prototype shows a picture of the outreach bus, with a list of the kinds of things it would be responsible for. For example:

- Drug checking
- Harm reduction
- Counselling, peer support, primary care
- Provide Narcan
- Provide Daytime transportation
- Refer other services

The prototype also shows an associated application that would work alongside the bus for youth to use to reach out for services provided by the bus.



Prototype 02	Community Paramedicine for Youth Substance Use
What?	The Community Paramedic (CP) works with the youth and family in the home and would do a wellness check each week to ensure their needs are being met when it comes to their health care. The CP would report back to the physician with timely information. The CP would be an advocate for the family and patient. If the needs are not being met, they CP would assist in getting the youth admitted to hospital if needed.
Who?	• CP Paramedic Program with BC Ambulance Service • Working with other departments in ED and the family
Where?	Moving from small town, BC, and moving the program into our larger centers
How?	• Advanced training for Paramedics to support youth and be able to respond to opioid use • Taking up the slack after closing time for other services in town
Why?	“To save one life”

Description of prototype image

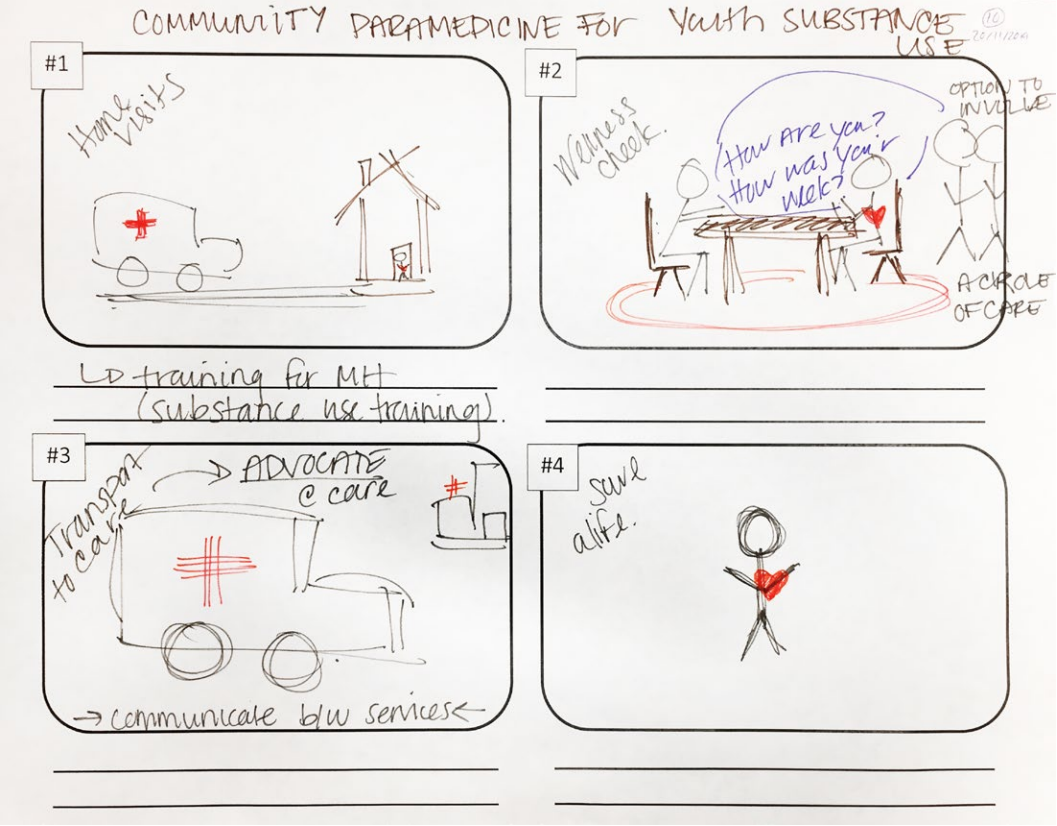
The prototype is a storyboard of how this service would be delivered.

Story board #1: Shows substance use trained CP starting with a house visit

Story board #2: Shows the wellness check with the young person at the home

Story board #3: The CP transporting the young person to the hospital if needed, as well a providing communication between services.

Story board #4: Shows the young person's life being saved as a result of this service.



Prototype 03	Family Advocacy Network
What?	A family advocacy network for families of young people who are using substances. A trained support person would be assigned to families to be an advocate for the young person. This would be paid opportunity. Some of their responsibilities / roles might be (negotiated together): • Visiting the home • Getting to know all family members • Helping parents determine who is struggling • Especially developing a respectful, trusting relationship with the youth who's using • Helping youth get to appointments, navigate the medical system, accompaniment to medical appointments / emergency visits — especially advocating for the youth in these situations • Sharing knowledge re: community resources • They would be on call for emergency situations, e.g. meeting the youth at the emergency room • This might require a few people rotating the on-call schedule
Who?	This advocacy network would be composed of people who are trained in mental health / addiction
Where?	• Adaptive route (Nechako Centre / UHNBC / Foundry / Clients home / Etc.) • Predetermined 1 day in advance by clients calling in and requesting services
How?	• The family advocate would be chosen by the family based on cultural / value fit. This would ideally be a long-term commitment • If the young person is living alone, the advocate would check on the young person regularly and continue to advise them about how to take care of themselves and continue to advocate for them as necessary • The advocate would know the young person's medical and family history. • Knowing that your young person is being checked on would help the family feel safe and reduce their stress. The advocate might let the family know how the young person is doing. • The advocate would also be vigilant regarding how everyone else is doing; e.g. if a sibling or parent is struggling • The advocate would be recognized in the community as a professional and therefore would have access to other resources and would have respect in the medical / service community • The advocate would be prepared to step in quickly and effectively. E.g. they might help a young person apply for income assistance should they lose their job. They would be knowledgeable regarding community resources.
Why?	To reduce the burden of parents and create a community of care.

This prototype was written.

Summary

Comparing Workshop Findings

Understanding Experiences

Service Providers and Parents and Caregivers both reported a similar frustration with navigating the treatment system and experiencing a lack of integration of services within the community. Service provider participants emphasized the need for breaking down silos and working between sectors / services was seen as something that could be improved upon, while parents and caregivers shared their frustration with being turned away for services without any referrals or "points in the right direction".

Both groups reported feelings of being overwhelmed, specifically being burned out (service providers) and the need for respite (parents and caregivers). **It is clear that both groups are struggling with delivering or accessing treatment services for young person due to limited resources and capacity.**

The theme of harm reduction came up for both groups. For service providers, harm reduction was reported as a regular part of the service delivery experience, while some parents and caregivers reported that their perspective on it had changed since accessing treatment for their young person and that they were more accepting of it.

There were a few notable differences between the two group's experiences. Parents and caregivers reported a strong sense of responsibility and accountability for their young person and the onus to navigate the system on their own. Parents and caregivers also reported that more should be done to include family in the treatment journey.

Understanding Needs

There are many reported needs that were similar across both groups. Improving accessibility was one, in that services need to reduce or remove barriers to access. **Youth engagement was another need that came up across both groups. This was the idea that young people should be more involved when it comes to delivering "youth-friendly" services;** however, parents and caregivers reported that youth engagement meant to also create safe spaces for young people who are accessing treatment. The need for collaboration and communication across services also came out in both workshops.

Education and awareness were also similar needs for both groups, especially in their link to normalizing the conversation and reducing stigma in the community. For parents and caregivers, they also reported the need for education on risk factors related to opioid use in youth for themselves, and more education for service providers on improving redirection or referrals.

The need for changing the culture regarding youth accessing opioid treatment services was reported only for parents and caregivers. This was related to family inclusion across the treatment journey and understanding root causes of substance use.

Brainstorming Ideas

Service provider participants brainstormed around creating a community of practice. The resulting ideas were therefore very service provider specific and focused on communication strategies for improving information sharing. Parents and caregiver participants brainstormed around safe spaces, outreach for off hours, and formalized supports for families and youth, and therefore the ideas were focused on improving experiences of access and the environment for parents, caregivers, and young people accessing treatment services.

Both groups touched on more engagement with people with lived experience. For service provider participants, this was in terms of youth consultation/engagement to inform treatment, while for parent and caregiver participants, this was around peer support and peer advocates, for both parents and young people. Both groups had the idea of increased collaboration between services. Parents and caregivers highlighted which services they thought could collaborate (emergency services, social services); service providers focused on the ways in which they could collaborate.

Designing Solutions

The solutions from service providers were geared towards increasing their awareness of other services in the community and improving collaboration between service providers, while the solutions from parents and caregivers were focused on creating solutions to support themselves and their young people. Solutions from both groups address the burden that is placed on parents and caregivers and service providers through collaboration (solutions address similar needs discussed above).

The Family Advocacy Network developed by parents and caregivers was about creating a community of care, which had a focus on the health care professional having connections in community. This could be related to the brainstorming of community of practice ideas.

Workshop Feedback

We received feedback from 6 parents and caregivers and 11 service providers who completed the workshop evaluation form. The feedback was overall positive.

We received positive feedback for communication and supports for participating in the workshops across both parents and caregivers and service providers. We also received generally positive feedback that the workshop facilitated the sharing of views and perspectives, however, in the parents and caregivers feedback it was noted that there could have been a more diverse group of participants.

In both workshops, participants noted that they were confident that these workshops would be impactful and influence the area of opioid use treatment services for youth in communities in BC.

Next steps

In Phase 2, the ITT team will review all of the prototypes that were developed across the nine community workshops and create a condensed list of feasible prototypes for the communities to choose from for implementation.

This list will be developed using an internal decision-making framework to determine which prototypes are most feasible within the scope of the ITT project. Factors such as the timeframe, the scope of the project, the project budget, and prototype sustainability will be considered. The final list of prototypes will be presented to each Foundry centre's project team and youth team members. These team members will be asked to determine which prototypes are the most novel, could have the most impact, and would best suit the needs of their community and their Foundry centre, within the context of integrated services for young people. The ITT team will then review the outcomes of those discussions and propose a prototype to be implemented in each community.

After each community has selected a prototype, the project team will facilitate the development of these solutions with support from departments within CCSA and Foundry and/or external contractors where necessary. Development will be guided by information shared during the Discovery and Design activities, as well as input from partners and collaborators. Input from the Foundry centres will be important to ensure the solution is suitable to implement within their centre and the context of integrated services for young people, and to ensure that it does not duplicate existing resources.

Appendices

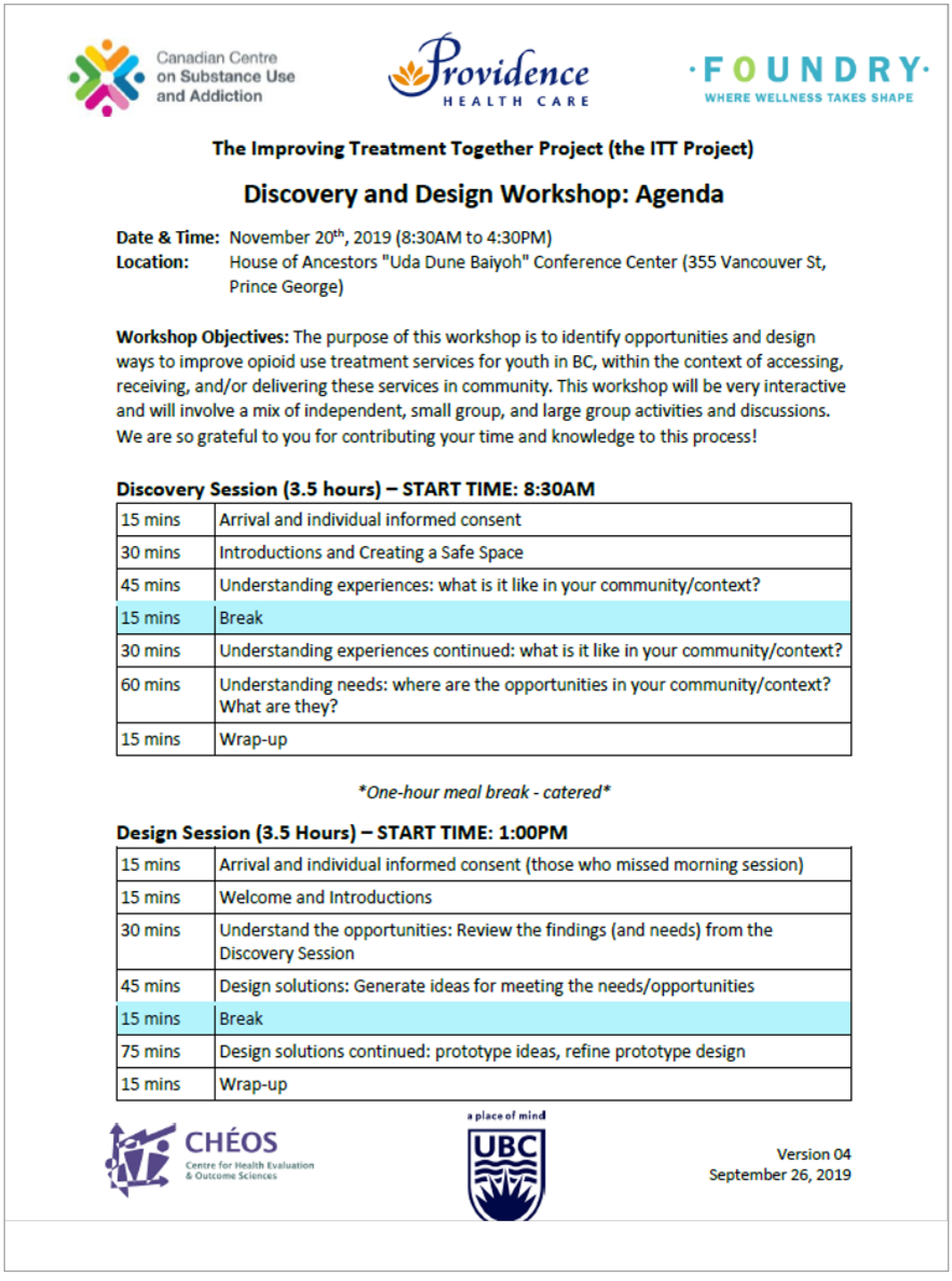
Appendix A: Agenda 39

Appendix B: Snapshot of Community Workshops 40

Appendix C: Full list of specific needs identified by theme 41

Appendix D: Full list of specific ideas by need / question 46

Appendix A: Agenda



Canadian Centre on Substance Use and Addiction

Providence HEALTH CARE

·FOUNDRY·
WHERE WELLNESS TAKES SHAPE

The Improving Treatment Together Project (the ITT Project)

Discovery and Design Workshop: Agenda

Date & Time: November 20th, 2019 (8:30AM to 4:30PM)
Location: House of Ancestors "Uda Dune Baiyoh" Conference Center (355 Vancouver St, Prince George)

Workshop Objectives: The purpose of this workshop is to identify opportunities and design ways to improve opioid use treatment services for youth in BC, within the context of accessing, receiving, and/or delivering these services in community. This workshop will be very interactive and will involve a mix of independent, small group, and large group activities and discussions. We are so grateful to you for contributing your time and knowledge to this process!

Discovery Session (3.5 hours) – START TIME: 8:30AM

15 mins	Arrival and individual informed consent
30 mins	Introductions and Creating a Safe Space
45 mins	Understanding experiences: what is it like in your community/context?
15 mins	Break
30 mins	Understanding experiences continued: what is it like in your community/context?
60 mins	Understanding needs: where are the opportunities in your community/context? What are they?
15 mins	Wrap-up

One-hour meal break - catered

Design Session (3.5 Hours) – START TIME: 1:00PM

15 mins	Arrival and individual informed consent (those who missed morning session)
15 mins	Welcome and Introductions
30 mins	Understand the opportunities: Review the findings (and needs) from the Discovery Session
45 mins	Design solutions: Generate ideas for meeting the needs/opportunities
15 mins	Break
75 mins	Design solutions continued: prototype ideas, refine prototype design
15 mins	Wrap-up

CHÉOS Centre for Health Evaluation & Outcome Sciences

a place of mind UBC

Version 04
September 26, 2019

Appendix B: Snapshot of Community Workshops

Group	Community	Date	Number of Participants
Youth	Kelowna	November 16 2019	2
Youth	Vancouver	February 8 2020	11
Total Youth			**13**
Service Providers	Kelowna	November 15 2019	4
Service Providers	Prince George	November 19 2019	12
Service Providers	Vancouver	February 6 2020	12
Service Providers	Victoria	February 13 2020	13
Total Service Providers			**41**
Parents & Caregivers	Prince George	November 20 2019	6
Parents & Caregivers	Vancouver	February 7 2020	8
Parents & Caregivers	Victoria	February 12 2020	13
Total Parents & Caregivers			**27**
Total Participants			**81**

Appendix C: Full list of specific needs identified by theme

Service Providers

Theme	Needs
Improve Accessibility	• Increase days / times for clinic • Greater outreach services • Extending service times to include evenings and weekends • Great outreach services • Addressing issues of transportation • Transportation / more outreach and increased accessibility • More outreach can be huge in helping clients • More affordable housing • Less barriers to access treatment and services • Beds for youth in every circumstance • More accessibility to treatment • More services for young people who have the least resources • Fewer barriers for young people to access treatment services for smoother transitions across the treatment journey • Smooth transitions detox—treatment—aftercare • Strategic and response based plans that includes appropriate service provider to avoid frustration / burn out / waste • Transportation barriers / funding to assist low income families • Transportation to treatment centres, appointments • Accessible (connecting with programs, safety, awareness, waitlists)
Youth Engagement / Client Feedback and involvement Basic Needs	• Creating inviting spaces for young people • Engaging youth through fun activities • More awareness of peer supports • Gathering direct input and feedback from clients and families • Youth feedback on services / space

Theme	Needs
Collaboration across services	• Diverse services that are safe for young people to access • Culturally sensitive interventions to better support Indigenous youth / family to capitalize on better / possible treatment • Ability to meet young people where they are, how they are • More flexibility to meet kids where they are at rather than making them come into government office to improve • Flexibility and diversity in services to meet clients all along spectrum of change • Time and flexibility—families and young people have different needs • Resources / ability to create relevant / accessible spaces and services for YUD • Creation of practice of care for Opioid Use Disorder • Charting systems that speak to each other • Advertising posters out in community • Need for staff to shadow for a day at other services to improve understanding around teams • Info / program update sharing between services • The importance of staff collaboration and debriefing • Database of all resources • Monthly sharing / connection for organizations to share information • Community of practice
Self-care	• Team building days • Staff training • Cultural support • Better self care for staff • Opportunities for self-care for service providers
Team-based Approach	• Physician consistency • Greater staff team approach • Charting in same systems (working in silos, unaware youth are connected) • Communication, same easy referrals
Resources	• Variety of resources • Advocacy (demonstrating need) • Allocated resources • Increased staffing models and decrease case load

Theme	Needs
Education / Awareness	• Education for society in general to reduce stigma • Trainings and education opportunities for service providers • Reduce stigma by talking and sharing • Sharing perspectives across service providers • To avoid duplication of services • Relationship between care providers = trust • Improved hand offs so not starting over • Clear systems to navigate » Easy access to services » Service provider collaboration • Meaningful participation of youth and family in care plans • Change language used in organizations • See “us as connected” • Continuity of care: players, residence • Access for remote communities—transportation • Flexible thinking and actions • More education for physicians for Opioid Agonist Therapy for youth • Increasing awareness (social media, more posters in schools) • Posters re Suboxone poster for youth and families to see • Outlying communities invited to tour Foundry and learn about youth services and access • Increased awareness • Addiction / grieving / learning groups • Education in school system for prevention • Peer support from Foundry—presenting / sharing with schools • Early intervention (school support)
Meaningful Alternatives	• Meaningful activities for young people (boredom; no other options) • Youth groups from Schools / Nechako Youth Treatment Program / church youth group / Native Friendship Centre to attend to Foundry for workshops / events

Parents and Caregivers

Theme	Needs
Education and awareness for families	• Education » Service providers » Parents / kids » Empowering parents to educate / inform service providers » Substance use, opioids » Services (what's available; where to go) • Service experiences / needs • Education parents when receiving services • Education, spreading awareness of who what when where and why • Need to educate around approach to mental health and substance use issues: physical / medical issues treated differently
Education and Awareness for Service Providers	• Contact point of 911 call: redirect appropriately • Redirection — get to the right service (faster, more direct) • Change hospital experience for MHSU » SP education / awareness / training • Service awareness among providers (referrals etc.) • Learning about how to best support youth (doctors, nurses etc.) instead of referring out • First responders — ability to refer; access to car 60 (and others) • Sharing information (client info) between providers
Empathy	• Treatment / judgement of parents by services / service providers • Giving a warm welcome and information when first accessing services in a timely manner
Parent / Caregiver and Family Support	• Parent groups: supporting one another, not alone, we haven't failed • Support other family advocates • Support person • Community, family, relationships, care. Sharing of burden • Trained advocates — needs to be a respected role (elder) • Form family system as part of care • Need to know the history empathize with family • Parent / caregiver support • Ensuring basic needs are met within families • Services that wrap around family situation whatever that may be (foster, guardianship, etc.) • Need knowledge of experience, system, services — relationship with family is critical • Creating community for caregivers, peer caregivers, peer support • Resources for parents, normalizing talking about recovery / addiction

Theme	Needs
Access to Services and Removing Barriers	• We need services with a right door "no one wants to help" — service dedicated to helping the whole person • Know what we have available in our community • Where to go, when, for what • Expanding / modifying hours of operation • Creating systems so "every door if the right door" • Changing / broadening eligibility for services (disability, etc.) • Adaptation of expectations on youth (abstinence, instead of harm reduction is creating barriers)
After Care / Follow Up	• Gathering direct input and feedback from clients and families • Youth feedback on services / space
Creating Trust / Safety	• Creation of practice of care for OUD • Charting systems that speak to each other • Advertising posters out in community • Need for staff to shadow for a day at other services to improve understanding around teams • Info / program update sharing between services • The importance of staff collaboration and debriefing
Youth Engagement	• Youth perspective…could inform process • Youth sharing their stories having a voice in the community • How do we empower youth? Validate them rather than criticizing
Prevention	• Need to be able to have conversations around risks » Right now, it feels too laissez faire (with youth, friend groups) • Prevention before they get to opioids
Culture Change	• Shifting how we provide services — need to go deeper than just detoxing / addressing substance use » Root reason the person is using » Can medication / substances be part of the outcome? (e.g. not lie about abstinence) • To have greater emphasis on "family" » Human connection, interdependency » Need to take better care of each other • Adapting services to include family • Culture change around substance use — normalized, but should be? • Has opioid use / crisis contributed to a new normal? • Need to take / treat pain differently » Need to take it seriously • Responding carefully to pain in young people

Appendix D: Full list of specific ideas by need / question

Service Providers

QUESTION FROM BRAINSTORMING GROUP 01 ON PAGE 14

How might we create a community of practice for service providers in Prince George?

- Group activity team building
- Monthly or bimonthly community of practice meetings
- Have a big local conference and have all different health providers go and present on their agency
- A form where we bring service providers and clients together to identify gaps in service
- Days for interprofessional networking
- Monthly luncheon / potluck at different offices
- Document of resources that is updated regularly
- Make a draw (like secret Santa) with everyone (health service workers) and have people educate 1 person every week about your job / service
- Have a weekly newsletter via email that discussions different services
- Monthly Newsletter
- Monthly teleconference
- Box for practitioners
- More Integrated case management meetings
- Ask youth what services they would like to see / work
- A quarterly meeting for all youth services in Prince George — big conference!
- Send a bio of our organization to other organizations and ask them to reciprocate
- Drop in days (for example, free up space for outside agencies to work in another space, youth addiction at CLA)
- Social Media / cross posting
- Invitation to local health service providers to have a meet and greet
- A digital platform to share ideas (with confidentiality in mind)
- Create a Facebook / Moodle social networking site for service workers
- A media campaign bringing programs together and advertising services to community
- Establish a community of practice
- Someone to provide transportation (to appointments, airports, bus station, medical, to treatment etc.)
- Getting buy in from decision makers (e.g. in govern) by putting them / front line with youth
- Outreach program that can take youth to other agencies for groups / activities / workshops / services
- Shared charting System
- Develop summary of our services to other Service Providers / Clinics
- Drop in Q and As
- Bring back the Crisis Centre resource book
- Shared consent forms for continuity of care
- Blog for info and questions

- Partnering with other agencies to facilitate groups, etc.
- Attend each other's staff meetings
- Tours of teams through agencies networking "City wide visit day"
- Tour of centres from time to time
- Shadowing others work
- Nechako Youth Treatment Program very open to doing tours, please ask
- Shadow other Foundry / Opioid Agonist Therapy clinics for models that work
- Create / share posters of our services
- Cross-organizational share drive
- Community health fair

QUESTION FROM BRAINSTORMING GROUP 01 ON PAGE 14

How might we increase accessibility for youth to attend opioid related treatments in community?

- Improved transportation for youth who are accessing opioid use treatment services

Parents and Caregivers

QUESTION FROM BRAINSTORMING GROUP 01 ON PAGE 27

How might we create an effective outreach service to cover when offices are closed?

- Family skills outreach
- Family crisis support program
- Family peer support programs
- Who will be on the team? E.g. police, social workers, etc.
- Collaboration between services (emergency, social services, etc.)
- Buy in from government organizations on the basis of reducing the stress on emergency services
- Changing "office" culture to have response after hours services
- What will the hours of operation be?
- Change hours, etc. 9AM is quiet so instead of 9-4 maybe 11-7
- Virtual care platforms
- Youth drop-in centres
- How will this service lower overdoses?
- Community recreation that is accessible for 211—in 211 neighborhoods
- Will it only serve a particular part of town?
- Layers—expanded hours outreach after hours, emergency services expansion
- Peer support programs after hours
- Perhaps volunteer opportunity for people with lived experience to join in?
- What services will the outreach team offer? E.g. peer support, counsellors
- Mentoring programs for youth with Substance Use Disorder
- Drug checking services
- How will it draw more people in need into other services?

QUESTION FROM BRAINSTORMING GROUP 02 ON PAGE 28

How might we create formalized supports for both the parent and caregiver and the youth / young adult?

- Non-judgmental accepting develops bonds
- Having a bond with the youth
- Having a bond with the family
- Peer advocates in the Emergency Department
- Parent navigator at each substance use service
- From infancy
- One person per household
- Youth navigator (like a Case Manager)
- Homecare service for families with substance use
- Community paramedic
- Trust, support
- Pte advocates on call
- On call
- Pay people
- Train people
- Pte advocate partner service (youth)
- Long term role
- 2-3 people per household
- Network across province
- Peer support network—parents with past experience
- Community elders
- Family care person chosen by family
- Matched culturally with values
- Respect in family of community

QUESTION FROM BRAINSTORMING GROUP 03 ON PAGE 29

How might we create a space that is safe for both parents and youth to feel vulnerable in a non-judgmental environment?

- Drop in counsellor sessions for youth and family
- Youth with living experience coming together to share
- Private room with fidgets, snacks, etc.
- Time alone in calming environment
- Safe client room in health services for youth and families
- Stuff to do while you wait (e.g. groups, activities)
- It's okay to not get it right the first time
- What do you need, take your time
- Listen
- Time—Multiple appointments ingoing in the same space to feel safe and work towards a plan of action
- Help identify their blocks
- Helping parents (and families) work through "blocks" (what stops us)
- Stigma
  - » No judgment
  - » No disagreeing with the youth or supports
- Validating lived experience (youth peers or caregivers)
- Tackling stigma in community
- Medication
- Support people and advocate that they can do outreach

·FOUNDRY·
PRINCE GEORGE

WHERE WELLNESS TAKES SHAPE

Canadian Centre
on Substance Use
and Addiction