Community Workshop Report

Vancouver
February 6–8
2020

THE ITT PROJECT

The Improving Treatment Together Project

·FOUNDRY·
VANCOUVER–GRANVILLE

WHERE WELLNESS TAKES SHAPE

Canadian Centre
on Substance Use
and Addiction

Acknowledgements

We would like to begin by acknowledging, with gratitude and respect, that the workshops presented in this report took place on the ancestral, traditional and unceded territories of the Musqueam, Squamish and Tsleil-Waututh First Nations.

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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:

BRITISH COLUMBIA CENTRE ON SUBSTANCE USE
Networking researchers, educators & care providers

THE UNIVERSITY OF BRITISH COLUMBIA

Providence HEALTH CARE
How you want to be treated.

Report Authors

This report was drafted by members of the BC ITT Project team including Christina Katan,[1] Oonagh Fogarty,[2] Katrina Pellatt,[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.

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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 Foundry Vancouver Granville
4 University of British Columbia, Faculty of Medicine

Contents

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 51 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 the workshops that were held in Vancouver.

Service Provider Workshop

February 6, 2020

About the Workshop

The workshop was held at the Sandman Hotel in Vancouver. There were 17 people in attendance, five of whom were members of the ITT Project team who co-facilitated the workshop. This team included two staff members from CCSA, two staff members from Foundry, and one youth team member from Vancouver.

A total of 12 service providers participated in the workshop, 11 of whom completed self-report demographic questionnaires. Of these 11, 9 self-identified as female and 2 as male. The most common professional designation self-reported by participants was social work; additional professions included clinic and program managers, nurse practitioner, and rehabilitation assistant. The average length of time spent practicing in their current profession was 14.5 years (range: 3 to 24 years). Some participants had only recently transitioned to working with youth populations (e.g. 1 or 2 years), but on average the length of time spent working with this population was almost 10 years. The majority (N=7) of participants worked in intensive case management teams and/or within a community health centre context; only 2 participants worked in a hospital or emergency department setting. The most common types of treatment interventions for substance use disorders that participants currently delivered included screening/early intervention and harm reduction.

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.

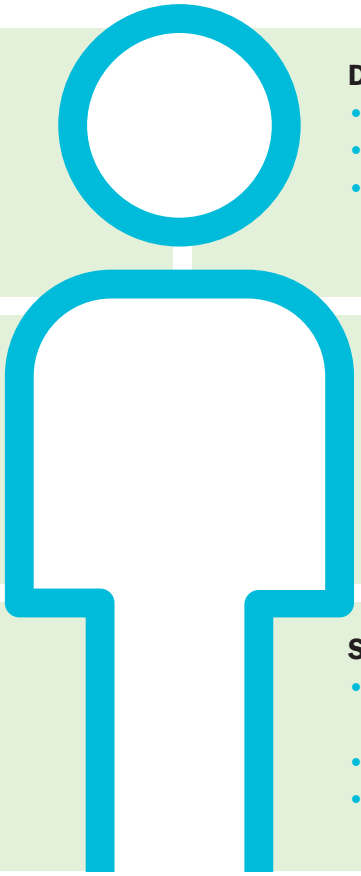
Findings

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 an 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?
- Complaints;
- Concerns;
- Misinformation.

Doing?
- Advocacy;
- Harm reduction;
- Building relationships.

Thinking?
- "How do I meet their needs?";
- This is the new normal;
- "Where do I begin?"

Saying?
- "What do you need?";
- Words of validation, support and encouragement.

Feeling?
- Frustrated and angry;
- Anxious;
- Hopeful and moments of joy.

Seeing?
- Lack of youth-friendly services and resources;
- Services working in siloes;
- Helplessness and frustration.

The themes that emerged included:

Hearing

Participants reported hearing:

- Concerns from patients about "aging out" of the system
- Misinformation and myths regarding substance use
- Concerns about housing
- Complaints about the system and that treatment options were not working

Thinking

Participants reported thinking:

- About how to best support the specific needs of their young people and also how to support their staff
- Bleak thoughts regarding the opioid crisis as the "new normal"
- How to best navigate the complex system and services

Saying

Participants reported:

- Asking young people what they need
- Sharing words of validation, support, and encouragement, e.g., "you are resilient," "we care about you."

Feeling

Participants described feeling:

- Frustration and anger with a failing system
- Anxiety, grief, and discouragement
- Moments of hope and optimism

Seeing

Participants reported seeing:

- A lack of continuity in the treatment system
- Siloed (not integrated) services that are not youth friendly
- Helplessness and frustration in the young people they support, though sometimes they also reported seeing resilience and hope
- Young people living in unsafe and unhygienic environments

Doing

Participants reported:

- Advocating for young people's treatment journeys
- Doing what they can to creatively connect services and community together in order to provide continuity of care and support transitions
- Doing their best to reduce risk and prevent harms
- Building relationships with the young people they support

Next, participants were asked to reflect on what success would look like from their perspectives, how they could get there and what was preventing them from succeeding in their context. Here are the themes that emerged from those discussions:

As a service provider delivering services to young people who use opioids…

What am I trying to achieve? Participants reported that they are trying to provide care that meets the needs of young people and that is non-judgemental, safe, and caring. They are also trying to foster positive relationships with young people so that they have a positive experience. They are also trying to achieve change regarding the continuum of care and trying to successfully refer their patients to other agencies.

What do I need in order to achieve those things? Participants reported needing tools and resources (e.g. time, money, staff), as well as strong, collaborative practices with other organizations. They also reported needing fewer barriers, or "red tape." Participants also reported that they need to practice self-care and wellness so that they can better support their patients. They also reported a need for increased education on opioid use treatment in a constantly changing landscape, and better integration of services to treat concurrent disorders. (e.g. treating opioid use disorder and depression).

What is making it hard to achieve those things? Participants reported that it is hard to achieve these things because services are working in independent siloes, which makes navigating the system difficult. As a result, they reported that they are not always aware of services that are available for young people. Lack of integration across services as well as no clear pathway regarding the continuum of care was also reportedly creating challenges. Participants mentioned that the lack of youth-specific resources is a barrier in addition to other barriers such as poor housing, stigma, and lack of time and staff.

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 D on page 54). Themes that emerged from this list are described below:

Best Practice: Participants reported that service providers need to follow and share best practices to improve the delivery of treatment services. Specifically, they expressed a need to use evidence-based treatment services to guide practice. They also highlighted a need to educate service providers on how to reduce stigma in hospitals, other services, and society.

Basic Needs: Participants reported that for many young people who are accessing services, their basic needs, such as housing, are not being met. They identified this as a critical issue that needs to be addressed.

Youth Specific Services: Participants reported a need for youth specific substance use services because the needs of young people are different than the needs of adults. Specifically, they reported the need for youth-specific specialists who can prescribe medication and do outreach work. They also indicated that there is a need for youth-specific research to guide and validate best practices. Participants also expressed a need for youth-friendly physical spaces, and more timely resources (e.g. treatment / detox beds, opioid agonist therapy spots, housing) that are specifically for young people.

Improvement of Services and Increased Collaboration: Improving existing services by addressing gaps and improving communication between services was a need voiced by service providers. Specific needs included a larger continuum of treatment options available to young people and building bridges between services, as well as providing more options for young people who use stimulants (e.g., cocaine powder) concurrently or independently of opioids. Another specific need was the bridging of programs between detox and residential treatment programs.

Family: The theme of family came up in discussions in its relation to the role of family in the treatment journey. Participants reported the need for family treatment programs and upstream support for families and young people.

Coordinated Responses from Government and Leadership: Participants reported that they need governmental and organizational leadership to champion youth substance use services as this would require a coordinated system level response. Specifically, participants reported that they need engagement on a high level of government that supports new and innovative practices.

Vulnerable Populations: Participants reported a need for low barrier youth-specific services that are available to young people with complex needs (e.g. cognitive impairment). They also reported a need for more interventions for stimulant use disorders, as a common concurrent disorder that has fewer evidence-based treatment interventions available.

Housing: Participants reported that young people cannot engage in treatment without having access to a safe and appropriate continuum of housing. Participants reflected on the systemic need to increase and diversify existing housing options for marginalized populations and for people who have concurrent disorders.

After creating a list of needs (see Appendix D on page 54), 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 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:

- Education for staff about interventions / treatment that are evidence-based and developmentally appropriate for young people
- Increasing amount of available housing and diversifying existing housing options for young people experiencing marginalization
- Increased collaboration and communication between all youth service providers and organizations for continuum of care
- Creating interventions that are specific to the needs of young people who use opioids and stimulants
- Education on youth-specific specialized opioid agonist therapy / prescribing best practices for:
  - » Leadership
  - » Staff (front line)
  - » Addictions and specialized and prescribers
- Housing options that are appropriate for young people with substance use and cognitive impairment
- How to better collaborate and coordinate care within the existing system and with limited resources

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 identified at the end of the Discovery session were actually 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. 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 E on page 60).

Brainstorming Group 01

NEED

- Increasing and diversifying existing housing options for young people experiencing marginalization

QUESTION

- How might we, as service providers in the community, work towards increasing existing housing options for young people experiencing marginalization and with lived or living experience of opioid use disorder?

IDEAS

- Government programming—(e.g., using empty home tax, providing incentives for landlords, having a number of units in buildings designated as affordable units for youth)
- Locate and pool resourcing—(e.g., business and non-profit partnership to fund housing, connect with banks, ask government for funding, education for individuals who want to provide housing for youth, find a philanthropist)
- Staffing—(e.g., Youth Housing Screening Committee)
- Research—(e.g., environmental scan on what's being done elsewhere, needs assessment)

From this list of ideas, the Youth Housing Screening Committee was chosen to go forward to prototyping. (See Prototype 01 on page 16)

Brainstorming Group 02

NEED

- Education on youth-specific approaches to specialized opioid agonist therapy and prescribing best practices, for:
  - » Leadership
  - » Front line staff / service providers
  - » Addictions specialists and prescribers

QUESTION

- How do we increase competency in front line staff about best practices for youth-specific opioid use disorder treatment?

IDEAS

- Training and knowledge sharing — (e.g. bookclub for leadership and staff, training for partners and families, organize a conference with speakers, create documents on what services are available in community and circulate)
- Pathways — (e.g. create a competency pathway for staff)

From this list of ideas, the suggestion to create a service pathway that staff could then use as both a training / orientation and referral tool was chosen to go forward to prototyping. (See Prototype 02 on page 18)

Brainstorming Group 03

NEED

- Creating interventions for youth who use opioids and stimulants

QUESTION

- How might we create and operationalize interventions for youth who use stimulants and opioids?

IDEAS

- Treatment pathways and integration—(e.g., create a clear pathway in the emergency department for young people who present with stimulant intoxication or stimulant psychosis, tie stimulant care to existing addiction services, adapt contingency management to different settings)
- Increased collaboration—(e.g., involve partner/peer support, include youth voice in development of stimulant agonist therapy (SAT), liaise with other services doing early SAT for lessons learned)
- Research & evidence based treatment—(e.g., SAT trial with specific indicators of improvement and a contract with youth to discontinue medication if no improvement, develop guidelines for stimulant-induced psychosis)

From this list of ideas, the use of contingency management for treatment of concurrent stimulant use disorder, as an intervention that looks at multiple indicators of success, was chosen to go forward to prototyping. (See Prototype 03 on page 20)

Brainstorming Group 04

NEED

- Youth-specific education on specialized opioid agonist therapy/prescribing best practices, for:
  - » Service leadership
  - » Staff (front line)
  - » Addictions specialists and prescribers

QUESTION

- How might we create best practice guidelines for youth-specific opioid use disorder treatment?

IDEAS

- Youth consultation and engagement—(e.g., ask youth to share their lived experience, ask for youth feedback with a survey, ask feedback questions)
- Collaboration of services—(e.g. create a community of practice, consult experts, ask BC Centre on Substance Use and Foundry to prioritize opioid use disorder practice and research for this population)
- Research and programming—(e.g., research and quality improvement initiatives, small scale programs to address retention and to find out what is working)

None of the ideas from Brainstorming Group 04 moved forward to prototyping.

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 would entail, how it could be implemented, who would be involved, as well as its intended impact and why it is important. Participants then had the opportunity to create an interactive prototype.

Three ideas were selected to design prototypes for:

- **Youth Housing Screening Committee** (See Prototype 01 on page 16)
- **Regional Pathway for Screening and Referrals** (See Prototype 02 on page 18)
- **Contingency Management for Treatment of Stimulant Use Disorder** (See Prototype 03 on page 20)

Prototype 01	**Youth Housing Screening Committee**
What?	A housing committee to match young people requiring housing with the most appropriate, available housing type.
How?	A monthly, collaborative meeting with representatives from all youth-serving housing organizations. The committee is given a current snapshot / profile of each of the young people currently in need of housing (who have not been assigned). The committee then works to match the young person with the most appropriate housing.
Who?	BC Housing, Pacific Community Resources Society, Family Services of Greater Vancouver, Ministry of Children and Family Development, Covenant House Vancouver, Mental Health – Housing, Vancouver Coastal Health, Community Living BC, Peer Support Worker, etc.
When / Where?	Once a month. Chairing / hosting responsibility is rotated across organizations (host provides snacks), each organization has a point person / designated representative.
Why?	To increase collaboration, ensure use of available housing is maximized, and ensure better matching of youth to housing based on needs. Review, for each young person assigned to housing: Are they sustaining their housing? What supports are needed?

Description of prototype image

The prototype was a visual representation of the diverse organizations coming together for their monthly committee meeting, around the topic of housing.

Prototype 02	Regional Pathway for Screening and Referrals
What?	A pathway for screening and referrals to youth-specific treatment services available regionally.
How?	A living document that incorporates youth-specific specialized treatment best practices and simplifies connecting with contacts through the pathway (relationship). This document is reviewed and updated, then validated back with organizations.
Who?	Specific to youth treatment services; it could be used / accessed by front-line staff, young people and families in Vancouver and surrounding areas.
When / Where?	At any time that referrals are made for opioid use disorder treatment. This would also be used as an orientation / training tool for service providers.
Why?	To support with making correct referrals; to increase the likelihood of successful and timely referrals; to reduce barriers / delays in accessing treatment services.

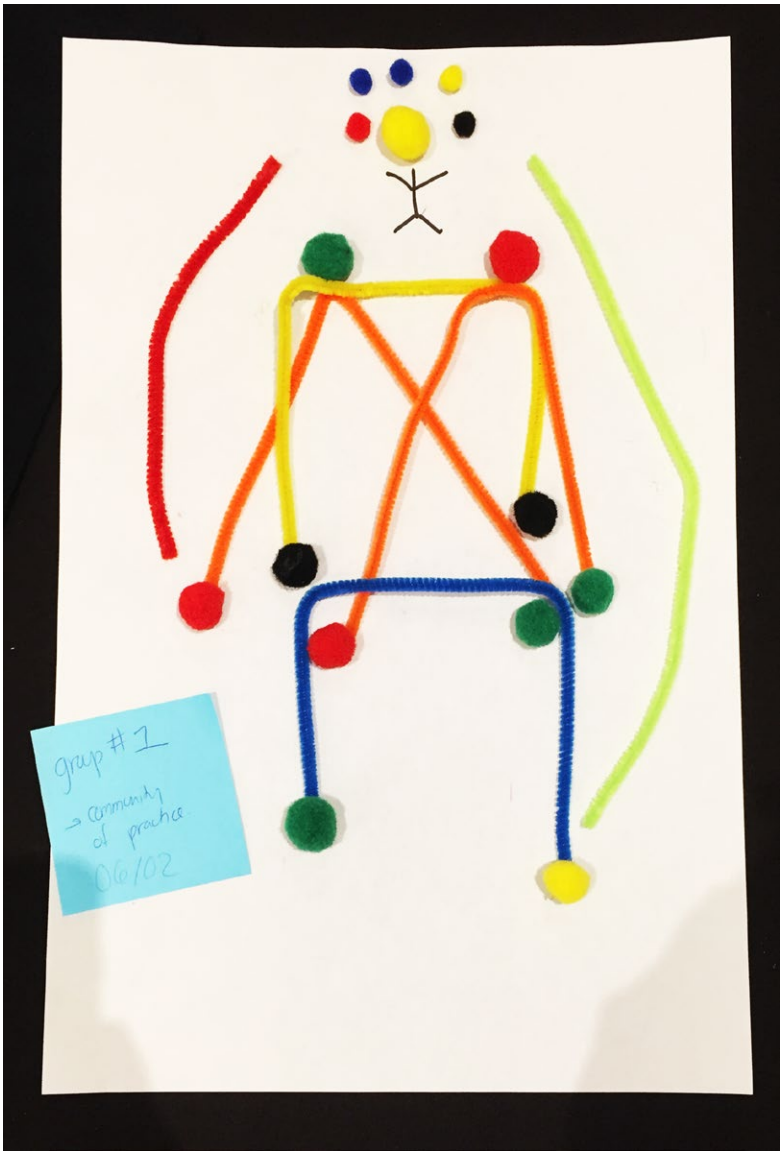
Description of prototype image

The prototype was a visual representation of how the pathway document would work.

The yellow ball / figure on top represents the young person, surrounded by their goals for treatment (whatever they might be).

The red and green balls below are different service entry points within the pathway e.g., outreach, Foundry, Vancouver Coastal Health, Covenant House, etc.

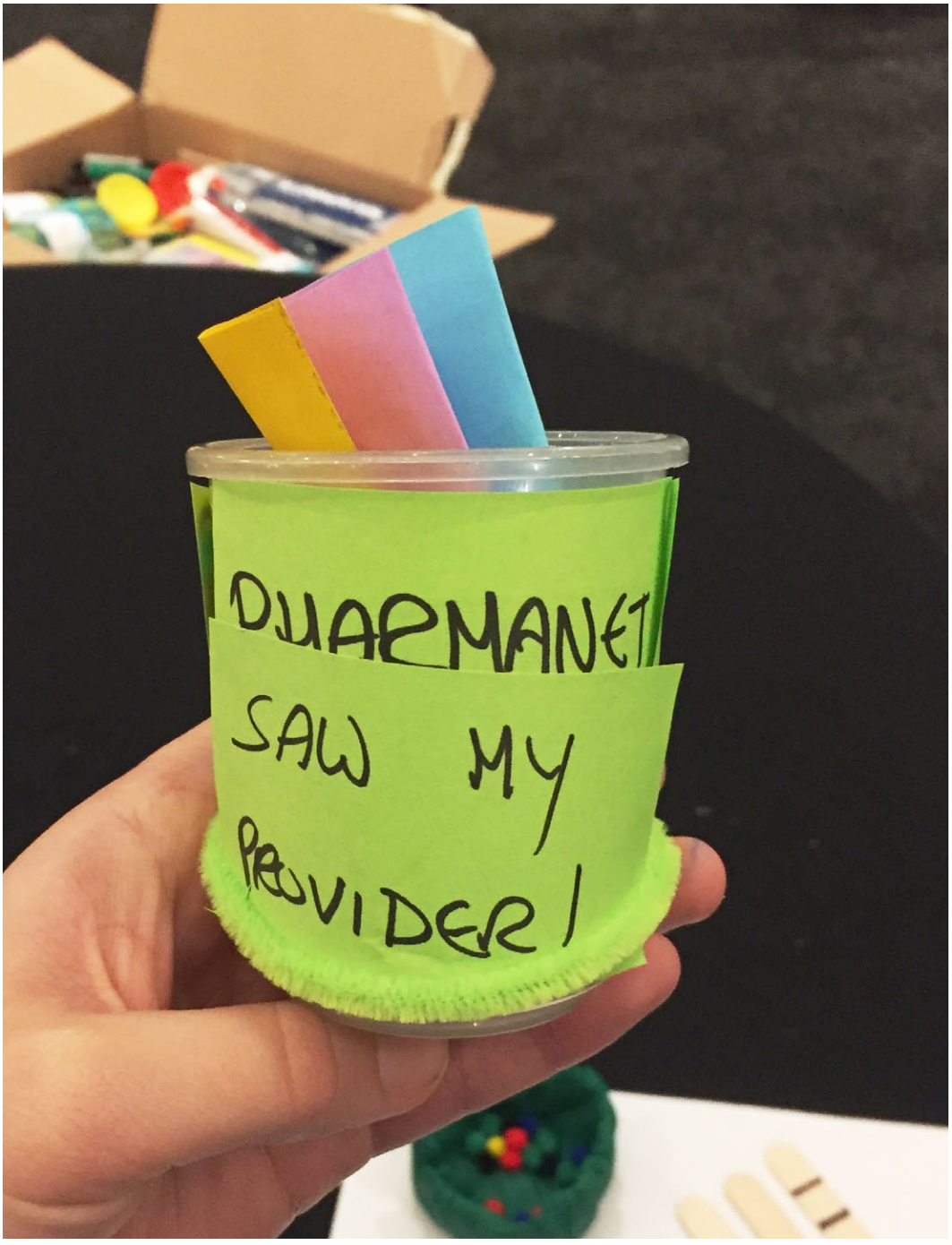
The connecting lines within the pathway show that regardless of the point of entry, the young person will always have access to the same selection / suite of services so that it's not like they're limited to one side of the path, for example, only getting offered detox and treatment.



Prototype 03	Contingency Management for Treatment of Stimulant Use Disorder
What?	Contingency management intervention for treatment of stimulant use disorder in young people. Providing an evidence-based intervention that looks at multiple indicators of success (e.g. not just urine drug screening)
How?	The intervention involves young people receiving a positive reward (e.g., gift card) for attaining a goal that they set for themselves in whatever category. This program can be set up 1:1 or in a group. It uses young people's own measures of success (goal setting), is not time limited, and does not vary based on setting. It can be used as prevention or treatment / maintenance. It should also survey youth about how they measure success / improvement. Examples of what indicators of success, as determined by young people, might include: • urine drug screen • taking medication / adhering to opioid agonist therapy • meeting with provider / attending a medical appointment / meeting medical needs • getting bloodwork • housing related, work related (whatever they prioritized), maintaining social commitments • achieving life goals e.g., work, art, music, etc. • fewer overdoses • fewer hospitalizations • less police contact
Who?	Could be delivered by many different service providers operating in many different settings: peer support workers, nurses, social workers, pharmacy, outreach, housing, youth (with opioid and stimulant use), case management, clinicians, housing staff.
When / Where?	Accessible to young people where they're at (youth detox, clinics, resources, pharmacy, correction, schools); incorporated into youth-specific resources and groups or 1:1 to be more accessible; ideally available anywhere; utilize existing opioid agonist therapy framework to provide training and also deliver intervention.
Why?	Existing framework of contingency management is evidence-based and this intervention is also adaptable; it has many uses, is flexible, cost-effective and client-centred.

Description of prototype image

The prototype was a skit with props, demonstrating what the contingency management intervention would look like in practice. The photo below depicts the prop that was developed. The popsicle sticks represent test strips. Inside the cup are the different types of rewards (for example, gift cards) that would be given out if indicators of success were met. Green sticky notes represent the different types of treatment goals that could be set e.g., "Saw my service provider!," "Registered for Pharmanet!".



Parent / Caregiver Workshop

February 7, 2020

About the Workshop

The workshop was held at the Sandman Hotel in Vancouver and 13 people attended. Five of the 13 were members of the ITT Project team who co-facilitated the workshop. This team included two staff members from the Canadian Centre on Substance Use and Addiction, two staff members from Foundry, and one youth team member from Vancouver.

Of the 8 parents and caregivers who attended the workshop, 7 completed a demographic questionnaire, 6 of whom identified as female and 1 as male. Two of the participants were spouses. All participants identified that their young person had started using opioids as a teenager, with the youngest being 14 years of age and the oldest being 19 when they learned of their young person's substance use. Four of the 7 participants reported that their young person was still actively using opioids at the time of the workshop. The most commonly cited support people were parents (n=7), followed by health professionals (n=4), friends (n=3), and the young person's case worker (n=2). All 7 reported that their young person had received some type of treatment or intervention for their opioid use, with the most common examples being case management (n=6), followed by counselling (n=5) and addictions medicine (n=5), and then opioid agonist therapy (n=4). In terms of what types of health services their young person had accessed, the most frequently cited settings were the local emergency department (n=4) and the local Foundry centre (n=6).

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 for young people who use opioids
2. To co-design solutions to ensure better experiences and outcomes for young people, their families, and for service providers.

Findings

Discovery Session

Understanding Experiences

Participants were asked to reflect on their experiences accessing services from the perspective of a parent or caregiver of a young person who uses opioids, focusing on their 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 participants specific questions regarding what they have heard, said, thought, done, felt, or seen in these point-of-care interactions.

As a parent / caregiver of a young person accessing opioid treatment services, what am I:

Hearing?
- Judgement;
- "That's their choice";
- Voicemail;
- Mixed messages.

Doing?
- Looking for connections;
- Taking it day-to-day;
- Researching;
- Self-care.

Thinking?
- "Where do I start?";
- "Who do I call?";
- "Are they safe?";
- "Now what?";
- This is hard.

Saying?
- Asking questions;
- Not a lot.

Feeling?
- Overwhelmed;
- Isolated;
- Helpless;
- Confused;
- Frustrated;
- Anxious.

Seeing?
- Inequality;
- Stigma;
- Not seeing transitions between services.

The themes that emerged included:

Hearing

Participants reported hearing:

- Judgement and mixed messages from service providers
- Voicemails from services stating things like, "Sorry, no beds are available"

Seeing

Participants reported:

- Seeing and experiencing the effects of services and organizations that do not communicate to each other about their clients

Saying

Participants reported:

- Asking a lot of questions e.g., "What's next?"
- At the same time, not saying much when their young person is accessing services

Doing

Participants reported:

- Researching treatment options for their young person
- Looking for connections with service providers and peers
- "Connections with service providers are so important in order to better connect with young people and know where they are for medications"
- It is about "who you know" in the system
- Practicing self-care, such as attending support groups and counselling so that they can support their young person fully
- "If you don't have an oxygen mask on yourself, you can't take care of anyone else"

Feeling

Participants reported:

- Their feelings are diverse and are like a never-ending rollercoaster
- Not feeling supported enough as a parent, and feeling isolated due to the stigma of opioid use
- Feeling like they are not in control and that their hands are tied regarding their situation, e.g., a parent explained that if their "child doesn't want treatment, [they] can't do anything about it"
- Feelings of confusion and frustration with the system e.g., one parent expressed that they "can't talk to the doctor, and they have no access to information"
- Feelings of guilt and anxiety

Next, participants were asked to reflect on what success would look like from their perspectives, how they could get there and what was preventing them from succeeding in their context. Here are the themes that emerged from those discussions:

As a parent / caregiver of a young person accessing opioid treatment services…

What am I trying to achieve? Participants reported that they are trying to achieve overall long-term health (not just related to their substance use) for their young person. They also reported needing a system that supports a smooth transition from youth to adult services when their young person is "ageing out". Participants reported that they are looking for service providers they can trust, and who understand the needs of their young person so that "not everything is on them, as the parent." They would also look to service providers to know what is available in the community to provide referrals. Participants reported trying to find information and answers and trying to achieve peer connections.

What do I need in order to achieve those things? Participants reported a need for fewer rules, barriers, and boundaries when it comes to meeting the needs of their young person. They also reported that they would like to see more sensitivity and flexibility to the needs and experiences of young people from service providers. Participants reported that they would benefit from more open and non-clinical communication with their service providers. They also reported needing flexible and understanding employers so that they can meet the needs of their young person in their treatment journey without worrying about their employment. Participants reported needing help navigating the complex treatment system throughout their young person's treatment journey. Lastly, participants reported that they require access to accurate information and knowledge regarding substance use.

What makes it hard to achieve those things? Participants reported that they find it difficult to achieve the above because they cannot make decisions for their young person. For example, they cannot make their young person access treatment and they cannot regulate the government stipends that their child may receive. In addition, participants shared that many of the treatment rules and policy restrictions regarding who qualifies for services creates barriers when trying to access care. Stigma in the community also came up as a barrier for parents and caregivers seeking access to care for their young person. A lack of communication and separation between services and organizations was also identified as creating barriers within the complex continuum of care. Long wait times was another barrier mentioned, as well as access to free services. Access to safe and secure housing outside of the Downtown Eastside was also a barrier shared by parents and caregivers.

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 D on page 54). Themes that emerged from this list are described below:

Services – Programming: The theme of improving or creating services and programs was identified by participants; specifically, the need for immersive, concurrent disorders and mental health programming as well as alternatives to detox. The need for an increase in centralized, simple, and connected options was also voiced.

Education: Participants expressed a need for education on substance use for themselves. They also suggested educational programs for service providers on compassion within the context of substance use. Participants also identified a need for better integration and normalization of substance use as a topic learned within the school system.

Community Support and Advocacy: Parents and caregivers expressed needing more support and connection within the community for themselves, for their families, and for their young person. They also reported needing advocates and/or navigators to help them access and navigate services.

Mentorship: Participants expressed a need for a mentor for their young person who can help them assess and identify their strengths, talents, and skills.

Planning and the Continuum of Care: Participants expressed a need for centralized services and for organizations to communicate with one another in order to use consistent messaging to the young person, their parents, and to each other. Participants also identified needing services to incorporate long-term planning for their young person before they age out of the system.

Housing: Participants expressed a need for flexible and safe housing solutions for their young person.

Safety and Trust: Participants expressed a need for safety and trust while helping their young person access services.

Flexibility and Pragmatism: Participants expressed a need for services to be flexible and pragmatic. This includes services that are no/low barrier and that serve the individual and developmental needs of young people. Participants also expressed a need for instant access to services.

Harm Reduction: The need for harm reduction was an underlying theme across all needs for participants. They felt that harm reduction is foundational for all aspects of the treatment journey.

After creating a list of needs (see Appendix D on page 54), 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:

- Simplified and centralized medical service
- Continuum of care
- Increase in peer connections across the journey
- Individualized treatment
- Consider the individual, not age (transitioning out)
- Instant access to services
- Increase in concurrent disorder programming

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 E on page 60).

Brainstorming Group 01

NEED

- Simplified and centralized medical service

QUESTION

- How might we individualize, simplify, and centralize medical services in order to have 100% of our young people and their family and community's health (mental / physical) needs met?

IDEAS

- Navigator & advocates — (e.g., assign case managers; provide mentorship peer support)
- Removing barriers — (e.g., provide flexible hours; remove wait times, provide flexible outreach)
- Centralize accessible services — (e.g., create a "one-stop-shop" for youth that includes dietitians, social workers, nurse practitioners, OT, psychiatrist, psychologist)
- Vocational support — (e.g., run recreational, fun activities, employment services)

From this list of ideas, the solution of centralized, accessible services in the form of a "one-stop-shop" was chosen to go forward to prototyping. (See Prototype 01 on page 31)

Brainstorming Group 02

NEED

- Continuum of care
- Consider the individual, not age (e.g. no aging/transitioning out of services)

QUESTION

- How might we provide care to a young person that is developmentally appropriate until that young person becomes independent?

IDEAS

- Provide programs—(e.g., flexible vocational training programs; care aid with life skills)
- Planning and goal setting—(e.g., making long term plans to help keep on track)
- Navigator/peer support worker—(e.g., a personal advocate to support and follow youth through treatment journey; case managers)
- Change the age "cut offs" for services—(e.g., take the term "ageing out" out of the program; raise the age of youth to 30)

From this list of ideas, the suggested solution of a personal advocate to support and follow young people through their treatment journey was chosen to go forward to prototyping. (See Prototype 02 on page 33)

Brainstorming Group 03

NEED

- Increase peer connections across the journey

QUESTION

- How might we increase peer connections across the journey in order to increase education for parents new to addiction?

IDEAS

- Support groups—(e.g., support groups for parents; support groups at schools that are lead by peers)
- Programs—(e.g., peer parent and service provider/professional informing on drug effects on youth development; discovery courses, like at Cedars Treatment Centre)

From this list of ideas, the parent information sessions was the idea chosen to go forward to prototyping. (See Prototype 03 on page 35)

Brainstorming Group 04

NEED

- Individualized treatment

QUESTION

- How might we create individualized treatment plans that involve and include families in order to create / keep continued connections?

IDEAS

- Family engagement — (e.g. create a shared agreement with family and service provider; individually meeting with family members to discuss needs)
- Treatment & follow up — (e.g., treatment plan that includes a family liaison; treatment plans that are co-created with youth and family)
- Family support — (e.g., provide safe space for siblings to share and receive support; check-ins)
- Training — (e.g., training for service providers on how to involve families; cultural safety training for service providers working with families)

None of the ideas from Brainstorming Group 04 moved forward to prototyping.

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 would entail, how it could be implemented, who would be involved, as well as its intended impact and why it is important. Participants then had the opportunity to create an interactive prototype.

Three ideas were selected to design prototypes for:

- **Centralized Community-Based Recovery Service** ("Home Away from Home") (See Prototype 01 on page 31)
- **Virtual Platform Matching Youth with Youth Advocate** ("Forever Yours") (See Prototype 02 on page 33)
- **Peer-Led Parent Education Sessions** (See Prototype 03 on page 35)

Prototype 01	**Centralized Community-Based Recovery Service ("Home Away from Home")**
What?	"Home Away from Home"; a joint home for all services. Creates the ability to be connected to your community and to continually build connection / safety. No aging out (expiry date). In a location that is geographically close to families and community.
How?	Gives people options. Provides a non-rigid, flexible model. Is practical for both family and young people. Young people can feel a part of family and community again. Makes a realistic setting for achieving life goals, not just substance use goals. Not a formal treatment setting (e.g., not like a residential treatment setting).
Who?	All levels of government (all inclusive, private (donors)), young people and their families, donors for housing, Vancouver Coastal Health, Industry, lots of community partners, First Nations in community.
When / Where?	Community-based settings in many locations; Anywhere (urban city, rural); Easily accessible / individualized.
Why?	Individualized treatment / supports during and after / inclusive to family / sense of community / non-isolating.

Description of prototype image

The prototype was a skit where participants acted as clients who shared their success stories after experiencing the “Home away from Home” service. Different participants represented different clients and contexts (both regionally, and in terms of client identities and needs). The photo depicts the map of where these services could be offered across the province, and also corresponded to the different locations of the clients presented in the skit.

Prototype 02	Virtual Platform Matching Youth with Youth Advocate ("Forever Yours")
What?	An online portal / app with bio information on a list of available "support persons" who would provide support to young people who use opioids throughout their treatment / substance use journey (until they became independent). Young people sign up by referral from doctor / case manager / allied health professional. Young people are referred based on geographic region.
How?	Go through health authorities (or possibly Health Canada). Advocates need to be screened. Centralized peer support services can be based on geographic location. Test in BC, then scale up.
Who?	A youth worker / personal advocate for young person accessing opioid treatment services (until such time as they find their independence).
When / Where?	Meet online for first time to get to know each other for safety / trust. Then can move to meeting in-person.
Why?	Foster trust, learn life skills, lead by example, the goal is to achieve independence.

Description of prototype image

The prototype was a storyboard showing the different screens that would be accessible through the app. It shows the steps a young person would go through when getting matched with an advocate / mentor and what information the service would provide.

Screen 1: welcome page, "Life's journey can be lonely but you're not alone."

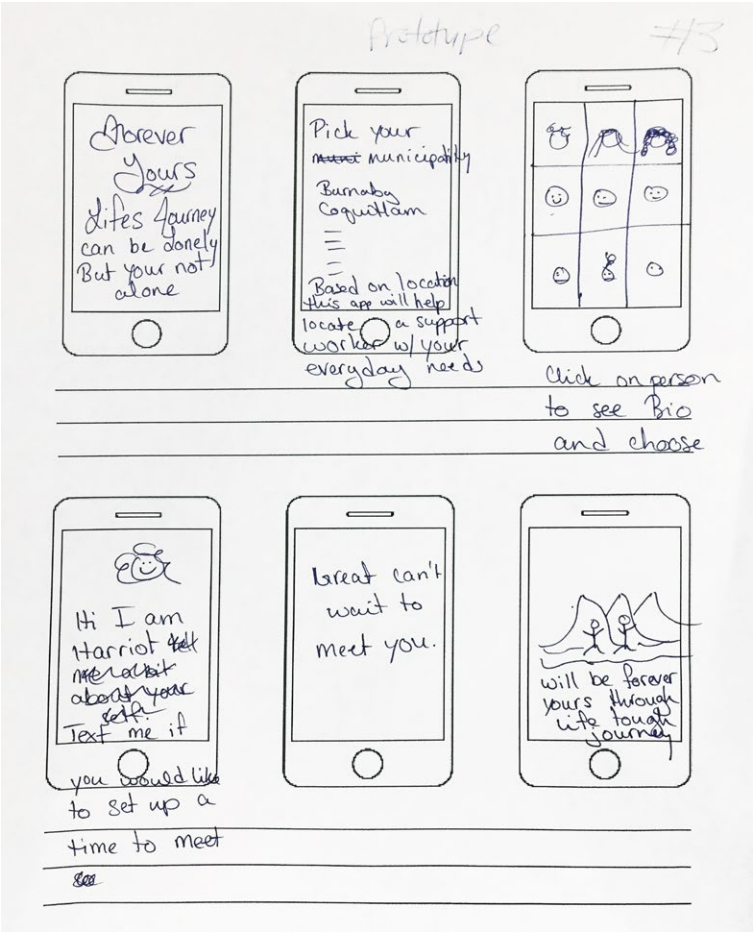
Screen 2: screening by location / region

Screen 3: list of available advocates / support persons in the young person's region, "click on a person to see their bio."

Screen 4: personal bio of one of the support people, "Hi, I'm Harriet. Text me if you would like to set up a time to meet!"

Screen 5: Reply from the support person, once you message them, "Great, can't wait to meet you."

Screen 6: Tag line / motto: "will be forever yours, through life's tough journey."



Prototype 03	Peer-Led Parent Education Sessions
What?	Evening education sessions for parents on youth substance use, hosted at schools and in community (e.g. a non-stigmatizing location, not clinical). Co-presented with parent peer support and health service providers. Talk to parents at start of their journey or parents further along who are looking for more support and information. Possible topics: • Signs and symptoms of substance use • Ways to have conversations with your young people • Signs of progression • Effects of substances on the developing brain
How?	Verbally, in-person with a parent peer support provider and service provider, 60 minute information session / Q&A and 30 minute mix and mingle format.
Who?	Led by parent peer, partnered with a professional service provider (co-presented)
When / Where?	Non-clinical, community environment (e.g., community centre, school, business)
Why?	Moving upstream, providing information to parents and caregivers, destigmatizing.

Description of prototype image

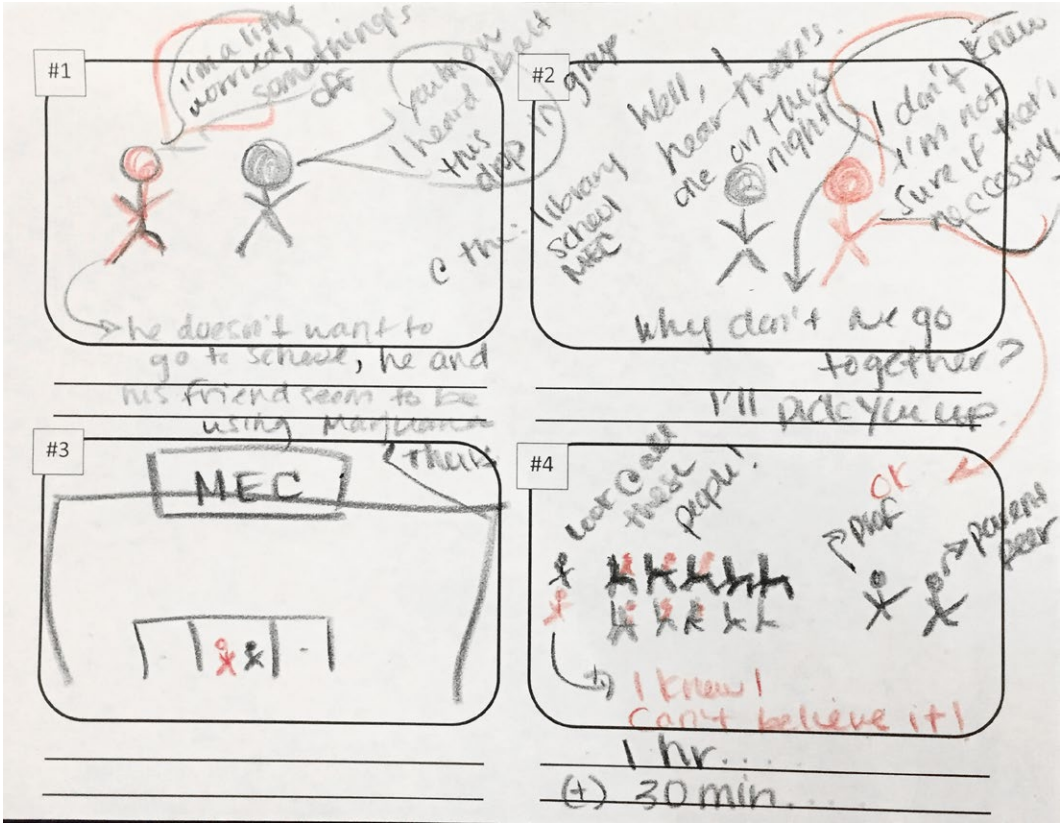
Prototype was a storyboard showing how a parent/caregiver can attend an education session and what to expect.

Scene 1: "I'm a little worried, something's off. He doesn't want to go to school he and his friend seem to be using marijuana.", "You know, I heard about this drop-in group @ the [library, school, Mountain Equipment Co-op store]."

Scene 2: "I don't know, I'm not sure if that's necessary…," "Well, I hear there's one on Thursday night. Why don't we go together? I'll pick you up.", "Ok."

Scene 3: On location [@ MEC store], that Thursday night.

Scene 4: "Look at all of these people!," "I know, I can't believe it!"



Youth Workshop

February 8, 2020

About the Workshop

The youth workshop followed a condensed 3-hour format instead of a full day workshop. Please refer to Appendix B on page 52 for the agenda. A total of 16 people were present during the workshop, five of whom were there to support and facilitate the workshop. The facilitators included one staff member from CCSA, two staff members from Foundry and one Youth Team Member from Vancouver. A professional youth peer support worker was also present.

A total of 11 youth participated in the workshop. Recruitment for the youth workshop was through the ITT Project team, with support from Foundry Central Office Networks and Foundry Vancouver Granville. Young people were reached through services and programs located in Vancouver's downtown core, which included housing, case-management, and drop-in services. Participants did not complete a comprehensive demographic survey in this workshop.

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 service providers.

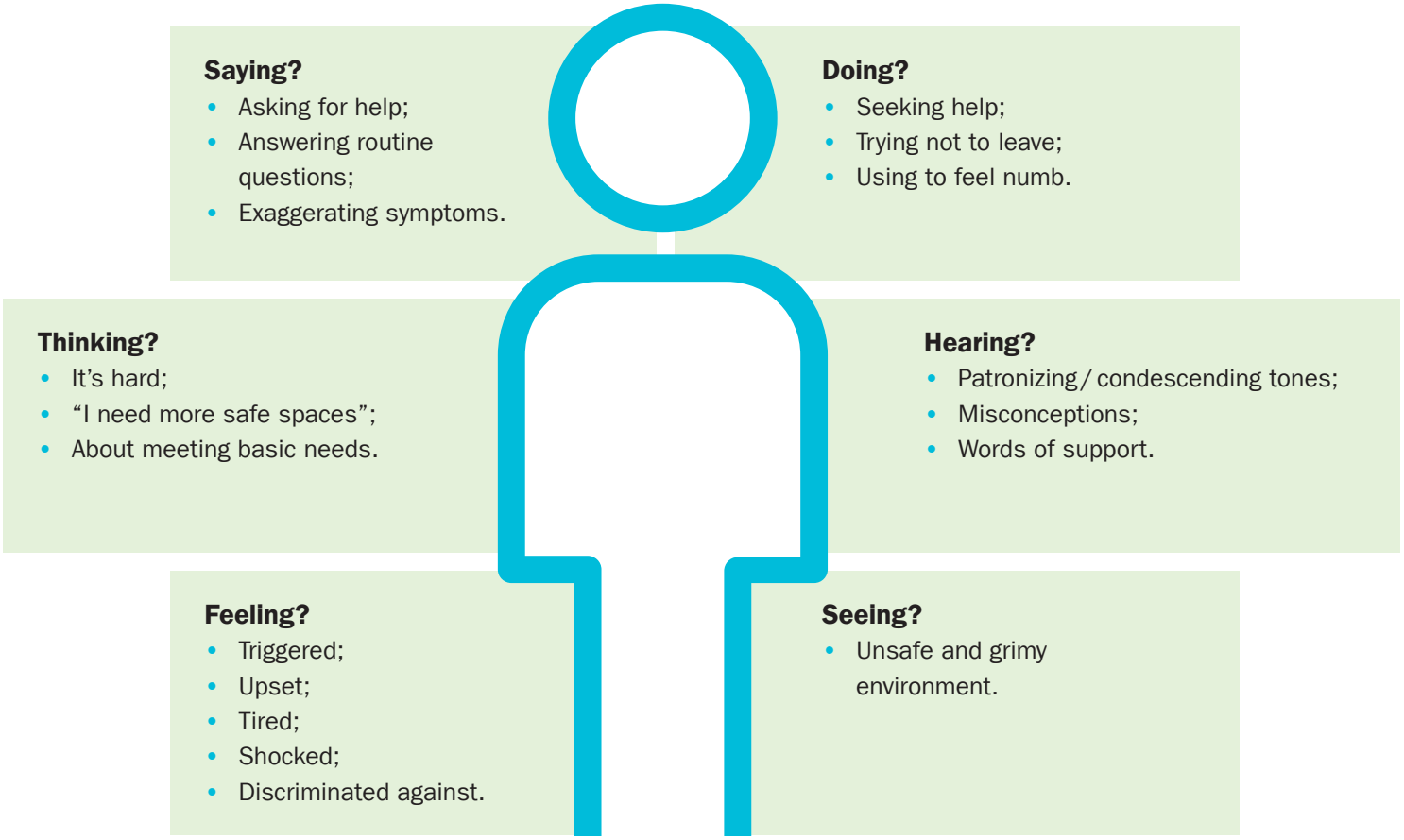
Findings

Discovery Session

Understanding Experiences

Participants were asked to reflect on their experiences as a young person accessing treatment services for opioid use, focusing on their 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 participants specific questions regarding what they have heard, said, thought, done, felt, or seen in these point-of-care interactions.

As a young person accessing opioid treatment services, what am I:



The themes that emerged included:

Feeling

Participants reported feeling:

- Triggered when accessing services
- Upset, tired, and angry
- Judged and discriminated against due to substance use and mental health issues from providers as well as society as a whole
- Shocked when their interactions with service providers are kind and considerate; "[a kind service provider] seems like an angel even though that's how they should be"
- As though they are not heard by service providers

Thinking

Participants reported:

- Accessing and navigating the treatment system is hard, especially while they are also thinking about how to have their basic needs met in that moment (e.g., where will they sleep that night?)
- Wondering why there aren't more safety measures when accessing treatment services

Hearing

Participants reported hearing:

- Patronizing and condescending tones from service providers
- Misconceptions about substance use when accessing services
- Both words of support as well as unsupportive language

Seeing

Participants reported:

- Seeing unsafe and grimy service environments

Saying

Participants reported:

- Asking for help, in addition to answering routine questions
- That they have exaggerated symptoms in order to get more support from service providers

Doing

Participants reported:

- Trying not to leave while waiting to access treatment
- Seeking help

Next, participants were asked to reflect on what success would look like from their perspectives, how they could get there and what was preventing them from succeeding in their context. Here are the themes that emerged from those discussions:

As a young person accessing opioid treatment services…

What am I trying to achieve? Participants reported that they are trying to keep withdrawal symptoms away when accessing treatment services. They also reported trying to get their basic needs met (e.g. safe and secure housing, eating healthy meals, sleep, warm clothes). Participants reported trying to achieve trusting and accepting connections with service providers. They also reported that they need distractions from every-day life.

What do I need in order to achieve those things? In order to establish trusting relationships, participants reported the need for service providers to respect their privacy and confidentiality between other service providers and from their family. They also reported a need for service providers to be empathetic and respectful. Participants reported needing timely access to care, more programming, and access to safe injection sites. They also reported a need for a clean, accessible, and safe environment when accessing services.

What makes it hard to achieve those things? Participants reported that certain treatment services and housing options have barriers and rules that limit their eligibility for access and treatment options. In addition, they reported that aging out of the system is a barrier for young people who are getting older to access appropriate services. Negative previous experiences with services or service providers also were reported as deterring further connections for young people. In addition, participants reported that inadequate access to transportation makes it difficult to access treatment services. Participants also reported that if basic needs are not met more generally, it is difficult to achieve all of the above.

Understanding Needs and Brainstorming Ideas

After reflecting on their individual and collective experiences, participants were asked to describe in more detail what they would need in order to improve those experiences and, ultimately, improve outcomes and experiences of their services for young people. As a result, a long list of needs was developed (the full list of needs is listed in Appendix D on page 54). The themes of needs that emerged are described below:

Meeting Basic Needs: Participants reported that they need to have their basic needs met to improve their experience and outcomes of treatment services.

Service Providers: Participants reported that they need empathetic, understanding, and relatable service providers in order to establish a trustworthy relationship. They also reported that service providers need to be authentic, genuine, and have a good understanding of youth substance use and addictions.

Inclusive Services: Participants reported that they need treatment services to be inclusive so that young people feel safe and welcomed. For example, for staff to have more knowledge about people who use substances and about people's religions/cultures in order to create a more respectful environment.

Environment: Participants reported needing a clean, comfortable, accessible, and safe environment for young people when accessing services.

Peer Support: Participants identified that they need peer support staff that they can relate to and that are well trained.

Reduce Barriers to Access: Participants identified a need for fewer barriers to access treatment. For example, "Aging out" of the system, inflexible hours, lack of transportation options.

Harm Reduction: Participants reported that they need access to harm reduction options as well as more regular access to safe supply (i.e., a legal and regulated supply of drugs that traditionally have been accessible only through the illicit drug market).

Social Activities: Participants identified the need for social activities to provide distractions from everyday life and establish connections with peers.

Design Session

Designing Solutions

Participants in this workshop went straight into the development session after identifying needs. They came up with ideas to address specific needs and expanded on these ideas by developing descriptions and details for prototypes. These details included how they could be implemented, who would be involved, and why it's important. Participants then had the opportunity to create an interactive prototype based on these details.

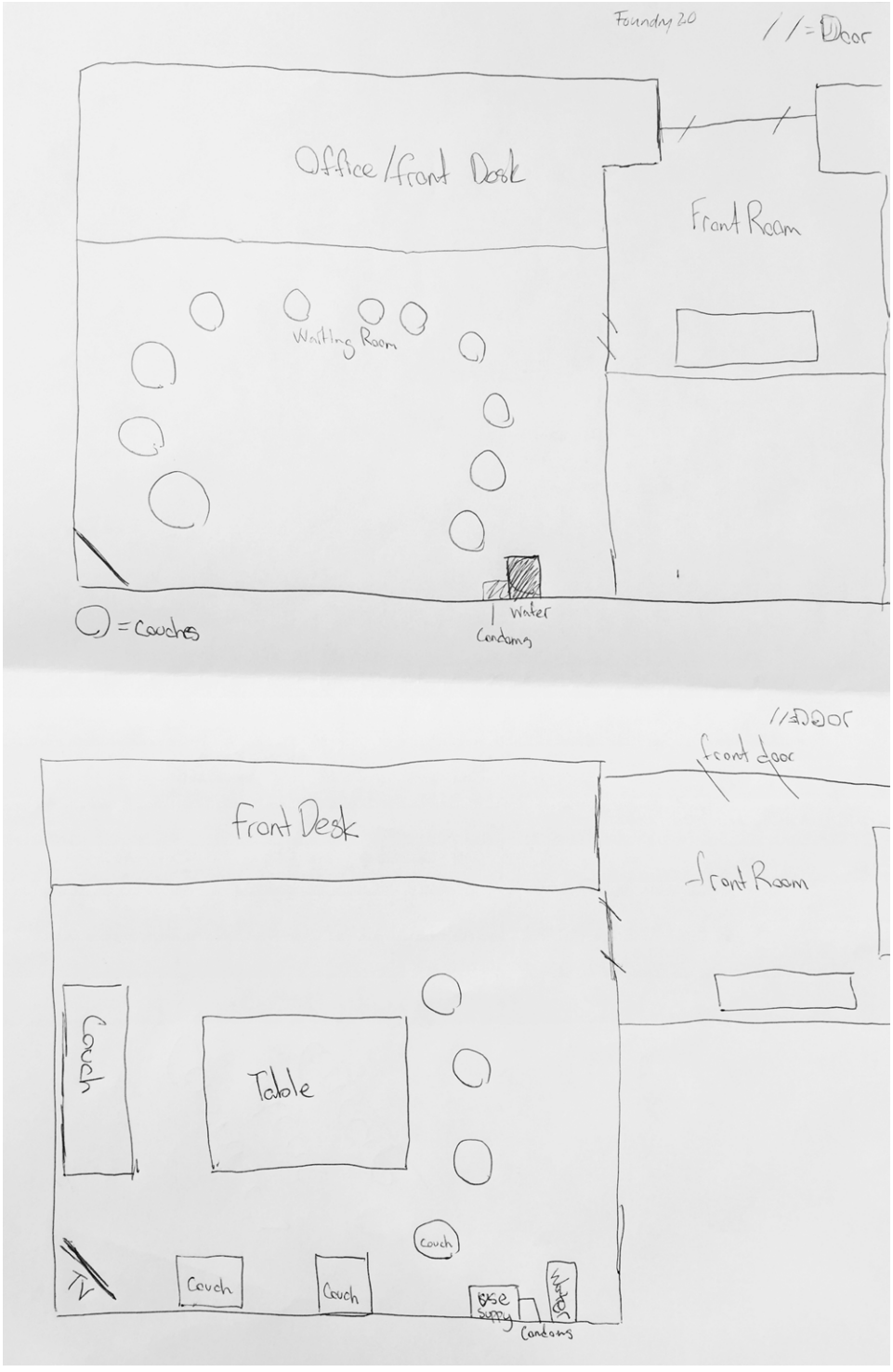
Four ideas were selected to design prototypes for:

- **Youth-Friendly Waiting Rooms** (See Prototype 01 on page 42)
- **Low Barrier Housing** (See Prototype 02 on page 44)
- **Peer Support Program Led by Aged-Out Youth** ("Youth 4 Youth") (See Prototype 03 on page 46)
- **Updated Crisis Loan Program: Crisis Loan for Every Season** (See Prototype 04 on page 46)

Prototype 01	**Youth-Friendly Waiting Rooms**
What?	• Youth friendly clinic waiting room for young adults until 35 years; Safe, welcoming, clean, comfortable, entertainment—clinic space. • Calm, low lighting, TV (control / channel changing), better magazines, board games (while waiting), programs, comfy furniture, feel good, check in with somebody
How?	Later times (open later; closed late), no real age limit—starting age maybe, but you can stay as long as you need
Who?	For people with addictions, people trying to recover (Created by nurse practitioners, counsellors, peer support)
When / Where?	Close to everything (transit, housing, pharmacy, away from downtown)
Why?	So people feel comfortable, need the service, keep you entertained while waiting, get to interact with other people

Description of prototype image

The prototype was developed while participants sat in the Foundry waiting room and, using that waiting room as a template, highlighted what they liked and made updates. They then sketched this new waiting room experience out using a floor plan diagram. The image shows the before and after.



Prototype 02 Low Barrier Housing

What?

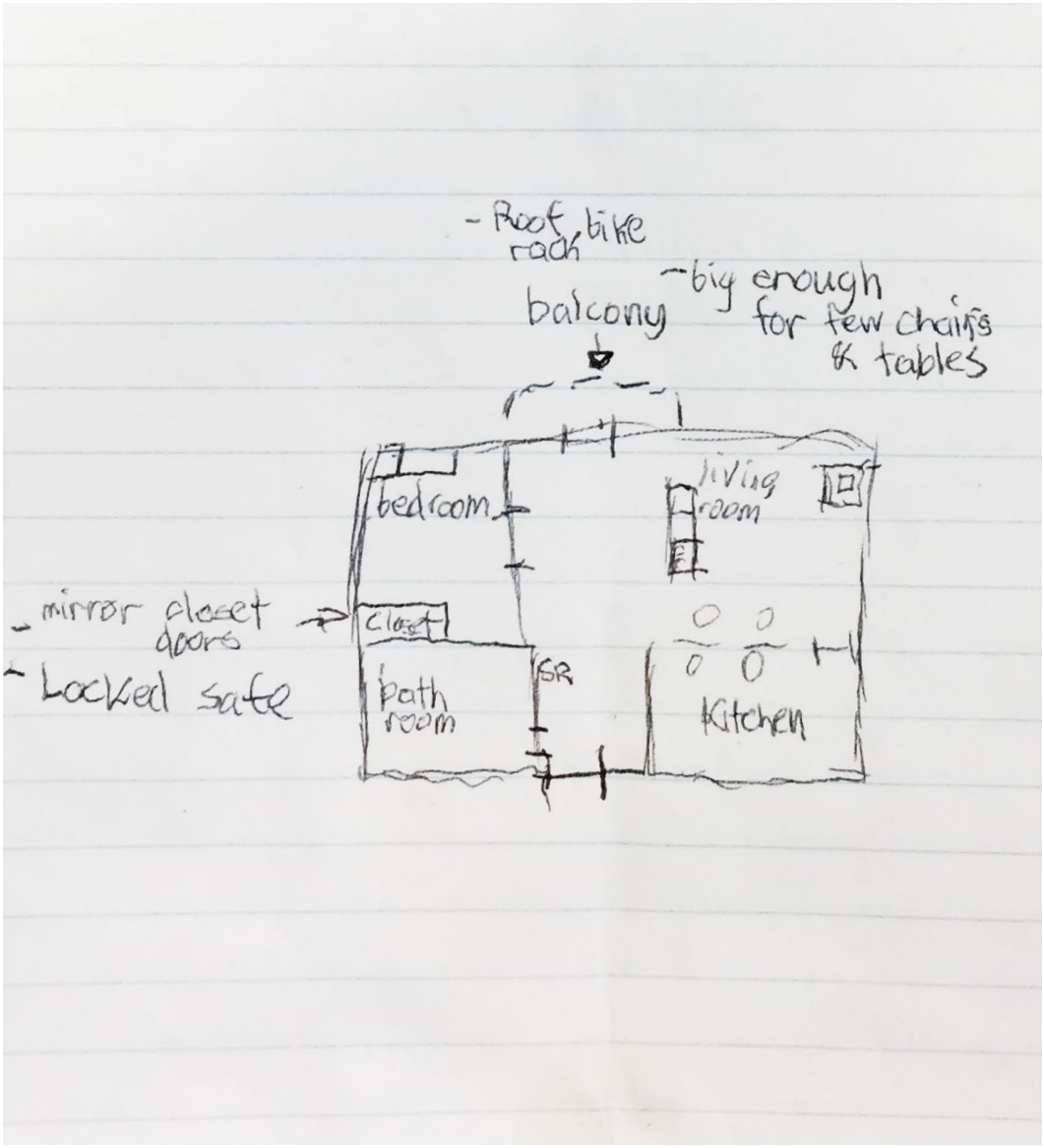
Low income, low barrier housing on the old Riverview grounds.

A list of recommendations for the housing complex include:

- **Housing complex:** Close to bus routes and close to a store or a bus ride away; distance from other housing; close access to recreation centres; workout room; pool; community bus ride provided; groceries; house supplies; nice lobby; a community garden (on roof)—to gain happiness; built in stereo on roof; nature nearby (walks and hikes); should be fun and distracting, e.g., movies, ice skating; one free meal daily and low cost meals; should have community room with games and movies; socialize and fun; distraction stuff offered daily, throughout the day, different choices.
- **Housing units:** bedroom, living room, kitchen, studio apartment; bedroom with locked closet and coded safe; bathroom with a bathtub.
- **Safety, regulations, and support:** overnight visitors allowed, but no move-ins; smoking allowed in room or on balcony; door shut, you can smoke or [use drugs] in room; no drug use in halls; pets allowed; paint or decor of your choice; cameras each floor and hallways—safety and security; no kick outs; no aging out (at least 30); youth and teens; adults; nurse on site and medications provided in the same or a connected building; safe injection site; staff on site to watch and help but don't stare and judge; [naloxone] site on premises, with trained staff; overdose help available on site; once a week welfare day on site.

Description of prototype image

The prototype was a sketch of the floor plan for a room in this new low barrier housing complex, depicting what a room would look like / contain.



Prototype 03	Peer Support Program Led by Aged-Out Youth ("Youth 4 Youth")
What?	Youth with life experience helping struggling youth (drugs, sex work, gang life); providing outreach, volunteering. Have a list of volunteer youth and what they have to offer (as experience). NOT a job / or for people who went to school.
How?	Ask youth who are near time of aging out and can give time to help struggling youth
Who?	Volunteers are youth who want to be there to help. E.g. former gang members, former substance users, etc. Volunteering for and with other youth.
When / Where?	Wherever youth go to access services. At clinics, at youth shelters, drop-in centers, detox and rehabilitation centers.
Why?	Youth feel alone when in waiting rooms. Offering (volunteer) youth a way to earn work experience, mentorship.

Prototype 04	Updated Crisis Loan Program: Crisis Loan for Every Season
What?	Providing youth with a crisis loan 4 times a year, one for every season.
How?	Same as regular crisis loans, just more often.
Who?	The government.
When / Where?	Four times per year, when the seasons are changing.
Why?	Clothing is essential, expensive, and is different for every season. One loan is not enough to have your basic needs met throughout the year. Especially when winter gear and clothes in general are expensive.

Summary

Comparing Workshop Findings

Understanding Experiences

All three groups shared common feelings of frustration and anger, either with the system as a whole (service providers), or more directly with treatment services (young people). Service provider participants and parents and caregiver participants reported experiencing difficulties navigating the complicated and siloed systems where services are not integrated.

Young people and parents and caregivers reported feeling judged and stigmatized when accessing services.

Both service providers and youth reported that they recognize that building a trustworthy relationship is key for the success of treatment.

Lastly, all three groups reported facing barriers and "red tape" related to treatment rules and policy restrictions.

Understanding Needs

The theme of needing to meet the basic needs of young people was emphasized across all workshops, as was the need for more accessible and safe housing for young people.

Both service providers and parents and caregivers reported the need for more integrated and collaborative services and improved communication across services. All groups reported the need for fewer barriers to access treatment, in particular the need to remove or modify the concept of "aging out" of the system. The need for timely care was also voiced from service providers and youth.

The need for more education was reported across all three groups; however, the purpose varied from each workshop: service providers reported needing increased education for staff regarding best practices and opioid agonist therapy; parents and caregivers reported needing more education on substance use and addiction as a parent or caregiver of a young person with substance use disorder; and participants from the youth workshop reported that service providers need more education on what it's like to be someone with lived or living experience.

Parents and caregivers expressed feeling a lack of control because they do not have access to information regarding their young person. Youth expressed that in order to establish a trusting connection with their service provider they need them to respect their privacy and confidentiality.

The importance of accessing and delivering harm reduction services was also an underlying need across all workshops.

Brainstorming Ideas

Generally, ideas that service providers and parents and caregivers brainstormed were relevant to the community and system level (e.g., pooling resourcing, bringing together different levels of government to work together, increasing programming, creating new services), whereas many of the ideas that youth came up with addressed immediate needs at the individual level (e.g., meeting basic needs, having safe spaces to stay, having access to seasonal clothes and accessories like umbrellas).

Designing Solutions

Prototypes based on the need to improve housing options came out of all three workshops (the Housing Screening Committee, "Home Away from Home" and "Low barrier housing"). While the format of the prototypes differed, they all had the goal to make housing more accessible and safer in Vancouver.

There were two designs from the parent and caregiver workshop and the youth workshop that were quite similar, and they both stemmed from the need to connect with a mentor or peer support to help with young people while they "age out" of the system. Parents and caregivers designed an app to match an advocate with a young person in order to help them with life skills so that they can become independent, while youth participants designed a peer support program led by young people who had aged out of services, which would ensure ongoing connection and engagement as well mentorship opportunities.

Workshop Feedback

In total, 12 service providers and 7 parents and caregivers completed the workshop evaluation form. The feedback was overall positive.

Positive feedback was given regarding both the communication and supports provided to participants. Apart from one participant who was neutral in their response, participants agreed that the workshop facilitated the sharing of diverse views and perspectives and that they felt heard when sharing their own perspectives.

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 informed by findings of 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: Service Providers and Parents / Caregivers Agenda

The Improving Treatment Together Project (the ITT Project)

Discovery and Design Workshop: Agenda

Date & Time: Friday, February 7th, 2020 (9:00AM to 5:00PM)
Location: Sandman Hotel Vancouver City Centre (180 W Georgia St, Vancouver; 604-681-2211)

Workshop Objectives: The purpose of this workshop is to identify opportunities and design ways to improve experiences and outcomes of opioid use treatment services for young people, their families, and for service providers 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 – START TIME: 9:00AM

**The workshop will begin promptly at 9:00, please arrive any time after 8:30AM*

10 mins	Arrival and individual informed consent
30 mins	Introductions and creating a Shared Agreement
60 mins	Understanding experiences: what is it like in your community/context?
15 mins	Break
15 mins	Understanding experiences continued: what is it like in your community/context?
60 mins	Understanding needs: where are the needs in your community/context? What are they?
15 mins	Prioritization of Needs

Lunch break

Design Session – START TIME: 1:30PM

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

Version 04
September 26, 2019

Appendix B: Youth Agenda

Discovery Session

15 minutes	Arrive and go through informed consent
15 minutes	Introductions and Creating a Safe Space
45 minutes	Understanding experiences: what is it like in your community?
15 minutes	Break
30 minutes	Understanding opportunities: based on your experiences, where are the opportunities for improvement?

30-minute meal break

Design Session

15 minutes	Welcome back
30 minutes	Describing the problems: get specific around what the problems are that we are trying to solve
60 minutes	Design solutions: Brainstorm ideas that would help solve these problems
15 minutes	Wrap-up

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

Service Providers

Theme	Needs
Best Practice	• Evidenced based treatment services • Ending stigma within hospitals, other services, society at large • Build pathways to access for youth—reduce barriers to accessing services • Education on best practices
Basic Needs	• Housing • Housing appropriate to the stage of recovery • Ability to communicate / connect
Youth Specific Services	• Youth / young adult specific supports versus having to access adult services • Program developed that goes beyond basic needs and crisis management • Programs that truly meet client centered needs. • Youth-specific services along the continuum • Treatment programs for younger youth (e.g. 12-15 year olds) • Youth- specific addiction resources at all levels needed • Youth-specific harm reduction services (overdose prevention sites, safe supply) • Toxic / unpredictable drug supply (provide safe supply) • Developing best practices and training of service providers • Youth-specific specialists for prescribing and can outreach

Theme	Needs
Improvement of Existing services and Increased Collaboration	• Larger continuum of treatment options available to youth • Address gaps and poor communication between services • Options for stimulant users using concurrently or even independently of opioids • Bridges between providers / services • Less missed opportunities — provide same day service • Work options geared towards allowing for youth living through addiction to have meaningful "professional development" • Bridging programs / supports between detox and residential treatment • Intensive supports for youth leaving treatment to help prevent relapse • With limited resources: better coordinate / collaborate as agencies
Family	• Family treatment programs • Upstream support for families / young kids
Coordinated Responses and Leadership	• Leadership to champion youth substance use (like a Centre of Excellence) • Coordinated response for youth in the overdose crisis • Engagement at a higher level government • Empowering youth leadership and inclusion of youth's voices • Organizational / system level support that supports new, innovative practices even if they involve taking risks • Access to an array of services in each area of the province so youth don't have to come to Vancouver to access services (where they sometimes become entrenched in the Downtown Eastside)
Vulnerable Populations	• Youth-specific resources that are low barrier, easy to access and available to youth with other complications (e.g. cognitive impairment) • Services for folks with cognitive impairment • Address lack of interventions for stimulant use disorders • Services for substance use and cognitive delays (e.g. Community Living BC) • Appropriate housing (e.g. Community Living BC)
Housing	• Safe continuum of youth housing options • Housing — safe, appropriate continuum of housing • More supportive housing for youth with concurrent disorders

Parents and Caregivers

Theme	Needs
Services – Programming	• Long-term immersive mental health programming • Support increase group • Concurrent programming • Alternative to detox
Mentorship	• Mentorships • Art and recreation (mentor, community members) to identify strengths, talents / skills, assess
Education	• Better integration and normalization within the school system re: learning differently • Flagging mental health and substance use risk in psychoeducation assessment at school • Increase education around science of mind re: substance use in schools (how the brain works) • Workplace wellness for young person and parent • Increased education for service providers on substance use / compassion
Community Support and Advocacy	• More peer connections across the journey • Advocate for parent • Companion service for you (as a parent) • More family support for siblings and parents • Holistic approach helps families / siblings • Connection of community for yourself and young person • Connection of community • Advocate • Advocate / navigator • Not accessing services alone • Advocacy within hospitals / emergency departments
Planning and the Continuum of Care	• Increase centralized and connected and simple medical options • Centralized services • Team working on same goals — better communication • Consistent messaging: to young person, parent, service provider • Communication across services • Working to support young person • Long-term care and plan • Working with future team before aging out • Continuum of care between age ranges of young people

Theme	Needs
Housing	• Flexible housing solutions • Need for connection—young person
Safety and Trust	• Safety and Trust
Flexibility and Pragmatism	• Instant Access • Individualized treatment • Meeting young person where they're at • No/low barriers to services • Developmentally appropriate access • Consider the individual, not the age
Harm reduction	• Underlying need in all themes

Youth (includes both needs and ideas):

Theme	Needs
Meeting Basic Needs	• Let me sleep while I wait • Seasonal help—clothing • Laundry access—detergent, garbage bags • Pay-back system for med's (loan) • More crisis loans (one per season) • Good meals • Subsidized dental hygiene • Customer service from providers/professionals: feeling welcome, support, non-judgmental • Service providers to talk to you about privacy/information sharing (your decision) • Housing on Riverview (low income, mental health and substance use) • Umbrellas • Personal hygiene—showers are private e.g., closed, individual, public showers • Hot drinks and warm stuff in winter • Sleeping bags and pillows • Subsidized veterinary, pets • Need meds at housing • Activities to do leisure/fun different • Sleep • Connection • Showers and more
Service Providers	• Go out of their way (it's the little things) • Educated and up to date on addiction issues • 50 hours on the Downtown Eastside for training (service provider) • Emphasis on how to educate people about body language and empathy and being real • Service providers who are more educated about pain, meds and use for pain management • Respect: not being made fun of • Emotional support and consideration • Less ignorance • To be heard • Time from or with workers (service providers)

Theme	Needs
Inclusive Services	• Respect others' religions e.g., not saying Merry Christmas, decorations, not just Christmas • Less ignorance about substance users • Space that is clean and inclusive • An invitation to the service
Environment	• Low lighting • Warm blankets • Water • TV playing/ entertainment (no magazines!) • Chill space and to be alone • Housing—room walls, paint colours
Peer Support	• That are educated and helpful (support groups) • Provided late and on the weekend • Volunteer as part of recovery
Harm reduction	• More outreach • Harm reduction that you don't have to ask for • Increase safe supply and regulation
Social Activities	• Entertainment, games, social spaces at housing • Community gardens at housing (e.g., Riverview) • Welfare day outing • Traveler/ hiking backpacks • Distractions, new things to do
Reducing Barriers to Access	• Transit tickets • Provide more drop-in hours (evenings & weekends) • ~6-month transition to "age out" • Later kick out times from housing • Volunteer as a part of recovery (re: aging out of the system) • Volunteer to take people around for education • STD testing easier • Open late and a few hours on the weekend • More for disability/ income assistance • Services for mental health and substance use together (e.g., housing that accommodates both) • Services that won't turn you away (age, criteria, whatever)

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

Service Providers

QUESTION FROM BRAINSTORMING GROUP 01 ON PAGE 13

How might we, as service providers in the community work towards increasing existing housing options for marginalized youth with lived or living experience of opioid use disorder?

- Business and non-profit partnership to fund housing
- Purchasing homes where several ministries contribute to the cost and ongoing supports
- Pool community resources / funding
- Work with developers to see it we can secure suites in new buildings
- Develop housing for concurrent clients with mental health practitioners on site
- Reallocate money from care home models to purchase housing that youth can live in before / aftercare (don't have to move), e.g., SOS Model
- Team of outreach staff connected to youth in housing
- Building a building (build it and they will come)
- Number of units in buildings designated as affordable youth units
- Find a philanthropist
- Ask donor to purchase housing sites
- Allocate percentage of units in buildings as rentals for youth
- Connect with banks ($$$!)
- Ask government for funding and education for individuals who want to provide housing for our youth (like Community Living BC home share for our youth)
- Converting a hotel into affordable nice housing
- Provide support / training to existing home share providers to prevent breakdown
- Take needs assessment of what we have to highlight gaps
- Provide incentives for landlords
- Environmental scan of the literature, what is done elsewhere?
- Housing response to opiates
- Re-allocate empty home tax to provide subsidized housing
- Empty homes, can we utilize them to house youth?

QUESTION FROM BRAINSTORMING GROUP 02 ON PAGE 14

How do we increase competency in front line staff about best practices for youth specific opioid use disorder treatment?

- Offer training to partners and families
- Manage case-load size
- Ask staff what their education / competency needs are
- Book club for leadership with staff
- Develop a competency pathway for staff
- Create pathways
- Organize a regular conference with speakers
- Provide training for front line staff in opioid agonist therapy / opioid use disorder
- Organize regular education for staff
- Bring in educators
- Have interdisciplinary teams and training
- Focus on reducing stigma and myths
- Provide SBIRT (Screen Brief Intervention Referral Treatment) specific to regions
- Create documents on what services are available and circulate

QUESTION FROM BRAINSTORMING GROUP 03 ON PAGE 14

How might we create and operationalize interventions for youth who use stimulants and opioids?

- Try a time limited stimulant agonist therapy trial with specific indicators of improvement and contract with youth to d / c med if no improvement
- Clear pathway in the emergency department re: youth presenting with stimulant intoxication or stimulant psychosis to assess and connect to care
- Increase collaboration between agencies to allow for increased cost-effective success monitoring e.g., medication dispensing
- Develop better guidelines for stimulant induced psychosis, particularly in youth where primary diagnostic is not clear
- Research focus on youth with stimulant use and possible treatments
- Determine youth specific interventions
- Move towards randomized control trial for stimulant agonist therapy
- Develop inclusion and exclusion criteria for stimulant agonist therapy trial
- Access to housing without stimulant use when youth is trying… with flexibility around slips
- Safe supply
- Trial stimulant agonist therapy (SAT)
- Allow for front line clinicians to prescribe stimulant agonist therapy
- Identify indicators of success from PSR lens: measurable, similar to Opioid Agonist Therapy
- Increase access to drug checking
- Education for leaders / not on front line about the need and risk / benefit
- Incentivize treatment options similar to opioid replacement therapy
- Develop easy to understand consent and patient information forms
- Harm reduction services for youth who use stimulants (plus / minus opioids) e.g. Overdose Prevention Site where you can smoke / snort
- Increase availability of Cognitive Behavioural Therapy treatment for youth with stimulant use
- Tie stimulant care to existing addictions services

- Allow for cf's to volunteer for pilot programs, e.g. participate in research
- Develop indicators of improvement on stimulant agonist therapy beyond urine drug screens
- Outreach
- Increase availability of contingency management groups across the region
- Adapt contingency management to different settings, e.g., acute care, outreach, opioid agonist therapy providers, pharmacies, etc.
- Liaise with other services doing early stimulant agonist therapy for lessons learned
- Use existing infrastructure to support services
- Decide on lab testing etc. required before trial
- Increase access to stimulant specific contingency management
- Include youth voice in development of stimulant agonist therapy program and other interventions
- Provide incentives for staying on stimulant agonist therapy or other intervention
- Involve / partner with peer support

QUESTION FROM BRAINSTORMING GROUP 04 ON PAGE 15

How do we create best practice guidelines for youth specific opioid use disorder treatment?

- Feedback questions for youth
- Get youth feedback: listen to experiences, conduct surveys
- Ask BC Centre on Substance Use and Foundry to prioritize youth-specific opioid use disorder practice and research
- Look for trends
- Look for youth accessing adult services and gaps in care
- Gather collective wisdom through community practice
- Create a community of practice
- Consult experts
- Research and quality improvement initiatives
- Create small scale programs to address retention—what worked? Look at results
- Get youth to talk about their lived experience
- Identify barriers in accessing opioid use disorder treatment

Parents and Caregivers

QUESTION FROM BRAINSTORMING GROUP 01 ON PAGE 28

How might we individualize, simplify, and centralize medical services in order to have 100% of our young people and their family and community's health (mental / physical) needs met?

- Case managers
- Individual 1:1 supports (case managers)
- Mentorship peer support
- Parent advocate and youth advocate
- Clear lines of communication between all parties (triangle: service providers, youth, parents)
- Better pay / support service providers
- Flexible hours (24/7)
- No waits for services
- Workable boundaries agreement between providers and youth / caregivers
- All in one, umbrella service (Insite, detox, case manager)
- "No expiry date" on services for young folks
- Feeling safe in the actual space (not medicalized)
- Small bed rehabs; "house next door" or "home away from home"
- Flexibility for outreach, meet people where they're at
- Balance safety
- Dietitians, social workers, nurse practitioners, occupational therapist, psychiatrist, psychologist—have a one-stop-shop for youth and families
- Everything together in person's community—accessible
- Family inclusiveness: programs for families
- Smart groups: under 30 years for youth (youth-specific)
- Housing services
- Healthy activities (recreational / fun)
- Employment services / volunteering
- Harm reduction

QUESTION FROM BRAINSTORMING GROUP 02 ON PAGE 29

How might we provide care to a young person that is developmentally appropriate until that young person becomes independent?

- Criteria defining individual's areas that need support—hierarchy of needs (getting met)
- Basic life skill programs (to help them mature)
- Forward milestones reached
- Vocational training programs that are flexible
- Teach life skills to bring feeling of confidence
- Raise the age of youth to 30
- Take out the term aging out of the program
- Making long term plans to help keep on track
- Peer support for medical visits
- Same support group through their process
- Same team
- Peer support workers and mentors
- Personal advocate to support and follow youth through treatment journey
- Same 1 on 1 support through their journey
- Provide care aid with life skills
- Assign 1 or 2 Case managers

QUESTION FROM BRAINSTORMING GROUP 03 ON PAGE 29

How might we increase peer connections across the journey in order to increase education for parents new to addiction?

- Support group—intro to education
- Discovery course , e.g., Cedars Treatment Centre
- At hospital, have peers (instant access)
- Canvasing services who provide treatment for peers who would be interested in doing peer support/do you have peer support services
- Addiction can be contagious—so can recovery
- Make recovery contagious
- At high school and under (or at UBC/university)—peer-driven awareness
- Introduce (parents) to services
- Program: peer parent and service provider/professional informing on drug effects on youth development

QUESTION FROM BRAINSTORMING GROUP 04 ON PAGE 30

How might we create individualized treatment plans that involve and include families in order to create/keep continued connections?

- Expand concept of treatment plan open possibilities: nature, family outing (where appropriate)
- If the service doesn't exist, look at ways to create or develop it out (art, music, recreation, theatre)
- Start by asking youth and families what would be most helpful
- Individually meet with family members to find their needs
- Intake includes family history or traumatic situations
- Create a shared agreement
- Planning youth services around youth/family schedule (12–8PM)
- Outreach support outside of centre clinical settings
- Treatment team/plan that includes a family liaison
- Treatment plans co-created with youth and family
- Provide safe space for siblings to share and receive appropriate support
- Cultural safety training for service providers working with families
- Training for service providers on how to involve families
- Service provider revisit with a youth on a continuous basis how they would like family involved
- Empowered parents to shave needs and express share their understanding and expertise
- Regular check-in's re: changes in family and supports
- Celebrate successes
- Action plan of hopes and goals
- Attach a consistent case manager or advocate to link services and follow up
- Development of care for both youth and families can be parallel not integrated
- Treatment plans that consider goals—youth, family
- Have service fit the family and youth not the youth and family have to fir into the service
- Goals based on levels—frequently update as stage changes
- Intake process that involves families

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WHERE WELLNESS TAKES SHAPE

Canadian Centre
on Substance Use
and Addiction