Community Workshop Report

Victoria
February 12–13
2020

THE ITT PROJECT

The Improving Treatment Together Project

·FOUNDRY·
VICTORIA

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 Coast Salish Territories of the Lkwungen peoples.

We would like to thank our community partner, Foundry Victoria for their ongoing support of this project. To Barbara Thompson, Executive Director, The Victoria Youth Clinic Society, Foundry Victoria, thank you for endorsing this partnership.

We would like to acknowledge the Foundry Victoria team for working alongside members of the BC ITT Project Team in the planning of the workshop. Specifically, we would like to thank Melanie Winter, Jen Harrison, and Chantal Brasset for their invaluable input and tireless support. We would also like to thank Chantal Brasset again for providing peer support for the parent workshop.

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

Lastly, we would like to thank all of the participants from the Victoria 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:

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

THE UNIVERSITY OF BRITISH COLUMBIA

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Production of this document has been made possible through a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

Report Authors

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

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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 a 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. Co-design is a human centred, iterative and collaborative process in which participants and researchers work together to identify problems and design solutions. Due to its iterative approach, these methods have been adapted for each community workshop and may vary slightly as a result. 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 47 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 parent/caregiver and service provider workshops that were held in Victoria.

Parent and Caregiver Workshop

February 12, 2020

About the Workshop

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

There were 13 parents who attended the workshop, including two sets of spouses. Of the 13 parents who attended the workshop, 10 completed a demographic questionnaire, 7 of whom identified as female and 3 as male. All participants reported having learned of their child's substance use when their young person was a teenager, with the youngest reported age being 13 and the oldest 19. Four of the 10 participants reported that to their knowledge their young person was still actively using opioids at the time of the workshop. Six reported having accessed services or supports as a parent or caregiver of a young person who uses substances and all but one reported wanting to learn more about services and supports available to parents and caregivers in their community. Health care professionals were cited as part of their young person's support network by 8 of the 10 participants. All 10 reported that their young person had received some type of treatment or intervention for their opioid use, with the most common examples being counselling (n=10) and addictions medicine (n=7), followed by psychiatry (n=4) and case management (n=4). In terms of what types of health services their young person had accessed, the most frequently cited setting was the emergency department (n=7). The local Foundry centre, a private office or clinic, and the school counsellor were the next most common settings, each cited by 5 parents.

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

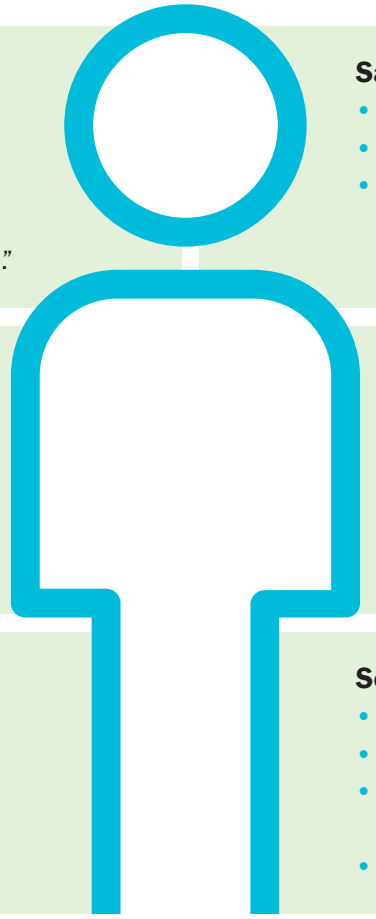
Findings

Discovery Session

Understanding Experiences

Participants were asked to reflect on their experiences 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 them 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?
- Nothing (Privacy Rights);
- "It's my decision" (the young person);
- "Our hands are tied."

Saying?
- "What happens next?";
- "Help us";
- "Is this a joke."

Thinking?
- Don't know what's best;
- No help / answers;
- How are we expected to parent with no case manager?;
- What about me?

Doing?
- Setting up support systems;
- Navigating systems you don't understand;
- Advocating and being transparent;
- Keeping kid on radar.

Feeling?
- Scared;
- Frustration / Anger;
- Hopeless;
- Confused.

Seeing?
- No compassion;
- Judgement;
- Short windows / missed opportunities;
- Law replace medicine.

The themes that emerged included:

Hearing

Participants reported hearing:

- That service providers' hands are tied due to red tape, bureaucracy, and complicated processes
- Not enough from service providers due to confidentiality and privacy rights
- Young people assert that they have the right to make their own choices

Saying

Participants reported saying:

- They need help and clarity on next steps
- They are frustrated with the lack of clarity ("is this a joke?") regarding current treatment practices

Doing

Participants reported that they are actively:

- Setting up support systems with service providers and other parents with shared experiences
- Navigating new and complex systems
- Advocating for their child
- Keeping track of their child's whereabouts and safety

Seeing

Participants reported seeing:

- Judgement and a lack of compassion from service providers who do not work within the substance use context and who are outside of the recovery community, as well as from schools
- Short windows of opportunity to help their child that are missed due to system failures and red tape
- The justice system replace the medical system; however, some participants expressed that they are seeing compassionate responses from police officers

Feeling

Participants described feeling:

- Scared and hopeless about their situation
- Frustrated, angry, and confused by the lack of clarity in the system

Thinking

Participants reported:

- Not knowing what is best for their young person. They described not having help or answers to their questions
- Thinking about the expectations of being a parent and what led them to this place, as well as how little support there is for parents in their situation

Next, participants were asked to reflect on what success in point-of-care interactions would look like from their perspective, and how they could get there. 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 looking for timely services and resources that are cohesive and communicate with one another. They also reported a need for a consistent connection to support them in navigating the system and a clear path to receive support. Participants also reported a strong desire to increase education within their community on mental health and substance use that affects young people.

What do I need in order to achieve those things? Participants reported a need for an integrated system with a team-based approach. They reported a strong need for support from a systems navigator and peer connections in the community. To support increased education in schools, participants stressed that training for school staff would be necessary.

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 in Appendix C on page 49). Themes that emerged from this list are described below:

Clear pathway of continuous care / Seamless services: Participants reported that they are looking for direction and access to the right services, at the right time, and from the beginning of their young person's journey with substance use. They identified a need for the ability to take advantage of windows of opportunity that arise that could initiate the path to recovery (e.g. first encounter with police, young person says they want to start treatment). There was also an emphasis on the need for this path to be continuously rerouted to account for setbacks, such as relapses. Participants also stressed that this path needs to include strategies for young people to reintegrate into society. Participants also reported a need for more seamless transitions between the services that are available. The time gap in the transition between detox and stabilization, for example, was emphasized as a point of transition that needs to be eliminated.

Support for family: Participants reported needing support from people outside of their family to help them to navigate the system. They also reported a need for supports that are specific to the whole family, including siblings, of a young person who use substances while they are accessing treatment. Respite from parenting and practicing self-care were also identified as needs.

Educating the school system: Participants identified a need for more support from the school system to increase an inclusive understanding of addiction from the staff and to teach students about not judging or shaming their peers about drug use. They also reported a need for schools to provide more support to students who are struggling with substance use, for example through counselling, and to be more tolerant and understanding of mental health and addiction. Participants highlighted a need for more non-punitive approaches to be used.

Empathy / Understanding: Participants reported a need for support from a person who is empathetic and understanding, shared similar experiences, and to have this person meet them where they are at in their journey. They also reported needing other parents who are not on this journey to not be stigmatizing and to understand and not shame them for being "over-involved" in their child's life.

Parental support from gateway services: Participants reported needing respect and care from essential gateway services, such as the police or medical emergency services. They also identified a need for the police and emergency department staff to be more willing to deal with young people who are struggling with addiction. Participants also reported that they need a clearer understanding of their rights as parents, especially in terms of decision-making for their child.

Increase education of concurrent disorders / addiction and knowing what to expect: Participants reported that they need to know what to expect when parenting a child struggling with addiction. They reported a need for a clear point of access for information when trying to discern teen behaviour and to increase education on how to parent a child with addiction.

Knowing the system: Participants reported the need to know more about the system that they are trying to navigate. For example, where to go for services like detox and court. They suggested that it would be helpful if they had someone or a group of people to help them navigate these systems.

Integrated services: Participants reported a need for support from an integrated service system where the services understand each other, with clarity around their roles and responsibilities. A need for a team approach for care and treatment of their young person was highlighted.

No red tape: Participants identified a need to be able to access support without all of the bureaucratic restrictions from services. This would include not having to place criminal charges on their young person to get them the support they need.

Service availability (location, amount, timeliness of care): Participants have identified a need for services that are outside of the downtown area and closer to other communities in order to reduce the amount of travel required, and to reduce the risk of their young person being triggered or relapsing due to triggers in that area. They also identified a need for more doctors who can prescribe medications, such as methadone, buprenorphine (i.e. Suboxone®), and methylphenidate (i.e. Ritalin). Participants reported seeing missed windows of opportunity to get help for their young person due to systemic issues such as long waitlists for accessing services. They identified a need for quicker access to care and help for their young person in order to avoid missing these chances.

After creating a list of needs (see Appendix C on page 49), participants were asked to select specific needs which they wanted to design solutions around during the Design session. As part of this decision-making process, they were asked to consider which needs they felt most passionate about, which needs they would like to design solutions for, and which needs 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:

- Need a team approach — integrated services
- Need for informed / educated supports in schools (early identification, early intervention)
- Need to know: signs, symptoms, language, behaviours (early intervention — journey)
- Need to know the system — what's available, where to go
- Need to know what to expect — how to parent a child living with addiction
- Respite for parents
- Need to intervene (plus have services responding) at critical windows of opportunity e.g. first police interaction
- Timeliness of care

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. 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 D on page 55):

Brainstorming Group 01

NEED

- Need for informed / educated supports in school (early identification, early intervention)

QUESTION

- How might we inform and educate teachers in regards to early identification / intervention techniques for substance use and mental health disorders so that they can better equip children, and ultimately parents on how to handle daily life struggles?

IDEAS

- More youth interactions with trained professionals — (e.g. through apps, enforced weekly interaction for youth and for all students on a semi-regular basis to destigmatize possible disorders)
- Training for parents — (e.g. at kindergarten to watch for Adverse Childhood Experiences (ACEs))
- Training for school staff — (e.g. an Integrated Health Liaison Program, mandated mental health and addiction education, peer speakers, empathy training)
- Regular check ins for parents — (e.g. with mental health professionals on site)

From this list of ideas, the Integrated Health Liaison Program was chosen to go forward to prototyping. (See Prototype 01 on page 17)

Brainstorming Group 02

NEED

- Need to intervene (plus have services responding) at critical windows of opportunity e.g. first police interaction

QUESTION

- How might we intervene at critical windows of opportunity in order to support youth on their continuous care journey?

IDEAS

- Window: First hospital visit—(e.g. addictions team available 7 days a week, provide support on how to parent a child with addiction once released)
- Window: First overdose—(e.g. tell parents what the next steps are, get put on detox-treatment pathway immediately)
- Window: "I'll go to treatment / ready for detox"—(e.g. rapid access to available beds)
- Window: First police interaction—(e.g. be offered detox-treatment pathway or community service, understand how police can / can't help)

From this list of ideas, the concept of having an addictions team assigned to a young person at one of these windows of opportunity was developed and chosen to go forward to prototyping. (See Prototype 02 on page 18)

Brainstorming Group 03

NEED

- Need to know the system—what's available, where to go;
- Need a team approach—integrated services

QUESTION

- How might we empower families by getting them the information/support they need to navigate the service system in their community for their child?

IDEAS

- Navigator—(e.g. a person that helps parents navigate the available system and can set them up with the appropriate contacts, gather information about available resources)
- Website—(e.g. a "help my kids on drugs website" that leads parents to information and resources, updated regularly)
- Empathetic ear—(e.g. chat rooms for parents with lived experience, an empathetic ear that has "been there" that can help parents navigate the system)
- Umbrella (Support team)—(e.g. a person with authority that can bridge the gaps between treatment services to the parents and youth (e.g. Health system, Legal, Ministry, Housing))
- Resource lists—(e.g. a map showing resources, distributed in doctor's offices)

From this list of ideas, the Navigator position to help parents navigate the system was chosen to go forward to prototyping. (See Prototype 03 on page 19)

Brainstorming Group 04

NEED

- Need to know what to expect—how to parent a child living with addiction

QUESTION

- How might we equip a parent of a child living with addiction in order to give them the tools for the greatest opportunity for success?

IDEAS

- A Handbook for Parents of Teens/Youth Impacted by Substance Use—(e.g. include chapters on signs your child may be using, books/videos, community resources, etc.)
- Parent/peer support groups
- Service similar to Quit Now BC—(e.g. encouraging text messages for parents, be able to reach out to someone if you need to)

From this list of ideas, the Handbook for Parents of Youth Impacted by Substance Use was chosen to go forward to prototyping. (See Prototype 04 on page 22)

Designing Solutions

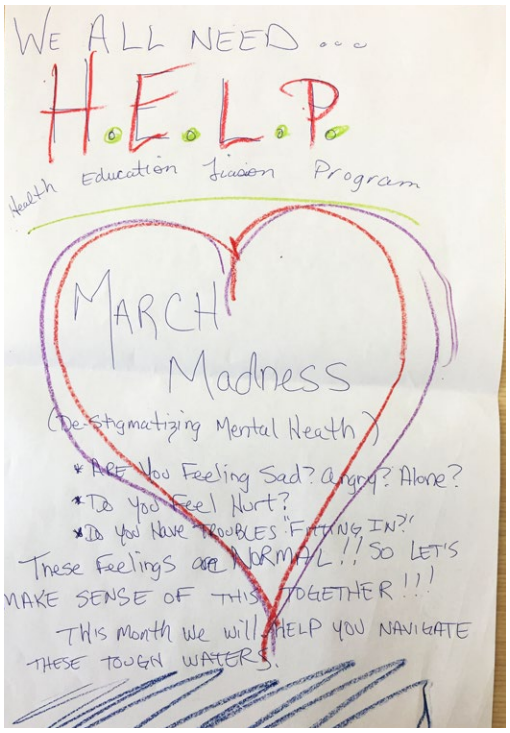
Following the brainstorming sessions, participants were asked to select the idea they felt most passionate about and wanted to design solutions for. After choosing their idea, participants expanded on them by developing details around what the solution entails, how it could be implemented, who would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

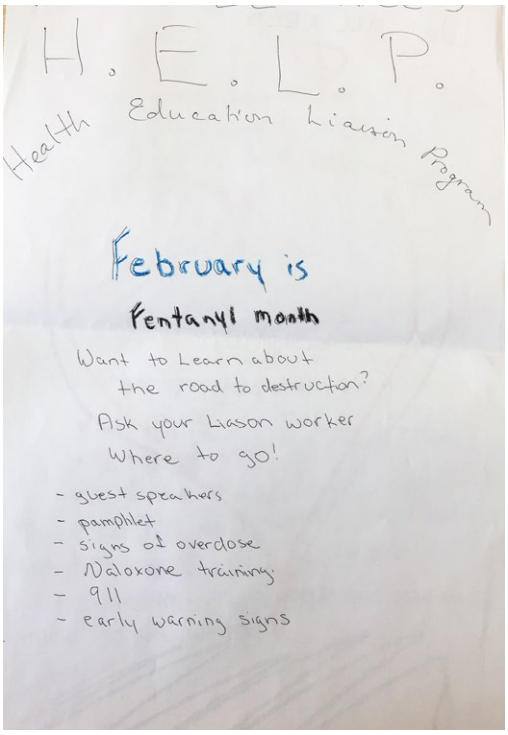
Five ideas were selected to design prototypes for:

- **Health Education Liaison Program** (HELP) (See Prototype 01 on page 17)
- **Wrap Around Team** (See Prototype 02 on page 18)
- **The Navigator** (See Prototype 03 on page 19)
- **Parent Handbook** (See Prototype 04 on page 22)
- **Regular Reinforcing Texts** (See Prototype 05 on page 23)

Prototype 01	Health Education Liaison Program (HELP)
What?	An integrated health liaison program within schools to educate students, teachers, and parents about topics in mental health and addiction. Each month a Liaison Coordinator would provide resources and information on a different topic. For example, January is Justice month, February is Fentanyl month, etc.
Who?	Mental health and substance use professionals work with principals and teachers to facilitate monthly focused resources for students and parents within a classroom setting.
Where?	This program would take place within schools. Public and/or Private schools K-12, with a focus on elementary school.
How?	Every student in every school is given access to information and support before it is needed. It is part of the education system. The Liaison Coordinator would offer lesson plans and resources within the community. They would also connect teachers with peer support, speakers, empathy training, individual specific resources, literature, volunteers, community supports while maintaining privacy.
Why?	A streamlined way to educate students and families on Mental Health and Addiction in a non-stigmatized format.

The prototype was posters for the HELP program.





Description of prototype image:

Each example was a different month/topic

a) January is Justice
- Police and mental health worker visit
- Arrange a field trip to youth court
- Know your rights/how to get help

b) February is Fentanyl Month
- Guest speakers
- Pamphlet
- Signs of overdose
- Naloxone training
- 911
- Early warning signs

Prototype 02	Wrap Around Team
What?	A team of service providers would be assigned to a young person at a critical point in their journey. Young people would be instantly referred to this team at critical moments such as their first overdose or first police interaction. There would be protocols in place for all providers to easily refer young people to a team. This team would connect and work with the young person on their continuous care journey.
Who?	Team includes: Peer support, social worker, nurse, doctor, counsellor. High risk young people are using it.
Where?	Referrals from police, emergency room, school authorities, etc.
How?	Delivered face to face. Professionals physically connecting with high risk young people.
Why?	To save young people from overdosing and overdose-related deaths

This prototype was a visual of a young person's journey and where the Wrap Around Team would be initiated, designed to look somewhat like a board game.

Description of prototype image:

As the young person goes through the life events, they may or may not receive a Wrap Around Team, depending on the event.

For example:

- A Wrap Around Team would not be initiated if the young person smoked for the first time or got kicked out.
- It would be initiated if they were arrested or indicated that they are ready for detox.

Prototype 03	The Navigator
What?	A Navigator would be a paid position that would be an easy access point to provide assistance for people who are trying to access services or resources. You would be referred to a Navigator and that individual would remain constant. They would understand the needs of young people who use substances and their families and would have a wide knowledge of resources and services available as well as their intake processes and barriers. Part of their role would be to contact these resources for you. This would be a 24/7 service. If your navigator is unavailable, someone else on the line will be able to help you.
Who?	A person who understands the needs of young people who use substances and their families who also has connections to the various services.
Where?	Connect via phone but also via website chat.
How?	Call in to an easily recognizable phone number (similar to the overdose line), connect directly with a navigator who asks you questions to figure out your current situation and what your needs are.
Why?	To help navigate the systems, establish the required connections, and maintain a consistent connection for support.

The prototype was a skit as an example of a conversation between a navigator and a parent. See “The Navigator Hotline 3-1-1” on page 20.

The Navigator Hotline 3-1-1

Navigator: Hello. You've dialled the navigator hotline, uh my name's [name] how may I be of service?

Parent: My kid's up all night partying with friends and my neighbours have taken notice and they're really concerned about me and him, I just don't know what to do.

Navigator: Do you feel that currently you are in an emergency or crisis situation?

Parent: I don't really know to tell you the truth. I've seen pills around the house, there's bongs. I know there's marijuana use. My son's struggling. He's not able to work or attend school, um he's up all night, my house is becoming a party house.

Navigator: Okay let me ask you a few questions to help me help you.

Navigator: Well first of all, how old is he?

Parent: He's 20.

Navigator: He's 20 okay and has he seen a doctor?

Parent: No, no no. He does live with me, we have a close relationship, he's never been on the streets, he's financially dependent on me. I'm not sure if he'd be willing to see a doctor, but I'm kind of calling to see what resources there are out there.

Navigator: Are you familiar with detox and stabilization?

Parent: I've never heard of them.

Navigator: Okay so these are programs where people who are struggling with substance use will go and spend some time. It is a voluntary group or place to go, but they monitor them and basically give them drug treatment in the environment. A detox can be a 7 day program or they do about a month, it's something we'll have to establish. Might I suggest that we start him off with a doctor's appointment and I will see if I can get a place sort of held in both detox and stabilization for him so that we have a direction in which to go? The doctor will shed a lot of light on what we should be doing, once he's seen.

Parent: That would be great.

Navigator: Okay so what I'm going to do, is I'm going to make a few phone calls and I'll get back to you within half an hour.

… The navigator calls detox and stabilization and sorts out timelines and availability on behalf of the parent…

Navigator: Hey [parent's name] it's [navigator] calling you back.

Parent: Oh thank you [navigator], I'm just curled up in a ball wondering what to do.

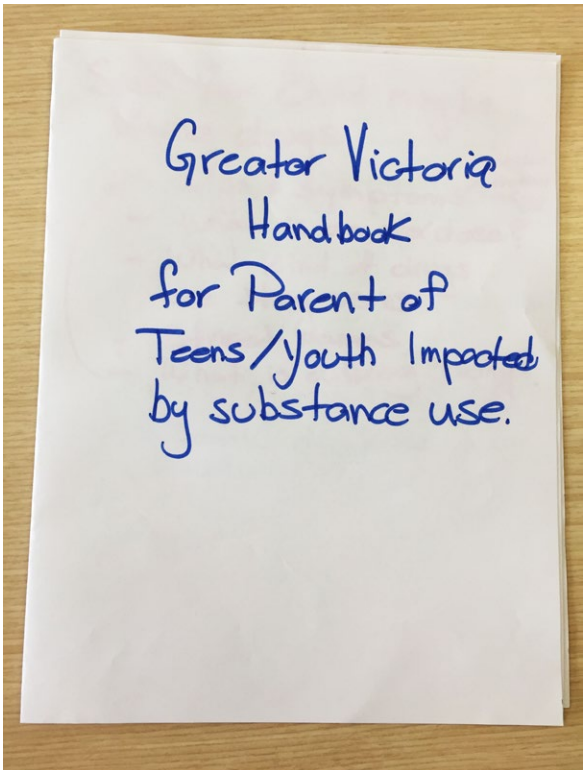
Navigator: There's no part about this that's easy, I totally understand that. I just wanted to let you know I have contacted the doctor's office I have an appointment booked at three o'clock tomorrow with them. We have a bed at both detox and stabilization ready so the next step is for honestly for him to get to that doctor's appointment. That's the highest priority. I also wanted to add that for emotional support right now I want to strongly suggest that you get a hold of a lady named [name] from Foundry. I've already contacted her, she's expecting your call.

Parent: Thank you kindly.

Navigator: You're very very welcome.

Prototype 04	Parent Handbook
What?	A handbook for parents of young people who have been impacted by substance use that is designed to give them helpful resources and information. It would include chapters on: signs your child may be using, community resources, books / videos / links, courses, lessons from parents with lived experience, school supports, navigating the justice system.
Who?	Ministry of Mental Health and Addictions would develop this handbook.
Where?	Vancouver Island Health Authority, hospitals / websites, police, schools, substance use care providers, Ministry of Mental Health and Addictions website.
How?	Given to parent at their first point of contact such as first 911 call, first hospitalization / overdose, first arrest, first drug related suspension.
Why?	To equip parents with helpful and important information about parenting a child who is living with addiction.

The prototype was an example of what the handbook would contain and how it would be laid out (see Appendix E on page 64 for complete representation of the Parent Handbook).



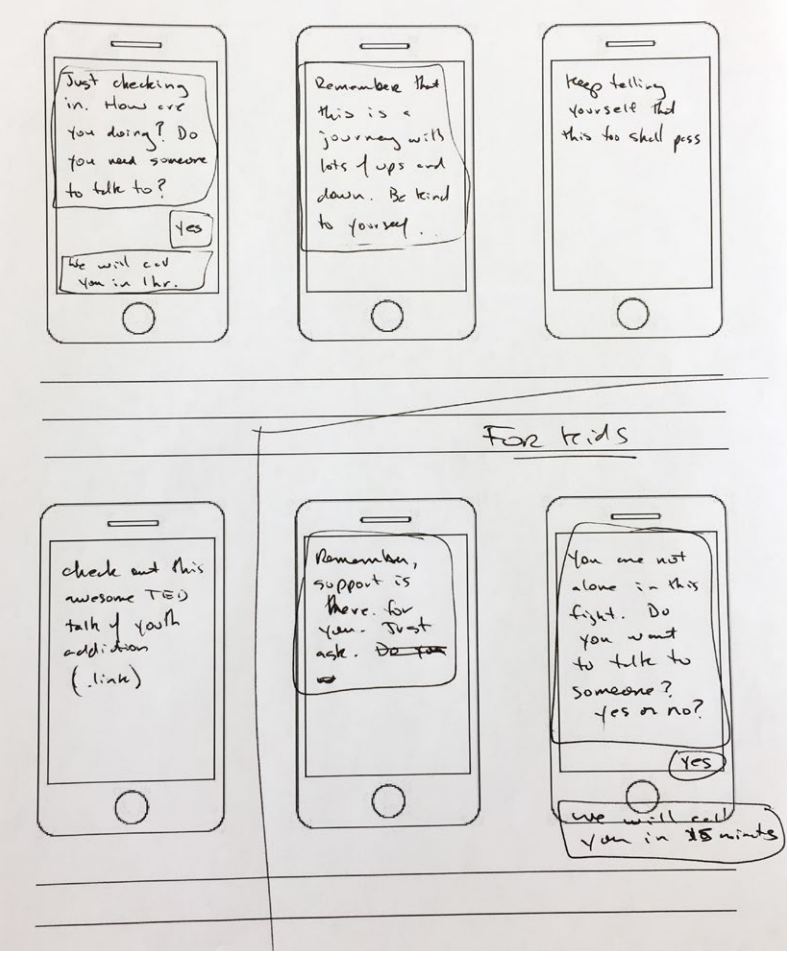
Description of prototype image:

Table of Contents:

1. Signs your child may be using
   - Signs and symptoms
   - Switching peer groups
   - Leaving / not coming home
2. Community Resources
   - Foundry
   - Youth Employment Services
   - Discovery
3. Books / Videos / Links
4. Courses
   - Parenting courses: Boys and Girls Club, Ledger, Discovery
5. Lessons from Parents
6. School Supports Courses
   - How can your school support you?
7. Help! My child got arrested.

Prototype 05	Regular Reinforcing Texts
What?	Regular texts from a professional service (like Quit Now BC) that are positive and encouraging for parents of young people who are living with addiction. There would be a person available to talk at certain points throughout the week. Could also have messages geared for parents, teachers, kids, friends, etc.
Who?	Vancouver Island Health Authority, Ministry of Mental Health and Addictions, Foundry (professional group) to develop the app / service. Parents, teachers, kids, friends, etc. to use it.
Where?	Cell phones, by email.
How?	You would sign up for this service on a website by providing your email / cell phone number.
Why?	To provide consistent and regular support to parents of young people who use substances.

This prototype was examples of texts that you would receive from this service.



Description of prototype image:

Table of Contents:

For parents:

- **"Just checking in. How are you doing? Do you need someone to talk to?"**
  "Yes"
  "We will call you in 1 hour"
- **"Remember this is a journey with lots of ups and downs. Be kind to yourself."**
- **"Keep telling yourself that this too will pass."**
- **"Check out this awesome TED Talk of youth addiction (link)"**

For young people:

- **"Remember, support is there for you. Just ask."**
- **"You are not alone in this fight. Do you want to talk to someone? Yes / No?"**
  "Yes"
  "We will call you in 15 mins"

Service Provider Workshop

February 13, 2020

About the Workshop

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

There were 13 service providers from the community who attended the workshop. They represented various professions, including peer support, medicine, social work, outreach, and youth and family engagement, amongst others. Some participants were quite new to their stated profession (e.g. 4 months), while others had been working in their field for several decades (e.g. 30 years). The average length of practice within their current profession was 8 years, whereas the average length of time working with young people who use substances was 13 years. Only two participants identified as working within a hospital setting, whereas more than one third identified as working as part of an intensive case management team, and a total of five participants identified as working at the local Foundry centre. When asked what treatment interventions they delivered for substance use disorders within their current practice, the most common examples were: screening and early intervention, brief intervention, cognitive behavioural therapy, 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 young people who use opioids,
2. To co-design solutions to ensure better experiences and outcomes for young people, their families, and for services providers.

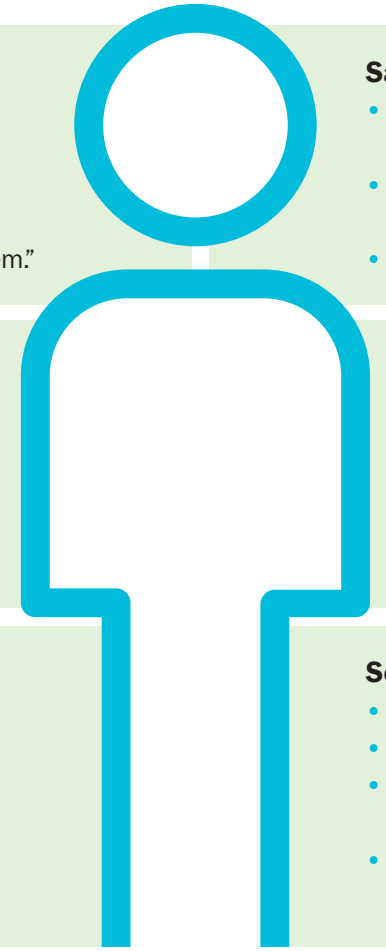
Findings

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 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?
- System failures;
- Experiences of stigma;
- People are scared;
- "We won't take them."

Saying?
- Anything to eliminate stigma and inspire hope;
- Safety and harm reduction;
- How can I help you?

Thinking?
- Over complicated systems;
- No clarity;
- Where can we start?;
- What can we offer?;
- How safe are they?

Doing?
- Trying to build a relationship;
- System navigation;
- Addressing basic needs, harm reduction supplies.

Feeling?
- Sadness;
- Frustration;
- Overwhelmed and Anxious;
- Inspired by clients' resiliency.

Seeing?
- Stigma;
- Adult specific services;
- Youth and family struggling;
- ACEs, trauma, poverty.

The themes that emerged included:

Hearing

Participants reported hearing:

- From parents, young people, and other service providers about system failures
- About their clients' experiences of stigma and how they are scared
- Stories of people being rejected from services

Saying

Participants described that they are saying:

- Everything they can to eliminate stigma and inspire hope to people who are seeking help
- "How can I help you?" and talking to young people about their safety and harm reduction

Doing

Participants reported:

- Trying to build relationships with young people
- Addressing basic needs (food, housing, etc.) and providing harm reduction supplies during these interactions
- Trying to help young people and their families navigate the system

Seeing

Participants described seeing:

- Stigma
- Young people and their families struggling with adverse childhood experiences, trauma, and poverty
- Few youth specific services and resources for young people who use opioids, which often causes young people to have to access services that are intended for adults

Feeling

Participants reported feeling:

- Overwhelmed by their workloads and anxious for the young people that they are serving
- Frustrated due to the red tape and barriers within the system as well as sadness for young people and families who are struggling
- Inspired by clients' resiliency

Thinking

Participants reported thinking:

- About how overcomplicated the systems are and how there is no clarity, even from within.
- "Where can we start? What can we offer?"
- "How safe are they?"

Next, participants were asked to reflect on what a successful point-of-care interaction 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 searching for housing for young people and addressing their treatment and safety related needs. They also reported that they are trying to build relationships with young people to foster feelings of support and meet client directed goals. Participants also described trying to develop relationships with other service providers to ensure smooth transitions with other organizations.

What do I need in order to achieve those things? Participants reported a need for funding for additional resources (e.g. housing, treatment centre, staffing) and for families to support their young people. They also reported a need for more flexibility in their work. An example of this was a need to change policies so they can be allowed to drive young people to/from appointments. On a system level, participants reported a need for more streamlined communication within systems and services. This increase was described as necessary to foster consistency across services and improve transitions. Participants also reported needing more input from young people in developing and implementing services.

What is making it hard to achieve those things? Participants described struggling with red tape and inefficient communication. Additionally, they reported a lack of youth focused services, an inadequate ability to understand, communicate with and effectively interact with members of the LGBTQIA2S+ community, LGBTQIA2S+ competency, and a lack of cultural safety within the system. Participants also reported experiencing heavy caseloads and described feeling overwhelmed at work due to an overall lack of resources and services.

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 49). Themes that emerged from this list are described below:

Communication: Participants expressed a need for clearer systems to navigate. They identified a need for improved communication between service providers, which would include relationship building and sharing perspectives between service providers, especially to improve the continuity of care.

Access to treatment: Participants expressed a need for fewer barriers to access treatment and services. As an example, they described a need for diverse services that are safe for young people to access and that include culturally sensitive interventions to better support Indigenous youth who are accessing treatment. They also reported the need for more flexibility from their work to go out into the community and meet young people where they are. Participants also identified a need to include more services for youth who have the least resources, such as familial or financial support, and to create smooth transitions between services (e.g. detox to treatment to after care).

Efficiency: Participants reported a need for a single access point for all available treatment services in BC (including waitlists). They also reported a need to improve the timeliness of delivering care when it's needed and to have the ability to respond immediately to their client's needs. Efficiency would include keeping current on best practices for providing services and improving communication between systems for continuity of care.

Family: Participants reported a need for more family involvement and a need to place more value on a family's involvement in treatment.

Flexibility: Participants expressed a need to have more flexible scheduling and location of services. They reported needing same day starts for Opioid Agonist Therapy (OAT) and to be able to screen all young people with Opioid Use Disorder for concurrent disorders.

Housing: Participants reported a need for more safe, long term and low barrier housing that prioritizes young people.

Meaning: Participants expressed a need to create meaning in young people's lives. For example, this could be initiated through community with funding for activities (e.g. swim passes) or a lifelong connection with someone in the community who will help to build confidence and competence.

Peer support: Participants reported a need to have more peer to peer support from people with lived experience to support the young people that they work with as well as their families.

Safety: Participants expressed a need for young people to have access to safe harm reduction supplies and safe drugs. They also brought up a need for a more culturally safe space and acknowledgment of the relevancy of traditional and cultural practices in treatment. This could look like trauma-informed training and practice for all service providers.

Systemic support and sustainability: Participants expressed a need to feel supported to do this work to prevent burnout. They described a need to ensure that service providers can be there every day for young people and families by prioritizing the importance of self-care and supporting each other as care providers in order to ensure that people working in this field are grounded and connected to the work that they do.

After creating a list of needs (see Appendix C on page 49), participants were asked to make a decision about which specific needs they wanted to design solutions around during the Design session. 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 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:

- Increased clarity for systems navigation / access to services
- Culturally safe space / services for youth (diversity)
- Fewer barriers for youth to access treatment services for smoother transitions across the treatment journey
- Single access point for availability of treatment services: criteria, waitlists, what programs exist
- Youth housing: low barrier, long term, year-round, access criteria
- Creating meaning in youth's lives
- Accessibility to safe drugs / safe supply
- Increased trust in service partnerships, that we can refer to each other with confidence in what other services provide

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. 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 D on page 55).

Brainstorming Group 01

NEED

- Creating meaning in young peoples' lives

QUESTION

- How might we create meaning in young peoples' lives in order to build motivation and desire to journey towards health?

IDEAS

- Lifelong unconditional mentorship and connection—(e.g. a program that connects youth with someone who is open to lifelong mentorship)
- Youth group—(e.g. for youth using opioids or in recovery that would take them to do different activities, a group that will explore different sports)
- Funding for extracurriculars for families of young people who face addiction—(e.g. for dance, art, exercise)

From this list of ideas, the lifelong unconditional mentorship and connection program was chosen to go forward to prototyping. (See Prototype 01 on page 34)

Brainstorming Group 02

NEED

- Increased trust in service partnerships—that we can refer to each other with confidence in terms of what services we provide

QUESTION

- How might we increase trust in service provider partnerships? Trust = confidence

IDEAS

- Multidisciplinary consultation team—(e.g. template from regional domestic violence team, weekly meetings, protocol for treating youth as a system, comprehensive list of roles and responsibilities)
- Understanding each other's roles—(e.g. community of practice, "take a service provider to work day"—sign up as an organization)

From this list of ideas, a combination of the multidisciplinary consultation team and the understanding of each other's roles were combined and developed in the prototyping section. (See Prototype 02 on page 36)

Brainstorming Group 03

NEED

- Culturally-safe space / services for young people (diversity)

QUESTION

- How might we deliver appropriate services which honour diverse identities / experiences of young people in order to better engage with them?

IDEAS

- Staffing—(e.g. hire staff with diverse experiences and lived experience)
- Youth audit of services (e.g. regarding diversity, accessibility, youth specific)
- More inclusive services—(e.g. different languages, inclusion of traditional practices, safe for Black, Indigenous, People of Color (BIPOC), trans people, people with disabilities)
- Identity based groups within services—(e.g. Queer abilities)

From this list of ideas, the youth audit of services was chosen to go forward to prototyping. (See Prototype 03 on page 37)

Brainstorming Group 04

NEED

- Fewer barriers for young people to access treatment services for smoother transitions across the treatment journey

QUESTION

- How might we reduce barriers for young people to access treatment services in order to create smoother transitions and easier access?

IDEAS

- One stop shop—(e.g. local treatment centre: 2 buildings (detox/treatment) on same property)
- More and new youth services—(e.g. "sobering centre," Opioid Agonist Therapy, stabilization, life ring, more services embedded in schools/community centres)
- Increasing capacity—(e.g. increase in tier 5 treatment beds, no wait list)
- Technology—(e.g. website/portal—single access point for information, service provider database which includes: waitlists, online referral forms)
- Simplifying referral process for treatment—(e.g. simple and universal referral forms, memorandum of understandings between agencies)
- Continuity of care—(e.g. consistent support workers across the whole process

From this list of ideas, the One Stop Shop treatment centre idea was chosen to go forward to prototyping. (See Prototype 04 on page 39)

Designing Solutions

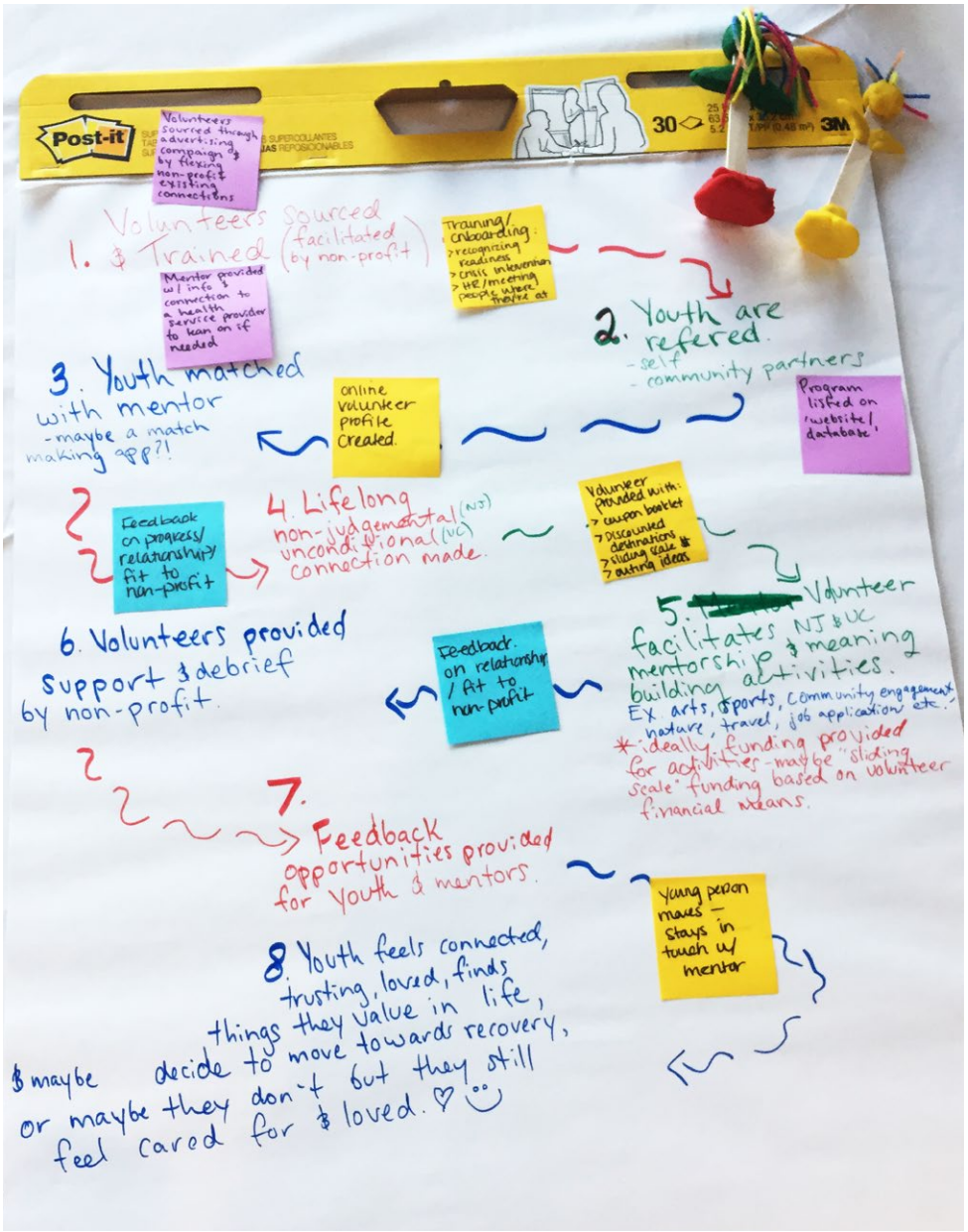
Following the brainstorming sessions, participants were asked to select the idea they felt most passionate about and wanted to design solutions for. After choosing their idea, participants expanded on their solution by developing details around what it entails, how it could be implemented, who would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

Five ideas were selected to design prototypes for:

- **Lifelong Connections for Youth** (See Prototype 01 on page 34)
- **Youth Mobile Assertive Care Team** (Y-MACT) (See Prototype 02 on page 36)
- **Youth Services Inclusion Audit** (See Prototype 03 on page 37)
- **Youth Pathways to Treatment** (See Prototype 04 on page 39)
- **One-Stop-Shop Treatment Program** (See Prototype 05 on page 41)

Prototype 01	Lifelong Connections for Youth
What?	A program that pairs a volunteer mentor with a young person who is struggling with addiction. The program is intended to create a lifelong connection. Volunteers would have training on what it means to be non-judgmental and provide unconditional support, similar to an adoption process. Training to include suicide intervention, a harm reduction lens, destigmatizing language, how to "meet them where they're at." The volunteer mentor facilitates non-judgmental, unconditional mentorship and meaning building activities that funding is provided for (on a sliding scale). Young people would be referred to this program. Debriefing services and opportunities to provide feedback for the young person and mentor would be provided by the non-profit organization.
Who?	Facilitated by a non-profit organization, perhaps an existing one that provides similar mentors but not specifically to mentor young people who use substances. Service provided by volunteers.
When / Where?	This would be a provincial program that could be designed so that it could be integrated into, funded, and facilitated by already existing non-profits.
Why?	To address the need to create meaning in a young person's life and to foster a lifelong connection in order to develop the desire and motivation to move towards recovery.

The prototype was a visual depiction of the steps of the lifelong mentor program.



Description of prototype image:

1. Volunteers sourced and trained (facilitated by non-profit) (Volunteers sourced through advertising campaign; Training/onboarding: recognizing readiness, crisis intervention, HR/meeting people where they're at)

2. Young people are referred (self referred or by community partners) (Program listed on website/database; Online volunteer profile created)

3. Young person matched with mentor (maybe matchmaking app?) (Feedback on progress/relationship fit to non-profit)

4. Life-long non-judgemental, unconditional connection made (Volunteer provided with: coupon booklet, etc.)

5. Volunteer facilitates non-judgemental, unconditional connection and meaning building activities e.g. arts, sports, community engagement, nature, travel, job applications, etc. (Ideally funding provided for activities) (Feedback on relationship/fit to non-profit)

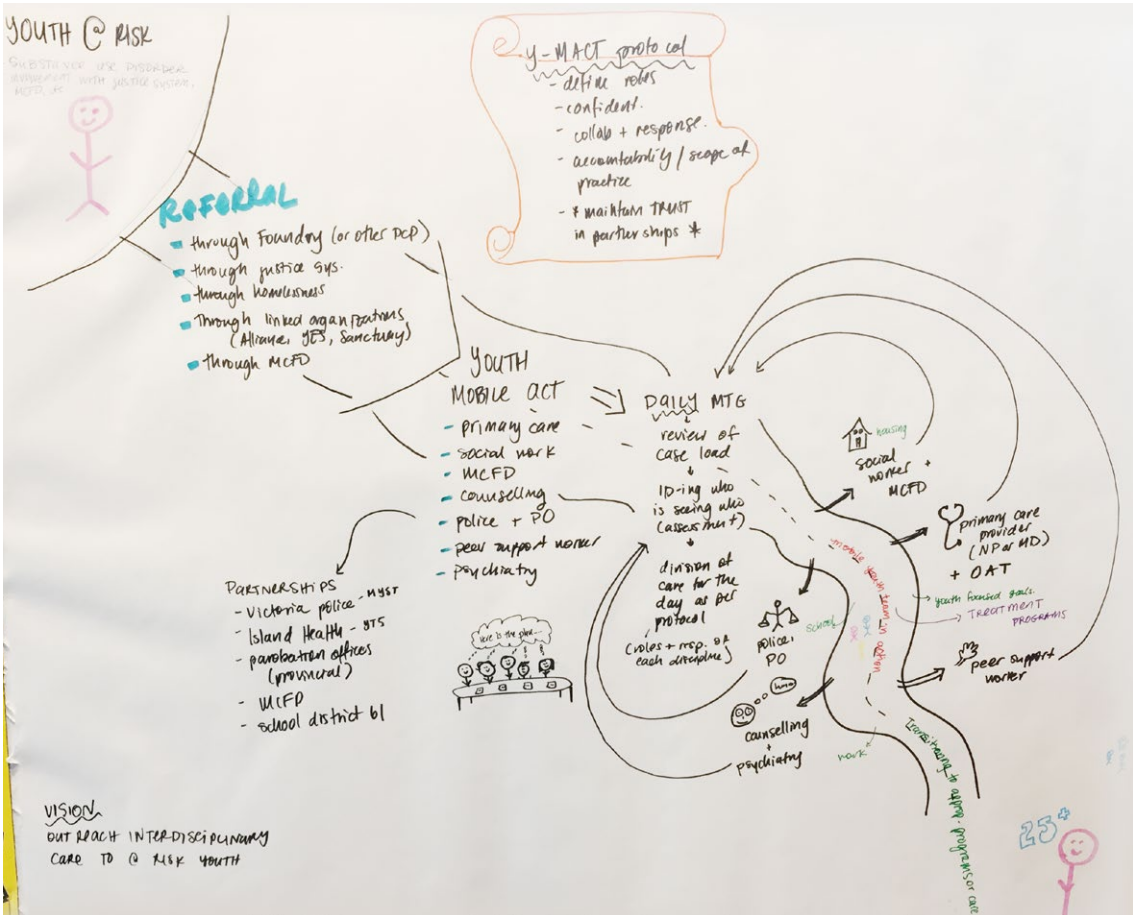
6. Volunteers are provided support and debriefs from non-profit

7. Feedback opportunities provided for young people and mentors (Young person moves—stays in touch with mentor)

8. Young person feels connected, trusted, loved, finds value in life and maybe decides to move toward recovery, but maybe they don't and they are still loved and cared for

Prototype 02	Youth Mobile Assertive Care Team (Y-MACT)
What?	A multidisciplinary team that would address the needs of young people in a person-centered and holistic care approach.
Who?	The team would include a primary care worker, a social worker, Ministry of Children and Family Development, counselling, police and parole officer, a peer support worker, nursing, psychiatry.
When / Where?	There would be weekly team meetings. Other work would be done through mobile outreach teams.
How?	The organizations involved would collaborate on the creation of protocol identifying roles, scope of practice, and responsibilities. Young people would be referred to this team.
Why?	To create collaboration amongst disciplines and improve the continuity of care and the efficiency of services. Also, to foster trust amongst service providers in order to improve the hand off process and to understand different roles and responsibilities.

The prototype was a visual depiction of the Y-MACT program process.



Description of prototype image:

The process is centred around the weekly meeting where the group reviews the case load, identifies who is seeing who (assessment), and divides care for the day as per the protocol (roles and responsibilities of each discipline).

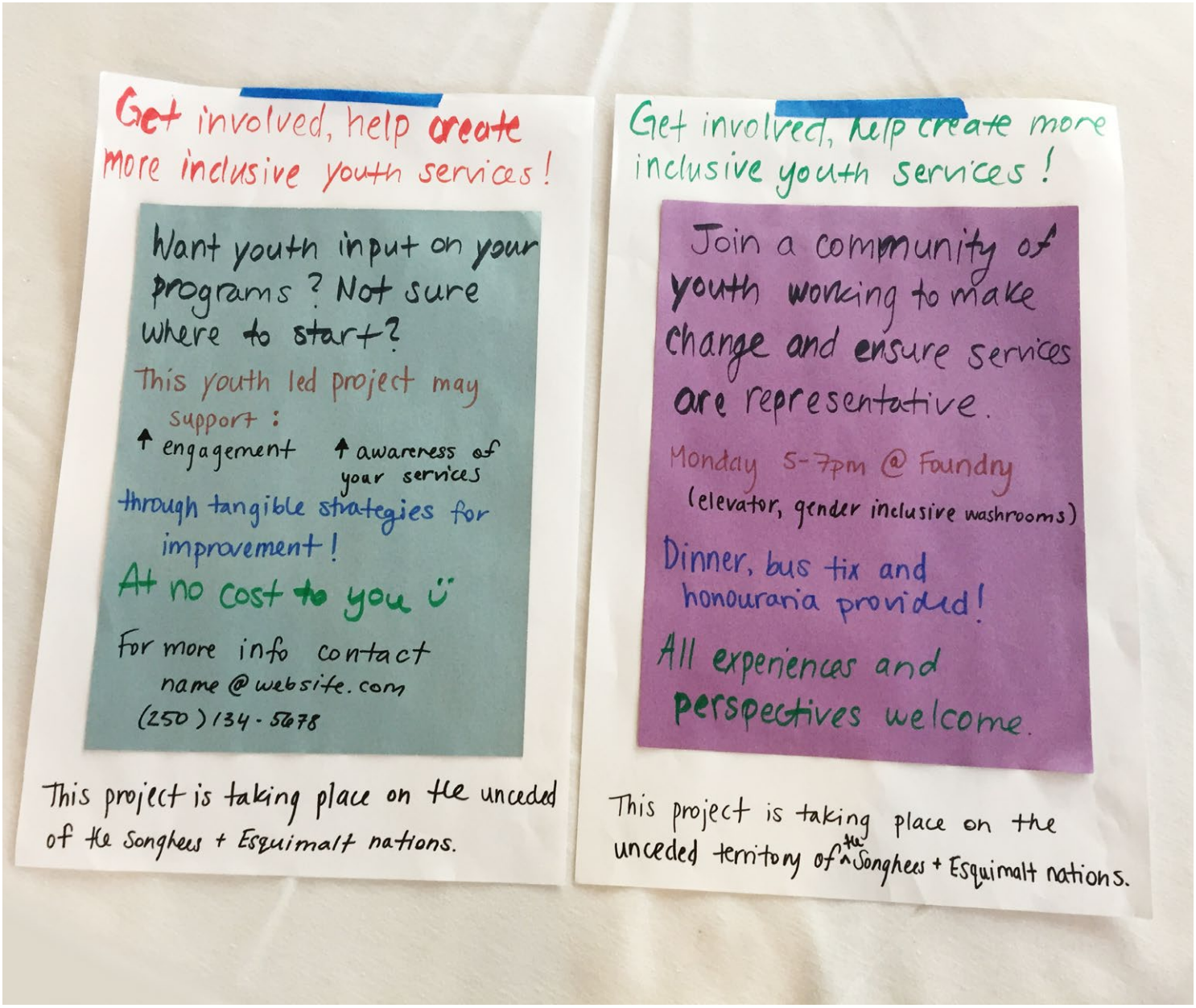
Prototype 03	Youth Services Inclusion Audit
What?	An audit of youth service agencies that is designed and implemented by young people. The audit will assess the accessibility, inclusivity, and the safety of different service organizations. The organizations that sign up will be provided with feedback to understand how young people are experiencing their services and how their setting impacts inclusivity and engagement of young people.
Who?	A youth team designs and implements the audit. Organizations are offered the service.
When / Where?	An existing organization would support the youth audit team. Audits would happen everywhere.
How?	Young people would sign up to get involved in the youth services inclusion audit. The young people that are involved would design an auditing process to give their insight on the accessibility, inclusivity, and safety of youth focused services. Organizations would sign up to be audited by young people. The audit would be completed, and organizations would be provided with feedback and suggestions for improvement. The knowledge developed from the audit would also be shared back to the community more broadly. These audits would be an ongoing project. Ideally a self-assessment tool could be created and distributed to organizations as a legacy project. Young people would be compensated for the work that they do, but the auditing service would be free for the organizations.
Why?	To increase accessibility, inclusivity, and safety for young people accessing services.

The prototype was posters for engagement.

Description of prototype image:

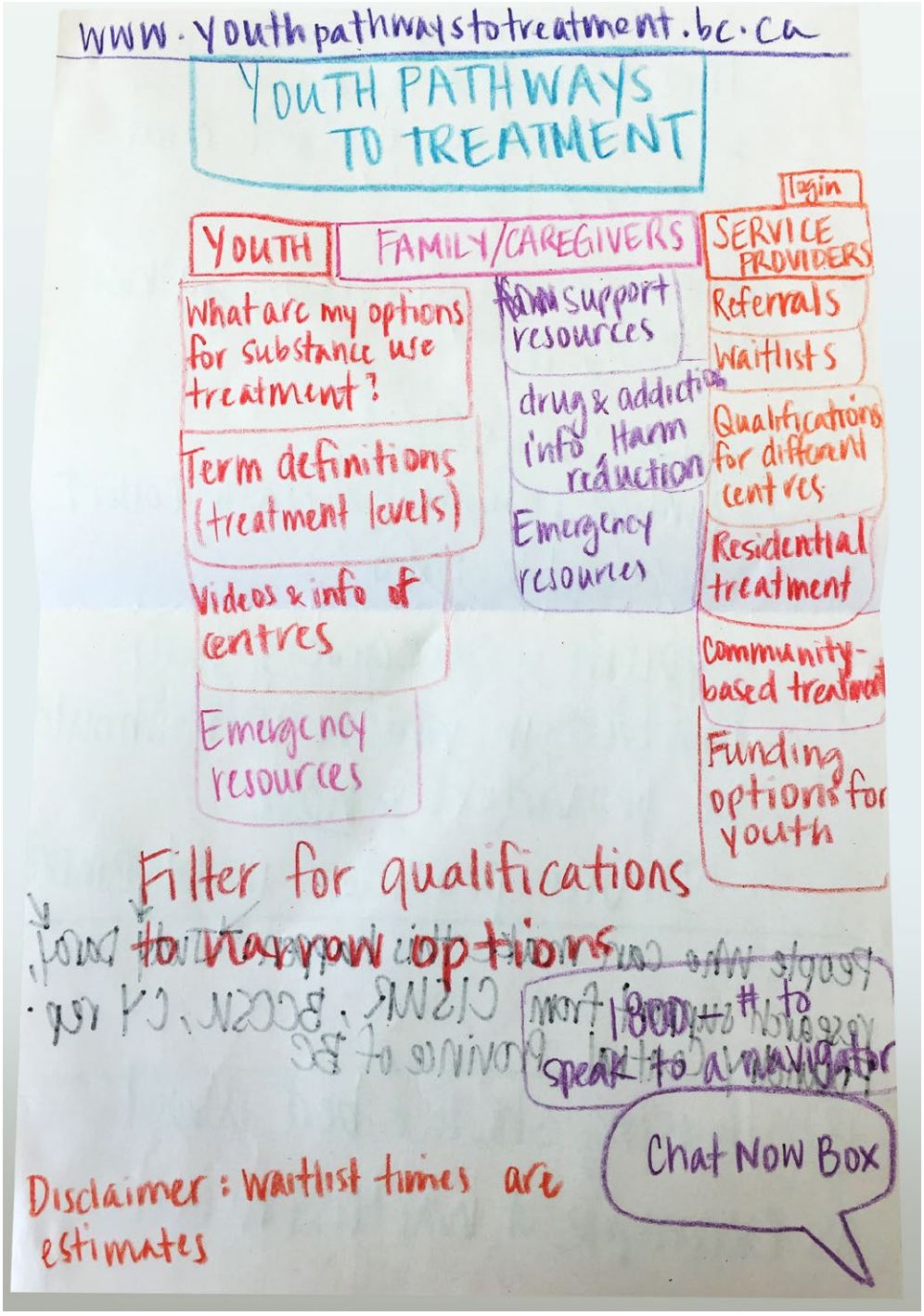
(Left) Targeted to recruiting organizations.

(Right) Targeted to recruiting young people.



Prototype 04	Youth Pathways to Treatment
What?	A website that provides information for all stages of treatment for addiction that is designed to be person-centred. There would be different platforms for service providers and young people/family. The website would provide information on treatment options and emergency and harm reduction resources, program/treatment eligibility requirements for different resources, general substance use information, an online support chat, and family support resources, referral forms, and wait list time estimates (would need to be mandated by the Ministry for accuracy but with a disclaimer that it is an estimate) that are updated by a hired employee to keep this up to date. There could be a login for service providers to allow young people and families to guide their portal design and what information they would need to see.
Who?	For Health and Youth service providers (for ages 12-24), families, young people, Ministry of Health, Island Health, BC Mental Health and Substance Use Services, Ministry of Children and Family Development, anyone! This website would require input from all health authorities. People who could contribute to making this happen: the Minister of Mental Health and Addiction, research support from Canadian Institute for Substance Use Research, British Columbia Centre on Substance Use, Representative for Children and Youth, Foundry Central, Province of BC
Where?	Young people or families can access anywhere with internet access. A 1-800 number would be provided for individuals who don't have access to the internet.
How?	Process for how this could be developed: 1) Literature review and environmental scan of local, national, and international resources/information. Research all services, gather all information. 2) Hire someone as a navigator and to be a contact for instant chat service or 1-800 number 3) Make the website: embed research and collected data, make information accessible, involve young people, caregivers, and service providers fully in what information should be provided and how Include waitlist times—an example of the waitlist model for beds available—BC Housing
Why?	To address the inefficiencies of navigating information, knowing waitlists, finding referral forms, and to improve access to treatment and care as well as facilitate transitions.

The prototype was an example of what the website would look like and what the tabs would include.



Description of prototype image:

youthpathwaystotreatment.bc.ca

Youth:

- What are my options for substance use treatment
- Term definitions (treatment levels)
- Videos and information about centres
- Emergency resources

Parents / Caregivers:

- Support resources
- Drug and addiction information, harm reduction
- Emergency resources

Service Providers:

- Referrals
- Waitlists
- Qualifications for different centres
- Residential treatment
- Community-based treatment
- Funding options for youth

Ability to filter for qualifications and live chat with a navigator

Prototype 05	One-Stop-Shop Treatment Program
What?	A one-stop-shop treatment program for young people that would be a multi-leveled treatment service, all hosted in one location (separate buildings). For example, it would include stabilization, detox, supportive recreation, low barrier housing, and medical support. There would be opportunities to move through various programs that are all located in the same place. This program wouldn't only have services specific to treatment. At this location there would also be other amenities such as a gym, a swimming pool, and a green space to bring your dog.
Who?	Young people are using it and it is being provided by private agencies, Ministry of Health, Ministry of Mental Health and Addiction, Ministry of Children and Family Development, etc.
When / Where?	Victoria, all in one location on one property. For example, somewhere near Peninsula, Metchosin.
How?	Multi-services access and a navigator.
Why?	To reduce barriers for young people accessing treatment services and create smoother transitions between these services.

The prototype was an example of the layout of this one-stop-shop treatment centre.

Description of prototype image:

It included detox, treatment (90-120 days), programming (school, gym), and residences / offices.

The arrows indicate the directions that you can go between the various services.

Summary

Comparing Workshop Findings

Understanding Experiences

Parents and caregivers reported that they are trying to navigate systems that they don't understand. Similarly, service providers reported an overcomplicated system that lacks clarity. Parents and caregivers described feeling scared for their young people's safety, and service providers reported a similar fear. Service providers also reported hearing from parents about this fear. **Both groups reported feeling angry with the system, frustrated by red tape and stigma, stressed, and overwhelmed. Both parents and caregivers and service providers reported seeing stigma from people in the community as well as from service providers who do not generally work in the field of substance use.** Both groups reported hearing the same responses when trying to help their young people access services such as detox, stabilization, or housing: "We can't take them" or "Our hands are tied." **Both groups expressed that they are trying to achieve trusted connections and build relationships with the people involved in the treatment journey.** Service providers had a focus on young people when talking about this, but also identified that they are trying to keep loved ones connected.

Service providers reported that they are trying to work with families and involve a family voice in treatment and parents reported trying to be involved as well. However, parents and caregivers reported that they are hearing little information about their young person's treatment plan due to privacy rights and sometimes feel pushed away by services because they could be thought of as a part of the problem.

Understanding Needs

Parents and caregivers and service providers both highlighted a need for improvement in the timeliness of care. People are experiencing significant delays when trying to access help from services and these delays can be extremely detrimental to the success of treatment. So, the need to reduce these delays was emphasized. Parents and caregivers and service providers also reported a need for easier access to treatment. This was described as a need for fewer barriers and red tape when it comes to accessing services for young people. Another similarity that came out of the two workshops was a need

for clarity within the system. This was also brought up as a need for more integrated services and improved communication across services and service providers. Additionally, both groups talked about how there needs to be more services for people who live in communities that are less central.

One major theme that was unique to the Parents and Caregivers workshop was a need for substance use education to be provided in schools and in the community. Overall, the needs of parents and caregivers were more focused on their interactions with systems and services and how those interactions could be improved, whereas the needs of service providers were generally more focused on how the system and these services could be improved.

Brainstorming Ideas

The questions that these groups brainstormed around were quite different, but many of the ideas that came out were similar. For example, both groups came up with a multidisciplinary team support a young person who is struggling. Parents and caregivers both emphasized the importance of creating one place that people can go to in order to find all of the information on resources and services that they need. Another idea that was similar across the groups was having more involvement of peers with lived experience in the treatment journey.

Designing Solutions

Parents/caregivers and service providers had similar ideas around having multi-disciplinary teams to support young people: Y-MACT; Wrap Around Team. These two designs were quite similar, but they came from two very different brainstorming questions (Trust amongst service providers; Intervening at critical windows). Both groups also designed resources to access helpful information for accessing services and finding resources (The handbook from the Parents and Caregivers workshop; The website from the Service Providers workshop).

The groups also designed solutions that were relevant to their unique perspectives. For example, parents and caregivers focused on a design for an education program within schools to inform parents, young people, and teachers (health liaison program) whereas service providers focused on having young people involved in assessing services and providing feedback to organizations (youth audit).

Workshop Feedback

We received feedback from 8 parents / caregivers and 11 service providers who completed the workshop evaluation form. The feedback was positive overall.

We received positive feedback for communication and supports for participating in the workshops across both parents and caregivers, and service providers. Apart from one participant who was neutral in their response, we also received generally positive feedback that the workshop facilitated the sharing of views and perspectives.

In both workshops, participants noted that they were unsure about the impacts and influence of the workshop, more specifically if the input that they provided through this workshop would make a difference to the area of opioid use treatment services for young people 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 informed by information garnered 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: Service Providers and Parents / Caregivers Agenda

Canadian Centre on Substance Use and Addiction

island health

·FOUNDRY·
WHERE WELLNESS TAKES SHAPE

The Improving Treatment Together Project (the ITT Project)

Discovery and Design Workshop: Agenda

Date & Time: Wednesday, February 12th, 2020 (9:00AM to 5:00PM)
Location: The Parkside Hotel (810 Humboldt St, Victoria; 250-940-1200)

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

CHÉOS Centre for Health Evaluation & Outcome Sciences

UBC THE UNIVERSITY OF BRITISH COLUMBIA

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

Parents and Caregivers

Theme	Needs
Authority to act (my child is not capable of certain decisions at this stage) "ageism"	• Authority to act (my child is not capable of certain decisions at this stage) “ageism”
Clear pathway of continuous care	• No gap between detox and treatment
Community support	• Follow through with discharge plans • More detox beds • More treatment beds • Longer aftercare • Team approach for care and treatment • Increase collaboration across services • Need: more power to influence my child’s journey • Need a person outside of the family to instruct me in places, people for my child to reach out to • Need support outside of family to navigate system • Need: support and understanding from other families whose children weren’t exhibiting same behaviours • To address the shame stigma
Continuous rerouting — never off the path	• Continuous rerouting — never off the path
Early childhood and educator education (schools)	• Early childhood and educator education (schools) • Early treatment support for kids in elementary schools • Support in schools • Engagement (from people on the front lines) — school, mental health, etc.
Educating the school system	• Needed the school to be more tolerant of needs; needs of kid; school need to really understand mental health / addiction • Need schools to teach students about not judging / shaming their peers about drug use. Need more love • Increase empathy and non punitive approach • Increase inclusive understanding of addiction

Theme	Needs
Empathy / understanding	• A person who is empathetic with understanding (who's been there) • Need to meet me / us where we're at in our journey — with compassion, understanding
Gateway services	• To understand the law that gave my children their rights and not parents rights • Need: respect and care form emergency staff of hospitals • Need the police / emergency room to be more willing to deal with addicted youth
Increase education / knowledge of concurrent disorders / addiction	• Understanding of treatment journey and different components • Needed to understand what / how mental health and addiction fit together • Need: understand of concurrent disorders; maladaptive coping strategies • Need: a clear point of access of / for information when trying to discern regular teen behaviour or if outside of scope • Need to find the answers • Need a booklet with step by step instructions to access why self care is so relevant so we can prepare • Increase education on how to parent an addicted kid • Being able to recognize symptoms / warning signs (school system) • When you know better, you do better
Integrated services	• Integrated service: Medical, psychological, community support • Support • Services understanding each other • Funding for boots on the ground outreach workers
Knowing the system	• Knowing the system • Where to go • Education — services • Someone or group of people to help a parent navigate the systems (detox / medical / courts / etc.)
Knowing what to expect — training	• Knowing what to expect — training • What should I expect in my house: stealing, behaviour • Need: training — what to expect, how to narcan, where to go for help • How to interact with child • Need to know the "language" • Need: to know who the active outreach workers are • Directions

Theme	Needs
No red tape	• Need: support without the red tape or charges
Path to reintegrate into society	• Path to reintegrate into society
Schools / village	• Need: addressing the issue of dealers targeting the schools • Positive police liaison
Seamless services	• Expedite court — related processes • Cohesion between available services (e.g. Seamless transition between detox and stabilization)
Self-preservation	• Needed to figure out how to reduce the anxiety / stress of our home • Increase need of self-care • How to help ourselves (emotions) • Need to be able to assess the reality of where you are at
Self-care	• Respite for parents • Finding your thing
Service availability (location, amount)	• Services outside of the downtown • Need: more treatment in community so you don't have to leave • More doctors that can prescribe methadone, suboxone, ADHD
Start of the path	• Taking advantage of windows of opportunity • Direction • Ask once, get help fast • First contact action • Access to the right services at the right time
Stigma	• Other parents understanding • No shame for "over-involved" parents
Timeliness of care	• Need: quicker access of care / help • Need ledger to do more than just diagnosing kids to treatment • No shame felt by me when accessing help, hospitals, Ministry of Children and Family Development, police
Whole family support	• Whole family support • Full family supports
Youth specific	• Respite • Support for families / siblings of substance users

Service Providers

Theme	Needs
Access	• Access for remote communities — transportation • Flexible thinking and actions
Communication	• 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
Diverse access	• Diverse services that are safe for youth to access • Culturally sensitive interventions to better support Indigenous kids/family to capitalize on better/possible treatment • Ability to meet youth 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 ad youth have different needs • Resources/ability to create relevant/accessible spaces and services for youth who use drugs
Easier access to treatment	• Less barriers to access treatment and services • Beds for youth in every circumstance • More accessibility to treatment • More services for youth who have the least resources • Fewer barriers for youth 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

Theme	Needs
Efficiency	• Single access point for availability of treatment services in BC (include waitlists) • Continuity of care • Communication between systems and other organizations • Keeping current on best practices for providing services to individuals experience concerns related to opioid use • More time • Staff sensitivity training (cultural, gender, etc.)
Family	• More family centered involved • Valuing family involvement
Flexibility	• Flexible scheduling to increase time to address youth concerns when ready • Ability to communicate with client and team • Screen all youth with Opioid Use Disorder for concurrent disorders • Flexibility with location of services • Same day starts for Opioid Agonist Therapy • Youth voice • “Family” voice
Housing	• Housing (safety) • Long term and safe housing • Housing that prioritizes youth • Low barrier housing for youth
Meaning	• To create meaning in youth’s lives • Community • Life long connection for youth • Funding for activities e.g. Swim passes, extracurricular • Build confidence and competence in youth
Peer support	• Peer to peer support from people with lived experience

Theme	Needs
Safety	• Culturally safe space — diversity • To be safe: » Housing » Food » Safe supplies and accessibility to safe drugs • Trust / rapport • Safe environments in emergency services • Acknowledgement / recognition of traditional / cultural practices relevancy in treatment • Trauma-informed training for all staff • Trauma-informed practice training for service providers • Trauma counselling for youth and families
Service knowledge	• Increased trust in service partnerships that we can refer to each other with confidence in what services they can provide • A confidence in other services • Better communication between agencies that have more resources for kids • Less offloading • An understanding of what different services offer • More connections between service providers (for Youth Who Use Drugs) and knowledge of services
Support	• Build confidence and competence in service providers • Service providers to feel supported
Sustainability	• Self-care and supporting each other • Support to healthcare providers for burnout prevention • Investing in staff training
Systemic support	• Support to do the work — understanding from workplaces and systems • Prioritizing grounding — importance of making sure we can be there everyday for clients / families
Timeliness	• Ability to respond immediately to client use

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

Parents and Caregivers

QUESTION FROM BRAINSTORMING GROUP 01 ON PAGE 13

How might we inform and educate teachers in regards to early identification / intervention techniques regarding substance use and mental health disorders so that they can better equip children, and ultimately parents on how to handle daily life struggles?

- Training for parents at kindergarten to watch for Adverse Childhood Experiences (ACEs) — resource learning (when they are still engaged)
- Case manager introduced in middle school (incorporate integrated care model at kindergarten)
- Have a treatment option for youth in Victoria and have schools deeply involved
- Extra support
- More funding
- Open door to everyone
- Normalize education
- Empathy training for all adults in education system (spec. to mental health and addiction)
- Better training
- Literature in-school
- Plan for (expect) some kids to go off track and pre-emptively source options for reintegration during / after substance use
- Semi-regular parent / caregiver child check ins (we will come to you)
- Mental health "check-ins" for all students on a semi-regular basis to destigmatize possible disorders
- Treat substance use as a symptom of mental health and proceed to treat in house with supports
- Mental health professionals on-site / on-call; train guidance counsellors
- Addiction / mental health specialist in each district
- Mental health liaisons / district
- Peer support networks in school, buddy system
- Policing of schools
- Have an enforced weekly interaction of every student with a trained professional for mental health and addiction
- App for kids to communicate with professionals discretely (perhaps connected to check-ins)
- Mandate education bi-annually spec. to mental health and addiction
- Speakers (peers)
- Pair every principal with a recovered addict / family in recovery — teacher
- Integrated health liaison program
- Integrate into curriculum (elementary)
- Volunteer teams compromised of former addicts to visit schools to liaise

QUESTION FROM BRAINSTORMING GROUP 02 ON PAGE 14

How might we intervene at critical windows of opportunity in order to support youth on their continuous care journey?

- First overdose — tell me what the next steps are and what to expect; i.e. I didn't really understand what detox was?
- 1st overdose — be admitted to hospital. Get put on detox — treatment pathway
- Visit overdose victim
- Supports in hospitals to scare or intervene locking youth in a room, running medical test pumping stomach
- First hospital visit — help us prepare how to parent an addicted kid once released
- Ask youth what they need to make a change
- First police call — understand how police can and cannot help
- 1st suspension
- Window — "I'm ready for detox," rapid access more beds
- Window — discharge from detox, beds available in stabilization and treatment
- Window — "I'll go to treatment," affordable beds, available beds
- Support for youth rehabilitation bed in Victoria
- Seamless process: emergency room to detox to rehab to integrating back home
- Smooth detox — treatment transition
- Treatment next door to detox
- Invite parent to be part of discharge plan from detox
- Window — showing up in the emergency room asking for help, addictions team available team available 7 days a week
- Holding patients until addictions team is available
- On overdose to emergency hold and provide further medical care
- Link mental health treatment to overdose
- Wet housing
- 2nd stage housing
- 1st police interaction: be offered detox-treatment pathway or community service
- Parent mentors
- Addictions team assigned
- Youth mentors
- Be assigned case worker / outreach worker who will work with youth in support and navigation
- Have a mandatory 1 on 1 worker with youth at all times

QUESTION FROM BRAINSTORMING GROUP 03 ON PAGE 15

How might we empower families by getting them the information / support they need to navigate the service system in their community for their young person?

- Make a website that has all of the services and resources available and lists all of the requirements and limitations and is updated often
- A "help my kids on drugs website" that leads a parent to information and resources
- Amazing local website / design that gets updated
- Facebook information
- Posters in COW and houses with resources listed
- Create a map of showing off the resources and support available to youth using opioids
- Distribute information through doctors youth clinic
- Emergency rooms can play a large role
- Train family doctors properly
- Help parents understand "dope sickness" and its all consuming power over our kids
- Create a support group for families of youth struggling with addiction where all the information and resources will be available and the members of groups will be updated told about new services or available treatment beds
- A person with authority that can bridge the caps between services and provide cohesion of treatment to the parents and youth (developing the team approach)
- Build a team to support, share information with parents
- Team consist / represent
- Health system
- Legal
- Ministry
- Housing
- Reach out to churches, yoga, practitioners, teachers
- Create a network for parents of youth who use opioids to share information and resources with each other
- Chat rooms for parents with "lived experience" in Victoria
- An empathetic ear that has "been there" that can help parents navigate the trauma so that parents are more stable to deal with their kids
- Navigator
- Gather information
- A person or group of people that help parents navigate the available system and can set them up with the appropriate contacts
- Have people that's job is to know all of the services and resources available and the requirements and limitations and if a youth or parent contacts them they will inform them of all the options available to them

QUESTION FROM BRAINSTORMING GROUP 04 ON PAGE 16

How might we equip a parent of a kid living with addiction in order to give them the tools for the greatest opportunity for success?

- Handbook / Guide of community resources
- Greater Victoria Handbook for Parents of Teens / Youth Impacted by Substance Use
- Parenting courses on how to raise an addicted teen
- List of books to read e.g. How to deal with your acting out teenager
- Reach out to school for support / advise them of situation
- Method of delivery — TV, where would it be available
- Information needed
- Adjust your expectations
- Parent / peer support groups
- Ted Talks on What is Addiction (opposite of addiction in connection)
- Signs and symptoms of suspected drug use
- Courses on sign of drug use and types
- Lessons / presentations from other parents that have been through it
- Love your addicted child!! No shame / no blame for you and child
- You are where you are… go to the next step
- Be clear on what your boundaries are in the home
- Smile when you see your child and tell them they look good
- Keep in mind self preservation in terms of who you share your journey with
- Permissive parent? Vs Military parent?
- Approach — giving parents education on parenting styles and what works for different kids — self awareness
- Don't take it personally
- Let go of self-judgement
- Seek advice / support from other parents in similar situation
- Avoid people who: judge, blame, criticize, suggest military school
- Remember 3 Cs: You didn't cause is, you can't control it, you can't cause it
- Do you feel your child is being sexually exploited for drugs?
- Like Quit Now BC — get text messages encouraging for parents
- Have a mandatory 1 on 1 worker with youth at all times
- System navigator
- Create ways for parents to reach out and connect with their teen's friend's parents; e.g. Police, school, health inviting related parties to come together
- Connect with youth empowerment society — ask for an outreach worker
- Connect with YT5
- Connect with Discovery and the Foundry
- Chapters: signs your child may be using, books / videos, community resources (Foundry, Y.E.S), organization providing parenting classes, key messages
- Videos, ted talks
- e.g. Boys and girls club, Discovery

Service Providers

QUESTION FROM BRAINSTORMING GROUP 01 ON PAGE 30

How might we create meaning in youth's lives in order to build motivation and desire to journey towards health?

- Lifelong unconditional mentorship and connection — a program that connects youth with someone who is open to lifelong mentorship
- Job opportunities
- Volunteer opportunities
- Family reconnection
- Intergenerational connections and relationships — intergenerational housing sites that include gatherings and food etc.
- Positive friendships
- Opportunities for community and gathering
- Safe meaningful space to spend time
- Opportunity to explore hobbies — dance, drama, art, exercise, rock climbing, film, photo, etc.
- Access to time in nature
- Cultural connection activities
- Travel
- Romantic relationships
- Provide occupational therapy / vocational services at / through housing
- Information service providers about different cultural / social program
- Create spaces / social programs for young people to connect
- Group for youth using opioids or in recovery that would take them to / do different activities with them to help them to discover a hobby or passion and their support that group in doing that
- Give outreach workers more funding to take their youth to do fun things they're interested
- A group that will explore different sports with youth who are using or in recovery to try and help them discover an interest and support them to pursue that (money)
- Free art classes and supplies to youth who are using or in recovery
- Program that will provide funding to families of youth who face addiction to give youth the resources experience and supplies to find and pursue something they're passionate about

QUESTION FROM BRAINSTORMING GROUP 02 ON PAGE 31

How might we increase trust in service provider partnerships? Trust = confidence

- Open lines of communication
- Phone list, face to face meetings
- Referral e.g. call to police, initial contact
- Constant contact
- Emails / Distribution
- Understanding each others roles
- Plan together
- Weekly meeting
- Accountability
- Understanding confidentiality
- Continuity
- Workshops
- Follow up
- Follow through
- Youth testimonials
- Engagement
- Community of practice — social
- Field trips — take turns hosting service providers
- "Take a service provider to work day" — rotates (sign up as an organization)
- Service "bios" (email)
- Consultation team laid out — bridges
- Comprehensive list of roles and responsibilities — given scenarios
- Protocol — define roles, discusses limitations
- Template — regional domestic violence

QUESTION FROM BRAINSTORMING GROUP 03 ON PAGE 31

How might we deliver appropriate services which honour diverse identities / experiences of youth in order to better engage youth?

- Value lived experience
- Youth led
- Peer support programs
- Peer workers
- Client driven programs and leaders
- Inspiring role models
- Youth audit of services re: diversity and accessibility
- Identity based groups within services ex. Queer abilities
- Have groups that engage different groups and engage groups together
- Sign showing safe space for youth
- Different languages and staff available to speak
- Hire staff with lived experience of drug use
- Diverse staff experience
- Diverse staff, volunteers, families
- Accessibility / accommodation for staff
- Ensure work environments are safe for Black, Indigenous, People of Colour (BIPOC), trans, people with disabilities, etc.
- Land acknowledgements
- Inclusion of traditional practices (with proper protocol)
- Ceremony for all to explore
- All nations traditions
- Variety world music
- Celebrations
- Food for all
- Recognition
- Multi-generational people served
- Wellness oriented
- More than “treatment”
- Funding / supporting grassroots / community initiatives
- More satellite services in community
- Mobile services
- Outside the “core” downtown
- Connection to land in practice
- Build reciprocal / positive relationships with other organizations
- Engagement (regular) with divers organizations
- Opportunity for knowledge sharing
- Agency partnerships
- Consultations / input with community respected members
- Staff development training
- Training for front line workers (funding for this to happen)
- Accessibility of spaces / services
- Dedicated spaces / events (counsels, gatherings, group)

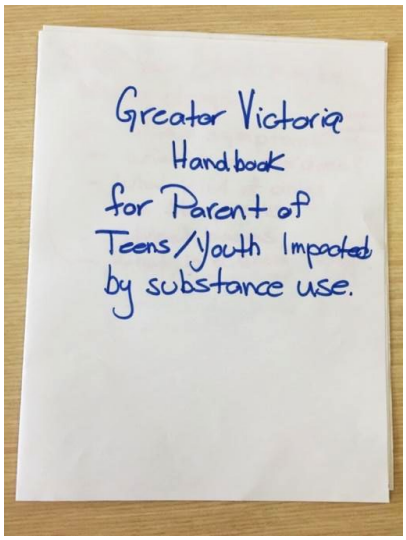
QUESTION FROM BRAINSTORMING GROUP 04 ON PAGE 32

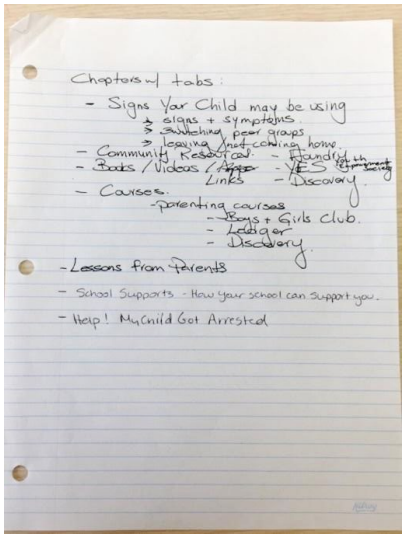
How might we reduce barriers for youth to access treatment services in order to create smoother transitions and easier access?

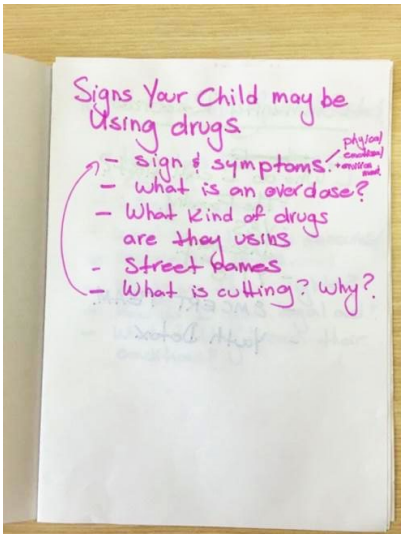
- One property two different buildings: detox — treatment
- Treatment that can treat more complex needs / concurrent needs
- Treatment services for concurrent disorders (mental health and substance use together)
- Challenging idea of why some clients are denied access, example: mental health diagnosis
- Don't get kicked out for difficult behaviour
- Differing levels of treatment in one place — day program treatment, residential, counselling, groups
- Detox — hospital — (place in between) — treatment options
- Increase treatment / stabilization housing options
- Youth group housing or all entire apartment building along with community home stays
- Cross cultural services (not a one size fit)
- Pet friendly residential treatment
- Treatment facilities for youth in this community instead of sending to mainland or up island
- Residential treatment on the island / local
- Residential treatment in Victoria
- Treatment options across spectrum of change / needs
- More beds
- Increase in treatment beds that are tier 5
- Detox — long term med stabilization
- More beds available
- Increase integration of concurrent services
- Treatment programs that are involving collaborating services (continuing existing programs)
- No waiting list
- Allow friends to go together
- Make it fun
- Open up referral process and who can refer (who can refer, self referral, family referral)
- Self-referral
- More robust communication pathways to improve transitions
- Memorandums of understanding (agreements) between Agencies (stop the hot potato), every door is the right door
- Simple, universal referred forms (minimal required information)
- Not a lot of forms
- Don't get put back on the bottom of the list if declined
- One information source for treatment information / referrals
- Specific service / position that navigates treatment referral pathway — matched at services
- Create role of navigators in community each navigator gets kick and the physical transport kid / do work for kid to get resources
- Implant treatment navigator
- Someone answer the phone and says "treatment services" — a joint agency / ministry fundamental role
- Ask once get help fast
- Openness in programs to individualized treatment plans — not excluding clients from re-entry if they leave early
- More local options for treatment services
- Website provides waitlist — updated daily — referral process answers questions
- Service provider database which includes: Waitlists, online referral forms
- Website with waitlists live time

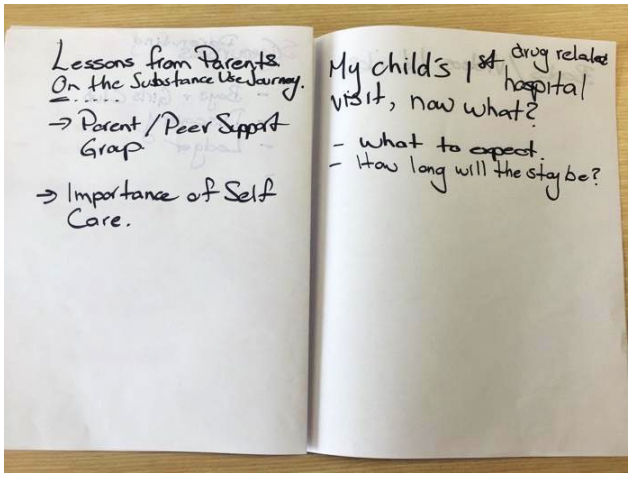
- Greater use of technology / facetime / online counselling / virtual groups
- Website / portal — single access point
- Directory / website / list of resources and comprehensive descriptions / criteria / etc on site / directory
- A bank of treatment services by region, easily accessible
- Better public education around substance use and treatment — may open up more community support
- Youth specific services whenever possible — "sobering centre," Opioid Agonist Therapy, stabilization
- More doctors practicing Opioid Agonist Therapy service
- More ID clinics to assist youth with obtaining the necessary ID to apply for programs
- More Opioid Agonist Therapy locations; available evenings or weekends
- More services embedded into schools / community centres etc
- Mobile services / outreach e.g. to youth housing etc.
- Community based supports that are youth focused (e.g. 12 September, life ring)
- Multiple "hubs" throughout community where kid can access most types of treatment
- Increase continuum of services (day programming, step up / down, residential beds)
- Informed by parents and those who have been through the systems
- Consistency of support workers across the whole process
- Youth has a clear "support team" — those on the team all have knowledge of who is on the team

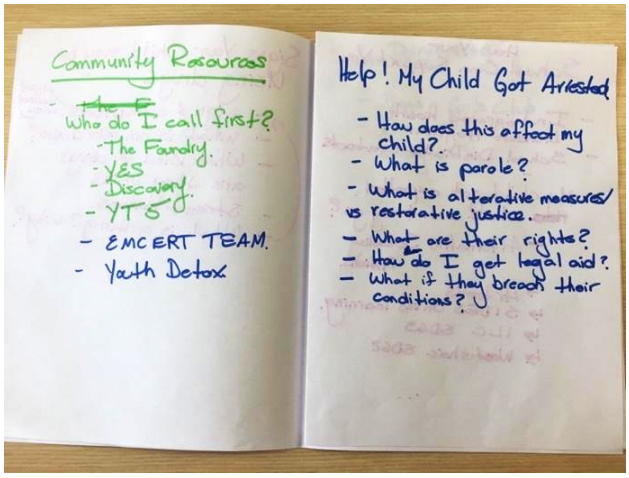
Appendix E: Parent Handbook Prototype Photos

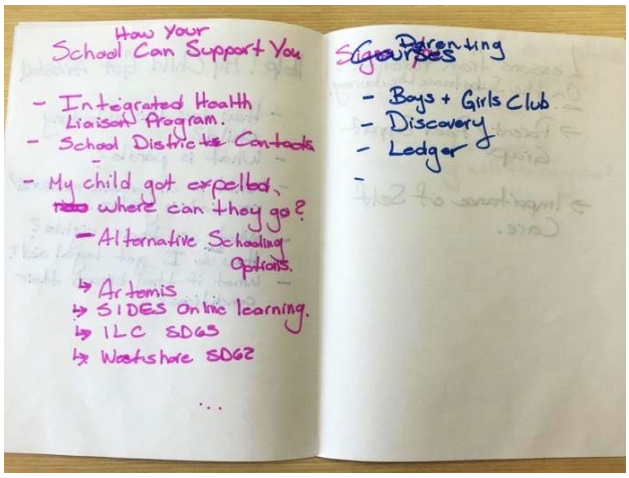


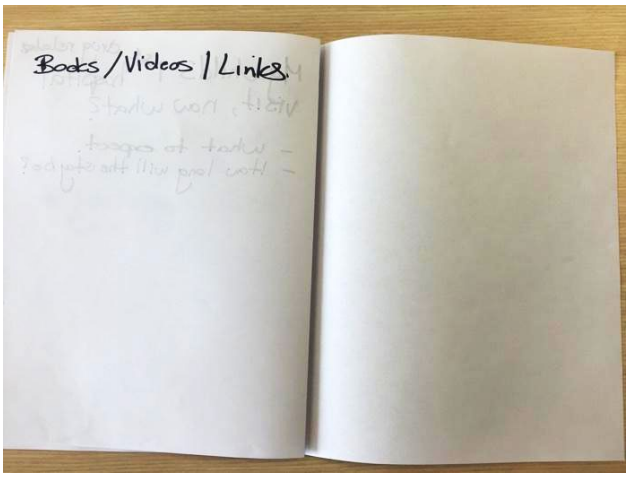












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VICTORIA

WHERE WELLNESS TAKES SHAPE

Canadian Centre
on Substance Use
and Addiction