

COMMUNITY
WORKSHOP REPORT

KELOWNA
NOVEMBER 15-16
2019

THE ITT PROJECT

The Improving Treatment Together Project

• F O U N D R Y •
KELOWNA

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 territories of the Syilx (Okanagan) Peoples.

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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 41 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-centred 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 service provider and youth workshops that were held in Kelowna.

Service Provider Workshop

November 15, 2019

About the Workshop

The workshop was held in downtown Kelowna. There were 8 people in attendance, three of whom were members of the ITT Project team who co-facilitated the workshop. This team included one staff member from CCSA, one staff member from Foundry Central Office, and one Youth Project Team Member from Kelowna. Additionally, there was a member of the Alberta ITT Project team there to observe and provide support.

Four service providers from the community attended the workshop. The time spent practicing in their current profession ranged from 2 to 14 years in total, but three of the four reported having worked with youth ages 12-24 for longer than they had been practicing in their current profession. When indicating what interventions they typically provided as part of their practice, all four reported delivering harm reduction services. The next most frequently cited interventions provided were screening/ early intervention (n=3) and brief interventions (n=3). One reported prescribing medication assisted therapy (MAT) or opioid agonist therapy (OAT) as part of their clinical practice.

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 them specific questions regarding what they've 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?

- Anger & desperation;
- Confusion;
- Lack of Trust.

Doing?

- Harm reduction;
- Listening;
- Being myself;
- Goal setting.

Thinking?

- Harm Reduction;
- How do I build trust?;
- How to be creative within constraints?

Saying?

- How can I help?;
- I hear you...;
- People care about you...

Feeling?

- Empathetic;
- Frustrated;
- Hopeful.

Seeing?

- Hopelessness;
- Someone needing support;
- Physical effects of drug use.

The themes that emerged included:

Hearing

Participants reported hearing:

- Anger and frustration from young people. One example was in relation to the idea of trying to “quit” when they don’t have their basic needs met
- Confusion from young people in regard to the services, system, and treatments that they are trying to navigate, for example “I don’t know what this is,” or “I don’t like it”
- Similar confusion and frustration from fellow service providers, for example, “where / how do I refer [young people]?” or “How do we support young people without giving them the run-around?”
- “Why are you asking so many questions?” from clients, which represented a lack of trust with service providers and with the system

Doing

Participants reported doing:

- An emphasis on harm reduction as a core part of their work
- An emphasis on the importance of listening as service providers, which meant “being myself” and providing empathy in order to build trust
- Using goal setting in terms of providing client-centred care, creating buy-in, and working towards shared decision-making
- Setting goals is important for empowering young people and keeping clients connected and engaged

Saying

Participants reported saying:

- Using words of encouragement often, for example, “I see you,” or “one day at a time,” or “people care about you”
- Working to identify and meet the goals of the young person by asking them “how can I help you?,” or “what can I do to support you?”

Seeing

Participants reported seeing:

- Young people who need support
- Young people with complex needs, who are not having even their basic needs met, and / or who are faced with stigma
- A lack of understanding from those who might otherwise be their support system (e.g. friends, family, other service providers)
- A sense of hopelessness from clients, which was described in terms of young people feeling confused, feeling desperate and sad, as well as feeling guilt or shame
- The physical effects of drug use and how that was an important consideration in providing treatment and care to young people who use opioids

Feeling

Participants reported feeling:

- Empathetic towards the young people they are working with and, as a result, often experience conflicting emotions through the course of their work (e.g. happiness and sadness, anger and excitement)
- Frustrated with a system that doesn't seem to work for young people and that often leaves them feeling constrained in what they can do and what they can offer to their clients
- Overwhelmed by workloads, which leads to more frustration
- Hopeful, despite other negative feelings, which then motivates them to keep going

Thinking

Participants reported thinking:

- About harm reduction (as an approach, and in terms of specific services) as at the forefront of their thoughts, for example “better grab some naloxone.”
- About how to build trust with their clients, especially in the face of trauma and lack of basic needs being met
- About needing to think of how to be creative within the constraints of the system, their job scope, or settings, in order to meet young people where they are at and provide services in the way that they need it

Next, participants were asked to reflect on what success would look like from their perspectives, how they could get there and what prevents 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 feeling that one of the most important things is to build trust with clients, which they felt requires empathy and involves listening to clients and caring about what they have to say. Trust was referenced as being important for creating client buy-in for treatment. Participants also mentioned that they are often faced with trying to address basic needs for clients (e.g. personal safety, housing, harm reduction) and then determine what referrals might be needed so that they can then make those connections into services for clients.

What do I need in order to achieve those things? Participants once again highlighted the importance of building trust with clients, which means you need time to listen and to build relationships. Training was emphasized as important in terms of being able to keep up with and provide the latest evidence-informed approaches. One specific example of this was peer support workers providing training in naloxone administration and overdose prevention and response. Lastly, participants shared that knowledge of locally available services, including their criteria and their referral processes, is critical in order to link young people up with the services they need, when they need them.

What is making it hard to achieve those things? Participants highlighted constraints at a systems-level (e.g. wait lists for much needed services and lack of services available locally) as well as professional and organizational constraints (e.g. scope of practice and liability), which make it difficult to provide and deliver the interventions that young people need, in the ways that they need them. Lack of services to meet basic needs of clients (e.g. housing) was highlighted as a significant gap. As well, when clients don't have their basic needs met, this also makes it harder for the successful delivery of treatment. Participants mentioned the negative impact of stigma for their clients, both directly (self-stigma or family and friends) and indirectly (societal discrimination). Changing availability of local services were also mentioned as making it hard to keep up to date with what's available to young people locally.

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

During my point-of-care interactions with delivering services to young people who use opioids...

What is successful (i.e. what do I want to keep)? Participants cited examples of service/care collaboration (e.g. Integrated care model teams, collaborative treatment plans, team-based care) as something that was successful in their field. They also emphasized that when there is a focus on building trust, this makes for a successful service interaction. This was described as listening and asking questions in a non-judgmental way, as well as “meeting people where they're at” and “being there” for them. Being creative (e.g. “being able to think outside the box”) and having flexibility within the context of delivering care was also once again emphasized.

What could be improved (i.e. what do I want to change)? Attitudes of service providers towards those who use substances was seen as something that needed improvement. Team care, for example, in discharge planning, was seen as something that was successful when used, but needed to be done more often. Availability of certain services within the community (e.g. housing, case consults with specialists, concurrent disorder treatment) was also mentioned as something that could be improved.

What questions did I / do I still have (i.e. what do I need)? The question of how to address the basic needs for young people who use substances was seen as important. Participants also raised the question of how to address stigma, or educate and create awareness for people who are directly involved in the lives of young people who use substances (e.g. clinicians, families, other young people). Finally, the challenge of feeling like the system was giving young people the “run-around” in terms of accessing the right service at the right time left participants’ wondering how to keep up with a changing service landscape, to stay informed of what is available, to whom, and when.

What ideas does this give me (i.e. what are some solutions)? Participants reflected on the idea of less common evidence-based treatment approaches, like injectable opioid agonist treatment (with diacetylmorphine or hydromorphone). They also brought up the idea of conducting a needs-assessment of service providers (whether individuals or teams) working with young people who use opioids, to better understand what their educational and informational needs were. Lastly, self-care for services providers as an idea to prevent burn-out, support and maintain empathy on the job, and reduce judgment when providing care to young people.

Understanding Needs

After reflecting on their individual and collective experiences, participants were asked to describe what specifically they would need in order to improve experiences of delivering services to young people and, ultimately, improve outcomes of those 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 43). Themes that emerged from this discussion are described below:

Education: Participants emphasized the need for more education in prevention and harm reduction approaches to be made available to service providers who work with young people, for care givers, in school settings for staff and students, and in the community at large. This was viewed as an opportunity to decrease stigma and empower and engage caregivers of young people who use opioids. Schools were seen as a critical setting for educating many of these groups. Specific education for service providers was also needed, including providing information about current best practices related to OAT (opioid agonist therapy) and other evidence-based opioid treatments, as well as up-to-date information regarding what services are available for young people in community.

Client-Centred Approach: Participants emphasized the need for a client-centred approach in working with young people. This included understanding and meeting the needs of the client, as identified by the client themselves. Additionally, this meant that the services the client needs and wants should actually be available when they need them, and this isn't always the case. Participants reported that the need to build trust and establish positive relationships with clients is critical for being able to compromise around what clients need, versus what's available and what's clinically recommended.

Service Improvements: Participants described a need for more service innovation and/or adaptation of existing services to better work for young people specifically. Some examples included day treatment options for young people that would be available in their own communities, as well as facilities that do detox and treatment under the same roof.

Complex Needs / Comorbidities: Participants emphasized the need for services that support complex/concurrent cases, along with the need to challenge the amount of "red tape" that comes in trying to get clients (particularly complex or concurrent clients) access to substance use services. A need to address comorbidities of young people who use opioids and incorporate treatment of comorbidities directly into their care and treatment plans was also described.

Basic Needs: The significance of basic needs of clients came up consistently throughout the workshops, and the need to address them in order to actually have successful experiences and outcomes of treatment services was seen as a stand-alone issue. Housing was mentioned the most often, but this also included access to healthy food, financial independence and others.

Systems change: The need for timely care, including the need to address waitlists (e.g. for detox and rehabilitation programs) and the need to be able to provide timely referrals was seen as a systems-level issue.

Integrated / Collaborative Care: Participants emphasized a need for enhanced communication and collaboration between and across services, while simultaneously maintaining and respecting client confidentiality.

After creating a list of needs (see Appendix C on page 43), participants were asked to select which needs they wanted to focus on to design solutions. As part of this decision-making process, they were asked to consider which needs they are most passionate about, which needs they would like to design solutions for, and which needs they felt would have a large impact if solved.

Below are the needs that were selected by the participants as options to move forward to the Design Session:

- Build trust with clients
- Educate / reduce stigma within the school setting
- Engage, educate and empower care givers to support the young people in their lives who are affected by opioid use
- Increase understanding of harm reduction and taking a harm reduction approach
- Address complex needs that are often experienced by clients who use opioids
- Better coordinate care for clients who use opioids
- Build capacity to ensure OAT is provided where needed, in a timely manner
- Better support clients to stay on OAT (know what the options are and what will work best for them)

Design Session

Brainstorming Ideas

Using the list of needs from the end of the Discovery Session as a starting point, participants self-selected the need which they personally wanted to design solutions for. This meant that not all needs selected at the end of the Discovery Session were actually designed for in the afternoon. Each need selected at this point was then transformed into a question format (e.g. “How might we...”) in order to support the brainstorming process. Below are descriptions of the types of ideas that emerged for each of the selected needs/questions (the full list of ideas is listed in Appendix D on page 44):

Brainstorming Group 01

NEED

- Educating service providers
- Harm reduction approaches
- Engaging and trust building with youth

QUESTION

- How might we educate staff at Foundry centres on what opioid agonist therapy (OAT) is and the process of getting it?

IDEAS

- **Interactive education:** interactive webinars on OAT; hosting case presentations/discussion with teams; providing team training on OUD assessment tools; open question and answer periods for staff; establishing a community of practice; open team chats; virtual OAT experience from client perspective
- **Independent/self-directed resources:** OAT fact sheets; information sheets on prescribing and pharmacies; information sheets on mobile access for clients; infographics/visuals; training modules delivered via iPad

The ideas for this Design Question included both **interactive education** formats, and **independent/self-directed** learning formats for staff who work directly with youth who use substances, whether or not they are treating those youth specifically for their substance use (e.g. all staff/clinicians working at Foundry centres). The focus was on upskilling all staff who work with young people to be able to better identify risk, conduct assessments, provide pertinent information related to treatment options (specifically Opioid Therapy) and then refer appropriately, considering young people’s needs and preferences.

The idea from this brainstormed list that went forward to the design session was the virtual Opioid Agonist Therapy experience from the client perspective (See [Prototype 01 on page 17](#))

Brainstorming Group 02

NEED

- Promote education/ stigma reduction within the school setting
- Engage, educate and empower care givers to support the young people in their lives who are affected by opioid use

QUESTION

- How might we engage/ partner with schools and schoolboards to shift perspectives of harm reduction and opioid use?

IDEAS

- **Building empathy:** Providing youth and parent peer support through schools; sharing personal stories from parents to parents; parent-led information sessions hosted through schools; parent-created content for other parents re: best practices/ what to expect/ what to do; campaign involving personal stories incorporating “hidden” substance use (not just high risk populations)
- **Building evidence:** creating “how to talk about drugs” substance use resources to support parents in talking to their children; hosting evidence-based presentations for school staff and parents; media campaigns focusing on school settings; sending out informational resources to parents directly (via schools)

Ideas for this Design Question centred around two core functions. **Building empathy** focused on normalizing conversations around substance use, increasing awareness and decreasing stigma for parents and caregivers and students. **Building evidence** looked at ways of getting evidence-based information out to parents to facilitate better understanding of substance use and addictions to better support the young people in their lives. Both categories promote prevention and early intervention efforts by starting young and engaging families (specifically parents and caregivers) through the school system.

The idea that was developed from this brainstorming session and that went forward to the design session was an application that provides information about substance use and reduces stigma. (See [Prototype 02 on page 19](#))

Designing Solutions

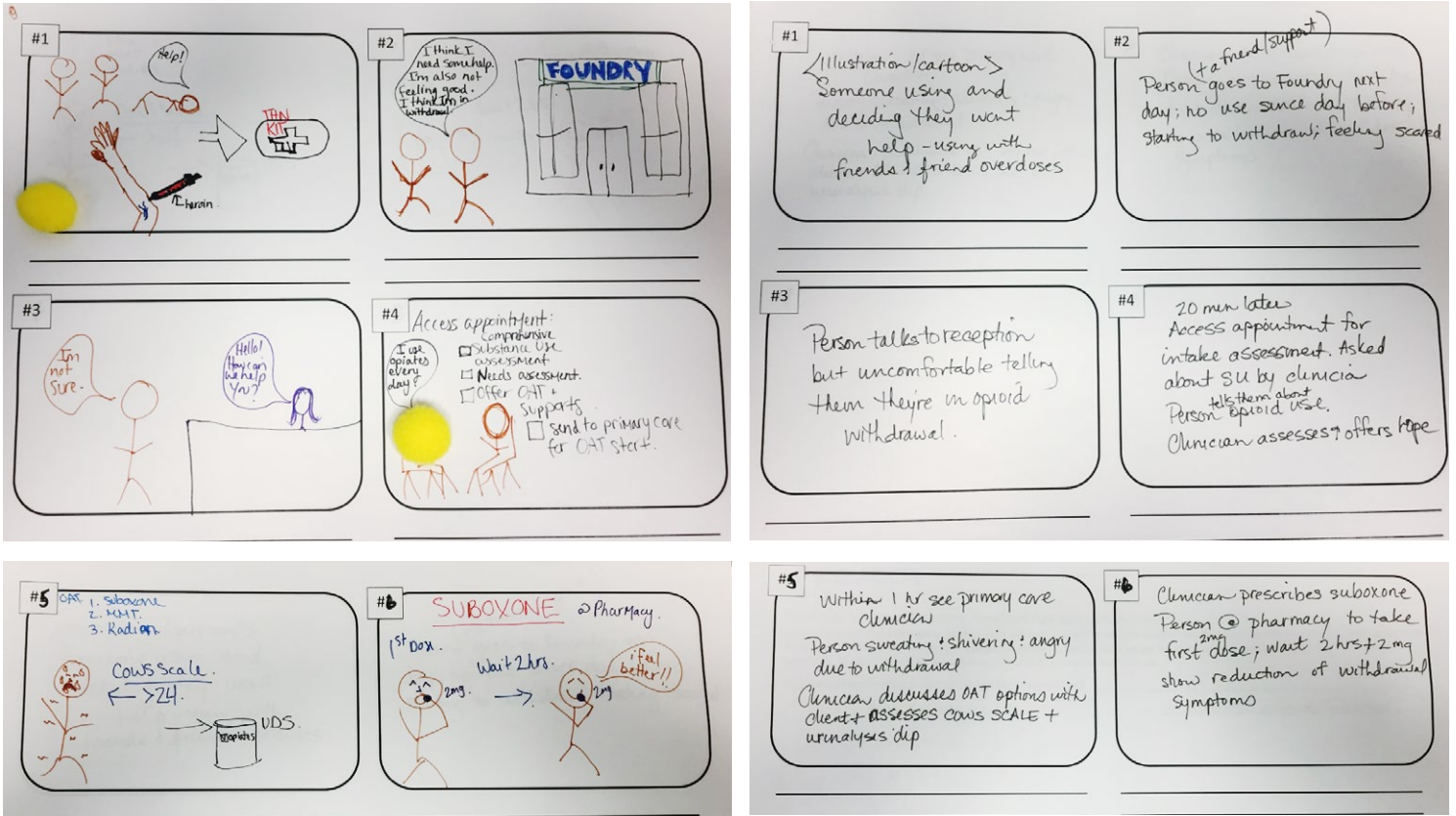
Following the brainstorming sessions, participants were asked to select the idea that they felt most passionate about and wanted to design solutions for. After choosing their idea, participants expanded on their solution by developing details around what it entails, how it could be implemented, who would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

In this workshop, two different Design Ideas were prototyped:

Prototype 01	Virtual guide on the experience of accessing / administering opioid agonist therapy
What?	Application for phone / tablet. Describes what the experience and process of obtaining opioid agonist therapy looks like from the youth client perspective (using virtual reality, so you're literally seeing everything from the client perspective); starting with: using substances, talking to a counselor / attending a clinic, having an assessment done, experiencing effects of withdrawal (with timelines from last use), decision around which opioid agonist therapy is prescribed, going through induction (how it feels, the intended effects), attending follow up appointments, etc.
Who?	Could be accessed by anyone but intended for service providers and staff.
When / Where?	Open access, on-demand. Accessible whenever, wherever (i.e. just require access to technology / device). Could create a login / account.
Why?	Provide relevant, applicable information to staff and service providers who work with youth who use opioids. Improve understanding of and engagement in best practices; increase uptake and capacity to provide OAT. Increase knowledge of how to conduct assessment, referral and ongoing support. Increase knowledge of options available to client (types of OAT, pros and cons). Increase empathy / understanding by taking client journey / perspective. Improve understanding of unique considerations for clients, to facilitate more client-centred approaches to OAT enrollment / initiation / retention.

Description of prototype image

The prototype was a storyboard representing the different steps in the virtual experience that you would go through from the client perspective:



Prototype 02 **Application that provides information about substance use and reduces stigma**

What? A mobile app with multiple functions / tabs, including educational webinars / videos for multiple audiences (e.g. care givers, youth, school administrators). Has Skype connection to outreach services in community. Includes personal stories and information about peer support (what it is). Could provide information on how to set up peer support in schools. Community-specific / community-level information regarding what services are available locally and provides links to their website / contact information.

How? Download App directly, can identify what audience you fall under. First tab: start with a personal story, “pick a story”; there would be a description of who’s story you’re about to watch. After watching a video, you are redirected: “what do you want to do now?” and gives you list of options (e.g. “watch another story,” “educate myself,” “talk to a Peer,” “get outreach support,” “more resources,” etc.). “Educate myself” could link to webinars on different topics (e.g. OAT), training on different topics (e.g. naloxone administration), and peer supports. You could “pick your community” and be redirected to what services / supports are available locally. Resource literature could include online, provincial (e.g. BCCDC, Towards the Heart) and local resource pages. When a training or webinar date is upcoming, could provide reminders directly to your phone / email. Your account could archive webinar / training you’ve done and personalize settings.

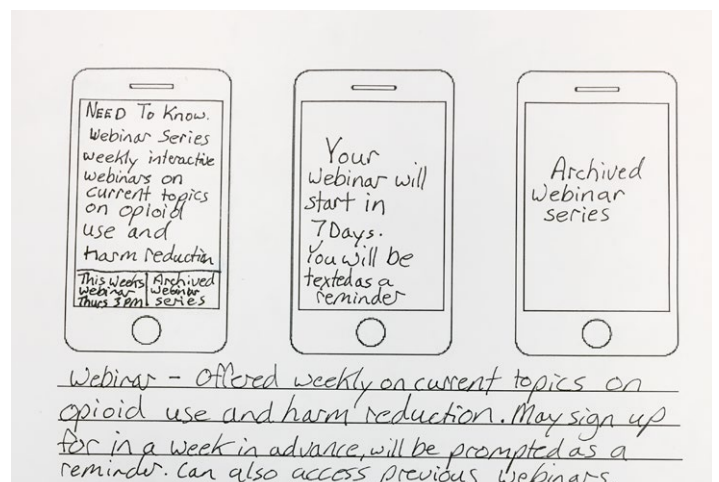
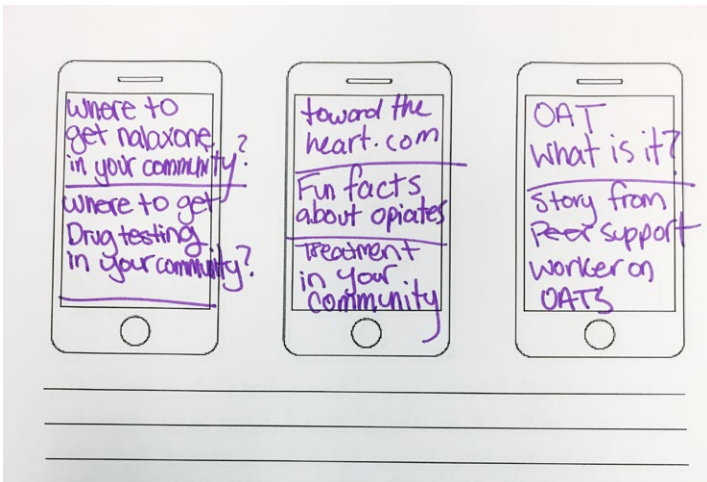
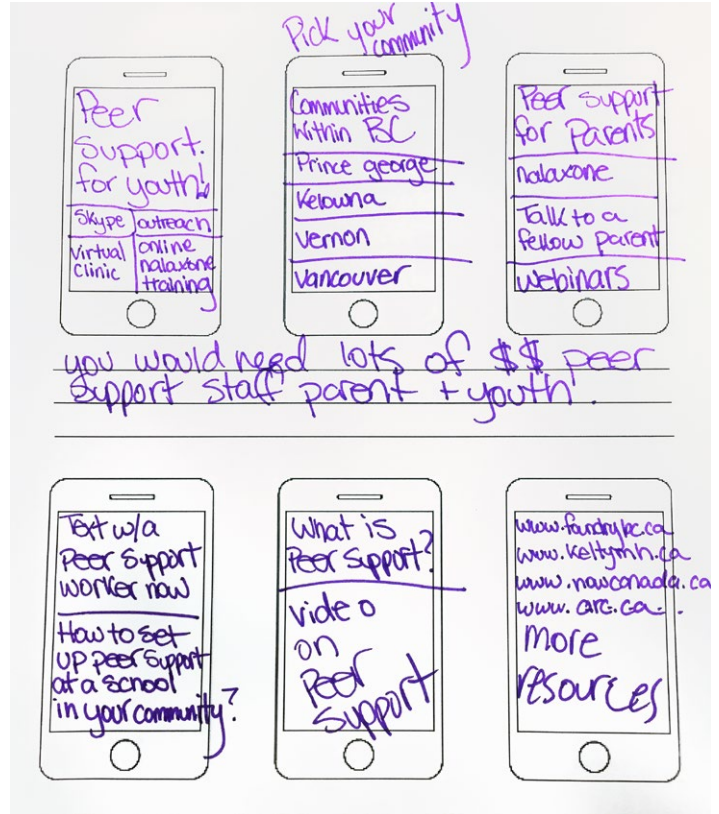
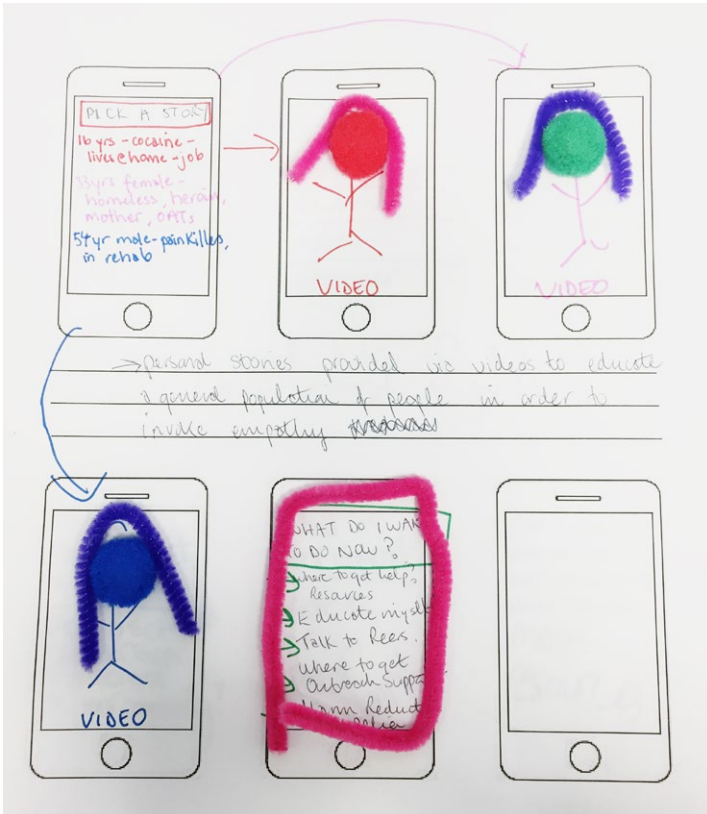
Who? Various populations, but primary focus is care givers and youth. But could still be of value to service providers as well.

When / Where? Anytime, anywhere.

Why? Build awareness, reduce stigma, increase understanding of harm reduction and associated training, connect people into services.

Description of prototype image

The prototype was a mobile application storyboard that demonstrated what the different tabs on the application could look like / what information they would provide:



Youth Workshop

November 16, 2019

About the Workshop

The workshop was held at Foundry Kelowna. Two young people attended the workshop. From the project team, there was a staff member from CCSA, a staff member from Foundry Central Office, a Youth Project Team Member from Kelowna and a Peer Support Worker from Foundry Kelowna. The Youth Team Member and the Peer Support Worker worked closely with the two young people throughout the workshop, whereas the staff members provided high-level facilitation support.

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 as a young person accessing treatment services for opioid use, focusing on their point-of-care interactions. Working closely with members of the ITT Project team, they described what the journey of accessing services looks and feels like from their perspectives, from the point of recognizing you need help through to what happens after you receive services. Here is how they described that journey:

“Your journey with substance use is part of a bigger journey. It impacts the rest of your journey and it will change you as a person and change your life. This journey can have positive AND negative impacts on your life. It can also link to other “service journeys” you might have in terms of accessing services for other reasons.”

Step 1: Recognition

Recognition happens when you have a wake-up call; when something serious happens that causes you to think “I need to change,” or “I can’t do this anymore.” Sometimes it’s something that happened to you personally, or it could be something that happened to someone close to you. This event will cause you to change your thinking. This may not be Step 1 for everyone.

Step 2: Finding out where and how to get help

Once you realize you need help, you still have to figure out what your options are and what the right option is for you. Sometimes you might have someone who can help you with this step, but sometimes you don’t (whether that’s because you don’t have a support or you don’t want people in your life to know), so you have to figure it out on your own.

Things that can help at Step 2 include: *having positive supports in your life pushing you (but not forcing you). This can be positive even if it means sometimes that you fight or argue with them.*

Step 3: Making the decision to go get help

Once you figure out where to go, you still have to make the decision to actually go and access the service. Sometimes you don't have any motivation to go and sometimes it's hard to get there. Sometimes you don't make the decision to get help, but something happens that causes you to end up in services.

Things that can help at step 3 include: *having the support of family and/or friends, feeling like you're part of the decision, having it be "my choice" (not forced upon you).*

Step 4: Receiving services

Once you make it to the service, it's the experience of actually meeting with a service provider and/or getting treatment.

Things that can help at Step 4 include: *having a relationship with your service provider, having outreach (because it can help to have someone come to you, but also because sometimes you worry about what people will think if they see you accessing services for substance use), having the service provider meet you where you're at, not just sitting in an office, having them check-in and follow up, and no judgement (like if you don't show up for an appointment, they don't make you feel guilty but instead they follow-up because they want to make sure you're OK).*

After step 4, you often cycle back to step 3, experiencing changes each time.

Receiving services is not a one-time thing. This can be a really hard cycle, because things don't necessarily get better right away: "Things don't get better when you get clean, like sometimes they do get better which is a good thing, but then sometimes your whole life can just fall apart 'cuz that's the only thing holding it together."

Things that can help during this cycle include: *having options for positive things to do (like instead of using, you had someone who was like "let's go to the movies," or "let's go for dinner" or "go out for a trail ride"); sharing your story with others who are going through something similar; having your services tailored to you (having a person-centred approach); having support (e.g. family, friends); having access to and support with medication as treatment; having mental health services/support. You may also have to cut some people out of your life who have a negative impact on you.*

Things than can be hard during this cycle include: *Being on different medications, cycling between medications for mental health and substance use, managing all of the physical and mental health effects, dealing with withdrawal.*

Step 5: Difference

Step 5 is when you notice big changes in your life. In addition to a difference in your mental and physical health, this can also look like a different relationship with your family and/or an entirely different group of friends. Your life looks different than it did at the beginning of your journey.

Things that can help across your entire journey include: *having a support network, whoever that is for you (e.g. family, friends, service provider); learning new things and developing life skills; having good friends; and being able to eat healthy food and do activities.*

After that, each participant picked one aspect of the journey they wanted to further describe. They were asked to explore that step of the journey in more detail, from the perspective of a young person. We used the empathy mapping process to understand and prioritize the participant's needs, by asking them specific questions about what they might be hearing, doing, thinking, saying, feeling and seeing during that step. The participants then came back together to share and add to each other's descriptions. Themes that emerged from their descriptions and discussions are provided below:

As a young person who uses opioids and has recognized that I need help, what am I:

Hearing?

- Support;
- Questions from others;
- Negative opinions.

Doing

- Avoiding people;
- Seeking support;
- Looking into options.

Thinking?

- What are people thinking/ saying?;
- Don't let people know...;
- They won't like me...

Saying

- I want more of this...;
- I don't want to be here...;
- I need change...;
- I need help/ not yet...

Feeling?

- Fear;
- Declining mental health;
- DGAF.

Seeing?

- Personal change;
- Impacts of your decisions;
- Support (or lack of).

The themes that emerged included:

Hearing

Participants mentioned that as someone who is opening up to the idea of seeking out help for opioid use, they may hear support from those around them. However, they felt they can also be faced with other peoples' questions, and that they are more aware of and sensitive to what other people are saying and asking. This can include negative opinions, which can also be heard at every step in the journey.

Doing

Participants shared that they might be avoiding some important people in their life when they are starting to realize they may want or need help, whether it's because they don't want to hear what they will say or because they don't want them to know. At the same time, participants said that they might be seeking out support from their network and also looking into options, wondering "what do I do now?" They mentioned they may turn to the internet to do some research, google what their options are, what they should do, or where they can go for help.

Saying

Participants described that they might be saying some conflicting things, like "I want more of this [substance]" but also, "I need change" and "I don't want to be here." A young person might be starting to admit they need help, but still feeling some doubt about it.

Seeing

As a young person, participants mentioned that they might be noticing some personal change that's causing them to think about getting help. They might be seeing some of the impacts of their decisions, and that's leading them to think about getting help. They also mentioned that they are really aware of whether or not they are feeling supported or getting the support they need. They see the support or the absence of it because it's important.

Feeling

Participants mentioned that there can be a pretty big impact on their mental health at this point. A young person might be feeling fear, including what other people are thinking or saying about them. There's also just a general decline in their mental health, which may come from worry and anxiety, confusion and sense of feeling overwhelmed. At the same time, they may be trying to put out an attitude of "DGAF" (don't give a f***).

Thinking

Participants mentioned that, as a young person, they might be thinking "don't let people know" about their substance use or the fact that they need help; they avoid talking about it and keep it under wraps. This links to that fact that they might be worrying, thinking "people won't like me" if they do find out (e.g. your friends or family), and they are worrying about what other people are saying or thinking because what other people say matters.

As a young person who is receiving services for my opioid use, what am I:

Hearing?

- Harassment;
- Personal questions;
- Other peoples' stories;
- Encouragement.

Doing

- Procrastinating;
- Changing lifestyle;
- Trying new things.

Thinking?

- How to trust?;
- Is this really what I want?;
- Wouldn't it be easier to keep using?

Saying

- Lying about use;
- Downplaying situation.

Feeling?

- Overwhelmed and anxious;
- Mental and physical decline;
- Sensitive to environment.

Seeing?

- A stranger;
- Service environment;
- Someone I don't recognize (myself).

The themes that emerged included:

Hearing

In the context of accessing services, participants mentioned that they can experience hearing harassment when accessing services, from other folks who are accessing or receiving services. When interacting directly with a service provider, participants described having to hear a lot of personal questions, about themselves and their journey, often from someone who is a complete stranger. At this point in their journey, they mentioned they

may also start hearing other peoples' stories about their own personal journeys, which can be both helpful and harmful depending on the context. Lastly, they mentioned that they can also hear words of encouragement from family and friends, for example, "don't give up" or "you got this." They can also hear encouragement from their service providers, which participants mentioned can help young people to build trust with them.

Doing

Participants mentioned that when they are receiving services they might procrastinate going back or getting to appointments. Specific examples of why they might procrastinate included cost of services and the fact that it feels like it would just be easier to keep using. They mentioned that at this point in their journey, they may be making some lifestyle changes, whether that's changes in relationships and friends, or specific actions that they are making to try to be well. This can also mean trying new things, including new treatments.

Saying

Participants described that during their experience of accessing services, they might be lying about their substance use, even if it's lying by omission. If not lying, participants motioned they could be down-playing it to family, friends, and service providers, at least until they trust people enough to tell them the whole truth.

Seeing

Participants described “seeing a stranger” when they sit down with a service provider, a stranger who asks some pretty personal questions about your life and yourself. They also mentioned that they might be seeing someone they don't recognize, which is themselves. They may have changed a lot and it may hit them at this point in their journey. Participants also mentioned that they really see the service environment (what it looks like, feels like), which can impact their experience.

Feeling

Participants mentioned feeling overwhelmed and anxious as well as experiencing a physical and mental health decline as part of this journey. Participants described feeling sensitive to their environment (e.g. if it's busy versus quiet, personal versus clinical, welcoming versus scary or intimidating). They mentioned they can feel claustrophobic in some spaces, and that they can actually feel the difference when a service or service provider is investing in a young person as opposed to when it is transactional.

Thinking

Participants described needing to trust your service provider, and yet thinking “how can you trust someone you don't know?” In terms of having to connect with a stranger, they mentioned thinking “you don't know me, my life story... why should I tell you anything?.” They also described being conflicted, thinking “is this really what I want?,” questioning “Why am I doing this?” and “Am I doing this for me?.” They also mentioned thinking it'd be easier to keep using, like “wouldn't it be easier to just keep doing what I'm doing?.”

Understanding Needs

After reflecting on their individual and collective experiences, participants then described what would be needed in order to improve outcomes and experiences of services for youth. Themes that emerged are described below:

Trust and Relationships: Participants focused a lot on the need for strong, trusting relationships between young people and service providers. Specifically, they talked about the need for confidentiality in establishing this trust. The need for service providers to earn trust was also critical to building relationships, “you need to give it to get it.” This led to a discussion of the need for respect and reciprocation in client-service provider relationships. This was seen as important given that it’s hard to know whose opinions to trust and who to listen to in these situations, especially when you can be confronted with a lot of different opinions and questions from the people in your life. Lastly, getting to choose when and how you tell your personal story and share personal information was also an important need, as this can be exhausting, and you get to a point where you’re “done repeating.”

Family / Personal Support: Participants highlighted that you ‘need someone who will have your back’ and that this can have a huge impact on your journey. This may look different for different people, but the impact of family and friendships definitely needs to be considered. Personal support was described as the need for non-judgemental support. Everyone seems to have an opinion, but should they? What you need is someone who will support you no matter what. Participants mentioned that, as a young person you also need to be prepared for changes to your relationships to happen across your journey.

Mental / Physical Health: Participants talked about the importance of mental and physical health, how they are interconnected and how they both come into play in a young persons’ journey with substance use. They discussed the need for support when going through the mental and physical effects of withdrawal. They also emphasized the need for support around medication use, for example when and how to take them, as well as the need for acceptance of others regarding the importance of medications as treatment. The participants also highlighted the important role other life skills can have on physical and mental health, such as eating healthy (being able to cook and prepare healthy meals), exercising, maintaining your well-being, personal hygiene, and even knowing how to do things like filing taxes.

Medication: Participants reported a need for support around medication use (e.g. tracking different medications, knowing when and how to take them, understanding the process of trying different medications and what that experience is like, knowing when a medication is/ isn't working). This could include medications specific to opioid use, but also other medications they may be taking, whether for mental health or other reasons. The need for young people to know the side effects of the different medications they are taking and when and how to ask for changes to medication was emphasized. The need for continuity in support around their medication use, specifically in terms of working with a single or team of providers who have a shared understanding of their complete medication history and what they're taking was also discussed. Medications might change over the course of a substance use journey, and so it was seen as even more important that young people have some continuity of care over the journey to ensure they have the support and understanding they need.

After reviewing these needs, each participant was asked to select specific needs which they wanted to design solutions around during the Design Session. Participants were prompted to select those needs they felt would have the most direct impact on their own experiences, which one they felt might be feasible to develop and then implement within their own community, and/or which one they felt most passionate about.

Below are the needs that were selected by the participants as options to move forward to the Design Session:

- Encourage youth to trust in positive support
- Build a trusting relationship between youth and their service provider(s)
- Let youth know what is available to them (in terms of services/ supports)
- Build youths' trust in services when accessing them for the first time
- Engage families in youths' service journey so they can support them
- Ensure youth feel comfortable when accessing services
- Support youth in their medication use
- Support mental health needs of youth who use opioids

Design Session

Brainstorming Ideas

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

Brainstorming Group 01

NEED

- Build a trusting relationship between youth and their service provider(s)
- Engage families in youths’ service journey so they can support them
- Build youths’ trust in services when accessing them for the first time

QUESTION

- How might we build a trusting relationship between youth and their service provider(s)?

IDEAS

- **In-person ideas:** meet somewhere that you’re comfortable; home-based visits (e.g. home visits, walk and talk sessions); go out and do activities together (not treatment related); car counselling sessions (go for a drive); get to know each other (do trust-building games or fun facts; first half of a first appointment service provider shares a bit about themselves)
- **Virtual / remote ideas:** email before appointment to lay out any questions you have; use emails/texts; do first appointment over skype (not in-person); online chat/messenger services; send three topics you’d like to cover at your session ahead of time; have info about your service provider given to you ahead of time/have it available online

The brainstorming session for this Design Question produced ideas that could be grouped under two broad categories. **In-person ideas** focused on how to build trust when meeting with someone who you may not feel comfortable sharing personal information with right off the bat. Part of this involved getting to know them as a person, getting at this idea of not wanting to share personal information with a total stranger and needing it to be a reciprocal relationship where you earn trust and respect. Other ideas focused on meeting somewhere where you felt comfortable (i.e. having them come to you), and/or bringing someone along to the appointment that you trust (e.g. a friend or family member).

Virtual or remote ideas provided different options for communicating that some people might feel more comfortable with (instead of a face-to-face session), that might help you feel more prepared for your appointment (by communicating questions and/or setting expectations ahead of time), or that might help people who face barriers in physically getting to appointments (whether due to mental health or other reasons). For a full list of the ideas from this design question, see Appendix D on page 44.

The idea from this brainstormed list that went forward to the design session was called “Counsellor on Demand,” a virtual/remote way to connect with a counsellor before your first session. (See [Prototype 01 on page 32](#))

Brainstorming Group 02

NEED

- Ensure youth feel comfortable when accessing services
- Encourage youth to trust in positive supports
- Support mental health needs of youth who use opioids

QUESTION

- How might we build youths’ trust in services while also letting them know what services are available to them?

IDEAS

- Teaching through lived experience—programs developed by young people with lived experience who know what it’s like
- Provide programming through schools—start early so young people know where to go when they do need help and feel comfortable going to get it

In the case of this Design Question, that participant already had a single, clear idea. Young people with lived experience would deliver a program that would incorporate the support and information that the participant felt they would have wanted/needed themselves. (See [Prototype 02 on page 34](#))

Designing Solutions

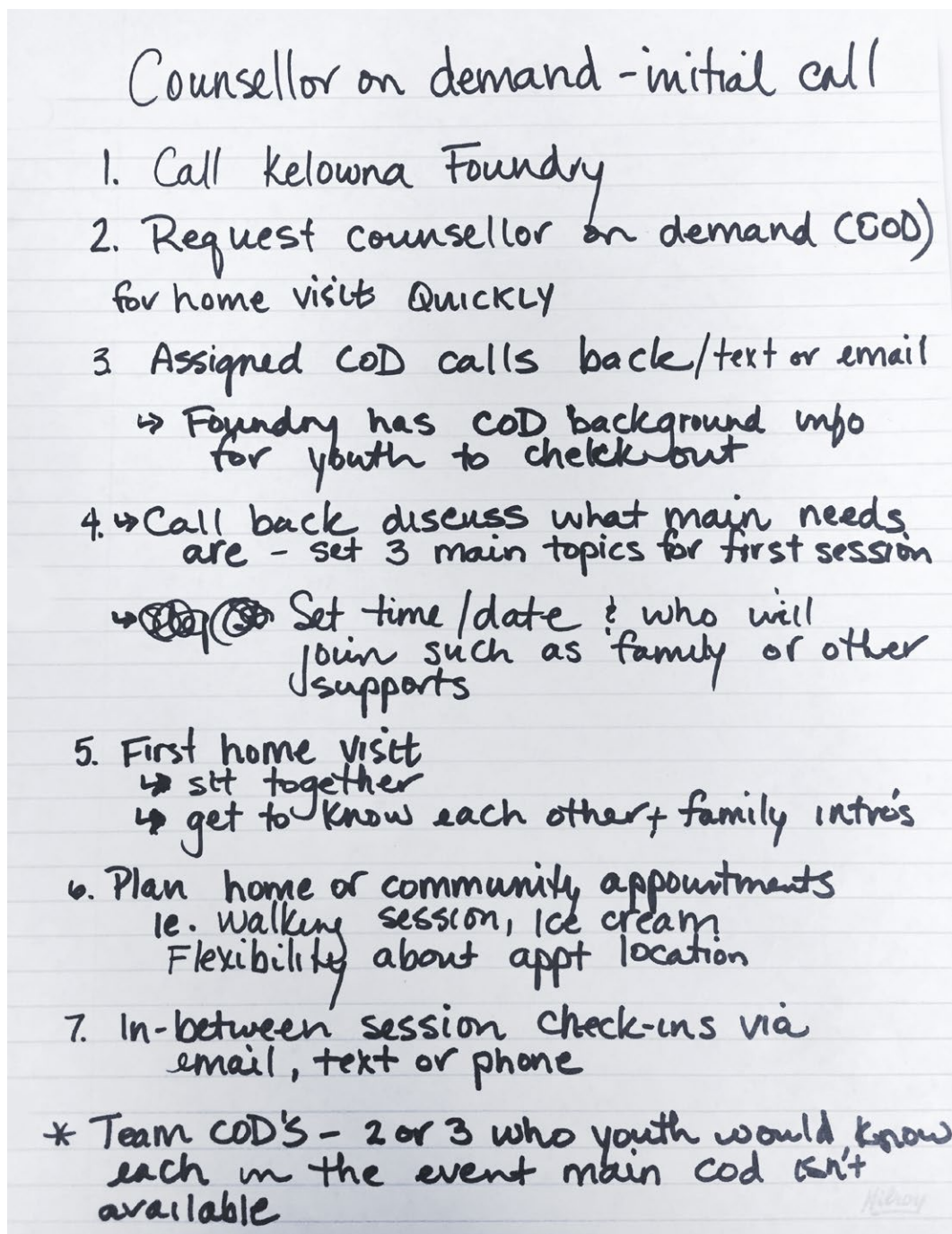
Following the brainstorming sessions, participants were asked to select the idea that they felt most passionate about and wanted to design solutions for. After choosing their idea, participants expanded on them by developing details around what the solution entails, how it could be implemented, who would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

In this case, participants came up with two Design Ideas that they prototyped:

Prototype 01 Counselor on Demand	
What?	A flexible outreach counselling service that is personalized and timely. You get to learn about the counsellor beforehand and the focus is on developing a long-term relationship, while also having timely access to counselling services when you need them.
How?	Call Foundry centre to set up a virtual / phone one-on-one consult (short, 15 minutes). If it seems like a good fit, you can decide to book an appointment. First appointment is a home counselling session, or could be booked over Skype if preferred (meeting the young person where they're at / where they're comfortable). Can email ahead of time to set up a list of up to 3 topics you'd like to discuss at each appointment. At the young person's discretion, can have family / parents present for all or part of session. Continue to meet for appointments outside of office / clinic setting.
Who?	A registered counsellor who is able to do outreach. Provide their information ahead of time.
When / Where?	Coordinated through your local Foundry centre. Appointments at your home, or at a location where you're comfortable. Can graduate to doing activities out in community, going for drives, etc.
Why?	Meet young people where they're at. Provide necessary mental health support. Build relationships and trust. Make it personalized.

Description of prototype image

The prototype for this idea was a protocol for how to access the C.O.D service:



Prototype 02 Programming developed and delivered by youth with lived experience	
What?	Informing young people of what lived experience of substance use can be like as well as who / where to go if they need help. Working with young people to help prevent substance use issues and addiction and / or support them through their recovery journeys. Reduce stigma, increase awareness, build life skills and develop capacity / skills.
How?	Teaching and informing through lived experience. Would provide training to people who are delivering program, e.g.: Mental Health First Aid, First Aid, Overdose prevention and response training, substance use awareness training, life skills training—could pick personal focus of interest (e.g. cooking, taxes, hygiene). Would seek out funding sources, start small and build. Would need to include ways to show success / impact (e.g. evaluate using surveys). Would promote program by booking meetings with organizations and through website. Could start small, with a pilot, and use results of pilot to promote the program. Use feedback from pilot to make changes / improve program.
Who?	Youth / young adults ages 18-30 with lived experience would deliver program in schools, to students as young as grade 7. Could involve volunteers and / or paid employees (would like towards paying the young people delivering the program, would need to find funding).
When / Where?	Starting with schools, can deliver program through assemblies (mandatory and / or optional), through extracurricular groups, through life skills classes or other classes. Can then also deliver in other youth-friendly settings (e.g. Foundry centres, churches). If received sufficient interest, could rent a dedicated space to host programming in. Would build a website in parallel that would promote the program, build awareness, provide information to young people, and have opportunities for how to get involved.
Why?	Open doors / opportunities for young people with lived experience. Build young peoples' awareness around substance use, knowledge of what services and supports are available them when they need help with substance use, and trust in the service system so that they know when and where to get help and feel comfortable doing so.

Description of prototype image

The prototype was a step-by-step instruction manual on how to get the program up and running:

① Website

- Background
↳ Inviting
 - Happy
 - Encourage
 - Support

* Link social Media to website

TITALE

Menu ≡

- Personal life Stories
- Contact us
 - Share your story.
 - Find help.
 - Social Media
 - Announcements
- Support
 - Encourage
- About Us

Quote of the Day/Encouragement

② Share → W

- Influential Persons
- Organizations who Im connected W
- Persons who support/encourage

③ Update website

BEAUTIFUL

Fine tune
Quality
Twig

④ Pitch!! For Free Space

⑤ ✓ Get The Green Go! ✓

⑥

WE NEED YOU!

Requirements

- 18-30 years old
- willing to go through an interview process
- Training / support options
- Public Speaking
- ⋮

⑦ Small Scale Trials

Summary

Comparing Workshop Findings

Understanding Experiences

Both service providers and youth participants brought up the significance of the physical impacts and effects of drug use. Service provider participants mentioned seeing and hearing a lack of trust and a sense of confusion from youth clients. Similarly, youth participants mentioned the significant challenges they experience in trying to trust service providers and, while they did not use the word “confusion,” they did describe feeling and thinking very conflicting emotions and thoughts at several steps across their journey, including at the point of receiving services. Service providers identified stigma as a barrier to improving experiences and outcomes of services. While youth participants did not refer to stigma, they shared the perspective of having to deal with negative opinions, worrying what others were saying or thinking about them, and not wanting people to know about their substance use. Lastly, **service providers described seeing young people who were in need of support, and youth participants described the importance of having a support network across your journey with substance use and how challenging it can be without one.**

Service provider participants described the importance of listening in their interactions with youth, particularly in the context of building trust and understanding their personal goals and needs. On the other hand, youth participants described an experience of being asked a lot of (often personal) questions by someone who felt like a stranger and whom you didn’t have a trusting relationship with yet. Youth participants described feeling overwhelmed and anxious, whereas service providers emphasized seeing anger and desperation from their clients. Youth described a need for service providers to be flexible and meet them where they’re at, with outreach and follow up being things that could make your service journey successful. Service providers then described feeling frustrated by constraints that left them unable to be flexible and creative in ways that their youth clients needed them to be.

Understanding Needs

The theme of “client-centred care” was emphasized by service provider participants, in terms of developing trust with clients, engaging them in their care, and building relationships. Youth participants described a theme of “trust and relationships” between young people and service providers, with an understanding that this had to be earned and had to be reciprocated. Youth participants emphasized the importance of both the mental and physical health aspects of your journey with substance use, how they are interconnected and how you need to address both in order to be successful in your journey. Service provider participants focused more specifically “complex needs and comorbidities.” While the themes were slightly different, **they both highlighted the importance of considering and treating both the physical and mental health needs of the young person, rather than focusing on the direct treatment of their substance use alone.** Youth participants captured the importance of life skills and meaningful activity within the theme of “mental/ physical health,” whereas service providers described a theme of “basic needs” that also reflected the importance of social determinants in improving outcomes of treatment services for young people.

Youth participants described the need for family and personal support across the treatment journey. Service provider participants focused on “education and harm reduction” in an effort to create more supportive environments and, ultimately, more successful service experiences and outcomes for young people who use substances. Service provider participants pulled out themes related to systems and service changes, including service innovation and integrated/ collaborative approaches to care. Youth participants emphasized the role of medication, the need for continuity of care, understanding and support, and information around medication use more specifically in their treatment journey.

Brainstorming Ideas

In both workshops, design questions incorporated needs related to engaging families (youth workshop) or empowering caregivers of youth (service provider workshop) as well as building trusting relationships between young people and service providers.

In the Youth workshop however, design questions were also informed by the need to encourage youth to trust in positive supports, which could include service providers but also others (for example youth with lived experience), as well as to ensure youth feel comfortable when accessing services. Supporting the mental health needs of youth who use opioids was also an important factor. In the service provider workshops on the other hand, themes of education were important to both of the design questions, one of which focused on service providers and the other on care givers. There were significant enough differences in the design questions between the two workshops, that the ideas that emerged from this session were unique for each.

Designing Solutions

At the end of the day, participants of the Youth workshop had developed two youth-focused designs, one which emphasised the importance of youth supporting youth and one which focused on the relationships between service providers, young people, and family. Both of these ideas involved developing a new program or service that involved direct person-to-person interactions. Out of the service provider workshop on the other hand came two ideas that addressed the need for education and awareness through the use of digital technologies. One of these ideas focused on service providers specifically whereas the other was originally designed with parents and caregivers in mind but could be used by the public more broadly.

Workshop Feedback

We received feedback from two youth and four service provider workshop participants.

Participants provided positive feedback for communication with project team members and the supports put in place for participating in the workshops across both youth and service providers. We also received generally positive feedback that the workshop created a safe space for participants to share different views and perspectives.

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

Next steps

In phase 2, the ITT team will review all of the prototypes that were developed across the nine community workshops and create a condensed list of feasible prototypes for the communities to choose from for implementation. This list will be developed using an internal decision-making framework to determine which prototypes are most feasible within the scope of the ITT project. Factors such as the timeframe, the scope of the project, the project budget, and prototype sustainability will be considered. The final list of prototypes will be presented to each Foundry centre's project team and youth team members. These team members will be asked to determine which prototypes are the most novel, could have the most impact, and would best suit the needs of their community and their Foundry centre, within the context of integrated services for young people. The ITT team will then review the outcomes of those discussions and propose a prototype to be implemented in each community.

After each community has selected a prototype, the project team will facilitate the development of these solutions with support from departments within CCSA and Foundry and/or external contractors where necessary. Development will be informed by 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

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Appendix D: Full list of specific ideas by design question	44

Appendix A: Workshop Agenda



The Improving Treatment Together Project (the ITT Project)

Discovery and Design Workshop: Agenda

Date & Time:

Location:

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

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

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

One-hour meal break - catered

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

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



Version 04
September 26, 2019

Appendix B: Snapshot of Community Workshops

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

Appendix C: Full list of specific needs identified by theme

Service Providers

Theme	Needs
Education	<ul style="list-style-type: none"> • Empowerment and engagement for care givers • Educating around harm reduction approach • Prevention education
Complex needs / comorbidity	<ul style="list-style-type: none"> • Supporting young people with concurrent issues • Treating comorbidity
Systems change	<ul style="list-style-type: none"> • Timely care • Wait lists • Timeliness of referrals • Stepped care
Harm Reduction	<ul style="list-style-type: none"> • Access to harm reduction supplies • Naloxone as part of first aid training • Availability of harm reduction services and supplies • Acceptance and awareness of a harm reduction approach • Education and skill development for using a harm reduction approach, providing harm reduction services • Harm reduction needs to be embraced by ministry of education
Service Innovation	<ul style="list-style-type: none"> • Day treatment for youth, in their own communities • Facilities that do daytox and treatment under the same roof • Web-accessible services (with skype) for clients in remote areas or who are unwilling or unable to go to services
Client-centred	<ul style="list-style-type: none"> • Meeting needs of clients, as defined by client • Does client have access to service that is needed? • Engaging and trust building with youth • Willingness of clients to compromise
Access, Available, Integrated	<ul style="list-style-type: none"> • Stepped care • Communication between services (while respecting client confidentiality) • Flexible, adaptable services • Ability to be creative in delivering services • Shared information (across service providers/ services) • Improved/ streamlined team/ agency processes (within and across teams) • Collaborative centres with centralized intake processes

Appendix D: Full list of specific ideas by design question

Service Providers

QUESTION FROM BRAINSTORMING GROUP 01 ON PAGE 15

How might we engage / partner with schools / schoolboard around education for harm reduction services and best practices?

- Provide parent peer support through schools
- Conduct and present research of youth affected by opioids, from perspective of youth, family, friends
- Take a stepped approach—meet people where they're at in their understanding/ acceptance
- Provide research/ evidence-based presentations through schools
- Present best practices through schools
- Conduct webinars
- Use personal stories
- Have other parents disseminate/ deliver the information

QUESTION FROM BRAINSTORMING GROUP 02 ON PAGE 16

How might we educate staff and service providers (e.g. at Foundry) on opioid use disorder and opioid agonist therapy?

- Use infographics/ visuals
- Develop a community of practice
- Provide brief learning modules through iPad, have them be open-access and interactive
- Improve communication within teams around these topics
- Develop targeted resources (e.g. fact sheets in pharmacies)
- Host interactive question and answer periods, in-person
- Host an interactive webinar
- Do education around assessment tools (what they are, how to use them, how to refer)
- Create opportunities for case discussions/ reviews as learning opportunity
- Create a virtual/ interactive experience of the process from a client's perspective

Youth

QUESTION FROM BRAINSTORMING GROUP 01 ON PAGE 30

How might we build a trusting relationship between youth and their service provider(s)?

- Develop app for matching service providers with clients
- Create speed dating style format for counsellors
- Have a 15 minute consult to see about fit (before first appointment)
- Have meet up sessions, as opposed to clinical counselling sessions
- Have interviews to determine personality match/fit
- For half of the first visit, have the service provider share about themselves
- Fill out a questionnaire first, instead of talking first (can then talk about responses)
- Do a game like “20 questions” at your first visit, or “fun facts” about each other
- Talk about funny stories/ experiences first, before getting into heavy topics/”therapy”
- Offer group therapy options
- Have a service provider and family “meet-up”
- Have friends/ family come to appointments
- Have service providers share something about themselves first, before they ask you to
- Do an activity together first
- Have an option to online chat/ messenger instead of meeting in-person
- Meet outside of the office/ clinic space
- Go for a drive or do an activity together (something “non-clinical”)
- Do a “walk and talk” session
- Meet over Skype for the first time, or email/ text instead until you get comfortable about meeting in-person
- Be able to email your counsellor ahead of appointment with list of questions or topics
- Offer home-based visits
- Get to meet your service provider wherever you are most comfortable
- Make info about the service providers accessible to clients

QUESTION FROM BRAINSTORMING GROUP 02 ON PAGE 31

How might we build youths’ trust in services while also letting them know what services are available to them?

- Programming developed and delivered by youth/ young adults with lived experience



·FOUNDRY·
KELOWNA

WHERE WELLNESS TAKES SHAPE



Canadian Centre
on Substance Use
and Addiction