

THE ITT PROJECT

The Improving Treatment Together Project

Final Project Report

British Columbia - November 2023

• **FOUNDRY.**
WHERE WELLNESS TAKES SHAPE

KELOWNA

PRINCE GEORGE

VICTORIA

VANCOUVER - GRANVILLE



Canadian Centre
on Substance Use
and Addiction

Acknowledgements

We acknowledge, with much gratitude, that our project activities took place on land steeped in rich Indigenous history and home to many First Nations, Inuit, and Métis Peoples today. We recognize and respect Indigenous Peoples as traditional stewards of this land and the enduring relationship that exists between Indigenous Peoples and their traditional and unceded territories, on which we live and work as uninvited guests and settlers.

We recognize the role that western health systems, and health services research, has played and continues to play in perpetuating harm towards Indigenous Peoples and communities and we recognize our necessary participation in Truth and Reconciliation if we are to move forward in conducting this work in a good way. We see community-based initiatives as improving the health outcomes and experiences of youth across BC, and we are learning, and unlearning, ways in which we can do this work to be part of the positive change in our communities.

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Canadian Mental
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Kelowna



Victoria
Youth Clinic



YMCA of
Northern BC



Providence
Health Care
How you want to be treated.

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Conflict of Interest

None of the authors has any conflict of interest to declare.

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Executive Summary

The Improving Treatment Together (ITT) Project was a partnership between the Canadian Centre on Substance Use and Addiction (CCSA), a national organization, and two provincial partners: Foundry Central Office in British Columbia (BC) and Alberta Health Services in Alberta.

Two parallel initiatives were conducted under this project, one in Alberta with Alberta Health Services (AHS) and one in BC with Foundry. While collaboration occurred between the two provinces across the course of the project, the two initiatives were distinct. This report is specific to the project activities that were conducted in BC by CCSA, Foundry Central Office, and the four community partners: Foundry Kelowna, Foundry Prince George, Foundry Vancouver-Granville, and Foundry Victoria.

This project was jointly funded by Health Canada and by a private anonymous donor with an interest in creating youth- and family-centred approaches to improve access and delivery of evidence-based opioid use treatment services. This project received funding soon after a public health emergency was declared in BC in April 2016 in response to an unprecedented increase in rates of overdose events and overdose-related deaths, with four out of every five deaths occurring in those ages 20–49.¹ At the same time, an absence of evidence-based, youth-specific opioid use treatment services and interventions persisted in BC and across Canada. To combat the increasing prevalence of opioid use disorder and overdose deaths in Canadian youth, there was a clear need for a youth-centred approach to opioid treatment services.

The ITT Project aimed to improve the experiences and outcomes of youth accessing community-based opioid treatment services by engaging youth who use opioids, their parents/caregivers, and service providers. This multi-phase project wove community-based participatory action research and co-design methods to develop three youth-centred, evidence-informed resources, which were implemented and evaluated alongside the four community partners:

- **A Parent handbook (Foundry Victoria)** to support parents/caregivers who are parenting a youth with a substance use disorder.
- **A Youth service assessment tool (Foundry Prince George)** to help organizations and programs who support youth evaluate and improve the accessibility, inclusivity, and safety of their services for youth who use substances.
- **A Virtual opioid agonist treatment (OAT) guide (Foundry Kelowna and Foundry Vancouver-Granville)** to support youth who are considering OAT and the service providers who are having these conversations with youth.

All BC ITT Project resources, publications, and reports can be found at:

foundrybc.ca/ittproject.

This project used a human-centred design methodology called Design Thinking (see Methodology section for description), which fosters creative collaboration with those affected by the issue by understanding their experiences and needs and co-designing solutions.

In Phase 1, we established community partnerships and engaged with youth, parents/caregivers, and service providers through community-based, stakeholder-specific workshops where they reflected on their experiences with opioid treatment services and identified specific needs to be addressed to improve these experiences. Participants then brainstormed ideas on how to address these needs and developed interactive low-fidelity prototypes for ideas that could be implemented within their community.

Phase 2 involved decision making on which prototypes to move forward to co-production. The three unique prototypes selected were then co-produced in collaboration with the four community partners and community members from each of the three stakeholder groups. These prototypes were implemented in Phase 3.

BC marked the seven-year anniversary of the official public health emergency declaration this past April (2023). Since 2016, over 38,000 Canadians have died from apparent opioid toxicity.² We continue to face unprecedented numbers of drug toxicity deaths and related harms in this country, including in BC. Preliminary data from BC Coroners Service confirm that we lost over 1,600 British Columbians to our toxic, unregulated drug supply in the first eight months of 2023 alone.³ Unregulated drug toxicity remains the leading cause of death in BC for persons aged 10 to 59, accounting for more deaths than homicides, suicides, accidents, and natural disease combined. The crisis in our communities remains, and youth-centred approaches to opioid use treatment services remain a critical area for intervention.

This report describes in detail the ITT Project activities that took place in BC and the findings and outputs that were generated at each phase, including detailed descriptions of each of the 28 prototype ideas that the project team was unable to action. We believe this information can be used by those who support and invest in community-driven, youth-centred health innovations to improve treatment and overall service experiences and outcomes for youth who use opioids. Our hope is that this project will ignite and inspire further efforts and investment in this area, where it is still so clearly needed.

We conclude this project with three calls to action for health services leaders, agencies/organizations, administrators, and providers; policymakers; and communities:

1. To include youth in all initiatives that will impact them,
2. To take up and adapt the three ITT Project health service innovations that were co-developed with BC communities, and
3. To take up and co-develop the other 28 ideas for health innovations that were prototyped during our Phase 1 community workshops.

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List of Abbreviations

AB	Alberta
AHS	Alberta Health Services
BC	British Columbia
CBPR	Community-based participatory research
CC	Community champion
CCSA	Canadian Centre on Substance Use and Addiction
CPR	Cardiopulmonary resuscitation
FCO	Foundry Central Office
HELP	Health Education Liaison Program
HIV	Human immunodeficiency virus
ITT	Improving Treatment Together
OAT	Opioid agonist treatment
OD	Opioid use disorder
PEPTOC	Parents Empowering Parents Through the Opioid Crisis
PPEET	Public and Patient Engagement Evaluation Tool
SMART	Self-Management and Recovery Training
Y-MACT	Youth mobile assertive care team

The Improving Treatment Together Project

Project Context

Background

In April of 2016, the province of British Columbia (BC) declared a public health emergency in response to an unprecedented increase in rates of overdose incidents and overdose-related deaths. The number of drug toxicity deaths in the province increased from 211 in 2010 to an estimated 1,450 in 2017.⁴

2016 was the same year that the House of Commons Standing Committee on Health presented its related report and 38 recommendations to the Canadian Parliament, calling for action on the national “opioid crisis” in areas such as national leadership, harm reduction, prescribing, and treatment.⁵ At the same time, the Canadian Public Health Association released a position statement that included a call for all governments and relevant non-governmental organizations to “meaningfully involve people with lived experience with opioids as part of the development, implementation and evaluation of opioid-related legalisation, regulation, policies and programs.”⁶

Canada began tracking and reporting national-level statistics on the crisis in 2016.² While incidence of fatal outcomes for drug toxicity events remains highest for adults, youth (under the age of 30) have consistently accounted for approximately 20% of preventable deaths.² Youth have also been significantly impacted by other drug toxicity-related events and harms. For example, youth have experienced the fastest growing rate of opioid toxicity-related hospitalizations.⁷

Furthermore, youth represent a critical developmental period when substance use initiation is at its peak, and studies on perceptions of substance use in this age group indicate higher acceptability and lower perceived risk.⁸ Research has also shown that earlier initiation of opioid use increases the risk of developing opioid use disorder (OUD) and other longer-term health and social harms.⁹⁻¹¹ Emerging evidence also suggests that youth encounter unique barriers to seeking and remaining in opioid treatment services, including at the individual (e.g., treatment preferences),¹²⁻¹⁴ interpersonal (e.g., family support),¹²⁻¹³ and institutional levels (e.g., age-based policies).^{12,15,16} Youth therefore represent a critical population for intervention within the larger context of the current drug toxicity crisis.

Despite this, emerging clinical practice guidelines have suffered from a lack of evidence for recommended clinical interventions for youth, as well as an overall absence of youth-centred, youth-specific strategies and approaches to opioid use interventions. Therefore, the availability and accessibility, even the very existence, of substance use treatment services and interventions for youth who use opioids has failed to keep pace with the increasing need due to the opioid crisis in Canada.

Introduction

The Improving Treatment Together (ITT) Project aimed to improve the experiences and outcomes of youth who use non-medical opioids by engaging youth, their parents/caregivers, and service providers who provide community-based opioid use treatment services in the co-creation (design, development) of locally relevant health service innovations. This was to be achieved through close partnerships with community-based, youth-serving organizations using co-design methods that involved youth, parents/caregivers, and service providers to develop youth-centred, evidence-informed community resources.

The ITT Project was conceptualized in 2017 by team members with the Canadian Centre on Substance Use and Addiction (CCSA), a national organization that provides leadership on addressing substance use-related harms. The project obtained funding in 2018, less than two years after the public health emergency related to overdoses was declared in BC.

The project was jointly funded by Health Canada and a private anonymous donor with an interest in supporting a youth- and family-centred approach to **1)** support the delivery of evidence-based opioid use disorder (OUD) treatment, and **2)** improve the engagement and retention of youth in OUD treatment, as part of an integrated youth services model.

The focus of project implementation was Western Canada, and outputs and outcomes of the project were to be relevant and applicable to a national audience, given the ever-increasing scale and scope of drug toxicity crises within the country. Two parallel initiatives were conducted under this project, one in Alberta (AB), with Alberta Health Services (AHS), and one in BC, with Foundry.

While collaboration occurred between the two provinces across the course of the project, the two initiatives were distinct. This report is specific to the BC ITT Project initiative, which took place between 2018 and 2022 and included three phases of work.

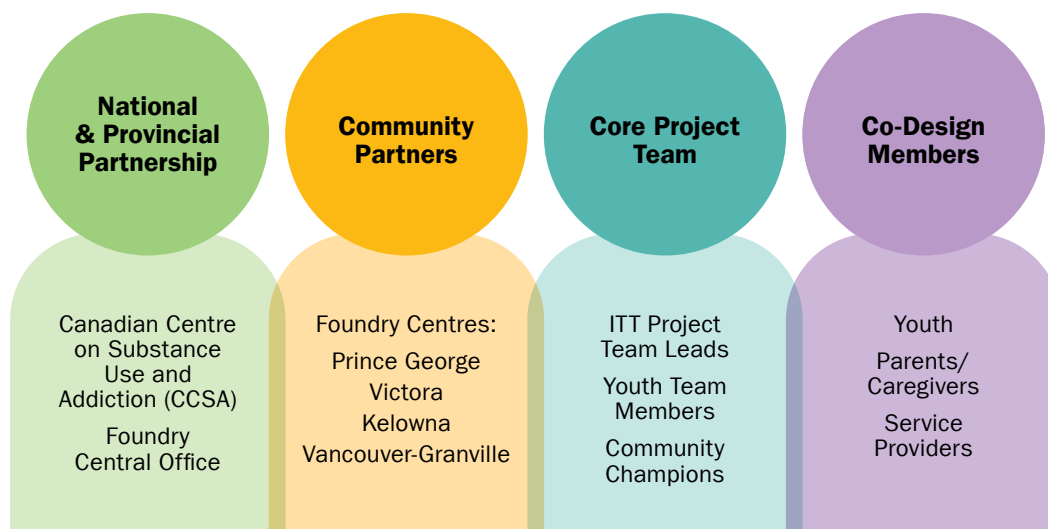
Project Team

The ITT Project was led by CCSA, who established a provincial partnership with Foundry Central Office (FCO; under the umbrella of Providence Health Care), the backbone organization for BC’s provincial integrated youth services initiative for youth ages 12–24 and their families/caregivers.

Four community-based Foundry centres across the province (Kelowna, Prince George, Vancouver-Granville, and Victoria) joined the project as community partners. Each Foundry centre is led by a local lead agency that, in partnership with other community-based services, provides mental health, substance use, physical and sexual health, peer support, and social services to youth in their community via an integrated youth services model, which allows youth to obtain coordinated services through a single access point. Partnership agreements were therefore established among CCSA, FCO, and the local lead agency at each of the four community-based Foundry centres.

The core project team included representatives from CCSA and FCO, as well as youth team members that were hired from each partner community. Additionally, a community champion (CC) was hired from each community during Phase 2 of the project to co-lead Phase 2 (local co-development) and Phase 3 (implementation) of the chosen prototypes. **Figure 1** outlines the different levels of partnership across the project.

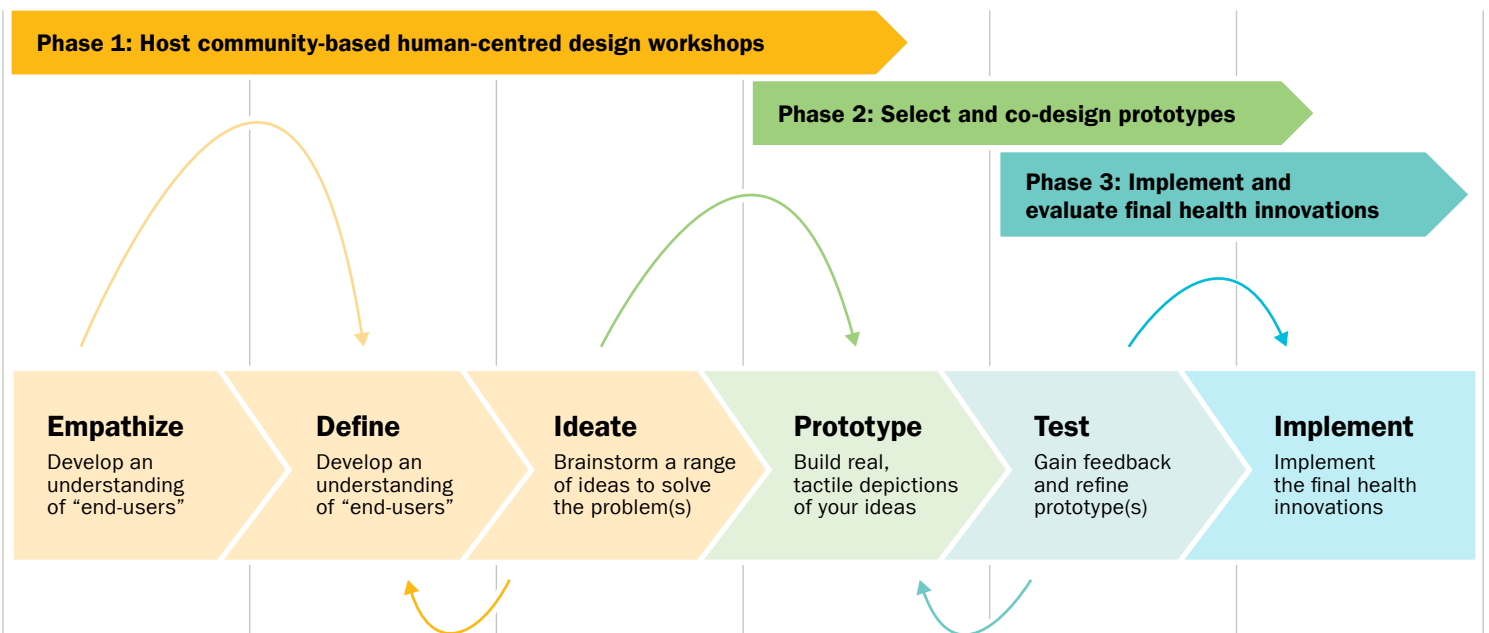
Figure 1: ITT Project Team Members



Approach

This project wove elements of community-based participatory research (CBPR) and co-design methods to develop solutions for improving opioid use treatment services for youth, parents/caregivers, and service providers (see **Figure 2**).

Figure 2: ITT Project Phases Using CBPR and Co-Design Methods¹⁷



Co-design

Co-design actively engages service users (e.g., patients and families), service providers, and designers as equal partners to develop responsive, community based solutions.¹⁸ Rather than assuming which health innovations are needed and how they should be delivered, co-design methods acknowledge the expertise each stakeholder group brings and involves them in the design process.²² Such methods have been increasingly applied in health care to improve patient and family experiences and outcomes.²³⁻²⁶

In Phase 1 of the project, we used design thinking, a human-centred methodology that is a type of co-design and follows six iterative steps, to understand the current context surrounding youth opioid use treatment services (Empathize), create actionable problem statements based on stakeholders' needs (Define), identify a wide range of ideas to address these needs (Ideate), and create low-fidelity prototypes (Prototype). These prototypes were further refined with co-design partners (i.e., service users, service providers, designers) to develop tangible health innovations, which were tested (Test) in Phase 2 and shared with the wider public (Implement) in Phase 3.

Community Based Participatory Research (CBPR)

CBPR shares similar principles of reciprocity and collaboration as co-design by involving communities affected by the issue being studied in all aspects of the research process.¹⁸ This approach is used to improve the health and well-being of community members through direct action, often by directly addressing health inequities through social change.¹⁹⁻²¹ Action is therefore an integral and intentional part of the research process in this approach. CBPR relies on a reciprocal relationship between community and researcher, including shared decision making and mutual ownership of the process and outputs.

This approach guided our project partnerships with the four community-based Foundry centres and their lead agencies, as well as informed the various project roles and levels of engagement for community members from the three stakeholder groups (e.g., CCs, youth team members, workshop participants, co-development working groups). Their expertise was essential in informing project design and execution, from the stakeholder-specific community workshops (Phase 1), to the selection of prototypes for development, to identifying co-design partners to co-develop community-specific health innovations (Phase 2), and finally to implementing these innovations in the community (Phase 3).

Phase 1: Community Workshops

Participants

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).

For each workshop, we recruited one of the three priority populations:

- 1.** Youth (ages 12 to 24) who used opioids within the last 12 months, or were currently using opioids and who had received treatment or were considering seeking treatment for their opioid use
- 2.** A parent or caregiver (e.g., guardian) of a youth who identified with the above description
- 3.** A health care professional/service provider (e.g., physician, nurse, social worker, psychologist, peer support worker) who provided opioid use treatment services to youth ages 12 to 24

Participants were recruited through the collaborating Foundry centre for workshops occurring in that centre's community. Event posters were distributed to each Foundry centre for them to post and share as handouts amongst their networks and interested participants. Those interested in participating reached out directly to the ITT Project team for more information. Those who met the eligibility criteria were provided with an information sheet about the workshop and gave written consent before the workshop began. Participants received a cash honorarium for participating in the workshop, in addition to meals and reimbursement for travel expenses.

Between November 2019 and February 2020, nine workshops were held across the four communities, with a total of 80 participants, including 12 youth, 27 parents/caregivers, and 41 service providers (see **Table 1**). Service providers represented various professions, including family medicine, nursing, clinical counselling, social work, outreach, rehabilitation, peer support, youth and family engagement, clinic and program managers, and clinic staff. Four ITT Project team members facilitated the workshops, including youth team members with lived and living experience. All team members received extensive training in co-design, CBPR, and workshop facilitation methods.

Table 1: Phase 1 Community- and Stakeholder Specific Workshops

Group	Community	Date	Number of Participants
Youth	Kelowna	November 16, 2019	1
Youth	Vancouver	February 8, 2020	11
Total Youth			12
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
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
Total Participants			80

Data Collection

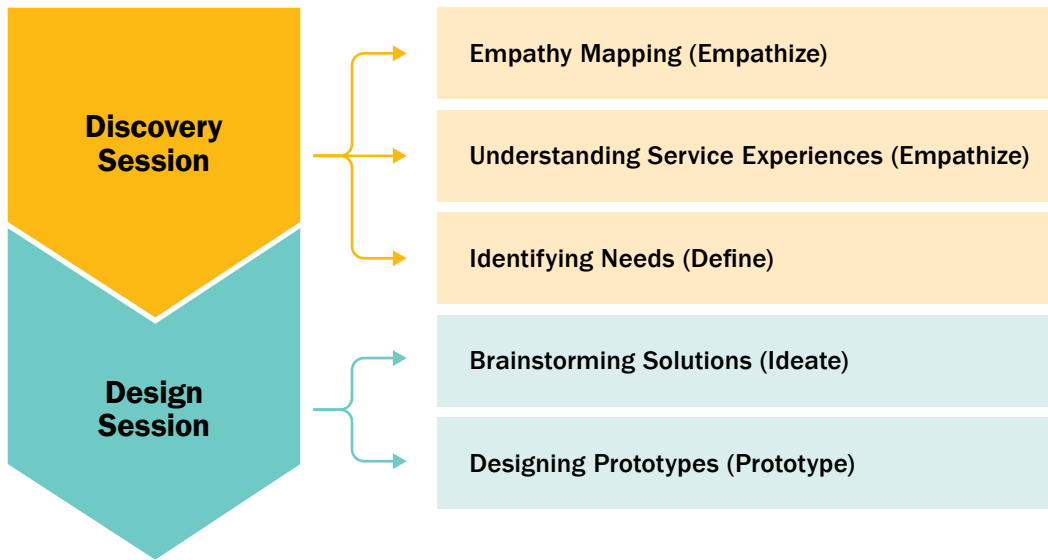
The ITT Project team members took extensive field notes throughout the workshops, which were audio-recorded. Upon arriving at the workshop, participants were asked to fill out an initial anonymous and voluntary demographic survey. The facilitators then conducted introductions and initiated the co-development of a community agreement to promote a safe space.

The workshops were split up into two sessions (see **Figure 3**). **They began with a Discovery Session**, where 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. We utilized an empathy map to explore these experiences by asking participants specific questions regarding what they had heard, said, thought, done, felt, or seen when accessing or delivering these services in their community. Participants were then asked to reflect on what success would look like from their perspectives, how they could achieve success, and what prevented them from succeeding in their current context. Based on their individual and collective experiences, participants described what they would need to improve those experiences and ultimately improve outcomes and experiences of services for youth. This resulted in a comprehensive list of needs.

The second part of each workshop was a Design Session, where we asked participants to brainstorm ideas to address the needs identified in the first session that they felt most passionate about. They did this by transforming each selected need into a problem statement (e.g., “How might we...”) to support the ideation process. Participants then selected the idea they were most excited about to design solutions. They expanded on the idea by developing details of what it would entail, how it could be implemented, who would be involved, and why it is important to them. Participants then had the opportunity to create an interactive prototype to demonstrate what it might look like.

At the end of each workshop, participants and ITT Project team members (including community partners, i.e., youth team members, community leads) were asked to complete a voluntary and anonymous survey to provide feedback of the co-design process. The surveys were adapted from the Public and Patient Engagement Evaluation Tool (PPEET)²⁷ and used Likert-scale and open-ended questions. Semi-structured interviews were also conducted by the evaluation lead to gather information on project operation and implementation. Interviews were conducted with two ITT Project team members, two ITT youth team members, and a leader from each community who was involved in the co-design workshops.

Figure 3: Workshop Format Using Human-Centred Co-Design Methods



Data Analysis

The group discussions were audio-recorded, transcribed verbatim, coded using NVivo (a qualitative data analysis software), and then analyzed thematically. Participants' individual worksheets and facilitator field notes were also incorporated into the analysis to support theme development. Transcripts were read repeatedly, and a data-driven approach was used to generate verbatim codes and identify initial themes in each session of the community workshop sessions. Initial codes from across the communities were then collated and themed. Team meetings were held to review and refine the themes, and feedback was incorporated to strengthen the cohesiveness and interpretation of the themes.

Qualitative evaluation data (i.e., interview data, open-ended survey responses) were coded using NVivo and Microsoft Word and then analyzed descriptively.

Workshop Findings: Participant Experiences and Needs

Youth

Youths' main experiences and needs associated with opioid use treatment services revolved around six main themes. **Figure 4** highlights the main need themes and integrates the associated experiences that support their rationale.

The first need theme centred around youths' need for fewer barriers to finding and accessing opioid treatment services. Youth described experiencing many organizational and system-level barriers when trying to connect to services, which made it difficult for youth to access and stay connected to services. Barriers included long wait times (including unreasonable wait times for prescriptions), “aging out” of services, and getting turned away or kicked out of programs. Uncomfortable service environments also made long wait times more difficult. These experiences resulted in a loss of trusted service providers and interrupted treatment plans. As such, youth highlighted the need for fewer obstacles when trying to find, access, and stay engaged in opioid treatment services, regardless of age. These barriers could be addressed by providing longer service delivery hours, such as evenings, weekends, and holidays, and having more comfortable and confidential spaces to wait for their appointment and/or discuss their concerns with their service provider. Youth also highlighted that services should support them regardless of age to ensure they have uninterrupted access to treatment and support.

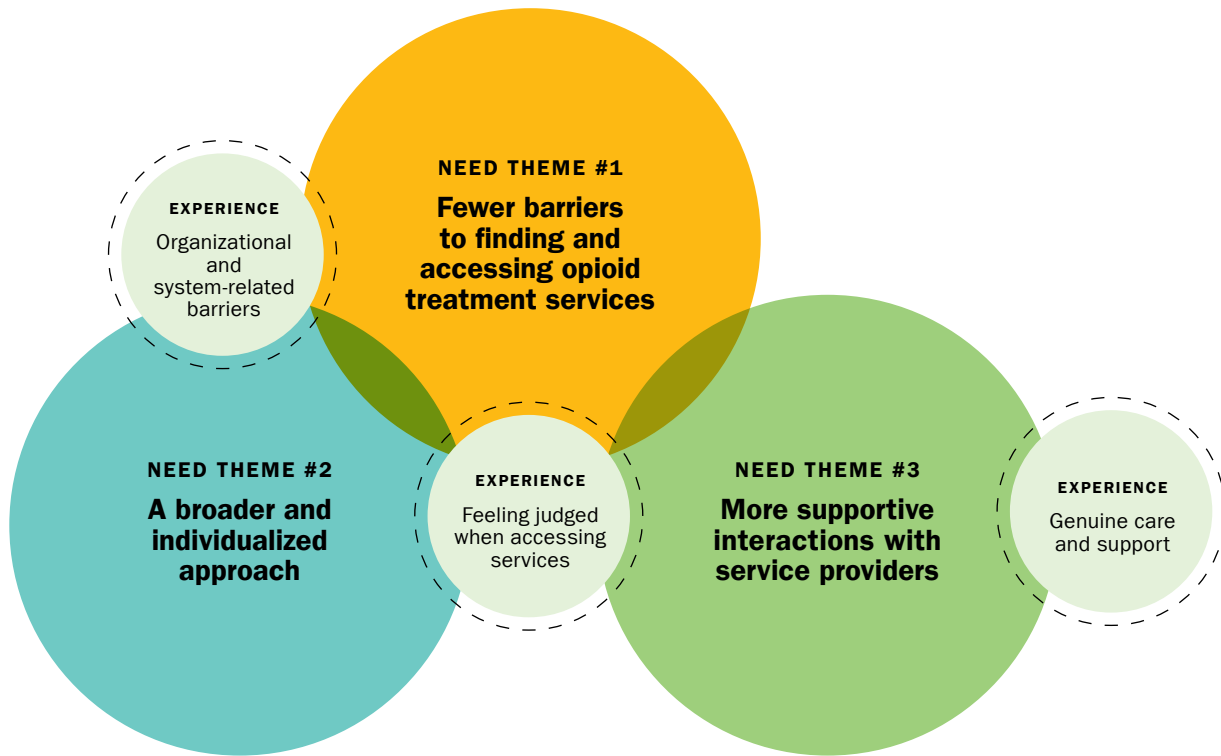
“You should never get turned away from anything... It should just be no matter your age and whatever, if you're an addict [person who uses substances], there should be treatment services for addiction as a whole. And like whether you're 30 or 16, you should be able to go and get the treatment and then be able to access that no matter your age or your situation or your race or your sexuality, right? It shouldn't matter.”

*Youth in Vancouver*²⁸

The second theme focused youths' need for a broader and individualized approach to care, including a focus on individual safety, health, and social necessities in order for youth to feel genuinely cared for and supported. This involved having access to safe and inclusive services, including harm reduction services [e.g., expansion of supervised consumption sites, drug testing, injectable opioid agonist treatment (OAT), safer supply of opioids] and adequate social support to meet their basic needs (e.g., higher monthly disability payments, income assistance, crisis loan programs). Additional suggestions included access to safe housing, seasonally appropriate clothing, and basic health and hygiene needs (e.g., laundry, showers, nutrition, dental services, prescription medications).

Finally, the last theme focused on youths' need for more supportive interactions with service providers. Most youth had experiences of judgment, which led to feelings of shame and disconnection from services: ***“When I come across someone who is kind and considerate, sadly it’s kinda like a shock... they seem like a saint or like an angel.”*** Having a service provider who showed youth they cared helped build trust and empowered youth to overcome challenges. To improve interactions with service providers, youth expressed a need for service providers who are understanding and knowledgeable of opioid use and best practices for harm reduction. Integrating peer support into opioid treatment services was identified as an opportunity to facilitate this knowledge exchange, as youth preferred interacting with others who had gone through similar experiences. Organizations that lack peer support services were urged to implement community outreach for staff members without lived experience and to provide youth with peer support roles to allow them to give back to the community and support their own recovery because “that hour that you’re busy is an hour you didn’t use, and that’s an amazing thing.” An in-depth description of the youth workshop findings has been published and can be [accessed online](#).²⁸

Figure 4: Main Youth Experiences and Needs Themes²⁸



Parents and Caregivers

Parents and caregivers’ main experience revolved around having to become their youth’s case managers due to the lack of capacity for care delivery within and between organizations (**Figure 5**). Parents and caregivers described **“scrambling, trying to find answers”**, having to educate themselves about opioid use and the potential harms, searching for appropriate services, scheduling appointments, and keeping their youth alive as they waited for treatment. This highlighted the lack of connections across different systems (e.g., health care, education, justice), in addition to the multiple barriers to accessing treatment. This included a lack of capacity among services, limited service hours, and a lack of services in low density areas, which resulted in long wait times and interrupted treatment plans. Age-based treatment policies also disrupted treatment continuity and limited parents and caregivers’ ability to be involved once youth gained legal rights to confidentiality.

“I think we’re given a job with the tools that are technically out there but without the power to access them [opioid use treatments] and it’s, it’s like spokes in a wheel, technically it’s all supposed to work together, but, but they don’t, they don’t necessarily all connect. So, we, we are really the only hub and yet we can’t access or um, [we have] all of the responsibility and none of the power.”

Caregiver in Victoria²⁹

Having to become their youth’s case manager ultimately led to parents/caregivers feeling like they were on a never-ending roller coaster trying to keep their youth safe and alive. This experience was emotionally straining, as parents/caregivers described constant fear, helplessness, hopelessness, and frustration over their situation. As one caregiver described:

“You slowly ease yourself into it because it’s a nightmare, it’s so horrific that it blows my mind, you know? There’s times we walked into the room, and he’s blue, he’s not breathing, his heart’s not going, you know we’re doing CPR [cardiopulmonary resuscitation] and I’m injecting him [with naloxone] and I’m just trying to hold it together while I’m trying to revive my son. And it’s like, I can’t live like this, and yet, I have to. So, we actually kicked him out years ago... um, but then as it got towards the fall and winter and stuff, his usage got so much, I had to ask myself the question, you know, am I willing to receive that phone call that says ‘sorry sir your son’s dead’? And I couldn’t, I was, I had to take him home, the whole firm hand thing? I just threw that out the window. I had to keep him alive.”

Caregiver in Victoria²⁹

Participants also experienced judgment, self-blame, shame, and isolation due to the stigma associated with opioid use. To keep their strength throughout this role, parents and caregivers highlighted the importance of peer connections, which reduced the stigma and shame they felt:

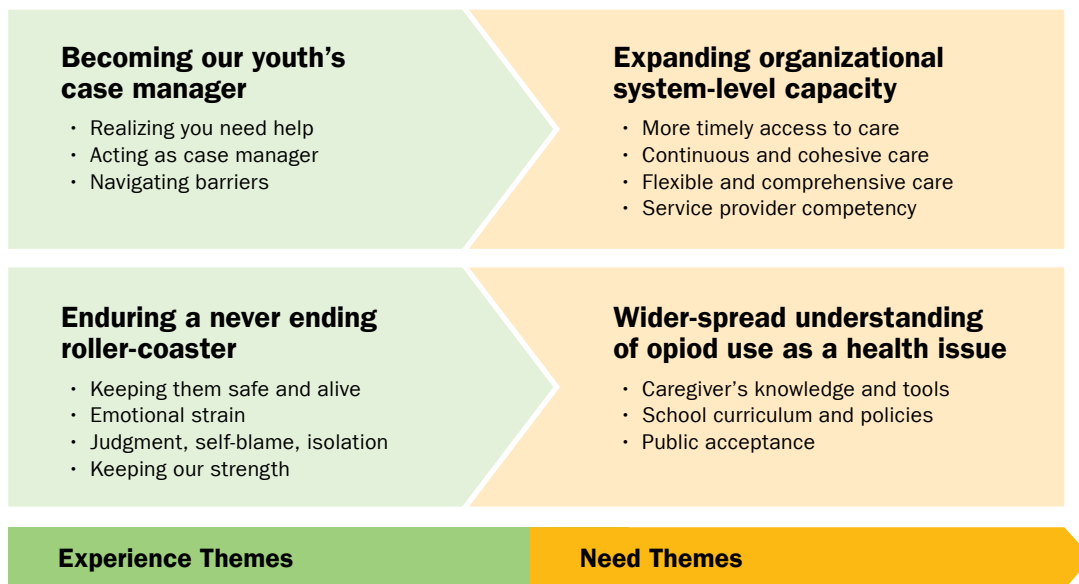
“I am not as ashamed, or embarrassed, or as stigmatized anymore... I have found some good support groups that I’ve gone to. One was a biweekly parent meeting. I’ve gone to SMART [Self-Management and Recovery Training] Family and Friends... Personal counselling, that’s been helpful. So, I think it’s just been a process, but it’s been a process with a lot of peer support.”

Caregiver in Vancouver²⁹

Parents and caregivers emphasized a need for more capacity among specialized service providers and treatment programs to provide youth with timely access to services when they needed it. They also expressed a need for organizational policies and procedures that reflected youths’ unique histories, circumstances, and goals. They called for a more comprehensive approach, with better connections across the different systems, organizations, and service providers, relieving the burden placed upon parents and caregivers to navigate the complex system for their youth.

Parents and caregivers also expressed a need to reduce stigma in their communities by increasing people’s understanding of opioid use as a health issue. Among parents and caregivers, this would help increase their ability to recognize when their youth needs help and acquire support from the entire family. Parents and caregivers described a need for schools to introduce evidence-based curricula on mental health and substance use early on to reduce stigma and improve youths’ understanding of the risk and harms associated with opioid use. They also highlighted the need for schools to be more understanding of youths’ circumstances and reduce punitive policies for using substances to help youth maintain healthy connections. Finally, participants emphasized a need for wider understanding of substance use disorders across the health care system and among service providers in order to improve connections among services. An in-depth description of the parent/caregiver workshop findings has been published and can be accessed [here](#).²⁹

Figure 5: Main Parent/Caregiver Experiences and Needs Themes²⁹



Service Providers

Service providers' main experiences revolved around trying to respond to youth in a timely and appropriate manner. However, this was often met with significant intra- and inter-organizational barriers, which were further exacerbated by system-level policies that did not meet the needs of youth (**Figure 6**). Service providers described a lack of youth-appropriate service environments across the care continuum, including culturally safe services for diverse youth, which limited their ability to meet the needs of youth and their parents/caregivers. Service providers therefore described relying on their rapport and positive relationships to encourage youth to return to services. As one participant described:

“I’m trying to build a relationship so that they keep coming back. Because there’s not actually a lot that like draws youth to our space, other than like needing supplies and like gear, so some of them will just come and get stuff and then like go, and so I’m trying to build a relationship, so they’ll come and seek me out.”

Service Provider in Victoria³⁰

Further, organizational silos and poor communication between professionals led to wasted time and resources, inconsistencies between providers, a lack of trust and confidence in service partnerships, and poor continuity of care. The lack of a coordinated system-level approach to address the youth opioid crisis also led to inconsistent policies and practices to support youth who use opioids.

“From a systemic perspective, there’s a lack of leadership. For perspective, when the HIV crisis was happening there was like a cause and how to get there and leadership and you have that a little with the opioid crisis but not anything specific to youth. And so, because of that, everybody is just working from such saddled approaches maybe and then I think you need something to channel it a little bit more and get it out there. So, I think there’s no leadership in this crisis, especially for youth. And who is going to take that leadership role? I don’t know because we’re constantly just putting out fires and not responding to the actual crisis itself.”

*Service Provider in Vancouver*³⁰

In order to respond to youth in a timely manner, service providers described a need to develop positive relationships with youth to encourage service retention, expand service locations, and engage youth in service planning and monitoring. To address organizational barriers, service providers described a need for more flexibility within their role, more professional development opportunities, and more interprofessional and interagency collaboration and consistency. Participants also described a need for systems-level innovations, including increasing capacity for outreach, treatment, and housing; providing comprehensive support for youth and their parents/caregivers; reducing unnecessary system-related barriers to access services; streamlining information systems among systems and organizations; centralizing access points; innovating in youth-specific best practices; and increasing public education. An in-depth description of the service provider workshop findings has been published and can be accessed [here](#).³⁰

Figure 6: Main Service Provider Experiences and Needs Themes³⁰



Workshop Process Evaluation

Based on feedback gathered from the post-workshop surveys and semi-structured interviews, the vast majority of workshop participants (56 participants out of the 59 total respondents; 95%) felt they were able to meet the workshop objectives (i.e., identifying their experiences, needs, and solutions for improving opioid use treatment services).

Learnings and feedback were integrated in real time throughout the project in order to tailor the workshops based on the needs of each stakeholder group. Most participants felt that the workshop was a good use of their time and they had the necessary supports to take part. Having tangible prototypes come out of the workshops was mentioned as one of the project's greatest strengths.

“I loved that we were able to share experiences and feel that we had a voice on how to improve things.”

Workshop Participant

Community partners and ITT youth team members also shared how planning and facilitating the workshops was a good use of their time and that their perspectives and input were incorporated by the project team.

“I feel like my suggestions were listened to and valued... which is not always the case when people want youth involved in a project.”

ITT Youth Team Member

Similarly, many respondents expressed how the youth team members were one of the key reasons the workshops were successful, along with the youth and family peer supporters who brought comfort and local context to the workshops and helped build trusting relationships with community partners.

“Having a youth team member facilitator changed the dynamic for the better and we heard that participants noticed and valued that voice. Youth team members shared input around how to engage youth successfully that we never would have considered.”

ITT Project Team Member

Finally, respondents described how the workshops created opportunities for collaboration and knowledge exchange. This included gaining new knowledge about services and supports in their community, making new connections, strengthening existing relationships, and sharing experiences, all while working together to try and improve the current situation.

“It was valuable in that we had protected time to sit down and have discussions. In our respective work, we’re always running doing things—you rarely have time to talk about our opinions/ideas and to imagine what the future could be.”

Community Partner Lead

Post-Workshop COVID-19 Pandemic Survey

Public Health Restrictions

Overall, each stakeholder group agreed that the needs identified in the workshops were still important and needed addressing, but that the barriers were greater as a result of the COVID-19 pandemic due to the limited ability to provide and access in-person services.

Service providers in particular described that, although virtual services did provide additional opportunities for clients who have difficulties accessing services in person and offered more immediate support, the types of support they were able to offer were limited. The inability to provide in-person services left many youth without support, including street-entrenched youth who have difficulties accessing the technology required to use virtual services. Further, service providers describe how isolation from public health-related restrictions left youth disengaged from accessing services virtually as it exacerbated existing mental health issues, leaving many at greater risk for opioid-related harms, including overdose. Many parents/caregivers also described how COVID-19 preventative measures (e.g., public health-related restrictions, physical distancing, masks) negatively impacted youths’ ability to make connections that are important for their recovery. However, a few parents/caregivers (n=3) described some positive impacts resulting from the pandemic because their youth was disconnected from their habitual exterior influences and triggers. Being able to spend more time with their youth at home and establishing healthy habits and routine made it easier for their youth to maintain their recovery and avoid relapses.

Table 2: Characteristics and Number of Respondents* to the COVID-19-related Follow-up Survey

Characteristic	Parents/Caregivers n=11 ^a	Service Providers n=17 ^a
Community		
Kelowna	N/A	2
Vancouver	5	3
Victoria	6	4
Prince George	0	8

*Unable to report demographic data for youth participants due to small sample size (n=3).

a: Response rate was 50% (11/22) among parents/caregivers and 49% (17/35) among service providers who agreed to be contacted for future ITT Project-related activities.

N/A: Not applicable

BC Risk Mitigation Guidelines

Parents/caregivers and service providers expressed concerns over the new provincial guidelines on risk mitigation and its impact on youths' experiences accessing opioid treatment services (i.e., OAT and safe supply) during the COVID-19 pandemic.

Parents/caregivers mainly expressed concerns about the program, particularly with the lack of education among prescribers and the lack of accompanied support to assist a youth's recovery capital to eventually cease the program. Two parents/caregivers described how their youth was prescribed OAT for stimulant use, which did little to curb their stimulant use and left them addicted to opioids. They also described how their youth continued to use street drugs regardless of the program. Another caregiver described how the long wait time to access the program prevented their youth from accessing safer supply in a timely manner.

Meanwhile, although some service providers described seeing some improvements in youths' ability to access safer supply, accessibility remained a challenge. Two service providers also described hesitancy among certain providers to prescribe safer supply to youth compared to adults, and that some providers had concerns regarding the efficacy of the program.

Recommendations

Participants shared various recommendations to improve the wellness of youth and their parents/caregivers, and better equip service providers to deliver opioid use treatment services to youth during the COVID-19 pandemic.

Parents/caregivers expressed a need to educate family physicians about substance use and introduce substance use awareness to parents/caregivers through schools early in a youth's life. Service providers also proposed more training and education, as well as supervision for clinical practice.

Both parents/caregivers and service providers described a need for more safe housing for youth, more services available for youth and their parents/caregivers, and more in-person options. Service providers specifically discussed a need for Indigenous-specific services, as well as more mental health supports provided in schools and virtually. To improve their ability to deliver opioid use treatment services, service providers suggested identifying creative ways to include family members in a youth's treatment plan when safe to do so, establishing easy universal communication systems (including low barrier referral systems), increasing access to safe supply, and increasing resources including more staffing, access to service providers, and flexibility with service provision.

Other practical recommendations included overdose tracking bracelets for youth to wear to improve emergency services by increasing their ability to intervene swiftly and access youths' medical information and giving youth a cell phone to improve their ability to access treatment.

Prototype Ideas

There were 31 low-fidelity prototypes designed by youth, parents/caregivers, and service providers across the nine community workshops (see Appendix A for full descriptions).

The ITT Project team reviewed and themed all 31 prototypes from the workshops based on the shared, main need each prototype was meant to address. However, many prototype ideas were relevant to and/or targeted multiple needs across multiple stakeholder groups, beyond the identified main need. Summary descriptions of the prototypes are provided below, under each of the nine categories of “need.”

NEED

Increasing Meaningful Connections for Youth (Prototypes 1–6)

Number of prototypes Six

Number of workshops Five

Communities Kelowna, Prince George, Vancouver, Victoria

Group(s) Youth, Parents and Caregivers, Service Providers

All three stakeholder groups across the four communities designed prototype ideas to help youth foster meaningful connections. Two of these programs (*Forever yours*, *Lifelong connections for youth*) would assign youth a trained support person to encourage them in their journey and help them develop life skills and independence. A *Contingency management for treatment of stimulant disorder* program would offer youth a positive reward system based on youth-identified indicators of success to provide youth with supportive and realistic recovery plans based on where they are at.

Three prototype ideas came from youth, two of which were designed to be led by youth with lived experience of substance use, including the *Youth 4 Youth* program, which would hire youth with lived experience to connect with youth clients while they wait for their appointments, and *Programming developed and delivered by youth with lived experience*, which would involve trained peers with lived experience providing education in schools to youth as young as grade seven. Lastly, a *Counsellor on demand* program was envisioned to provide youth the opportunity to set up an initial consult with their counsellor to ensure a good fit and increase timely access to flexible counselling services. These prototypes demonstrate the common need across stakeholders and communities to create opportunities of connection for youth who use opioids to support their recovery.

NEED

Support for Parents and Caregivers (Prototypes 7–11)

Number of prototypes	Five
Number of workshops	Two
Communities	Victoria, Prince George
Group(s)	Parents and Caregivers

A separate category was assigned to “support for parents/caregivers,” given the unique role parents/caregivers play in their youth’s journey and the lack of available resources to support them. Three of the ideas (*Community paramedicine for youth substance use*, *Family advocacy network*, and *The navigator*) revolved around taking over parents/caregivers’ role as system navigator for their youth, in response to parents/caregivers main experience of having to become their youth’s case manager. This person or team would work closely with youth and their parents/caregivers to advocate on their behalf and ensure that their needs are being met by health and social service systems.

The other two prototypes were meant to provide parents/caregivers with emotional support. The *Regular reinforcing texts* prototype would send regular text messages of positive encouragement to parents/caregivers and other supportive networks (teachers, friends, siblings, etc.) from professional services that work with youth who use substances. Notably, a similar resource called *MoreGoodDays* was developed for youth by Kickstand, an integrated youth services initiative in AB. *MoreGoodDays* delivers daily advice and inspiring text messages to improve youth mental health. Finally, the Parent handbook would provide parents/caregivers with helpful resources and information about parenting a youth with a substance use disorder. This prototype will be described in further detail below as it was chosen for development and implementation in Victoria, BC.

NEED

Improving System Navigation/Awareness of Resources (Prototypes 12–16)

Number of prototypes	Five
Number of workshops	Three
Communities	Prince George, Vancouver, Victoria
Group(s)	Service Providers

Five prototype ideas were specifically designed to improve system navigation and service provider awareness of existing resources. This included three virtual resources (*Cross-organizational shared drive*, *Youth pathways to treatment*, *Regional pathways for screening and referrals*) that would support service providers to make referrals and increase collaboration among services and service providers.

A *Working group with service providers to collaborate around resources for OAT-specific services and gaps in services* was also brainstormed, where service providers in the community would meet regularly to promote youth OAT awareness and to learn about the other services in the community to promote better transitions for their clients. Lastly, a *Health fair* was suggested to increase service provider knowledge about the resources that different services deliver. These prototypes highlight the common need across communities to increase collaboration among services and service providers and increase the ability of youth to navigate the system by improving referral pathways.

NEED

Substance Use Education (Prototypes 17–20)

Number of prototypes Four

Number of workshops Three

Communities Kelowna, Vancouver, Victoria

Group(s) Parents and Caregivers, Service Providers

Four prototype ideas were designed to educate youth, parents/caregivers, school staff, and service providers about mental health and substance use. Parents/caregivers in Victoria designed the *Health Education Liaison Program (HELP)*, an integrated health liaison program within schools, to educate students, teachers, and parents/caregivers through assigned topics for each month. Parents/caregivers in Vancouver proposed evening *Peer-led parent education sessions*, hosted by parent peer support workers and health service providers, to help parents/caregivers looking for support and information about their youth's substance use. A similar initiative exists in Victoria, called *Parents Empowering Parents Through the Opioid Crisis (PEPTOC)*, which provides education sessions for parents/caregivers about substance use and addiction.

Service providers in Kelowna designed two virtual educational resources. One was a *Substance use app*, which would include educational webinars and videos for multiple audiences, peer stories, information about peer support and how to incorporate peer support in schools, and what services are available in the community. The other was a *Virtual OAT guide*, which would describe the experience of obtaining OAT from a youth client perspective. This last prototype will be described in further detail below as it was chosen for development and implementation in Kelowna and Vancouver, BC.

NEED

Interdisciplinary Care Teams (Prototypes 21–24)

Number of prototypes	Four
Number of workshops	Three
Communities	Vancouver, Victoria
Group(s)	Parents and Caregivers, Service Providers

Service providers and parents/caregivers identified a need for interdisciplinary care teams to address the diverse needs of youth who use opioids. This included a *One-stop-shop treatment program* for youth and a *Home away from home* program, which would include a range of services, including detox, stabilization, medical support, low barrier housing, and supportive recreation, and provide youth with individualized support to meet their goals. Other ideas included a *Youth mobile assertive care team (Y-MACT)* that would provide holistic, patient-centred care, and a *Wrap around team* that would be assigned to youth at critical points of their journey and provide continued support throughout.

NEED

Improving Service Accessibility (Prototypes 25–26)

Number of prototypes	Two
Number of workshops	Two
Communities	Prince George
Group(s)	Parents and Caregivers, Service Providers

In Prince George, two prototype ideas were designed to improve youth accessibility to services in their community. Service providers came up with a *10-seater van*, which would provide youth with transportation to and from appointments, while parents/caregivers designed an *After hours outreach bus* to provide services later in the day or during peak engagement times for those unable to access services during regular business hours. The bus would also provide transportation support to and from services. Since the workshop was held, a similar resource has been developed in Kelowna, called *Foundry Kelowna's Wellness on Wheels*, which was co-designed by youth to provide accessible mental health services and transportation for those who need it.

NEED

Improved Housing (Prototypes 27–28)

Number of prototypes Two

Number of workshops Two

Communities Vancouver

Group(s) Youth, Service Providers

Two prototype ideas revolved around improving youth access to housing in Vancouver. Service providers designed a *Youth housing screening committee*, which would match youth with appropriate housing based on their individual needs, while youth designed a *Low-barrier housing service*, which would provide low income, low-barrier housing for youth, with safety regulations and support.

NEED

Creating Safe, Comfortable, and Welcoming Spaces for Youth (Prototypes 29–30)

Number of prototypes Two

Number of workshops Two

Communities Vancouver, Victoria

Group(s) Youth, Service Providers

Two prototype ideas were designed to improve safe spaces for youth. Youth from Vancouver designed *Environmental guidelines for integrated substance use services for youth*, as this was the setting where they identified the idea. This prototype would improve the clinic waiting room environment and make it safer, cleaner, and more welcoming, comfortable, and entertaining to increase youths' comfortability while waiting for appointments. Meanwhile, service providers from Victoria designed a *Youth services inclusion audit* (later renamed the *Youth service assessment tool*), which would provide youth with the ability to assess the accessibility, inclusivity, and safety of different service organizations to improve service settings. This prototype will be described in further detail below as it was chosen for development and implementation in Prince George, BC.

NEED

Improved Financial Support (Prototype 31)

Number of prototypes One

Number of workshops One

Communities Vancouver

Group(s) Youth

Finally, youth from Vancouver designed the *Updated crisis loan program: crisis loan for every season* program, which would offer youth regular crisis loans for every season to provide them with sufficient financial support to address their basic needs, such as seasonal clothing.

Phase 2: Prototype Selection and Development

Prototype Selection

After the ITT Project team reviewed and themed all 31 prototypes, the team narrowed down the numbers of prototypes using an internal decision-making framework to determine which prototypes were most feasible within the scope of the ITT Project and to support communities with the prototype selection process.

Factors such as the timeframe, scope, budget, and sustainability were considered (see **Appendix B** for the Prototype Internal Decision-Making Framework). The team rejected any ideas determined as unfeasible within the constraints of our project. These included new treatment centres, new programs or services that would require ownership and would be hard to sustain, and ideas regarding policy or legislation changes. However, we took note of parts of these prototypes that could potentially be considered on their own and/or applied to other prototype ideas. We also noted prototype ideas that could be feasible with modifications. For example, some prototypes were designed to be delivered in an in-person format that would not be feasible to test within the COVID-19 pandemic restrictions that were in place at the time (e.g., a community-based health fair) and therefore would require modifications (e.g., a virtual delivery format). We also indicated which prototypes would require investment and buy-in from multiple partners given the costs associated with developing the idea (e.g., *Youth pathways to treatment* website). This left 10 prototypes to share back with community partners and youth team members to deliberate on for co-design and implementation.

Many of these prototypes had come from either service providers or parents and caregivers, likely because we hosted more workshops with these stakeholder groups. Given the overall objective of the ITT Project, we created an additional three prototypes to reflect the needs of youth in the final prototype menu. These three new ideas were based on inputs and suggestions from the youth community workshops by combining prototype type ideas across the youth workshops and using ideas that did not make it to the prototyping stage of the workshop.

The final “prototype menu” of 13 prototypes was shared with community partners and youth team members (see **Appendix C** for full Prototype Menu). This menu included the prototype number, name, description, the community and stakeholder group the idea came from, the theme assigned by the ITT team, and whether this need was identified in another community workshop. New themes were assigned based on the new list of prototypes, which included modifications and additions from the original ideas. Themes included Education; Building trusting relationships with youth; Awareness of resources/Improving system navigation; Housing; Supporting and engaging parents and caregivers; Culturally safe spaces; Improving the service environment; and Enhancing life skills.

A Prototype Prioritization Framework (see **Appendix B**) was provided along with the menu in advance of a facilitated decision-making meeting with each of the partner communities and their corresponding youth team member (**Figure 7**). This framework was used to support decision making by asking communities to determine which prototypes would be 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 youth services. The ITT Project team reviewed and summarized the outcomes of those decision-making meetings and then proposed a prototype to be implemented in each community based on their preferences. A total of three prototypes were ultimately selected to move forward, as Foundry Kelowna and Foundry Vancouver-Granville agreed to collaborate on one prototype idea given their shared interests and priorities (see **Table 3**).

Figure 7: Prototype Selection Process

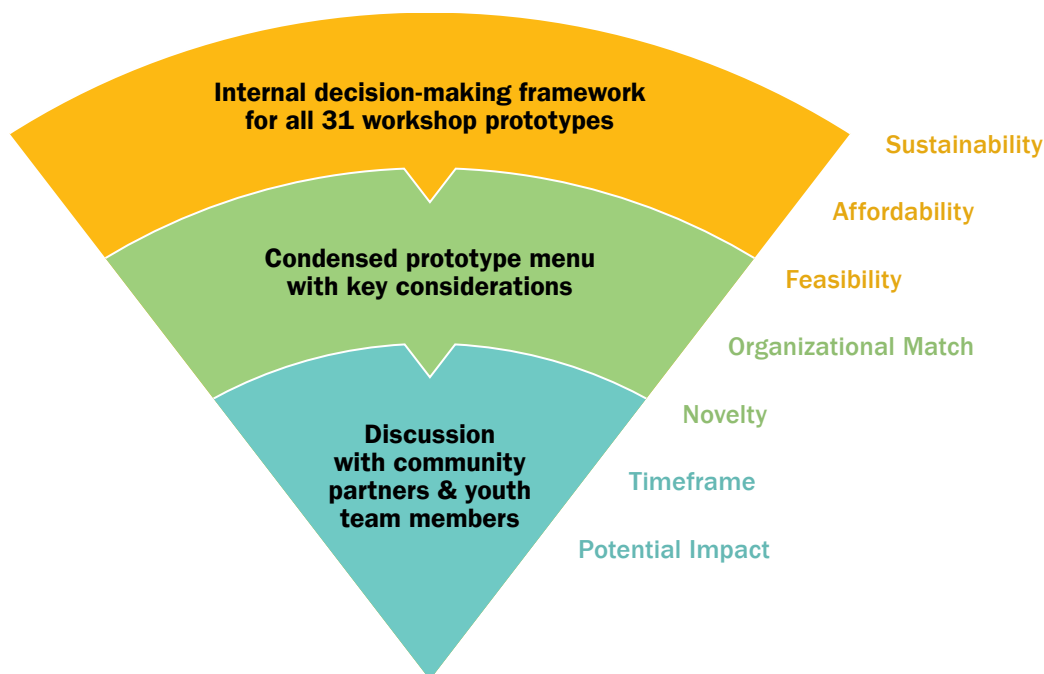


Table 3: Prototypes Selected for Development, Implementation, and Evaluation

Prototype (menu number)	Community	Stakeholders involved in development	Needs addressed (as identified in workshops) ^a	Priority audience
<i>Parent handbook</i> (#6)	Victoria	Parents and caregivers (primary) Service providers (secondary)	Need to know what to expect and how to parent a child impacted by substance use	Parents and caregivers (primary) Service providers (secondary)
<i>Youth service assessment tool</i> ^b (#8)	Prince George	Youth (primary) Service providers (secondary)	Culturally safe space/services for youth	Organizations/Service providers (primary) Youth (secondary)
<i>Virtual OAT guide</i> (#1)	Kelowna and Vancouver-Granville	Youth (primary) Service providers (secondary)	Youth-specific education specialized in OAT/prescribing best practices Educating service providers around harm reduction practices	Youth (primary) Service providers (secondary) Parents and caregivers (secondary)

a) Need(s) identified for that specific prototype in the community workshop

b) Previously known as the *Youth Services Inclusion Audit*

Prototype Development

CCs from each partnering organization were hired to support the local development and implementation of each health innovation. These champions were integral in recruiting and engaging youth, caregivers, and service providers from their community in the co-design process and enhanced our ability to foster safe spaces. They worked closely with an ITT Project team lead and youth team member(s) to facilitate the co-design sessions. The team structure and engagement methods varied across community and prototype.

All ITT Project resources can be found on the [Foundry website](#) under the corresponding tabs:

- *Parent handbook*—Foundry Victoria
- *Youth service assessment tool*—Foundry Prince George
- *Virtual opioid agonist treatment (OAT) guide*—Foundry Kelowna and Foundry Vancouver-Granville

Parent Handbook (Victoria)

Parents and caregivers from the Victoria community partnered with Foundry Victoria and the ITT Project team to co-develop a *Parent handbook* to equip parents and caregivers with helpful and important information about parenting a youth with a substance use disorder.

Rationale

This prototype was brought forward during a parent and caregiver workshop in Victoria, in response to a need to know what to expect when parenting a youth with a substance use disorder.

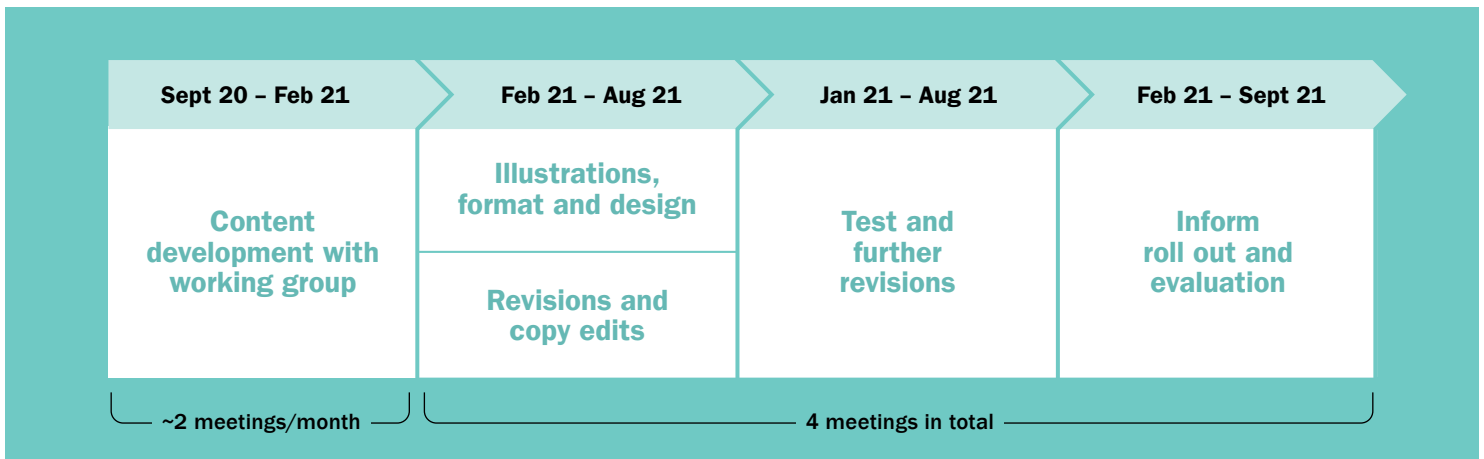
Community partners in Victoria expressed a strong need for more resources and tools for parents and caregivers and identified the potential impact this prototype could have on youth experiences and outcomes. This prototype could also be a virtual resource, serving as a bridge for parents and caregivers who might not be comfortable engaging in a group or in-person setting. Further, this prototype aligned with Foundry Victoria's goal in establishing and engaging a standing Family Advisory, and the centre already had a strong network of parents and caregivers ready to support this work. Therefore, this prototype was chosen for development.

Co-Design Process

A family peer supporter with lived experience was hired as a CC to co-lead the development and implementation of the *Parent handbook* (**Figure 8**). The CC recruited caregivers from Victoria who had been invited to the Phase 1 workshops (i.e., from two community family peer support groups) to take part in the co-design team. This resulted in a working group of 12 parents/caregivers from Victoria who met regularly over Zoom with the CC and ITT Project team lead to develop and review the handbook's content, illustrations, and format/design. Four of these parents/caregivers attended one workshop meeting before disengaging due to various reasons.

The first meeting began with introductions, a review of the terms of reference to ensure participants understood the purpose and scope of the project, and the development of a community agreement to ensure parents/caregivers felt safe to share their experiences and ideas. The team reviewed an environmental scan of similar resources and the original prototype idea during the first meeting to kickstart the brainstorming session for the handbook. Later meetings were spent prioritizing topic areas, which was done in smaller virtual breakout rooms that were each facilitated by an ITT Project team member. Meetings were audio-recorded to ensure the content was portrayed in parent/caregiver’s own voices, and the project team members took verbatim notes from the live discussions. Additional research and consultations with content experts took place to incorporate evidence-informed substance use information. The handbook went through multiple rounds of revisions, including feedback from parents/caregivers and service providers who had not participated in the co-design process, before being shared publicly.

Figure 8: Parent Handbook Co-Design Process¹⁷



Working Group (Sept '20 – Sept '21)

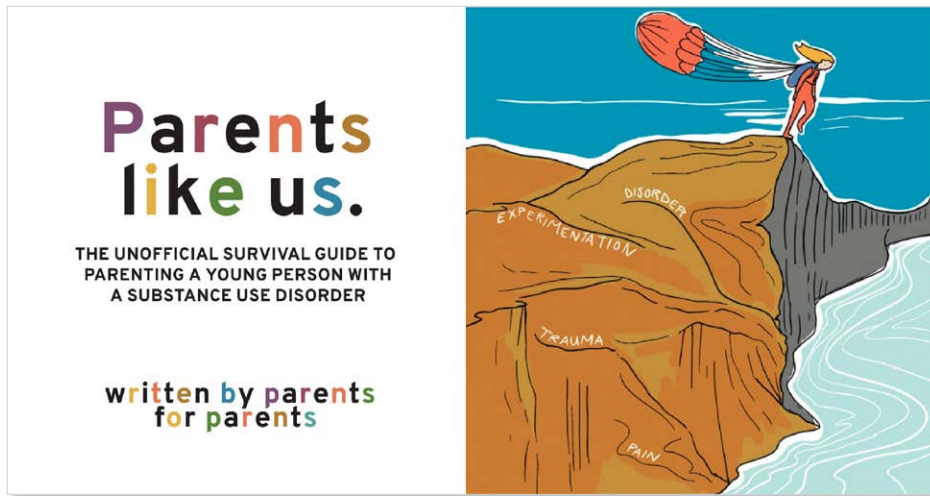
- ITT project lead
- CC (family peer support worker)
- 12 caregivers with lived experience

Reviewers

- Caregivers with lived experience
- Provincial Family Advisory
- Youth with lived experience
- Service providers who support youth and/or caregivers
- Project partners

CC: community champion
 Project partners: leadership from Foundry Victoria, FCO, CCSA

Description



The handbook consists of eight main chapters and a ninth chapter with a list of local and virtual resources. It is meant to help parents/caregivers feel connected to others going through similar experiences and encourage them to seek out support.

Chapter topics include:

- **Signs of problematic substance use** (to help parents/caregivers identify problematic substance use behaviours)
- **The science of addiction** (to increase parent/caregiver understanding about how different substances can affect the brain and why it is considered a chronic health condition)
- **Harm reduction** (to provide parents/caregivers with helpful harm reduction tips that can save lives and reduce stigma surrounding this approach)
- **Overdose/drug poisoning** (to prepare parents/caregivers for incidences of overdose)
- **Navigating the system** (to support parents/caregivers with the challenges they will face trying to navigate the system)
- **Staying connected** (to help parents/caregivers stay connected with their youth during these difficult times)
- **Family dynamics** (to support parents/caregivers with common challenges that affect the entire family)
- **Support for yourself** (to encourage parents/caregivers to reach out for support)
- **List of resources** (to provide parents/caregivers with local resources, books, podcasts, websites and apps, and space to include information about their and their youth's support system)

Process Evaluation

Anonymous midpoint and endpoint surveys were distributed to the working group members via email by the evaluation lead to obtain feedback on the co-design process. The surveys were adapted from PPEET²⁷ and used Likert-scale and open-ended questions via Qualtrics®. The midpoint survey was distributed 2-months into the development process (November 2021) while the endpoint survey was distributed 6-months into development, once the handbook content had been finalized (February 2022).

The eight parents/caregivers who remained throughout the co-design process completed the surveys. Overall, caregivers felt satisfied with their role as co-design partners and anticipated that the handbook would have a positive impact in their community. As one parent expressed:

“I’ve laughed and cried with many of you and I am excited that, you know, if I look back to full blown where we were to where I am today and the fact that we can all collaborate and put our bits of information in here and get it into the homes of other parents who are paralyzed and lost, looking up the hill in front of them. I am very grateful.”

They described the co-design experience as a source of empowerment:

“This type of thing gives me strength. When we feel helpless for our kids, doing something like this really helps take that feeling away.”

Parents/caregivers described some of the strengths of the design session, including the ability to share different ideas and experiences, learning about gaps in the system, feeling heard, helping other parents, and good facilitation and progress during the meetings. Some of the weaknesses brought forward were the inability to meet in person due to the COVID-19 pandemic and the lack of diversity within the co-design team, which was acknowledged as a limitation at the beginning of the handbook.

Youth Service Assessment Tool (Prince George)

Community partners at Foundry Prince George chose to co-develop a *Youth service assessment tool* to evaluate and improve the accessibility, inclusivity, and safety of youth services, particularly those who support youth who use substances.

Rationale

This prototype was brought forward during a service provider workshop in Victoria in response to a need for culturally safe spaces and services for youth who use opioids.

Community partners in Prince George highlighted the importance of amplifying youth voices in their community and a need for better cultural considerations and safety of services in Northern BC, thus this prototype was chosen for development.

Co-Design Process

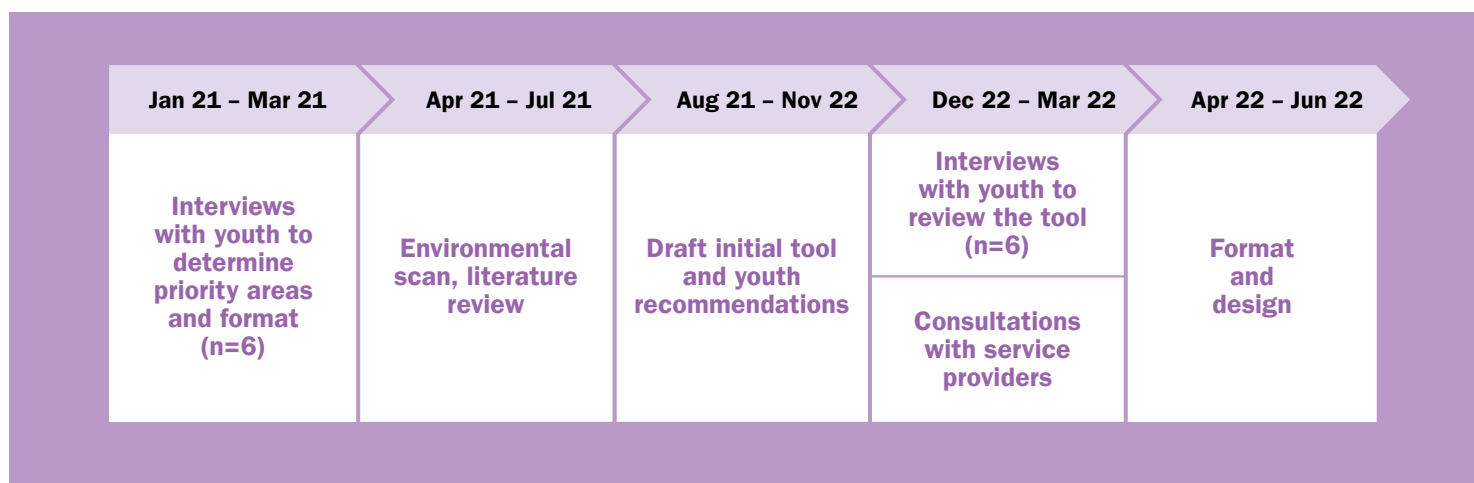
To develop the content, the ITT Project lead met with a CC and ITT youth team member from Prince George weekly over Zoom. The CC and youth team member used their networks to recruit youth with lived and living experience of substance use in Prince George to take part in the co-design of the assessment tool (**Figure 9**). Initial consultations were conducted with six youth to ask them about their experiences with health and social services, as well as how they envisioned the use of this tool. Consults were done at Foundry Prince George, where youth had access to peer support services if needed. Alternatively, the CC met youth at another service they accessed regularly if more convenient and approved by the service organization.

To create an initial list of assessment questions and recommendations, the team also considered:

- the ITT Project youth workshop findings,
- an in-house literature review on health and social service assessments focused on youth and competencies,
- a scoping review on youth friendly mental health and substance use services completed by the Centre for Addiction and Mental Health,³⁴ and
- the findings from The Experience Project, which explored youth experiences with substance use services in BC.¹⁷

Following the initial draft of the tool, seven youth were consulted to acquire feedback, one of whom had participated in the first consultation. Organizations that offer services to youth who use substances in the community were also consulted to ensure the tool would be applicable and feasible to use within their organization.

Figure 9: Youth Service Assessment Tool Co-Design Process



Working Group (Jan '21 – Jun '22)

- ITT project lead
- ITT youth team member
- Community champion

Reviewers

- Youth with lived/living experience of substance use
- Service providers who support youth
- Project partners

Project partners: leadership from Foundry Prince George, FCO, CCSA

Description

The *Youth service assessment tool* is meant for health and social organizations that serve youth, including those that provide substance use services, mental health services, youth treatment services, and/or harm reduction services as well as youth shelters, community health centres, social services, hospitals, emergency departments, etc. It aims to support organizations in an ongoing learning process in improving youth service experiences by providing insight on their strengths and identifying feasible solutions for addressing weaker areas.

The tool consists of four main areas of assessment:

- **Accessibility** (i.e., how accessible the service is for youth, including hours of operation, affordability, and their aging out process)
- **Service environment** (i.e., how welcoming and comfortable the service environment is, including inclusivity and diversity and whether they meet youths' basic needs)
- **Quality of service** (i.e., including whether they apply a patient-centred approach, respect youths' rights to privacy and confidentiality, and whether they are responsive to youth feedback)
- **Continuity of care** (i.e., including whether organizations are well connected to other services in the community that serve youth who use substances)



The tool also comes with a list of youth-informed recommendations to address each assessment question and a list of youth services to improve youth and service provider awareness of local services. To complete the assessment, organizations are asked to respond “Yes,” “Partially,” “No,” “Unsure,” or “Not applicable” to each question, while providing staff the opportunity to reflect, share, and discuss the organization’s strengths and challenges. Once a consensus is reached, organizations are asked to identify 1–3 priority areas they would like to start with and develop an action plan. This tool is meant to support an ongoing learning process that can be integrated in the organization’s quality improvement process.

Process evaluation data were not collected given that we did not utilize traditional co-design methods as intended because of the challenges we encountered with recruitment due to the COVID-19 pandemic.

Virtual Opioid Agonist Treatment Guide (Kelowna and Vancouver)

Community partners at Foundry Kelowna and Foundry Vancouver-Granville chose to co-design a youth-informed *Virtual guide on the experience of accessing and receiving opioid agonist treatment (OAT)*.

Rationale

Originally, this prototype was brought forward during a service provider workshop in Kelowna in response to a need to educate service providers about OAT and to build trusting relationships with youth; however, the community partners and youth champions expressed the need to pivot the focus to youth, given that there is a dearth of youth friendly information about OAT.

As a result, at the beginning of Phase 2 in the project, this prototype shifted its primary audience to youth while the secondary audience is service providers.

The resource is an animated, lived-experience video series about a youth's everyday experience with OAT as part of a treatment program. The videos are meant to support youth who are considering OAT as a treatment option by describing the experience from multiple youth perspectives. The animated series explores the OAT process to demystify and destigmatize it and to increase confidence for youth considering or starting OAT. This tool also has the potential to increase service provider education around prescribing OAT and increase their uptake and capacity to prescribe OAT. It also aims to reduce stigma around opioid use and improve relationships among youth, service providers, and parents/caregivers by increasing their empathy and understanding of a youth's journey.

Co-Design Process

To begin content development, the ITT Project lead worked closely with CCs from each community (two youth peer supporters and one mental health clinician) and an ITT youth team member (**Figure 10**). Two rounds of interviews were conducted between December 2020 and March 2021 with six youth currently on OAT in Kelowna or Vancouver. The youth were recruited either from the previous Phase 1 workshops or were contacted by the CCs through their networks. The purpose of the first interview (n=6) was to understand what topics would be helpful for other youth (e.g., what do you wish you knew about OAT when you started that you know now?) as they embark on their OAT journey and in what format (e.g., how long should the video be, where should it be accessed?). The second interview (n=3) involved prioritizing key topics for the *Virtual OAT guide*:

- **Information about OAT in BC** (e.g., what is OAT, who prescribes OAT, what are the different kinds of OAT available to youth in BC, pharmacological information, how does OAT make you feel, information about side effects)
- **Information about the youth experience** (e.g., what does the daily routine look like while on OAT, inclusion of messages of hope from other youth)
- **Information about how the videos should be accessed and shared** (e.g., on YouTube, short in length, shared by credible organizations such as Foundry or government organizations)

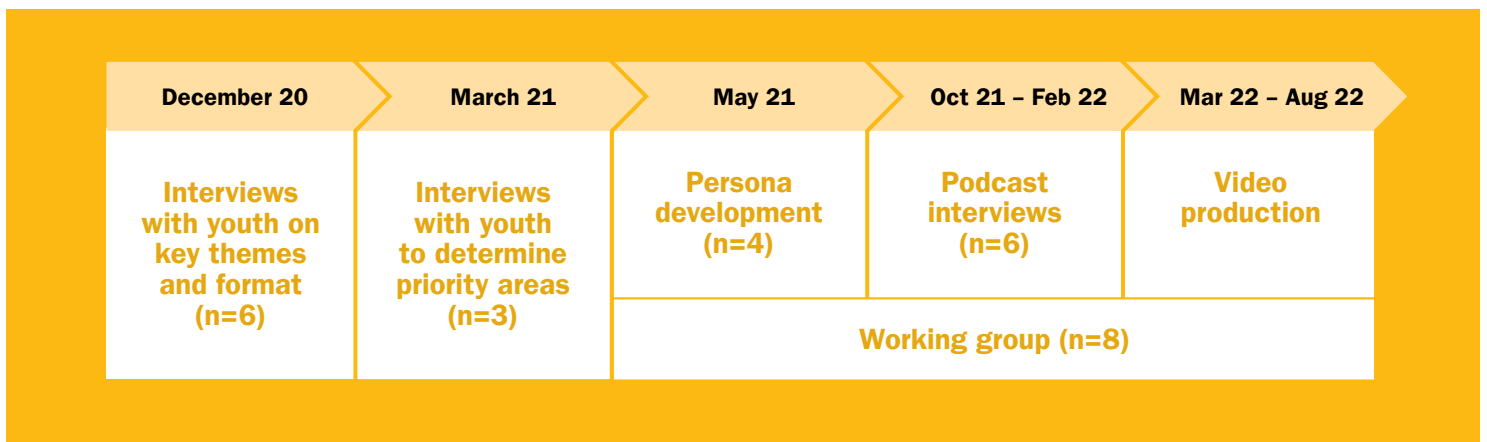
Taking these key learnings, the project team then hosted an additional engagement in May 2021 with four youth who participated in an initial interview. This engagement involved co-creating personas of youths' living experience of OAT in each community. As a result, the following personas were created: Sam, who is a 20-year-old male from Vancouver currently on methadone who is also a podcast host, and Sasha, an 18-year-old female from Kelowna on Suboxone®. Each persona describes a "typical day" in the life while on OAT, including their challenges and what helps them on their wellness journey.

A vendor specializing in inclusive facilitation and youth friendly video production was onboarded in September 2021 to produce the animated virtual guide. Through a creative brainstorming session with the project team, CCs, and two youth with living experience of OAT, it was determined that for the video to be relatable and authentic to other youth, using real youth voices in the video would be ideal. As a result, the project team completed six "podcast" interviews (five with youth with living experience of OAT and one with a nurse practitioner) between October 2021 and February 2022 to incorporate stories of living experience and expertise into the videos. A youth artist based in Vancouver was also hired to support the vendor with creating the artwork for the videos. The interview audio was used to complement and authenticate the journeys of Sam and Sasha.

To ensure video production was completed in a meaningful and youth friendly way, the ITT Project lead created a weekly virtual working group with three of the youth interviewees, the youth team member, and the CCs between March and August 2022 to get feedback on content and design created by the vendor and youth artist.

Health service providers, OAT prescribers, and subject matter experts in the field were also consulted throughout the process to ensure that the proposed content was evidence-informed and up-to-date.

Figure 10: Virtual OAT Guide Co-Design Process¹⁷



Working Group (March '22 – Aug '22)

- ITT project lead
- ITT youth team member
- CC (2 youth peer support workers and 1 mental health clinician)
- 3 youth with lived/living experience

Reviewers

- Youth with lived/living experience of OAT
- Service providers who support youth
- Project partners

CC: community champion

Project partners: leadership from Foundry Kelowna, Foundry Vancouver-Granville, FCO, CCSA

Description



The *Virtual OAT guide* consists of four short videos that describe youths' real-life experiences with OAT. The episodes follow Sam interviewing youth who are using or have used OAT:

- **“You’re Worth It”**: Defines what OAT is and its potential life-saving benefit within the context of the drug toxicity emergency.
- **“The Daily Routine”**: Provides descriptions of the different types of medications available for youth in BC. Youth describe what being on OAT looks like in day-to-day life.
- **“Side Effects”**: Explains common side effects youth may experience while on OAT.
- **“The Big Picture”**: Explores the idea that OAT is only one tool that supports one’s wellness journey, and everyone’s treatment pathway is different. Youth share other elements that helped them while on OAT, including staying connected through support groups, friends, and peers.

In addition to the YouTube postings, an OAT infographic was designed, along with a resource list of community services to accompany the videos.

Process Evaluation

Anonymous midpoint and endpoint surveys were distributed via email by the evaluation lead to obtain feedback on the co-design process. As with the *Parent handbook*, surveys were adapted from the PPEET²⁷ and used Likert-scale and open-ended questions via Qualtrics®. The midpoint survey was distributed to the initial six interviewees, working group members, and subject matter experts in March 2022. The endpoint survey was solely distributed to the working group members in August 2022, once the animated videos were finalized. No personally identifiable information was collected.

Three interviewees and four working group members (7/12 invited respondents; 58%) completed the midpoint survey, and all agreed or strongly agreed that the virtual guide will be useful to other youth and that they would share the resource with other youth. All respondents felt the co-design process was a good use of their time and that they were creating something with impact:

“I feel very fortunate to have been involved in this project from the beginning and to see how it has evolved! It is a great learning opportunity and inside look at how resources/educational tools are created from inception to finished product with youth health at the forefront.”

When asked about the benefit of the virtual guide, one respondent shared these videos will be “... ***Familiarizing people with OAT, helping normalize OAT, helping lessen fear about getting on OAT, [and provide] information from real lived experiences so it is more relatable.***” Some weaknesses noted were the length of time it took to produce the videos and having to meet virtually due to the COVID-19 pandemic.

Four working group members (67%) filled out the endpoint survey and all felt that the *Virtual OAT guide* would be useful to youth considering accessing OAT and would increase their understanding of OAT. As one youth described: ***“I really feel like these videos will help youth understand OAT more and maybe even give it a chance.”***

Phase 3: Implementation

All three health innovations are hosted on the Foundry website (foundrybc.ca/ittproject). The ITT Project leads worked closely with the Phase 2 participants to inform and support the local implementation of each resource.

Approach

A two-fold approach was used to implement the *Parent handbook*. The online version was released on the Foundry website on October 1st, 2021, while hard copies were distributed by the parent/caregiver working group members in February 2022 (and onwards) to local organizations, services, and individuals in Victoria who support youth and parents/caregivers. This included mental health and substance use services, youth shelters, schools and school counselors, legal services (e.g., Crown Counsel office, Justice Access Centres), pediatrics hospital department, housing services, child and family services, and individual parents/caregivers.

The *Youth service assessment tool* and the *Virtual OAT guide* are solely available online and were released July 20th, 2022, and August 8th, 2022, respectively. *The Virtual OAT guide* can also be accessed directly on Foundry's YouTube channel (@foundrybc2819).

We used various methods to promote the uptake of each health innovation, such as:

- Social media posts (i.e., Facebook, Instagram, Twitter, LinkedIn) shared by the respective Foundry centre involved in the health innovation, Foundry, and CCSA.
- Foundry network promotion (e.g., newsletters, presentations, service provider lunch and learns, peer support teams, Foundry's substance use strategy).
- External partner promotion, including government (i.e., Ministry of Mental Health and Addictions; Health Canada; Deputy Ministers of British Columbia, Alberta, and Manitoba) and local and provincial organizations who work with youth and/or families.
- Conferences (i.e., Youth Overdose Conference, CCSA's Issues of Substance Use Conference, Let's Talk Overdose Conference, International Association for Youth Mental Health Conference, Frayme Conference, Centre for Health Services and Policy Research Conference).
- Local media promotion (i.e., CTV Vancouver Island, CBC News Victoria).
- Video screenings (specifically for the *Virtual OAT guide*)

Although each innovation is specific to the local community involved in its design, they are highly transferable to other communities and have the potential for wider impact across provincial, national, and international contexts. Some ideas for broader application include:

Parent Handbook

- Can be integrated into clinical practice to start conversations with parents/caregivers and help them connect with appropriate resources and support groups.
- Family peer supporters can introduce book club sessions where parents/caregivers are given a chapter to read and debrief on during their next session.
- Hard copies can be ordered and included in health and social services' waiting rooms.

Youth Service Assessment Tool

- Can be integrated into health and social service organizations' quality improvement processes.
- Can be integrated as part of best practice guidelines in provincial health authorities' systems for delivering health and social services to youth.

Virtual OAT Guide

- Can be integrated into clinical practice as a starting point for service providers to discuss OAT options with youth.
- OAT videos can be played in substance use services waiting rooms.
- Can inform best practice principles and guidelines for youth-specific OAT policies and practices.

Evaluation

An internal evaluation was conducted to measure the extent to which the innovations achieved their intended outcomes. Qualtrics® post-surveys were linked on the ITT webpage and within each innovation. Likert-scale questions were used to assess whether the respondents perceived the innovations as useful, whether they increased their awareness of substance use services and supports for youth or parents/caregivers, and whether they increased their understanding of youth substance use and how to support youth or parents/caregivers. Respondents also had the opportunity to provide open-ended feedback. Over 200 surveys were collected (86 for the *Parent handbook*, 19 for the *Youth service assessment tool*, 100 for the *Virtual OAT guide*). Overall, respondents expressed being satisfied with the innovations and agreed that they met their intended objectives.

Community Partner Impact Statements

Short impact case statements were collected from each community partner. An email was sent out to leaders from each organization that had been involved in the project to share how the partnership and overall project has impacted their community. The statements are included below.

Foundry Victoria

“The ITT Parent handbook ‘Parents Like Us’ has had profound impact amongst both caregivers and service providers in our community. This project has demonstrated that supporting caregivers of youth with substance use challenges is just as important as supporting our young people. This handbook has been well received by parents in our community to help reduce the stigma of having a young person who uses substances, supporting caregivers in ensuring they don’t feel alone in their experiences, and helping caregivers find commonality and support within the parent peer community. Service providers use this book in practice to support families whose young people are experiencing substance use challenges. This book has been in high demand in our community, and we are so thankful to the parents in Victoria who dedicated their time, energy and experiences in putting this amazing resource together.”

Amy Schactman, Clinical Coordinator at Foundry Victoria

Foundry Prince George

“Foundry Prince George and its team are committed to elevating youths’ voices as experts in their own care and carve out space for them to advocate for themselves and their needs. This project was a great opportunity to support our community partners to double down on that same commitment in practice, and to have a lasting strategy that helps shape our local services in a more equitable and youth-centred way. We also so appreciated having the opportunity to see some specific local youth get recognized for their expertise, and treated as equal experts at the community table. Seeing the positive impacts on them as a result of their individual participation in the ITT Project made it that much more worthwhile.”

Carmen De Menech, Manager at Foundry Prince George

Foundry Kelowna

“Foundry Kelowna’s team strives to improve the mental health of youth and their families through non-judgmental, client-centred support that honours each individual’s journey. Participating in the ITT Project allowed the team to hear directly from our youth’s lived experience and be touched by the resilience displayed by participants. It has been so impactful to be able to hear from the youth we serve and see their lived experience be respected and highlighted. So often their stories are not heard and being a part of this project has allowed many in Foundry Kelowna and in the community a better understanding of substance use and opioid agonist treatment (OAT).”

Stephanie Greenwood, Youth Mental Health Clinician at Foundry Kelowna

Foundry Vancouver-Granville

“Many youth who access services at Foundry Vancouver-Granville experience co-occurring mental health and substance use challenges, and many of them receive or are interested in receiving opioid agonist therapy through our primary care clinic. Having the opportunity to share the Step by Step OAT videos with our youth has been invaluable—the videos are accessible, produced collaboratively with youth for a youth audience, and effectively reduce stigma associated with receiving OAT. The Step by Step videos share information in a way that is easy to understand and concise. We have begun to use them in onboarding new staff, particularly episode 2 which summarizes the different OAT prescriptions available. Our Peer Support team was part of the ITT Project and it was a great opportunity for them to share their knowledge and expertise, collaborate with other members of the working group, and gain skills. Everyone on our team who participated in the ITT Project is proud of the work they’ve accomplished.”

Lyn Heinemann, Occupational Therapist at Foundry Vancouver-Granville

Project Highlights

Centring Lived and Living Experience and Expertise

All phases of the ITT Project centred around the lived and living experience and expertise of youth and parents/caregivers, in conjunction with the experiences and expertise from service providers. At a project team level, we partnered with youth and/or parent/caregiver team members with lived and living experience from each partnering community to inform and facilitate project activities, such as planning and co-facilitating the community workshops (Phase 1), participating in the co-design of community-driven health innovations (Phase 2), and supporting with local implementation and promotion (Phase 3). At the community level, we engaged youth and parents/caregivers to understand their experiences and needs when accessing youth opioid use treatment services (Phase 1), co-design solutions for their identified needs (Phase 2), and determine how the innovations would be implemented (Phase 3). This resulted in rewarding and meaningful experiences for those engaged and provided opportunities to “give back” and share their stories to improve other people’s experiences. This also led to the development of health innovations that directly respond to the needs of youth, parents/caregivers, and service providers expressed in the Phase 1 workshops.²⁸⁻³⁰

Project Partnerships

The ITT Project was made possible through strong partnerships at the national (CCSA), provincial (FCO), and community (Foundry centres) levels, with shared decision-making authority. National and provincial partnerships were integral for providing project resources such as funding, research and knowledge translation expertise, staff time, and connections with a network of integrated youth services that provide community-based opioid use treatment services across BC. Meanwhile, community partners were crucial for recruiting, engaging, and supporting youth, parents/caregivers, and service providers in their respective communities to participate in the co-design of innovative health solutions to improve their experiences with opioid use treatment services. This project team structure promoted collaboration across various experts, including service users (youth and families) and service providers, ensuring buy-in across communities to support the successful implementation of each health innovation.

Project Frameworks

We wove CBPR and co-design methods to amplify the voices of youth, parents/caregivers, and service providers from each community. Using CBPR methods enabled us to establish strong community partnerships that were integral in informing and supporting the ITT Project activities, such as organizing and conducting the community workshops (Phase 1), selecting prototypes to meet the needs of each community and identifying and supporting youth, parents/caregivers, and service providers to participate in the co-design of each health innovation (Phase 2), and supporting the local implementation of the health innovations (Phase 3). Similarly, co-design methods enabled us to identify creative and flexible ways of engaging those receiving and providing opioid use treatment services to better understand their needs and experiences and brainstorm solutions (Phase 1), co-design community-driven health innovations based on the Phase 1 findings and the lived and living expertise of youth, parents/caregivers, and service providers (Phase 2), and co-develop implementation strategies (Phase 3). Each phase was evaluated using feedback surveys (Phase 1), midpoint and endpoint surveys to evaluate our co-design process (Phase 2), and post-implementation surveys evaluating the impact of each health innovation (Phase 3). These collaborative and iterative methods allowed us to tailor the project activities based on stakeholders' availability and local context and reduce engagement barriers by meeting communities where they were at. Although co-design can feel messy, it's important to trust the process and see how the project evolves along the way.

Investment in Knowledge Mobilization and Dissemination Activities

A comprehensive knowledge mobilization and dissemination plan was developed to promote each health innovation across community, provincial, and national levels. This involved the use of multiple promotional strategies to reach diverse audiences, supported by each partnering organization. As such, local implementation was informed and supported by CCs and Phase 2 participants, while provincial efforts relied on implementing each resource within the Foundry network of integrated youth services across the province and nationally through the Federation of Integrated Youth Services Networks.

Calls to Action

This report is meant as a resource for others working in the youth substance use space in BC, Canada, and internationally. When choosing prototypes for co-development, we considered whether they could be scalable to other communities and populations. As such, the three health innovations developed through this project can be used and adapted by others to support youth, parents/caregivers, and service providers in their communities. Further, we hope the descriptions of the approaches and methods used throughout the project, the findings that emerged, and the other prototypes developed by our partner communities and participants can help other health service researchers considering using these methods and policy makers considering how to improve youth opioid use treatment services.

We have created various sources of information to speak to each of these project areas, including a comprehensive project webpage (foundrybc.ca/ittproject) that houses the majority of our knowledge products and our contact information. This project was undertaken with the explicit intention of achieving action. We have invested significantly in knowledge dissemination and mobilization efforts because of this, and we call on others to explore and mobilize this work as a resource to inform future efforts in this area.

We also outline three specific calls to action below.

1. Engage Youth Who Use Substances in Initiatives That Impact Them

Substance use services are not meeting the unique needs of youth—despite the prevalence of substance use and overdose-related incidents amongst youth populations, existing substance use service and intervention design, guidelines, and evidence bases are tailored largely to adult populations.⁸ Co-design and participatory approaches centre people with lived and living experience as decision makers and leaders to design new innovations and/or improvements to current innovations that are relevant to those they are meant to serve. As such, these approaches produce impact with greater reach, greater sustainability, and greater meaning and applicability for the populations involved.²³⁻²⁶ Our project process, outputs (specifically, the three community-based prototypes), and evaluation data (collected in Phases 1 and 2) reflect what we see in the evidence and in other contexts. More importantly, youth who use substances have been clear in what they want to see, and that is for them to be involved and engaged in ways that ensure their vision, experiences, and lived and living expertise are centred in this work.

Our call is that co-design and participatory approaches are taken up as best practice when identifying, designing, and implementing substance use services, policies, programs, or practices that impact youth.

2. Take Up and Adapt the ITT Project Prototypes

Each health innovation has been developed through a community-specific lens. However, we know from our Phase 1 findings that the needs and ideas that informed them were most often shared across the different partner communities and were not unique to any one community. These innovations therefore remain relevant in other community contexts and, in most cases, also readily adapted.

Our call is that these health innovations are taken up more broadly in communities and that communities adapt these resources to fit their needs.

For example, a Mental Health and Addictions program in Sault Ste. Marie has adapted the *Parent handbook* for their local context by developing their own list of resources and incorporating stories from members of their community. In addition to aiming the handbook at parents and caregivers directly, local service providers can also use the handbook as a support tool with parents/caregivers to help them with identifying early warning signs, learning more about substance use amongst youth, understanding how to connect with their youth, and navigating the system in their own community.

The *Youth service assessment tool* can be easily adapted, simply by replacing the list of local resources. The broader tool could also be validated, and revised, through local engagement of youth who use substances.

Finally, the *Virtual OAT guide* shares youth perspectives from both Vancouver and Kelowna, representing experiences from both urban and suburban communities. Although access to OAT may look different in different communities and contexts (e.g., urban, rural, remote), this tool could still be used to socialize OAT as a treatment option and to increase knowledge and awareness of OAT amongst youth who use opioids as well as the service providers who support them.

These evidence-based tools represent passion projects of each community and the community members, who developed them. We hope that other communities will honour and acknowledge their investment and outputs in taking up their work.

3. Take Up and Develop the Other Ideas for Health Innovations

We were able to co-design and implement three of the workshop prototype ideas within the context of this project. There is an opportunity to use the findings from the Phase 1 workshops, including over a dozen other well-described prototypes, as a starting point to develop unique innovations to improve opioid treatment services, and other substance use services, for youth, their parents and caregivers, and service providers in BC and elsewhere.

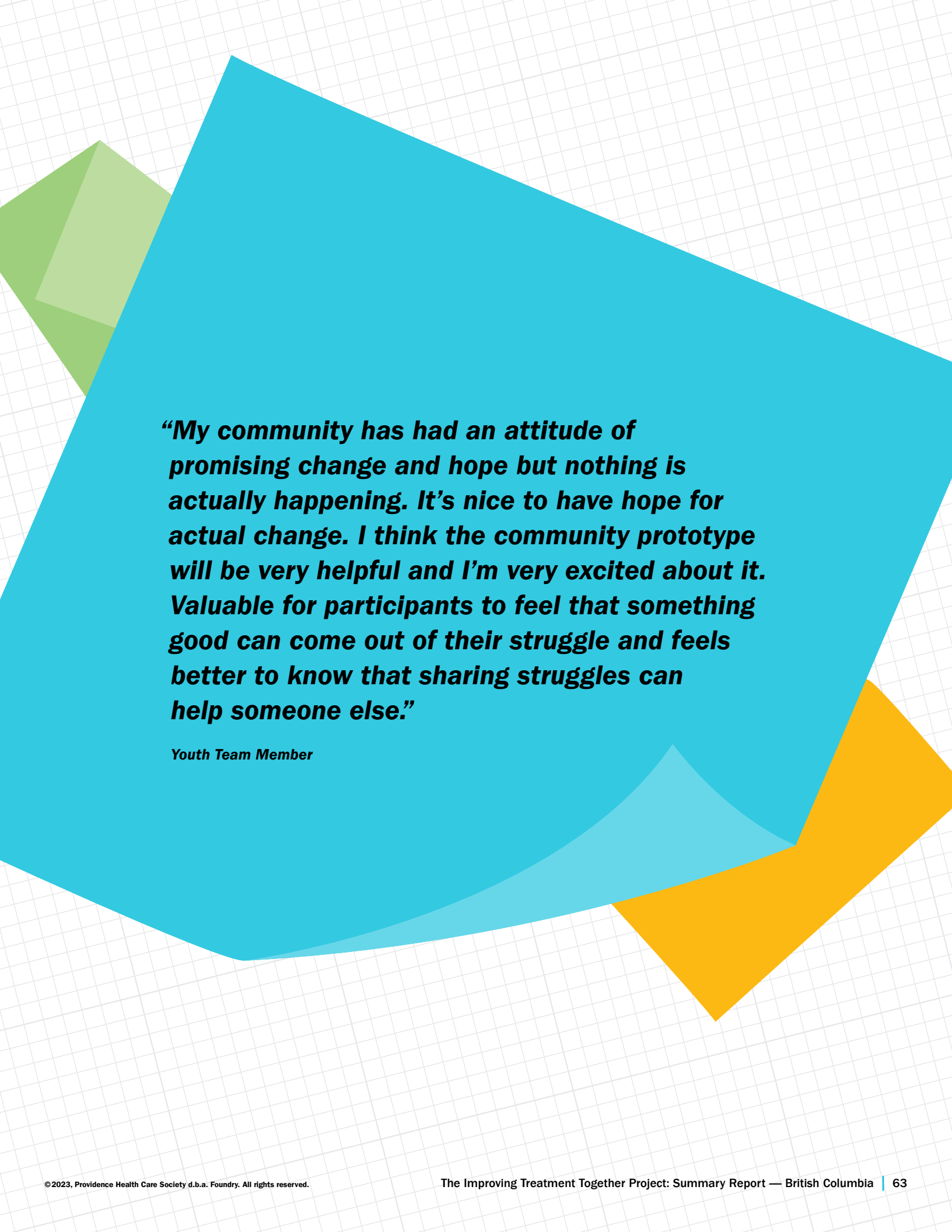
Our call is that other organizations, institutions, initiatives, and communities take up these ideas as a starting point for their own investment in improving opioid use treatment services, and other substance use services, for youth, their parents and caregivers, and service providers.

We do not have to reinvent the wheel and we can, collectively, honour the knowledge and contributions these communities and community members have made through this work.

Conclusion

This project demonstrated how using co-design (within a human-centred design thinking framework) and community-based participatory research methods can help researchers and other stakeholders co-develop health innovations that truly meet the needs of those they are meant to serve. It also demonstrated the power of bringing together partners from the community, provincial, and national levels and how this can facilitate knowledge mobilization through awareness, adaptation, and application of numerous community-derived and co-created health innovations.

As engagement of youth who use substances and their family members moves to the forefront of work by researchers and other professionals in this field, we hope the processes, learnings, and outputs from the ITT Project will serve as a resource for those who wish to promote meaningful and effective change to improve youth opioid treatment services, and other youth substance use services, in the future.



“My community has had an attitude of promising change and hope but nothing is actually happening. It’s nice to have hope for actual change. I think the community prototype will be very helpful and I’m very excited about it. Valuable for participants to feel that something good can come out of their struggle and feels better to know that sharing struggles can help someone else.”

Youth Team Member

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Appendix A: Prototypes Across the Community Workshops

Prototype Name	Prototype Description	Community Workshop
Increasing meaningful connections for youth		
1. Virtual platform matching youth with youth advocates (“Forever yours”)	<p>An online portal/app with bio information on a “support person” who would provide support to young people who use opioids. Youth sign up by referral—only by doctor/case manager/Allied health professional; Young people are referred by geographic region.</p> <p>Intent: To foster trust, learn life skills and build independence.</p>	<p>Parent/caregiver workshop</p> <p>Prince George</p>
2. Lifelong connections for youth	<p>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.</p> <p>Intent: 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.</p>	<p>Service provider workshop</p> <p>Victoria</p>
3. Contingency management for treatment of stimulant disorder	<p>Increasing access to contingency management for youth that look at multiple indicators of success (i.e., not just urine drug screening).</p> <p>Positive reward (i.e., gift card) for meeting youth identified indicators of success (not time limited and varied based on setting).</p> <p>Examples of indicators of success:</p> <ul style="list-style-type: none"> • Achieving youth set goal • Urine drug screen • Taking medications • Meeting with provider • Getting bloodwork done/attending medical appointment • Adherence to OAT • Achieving life goals • Fewer overdoses/hospitalizations • Less police contact • Rating scales <p>Intent: To meet youth where they are at and provide supportive recovery plans</p>	<p>Service provider workshop</p> <p>Vancouver</p>
4. Peer support program led by aged-out youth (“Youth 4 Youth”)	<p>Youth with life experience help struggling youth (drugs, sex work, gang life); Outreach; Volunteering time.</p> <p>Have a list of volunteer youth and what they have to offer (as experience); not a job/or for people who went to school; Volunteers are youth who want to be here to help.</p> <p>Intent: To increase connections with youth when waiting for appointments and offer youth work experience.</p>	<p>Youth workshop</p> <p>Vancouver</p>

Prototype Name	Prototype Description	Community Workshop
Increasing meaningful connections for youth		
5. Programming developed and delivered by youth with lived experience	<p>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.</p> <p>Youth ages 18-30 with lived experience would deliver the program in schools to students as young as grade 7. 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.</p> <p>Intent: To reduce stigma, increase awareness, build life skills and develop capacity/skills.</p>	Youth workshop Kelowna
6. Counsellor on demand	<p>A personalized counselling service. 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.</p> <p>Youth would call to set up a virtual/phone one-on-one consult (short, 15 mins). If it seems like a good fit, youth can decide to book an appointment. The 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). Youth can email ahead of time to set up a list of up to 3 topics they'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.</p> <p>Intent: To meet young people where they are at and provide necessary mental health support.</p>	Youth workshop Kelowna
Support for parents and caregivers		
7. Community paramedicine for youth substance use	<p>The Community Paramedic (CP) works with the youth/family in the home, doing a wellness check each week making sure their needs are being met, when it comes to their health care, reporting back to the physician with information with the (here and now). Being an advocate for the family and patient. If the needs are not being met and getting the youth admitted to hospital if need be.</p> <p>Intent: To save a life.</p>	Parent/caregiver workshop Prince George
8. Family advocacy network	<p>A family advocacy network for families of young people who are using substances. This would be paid work. Some of their responsibilities/roles might be (negotiated together):</p> <ul style="list-style-type: none"> • Visiting the home • Getting to know all family members • Helping parents determine who is struggling/thriving • Especially developing a respectful, trusting relationship with the youth who's using • Helping youth get to appointments navigate the medical system, accompaniment to medical appointments/emergency visits—especially advocating for the youth in these situations • Sharing knowledge re: community resources • They would be on call for emergency situations (e.g., meeting the youth at the emergency situations). This might require a few people rotating the on-call schedule <p>Intent: To reduce the burden of parents/ caregivers and create a community of care.</p>	Parent/caregiver workshop Prince George

Prototype Name	Prototype Description	Community Workshop
Support for parents and caregivers		
9. The navigator	<p>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.</p> <p>Intent: To help navigate the systems, establish the required connections, and maintain a consistent connection for support.</p>	<p>Parent/caregiver workshop</p> <p>Prince George</p>
10. Regular reinforcing texts	<p>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. Youth would sign up on a website by providing an email or phone number. 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.</p> <p>Intent: To provide consistent and regular support to parents of young people who use substances.</p>	<p>Parent/caregiver workshop</p> <p>Victoria</p>
11. Parent handbook	<p>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.</p> <p>Intent: To equip parents with helpful and important information about parenting a child who has a substance use disorder.</p>	<p>Parent/caregiver workshop</p> <p>Victoria</p>
Improving system navigation/awareness of resources		
12. Working group with service providers to collaborate around resources for OAT-specific services and gaps in services (OAT working group)	<p>A working group for service providers to collaborate around resources for Opioid Agonist Therapy specific services and gaps in services.</p> <p>Intent: To create opportunities for warm hand offs between services, and for service providers to become more aware of OAT services in the community.</p>	<p>Service provider workshop</p> <p>Prince George</p>
13. Cross-organizational shared drive	<p>A shared drive that contains information from various organizations that can easily be accessed by other services providers and that can be updated as information changes. An opportunity for collaboration amongst services providers to share information.</p> <p>Intent: To improve access to information across organizations</p>	<p>Service provider workshop</p> <p>Prince George</p>
14. Health fair	<p>A local public health fair where organizations would have booths that would provide information on the resources that they deliver. This would bring service providers and the community together to learn about organizations' resources.</p> <p>Intent: To show resources to the public</p>	<p>Service provider workshop</p> <p>Prince George</p>

Prototype Name	Prototype Description	Community Workshop
Improving system navigation/awareness of resources		
15. Youth pathways to treatment	<p>A website that provides information for all stages of treatment for addiction that is designed to be person centric. 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 pdated by a hired employee to keep this up to date.</p> <p>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.</p> <p>Intent: 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.</p>	<p>Service provider workshop</p> <p>Victoria</p>
16. Regional pathways for screening and referrals	<p>A pathway for youth service providers to help with screening and referrals.</p> <p>It is a living document that incorporates youth specific specialized treatment best practices and simplifies connecting with contacts through the pathway (relationship). This document is reviewed and updated, then validated back with organizations.</p> <p>Intent: To support with making correct referrals</p>	<p>Service provider workshop</p> <p>Vancouver</p>
Substance use education		
17. Application that provides information about substance use and reduces stigma (Substance use app)	<p>A mobile app with multiple functions/tabs, including educational webinars/videos for multiple audiences (e.g., care givers, youth, school administrators).</p> <p>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.</p> <p>Intent: To build awareness, reduce stigma, increase understanding of harm reduction and associated training, and connect people to services.</p>	<p>Service provider workshop</p> <p>Kelowna</p>
18. Health Education Liaison Program (HELP)	<p>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.</p> <p>Intent: To streamline education for students and families on mental health and addiction in a non-stigmatized format.</p>	<p>Parent/caregiver workshop</p> <p>Victoria</p>
19. Peer-led parent education sessions	<p>Evening education on substance use at schools and in community (non-stigmatizing location, not clinical) with parent peer support and health service providers. Talk to parents at start of their journey or parents looking for more support and information; Signs and symptoms, ways to have conversations, progression; A program on effects of substances on the developing brain.</p> <p>Intent: To provide substance use education to parents/caregivers and reduce stigma.</p>	<p>Parent/caregiver workshop</p> <p>Vancouver</p>
20. Virtual guide on the experience of accessing/administering OAT (Virtual OAT guide)	<p>Describes what the experience and process of obtaining opioid agonist therapy from the youth client perspective using virtual reality. The guide would start with youth using substances, then speaking to a counsellor/attending clinician, having an assessment done, experiencing the effects of withdrawals (with timelines from last use), decisions around which opioid agonist therapy is prescribed, going through induction (how it feels, the intended effects), attending follow up appointments, etc.</p> <p>Intent: To provide relevant information about OAT to staff and service providers who work with youth using opioids and increase empathy/understanding of youth clients are going through.</p>	<p>Service provider workshop</p> <p>Kelowna</p>

Prototype Name	Prototype Description	Community Workshop
Interdisciplinary care teams		
21. One-stop-shop treatment program	<p>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.</p> <p>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.</p> <p>Intent: To reduce barriers for young people accessing treatment services and create smoother transitions between these services.</p>	<p>Service provider workshop</p> <p>Victoria</p>
22. Centralized community-based recovery services ("Home away from home")	<p>A joint home for all services that creates the ability to be connected to your community continually and build connections and safety. No aging out (expiry date). Gives people options that use a non-rigid, flexible model with a realistic setting for achieving life goals (not just substance use goals).</p> <p>Intent: To provide individualized treatment and supports during and after recovery and increase connections among youth with family and community.</p>	<p>Parent/caregiver workshop</p> <p>Vancouver</p>
23. Youth mobile assertive care team (Y-MACT)	<p>A multidisciplinary team that would address the needs of young people in a person-centred and holistic care approach. The team would meet weekly and 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.</p> <p>Intent: To create collaboration amongst disciplines and improve the continuity of care and the efficiency of services, in addition to fostering trust amongst service providers to improve the hand off process and to understand different roles and responsibilities.</p>	<p>Service provider workshop</p> <p>Victoria</p>
24. Wrap around team	<p>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. Team would include peer support, social worker, nurse, doctor, and counsellor.</p> <p>Intent: To save young people from overdosing and dying.</p>	<p>Parent/caregiver workshop</p> <p>Victoria</p>
Improving service accessibility		
25. Improved transportation for youth (10-seater van)	<p>10-seater van that transports clients to and from appointments related to opioid use. Two full-time staff with CPR and Narcan training working Monday-Friday to drive clients.</p> <p>Clients can book times on the bus by texting a phone number. They can book 2 weeks – 1 day in advance. They will be sent an auto text 1 day before their ride where they would respond "y" to confirm or "n" to cancel. Alternatively, they could book by email or a social media page. There would be 2 crisis appointments reserved for day of requests.</p> <p>Youth would have to go over an agreement that outlines expectations while riding the bus prior to first ride (i.e., no drug use on the bus). The bus would not have any identifiers to maintain confidentiality.</p> <p>Intent: This bus is intended to decrease appointment cancellations, reduce family stress/caregiver burnout, increase medication compliance leading to decrease opiate use, increase support, and provide safe transport during bad weather.</p>	<p>Service provider workshop</p> <p>Prince George</p>
26. After hours outreach bus	<p>A bus that provides services later in the day or during peak engagement times, including counselling, peer support, primary care, harm reduction, drug checking, Narcan, referrals to other services, and daytime transportation.</p> <p>Intent: To improve young people's access to services given that not all people can access services between 9am-5pm or get downtown.</p>	<p>Parent/caregiver workshop</p> <p>Prince George</p>

Prototype Name	Prototype Description	Community Workshop
Improved housing		
27. Youth housing screening committee	<p>A housing committee to match young people with appropriate housing. Once a month collaboration meeting with representatives from multiple organizations. The committee is given a current snapshot/profile of a young person that needs housing. The committee matches the young person with appropriate housing.</p> <p>Intent: To increase collaboration and better matching of youth to housing.</p>	<p>Service provider workshop</p> <p>Vancouver</p>
28. Low-barrier housing service	<p>Provides low income, low barrier housing. List of recommendations:</p> <p>Housing Units: Close to bus routes and close by a store or a bus ride away; Distance from other housing; Close access to Rec centres; Workout room; Pool; Community bus ride provided; Groceries; House supplies; Buildings should have: bedroom, living room, kitchen; Studio apartment; Bedroom with locked closet—coded safe; Bathroom with bathtub Nice lobby; Community garden (on roof)—gain happiness; Built in stereo on roof; Nature nearby (walks and hikes); Should be fun and distracting—movies, ice skating; one free meal daily, low cost meals; Should have community room with games and movies; Socialize and fun; Distraction stuff daily—throughout the day, different choices.</p> <p>Safety, Regulations, and Support: Overnights allowed, but no move ins; Smoking allowed in room or on balcony; Door shut, you can smoke or shoot up in room; No using in halls; Pets allowed; Paint or decor of your choice; Cameras each floor and hallways—safety and security; No kick outs; No aging out (at least 30); Youth and teens; Adults; Nurse on sites and meds—the same or connected building; Safe injection site; Staff on sit to watch and help, but don't stare and judge; Narcan site with trained staff; Overdose help; Once a week welfare day.</p> <p>Intent: To provide low income, low barrier housing.</p>	<p>Youth workshop</p> <p>Vancouver</p>
Creating safe, comfortable, and welcoming spaces for youth		
29. Environmental guidelines for integrated substance use services for youth (Original prototype name: Youth friendly waiting rooms)	<p>Youth friendly clinic waiting room that are safe, welcoming, clean, comfortable and provide entertainment.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Calm, low lighting, • TV (control/channel changing), • Better magazines, • Board games (while waiting), • Programs • Comfy furniture, • Check in with somebody <p>Intent: To increase people's comfortability while waiting for appointments.</p>	<p>Youth workshop</p> <p>Vancouver</p>
30. Youth services inclusion audit (Youth service assessment tool)	<p>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.</p> <p>Intent: To increase accessibility, inclusivity, and safety for young people accessing services.</p>	<p>Service provider workshop</p> <p>Victoria</p>
Improved financial support		
31. Updated crisis loan program: crisis loan for every season	<p>Offers regular crisis loans/checks for every season.</p> <p>Intent: To provide youth with enough financial support to address their basic needs, such as seasonal clothing.</p>	<p>Youth workshop</p> <p>Vancouver</p>

OAT: Opioid Agonist Treatment

Appendix B: Prototype Selection Process

Prototype Internal Decision-Making Framework

- Is the need being met identified by multiple participant groups?
- Is the need being met identified by multiple centres?
- Does the prototype meet multiple needs?
- Does the prototype overlap with those selected by AHS?^a
- Is the prototype affordable?
- Can the idea be developed within our timeline?
- Is the prototype scalable to other communities and other populations?
- Is the project sustainable once the project is completed?
- Can this prototype be developed in a virtual context, due to COVID-19 considerations?

AHS: Alberta Health Services

^a Specific to the BC ITT Project.

Prototype Prioritization Framework

The following questions and considerations are proposed to help guide the selection of a prototype to develop for local use and testing.

The idea: _____

Criteria	Guiding Question	Notes
Potential Impact	If the idea was successful, would it make a key contribution to deepening impact in the community? (1= low impact 7= high impact)	
	Does the idea have the direct potential to improve treatment for youth experiencing harms from opioids? (1= indirect potential; 7= direct potential)	
Novelty	How novel is the idea (i.e., does the idea already exist in some form?) (1= already exists; 7= new idea)	
	If the idea already exists in some form, does the prototype have potential for synergy? (Y/N)	
Organizational Match	Is the idea consistent with the strengths and goals of the organization?	
	Is the prototype sustainable following the end of the project without additional financial resources?	
Total Score		
Budget	What is the estimated cost of developing this idea?	
Timeframe	Can the idea be developed, testing, and evaluated in 9-12 months?	
Impact Beyond this Project	Is the prototype scalable to other communities and other populations? (i.e., would other regions or groups benefit from developing this idea?)	

Appendix C: ITT Project Prototype Menu

Prototype Menu Summary

Prototype	Community	Stakeholder	Assigned theme	Need identified in another workshop
#1 Virtual guide on the experience of accessing/administering OAT (Virtual OAT guide)	Kelowna	Service providers	Education (service providers)	<ul style="list-style-type: none"> Vancouver-Granville service provider workshop
#2 Health fair	Prince George	Service providers	Building trusting relationships with youth	<ul style="list-style-type: none"> Kelowna youth workshop
#3 Working group with service providers to collaborate around resources for OAT-specific services and gaps in services	Prince George	Service providers	Awareness of resources/ Improving system navigation	<ul style="list-style-type: none"> Victoria parent/caregiver workshop Victoria service provider workshop
#4 Cross-organizational share drive	Prince George	Service providers	Awareness of resources/ Improving system navigation	<ul style="list-style-type: none"> Victoria parent/caregiver workshop Victoria service provider workshop Prince George service provider workshop
#5 Youth housing screening committee	Vancouver-Granville	Service providers	Housing	<ul style="list-style-type: none"> Vancouver-Granville youth workshop
#6 Parent handbook	Victoria	Parents and caregivers	Awareness of resources/ Improving system navigation	<ul style="list-style-type: none"> Kelowna youth workshop Prince George parent/caregiver workshop
#7 Regular reinforcing texts	Victoria	Parents and caregivers	Supporting and engaging parents and caregivers	<ul style="list-style-type: none"> Kelowna youth workshop Prince George parent/caregiver workshop
#8 Youth services inclusion audit (Youth service assessment tool)	Victoria	Service providers	Culturally safe spaces	<ul style="list-style-type: none"> Vancouver-Granville youth workshop
#9 Youth pathways to treatment	Victoria	Service providers	Awareness of resources/ Improving system navigation	<ul style="list-style-type: none"> Prince George service provider workshop Victoria parent/ caregiver workshop Victoria service provider workshop
#10 Environmental guidelines for integrated substance use services for youth (Original prototype name: Youth friendly waiting rooms)	Vancouver-Granville	Youth	Improving the service environment	<ul style="list-style-type: none"> This need did not come up in other workshops
#11 Handbook from youth to service providers*	Vancouver-Granville & Kelowna	Youth	Building trusting relationships with youth	<ul style="list-style-type: none"> Combined needs/ideas from both youth workshops to develop prototype
#12 Presentation template for school presentations on substance use services*	Kelowna	Youth	Education (in schools) /Reducing stigma	<ul style="list-style-type: none"> Idea did not make it to the prototyping phase Victoria parent/caregiver workshop

Prototype	Community	Stakeholder	Assigned theme	Need identified in another workshop
#13 Life skills workbook for youth*	Vancouver-Granville & Kelowna	Youth	Enhancing life skills	<ul style="list-style-type: none"> • Combined needs/ideas from both youth workshops to develop prototype • Vancouver-Granville parent/caregiver workshop

OAT: Opioid Agonist Treatment

* The prototype was developed by the ITT Project team to provide more youth-centred prototype options for community partners to deliberate on

Prototype Descriptions

#1 Virtual guide on the experience of accessing/administering OAT (from client perspective) (Virtual OAT guide)

Description	<p>An educational experience delivered through a simulation/video experience.</p> <p>The video/simulation would describe what the experience and process of obtaining OAT looks like from the youth client perspective (using virtual reality, so you are 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), making decisions around which OAT is prescribed, going through induction (how it feels, the intended effects), attending follow up, etc.</p> <p>Could be accessed by anyone, but intended for educating service providers and staff.</p> <p>The prototype was a storyboard representing the different steps in the virtual experience that you would go through from the client perspective.</p>
Intent	<p>To provide relevant, applicable information to staff and service providers who work with youth who use opioids. This includes improving understanding of and engagement in best practices; increasing uptake and capacity to provide OAT; increasing knowledge of how to conduct assessment, referrals, and ongoing support; increasing knowledge of options available to client (types of OAT and their pros and cons); increasing empathy/understanding by taking client journey/perspective; and improving understanding of unique considerations for clients to facilitate more client-centred approaches to OAT enrollment/initiation/retention.</p>

#2 Health fair

Description	<p>A local health fair for the public where organizations would have booths to provide information on the resources that they deliver. This would bring service providers and the community together to learn about organizations' resources.</p> <p>This could look like ITT hosting a one-off event or developing a toolkit on how to host a health fair in your own community.</p> <p>This prototype was a visual of how the health fair would be set up in a room along with the different organizations that would be present.</p>
Intent	<p>To show current resources and services in the community for better integration of care.</p>

#3 Working group with service providers to collaborate around resources for OAT-specific services and gaps in services

Description	<p>Working meetings with local service providers to collaborate around resources for OAT-specific services and gaps in services. The meetings would bring together experts in the field to share learnings and best practices and to provide an opportunity to learn about other services available in the community.</p> <p>This might look like a term of reference.</p>
Intent	<p>To create opportunities for warm hand-offs between services and for service providers to become more aware of OAT services in the community.</p>

#4 Cross-organizational share drive

Description	<p>A shared drive that contains information from various organizations that provide services to youth, can be easily accessed by other services providers, and can be updated as information changes. An opportunity for collaboration amongst services providers to share information.</p> <p>This prototype was a visual depiction of the information sharing interface.</p>
Intent	To improve access to information across organizations.

#5 Youth housing screening committee

Description	<p>An inter-agency committee that would meet monthly to collaborate, with the goal of improving matching of youth to housing. Would provide current snapshot of housing available, profile youth that need housing, and match them with appropriate housing.</p>
Intent	Increase collaboration among services and better matching of youth to housing. Determine youth qualitative outcomes, such as “Are they sustaining their housing?” and “What supports are needed?”

#6 Handbook for parents/caregivers of teens/youth impacted by substance use

Description	<p>A handbook co-designed with parents and caregivers for parents and caregivers of youth who have been impacted by substance use that is designed to provide helpful resources and information.</p> <p>All topics could be universal, tailoring certain aspects of it to the community.</p> <p>This prototype was an example of the handbook’s table of contents (e.g., “Signs your child may be using”, “Community Resources”, “Lessons from Parents/Caregivers”).</p>
Intent	To equip parents and caregivers with helpful and important information about parenting a child who has a substance use disorder.

#7 Regular reinforcing texts

Description	<p>Regular messages that are positive and encouraging for parents/caregivers of youth who use substances. Parents/caregivers would sign up for this service on the Foundry website by providing their email address, then would be provided with supportive messages and information about services. There would be a person available to talk with at certain points throughout the week.</p> <p>This could be embedded within Foundry resources/website.</p>
Intent	To provide consistent and regular support to parents/caregivers of youth who use substances.

#8 Youth services inclusion audit (Youth service assessment tool)

Description	<p>An appraisal of youth service agencies that is designed and implemented by youth. The appraisal will assess the accessibility, inclusivity, and the safety of different local service organizations. The organizations that sign up will be provided with feedback to understand how youth are experiencing their services and how their setting impacts inclusivity and engagement of youth.</p> <p>The prototype was posters for engagement. One was aimed at recruiting organizations, the other was aimed at recruiting youth.</p>
Intent	To increase accessibility, inclusivity, and safety for youth accessing services.

#9 Youth pathways to treatment

Description	<p>A website that provides information for all stages of treatment for substance use that is designed to be person-centric. There would be different platforms, one for service providers and one for youth and their parents/caregivers.</p> <p>The website would provide information on treatment options, emergency and harm reduction resources, program/treatment eligibility requirements for different resources, general substance use information, an online support chat, family support resources, and referral forms.</p>
Intent	To address the inefficiencies of navigating information and to improve access to treatment and care as well as facilitate transitions.

#10 Environmental guidelines for integrated substance use services for youth

Description	<p>Guidelines to inform how environments within integrated substance use services for youth, such as waiting rooms, can be improved based on needs identified by youth who access these services. Not specific to any individual organization/service, generalizable.</p> <p>For example, a list of physical changes that can be made include dim lighting, blankets, distractions for waiting. General changes could include not saying “Merry Christmas” (i.e., being more inclusive), harm reduction supplies that you do not have to ask the front desk for directly, and ability to sleep while waiting for hours.</p> <p>The document would be co-created with youth, Foundry centres, and FCO.</p>
Intent	<p>To inform any organization who provides services to youth who use substances on what environmental changes could be made within their organization that can improve the experience and outcomes for youth accessing their services.</p>

#11 Handbook from youth to service providers

Description	<p>Handbook from youth to service providers; “What do you want your service provider to know?”</p> <p>This could include trust building strategies (e.g., ability to send email with questions/topics to discuss before arriving, non-clinical setting to have appointments) amongst other modules (e.g., stories, slang).</p> <p>The document would be co-created with youth, Foundry centres, and FCO.</p>
Intent	<p>To inform service providers who work with youth who use opioids on substance use on what it’s like to access treatment from a youth perspective.</p> <p><i>*This prototype was developed by the ITT Project team by combining the needs/ideas from both youth workshops in order to provide more youth-centred prototype options for co-design.</i></p>

#12 Presentation template for school presentations on substance use services

Description	<p>A presentation outline/template for presentations at schools that would provide information on services for youth who use substances (e.g., where to go for what types of services, differences between treatment options). It would include information that is generalizable across communities, but it would also have space for community-specific information on services. The ITT Project could input community-specific info for select communities, but the outline would be available publicly to be used across BC.</p> <p>Presentations could be done at schools by teachers/counsellors, youth with lived experience, motivated parents/caregivers, etc.</p>
Intent	<p>A resource to be presented at schools (to the whole school) to inform youth on how to access services for substance use.</p> <p><i>*This prototype was developed by the ITT Project team in order to provide more youth-centred prototype options for co-design. It was derived from one of the ideas from the youth workshop in Kelowna that did not make it to the prototyping stage.</i></p>

#13 Life skills workbook for youth

Description	<p>A workbook to support youth in developing life skills, including maintaining good mental and physical health. This would be an interactive resource, more than just a presentation of resources/information.</p> <p>It would include different modules, for example:</p> <ul style="list-style-type: none"> • Health & Nutrition (e.g., exercises, healthy meal recipes), • Financial Management (e.g., budgeting, taxes, how to get financial support), • Housing (e.g., where to find housing support, checklists for applying to housing), • Education/Career Options (e.g., where to find support, goal setting), • Hobbies & Activities (e.g., ideas for what to do for fun), and • Managing Substance Use (e.g., identifying triggers, goal setting, using sections from this workbook).
Intent	<p>To educate and equip youth accessing substance use services with vocational skills to become more independent and promote/maintain good mental and physical health.</p> <p><i>*This prototype was developed by the ITT Project team by combining the needs/ideas from both youth workshops in order to provide more youth-centred prototype options for co-design.</i></p>



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