Youth Informed Recommendations

Youth Service Assessment Tool:
To better support youth and young adults who use substances
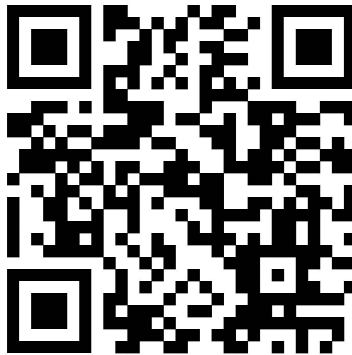
· F O U N D R Y ·
PRINCE GEORGE
WHERE WELLNESS TAKES SHAPE

YMCA of Northern BC

Please take 5 minutes to give us your feedback so that we can understand the tool's impact and continue to advocate for these types of resources.

Scan the QR code

or click **HERE** to complete the survey

Acknowledgements

We acknowledge with respect and gratitude the ancestral, traditional and unceded lands of the Lheidli T'enneh peoples, where this project took place.

Project Team

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1.0 Accessibility

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1.1 Is it easy for youth to find out about your organization and services?	

1.1.1 Does your organization use multiple venues for informing individuals of your services (e.g., social media, posters, pamphlets, websites, ads)?	• Youth access information in many different ways. Promoting the types of support and services your organization provides in multiple venues increases the chances that youth will access your services.
	• Most youth use social media (such as TikTok, Instagram, Facebook), so it is important to have an active social media presence that includes relatable messages. Consider developing a social media policy that aligns with your organization's goals and values.
	• Advertise widely – having posters solely at health and social service organizations means only those already accessing services will find out about the services your organization provides. Include posters in areas where youth tend to hang out such as:
	   » Primary and secondary schools (school bulletin boards or planning classes)
	   » Social worker's office
	   » Doctor's office
	   » Community centres
	   » Malls
	   » Coffee shops (consider which coffee shops are near resources and youth hangouts)

1.1.2 Does your organization have specific outreach strategies to reach as many youth in your community as possible?	• Build relationships with organizations that are first points of contact for youth. • Go to other services and areas where youth frequent and engage with them. Hand out harm reduction supplies. Get to know youth in the community and let them know how you might be able to help them with the services you provide. • Support youth with the referral process if one is needed.
1.2 Is your organization approachable to youth?	
1.2.1 Are your communications using non-stigmatizing language to youth who use substances?	Here are some helpful tools on how to de-stigmatize language around substance use that can be shared with your communications team for them to consider when creating service advertisements: • Language and Stigma in Substance Use and Addiction Guide (CCSA, 2019): To facilitate conversation and awareness of the stigma surrounding people who use substances, their support networks and service providers. • Talking Pot with Youth – A Cannabis Communication Guide for Youth Allies (CCSA, 2020): Provides information and exercises to engage youth in meaningful discussions and conversations about cannabis, taking a harm reduction approach. Promotes conversations that are safe, unbiased, informed and non-judgmental. • Respectful Language and Stigma Regarding People Who Use Substances (Toward the Heart, 2017): Describes how stigma influences health and provides recommendations about how to use respectful language in health care settings and beyond. • Language Matters (Towards the Heart, 2017): Tipsheet: 4 guidelines to using non-stigmatizing language. • Addiction – Dr. Gabor Maté (drgabormate.com): Dr. Gabor Maté is a well-known speaker and author who is well versed in harm reduction and de-stigmatizing. His website is filled with resources to help better understand those who use substances. • Practice Empathy in Workshops (Center for Creative Leadership): Developing empathy in your staff team is a keyway to reduce stigma in everyday situations. Use the attached worksheets to go through the foundations of empathy with your team. • Making Mistakes and Correcting Them (Trans Care BC): Describes how to correct mistakes when using the wrong word, term, name or pronoun and how to correct it in a respectful way. "Don't let fear of making mistakes stop you from providing care to diverse people." • Use language that is easy for youth to understand and is relevant to their generation. You may want to consider involving youth in the creation of advertisements to ensure that the language used is appropriate, relevant and relatable. Please see the attached youth engagement toolkit for reference.

Assessment Question	Recommendations
1.2.2 Are your communications representative of diverse populations (e.g., gender neutral language, avoiding religious language)?	• Youth are more likely to respond to service advertisements when they can recognize themselves in the messages. Ensure your advertisement messaging reflects diverse populations, including different races and ethnicities, religious beliefs, gender identities, sexual orientations and disabilities. • Ensure that your policies, environment, staff, etc. all provide the same message of inclusivity and ensure talks of inclusivity are continuous. This could be having name tags with pronouns, making sure your signage is not biased, making the space neurodivergent friendly and just continuing the conversation with staff. • You may want to consider involving a diverse group of youth in the creation of advertisements to ensure they are representative of those you are serving. Please see the attached youth engagement toolkit for reference.
1.2.3 Are your communications inclusive of all youth, regardless of their intensity or frequency of substance use?	• Ensure the messaging is accessible for all youth, regardless of their substance use intensity and frequency. This means not only advertising towards high-risk individuals who have a severe substance use disorder, but also towards others who may not identify as having a substance use disorder but may still benefit from your services. Ensure your staff is educated on the different reasons an individual may use a substance and how to screen for potential substance use disorders. • Not all youth who use substances will develop a substance use disorder, or necessarily want to stop using substances. Consider framing substance use as something that is not necessarily negative but a normal part of life to encourage youth to reach out for information. • Prevention-oriented messages can encourage youth who are struggling with substance use and/or mental health but may not identify as having a substance use disorder to access services before they are in crisis. This is especially true with young kids transitioning into their teenage years as they often learn prevention tips too late. • You may want to consider involving youth with diverse lived/living experiences in the creation of advertisements to ensure they are representative of those you are serving. Please see the attached youth engagement toolkit for reference.
1.3 **Is it easy for youth to access your organization and services?**	
1.3.1 Does your organization provide service hours that are convenient for youth who use substances, including evenings and weekends?	• Youth may not be able to access your services if they are only offered during weekday hours. Be mindful of the population you are serving and whether your services are available to them. If your organization is unable to have services open at more convenient hours, you could consider a phone or text line available after regular business hours or refer youth to other services that have more flexible hours. • It may also be worth discussing with your individuals what to do if they have a crisis outside of business hours. This may be a safety plan, a 24/7 phone line or another option. • You can refer to the list of services available for youth in Prince George attached to this tool, however, keep in mind that it is subject to change and should be updated regularly.
1.3.2 Do your services offer walk-in appointments or have reasonable wait times?	• Offer at least one day per week where youth can drop-in, if possible. If walk-in appointments are not possible, offer youth alternative options or support while they wait for an appointment. You can refer to the list of services available for youth in Prince George attached to this tool, however, it is subject to change and should be updated regularly. • Consider whether it is easy for youth to make an appointment. Ensure that someone is there to answer the phone and respond to voicemails so that youth hear back in a timely manner. • If wait times are unable to be shortened, consider completing paperwork and opening a file for the individual before their official intake. This allows for individuals to have contact with the resource and recognize that they have not been forgotten. If possible, semi-regular check-in phone calls with waitlisted individuals will further the relationship and keep them engaged while waiting.

Assessment Question	Recommendations

1.3.3 Does your organization have mechanisms in place to support youth who may have difficulties accessing your service (e.g., virtual services, rides, flexible meeting spots)?	• Ask youth whether it is difficult for them to access your service due to a lack of transportation. If your services are hard to get to for most youth, you may want to consider the following:
	  » Provide virtual appointments (e.g., phone, video message, text)
	  » Offer rides or meet youth where they are at if possible. Bus tickets are also a good option; however, several youth expressed a higher chance of accessing resources when rides are available. Make sure staff are trained to deal with potentially dangerous situations and de-escalation:
	    » Situational Awareness and Verbal De-escalation Course (The Michener Institute of Education, University Health Network):
	      » Online training to empower health care professional and administrative staff to manage escalating or threatening situations in a manner that will prevent harm to themselves or the client.
	      » Cost associated with course.
	    » De-escalation tips (Crisis Prevention Institute):
	      » Tips for dealing with physically violent situations, effective communication strategies and how to stay safe during off-site visits.
	• Having services in an area of town close to where people use substances (e.g., downtown area) can also be triggering for someone who is trying to reduce or abstain from substances. If youth with lived/living experience frequently miss their appointments, this could be a factor. It can be worth asking youth whether this is a barrier and whether accommodations can be made.
	• Consider outreach as an alternative for youth triggered by the location.
	• Ask what you can do to make it more comfortable for the youth. Sometimes if a youth feels welcome enough inside the building, it surpasses the discomfort they feel getting there. Offer a companion in the parking lot, outreach, transportation support or virtual appointments.

1.4 **Are your services affordable for most youth to access?**	
1.4.1 Are your services free/low cost?	• Cost and lack of insurance can be a significant barrier. Be upfront about your service costs as these may prevent youth from having the ability to access your services. • Provide youth with alternative service options that are affordable (see recommendations below).
1.4.2 Does your organization support youth in applying for funding assistance to access services?	• Advertise that funding assistance is available as youth may not be aware and may not access your services due to costs. • Support youth to fill out the forms and ensure that the paperwork is correctly filled out to prevent delays in funding and ensure they receive the help they need in a timely manner.
1.4.3 Does your organization offer bus tickets or other transit to support youth with transportation costs?	• Youth may not be able to access your services due to transportation costs. If you are able to provide bus tickets or provide outreach services, make sure it is advertised so that youth know this is a viable option. • If you cannot provide bus tickets or outreach services, consider offering virtual appointments (e.g., phone, video message, text).
1.4.4 If a youth requires help outside your service, does your organization offer recommendations that are affordable?	• Connect with local health and social services to find out about the services they provide, whether there is a cost associated and whether there is funding available. You can refer to the list of services available for youth in Prince George attached to this tool, however, it is subject to change and should be updated regularly.
1.5 **Does your organization have a supportive aging out process?**	
1.5.1 Does your organization work with youth who are aging out to provide them with an exit strategy, including referrals to another service?	• Staff should be mindful of youth who are aging out of services so that they can refer them to another service. We have included a list of services available for youth in Prince George to refer to, however, this is subject to change and should be updated regularly. • If possible, include a reminder on youth charts when there are six months left of accessing your services to give them enough time to transition to another service. • Offer a grace period for youth who recently age out. This might mean full services or limited services to help with the transition.
1.5.2 Does your organization give youth enough time to make the transition to another service (e.g., a grace period)?	• Give youth enough time to transition to another service to prevent them from being left without support. Be mindful of the potential wait times for other services and refer youth clients in advance of their transition deadline. Provide youth with full transparency of the process to help keep them involved and ease anxiety regarding transitioning services. • If youth do not meet the deadline, consider offering them a 6-month grace period to find another service.

2.0 Service Environment

Assessment Question	Recommendations
2.1 **Is your service environment welcoming and comfortable for youth?**	
2.1.1 Do you regularly ask youth for feedback on the service environment?	• Please see the attached youth engagement toolkit as a reference guide for conducting meaningful youth consults.

2.1.2 Does your organization support youth to meet their basic needs (e.g., food, housing, employment, financial support, basic amenities)?	• The more resources youth have to support their recovery, the easier it will be to maintain. We call this recovery capital. It can include things like supportive relationships, nutrition, sleep, physical fitness, school, work, self-esteem and life meaning. Ask youth whether they need help with employment, school, housing, financial support, food, recreational activities, etc. If you cannot provide these services, provide them with the list of services available for youth in Prince George attached to this tool. Keep in mind that it is subject to change and should be updated regularly.
	• Offering basic amenities can go a long way. Here are some tips from youth with lived/living experience on how to make services more accommodating:
	  » Water and food
	  » TV (not just magazines)
	  » Warm blankets
	  » Low lighting
	  » Place to sleep while waiting for their appointment

2.1.3 Has your organization implemented actions to increase the inclusivity of diverse population groups (e.g., different races/ethnicities, religious beliefs, gender identities, sexual orientations, disabilities)?	You may want to consider engaging with a diverse group of youth to ensure that your services are representative and inclusive of those you are serving. Please see the attached youth engagement toolkit for reference. **Cultural Considerations:** • Consider other religious beliefs during holiday seasons. Does your organization generally promote Eurocentric holiday traditions such as Christmas and Easter? Consider being representative of other cultural traditions. Ask youth what they would like to see at your organization. • Ensure your hours of operation are accessible to all individuals regardless of any cultural practices they may have (e.g., scheduled prayer times, common religious gathering times). **2SLGBTQIA+ Considerations:** • Ask clients what their preferred gender pronouns are. Ensure that this is also represented in your service intake forms. Don't be afraid of getting things wrong and practice humility. Clients will appreciate that you are trying and willing to learn. • All staff include pronouns on name tags and email signatures. • Have gender neutral bathrooms. • Openly advertise that your organization is a safe space for members of the 2SLGBTQIA+ community. **Disability Considerations:** • Ensure that your organization is wheelchair accessible. • Ask youth whether they need help filling out intake forms and funding applications as they may have difficulties reading and/or writing.
2.1.4 Are your staff representative of diverse populations that are reflective of the community?	• Ensure that your job postings are accessible to diverse populations. This includes paying attention to the language used, the qualification requirements and where the job postings are listed. • It's also important to ensure that the workplace culture is safe and inclusive of diverse populations. Consider hiring a Diversity & Inclusion Consultant to help your organization meet these goals.
2.1.5 Have your intake staff received any training opportunities (e.g., accessibility training, trauma-informed training, de-escalation training)?	• Ensure that intake staff are included in training opportunities (listed recommendations under section 3.0) as they are the first person to interact with clients and are therefore responsible for creating a positive first impression. Intake staff attitudes can determine whether a client decides to come back to the service or not.

3.0 Quality of Services

Assessment Question	Recommendations

3.1   Does your organization take a person-centered approach to services?

3.1.1 Has your organization implemented actions recently (e.g., past six months) to increase person-centred care, such as ensuring that youth clients are actively engaged in their care (e.g., staff training, service experience surveys, engaging a youth advisory panel)?

- Conduct a yearly evaluation of your services to assess client service experiences (e.g., anonymous survey). You can include a Likert scale, asking the following questions:
  - » My preferences were respected.
  - » I was encouraged to make decisions about my own care.
  - » My care plan was developed with my input and approval.
  - » If the service was not able to meet my needs, they helped me access another service.
  - » I would recommend this service to a friend or family member.
- Youth feel less anxiety around accessing services when they are provided full transparency around their services. Attempt to offer consistent and transparent service that is directed by the goals and needs of the individual served.
- Consider having "key workers" assigned to each client to help make sure they will always have someone safe available to help with their programming. That being said, all staff should be able to help if needed to lower barriers to services if that staff person should not be available.
- Create a youth advisory committee for youth to be involved in organizational decision-making. Please see the attached youth engagement toolkit for reference in conducting meaningful youth engagement in different capacities to improve youth service experiences.

Here are some trainings that can be shared with all staff to improve their ability to provide person-centred care:

Person-Centred Care Training:

- **People-Centred Care Leadership Program** (CHA Learning, HealthCareCAN)
  - » Provides training on how to engage, partner and build relationships that enable people-centred care to be able to champion culture change within your organization or team.
  - » Cost associated with program.
- **Person- and Family-Centered Health Care** (Centre for Collaboration, Motivation & Innovation)
  - » Provides training in the core concepts for person- and family-centred care and how to apply these concepts into practice for a wide range of healthcare providers and peer helpers.
  - » Cost associated with program.

3.1.2 Does your organization utilize integrated case management in meetings and planning, where the youth is recognized as the expert in themselves?

Integrated Care Management (ICM)/Wraparound (WRAP) care aims to place individuals and their support system at the center of service planning. Here is a training guide on how to provide such care:

- **ICM/WRAP Training** (ICM/WRAP Committee Members, 2018)
  - » Provides guidance on how to implement the ICM/WRAP process.
  - » If interested in registering or finding out when the next training is taking place in Prince George, contact Carmen De Menech, Manager at Foundry Prince George (carmen.demenech@nbc.ymca.ca).

Assessment Question	Recommendations

3.1.3 Does your organization include youth's identified natural supports in meetings, care planning and harm reduction strategies (rather than strictly professional identified supports)?	• Youth are resilient and are the experts in themselves. They may have official supports in their lives, such as a parent/guardian or a service provider (social worker, peer supporter, counsellor, etc.), but given the opportunity they may identify a different natural support, like an adult friend, the parent of a friend, a "street" parent, or extended family member.
	  » Asking youth about their natural supports and extending support to these individuals can play a critical role in maintaining their safety or sustaining harm reduction efforts.
	  » People who experience trauma often do not want to burden others with their problems. If a youth does not identify anyone as their natural support, think about how you can facilitate alternative support for them, such as recommending peer support, support groups or coming up with a safety plan.
	
	Resources for young people's natural supports:
	
	• The Village (Northern BC) (Parent Support Services Society of BC)
	  » A monthly newsletter including a registry of programs, resources and services for caregivers in Prince George and surrounding Northern BC areas.
	• Parents like us. The unofficial survival guide to parenting a young person with a substance use disorder (Foundry Victoria)
	  » A handbook developed by caregivers in Victoria (BC) and is a collection of their shared experiences and stories to support other caregivers on this journey and encourage them to reach out for help.
	• HeretoHelp
	  » Provides helpful resources for caregivers, including family support and education, personal stories, quick answers to common questions, and tips and strategies to try at home.
	• Resources for Parents and Caregivers (Mental Health Foundations)
	  » Includes a series of videos and a newsletter to help caregivers support the behavioural and emotional needs of their young person.

3.2 Does your organization provide staff training on providing culturally safe care?	

3.2.1 Have your staff received training on trauma- and violence-informed care? Does your organization provide follow-up training (e.g., refresher courses, reminders, information available to review)?	Here are some tools and trainings that can be shared with all staff on how to apply a trauma- and violence-informed lens to care. You can refer to the first resource for appropriate toolkits based on your organization type. The full list:
	
	• Helping Families, Helping Systems: A Trauma-Informed Practice Guide for Working with Children, Youth and Families (Poole et al., 2017)
	  » Includes full list of trauma informed toolkits based on organization type.
	• Trauma- & Violence-Informed Care (TVIC) (EQUIP Health Care)
	  » A tool for health and social service organizations and providers.
	• Trauma-Informed Practice Guide (Arthur et al., 2013)
	  » A tool for service providers who assist clients with mental health and substance use concerns in British Columbia.
	• Trauma Informed Practice and the Opioid Crisis (Nathoo et al., 2018)
	  » Builds on the Trauma-Informed Practice Guide with a focus on the opioid crisis in Canada.
	
	Organizational training workshops for service providers, students, front line staff, clinicians, management, etc.:
	
	• Trauma-Informed Care Workshop (Crisis and Trauma Resource Institute)
	  » Cost associated with program.
	• Trauma-Informed Care Workshop (Klinic Community Health Centre)
	  » Cost associated with program.
	• Trauma-Informed: The Trauma Toolkit (Klinic Community Health Centre, 2013)

Assessment Question	Recommendations

3.2.2 Have your staff received any training on anti-racism and cultural safety? Does your organization provide follow-up training (e.g., refresher courses, reminders, information available to review)?	Here are some tools and trainings that can be shared with all staff to improve cultural competency:
	
	Self-Reflection Tools:
	
	• Diversity Awareness Self-Reflection Tool: A Practical Tool for Health Care Teams (Alberta Health Services, 2015)
	  » To create awareness, increase sensitivity and promote personal reflection on the importance of responding respectfully to individuals, families and communities of all diverse backgrounds.
	
	Cultural Safety Trainings:
	
	• Nowh Guna "Our Way" Foot in Both Worlds Carrier Agility Training (Carrier Sekani Family Services)
	  » The training provides basic information on Carrier culture, as well as information to develop the attitudes, knowledge and skills needed to provide culturally competent services.
	• San'yas Anti-Racism Indigenous Cultural Safety Trainings (Provincial Health Services Authority in BC)
	  » Online training to enhance self-awareness and strengthen the skills of those who work directly and indirectly with Indigenous people.
	  » Cost associated with program.
	• Indigenous Canada Online Course (University of Alberta, Faculty of Native Studies)
	  » Free online training that explores key issues facing Indigenous Peoples today from a historical and critical perspective.
	• Canadian History Through the Lens of Indigenous Women (Deyen)
	  » Four online modules bringing learners on a journey from the 1700s to present day by sharing the history and creation of Canada through Indigenous women's worldviews, knowledge and lived experience.
	  » Two live Zoom calls are hosted to discuss your learnings and have open conversations.
	  » Cost associated with program.
	• Reconciliation Education (First Nations University of Canada)
	  » Free online course (3-hours) promoting renewed relationship between Indigenous Peoples and Canadian Settlers through transformative learning about truth and reconciliation.

3.2.3 Have your staff received any training on gender diversities and sexual orientations? Does your organization provide follow-up training (e.g., refresher courses, reminders, information available to review)?	Here are some tools and trainings that can be shared with all staff to improve 2SLGBTQIA+ competency:
	
	Considerations when working with 2SLGBTQIA+ clients:
	
	• Substance use in queer and trans communities (Here to Help)
	• Two Spirit Healing and Teachings (Harlem Purden and Jesse Dame)
	  » Introduces and reviews the diversity of gender, roles and expressions, sex and sexuality that existed in many Indigenous communities before colonization. It also examines the damaging effects of colonization on Two Spirit peoples and communities, and what is being done to restore and reclaim their role and place.
	
	Self-Reflection Tools:
	
	• Service provider reflection tool for individual service providers and support staff (Trans Care BC, 2020)
	  » Explores individual's knowledge and attitudes toward gender diversity, along with their personal approach to supporting trans, non-binary and gender diverse Two Spirit individuals.
	
	2SLGBTQIA+ Competency Training:
	
	• Queer Competency Training (QMUNITY)
	  » Workshops to help individuals, service providers and organizations understand diversity and be more inclusive for queer, trans and Two Spirit clients and staff.

Assessment Question	Recommendations

3.3   Does your organization take a harm reduction approach to services?

3.3.1 Have your staff received substance use training, including harm reduction training? Does your organization provide follow-up training (e.g., refresher courses, reminders, information available to review)?

Here are some tools and trainings that can be shared with all staff to improve their knowledge about substance use and harm reduction lens to care:

Substance Use Training:

- Online Addiction Medicine Diploma (BC Centre on Substance Use)
  » Free online course for health care professionals about providing care to people with alcohol, tobacco and opioid use disorders.
- Addictions and Mental Health: Strategies for Complex Issues (Crisis and Trauma Resource Institute)
  » Provides a framework for assisting people to move forward with healthy ways of coping.
  » Cost associated with program.
- Addiction and Youth: Substances, Technology, Porn Workshop and Webinar (Crisis and Trauma Resource Institute)
  » Provides a framework for responding to a variety of addictions, including those related to substances, gaming, internet and pornography.
  » Cost associated with program.

Harm Reduction Training:

- Refugees and Trauma: Understanding and Supporting Resilience Webinar (Crisis and Trauma Resource Institute)
  » Free online webinar on harm reduction.
- Harm Reduction 101: Understanding Harm Reduction Principles and Practice (Interior Health)
  » Free self-directed course on harm reduction.
- Connecting: A Guide to Using Harm Reduction Supplies as Engagement Tools (Ontario Harm Reduction Distribution Program, 2020)
  » Guide for frontline workers; provides information on everything from how to use harm reduction supplies, safer injecting and inhalation tips, vein care, preparing substances for use and more.

Naloxone Training:

- Naloxone Training (Toward the Heart)
  » Free online naloxone training.
- Naloxone Training Refresher (We all play a ROLE)
  » Short video on how to administer injectable naloxone.

Suicide Intervention Training:

- Applied Suicide Intervention Skills Training (Centre for Suicide Prevention)
  » 2-day training course on suicide intervention.
  » Cost associated with program.

Assessment Question	Recommendations

3.3.2 Have your staff received training on de-stigmatizing language and substance use stigma awareness? Does your organization provide follow-up training (e.g., refresher courses, reminders, information available to review)?	Here are some tools on how to de-stigmatize language around substance use that can be shared with all staff for them to consider when talking about substance use:
	
	• **Language and Stigma in Substance Use and Addiction Guide** (CCSA, 2019)
	  » To facilitate conversation and awareness of the stigma surrounding people who use substances, their support networks and service providers.
	• **Talking Pot with Youth – A Cannabis Communication Guide for Youth Allies** (CCSA, 2020)
	  » Provides information and exercises to engage youth in meaningful discussions and conversations about cannabis, taking a harm reduction approach. Promotes conversations that are safe, unbiased, informed and non-judgmental.
	• **Respectful Language and Stigma Regarding People Who Use Substances** (Toward the Heart, 2017)
	  » Describes how stigma influences health and provides recommendations about how to use respectful language in health care settings and beyond.
	• **Language Matters** (Towards the Heart, 2017)
	  » Tipsheet: 4 guidelines to using non-stigmatizing language.
	
	Here are some tools, trainings and personal stories from people with lived/living experience of substance use that can be shared with all staff to decrease stigma and increase compassion and empathy towards people who use substances:
	
	Self-Reflection Tools and Trainings:
	
	• **Overcoming Stigma: Online Learning** (CCSA)
	  » Free online learning modules on the topic of stigma associated with substance use.
	• **Compassionate Engagement Modules** (Toward the Heart)
	  » Interactive case studies about stigma and discrimination experienced by people who use drugs. The training course works best when there are both people who use drugs and service providers together.
	  » Designed to be led by a facilitator; facilitator guide is available online.
	  » Free; available to download online.
	
	Personal stories:
	
	• **Stop Stigma. Save Lives.** (Northern Health)
	  » People in Northern BC share their stories and videos on changing stigmatizing behaviour.
	• **Personal Stories** (Here to Help)
	  » Personal stories from people experiencing mental health and substance use problems.
	• **Visions Journal** (Here to Help)
	  » A quarterly magazine written by and for people with lived experience of mental health or substance use.
	• **We all play a ROLE**
	  » Videos about the overdose crisis, common myths, reducing stigma and naloxone training.
	• **Real stories from youth** (Addiction & Mental Health, Alberta Health Services)
	  » Short videos from Alberta youth who have lived experience of opioid use that were created as part of the ITT project.

3.3.3 Does your organization/staff offer harm reduction supplies?	• If your organization offers harm reduction supplies, let youth know, even if they do not ask. Youth may not feel comfortable asking for harm reduction supplies or even talking about their substance use with their service provider. Making it known to them that harm reduction supplies are available can encourage youth to use safely and can also help youth feel more comfortable talking about their substance use if they know your organization takes a harm reduction approach.
3.3.4 Does your organization/staff offer youth accessible information about harm reduction, including where to get supplies (e.g., safe drug use, drug testing, naloxone, supervised consumption sites, STI/HIV testing, condoms)?	• Print and hand out Foundry's **harm reduction tip sheet** for staff to refer to and provide youth with who access your services. You can also find harm reduction tips on the **Foundry website**. You can also print and hand out **safer smoking (crack/crystal)** and **safer injection (heroin/crack/coke)**, and **safer tablet injection** tipsheets from **towardtheheart.com/safer-use**. Consider keeping them in the waiting room for youth to grab if needed. • We have also included a list of services that provide harm reduction services in Prince George to refer to, however, this is subject to change and should be updated regularly. • Youth may not feel comfortable asking for harm reduction information or even talking about their substance use with their service provider. Making it known to youth that your organization takes a harm reduction approach can encourage youth to use safely and can also help youth feel more comfortable talking about their substance use. Consider including harm reduction messages in your service advertisements and leaving handouts and posters about safe drug use.

Assessment Question	Recommendations

3.4   Does your organization respect youth rights to privacy and confidentiality?

3.4.1 Does your organization have policies in place that protect youth rights to privacy and confidentiality?	• Having policies in place to protect young people's privacy and confidentiality is important to build trust with youth and promote a safe space for them to share, especially when they are not ready to involve other people in their care. • Ensure you have a private space for youth to discuss their substance use and/or mental health issues. This includes the intake process. • If your clients are seeing multiple providers, ask youth for consent before sharing personal information with other service providers. Although youth may appreciate not having to tell their story multiple times, they may not have the same level of trust with all service providers.
3.4.2 Are there practices in place so that youth are aware of their rights to privacy and confidentiality?	• Youth may be apprehensive to talk about their substance use, and other personal details, if they do not know their rights to privacy and confidentiality. Youth may not be ready or comfortable to tell their friends and/or family about their substance use and/or mental health issues for a number of different reasons. They may also be afraid to discuss certain things with service providers for fear of repercussions, which can lead to ineffective care. It's therefore important to inform them of their rights up-front. • Consider promoting youths' rights to privacy and confidentiality.

3.5   Is your organization open and responsive to youth feedback?

3.5.1 Does your organization regularly ask youth for feedback on their service experience or have other mechanisms in place to meaningfully engage youth (e.g., advisory council)?	• Conduct a yearly evaluation of your services (e.g., an anonymous survey on clients' service experience). • If you have sufficient resources, create a youth advisory committee for youth to be involved in organizational decision-making. • Please see the attached youth engagement toolkit for reference
3.5.2 Does your organization have a safe structure in place for youth to make a complaint if they have had a negative experience?	• Ensure that youth know they can make a complaint if they have a negative experience by including posters in the waiting room. Youth should have the opportunity to provide feedback anonymously. If youth do not have access to a phone or a computer, allow them to use a computer on site in a private space. • Evaluate the best form to receive complaints as youth have stated interest in online surveys, emails or paper surveys.
3.5.3 Does your organization have a mechanism in place to ensure that feedback is reviewed, and an action plan put into place to address feedback?	• When asking youth for feedback, ensure that it is acted on and that this is communicated back to your clients. • No one expects their service provider to be perfect. We are all human beings. If you are having a bad day, consider letting the youth know, as youth who have experienced trauma often assume the worst and think it is about them. Pay attention to your tone of voice and body language and how this may affect your interaction with the youth. • If a young person is exhibiting challenging behaviours, think about why they may be acting this way. They may be going through something difficult and are having a hard time managing. Coming from a place of compassion can go a long way in making people feel heard and understood.

4.0 Continuity of Care

Assessment Question	Recommendations
4.1 Is your organization well-connected to other organizations in the community that offer health and social services to youth who use substances?	
4.1.1 Does your organization provide staff with adequate resources and information about other services in the community that support youth who use substances?	• It can be overwhelming for youth to try and find information and resources online. The information is not always easily available and having to call different services to find the right fit can deter people from accessing support. Connect with local health and social services to find out about the services they provide and whether there is a cost associated. We have included a list of services available for youth and young adults in Prince George to refer to, however, this is subject to change and should be updated regularly. • Have a tipsheet available for staff to refer to and provide to youth who access your services.
4.1.2 Does your organization have specific outreach strategies in place to build relationships with organizations in the community? Are these strategies evaluated?	• Consider having quarterly check-ins with other local services to discuss gaps, accomplishments and learn about new programs and services. • Plan joint organizational trainings. • Attend community system planning meetings, such as a High Risk Youth Table or a Local Situation Table.
4.1.3 Does your organization ensure youth experience seamless transitions between services?	• If youth need to access another service for support, make a referral or call/email the organization to help them set up the appointment if a referral isn't needed. • Follow-up with youth to ask them if they have made and kept their appointment.

Appendix A: Compiled List of Resources

A.1 Resources for using de-stigmatizing language around substance use

1.1. Canadian Centre on Substance Use and Addiction (CCSA). (2019). *Language and stigma in substance use and addiction guide.* ccsa.ca/sites/default/files/2019-09/CCSA-Language-and-Stigma-in-Substance-Use-Addiction-Guide-2019-en.pdf

1.2. Canadian Centre on Substance Use and Addiction (CCSA). (2020). *Talking pot with youth — A cannabis communication guide for youth allies.* ccsa.ca/talking-pot-youth-cannabis-communication-guide-youth-allies

1.3. Toward the Heart. (2017). *Respectful language and stigma regarding people who use substances.* towardtheheart.com/assets/uploads/1502392191GWLGqDb5w5GlajwRuiq4lPoSyhSoMkp3T7rL5ml.pdf

1.4. Maté, G. (2022). *Addiction.* drgabormate.com/topics/addiction

1.5. *Practice empathy in workshops.* (2022). Center for Creative Leadership. ccl.org/leadership-solutions/leadership-topics/listen-to-understand

1.6. Trans Care BC. (n.d.). *Making mistakes and correcting them.* phsa.ca/transcarebc/Documents/HealthProf/Making_Mistakes.pdf

1.7. Canadian Centre on Substance Use and Addiction (CCSA). (2022). *Overcoming stigma: Online learning.* ccsa.ca/overcoming-stigma-online-learning

1.8. Toward the Heart. (2022). *Language matters: Creating a safe space with less stigma.* Compassionate Engagement Modules. towardtheheart.com/reducing-stigma

A1.1 Personal Stories

1.11. *Stop Stigma. Saves Lives: The impact of empathy.* (2022). Northern Health. northernhealth.ca/health-topics/stigma

1.12. *Personal stories.* (2022). HeretoHelp. heretohelp.bc.ca/personal-stories

1.13. *Visions Journal.* (2022). HeretoHelp heretohelp.bc.ca/visions

1.14. We all play a ROLE [Videos]. YouTube. youtube.com/channel/UC88ZpSx_h8lvRl6-SQbk7jA/videos

1.15. *Opioids and youth. Real stories from youth.* (2021). Addiction & Mental Health, Alberta Health Services. myhealth.alberta.ca/Alberta/Pages/opioids-and-youth-stories.aspx

A.2 De-escalation training

2.1. *Situational awareness and verbal de-escalation — New online virtual sessions.* (n.d.). University Health Network, The Michener Institute of Education. michener.ca/ce_course/situational-awareness-verbal-de-escalation

2.2. *Staying safe when working alone: Applying prepare training concepts and skills.* (2022). Crisis Prevention Institute. crisisprevention.com/en-CA/Blog/February-2011/Applying-Prepare-Training-Concepts-and-Skills-When?related=1

A.3 Person-centered care training

3.1. *People-centred care leadership program.* (2022). HealthCareCAN, CHA Learning. chalearning.ca/programs-and-courses/people-centred-care-program

3.2. *Motivation and Innovation. Person- and family-centred health care overview.* (n.d.). Centre for Collaboration. centrecmi.ca/pfcc-overview

3.3. Elliot, S., James, K., Hill, N., Burton, A., Hughes, K., & Rail, R. (2018). *Integrated Care Management (ICM)/Wraparound (WRAP) Working Together Guide.* static.fasdoutreach.ca/www/downloads/WRAP-ICM-Working-Together-Handbook-Mar2018.pdf

A.4 Resources for young people's natural support

4.1. *The Village (Northern BC).* (2022). Parent Support Services Society of BC. parentsupportbc.ca/the-village

4.2. Foundry Victoria. (2022). *Parents like us. The unofficial survival guide to parenting a young person with a substance use disorder.* foundrybc.ca/parents-like-us-handbook

4.3. *I am here to support someone else.* (2022). HeretoHelp. heretohelp.bc.ca/support-someone-else

4.4. *Resources for parents and caregivers.* (n.d.). Mental Health Foundations. mentalhealthfoundations.ca/resources

A.5 Resources for providing trauma-informed care

5.1. Poole, N., Talbot, C., & Nathoo, T. (2017). *Helping families, helping systems: A trauma-informed practice guide for working with children, youth and families.* Vancouver, BC: Centre of Excellence for Women's Health. gov.bc.ca/assets/gov/health/child-teen-mental-health/trauma-informed_practice_guide.pdf

5.2. Equipping Health Care for Equity (EQUIP) & Gender, Trauma & Violence Knowledge Incubator. (n.d.). *Trauma- and violence-informed care (TVIC): A tool for health and social service organizations and providers.* equiphealthcare.ca/files/2021/05/GTV-EQUIP-Tool-TVIC-Spring2021.pdf

5.3. Arthur, E., Seymour, A., Dartnall, M., Beltgens, P, Poole, N., Smylie, D., ...Schmidt, R. (2013). *Trauma-informed practice guide. Vancouver, BC: Centre of Excellence for Women's Health.* cewh.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf

5.4. Nathoo, T., Poole, N., & Schmidt, R. (2018). *Trauma-informed practice and the opioid crisis: A discussion guide for health care and social service providers.* Vancouver, BC: Centre of Excellence for Women's Health. interiorhealth.ca/sites/default/files/PDFS/opioid-tip-guide-may-2018.pdf

5.5. *Free on-demand workshop: Trauma-informed care – Building a culture of strength.* (n.d.). Crisis & Trauma Resource Institute (CTRI). ca.ctrinstitute.com/free-on-demand-workshop/?type=workshop

5.6. *Trauma-informed workshops.* (2022). Klinic Community Health Centre. (2022). klinic.mb.ca/education-training/training-opportunities/trauma-informed

5.7. Klinic Community Health Centre. (2013). *Trauma-informed: The trauma toolkit (2nd ed). A resource for service organizations and providers to deliver services that are trauma informed.* med-fom-learningcircle.sites.olt.ubc.ca/files/2013/10/Trauma-informed_Toolkit.pdf

A.6 Resources for providing culturally safe care

6.1. *Diversity awareness self-reflection tool: A practical tool for health care teams.* (2015). Primary Health Care Program, Alberta Health Services. albertahealthservices.ca/assets/info/hp/phc/if-hp-phc-diverse-reflection-tool.pdf

6.2. *Nowh Guna "Our Way" Foot in Both Worlds Carrier Agility Training.* (2022). Carrier Sekani Family Services. Available from: csfs.org/culturetraining

6.3. *San'yas anti-racism Indigenous cultural safety training program.* (2022). Provincial Health Services Authority in BC. sanyas.ca

6.4. *Indigenous Canada: Online course.* (2022). University of Alberta, Faculty of Native Studies. ualberta.ca/admissions-programs/online-courses/indigenous-canada/index.html

6.5. *Canadian history through the lens of Indigenous women: Extending bridges through education.* (2021). Deyen. deyen.ca

6.6. *Reconciliation Education.* (2022). First Nations University of Canada. reconciliationeducation.ca

6.7. Boon, S. (2009). *Visions Journal: Same but different. Substance use in queer and trans communities.* HeretoHelp. heretohelp.bc.ca/visions/lgbt-vol6/same-but-different

6.8. Indigenous Youth Wellness. (2021, June 3). *Two Spirit Healing and Teachings with Harlan Pruden and Jesse Dames (Clour Connections Conference)* [Video]. YouTube. youtube.com/watch?v=4fokQWn9YCY

6.9. Trans Care BC. (2021, December). *Creating affirming care for gender diverse people. Service provider reflection tool for Individual service providers and support staff.* phsa.ca/transcarebc/Documents/HealthProf/Service_Provider_Reflection_Tool.pdf

6.10. *Queer Competency Training.* (2015). QMUNITY. BC's Queer, Trans, and Two-Spirit Resource Centre. qmunity.ca/education-training/training

A.7 Substance use training

7.1. *Online addiction medicine diploma.* (2021). British Columbia Centre on Substance Use (BCCSU). bccsu.ca/online-addiction-medicine-diploma-coming-soon

7.2. *Addictions and mental health: Strategies for complex issues.* (n.d.). Crisis and Trauma Resource Institute (CTRI). ca.ctrinstitute.com/topics/addictions-and-mental-health

7.3. *Addictions and youth: Substances, technology, porn.* (n.d.). Crisis and Trauma Resource Institute (CTRI). ca.ctrinstitute.com/topics/addictions-youth-substances-technology-porn

7.4. *Refugees and trauma: Understanding and supporting resilience.* (n.d.). Crisis and Trauma Resource Institute (CTRI). ca.ctrinstitute.com/free-webinar

7.5. *Harm reduction 101: Understanding Harm reduction principles and practice.* (n.d.). Interior Health. interiorhealth.ca/HarmReduction/story.html

7.6. Miskovic, M., Zurba, N., Beaumont, D., Conway, J. (2020). *Connecting—A guide to using harm reduction supplies as engagement tools.* Ontario Harm Reduction Distribution Program. Kingston Community Health Centres, Kingston Ontario. interiorhealth.ca/sites/default/files/PDFS/connecting-guide-to-using-hr-supplies-as-engagement-tools.pdf

7.7. *Naloxone training.* (2022). Toward the Heart. towardtheheart.com/naloxone-training

7.8. We all play a ROLE. (2020, July 5). *Naloxone training refresher* [Video]. YouTube. youtube.com/watch?v=wLjKUFeTpoo

7.9. *Applied Suicide Intervention Skills Training (ASIST).* (n.d.). Centre for Suicide Prevention. suicideinfo.ca/workshop/asist

A.8 Harm reduction resources

8.1. Foundry Penticton. (n.d.). *Reducing the risk of harm while using substances.* foundrybc.ca/wp-content/uploads/2017/10/Tips-for-Reducing-the-Risk-of-Harm-while-Using-Substances-2.pdf

8.2. Foundry BC. (n.d.). *Tips for reducing the risk of harm from substance use.* foundrybc.ca/articles/substance-use-tips-reducing-risk-harm

8.3. Vancouver Coastal Health. (n.d.). *Needle Exchange Program: Safer smoking.* vch.eduhealth.ca/PDFs/DB/DB.500.S341.pdf

8.4. Vancouver Coastal Health. (n.d.). *Needle Exchange Program: Safer injecting.* vch.eduhealth.ca/PDFs/DB/DB.500.S34.pdf

8.5. Toward the Heart. (2021, March 1). *Safer tablet injection.* BC Centre for Disease Control, Provincial Health Services Authority. towardtheheart.com/assets/uploads/1614902572pDb5cFkV7mmEnHjxavvOVi3tufpOC0dEHfyCNU0.pdf

8.6. Toward the Heart. (2022). *Safer sex and safter drug use.* towardtheheart.com/safer-use