Substance Use and Addictions Prevention (SUAP) Service Providers Focus Groups Summary 2022

Background: The Health Unit has been working on a 3 year grant project funded by Health Canada with a focus on structural stigma and the impacts it has on people who use substances. The agency has spent the last year interviewing and surveying individuals and family/friends impacted by substance use in order to explore what their experience is like accessing services in Leeds, Grenville and Lanark (LGL). The projects next phase included conducting facilitated discussions/focus groups with service providers in LGL related to a fictional case study that outlined the experience of someone with living experience with substance use and how they would access services with the service agencies.

As part of the project the Harm Reduction team created an introduction to the concept of structural stigma that was provided to participants when introducing the fictional case study. In particular they noted that "all organizations and agencies create many layers of stigma which can include setting up unnecessary barriers to accessing services, over the top expectations to maintain care, non-evidence based prerequisites for accessing care or service, and self-serving policies and practices over individual centered". Service providers were informed that throughout this project the Health Unit has been reflecting on its practices and policies and trying to identify how the agency may be continuing to create and perpetuate structural stigma.

In June 2022 sessions were held with LGL service providers using in-person and virtual Zoom sessions to explore their experience of providing care and/or services to people who use substances. A total of 23 people attended representing six service provider agencies over six focus groups.

Methods: A list of community agencies for this project was identified by the Health Unit's acting Manager supporting the grant. Community agencies were contacted via email regarding participating in the service providers focus groups. Interested participants could sign up for sessions that were to be implemented either in-person or virtually via Zoom. A total of six sessions were held. Each session was co-facilitated by the Health Unit's Foundational Standard Coordinator and a member of the Health Unit's Harm Reduction Team.

The focus group questions (appendix B) were structured around a fictional, but typical case study (appendix A) of someone with living experience with substance use. The case study was created by the Health Unit's acting Manager supporting the grant with input from the program's Community Health Navigators. The case study and focus group questions were provided to participants in advance via email. Participants that registered for a focus group, regardless of attendance, were provided an electronic survey link after the session that contained the case study and focus group questions. This survey could be used for sharing with other service providers in their agency that may want to

contribute on this topic but were unable to attend a session or for attendees to provide additional details after the session. The survey was open for a total of one month. One submission was received via this mechanism and the results have been incorporated into the summary presented below. The major themes listed are responses expressed by the majority of respondents across the sessions. Minor themes are comments and/or concepts provided by a few participants and/or concepts expressed only in one session. Both major and minor themes are presented below by question.

Results:

1) **Can you share your reaction to this case study?**
    a. *Prompts: Does the person described in this case study sound like someone who would present to your agency? What details stand out to you?*

Major themes:
The majority of participants reported that clients they see often present with many of the challenges and/or characteristics presented in the case study. The necessity for service providers to focus on the immediate needs of the presenting client was stressed. Most outlined the process they would follow for providing services to this client, which is outlined in more detail below in question three, and they underscored that arranging emergency housing, supplying food, clothing and hygiene supports were the initial priorities of service provision. Many noted that the medical issues (e.g., wound care) of the client were important but often outside of their scope of service. Arrangements such as, calling paramedics or organizing transportation to a medical centre, would be offered and/or arranged. Most stressed that the client would be provided immediate assistance within the agency's mandate and longer term solutions and/or services would be discussed with the client once those urgent needs were addressed.

Many spoke of challenges in providing services to the client outlined in the case study and those details are outlined in question two.

Minor themes:
For some participants that work with families and young children the case study as written was not applicable as, they typically conduct client service in client homes. It was noted, though rare, some of the case study characteristic could be present in those settings and/or meeting the needs of families.

Details related to the process of providing client service are outlined in question three.

2) **Are there any details in the case study that would create <u>challenges</u> for this person to access services from your organization?**
    b. *Prompts: Think about things like any requirements or policies that your agency may have for clients to access services (e.g., person actively using substances; lack of identification; involvement with police). What do they need that they do not appear to have to access your services? What issues do they present with that would be barrier to accessing your services?*

Major themes:
It was commonly noted that a client without a telephone, in particular, a cell phone created challenges for follow up contact. It was also noted that, in addition to the barrier this creates for making telephone contact, a lack of cell phone prevents clients from accessing online services and/or information. Reliable access to WI-FI, especially during the pandemic when services were moved to primarily online, was noted to be a necessity. Those without cell phone and WI-FI access faced challenges and service

provision and follow up could be more challenging for all involved. Some agencies noted that they have a lending program for clients to access cell phones for their use and that the phone plans include a data plan for when WI-FI is not available. Additionally, homelessness creates challenges for client service. It was reported that being homeless does not preclude clients from service but can create instability in client follow up and ongoing contact. It was noted by many that when basic needs (e.g., food and housing) are not met for people it can be difficult to address other issues and/or to plan long term.

Another challenge presented was when clients, such the client depicted in the case study, present in an agitated or seemly aggressive manner. Clients that are disruptive in common services areas (e.g., waiting rooms) may lead to the client being asked to leave/removed from the agency. It was commonly noted that front-line administrative staff often have first contact with clients presenting at service agencies but can lack training on de-escalation and/or how to provide service to those experiencing addiction or mental health challenges. The gap in including these staff members in training and education opportunities was noted to be an issue. Those that reported having included all staff in this type of training remarked that it has been a benefit and/or useful. Additionally, some noted that comfort level and ability to complete a personal safety/risk assessment vary from staff member to staff member and some staff may have more or less tolerance for clients' behaviour or use of offensive language. The application of de-escalation techniques can also vary amongst staff. Some noted that there is a role for peer support to de-brief and follow up after a challenging event/interaction to learn more about how things could have been done differently. The need to ensure client and staff safety was stressed with the acknowledgment by many that the crisis issues facing a client may have a significant impact on how they present (e.g., type of substance they are using at the time, significant hunger, and immediate housing crisis). The need to provide service is noted to be a priority and is also balanced with the safety of staff.

Most noted that a lack of personal identification was not a barrier to service and that many agencies would be able to assist clients with obtaining current identification. It was noted however, that the medical system and access to ongoing health care supports would be impacted by a lack of a Health Card Number (HCN) though many reported that community agencies, including health care agencies, can provide allied support staff to help clients navigate the system of having identification restored. In addition they can help clients navigate other service systems such as filling out paper work or making appointments.

During the focus groups several challenges were raised that were not directly related to the case study but were reported to be challenges for service providers. A major challenge to service provision relates to obtaining client consent for coordination of care, inclusion of the client's support network/people in care coordination, and/or sharing information amongst service providers. Service coordination was reported to be more limited when clients do not/have not provided consent to share information amongst service providers. Some went on to explain that not knowing which agencies a client is involved with can lead to duplication of service and lack of care coordination in general.

A challenge noted for service providers especially related to medical services is when clients are no-shows at appointments or not consistently implementing service requirements (e.g., following medical care programs). Most providers reported that their agency provides clients with the ability to access their services after intake, without limits or penalty, for example, the ability to start or stop services without having to re-submit forms or in many cases go back on the waitlist. It was expressed that this flexibility was more difficult in health care related services especially if clients are inconsistent in their participation. Some reported that they have a maximum number of attempts they will make to contact

a client if they are a no-show to their appointment and then the client must follow up with the service provider on their own.

Minor themes:
The challenges related to consent as outlined above were noted as a major theme, while the need to have a common method for obtaining and sharing consent amongst service providers was a related minor theme.

It was mentioned that clients that are actively using or under the influence of substances could create a challenge with providing consent and/or signing paperwork (e.g., committing to some aspect of service). At times, this may result in the client having only the most immediate needs met and the client then having to return when able to make clear decisions. This was noted as a concerning but rare situation experienced by some service providers.

Some noted that application of agency policies (e.g., behavioural zero tolerance policies) varies amongst staff members when dealing with a client's behaviour. Some have a higher tolerance for behaviour that may be seen by others as violating the policy which when violated can result in the client being asked to leave the premises and/or ending services.

Some discussed that clients may begin their interactions with the service provider's agency in a non-voluntary manner (e.g., justice system interaction and/or child safety support) and the optics of these interactions can be negative. It was noted that although these interactions may be seen as negative to the general public and/or client, the programs, supports, and connections that can be offered can be useful and/or helpful to the client long-term. The incorporation of more allied professionals into the agency's teams further increases the programs and services that can be offered (e.g., mental health nurse, social workers etc.). Having additional allied professionals also allows for increased client follow up/contact after the client leaves the non-voluntary service (e.g., jail) and can help with longer term support.

A minority of service providers noted that communication with non-voluntary service providers (e.g., the justice system) when clients are in custody and require medical services can create challenges. Willingness was expressed by medical service providers to provide input into their clients' medical programs while incarcerated, which could be implemented by the jail, and then providing a discharge summary of care would be appreciated.

Finally, some noted that the case study client presented with COVID19 type symptoms (cough) and may not pass a COVID19 screening and, therefore, would not be allowed into the building of some service providers. A lack of mask use could also be a potential barrier. It was noted that attempts would be made to still provide service and/or interactions with client (e.g., at the doorway or outside) whenever safe and possible.

3) **Can you share the <u>process</u> you would use to support this person in accessing services from your agency? Or, if your organization isn't the most appropriate one, how would you support this person in accessing services from another agency?**
    c. *Prompts: Is there anything specific you would or would not do in this situation? Is this process 'typical' for how people are supported to access services from your agency or another agency?*

Major themes:
Most respondents reported that they would focus on helping meet the immediate needs of this client such as, arranging medical wound care, providing food and arranging emergency housing. The majority reported that they would then be able to provide service to this client to address their longer term issues/needs and provide direct client care within their mandate (e.g., housing and financial support enrollment). Needs outside of their mandate would be addressed through referrals to other agencies. Some mentioned that the formal intake process would begin after the contingency plan for immediate/urgent needs has been addressed. Many spoke of the role that allied professionals (e.g., Community Support Navigators) within their agency play to engage with clients and help them navigate community agencies and obtain services (e.g., contacting service agencies, obtaining necessary documents, arranging shelter, etc.). These services are often issue specific and short-term in nature.

Having a quick turnaround time for appointments, often same day, for clients when they reach out for services is noted to be important. Many noted that they attempted to have processes and services that are as barrier free as possible to make service provision easier for the client.

Many noted that adding the client to reference/referral resources such as, the "by name" service lists and having providers participate in community round table and/or situation table meetings was a useful part of their service delivery process. These resources allowed for service connections to be made for higher risk clients and assist with comprehensive service delivery. Coordination of care is necessary when supporting clients with complex challenges.

Many providers spoke of the need to continually offer supports and/or additional services as it often takes many interactions to build relationships, trust, and understanding before a client accepts help or the next level of service. Many noted that clients are allowed and/or encouraged to bring support people and/or support workers with them to service meetings/appointments if they find that useful or have challenges (e.g., low literacy levels) that they would like outside support navigating. It was noted that during the intake process these options are often reviewed with clients to make them aware that they can include this type of personal support. It was also stressed that including clients natural support systems in care plans and service delivery can help with improved outcomes (e.g., maintenance of service, ongoing communication, etc.) when they are included in the process with the clients permission.

In addition to repeated offering of support, it was noted that those who do agree to services and/or supports often benefit from being actively involved in decision making and taking a lead role, when able, in their own care (e.g., reaching out to other service providers for appointments). Engaging, empowering, and validating the client was noted to be helpful and an important part of the relationship process. It was also noted by some that validating and listening to a client who is in crisis can be helpful in de-escalating the situation and moving the interaction towards a positive outcome.

Minor themes:
The COVID19 pandemic has resulted in some service provider meetings and/or appointments shifting to virtual or phone based. This can create challenges for both the service providers and clients and is a change for some agencies on how they typically provide services. It also necessitates clients having access to phone and/or internet services to fully participate, which as noted above is a challenge for some clients.

The importance of having the front-desk and/or administrative staff know the key processes for the agency and/or which staff member they can contact for specific types of service was cited by some. This

allows clients to receive quick service/direction when they reach out and/or present for service helping reduce both frustration and barriers for the client. Additionally, some noted that there is a need to keep all agency staff that provide client service coverage aware of service delivery changes. This can be of particular importance in areas where there is high staff turn-over. Overall, some noted that there is a need for clear processes to be in place that any staff member can utilize to help provide immediate supports to clients when they present with a pressing issue. This could help minimize the need for clients to return to an agency to access services at a time when more staff are in place or able to help. One example provided of this knowledge sharing/process awareness need was related to grocery store gift cards. It was stressed that making all staff aware of the process for providing those cards would allow clients to leave with the grocery gift cards, to address an urgent hunger need and not have to re-access service when someone else was covering and able to implement the process.

4) **Can you share the process you would use to support this person in <u>maintaining</u> services from your agency?**
    d. *Prompts: Does your agency have anything in place to support maintaining services with someone like the person described in the case study?*

Major themes:
As noted above maintaining services with clients can be challenging when a client, such as that in the case study, is experiencing homelessness and/or lack a cell phone. Providing a loaner phone for use by clients is a strategy used by some agencies to help maintain contact. These devices also provide clients with more ability to access services from those agencies (e.g., attend virtual appointments) and search for or access other services/meet needs (e.g., using WI-FI to search for housing/employment).

The positive impact of having clients bring/engage their support network (e.g., family, friends and/or Community Support Navigators) when accessing services was noted. This can also help with ensuring consistency, overcoming barriers, and making clients feel more comfortable.

As noted above, having processes and/or services that are as barrier free as possible to make service provision easier for the client can help clients maintain access with the services and continue to engage with service providers.

Several agencies noted that at times some clients are unable to maintain services (e.g., housing placements/beds) due to their behaviour which may violate policies or an inability to appropriately interact with service providers and/or other clients; while other clients may have accessed all services offered in the community. In these cases, finding services for the client can be challenging and it was noted in the discussions that service providers could benefit from help problem solving solutions for these clients.

Minor themes:
It was noted that some agencies are able to maintain regular contact with their clients as the client is required to consistently (e.g., monthly) submit paperwork and/or make some contact with case worker(s) and/or service provider(s) to continue to receive support/services. Some noted that this is useful and/or more efficient for clients when front line and/or administrative staff are included and aware of agency procedures and/or key aspects of the services being provided by the agency. They can then help clients to receive service by answering questions and/or support them to submit necessary paperwork when their main staff contact is unable. Additionally, it was stressed by some that having a welcoming first contact (e.g., front desk staff) is important and/or helpful for both clients and staff

members. As noted in more detail below in question five, a key aspect of equipping front-line staff to greet and interact with clients, especially those experiencing substance use challenges, is to include them in the educational and skill development training opportunities (e.g., de-escalation, cycle of addiction education, etc.).

5) **Is there anything that would help you or your agency, feel better prepared to support someone like the person described in the case study?**
    e. *Prompts: Think of things like training, agency policies or practices, relationships with other agencies, etc.*

Major themes:
Many participants spoke of the need to have a detailed understanding of what other support organizations and/or service providers in the LGL community can offer clients, along with a clear understanding of the process for accessing and/or referring to these services. Some noted a directory or list that is current and updated regularly would be useful. Other reported wanting a more in-depth presentation where agencies speak in detail about their mandate. It was cited that clients seeking help is often time sensitive and thus, the need to know who to call and/or access in a timely manner is important.

The need for service providers to receive training and to understand the theory of change, stage of readiness, and model of addiction was mentioned. There is a reported need to help healthcare workers understand the cycle of addiction and better understand that moving through addiction-related challenges is not linear. They would like to know how they can adapt to this when providing services and/or interacting with clients. Helping service providers recognize that time spent engaging clients in this cycle is part of the service provision process and that there is a potential need to adjust the service provider's expectations and/or timelines to fit with this reality is important. Some noted this awareness and respect for the non-linear nature of addictions should be extended to agency policies to allow for flexibility when needed (e.g., flexible missed appointment policies). The need to meet clients "where they are" was stressed both in terms of stage of readiness and, for some service providers, this can also be the location where service is discussed/provided (e.g., meeting clients in the community or at a location that is comfortable for the client).

It was noted that there is a need to provide training for all staff, especially those in front line, front desk, and administrative support roles, regarding addictions and/or de-escalation training. Education training on mental health and addictions was reported to be needed for all service providers, including in-depth training. It was discussed that there are many benefits to having multidisciplinary teams but, that it can also create challenges when not everyone is able to access the same training or able to increase their comfort level when working with clients experiencing challenges/crises. It was stressed that including all staff in learning opportunities and/or training sessions could be beneficial.

Minor themes:
Some in the justice system reported that they would be better positioned to help meet the basic needs of a client leaving their system if they had a kit and/or supplies, containing hygiene, clothing, and/or naloxone, which they could offer to a client.

Training and supports should be offered on a regular basis as there is often high turnover of staff. Some noted that offering training virtually and/or recording sessions so new staff can access them as they come onboard would be helpful. A minority of participants mentioned the need for service providers to

have more understanding of the loss that clients face when they are dealing with their addictions. They noted that clients experience challenges and significant loss when they leave their community and/or addictions related activities that have been familiar to them, and for many these supports have been in their lives long-term, and now they are trying to move away from those influences. It is noted by some participants that the role of loss in recovery needs to be more fully acknowledge

6) **Is there anything else you would like to share about your experience supporting a person with lived or living experience of substance use? Either a positive experience or something that was challenging?**

Major themes:
Many spoke of the challenges of accessing addictions and/or mental health treatment. Long wait times, high financial costs, access not being available when the client indicates readiness, the lack of options for those that are still using but have expressed readiness to access treatment, were all noted to be significant challenges. Also, a lack of detox options in LGL was mentioned. There was general discussion about wait times for almost all services a client may need to access related to treatment and/or detox and agreement that this can create challenges.

Many referred to the challenges experienced by clients and/or service providers which have been summarized in question two. Additionally, examples were shared where clients have exhausted services that are offered in their community. Some examples included those that have been asked to leave and/or end services that are being provided due to their behaviour (e.g., having to leave housing beds due to disruptive behaviour and/or not following rules). Though clients experiencing these issues are noted to be rare, these types of challenges are reported to be complex and difficult for service providers to navigate. It was noted that there could be benefit from service providers being able to discuss and/or problem solve solutions for these clients together.

Lastly, it was noted that whole families are impacted when a family member is dealing with addiction. It was noted that there is a need to normalize the challenges being experienced by families, reduce the stigma and/or shame families can face, and increase and improve services and/or support offered to families. Additionally, the need for more supports for parents navigating addictions with their children and/or youth was reported.

Minor themes:
Some reported a lack of mental health walk-in providers that are easily accessible to clients including, those who lacked transportation. This was a noted gap in services for some respondents.

Some spoke of clients that have accessed help for their addiction issues and are successfully coping. It was noted that service provider perseverance and continued relationship building was useful in helping clients be successful in this area.

Some mentioned the role of stigma around not having basic needs met, especially lack of access to basic technology. Some noted that increased societal use of technology can leave some clients that are without access to those devices at a disadvantage. It was reported that there is stigma associated with having to use public technology access points (e.g., libraries) and for some accessibility is an issue due to their locations and/or transportation needs. Some locations were also closed due to the pandemic limiting client access to public technology.

A minority of participants spoke about being unclear how to best support and/or what is a potential reporting requirement when clients use substances and have children.

7) **That is the end of our focus group questions. Is there anything else you would like to share; or any questions?**

No major common themes were established between focus groups related to this question. There were however, some minor theme comments provided.

Minor themes:
The need for services to be offered to clients in the community that follow a more outreach based model was mentioned. Services on an outreach basis were noted to potentially be more accessible to clients and less intimidating.

There was also an expression of willingness for police services to participate in communication strategies such as educational videos. The contact details for the Health Unit's Harm Reduction Coordinator were provided to all participants after each session and participants were encouraged to contact the coordinator to discuss any harm reduction questions, coordination, collaboration and/or communication needs that fall outside of the discussion sessions being completed related to this project.

Finally, support for a compendium of community resources and the need for fewer siloing of service provision was expressed.

Recommendations:
Service providers from across LGL have participated in facilitated discussions related to a fictional case study that outlined the experience of someone with living experience with substance use and how they would access services with the service agencies.

A full list of recommendations arising from the discussion across the six sessions is found in appendix C. These recommendations should be used by the Harm Reduction Team in future planning though some recommendation fall outside of the expressed purpose of the Health Canada project.

The Health Canada next phase recommendations are listed below for review and consideration by the planning team.

- It is recommended that the Harm Reduction Planning Group review these results along with the client feedback summary previously completed and submitted to the planning committee and take them into both into consideration for future planning for phase three of the project.
- In addition to reviewing the written summary report the planning committee members should listen to each of the six facilitated discussion audio recordings. The audio recordings should not be shared outside of the planning committee or used in isolation for any purpose outside of raising the committee's awareness and setting the context and tone set by participants.
- Review and consider the potential topics for the workshop from the service providers discussions including:
    - Resource sharing opportunities.
    - Detailed presentations outlining service providers agency mandate.

    - Addiction and mental health education that could include a focus on conducting personal risk assessments if/as they fit with agency policies, de-escalation techniques, the cycle of addiction, information on the theory of change and stage of readiness, and more in-depth addictions and/or mental health awareness beyond the 101 education level.
    - Providing an opportunity for discussion and problem solving regarding how service providers can work together for client service and/or case management.
- Share the results with participants.

Respectfully submitted by,
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Appendix A

Case Study

A 25-year-old male presents to your agency. He has recently been released from jail on assault and robbery charges. He is currently experiencing homelessness, his clothes are dirty, and he doesn't seem to have showered lately. When he speaks to you, he is loud and swears, although not directed to you, just in an aggressive style, with hands going up and down. He is pacing up and down and can't seem to sit still. When he speaks it's hard to follow along as some of what he is saying makes no sense and he quickly changes topics. He's acting erratically. He reports not having eaten all day and that he has no money. When you look down, you see what looks like blood coming through his pant leg from what appears to be a cut or wound. He is coughing and keeps taking off his mask. He tells you he has no family doctor. At this point, you only know his first name.

When you ask him if he is on OW or ODSP he tells you that he needs I.D to apply and that he doesn't have any because it was stolen from him. He reports that he has no debit card and that without his ID he can't get a replacement. He has a grade 11 education and reports not having any on-the-book jobs the last 4 years. He tells you he has been in and out of jail most of his life. He tells you he has regularly been smoking crack and intravenously using opiates for the last 7 years and does not intend on quitting using. There may be a warrant out for his arrest, he's not sure though because he doesn't remember what happened four nights ago. He desperately wants to find an apartment.

He really wants to have a shower and change into some clean clothes. He has no cell phone, and since he is homeless, there is no way to reach him when he leaves your agency.

Appendix B

Focus Group Questions:

1. **Can you share your reaction to this case study?**
    a. Prompts: Does the person described in this case study sound like someone who would present to your agency? What details stand out to you?
2. **Are there any details in the case study that would create challenges for this person to access services from your organization?**
    a. Prompts: Think about things like any requirements or policies that your agency may have for clients to access services (e.g., person actively using substances; lack of identification; involvement with police). What do they need that they do not appear to have to access your services? What issues do they present with that would be barrier to accessing your services?
3. **Can you share the process you would use to support this person in accessing services from your agency? Or, if your organization isn't the most appropriate one, how would you support this person in accessing services from another agency?**
    a. Prompts: Is there anything specific you would or would not do in this situation? Is this process 'typical' for how people are supported to access services from your agency or another agency?
4. **Can you share the process you would use to support this person in maintaining services from your agency?**

    a. Prompts: Does your agency have anything in place to support maintaining services with someone like the person described in the case study?
5. **Is there anything that would help you, or your agency, feel better prepared to support someone like the person described in the case study?**
    a. Prompts: Think of things like training, agency policies or practices, relationships with other agencies, etc.
6. **Is there anything else you would like to share about your experience supporting a person with lived or living experience of substance use? Either a positive experience or something that was challenging?**
7. **That is the end of our focus group questions. Is there anything else you would like to share; or any questions?**

Appendix C - Recommendations for future planning by the Harm Reduction Team

- Review these results and take them into consideration for future planning.
- Ensure the results are shared with participants.
- Acknowledge and celebrate the commitment, flexibility, and willingness to problem solve expressed/shown by the service providers to support and meet the needs of their clients across LGL.
- Explore and consider strategies for compiling agency supports and/or services available in LGL that clients and/or service providers can access. It was noted that a compendium or directory that is kept updated with timely services would be useful/helpful.
- Explore and discuss how to support the possible implementation of education presentations that provide a detailed overview of service providers' mandates and that outline the support they can provide to clients along with when/how other service providers can access their services. These sessions should include a section that allows for questions and answers from attendees.
- Explore and discuss potential methods for facilitating and/or enhancing regular communication with and amongst other service providers to help with client case management and coordination of services, as well as, a forum for dialog amongst service providers (e.g. a service provider wrap around setting).
- Explore and consider potential training opportunities related to addictions and/or mental health challenges for all members of the service providers' agency including those in administration and front-line roles. Consider possible topics such as conducting personal risk assessments if/as they fit with agency policies, de-escalation techniques, the cycle of addiction, information on the theory of change and stage of readiness, and more in-depth addictions and/or mental health awareness beyond the 101 education level. Educational sessions should be offered regularly and include the option to attend virtually. Having future access to a recording of the training was also noted to be useful.
- Discuss and consider potential methods to consistently obtain client consent for coordination of services and inclusion of clients' support networks as applicable, as a lack of consent can lead to service barriers and a lack of coordinate services for the client. Consider discussing how to help improve clarity for the client related to how working together can positively impact the client and how their privacy will be protected.
- Explore and discuss how to help service providers, with an emphasis on those in health care, to understand and help clients and families who are navigating the cycle of addiction. Consider best practices to help service providers understand the cycle taking into consideration that often

the cycle is not linear and the impact that this can have on care and/or service provision. This cycle should also be taken into consideration when setting and/or reviewing agency policies (e.g. missed appointment and zero tolerance behavioural standards) to help ensure they are support of the service provide, client and have few barriers.

- Explore and discuss how to keep staff at all levels of an organization aware of key processes that can facilitate quick access to services where appropriate (e.g. submission of paperwork, access to grocery cards in a timely manner for immediate hunger needs, etc.). It was noted that knowing what services are accessible to clients especially in areas where there can be high rates of staff turnover can help to ensure that when coverage is provided clients can experience as few barriers as possible and have immediate service needs met whenever possible regardless of whether their direct service provider is available or not.
- Consider how to potentially facilitate problem solving for service providers when dealing with clients that are unable to maintain services or may have accessed all services offered in the community. In these cases, finding services for the client can be challenging. Consider facilitating problem solving amongst service providers, potentially using a case study example, as a starting point for discussions around how service providers may deal with these issues or the identification of outstanding issues that need further discussion. Though clients' being unable to access further services was noted to be a rare event, the complex nature and serious implication for the client was noted to a serious issue for service providers. Further discussion and exploration of these issues could be helpful to service providers.
- Explore and discuss possible supports for families of those who use substances with a focus on overcoming stigma, shame, understanding the cycle of addiction and how to navigate the cycle.