

PENTICTON SUBSTANCE USE SYSTEM OF CARE TRANSFORMATION PROJECT

Project Update Report

Introduction

In 2023, Urban Matters in collaboration with Penticton's Community Action Team (CAT) began a multi-year project seeking to understand and address systemic issues related to Penticton's substance use system of care. The project launched with the bold ambition of transforming the system of care for individuals who regularly use substances.

Two foundational assumptions that directed this initiative from the outset were:

The current system of care is amorphous and largely unknown. A clear snapshot of where the various service touchpoints are for individuals on their journey to recovery and how effective these services are at meeting the core needs of the individual is not universally known.

The system is premised on a model of care that does not consider diversity and nuance. Rather it reflects a production model that for efficiency purposes seeks to apply a uniform process for serving the population at large.

To test these assumptions, a community-led approach was adopted to guide the project, embracing the stories and realities of multiple entities within the community who have knowledge of or experience in accessing substance use related services.

What follows is a summary account of the key phases of this project. The intent is to provide context that informs where the project is now and the critical importance of supporting, nurturing, and evolving an Integrated Service Centre that meets the diverse needs of people in the community.

Phase One: Substance Use System of Care- Current State Research (February 2023-December 2023)

Step One: System Stakeholder Qualitative Research

The project began in February 2023 through in-depth focus groups with a wide range of system stakeholders regarding their experience with the substance use system of care. Specifically, focus groups were held with:

- Individuals with living experience with substance use (2 focus groups- Indigenous and non-Indigenous)
- Individuals with lived experience with substance use (2 focus groups- Indigenous and non-Indigenous)

- Loved ones of those with lived and living experience
- Front-line service and support workers
- First responders (including Bylaw, RCMP, and Fire)

Urban Matters worked with each of these focus groups through two exercises:

- An empathy mapping exercise which explored what participants see, think, feel, feel, say, and hear in their day-to-day lives related to the Substance Use System of Care
- A structural mapping exercise that had focus group participants identify physical locations in Penticton and surrounding area that provide the following for each of these groups:

- People with Lived and Living Experience:
 - Where do you feel safe?
 - Where do you feel unsafe?
 - Where do you find beauty?
 - Where are important community services for you?
- First Responders
 - Where are important community services?
 - Where do you find yourself responding to substance use emergencies the most (i.e. service hot-spots)
 - To respond to burnout, where do you find refuge or support?
 - What is working/not working in your opinion?
- Frontline Service Staff
 - Where are important community services?
 - What routes do you frequently take to serve those in need of your service?
 - To respond to burnout, where do you find refuge or support?
 - What are the roadblocks or bottlenecks to service in your opinion?

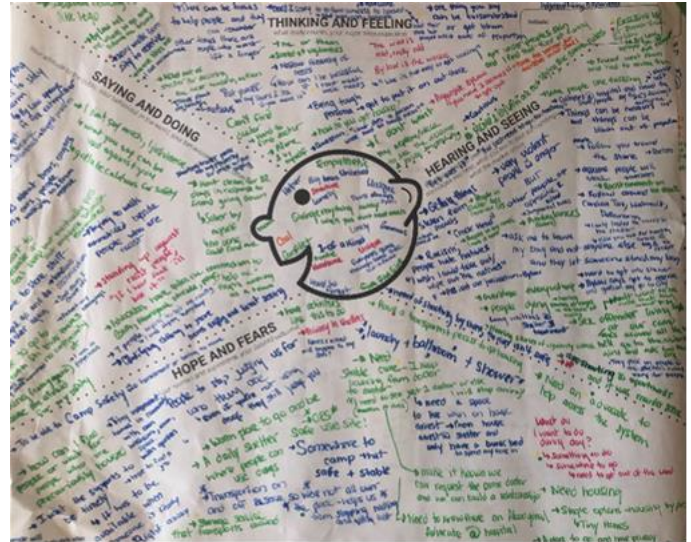


Figure 1: Example Empathy Map Created through the Focus Group Engagements

Step Two: CAT Engagement and Current State Analysis

Urban Matters engaged members of Penticton’s CAT in late February 2023 to interpret the findings from the focus groups and identify areas requiring further analysis. Based on their guidance, Urban Matters analyzed the focus group data, uncovering 14 key themes that provided a deeper understanding of the current system. To effectively convey the findings, a set of system insight statements was developed to characterize the system as it stands today.

These insight statements were subsequently validated by CAT members during a two-day engagement held in June 2023. The System of Care puts the onus on the individual to find their own pathway (s) to well-being:

- The System of Care can cause trauma (even though it is thought of as a mechanism for addressing it)
- Silos in service delivery restrict genuine collaboration and empathy for groups across sectors. This empathy gap can create othering and a binary “us” vs “them” mindset between service providers and people in need of service.
- There are not shared system-wide goals with strings attached that orchestrate system-level responses. In this absence, individual organizations respond to their own goals which, at times, can conflict with one-another.
- The System of Care is an open system: drivers affecting the lived reality of people and the system itself are ever changing, yet the system itself is not nimble or quick to evolve. This pattern creates a perception versus reality gap that impacts quality of responses and care given.

Agreeing to begin to move forward with these insight statements being an appropriate summary of the current state of the system of care, in the June engagement, CAT members in attendance identified the following elements of the system of care that need to shift in response to current system challenges:

From (Current State Reality)	To (Desired Reality)
Clinical Heavy Practice	Holistic Approach to Treatment (Embracing non-western methods of care including land-based treatment)
Lack of Growth Opportunities and Supports for PEERS (Limited Training, Human Resources Constraints, Housing Supports, etc.)	Valuing and Investing in PEERS (e.g. Training and Credentialing Lived Experience)
Colonial Western System	Two-Eyed Seeing System
IQ Preference	IQ and EQ Preference
Stigma and Othering	Compassion and Empathy

The point of identifying these system shifts was to help CAT members in attendance begin to think about the design criteria required to create a system of care that is responsive to the broad needs of those that are involved or impacted by the system in some way (e.g. the focus group perspectives as examples).

Step Three: Substance Use System of Care Programming Gap Analysis

The final step in assessing the current state involved analyzing the range and effectiveness of programs and services in Penticton and the surrounding area related to the Substance Use System of Care. Using data from HelpSeeker provided to the City of Penticton, programs and services were compiled and visually mapped across the following categories:

- Housing and Homelessness
- Mental Health and Addictions
- Childcare
- Food Security
- Youth
- Seniors

The dataset included over 900 entries representing various programs and services. To ensure clarity, a high-level review was conducted to remove duplicates and irrelevant entries. The Urban Matters (UM) team made informed assumptions regarding the quality and accuracy of the dataset. The programs and their descriptions were analyzed and categorized into primary categories from the [Adult Substance Use System of Care Framework](#). Aligning it with the Provincial standard of care was helpful in the efforts to understand where local solutions can align with provincial funding and/or programs.

Analysis of this work revealed 14 gaps in service provision related to Penticton’s Substance Use System of Care. These gaps were presented to, refined and validated through two virtual workshops held with community members working in and with the system of care in some way. These gaps were:

Theme	Gap	Rationale
Universal Prevention Strategies	Lack of comprehensive, community-wide prevention initiatives.	Effective prevention requires broad-based efforts that engage the entire community to address substance abuse risks before they lead to actual problems. Without these strategies, individuals may not receive the necessary education and resources to avoid substance misuse.
Early Screening in Non-Clinical Settings	Insufficient early screening programs outside of healthcare facilities.	Early identification of substance misuse in settings like schools,

		workplaces, and community centers can lead to earlier intervention and prevent the escalation of substance use disorders. The absence of such programs means missed opportunities for early support.
Integrated Care Pathways	Fragmented service delivery between assessment, treatment, and recovery phases.	A seamless transition between different stages of care is crucial for effective treatment outcomes. Fragmentation can lead to delays in receiving appropriate care and may increase the risk of relapse.
Diverse Treatment Options	Limited range of treatment modalities that cater to individual needs and cultural sensitivities. Services may also not always be tailored to meet the specific needs of LGBTQ+ individuals, who may face higher rates of substance abuse.	Individuals affected by substance abuse have diverse backgrounds and needs. A one-size-fits-all approach can be less effective, highlighting the need for a variety of treatment options that are culturally and personally appropriate. Cultural and identity beliefs and values significantly influence health behaviors, and services.
Long-term Recovery Support	Insufficient programs for ongoing recovery, aftercare, and relapse prevention.	Recovery from substance abuse is a long-term process that requires continuous support. The lack of aftercare and relapse prevention programs can lead to higher rates of relapse and hinder sustained recovery.
Family and Community Involvement	Insufficient involvement of family and community in the treatment and recovery process.	Family and community support can play a critical role in recovery, yet many programs do not adequately involve or support family members and community stakeholders in the care process.

Workforce Training and Support	Insufficient ongoing training and support for healthcare professionals working in substance abuse treatment.	Continuous professional development is necessary to keep healthcare providers updated on the latest evidence-based practices and to prevent burnout in high-stress environments like substance abuse treatment facilities.
Economic and Social Determinants of Health	Inadequate addressal of the economic and social factors that contribute to substance abuse.	Factors such as poverty, unemployment, and social isolation are significant risk factors for substance abuse, and addressing these can prevent substance misuse and aid recovery.
Data and Research	Lack of comprehensive data collection and research on substance abuse treatment outcomes.	Systematic data collection and research are needed to evaluate the effectiveness of treatment programs, identify best practices, and inform policy and program development.
Feedback Mechanisms for Service Improvement	Limited use of client feedback to inform and improve service delivery.	Client feedback is crucial for identifying service shortcomings and areas for enhancement but is often underutilized in program development and evaluation.
Integration of Substance Abuse Care with Chronic Disease Management	Insufficient integration of substance abuse treatment with management of chronic physical health conditions.	Many individuals with substance use disorders also have chronic diseases like diabetes or hypertension, and integrated care models can improve outcomes for both sets of conditions.
Support for Non-Traditional Work Schedules	Care services often operate during standard working hours, which can exclude individuals with non-traditional work schedules.	Individuals working night shifts, multiple jobs, or irregular hours may find it difficult to access services scheduled during regular

		daytime hours, leading to untreated substance use issues.
Transition Services Between Age Groups	Insufficient bridging services for individuals transitioning between age-specific programs, such as from youth to adult services.	Transitional periods can be particularly vulnerable times for individuals with substance use disorders. The lack of seamless transition services can result in loss of support during critical life stages.
Access to Specialized Substance Abuse Pharmacotherapy	Limited access to specialized pharmacotherapies for substance abuse, particularly in rural or underserved areas.	Medication-assisted treatment is an effective component of substance abuse care for certain individuals, yet not all have equal access to these treatments due to geographical and logistical constraints.

In Spring 2024, the project provided an opportunity to collaborate with community stakeholders to reflect on the findings from both phases. The goal was to identify a bold response to address the system-level issues and gaps uncovered. Emerging from these discussions was the concept of an **Integrated Service Centre**—a centralized facility operated by community actors with trusted relationships among individuals with lived and living experience. This Centre would bring together local programs and services to offer comprehensive, wraparound support for target populations, creating a safe and welcoming space where individuals could access care and feel supported.

Phase Two: Integrated Service Centre Initiative Development

On June 10th and 11th 2024 individuals representing the following organizations gathered to collaboratively work together to initiate and develop a concept design for an Integrated Service Centre in Penticton:

- The City of Penticton
- Interior Health
- The Access Centre
- One Sky Community Services
- P-OPS
- The Penticton Indian Band
- Ask Wellness
- Discovery House
- SOWINS

In this workshop, participants were guided through a process whereby they developed a working vision and intent for the Integrated Service Centre and developed concept designs including focus and intent for

this initiative.

This information was summarised into a concept design document and redistributed back to participants for feedback. What resulted was finalised document that outlined a range of tangible models that could be launched in Penticton.

Finally, in the Fall Urban Matters engaged the United Way BC to issue a grant call to interested community entities in serving as operators/programming providers in a pilot Integrated Service Centre. Proponents were required to reference the established concept design and submit a proposal outlining how their vision for a potential space and how they would implement this in line with the criteria laid out in the concept design document. Funds for this grant call leveraged funding provided by Urban Matters through part of their 2023 community contribution initiative.

At the moment there are two proponents whom have agreed to jointly operate a pilot for this Integrated Service Centre. Additionally, the City of Penticton has successfully been awarded funding through Health Canada's Emergency Treatment Fund that will also be used in supporting the launch and operation of this pilot. Other contextual factors – including location of an Integrated Services Centre, closure of the Temporary Winter Shelter (TWS), and the creation of a Social Housing and Infrastructure Plan (SHIP) present an opportunity to align efforts to support vulnerable residents.