Compassion, Inclusion and Engagement

Annual Report

A collaborative partnership to support Peer engagement in the planning, development, implementation and evaluation of harm reduction services across BC

September 28, 2018

The CIE team would like to acknowledge the passing of four Peers - their presence will be deeply missed.

Paul J. Kemp
Kevin Harvey
Julie Lewis
Elvis Tupper

CIE acknowledges with gratitude that our collaborative work took place in the traditional and unceded territories of the Coast Salish, Dakelh, Secwepemc, Tsimshian, Dunne-za and Okanagan peoples.

Compassion, Inclusion and Engagement

This report pertains to activities undertaken from August 2017 – June 2018
in collaboration with:

Abbotsford Warm Zone
Aboriginal Peer Support Network
AIDS Vancouver Island
ASK Wellness Society
British Columbia Centre for Disease Control
British Columbia Children's Hospital Research Institute
British Columbia Mental Health and Substance Use Services
Central Interior Native Health Society
City West
BC Divisions of Family Practice
First Nations Health Authority
First Nations communities
Fort St John Women's Resource Centre
Fraser Health Authority
Inn From the Cold Kelowna
Interior Health Authority
Kamloops Aboriginal Friendship Society
Kermode Friendship Society
Ki-Low-Na Friendship Society
Kitimat Child Development Centre
Lookout Society
Living Positive Resource Centre
Nanaimo and Area Resource Centre for Families
Northern Health Authority
OWL (Our Whole Lives)
Pacifica Housing
Phoenix Wellness
Positive Haven
(South Fraser Community Services Society)
Positive Living North
Positive Living Kelowna
Positive Women's Advisory Board
Prince George Native Friendship Centre
Provincial Health Services Authority
Quemstin Health Society
Royal Canadian Mounted Police
Season's House - NAWHUZUT KOO
Tk'emlúpsteSecwepemc
Tsewultun Health Centre
Youth and Family Substance Use Services
Vancouver Island Health Authority

First Nations Health Authority
Health through wellness

Provincial Health Services Authority
Province-wide solutions. Better health.

island health

northern health
the northern way of caring

Interior Health

fraserhealth
Better health. Best in health care.

Contents

Introduction

The Compassion, Inclusion and Engagement (CIE) initiative is part of British Columbia's provincial public health response to the opioid overdose emergency. CIE is working to develop the capacity of existing and newly formed harm reduction supports and services to meaningfully engage people who use drugs (PWUD) or Peers (current or former PWUD) in planning and implementing services.

CIE emerged prior to the declaration of a public health emergency in 2016. It began in response to reports of stigma and discrimination experienced by Peers accessing harm reduction services in BC. The First Nations Health Authority (FNHA), BC Centre for Disease Control (BCCDC) and BC Mental Health and Substance Use Services (BCMHSUS) began working together in 2015 to create opportunities for dialogue between health service providers and Peers across the province. These novel opportunities serve to build capacity for ongoing Peer engagement by connecting people across services and sectors to co-ordinate and improve harm reduction services. CIE dialogues and engagement sessions have provided an opportunity for FNHA and the BC CDC to work with Regional Health Authority (RHA) partners, community agencies, Overdose Emergency Response Centre (OERC) and Peers in rural, semi-urban and urban communities across the province.

> "Despite our successes, it is clear that we are still facing an incredible challenge that will require "thinking outside the box" and commitment from us all. This is not the time for complacency."
>
> Dr Mark Tyndall
> (BC Overdose Action Exchange, 2017)

CIE dialogues support locally relevant, community-based solutions and improvements in services that respond to the unique priorities and context of each community.
Unique and diverse local knowledge and expertise are brought together in CIE dialogues and given a platform for community-based action that is relevant to local needs and priorities.
Dialogues support building Peer and service provider capacity to work together in meaningful ways, including to develop networks and support for policies and practices for ongoing Peer engagement.

Current Context

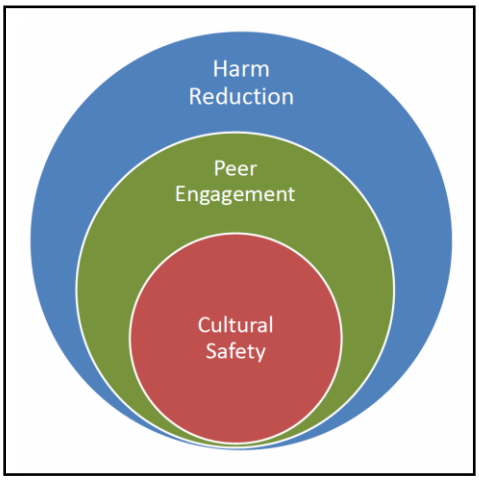
On April 14, 2016, the Province of British Columbia declared a public health emergency in response to an alarmingly high rate of overdose deaths. In June, 2016, the BC Overdose Action Exchange (OAE), a coalition of over 30 organizations from across the province including Peer groups and Peer advocates, FNHA, BCCDC, RHAs and many others, met to discuss actions that could be taken to best meet the needs of those affected, resulting in the formation of a provincial task force to address the crisis. The 2017 OAE report included the engagement of Peers in program development and leadership as the first among 10 key actions brought forward by participants (BC Overdose Action Exchange, 2017). The third annual meeting of the OAE took place on June 8, 2018 in Vancouver and focused on actions at the system level to address the ongoing overdose crisis.

The BC Ministry of Mental Health and Addictions (MMHA) was created in 2017 and is responsible for leading an immediate response to the current overdose crisis in collaboration with BC's five regional and two provincial health authorities. The OERC was created by the MMHA in December 2017 to work with communities to design and implement urgent and immediate interventions aimed at reducing the rate of overdose fatalities. The province has allocated $20 million in funding over three years to support First Nations communities and Indigenous peoples in BC to address the ongoing crisis. It is in the process of establishing 18 Community Action Teams (CAT) across the province, that will work at the local level to find solutions and keep people safe (British Columbia Ministry of Mental Health and Addictions, 2018). CIE is part of FNHA's Framework for Action on Responding to the Overdose/Opioid Public Health Emergency as part of their goal of *Keeping People Safe when Using* (see Appendix 1).

The public health emergency has now been in effect for over three years and, sadly, the rate of overdose and overdose deaths in the province remains alarmingly high. There were 1449 illicit drug overdose deaths reported in 2017 and 511 deaths for the first four months of 2018, an 8% decrease from the same time in 2017 (BC Coroners Service, 2018). The BCCDC distributed more than 40 000 Naloxone kits in 2017 (British Columbia Ministry of Mental Health and Addictions, 2018), which are credited for reversing an estimated 10 000 overdoses (The John McColm Show, 2018).

Core Principles

The mission, vision and engagement process developed by CIE are rooted in the core principles of harm reduction, Peer engagement, Indigenous cultural safety and cultural humility.



Harm Reduction

The practice of harm reduction is based on;

- pragmatism,
- respect for basic human rights,
- focusing on the harms associated with drug use,
- maximizing intervention options,
- prioritizing immediate goals and,
- the active participation of people who use drugs in determining the best interventions to reduce harms from drug use.

CIE's focus is primarily substance use harm reduction; however, we acknowledge and encourage dialogue about harm reduction as a philosophy of care that includes holistic and comprehensive supports and service delivery.

Peer Engagement

The BCCDC's Peer Engagement and Evaluation Project (PEEP) provided evidence of the need for Peer engagement to improve harm reduction services in BC. PEEP has developed a best practices guide for service providers and agencies to engage Peers in planning and evaluation (Greer, et al., 2016), which CIE is sharing with communities around the province as a tool and a resource to develop their own engagement strategies.

Indigenous Cultural Safety and Cultural Humility

The concept of cultural safety was first articulated in nursing practice in Aotearoa, New Zealand in the late 1980's and early 1990's (Ramsden & Spoonley, 1994). It is a relational practice based on respectful engagement and extends beyond cultural awareness, cultural sensitivity and cultural competency (Brascoupé & Waters, 2009). Practicing cultural safety requires "self-reflection on one's own attitudes, beliefs, assumptions and values" (Health Council of Canada, 2012) and an understanding of the balance

of power and historical context within current health and social services and systems. Cultural humility is defined by the First Nations Health Authority as;

> *A process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.* (First Nations Health Authority, 2013).

Both speak to the importance of relationship, respect and self-reflection. Finding ways to support these practices is central to CIE's approach and informs ongoing planning and evaluation of the initiative.

Key Approaches

CIE is firmly rooted in the principle of health equity and seeks to develop approaches, tools and methods that are participatory, and strengths based. The following key approaches inform the planning, implementation and evaluation of CIE.

Appreciative Inquiry

CIE uses an appreciative inquiry approach, which is based on a collaborative, participatory, strengths-based approach that posits that every dialogue, interaction, inquiry or change process an organization embarks on contributes to a process of socially constructing its own future. An appreciative inquiry approach acknowledges an issue by defining it, then focusing on what is already working well and building on the existing capacity and strengths of a community to design new and innovative solutions.

"it's been great to be alongside Peers in this from being offered to come I honestly had no idea what I was in for and I am so glad that I attended and had the opportunity to voice my opinion. And I know that even just us few can and will make a difference in one way or another."
Peer, Nanaimo

Collaborative Dialogue

The current overdose emergency is taking place amidst a complex system of non-governmental agencies, regional and provincial health services, and multiple levels of government situated within the unique historical, social, political and economic contexts of individual communities. The diversity of interests, concerns and experiences can result in conflicting ideas about how to approach it and individual efforts not having the capacity or resources to sustain themselves. Collaborative dialogue in other areas of practice have resulted in outcomes such as service innovation, institutional flexibility, organizational

learning, shared understanding and the creation of social capital (Connick & Innes, 2001). By providing opportunities for collaborative dialogue and planning, CIE is helping to build capacity among harm reduction champions and Peers to engage in processes with the potential to achieve some of the same outcomes.

Community based Solutions

Harm reduction services and supports exist within the context of communities that have unique geographic, cultural, economic and political histories. Community members are the experts in what the strengths, needs and resources of their own community are and are best situated to mobilize action. Using a strengths-based approach acknowledges the inherent capacity for wellness within communities and supports the idea that we can all be champions for wellness; contributing to change on a systems level by using our influence within our own community.

Evaluation

Outcome Mapping

CIE's primary evaluation methodology is Outcome Mapping. Outcome Mapping is a developmental evaluation methodology that focuses on the contribution of a project or initiative to an outcome rather than the attribution of an outcome or impact to the project or initiative. It is a relational practice that acknowledges that ultimately our "partners control change and that [we] only facilitate the process by providing access to new resources, ideas, or opportunities for a certain period of time (Earl, Carden, & Smutylo, 2001)."

Important Outcome Mapping concepts include;

Boundary partners - groups, individuals and organizations that the project is working with directly. Boundary partners are the central focus of Outcome Mapping as they are the ones who are effecting change in their communities. They inform the progress and development of the project through regular, structured feedback cycles.

Outcome challenge statements - describe the ideal state that our boundary partners will achieve if the project is successful. Ideally, outcome challenge statements are drafted in collaboration with each boundary partner to reflect their experiences, expectations, understanding of the project and unique context.

Progress markers - are a series of observable changes that would ultimately lead to achieving the outcome challenge. As with outcome challenge statements, progress markers are defined in collaboration with each boundary partner. They are not intended to be a linear process that the success of the project will be measured against, but rather points of reflection that allow for stories and learning to emerge.

Roughly six months after the original four-day engagement, we ask Peers and service providers to participate in a discussion of what it would look like if CIE were able to support them to move toward its core principles in their community, namely;

- accessible harm reduction services,
- active, ongoing and meaningful Peer engagement and,
- culturally safe harm reduction supports and services.

A set of provincial progress markers for Peers and service providers is expected to be complete by the fall of 2018 with input from 13 communities, including over 110 Peers and 130 service providers.

The evolution and development of project ideas generated at CIE engagements are being followed by regular, ongoing semi-structured interviews with Peers and service providers from each community, regional harm reduction coordinators, local and regional managers. The evolving set of progress markers are being used as focal points to identify changes in relationships, behaviors, activities and actions and the development of capacity, networks, processes and practices that have been supported by CIE.

Initiative Development and Emerging Outcomes

"[the most valuable part of CIE was] getting connected with Peers in my community; **listening to those that have experience**; hearing firsthand from Peers (finally!)"
Service Providers, Nanaimo

Initiative Development

To date CIE has facilitated 43 days of collaborative dialogue in 13 communities across the province, including 117 Peers and 139 service providers: representing 4 regional health authorities, 2 provincial health authorities, multiple community agencies and diverse First Nation communities. These dialogues have included participants from Surrey, Langley, Chilliwack, Kamloops, Kelowna, Fort St John, Terrace, Smithers, Kitimat, Prince George, Quesnel, Nanaimo, and the Cowichan Valley.

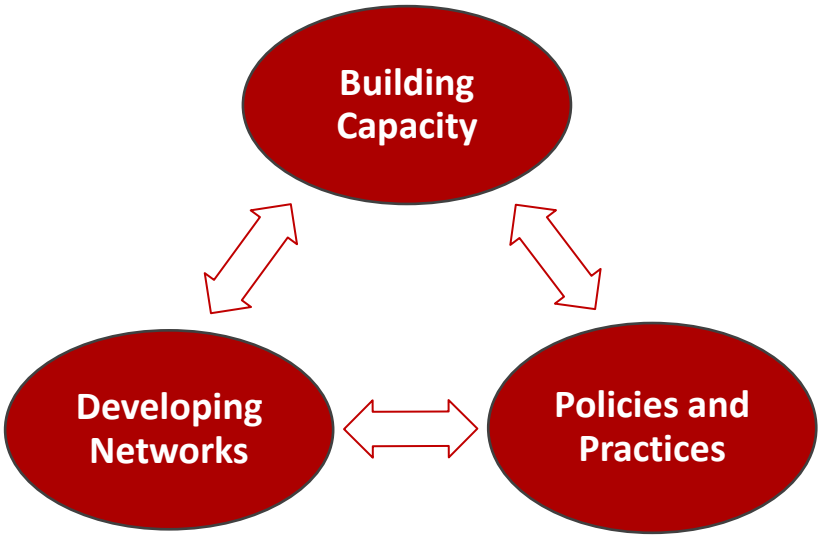
The criteria for participation in CIE dialogues is that service providers have an understanding of harm reduction in their community and a desire to advance and improve services. This has allowed for the inclusion of mental health and substance use clinicians, public health nurses, administrators, front desk receptionists, managers and medical health officers as well as community agencies, friendship centers

and First Nation community healthcare providers. CIE dialogues have generated 29 collaborative community-based project ideas including the development of Peer to Peer resources, expanding accessibility to harm reduction supplies and Peer outreach, creating Peer advisory committees and establishing local Peer networks. CIE has identified three key areas of focus for its work through input from its partners across the province and ongoing evaluative processes that integrate learning and feedback from each engagement.

1. **Building capacity** within existing harm reduction services to meaningfully engage Peers and practice Indigenous cultural safety and cultural humility. **Building capacity** within the Peer community to access engagement opportunities and advocate for the priorities of Peers within harm reduction services.

2. **Developing networks** of service providers through CIE dialogues and supporting the development of Peer run networks through capacity building and Peer mentorship.

3. **Policies and practices**, both within and beyond harm reduction services, that are informed by Peer engagement will better serve PWUD and those seeking harm reduction supports. **Policies and practices** that support further capacity development and Peer run networks, can facilitate the process of Peer engagement by creating connections between Peer networks, communities and the systems and services that provide health and social supports to Peers.



CIE is developing individual, organizational and community readiness tools as part of the initial engagement process that will help CIE participants identify where to begin work and where they might encounter challenges or barriers. Tools were developed over the past year and have been informed by a semi systematic review of current literature and the *Community Readiness for Community Change* tool

developed by the Tri-Ethnic Centre for Preventive Research (Tri-Ethnic Center for Prevention Research, 2014).

CIE has facilitated 8 follow up engagements across the Northern, Interior and Fraser Health Authorities. Follow-up engagements are generally 6-8 months after the initial engagement and provide an opportunity to hear back from participants about what has happened in their community and invite input and participation in CIE's evaluation. CIE responded to the consistent request for extended, 2-day follow-up engagements in 2018 to support capacity building and further promising developments.

Returning to communities that began work on projects during CIE engagement sessions, some consistent challenges have begun to emerge. Peers identified many common challenges in several communities such as the need for means and skills that will support ongoing communication, the need to develop conflict resolution skills, a lack of access to meeting space or funding for Peer initiatives and the need to develop the organizational capacity of harm reduction services and supports to accommodate Peer engagement processes and support Peer led networks. Service providers also identified some consistent challenges such as a lack of support for Peer engagement from their leadership, rigid organizational structures and practices that cannot easily accommodate Peer engagement and existing organizational policies that make Peer payment and involvement challenging.

Emerging Outcomes

Some Peer led initiatives have met resistance from community members who have expressed fear and misunderstanding about Peers and harm reduction practices. Changes in community perceptions of Peers and Peer work have been among the most significant successes of CIE supported projects thus far. We heard from participants in Kelowna that, while there are still tensions between Peers and some downtown business owners, some businesses now have sharps containers on their premises and call Peers to report discarded sharps for pick up. Peers in Quesnel have established a highly successful Peer led community clean up group that has been working with the city and local business associations to collect discarded drug paraphernalia and clean graffiti in public spaces. They have worked with the city

" I really really think that if the people want the... stigma to be dissolved they have to allow the people to talk "
Peer, Kitimat

to have permanent, safe, sharps disposal containers installed in public areas that have historically been sites where paraphernalia was found.

CIE dialogues have provided important opportunities for service providers and leadership to connect with Peers and Peer communities. Peers in Kamloops were able to connect with regional harm reduction coordinators and provide direct feedback to them about the needs of Peers in their community and offer creative solutions to some local issues. The development of a mobile supervised consumption unit in Kelowna was informed by Peer input from the planning phase onward. CIE provided an opportunity for service providers to connect to Peers and Peer networks in that community and guidance on some of the existing tools and resources for Peer engagement. The mobile unit regularly hires Peers as outreach and Peer support workers and is actively working to find the best ways to support Peers as employees. Medical Health Officers have attended CIE dialogues in Northern Health and have built and sustained relationships with Peers in their communities, even being invited to attend Peer led meetings. Service providers and leaders have come to CIE dialogues, sometimes unsure of where to begin, and have said repeatedly how valuable the opportunity to meet in a safe and neutral space has been for them to begin developing connections and relationships with Peers and the Peer community.

"[Along the way we would hope to see] collaboration, acceptance, sharing. The general public to be put at ease that this is a good thing and a positive step in healing a fractured community."
Peers and Service Providers, Nanaimo

From the time CIE began, Peers have been very clear about the need to develop capacity to be able to participate in Peer engagement opportunities, build and sustain stable Peer networks and connect with Peers across the province to share learning, resources and mentorship. CIE is working to support Peers in the communities that have hosted dialogues to hold Peer led meetings, develop Peer run advisory and advocacy groups and operationalize Peer initiatives. The needs and challenges of each community are quite different, however CIE is working to develop further curriculum and support mechanisms that can address some of the most common and immediate needs of Peers in this work and connect Peers with local people and resources for support whenever possible. Some remarkable stories of Peer empowerment through the work of Peer engagement are beginning to emerge and CIE will continue to follow and share these stories as they evolve.

Next Steps

Several communities across BC have expressed an interest in and are prepared to host CIE dialogues. We are working with our partners in these communities to understand their unique needs and how we can best support them to engage Peers in an equitable and culturally safe way. CIE is collaborating with the OERC, regional health authorities and community representatives to support Peer involvement in the creation and development of Community Action Teams in several communities. We will continue to refine and clarify meaningful progress markers and respond to the needs of Peers and those supporting Peer engagement across the province.

The CIE Team
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Appendix 1: First Nations Opioid Public Health Emergency Investments in BC

FIRST NATIONS OPIOID PUBLIC HEALTH EMERGENCY INVESTMENTS IN BC

$20 MILLION OVER 3 YEARS

INCLUDING

$2.4 MILLION IN HARM REDUCTION GRANTS

IN YEAR ONE

In August 2017, the FNHA and provincial partners released preliminary data that showed overrepresentation of First Nations peoples in the overdose public health emergency in BC. A subsequent patient journey mapping session illustrates that intergenerational trauma and racism continue to be barriers for First Nations accessing mental health and treatment services.

A $20 million dollar investment over three-years will support First Nations communities and Indigenous Peoples in BC to address the ongoing impacts of the opioid public health emergency. The FNHA investment plan will support frontline service providers and First Nations communities to continue effective work already underway, and develop new community-driven approaches and solutions.

Investments will fall within the four goals areas of the FNHA's *Framework for Action on Responding to the Overdose/Opioid Public Health Emergency for First Nations:*

- PREVENT PEOPLE WHO OVERDOSE FROM DYING;
- KEEP PEOPLE SAFER WHEN USING;
- CREATE AN ACCESSIBLE RANGE OF TREATMENT OPTIONS; AND
- SUPPORT PEOPLE ON THEIR HEALING JOURNEY.

INVESTMENTS

PREVENT PEOPLE WHO OVERDOSE FROM DYING

NALOXONE TRAINING EXPANSION

KEEP PEOPLE SAFE WHEN USING

PEER ENGAGEMENT, COORDINATION AND NAVIGATION

- Compassion, Inclusion and Engagement (CIE)
- Peer Coordinators
- Harm reduction awareness campaigns

SUPPORT PEOPLE ON THEIR HEALING JOURNEY

INDIGENOUS HARM REDUCTION GRANTS

CREATE AN ACCESSIBLE RANGE OF TREATMENT OPTIONS

INCREASING ACCESS TO OPIOID AGONIST THERAPY (OAT) IN RURAL AND REMOTE FIRST NATIONS CONTEXTS

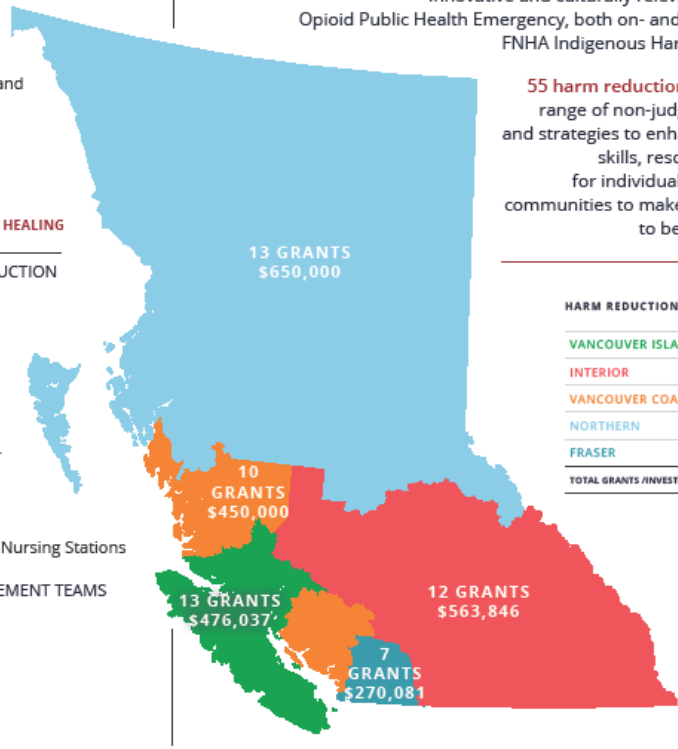
- Treatment Centres
- Community Health and Nursing Stations

INTENSIVE CASE MANAGEMENT TEAMS

55 INDIGENOUS HARM REDUCTION PROJECTS FUNDED

$2.4 million of the funds will support Community-Driven, Nation-Based innovative and culturally relevant responses to the Opioid Public Health Emergency, both on- and off-reserve through FNHA Indigenous Harm Reduction grants.

55 harm reduction projects support a range of non-judgmental approaches and strategies to enhance the knowledge, skills, resources, and supports for individuals, their families, and communities to make informed decisions to be safer and healthier.



HARM REDUCTION GRANT DISTRIBUTION

VANCOUVER ISLAND	13	$476,037
INTERIOR	12	$563,846
VANCOUVER COASTAL	10	$450,000
NORTHERN	13	$650,000
FRASER	7	$270,081
TOTAL GRANTS /INVESTMENTS	55	$2,409,883

First Nations Health Authority
Health through wellness

www.fnha.ca/overdose