

## **World Cafe Discussions at Interagency 2025**

### **A. What is one thing you could do to improve youth supports in our community?**

#### **Themes**

#### **Barriers**

age	problems when child ages out of care and supports
Collaboration	How info and referrals are shared and accepted; schools not providing teachers and support providers time to collaborate with practitioners to learn about supports.
Facilities	Lack of a central hub where information around youth supports can be gotten; no place to go in leisure time.
funding	Funding is a big barrier, rural vs urban funding; knowledge of funding opportunities.
Include youth	need youth to show up at community meetings. Are they interested?
Information	Youth not having clear understanding of available resources.
Parents	Do parents know about Early Psychosis referral pathways?
privacy	Concerns around lack of trust; privacy
relationships	peer pressure, trust issues, self isolation, lack of confidence and feeling incapable.
social media	online and virtual information that is inaccurate: Too much screen time
sports	cost of sports and recreation
stigma	stigma, cultural and religious; shame and fear
substances	drug and alcohol taking a toll on youth
supports	lack of age-appropriate specialized youth services, quality time to provide services; absence of integrated youth services, long waitlists, lack of clarity between service providers; limited outreach, limited transitional programs for 19+ . . . Some youth have had bad experience with services.

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### **A. What is one thing you could do to improve youth supports in our community?**

#### **Themes**

#### **Solutions**

Activities	More programming not involving drugs and alcohol; non-referral options, dropins, youth groups, movie night. Ensure programs are diverse and adaptable. More opportunities for home-schooled youth
Connections	Relationship building; inclusiveness; mentorship, meet youth at their level, collaborate, listen, trust building.
Education	Create opportunities to connect and educate YOUTH with workshops on cooking, lifeskills, internet safety, substance abuse, and resources available. Free education on public health, safety, in youth-friendly mode.
Education of service providers	Contact school pro-d rep and coordinate info sessions with community services and supports so teachers/counsellors can collaborate with relevant practitioners;
Facility	Supervised youth centre, place for kids to hang out; larger rec centre, skate park, youth friendly location for CYMH; equipment for loan (bikes, skates, skateboards, etc) Portables in a field? Have specific time-blocks for youth at local centres.
Funding	Build awareness of what's available. If on disability, can sometimes get more funding/help. Increase funding for youth programs, services, and supports. Subsidize sports registration fees, equipment, travel
Include youth	ASK THE YOUTH, honour their expertise; include youth in the decision making process. promote self advocacy;
Information	Compile a directory for youth services, rec info, etc. Create opportunities to inform people of the services available.
Parent Collaboration	Collaborating with parents for more opportunities; provide more intergenerational programs; Triple P Parents Programs: Parent support and education
Supports	Foundry e.g. provision of an integrated youth service model to tackle common youth needs. LGBTQ+ support group, value youth, support groups lobbying for facilities. More counselling opportunities; more volunteers. Make 'every door the right door'.

## **World Cafe Discussions at Interagency 2025**

### **B. What can be done to improve collaboration for client-centred care among service providers?**

#### **Themes**

#### **Barriers**

Awareness	KEY: Lack of awareness of local service providers and resources that can be offered to clients. E.g not knowing pathway options following completion of treatment. Where do you start when you're new to Smithers? How do you get connected at first?
Capacity	large service areas - clinicians not always in the community they work in; high turnover.
Client Needs	key needs being overlooked for clients accessing individual services for support. Need to feel relationship and trust with service provider; individuals having to explain their story multiple times to different service providers; identifying care teams/family plan. Identifying support people;
Collaboration	buy-in from individual ministry; policy differences; front line workers not at the solution table; Restriction to sharing/accessing client information. Example: Health care providers using different platforms and reporting programs. Working in 'silos': lack of communication between agencies and organizations; time and space (office space) Difference between government and non-profits systems related to consent and confidentiality. Too many cooks in the kitchen. with consent, have more intraprofessional collaborative client centred meetings.
Communication	asking the right questions - who else are you connected with? Lack of communication across agencies/organizations. FOIPPA can make trying to collaborate more challenging. Lack of advertising of what's available.
Community	lack of services for the community; lack of information about what's available; lack of info about service providers;
Funding	lack of funding ; 'drive-by' funding; program/services based funding
Priorities	weighting of the value of direct vs indirect work with people
Staffing	lack of qualified professionals in our community; turnover creates break in relationship; too agency centred; lack of collaboration outside of the agency. Winter makes it difficult for clinicians and clients to travel. Not knowing who is coordinating services.
Time	Hours of work don't align with hours of need; scope of practice; waitlists. Not enough time in a day to spend navigating channels and how long that can take. Example: inputting data into multiple systems. Time spent creating new policies.

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### ***B. What can be done to improve collaboration for client-centred care among service providers?***

<b>Themes</b>	<b>Solutions</b>
Awareness	Service providers and clients need to educate themselves on different service providers
Collaboration	Situation Table is a great example; Indigenous Justice Partners, cross-ministry collaboration; sharing the same server with other service providers; work with other ministries; It is a strength in our community (easier to make connections )Relationship building amongst organizations; the role of the Indigenous Liaison. Interagency meetings, in person connections; opportunities for networking and making connctions more frequently, less formally. Interagency events focused on learning what the services are and how to access. Mindset shift to be more collaborative, e.g wraparound services. Additional opportunities to meet and network; get better informed about the role of other agencies; Designate a coordinator or leader;
Communication	We Need the Healthy Hub again. Having a most responsible professional in charge of facilitating all care and services; SAJE Navigators. Create local service chat/email group to bertter and easier be directed to appropriate services. Create cohesive programs, databases, support systems, etc.
Consent	being proactive when gaining consent
Education	Collaborative opportunities for Pro-D
Funding	more funding to get more services
Information	Smithers Community Directory and FETCH (For Everything That's Community Health). Have a big screen TV at grocery store mall or other public place with scrolling health services. Needs to be a shared responsibilities among agencies.
Relationships	building relationships; understanding and acceptance of of different perspectives
Screening	better screening and evaluation of information to understand clients connection to service
Services	offering joint intake; Services accessed through one spot would be great. Also to have more services. meeting people/clients where they're at; virtual service? Hierarchy of need/prevention based model of care. joint appointments for shared clients; NWCDC has space for seeing shared clients. Others?

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### **C. What can be done to improve families' awareness of and access to supports?**

#### **Themes**

#### **Barriers**

accessibility	reluctance and inaccessibility to attend support programs. too many requirements and prerequisites which can be discouraging. People give up. MCFD and CYMH are above the Courthouse. There are limits to eligibility and contracts.
bad experiences	having negative perceptions of being associated with certain services; negative previous experiences.
changes	Too many changes; new staff, revolving door, lack of medical resources
collaboration	lack of interaction between agencies
confidentiality	unable to share information between service providers
cultural barriers	New to community, cultural barriers
events	not enough family focused events, or safe community spaces.
facility	lack of spaces
family	the idea of family (not a group/collective) mentality; may be a disconnect from extended family due to distance, conflict, etc.
funding	lack of funding, lack of clarity of the support system. Financial means may be isolating.
gaps	lack of identification and addressing of gaps in services
indigenous	indigenous history - separation of child and family unit
information	more information being provided by everyone, to everyone
lateral violence	lateral violence
Navigation	It's overwhelming trying to navigate who and where to get appropriate help. Navigating referral and intake pathway can be long, difficult, and people give up. Too
public perception	there's a sense that public perception drives policy
services	Hours of operation; lack of time, the need to prioritize. Support for siblings; there is a lack of centralized support. Agencies are too quick to discharge a client. Still a problem accessing a family doctor.
stigma	stigmas surrounding accessing services in a small town.
time	lack of access to community events, not enough time, lack of staff to support events
transportation	access to transportation

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### **C. What can be done to improve families' awareness of and access to supports?**

#### **Themes**

#### **Solutions**

Accessibility	extend hours; provide full time walk-in/urgent care; there is a GP in emergency. Providing virtual services, opening services to non-referral, non-diagnosis clients; normalize accessing services and asking for help; streamline process and education on how to access it.
Communication	networking; human interaction. Get service-user feedback.
Education	reduce stigma through community education opportunities
Events	Sponsoring community events, providing education and exposure to services available.
Funding	provide more funding
Indigenous	connecting with Indigenous Liaisons and Justice Partners; increase understanding of truth and reconciliation.
Information	Informed communication about events, e.g. fliers in schools, churches, hospitals, Pioneer Place, Chamber of Commerce, physicians offices, grocery stores, etc. wherever people are going. Increased signage. Could have big screen TV with service info in common places. Have Health and Social Services fairs more often, and make them at accessible times and locations. A service directory that is updated regularly. Have agency Luncheons with introductions and highlights of their work. The Brown Bag Lunches are a great information source. Hold public information sessions. Have a 24 hour access line to someone who knows ALL of the services. Create a position for a "Hub Person" who is allowed access to all info and able to distribute it as needed, e.g. a Navigator for supporting agencies.
Priorities	Identify priorities - Delegating staff
Referral Process	training staff to refer people properly and help them get prerequisites
Services	separating services , i.e. child protection from child mental health. More out-reach?
Service Providers	Increasing service provider/organizational understanding of available services
Social Media	social media presence. Virtual programs
Spaces	Centralized community safe space with no strings attached
Transportation	more public transport, more reliable more often, smaller vans more often.
Value Family work	increase recognition of the value and work of the family.
Youth	More youth-centred clubs and groups, more spaces for youth recreation; strategic planning with youth events, including different sectors and churches; sports events. Invite and include. Include Mark DeHoog.

## **World Cafe Discussions at Interagency 2025**

### **D. How does someone get a support team when trauma and substance use are part of the problem?**

#### **Themes**

#### **Barriers**

Accessibility	Big backlogs result in waitlists for treatment. Capacity, waitlists, detox, eligibility, where do you go first? Prerequisites create a barrier. Detox treatment accessibility was a big concern. Where are you comfortable? Lack of in-person access, lack of formal diagnosis, documentation, assessments leading to referrals. Lack of services, e.g. people and time to do the work. The Courthouse is not a safe place for many. Lack of local in-patient support. Follow-up appointmenttr to keep clients accountable are few and far between.
Collaboration	Collaboration between sister agencies to ease referral and support provision
Communication	Difficult explaining yourself and the help you need; communication challenges.
Cultural Awareness	Lack of culturally appropriate spaces and liaisons
Disabilities	Lack of awareness of contribution of developmental delays/disabilities
Finances	Affordability; not having financial supports to cover transportation, accommodations , etc.
Housing	Need for geographical change and relocation after program is completed; housing after treatment.
Logistics	Problem with necessary logistics, e.g. computer, transportation, child care, etc.
Mental Health	No recognition of mental health challenges. Loneliness.
Navigation	Not knowing the system well enough to be able find services or to advocate; lack of understanding what services are available and who will actually help.
Service Providers	vicarious trauma, own biases. Need to build relationships and trust...it takes time. Need case managers.
Stigma	Stigma, isolating, hard to see; bias and prejudice against substance users
System	Lack of continuity in the process, including post-treatment; mandated programming; privacy and consent issues. Why are mental health supports for children and adults, and MCFD located IN the Courthouse building !?!? Are relapse programs provided at no cost? Program mandates may limit services needed.
Transportation	Transportation to services for treatment and after treatment
Trauma	Intergenerational trauma - coping with trauma and substance use
Willingness	Not knowing that help is needed. Not ready to receive support or help; denial; not prepared to engage. Distrust in the system.

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### **D. How does someone get a support team when trauma and substance use are part of the problem?**

<b>Themes</b>	<b>Solutions</b>
Accessibility	Need a new location for mental health and addictions for adults and children; Create better access to services. "Every door is the right door"...requires knowledge of services available.
Collaboration	Work with a family wraparound network or advocate to support clients; Refer out or network with other relevant agencies. Continue providing more frequent interagency events, e,g lunchtime get togethers, or via zoom, fostering collaboration, working together. The Situation is an excellent example. Use a similar team to create a wraparound for clients. A common agency consent form would be helpful, indicating if/when/what information can be shared.
Communication	create space and opportunities for people to tell their story; access to technology.
Education	More campaigns for recognizing the need for help; support for training and educational opportunities for community partners; research update...what works? Provide liability training and legal info for staff. Provide opportunities for public engagement in related educational opportunities. In-service on EMDR and neuro-feedback so that we'd be more comfortable making referrals.
Empathy	heart - recognize the inherent worth of human, wanting to understand, not hide/deny
Finances	Funding for overnight accommodations when required; greater investment in social systems.
Mentoring	mentors and support network to support referrals; AA sponsors are available.
Programs	EMDR neuro-feedback, alternative medicine is available at the Friendship Centre. Ensure that Detox Treatment Centres are available in heavily affected areas. Create programs for holding space for all; Witset has land-based treatments, and others, information needs to be shared. Community Corrections has the Path Program. Harm reduction is available.
Service Providers	Provide support in a person-centred approach; meet people where they are at, work at their level; Relationships and connections are key to building trust.constant check-ins, priorities, what is needed first? Have a holistic point of view - listening, non-judgemental, empathy , compassion. Be prepared to listen to their narrative with acceptance and understanding. Ask questions. Focxus on aftercare to avoid slipbacks, help with flexibility and adaptability. Find the 'why' behind the behaviour. Outreach Team provides on the ground support; provide more outreach services to provide services to people/families where they are.
Transportation	increase access to transportation for appointments. Northern Health can assist transportation/child care.
Trauma	trauma informed care; need greater understanding of trauma, tied to substance use;understanding vicarious, our own traumas and biases.