META:PHI NEWSLETTER
MENTORING, EDUCATION, AND CLINICAL TOOLS FOR ADDICTION | PARTNERS IN HEALTH INTEGRATION
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PROGRAM INNOVATION

Good Shepherd's "Tiny Homes"

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Director, Barrett Centre for Crisis Support; Early Intervention; Health and Wellness Centres, Good Shepherd Non-Profit Homes

Good Shepherd, a non-profit agency providing person-centred health, housing and human services has been serving the Hamilton community since the 1960, and has consistently expanded programs to respond to the ever-changing needs of the community. In 2018, Good Shepherd opened our Mobile, Community-Based RAAM Program to help those experiencing homelessness and substance use to more easily access life-saving care.

This nurse practitioner-led program works seamlessly with our social service sector, providing care exactly where people are. This means going to shelters, encampments, drop-in programs, and more, to support those most at risk. In the last four and a half years, our nurse practitioners have met with approximately 600 patients more than 6000 times. While not all courses of treatment are initially successful, having the option for care that suits one's needs and lifestyle is key to change when it comes to addictions and mental health. For those we serve, a brick-and-mortar clinic just isn't an option – people may not have an OHIP card, a calendar, or the means to attend the clinic.

In 2025, Good Shepherd opened our Barton-Tiffany project, an outdoor shelter serving up to 80 individuals experiencing homelessness, addictions, and mental health who face barriers to accessing traditional shelter environments. Barton-Tiffany operates through "Tiny Homes" with a multi-disciplinary team to support folks moving from encampment to permanent housing. Since its opening in February, the RAAM program has received more than 60 referrals for assessment, OAT prescription, and consultation. Many of these folks have not received medical intervention in years and are deeply benefitting from the consistency in care in their own home environments.

The Barton-Tiffany temporary shelter comprises 40 detached units, providing single and double accommodation in a safe, community environment. In addition to providing meals, laundry facilities, and community spaces, the shelter offers 24/7 on-site staff support. It also allows pets, which is a major advantage for those who rely on their dog and cat companions for emotional support. One resident expressed it this way, 'It's hit or miss to go anywhere with a dog, just to even go inside to get something to eat or use a washroom. That's been huge. It's been night and day from being in a tent.'

Applying this unique approach to addiction medicine care has led to positive outcomes for dozens of people living at Barton-Tiffany. Through using traditional OAT and creative solutions with people who use drugs, our nurse practitioner had become an integral part of service delivery at the outdoor shelter. There are multiple examples of individuals who have had years of substance use without periods of sobriety who have now been OAT compliant for several consecutive months, have sought additional supports, and have moved or are moving into permanent, safe, stable housing. Where sobriety is not possible, significant reduction, safer use, and a willingness to engage are incredible outcomes that also inform our work.

Through a nimble and creative approach, mobility, connection, and collaboration, the Good Shepherd RAAM Nurse Practitioner program is creating real change for those who are most at risk and marginalized in our society. We hope to expand this service through additional NP involvement and look forward to continuing to serve our community members with dignity and care.

FACES FROM THE FIELD

Rebecca Sirois NP
Nurse Practitioner, WMS, Sudbury

My career as a nurse practitioner started in cancer care/palliative care. Upon relocating to Sudbury, I transitioned for a brief time to primary care before securing a position in Addictions and Mental Health. I was drawn to the complexity of this client population along with the nuances of providing effective addiction medicine support. There is a lot of overlap between providing excellent palliative care and excellent addiction care for clients, in that both involve symptom management, person-centred care, and a multidisciplinary approach to supporting the whole individual.

Sudbury's Withdrawal Management Services (WMS) is a 24 hour, 19 bed program offering detox services for males and females 16+ years of age who are under the influence of, or in acute withdrawal from alcohol or other substances. The scope of WMS is to provide an entry point into the spectrum of recovery and substance use care. This service is meant to rapidly provide stability, safety and connection. It is meant to allow a person to safely come off their substance(s) and facilitate referrals and connections to other organizations during their brief stay (~3-5 days). Many of our partners in care include treatment centers, OAT clinics, the RAAM Clinic, psychiatry at Health Sciences North, and primary care providers.

My role is to provide clients admitted to WMS with a medical assessment which results in safe detoxification. This can be a benzodiazepine prescription for safe alcohol withdrawal, buprenorphine or methadone induction for opioid withdrawal, or symptom management around any other substance. I also provide basic primary care services for clients for episodic conditions, mental health initial assessment and treatment, as well as starting anti-craving medications for those who are interested. One of the goals of WMS is to avoid unnecessary emergency department visits, to reduce the burden on an already overwhelmed system.

The most challenging aspect of my work at WMS is addressing the socioeconomic factors affecting the majority of our clients, such as ongoing chronic homelessness. There is not enough social housing to meet the needs of this vastly underserved community, who have difficulty covering basic needs such as food and medication, as well as secure accommodation. It creates a circular system of people wanting to quit using substances, having nowhere to go, using substances for a variety of reasons, and then trying to find a safe place to stay, which includes WMS.

The aspect of the work that keeps me motivated and inspired is when I can see someone move through the system; a client who has broken the cycle, reconnected with their support system, become housed. These are the reasons why it is so important to hold hope for someone even when they are not feeling it for themselves.

I feel the biggest impact I've had on my particular withdrawal management service is in creating a safe space for clients to return to. I've worked very hard at making clients feel accepted, welcomed and encouraged to continue coming back. Early in my time working in addictions, I heard the term 'frequent flyer', or 'repeat customer' when referring to someone who uses our service for safe sobering or has frequent relapses. I challenge my colleagues in that notion, instead framing our service as the one place our client feels safe and connected. It takes nothing to tell them to come back as often as they need, our door is always open. It's a powerful message for someone with nothing, to feel welcomed into a space where people believe they can get better.

PERSPECTIVES

Working with Adolescents and Transitional Aged Youth

Sharon Cirone MD, CFPC, FCFP
Sioux Lookout First Nations Health Authority
Private practice in OAT and trauma recovery psychotherapy

Welcome to the joyful and challenging world of working with adolescents and young adults who present requesting care for alcohol and/or substance use. For those of you who are frontline workers, peer support workers, school or shelter-based workers, social support workers, or others in youth serving agencies, you probably have much experience working with this population. For family physicians and nurse practitioners working in primary care, you may have more often met with the parents concerned about their adolescents' alcohol or substance use. Over the years I have worked with youth in urban, rural/remote, and in-patient settings, I have learned many lessons.

Adolescence is a time of immense emotional, cognitive, physical, social, and even spiritual development. There are many stages and stacked tasks of development that build upon each other to allow young people to individuate into the adults they eventually will become. When the tasks of development are disrupted by personal or family issues, mental health, or substance use harms, youth can experience significant downstream effects. A few months of missed schooling can lead to loss of a whole school year and cohort of peers. Legal charges, for even minor issues, can leave a young person with many months of stress and court appearances, sometimes leading to criminal records and ostracism from friend groups. The building evidence that neurodevelopmental maturation continues into the mid 20s has led to the recognition of the long arc of transitioning to adulthood. As a result, many social service and healthcare agencies now serve youth across a wider age span to include those between 12-27 years of age.

The most common substances of initiation and use amongst adolescents are nicotine, alcohol, and cannabis. Smaller numbers of youth access substances such as cocaine, psychedelics, and opioids. Increasingly, however, there are greater numbers of youth using highly potent substances such as prescription opioids. Younger adolescents more frequently access over the counter medications (e.g. acetaminophen with codeine, dextromethorphan cough syrups), while older adolescents will purchase alcohol and cannabis. Youth are also very creative at finding access to novel substances on the internet. Poly-substance use is much more common amongst young persons than adults.

Creating a youth friendly environment is very important if we are to serve this population well. When I meet youth in my family practice, the first and foremost goal is to develop rapport - the first several appointments are all about establishing a therapeutic alliance even before any treatment interventions are introduced. Even the way youth are welcomed at reception sets the tone. Ideally: do not require full names or even OHIP cards as a requisite for service; provide drop-in hours, youth-focused reading materials/posters, and iPads in the waiting room to complete screening tools; and provide flexible access to services to include primary care, sexual healthcare, mental healthcare, education, and counselling.

For those of you working at provincial Youth Hubs, you know the value of 'one stop shopping' for this young population. For those of you working at RAAM clinics, hopefully you have relationships with youth-serving agencies and healthcare services that can provide wrap-around care for young people. Up front conversations about confidentiality in healthcare settings are very important to adolescents and young adults. The invitation to involve family, friends, or other significant support persons in their care can contribute immensely to positive outcomes.

For providers working in RAAM clinics or Opioid Agonist Treatment (OAT) clinic settings, it is important to recognize the difference between adolescents and young adults who present with an opioid use history, versus adults who present with Opioid Use Disorder. Youth often have patterns of infrequent and binge use, rather than daily established dependent use. Despite having some dysphoria or even progressive withdrawal symptoms, not all youth who present for care are fully dependent on opioids. They may not fulfill the DSM criteria for OUD. Further consultation with the youth, with their family, with colleagues or with a specialist may be advised prior to starting a youth onto a longer-term treatment regime such as OAT.

Providing youth focused services in these treatment settings can contribute to successful outcomes for young people. Youth feedback about their priorities and preferences for their own healthcare delivery is crucial. In consultation with young clients, a Substance Use Strategy for Youth in British Colombia report has identified the Fundamental Pillars of a Youth Centre Approach to OAT Delivery as: 'Relationship-based, low-barrier care that is flexible and adaptable in providing holistic care.'

Some clinical tools to explore:

1. Use of youth specific screening tools: the CRAFFT questionnaire, the HEADSSS mental health assessment tool, and Readiness for Change tools
2. Website for providers working with youth: www.compassbc.ca/education
3. Motivational Interviewing skills: Youtube videos for providers learning MI, Motivational Interviewing with Adolescents and Young Adults, by Sylvie Naar-King and Mariann Suarez, 2011.
4. Trauma informed care resources at your organization
5. Agencies in your community serving youth

All of us hope to meet the needs of the young people that we serve so that they may go on to achieve wellness and be able to pursue their lives with hope, purpose, meaning and belonging.

ANNOUNCEMENTS

The deadline to submit an abstract for the 2026 META:PHI Conference is approaching - November 10 is the deadline! For details, go to https://www.metaphi.ca/community

EVENTS

Dialogue Call - Wed Nov 5, 12:00pm - 2025 RAAM Clinic Survey review

2025 Webinar Series - Session #9 - Wed Nov 19, 7-8:30pm
Exploring Infectious Disease Consults in the RAAM Clinic
Philip Dwek Register HERE

Addiction NP Call - Wed Nov 26, 12:00 noon