

- Group Space Guidelines
- ① Respectful Communication
 - ② Active Listening
 - ③ Confidentiality
 - ④ Respect for Differences of Experience & Social Location
 - ⑤ Use Anti-Oppressive Language
 - ⑥ Ask people's pronouns - don't assume
 - ⑦ Share with Others if you feel safe
 - ⑧ Be mindful of the theme of the space
 - ⑨ Welcome Newcomers
 - ⑩ Stay open to learning & asking questions (1) Consent (re-touch)

Pieces to Pathways

SUMMARY OF EVALUATION FINDINGS

Pieces to Pathways (P2P) is creating Canada's first substance use support program for LGBTQ youth ages 16 to 29 years old. P2P is peer-led and peer-run, meaning that the project is directed by LGBTQ people that have their own experiences of addiction, substance use and recovery, however defined by the individual.

P2P is sponsored by Breakaway Addiction Services, a registered charity located in the Parkdale area of Toronto. P2P aims to embody Breakaway's philosophy of "reducing harm and enhancing health".

P2P provides services that are developmentally appropriate and culturally specific to LGBTQ youth. P2P is committed to delivering a program for LGBTQ youth where their gender and sexually diverse identities are affirmed, not denied.

Introduction

Program Description

Pieces to Pathways (P2P) is Canada's first substance use support program for LGBTTTQQ2SIA youth aged 16 to 29 years old. Utilizing a peer-led and peer-run approach, P2P ensures all services are delivered by LGBTTTQQ2SIA people that have personal self-identified experiences of addiction, substance use and recovery. These services are developmentally appropriate and culturally specific to LGBTTTQQ2SIA youth as P2P is committed to delivering a program for LGBTTTQQ2SIA youth that affirms, not denies, their gender and sexually diverse identities. P2P is sponsored by Breakaway Addiction Services, a registered charity located in the Parkdale area of Toronto. P2P aims to embody Breakaway's philosophy of "reducing harm and enhancing health".

Program Activities

Case Management

Case management (CM) is a service that includes support in identifying and pursuing substance use goals, individual support through one-to-one sessions in the location of the clients' choice, referrals to other needed resources, and accompaniment to appointments.

Drop-in Services

P2P's drop-in spaces provide a safe environment in which participants can receive support from other LGBTTTQQ2SIA youth similarly concerned with their substance use, connect with CM services, receive referrals to other resources and supports, or simply share a meal. The drop-in aims to provide a safe, supportive, confidential environment with a peer-based staff team that appreciates the ways in which intersecting identities and experiences may impact substance use. The drop-ins provide a less structured environment where youth can build community, provide mutual support and access formal one-on-one support. Drop-ins are available three nights per week. The three drop-in nights offered weekly are listed below.

1. Abstinence Drop-In:

A space for those actively practicing or interested in pursuing abstinence. This includes those practicing sobriety, abstaining from some substances and not others, as well as those interested in learning more about abstinence-based recovery strategies.

2. Racialized Youth Drop-In:

A space for racialized LGBTTTQQ2SIA youth seeking support with their substance use. Participants may practice both abstinence and harm reduction.

3. Harm Reduction Drop-In

A space for those practicing or interested in learning more about harm reduction. This includes those interested in safer using practices, those interested in reducing or moderating their use, those that are abstinent from some substances and not others, and those simply interested in learning more about harm reduction.

Group Counselling

Group counseling offers 6-week closed support groups for people who are interested in exploring and/or changing their substance use patterns. During the 6-week period, participants engage in learning DBT distress tolerance skills, enhancing perspectives on substance use, change planning, goal setting, grounding techniques, and a being atrauma informed group.

Program Objectives

Overall, P2P aims to accomplish the following main objectives with their program-delivery and activities:

1. Case Management

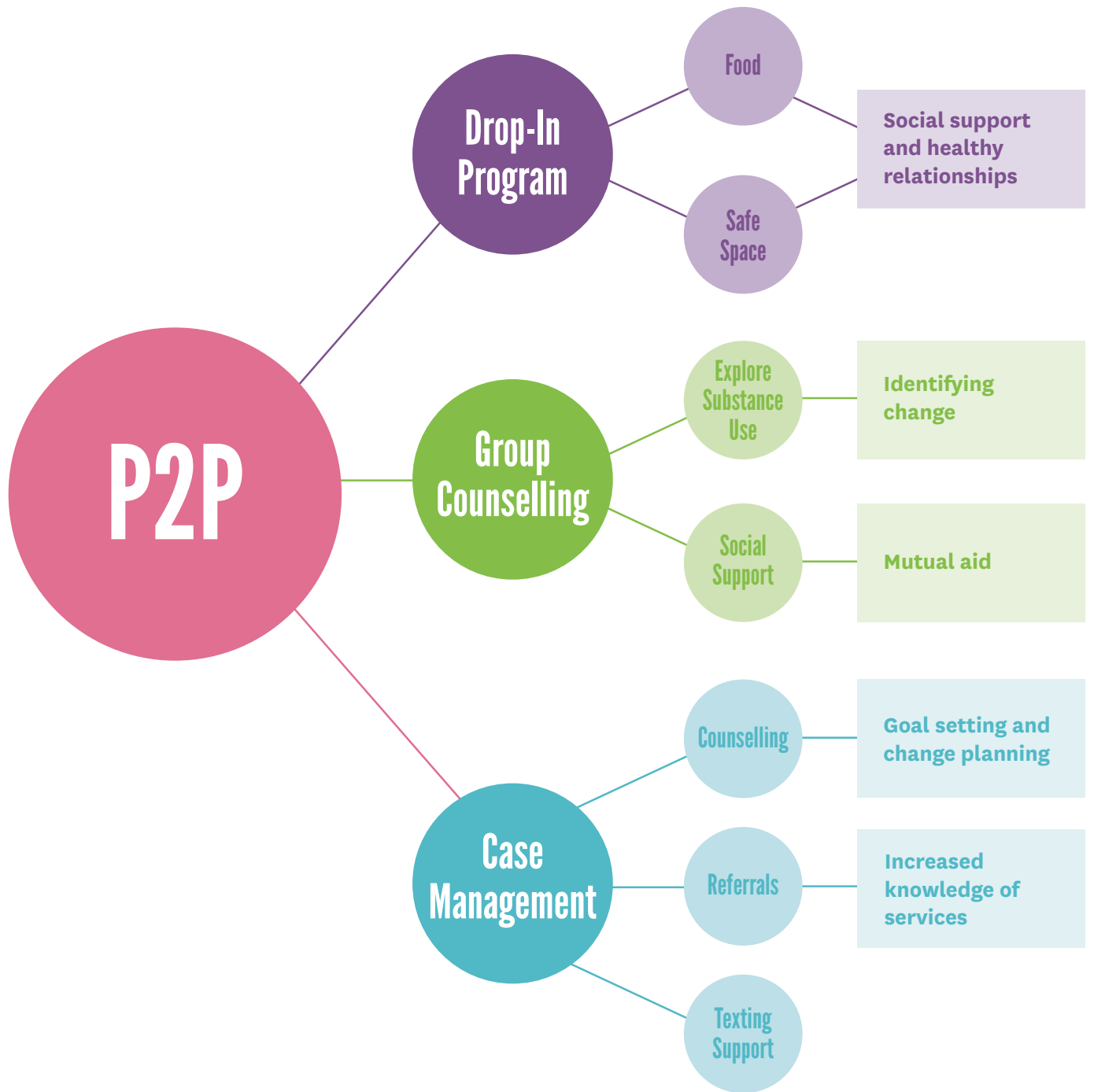
Provide CM services with the aim of helping participants understand the recovery process; engage in individualized change planning and goal setting; increase their feeling of belonging to a healthy community; increase their knowledge of resources and services; connect them to primary care services as needed; connect them to other services as needed.

2. Drop-in

Hold drop-ins with the aim of creating a safe space for participants to build community, develop healthy relationships and, as appropriate, access informal counseling and CM as needed.

3. Group Counselling

Facilitate group counseling in order to allow participants to examine their substance use and how it fits into their lives; identify the changes they want to make, and receive support from fellow group members as to how to achieve this.



Utilizing a peer-led and peer-run approach, P2P ensures all services are delivered by LGBTTTQQ2SIA people that have personal self-identified experiences of addiction, substance use and recovery.

Program Evaluation

Purpose of Evaluation

The P2P evaluation occurred from November 1, 2016 to March 27, 2017. In collaboration with Youth Research and Evaluation eXchange (YouthREX), P2P developed and implemented an evaluation strategy with the aim of understanding program implementation and progress towards achieving intended short-term outcomes.

The evaluation included process and outcome indicators and had two main areas of focus:

1. To understand the extent to which P2P was implemented as planned, with the intended reach, and to the satisfaction of the participants.
2. To understand the extent to which the program has achieved its short-term outcomes related to youth knowledge, attitudes and behavior.

Key Evaluation Questions

The evaluation strategy included the development of a logic model to help understand the P2P program and identify key evaluation questions. The evaluation aimed to answer the following process and outcome evaluation questions:

Process Evaluation Questions

1. What are the socio-demographic characteristics of youth who access P2P services (i.e., drop-in, case management, and group counseling)?
2. How do youth experience P2P's services (i.e., drop-in, case management, and group counseling)?

Outcome Evaluation Questions

Outcome #1

Increased sense of belonging to a healthy community

1. Do youth that participate in any P2P programs (i.e., drop-in, case management, and group counseling) increase their:
 - a. Sense of belonging?
 - b. Social support?

Outcome #2

Increased knowledge of resources and services

2. Do youth that participate in any P2P programs (i.e., drop-in, case management, and group counseling) increase their:
 - a. Sense of personal responsibility and accountability?
 - b. Knowledge of local resources and services?
 - c. Connections to primary care service provider?

Outcome #3

Increased understanding of the recovery process

3. Do youth that participate in P2P's case management program and group counseling increase their:
 - a. Knowledge of coping strategies?
 - b. Awareness of triggers?
 - c. Understanding of recovery?
 - d. Understanding of anti-oppression?

Method

Case Management

CM clients were asked to participate in evaluation focus groups and to complete one survey (February 2017). The survey and focus groups asked participants to respond to several statements regarding their satisfaction with P2P's services and resources, their program experience, and any outcomes that have emerged as a result of their participation in CM.

Drop-in

At the conclusion of each drop-in night, participants were invited to fill out a short sign-out sheet assessing demographic characteristics, needs, and services accessed. Additionally, drop-in participants were asked to participate in an interim-focus group to assess program experience and barriers to participation, and a post-program focus group and survey assessing program experience and impacts.

Group Counselling

Group members were asked to participate in an evaluation focus group (March 2017). The focus group asked participants to respond to several statements regarding their satisfaction with P2P's group counseling services, their program experience, and any outcomes that have emerged as a result of their participation in group counselling.

Design

Process Evaluation

The P2P evaluation utilized a non-experimental design. The process evaluation focused on documenting, identifying and analyzing key factors that influenced the implementation and operation of the P2P program. During the process evaluation, emphasis was placed on describing key activities and characteristics of the program, such as the satisfaction of the youth accessing P2P's services (i.e., drop-in, CM, and group counseling). The aim of the process evaluation was to understand the program experience of youth participants, and identify strategies for improving service-delivery.

Outcome Evaluation

The outcome evaluation assessed the extent to which P2P is meeting their intended short-term (i.e., 0-3 months) outcomes as expected (see Appendix A for outcomes in logic model). Focus groups (interim and post) and surveys (each drop-in visit, post) were used to gain a deeper understanding of the nature of change that occurred from November 1, 2016 to March 27, 2017. All participating youth completed consent forms (see Appendix B).

Tools

Intake

Individuals interested in accessing CM services must complete an intake with the Intake Coordinator. The intake form is completed through an hour-long informal interview between a P2P caseworker and the potential client. During the intake, participants are asked to share background information on substance use history, goals, treatment history, mental/emotional/physical health, external supports, legal status, triggers, personal contact info and demographics. The intake process also screens for suicide, self-harm and psychosis. Additionally, the Contemplation Ladder (Biener & Abrams, 1991) is administered. The Contemplation Ladder is an evidence-based evaluation tool for individuals to assess their current experience with substance use by rating themselves on a scale from 0-10 (0 = No thought about quitting drug use, 10 = I have changed my drug use and will never go back to the way I was using drugs before). The Contemplation Ladder is re-administered to CM participants who have been accessing services for at least 2 months after initial intake. The main CM activities assessed using the Contemplation Ladder

include support in identifying and pursuing substance use goals and formal or informal individual one-to-one support. The learnings from the Contemplation Ladder are incorporated into individualized service plans, which are revised as necessary. See the Evaluation Service Plan for a copy of the intake package including Contemplation Ladder.

Surveys

Between November 2016 and January 2017, four different survey tools were utilized: (1) Drop-in sign out sheet, (2) demographic survey, (3) process evaluation survey, and (4) outcome evaluation survey. The drop-in sign out sheet was administered any time a participant attended a drop-in night (abstinence, harm reduction and racialized youth) at the end of the evening. The process evaluation survey was administered during the focus groups conducted during December 19 to 22, 2016. The outcome evaluation survey was administered during the focus groups conducted during January 30 to 31, 2016. The demographic survey was administered alongside the process evaluation survey and outcome evaluation survey. See the Evaluation Service Plan for a copy of the surveys.

Focus groups

The focus groups were reflective of the different drop-in nights (i.e., harm reduction, abstinence, and racialized youth) and youth were invited to attend if they had visited the specific drop-in night at least once. Three rounds of focus groups occurred: (1) 3 interim drop-in focus groups occurred from December 19 to 22, 2016; (2) 3 CM focus groups occurred from January 24 to 26, 2016; and (3) 2 drop-in focus groups occurred from January 30 to 31, 2016 (one focus group did not occur due to a lack of participants). A semi-structured guide, created collaboratively with YouthREX, P2P, and the peer facilitators, guided the peer-led focus groups. See the Evaluation Service Plan for a copy of the focus group guide.

Analysis

Intake

The Intake Coordinator conducted an interview-style intake process that collected various pieces of information (e.g., demographics, history with substance use) and recorded this interview by hand on hard copy records. Quantitative and qualitative analyses were conducted on 13 intakes. For

the Contemplation Ladder, the data was manually counted and recorded for both the interim and post evaluation. All quantitative data was manually counted and recorded. Qualitative data was identified and organized into themes. Both the quantitative and qualitative data was analyzed using Microsoft Excel in relation to evaluation questions.

Surveys

Surveys were administered in person and filled out by program participants. The drop-in sign out sheets were entered into Survey Monkey after each drop-in night. The quantitative data from demographic survey, process evaluation survey and outcome evaluation survey was entered into Survey Monkey after each focus group. The qualitative data was recorded and analyzed using Microsoft Excel. Survey Monkey was utilized to create outputs for the quantitative data. Following, the qualitative and quantitative data was analyzed to identify different themes. Finally, the themes were analyzed in comparison the evaluation questions.

Focus groups

Focus groups were audio recorded and transcribed by the peer facilitators. A qualitative thematic analysis of the 8 focus groups was conducted using NVivo software by a YouthREX staff member. The analytical process began with repeated reviews of the focus group transcripts in order to familiarize the coder with the data. Next, data reduction occurred as patterns were identified and organized into different categories, also known as codes. The different codes were then categorized further and grouped by themes. Finally, the themes and codes were analyzed to understand their relation to the evaluation questions.

Youth Participation in Evaluation

Aligned with P2P's peer-based approach to programming, youth who identified as peers independently led all focus groups. The youth peers received facilitation training from YouthREX prior to the focus groups and provided feedback regarding questions and language of the focus group guides. Additionally, the peer facilitators also transcribed each focus group they conducted. The youth were provided with honorariums from P2P for their contribution to the evaluation.

Demographic Profile of P2P Evaluation Participants

The evaluation aimed to gain a better understanding of P2P's program participants and the extent to which the target population is being reached. Through the use of demographic surveys administered before evaluation focus groups, demographic characteristics (e.g., pronouns, age, gender, sexual orientation and race/ ethnicity) were gathered from 17 participants (5 using CM services, 12 using drop-in services). In the categories regarding sexual orientation, gender and race/ethnicity, participants were able to choose multiple responses.

25.53

AVERAGE AGE

PRONOUNS



He/they

8 (50%)

She/they

3 (19%)

They/them

2 (12.5%)

He/him

2 (12.5%)

None

1 (6%)

GENDER



Trans

8 (21%)

Genderqueer

5 (13%)

Transmasculine

5 (13%)

Genderfluid

4 (10.5%)

Non-Binary

3 (8%)

Female

3 (8%)

Trans Man

3 (8%)

Male

2 (5%)

Agender

2 (5%)

Cisgendered

1 (2.6%)

Cis Woman

1 (2.6%)

Confused

1 (2.6%)

SEXUAL ORIENTATION



Queer

10 (50%)

Bisexual

4 (20%)

Gay

3 (15%)

Questioning

1 (5%)

Lesbian

1 (5%)

Demisexual

1 (5%)

RACE/ETHNICITY



White

15 (58%)

Black

3 (11%)

Latin American

3 (11%)

South East Asian

2 (8%)

Western European

1 (4%)

Unknown

1 (4%)

Misracialized

1 (4%)

Case Management Findings

Intake Findings

From November 2016 to January 2017, 13 case management (CM) intakes were conducted and the Contemplation Ladder was administered with each participant. After at least 2 months of accessing CM services, 8 out of 13 participants completed the Contemplation Ladder a second time in order to evaluate efficacy of services. As of March 1, 2017, 17 participants are registered for CM services; however, for the purpose of this report data from only the first 13 participants was analyzed and reported. The sections below discuss the following intake findings: (1) Past experiences, (2) identified needs, and (3) outcomes.

Past Experience

Treatment History

The majority of CM participants reported previous experience accessing services for substance use support through traditional social and health care services. The main services previously accessed were provided by the Centre for Addiction and Mental Health (38%), individual counseling (31%), the Aids Committee of Toronto (15%) and family doctors (15%). Surprisingly, there was a previous low engagement with the community support services 12-Step groups like Alcoholics Anonymous and Narcotics Anonymous (2 out of 13 people).

Mental Health Diagnosis

All CM participants identified having either a formally diagnosed mental health condition (85%, 11 out of 13) or a self-diagnosed mental health condition (15%, 2 out of 13).

Current Supports

Slightly over half (54%, 7 out of 13) of CM participants reported identifying family and friends as a part of their main support network.

Getting Connected to P2P

CM participants first heard about P2P from three main sources: Through another program (38%, 5 out of 13), a friend

(31%, 4 out of 13) or by knowing one of the staff members (15%, 2 out of 13). Since the primary source for CM referrals is through other programs and services, this demonstrates that outreach engagement with service providers is likely an effective means for recruiting new participants. Surprisingly, only 1 (8%) person heard about P2P through Facebook. From these three sources combined, 84% (11 out of 13) of referrals came from “word-of-mouth” demonstrating that these methods may be the most influential approach for participant recruitment.

Identified Needs

Substance(s) of Concern

The substances most concerning to CM participants were alcohol (31%, 4 out of 13), marijuana (23%, 3 out of 13) and prescription medications (23%, 3 out of 13). For this section, participants were allowed to select singular or multiple substances of concern. CM participants reported less of a concern for illicit substances like “kratom”, crystal methamphetamine, ketamine, cocaine and opiates. Several CM participants reported having a concern with prescription medication including benzodiazepines, prescription painkillers and general prescription medication. Although, both marijuana and benzodiazepines are both illicit, the top three substances of concern are socially acceptable to use among Canadian youth.

Concerns of Individuals CM Accessing Services

CM participants were allowed to identify multiple areas of concern. CM participants (n = 13) identified 6 major concerns that they would like to receive support with: Harm reduction 61% (8 out of 13), general substance use support 46% (6 out of 13), employment counseling 38% (5 out of 13), housing 38% (5 out of 13), education 31% (4 out of 13), and building a shared community 23% (3 out of 13). Although all CM participants identified having a formal or self-diagnosed mental health condition, suggesting that all participants are dealing with concurrent disorders, mental health support was not a primary concern for individuals. In contrast, substance use support is one of the primary issues individuals want to address when accessing services at P2P.

Contemplation Ladder Findings

Prior to accessing services, the first assessment of the Contemplation Ladder shows that the majority of CM participants (54%, 7 out of 13) ranked themselves below an “8” on the Contemplation Ladder. If an individual ranks themselves lower than an “8”, this represents contemplating or intending to make a change while ranking above an “8” shows plans to make concrete changes. The second assessment of the Contemplation Ladder, after individuals have been accessing services for at least 2 months, shows that all participants (100%, 13 out of 13), ranked themselves above an “8”.

This increase suggests that participants may be gaining a better understanding of the recovery process and creating individualized change plans and goals in which they are achieving. See Table 1 for the frequency of responses on the Contemplation Ladder.

Table 1: First and second assessment of the Contemplation Ladder

Rung	First (n =13)	Second (n =8)
9: I have changed my drug use, but I still worry about slipping back, so I need to keep working on the changes I have made	23% (3)	50% (4)
8: I still use drugs, but I will begin to change, like cutting back on the amount of drugs that I use	23% (3)	50% (4)
7: I definitely plan to change my drug use, and I am ready to make some plans about how to change	38% (5)	0% (0)
6: I definitely plan to change my drug use, but I am not ready to make any plans about how to change	15% (2)	0% (0)

Evaluation Survey Findings

Overall, the findings from the evaluation survey suggest that CM clients were extremely satisfied with the CM services provided; were receiving more supports than previously; were more aware of community resources and were accessing more of these; felt that they mattered when at P2P; felt comfortable and safe; and appreciated off site supports offered. However, it should be noted that the sample size of evaluation participants was low for the CM services. These low numbers are representative of the small population of clients accessing P2P’s services. The frequency of responses and item-means from the CM evaluation survey can be found in Table 2 on the following page.

Focus Group Findings

Following the completion of the survey, participants engaged in a focus group discussing satisfaction with their program experience and program impacts in greater depth. The sections below discuss the following focus group findings: (1) Program satisfaction, (2) program experience, (3) outcomes they have experienced as a result of their participation, and (4) recommendations for improving service-delivery. The excerpts provided have been edited for length and clarity. Please refer to the “Findings and Supporting Quotes” document for the full, unedited text.

CM Experience

Expectations

In general, the youth participating in the evaluation focus groups noted that their expectations of P2P’s CM have been met or exceeded. The participants reported that their experience with P2P’s CM services was positively different than experiences they had with similar services. Several youth reported that in the past, the treatment they received from other CM services was stigmatizing, disempowering, and intimidating.

“There’s a card in the affirmations downstairs that says, “my gender is not up for debate by others, for others,” and [at] a lot of “trans inclusive spaces” my gender [has definitely] felt that way. So yeah, it’s not an isolated thing. One thing is that I’ll go to trans “inclusive” spaces and people hear that I use ‘he’ pronouns, and they say,

Table 2: CM Survey Results

Survey Items 1 (Completely Dissatisfied) to 5 (Completely Satisfied)		N	Mean
P2P Services and Resources	Harm reduction supplies	3	5.00
	Transportation assistance (e.g. bus tokens)	4	4.75
	Resources (e.g., substance use support information)	4	4.75
	Off-site interactions with case workers/ P2P support (e.g. text support, off-site meetings)	4	4.75
	Informal counselling (e.g. counselling with peers and staff)	4	4.50
	Formal counselling (e.g. counselling with my case worker)	4	4.25
	Accompaniment to appointments (e.g., meeting with landlords)	4	4.25
	Opportunity to learn new skills (e.g. coping strategies, health and nutrition)	4	4.25
	Referrals (e.g. to other community resources)	4	4.00
Program Experience	I feel like my opinions matter at during my meetings.	4	5.00
	While at P2P's case management, I feel like I matter.	4	5.00
	I feel comfortable in the space where case management is offered.	4	4.75
	I feel safe during my case management sessions.	4	4.75
	I feel safe to express my opinion during my sessions.	4	4.50
	I feel like I belong at P2P.	4	4.50
	My caseworker really listens to me.	4	4.50
	I feel like I'm wanted at P2P.	4	4.25
	If I was not seen for a while at P2P, my caseworker would notice I was not around	4	4.00
Program Outcomes	I have received more support in my life than I had previously.	4	5.00
	I am more aware of resources for me in the community.	4	4.50
	I have accessed more community resources.	4	4.50
	I have learned more about anti-oppression principles and practices (e.g., power and privilege in society)	3	4.33
	I have learned new coping strategies.	4	4.25
	I have learned about more positive health practices (e.g. safer injection practices, safer sex practices).	4	4.25
	I feel more accountable for my health.	4	4.00
	I have learned new grounding strategies.	4	4.00
	I have learned new goal-setting skills.	4	4.00
	I am more aware of my personal triggers.	4	4.00
	I use more coping strategies.	4	4.00
	I have a greater sense of personal responsibility for my own health.	3	4.00
I have learned more about recovery.	3	4.00	

“you must be confused,” and, you know, act like I’m not allowed. But I can identify however the fuck I want; however the fuck I feel! So, yeah the inclusivity and respect and attentive listening for all- 3 major things that would urge me to recommend Pieces to Pathways to other people like myself.”

- CM Focus Group (HR)

Further, caseworkers from P2P were reportedly more supportive, responsive, and attentive to their needs than the youth were expecting.

“... I think it really exceeds my expectations, in many ways, and really surprises me in a number of ways, how really over and above my caseworker has gone for me.”

- CM Focus Group (HR)

Program satisfaction

Clients of P2P’s CM services reported high satisfaction with the services during the evaluation focus groups. During analysis, 3 common themes emerged regarding the CM experience of youth clients: (1) Flexible, accessible, and client-centered approach of the service; (2) the overwhelming support provided to them by their caseworker; and (3) the uniqueness of P2P’s CM services in comparison to traditional approaches.

Flexible, accessible, and client-centered

Youth participating in the CM focus groups reported that they enjoyed the client-centered approach and flexibility of the service. This approach allowed the youth to personally identify their needs, set boundaries for the discussions, and select a meeting location that was accessible to them. These factors helped the youth feel safe, supported, and comfortable during their CM experience.

“I really enjoy the flexibility and catering it towards what I need instead of what the guidelines are. What I really enjoy is the guidelines are, ‘whatever we can do for you, we will do for you’. Asking the question of ‘what do I need? And how best can I go about getting that?’ Which is really helpful.”

- CM Focus Group (RY)

Supportive caseworker

The youth participating in the CM focus groups reported that their P2P caseworkers were resourceful, attentive, and responsive to their needs. Throughout the focus groups, many youth also noted that P2P’s services, including CM, did not hold the same stigma that often exists in other community spaces. This lack of stigma and overwhelming support from their caseworker was unique to several youth, who had previously accessed support elsewhere, and ultimately enhanced the youth’s experience with P2P’s CM services.

Interviewer:

“Out of your case management what is the most helpful?”

Participant:

“... the greatest thing for me, while accessing the case management and P2P, is the complete absence of stigma that they provided me while in response, and listening [to] what I have to say when I share- which is something I’ve never experienced in any other mentoring or counseling session, ever.”

- CM Focus Group (HR)

In addition to providing youth with support through difficult times (e.g., coping strategies when becoming ill), the caseworkers helped the youth feel respected and valued. Again, the youth reported that the positive treatment they received from their P2P caseworker was unlike the services they had previously received from caseworkers in other CM agencies.

“...Like, a few days ago I was super sick with something... and I was freaking out. I contacted my case manager and immediately there is all this information on these coping tools and I was better by the next day and I didn’t have to go to the [hospital], and that was amazing. Yet in every way that I have sought it, my case manager has supported me and I’m so grateful for that.”

- CM Focus Group (HR)

“I really enjoy the flexibility and catering it towards what I need instead of what the guidelines are. What I really enjoy is the guidelines are, ‘whatever we can do for you, we will do for you’. Asking the question of ‘what do I need? And how best can I go about getting that?’ Which is really helpful.”

- CASE MANAGEMENT FOCUS GROUP PARTICIPANT

“It just feels really comfortable. It feels really safe, feels really good. [I’m not] used to people talking that way, being respectful that way, being emotionally, emotionally intelligent, you know respecting me, valuing me. I’m used to caseworkers- to being treated like a patient, like they know best, they don’t want my opinion, my pain is wrong, or should talk about this or should talk about this, you know what I mean? I’ve never felt so listen to [in] my life and respected, so it means a lot to me.”

- CM Focus Group (HR)

Unique approach

The youth participating in the CM focus groups repeatedly reported that their P2P CM experience was positively unlike the services offered from alternative community resources that they had accessed in the past. For example, one youth noted that previous CM services required clients to consistently access CM, even when unneeded, in order to remain eligible for the service. The lack of pressure from P2P to access the CM service allowed them to feel genuinely supported by their caseworker without overusing the service.

Interviewer: “What have you enjoyed the most about the case management program?”

Participant: “I think it’s the lack of pressure to always have to access it. I feel, I felt in the past that social workers or certain counselors get mad, will kind of just remove you from the list if you’re not accessing them enough, like other people need help! And it’s like, sometimes I don’t feel like I need help or I don’t feel like I can access the help, and here it’s kind of like, we’re here for you, we’re just checking up on you.”

- CM Focus Group (RY)

Another youth from the CM focus group positively described P2P’s approach to providing CM services as a brand new healthcare system they did not know previously existed.

Interviewer: “Have your experiences with those services [case management] been positive or negative?”

Participant: “Positive, totally positive! It’s this whole brand new health system I didn’t realize existed.”

-CM Focus Group (RY)

Summary

Overall, the CM clients participating in the evaluation focus group, reported high satisfaction with the CM experience and particularly enjoyed the attention and support provided by their caseworkers and the flexibility of the services (e.g., meeting location and times, lack of pressure to access services consistently). The treatment the youth received at P2P was identified as unique and more beneficial than treatment they have received through other CM services.

Outcomes

In addition to understanding the youths’ experiences with CM services, the evaluation also aimed to understand the short-term outcomes of program participation. The findings revealed that youth engaging with P2P’s CM services experienced outcomes in 6 categories: (1) increased knowledge, (2) increased skills, (3) personal growth, (4) increased access to resources, (5) coping with crisis, and (6) enhancements to their peer networks.

Knowledge

The youth participating in the CM focus groups reported that as a result of their participation in P2P’s CM services they learned more about language and vocabulary. Specifically, the youth reported that they appreciated the opportunity to learn new terms, which has helped them express themselves and understand where they “fit in” in the LGBTTTQQ2SIA community. Moreover, the ability to ask questions and practice using new terminology in a safe space with their caseworker was also described as beneficial.

“...It’s nice to have a place to come to and have words [to] defend yourself, or to make sense of everything, you know, empowering I believe.”

- CM Focus Group (HR)

In addition to language acquisition, some youth also reported that their CM experience has helped them gain a deeper understanding of coping strategies (e.g., identifying when they are in need and texting caseworker) and recovery as they are guided through the process by their caseworker.

Interviewer: “What about your knowledge and understanding of recovery? How has your participation in case management impacted your knowledge of recovery?”

Participant: “Yeah, it told me what my life is going to look like now, and kind of guided me through the recovery process, and any questions that I’ve had, they’ve been able to answer. Yeah [having] person along the journey with me.”

- CM Focus Group (A)

P2P’s CM services also aim to increase clients’ understanding of triggers and anti-oppressive practices; however, the youth participating in the focus group did not mention an increased awareness of these concepts. It is possible that the youth have learned more about personal triggers and anti-oppressive practices (e.g., language) during their CM experience, however, did not use those terms to classify the concepts. Additionally, it is possible that the youth did not discuss these factors with their caseworker, thus, did not acquire any new knowledge regarding triggers and anti-oppressive practices. During the focus group one youth did mention that they expected to learn about anti-oppression and triggers during counseling that is more structured, such as group counseling, than during CM.

Skills

The youth participating in the P2P evaluation also reported developing specific skills during their CM experience. These skills included boundary-setting, goal-setting, self-care, and time-management. The skills mentioned by participating youth were aligned with P2P’s intended short-term outcomes. The excerpt below describes one youth’s skill development and the manifestation of their new skills.

“Time management and self-care. Self-care’s been really prominent. It’s been a huge priority and it’s a lot of learning - really learning what self-care looks [like] for me and a lot of changing. I don’t really like grounding techniques but they are super handy (laughs)...I would definitely say self-care - feeding myself and exercising ...my body. Something I wasn’t doing before... I’m consciously living, and seeking out opportunities instead of praying that they come.”

- CM Focus Group (RY)

Personal growth

In addition to knowledge acquisition and skill development, the participating youth identified aspects of personal growth as an outcome of their CM engagement. Specifically, the

youth reported that through discussions with their caseworker they have been able to relinquish shame about their drug use and gain new perspectives about themselves. In particular, a common theme that emerged in the focus groups was the development of self-awareness and self-acceptance among youth. Youth reported gaining clarity concerning their needs and identity, as well as an enhanced sense of self-worth and self-respect as a result of their experiences in CM.

“I feel in the past since coming to the group my language has really shifted, I’ve learned a lot about how to practice using “I” statements, and being much more self-aware of what’s going on for me instead of trying to focus on what’s going on for others.”

- CM Focus Group (RY)

Access to resources

Another key objective of P2P’s services, including CM, is to connect youth with accessible resources. During the CM focus groups, the youth reported that P2P has not only provided information about resources (e.g., food banks), but in several instances their caseworkers have offered to accompany youth when accessing the resources. The additional support provided by caseworkers was described as beneficial and important to the youth and reflects previous findings of the CM experience exceeding the youth’s expectations.

“...I didn’t have any money, and I’m kind of new the city, relatively new to the city, I don’t know a lot of the services, a lot of them don’t feel safe, and they’re overwhelming, and I’m not part of the demographic... And so I kind of just talked about it and my caseworker mentioned they would go with me to the food bank. When said I don’t have any money, they said they would meet me and give me tokens to go there and back and then they actually helped me carry the stuff, because is also hard for me to just do on my own. This is the type of thing that I probably wouldn’t have done and nobody else would’ve done for me, and they did that. I didn’t ask them, I didn’t beg them, and they went out of their way to do that for me...They actually made themselves involved, it was hands-on, and it meant a lot to me. ... They were there for me.”

- CM Focus Group (HR)

“[I’m not] used to people talking that way, being respectful that way, being emotionally, emotionally intelligent, you know respecting me, valuing me. I’m used to case workers - to being treated like a patient, like they know best, they don’t want my opinion, my pain is wrong, or should talk about this or should talk about this, you know what I mean?”

I’ve never felt so listened to [in] my life and respected, so it means a lot to me.”

- CASE MANAGEMENT FOCUS GROUP PARTICIPANT

Coping with crisis

Previous findings revealed that youth participating in the CM focus groups acquired new knowledge about coping strategies; however, when asked, some youth reported that they are not yet able to independently handle crisis situations using these strategies. This finding is not unexpected as effectively utilizing coping strategies to handle crisis is a medium-term (i.e., 3-6 months of participation) outcome. One youth did note that although they are unable to independently handle crisis, they are now aware of where to go to receive the support they need as a result of P2P's CM.

Interviewer: "Has participation in case management impacted your ability to handle crisis?"

Participant: "Not really. I would say no. But I know where to go when I have a crisis in particular, they gave me that information. Like they always say, 'we're not a crisis line and if you are in crisis, this is where you should go'. Whenever I have things going on or need more support, I'm able to do that- talk to them and they're able to kind of [be the] person to manage what I do and how I go about it."

- CM Focus Group (A)

Increased sense of personal responsibility and reducing risky behaviours

Although some youth may not yet be able to handle crisis independently, some reported an increased sense of personal responsibility regarding their health and well-being. This finding is aligned with P2P's short-term outcomes for youth participating in CM services.

...And yeah I think I've just started learning how to really be more responsible for myself and the things that I do. I've really learned how to cope when I have needs that are not being met and how to ask for help if I need to, and also recognizing, especially recognizing, what I really want from situations instead of what I think I want. And that's been really powerful.

- CM Focus group (RY)

Additionally, another youth reported that as a result of their CM experience with P2P and their caseworker they felt more motivated to make safer choices.

"I feel like, when I want do something I see (caseworker)'s face in my mind. And it's nice to know that I can talk to them... Now I feel like there's a much more positive reinforcement instead of a negative, to make safer choices. Because I want have good news to tell (caseworker)."

- CM Focus Group (RY)

Peer network

Some youth participating in the evaluation reported as a result of their engagement with CM, their relationship with existing family and friends has improved, as they feel less pressure from them to 'get help'. Additionally, some youth also reported that since participating in P2P's CM, they have enhanced their peer networks by reducing unhealthy connections in their lives. One youth recognized their responsibility in cutting unhealthy aspects from their life while building a more diverse and healthy peer network.

Interviewer: "How has your peer network changed?"

Participant: "It's definitely decreased. It's shrunken...I think it's put me into the position of looking to create a more diverse peer network and a different one. But I still maintain the friends that I can hang out with sober, because I didn't have many of those before. And also I've learned to cut out things that aren't healthy in my life because that's my responsibility. I feel like I don't need a lot of people (laughs). I feel like it shrank to create less obligations."

- CM Focus Group (RY)

Additionally, one youth reported that participation in P2P's CM services has enhanced their sense of community and provided them with support during their recovery process.

Interviewer: "How has your connection to your community changed as a result of your participation in case management?"

Participant: "It didn't really change my communities but it gave me some sense of community and it gave me a person to turn to. Recovery can be very isolating, especially doing it alone..."

- CM Focus Group (A)

Recommendations

The majority of youth participating in the CM focus group reported high satisfaction with their experience and did not offer recommendations. One youth did, however, suggest enhanced promotion of the CM services as they had only learned about it while in crisis. This recommendation is important as P2P aims to provide services to all those in needs, not only when in crisis situations.

Interviewer: “What is currently missing from case management? And what can the program do differently to attract more youth?”

Participant: “...I only found out about it [case management] because I came and was very distraught in my first meeting like, ‘I need help’. I guess like more- just being available, there’s something available to go with you on your journey...Say that it’s out there, like, I don’t think that a lot of people know that there are services like this.”

- CM Focus Group (A)

Summary

The youth participating in the evaluation focus group reported that P2P’s CM services either met or exceeded their expectations. They particularly enjoyed the support provided by their caseworkers, and the flexibility, accessibility, and client-centered approach to CM, which was unique to many who had previously accessed CM services elsewhere.

“Just because I know how much it’s helped me- as someone who hasn’t found help in the traditional programs that are offered, especially [for] my age, and for substances and being part of the queer community. It’s not intimidating, it’s not formal, so I do recommend it often, just to anyone. I feel like I kind of plug P2P everywhere, just because it’s done so much for me. I feel it’s got something for everybody, and if not all the things for one person.”

- CM Focus Group (RY)

In addition to enjoying the process of P2P’s CM program, the youth also reported positive outcomes from their experience as well. These outcomes included an enhanced vocabulary (which helped youth express themselves), skill development (e.g. boundary and goal setting), personal growth (e.g., increased self-acceptance and self-worth), and enhanced relationships with family and friends. The youth also reported that the access to resources and support from their caseworker helped some reduce risky behaviours and know where to go during crisis situations.

“I’d just say like, if you want to be somewhere you’re valued as a person and the communication and the relationship is important to you, the kind of relationship you have with your worker [is important] instead of all the resources in the world or let’s say all the incentives... it’s close and easy, this is the place to go for it. You’ll get that personalized attention, and you will be helped, and you’ll be valued and seen and heard.”

- CM Focus Group (HR)

In conclusion, the focus group findings reveal that participating youth perceived an increased sense of healthy support from their caseworker, increased knowledge of resources and services in the community, and some increased understanding of the recovery process. An increased awareness of personal triggers and understanding of anti-oppression practices was not identified as an outcome that has yet been achieved by P2P’s CM clients.

Group Counselling Services Findings

Focus Group Evaluation Findings

“ I really like that we were encouraged not to be drug-specific, and that there was a conversation about hierarchy of drugs, because I’ve had past experience where I’ve been called out for my drug of choice being less impactful, or making my presence in the group less legitimate. But that didn’t happen here”.

The group counseling services occurred from February to March 2017 and lasted for 6 weeks. Initially, 7 people started the group; 3 were already connected to CM; 3 became connected to CM as a result of signing up to the group.

During the time the group was running, 4 people dropped out, all for different reasons. The focus group was conducted on the fifth week of group counselling services and had 2 participants (n=2).

Expectations

Group members reported expecting to have substance use specific conversations and process oriented activities around this.

Overall Experience

Both participants reported having a positive experience in group counselling. Participants overall were satisfied with group structure, content and framework. Individuals appreciated the lessons and learning; hearing about facilitators’ lived experience and the mentoring that came from that; the activities; the check-in.

Outcomes

Group counselling participants gained skills including coping mechanisms; improved knowledge and understanding of recovery; triggers; anti-oppression; positive health practices. Additionally, participants reported having engaged in reduced risk-associated behaviours. These results indicate that the group counselling is achieving its stated outcomes.

Recommendations

Participants provided the following recommendations including: covering guidelines pre-group, extending the length of the group cycle, increased flyer outreach in population relevant spaces and having facilitator guides available for participants.

“I liked specific conversations around substance use, I love conversations. I love hearing people’s stories and often in drop-ins it’s, like, how was your week? Not really like, what’s your experience around substances? I really enjoyed that”.

**“Even just the language here,
the lack of stigmatization of
every aspect of my identity,
the fact that I’m reported
with my consent or choices in
different areas of life.**

**Being treated like a human
leads to happiness.”**

- DROP-IN PARTICIPANT

Drop-in Findings

Sign-out Sheet Findings

The P2P drop-in nights were evaluated and data was collected from November 1, 2016 to February 10, 2017. The analysis of the data is of the aggregate of all three groups, as there are (apart from attendance numbers) no differences between the three.

Drop-in attendees

The drop-in sign-out sheet reveals a total number of 117 responses from 25 individuals (6 from the abstinence group, 13 from the harm reduction group and 6 from the racialized youth group).

Of the 117 responses, 43 responses were from the abstinence group, 59 from the harm reduction group and 15 from the racialized youth group.

Drop-in services

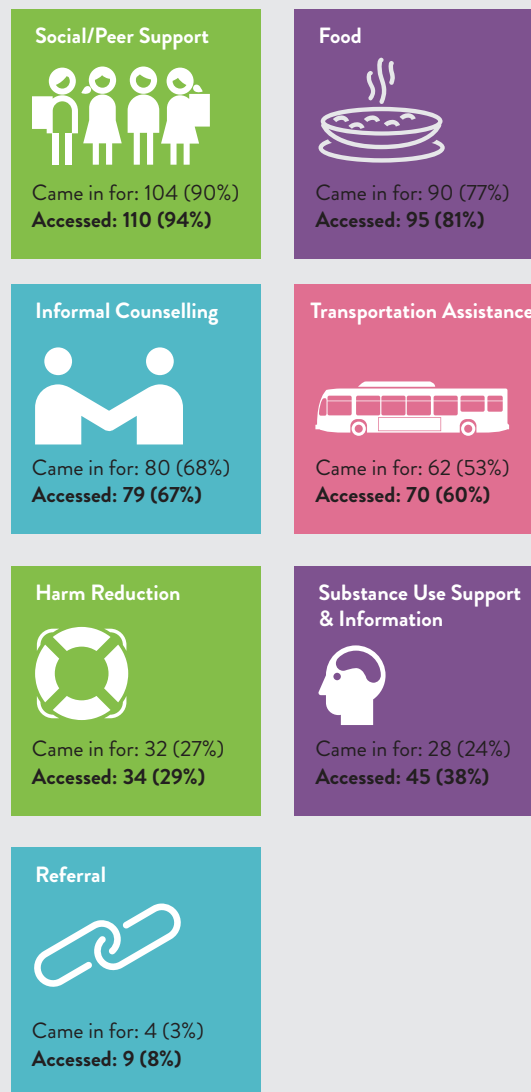
The findings reveal that social/ peer support was the most sought service, with food a close second and informal counselling third. In all categories but one (e.g., informal counselling), people either accessed what they came in for, or accessed services they had not initially identified that they needed. This suggests that some individuals are accessing more services than they had initially come into P2P for. Although this does not directly measure drop-in activities achieving intended outcomes, it does show what aspects of the drop-in individuals are accessing the most. See Figure 1 for percentages of services participants came in for and actually accessed.

Evaluation Survey Findings

Similar to the evaluation of the CM services, surveys and focus groups were utilized to gain a deeper understanding of drop-in client's satisfaction with P2P's services and resources, their experiences in the drop-in, and any program outcomes that have emerged as a result of their participation. In February 2017, 8 surveys were completed prior to participating in focus groups designated for each drop-in.

The findings reveal that, in general, the majority of people were satisfied with the informal counseling, provided food,

Figure 1
P2P Drop-in service use (N = 117)



the transportation assistance, and the opportunities for socialization. Some youth reported that they felt that they belonged, mattered, and were safe in the P2P drop-in.

Furthermore, participants reported that they were more aware of community resources, were receiving more support than they had been previously, had learned new skills, and felt more accountable for their health since participating in the P2P drop-in.

Lower scores, however, were found in the following areas: Satisfaction with resources, making new friends, accessing

more community resources and learning about more positive health practices. It is important to remember that, when the surveys were filled out, the drop-ins had been operating for only three months. Due to the limited time period, it may have been difficult for some youth to open up and develop strong friendships with other youth attending the drop-in. Additionally, although people indicated that they were more

aware of community resources, it may require more time for people to feel comfortable to actually access these resources. Regarding learning about more positive health practices, in future the drop-ins will offer more structured workshops, where such topics will be covered in detail. The frequency of responses and item-means from the Drop-in evaluation survey can be found in Table 3.

Table 3: Drop-In Survey Results

Survey Items 1 (Completely Dissatisfied) to 5 (Completely Satisfied)		N	Mean
P2P Services and Resources	Informal counseling (e.g., counseling with peers and P2P staff)	6	4.66
	Transportation assistance (e.g. bus tokens)	7	4.57
	Social/peer support (e.g., socializing in drop-in space)	7	4.42
	Referrals (e.g., to other community resources)	8	4.00
	Food (e.g., during drop-in)	7	4.00
	Harm reduction supplies	4	4.00
	Resources (e.g., substance use support information)	6	3.66
Program Experience	There are spaces that provide a comfortable place to hang out	8	4.75
	I feel like I belong	8	4.50
	I feel safe	8	4.50
	I enjoy the food	8	4.50
	I feel like I matter	8	4.28
	I feel like my opinions matter	7	4.28
	If I was not seen for a while, someone would notice I was not around	8	4.25
	People really listen to me	8	4.12
	I feel like I'm wanted	8	4.12
	I feel safe to express my opinion	8	4.12
Program Outcomes	I am more aware of resources for me in the community	7	4.42
	I have received more social support in my life than I had previously.	7	4.42
	I have a greater sense of personal responsibility for my own health	7	4.14
	I have learned new skills	6	4.00
	I feel more accountable for my health	6	4.00
	I have accessed more community resources	7	3.57
	I have made new friends	8	3.50
	I have learned about more positive health practices (e.g., safer injection practices, safer sex practices)	6	3.50

Drop-in Services Focus Group Findings

The evaluation of P2P's Drop-in services consisted of surveys and 5 focus groups with clients who utilize the service. The sections below discuss the focus group findings regarding: (1) program satisfaction, (2) program experience, (3) outcomes that youth have experienced as a result of their participation, and (4) recommendations for improving service-delivery. As a result of many youth attending more than one drop-night (i.e., harm reduction (HR), abstinence (A), and racialized youth (RY)), the findings presented represent the program experience and outcomes for all drop-nights rather than one drop-in night specifically. The section on page 14 briefly describes the findings regarding the differences across the different drop-in night groups. It should be noted that the excerpts provided have been edited for length and clarity.

Drop-in experience

Expectations

The youth participating in the evaluation reported that they expected to meet peers who were mindful of self-care and receive social support in a safe and inclusive space. According to the youth, these expectations were met during their participation in the drop-in. Some youth, however, noted that they expected more structure in the drop-in, similar to group counseling. Additionally, they expected more youth to attend the racialized youth drop-in night. These expectations were not met as the drop-in is mostly unstructured and the turnout rate for the racialized youth drop-in night was lower than expected. Overall, the youth expressed high satisfaction with their drop-in experience.

Space

The youth participating in the drop-in and focus groups described the P2P space as physically inviting, safe, and comfortable. The space was perceived as shared among the youth, and provided a “homey” feel, as they were encouraged to be themselves and use the space as their own (e.g., do their nails, bring their pets). The youth also recognized P2P's effort to accommodate their access needs (e.g., providing a lamp for those with light sensitivity) and felt respected by their gestures. Additionally, the wall art helped the youth increase their sense of safety in the space. The excerpts below are two

youth's responses after being asked how they would describe the P2P drop-in space.

“I'd say, a bar without the drinks- good food, good mood, nice lighting, cool people.”

- Drop-in Post-Focus Group (HR)

“I've always felt like... they listen to you, you are being respected, and you know, interesting conversation, it feels safe, you know what I mean? Quite safe, you know. You feel comfortable talking, listening and stuff, and people are kind, I don't feel like a burden, I don't feel like some piece.”

-Drop-in Post-Focus Group (HR)

The youth also enjoyed the flexible drop-in times (i.e., multiple drop-in nights per week) as they were able to attend the night they connected most with (e.g., abstinence nights for those who are abstaining from drugs) but were also able to attend the other nights as well. Additionally, the turnout rates for the drop-in nights were smaller than expected, however, the youth reported that the small groups helped them make deeper connections and feel less intimidated when first entering the space. When asked, one youth noted that they believed the impact experienced by the small number of attendees has potential for ripple effects in the community.

“I would also like to add that I hope numbers of participants isn't a make or break for funding. Because I'd like to say, in my own experience, as one individual, my whole life and survival is, at times, dependent on this. It's made an astronomical difference in my life and I feel like investing in one individual, or a handful of individuals, is enough to ripple out. So, I hope you're not waiting for a particular group or space to reach a certain number of folks. Invest in the one or two that do come because we're still worth it.”

-Drop-in Post-Focus Group (A)

Staff

In addition to a welcoming physical environment, the youth reported that P2P staff was also inviting and inclusive. The youth reported appreciating that the staff members were peers as they felt more understood and less judged than they did in other non-peer based spaces. Additionally, the youth reported there was a sense of respect and peer-to-peer

dynamics between staff and drop-in clients. According to the youth, the staff always utilized conscious language (i.e., using correct pronouns, validating gender and sexual identities) and encouraged others to do the same. These factors helped create positive lines of communication and allowed youth to feel comfortable opening up to P2P staff.

“I always feel very safe at all the drop-ins at P2P. There’s an air of respect and so many measures that are taken to validate peoples’ experiences as well as open up discussion around more boundaries and opportunities to make people feel even safer, I find. I have found. I’ve experienced.”

- Drop-in Interim Focus Group (A)

“Exceeded also, exceeded expectations, I wasn’t sure that I would be talking this much with the facilitators [staff], and was feeling really good when I started. I felt so free I could just talk about anything. They always responded [in a] good way and it felt always so good. I just remember all those things we were talking about and I was like the more I talk about the stuff, it felt like I just released it, happiness started feeling. I didn’t hold back anymore, like stuff inside, I released it and I could just do something else besides thinking about that. I always got like advice and stuff and feedback, good feedback that could help you.”

- Drop-in Post-Focus Group (HR)

Food

The focus group findings revealed that the food provisions during each drop-in night was extremely important to participants for many reasons. The food provided was described as culturally diverse and healthy. The youth noted that the high quality food symbolized a sense of respect from P2P to the drop-in clients. Additionally, access to a healthy meal during the drop-in helped the youth with their self-care, healthy eating, sense of comfort when first entering the drop-in space (e.g., eat during a meal), and, for some, was a motivating factor to initially attend the drop-in.

“The meals that I have here are always my favourite of the week. So much love and kindness put into them as well as the interactions that I have experienced at all the drop-ins.”

- Drop-in Interim Focus Group (RY)

One youth noted that the food provided during the drop-in helps them practice having a meal with others in a sober environment, which is an important aspect of abstinence and recovery.

“I also really like that there’s food because I often don’t notice that I’m hungry, h-angry, and so it’s nice the meal is there and to share a meal together. And I know this is probably going to sound silly but almost to practice having meals in sober environments with people, that has been nice.”

- Drop-in Interim Focus Group (A)

Summary

Overall, the inviting physical space of the drop-in, welcoming staff, and healthy food contributed to the youth’s positive experience of P2P’s drop-in centre. Additionally, many youth reported that P2P’s drop-in space validated their gender and sexuality through the use of conscious language (e.g., pronouns), and felt less stigmatizing than other drop-ins they had visited. The perceived respect given to clients from the peer-based staff helped the youth feel safe in the P2P drop-in space.

Outcomes

In addition to understanding the youth’s experience with the Drop-in services, the evaluation also aimed to understand short-term outcomes of program participation. The findings revealed that youth engaging with P2P’s drop-in services reported outcomes in 6 categories: (1) increased vocabulary, (2) increased skills, (3) personal growth, (4) increased peer networks, (5) increased sense of belonging and social support, and (6) increased access to resources.

Vocabulary

Similar to the findings from the CM focus groups, the youth reported that as a result of their experience with P2P’s drop-in, they were able to expand their vocabulary. The youth also noted that they felt comfortable to practice the new terms they had learned in the drop-in as they felt it was a forgiving environment.

“I’ve always felt like... they listen to you, you are being respected, and you know, interesting conversation, it feels safe, you know what I mean? Quite safe, you know. You feel comfortable talking, listening and stuff, and people are kind, I don’t feel like a burden, I don’t feel like some piece.”

– DROP-IN POST-FOCUS GROUP (HR)

Additionally, the new vocabulary helped the youth express themselves to others outside of P2P and increased their own self-awareness and acceptance of others.

“The number one thing that has changed for me is an improvement in my vocabulary surrounding use for myself and others. My vocabulary has become a lot less stigmatizing and self-deprecating, which has been awesome. For myself mostly, but it has been great to speak to other people who use to try to express in my own way that it doesn’t make any of us bad people.”
- Drop-in Interim Focus Group (RY)

“I feel like I’m out there speaking for myself and having language to express what it is what I want to say, because I learned that here and I’ve been able to apply it in the outside world, and I think that’s changed how I communicate especially with my family and with my family of origin, because I’m not the greatest [at] communication and I think a lot of strangers get my vocabulary has changed massively since I’ve come here. I’m also much more accepting of them, in their way, whatever the way they are.”
- Drop-in Post-Focus Group (HR)

Skills

The youth participating in the evaluation focus groups reported that as a result of their participation in the drop-in they have enhanced their boundary-setting skills. One youth also noted that they received harm reduction training (e.g., naloxone training, T injections) from a P2P staff member, which they found helpful for themselves and others who use needles.

“Totally, they’re new skills. Particularly, naloxone training. Also [P2P staff] taught me how to do T injections.”
- Drop-in Post-Focus Group (HR)

Personal growth

In addition to new skills and knowledge, youth identified aspects of personal growth since their initial engagement with P2P’s drop-in nights. Youth reported increased self-worth and a renewed sense of value within their community, which has helped them become more socially active than they were prior to participating in P2P’s drop-in nights.

“Even just the language here, the lack of stigmatization of every aspect of my identity, the fact that I’m reported with my consent or choices in different areas of life. Being treated like human leads to happiness.”
- Drop-in Post-Focus Group (HR)

Peer networks

Youth participating in the evaluation reported that as a result of P2P’s drop-ins they have enhanced their peer networks and healthy connections. Similar to findings from the CM services, youth also reported that meeting like-minded peers during the drop-in helped them feel less isolated in their recovery process, as their feelings and experiences were validated. Additionally, these new peers also helped the youth feel motivated and encouraged on their recovery journey.

“I guess just- going through addiction and stuff, it’s very isolating. And you’re in your own world. And so, when I see other like-minded people, like, you’re not alone and, these people can do it, I can do it.”
- CM Focus Group (A)

Sense of belonging and social support

Youth participating in the evaluation also reported an increased sense of belonging to a community since participating in the P2P drop-in nights. The youth reported that regardless of their level of engagement during the drop-in they still felt a sense of belonging in the space. Additionally, the sense of community with fellow P2P peers helped the youth gain new perspectives, learn about others journey of recovery, acknowledge and speak openly about their own use, and provide and receive support.

“I think I enjoy, yeah, the social aspects, the sense of community, or slowly building a sense of community and the like safety with that place [drop-in].”
- Drop-in Interim Focus Group (A)

“Definitely a sense of community, I haven’t been in school for a while, or working, so it’s really nice to be in a space where there are people who share in certain ways, similar lived experiences to myself...It’s nice to be in a space where I can discuss or at least acknowledge my use in a completely different light to any other space

that that discussion would be happening in or, not be happening in- actively being avoided. I'm grateful for both of those things."

- Drop-in Post-Focus Group (A)

Access to resources

Another key objective of P2P is to provide youth with access to physical and community resources (e.g., clothes, referrals). Many youth participating in the evaluation reported that as a result of their participation in P2P's drop-in nights, they have received access to many physical resources, including clothes (e.g., sweaters, boots), self-care supplies (e.g., face wash), and bus tokens. These resources have helped the youth save money that can now be used more productively elsewhere.

"Yeah and when they gave us the free stuff. I was really, really helpful and save so much for me, and I can just now not worry about it, now I can save money for anything, like food."

- Drop-in Interim Focus Group (HR)

Additionally, through P2P's drop-in nights, youth have been provided access to community resources, such as referrals to doctors and information about other relevant community spaces. One youth reported that P2P helped them connect with a service-provider within 2 months, while they had previously been on the waitlist for 2 years.

"Mostly I've found trans community resources. I actually was referred to a doctor and that's how I got on [service provider], like, last week, because of Pieces to Pathways. And I've been waiting for 2 years through CAMH and Pieces to Pathways did it in literally 2 months.... I mean, the difference- Pieces to Pathways has done more for me than, like, 3 hospitals that I've worked with. So I mean that's pretty impressive."

- Drop-in Interim Focus Group (A)

Some youth reported that the open access to resources that P2P provides has helped them build confidence when accessing or exploring additional resources.

"I have a lot of trouble accepting things that are offered to me and then I feel really guilty and terrible about it. But yeah, it's been really reinforced to me like, accessing support that I'm actually entitled to that, I'm allowed to access this."

-Drop in Interim Focus Group (A)

Summary

In conclusion, the youth participating in the P2P drop-in nights reported moderate to high satisfaction levels with the program. In addition to a safe and comfortable space, welcoming staff, and delicious food, the youth also reported experiencing beneficial outcomes. These outcomes included an enhanced vocabulary, which helped some youth express themselves, increased skills (e.g., boundary-setting and harm reduction training), and personal growth (e.g., increased self-worth). Additionally, the youth experienced enhanced peer networks and sense of belonging and community, social support, and access to resources, which has helped them in their journeys of recovery.

Barriers to Participation

Personal struggles

Common to all programming, barriers to participation emerged for some youth. Some youth reported that personal struggles inhibited their participation in P2P's services. These personal struggles included not recognizing access needs and social anxiety while in groups or public settings. As a result of these personal barriers, some youth felt overwhelmed while participating in P2P's drop-in.

"I think that the stuff that I'm not enjoying or finding unhelpful is like my own stuff. I experience a lot of anxiety in this space...And then the other thing that popped into my mind was like again it's my own stuff but I think I need to be a bit more aware of my access needs because sometimes I find if there's like lots of things happening in the space I can't focus on any one thing and I become, like, kind of distressed at, like, not being able to fully engage. But again, it's not really a comment on the space, more of I guess how can I address and respect my own access needs more."

-Drop-in Interim Focus Group (A)

One youth suggested providing access to a wellness room for youth who needed some alone time during group activities (e.g., drop-in). Access to a wellness room may help some youth feel more comfortable during their participation at P2P and possibly reduce anxieties.

“I wish they unlocked single wheelchair access sometimes, sometimes I get anxiety and I need to go in there and like recoup and stuff, now is that ask for that, you know what I mean, for the key all the time, I wish it was more, which [it wasn’t] such a big deal, or like that they be like here’s a key.”

-Drop-in Post-Focus Group (HR)

Age restrictions

Additionally, some youth reported that they enjoyed that P2P was created “by young people and for young people” (Drop-in final focus group, HR) because it helped them feel respected by people who “knew where they were coming from”.

However, others expressed a desire to expand the age limit to allow older individuals to access the services as well. The fear of ageing out of programming was evident for some as they reported a gap in services for those who are too old to access youth programs (e.g., 30 years +) but are too young to access programs for older adults.

“I mean I’m 29, right? A lot of services [for] your early 30s, you know, they’re not there, and I see there’s a gap in services- between more middle-aged, older adults, and elderly. And then there’s youth-...there is 2, cut off at 25 [and] cut off [at] 29. It’s really scary when you realize your 29, in in a few months, [and] you can’t access any services, you know what I mean? It’s harder. And it’s not specialized, like what you go through; it’s not kind of age either.

-CM focus group (HR)

A suggested solution to this challenge was identified in one focus group. The youth recommended creating a program for alumni, which would allow individuals who have aged out of the program to continue participating as a peer worker or mentor. This would allow the alumni of the program to remain connected with the community they have built at P2P while developing new skills and supporting other youth.

Recommendations from Participating Youth

Program Structure and Activities

1. Incorporate accessible leadership training
2. Incorporate structured activities into drop-in (e.g., structured discussion, cooking time for youth)
3. Increase number of drop-in nights per week (e.g., 2 abstinence nights per week instead of 1)

Promotion: Attracting more youth

1. Online event calendar. Helps youth stay informed about P2P events and services, and gives them something to look forward to.
2. Community engagement in community and queer spaces (e.g., volunteering, hosting events)

Services and Resources

1. Group counseling offered by P2P
2. Library resources (e.g., relevant reading material, movies)
3. Speakers for computers
4. Wellness room
5. Increase lighting outside of P2P space for those walking at night
6. Increase paid opportunities that will help youth develop employable skills (e.g., research, mentor)
7. Program component for alumni (e.g., mentor)

Differences across groups

The findings in the following sections reveal some differences across the 3 different drop-in nights for youth participating in the evaluation.

Abstinence drop-in night

Regarding the abstinence drop-in, participating youth reported that they enjoyed this night because it provided them with a safe space to be sober, practice sobriety without triggers, and be with like-minded people. Additionally, one youth noted that the more time they spent with sober people during the P2P drop-in, the more they desired sobriety in their life and outside of the P2P space. .

“...I guess like the more I spend time with sober people, the more I realize like that’s what I want my life outside of here.”

-Drop-in Interim Focus Group (HR)

Harm reduction drop-in night

The youth participating in the evaluation reported that this drop-in helped them learn about harm reduction practices in a safe space and speak openly about their use with like-minded, non-judgmental people. Some youth reported an increase in their self-awareness, as they identified their needs and personal challenges.

Racialized youth drop-in night

Although many youth reportedly attended more than one drop-in night (e.g., harm reduction and abstinence), the racialized youth drop-in group received much lower attendance than the other groups and overall had a lower turnout rate than expected. Some youth who attended the group reported feeling initially apprehensive as they did not want to “take up space”, especially if they were “white-passing”. However, once they joined, they felt welcomed and were able to make deep connections with participating peers and staff as a result of the small groups. In comparison to the other drop-in nights, building a lasting sense of community and belonging among peers within the racialized youth drop-in night may be more difficult for participating youth due to low turnout rates. Future evaluations should examine the need for the racialized youth drop-in, low turnout rates, and strategies for increasing attendance.

Summary

The youth participating in P2P’s drop-in night evaluation reported feeling a sense of safety within P2P’s space. Thus, although many youth attend one specific drop-in night that addresses their needs (e.g., abstinence night for youth who are trying to abstain from substance use), several youth attend more than one drop-in night. Each drop-in night was designed to serve a purpose and connect like-minded individuals; therefore it is important that the purpose of each night is maintained. For example, youth participating in the abstinence group reported enjoying being in a safe space to practice sobriety without triggers. It is important that all youth respect the values and actions of those abstaining from substance use and are conscious of conversation topics that can be triggering during that drop-in night. Maintaining the purpose of the drop-in nights will ensure participating youth continue to feel comfortable and supported in the P2P space.

“I guess just- going through addiction and stuff, it’s very isolating. And you’re in your own world. And so, when I see other like-minded people, like, you’re not alone and, these people can do it, I can do it.”

- CM FOCUS GROUP (A)

Pieces to Pathways Services

Similarities across services

Heard about P2P. All youth participating in the evaluation and utilizing P2P's services (i.e., CM, drop-in) reported that they learned about the program either through word-of-mouth (e.g., friends, P2P staff, previous P2P clients), and/or flyers and brochures posted in community spaces. Additionally, the youth from both CM and the drop-in recommended creating opportunities for them to become involved in outreach through engagement and volunteering in the community and queer spaces.

Expectations

Expectations for both services were generally met or exceeded. Some youth expected more structure within the drop-in (e.g., group counseling, structured discussions) and more people in the racialized youth drop-in night.

"...And in terms of expectations with the case management and services within the drop in is a lot better than anything I ever could have hoped for, off the literal chart."

- CM Focus Group

Space

The youth participating in both the CM and drop-in focus groups reported that the program space was relaxing, comfortable and felt like home (e.g., can do nails, help yourself to food). Additionally, the youth recognized that P2P was very accommodating to access needs (e.g., lamps for light sensitivity, found more quiet location for CM meetings when requested), which helped the youth feel valued and respected by P2P.

Peer-based staff

The youth also reported that they appreciated the peer-based approach to staffing and programming as they received support and mentorship from like-minded peers who had experienced similar situations. The peer-based approach helped increase levels of comfort and safety among youth, while actively validating their experiences, gender, and sexuality. Additionally, the welcoming and inclusive staff encouraged peer-to-peer dynamics between themselves and youth participating in P2P's services, which help the youth feel comfortable to open up with staff.

Outcomes

Youth participating in the evaluation reported that as a result of their engagement in P2P's services, they learned new terminology, gained self-awareness, and improved their peer networks. Additionally, they reported an enhanced ability to set boundaries when necessary, and increased their healthy connections to people and resources. Furthermore, access to resources (e.g., food banks, referrals to doctors, physical resources) were reported as extremely beneficial as helped some youth access necessary supports they had not received elsewhere.

Overall, the youth accessing both the CM and drop-in reported that P2P's services were positively different than other community spaces and services they had visited in the past. Some youth specifically noted that the unique approach used by P2P to provide services to youth (e.g., peer-based, informal, home-like program space) was less stigmatizing and more empowering compared to the traditional approaches. The focus groups with youth accessing both services revealed that, as a result of their positive experience and beneficial outcomes, many youth are interested in becoming engaged in volunteer work with P2P to ensure it remains in operation.

"If you want do fundraisers, I'm sure most of our participants would do fundraisers, and we would do anything to bring awareness too because I think that everyone's been positively impacted. This is really helping, and if you want do more, figure-out studies- we'll (laughs) find a way to keep this going! (Claps) Alright?"

- CM Focus Group (RY)

Differences across services

The youth participating in the CM services reported that they enjoyed being able to text their caseworker as it helped them feel supported on their journey of recovery. On the contrary, some youth from the drop-in focus groups reported that texting was not their preferred approach to communication and thus, found it unhelpful.

Additionally, youth utilizing the CM reported that the services were client-centered, accessible, and helped them achieve specific outcomes (e.g., increased sense of responsibility, goal-setting, coping skills). The drop-in youth, however, did not experience these outcomes and reported a more social approach to support. These findings are aligned with P2P's intended activities and objectives for each service outlined in their logic model (see Appendix A).

Summary of Findings

In summary, the evaluation of P2P's services revealed that the participating youth are generally satisfied with their program experience as the services provided have met or exceeded their initial expectations. Thus far, P2P has successfully met the majority of the short-term outcomes identified in their logic model (see Appendix A). Specifically, the youth participating in the evaluation revealed that P2P's services have helped them increase their sense of belonging to a healthy community (outcome #1) as they increase their sense of social support and belonging. Additionally, the youth experienced perceived increased knowledge of resources and services (outcome #2), with many of the youth reporting that they have actually accessed the services that were recommended. Finally, youth participating in the CM and evaluation reported that they have experienced some increased understanding of the recovery process (outcome #3), including learning more about coping strategies and recovery. Findings did reveal, however, that more must be done in order for youth participating in CM to learn about triggers and anti-oppression. Additionally, future evaluations will need to conduct a more in-depth evaluation of the racialized youth drop-in night in order to identify reasons for the low turnout and recommendations for increasing attendance and improving service-delivery.

Key Takeaways

- 1. Flexible, accessible, and unique approach to treatment.** The recovery-oriented approach utilized by P2P was described as flexible and accessible as youth were able to attend drop-in nights multiple times per week and set-up meetings with caseworkers that best met their schedules. The unique approach used was perceived as less stigmatizing and more empowering in comparison to traditional programming.
- 2. Peer-based.** The youth reported that the peer-based approach to staffing helped them feel more connected and comfortable with P2P staff. Additionally, the youth reported feeling more understood and appreciated while receiving mentorship from people who had experienced similar situations as them.

3. Space Safety. In addition to the physically inviting space, the unique approach and peer-based programming helped the youth feel a sense of safety when in the P2P space and/or meeting with their caseworker. The space safety helped youth feel comfortable to be themselves and interact with others. Additionally, some youth reported that the sense of safety within the space helped them to openly discuss their use and past experience, which has led to increase self-awareness and, ultimately, increased their perceived self-worth.

4. Vocabulary. Enhanced vocabulary was an important outcome experienced by youth accessing P2P's services. The youth learned new terms and concepts (e.g., tone policing) from P2P staff and other peers and reported that they the P2P space was a safe and forgiving environment to practice their new vocabulary. Additionally, the youth noted that the conscious language used by peers and staff helped them feel validated, comfortable, and safe.

5. Skill-building. The youth reported developing new skills, such as goal-setting, boundary-setting, self-care, and coping strategies as a result of their engagement with P2P's services. These skills have helped them on their journey of recovery.

6. Access to Resources. A key objective of P2P is to connect youth with necessary resources (e.g., community resources, physical resources). The evaluation revealed that many youth not only learned about important community and health resources, but also began accessing them as well. The increased access to resources helped the youth feel supported by P2P while enhancing their community.

7. Peer Networks, Sense of Belonging and Community. Participation in P2P's services helped youth enhance their peer networks with new and healthy connections, while building a sense a community with fellow peers. Additionally, youth participating in the P2P's drop-in reported a sense of belonging in the P2P space, which helped motivate them to become more socially active than they were prior to joining P2P.

8. Program Challenges. Low turnout rates among the racialized youth group night was apparent during the evaluation. This challenge may have led to a decreased ability of those who participate to build a sense of community and belonging with other peers. Additionally, ageing out of the program

was an identified challenge among some older youth. It was recommended that an alumni program be incorporated into P2P services, which allows individuals who have aged out of the program to continue participating as peer workers or mentors.

Program Recommendations

1. Increase community engagement

It is recommended that engagement with the local community be increased as a promotional strategy for P2P. It is important that spaces for BIPOC youth are informed about P2P and aware of the services available. Increased community engagement may help participating youth create new healthy connections with their community, learn about resources, connect with broader LGBTTTQQ2SIA youth spaces, and build a sense of community. Additionally, enhanced community engagement outside of LGBTTTQQ2SIA spaces may help reduce transphobia and homophobia on a larger scale and create societal change.

2. Offer more structured programming.

In addition to CM and drop-in, it is recommended that structured programming, such as group counseling, is offered to youth to help them learn more about recovery, triggers, and anti-oppression. Additionally, structured programming can be used to help youth connect with one another during pre-planned group discussions about substance use and their identity.

3. Develop more paid and volunteer opportunities.

In response to youth suggestions, it is recommended that more paid and volunteer opportunities are available to those who want to contribute to the P2P program. These opportunities can help youth develop employable skills while contributing to the sustainability of P2P.

4. Incorporate alumni programming

Finally, it is recommended that an alumni program is incorporated in P2P programming. This will provide individuals who age out of the program with opportunities to remain connected and potentially work their way to a paid position. Additionally, an alumni program can help reduce anxieties

among youth who worry about ageing out of programs and fear a gap in services.

Evaluation Recommendations

1. Investigate the low turnout rate.

It is recommended that future evaluations aim to understand the low turnout rate among the racialized youth drop-in. Although it may be a result of the short duration of the P2P program thus far, it is important that the program understands the needs of racialized youth and possible reasoning for the low attendance.

2. Continue to use peers as facilitators.

A key component to the success of the evaluation was the use of peers as focus group facilitators. Aligned with P2P's peer-based approach to programming, peers were involved throughout the evaluation process. The feedback received from peers regarding the focus group guide was helpful in ensuring that the questions and language was appropriate for the organization and participants. It is recommended that future evaluations continue to utilize the help of peers, and that they are provided honorariums for the time and work.

3. Increase accessibility.

It is recommended that adequate time be provided to participants completing evaluation surveys. Additionally, increasing accessibility of evaluation tools by offering participants the option of completing the survey online, with pen and paper, or through interview-style would also be beneficial. It is important that participants have the opportunity to provide feedback in the most accessible manner.

Conclusion

In conclusion, the evaluation conducted on P2P's program from November 1, 2016 to February 10, 2017 produced insightful findings that can be used to better understand P2P, service-users, and to improve program-delivery. Additionally, the evaluation also produced key program and evaluation recommendations that can be used to enhance programming and evaluation in the future.

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Are you.....
LGBTQQ2SIA?
16 - 29 years old?

Have you ever thought about...
↓ ↓
Cutting down...
Stopping...
Learning more about...
↓
Your alcohol and/or drug use?

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You'll have a chance to share your experiences, develop strategies for change, and build community.

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6 WEEK LONG GROUPS
STARTING IN FEBRUARY 2017
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