Stonehenge
Therapeutic Community

Support. Hope. Thrive.

SUMMARY

Combined program evaluation insights

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Introduction

Organizational overview

Stonehenge Therapeutic Community (STC) is a specialized addiction services agency providing a broad scope of services to individuals, families, and communities experiencing harm related to substance use.

Services range from a long-term residential treatment program to a variety of community-based services, and fall into one of four pillars of service:

- Addiction Medicine and Withdrawal
- Community and Justice
- Residential Services
- Supportive Housing

Vision, mission, and values

Stonehenge's vision, mission, and values center on supporting, advocating, and providing exceptional service to individuals, families, and communities as they navigate substance use and harm related to substance use through an inclusive, collaborative, innovative, and person-centered approach.

- **Vision**: We envision communities where people living with substance use are welcomed, supported, and thriving.
- **Mission**: With a commitment to partnership, support, and advocacy, Stonehenge delivers expert services to individuals, families, and communities experiencing harm related to substance use.
- **Values**: Inclusion, advocacy, accountability, collaboration, innovation, and person-centered.

Reporting and accreditation

As an ongoing initiative to monitor and improve services at the organization, feedback was collected and analyzed across 11 key programs. The following report presents an overview of outcome data and common themes related to program strengths and opportunities for improvement (highlighting unique insights where appropriate).

Additionally, this report provides:

- An overview of Stonehenge's data sources, data collection and analysis methods, and a discussion of the evolution of organizational data collection.
- Barriers to data collection and opportunities for improvement, including specific changes to data collection tools.
- Opportunities to maximize, and/or address gaps, in engagement of client, family, and alumni voices.

This information may also support Stonehenge's accreditation process.

Data sources and methods

Data sources

Feedback was collected from 11 programs, including:

- The residential treatment program (i.e., orientation, active treatment, re-entry, and completion)

- Addiction Counselling Community Justice (ACCJ)

- Addiction Court Support (ACS)

- Addiction Support Coordination (ASC)

- Rapid Access Addiction Medicine (RAAM)

- Peer2Peer (P2P)

- Digital Front Door (DFD)

- Supportive Addiction and Mental Health Housing (SAMH)

- Community Withdrawal Support Service (CWSS)

- Rural Wellington Addiction Services (RWAS)

- Safe Beds[1]

Feedback was collected using a digital survey platform, and all responses were anonymous and confidential.

Methods of analysis

Program surveys included a combination of quantitative and qualitative questions developed to gather client experiences and satisfaction with Stonehenge programs and services, including feedback on core program outcomes.

Quantitative questions that evaluated shared program outcomes provided respondents with the opportunity to rank their agreement to statements, using a scale of 1 (low) to 5 (high). This report presents frequencies of the two upper limits of the ranking scale.[2]

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[1] Descriptions of each of the 11 programs evaluated can be found in Appendix A.
[2] Other outcomes were evaluated using a scale of 1 (low) to 4 (low), but we present only shared outcomes which used a scale of 1 (low) to 5 (low).

Qualitative feedback was gathered on the strengths and areas for improvement of each program. Individual responses were coded and analyzed to identify key themes and unique ideas, with a focus on client voice and impact. This report presents overarching themes, and unique ideas, discerned from analyzing feedback across all programs. Program-specific strengths and opportunities for improvement, as well as additional samples of client voice, can be found in Appendix B.

Evolution of organizational data collection

Stonehenge's processes for collecting, managing, and analyzing program data have undergone notable changes, primarily in three key areas: a shift to digital data collection, increased consistency between data collection tools, and improvements to survey questions.

A shift to a digital data collection platform

Instead of the previously paper-based methods for gathering client feedback, Stonehenge's introduction of an electronic data collection system has likely allowed for easier coordination and central management of data (i.e., distribution, collection, and analysis) and likely requires less effort from both staff and survey respondents. As a result, the response rate to surveys appears to have increased, possibly due to the convenience and accessibility of collection tools. Additionally, the quality of data collected, especially qualitative responses, has improved, providing better and more accurate data that the organization can use to inform decision-making and program changes (e.g., fewer instances of illegible or incomprehensible responses). With a built-in tool for calculating descriptive statistics, including response distributions and mean ratings, the new platform also provides a way to gather quick insights into programming that may be useful for day-to-day, on the ground operations and decision-making.

Increased consistency between data collection tools

A key improvement to the data collection methods at Stonehenge has been the introduction of standardized questions across programs, helping to ensure consistency: in data collection, in how questions are asked, and how key outcomes are measured, to improve overall quality control. Standardized questions also allow for more accurate, reliable, and meaningful comparisons between the different programs and services offered by the organization. Additionally, Stonehenge can now aggregate and provide organization-wide insights on key

outcomes, as well as identify broad program and organizational trends (e.g., strengths, areas for improvements, key themes, and outliers) that can inform decision-making and promote accountability.

Modifications to rating scales

Previous data collection tools at Stonehenge required respondents to provide feedback on key outcomes using a descriptive scale with options: "not really", "somewhat", and "very much". The transition to a new system that uses a numerical scale (ranging from 1 (low) to 4 (high) or 1 (low) to 5 (high)) provides a wider range of responses, including the ability for respondents to opt out of questions using a "not applicable" response. This change has allowed for greater precision and granularity in responses and provides a way for participants to express their opinions and experiences more accurately, including subtle differences. A numerical scale also tends to be easier to interpret for respondents, where the difference between a 3 or 4 on a scale is more easily understood than the difference between "somewhat" and "very much", which can be interpreted differently by different people (this is also true for the evaluator, where a positive result is more easily applied to a numerical rating than having to be superimposed over a qualitative scale). Finally, numerical scales are often quicker and easier to respond to, requiring less effort from respondents and less interpretation, which might be a contributing factor to any increase in response rate.

Program outcomes

The following section presents feedback on ten common outcomes evaluated across each program in Stonehenge's four pillars of service.[3] Program-specific outcomes are not shown (but can be found in the supplied individual program data summaries).

Addiction Medicine and Withdrawal

The Addiction Medicine and Withdrawal pillar of service focuses on addiction as a health issue and ensures that individuals who are experiencing harm related to substance use have access to needed medical and social supports. This pillar of service includes CWSS, RAAM (and DFD), RWAS, and Safer Supply.[4]

Overall, **feedback was generally positive across programs in the Addiction Medicine and Withdrawal pillar of service**. One outlier appears to be in the RAAM program, where:

- **Less than 70% of respondents strongly agreed** that staff encouraged them to share suggestions, opinions, and concerns, and gave them good ideas and creative solutions for moving forward.

	CWSS		RAAM		RWAS		DFD	
PROGRAM STAFF…	Agree	Strongly Agree	Agree	Strongly Agree	Agree	Strongly Agree	Agree	Strongly Agree
Supported and motivated me to make healthy changes.	16%	**84%**	28%	**71%**	16%	**81%**		

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[3] Some programs, including Residential Treatment, DFD, and Safe Beds did not evaluate all ten outcomes.
[4] No feedback was available on Safer Supply at the time of this report.

Adjusted services based on my needs and preferences.	15%	**83%**	21%	**78%**	20%	**77%**		
Understood my issues, challenges, and situation.	19%	**81%**	21%	**77%**	20%	**77%**		
Respected my values, beliefs, and traditions.	19%	**81%**	14%	**85%**	17%	**81%**		
Made it easier for me to talk openly about difficult situations and experiences.	21%	**79%**	19%	**80%**	21%	**78%**		
Encouraged me to share my suggestions, opinions, and concerns.	23%	**77%**	28%	**62%**	22%	**74%**		
Were there for me when I needed them.	21%	**77%**	24%	**72%**	18%	**78%**		
Gave me good ideas and creative solutions for moving forward.	24%	**75%**	27%	**66%**	15%	**82%**		
Connected me to the services and supports I needed.	23%	**73%**	17%	**73%**	15%	**82%**	19%	**73%**
Made me feel more hopeful about my future.	27%	**71%**	25%	**70%**	21%	**77%**		
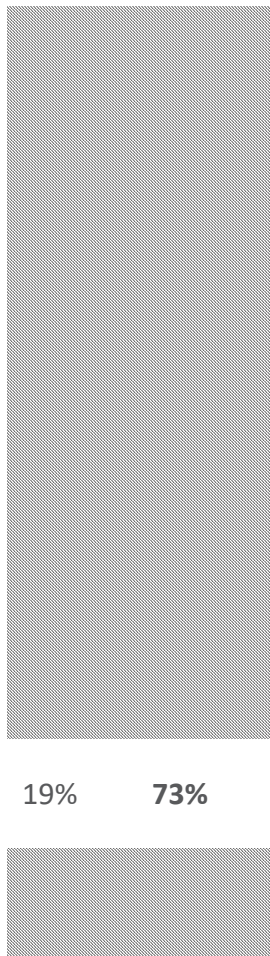
Community and Justice

The Community and Justice pillar of service includes programs providing outreach and specialized support to individuals experiencing complex needs because of their substance use. Programs under this pillar use a harm reduction philosophy and

focus on partnerships with community service providers to help meet client needs. This pillar of service includes ACCJ, ACS, ASC, and P2P.

While feedback varied between programs in the Community and Justice pillar of service, one outlier appears to be in the ACCJ program, where:

- **Less than 60% of respondents strongly agreed** that staff made them feel more hopeful for their future.

	ACCJ		ACS		ASC		P2P	
PROGRAM STAFF…	Agree	Strongly Agree	Agree	Strongly Agree	Agree	Strongly Agree	Agree	Strongly Agree
Encouraged me to share my suggestions, opinions, and concerns.	14%	**86%**	18%	**82%**	31%	**69%**	22%	**78%**
Respected my values, beliefs, and traditions.	14%	**86%**	18%	**82%**	13%	**87%**	8%	**92%**
Made it easier for me to talk openly about difficult situations and experiences.	14%	**86%**	18%	**82%**	29%	**71%**	12%	**87%**
Gave me good ideas and creative solutions for moving forward.	14%	**78%**	12%	**88%**	36%	**64%**	18%	**80%**
Adjusted services based on my needs and preferences.	28%	**72%**	35%	**65%**	31%	**62%**	24%	**73%**
Supported and motivated me to make healthy changes.	26%	**71%**	18%	**82%**	22%	**78%**	16%	**84%**
Understood my issues, challenges, and situation.	31%	**69%**	24%	**71%**	31%	**64%**	20%	**74%**

Were there for me when I needed them.	25%	**69%**	18%	**82%**	29%	**67%**	22%	**75%**
Connected me to the services and supports I needed.	31%	**67%**	18%	**77%**	33%	**60%**	20%	**78%**
Made me feel more hopeful about my future.	33%	**58%**	18%	**82%**	33%	**64%**	15%	**84%**

Residential Treatment

The Residential Treatment pillar of service offers a long-term, gender-specific residential treatment program that is grounded in a therapeutic community model of treatment.[5] The residential program is designed to provide a holistic approach to addressing substance use and encourages residents to help each other throughout treatment, with staff acting as facilitators, guides, and role models. Where possible, alumni are also engaged in the program.

While responses were mixed between phases of the residential program, **ratings were consistently lower during orientation (except for one outcome), and consistently higher during re-entry.**

	Orientation		Active Treatment		Re-entry[6]		Completion	
PROGRAM STAFF…	Agree	Strongly Agree	Agree	Strongly Agree	Agree	Strongly Agree	Agree	Strongly Agree
Supported and motivated me to make healthy changes.	48%	**43%**	33%	**57%**	20%	**76%**	28%	**72%**

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[5] While residential treatment is gender-specific, Stonehenge welcomes transgender and non-binary individuals.
[6] Comprehensive data on connections to supports during re-entry can be found in the Residential Treatment program data summary.

Respected my values, beliefs, and traditions.	41%	**36%**	48%	**41%**	28%	**72%**	48%	**52%**
Gave me good ideas and creative solutions for moving forward.	36%	**36%**	63%	**23%**	28%	**64%**	36%	**56%**
Made me feel more hopeful about my future.	39%	**34%**	40%	**47%**	36%	**56%**	36%	**52%**
Encouraged me to share my suggestions, opinions, and concerns.	48%	**32%**	31%	**62%**	28%	**64%**	52%	**40%**
Made it easier for me to talk openly about difficult situations and experiences.	59%	**27%**	57%	**40%**	28%	**64%**	36%	**52%**
Understood my issues, challenges, and situation.	56%	**26%**	50%	**40%**	28%	**68%**	50%	**46%**
Connected me to the services and supports I needed.	42%	**16%**	47%	**27%**			32%	**32%**

Supportive Housing

As a component of the continuum of substance use services, the Supportive Housing pillar of service includes housing programs that focus on ensuring individuals have the support needed to maintain their housing and access substance use support. This pillar of service includes SAMH and Safe Beds.

Overall, within the Supportive Housing pillar of service, **feedback on Safe Beds was more positive than feedback received on SAMH**. In both programs, however, **less than 50% of respondents strongly agreed** that staff connected them to the services and supports they needed.

	SAMH		Safe Beds	
PROGRAM STAFF…	Agree	Strongly Agree	Agree	Strongly Agree
Were there for me when I needed them.	33%	**59%**		
Made me feel more hopeful about my future.	38%	**52%**	40%	**53%**
Respected my values, beliefs, and traditions.	44%	**50%**	31%	**69%**
Supported and motivated me to make healthy changes.	40%	**50%**	37%	**63%**
Encouraged me to share my suggestions, opinions, and concerns.	46%	**49%**	25%	**69%**
Made it easier for me to talk openly about difficult situations and experiences.	46%	**49%**	31%	**63%**
Gave me good ideas and creative solutions for moving forward.	46%	**44%**	44%	**50%**
Adjusted services based on my needs and preferences.	49%	**43%**		
Understood my issues, challenges, and situation.	47%	**41%**	25%	**75%**
Connected me to the services and supports I needed.	51%	**41%**	50%	**44%**

Program strengths[7]

Shared strengths emerged across programs, and included: program staff, wraparound and holistic services, accountability through routine and achievable goals, and accessibility of services.

Program staff

Staff were identified as a key strength to the organization by respondents in all programs, focusing on how staff were knowledgeable, supportive, and provided services professionally and without judgement.

Staff were described as helpful, kind, caring, friendly, understanding, supportive, and knowledgeable, willing to accept and meet clients where they were at, and support them to make next steps ("staff are a great support system and have been there when needed"; "staff have been wonderful, supportive, and very easy to be open and honest with"). Respondents said it was helpful to have someone who listened, validated their concerns, and provided valuable insights without judgement, and that this created space to speak freely, including about sensitive and difficult issues ("staff never once, even a little bit, made me feel judged, shamed, or even embarrassed; this was vital to ensuring that in turn I would be completely upfront and open with them").

> **"The conversations with staff help motivate me to abstain from alcohol use, maintain structure, and stay focused on finding work and housing."**

Wraparound and holistic services and supports

Access to wraparound services allowed Stonehenge clients to meet basic needs, with respondents indicating they felt supported in accessing services that were necessary to allow them to focus on recovery (e.g., housing, food banks, medical services, income and tax supports, etc.).

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[7] An overview of strengths, by program, can be found in Appendix B.

Empowerment and accountability through goal setting and routines

Setting priorities and goals that were personal and that felt important allowed clients to focus on what mattered to them during recovery. Respondents credited program structure with helping to create a healthy routine that they felt motivated to follow through on.

Service accessibility

Programs were often said to be accessible (i.e., physically and low-barrier) and timely in providing services, with feedback suggesting clients were able to get help when they needed it.

In addition to shared strengths, unique benefits emerged within programs, including:

- **Online access to support and services**. RAAM clients appreciated the ability to access services and supports online. Clients with daytime commitments noted that they would not typically be able to access supports they needed, and that the flexibility provided by RAAM supported their recovery. "What I found most helpful about the program was that I was able to meet with a counsellor and nurse practitioner all online. Having a full-time job working 12+ hours a day I'm thankful I can see the people I need to from the job site."

- **Access to stable and safe living arrangements**. SAMH clients appreciated the program's transitional housing, with one respondent saying, "SAMH has given me the extra assistance to focus on my recovery."

- **Access to legal supports**. Clients engaged with the justice system appreciated that ACS staff "could explain everything [they] needed regarding legality to make the situation less stressful."

- **A combination of counselling and medical interventions to manage addiction**. CWSS and DFD clients found it helpful to have access to counsellors, as well as medical personnel who could offer prescriptions and medication, to manage withdrawal. "In a short time, the Kadian has made me feel alive and has contributed to reduced cravings. I am so hopeful to be off methadone, and with a combination of medications I already feel so amazing."

Opportunities for program improvement[8]

Consistent opportunities for improvements across Stonehenge programs and services included: advertising and awareness, accessibility and service hours, and staff consistency (i.e., reduced turnover).

Increased advertising and awareness

Feedback suggests it would be helpful to increase outreach and awareness efforts to both potential clients as well as medical professionals. Some clients said they were previously unaware of the programs offered by Stonehenge, and that they would have accessed services earlier had they known they were available.

Increased hours of operation

Clients who work full time jobs, who have other commitments during regular working hours, or who experience other barriers to accessing services during current hours of operation said they would benefit from Stonehenge extending hours to include evenings and weekends. Additionally, it was suggested that the organization offer more drop-in appointments to add flexibility.

Staff consistency and reduced turnover

Inconsistency in staffing can be a barrier for Stonehenge clients, who said "it is discouraging when there are hardly any regular full-time staff (and part-time staff don't know [processes, rules, client needs, etc.])." Focusing on keeping staff or hiring additional staff (with appropriate expertise and lived experience) was seen as an important opportunity to improve programs and client experience.

Additional program-specific opportunities for improvement emerged, including:

- **Protocols for integrating new residents into housing programs** like SAMH and Safe Beds to support the transition for both new and existing residents.
- **Support with technology in programs that were virtual or that relied on using computers**. While online access to service was a strength of the RWAS program, for some, virtual services were a challenge, including for those who struggled to use technology. "I found the Microsoft platform hard to get used to. A [test] meeting would be helpful if the client is not familiar with the platform."

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[8] An overview of opportunities for improvement, by program, can be found in Appendix B.

Opportunities for data improvements

As discussed in "Data Sources and Methods", Stonehenge has implemented considerable changes to streamline data processes and increase the quality of feedback through improved tools, collection methods, and analysis. Moving forward, opportunities to further improve might consider how to humanize the data being collected by the organization, and the individual needs and challenges of the diverse and vulnerable populations Stonehenge engages.

Diversifying methods of data collection

While Stonehenge has taken a first step in making evaluation tools more accessible and data more easily managed through an electronic data platform, consideration of more informal tools and methods might be helpful. Approaches like conversations, interviews, or focus groups may reduce barriers to participation (e.g., by addressing challenges related to language, reading levels, stigma, or access to technology) for clients who experience challenges, or who are not comfortable, with more traditional methods of data collection. Alternative methods could also help gather additional layers of detail, context-specific insights, and deeper understanding of client experiences.

Integrating qualitative and quantitative feedback to focus on storytelling, sharing client experiences, and humanizing data

While quantitative data can be useful for gaining neutral insights into outcomes through statistical measures, on its own, quantitative data tends to overlook the personal experiences, emotions, and contexts that are present in qualitative feedback. By combining qualitative and quantitative approaches, Stonehenge may have an opportunity to bring data to life, add meaning, support understanding, and present compelling stories that resonate emotionally and culturally, and that illustrate the impact of their programs through lived experiences.

Ensuring engagement and representation of diverse voices by exploring perceptions of safety

Beyond exploring if current data reflects the diversity of clients, it might be helpful for Stonehenge to identify and explore any cultural, historical, or personal differences impacting client comfort and willingness to engage in evaluation processes. Consideration of how personal experiences, cultural norms, cultural histories, or other factors might influence participation could help ensure data is reflective of the breadth of client experiences.

Stonehenge might also consider whether their data collection processes create safe and inviting spaces for clients, particularly diverse clients, to share their stories authentically and completely. Identifying and addressing barriers to full participation and ensuring that methods encourage participants to bring their whole selves might encourage clients to offer more genuine feedback that facilitates a more accurate and nuanced understanding of program experiences.

Additionally, specific changes to evaluation tools that might be considered include:

- **Ensuring respondents can skip or opt out of questions**. While some evaluation questions allow respondents to choose "not applicable", it might be useful to apply this across all questions to ensure tools are relevant to all clients, better capture client experience, and do not force respondents to answer questions they may not want to or may not feel comfortable answering.

- **Ensuring common outcomes are represented across all tools** (where applicable). Although most surveys contain a core set of outcomes, some program tools use different outcome statements, or a subset of the core outcome statements (e.g., Residential Treatment, DFD, and Safe Beds). Ensuring all evaluation tools are consistent would increase the ability to compare equitably across the organization's services.

- **Creating space for respondents to provide additional thoughts, feelings, or feedback**. In addition to questions targeting the strengths and weaknesses of services, providing the opportunity for respondents to give undirected feedback might provide insights not otherwise captured.

Engaging client, family, and alumni voices

Client engagement

Stonehenge currently engages clients, capturing their voices and experiences, through post-program surveys focused on key program outcomes. Additionally, survey tools allow clients the opportunity to provide feedback on program strengths and opportunities for improvement. To further build client engagement, Stonehenge might consider the following broad possibilities to determine if they would add value:

- **Engaging clients through diverse methods that consider the vulnerabilities and challenges faced by service users** (e.g., access to technology, transportation, stigma, etc.). Possible methods of accessible and low-barrier data collection could include phone interviews, focus groups, or informal conversations that focus on meeting clients where they are at to reduce barriers to engagement. Building in an exit interview for clients could provide an opportunity to gather feedback that is seen as part of the program process.

- **Focusing on building and strengthening trusting and respectful relationships with clients**. Clients who are vulnerable and experiencing challenges with substance use may have preconceived, negative ideas of, or have had negative experiences with, formalized institutions. Working to foster genuine and empathetic relationships with clients can create a sense of safety and willingness to participate. Working to understand and accommodate client needs (e.g., language, culture, literacy, etc.) and using simple, accessible, culturally appropriate, and transparent language could strengthen relationships with clients and engagement in data collection practices. As a way to build strong relationships with clients, Stonehenge might consider how to further engage individuals with lived experience who can create a sense of safety and familiarity.

- **Involving clients in evaluation design**. Engaging clients in the development of the methods, tools, indicators, etc. used in data collection has the potential to increase interest in evaluation, feelings of ownership, and willingness to participate. Working alongside clients, Stonehenge might ask what questions they believe are important, what might be missing, what questions might not be helpful or appropriate, and how they would prefer data be collected and analyzed.

- **Providing incentives that offer a direct benefit to participation**. Offering monetary or in-kind incentives may encourage client engagement, many of whom are likely

experiencing vulnerabilities or financial barriers. Incentives not only help to alleviate these barriers but also demonstrate appreciation and value for the time and effort of participation.

Family engagement

Family can be a strong support for individuals in recovery, however, less than half (38%) of respondents in Stonehenge's residential treatment program said their family attended the family support group. When thinking about how to engage family members of clients with substance use challenges, Stonehenge might consider:

- **Leveraging programs that already incorporate family components** (e.g., expanding and investing in strategies to grow the family support groups in residential treatment).
- **Low-barrier opportunities to provide input and feedback** (e.g., short surveys, telephone or in-person interviews, or informal conversations).
- **Providing families with appropriate education and supports**. Family members who have little or no training with navigating addiction can be left feeling frustrated and not knowing how to support their loved ones. There might be opportunity for Stonehenge to situate itself as a key support and resource (e.g., providing information about addiction and the treatment process) for families who do not know how to be a part of the recovery of their loved one.
- **Offering peer support and self-help groups and activities**. Providing safe spaces for family members to share experiences, educate one another, provide strategies and coping mechanisms, and speak freely about their successes, challenges, and emotions, create opportunities to empower families, reduce stigma, and address potential barriers to engaging in the recovery process.
- **Supporting healthy, functioning relationships between families and those experiencing substance use challenges or in recovery**. Stonehenge might consider if providing opportunities for family therapy or interventions that support relationship building could offer a first step in the process of involving family in treatment.

Alumni engagement

A possible incentive for Stonehenge to further engage alumni is the opportunity to collect longitudinal data on clients which would allow for consideration of sustainability, longer-term impacts of programs and services, and analysis of trends post-program (e.g., in wellbeing,

connection to community supports, relapse prevention, etc.). Considerations for increasing engagement could include:

- **Leveraging programs that provide easy or existing opportunities to engage alumni**. A starting point might be programs like residential treatment where alumni are already engaged and included as a component of the program, and where current processes for engagement can be expanded and built on.
- **Offering accessible ways to engage that do not feel burdensome or intrusive for individuals who may no longer have ties to the organization**. This could include informal interviews or conversations, short surveys, or focus groups, the latter also providing alumni opportunities to reconnect with one another as an additional way to encourage participation.
- **Offering alumni mentoring programs or other voluntary ways to re-engage with the therapeutic community**.
- **Hosting online alumni communities that provide regular updates, communications, and opportunities for connection with the organization and each other**.

Appendix A: Program descriptions

CWSS

As a part of Stonehenge's Addiction Medicine and Withdrawal pillar of service, the Community Withdrawal Support Service (CWSS) provides an alternative to residential withdrawal management for individuals who can safely withdraw from alcohol and/or other drugs in a safe and supportive community environment.

RAAM

Rapid Access Addiction Medicine Clinics (RAAM) are part of Stonehenge's Addiction Medicine and Withdrawal pillar of service. RAAM clinics are specialist medical clinics for people experiencing health issues related to drug and/or alcohol use and are free and open to people of all ages currently using substances. Intended as a short-term service, clients of RAAM clinics are connected back to primary care after completion. RAAM is intended to support people who:

- Want help addressing substance dependence.
- Need help to reduce cravings.
- Are using and want to avoid withdrawal symptoms.
- Have health concerns related to substance use.
- Need a place to talk about substance use without judgement.

RWAS

The Rural Wellington Addiction Services (RWAS) program offered through Stonehenge works in partnership with the Upper Grand Family Health Team to provide low barrier, accessible support to individuals, friends, family, and service providers identifying substance use concerns via an addiction's counsellor or peer support worker. As part of Stonehenge's Addiction Medicine and Withdrawal pillar of service, RWAS offers:

- Assessment, treatment, care planning, counseling and support services, and access to other community resources (as needed) for individuals with substance use concerns.
- Support and education for family and friends of individuals living with substance use concerns.
- Consultation and education for primary care providers and community workers supporting individuals with substance use concerns.

DFD

Rapid Access Addiction Medicine Clinics (RAAM) are part of Stonehenge's Addiction Medicine and Withdrawal pillar of service and are designed for people experiencing health issues related to their drug and/or alcohol use. In addition to brick-and-mortar clinics, Stonehenge offers a virtual RAAM platform called Digital Front Door (DFD). RAAM DFD provides quality healthcare and professional guidance related to substance use to those unable to access a physical RAAM clinic.

ACCJ

The Addiction Counselling Community Justice (ACCJ) program is part of Stonehenge's Community and Justice pillar of service and offers therapeutic interventions on complex substance use issues for individuals who are justice-engaged to improve health, life, wellness, and justice outcomes. Services include screening and assessment, short-term evidence-based interventions, and service referrals (e.g., primary care, relapse prevention, etc.).

ACS

The Addiction Court Support (ACS) program is part of Stonehenge's Community and Justice pillar of service and is designed for community members whose substance use has resulted in criminal charges. The program works to place an addictions counsellor in bail court, linking justice and addiction treatment systems. The counsellor offers participants brief motivational counselling, assistance to understand and comply with bail requirements, and provides referrals to community supports.

ASC

The Addiction Support Coordination (ASC) program is part of Stonehenge's Community and Justice pillar of service and provides support coordination for specialized populations (e.g., geriatric, acquired brain injury, developmental disability, complex mental health, etc.) living with addiction issues, as well as education and consultation to other professionals working with these populations.

P2P

As part of the Community and Justice pillar of service, Stonehenge's Peer2Peer (P2P) overdose response program is based in community, RAAM clinics, and hospitals, and connects individuals who have substance-related concerns, including those affected by drug and/or alcohol poisoning, overdose, or who are experiencing harm related to substance use, to a peer with lived experience. Peers bring a non-traditional perspective and offer practical and emotional

support for individuals (and their families), including connections to community resources and supports. The goals of the program are to reduce repeat overdoses, reduce harm from substance use, and educate and support family and friends.

Residential Treatment

The residential program offered at Stonehenge offers a long-term treatment option for community members struggling with addiction that is grounded in a Therapeutic Community (TC) model of treatment. The program is "based on the belief that chronic addiction comes with an acquired lifestyle and that recovery requires a holistic approach that challenges deeply ingrained behaviours and teaches healthy alternatives." With a focus on shared experiences and peer support, the program encourages residents to assist each other in their treatment, with staff and alumni engaged as facilitators, guides, and role models.

Residential programs offered at Stonehenge are gender-specific and tailored to the unique needs of adult men and women, while also welcoming transgender and non-binary individuals.

The residential treatment program includes four phases to support community members address their substance use and re-integrate into community, including:

- Phase 1 – orientation
- Phase 2 – active treatment
- Phase 3 – re-entry
- Phase 4 – completion

SAMH

The Supportive Addiction and Mental Health Housing (SAMH) program is part of Stonehenge's Supportive Housing pillar of service. SAMH provides support for people with complex substance use and concurrent mental health needs who are homeless, at risk of becoming homeless, or who are considered inadequately housed. The goal of the SAMH program is to improve health and social outcomes for this population by providing stable housing coupled with individualized support.

Safe Beds

As a part of Stonehenge's Supportive Housing pillar of service, the Safe Beds program provides an alternative to incarceration and/or hospitalization for community members experiencing a crisis related to their substance use and/or mental health. The Safe Beds program operates 24/7 and offers four beds. It is a voluntary residential program designed to offer acute crisis support,

recovery-oriented programming, life skills development, and connection to community with the goal of assisting clients to stabilize substance use.

Appendix B: Summary of insights

CWSS

Benefit to clients	• Relatable and knowledgeable staff who fostered open lines of communication, provided non-judgmental support, and were committed to helping clients succeed by going above and beyond to help. • Flexible and quick access to services. • A combination of counselling and medical approaches to manage addiction and withdrawal.
Opportunities to improve service delivery	• Offering group and in-person support opportunities. • Increasing the overall program length, beyond three months. • Expanding service availability to include weekends and holidays. • Helping clients make peer connections. • Improving awareness of the program. • Offering care for medical conditions not associated with addiction (i.e., supporting a holistic state of wellness that integrates appropriate medical care for other conditions not associated with addiction).
Client, alumni, and family voices	• "My counsellor was my greatest help; she directed me where I needed to go and gave me what I needed to succeed." • "[Case worker] helped with sobriety and lifestyle changes, and [counsellor] has always responded in times of need, even going so far as taking the time to check-up on me at home." • "Staff support open, honest communication in a relaxed, non-judgmental atmosphere." • "Staff are friendly, approachable, knowledgeable, professional, and truly care about your wellbeing… their patience is a huge factor in my ability to work with them and not feel pressured." • "Staff did a superlative job of supporting me… they never once, even a little bit, made me feel judged, shamed, or even embarrassed. This was vital to ensuring that in turn I would be completely upfront and open with them." • "They were non-judgmental, caring, and compassionate, [created] a safe space where I could speak candidly without feeling judged [and where] someone was available when I needed them to help me in the ways I've needed support, either just talking or with my withdrawal symptoms." • "They are encouraging and resourceful. They are easy to talk to, take me seriously, and never dismiss my ideas."

| Positive quotes | • "I went from feeling completely alienated to realizing there were people out there who could support me without judgement or ridicule. I am on day 13 being alcohol free and can't thank staff enough for checking in on me all the time and reaching out when I was in the hospital." |

RAAM

Benefit to clients	• Consistent program staff who were helpful and non-judgemental, and who worked to create a safe, caring environment.
	• Access to a nurse practitioner, counsellor, and care planning.
	• Program accessibility and efficiency, including online access, availability of staff, appropriate wait times, physical location, and multi-service access from a single location.
	• Peer supports
	• Connections to other community resources.
Opportunities to improve service delivery	• Increasing the program's hours of operation.
	• Increasing advertising and awareness efforts.
	• Increasing staff capacity.
	• Expanding and offering additional services (e.g., social workers, group workshops, harm reduction, etc.).
	• Making service referrals and increasing awareness of other community supports.
Client, alumni, and family voices	• "The people make me feel accepted and not alone."
	• "They are easy to talk to, very understanding and helpful, and give a lot of knowledge for moving forward."
	• "Everyone was so friendly and caring; they made me feel comfortable and want to do good."
	• "They make me feel like I've known them for years."
	• "They genuinely seem concerned for me, my sobriety, and future."
	• "Everyone has been kind, understanding, and compassionate. It is also very convenient being in town."
	• "The patience of staff and the lack of judgement. I can speak about anything without feeling wrong."
	• "Having an NP readily available is very helpful with being able to give me prescriptions and help me manage my other medication."
	• "The counselling is really helpful, and they have connected me with lots of resources."

	• "Quick response time to help me get the help I needed."
	• "I was able to connect with my support at anytime."
	• "What I found most helpful about the program was that I was able to meet with a counsellor and nurse practitioner all online. Having a full-time job working 12+ hours a day I'm thankful I can just see the people I need to from the job site."
	• "It was easy to obtain the medication required to move past my addiction. The program and staff provide a wide range of services that make it easy to get help and support."
	• "It was extremely easy to navigate the RAAM website, get a hold of someone, and start the program. The staff were all extremely kind and helpful in getting me the treatment I need."
Positive quotes	• "You were able to help me with a potentially serious problem when no one else would."
	• "Staff have a clear understanding that all that goes on in my life is linked to my addiction. It all matters."

RWAS

Benefit to clients	• Knowledgeable staff who were friendly, accommodating, empathetic, non-judgemental, knowledgeable of mental health and addictions, and who worked to create a safe, welcoming environment.
	• Access to counselling services and someone to talk to who could provide resources, guidance, and helpful advice.
	• Quick, efficient, and accessible service.
	• Peer supports
	• Access to withdrawal supports and harm reduction supplies.
	• Supports for family
	• Inclusion in the process and being an active component of their own wellness journey.
Opportunities to improve service delivery	• Increasing hours of operation and offering flexible scheduling and drop-in appointments.
	• Increasing access to peer supports.
	• Hiring more staff and reducing staff turnover.
	• Increasing service promotion and advertising.
	• Expanding service offerings (e.g., to include housing, financial, and legal supports, and broader counselling expertise (e.g., grief, trauma, and emotions regulation)).

	• Integrating with family medicine.
	• Supporting connections and referrals to post-detox treatment.
Client, alumni, and family voices	• "Spaces were safe and inviting, with amazing staff."
	• "I found it helpful to have somebody to talk to and to help me navigate some of the difficult situations I was having. I was given good resources and lots of helpful advice."
	• "I felt comfortable with speaking about what I've been through."
	• "The staff are extremely dedicated to each person's situation."
	• "Staff are so amazing. Not only with me but also with my family."
	• "I feel heard by staff."
	• "I am treated like a human and have never felt judged."
	• "Staff helped me deal with not only my addiction issues but supported me with housing and ODSP."
	• "The program was flexible and open to my schedule."
	• "I was able to quickly access services and get the help I needed."
	• "[Counsellor] was amazing and could explain many ideas to me in ways others have not always taken the time to."
	• "Peer support is amazing, and counsellors understand how my brain works."
Positive quotes	• "I have tried so many different approaches to my alcoholism and I feel as free as I ever have. Peer support has been wonderful and empowering, and I love how therapy ties it all up for me."
	• "I felt heard and understood for the first time in years."
	• "I was able to be an active part in my wellness."
	• "You helped me when I felt no one could."

DFD

Benefit to clients	• Open and knowledgeable staff who offered non-judgmental support.
	• Program accessibility and convenience.
	• Availability of counselling and medical interventions.
Opportunities to improve service delivery	• Extending opening hours to include evenings and weekends.
	• Providing clients with a consistent point of contact.
	• Improving clarity around medications and their side effects.

Client, alumni, and family voices	• "Staff are friendly and willing to help."
	• "There is a complete lack of judgment or shaming. Everyone I dealt with was welcoming, open, compassionate, and professionally competent."
	• "The program being online makes life way easier."
	• "Both counsellor and NP were genuinely caring, and I never felt like a commodity."
	• "The NP and my addiction counselor practically saved my life."
	• "The ongoing support with the counsellors and nurse practitioners was invaluable for me in my recovery."
	• "The [counsellors] and the nurse are a key component in my life and helping me with my sobriety."
	• "The counselling is really helpful and the medications I got from the nurse are also a tremendous help."
	• "The fact I am able to get all my prescriptions from one place; I find my care is a lot more effective this way."
Positive quotes	• "The people that work for RAAM have helped me on my way back to recovery... I feel safe talking with staff members and doctors through this program."

ACCJ

Benefit to clients	• Non-judgement staff who were supportive, motivating, knowledgeable, open, and who offered relevant health education and resources.
Opportunities to improve service delivery	• Ensuring staff consistency and continuity.
	• Extending the length of the program.
Client, alumni, and family voices	• "Staff provide genuine, non-judgmental, and honest feedback."
	• "The motivational skills and tips help a lot."
	• "Just being able to talk freely is helpful."
	• "It helps having an outlet to talk about sensitive and embarrassing issues."
	• "Having a third party removed from my personal life to talk to helps."
	• "Staff helped me understand how to stay away from substances."
	• "[Information on] how to deal with different drugs was helpful."
Positive quotes	• "The conversations with staff help motivate me to abstain from alcohol use and maintain structure to stay focused finding work and housing."

ACS

Benefit to clients	• Supportive and helpful staff who were readily available and routinely went above and beyond.
	• Meaningful service referrals.
	• Crisis support
	• Support navigating difficult legal processes.
Opportunities to improve service delivery	• Providing transportation to and from court and appointments.
Client, alumni, and family voices	• **"Staff were willing to help, going out of the way to support with meetings and appointments."**
	• "The help I received from my counsellor was phenomenal."
	• "The openness and non-judgement when I was in active addiction was very appreciated. Also, all the information and support for treatment and aftercare was and has been awesome!"
	• "Staff were very supportive and helpful, took the time to explain different aspects of the process and break things down into simple steps, and were always available for questions or concerns."
Positive quotes	• "Everything to do with the legal process was new to me. Staff helped me and guided me through the court process and soothed my anxiety. I would have been terrified and confused without them."

ASC

Benefit to clients	• Non-judgemental staff and support.
	• Links to wraparound and holistic services.
	• A focus on goal setting and relapse prevention.
Opportunities to improve service delivery	• Prioritizing waitlisted clients with the greatest need.
	• Ensuring consistency of care (i.e., ongoing contact with the same staff members).
	• Offering longer meeting times and drop-in groups.
	• Hiring additional staff.
Client, alumni, and family voices	• "Staff connected me with community supports, provided emotional support, and were non-judgmental."
	• "Staff supported me with going to the food bank, doctors' appointments, and advocated for me."

	• "Staff put me in contact with mental health professionals."
	• "Staff offered continuous support, helped with making phone calls, connected me to services I needed, helped me with making relapse prevention plans, and keeping track of my recurrences of use."
Positive quotes	• "[Staff member] has made me accountable to her and taught me to be accountable to myself, which has made me successful in maintaining my sobriety since starting this program (sobriety I have never been able to maintain outside of treatment, hospitals, or sober living)."

P2P

Benefit to clients	• Staff support, encouragement, and availability. Staff were helpful, understanding, kind, knowledgeable, non-judgemental, and willing to meet clients where they were at.
	• Having peers to talk to with lived and shared experiences.
	• Access to resources (e.g., mental health support, doctor and nursing services, medication, food banks, AA/NA, day programs, therapy, etc.) and awareness of community supports.
	• A continued support plan for ongoing sobriety.
	• Ease of access and quick response time.
	• Opportunities for skill development.
	• Relationship support (i.e., fostering new and old relationships).
Opportunities to improve service delivery	• Increasing availability, particularly during weekends.
	• Implementing a client-centered approach that considers individual need.
	• Improving advertising.
	• Improving office spaces.
Client, alumni, and family voices	• "I found out about programs that I didn't know existed and they set me up with the supports I needed."
	• "The non-judgmental, open dialogue and continued support plan was helpful."
	• "It was really helpful for me; I get everything I need at one time and also really fast without any appointments."
	• "I found the ease of discussing pretty much anything to be the most helpful. There was little to no tension, difficulty, or judgement."
	• "It was helpful to have someone who listened to me despite my reservations and provided me with valuable insights without judgment."

- "It helped getting the information all in one place and feeling comfortable sitting, listening, talking, and knowing there are others who have been in my place and have made a comeback from that."

- "The most helpful part of the program was feeling safe to talk and having access to supports I didn't know were available" and "that fit me the most."

- "It was easy to talk and speaking with someone I can relate to helps me open up."

- "Being able to speak with staff who are clearly educated either by traditional education or importantly by experience was helpful. Having direct contact with [staff member] is very comforting and knowing if I need to speak with someone immediately, I can call RAAM."

- "The staff have been super supportive, accepted me for me, where I am at, and told me what I needed to do when I needed to do it."

- "[Staff member] has been wonderful, supportive, and very easy to be open and honest with. She is perfect for this position."

- "I can rely on my workers 24/7."

Positive quotes	- "The amount of support provided is impressive. I was so surprised and comforted to know this program is here for myself and others in need."

Residential Treatment

Benefit to clients	- Orientation

- Orientation
  - A grace period with time to learn the rules and adjust to the program (including access to guides and information).
  - A community of helpful and encouraging peers and staff.
  - The buddy system.
  - A routine and structured approach, including goal setting.
- Active treatment
  - The broad range of activities available to support recovery, skill development, and self-improvement (e.g., focus work, primary group, re-entry group, relapse prevention planning, coping skills, reflections, etc.).
  - The support, encouragement, and feedback from peers and staff, with opportunities to work through recovery alongside others who have shared experiences.
  - A structured approach.
- Re-entry

	o Re-entry phase activities, including primary group, relapse prevention planning, and re-grounding exercises.
	o Community re-integration supports, including community outings.
	o Supportive staff who provided feedback and challenged thinking.
	o Peer support and the opportunity to develop lasting relationships with others who have shared experiences.
Opportunities to improve service delivery	• Orientation
	o Providing more contact with friends and family (e.g., for new residents, during holidays, to support relationship-building, etc.).
	o Providing updated and comprehensive information and rules, including awareness of the Residential Treatment Preparation Program.
	o Increasing staff capacity and consistency.
	o Ensuring all residents receive a Buddy.
	o Facilitating more connection to external supports.
	• Active treatment
	o Increasing staff capacity, with a focus on staff who have appropriate expertise and lived experience.
	o Improving communication between staff members, as well as between residents and staff, to ensure consistency in care and mutual understanding (e.g., of rules, processes, etc.).
	o Increasing access to counselling.
	o Providing more opportunities for rest and downtime.
	o Updating program materials to ensure they are relevant, practical, and comprehensive.
	o Providing more contact with friends and family.
	o Facilitating more connections to community supports.
	• Re-entry
	o Offering more housing and employment supports.
	o Providing more access to primary therapy.
	o Increasing the length of the re-entry phase.
	o Updating program materials.
	o Offering more guidance from staff.
Client, alumni, and family voices	• Orientation

- o "My buddy was wonderful and so patient with me. My buddy went above and beyond."
- o "My buddy and the community were very helpful."
- o "Orientation really helped me understand what I need to do going forward, that it's important to set goals, and that it's never too late."
- o "The community was very supportive and encouraging. I felt very welcomed, uplifted, and inspired by the senior residents."
- o "I think the structure is great for newcomers."
- o "The staff and community were helpful and supportive. I was able to connect with the resources that would help me with successful reintegration as a prosocial member of society."
- o "The information manuals and packages were very insightful, and I learned a lot about processes."
- o "It helped to get adjusted at a reasonable rate before fully entering into the community."
- o "It was helpful being able to get comfortable with the process of things and to make sure I was making the right choice."

- Active treatment
  - o "The structure and conditioning of 6 months sobriety in the community (not an institution) was helpful."
  - o "I worked on goals and behaviours that I never would have."
  - o "Staff are kind, helpful, and caring."
  - o "I have come to understand my emotions that I never knew existed and how to build structure, be responsible, and hold myself accountable. I now know how to set goals and boundaries. I have hope for my future."
  - o "I think the TC model is extremely helpful in recovery and allows individuals to identify and utilize their personal strengths to better support other members of the community."
  - o "It helped having community and staff members who have been through the same things we have."
  - o "The encouragement from other residents and working through emotions and problems together was most helpful."

- Re-entry
  - o "It was helpful having the ability to make small steps back into society instead of doing treatment and then being put back into life."

       o   "Reintegrating into society, growing and learning from my peers, creating friendships, and working through my struggles in a place of care and support was most helpful."

       o   "Going on outings and being responsible for ourselves was helpful."

       o   "Creating a relapse prevention plan was useful."

       o   "I enjoyed primary group. I got to approach issues that were going to affect me going forward and the feedback and advice I received was very relevant."

       o   "Having a good re-entry therapist who will challenge me was very helpful. It has helped me look at areas I hadn't put a lot of thought into and has given me more insight into what I need to change."

Positive quotes	• "It was an experience unlike any other I've had. It challenged a lot of my thoughts, attitudes, and behaviors, in a helpful way."
	• "I will be telling anyone and everybody I can. I'm so happy that I came to STC and I'm really going to miss it."
	• "The residential program allowed me to feel a sense of belonging and acceptance that I wouldn't have felt anywhere else."
	• "I believe this program has changed my life in many ways. It's a tough program, but my life is better because of it."
	• "As a CSC resident it was tough, but I was able to kick a lot of negative institutional values and gain insight into positive pro social living."

SAMH

Benefit to clients	• A stable and safe living environment during the recovery journey.
	• Non-judgement and supportive staff who provided reassurance and were there when needed most.
	• Connections to services and resources.
	• Empowerment through goal setting and a focus on recovery.
Opportunities to improve service delivery	• Streamlining the integration of new residents into the program.
	• Offering additional help connecting to community programs.
	• Reducing staff turnover to provide a consistent point of contact.
	• Providing kitchen necessities (e.g., dish soap, garbage bags, etc.).
Client, alumni, and family voices	• "The staff are very good at listening to me and addressing my needs."
	• "Staff are easy to talk with."

- "I am very grateful to my most recent caseworker as I find her presence supportive, calming, and non-judgemental."

- "Staff don't just show up for meetings, they are often around the home and are always available to talk."

- "Staff connected me to the resources I needed (e.g., a bus pass, food, counselling, and housing)."

Positive quotes

- "This transitional program has given me the extra assistance to focus on my recovery… it has provided me additional assistance to help me heal and become a well-rounded woman."

- "They continually met me where I was at… regardless of the level of support I needed. This program saved my life."

Safe Beds

Benefit to clients

- Supportive and non-judgemental staff who were readily available to help.

- Support meeting basic needs.

- A routine and structured approach.

- Opportunities to gain knowledge and learn new skills.

Opportunities to improve service delivery

- Prioritizing client safety.

- Establishing a protocol to integrate new residents into the program (e.g., setting expectations, implementing house rules, etc.).

- Offering more activities (e.g., providing workout equipment, offering meditation groups, workshops, shopping trips, etc.).

- Offering opportunities to extend stays on a case-by-case basis.

Client, alumni, and family voices

- "The staff are very supportive and most knew what I was going through because they went through similar situations."

- "It was helpful to have a warm, safe place to stay, food, and not having to sleep on the street."

- "When I or other clients were struggling the staff would conduct a group on that topic."