

**Ottawa School-based Substance Abuse Program  
Evaluation Report**

***For the year 2010/11***

**September 2011**

## Acknowledgements

### Participating school boards:

Conseil des écoles catholiques du Centre-Est  
Conseil des écoles publiques de l'Est de l'Ontario  
Ottawa Carleton District School Board  
Ottawa Catholic School Board

### Service providers:

Maison Fraternité  
Rideauwood Addiction and Family Services

### Program funding partners:

Champlain Local Health Integration Network  
Ottawa Public Health  
United Way Ottawa's *Project s.t.e.p* (including funding from Health Canada)  
All participating school boards

### Program coordination and report draft:



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A: Program Model

B: Substance Abuse and Youth in School Coalition Backgrounder

C: Clinical Tools (Basis 32, DTHQ, Modified GainSS)

D: Evaluation Plan

## 1. Executive Summary

This report describes the evaluation work and results for the school-based substance abuse program in Ottawa for the 2010/11 school year. The program is a collaboration between the four Ottawa school boards and two service providers, Rideauwood Addiction and Family Services and Maison Fraternité. This is the first formal evaluation of the program conducted jointly by both agencies across all four school boards - as such it marks a new level of collaboration. The results indicate that the program is meeting its objectives in helping to improve the health, wellbeing and academic outcomes for students. Feedback from participating schools indicates that the partnerships are working well and that the services are highly valued by the school community.

Upon being referred to the program, the typical school-based counselling client is consuming cannabis 22 days a month, is drinking 8 days a month, is struggling academically, and has been identified as being at high risk for dropping out of school. A significant minority of clients are also using cocaine and/or other drugs. They are experiencing moderate or greater difficulty in their ability to manage day to day responsibilities. By the end of the evaluation period, the following outcomes were observed for students participating in the school-based counselling program:

- 75% of students in the sample group reported that they decreased or stopped their use of cannabis, with decreases in both frequency and quantity.
- Most of the clients who previously used cocaine and/or ecstasy reported that they achieved abstinence from these drugs. For clients who used hallucinogens, 90% had stopped or reduced use.
- Based on student responses to an assessment tool, 70% of students showed an improvement in overall health and wellbeing.
- 75% of students were able to maintain or increase their credit achievement during the evaluation period.
- 23 out of 24 students who were identified as being at risk of leaving school prior to beginning counselling stayed in school and finished the academic year.
- Over 80% of all students referred to the program follow up and are admitted to counselling. This high rate of engagement is a hallmark of the school-based program.
- The program also enables a significant proportion of clients' parents to receive services that help them support their child. Over 60% of the parents contacted subsequently participated in counselling or other services.

In all, over 1250 students were served through school-based counselling across all four school boards during the 2010/11 school year. In addition, 650 of their parents were contacted. Another 5000 students participated in prevention and education sessions, and the school-based counsellors also delivered training and education sessions to hundreds of teachers and parents through various school and community events.

## 2. Background

The school-based substance abuse program is the result of a multi-sector community partnership brought together to address the issue of substance abuse among students in Ottawa. Ottawa youth are certainly not unique with respect to alcohol and drug use. According to the 2009 Ontario Student Drug Use and Health Survey<sup>1</sup>, one in six Ontario students (Grades 7 - 12) may have a drug use problem, but only a small fraction of students have received treatment.

By bringing prevention, education and treatment services into the school setting, the program makes services universally accessible and convenient for students. The overall objective is to improve the health, wellbeing and academic outcomes for students. The program is run as a close partnership between the schools and the two service providers, Rideauwood Addiction and Family Services and Maison Fraternité. This model has overcome many of the barriers typically preventing youth from getting the services they need. For a description of the program model, please see Appendix A.

Program oversight is provided by the Substance Abuse and Youth in School (SAYS) Coalition, facilitated by the Ottawa Network for Education (ONFE). The Coalition members include all four local school boards, youth-serving addiction agencies, Ottawa Public Health, United Way / Centraide Ottawa, enforcement and allied professionals. Further details regarding the SAYS Coalition are provided in Appendix B. ONFE also provides administrative services for the school-based program.

Although school-based counselling for students was available in some schools prior to the current program<sup>2</sup>, a much broader implementation was made possible through new funding announced in 2008. At that time, four partners committed to a total of one million dollars annually to support school-based education, prevention and treatment services. The funding partners are the four local school boards, Ottawa Public Health, the Champlain LHIN (Local Health Integration Network) and United Way/Centraide Ottawa's Project s.t.e.p. Total program funding is allocated to each school board in proportion to the number of eligible high schools it has within Ottawa. Combined with all other sources of funding, this support has enabled school-based services to students to increase by 80% (based on total hours of service). A small number of the 56 high schools in Ottawa did not yet have school-based counselling services as of June 2011, but it is hoped that this gap can be closed shortly. Note that three new high schools have been opened in Ottawa since 2008, so the demand for service has been growing.

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<sup>1</sup> The Centre for Addiction and Mental Health's Ontario Student Drug Use and Health Survey (OSDUHS), 2009. The study is conducted every two years. Over 9,000 students in grades 7 to 12 from 47 school boards across Ontario, participated in the 2009 OSDUHS.

<sup>2</sup> Rideauwood has been providing school-based services since 1986, and Maison Fraternité has been doing so since 1989.

## 3. Methodology

### 3.1 Full Collaboration

The program partners all agreed that an outcome evaluation of the school-based program was essential, but that a single process and reporting format must meet the needs of all partners and funders. To this end, a common framework was developed and the evaluation plan was supported by all service providers, school boards and funding partners. Research approvals were obtained following the appropriate processes of each school board.

Funding for the evaluation was provided by Health Canada (via Project s.t.e.p.) as well as the Champlain LHIN. The evaluation plan was based on the logic model developed for the School-based Program by Rideauwood Addiction and Family Services with a grant from the Ontario Centre of Excellence for Child and Youth Mental Health.

Several planning and implementation meetings were held between the two service providers, Rideauwood and Maison Fraternité to ensure consistency in how data would be collected and interpreted. The two agencies had not previously worked together on evaluation, and this new level of collaboration represents a significant step forward.

### 3.2 Evaluation Plan

The main parameters of interest are changes in student well-being and academic success. A comparison of pre- and post-counselling results using three clinical tools (described below) are used to assess changes in student health and wellbeing. Changes in academic success are determined by comparing students' grades and credit achievement in the academic term immediately prior to beginning counselling, with the same parameters for the subsequent term. It is also noted whether students were identified by their school as being at risk of early school leaving. The final aspect of the evaluation does not involve students, but solicits anecdotal feedback from the school administration regarding the overall functioning and impact of the program.

The clinical tools selected are already commonly used in the assessment of clients who are referred for counselling service. The tools are administered as part of the screening/assessment processes early on in the service of clients, and are required by the Ontario Ministry of Health and Long Term Care (MOH/LTC). The tools are validated for use with adolescents ages 12+. The plan involves administering these tools later in the course of counselling as part of a quasi-experimental design to identify client change and progress related to substance abuse counselling. The three tools are included in Appendix C and are briefly described below:

- The Modified GAIN Short Screener (GAIN SS) is a brief screening tool which identifies substance use disorders and mental health problems. It is part of the pilot study used throughout the Champlain planning area by all addiction and mental health services funded by MOH/LTC, including those agencies providing counselling for youth with substance use problems. The evaluation plan anticipated that an online version of this tool would be made available by the Ministry early in late 2010; however, delays

in the availability of the tool made it impossible to use during the 2010/2011 school year. It will be included in subsequent evaluation efforts.

- The Behaviour and Symptom Identification Scale (BASIS 32) is a full assessment tool that identifies problems over five domains, including relation to self/others, daily living/functioning, depression/ anxiety, impulsiveness and psychosis.
- The Drug Taking History Questionnaire (DTHQ) identifies the potential mood altering drugs used by the client during a specific period of time, including amounts and frequency of use.

A more detailed description of the evaluation plan is provided in Appendix D.

### 3.3 Sample Size

The sample size was governed by the number of students for whom consent to participate in the evaluation was obtained, and for whom complete data was available. Since the process for obtaining consent was not finalized until well into the second semester, this left a very short time for schools to attempt to contact the parents of students in the program to obtain consent for the evaluation. Parents who were contacted were generally supportive of the evaluation, but the time involved in doing so severely limited the number of students for whom consent was obtained. Due to the small data set available, the sample was not randomized further. However, several different schools across all four participating school boards were represented.

It will be important that the evaluation be continued as planned through the coming school year in order to increase the sample size. In the future, consent to participate in the evaluation will be requested as soon as possible after a student is admitted to the program, thereby avoiding the time pressure near the end of the school year.

## 4. Results

### 4.1 Client Profile and Program Outputs

At the beginning of the 2010/2011 school year, the school-based counselling program was running in 47 high schools across Ottawa, and three additional schools were added in January 2011. The vast majority of these schools received 14 hours/week of service by an addiction counsellor throughout the school year. Although there are a small number of intermediate and elementary schools (Grades 6-8) that also receive some services, these are not included within the scope of this evaluation.

The typical school-based counselling client is consuming cannabis 22 days a month, is drinking 8 days a month, is struggling academically, and has been identified as being at high risk for dropping out of school. Approximately 1 in 8 clients are also using cocaine. They are experiencing moderate or greater difficulty in their ability to manage day to day activities, such as their roles as a student and family member. There is a roughly 60/40 split between male and female clients.

During the 2010/11 school year there were approximately 1250 students served through school-based counselling across all four school boards, with an additional 5100 students participating in prevention and education programming. In order to better support students referred to counselling, over 650 of their parents were also contacted during the year - and over 60% of these parents subsequently participated in counselling or other agency services to help them to support their children and address their own addiction-related mental health issues. This is an important result since the literature points to the importance of parental involvement for successful outcomes in the treatment of youth addiction.

*“In speaking with parents I know they have really appreciated the opportunity to meet and discuss their concerns [with the counsellor].”*

- School staff member

In addition to service for students and families, the addiction counsellors also provide support for other school-based initiatives, including teacher training and parent events. During the 2010/11 school year, approximately 740 teachers received training regarding youth addictions. Counsellors also delivered presentations at 39 school and community-based events (mainly for parents).

## 4.2 Student Engagement

Over 900 students in total were referred to the counselling program by participating schools during the year. This represents 15-20 students per school. Of the students referred, approximately 750 were subsequently admitted to the counselling program<sup>3</sup>, which represents an engagement rate over 80%. In addition, approximately 350 students who were admitted the previous year continued to receive service in 2010/11.

To provide a context for this data, it is helpful to look at an example of a school before and after the introduction of the school-based counselling program. At the high school in question, staff had been referring students to addiction treatment for years without success - in fact, staff were not aware of a single student who had followed up on a referral. The school-based counselling program was introduced to this school in the spring of 2007. Within the first three months, 11 students had engaged in counselling. In the following year, 28 of the 36 students referred had engaged, with two more students on the wait list. This school continues to participate in the program today.

*“Having a drug resource in the schools opens accessibility to all students. These students would not go off site for this help.”*

- School staff member

This very high rate of student engagement is one of the hallmarks of this school-based model, and differentiates this program from other types of service delivery models. Getting adolescents to act on a referral and engage in ongoing counselling is one of the most challenging aspects of intervention and treatment. The program’s success in this

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<sup>3</sup> Students are deemed to be admitted if they have attended three or more sessions with their counsellor. For a variety of reasons there may be some lag time between the referral and the time a student sees a counsellor.

area is credited to the close partnership between school staff and the service providers, including the physical presence of the counsellors in the school building. Each counsellor makes an effort to visit as many classes as possible early in the school year to introduce themselves to new students, and to be a visible part of the school community. The counsellors have earned the trust of students to the point where some students have self-referred or have brought friends to see a counsellor.

### 4.3 Student Wellbeing and Substance Use

Two clinical tools (BASIS 32 and Modified GAIN 55) were used to assess student health and wellbeing during the evaluation period. These were administered to students upon admission to counselling, and then again near the end of the school year to assess degree of change.

#### *Overall Health and Wellbeing*

The BASIS 32 questionnaire addresses five parameters, including relation to self/others, daily living/functioning, depression/ anxiety, impulsiveness and psychosis. Results are measured on a four-point scale. Students may begin participating in school-based counselling at any point during the school year, and the frequency of counselling appointments may vary, so the number of counselling sessions attended between the baseline and re-administration of the tool also vary throughout the sample. (Only students with more than 60 minutes of total counselling time were included in the analysis.) For the 69 students for whom pre- and post-counselling scores were available, 70% showed an improvement by the time the second assessment was done. Furthermore, students with poorer baseline scores appeared to experience a higher degree of improvement.

#### *Drug and Alcohol Use*

The Drug Taking History Questionnaire (DTHQ) was used to compare students' use of alcohol and drugs upon admission and again in a 30-day period near the end of the school year. Each substance is examined separately, although clients may have used multiple substances over the same period.

The most commonly used substances were cannabis and alcohol, followed by nicotine, hallucinogens, ecstasy and cocaine. Baseline data is available for 47 students, and all of these substances were reported among this group. Over 75% used both cannabis and alcohol, and of those who used cannabis, almost half did so daily. Upon re-administration of the DTHQ near the end of the school year, 75% of students in the sample group had decreased or stopped their use of cannabis - with decreases in both frequency and quantity. Over 50% had reduced or stopped using alcohol. For clients who used hallucinogens, 90% had stopped or reduced use. There were also dramatic drops in the use of cocaine and ecstasy, with the majority of previous users achieving abstinence from these drugs. Cigarette smoking showed less change since counsellors put priority on substances that cause the most harm to students. Other than nicotine, over 80% of students were able to reduce or stop using one or more drugs during the evaluation period.

## 4.4 Student Academic Outcomes

### *Staying in School*

For students with substance use issues, staying engaged in learning is very difficult, yet the school environment can be a critical source of support. One of the key goals of the school-based program is to keep students in school - even if it means decreasing course load while they take time to focus on their health and wellbeing. For students participating in school-based counselling, staff have consistently observed a school retention rate in excess of 85%, even for students who were deemed to be at high risk of early school leaving. Among the sample of students in this evaluation, 24 had been identified as “high risk for dropping out” when referred to the program. Of these students, *all but one* remained in school at the end of the year.

*“This program serves such a great need for our students. It helps keep so many kids from dropping out – and gives them a base to build a healthier lifestyle.”*

- School staff member

### *Grades and Credits Earned*

Students may begin participating in school-based counselling at any point during the school year, so students in the sample group had varying lengths of time in counselling prior to the end of the school year. In some cases, the evaluation period may have been too short to allow significant changes in academic results to occur. Nonetheless, a modest improvement was evident among the sample group. Of the 36 students for whom academic data was available before and after counselling, half the students increased the number of credits earned at year end compared to the term prior to start of counselling. The overall grade average for this group also increased by 6%.

## 4.5 Functioning of the Partnerships

Feedback about the program was requested from staff at participating schools via a short survey. Responses received from the schools indicate that the school-agency partnerships and overall program model are functioning well. School staff appreciate having the addiction counsellors on site, and most schools have established mechanisms to support collaboration and communication between staff and the counsellors. Teachers and school administrators frequently offer praise for the individual counsellors as part of their feedback. The training offered by the counsellors is well received, and many respondents would like to have more opportunities for staff training. Almost half of the school respondents also indicated that they would like more hours of service.

The following are a few representative comments from school staff:

*“This is an essential school program. We need the access and expertise.”*

*“An excellent, collaborative program which works very well in our school community.”*

*“Rideauwood’s presence in our school is integral to the success of our students. We desperately need more Rideauwood time as we are carrying a large wait list.”*

## 5. Recommendations

- 1) The school-based counselling model has been very successful in engaging students in need of support. Once admitted to the counselling program, students tend to experience positive outcomes with respect to health, wellbeing and academic success in a relatively short period of time (within the school year). The program is meeting its objectives, and continued support for the program is warranted.
- 2) Program partners should continue to advocate for resources so that the seven high schools that are as yet without service can have access to school-based counselling as soon as possible. There is also a need for increased service levels at other schools.
- 3) The evaluation should be continued through the coming school year in order to increase the sample size and begin accumulating longitudinal data. Plans have already been made to begin the process of collecting consents for the evaluation early in the school year as students are admitted to the program.
- 4) As sample size allows, additional variables should be investigated. For example, it would be helpful to examine the impact that working with parents has on student outcomes. Another variable of interest would be time in counselling - how does the number of sessions and the duration of counselling affect student outcomes?
- 5) The collaboration and information sharing between Maison Fraternité and Rideauwood is mutually beneficial and should continue to be strengthened. In particular, the processes around data collection should continue to be jointly discussed and refined.
- 6) The collaboration between schools, the agencies and other partners is working well and should continue to be strengthened.