Ottawa School-based Substance Abuse Program Evaluation Report

For the year 2012/13

October 2013

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)

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

Program coordination and report draft:

OTTAWA NETWORK FOR EDUCATION

RÉSEAU D'OTTAWA POUR L'ÉDUCATION

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APPENDICES:

1. Executive Summary

This report describes the evaluation work and results for the school-based substance abuse program in Ottawa for the 2012/13 school year. The program is a collaboration between the four Ottawa school boards (Conseil des écoles catholiques du Centre-Est, Conseil des écoles publiques de l'Est de l'Ontario, Ottawa Carleton District School Board, and the Ottawa Catholic School Board) and two service providers, Rideauwood Addiction and Family Services and Maison Fraternité. This is a continuation of the formal program evaluation begun in 2011, conducted jointly by both agencies across all participating schools. The results to date indicate that the program is meeting its objectives in helping to improve the health and wellbeing of students. Together with other school-based supports, the addiction counseling program is helping to keep at-risk students in school. Feedback from participating schools indicates that the partnerships are working well and that the services are highly valued by the school community.

The evaluation involves the comparison of drug and alcohol use data and other indicators of student health and wellbeing upon admission to the counselling program with the same indicators at the end of the school year. The sample size is limited by the number of consents received for participation in the evaluation, and the number of students for whom full data sets are available. For the 2012/13 school year, 198 consents were received.

Upon being referred to the program, the typical school-based counselling client is consuming cannabis 18 days a month, is drinking 6 days a month, is struggling academically, and is at risk for leaving school. A considerable minority of clients are also using cocaine and/or other drugs. They are experiencing difficulty in their ability to manage day to day responsibilities.

By the end of the evaluation period, the following outcomes were observed for the sample group of students participating in the school-based counselling program:

- 3 out of every 4 students in the sample group were able to reduce or stop using one or more drugs during the evaluation period (less than one school year)
- Average cannabis use decreased by half (based on frequency and quantity consumed). Overall alcohol consumption decreased by 23%.
- Over 70% of the clients who previously used cocaine and/or ecstasy reported that they achieved abstinence from these drugs.
- Students who were experiencing moderate to severe difficulty upon entering the program showed notable improvements in health and wellbeing (as measured by the BASIS 32 assessment tool).
- 92% of the students admitted to the counselling program completed the school year.

Over 1600 students were served through school-based counselling across all four school boards during the 2012/13 school year. In addition, 500 of their parents participated in programming. Another 6200 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 2011 Ontario Student Drug Use and Health Survey[1], one in eight 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 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 can be found at www.onfe-rope.ca . 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[2], 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 (Conseil des écoles catholiques du Centre-Est, Conseil des écoles publiques de l'Est de l'Ontario, Ottawa Carleton District School Board, and the Ottawa Catholic School Board), 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. With additional investments by school boards during the 2012/13 school year, school-based counselling was extended to all remaining Ottawa high schools. This support has enabled school-based services in Ottawa to more than double (based on total hours of service) since 2007/08. Note that three new high schools have been opened in Ottawa since 2008, with more planned, so the demand for service continues to grow.

[1] The Centre for Addiction and Mental Health's Ontario Student Drug Use and Health Survey (OSDUHS), 2011. The study is conducted every two years. Over 9,200 students in grades 7 to 12 from 40 school boards across Ontario, participated in the 2011 OSDUHS.

[2] 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 in 2010, 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 initial 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.

The first joint evaluation was carried out during the 2010/11 school year. 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 represented a significant step forward.

This collaboration continued throughout 2012/13, and the data collection process continues to improve with the benefit of experience and shared learning.

3.2 Evaluation Plan

The main parameters of interest are changes in student health, wellbeing 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. The final aspect of the evaluation does not involve students, but solicits anecdotal feedback from the school administration regarding the overall functioning 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 aged 12 and over. The plan involves administering these tools again 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 B 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 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. This tool asks the client to identify the degree of difficulty they have experienced in relation to various tasks or behaviours in the past week.
- 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 C.

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. During the 2012/13 school year, 198 consents were obtained for student participation in this evaluation effort. Due to the nature of the counselling process, however, pre-and post-counselling data is not available for every student using each assessment tool, and the usable sample sizes range from 91 to 178 unique students, depending on the tool and specific parameter.

In order to report results based on the largest sample possible, combined data including the 2010/11 and 2011/12 school years has been used where feasible and meaningful. In these cases, sample sizes range from 173 – 378.

Due to the limited data set available, the sample was not randomized further. The data is taken from many different schools across all four participating school boards, although the proportions from each school and board may not be identical.

It will be helpful for the evaluation to be continued as planned through another school year in order to further increase the sample size and understand the impact of counselling over longer periods for those students who continue in the program over multiple years.

4. Results

4.1 Schools Served

With additional school board investments, service was extended to the remaining high schools during the year. Students at all 57 high schools in Ottawa, including the Alternate schools, now have access to school-based counselling. The vast majority of these schools receive 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.

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 2012/13 school year, more than 560 teachers received training regarding youth addictions. Counsellors also delivered presentations at approximately 55 community-based events (mainly for parents).

4.2 Students and Families Served

With the further expansion of the program during the 2012/13 school year, over 1600 students received service through school-based counselling across all four school boards. An additional 6200 high school students participated in prevention and education programming.

> *[The prevention workshop] was perfect for our students. Lots of discussion and you could manage the students well.*
>
> - School staff member

In order to better support students receiving counselling, the agencies also reach out to engage their parents whenever possible. Approximately half the parents contacted during the school year maintained contact with the school-based counselor or engaged in other agency services to help them to support their children and/or address their own addiction-related mental health issues. In all, over 500 parents participated in family programming offered through the school-based program or directly through the agencies, with an average wait list of over 125 people. This is an important result since the literature points to the importance of parental involvement for successful outcomes in the treatment of youth addiction.

Over the past two years my son has had access to a counselor at his school. My son's struggles with substance abuse manifested themselves in non-attendance, slipping marks and behavioural issues. …The time in the program provided a place for my son to experience what it was like to be alcohol and drug free again, and space for inner reflection. He also learned tools and strategies to support him in maintaining a healthy substance free lifestyle. During this period our family had time to reorganize and address issues with the remaining family members. I was also connected to Rideauwood's PEAK Program and a Rideauwood parent counselor. It has made a difference, not only for my son, but for our entire family, and we are all moving forward one day at a time.

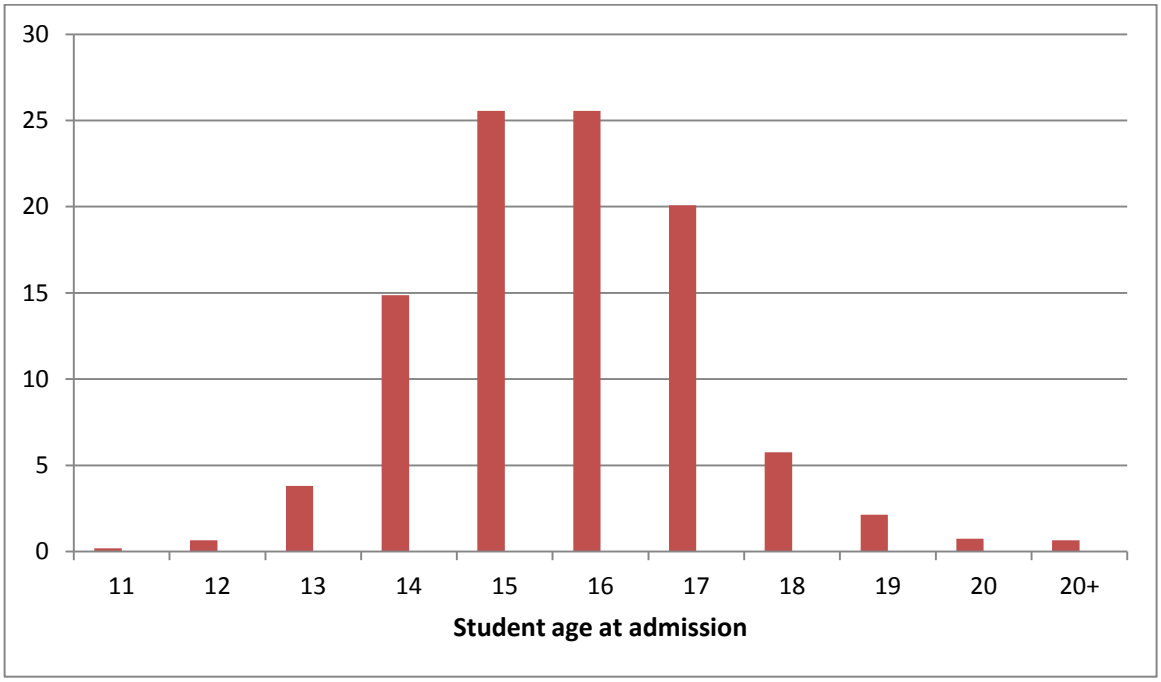
...Parent of a student receiving school-based counselling

4.3 Client Profile

It was found that at the time of admission to the program, the typical school-based counselling client was consuming cannabis 18 days a month, heavily drinking 6 days a month, was struggling academically, and as a result, was at risk for dropping out of school. Approximately 1 in 8 clients were also using cocaine and/or Ecstasy. These students were experiencing difficulty in their ability to manage day to day activities, such as their roles as a student and family member.

There was a roughly 60/40 split between male and female clients. As shown in the age distribution chart below, over half of the students were 15 to 16 years old at the time of admission, roughly corresponding to Grades 10/11. Note that this evaluation includes only the services offered within high schools, which are either Grade 7-12 or Grade 9-12 depending on the school board. Therefore the age distribution is affected by the access to service, and may not be strictly representative of the need. Similarly, most students leave high school after age 18, so there are few new admissions to the program beyond that age.

Chart 1: Age distribution of students at admission (%)



Students were asked to complete the GAIN Short Screener when they began meeting with their addiction counselor during the 2012/13 school year. This screening tool asked questions about psychological, behavioural and personal problems that students may have experienced in the past year. Table 1 shows the percentage of clients who were flagged for follow-up with respect to various problem areas (based on the 330 students for whom this data is available).

Table 1: Gain SS at Baseline Scores (n=330)

	% Flagged for Follow-up
Internalizing Disorder Screener	61%
Externalizing Disorder Screener	75%
Substance Disorder Screener	68%
Crime/Violence Screener	30%
Eating Disorder Screener*	22%
Post Traumatic Stress Disorder Screener	45%
Psychosis Screener	33%
Problem Gaming and Internet Usage	22%
Gambling Screener	2%

**The majority of students who were flagged for eating disorder were female. Other categories did not show a strong gender split.*

Not surprisingly, substance disorder was flagged for the majority of clients, but internalizing disorders (including depression) and externalizing disorders (behavioural issues) were also prominent. These results also point to the complexity of the issues that these young people are struggling with. Based on the GAIN SS results and the counsellor's judgement, referrals were made to other services where appropriate.

> *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

4.4 Student Engagement

In 2012/13, of the 1600 students served, more than 1000 students were new referrals to the school-based counselling program. The majority of referrals come from school staff, including vice-principals, guidance counselors and social workers. As students become more comfortable with the addiction counsellors as part of the school communities, it is also becoming more common for students to self-refer. In some cases, parents have contacted the agencies directly, while some students who reached the agencies through other channels opted to receive service in the school setting.

While the numbers vary from year to year, approximately 75% of the students who meet with a school-based addiction counsellor engage in ongoing counselling[3], and the average length of stay in school-based counselling is about eighteen months. Over 40% of the clients who were seen in 2011/12 continued with services in 2012/13. For many students, a few months of counselling is not sufficient time to overcome their substance

[3] "Ongoing counselling" implies that the student has attended at least three sessions, after which a client is formally admitted to counselling. There may be a variety of reasons why a student may not be admitted, including lack of readiness/motivation or referral to other services.

use issues and develop the necessary positive behaviours and skills, so this high proportion of returning clients is seen to be an important positive outcome.

This high rate of student engagement and commitment 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 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.

Although services are delivered primarily during the school year (September – June), provisions are made for students to continue to participate in counselling during the summer months if they choose to do so.

> *I am so glad that I walked into your office that day. You have helped me through the most in high school, and I don't even want to think where I would be without you. Your work does not go unnoticed and you are truly a life saver. You should feel awesome about what you do. I appreciate you listening to me and I'm truly going to miss you.*
>
> *- Letter from student to school-based counsellor*

4.5 Student Health and Wellbeing

Two clinical tools (BASIS 32 and Modified GAIN SS) were used to assess student mental 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. 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 tools also varies throughout the sample.

BASIS 32

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, where higher numbers represent increased levels of difficulty. It was found that the BASIS 32 provided data that could be used to assess the degree of change in student wellbeing, and these results are reported below.

For the 249 students for whom pre- and post-counselling scores were available, results show a very small average improvement of 0.13 points across all BASIS categories by the time the second assessment was done. It should be noted, however, that the average

score across all domains at the beginning of counselling was 1.0, which leaves limited room for improvement on the scale.

A considerable number of students reported either minimal change or deterioration between the baseline and reassessment scores in one or more areas. Those whose scores deteriorated tended to be clients who self-identified as having little to no problems on the BASIS domains (scores less than 2.0) upon admission to counselling. This is likely due more to client perception than reality. Counsellors observe that prior to engaging in counselling, it is not uncommon for clients to be in denial about their problems and/or to attempt to cope through substance use. As clients become engaged with the counselling process, a first step is for them to be able to acknowledge their issues. After this point, it is expected that they will become more realistic in assessing their situation and may recognize that they are having difficulties. This would appear as a temporary increase in severity on the factors examined by the BASIS 32. Additional assessments after a longer period of counselling would help to verify this assumption.

In order to see the complete picture, the results must therefore be analyzed with respect to the degree of severity at entry. Students with poorer scores at admission experienced a much higher degree of improvement than the overall average. It was found that 36% of the sample group who completed the BASIS 32 at admission were flagged as having moderate to extreme difficulty (scores of 2.0 or more) in at least one category. Table 3 shows the BASIS 32 scores for the 71 students who flagged in at least one category upon entry to counselling (and for whom post-counselling data is also available). Although individual client results varied, the group as a whole showed improvements across all categories.

Table 3: BASIS 32 Comparison for clients with scores of moderate to extreme severity in at least one category upon program entry (n = 71)

Categories	Average Score at Entry	Average Score at Reassessment	Change (improvement)
Relation to Self/Others	2.07	1.53	(0.54)
Daily Living/Role Functioning	2.21	1.60	(0.61)
Depression/Anxiety	1.93	1.60	(0.32)
Impulsive/Addictive	1.53	1.15	(0.39)
Psychosis	0.71	0.53	(0.18)

The results can also be examined category by category. Table 4 provides the number of clients who were flagged for difficulties in individual categories at entry and again at year end. In this table, only those students who flagged at entry are included in the reassessment figures at year end.

Table 4: Number of clients with BASIS 32 scores of moderate to extreme severity (≥2.0) per category upon program entry

Categories	Number Flagged at Entry	Number Flagged at Reassessment	Change
Relation to Self/Others	42	24	-43%
Daily Living/Role Functioning	51	21	-59%
Depression/Anxiety	35	17	-51%
Impulsive/Addictive	27	11	-59%
Psychosis	6	4	-33%

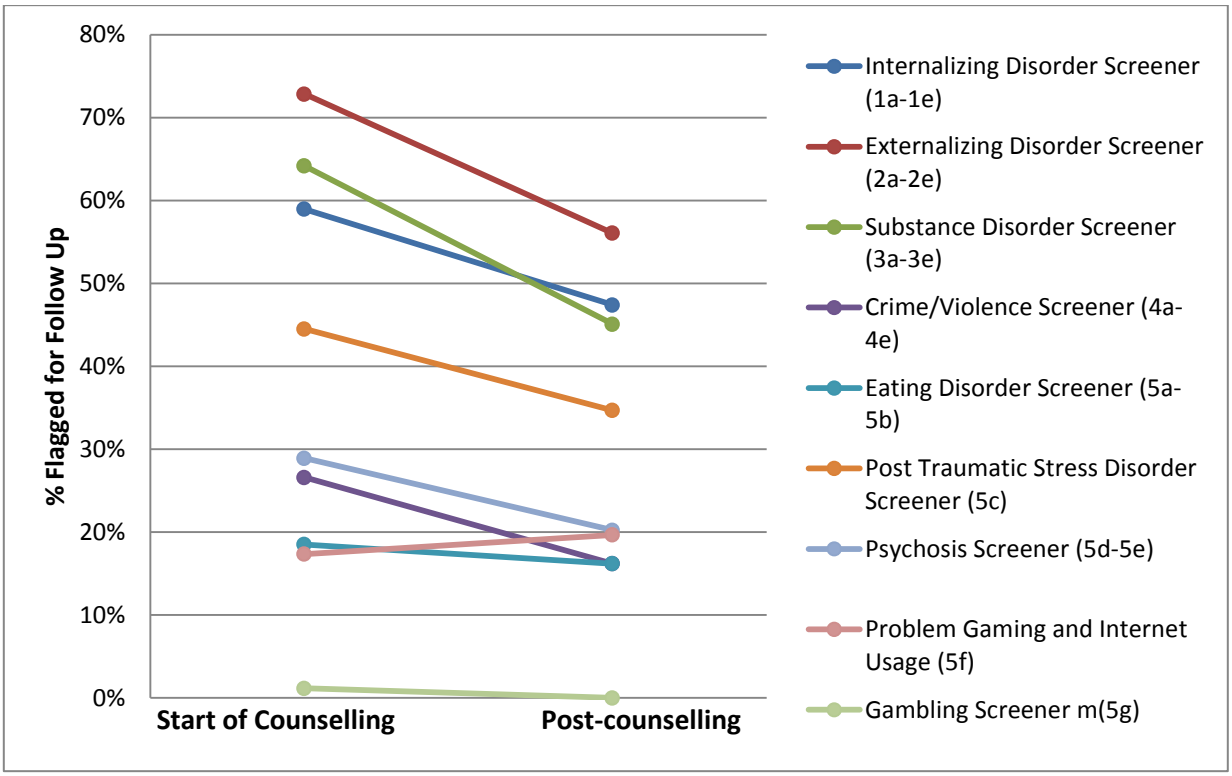
In all cases, the number of students beyond the clinical cut-off of 2.0 was substantially reduced by year end. Given the small number of clients flagged for psychosis, however, that result should be interpreted with caution. Nonetheless, the trends in both Tables 3 and 4 are all in the direction of positive improvements for student health and wellbeing.

GAIN SS

Unlike the BASIS 32, which asks clients to categorize the severity of issues experienced over the past week, the GAIN SS has a longer time horizon. It asks clients to indicate the last time that they experienced a particular problem – from within a month to over a year ago. Based on their responses, clients are flagged for follow up for specific behaviours or issues that may pose risks. The GAIN SS results in yes/no flags rather than scores that may go up or down, so changes are not tracked in the same way as through the BASIS 32. However, what can be observed is the number of factors for which students are flagged and the proportion of the total number of students who are flagged for a particular item.

This was the second year for which GAIN SS data was available for students both pre- and post-counselling, and the first time these results can be used to track change. Chart 2 shows that for almost every item on the GAIN SS, the proportion of students flagged dropped between the baseline and post-counselling assessments – some by almost 20 percentage points. The only factor showing marginal increase in those flagged for follow up was problem gaming and internet use.

Chart 2: Changes in Proportion of Students Flagged using GAIN SS



4.6 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. Although the ultimate goal is abstinence from all substances, this may not be possible in one step. For clients who use multiple substances, counsellors focus most urgently on the drugs that do the most harm.

The most commonly used substances were cannabis and alcohol, followed by hallucinogens, ecstasy and cocaine. Baseline data is available for 378 students (based on combined data from both 2011/12 and 2012/13), and all of these substances were reported among this group. Over 80% used both cannabis and alcohol, and of those who used cannabis, almost half did so daily[4]. Upon re-administration of the DTHQ near the end of the school year, 60% of students in the sample group had noticeably decreased or stopped their use of cannabis – with decreases in both frequency and quantity. 50% had reduced or stopped using alcohol. For clients who used hallucinogens, 2 out of 3 had become abstinent, and most others decreased use. There were also dramatic drops in the use of cocaine and ecstasy, with the vast majority of users achieving abstinence from these drugs.

> *I am conscious of my use and think about it more. It is less of a habit.*
> *- Student*

[4] "Daily users" are clients who reported using 25 days/month or more.

Table 4 provides additional details, and a summary of key outcomes is given below:

- Average cannabis use decreased by half (based on frequency and quantity consumed)
- Overall 23% reduction in average alcohol consumption across the group who drank
- 90% of clients who used cocaine stopped or reduced their use of this drug
- 90% of clients who used hallucinogens stopped or reduced their use
- Over 95% of clients who used ecstasy stopped or reduced their use of this drug
- In all, 74% of unique clients were able to reduce or stop using one or more drugs

Table 4: Substance use in past month at year end compared to beginning of counselling

	Cannabis n=278	Alcohol n=223	Cocaine n=20	Hallucinogen n=30	Ecstasy n=24
Abstinent	22%	21%	70%	67%	88%
Decreased Use*	39%	29%	20%	23%	8%
No Change	22%	23%	10%	3%	0
Increased Use*	17%	27%	0	7%	4%

* Change greater than 5 grams or 5 drinks per month

4.7 Student Academic Outcomes

Staying in School

For students referred to the school-based counselling program, staying engaged in learning is very difficult since they typically face multiple risk factors for early school leaving – yet the school environment can be a critical source of support. [5] 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. Of the students participating in school-based counselling, very few withdraw from school during the year. Of the students in the sample group admitted for counselling, 92% completed the school year. Although some students did unfortunately leave school, this is not necessarily a permanent status. There are supports in place within the school

[5] Although no single factor can be said to be the cause of early school leaving, substance use has been identified as one of the risk factors. School-based counselling clients may face other risk factors as well. *Freudenberg, N. and Ruglis, J. "Reframing School Dropout As A Public Health Issue." Preventing Chronic Disease 2007; 4(4). Updated September 2011. Retrieved from http://theconference.ca/school-dropout-a-public-health-issue on October 8, 2012.*

system to help students transition back to school, and in some cases students have reconnected with their addiction counsellor during this transition.

> *The counselling sessions helped me enormously during the last two years. I was on the wrong path and these sessions helped me to change my perspective on life as well as myself. I don't believe that I would be experiencing success without this program.*
>
> - *Student*

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. The evaluation period is often too short to allow changes in academic results to be observed. Academic data was available for approximately 300 students in counselling during the 2012/13 school year. Within this group, students continued to earn credits at the same rate they did during the term immediately prior to the start of counselling. In addition, there was no notable difference in average grades, which remained about 60%. This is considered to be a positive result as no further deterioration in academic achievement was observed.

It should also be noted that the students in the school-based counselling program benefit from a number of additional support programs within their schools. Although we have no clear way of attributing student success to one program or another, the addiction counsellors work in close partnership with school and school board staff to leverage all the services available to a student so that the maximum positive benefit is achieved.

> *The program is excellent and is part of student services at our high school. As lead of guidance, I have had many chances to interact with [our counsellor]. She is supportive of our students, parents, and community. She is an integral part of the school.*
>
> - School staff member

4.8 Functioning of the Partnerships

Feedback about the functioning of 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 continue to function 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. The training offered by the counsellors is well received. In some cases, school respondents also indicated that they would like more hours of service.

The following are a few representative comments from school staff:

> The connections the counselor makes with the students to discuss their usage and increase their awareness, the links with the school's multi-discipline team benefit students and reduces duplication of services.

Our Rideauwood counsellor had been a wonderful addition to our Multi-Disciplinary Team. She is knowledgeable and professional in all interactions with staff. The students adore her and listen to her. They trust her, and her calm demeanor encourages them to share issues. The program is wonderful and we are very appreciative of having it in our school.

Every secondary school needs this service. A professional counsellor is better qualified to deal with drug issues and has credibility with students and parents. Counsellors are able to deal with students without worrying about school issues which allows counseling to be more open.

This was our first year in the program and, from my perspective it's been very successful and effective. I can't say enough about the program, and especially our Rideauwood counsellor. Her depth of knowledge and strong interpersonal skills has made her a valuable part of our school community.

The School Substance Abuse Program frees up Guidance counselor's time for day to day stuff and managing other crises. ... we know our kids with addiction issues are getting the best in the city/Board can offer them. The communication between the counsellor and school is an additional level of support for us and the kids.

One of the advantages of the program is having the same counsellor each year. This provides needed continuity. In addition, our counsellor's reputation with the students is such that she inspires trust and confidence. Students willingly confide in her.

In my opinion – this is one of the most important programs our school offers! The Rideauwood counsellor is phenomenal and really connects well with the students and their families. The counsellor provides excellent insight, resources, and support. I truly feel this program is IMPERATIVE – I pray it continues in all of our schools. I personally cannot thank our counsellor enough for all they have done here.

I am satisfied with Maison Fraternité's services and convinced of their contribution toward helping the youth in our school.

Thank-you to the wonderful counsellors from your team. What a great partnership!

5. Recommendations

1) The school-based counselling model has been very successful in engaging students in need of support, and helping to keep them in school. Once admitted to the counselling program, students tend to experience positive outcomes with respect to drug use and wellbeing in a relatively short period of time (within the school year). The program is meeting its objectives, and should continue to be supported.
2) The evaluation should be continued through the coming school year in order to further increase the sample size and begin analyzing longitudinal data. Questions to be investigated include: *How do the number of sessions and the duration of counselling affect student outcomes? What is the trend regarding student referrals?*
3) Although the program model is operating successfully with essential elements in place across participating schools, there is nonetheless an opportunity to learn from different approaches and complementary initiatives that have been implemented by school staff and counsellors over time. A joint workshop for school-based counsellors from both agencies could be held to facilitate dialogue and information sharing. Representatives from school boards and other partner organizations may also be invited to participate.
4) The collaboration between schools, agencies and other partners is working well and should continue to be strengthened. In particular, the collaborative approach to evaluation between Maison Fraternité and Rideauwood should continue.
5) Addiction counselling services are also being offered in a number of non-mainstream educational settings across Ottawa through a parallel initiative. Going forward, it would be helpful to have a single report addressing the outcomes for all school settings.