

Somali Youth Justice Report:

Project Evaluation Report 2011-2013

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Executive Summary

In the Ottawa Somali community the common challenges facing teenagers are compounded by social and economic exclusion, war trauma, language and culturally barriers, and a lack of awareness of the harms associated with drug use. In order to best respond to their needs, Rideauwood Addiction and Family Services and the Canadian Friends of Somalia (CFS) partnered in 2009 to provide substance abuse prevention education workshops. Utilizing a culturally appropriate community outreach and cross-training strategy the program was able to serve more than double the anticipated number of participants and demonstrate an increased awareness in the community 3 months following the education sessions.

Despite the success of this program it was clear that prevention education was often coming too late to many of the families. Through funding from Justice Canada, Rideauwood and CFS were able to create the current Somali Youth Justice Program in 2011. The targeted goals of this program are to reach out to Somali youth involved in the criminal justice system, and engage those youth and their families in ongoing counseling services to ultimately reduce the youth's risk to reoffend. Currently the program is exceeding its service targets for both youth (>20%) and parents (~90%), as well as successfully facilitating change in the youths life.

Currently 96% of youth in this program have engaged in at least one of: full time schooling, work, or regular community involvement. Also 98% of youth feel they have made positive changes in their life. In addition more than 90% of the youth have either significantly reduced (54%) or eliminated (37%) their substance use. Given the project's greater than anticipated need, engagement and successes, securing funds to continue and expand this program, and sharing it with other Somali communities across Canada, is recommended.

Section 1: Introduction

Objective of the Evaluation:

The primary purposes of this evaluation are to determine if the Somali Youth Justice program is reaching its target outputs and outcomes, and effectively engaging its target population in ongoing counselling. Another purpose is to formalize what we learn through the course of this program in order to help retain these lessons and modify the program when appropriate. Further, this evaluation is intended to increase the lasting capacity of these organizations to deliver the most effective services to this population through creating lasting documentation of the programs implementation, strengths, weaknesses, structure, as well as any program alterations that are made. Evaluating our program also provides increased opportunity to engage our stakeholders in the project and to learn from their feedback. Data is being gathered and analyzed to support program modification throughout the duration of this project.

Who Conducted the Evaluation:

This evaluation framework was created with assistance from the Centre for Addiction and Mental Health and is being conducted in house by the project partners Rideauwood and CFS. Data collection tools were developed in collaboration by project staff and the Centre for Addiction and Mental Health. Project staff collect and submit all output and outcome data to the data specialist who prepares annual reports for the department of Youth Justice and Strategic Initiatives of Justice Canada.

Who's Participating in the Evaluation:

Canadian Friends of Somalia Executive Director and Youth Worker – Farah Aw-Osman

Rideauwood Executive Director – Paul Welsh

Rideauwood Coordinator of Youth Justice Substance Abuse Programs – Wendy Brown

Rideauwood Program Evaluation and Research Manager – Kerry Moloney

Centre for Addiction and Mental Health East Region Manager – Marcia Gibson

How's the Evaluation Managed:

This project endeavors to have ongoing, regular communication between all stakeholders.

Prior to selecting evaluation tools or methodology, Rideauwood and CFS staff met with a local Somali community group, the Somali Addiction Professional Advisory Committee, to solicit their input. This group meets on a monthly basis and has previously provided feedback on, and participated in Rideauwood and CFS's Substance Abuse Prevention for Somali Youth project.

The initial evaluation tools and methodology used were created through modification of processes and tools that Rideauwood has been using for the past 15 years in their School Based Youth Program. These modifications were jointly decided upon by Rideauwood's executive director, evaluation and research manager, the executive director and youth counsellor for the CFS, and through consultation with the Centre of Addiction and Mental Health manager.

While the program is being conducted the youth worker from CFS and partnered youth substance abuse counsellor from Rideauwood are to be in regular communication regarding client treatment, and are to be meeting in person on a monthly basis. At these monthly meetings the Canadian Friends of Somalia youth worker is to drop off their program

information to the Rideauwood data team which will enter them into the appropriate database. This provides an informal opportunity for discussion between the data team and the counsellor collecting the evaluation data. On a quarterly basis the CFS executive director/youth counsellor meets with the Rideauwood executive director, to discuss targets, goals, obstacles, and any modifications needed in the program. Ultimately the final decision to make alterations to the evaluation come from the executive directors, but recommendations for changes can come from any of the team members. Following the completion of this project, feedback and input will be solicited from the Somali Addiction Professional Committee, and youth representatives asked to participate in the committee meetings. Through this forum the results of this evaluation can be disseminated to Ottawa's Somali Community and feedback can be gathered for future program improvements. See the data outcome requirements tables on pages 7-9 for more information regarding our evaluation set up and methodology.

Table 1: Data Outcome Requirements

Evaluation Issue	Evaluation Question	Indicator	Data Sources & Methods	Baseline Data	Timing of Collection
Somali youth are over-represented in the legal system, but families are not accessing support services.	Are we able to effectively reach out to Somali families in conflict with the law?	150 Somali youth and their families will be referred to the Somali youth worker by staff involved in the Youth Justice System	Somali Youth Worker to capture activity through use of the SYJ activity form. Activity entered as "entry service" in Catalyst/DATIS system by Rideauwood Data Team.	No youth involved identified as Somali in our youth programs prior to the start of this project.	Canadian Friends of Somali youth worker to fill out SYJ activity form after meeting with each referred family, and to submit to Rideauwood on a monthly basis. Box a) in TOC model.
Criminal behaviours are often heavily influenced and/or motivated by substance abuse. These youth in conflict with the law should be receiving substance abuse counselling.	Are we effectively engaging youth in ongoing services?	100 Somalia Youth will engage in and be admitted to the program.	Data collected by Somali Youth worker filling out admission forms & tracking client activity. Submit paper forms to data team to enter into Catalyst system.	As of the start of this project less than 5 youth in Rideauwood programs are identified as Somali.	All meetings with each client are recorded in the activity form and submitted to Rideauwood on a monthly basis. Box c) in TOC model
	Are youth who engage in our services more likely to be referred to the Diversion program?	# of youth who engage in the diversion program	# of youth referred into diversion and the outcome of their time in the program is documented on the SYJ Evaluation form.	Diversion programming does not provide demographic information of their youth.	Form to be filled out at admission and discharge for each youth client. Box b) in TOC model.
	Are our services effective in aiding youth fulfilling their conditions of probation/Diversion?	# of youth who meet the conditions of probation/diversion.	SYJ Evaluation Form.	Baseline data will be collected on the SYJ Evaluation Form at beginning treatment.	Form to be filled out at admission and discharge for each youth client. Box h) in TOC model.
	Are our services effective in reducing substance use?	Reduction in substance use at the end of the program as compared to start.	SYJ Evaluation Form.	Baseline data will be collected on the SYJ Evaluation Form at beginning treatment.	Form to be filled out at admission and discharge for each youth client. Box f) in TOC model.

Evaluation Issue	Evaluation Question	Indicator	Data Sources & Methods	Baseline Data	Timing of Collection
Somali Youth are not integrating into their community in healthy and meaningful ways. <i>It was important to the project team that community integration be recognized in a variety of different forms. Therefore we broke this issue down into the following three domains: education, employment, and cultural/recreational engagement.</i>	Are Somali youth reintegrating into the education system?	# of youth attending school at the end of program. # of youth which return to school during the program. Reduction in suspensions.	At least 70 youth will show improvement in one of the three indicators of the SYJ evaluation form.	Baseline data will be collected on the SYJ Evaluation Form. Comparison is from before beginning treatment.	Form to be filled out at admission and discharge from the program for each youth client. Box g) in TOC model
	Are Somalia youth engaging in employment preparation?	# of youth who increase their level of employment during participation in the program.			
	Are Somalia youth engaging in regular cultural and/or recreational activities	# of youth who regularly participate in cultural/recreational activities.			
Youth in conflict with the law are struggling academically.	Were our services leading to academic increases?	50 Somali youth will show increases in their average grades %.	Academic Summaries will be provided to Rideauwood through the school based counsellor present in each Ottawa high school.	Average grade in the semester prior to beginning counselling.	Academic summaries will be collected at discharge from the program. These summaries contain the entire academic performance of the client. Box g) in TOC model

Evaluation Issue	Evaluation Question	Indicator	Data Sources & Methods	Baseline Data	Timing of Collection
The parents of the youth in conflict with the law are in need of aid navigating the legal system.	Are Somali parents being provided support/guidance for the court system?	50 parents will have a consultation with Somali Youth Worker, and be referred to appropriate legal support.	One or two appointments with the Somali Youth Work as track in SYJ form 1.	N/A	All meetings with the parents are recorded in the activity form and submitted to Rideauwood on a monthly basis. Box d) in TOC model.
The parents of youth engaging substance abuse need support, education, and counselling of their own.	Are Somali parents receiving education/counseling on parenting youth with illicit substance abuse issues.	50 parents will have ongoing individual sessions with the Somali Youth Worker.	More than two appointments with the Somali Youth Work as tracked in SYJ activity form.	N/A	All meetings with the parents are recorded in the activity form and submitted to Rideauwood on a monthly basis. Box d) in TOC model.
Somali community workers will receive training in addiction recognition, referrals and supports.	Are Somali service providers increasing their knowledge of substance abuse?	> 80% of the Somali youth service providers will indicate that they agree or strongly agree that their "knowledge of substance abuse and addiction has increased".	Questions on the Substance Abuse Training Session Feedback Form.	N/A	Survey to be administered following training workshop. Not applicable in TOC model.
	Do Somali service providers feel more confident counselling youth and their families with substance abuse issues?	> 80% of the Somali youth service providers will indicate that they agree or strongly agree that their "capacity to engage Somali youth and families in substance abuse efforts has increased".	Questions on the Substance Abuse Training Session Feedback Form.	N/A	Survey to be administered following training workshop. Not applicable in TOC model.

Section 2: Project Outline

Project Description and Operating Context:

Somali youth are clearly overrepresented in the youth justice system, as documented by the Social Planning Council of Ottawa's study, *Communities Within: Diversity and Exclusion in Ottawa*. This report concluded that this over-representation was largely due to the following factors; lack of youth programs and services, poor opportunities for economic advancement, racial profiling, identity crisis, a lack of role models, poverty and school push-outs. In response to this issue City of Ottawa Mayor Bob Chiarelli initiated a Mayor's Task Force on Somali Youth Initiative in 2003. When this initiative concluded in 2007 some of its recommendations included;

- Putting in place a youth court liaison worker for Somali Youth.
- Identify and provide education to high risk neighborhoods across the city.
- Develop a culturally sensitive capacity to recruit staff.

In 2009 the Canadian Friends of Somalia partnered with Rideauwood Addiction and Family Services, and the Ottawa branch of the Centre for Addiction and Mental Health (CAMH), in order to create culturally appropriate workshops to educate Somalia parents and youth on the harms associated with drug use and the strategies that can prevent them. There was such a large demand for these workshops that the Substance Abuse Prevention for Somali Youth program was able to reach more than double its target population. 400 youth were provided honest and informed education about substance abuse, and more than 425 parents attended information sessions tailored to parents.

Despite the success of this program it was clear to all the parties involved that often this prevention education was coming too late to many people who needed it. Many families receiving services through the prevention program were already struggling to cope with children in conflict with the law. Furthermore the stigma in this community with substance abuse, and a lack of familiarity with the Canadian legal system was preventing these families from accessing support. A clear need was observed by the Somali youth & community workers to provide services that would be accessible to Somali families in conflict with the law. The goal of these services would be to support families navigating the legal system, and to provide counselling to aid youth in re/integrating into their community and reduce their risk of recidivism.

Through partnership between Rideauwood Addiction and Family Services, and CFS and while working closely with Ottawa Provincial Courthouse the following goals were identified for this program:

- Provide Somali Youth in the Youth Justice System with culturally appropriate counselling in order to reduce substance use and criminal recidivism, as well as to provide the support necessary for re/integration into the community.
- Provide their parents with counselling, education and support on substance abuse and its impact on families.
- To build capacity with community partners in order to best serve Somali families in our community.

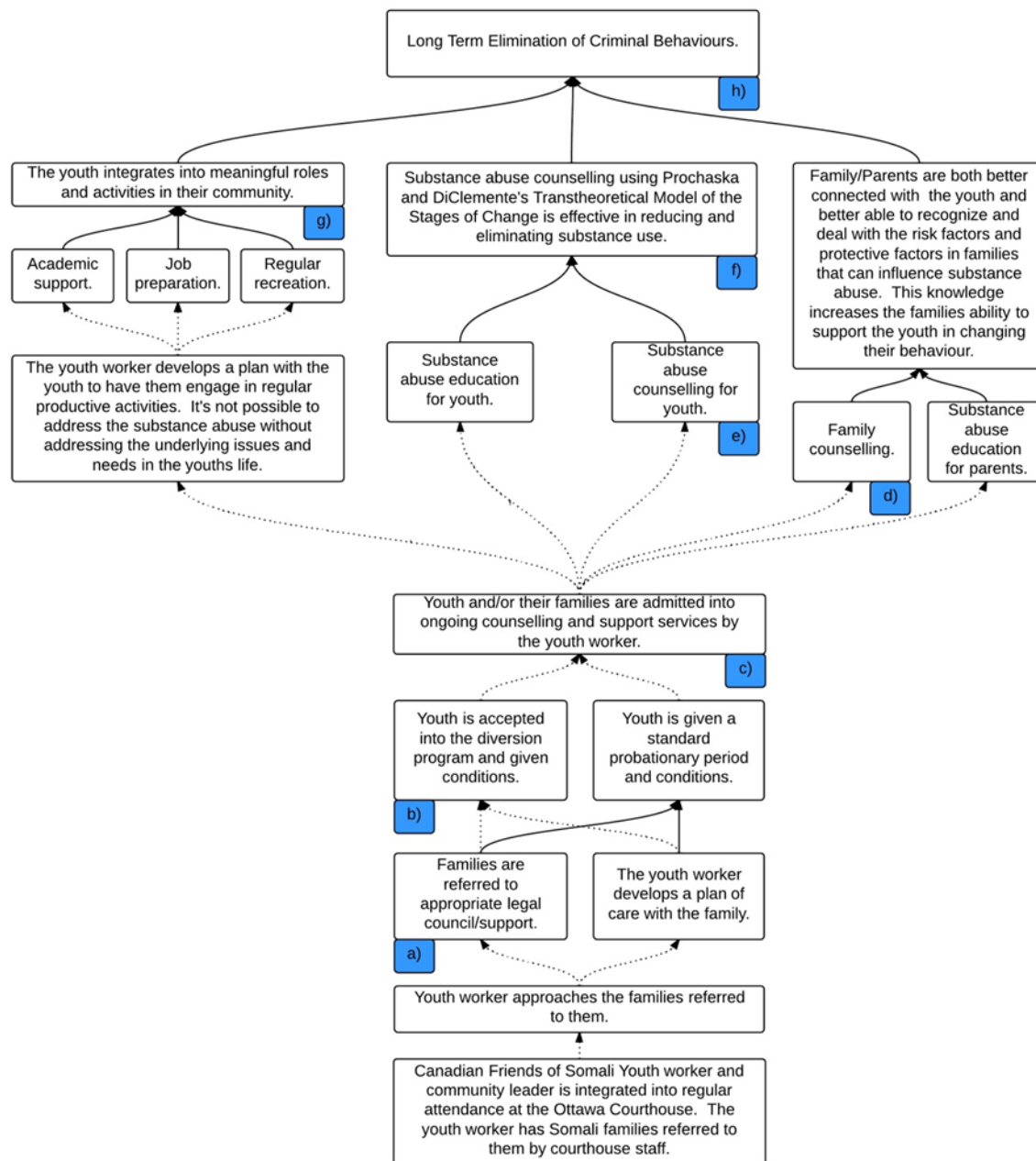
To address these goals Rideauwood and the Canadian Friends of Somalia submitted a proposal to Justice Canada. Funding from Justice Canada was provided with the targeted goals of reaching out to 150 Somali Youth involved in the criminal justice system, offering them addiction treatment, and support for integration/reintegration into their community. 100 of the youth who were offered services are anticipated to engage in legal navigation and ongoing substance abuse counselling. 70 of those youth are also expected to actively engage in ongoing services encompassing case management, reintegration into the education system or will begin employment preparation, as well as engage in cultural/recreational activities. It is estimated that 50 youth who engage in ongoing counselling will show an increase in academic performance.

Additional services were targeted to the parents of youth involved in the criminal justice system as counselling should not be isolated to either the youth, or their family. Although some counselling sessions happen individually with youth and their parents, the intent of this program is to be holistic to the entire family. It is a core belief of our agencies that when a family member is abusing substances the entire family is thrown into disarray and that these family members also need support to be healthy and function well. Ideally both the youth and their parent/s would be included throughout the entire process, but due to the stigma associated with substance abuse in this community and resource constraints it is anticipated that only 50 Somali parents, will be provided with legal navigation and support. 50 parents will also receive education and counselling on parenting youth with illicit substance abuse issues.

Through this program we also intend to increase the capacity of both Rideauwood to work more effectively with the Somali community in Ottawa, as well as for the CFS to learn how to better serve and educate the Somali community with regards to substance abuse issues. To this end we are working to increase communication between the Canadian Friends of Somalia and Rideauwood Addiction and Family Services, and offering addictions training to 15 Canadian Friends of Somali youth workers.

Theory of Change (TOC):

Theory of Change Flowchart for the Somali Youth Justice Program



Solid lines – Indicate actions that will take place regardless of intervention as long as the underlying conditions are met.
Dotted Lines – Indicate that the outcomes they point to will not occur without intervention, or represent an action by our program.

Blue boxes – Indicate the points in which data will be collected to assess the outcome it's attached to. More information about each of the data collection points can be found in the Data Outcome Requirements table on pages 7-9. The corresponding box for each indicator is located in the timing of collection column.

Project Logic Model:

NEED IN THE COMMUNITY: SOMALI YOUTH ARE OVER-REPRESENTED IN THE OTTAWA JUSTICE SYSTEM, AND CULTURAL DIFFERENCES MAKE SOMALI FAMILIES LESS LIKELY TO SEEK LEGAL AID, AND SUBSTANCE ABUSE TREATMENT.

PROGRAM GOAL(S): TO PROVIDE CULTURALLY SENSITIVE SUPPORT AND ADVOCACY TO SOMALI YOUTH AND THEIR FAMILIES INVOLVED IN THE OTTAWA LEGAL SYSTEM. BY WORKING WITH SOMALI FAMILIES IN CULTURALLY RELEVANT WAYS WE CAN REDUCE RECIDIVISM, INCREASE SCHOOL RETENTION, AND HELP INTEGRATE/REINTEGRATE YOUTH INTO THEIR COMMUNITIES. THIS PROGRAM WILL ALSO INCREASE THE CAPACITY OF ADDICTION COUNSELLORS AND SOMALI YOUTH WORKERS TO EFFECTIVELY WORK WITH SOMALI YOUTH ENGAGING IN SUBSTANCE USE.

RATIONALE(S): THE SOMALI COMMUNITY IN OTTAWA IS RECENTLY IMMIGRATED (>90% POPULATION HAVE ARRIVED SINCE 1990), YOUNG (64% ARE LESS <25), AT INCREASED RISK OF SCHOOL DROP-OUT, AND MORE LIKELY TO BE INVOLVED IN THE JUSTICE SYSTEM. DIFFERENT CULTURAL EXPECTATIONS BETWEEN SOMALI IMMIGRANTS AND CANADIAN SOCIETY ARE RESULTING IN A LACK OF ACCESSIBLE AND RELEVANT SUPPORT FOR SOMALI FAMILIES IN CONFLICT WITH THE LAW, AND A PAUCITY OF EDUCATION AND SUPPORT FOR SUBSTANCE ABUSE ISSUES IN THEIR COMMUNITY.

INPUTS	Canadian Friends of Somalia and Community Board	Rideauwood Addiction and Family Services	Department of Youth Justice
PROGRAM	Outreach	Youth Intervention	Family Counselling and Support
ACTIVITIES	<p>A youth counsellor from the Canadian Friends of Somalia will strive to connect with Somali families in conflict with the law instead of waiting for the families to seek out available services and support.</p> <ul style="list-style-type: none">• Work with members of the Youth Mental Health Court to identify Somali families as the legal teams become aware of them.• Meet with and offer counselling, and support services to those families.• Engage youth in initial substance abuse treatment.• Engage parents in drug education and include them in counselling work.	<p>In addition to providing accessible advocacy for Somali youth in the legal system, these youth will engage in ongoing counselling. A youth counsellor from the Canadian Friends of Somalia will work with youth to:</p> <ul style="list-style-type: none">• Offer culturally appropriate substance abuse counselling.• Engage in regular individual change oriented counselling.• Offer group counselling with a focus on engaging in healthy, social, recreational and creative activities.• Engage youth in work place training and/or academic activities.	<p>It is not enough to counsel the youth in isolation as the entire family is affected and needs to be involved in both self care and in the treatment plan for the youth. The Somali youth worker works with the family to support the youth and also to;</p> <ul style="list-style-type: none">• Recognize the signs and symptoms of substance abuse and the effects on the family.• Recognize they have been affected by their loved ones actions and support their own healing, growth, and development.• Help the family member establish support in their community to help maintain change.
SHORT-TERM OUTCOMES	Somali youth and their families will be offered legal navigation	Youth will be referred to rehabilitative court programs	Youth professionals will increase their capacity for working with Somali community
MEDIUM-TERM OUTCOMES	Youth will engage in change oriented counselling	Youth will engage in academic and community activities	Families will engage in education, counselling, and crisis support
LONG-TERM OUTCOMES	Youth will eliminate their substance use	Families will be better educated about substance abuse and have strategies to prevent relapse	Recidivism in this population will be reduced

ASSUMPTIONS:

- MANY OF THE CRIMINAL BEHAVIOURS BEING ENGAGED IN BY THE YOUTH ARE SUBSTANCE ABUSE RELATED OR MOTIVATED
- COUNSELLING WILL BE AVAILABLE TO ALL IDENTIFIED CLIENTS
- COURT OFFICIALS WILL IDENTIFY SOMALI YOUTH MOVING THROUGH THE COURT SYSTEM SO THEY CAN BE ASSISTED

Refinements to the Project Logic Model:

Throughout the execution of this program we increased our inclusion of the Boys and Girls Club of Ottawa in our logic model. This organization has become an integral partner with our program and needed to be incorporated into our logic model. We also altered the logic model to reduce the emphasis placed on the Youth Mental Health Court as they did not end up being a significant source of referrals.

Adaptations were also made to the family counselling piece of our program. Many more Somali parents than anticipated were both eager to learn about these topics, and greatly desired support to best connect with and help their child.

Partners and Stakeholder Involvement in the Project:

Stakeholders identified in this evaluation were:

- Somali youth receiving service.
 - In addition to receiving service representative youth will be selected to participate in the Somali Addiction Professional Advisory Committee meetings to provide feedback on this project.
- Somali parents of youth, regardless of whether or not the parent is engaging in services.
 - Parents will be invited to contribute feedback through the Somali Addiction Professional Advisory Committee.
- Legal staff providing referrals.

- Contacts in the Ottawa Courthouse will be informing the youth counsellor about Somali youth that are awaiting charges.
- The youth counsellor refers youth and their families to a Somali lawyer familiar with the Ottawa community and youth law.
- Canadian Friends of Somalia.
 - A youth counsellor from CFS will be providing counselling services, refer clients to legal aid, and when necessary transition youth into Rideauwood's school based program for longer term care.
 - Will be heavily involved in all levels of communication see How's the Evaluation Managed on page 5.
- Rideauwood Addiction and Family Services.
 - Youth coordinator will be providing ongoing support, education, and guidance on substance abuse to the CFS youth counsellor.
 - Will be heavily involved in all levels of communication see How's the Evaluation Managed on page 5.
- Ottawa District and Ottawa Catholic School Boards
 - Assist in integrating Somali youth back into the school system and benefit from having access to school based substance abuse counsellors which are trained to deliver culturally appropriate services to Somali Youth and their parents.
- City of Ottawa Youth Employment Services
 - Providing us with specialized access to Ottawa's Ontario Works program and aiding in engaging Somali clients in job training and placement services.

The implementation of this project was decided upon through recommendations by and communication with CFS staff, the team of community representatives, and Rideauwood staff.

Section 3: Evaluation Issues & Questions, Methods and Analytical Procedures, Limitations

Qualitative and Quantitative Procedures and Analysis:

This evaluation follows a quasi-experimental design in which clients are assessed prior to and after receiving treatment. Baseline information is collected regarding the youth's engagement in school, grade achievement, drug use and engagement in recreational/community activities and will be compared to information following counselling.

At the end of this program we will be making comparisons between the volume of drug use pre and post for the two most popularly abused substances (cannabis and alcohol), as well as assessing changes in academic achievement.

We will also be investigating possible correlations between engagement in community activities, engagement in the program, to successful completion and decreases in criminal behavior and drug use. A strong relationship between program activities and success in reduction of criminal behaviours and substance use will be used as an indicator of effectiveness of the program and an indicator of reduced risk for recidivism.

However as the average length of stay in this program is currently almost 2 years (700 days) we currently only have a handful of clients that have post treatment data (<30), more information is required before we can run these tests. Discussion around outcomes at this point have been focused to the needs that are arising for effective engagement of youth and their families into their program and connecting them with necessary services. Tables in the Outputs and Strengths subsection in section 4 focuses on a snapshot of where the youth currently are. More

data and greater analysis is anticipated for the end of the 2013/2014 fiscal year when more clients have completed or transitioned out of the program.

See the data outcome requirements tables on pages 7-9 for more procedural information.

Involvement in Making Evaluation Conclusions and Recommendations:

Evaluation data was consistently collected by the Canadian Friends of Somali youth worker, aggregated by the Rideauwood data team and interpreted and discussed by the core team.

Limitations of the Evaluation:

- The target population is a community which strongly favors verbal communication. This is especially an issue with parents who grew up in Somalia and are less familiar with Canada's legal system. Based on experiences from their homeland, law enforcement and the courts are to be feared. Furthermore there is frequently a sense of shame with parents and a reluctance to share data outside the family. While there are successes within the counselling programs the collection of data for evaluation purposes is sometimes difficult.
- Once the program opened there was a very rapid increase in demand for counseling. There was considerable need in the community since this was the first such service provided. Diversion and similar programs had very few Somali youth referred to them. The needs of clients included cultural, linguistic, poverty challenges, war trauma, intergenerational dissonance, and more. Counsellors were seriously challenged to

provide regular evaluation data collection as well as their perceived pressure to serve all the clients who came forward in a new service for a Somali community with large and complex needs. In particular the pressure to serve large numbers of distressed parents can be demonstrated through the degree to which client service targets were exceeded.

- Evaluation data collection tools which were acceptable to clients and their families were not readily available and frequently needed to be revised to match client comfort levels. Clients' self-reports are generally held to be reliable for youth discussing substance use, but this has not been established for youth describing criminal behavior, nor in a program which is offered through court involvement.
- A large number of clients have not formally disengaged ("discharged") from the program and still receive service from time to time. This presents a challenge to identify final outcomes and identify lasting impacts.

Section 4: Process Evaluation – Presentation of Evaluation Findings

Project Implementation, Management and Collaborations:

Although initially implemented as proposed this project has adapted to incorporate new partnerships and other opportunities as part of ongoing improvements. Adjustments were made as obstacles presented themselves to enable better service to a very challenged population. Through the implementation of this project relationship has grown between CFS, Rideauwood, and the Boys and Girls Club of Ottawa Diversion Program. Prior to this project there were virtually no Somali youth referred to the Diversion program. One of the successes has been a dramatic increase in the number of youth being referred to the Diversion program and the working relationship developed directly between Canadian Friends of Somalia and the Boys and Girls Club Diversion Program. One consequence is a very large number of youth presenting for service and a high proportion of those youth meeting their probationary conditions. Support through the Boys and Girls club has provided an additional tool for the Somali youth but also resulted in more clients for this project.

Although a necessity for reaching clients our projects flexible nature lead to difficulties in collecting data. The youth counsellor engaged with Somali youth works out of several different locations and often has brief but more frequent consultations with prospective clients in the Ottawa Courthouse, during breaks, before and after youth court or Youth Mental Health court appearances, and between the youth counselors only court obligations for pre-court meetings, meetings with Council, Crowns, Police and Diversion and the like. Carrying and completing in-depth screening ended mission forms through this daily routine or documenting them through an electronic medium in such a hectic schedule were extremely challenging. To address this

obstacle we developed a simpler data collection format and try to incorporate more use of DOJ forms which could be entered into a Rideauwood database by data entry staff rather than providing additional paperwork for youth counsellors. Although these provided less detail than previously suggested methods they also allowed us to more readily answer our evaluation questions

Further changes were implemented in the way we gathered data for performance measurement. Unfortunately and despite a long-standing relationship with our local school boards we were unable to arrange their disclosure of school data to our Rideauwood counsellors who worked in all the English high schools in Ottawa. If our Somali clients were not also clients of Rideauwoods school-based program academic information was not shared by the school. Consequently our measure of academic improvement was modified to that of youth self-reports.

Changes in the way services were provided to parents were also implemented. Originally we envisioned this program to function similar to Rideauwood's youth and parent programs with each youth and parent client being served separately with the common goal of creating healthier and more functional family environment i.e. youth and parents are not served by the same counselor as a rule. This model did not take into consideration the cultural resistance to the disconnect between parent and child that is exacerbated in bicultural families where parents live by a culture of the "old country" and youth are anxious to be seen as normal Canadian youth living by the values and norms they see around them. Parents often place a

very high value on their heritage, religion, and culture where the youth are anxious to be accepted by Canadian youth and society. To assist both the youth and their parents in addressing this schism in their families and to embrace the bicultural identities of the youth and the parents rather than seeing them as divisions, a Somali counsellor incorporated much more joint work with parents and youth into the program. While the counsellor still worked with and provides support to both youth and parents individually, greater effort and more success is achieved when both parents and youth are involved in understanding each other's roles in the youth's plan of care. This results in greater integration of parents and youth and has also led to a much higher degree of parent participation than anticipated.

Outputs and Strengths:

This program is clearly exceeding all targets for outputs. The operations of the program are highly successful while challenges are primarily in the area of data collection and evaluation to date. The program's flexibility in reaching out to potential youth or family reflects the nature and the uniqueness of this pilot. The partnership of the two organizations, CFS and Rideauwood, has been sustained and capitalized on the positioning of both agencies to serve the target population: both agencies are known and respected in the community for their expertise, sensitivity, flexibility and success.

Using a youth counsellor who is from the Somali community and who understands the language, culture, needs and strengths of the clients enable the program to effectively communicate with both parents and youth. Rideauwood's management structure in this project was also successful in meeting and adjusting to the challenges and opportunities, especially where this project had an impact on existing Rideauwood Youth Programs and vice

versa. Regular communication between CFS and Rideauwood was quickly able to recognize obstacles and respond with flexibility.

Improvements and Recommendations:

- Further implication and perhaps funding assistance from the Boys and Girls Club Diversion Program can assist this program to increase its reach and scope of services. It can sustain some element of this program beyond its Justice Canada funding.
- Input from youth and families, now that the program is two years into implementation, would be useful.
- More in-depth training in Youth Addiction for the Somali youth counselor would be useful including weekly case consultations. To respond to the very large demand for services a greater emphasis has been placed on reintegration, and addiction treatment has thus received less dedicated resources than is ideal.
- More than one Somali counselor is essential. A full-time Somali youth counselor and a full-time Somali parent counselor are required.
- As time goes on the risks to Somali youth from religious extremism to lifestyles of crime are becoming more and more evident. Greater emphasis on this area of work to federal funding of services is required.
- The nature, scope and complexity of the problems of Somali youth substance abuse, crime, and family impacts are profound. A limit of three years funding is not adequate to address the needs.

- Further to this above point longer-term outcomes for clients need to be evaluated.

Evaluating long-term crime reduction requires additional knowledge and expertise as well as comparing samples of Somali youth to the general population in Canada.

Section 5: Outcome Evaluation – Project’s Success in Reaching intended Outcomes.

Reaching Intended Target Population:

Our program has been fully effective (5) in reaching our target population. We are on pace to meet or exceed all of our target outputs (see tables below).

Table 2: Target Outputs

Output	Target to date	Actual to date
150 Somali youth within the criminal justice system will be offered addiction treatment and integration/reintegration support.*	100	81
100 Somali youth within the criminal justice system will receive addiction treatment.	66	81
15 Somali community workers will receive training in addiction recognition, referral and supports.	15	15
70 Somali youth will engage in community learning/earning opportunities.	46	64
50 Somali youth will improve school performance.	34	61
50 Somali parents will be provided support and guidance for court.	34	64
50 Somali parents will receive education/counselling on parenting youth with illicit substance abuse issues.	34	64

*Although we are under the “target” for number of youth offered support and counseling this is because our engagement rate has been 100%. As the program has been exceeding its number of youth that will engage in ongoing counselling we did not have the capacity to continue to invite more youth to the program.

In addition to exceeding our target outputs the Somali youth have shown greater outcomes and integration into their communities than our team had anticipated. 96% of the Somali youth in

our program have engaged in at least one of full time school, work or job preparation, and/or a regular community recreation program.

Table 3: Program Outcomes in Somali Youth

Outcomes for youth	% of Youth	# of Youth (n=81)
Acquired new skills	16%	13
High engagement in counselling	95%	77
Attending School/Engaged in Learning	76%	61
Increased connection to their community	20%	16
No further involvement in the justice system	19%	15
Working	5%	4
Began OW* youth employment initiative	1%	1

*Ontario Works

Another key outcome of this program has been the massive reduction in substance use that the Somali youth in the program have achieved. Preliminary data on the 46 youth who were engaging in substance abuse prior to treatment indicates that over 90% of them have been able to either reduce or full eliminate their use of drugs and alcohol.

Table 4 : Alterations in Substance Using Behaviour

Change in Substance Use	% of Youth	# of Youth (n=46)
Reduced	54%	25
Eliminated	37%	17
Stayed the same	9%	4

In addition to the positive changes this program has facilitated in the lives of Somalia youth, the reasons youth and their families have given for coming into treatment have provided evidence that this structure of program is effective in engaging families that may otherwise not come

into treatment or receive support navigating the legal system. Although multiple reasons can be given 62% of all the youth who have engaged in our program have done so out of a need for court support or as a condition of the Diversion program. Once engaged in the program youth are remaining in counselling for an average length of stay of 701days or almost two years (n=30).

Table 5: Youth's Reason for Engaging in Ongoing Services

Reason	% of Youth	# of Youth (n = 86)
Court Support or Condition of Diversion	62%	50
Addiction Treatment	22%	18
Community re/engagement	20%	16
Employment support	4%	3
Other	4%	3

Section 6: Contribution to Drug Treatment Outcomes

Capacity to Plan and Deliver a Range of Treatment Services:

Capacity to deliver drug treatment services was increased through the cross-training of a team of 15 Somali youth workers to understand, recognize, and motivate Somali clients to accept referrals to addiction treatment, and the training of 40 Rideauwood staff to provide a welcoming, constructive, and affirming service in a culturally appropriate manner. Although these training workshops only occupied a few days of our project they have lasting benefit to both our organizations capacity to serve these youth. The long term impact of this initiative will strengthen the community's ability to prevent substance use from beginning, increase the speed at which substance abuse can be recognized, youth can be referred into treatment, and the effectiveness of counsellors to engage youth in treatment. The increased partnership with the Boys and Girls Club of Ottawa has also increased our community's ability to best serve these youth. The Somali youth worker is able to create a plan of care with the youth, and support them in carrying it out, this support allows the Boys and Girls Club to engage youth they otherwise would be unable to. This program also bridges youth into Rideau wood's school based program when appropriate. The result of these capacity building activities has been to create a powerful network of addiction wise Somali community workers, and Somali culture wise workers in several systems of health, recreation, education, employment, mentorship and addiction treatment.

Impact on Drug Use Risk Taking Behaviours:

Through engagement in long life solutions to poverty, drugs, crime, and education, mentorship and counselling around substance abuse our program provides a powerful multifaceted intervention that has been successful in reducing drug use and related risk taking behaviour in our population. More than 95% of the youth have demonstrated a high level of program engagement, attending all of their meetings with the counselor and showing strong motivation to make changes in their lives. Further, more than 96% of youth engaged in at least one of; full time schooling, work, or regular

recreation/community involvement, and 98% of youth in this program feel they have many positive changes in their life that make them less likely to use substances in the future. Furthermore more than 91% of the youth have either significantly reduced (54%) or eliminated (37%) their substance use. The successes observed in these measures are strong indicators of our programs ability to rehabilitate and reintegrate young offenders with less serious offences, back into their community.

Section 7: Conclusions

This program is currently well on track to meet its intended targets and goals. The number of Somali youth and parents engaging in ongoing counseling has greatly exceeded our targets, with every youth approached eager for some level service. These families have shown a high level of program engagement, participating in a greater level of counseling and staying in the program for longer durations than was initially anticipated. In addition to reducing risks associated with recidivism, this program has helped facilitate dialogue between parents and youth in order to reduce the inter-generational conflict that is common with bicultural families. Furthermore 100% of Somali service providers who participated in cross-training felt their awareness and capacity to address substance abuse within the Somali community was increased by the workshop.

The programs focus over the coming year will be to continue to provide excellent service to Somali youth in conflict with the law, collect additional client information, and to solicit feedback from the Somali Addiction Professional Committee and other stakeholders. The core team will form a list of core recommendations and also solidify sustainable plans to implement these recommendations. Overall the Canadian Friends of Somalia and Rideauwood Addiction and Family Services have utilized their strong working partnership to effectively address the reintegration of Somali youth into Ottawa communities.

Section 8: Appendices

- i. intake form – page 33
- ii. admission form – pages 34-35
- iii. tracking form – page 36
- iv. youth outcome form – pages 37-38
- v. Addictions presentation feedback form – page 39

ADMIN ONLY

Init:_____

File #:_____

Date:_____

CLIENT INFORMATION (INTAKE/SCREENING)

*FIRST NAME:_____ *LAST NAME:_____

*GENDER: MALE FEMALE OTHER *LAST NAME AT BIRTH:_____

*DOB: (DD/MM/YYYY)_____ OHIP #:_____

STREET ADDRESS:_____

*CITY:_____ *POSTAL CODE: _____

CURRENT LOCATION: (If different from above) _____

PHONE #: () _____ OK CALL? ☐ OTHER: () _____ OK CALL? ☐

EMERGENCY CONTACT: _____ PHONE #: _____

*PREFERRED LANGUAGE OF SERVICE: ☐ ENGLISH ☐ FRENCH ☐ OTHER: _____

*ETHNICITY: ☐ CANADIAN ☐ FIRST NATION ☐ OTHER: _____

NOTES: _____

*REFERRED ON: (DD/MM/YYYY)_____

REFERRAL SOURCE:

☐ Self

☐ Family/Friends

☐ Education/Training Progs/Services

☐ Residential Treatment Agency

☐ Community Treatment Agency

☐ Case Management Agency

☐ Physician/Private Practitioner

☐ CMHA

☐ Social Service Agency

☐ Housing Program/Shelter

☐ Self Help Group (AA, NA, GA)

☐ Employee Assistance Program

☐ Police

☐ Unknown

☐ Other: _____

REFERRING AGENCY: _____

IS CLIENT ASSOCIATED WITH A CLIENT(S) IN ANY OTHER RIDEAUWOOD PROGRAM? (Friend, family member etc..)

DETAILS: _____

(Name, which program, relationship, etc...)

ADMISSION SERVICES:

☐ Alcohol/Drug

☐ Alcohol/Drug/Gambling

☐ Non-Ministry Client

☐ Family Member – Alcohol/Drug

☐ Family Member – Alc/Drug/Gambling

☐ Family Member – Non-Ministry

☐ Gambling

☐ Family Member - Gambling

☐ Other: _____

PRESENTING ISSUES AT CONTACT (Choose up to 7 by checking box)

☐ Accommodations☐ Addiction/Substance Abuse – Intoxication

☐ Addiction/Substance Abuse – Relapse Prevention

☐ Addiction/Substance Abuse – Withdrawal

☐ Addiction/Substance Abuse by Other

☐ Addiction/Substance Abuse by Self

☐ Anger/Aggressiveness/Violence by Self

☐ Child Welfare Involvement

☐ Criminal Justice

☐ Eating Disorder

☐ Education/Employment

☐ Emotional Abuse Perpetrator

☐ Emotional Abuse Victim

☐ Emotional – Self Harm

☐ Emotional/Mental Health of Other

☐ Emotional/Mental Health of Self

☐ Financial

☐ Gambling

☐ Gambling by Other

☐ Learning/Cognitive Issues

☐ Legal

☐ Leisure

☐ Life Skills

☐ Literacy Issues

☐ Parenting/Child

☐ Physical Abuse Perpetrator

☐ Physical Abuse Victim

☐ Physical Health

☐ Sexual Abuse Victim

☐ Social Isolation

☐ Spousal/Partner

☐ Suicidal Ideation

☐ Other: _____

IS CLIENT ON A WAITLIST? ☐ NO ☐ YES _____

(Name of waitlist)

REASON FOR NON-ADMISSION TO Tx. PHASE (Check only one option)

☐ Childcare unavailable

☐ Found treatment elsewhere

☐ Info consult only

☐ Needs medical intervention

☐ Needs psychiatric intervention

☐ Needs residential/more intense Tx

☐ Needs female only treatment

☐ No follow thru after initial call/session

☐ No longer in school

☐ No longer interested/motivated

☐ No show for assess. or not complete

☐ No subsidy available

☐ Not elig./Didn't meet prog Requirements

☐ Poor history of past treatment

☐ Referred to other RW program

☐ Timing wrong

☐ Wait too long

☐ Other: _____

DATE OF NON-ADMISSION: (DD/MM/YYYY)_____

*Indicates a required field

ADMIN ONLY

Init:_____

File #:_____

Date:_____

CLIENT ADMISSION INTO PROGRAM

*CLIENT NAME:_____

*ADMITTED TO: (RW Program)_____
+SCHOOL (IF APPLICABLE)

*ADMISSION DATE:_____ PRIMARY WORKER:_____

*CLIENT TYPE:

☐ Alcohol/Drug

☐ Alcohol/Drug/Gambling

☐ Non-Ministry Client

☐ Family Member – Alcohol/Drug

☐ Family Member – Alc/Drug/Gambling

☐ Family Member – Non-Ministry

☐ Gambling

☐ Family Member - Gambling

Other:_____

*TREATMENT MANDATED BY:

☐ None

☐ Choice between treatment and jail

☐ Condition of probation/parole

☐ Condition of school

☐ Condition of family

☐ Condition of employment

☐ Child Welfare Authority

☐ Unknown

Other:_____

*LEGAL STATUS:

☐ No problem

☐ Awaiting trial or sentencing

☐ Probation/Parole

☐ Incarcerated

☐ Unknown

Other:_____

*YOUNG OFFENDER: ☐ Yes ☐ No

*RELATIONSHIP STATUS:

☐ Married/Partnered/Common Law

☐ Single Parent/Single (never married)

☐ Widow/Widower

☐ Separated/Divorced

☐ Unknown

*EMPLOYMENT STATUS:

☐ (Self) Employed Full-time

☐ Employed Part-time

☐ Unemployed (looking)

☐ Student/Retraining

☐ Disabled

☐ Not in labor force (eg. Homemaker, not looking)

☐ Retired

☐ Unknown

*EDUCATION: (Check highest level achieved)

☐ No formal schooling

☐ Some Primary School

☐ Primary School

☐ Some Secondary School

☐ Completed Secondary School

☐ Some Community College/Technical CEGEP/Nursing

☐ Completed College/Tech/CEGEP/Nursing

☐ Some University (Not Completed)

☐ University Degree Completed (Post-Grad)

☐ Unknown

*INCOME SOURCE:

☐ Employment

☐ Employment Insurance

☐ Disability Insurance

☐ Family Support

☐ ODSP

☐ Ontario Works

☐ Retirement Income

☐ Other Insurance (excl. EI)

☐ Other

☐ None

☐ Unknown

PRESENTING PROBLEM SUBSTANCES AT ADMISSION (UP TO 5)

☐ Alcohol

☐ Amphet & other stimulants

☐ Barbiturates

☐ Benzodiazepines

☐ Cannabis

☐ Cocaine

☐ Crack

☐ Ecstasy

☐ Glue & Other inhalants

☐ Heroin/Opium

☐ Methamphetamines

☐ Other psychoactive drugs

☐ Prescription Opioids

☐ Steroids

☐ Tobacco

☐ Other: _____

☐ Unknown

☐ NOT APPLICABLE (FAMILY MEMBER, OR COA)

*FREQUENCY OF USE IN PAST 30 DAYS

1 = Did not use

2 = 1-3 times monthly

3 = 1-2 times weekly

4 = 3-6 times weekly

5 = Daily

6 = Binge

7 = Unknown

CHECK IF APPLICABLE:

☐ GAMBLING IDENTIFIED AS A PROBLEM

HEALTH STATUS/PROBLEMS:

☐ Vision (not including having to wear glasses)

☐ Hearing

☐ Mobility

☐ Pregnant

NON-MEDICAL INTRAVENOUS DRUG USE:

☐ Never injected

☐ Injected prior to 1 year ago

☐ Injected within past 12 months

☐ Unknown

NUMBER OF OVERNIGHT HOSPITALIZATIONS IN PAST 12 MONTHS: _____

DIAGNOSED WITH A MENTAL HEALTH PROBLEM BY A QUALIFIED MENTAL HEALTH PROFESSIONAL?
Within past 12 months? ☐ Yes ☐ No Within lifetime? ☐ Yes ☐ No

HOPSITALIZED FOR A MENTAL HEALTH PROBLEM?
Within past 12 months? ☐ Yes ☐ No Within lifetime? ☐ Yes ☐ No

RECEIVED TREATMENT FOR A MENTAL HEALTH, EMOTIONAL, BEHAVIORAL OR PSYCHOLOGICAL PROBLEM FROM A COMMUNITY MENTAL HEALTH PROGRAM OR PROFESSIONAL?
Currently? ☐ Yes ☐ No Within past 12 months? ☐ Yes ☐ No Within lifetime? ☐ Yes ☐ No

PRESCRIBED MEDICATION FOR A MENTAL HEALTH PROBLEM?
Currently? ☐ Yes ☐ No Within past 12 months? ☐ Yes ☐ No Within lifetime? ☐ Yes ☐ No

IS CLIENT ON A METHADONE/OPOID SUBSTITUTE?
☐ Yes ☐ No

IF PRESENTING ISSUES HAVE CHANGED SINCE INTAKE, PLEASE INDICATE BELOW

PRESENTING ISSUES AT ADMISSION (Choose up to 7 by checking box)

- | | | |
|---|---|---|
| <input type="checkbox"/> Accommodations | <input type="checkbox"/> Emotional Abuse Perpetrator | <input type="checkbox"/> Life Skills |
| <input type="checkbox"/> Addiction/Substance Abuse – Intoxication | <input type="checkbox"/> Emotional Abuse Victim | <input type="checkbox"/> Literacy Issues |
| <input type="checkbox"/> Addiction/Substance Abuse – Relapse Prevention | <input type="checkbox"/> Emotional – Self Harm | <input type="checkbox"/> Parenting/Child |
| <input type="checkbox"/> Addiction/Substance Abuse – Withdrawal | <input type="checkbox"/> Emotional/Mental Health of Other | <input type="checkbox"/> Physical Abuse Perpetrator |
| <input type="checkbox"/> Addiction/Substance Abuse by Other | <input type="checkbox"/> Emotional/Mental Health of Self | <input type="checkbox"/> Physical Abuse Victim |
| <input type="checkbox"/> Addiction/Substance Abuse by Self | <input type="checkbox"/> Financial | <input type="checkbox"/> Physical Health |
| <input type="checkbox"/> Anger/Aggressiveness/Violence by Self | <input type="checkbox"/> Gambling | <input type="checkbox"/> Sexual Abuse Victim |
| <input type="checkbox"/> Child Welfare Involvement | <input type="checkbox"/> Gambling by Other | <input type="checkbox"/> Social Isolation |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Learning/Cognitive Issues | <input type="checkbox"/> Spousal/Partner |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Legal | <input type="checkbox"/> Suicidal Ideation |
| <input type="checkbox"/> Education/Employment | <input type="checkbox"/> Leisure | <input type="checkbox"/> Other: _____ |

FORM COMPLETED BY: _____

DATE: _____

Counselor: _____

Total # of Parents	
Total # of Youth	

Client Name		Referral Source	Gender (M/F or other)	Parent or Youth Client	<u>Date</u>	<u>Start Time</u>	<u>End Time</u>
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							

Counselor Name: _____

Client Name: _____

Catalyst No: _____

Age at Baseline Assessment Date: _____

Gender: Male ☐ Female ☐ Other ☐

Evaluation Item	Baseline Date _____	Comparison Date _____
Information Pertaining to Integration into Community <i>Note: Suspensions include both in school and out of school suspensions.</i>	(At Admission) <input type="checkbox"/> Student/In School If yes, what school; _____ <input type="checkbox"/> Not attending School (<18 years of age) If yes; <input type="checkbox"/> Withdrawn/Drop Out (<i>student/family initiated leave from school</i>) <input type="checkbox"/> Expelled (<i>school staff initiated leave</i>) <input type="checkbox"/> Suspended in Semester Prior to Treatment If yes, # of suspensions _____ <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Involved in cultural/recreational activities If yes, please list; _____ _____ _____ _____	(At Comparison) <input type="checkbox"/> Student/In School If yes, what school; _____ <input type="checkbox"/> Not attending School (<18 years of age) If yes; <input type="checkbox"/> Withdrawn/Drop Out (<i>student/family initiated leave from school</i>) <input type="checkbox"/> Expelled (<i>school staff initiated leave</i>) <input type="checkbox"/> Suspended During Treatment Period If yes, # of suspensions _____ <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Involved in cultural/recreational activities If yes, please list; _____ _____ _____ _____
High Risk for Drop-Out	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Completed School Year <input type="checkbox"/> Yes <input type="checkbox"/> No
Legal Involvement	(At Admission) <input type="checkbox"/> Facing Charges <input type="checkbox"/> Diversion <input type="checkbox"/> Probation <input type="checkbox"/> Youth Mental Health Court	(At Comparison) <input type="checkbox"/> Additional Charges <input type="checkbox"/> Diversion <input type="checkbox"/> Meeting Conditions <input type="checkbox"/> Failing to meet Conditions <input type="checkbox"/> Completed Program <input type="checkbox"/> Probation <input type="checkbox"/> Meeting Conditions <input type="checkbox"/> Failing to meet Conditions <input type="checkbox"/> Completed Program
Group Youth Court Program	<input type="checkbox"/> Did not attend/register <input type="checkbox"/> Counselor initiated termination <input type="checkbox"/> Other _____	<input type="checkbox"/> Withdrew/Drop Out <input type="checkbox"/> Completed Program

Substance Use in the Last 30 Days

When completing this form, please fill out the average use per day for the three drugs most prevalently use by the client at the baseline assessment. At reassessment please fill out the average use per day for the same three drugs.	Baseline Assessment			Comparison Assessment	
	DATE: _____	# Days of use past 30 days	Average Use per Day Alcohol = Std. Drinks Cannabis & Cocaine = Grams Ecstasy = # of uses All else refer to DHQ guide	# Days of use past 30 days	Average Use per Day Alcohol = Std. Drinks Cannabis & Cocaine = Grams Ecstasy = # of uses All else refer to DHQ guide
Alcohol Beer, Liquor, Wine	<input type="checkbox"/>				
Cannabis Marijuana, Hash, Hash Oil (Weed, Pot, Grass)	<input type="checkbox"/>				
Cocaine	<input type="checkbox"/>				
Crack	<input type="checkbox"/>				
Ecstasy MDMA	<input type="checkbox"/>				
Hallucinogens Acid (LSD), Mushrooms, Mescaline	<input type="checkbox"/>				
Dissociative Anesthetics PCP, Ketamine, Salvia, GHB, Poppers	<input type="checkbox"/>				
Benzodiazepines (tranquillizers) Valium, Librium, Xanax, Ativan, Rohypnol	<input type="checkbox"/>				
Heroin, Opium Smack, Junk	<input type="checkbox"/>				
Inhalants Glue, Spray Cans, Rush, Gasoline, Liquid Paper	<input type="checkbox"/>				
Nicotine Cigarettes, Cigars, Pipe Tobacco	<input type="checkbox"/>				
Over the Counter Codeine Preparations Tylenol #1, Cough Syrups with Codeine, DMX	<input type="checkbox"/>				
Prescription Opioids Percodan, Tylenol #2, #3, #4, Darvon, Vicodin, Demerol, Hydrocodone, Morphine, Dilaudid, Fentanyl	<input type="checkbox"/>				
Steroids Testosterone, Dianabol, Winstrol (Juice, Roids)	<input type="checkbox"/>				
Stimulants, Amphetamines Bennies, Speed, Uppers, Adderall, Ritalin, Dexedrine, Crystal Meth, Khat	<input type="checkbox"/>				
Barbiturates Sleeping pills, Downers, Seconal, Fiorinal	<input type="checkbox"/>				
Energy Drinks Red Bull, Monster, Nos	<input type="checkbox"/>				
Others Psychoactive Drugs	<input type="checkbox"/>				



Substance Abuse Training II Session Feedback Form

October 20, 2011 ~ Heron Community Centre

What word best describes this session? _____

Did we meet these learning objectives?	Strongly Disagree	Disagree	Agree	Strongly Agree
My knowledge of Substance Abuse and Addiction has increased.				
My awareness of addiction resources at Rideauwood and in the community has increased.				
My awareness of the challenges that the Somali community is facing with regards to substance abuse, addiction and mental health has increased.				
My understanding of substance abuse and its prevention has increased				
My capacity to engage Somali youth and families in substance abuse prevention efforts has increased.				
I learned a lot from attending this session and believe it has contributed to my knowledge and/or skill.				
The method of presentation was appropriate and helpful.				
The facilitator was knowledgeable about the subject matter.				
I would recommend this session to others.				
Comments (optional):				
Tell us what you would like to learn in a future session:				
Any other suggestions for a future session?				

Thank you for your feedback!