

# Best Practices

## IN CANADIAN HIGHER ED.

*Making a positive impact on student mental health.*

CACUSS – Sea Change  
June 19, 2018



# Mental Health & Addictions Programming: The Evaluation Challenge (Consultancy Workshop)

- Best Practices Network in Canadian Higher Ed
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  - Jennifer Dods, Queen's University
- Case Studies:
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Algonquin College

# Overview

- Introduction
- Case 1: Umbrella Project
  - Breakout design session
- Case 2: Case Management Services
  - Breakout design session
- Discussion and Wrap-up



# Umbrella Project: The Next Steps

Best Practices Network Evaluation Consultancy  
Workshop

Sarah Crawford-SVAP and Harm Reduction Coordinator  
Amanda Neilson-Harm Reduction Consultant

# Substance Use in Emerging Adults

Emerging adulthood (18-29) is a critical time because of...

- Continued developmental changes
- Reduced parental supervision
- Increased independence
- Lack of experience
- Increased levels of stress
- Entrance into college or university
- Increased financial independence
- Increased exposure to alcohol and drugs

(Bergman et al. 2016)



# Substance Use in Emerging Adults

Emerging adulthood (18-29) is a critical time because of...

- Peak mental health incidence
- Highest psychiatric comorbidity
- Lower motivation
- Poor treatment outcomes
- 64 % of substance use treatment admissions state their substance use began during emerging adulthood
- 20 % of substance use treatment admissions occur during emerging adulthood

(Smith et al, 2016, Stanis & Anderson, 2014)



# Substance Use - harms to the student

Murphey & Dennhardt (2016) & Hustad et al. (2010) reported the following harms to students that drink heavily and/or use drugs;

- Risky sexual activity
- Blackouts
- Sexual/physical assaults
- Arrests
- Injuries
- Fatal accidents
- Academic underachievement
- Career underachievement
- Property damage
- Alcohol poisoning

Finn (1996) found that non binge drinking students reported that binge drinking students had;

- Interrupted their study **(67%)**
- Required them to take care of a drunken student **(57%)**
- Insulted or humiliated them **(34%)**
- Made unwanted sexual advances **(29%)**
- Damaged their property **(14%)**
- Pushed or hit them **(13%)**



# Harm Reduction

- It is an non-judgemental, effective approach to make changes to a behaviour that can have negative consequences
- Decreases safety risks without necessarily needing to stop the activity
- It does not encourage or discourage substance use and create opportunities for people to make changes for a healthier life



# Harm Reduction Principles

- Acceptance that there are benefits to use
- Decreasing more immediate harms vs. a drug free community
- Focus on harm not on the substance
- Give people choice and access to wide range of options
- Make individual's goals a priority
- Small gains add up over time
- Recognize that people know what is best for them



# Harm Reduction in Post Secondary

- Seeks to identify how to best tailor and deliver programs to effectively address students needs, **meeting them where they are**
- Improve the health and functioning of individual students and support students who are struggling with substance use to **succeed in academic endeavours**
- Create a healthy campus community
- Addresses the stigma of receiving addictions treatment

Harm Reduction begins with **prevention:**

- Creating supportive environments for individuals to make informed choices based on self-determination
- School based outreach programs are a good example of prevention programs





Student Support  
Services

The AC Umbrella Project is creating a safer space on campus to discuss how the use of alcohol and other drugs impact students' lives and focuses on helping students reduce any problematic effects they may experience.



# Algonquin College Umbrella Project

- Initially a two-year project funded by the Ministry of Advanced Education and Skills Development Mental Health Innovation Fund
- The goal of developing and building a sustainable harm reduction framework for post-secondary institutions
- The AC Umbrella Project addresses the mental health and addiction needs of emerging adults within a postsecondary institution.



# Evidence-Based Practice-The Research (some of it)

- National College Health Improvement Project (NCHIP)
- National College Health Assessment (AHCA-NCHA)
- Nova Scotia Department of Health and Wellness Mental Health (2012). Reducing alcohol harms among university students: A summary of best practices.
- Acadia University (2012) Reducing alcohol harms on university campuses: A summary of best practices Acadia University Response
- Centre for Addiction and Mental Health (CAMH)
- Centre for Addiction Research BC (2012). Helping people who use substances: a health promotion perspective
- Centre for Addictions Research of BC (2008). Alcohol on campus: Programs and policies.
- National Alcohol Strategy Working Group. (2012). Reducing alcohol-related harm in Canada: toward a culture moderation. Ottawa, ON: Canadian Centre on Substance Abuse.
- Changing the Culture of Substance Use, Phase II Project Update, Prepared for: BC Ministry of Health
- Johnson, L. (2014) Learning Collaborative on High-Risk Drinking. Using a Public Health and Quality Improvement Approach to Address High-Risk Drinking with 32 Colleges and Universities. White Paper National College Health Improvement Program.



## Purpose

- Decrease barriers to academic success, student retention and student graduations
- Increase skills, abilities and confidence of College faculty and staff to address and support students who are struggling with substance use issues
- Enhance students self-efficacy to self-assess and seek support
- Increase College resources to assist students in reducing harms related to substance use



# Goals

- A college-wide campaign focused on awareness, risk, and harm reduction strategies
- Training and consultation with the college's employees
- A mechanism for providing the college's students with access to existing community-based substance abuse treatment resources
- Digital program delivery strategies
- An effective and supportive linkage between students transitioning from community substance support programs and the college



# Algonquin College Harm Reduction Strategy 2015-2017

The AC Umbrella Project is creating a safer space on campus to discuss how the use of alcohol and other drugs impact students' lives and focuses on helping students reduce any problematic effects they may experience.

Polly Leonard, MSW, RSW  
Harm Reduction Project Manager  
Algonquin College



## Strategic Area 1: Health Promotion and Education for Students

### INITIATIVES INCLUDE:

- 1.1 Implement a National Addictions Awareness Week
- 1.2 Participate in Orientation programs
- 1.3 Key outreach during high-use times
- 1.4 Integrate Recovery Day Ottawa on campus and attend community event
- 1.5 Develop and promote marketing and educational material
- 1.6 Develop and ensure ongoing promotion of website
- 1.7 Integrate e-CHECKUP to Go Alcohol and e-CHECKUP to Go Marijuana
- 1.8 In-class presentations
- 1.9 Gamification of harm reduction - *Rainy Daze*

## Strategic Area 3: Community Capacity Building

### INITIATIVES INCLUDE:

- 3.1 30-member General Advisory Committee
- 3.2 Provide student placement opportunities
- 3.3 Provide experiential learning opportunities
- 3.4 E-Learning Module for staff
- 3.5 AFIT Training for AC community
- 3.6 Knowledge sharing
- 3.7 Media recognition
- 3.8 Community Advisory Committee
- 3.9 Students' Association support and involvement
- 3.10 Students' Advisory Committee

## Strategic Area 5: Policy

### INITIATIVES INCLUDE:

- 5.1 Provide recommendations for HS11 AC Alcohol Policy
- 5.2 Provide recommendations for Residence Student Handbook
- 5.3 Expand educational sanctions for students
- 5.4 Execute National College Health Assessment



## Strategic Area 2: Individual Student Support

### INITIATIVES INCLUDE:

- 2.1 Provide harm reduction consultations to students
- 2.2 SMART Recovery meetings for students on campus
- 2.3 Attend Make the Cut annually
- 2.4 Streamlined navigation system
- 2.5 Provide ongoing consultations for Counselling and Health Services
- 2.6 Create a staff information package for counsellors
- 2.7 Staff and faculty meetings

## Strategic Area 4: Culture as Intervention

### INITIATIVES INCLUDE:

- 4.1 Collaborative Mamidosewin student placement opportunities
- 4.2 Work closely with employees at the Mamidosewin Centre
- 4.3 Provide policy recommendations for the Mamidosewin Centre
- 4.4 Coordinate Indigenous cultural safety training for AC staff
- 4.5 Coordinate Inuit cultural safety training for AC staff
- 4.6 Research best practices
- 4.7 Partnership with Wabano Aboriginal Health Centre - Cultural Safety Training Project
- 4.8 Events at the Mamidosewin Centre

## Strategic Area 6: Residence

### INITIATIVES INCLUDE:

- 6.1 Parent Pre-Move-In Newsletter
- 6.2 Training for all staff, RLCs, RAs, Managers, front door
- 6.3 On-site programming
- 6.4 Student placement opportunities
- 6.5 Educational sanctions
- 6.6 Weekly scheduled harm reduction consultations



# Umbrella Project Highlights

- Ongoing staff training
- On-line learning module
- National College Health Assessment
- Sexual violence prevention
- Staff and Student Consultations
- Residence interventions
- Internal partnerships
- Health promotion
- Student placements
- General Advisory Committee
- Student engagement/outreach
- Inform policy & procedures
- Cultural Competency training
- Web based tools
- SMART Recovery
- National Addiction Awareness Week
- Recovery Day
- RainyDaze game development
- Media blitz
- Information sharing with other PSIs
- Sustainability planning



# Awards to Date



- Umbrella Project
  - The OUCHA Program and Service Award 2018/2018
  - Ontario Association of College and University Housing Officers
- RainyDaze Game
  - Best Use of Multi-Media 2017
  - Canadian Council for the Advancement of Education



# Current Evaluation Strategies

- Harm reduction consultation survey for counsellors who refer
- Harm reduction consultation survey for students
- Classroom presentation evaluations for professors and students
- Training evaluations
- National College Health Assessment
- Website analytics
- Parent Letter survey feedback
- Policy recommendations adopted
- Student engagement and feedback at tabling events



# Evaluation Challenges

- Evaluating the impact of multiple initiatives on campus culture working on a broader level
- Figuring out what we need to be evaluating to demonstrate success
- What evidence do we need to be considered evidence based project?
- The average length students are in programs for is 2 years
- We cannot evaluate NCHA data because we have not been around for the second NCHA cycle
- We need this evaluation for
  - Sustainability
  - Accountability
  - Funding



# Questions for You

- How do we evaluate that the combination of interventions is the most effective combination?
- What are the most cost (money/time) efficient and effective evaluations for a college institution?
- What areas are we not already measuring that would be beneficial?



# Any Questions?

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Student Support  
Services

# Case Management

## Measuring effectiveness within a coordinated care model

University of Calgary  
Shawna Bava, MSW, RSW  
Manager, Student Wellness Support



UNIVERSITY OF  
CALGARY

# University of Calgary – Wellness Centre



# Introduction – Case Management Team



# Supportive Model of Case Management

Provision of short-term support to address discrete needs or ensure stabilization. Primarily service coordination, with some service provision.

## **Guiding Documents:**

- Canadian Standards of Practice for Case Management, NCMN
- Case Management in Higher Education, NaBITA & ACCA
- NASW Standards for Social Work Case Management

## **Key Campus Drivers:**

- Campus Mental Health Strategy  
<http://www.ucalgary.ca/mentalhealth/>
- Student at Risk Policy  
<https://www.ucalgary.ca/wellnesscentre/sar>

# Guiding Principles - NCMN

- CM supports client rights
  - Establish relationship. Assess & support ability of clients to reach goals.
- CM is purposeful
  - Address specific needs as documented in client's goals
- CM is collaborative
  - Proactive relationships to facilitate goals. Referral as needed.
- CM supports accountability
  - Organize service delivery that is coordinated, timely & appropriate.
- CM strives for cultural competency
  - Displays respect, appreciation & sensitivity to clients' culture & heritage

Canadian Standards of Practice for Case Management. 2009. National Case Management Network of Canada. <http://www.ncmn.ca/resources/documents/english%20standards%20for%20web.pdf>

# Evaluation - NCMN

- Standard: A periodic reassessment is conducted to identify the client's current needs and to monitor progress within the client's individualized plan.
- Guidelines
  - Determine intensity & frequency of reassessment on an individual basis.
  - Evaluate: goals are current and movement towards goals is occurring within reasonable timeframe. Satisfaction with process & outcomes. Stability.
  - Document quantifiable impact.
  - Identify gaps in service & attempt to remove or resolve gaps to client benefit.

# Overview – Case Management

- Goal: Help students overcome obstacles and connect to relevant support
- Functions
  - Initial Assessment for connect with coordinated care services
  - Case Management appointments for problem-solving, referral, and support
  - Supportive Outreach to students of concern (Student at Risk & others)
- Referral sources: Self, WC, Campus Security, faculty, staff, parents, peers
  - Multidisciplinary referral form for internal use
  - No external referral form required
- Daily drop-in and booked appointments scheduled by reception.

# Functions - Case Management

- **Initial Assessment (IA):** The primary entry point for students seeking MH support at the Wellness Centre. SSAs explore primary presenting concerns, assess severity and complexity of needs, in order to refer students to relevant supports in a timely manner.
- **Outreach:** SSAs receive reports of student-at-risk (SAR) concerns from campus members and provide supportive outreach to students. The primary purpose of outreach is to engage students and assist them in connecting with resources & supports.
- **Case Management (CM):** SSAs provide ongoing case management support as part of our “coordinated care” model within the Wellness Centre. Students may be referred for ongoing case management support to assist with issues such as financial or housing instability or complex needs.
- **Building Capacity on Campus:** SSAs work in collaboration with peer support teams, campus committees and working groups to build capacity around mental health and wellbeing on campus. The team facilitates sessions (i.e. wellness workshops, mindfulness sessions, happiness basics) for students to support skill building & resilience.

# Current Evaluation

- Usage statistics of appointments booked in Titanium.
- Client satisfaction questionnaires
  - Administered following appointments (CSQ-CM)
  - Workshops evaluations following workshops/groups
- Termination summaries
  - Capture: reason for termination, number of sessions, focus of CM support
  - Completed by SSA after last contact with student
- We have also explored use of Outcome Rating Scale (ORS) by Miller & Duncan
  - Self-rating sense of wellbeing in last week: individually, interpersonally, socially, overall

# Client Satisfaction – CSQ-CM

Data from: January 1, 2017 – May 31, 2018

Item	Mean (SD)	Range
Q 1. To what extent has our program met your needs?	3.66 (.51)	1-4
Q 2. In an overall general sense, how satisfied are you with the service you received?	3.87 (.36)	1-4
Q 3. If you were to seek help again, would you come back to our program?	3.81 (.42)	1-4
Q 4. If a referral was made, do you think this referral makes sense for you?	3.68 (.52)	1-4
Q 5. Do you believe this appointment provided you with initial support for your concerns?	3.72 (.47)	1-4

The mean ratings for the CSQ are between 3.66 – 3.87, indicating that students accessing CM services at the Wellness Centre are satisfied with the services they have received. Ratings of 75% (or 3 out of 4) suggest that a program is doing well in terms of client satisfaction (Posavac & Carey, 2007).

# Client Satisfaction – CSQ-CM

Data from: January 1, 2017 – May 31, 2018

**Qualitative Feedback:** Generally, clients identified staff as welcoming, warm, and helpful.

- “ The social worker I was with was extremely friendly and understanding”
- “ CM is very supportive, knows when to listen, and when I just need positive reinforcement. I am very comfortable talking to her.
- “ I appreciate the openness brought forth to make me feel comfortable in an environment that can bring about anxiety”.

# Evaluation Challenges & Questions

- Determining how to measure outcomes, beyond outputs and client satisfaction.
  - **How to define and measure movement towards client's goals as a result of CM support?**
- How to measure client satisfaction with both process and outcomes
  - **Is there a tool other than CSQ?**
  - **Should different questions be added to CSQ?**
  - **Would ORS (measure of function) be helpful addition?**
- Determining how to measure quantifiable impact of CM on campus.
  - **Is it important to measure system level work of CM team? If so how?**

Key Factors: variable contact and no defined termination

# Break-Out Session

# Resources

- Canadian Standards of Practice for Case Management. 2009. National Case Management Network of Canada.  
<http://www.ncmn.ca/resources/documents/english%20standards%20for%20web.pdf>
- Case Management in Higher Education. 2012. Edited by Brian Van Brunt. NaBITA & ACCA.  
<https://nabita.org/wordpress/wp-content/uploads/2016/07/2012-NaBITA-ACCA-Whitepaper-Case-Management-in-Higher-Education.pdf>
- NASW Standards for Social Work Case Management. 2013. National Association of Social Workers.  
<https://www.socialworkers.org/LinkClick.aspx?fileticket=acrzqmEfhlo%3D&portalid=0>

# Contact Information

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[www.ucalgary.ca/wellnesscentre](http://www.ucalgary.ca/wellnesscentre)

## Discussion and Wrap-up

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