



PINE RIVER INSTITUTE

2011 ANNUAL EVALUATION SUMMARY

**Reporting Period:
January 1, 2010 to December 31, 2010**

Laura Mills, Director, Research & Evaluation

Allison Chiu, Research Assistant

Summary Report

Preamble

The current annual report provides process and outcome evaluation results including data from the past year (January 1, 2010 to December 31, 2010) as well as comparison data that spans all years since program inception (June, 2006). Process evaluation findings include yearly operations and student program engagement information. Outcome evaluation findings include functional living (including crisis indicators), quality of life and substance use information on students who completed or left the program and contributed to data at 3, 6, 12, 24, and 36 months post-treatment.

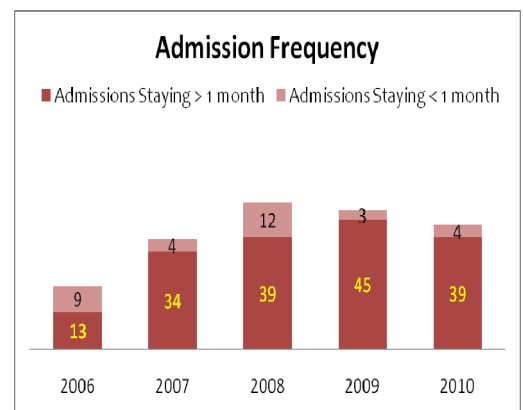
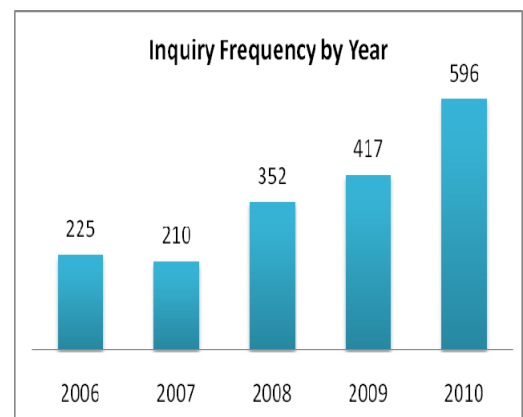
Data collection has improved since the first year of operations, and each year there is more complete data. Missing data in some categories is noted in the report, and can be attributed to the ‘growing pains’ inherent in the record-keeping of any new program and the voluntary nature of client participation in outcome research. Because of this, the inference that PRI treatment effects found in this document will similarly affect all or any youth who attend the program would be misleading. Instead, these results should be considered preliminary and reflect only those whose families choose to participate in research.

Process Evaluation Findings

Inquiries: A total of 1801 inquiries about PRI have been made since its inception in June, 2006. There have been significant increases in the frequency of inquiries over all years of operation. In 2010, there were approximately two inquiries per day.

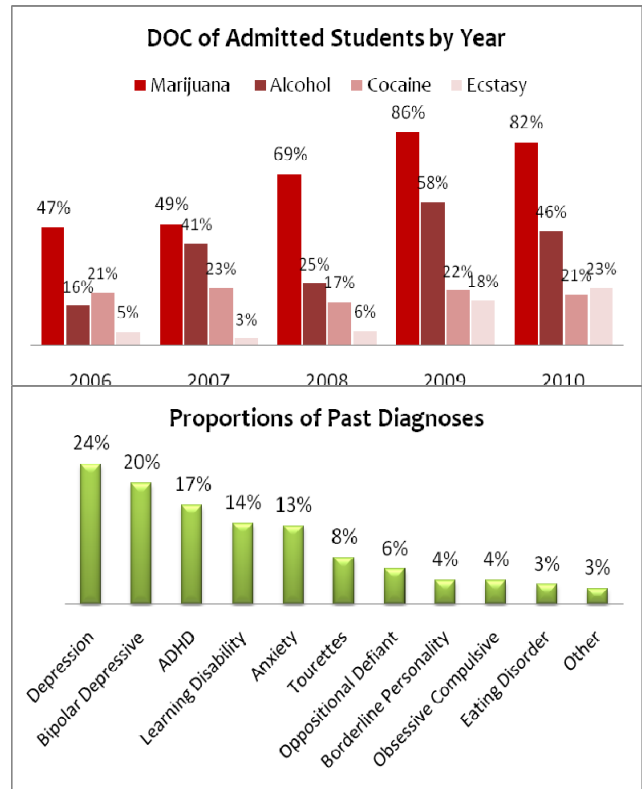
Peak call times now occur for six months of the year. They are late spring and late fall and span two periods of three months each, and continue to reflect the high school academic cycle. Parents were most often the inquirer and the time between inquiry and response is generally same-day.

Admissions: There have been 199 new admissions since program inception in June 2006. Government funding became available in 2008, and admission rates have increased since that time. Thirty-nine of these admissions were in 2010. Admission rates stabilized to between 2 and 5 per month. Sixteen students were readmitted to the program since its inception and 3 of these students have been readmitted twice. Wait times from inquiry to assessment increased over the years since program inception; in 2006, this wait time was 0 weeks, while in 2010, families wait a median of 11.4 weeks between first contact and assessment. Wait time from assessment to admission has also increased. In 2010, median wait-time from assessment to admission was just over 4 weeks, while in 2007 it was 1 week.



This assessment is based on process data. A more realistic representation of wait times would include data from the time an application is submitted, to the time a student enters treatment. Because of the unpredictability of parent response time in submitting application forms, applicants maintaining commitment to this voluntary program, and the readiness of current students to graduate and therefore vacate a bed, wait times are a moving target. A qualitative report on wait times can be found in the Admissions Director's weekly reports to staff, which indicates that wait times over the past 12 months range from 4-8 months.

Characteristics of Admitted Students: The average age of PRI students is 16.4 years and the male to female ratio is 3:2. Approximately half of PRI students are from Toronto and the GTA and about half are from Ontario outside the GTA. A small percentage are students from other provinces, the U.S. and Mexico. Most students enter PRI with multiple drugs of choice (DOC) and most often, the top three are marijuana, alcohol, and cocaine. Over half of PRI students have histories of suicidality, police involvement, and running away prior to admission. About two-thirds are doing poorly in or have stopped attending school. Over half of PRI youth enter the program with a diagnosis of a co-occurring mental health issue, most commonly a mood disorder.



Treatment Usage

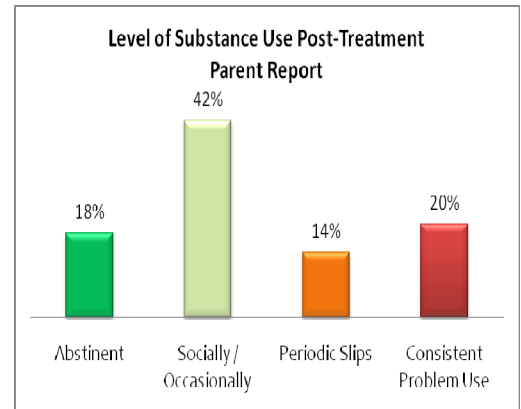
Parent Engagement: In 2010, 41% of parents attended a Parent Retreat. The overall rate between 2006 and 2010 was 50% attendance at Parent Retreats. Twenty-four percent of PRI parents have attended a Toronto-based parent support group session and 48% have engaged with aftercare services since inception. Of the students who were discharged from residence in 2010, 58% of parents have engaged with full aftercare services or phone support.

Program Usage: Students' average length of stay (LOS) in residence is 6.3 months, with a range of 5.2 months in 2007 to 6.9 months in 2010. Of the 168 students who have left treatment since inception, 25% completed the full program and graduated. In 2010, 30% of PRI students graduated.

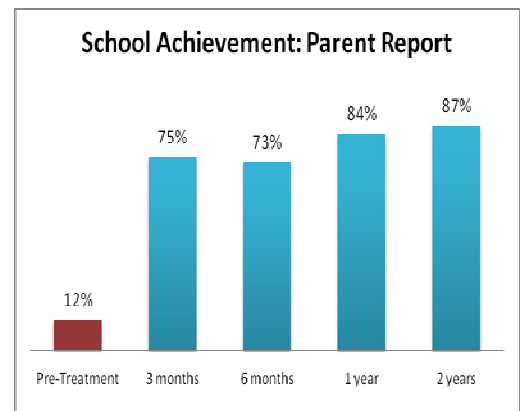
Outcomes

Data is collected at 3, 6, 9, 12, 24 and 36 months post-treatment. The data below covers the period since inception (2006) to December 31st 2010.

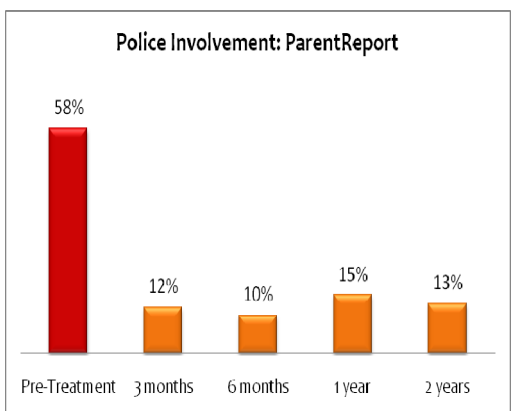
Substance Use: At admission, 100% of students present with serious substance abuse. After PRI treatment, 60% of parents report that their child is either abstinent (18%) or using socially (42%). Fourteen percent are reported to have had episodic slips and 20% are reported to be using in a problematic manner. Student report is similar: 79% report abstinence or social use, 10% episodic slips, and 10% problematic. Another way to regard substance use is strictly with the question of whether or not substance use was problematic, which decreases from 100% pre-treatment to approximately 20% post-treatment. In other words, post treatment, 80% of Pine River students no longer experience problematic substance use.



Academics: At admission, 37% of students report to be attending school regularly. Post-program, this proportion ranges over the period under consideration from 91 to 100%, as reported by both students and their parents. At admission, 12% of students report to be achieving in school (earning A's and B's) and after the program this proportion increases to at least 73% by parent report and 80% by student report.



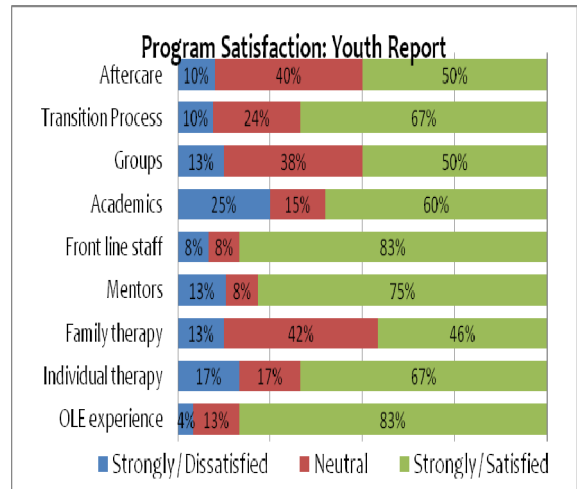
Police Involvement: Fifty-eight percent of students (41% females, and 73% males) report police involvement in the three months prior to admission to PRI, across all years since program inception. Post-treatment parent reports on their child's involvement with police range from 10% - 15%.



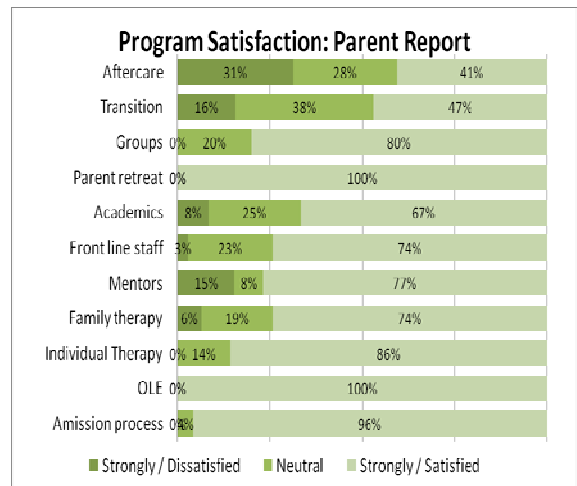
Hospitalizations: One quarter of PRI students were hospitalized prior to treatment. Parents report that at three months post-treatment, 3 (8%) had been hospitalized for substance use and 1 (2%) for mental health issues. At six months post-treatment, 4 (8%) had been hospitalized for substance use and 4 (8%) for mental health issues. At one year post-treatment, 1 (2%) had been hospitalized for substance use issues and none had been hospitalized for mental health issues. Finally, at two years post-treatment, 2 (5%) had been hospitalized for substance use and 1 (3%) had been hospitalized for mental health issues.

Running Away: Pre-treatment, 53% of PRI students had run away from home. Students reported that post-program, 2 (14%) had run from home in the first three months following treatment. None reported running away in the subsequent two years after treatment. Parents report that 6 (17%) students had run away from home in the first three months post-treatment, 7 (16%) in the first six months post-treatment, 8 (16%) in the first year post-treatment, and 1 (3%) in the second year post-treatment.

Service Satisfaction: A client satisfaction survey was implemented in 2009. Since then, 24 students responded to questions about their satisfaction with various aspects of PRI treatment. Eighty-three per cent of students reported to be either satisfied or strongly satisfied with front line staff and 83% were strongly satisfied or satisfied with OLE. The proportion of strongly satisfied or satisfied students with individual therapy was 67%, with mentors was 75%, with front line staff was 83%, with academics was 60%, with groups was 50%, with transition was 67%, and with aftercare was 50%. Family therapy was the only element of PRI treatment regarding which less than half of the students (46%) were satisfied, while 42% were neutral, and 13% were dissatisfied.



Thirty-five parents responded to service satisfaction and 100% were either satisfied or strongly satisfied with OLE, 100% with parent retreat, 80% with groups, 77% with mentors, 86% with individual therapy, and 96% with the admission process. 67% of parents were satisfied or strongly satisfied with academics, 74% with front line staff, and 74% with family therapy. Less than half were satisfied or strongly satisfied with aftercare (41%) and transition (47%). In 2009, parent satisfaction with Transition and Aftercare was 40%. In 2010, with the introduction of a new Aftercare program, parent satisfaction with Aftercare increased to 53% and to 56% for Transition.



Future Evaluation

With the ever-increasing sample size and scope of data from which to draw information, future evaluations can include analyses such as:

1. Changes in family functioning pre- to post-program
2. Changes in maturity indicators pre- to post-program as assessed by the McKinnon 'MAMA-p*' parent perception of child maturity index and 'MAMA-s*' staff perception of child maturity index.
3. Changes in mental well-being as assessed by the Achenbach System of Empirically Based Measurement
4. Relationship between parental engagement and client outcomes

*The MAMA-p and MAMA-s instrument usage is part of a collaborative research effort between Montana Academy and Pine River Institute, to be initiated in 2011.

This report was prepared by the research department. Questions or comments regarding the content or manner of analysis are welcome. We can be reached at research@pineriverinstitute.com

Laura Mills, Director, Research & Evaluation
Allison Chiu, Research Assistant