Canadian Mental Health Association
Kootenays
Mental health for all

YOUTH SERVICES: YOUTH OUTREACH AND FAMILY SUPPORT – OUTCOMES REPORT APRIL 1, 2015 – MARCH 31, 2016

PROGRAM DESCRIPTION Cranbrook based Youth Outreach and Family Support and Kimberley based Alcohol and Drug Youth Outreach and Support programs provide a variety of supportive services to youth and their families referred by social workers, community programs and services, or are self-referred. Services intend to reduce the impact of mental illness; substance abuse; homelessness; high-risk or criminal behaviour; and self-harming and suicidal behaviours. Ministry of Children and Family Development funds the Cranbrook full-time services, part-time services in Kimberley; and Interior Health funds additional part-time services in Kimberley.

Key Demographic Indicators	2012 2013	2013 2014	2014 2015	2015 2016	4 Year Comparative Average	Findings
# of male youth served	52	54	38	78	56	The number of youth served has increased significantly this year. Staff believes this is a direct result of the on-going adaptations made to employee shift schedules, implemented to increase daily appointment availability. The number of clients readmitted to the program is similar to the prior year.
# of female youth served	43	63	47	61	54	
# of youth readmitted to program during the year	8	35	14	16	18	
Total # of individual youth served	95	117	85	139	109	
Key Demographic Indicators	**2012 2013**	**2013 2014**	**2014 2015**	**2015 2016**	**4 Year Comparative Average**	**Findings**
# of School Groups Served	Data not recorded	Data not recorded	Data not recorded	6	No comparative data	In addition to the one-hundred and thirty-nine (139) individual youth served, staff completed six (6) school groups during the year. Each group was typically 8 weeks in length, with an average attendance of 7 students each. School groups served as one unit in the database system as individual files are not opened for each participant attending group sessions. A total of 35 additional youth were served within a school based, group setting. Staff customized the school group course content to address specific topics such as: substance misuse; building coping skills for management of anxiety & depression; and to facilitate family re-connection and cooperation approaches. Additionally, staff focused on the marketing and delivery of school based "Living Life to the Full For Youth" groups. These group sessions were also well received by school staff and participants.
# (average) of youth served/group	"	"	"	7		
Total # of youth served in groups				35		
Combined # Served (Individually or in Group)	Data not recorded	Data not recorded	Data not recorded	174	No comparative data	The overall number of persons served during the year, either individually or in group format, is significant (174). The outcome is very positive and is greatly satisfying to program staff.

Main Administration
39 – 13th Avenue South
Cranbrook BC V1C 2V4
Phone: (250) 426-5222
Fax: (250) 426-2134

Trail Center
1939 Columbia Avenue
Trail BC V1R 1K5
Phone: (250) 368-5223
Fax: (250) 368-5230

Nelson Center
302 Anderson Street
Nelson BC V1L 3Y1
Phone: (250) 354-1236
Fax: (250) 352-3652

Elk Valley Center
302c – 2nd Avenue
Fernie BC V0B 1M0
Phone: (250) 423-4204
Fax: (250) 423-6238

Key Demographic Indicators (continued):	2012 2013	2013 2014	2014 2015	2015 2016	4 Year Comparative Average	Findings
Average length of service	5.1 mo.	5.5 mo.	6.75 mo.	7 mo.	6 mo.	The average length of service has increased slightly again this year. Similar to last year, youth on our caseloads, are awaiting intake into specialized services, and as a result remain in our services longer. Staff will continue to monitor this statistic closely to ensure the average length of service does not become onerous.
Average wait time for service (Referral date to intake appointment date)	17 days	34 days	21 days	15 days	22 days	Staff is encouraged by the significant decrease in wait time for service over the past two years. This is a direct result of revisions made to program staff shift schedules, implemented to promote improved access to services. Additionally, procedures have been implemented, that see staff attending the home address or school on those occasions when telephone contact has not been successful after two attempts. The length of time, from referral to intake, makes the wait time appear lengthy despite the fact that contact is initiated by staff within 24 hours of receiving the referral. A contributing factor impacting wait times are that clients mandated to services (by MCFD) are often challenging to connect with to set up service. During the year, no referrals were held on a waitlist. Client wait time for service target is between 1 & 12 days.
Average age range	16 yrs.	15 yrs.	15.5 yrs.	16 yrs.	16 yrs.	Consistent year over year, no trends established.
# of ethnic minority clients served	10 (11%)	11 (9%)	11 (13%)	14 (10%)	12 (11%)	This number includes only clients who self- identify as belonging to an ethnic minority. No new trends noted.
File Status at Year End (*Parent info contained in youth file)	**2012 2013**	**2013 2014**	**2014 2015**	**2015 2016**	**4 Year Comparative Average**	**Findings**
Open	47	59	44	42	48	The number of open and closed files regularly fluctuates. No trend established.
Closed	95	45	73	97	76	
Risks & Barriers	**2012 2013**	**2013 2014**	**2014 2015**	**2015 2016**	**4 Year Comparative Average**	**Findings**
# Requiring transportation	57 (60%)	114 (97%)	80 (95%)	107 (77%)	90 (82%)	The number of clients requiring transportation in order to access services has notably decreased. In consultation with the funding Ministry and with families, staff consistently work towards building and supporting the independence of the youth, in order to promote self-motivation for service access.
# No fixed address	6 (6%)	9 (8%)	11 (13%)	13 (9%)	10 (9%)	There is a slight decrease in the number of clients with no fixed address each year; however this number is more consistent with prior years.
# With Mental Health issues	25 (19%)	61 (52%)	31 (36%)	52 (37%)	42 (36%)	This statistic is consistent with the prior year's data. Staff continues to record only those clients with a formal "mental health diagnosis", rather than recording self-identifying mental health issues.
# Actively using tobacco/alcohol/ drugs	47 (35%)	32 (27%)	32 (27%)	35 (25%)	37 (27%)	Consistent with prior year data.

REFERRAL ELSEWHERE - Whenever risks and barriers such as those indicated above become prevailing factors, program staff work collaboratively with clients to ensure appropriate community referral sources are identified and to provide assistance with the referral elsewhere process. During the reporting period no youth were deemed to have barriers which identified them as being beyond our capacity to serve, however all youth accessing this service are regularly referred to appropriate community services. Examples of more specialized service referrals for youth on our case loads include: EK Employment, Volunteer Kootenays, Big Brothers/Big Sisters, MCFD, Child & Youth Mental Health, Bellies to Babies, Cranbrook Food Bank, Salvation Army, and EK Addiction Services.

GOAL SETTING & RESULTS A standard component of the intake process is for staff to closely involve the person served in the setting of client goals. Service outcomes measuring safety risk, level of crisis, and their understanding and knowledge of resources available to them in the community are assessed at intake and at discharge. Ninety seven pre and post surveys were distributed (this corresponds with the number of closed files). Of these, 42 completed both pre-post surveys which measure service outcome achievement ratios.

Objective: Effectiveness Measures	Indicator	Who Applied to	Target Goal Expectancy	Actual Result	Met or Exceeded
1. To reduce level of crisis and safety risk	% of clients indicating a reduced, or low safety risk	All youth accessing service who identified with crisis or safety risk at intake and who completed both pre-post surveys	85%	83% 35 of 42	X/✓ Almost met
2. To increase knowledge of help available in the community	% of clients indicating increased knowledge of community resources	All youth accessing service who identified low knowledge at intake and who completed both pre-post surveys.	85%	100% 42 of 42	✓
3. To increase ability to consider options, find solutions, and make healthy choices	% of clients indicating increased ability to make healthy choices	All youth accessing services who identified low ability to make healthy choices at intake and who completed both pre-post.	85%	100% 42 of 42	✓

Effectiveness Findings: Of 139 served, 97 were discharged from service during the year. Of these, 42 completed both pre-post surveys. Self-reporting by youth is as follows: **a.** Crisis or Safety Risk –Upon discharge 35 of 42 youth identified they felt a reduction in their level of crisis and therefore had an increased sense of safety; the remaining 7 youth did not identify as having a crisis/safety risk upon entry to services. **b.** Knowledge of Help Available and **c.** Ability to make healthy choices – Upon discharge 42 of 42 youth reported their knowledge of help available in the community and their ability to make healthy choices had increased. It is important going forward that all program staff continues to work towards achieving increased effectiveness measure response rates.	**Recommendations: 1**. Continue with efforts to increase self-reporting feedback of youth served. **2.** Maintain achievement ratio targets to 85% in the coming fiscal year.

PAST PARTICIPANT FEEDBACK – Past Participant feedback is intended to solicit feedback from youth and their families after they have left the program. It is our hope, that once out of the program for several months, the past participant has formulated thoughts about the program that they not have had while in the program (i.e. Did the services actually assist in obtaining and maintaining the desired outcome?). Previously, surveys were the mechanism utilized to collect such data; however, due to the preventive nature of the services, program staff deemed it inappropriate to formally contact youth once discharged from services. In an effort to secure past-participant feedback, program staff, whenever appropriate, asked youth who were re-admitted to the program to complete the past participant survey. Sixteen youth were readmitted to the program during the course of the fiscal year. Eleven of these youth, upon re-admittance, completed a past-participant survey. The results indicated that after discharge these individuals felt they had benefited from the skill sets gained and, because of the skills and knowledge gained had prompted them to re-enter the program to further build on the skill sets learned. Going forward staff will continue to solicit past participant feedback from clients who are readmitted to the program.

PROGRAM EFFICIENCIES: Staff in the youth outreach program, recognize that direct service to youth is crucial to achieving the client's goals, as well as meeting contract requirements. Direct service refers to all work directly related to the clients served such as face-to-face meetings, integrated case-management meetings with key support people, telephone, and transportation to and from the client, and other activities that are client specific. Direct service hours are recorded monthly and reported to the funding Ministry and internally reported in the Balanced Score Card. Staff are provided monthly targets for direct service utilization based on contract requirements of 316 hours (MCFD) and 41 hours (IHA) monthly. Efficiency results have been tabulated below.

Objective: Efficiency Measures	Indicator	Who Applied to	Target Goal Expectancy	Actual Result	Met or Exceeded
Maintain Direct Service rates that meet the contract deliverables	Average # of Direct Service Hours	All youth accessing services	Contract 1: MCFD requires monthly total direct service hours average 316	Contract 1: 100%=316 Actual: (94% =298 hrs.)	**X**
Maintain Direct Service rates that meet the contract deliverables	Average # of Direct Service Hours	All youth accessing services	Contract 2: IHA requires monthly total direct service hours average 41	Contract 2: 100%=41 Actual 100% = 41 hrs.)	✓
Efficiency Findings: The direct service hours reported above was collected and recorded monthly by the Administrator of Youth & Children's Services. At the end of the fiscal year these monthly totals are tallied and divided by 12 (months) to determine an annual monthly average. The annual monthly average is then tabulated as a percentage. The actual direct service hours of the MCFD contract was 298 or 94% of target; and the IHA contract was 41 or 100% of target A priority going forward will be to increase the direct service hours in the MCFD contract.				**Recommendations:** Diligently works towards achieving targeted direct service hour rates of 316 monthly for the MCFD contract and 41 monthly for the IHA contract.	

PROGRAM SATISFACTION:

Objective: Consumer / Stakeholder Input Measures	Indicator	Who Applied to	Target Goal Expectancy	Actual Result	Met or Exceeded
1.I felt comfortable talking to staff	Percentage of clients who completed satisfaction survey	All youth accessing services responding to the survey (42)	85%	100% 42 of 42	✓
2. How satisfied were you with the responsiveness of program staff	Percentage of stakeholders who completed stakeholder feedback	All stakeholders responding to survey (11)	85%	100% 11 of 11	✓
Findings: Ninety-seven (97) youth were discharged from the program during the fiscal year. Forty-two (42) discharged youth responded to the satisfaction portion of the pre and post survey and of these all 42 indicated overall satisfaction with program services. Fifteen (15) stakeholder surveys were distributed and eleven (11) were returned. All were from referral agents. All eleven stakeholders indicated full satisfaction and provided extremely positive comments regarding staff responsiveness; rapport with clients; program flexibility and program service delivery.			**Recommendations:** Continue to target client and stakeholder satisfaction ratios at a minimum of 85%. Significantly increase the number of surveys distributed.		

PROGRAM ACCESSIBILITY: During the year program staff did not receive any requests for accommodation of clients accessing the program. Staff believes this is a direct result of adjusting staff schedules for increased access to services. As an on-going measure to enhance accessibility staff will monitor client contact rates, endeavoring to reduce wait time between referral and intake.

Objective: Access Measures	Indicator	Who Applied to	Target Goal Expectancy	Actual Result	Met or Exceeded
1. To maintain or increase service utilization rates	Average # of days from referral to intake appointment.	All clients accessing services	1-12 days	15 days	**X**
Findings: Although this target was not achieved, as was previously stated in this report, it is encouraging to note the significant decrease in wait time for service over the past two years. This is a direct result of revisions made to program staff shift schedules, implemented to promote improved access to services. Additionally, procedures have been implemented, that see staff attending the home address or school on those occasions when telephone contact has not been successful after two attempts. The length of time, from referral to intake, makes the wait time appear lengthy despite the fact that contact is initiated by staff within 24 hours of receiving the referral. A contributing factor impacting wait times are that clients mandated to services (by MCFD) are often challenging to connect with to set up service.				**Recommendations:** Continue to monitor wait times targeting 1-12 days to ensure service is delivered in a timely manner.	

ADMINISTRATIVE OBJECTIVES

Objective: Key Administrative Tasks	Indicator	Who Applied to	Target Goal Expectancy	Actual Result	Met or Exceeded
1. Program Administrator will monitor to ensure that all program staff will maintain client files and implement the revisions in accordance with the Share Vision database.	Revised annual program reports.	Youth Client Files	Incorporate revisions and recommendations for annual outcome reports for implementations in the 2016-2017 annual reports	Sharevision is up to date and congruent with Program Policy and Procedures and all client files are current.	✓
2. Program Administrator will monitor to ensure all program staff continues to update and maintain program training using Relias Learning.	Relias Learning Reports	Program staff	All program staff completes Relias Learning core and program specific course trainings.	All staff is current with required Relias trainings.	✓
3. To participate in a 6 month research project as requested by Centre for Addiction & Mental Health who is piloted a new screening tool (GAIN Assessment) to quickly identify issues and challenges in the following areas: Internalizing behaviors, Externalizing behaviours, substance misuse, crime and violence and eating disorders.	Improved client assessments	Youth Client Files	Increased accuracy in assessments of all youth who complete the GAIN Assessment intake tool.	All new intakes completed the GAIN Assessment Tool and staff have since incorporated this tool as a standard component of the intake process.	✓

Data Prepared by: Administrator of Youth and Children's Services
Reviewed by: the Executive Director

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Data Source: Share Vision database system and monthly reports