Canadian Mental Health Association Kootenays — Mental health for all | Association canadienne pour la santé mentale Kootenays — La santé mentale pour tous

CARF CANADA ACCREDITED — ASPIRE to Excellence

YOUTH SERVICES: YOUTH OUTREACH AND FAMILY SUPPORT – OUTCOMES REPORT APRIL 1, 2017 – MARCH 31, 2018

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	2013 2014	2014 2015	2015 2016	2016 2017	2017 2018	5 Year Comparative Average	Findings
# of male youth served	54	38	78	61	35	53	The number of individual youth served has decreased slightly from last year, however some of these services were offered via group delivery as noted in the next section. It is notable, that intake and services to youth identifying as male has dropped significantly over last year. Staff is not able to identify a specific cause for this.
# of female youth served	63	47	61	53	53	55	
# of non-identifying youth	--	--	--	--	1		
# of youth readmitted to program during the year	35	14	16	29	23	23	The number of clients readmitted to the program this year (23) is similar to last year (29). Of the 23 re-admissions this year, 15 of these individuals report returning for services due to the helpfulness of the skills gained when they were previously in services; five (5) individuals report that previous services were not helpful and three (3) individuals did not complete this question upon intake.
Total # of individual youth served	117	85	139	114	89	109	
Key Demographic Indicators	2013 2014	2014 2015	2015 2016	2016 2017	2017 2018	3 Year Comparative Average	Findings
# of School / Community Groups Served	Data not recorded "	Data not recorded "	6	4	6	5	In addition to the eight-nine (89) individual youth served, staff completed six (6) school / community groups during the year. Length of service ranged from 4 weeks to 6 months, with an average attendance of 7 youth each. Groups served as one unit in the database system as individual files are not opened for each participant attending group sessions. A total of 43 additional youth were served within a school or community-based group setting. Staff customized the course content to address specific topics such as: healthy relationships & trust; building coping skills for the management mental health problems; and communication for interpersonal relationships. Staff members also co-facilitated with another partnering organization (East Kootenay Addiction Services) for the Rock Solid Programs this year. 80 youth attended Rock Solid over two day period and these youth are not reflected in Agency statistics.
# (average) of youth served/group			7	7	7	7	
Total # of youth served in groups			35	28	43	35	

Combined # Served (Individually or in Group)	Data not recorded	Data not recorded	174	142	132	149	The overall number of persons served during the year is comparable to last year despite some staffing vacancies throughout the year. This outcome is very positive and is greatly satisfying to program staff.
Key Demographic Indicators (continued):	**2013 2014**	**2014 2015**	**2015 2016**	**2016 2017**	**2017 2018**	**5 Year Comparative Average**	**Findings**
Average length of service	5.5 mo.	6.75 mo.	7 mo.	5.7 mo.	5.6 mo.	6 mo.	The average length of service has remained consistent with the prior year's data. The funding Ministry (MCFD) and Youth Support Staff continues to focus on youth achieving goals and learning skills within a 3-6 month period.
Average wait time for service (Referral date to intake appointment date)	34 days	21 days	15 days	9 days	13 days	18 days	The average wait time for service increased slightly this year. Staff attribute this to brief waitlists that were held during staff vacancies. For those individuals not placed on a waitlist, intake was scheduled within a 1-10 day period. Procedures remain in place for initiating contact within 24 hours, followed by staff attending the home address or school on those occasions when telephone contact has not been successful after two attempts. An on-going factor impacting wait times is MCFD mandated clients. These clients can be particularly challenging to connect with to set up service.
Average age range	15 yrs.	15.5 yrs.	16 yrs.	15 yrs.	15.5	15.5 yrs.	Consistent year over year, no trends established.
# of ethnic minority clients served	11 (9%)	11 (13%)	14 (10%)	20 (16%)	20 (22%)	15 (14%)	This number includes only clients who self- identify as belonging to an ethnic minority. Staff note there is a consistent and gradual increase of youth identifying as belonging to an ethnic minority. Staff will continue to monitor for trends.
File Status at Year End (*Parent info contained in youth file)	**2013 2014**	**2014 2015**	**2015 2016**	**2016 2017**	**2017 2018**	**5 Year Comparative Average**	**Findings**
Open	59	44	42	34	56	47	The number of open and closed files regularly fluctuates. No trend established.
Closed	45	73	97	114	89	83	
Risks & Barriers	**2013 2014**	**2014 2015**	**2015 2016**	**2016 2017**	**2017 2018**	**5 Year Comparative Average**	**Findings**
# Requiring transportation	114 (97%)	80 (95%)	107 (77%)	81 (71%)	41 (46%)	84 (77%)	The number of clients requiring transportation in order to access services has consistently decreased over the past 5 years, with the 2017-18 year being significantly lower. In consultation with the funding Ministry, and with families, staff are consistently working towards building and supporting the independence of the youth, in order to promote self-motivation for service access, as well as increasing family engagement, communication, connection and responsibility.
# No fixed address	9 (8%)	11 (13%)	13 (9%)	8 (7%)	11 (12%)	10 (10%)	Staff notes this statistic relies heavily on the period of time the youth is referred for services. Youth of no fixed address are most often referred by MCFD with the

						primary goal being to establish suitable housing.
# With Mental Health diagnosis	61 (52%)	31 (36%)	52 (37%)	38 (33%)	29 (33%)	42 (38%)
# Actively using tobacco/alcohol/ drugs	32 (27%)	32 (27%)	35 (25%)	38 (33%)	28 (31%)	33 (27%)

Note: The right-hand commentary cells:
- # With Mental Health diagnosis: 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: Staff note this statistic is consistent with last year's data and will continue to monitor closely for trends.

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 caseloads include: Kids Help Phone, East Kootenay Addiction Services, EK Employment, Volunteer Kootenays, ANKORS, MCFD, Child & Youth Mental Health, Kelowna Eating Disorder Program, Interior Health Children's Assessment Network, Bellies to Babies, Cranbrook Food Bank, Salvation Army and various online apps and resources.

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. Eighty-nine (89) pre-surveys were distributed (this corresponds with the number of closed files). Of these, 57 youth also completed the post survey, which measures 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%	85% 28 of 33	✓
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%	86% 49 of 57	✓
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% 57 of 57	✓

Effectiveness Findings: Eighty Nine (89) individual youth were served and discharged from the program during the year. Of these, 57 completed both pre-post surveys. Self-reporting by youth is as follows: **a.** Crisis or Safety Risk –Upon discharge 28 youth identified they felt a reduction in their level of crisis and therefore had an increased sense of safety; 25 youth did not identify as having a crisis/safety risk upon entry and intake to services and 5 youth answered as having no reduction of risk in this area. **b.** Knowledge of Help Available - Upon discharge 49 of 57 youth reported their knowledge of help available in the community had increased; 7 youth did not identify as requiring an increase in community resource knowledge; 1 youth answered as having no increase in community resource knowledge and **c.** Ability to make healthy choices – Upon discharge 57 of 57 youth reported their ability to make healthy choices had increased. Staff note there is a decrease in the number of post surveys completed this year compared to last year. It is important going forward that all program staff continues to work towards completing a mid-point and end of service survey.

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. Twenty-three (23) youth were readmitted to the program during the course of the fiscal year. Twenty (20) of these youth, upon re-admittance, completed a past-participant survey. The results indicated that after discharge 15 of 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 address a new challenge; 5 of these individuals felt they had not benefited or learned from the program previously, but were willing to re-enter the program and try again. 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 as follows.

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: (318 avg. hrs/mo.)	✓
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:(37 avg. hrs/mo.)	✓
Efficiency Findings: The direct service hours reported above was collected and recorded monthly by the Director of Youth & Adult Mental Health Services. At the end of the fiscal year these monthly totals are tallied and divided by 12 (months) to determine an annual				**Recommendations:** Diligently works towards achieving targeted direct	

monthly average. The annual monthly average is then tabulated as a percentage. The average direct service hours in the MCFD contract per month was 318; and the average direct services hours per month in the IHA contract was 41 hours per month. | 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 (72)	85%	98% 56 of 57	✓
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: Eighty-nine (89) youth were discharged from the program during the fiscal year. Fifty-seven (57) discharged youth responded to the satisfaction portion of the pre and post survey and of these, 56 youth indicated overall satisfaction with program services. Fifteen (15) stakeholder surveys were distributed and eleven (9) were returned. All were from referral agents. All nine stakeholders indicated full satisfaction and provided extremely positive comments again this year regarding staff responsiveness; rapport and engagement with clients; level of support received, 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. 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	13 days	x
Findings: The increase in wait time for services (time period from receiving a client referral to intake) can be directly attributed to staff position vacancies throughout the year. Community referrals were placed on a waitlist, while MCFD referrals were prioritized as per the contract. Staff continue to initiate contact within 24 hours of receiving a referral, followed by 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, continues to make 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 is 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.

Canadian Mental Health Association | Association canadienne pour la santé mentale
Kootenays | Kootenays
Mental health for all | La santé mentale pour tous

ADMINISTRATIVE OBJECTIVES

Objective: Key Administrative Tasks	Indicator	Who Applied to	Target Goal Expectancy	Actual Result	Met or Exceeded
1. Program Director will monitor to ensure that all program staff 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 2017-2018 annual reports	Sharevision is up to date and congruent with Program Policy and Procedures and all client files are current.	✓
2. Program Director 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. Program Director will monitor to ensure all program staff use the GAIN Short Screener (a screening tool developed by the Centre for Addiction and Mental Health - CAMH) 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.	The GAIN Short Screener assessment tool is a standard component of the intake process. Staff use the assessment to develop goals and safety for the youth.	✓

Data Prepared by: Lori Stolson, Director of Youth & Adult Mental Health Services 2018

Reviewed by: Carey Fraser, Executive Director

Date: April 22,

Data Source: Share Vision database system and monthly reports