

YOUTH SERVICES: YOUTH OUTREACH AND FAMILY SUPPORT – OUTCOMES REPORT APRIL 1, 2019 – MARCH 31, 2020

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	2015 2016	2016 2017	2017 2018	2018 2019	2019 2020	5 Year Comparative Average	Findings
# of male youth served	78	61	35	34	42	50	Males served has risen significantly over the last year, however the amount of females served have dropped. We have readmitted 26 people this year, this has been due to the positive impacts the program has on the persons served wellbeing, and the ability to make healthier choices, and the comfort the person feels when speaking with staff.
# of female youth served	61	53	53	67	56	55	
# of non-identifying youth	--	--	1	1	0		
# of youth readmitted to program during the year	16	29	23	26	26	23	
Total # of individual youth served	139	114	89	102	98	109	
Key Demographic Indicators	2015 2016	2016 2017	2017 2018	2018 2019	2019 2020	5 Year Comparative Average	Findings
# of School / Community Groups Served	6	4	6	4	4	5	Staff were able to complete 4 Summer groups which was positively received in the community. 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. At the beginning of the school year, staff were able to participate in a community partnership with Selkirk Secondary school where they were asked to facilitate a workshop with the graduating class. This event is not reflected in the current statistics.
# (average) of youth served/group	7	7	7	7	7	7	
Total # of youth served in groups	35	28	43	28	28	35	
Combined # Served (Individually or in Group)	174	142	132	132	126	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):	2015 2016	2016 2017	2017 2018	2018 2019	2019 2020	5 Year Comparative Average	Findings
Average length of service	7 mo.	5.7 mo.	5.6 mo.	6.25 mo	4.5 mo	6 mo.	The average length of service has dropped slightly over the past year. 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)	15 days	9 days	13 days	14 days	17.5 days	13.7 days	The average wait time for service increased slightly this year. Staff attribute this to brief waitlists that were held during staff vacancies and a rise in referrals over the past year. 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	16 yrs.	15 yrs.	15.5	15.4	14.7	15.5 yrs.	The average age range has dropped slightly, but remains relatively consistent with past years.
# of ethnic minority clients served	14 (10%)	20 (16%)	20 (22%)	13 (13%)	22 (23%)	15 (14%)	This number includes only clients who self- identify as belonging to an ethnic minority. Staff note there was a sharp increase this year, staff recognize that clients are identifying themselves within a different culture which may reflect this years numbers.
File Status at Year End (*Parent info contained in youth file)	2015 2016	2016 2017	2017 2018	2018 2019	2019 2020	5 Year Comparative Average	Findings
Open	42	34	56	44	56	44	The number of open and closed files regularly fluctuates. No trend established.
Closed	97	114	89	102	98	95	
Risks & Barriers	2015 2016	2016 2017	2017 2018	2018 2019	2019 2020	5 Year Comparative Average	Findings
# Requiring transportation	107 (77%)	81 (71%)	41 (46%)	61 (58%)	70 (71%)	84 (77%)	Staff continue to promote independence by assisting youth to utilize the bus system, or promote physical activity. Due to remote and rural locations in the area and the location where persons served lives has been a barrier thus increased need for transportation support.
# No fixed address	13 (9%)	8 (7%)	11 (12%)	8 (7%)	5 (5%)	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	52 (37%)	38 (33%)	29 (33%)	28 (32%)	32 (33%)	42 (38%)	This statistic has slightly risen this year. Staff continues to record only those clients with a formal "mental health diagnosis", rather than recording self-identifying mental health issues. These include ADHD, Depression, Anxiety, OCD, ODD, Panic Attacks, PTSD, Separation Disorder, FASD, ASD, Personality Disorder, Tourette's Syndrome
# Actively using tobacco/alcohol/ drugs	35 (25%)	38 (33%)	28 (31%)	21 (20%)	23 (23%)	33 (27%)	Staff note this statistic continues to be relatively lower than the previous years. Staff will continue to monitor this trend.

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% 34 of 40	✓
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%	88% 35 out of 40	✓
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% 40 of 40	✓
Effectiveness Findings: Eighty Nine (98) individual youth were served and discharged from the program during the year. Of these, 40 completed both pre-post surveys. Self-reporting by youth is as follows: a. Crisis or Safety Risk –Upon discharge 34 youth identified they felt a reduction in their level of crisis and therefore had an increased sense of safety. b. Knowledge of Help Available - Upon discharge 35 of 40 youth reported their knowledge of help available in the community had increased; 5 youth did not identify as requiring an increase in community resource knowledge; and c. Ability to make healthy choices – Upon discharge 40 of 40 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 Six (26) 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	<u>Contract 1:</u> MCFD requires monthly total direct service hours average 316	<u>Contract 1:</u> 73% 232 hr/mo	x
Maintain Direct Service rates that meet the contract deliverables	Average # of Direct Service Hours	All youth accessing services	<u>Contract 2:</u> IHA requires monthly total direct service hours average 41	<u>Contract 2:</u> 107%=44 Actual:(44 avg. hrs/mo.)	✓
Efficiency Findings: The direct service hours reported above was collected and recorded monthly by the Administrator of Youth and Women 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 average direct service hours in the MCFD contract per month was 232 hours/month this may be due to two staff vacancies this year, and a higher volume of caseloads ; and the average direct services hours per month in the IHA contract was 44 hours per month. The average for IHA has slightly risen due to diligent marketing efforts in the Kimberley area.				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 (40)	85%	100% 40 of 40	✓
2. How satisfied were you with the responsiveness of program staff?	Percentage of stakeholders who completed stakeholder feedback	All stakeholders responding to survey (2)	85%	100% 2 of 2	✓
Findings: 98 youth were discharged from the program during the fiscal year. 40 discharged youth responded to the satisfaction portion of the pre and post survey and of these, 40 youth indicated overall satisfaction with program services. A link to a short survey was sent out to community partners and referral agencies, only 2 responses were recorded. Both responses indicated 100% satisfaction rate. In the future, the link will be sent out in December to allow a longer period of time to respond.			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	17.9	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.

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 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 2019-2020 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. Program Administrator 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.	✓

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Reviewed by: Carey Fraser, Executive Director

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Data Source: Share Vision database system and monthly reports