

**BOUNCE BACK PROGRAM - OUTCOMES REPORT APRIL 1<sup>ST</sup> 2020 – MARCH 31<sup>ST</sup> 2021**

**PROGRAM DESCRIPTION** – A telephone self-help program, delivered in the entire Kootenay Region, designed to assist those with mild/moderate anxiety and depression to cope better with life’s challenges. Qualified and trained staff deliver structured. Persons served can self-refer or are referred by their doctor, Nurse Practitioner or secondary service.

**PURPOSE** – This report is intended for Board, management, program staff, stakeholders, and persons served. Feedback and suggestions to assist with continuous quality improvement planning are solicited and encouraged. The data referenced in this report was collected and recorded via the program database system.

Key Demographic Indicators	2016 2017	2017 2018	2018 2019	2019 2020	2020 2021	Comparative Average	Findings
# of youth referrals for the year	N/A	N/A	N/A	N/A	18	18	This is a new category we are tracking due to youth referrals having a target
# of doctor referrals for the year	517* 437	437	469	595	577	519	Referrals have decreased ever so slightly this year. Staff believe that this consistent high number of annual referrals is due to excellent marketing within CMHAK programs, social media and courses delivered by our instructor’s who promote BB as an appropriate addition to their training. There is also an accountability standard with follow up to referrals from admin and coaching staff that is followed consistently.
# of Women who completed the program	85	85	41	53	80	68.8	There is a significant increase in completions for women this year, likely due to consistency of staff and the consistency in the volume of referrals.
# of Men who completed program	16	16	10	18	20	16	It is the opinion of staff that the lower male to female ratios are typical gender differences. Historically women tend to reach out for help more easily than do males yet in 2019-20 there is an increase in completions for men this year.

Average age of participants completing service	unavailable	unavailable	40	39	48	42.33 years of age	The average age of participants continues to be in the mid-forties.
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File Status at Year End	2016 2017	2017 2018	2018 2019	2019 2020	2020 2021	Comparative Average	Findings
Open	52	17	148	271	72	112	There was a significant decrease # of open referrals compared to previous fiscal. Staff believe this is due to a consistent priority for coaches to keep up with their case status (active, closed, MIA) on a weekly basis. Staff also believe this is why there is a higher number of closed cases as well.
Closed	424	494	321	324	595	431.6	
Risks & Barriers	2016 2017	2017 2018	2018 2019	2019 2020	2020 2021	Comparative Average	Findings
# of clients requiring a higher level of service (i.e. face to face counseling)	unavailable	unavailable	17 of 315 (5%)	24 of 595 (4%)	49 of 230 (21%)	30	The percentage of participants requiring higher level of services has increased significantly. It is believed this is because of COVID related stress.
# of clients declining at any time during service	73 of 429 (17%)	73 of 147 (49%)	68 of 315 (21.5%)	95 of 595 (16.0%)	230 of 550 (42%)	107.8	There has been a significant increase of participants declining at some point in the program. This is an indicator that these participants did not find the program a good fit, required a higher level of support or were just not ready to engage at that point.

**REFERRAL ELSEWHERE:** Whenever a participant demonstrates severe depression or requests face-to-face counseling, program staff work collaboratively with the referring doctor using the “ineligible doctor letter”. Referrals to anyone other the referring Doctor are not Bounce Back practice.

**GOAL SETTING & RESULTS:** A standard component of the intake process is for staff to closely involve the participants in the setting of goals. Service outcomes measure participant's feelings of increased physical health and mood. This is measured through pre and post surveys that track achievement ratios of these service outcomes. One hundred participants who completed the program responded to both pre-post surveys. The achievement ratios have been noted in the table below.

Objective Type: Effectiveness Measures	Indicator	Who Applied to	Target Goal Expectancy	Actual Result	Met or Exceeded
1. To increase participant understanding of how low mood affects them.	Percent of persons served who report an increase in understanding of how low mood affects them.	All BB Participants who completed both pre-post surveys (100)	60%	39%	Not met
2. To increase participant knowledge of what they can do to help themselves feel better.	Percent of persons served who report an increase in knowledge in self help	All BB Participants who completed both pre-post surveys (100)	85%	52%	Not met
<b>Findings:</b> Overall, a significantly lower number of participants who completed both pre and post outcome measures reported an increase with understanding why they are feeling the way they and an increase in the knowledge of what they can do to help themselves feel better after they completed the program with their coach.		<b>Recommendations:</b> Continue to monitor the effectiveness of the program for participants who have completed the coaching component.			

**PAST PARTICIPANT FEEDBACK** – Past Participant feedback is intended to solicit feedback from individuals 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 they not have had while in the program (i.e. did the services actually assist in obtain and maintaining the desired outcome?). In compliance with the policy of the program funder (CMHA BC Division), we are not authorized to contact individuals once their file is closed. This aspect of program service, past participant feedback, is obtained directly by the program funder (CMHA BC Division) and is reported as a provincial Bounce Back statistic.

**PROGRAM EFFICIENCIES:** The efficiency measure selected by local Bounce Back staff is to monitor program utilization by comparing actual referral numbers against contract referral targets.

Objective: Efficiency Measures	Indicator	Who Applied to	Target Goal Expectancy	Actual Result	Met or Exceeded
Maintain session bookings at a rate as per the funding contract deliverables. The numbers counted here are reflecting the actual number of sessions booked. This includes sessions completed, missed and cancelled.	Track the number of sessions booked. Contract target is 30 sessions booked per week or 1560 annually	All BB Referrals	100%	2314 ( 2 coaches)	✓
<b>Efficiency Findings:</b> We collect efficiency findings through the number of scheduled sessions per week Contract deliverables target seek 30 sessions per week. 2020/21 shows there was an increase in sessions booked. Important to note that the actual result is for 2 coaches. One coach started 3 months into the past fiscal.		<b>Recommendations:</b> Booking 30 sessions a week is a doable task yet completing them is not always because of no-shows and cancellations. In the fiscal for 2020-21 staff have tracked not only the number of sessions booked which includes missed sessions as well.			

**PROGRAM ACCOUNTABILITY/SATISFACTION** - Service outcomes measure participant reports of increased satisfaction relative to physical health, mood, and overall wellbeing. Completed participant pre-and-post surveys is the tool used to measure accountability/satisfaction achievement ratios.

Objective: Consumer Input Measures	Indicator	Who Applied to	Target Goal Expectancy	Actual Result	Met or Exceeded
1. To increase overall quality of life enjoyment and satisfaction levels.	% of clients who completed pre-post survey and indicated an increase in overall quality of life enjoyment and satisfaction levels.	All BB Participants Who Respond to the Pre-Post Surveys (100)	85%	65%	<b>Not Met</b>
<b>Findings: One hundred</b> pre-and-post surveys were completed. <b>There was a decrease in participants reporting an increase in all three outcome areas.</b>		<b>Recommendations:</b> Staff will continue to monitor and endeavor to maintain satisfaction levels at the targeted 85% ratio and continue to solicit and encourage participant feedback			

**PROGRAM ACCESSIBILITY: In the 2019/2020 fiscal year with 42% being unreachable we saw an increase in the reduction of unreachable participants to 29%. In order to continue reducing the unreachable participants, BB staff** undertook the following measures to increase connections with potentially unreachable referrals: a. Initial contact from Bounce Back Admin by phone within **five business days of receiving the referral**; b. **second and third attempts also by phone and/or email included leaving a message to call back to connect with the Bounce Back Admin**; c **fourth attempt was mailing a letter with Canada Post with a hoped for response time within referral timeline (six months)**. If no response was received after all of these efforts then the referral file was closed.

Objective: Access Measures	Indicator	Who Applied to	Target Goal Expectancy	Actual Result	Met or Exceeded
1. Reduce the % of unreachable referrals.	The target this year was to reduce this percentage by an addition 5% (down to 18%)	All referrals that are categorized as unreachable.	18% of total referrals	29% 174 out of 595 referrals	<b>x</b>
<b>Findings:</b> The target was not met. This is a difficult goal because we do not have control over participants who can not be reached. However, the BB team does it's best to potentially reduce unreachable participants by ensuring the referrers have the proper program information to relay to their patients before they are referred.			<b>Recommendations:</b> Continue diligent efforts to decrease the unreachable referral rate of 18%.		

## ADMINISTRATIVE OBJECTIVES

Objective: Administrative Key Tasks	Indicator	Who Applied to	Target Goal Expectancy	Actual Result	Met or Exceeded
Design a specific and measurable marketing plan	Marketing tools designed and distributed	Referral sources	CMHA Staff discussed Bounce Back program and distributed Bounce Back Brochures at the following events: MHFA, ASIST, safeTALK and Mental Health in the Workplace presentations. Radio and social media blurbs and interviews and World Suicide Prevention Day.	100%	✓
<p><b>Findings:</b> Bounce Back was marketed in a variety of avenues. These included Mental Health Courses, presentations and community events that were delivered by course instructors and staff. This past fiscal we focused more networking in radio and social media. One coach completed a road trip through the West Kootenays to visit multiple medical and mental health offices for networking purposes.</p>			<p><b>Recommendations:</b> Continue to collect promotional data. In conjunction with the provincial Bounce Back marketing initiatives program staff will continue to market the program to physicians, medical office assistants and other appropriate service providers. Other CMHAK courses and programs will continue to market Bounce Back at every opportunity.</p>		

**Data Sources:** All data Extrapolated from Sreelalitha Nadella from BC. Division

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