



**SERVICE PLAN
2011-2012**

ORGANIZATION REVIEW

The EMYS fiscal year began with our stellar accreditation results wherein **EMYS achieved 100 % of mandatory standards and 99% of defining standards for CMHO's Accreditation process.** We then went on to pilot and meet 100% of their new standards specific to our youth engagement program efforts. Mid Year, the organization then embarked on a significant strategic planning venture which culminated in the development and approval of a new Strategic Plan. This plan, approved by the Board of Directors in December 2010 has given us permission to consider those bold transformational efforts where we will build upon our impressive legacy so that we remain a leader in developing and delivering high quality mental health services. Thus, we end the fiscal year and begin the next with the first expression of this latest strategic plan, embedding our service goals for 2011-2012 within that context.

Our Agency Committees

Over the past number of years, EMYS staff have organized our work via agency wide committees and action teams whose membership reflected a representation of staff across all programs. To move forward with a new set of objectives, we have reconfigured several of these action teams to more effectively accomplish some of our new strategic directions. First, we will be developing two new committees: The **Knowledge Transfer Committee** will be charged with the goal of furthering the adoption of evidence- based and evidence-informed practice throughout all of the service programs which we deliver. The **Social Media Committee** will be charged with helping the agency build on the work begun in our pilot project to consider how to further our clinical and youth engagement work within the agency and in our community.

Second, we will be reconsidering membership on all of our committees so that they best serve committee terms of reference. This will mean only insisting on cross program representation when such composition is intrinsic to its mandate, and then purposefully inviting experts and others external to the centre to help us do our work as required. And, this certainly aligns with how the Board of Directors considers its own membership requirements which this past year saw the inclusion of an additional youth member **Kadeem Robin**, the re- appointment of private citizen **Brian Ashton**, and the welcoming of former Galloway After School Program (GASP) parent and business person **Janice Gerol**.

Our Human Resources

The adoption of our new strategic plan coupled with the retirement of several key supervisory and senior staff has resulted in the understanding that we must seriously review our Human Resource complement and our organizational structure and capacity. The strategic plan speaks loudly to the agency's need to recruit additional senior managers most notably a Director of Corporate Services, and the Board has also recognized its need to seek dedicated expertise in the area of fundraising and membership development.

Concomitantly, staff have also identified human resource needs with respect to communications/social media and our drop-in program. Furthermore, our need for **business development** expertise has become more prevalent over the last number of years as EMYS has enthusiastically attempted to develop entrepreneurial capacity with respect to building a number of home-grown programs. These include Time for the Taking, RISE, Studio 2 Creative, Megan's Transitional Residential unit, our Recording Studio, the Client Record and Outreach Worker database systems and the Stages of Change Training Program most recently developed via our Youth Outreach Worker Program.

While EMYS is accustomed to 'doing whatever it takes,' we must now acknowledge that, in fact, we might not have everything it takes within the agency to establish and run fee for service enterprises. Thus, we must secure the specialized consultation we need in this regard. Then, we must also examine our current organizational structure so as to more effectively align programs and functions in accordance with the emergence of new demands. These include areas such as social media and those reconsidered perspectives such as social entrepreneurship, community development and our youth engagement programming. Finally, we must use this time of legislated compensation constraint to review our job evaluation results and banding levels, to ascertain their continued accuracy and relevance and to inform our efforts to involve our senior and supervisory staff in our succession planning.

Our Partnerships

EMYS does and will continue to take pride in our ability to engage and work closely with community partners so as to help us provide the most comprehensive and accessible service to our East Toronto community. This is mission critical to carrying out those parts of the strategic plan that speak to areas of potential program growth. At present, staff already work with partners in education, health, employment and immigration. In the past few months, some of these partnerships have metamorphosed to include adult education via a **literacy program** operating at head office, as well as a

health service via a **nurse practitioner** who will be starting to offer medical services to our clients and participants in our third floor space. We have also taken beginning steps to identify and work with a number of businesses in the community willing to offer co-operative work experiences for our clients whose best hopes for the future lie in their involvement with our job readiness Preparing for Tomorrow Program.

We look forward to discovering other new partnership potential and rediscovering old ones. Examples of this include the creation of an **EMYS walk-in clinic capacity** to be situated in various community 'hubs'/agencies and a renewed commitment for a working partnership with our colleagues in the adult mental health sector as we leverage a change in our mission statement which allows us to expand our services to a young adult population.

Our Clients, Participants and our Community

EMYS operates within a context of multiple micro and macro influences at the level of the individual, the family and the community and we must be continuously adjusting as required. One of those factors is the changing nature of the clientele with which we work. Most recently, for example, it was stated that referrals to our Developmental Services programs present as far more functionally compromised than in previous years, and that the **Galloway Road** program site is unable to fully accommodate their needs. This will require us to find more suitable space for our longstanding developmental services programs, and then to identify opportunities to repurpose the Galloway Road program site.

Our counseling team is also experiencing a difference in the profiles of families presenting for services. It has been noted that there is an increase in the number of parents of youth who are presenting with serious mental illness themselves, and thus that service partnerships with **adult mental health** service providers must become better integrated and more collaborative. At the same time, several of our programs, such as our Youth Outreach Worker Program, our Citizenship and Immigration Programs and our Preparing for Tomorrow Program are facing challenges to engage clients' and participants' families whose participation, even minimally, is essential to achieve positive program outcomes.

On a macro level, our per diem residential programmes are working with Child Welfare partners who cannot provide adequate fees for services rendered, thus motivating us to reconsider the nature of the residential business that we are in. Similarly the nature of our counseling interventions must adjust to include the utilization of modern 21st century **technology**- cyber counseling in real time, video counseling, the use of chat, text messaging and even telephone counseling as additions to our menu of service options/modalities.

Organizational Sustainability

As a not-for-profit organization, we are acutely aware of the political/fiscal pressures impacting upon all levels of government that suggest that deficit slaying and cuts to funding will be the order of the day in the very near future. EMYS has and will continue to participate in advocacy efforts that support continued and increased funding to improve the mental health and well being of our target clientele. In fact, a review of our Resource Development efforts this past year are impressive as we note a significant increase in funds over and above that in our core budget. We must however, prepare the organization to work within the impending mood of restraint. Towards this end, we are committed to ensuring that the organization has evaluation processes in place with measurable and valid outcomes and indicators on behalf of all of our programmes. We have made important strides in this past fiscal year having already created a **Community Partners Survey** Instrument on behalf of our community/youth engagement programmes which is analogous to our Referral Source Survey which we use to inform our clinical work. Further, we are committed to supplementing these surveys with other instruments to include the creation of full logic models to accompany those programmes. Knowing and proving that our program interventions work is a good defense in an era of restraint.

Similarly, we are committed to integrating an internal and external communications strategy into all of our agency activities. Strong, coherent and consistent communications within the organization are critical at the best of times let alone during a time of organizational transformation and fiscal constraint. Our **Staff Engagement Survey** suggests that we still have a ways to go in this regard and so we will endeavor to bring the same amount of perseverance and innovation to this as we do to our service delivery efforts. It will also be important to share our work with our service partners and our funders on a more frequent and strategic level. Thus, the EMYS strategic plan aligns with the requirements of almost every funder wherein community partnerships, service integration and coordination are prerequisites to success in resource allocation.

A Final Note

The 2011-2012 fiscal year ushers in a new era for the organization. Our Board of Directors has appointed a new Executive Committee to include **Chairperson Judy Marshall** and **Vice Chairperson Mary Jarrell**. And in the course of pulling together our latest strategic plan, this Board of Directors had the courage to take on the task of developing a vision for the agency. In fact, in all of its 38 year history, this is the first time that the agency's Board of Directors had dared to do so. It is fitting that in its effort to articulate the vision, the Board of Directors looked into the core of the work, paid respect to the agency's history wherein EMYS was established in 1974 to serve the

highest at risk in our community, and then built upon our existing capacity. Appropriating the name of our WIT program acknowledges that everyone associated with **East Metro Youth Services** is always “**Doing Whatever It Takes.**” And, what an edifying expression of confidence in our capacity this vision statement is, as it helps us to kick start the first full year of this most ambitious strategic venture.

QUALITY ASSURANCE

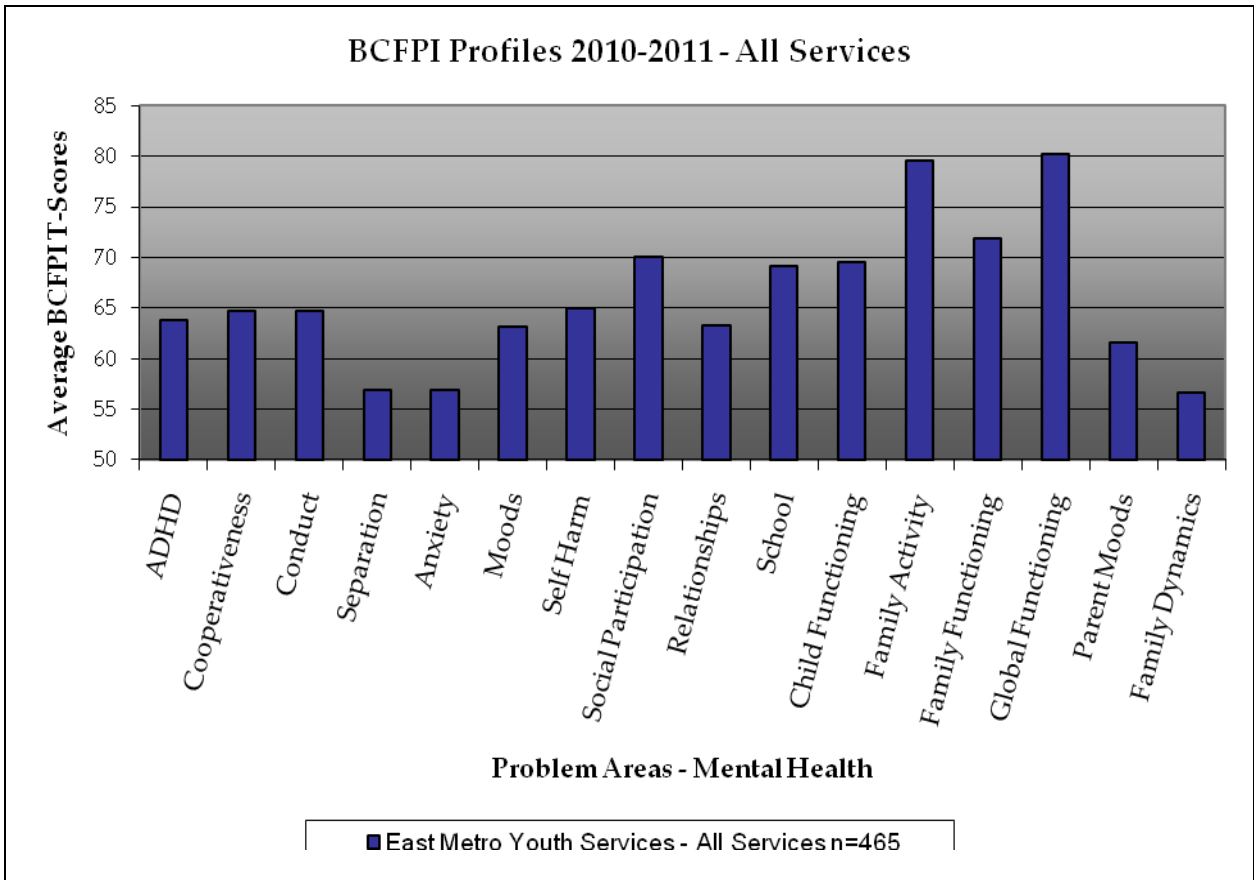
As the year began, quality assurance efforts were strongly focused on accreditation, ensuring processes were in place to effectively measure and monitor program outcomes. We also ensured program review templates included information with regards to the evidence-based and evidence-informed practices that underpin programs. These efforts indeed paid off as we successfully passed accreditation in late April, 2010, meeting 100% of mandatory standards and 99% of defining standards.

We also continued with our 3 central quality assurance tools: our Staff Engagement Survey, Consumer Satisfaction and Referral source surveys. As well, we introduced a new Community Partners/Stakeholder survey for Level 3 programs, created in a similar vein to our current Referral Source Survey.

With regards to our clinical tools used to measure severity of challenges at the pre-treatment point as well as treatment outcomes, it is strikingly clear that EMYS has and continues to serve some of the most complex-needs young people in the system. For example, our Brief Child and Family Phone Interview (BCFPI) data once again illustrate that our clients present with some major challenges at the beginning of treatment.

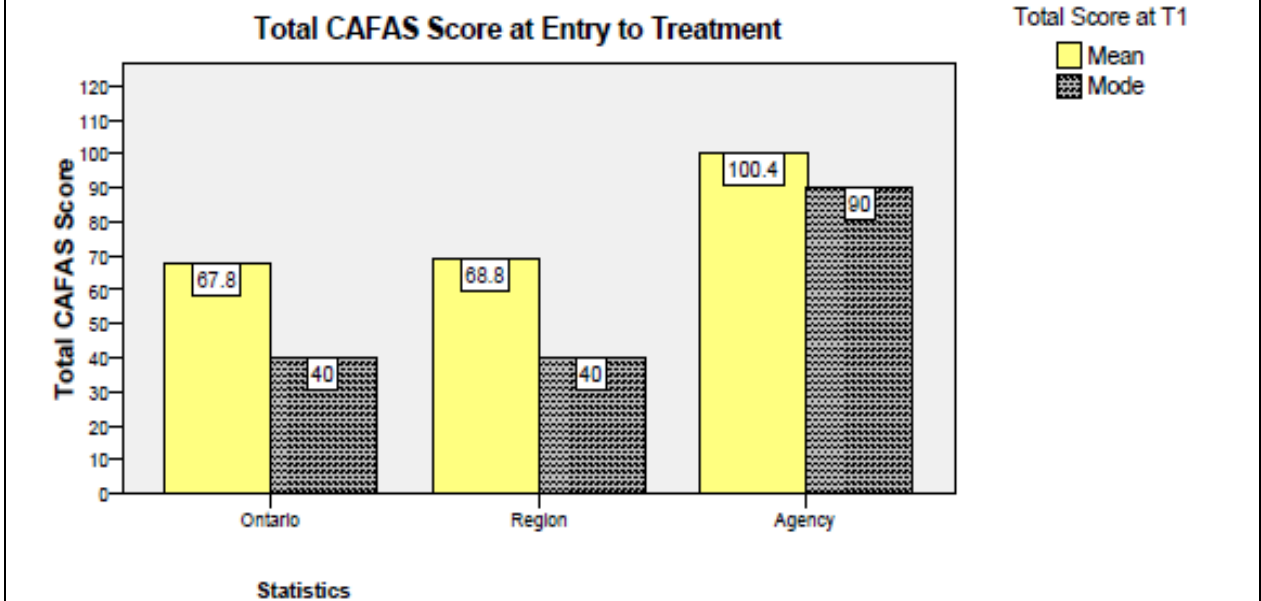
For BCFPI, the degree of severity is measured both by the t-scores and by how many disorders are identified in one client. In BCFPI, the mean score is 50, corresponding to a percentile score for the general population (e.g. 50% of the population is below 50%). As scores increase, so do levels of functional impairment. Scores above 65 are considered to indicate more severe functional impairment and 98% of the population scores below 70.

As the table below illustrates, in 6 of the 16 domains, scores average above 65. While the clients in each program often display some variation in terms of impairments, with for example, developmental services clients scoring rather high on social participation and day treatment clients scoring high on the school domain, the data suggests overall significant impairments.

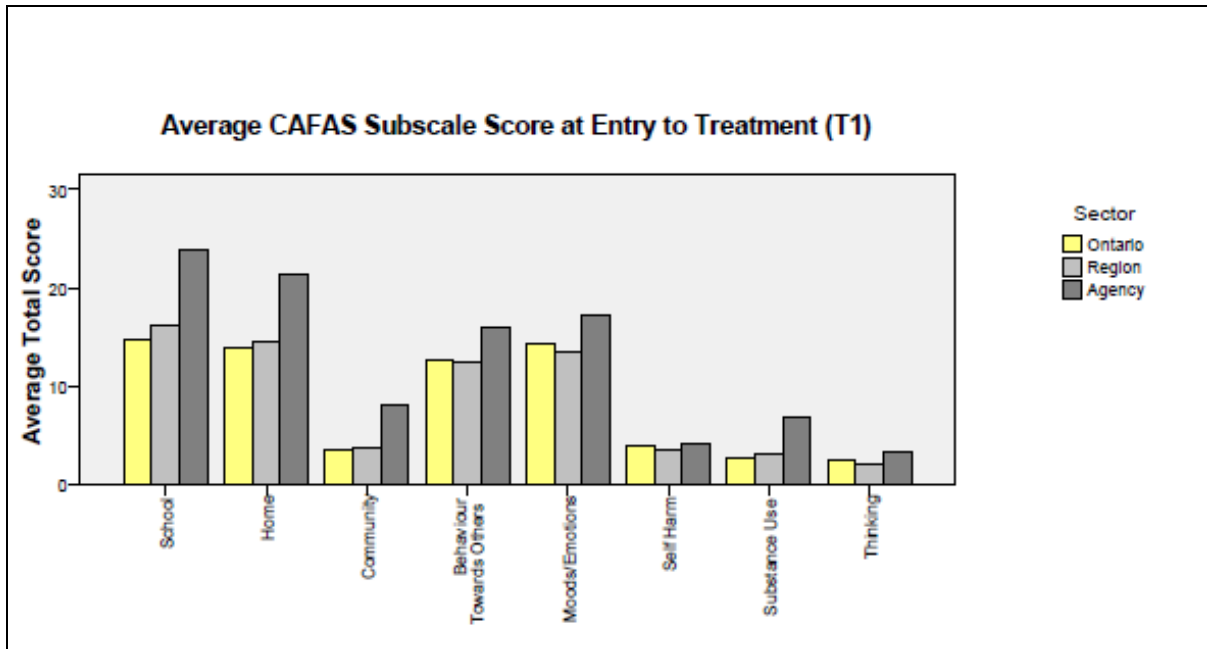


Given the BCFPI scores shown above, it is not surprising to note that EMYS' clients also show rather severe impairments in the Child and Adolescent Functional Assessment Scale (CAFAS) scores. As seen below, when CAFAS entry scores are examined in relation to clients in the region and in the province, it is evident that EMYS' clients show considerably greater degrees of impairment. For example, mean scores are over 30 points higher than those in the region and in the Province, and the mode scores are 50 points higher, more than double our regional and provincial counterparts. These scores provide critical insights as to the need to provide EMYS clients with more intensive services.

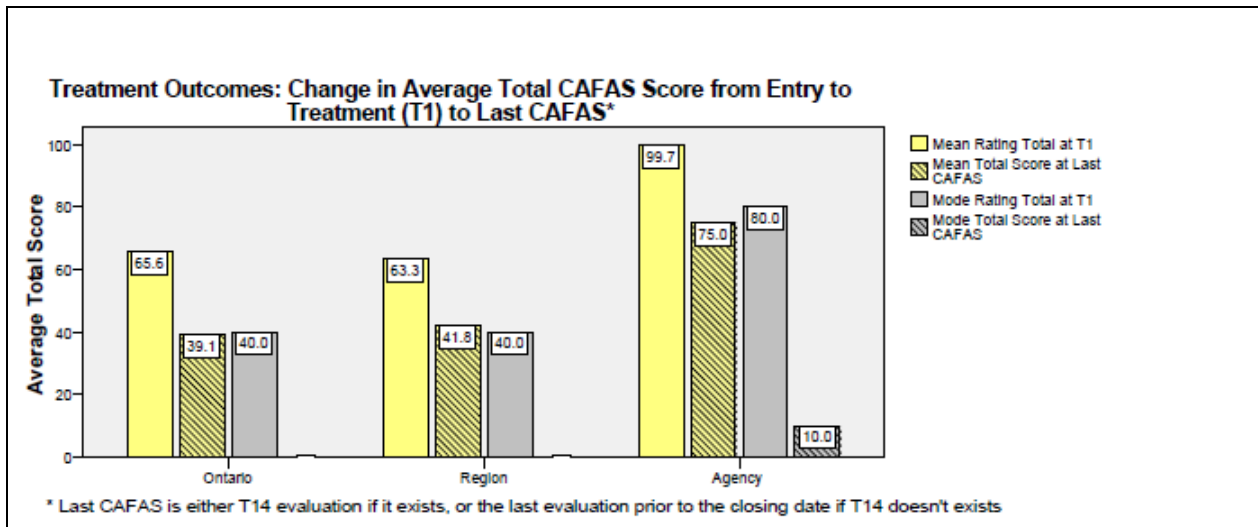
CAFAS PROFILE AT START OF TREATMENT



In terms of specific domains, not surprisingly, given what the above table shows, EMYS clients show more severe impairment than those in the region or province. In fact, EMYS clients show more impairment than our provincial or regional counterparts in all of 8 domains with some domains showing substantial differences.

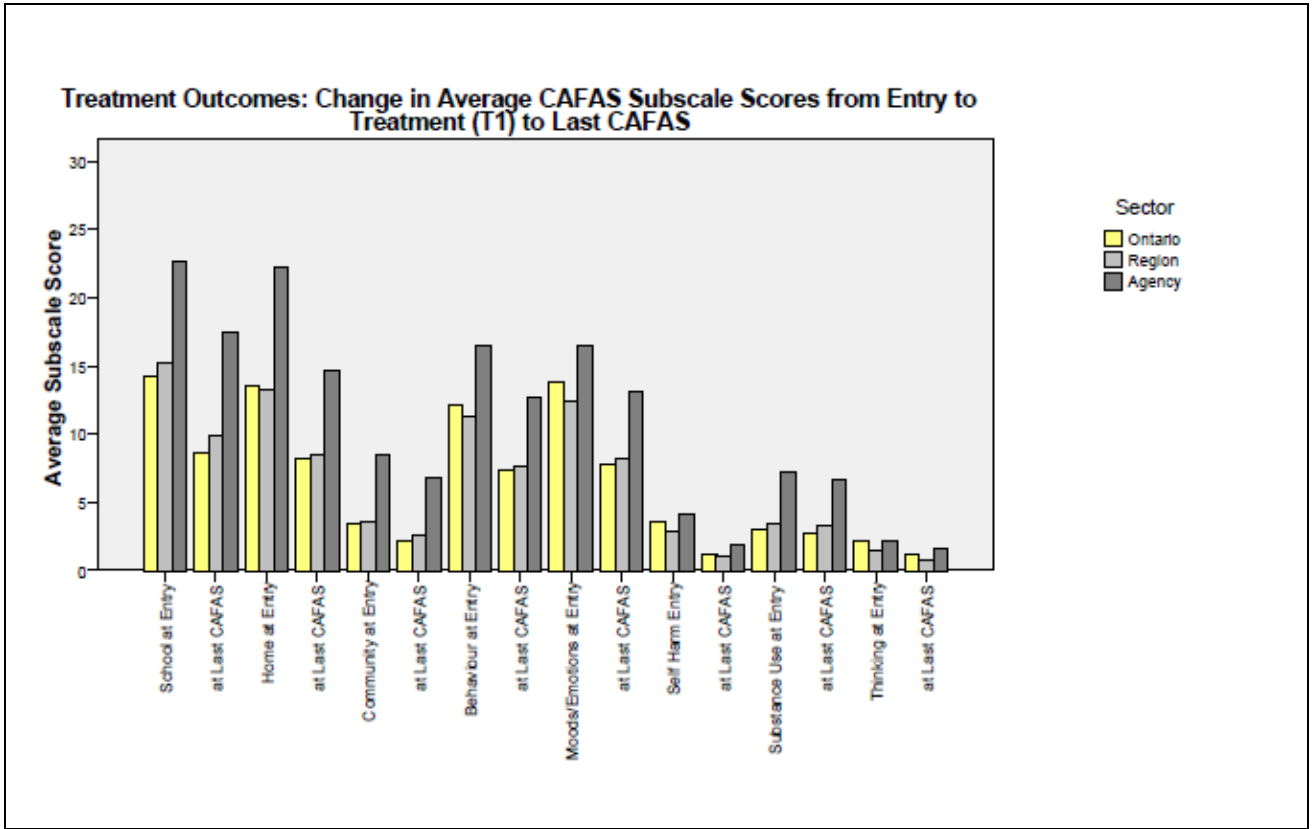


With regards to overall treatment outcomes, CAFAS scores at Time 2 or exit show significant overall reductions in scores. Given that EMYS clients show some severe impairments at entry, often requiring more intensive and longer term treatment, exit scores show considerable reductions. Perhaps the most noteworthy of those is the mode score, which went from 80 to 10 (down from 20 last year), indicating major improvements in treatment outcomes.



When broken down by domain, it is important to note that there were improvements all 8 domains, many of which show dramatic improvements. One noteworthy pattern is the reduction in the substance use scores, as in previous years, these scores usually rise once rapport is built between the clinical and the client. However, this year, scores

reduced at exit, which may suggest clients were more willing to disclose substance use upon entry.



CLINICAL STATISTICS
2010 – 2011

Unique Clients Served/Unduplicated Count

	2010-2011	2009-2010
Carried Forward (As of April 1)	172	183
Opened	94	108
Total Served	266	291
Closed	152	175
Continuing/Carried Forward (Current Clients)	114	116

Client Gender Breakdown for all Services

Client Gender	2010/2011	2009/2010
Females	40%	43%
Males	59%	56%
Female-to-Male	1%	1%

Age of Clients for all Services

Age	2010/2011	2009/2010
12 Years and under	8%	8%
13 Years	9%	7%
14 Years	11%	13%
15 Years	18%	20%
16 Years	21%	21%
17 Years	18%	16%
18 Years and over	15%	15%

Types of Inquiries

Types of Inquiries	2010/2011	2009/2010
Consultation	7%	8%
Information re: Resources	70%	53%
Inquiry 3 rd Party	1%	1%
Public Education	1%	2%
Service Request	21%	36%

Guardianship for Clients for all Services

Type of Guardian	2010/2011	2009/2010
Child Welfare	24%	16%
Family Member	8%	21%
Parent	64%	63%
Anonymous	4%	N/A

Major Referral Sources for all Clients

Referral Source by percent	2010/2011	2009/2010
Child Welfare	57%	50%
Hospitals	30%	32%
Mental Health Agencies	2%	5%
Other	2%	2%
Private Practitioner	N/A	N/A
School Boards	7%	11%
Social Service Agency	2%	N/A

Youth Justice Involvement

	2010/2011	2009/2010
Clients	17	21
Participants	7	18

PARTICIPANT STATISTICS
2010 – 2011

	2010-2011	2009-2010
Carried Forward (As of Sept. 30 th)	283	343
Opened	150	245
Total Served	433	588
Closed	242	319
Continuing/Carried Forward (Current Participants)	191	269

VIP and CIC Volunteers	# of Participants	# of Hours	April 1, 2009 – March 31, 2010
RISE - Archbishop Romero	67	1088	81
RISE - Birchmount CI	40	412	60
RISE - Cedarbrae CI	N/A	N/A	95
VIP Volunteer Program	13	70	45
Newcomer Program Mentors (CIC)	13	188	N/A
Volunteer Total	133	1758	281

