

East Metro Youth Services (EMYS)

**REFERRAL SOURCE SURVEY**

**2008**

Toronto, Ontario

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# **EMYS REFERRAL SOURCE SURVEY - 2008**

## **Introduction**

In an effort to provide the best quality of service possible and obtain a better understanding of how EMYS can best meet the needs of youth and families, the goal of the Referral Source Survey (RSS) was to obtain feedback from valuable service partners within the community regarding client referrals made to EMYS. The survey was available online during the month of January 2009. All survey responses were anonymous.

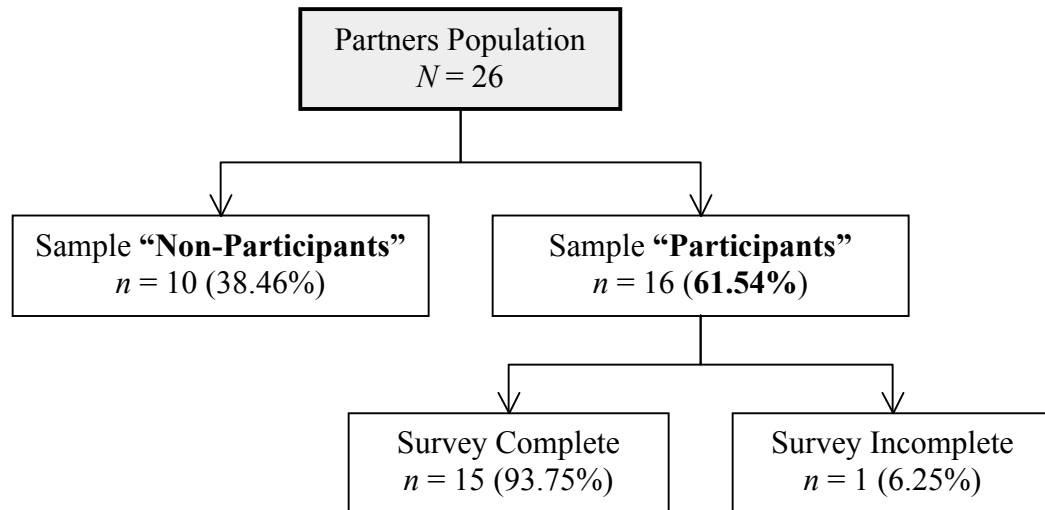
The survey was comprised of 18 questions, which included information about the referral source, closed-ended level of agreement questions, as well as open-ended questions. The responses were provided through rating scales for 16 of these questions, for many of which individuals could elaborate on their response; while 2 questions allowed respondents to provide qualitative responses. Appendix 1 presents the survey.

Responses for the rating scale questions are presented in tables and additional comments are provided when available. Comments provided to open-ended questions are presented in themes in a table, in addition to the actual comments. This report is organized in five major sections: I. Description of Sample, II. Description of Service Referrals Made, III. Satisfaction Ratings, IV. Comments and Recommendations, and V. Conclusions and Discussion.

## I. Description of Sample

Originally, 29 names of service partners within the community were provided for the consultant to contact. In 2007 (i.e., during RSS 2007 data collection), however, one of these service partners indicated that she did not wish to receive further emails from EMYS, and hence, her email was automatically removed from the online mailing list. Another service partners was ‘On Leave’ during the RSS 2008 data collection phase. Finally, a third service partner was no longer working at the specified location, and her contact information was unavailable. Therefore, 26 service partners were invited to take part in the Referral Source Survey 2008. In total, 16 partners responded to the survey, and therefore, the response rate was **61.54%**.

Nearly all ( $n = 15$ ) of these service partners completed the entire online survey, whereas one partner partially completed the survey. *Please note that since the latter service partner only responded to the first question of the survey, her responses will not be included in presentation of findings. Instead, the results will be based on 15 completed surveys. Also, in cases where one or two respondents left an item blank, the presented percentages are based on 14 and 13 valid responses, respectively.*



## II. Description of Service Referrals Made

The sample characteristics were analyzed in terms of type of organization referring partners were from, which EMYS program referrals were made to, how the referral partner heard about EMYS, how many referrals were made in the past 12 months, and length of time it took for EMYS to get back to the referring partner. This section also includes responses regarding the existence of a waitlist at EMYS, and about ongoing communication and feedback while waiting for the service. Lastly, any barriers for clients' regarding accessing services were addressed.

### Permission to Share Comments

All service partners who responded to the survey (100%) provided permission to share their comments.

### Type of Organization

Most service providers who participated in this survey were affiliated with Children's Mental Health Centre (33.33%), followed by Mental Health Services/Child Welfare (20%), and the Board of Education (13.33%) and Children's Aid Society (13.33%). *Please note that the online survey used to collect the data collapsed the Mental Health Services category with the Child Welfare category, and it is inconclusive which of the 3 respondents belonged to which type of organization.* The five respondents in the "Other" category identified the following as their organization: (a) Children's Aid Society, (b) Catholic Children's Aid Society, (c) Protection Child Welfare, and (d) Hospital. Table 1 presents all of the organizations that respondents indicated.

Table 1. *Type of Organization*

Type of Organization	Frequency	Percent
Children's Mental Health Centre	5	33.33
Mental Health Services/Child Welfare	3	20.00
Board of Education	2	13.33
Other: Children's Aid Society	2	13.33
Other: Catholic Children's Aid Society	1	6.67
Other: Protection Child Welfare	1	6.67
Other: Hospital	1	6.67
<b>Total</b>	<b>15</b>	<b>100.0</b>

### EMYS Program(s) Used

Respondents were asked to indicate which EMYS program(s) their clients have used from a list of 17 services. *Please note that respondents were allowed to indicate multiple programs, which many of them did.* In particular, Table 2 presents how many respondents indicated that their clients used one ( $n = 5$ ) or more ( $n = 10$ ; up to eight) programs.

Table 2. *Number of EMYS Programs Used by Clients of Service Providers*

Number of EMYS Programs Used	Frequency	Percent
1	5	33.33
2	3	20.00
3	1	6.67
5	1	6.67
6	2	13.33
7	1	6.67
8	2	13.33
Total	15	100.0

Fourteen of the 17 services were checked off. Intensive Child and Family Services (ICFS), Individual/Family Therapy (IFT), and Whatever It Takes (WIT) were the most frequently used programs. Table 3 presents frequencies and percentages for all the programs indicated to have been used by clients of service partners.

Table 3. *EMYS Programs Used by Clients of Service Providers*

EMYS Program	Frequency	Percent
Intensive Child and Family Services	8	14.81
Individual/Family Therapy	7	12.96
Whatever It Takes (WIT)	7	12.96
Access (Intake)	6	11.11
Priority Access (MST)	6	11.11
Day Treatment	4	7.41
Drug and Alcohol Program (MST)	3	5.56
Transitional Support Services	3	5.56
Whitby Mental Health Centre (ASST)	3	5.56
Parent Groups	2	3.70
D'Arcy Residence	2	3.70
Developmental Services	1	1.85
Expelled Student's Program	1	1.85
Megan Transitional Unit	1	1.85
Megan Residence	0	0
Ellesmere Residence	0	0
HRSDC Pre-Employment Program	0	0
Total	54	100.0

**Hearing about EMYS' Services**

Echoing results from 2007, service partners were asked how they heard about EMYS' services. As Table 4 presents, the largest number of respondents (42.86%) indicated that they heard about services via their partnership with EMYS. The second most common source was through colleagues, which was reported by 28.57%. The third most frequently reported source was hearing about EMYS via previous referrals (21.43%). Written material was also mentioned as another source of info. One individual did not respond to this question.

Table 4. *Hearing about EMYS' Services*

Source	Frequency	Percent
Partnership with EMYS	6	42.86
Colleagues	4	28.57
Previous Referrals	3	21.43
Other: Written Material	1	7.14
Total	14	100.0

*Note.* One respondent left this item blank, and the presented percentages are based on 14 valid responses.

**Frequency of Referrals**

Respondents were asked to indicate how many children/families they referred to EMYS in the past 12 months. Majority of respondents (60%) indicated that they referred between 1 and 5 children/families to EMYS in the past 12 months. The breakdown of additional referral frequencies is presented in Table 5.

Table 5. *Frequency of Referrals in the past 12 months*

Number of children/families	Frequency	Percent
1-5	9	60.00
6-10	4	26.67
>20	2	13.33
Total	15	100.0

### **Length of Time to Return Call**

The survey also included a question asking “How long did it take us to call you back in response to your referral?” Four respondents indicated that their referral call was returned within 24, and similarly, four respondents indicated 48 hours. Three respondents indicated that their call was returned within one week, and three respondents indicated later than one week. *Please note that it was difficult to determine which program corresponded to each of the lengths of time listed below because multiple programs were checked off by most respondents.* One individual did not respond to this question. Table 6 summarizes the length of time it took for EMYS to respond to referral calls.

Table 6. *Length of Time to Return Call*

Length of Time to Call Back	Frequency	Percent
Within 24 hours	4	28.57
Within 48 hours	4	28.57
Within 1 week	3	21.43
Later than 1 week	3	21.43
Total	14	100.0

*Note.* One respondent left this item blank, and the presented percentages are based on 14 valid responses.

### **Presence of a Waitlist**

Respondents were asked to indicate whether there was a waitlist for the EMYS service they were referring to. To summarize, 57.14% of respondents reported that a waitlist did not exist, while 42.86% reported that one did. Of the six partners who were faced with a waitlist, five respondents made additional comments to specify the length of the waiting list and/or the corresponding program. Here are their comments: (a) 6 months for Priority Access, (b) 2-4 months – did not identify program, (c) 6 months – did not specify program, (d) did not specify length of waitlist – Wrap Around Program, and (e) one respondent stated that it “varies from program to program”. One individual did not indicate whether a waitlist existed. Table 7 summarizes this waitlist information.

Table 7. *Presence of Waitlist*

Waitlist	Frequency	Percent
Yes	6	42.86
No	8	57.14
Total	14	100.0

*Note.* One respondent left this item blank, and the presented percentages are based on 14 valid responses.

### **Communication and Feedback while Waiting for Service**

The survey asked the following question regarding waitlist standards of practice: “Was there ongoing communication and feedback (with you or the family) as to your client’s status while waiting for service?” The majority (76.92%) of service providers indicated that there was ongoing communication and feedback, while one respondent (7.69%) indicated that ongoing communication and feedback did not exist as per the client’s status while waiting for service. Additionally, two respondents (15.39%) reported that they did not have ongoing contact with the client and didn’t know whether such ongoing communication and feedback occurred.

*Please note that the one respondent who indicated a lack of communication and feedback indicated that their client(s) used eight EMYS programs, and thus, it is impossible to pin point which program she referred to. Two individuals did not provide a response to this question. Table 8 summarizes information regarding ongoing communication and feedback.*

Table 8. *Communication and Feedback while on Waitlist*

Communication and Feedback	Frequency	Percent
Yes	10	76.92
No	1	7.69
Don't Know (e.g., had no ongoing contact with the client)	2	15.39
Total	13	100.0

*Note.* Two respondents left this item blank, and the presented percentages are based on 13 valid responses.

**Barriers to Accessing Services**

Service partners were asked whether there were any barriers for their client(s) regarding accessing services. Overall, 80% indicated a lack of barriers to accessing services. Whereas, 20% of respondents (*n* = 3) indicated that barriers were present, which included: (a) multiple calls to arrange assessment and meetings, (b) clients being difficult to engage, and (c) starting age limit being too high. The actual comments on which barriers stood in the way are presented in the comments box below. Table 9 summarizes this information.

*Please note that it was impossible to indicate which program these barriers referred to in two of these three cases because multiple EMYS programs were used by client(s).*

Table 9. *Barriers to Accessing Services*

Presence of Barriers	Frequency	Percent
Yes	3	20.00
No	12	80.00
Total	15	100.0

**COMMENTS: Barriers for client(s) regarding accessing services**

*“About two or three calls in arranging the Intake assessment and joint meeting” \* - client(s) used 6 programs*

*“Clients difficult to engage” \*\*\*\* - Priority Access (MST)*

*“The programs offered at EMYS are exceptional for families experiencing challenges (i.e. children with behavioural issues). It would be more useful to families in accessing services, if the age limit for some programs were lowered.” † - client(s) used 2 programs*

*Note.* Specific symbols represent respondents who provided comments across multiple open-ended questions (see page 17 for explanation).

### III. Satisfaction Ratings

This section summarizes responses given by service partners who made referrals to EMYS' programs, and includes qualitative (comments) information.

#### *Overall Summary of Service Partners' Satisfaction: Closed-Ended Questions*

Six survey items gathered quantitative data. For the first one of these questions, participants were asked to rate the item based on the following scale:

1	2	3	4
Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied

Participants were asked to rate each of the following five statements based on the following scale:

1	2	3	4	5
Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know

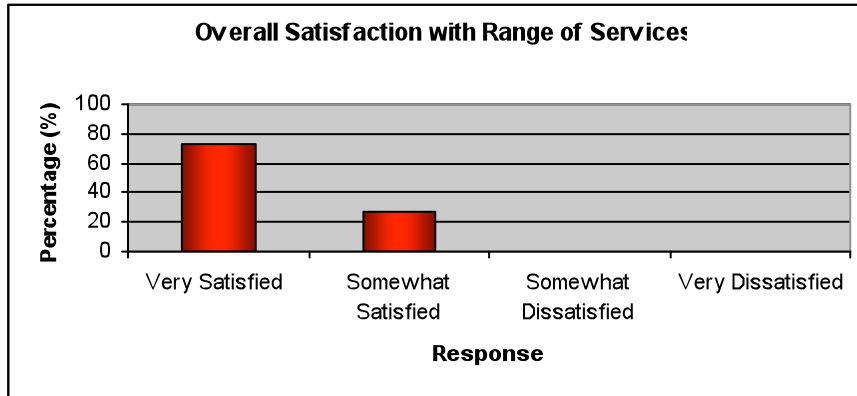
**1. Overall Satisfaction with the range of services offered by EMYS**

Participants were asked: “Overall, how satisfied were you with the range of services offered by EMYS?” In summary, all of the service partners who responded to this survey (100%) were either “very satisfied” or “somewhat satisfied” with the range of services. Table 10 and Graph 1 provide a breakdown of satisfaction ratings to this question.

Table 10. Overall Satisfaction with Range of Services

Satisfaction Rating	Frequency	Percent
Very Satisfied	11	73.33
Somewhat Satisfied	4	26.67
Somewhat Dissatisfied	0	0
Very Dissatisfied	0	0
Total	15	100.0

Graph 1. Overall Satisfaction with Range of Services



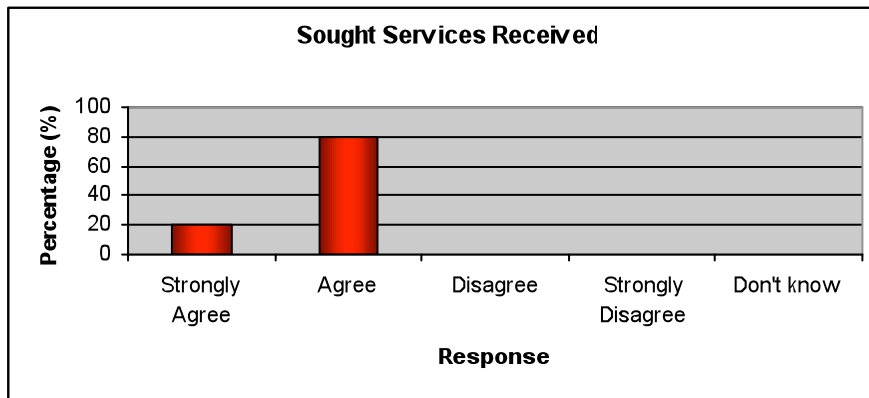
## 2. Sought Services Received

Participants were presented with the following statement: “Overall, your client(s) received the service(s) they were seeking”. As presented in Table 11 and Graph 2, all of the service partners who responded to this survey (**100%**) indicated that they either “strongly agreed” or “agreed” with this statement.

Table 11. *Sought Services Received*

Satisfaction Rating	Frequency	Percent
Strongly Agree	3	20.00
Agree	12	80.00
Disagree	0	0
Strongly Disagree	0	0
Don't know	0	0
Total	15	100.0

Graph 2. *Sought Services Received*



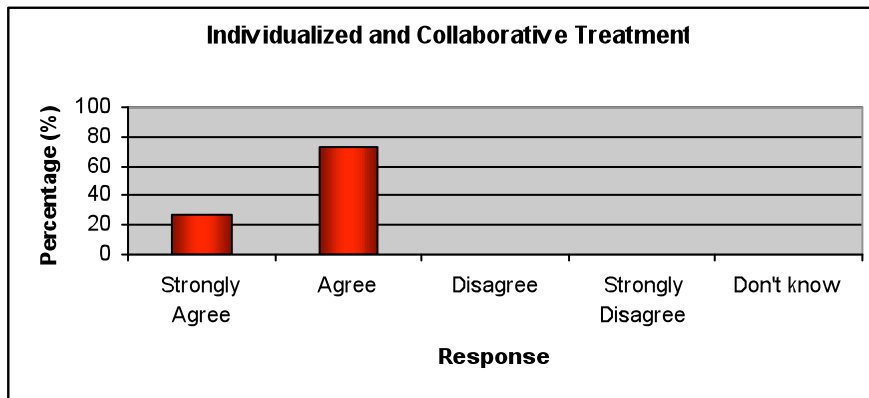
### 3. Individualized and Collaborative Treatment

Participants were presented with the following statement: “Your client(s) received an individualized treatment program that was created in collaboration with them”. As presented in Table 12 and Graph 3, all of the service partners who responded to this survey (**100%**) indicated that they either “strongly agreed” or “agreed” with this statement.

Table 12. *Individualized and Collaborative Treatment*

Satisfaction Rating	Frequency	Percent
Strongly Agree	4	26.67
Agree	11	73.33
Disagree	0	0
Strongly Disagree	0	0
Don't know	0	0
Total	15	100.0

Graph 3. *Individualized and Collaborative Treatment*



#### 4. Evidence based or Best Practices

Participants were presented with the following statement: “The services your client(s) received were premised on evidence based or best practices in treatment”. As presented in Table 13 and Graph 4, **86.67%** of service partners indicated that they either “strongly agreed” or “agreed” with this statement. None of the respondents disagreed with this statement, while 13.33% of respondents reported that they did not know their level of agreement as to whether their client(s) received services premised on evidence based or best practices in treatment.

Table 13. *Evidence based or Best Practices*

Satisfaction Rating	Frequency	Percent
Strongly Agree	2	13.33
Agree	11	73.33
Disagree	0	0
Strongly Disagree	0	0
Don't know	2	13.33
Total	15	100.0

Graph 4. *Evidence based or Best Practices*



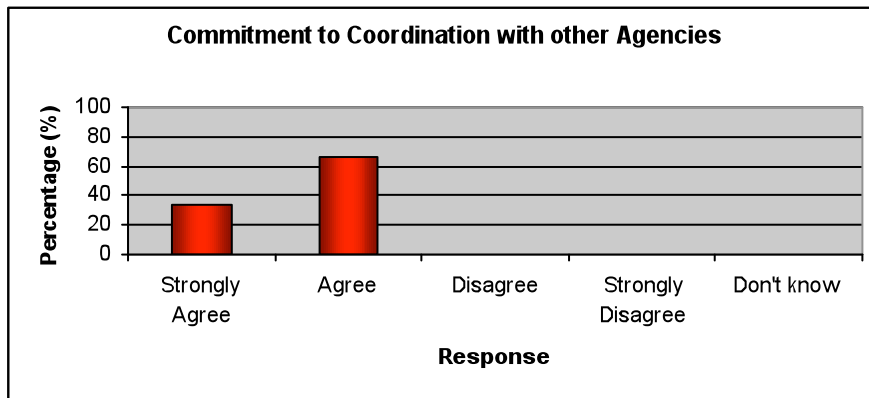
### 5. Commitment to Coordination with other Agencies

Participants were presented with the following statement: “EMYS demonstrated a commitment to service coordination with other agencies”. As presented in Table 14 and Graph 5, all of the service partners that responded to this survey (**100%**) indicated that they either “strongly agreed” or “agreed” with this statement.

Table 14. *Commitment to Coordination with other Agencies*

Satisfaction Rating	Frequency	Percent
Strongly Agree	5	33.33
Agree	10	66.67
Disagree	0	0
Strongly Disagree	0	0
Don't know	0	0
Total	15	100.0

Graph 5. *Commitment to Coordination with other Agencies*



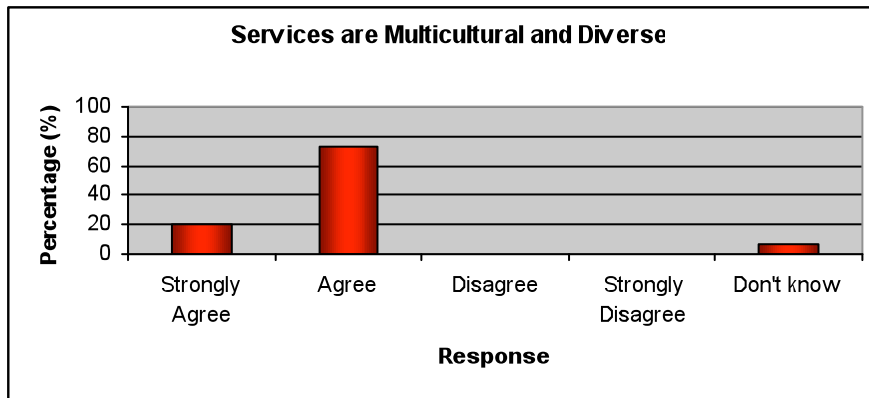
## **6. Services are Multicultural and Diverse**

Participants were presented with the following statement: “EMYS’ services reflect the multicultural and diverse nature of the community”. As presented in Table 15 and Graph 6, **93.33%** of service partners indicated that they either “strongly agreed” or “agreed” with this statement. None of the respondents disagreed, and 6.67% reported not knowing their level of agreement as to whether EMYS’ services reflect the multicultural and diverse nature of the community. One participant did not provide a response to this item.

Table 15. *Services are Multicultural and Diverse*

Satisfaction Rating	Frequency	Percent
Strongly Agree	3	20.00
Agree	11	73.33
Disagree	0	0
Strongly Disagree	0	0
Don't know	1	6.67
Total	15	100.0

Graph 6. *Services are Multicultural and Diverse*



## **7. Future Referrals to EMYS**

All staff partners were additionally asked whether they would refer to EMYS again, and **100%** of those who responded to the survey said “Yes”.

Table 16. *Future EMYS Referrals*

Response	Frequency	Percent
Yes	15	100.00
No	0	0
Total	15	100.0

## **IV. Comments and Recommendations**

Participants were also invited to provide additional comments to three questions regarding future referrals, why they chose to refer their client(s) to EMYS, as well as to provide recommendations for improving the quality of EMYS’ services. When available, qualitative feedback is categorized in themes presented in the tables below.

*Please note that the results could not be broken down by the corresponding EMYS program that client(s) used because many service providers indicated multiple EMYS programs. Thus, it is impossible to pinpoint the program each client was individually referred to (see Tables 2 and 3 above). Additionally, the sample sizes are small, and hence, the themes are merely a summary of the comments.*

### **Future Referrals to EMYS**

Participants had the option to provide additional comments explaining whether they would refer to EMYS in the future. Six respondents provided additional comments, which are categorized in Table 17.

Although few respondents provided additional comments, three of the six participants who made a corresponding comment (50%) indicated that EMYS services allowed for changes in their clients’ to take place. Additional comments included: (a) EMYS strength based programs target clients’ needs, (b) committed and empowering EMYS staff, (c) hope for the waitlist to be shorter, and (d) location convenience of EMYS in Scarborough. One person indicated that they would “absolutely” refer in the future.

Table 17. *Future EMYS Referrals*

Future Referral Comments	Frequency	Percent <sup>a</sup>
EMYS services made changes in clients' lives	3	50.00%
EMYS strength based programs target clients' specific needs	1	16.67%
Committed/Empowering EMYS staff	1	16.67%
Shorter waitlist	1	16.67%
Location/Accessibility of EMYS services in Scarborough	1	16.67%
"Absolutely"	1	16.67%

<sup>a</sup> Total Percentage is based on a total of 6 responses; Percentages in the Total column do not sum up to 100% because two of the respondents offered comments in more than one theme.

All comments provided are presented in the comments box below. Please note that in order to allow investigation of whether the same respondent provided repeating comments or whether various service providers shared a similar idea, each of the respondents who provided a comment to more than one of the three open-ended questions are identified by a specific symbol. Comments without a symbol represent service partners who only provided one comment (i.e., who did not provide comments to more than one open-ended question).

**COMMENTS: Future Referrals (with Service Partner's Organization in Brackets)**

<p><i>"Yes I will refer and recommend EMYS. Made great positive impact on most of difficult clients that accessed EMYS services. Hope the waitlist is shorter." (Mental Health Services/Child Welfare)*</i></p>
<p><i>"Thanks to EMYS' involvement, the family I'm working with made a big difference in all the areas." (Catholic Children's Aid Society)**</i></p>
<p><i>"There are very limited resources in Scarborough for services. Due to a lack of a better choice, EMYS just happens to be one of the resources for youth in the community." (Children's Aid Society)***</i></p>
<p><i>"Except where clients were difficult to engage EMYS did respond to the client's needs in a strength based program. Changes were taking place." (Protection Child Welfare)****</i></p>
<p><i>"Absolutely." (Children's Mental Health Centre)</i></p>
<p><i>"There appears to be a committed, and empowering workers that are dedicated to the families and community they serve." (Mental Health Services/Child Welfare)†</i></p>

**Choice to Refer to EMYS**

Participants were asked to provide comments to the following question: “Please share with us why you chose to refer your client(s) to EMYS”. Nearly all (14/15; 93.33%) provided a comment to this item.

Of those who offered qualitative responses, the majority of respondents ( $n = 7$ ; 50%) commented that EMYS offers a unique variety of programs that are tailored to their clients’ specific needs. Three respondents commented on EMYS’ location reflecting that there are few such agencies in the Scarborough area. Two respondents commented on the positive qualities of the staff; please note that a different respondent also echoed this category in response to future referral question outlined above (see page 16). Ongoing partnership was also noted by two respondents. Please refer to Table 18 for a breakdown of these themes, as well as two additional comments. All fourteen comments are presented in the comments box below.

Table 18. *Comments regarding why service providers chose EMYS*

Referral Comment Themes	Frequency	Percent <sup>a</sup>
Unique/Variety of programs tailored to clients’ specific needs (i.e., address multi problems, immediate short term support, case management, need not addressed by other agencies)	7	50.00%
Location/few such services in Scarborough	3	21.43%
Committed/Dedicated staff/therapists <sup>b</sup>	2	14.29%
Ongoing partnership	2	14.29%
Service process: transition, follow-up, referrals	1	7.14%
“Past Experience”	1	7.14%

<sup>a</sup> Total Percentage is based on a total of **14** responses; Percentages in the Total column do not sum up to 100% because two of the respondents offered comments in more than one theme.

<sup>b</sup> Note. EMYS staff’s positive qualities was also echoed by another (i.e., different) respondent regarding future referrals to EMYS (see page 17)

**COMMENTS: Choice to Refer to EMYS (with Service Partner’s Organization in Brackets)**

*“The commitment, dedication of the therapists and the staff in general were excellent.” (Mental Health Services/Child Welfare)\**

*“Because the programs offered fits with our client's needs.” (Catholic Children's Aid Society)\*\**

*“location” (Children's Aid Society)\*\*\**

*“There are very few services in Scarborough that offer your range of services.” (Board of Education)*

*“Transition, follow up, referrals for further treatment” (Children’s Mental Health Centre)*

*“The Priority Access program fit with the multi-problems of the client.” (Protection Child Welfare)\*\*\*\**

*“Past experience” (Mental Health Services/Child Welfare)*

*“The Whatever It Takes program seemed best equipped to provide immediate short-term support to the families I serve who have complex needs. The combination of Case Management and direct service delivery is really hard to find.” (Children’s Mental Health Centre)*

*“Need was not being addressed by current agencies.” (Board of Education)*

*“Ongoing partnerships; 'best game in town' for who they serve; uniqueness of certain programs (Day Tx, ICFS, MST especially)” (Children’s Mental Health Centre)*

*“EMYS has provided my clients with excellent service. There is clearly a strong commitment from your staff.” (Children's Aid Society) ††*

*“Our hospital program has a close working relationship with your agency” (Hospital)*

*“program choices” (Children’s Mental Health Centre)*

*“The unique way EMYS addresses family conflict.” (Mental Health Services/Child Welfare) †*

### **Recommendations to Improve the Quality of EMYS’ Service**

Participants were asked whether they had any recommendations for improving the quality of EMYS’ service. Only five of the 15 service partners who participated in this survey (33.33%) provided comments to this item.

Of those who offered qualitative responses, the most recurrent recommendation was shorter waitlists (reported by 2/5 service partners who responded to this question; 40%); this theme was also reported by another (i.e., different) respondent in future referrals comments box (see page 17). Other comments (each of which was reported by one respondent) included: (a) more staff, (b) better ways of engaging with youth, (c) professional accountability and responsibility, and (d) programs for younger children. One respondent indicated that EMYS does “a great job”. All these comments are summarized in Table 19, and presented in the comments box below.

Table 19. *Recommendations for improving quality of EMYS' service*

Referral Comment Themes	Frequency	Percent <sup>a</sup>
Shorter waitlists <sup>b</sup>	2	40.00%
More staff/therapists	1	20.00%
Better ways of engaging with youth	1	20.00%
Professional accountability and responsibility	1	20.00%
Programs for younger children	1	20.00%
"You guys do a great job"	1	20.00%

<sup>a</sup> Total Percentage is based on a total of 5 responses; Percentages in the Total column do not sum up to 100% because one of the respondents offered comments in more than one theme.

<sup>b</sup> Note. Hope for shorter waitlists was also echoed by another (i.e., different) respondent regarding future referrals to EMYS (see page 17)

**COMMENTS: Recommendations for Improving the Quality of EMYS' Service (with Service Partner's Organization in Brackets)**

*"Increase staff (therapist)" (Mental Health Services/Child Welfare)\**

*"You guys do a great job." (Catholic Children's Aid Society)\*\**

*"Shorter waitlists, better ways of engaging with youth, professional accountability and responsibility" (Children's Aid Society)\*\*\**

*"Shorter wait lists" (Children's Aid Society) ††*

*"Understanding the age limits of theoretical practices, if it is possible, it would be fantastic if programs could be designed for children under the age of 12 (especially within the age bracket of 8 - 12) who have demonstrated challenging behaviours, but clearly have many strengths." (Children's Mental Health Centre) †*

## **V. Conclusions and Discussion**

The data collected indicate that service providers within the community who refer their clients to programs at EMYS are satisfied with the range of services offered at EMYS. All survey respondents agreed that their clients received the services they were seeking, and received an individualized treatment program that was created in collaboration with them. Majority of survey respondents agreed that these services were premised on evidence based or best practices in treatment, and reflected the multicultural and diverse nature of the community. All service partners who participated in the RSS agreed that EMYS demonstrated a commitment to service coordination with other agencies.

As in 2007, the most emphasized reasons as to why service partners chose to refer to EMYS in 2008 were the unique specialized quality of the variety of programs tailored to specific needs of clients. Additionally, respondents commented that few services such as EMYS are located in the Scarborough area, and highlighted the positive qualities of EMYS' staff (e.g., committed, dedicated). Furthermore, all respondents who took part in this survey would refer to EMYS in the future, emphasizing that they would do so because the programs at EMYS make changes in their clients' lives possible.

Three barriers to accessing EMYS' services included multiple calls to arrange assessment and meetings, clients being difficult to engage, and starting age limit being too high. The most common recommendation for improving the quality of EMYS' services was shorter waitlists.

### **Limitations**

As mentioned throughout the report, it was not possible to provide a breakdown of results corresponding to EMYS' programs that were used by service partners' clients because many service providers indicated that their clients used multiple programs. Thus, it was impossible to identify which comment referred to which program. It is important to highlight that few service partners provided comments to open-ended questions, and the theme categories merely summarize these comments. Also, as in 2007 please note that the online survey used to collect the data collapsed the Mental Health Services category with the Child Welfare category, and it is inconclusive which of the 3 respondents who checked off this option belonged to which type of organization.

## APPENDIX 1

### East Metro Youth Services

**We have designed this survey to ensure the anonymity of all responses. However, we would like the opportunity to share your feedback. Please be assured that no identifying information will be associated with your comments.**

**Please indicate if we have permission to share your comments:**

Yes

No

### Type of Organization?

Children's Mental Health Centre

Board of Education

Youth Justice Agency/Hospital

Other (please specify) \_\_\_\_\_

Mental Health Services/Child Welfare

Physician/Psychologist/Psychiatrist

Settlement Agency

### Which EMYS Program/s have your client/s used?

Access (Intake)

Individual/Family Therapy

Intensive Child and Family Services

Parent Groups

Developmental Services

Day Treatment

Expelled Student's Program

Megan Residence

Drug and Alcohol Program (MST)

D'Arcy Residence

Megan Transitional Unit

Ellesmere Residence

Transitional Support Services

Whatever It Takes (WIT)

Whitby Mental Health Centre (ASST)

Priority Access MST

HRSDC Pre-Employment Program

### How did you hear about our services?

Previous Referrals

Partnership with EMYS

Website

Community Events

Other (please specify) \_\_\_\_\_

Blue Book/www.211toronto.ca

Staff Presentations

Word of Mouth (parents/youth)

Colleagues

### How many children/families have you referred to EMYS in the past 12 months?

1-5

6-10

11-20

More than 20

### Overall, how satisfied were you with the range of services offered by EMYS?

Very Satisfied

Somewhat Satisfied

Somewhat Dissatisfied

Very Dissatisfied

### How long did it take us to call you back in response to your referral?

Within 24 hours

Within 48 hours

Within 1 week

Later than 1 week

### Was there a waitlist for the service you were referring to?

Yes

No

If so, which program? How long was the waitlist? \_\_\_\_\_

**Was there ongoing communication and feedback (with you or the family) as to your client’s status while waiting for service?**

- Yes
- No
- Don’t Know (e.g. had no ongoing contact with the client)

**Were there any barriers for your client/s regarding accessing services?**

- Yes
- No

If so, what were they? \_\_\_\_\_

**Please state your level of agreement with the following statements:**

	<b>STRONGLY AGREE</b>	<b>AGREE</b>	<b>DISAGREE</b>	<b>STRONGLY DISAGREE</b>	<b>DON’T KNOW</b>
<b>Overall, your client/s received the service/s they were seeking.</b>					
<b>Your client/s received an individualized treatment program that was created in collaboration with them.</b>					
<b>The services your client/s received were premised on evidence based or best practices in treatment.</b>					
<b>EMYS demonstrated a commitment to service coordination with other agencies.</b>					
<b>EMYS’ services reflect the multicultural and diverse nature of the community.</b>					

**Please share with us why you chose to refer your client/s to EMYS**

**Will you refer to EMYS again?**

Yes

No

Comments/why/please explain:

**Do you have any recommendations for improving the quality of our service?**

**Thank You!**

**We thank you for taking the time to complete this survey and welcome your comments.**

**If you have any further questions or comments, please contact Myra Levy at 416-438-3697 x243 or [mlevy@emys.on.ca](mailto:mlevy@emys.on.ca)**