

EAST METRO YOUTH SERVICES

**SERVICE PLAN
2009 - 2010**

March, 2009

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ORGANIZATIONAL OVERVIEW
2008-2009

It is with a tremendous sense of accomplishment and pride that East Metro Youth Services has developed this comprehensive Service Plan document. It provides an in depth accounting for and analysis of all of our service programs and outcomes during the past fiscal year as well as activities related to governance, administration, finance and human resource management. It is also accompanied by the third of four phases in our Strategic Planning Implementation Program which

we have used to track the efforts, tasks and projects emanating from the Strategic Plan developed and approved by our Board of Directors in December 2005.

Entering the last of these phases, EMYS is now in the final throws of implementation with respect to concretizing all aspects of the centre's strategic plan. Some notable exceptions notwithstanding, the Goals for 2009-2010 reflect the expected, and frankly the desired sense of accomplishment that one entertains as one enters the final phase of a multi year effort. Concomitantly though, EMYS appreciates and experiences the strategic directions established in 2005 as now embedded in the fabric of every organizational effort upon which we embark. As such, the 2009-2010 Service Plan suggests the intensification of some work that might have just as well waited for the new planning cycle...but that's not the EMYS way! Rather, propelled and compelled to action by a staff group which combines a passion to help and to heal, with a finely honed commitment to professional excellence in all aspects of the work, this plan references some exciting challenges for the coming year.

One of the main challenges for this coming year, as has always been the case, emanates from an understanding of the professional and environmental context of the work. Even a quick glance at the results of the standardized provincial measures applied at EMYS, The BCFPI- Brief Child and Family Phone Interview (BCFPI) and the Child and Family Assessment Scale (CAFAS), clearly reaffirms that EMYS' registered clients are the most seriously challenged, distressed and impaired in both the region and Province. While EMYS works with hundreds of additional youth in our VIP participant program, we plan to expand our assessment capacity to attain a better understanding of the kinds of impairments and barriers facing these young people as well. Our involvement in the United Way Toronto Common Impact Measurement and Management (CIMM) Project will no doubt help in this regard.

An exciting challenge that we continue to embrace is with respect to servicing the many newcomers, refugees and racialized groups in our catchment area. While EMYS has always remained committed to providing programs that are attuned to the particular needs of these groups, the advent of funding from Citizenship and Immigration Canada and the Youth Challenge Fund, combined with further resourcing from Diversity In Action Scarborough [DIAS] and MCYS, we are now able to dedicate the resources necessary to serve these youth and their parents in a more systemic and systematic manner. This certainly adds a degree of interesting complexity to the diversity agenda.

Next, a youth inspired revolution in the area of communication technologies demands that youth service organizations keep up, at the very least and EMYS will be required to ramp up much more quickly in this area. Subsequently, EMYS plans to "meet youth where they are" so to speak, reaching out to them in their virtual worlds.

Finally, at the writing of this review we are awaiting details from the MCYS Toronto Regional Office as to how their own recent strategic planning process will be realized with respect to city wide service planning. We do know that the quadrant structures, which have served EMYS well, will be disbanded in favour of a centralized, city wide planning mechanism and this might have critical impact upon our business and funding processes.

With all these challenges ahead, the current global economic crisis is guaranteed to exacerbate the stress on all Ontario's youth and families, not the least of which are those who are most vulnerable. Concomitantly this economic crisis will certainly present the centre with funding, resourcing and staffing challenges in the near future. As a result we can anticipate an increase in service demand and a decrease in service supply.

As we reflect upon the success of the past year and as we look forward to continuing to service some of the most complex-needs and distressed young people, our efforts will be directed in several

particular areas. No doubt, these efforts will affirm EMYS' commitment to standards of excellence in our individual and community programs.

EMYS Services Collaboration

With the growth of our Level 3 violence prevention and youth engagement programs, we have been working to build bridges with our more clinical programs. Many of our staff have been insistent that the youth accessing our Level 3 safe space are also facing considerable distress, trauma and mental health challenges, but enter EMYS through different doors. As stated in the YOW Program Review, "Mental health supports for the program are the final area for development and over time will likely prove to be the most essential new component to add to the program. The youth and families targeted... face multiple challenges which are compounded by the largely undiagnosed or unknown mental health issues..." Over time, we have all learned that Level 3 also demands some clinical support whilst, at the same time, Level 2 (our clinical programming space) also demands a more finely tuned understanding of the youth engagement approach.

Last summer, the VIP staff and youth from Level 3 organized an all staff in house training around Youth Engagement, challenging our more traditional clinical program staff, euphemistically referred to as our Level 2 staff. While all EMYS programs have, for some, time been strengths-based and client-centred, both of which compliment the youth engagement approach, this training helped to broaden the scope of the Level 2 staffs' knowledge base. This broadening is perhaps best summed up by our VIP Program Review, which states, "...that young people are the experts on issues that pertain to them. While adult allies are crucial to empowering young people, we cannot be the ones to dictate how young people can be helped or step in and do all the helping for them..."

It is a good omen for the centre that both a highly evolved clinical staff and some of the city's most skilled youth engagement staff now understand the similarity of their respective professional challenges and are committed to learning from each other. This aligns with a recommendation in the 2008-2009 Staff Engagement Survey wherein 45.45% of staff suggested that 'improvement be made between EMYS' staff/ programs/ clinical teams to enhance information sharing/ multi disciplinary approach.' Therefore, in addition to a funding request to UWGT to support existent Level 2 clinical consultation for Level 3, and the decision to "exchange" critical DBT knowledge between staff groups, EMYS will seek to increase access to Level 3 on behalf of all EMYS clients as has already been successfully achieved vis-à-vis Day treatment and AYCES programs . As part of this effort, EMYS will be establishing an **Operational Action Team**, inspired by Likwa Nkala and led by Deborah Kernohan who, among other things, will redefine such aforementioned communication issues as operational challenges to be identified and addressed.

Diversity

In a similar vein, EMYS will seek to enhance and improve coordination of efforts to best serve diverse and newcomer communities in Toronto. First and foremost however, this will include elaborating upon the identification of our target groups to include LGBT youth, as well as those youth and families from our Aboriginal community. EMYS will also bring the aforementioned project management approach to this concern, consolidating the ADAPT, DIAS and Chinese Outreach Programs under a **Diversity Action Team** umbrella, to be chaired by Sheeba Narikuzhy. Working in consultation with the existing EMYS Diversity Committee, this team will include in its scope of work the insinuation of EMYS into the growing and well funded network of newcomer settlement services across the city.

Diversion

Throughout the course of our service planning, discussions by both our clinical and our VIP program staff expressed concern with respect to our capacity to help our clients and our community deal with those youth who come into contact with the court system. One only needs to be reminded of the tragedy which occurred in New Brunswick in 2005 to be driven to dedicate effort and energy to increase our capacity to ensure that all such EMYS vulnerable clients and participants do not face court alone, and that they and the increased number of referents EMYS receives from court itself and other providers are afforded local evidence based court diversion interventions. To date, MCYS has not directly funded EMYS to undertake this specific work. To change their minds at both regional and corporate levels, EMYS staff have leveraged many opportunities throughout the past year to highlight EMYS capacity in this regard. At this point in time some at EMYS are even tempted to build capacity within existing resources somehow and this will be the area for consideration by the **Diversion Action Team** to be established by Leigh Moore. This effort will undoubtedly include plans for staff development in areas specific to restitution and restorative justice.

Succession Planning

The current economic crisis will have serious implications for human resource management at EMYS. At the very least, issues with respect to succession planning will be exacerbated by an aging workforce that no longer can afford to retire and by the reality of funding reductions that impede efforts to recruit a younger cadre of staff. There might be a silver lining, however, for EMYS in this likely event, if it affords the centre more time to further identify and then develop the expertise of those staff who have or will become part of the centre's succession planning strategy.

During the course of the past year, EMYS has already seen staff organize themselves with respect to knowledge exchange and knowledge transfer. This was exemplified by the Access Team whose members faced numerous and varied personal and then professional challenges that required them to reconstitute themselves, redistribute workloads and embrace the notion of peer support and mentoring. EMYS has recently expanded its supervisory team and as evidenced in the Staff Engagement survey, there has been some reaction to what has been perceived as the introduction of a new level of hierarchy. The literature recognizes the unique challenges that 'middle management' faces in an organization and then there is the reality that several of the EMYS supervisory staff have come from what one staff has called the "rank and file." Thus, to better realize EMYS requirements with respect to succession planning, and to complement specific courses in the art and science of supervision as well as the individual supervision afforded to all staff, EMYS is establishing a **Supervision Action Team** specifically dedicated to promoting and furthering peer mentoring and support on behalf of the centre's supervisory staff. Chris Brown will head up this important effort.

Technology

In April 2009, EMYS received Innovations Funding from MCYS to investigate the implementation of e-counselling with our clientele. Subsequent to the undertaking of a rich literature review and of staff training at University of Toronto, this service was initially offered to our day treatment clientele. Unfortunately, the numbers in this pilot were exceedingly low and so EMYS is now in the process of conducting focus groups with the aforementioned youth to systematically explore their lack of enthusiasm for this type of service delivery. It is suspected however, that the type of e-counselling offered by EMYS had been long out dated, as it had been designed around an email based, time delayed communication plan. Most young people today no longer even use email. Instead they are texting/ twittering on social network sites instantaneously, continuously and constantly in real time. Given that technology now affords more immediate communication, it is likely that trading emails, a week apart with their therapist must have surely been perceived as "archaic," albeit safe, from an organizational risk management perspective.

The technological revolution is perhaps best evidenced in EMYS' VIP Studio 2, a most successful service offering, not only for youth but also for EMYS staff. In fact, staff have inundated Studio Two with requests for multi-media products to help promote and present the centre to funders, colleagues and the public at large. This situation has led to consideration of two responses. The first relates to another knowledge transfer opportunity whereby clinical staff might undertake training via Studio 2, to learn how to leverage technology to maximize their own client and family engagement capacity, and to experiment with the potential to apply innovative therapeutic methodologies. This will require agreeing to be as au courant as youth. Second, having tremendously expanded out of office service delivery in schools, homes, residences, community venues etc. and recognizing that staff work/life balance can also mean working off site, EMYS will undertake to upgrade its computer applications so that there is safe and secure remote access for all EMYS staff. As well, if feasible, EMYS will pursue funding resources to support multi-media resources that can be dedicated to meeting an ever increasing demand to fulfill its own organizational needs. Jeanette Said has agreed to lead the **Technology Action Team** in pursuit of these goals.

Funders

Over time EMYS has emerged as a multi-service organization with a multiplicity of funders and a matrix of interrelated functional departments. In 2008-2009, the list of funders increased to include Citizenship and Immigration Canada. The Youth Challenge Fund, and the Jays Care Foundation, not to mention the array of funders that have continued to support EMYS' efforts. Every funder has a unique set of accountability requirements to include the request for proposal submission process, program progress updates and fiscal reporting. Subsequently, to better ensure that communication with funders is coordinated and comprehensive, EMYS has formally assigned Leigh Moore to be the Action Team lead for UWT, while Sheeba Narikuzhy will occupy that position for CIC and Janice Sellon will serve as the EMYS liaison for our Child Welfare/ per diem residences.

Accreditation 2010

As their strategic plan for the Toronto Region is rolled out later this month, change at MCYS will present a new set of challenges and opportunities as EMYS leaves the comfort of a highly effective, albeit small service provider network to join with colleagues throughout the city of Toronto. Moreover, the Provincial Strategic Plan, "Realizing Potential: Our Children, Our Youth, Our Future" is anticipated to weigh heavily in future resource allocation decisions. Both of these plans will undoubtedly influence the next round of EMYS strategic planning to begin in April 2010, if not much of our decision making in the more immediate future. Prior to that time however, EMYS is determined devote this coming fiscal year to 'signing off' on all the strategic directions established in 2005 and last but not least to prepare for CMHO Accreditation scheduled to take place in March 2010.

During the last accreditation process in 2005, EMYS achieved an astonishing score of 99.4% and the narrative from the site review team remains burning in our ears. Preparation for accreditation is arduous, time consuming and gut wrenching and the bar has been set very, very high. An EMYS Accreditation Team has already been established and will begin work April 2009. Jessica Weiser and Myra Levy will be our fearless leaders in this endeavor. That this time next year, the Service Plan Review 2009-2010 will reflect the enormity of the effort required on behalf of every person associated with the organization as **EMYS will seek to realize the final phase of the Strategic Plan 2005 and to achieve Accreditation 2010 (Please refer to Appendix A)** While it might be apropos to wish us all good luck in this task, the accomplishment of many strategic goals as reflected in the enclosed plan has been realized through the dedication, hard work and passion of a talented staff pool and Board of Directors. It is in this spirit that we will forge ahead for Accreditation 2010, which will undoubtedly serve us all well.

**REVIEW OF CLIENT AND PARTICIPANT
STATISTICS
APRIL 1, 2008 – March 31, 2009**

One of the most evident patterns with regards to our client statistics this past year was the increase in overall clients served. Last year, we served 322 and this year, we served 406, representing 26% increase. As noted in the unique clients served chart below, we opened almost double the amount of cases this year (97 to 186, a 52% increase), closed slightly less cases (168 versus 142, an 18% increase) and we also carried forward many more clients (153 versus 264, a 74% increase). The reasons for such increases will be explained in the ensuing sections.

Unique Clients Served/Unduplicated Count

	2008/2009	2007/2008
Carried forward (As of April 1)	220	*225
Opened	186	97

Total Served	406	322
Closed	142	169
Continuing /carried forward (current clients)	264	153

* As of April 1/08

As noted in the table below, numbers for our Residential programs remained stable this year, with very slight increases in D'Arcy, Ellesmere and the long term program at Megan. There was also a decrease in use of the Transitional Unit at Megan.

Duplicated Count	2008/2009 #'s	2007/2008 #'s
Residential Program:		
D'Arcy	14	13
Ellesmere	14	12
Megan:		
Long Term	12	10
Short Term Bed	0	2
Transitional Unit	1	3
Residential Total	41	40
Residential Follow Up:		
D'Arcy Follow Up	4	3
Ellesmere Follow Up	4	3
Megan Follow Up	0	2
Residential Follow Up Total	8	8

For Day Treatment, the overall numbers also remained relatively consistent, with one marked change: the development and implementation of our Dialectical Behavioural Therapy group at Borden with 8 students. However, some slight declines in other areas have moderated this increase, bringing our overall numbers to only 2 above last year. Numbers for Day Treatment follow up are also relatively similar, with 19 cases last year and 15 this year. For our Expelled Students Program for which funding ended in February 2008, there was an obvious decline in numbers from 25 to 5 for this year. However, as illustrated below, we have also continued follow-up with several ESP clients.

Duplicated Count	2008/2009 #'s	Current Wait Status	2007/2008 #'s
Day Treatment (DT):			
DT Locations:			
Borden	13	3	16
Borden DBT	8	3	0
Eaton	8		11
Galloway	15	4	14
Wexford	10	3	11
DT Total	54	13	52
DT Follow Up:			
Borden Follow Up	4		5
Borden DBT Follow Up	0		0
Eaton Follow Up	4		5
Galloway Follow Up	3		5
Wexford Follow Up	4		4
DT Follow Up Total	15	0	19
Expelled Students:			

**Expelled Students	0		25
Expelled Students Follow Up	5		7

** ESP closed January 2008

Our Developmental Services programs witnessed some significant growth this year, particularly as regards our new AYCES (Aspergers Youth for Community Engagement and Socialization) Program, which encompasses an after-school program, a Saturday respite program and a school break. Overall, these programs brought in additional 54 youth to our client base. Numbers were also up slightly for our Developmental Services Holiday, March Break and summer programs, from 35 last year to 43 this year. In addition, our Fee for Service/Time for the Taking numbers also rose this year from 16 to 28. The overall increase with the Developmental Services is rather significant, a 66% increase from 95 last year to 158 this year.

Duplicated Count	2008/2009 #'s	Current Wait Status	2007/2008 #'s
Developmental Services:			
Asperger's After School Program	33		0
Asperger's Saturday Respite	5		0
Asperger's School Break	16		0
Galloway After School Program (GASP)	27	3	26
***Maplewood	0		9
Developmental Services Total	81	3	35
Developmental Services Follow Up:			
Asperger's After School Follow Up	0		0
GASP Follow Up	6		8
Developmental Services Follow Up Total:	6	0	8
Youth Holiday	16		11
Youth March Break	0		0
Summer Program	27		24
Children's Total:	43	0	35
Adult Saturday Fun	0		1
****Fee for Service/Time for the Taking	28		16

***Maplewood service closed

****Not included in the unduplicated count

Access and Counseling's numbers remained mostly consistent, with changes within particular areas and some increases in the follow-up programs. For example, with the introduction of Day Treatment Individual and Family Therapy (IFT), there were 40 new clients in this category. Conversely, there was a decline in "regular" IFT from 67 to 33. With the phasing out of our MST and the move to Priority Access Intensive Child and Family Services (PAIFS), the numbers increased in this category from 7 to 35, with a current waiting list of 17 for this program. Residential IFT numbers also rose from 28 to 38 as did Intensive Child and Family Services (ICFS) from 27 to 34. However, these rises were balanced out overall with subsequent declines in certain programs. For example, Transitional Support Services dropped slightly from 38 to 32. WIT numbers also dropped from 47 to 33 and WIT consultation dropped from 26 to 14 as we have learned over time the need to keep cases longer than originally anticipated and have become more restrictive in the kinds of cases that fit the WIT criteria. Our service partners have also become more aware of this criteria, only referring the most complex of cases, and this has resulted in lower but more intensive and longer-term services.

It is also important to note, as seen below, that there is currently a wait list of 17 for Priority Access. While this program aims to give “priority” to the most complex cases, one might surmise that a waitlist is problematic. However, in the past Child Welfare used to make the determination as to which cases were of greatest priority, refer those cases and maintain their own wait list. More recently however, Child Welfare no longer keeps this waitlist and sends all referrals that could be considered “high priority” to EMYS to that makes this determination.

Duplicated Count	2008/2009 #'s	Current Wait Status	2007/2008 #'s
Access & Counselling (A&C):			
Access	110		115
Afghan Priority Access	2		0
Chinese Community Case Management	1		3
Chinese Individual & Family Therapy (IFT)	13	3	15
Community Case Management	1		3
Day Treatment IFT	40		0
Individual & Family Therapy (IFT)	33		67
Intensive Child and Family Services (ICFS)	34	15	27
*****Multi-Systemic Therapy (MST) Drug & Alcohol	0		6
Priority Access Intensive Child and Family Services (PAICFS)	35	17	7
Priority Access MST (PAMST)	3		21
Residential IFT	38		28
Transitional Support Services (TSS)	31		38
WIT (Whatever It Takes)	33		47
WIT Consultation	14		26
A&C Total:	388	35	403
Access & Counselling Follow Up:			
Afghan Priority Access Follow Up	1		0
Chinese IFT Follow Up	10		2
Day Treatment IFT Follow Up	21		0
IFT Follow Up	3		14
ICFS Follow Up	15		15
MST Drug & Alcohol Follow Up	0		6
Priority Access ICFS Follow Up	15		3
Priority Access MST Follow Up	6		7
Residential IFT Follow Up	7		4
WIT Follow Up	9		11
A&C Follow Up Total:	87	0	62

Client's Served Total

Total Number	2008/2009 #'s	Current Wait Status	2007/2008 #'s
	762	51	711

*****The MST Drug and Alcohol and Priority Access Programs have been discontinued.

Numbers for groups and workshops within the Access and Counseling program declined considerably this past year due to decreased funding. For example, last year, there were 13 parent groups while this year there were only 4 as funding for this program ended as of April 1, 2008. Workshops also declined from 4 to 2, but we anticipate a marked increase in numbers for the upcoming year as our CIC funding continues, allowing us to conduct more workshops to the newcomer community.

Group Table

	2008/2009 # of Groups	2008/2009 # of Participants	2007/2008 # of Groups	2007/2008 # of Participants
Youth	1	6	0	0
Parent*****	4	29	13	83

*****Group Funding discontinued as of April 1, 2008.

Workshops1

	2008/2009 # of Workshops	2008/2009 # of Participants	2007/2008 # of Workshops	2007/2008 # of Participants
Parent*****	2	142	4	369

*****New CIC Program did not commence until October 2008.

Client breakdown by gender has also remained stable, with only very slight changes:

Client Breakdown by Gender for EMYS

By Percentage	Agency Wide 2008/2009	Agency Wide 2007/2008
Year		
Males	62%	63%
Females	37%	36%
Unknown	1%	1%

Numbers relating to inquiries increased in some capacities and decreased in others. For example, overall inquiries, particularly regarding service requests increased considerably this past year. Last year there were 294 service requests and this year, there were 387. Similarly, requests for public education presentations also rose, from 15 to 21. Inquiries for WIT, like the WIT statistics went down this year for the reasons listed above.

Types of Inquiries

Types of Inquiries	Total Calls 2008/2009	Percentage	Total Calls 2007/2008	Percentage
Consultation	50	5%	40	4%
Inquiry 3rd Party	9	1%	10	1%
Information re: Resources	589	56%	638	64%
Public Education	21	2%	15	2%

Service Request*	387	36%	294	29%
TOTAL	1056	100%	997	100%

Types of Inquiries for the Whatever It Takes (WIT) Program

Types of Inquiries	Total Calls 2008/2009	Percentage	Total Calls 2007/2008	Percentage
Consultation	13	21%	45	35%
Inquiry 3 rd Party	N/A	N/A	1	1%
Information re: Resources	27	43%	38	30%
Public Education	1	1%	N/A	N/A
Service Request*	22	35%	44	34%
TOTAL	63	100%	90	100%

*These numbers are included in the generic Inquires table

The age of clients shifted slightly this past year, suggesting small increases in serving more youth that are 12 and 13 as well as those 18 and over.

Age of Clients

Age	2008/2009	2007/2008
12 Years and under	8%	6%
13 Years	8%	6.2%
14 Years	15%	13%
15 Years	16%	16%
16 Years	18%	25%
17 Years	19%	19%
18 Years and over	16%	14%
Unknown	N/A	.8%

Guardianship has changed slightly, which is also reflected in the change in our referral sources, listed below. Here, there was a noted increase in guardianship from Child Welfare.

Guardianship for Clients

Type of Guardian	2008/2009	2007/2008
Parent	72%	72%
Child Welfare	24%	19%
Family Member	4%	9%
Other	0%	0%

Types of referral sources also shifted this year given our priority to serve the most complex-needs cases, which will be further illustrated in the quality assurance section that follows. Referrals from hospitals and child welfare increased dramatically this past year, with the former increasing from 16% to 34% and the latter from 13% to 40%. This has meant commensurate decreases from other referral courses, such as school boards and most notably, other mental health agencies which dropped from 39% to 8% this year. The reasons for such changes are that the programs that currently have the highest number of referrals are Transitional Support Services (TSS), Whatever It Takes (WIT), home-based services, and upon availability, Residential services. All of these services are oriented towards more high-risk clients and resultantly, are either Child Welfare involved or coming

out of the hospital. In previous years, school referrals (beyond Day Treatment) were higher as schools have learned that we are less focused on individual counseling referrals and more focused on intensive programs where more high-risk youth receive priority.

Major Referral Sources for Clients

Referral Source by percent	2008/2009	2007/2008
School Boards	13%	16%
Hospitals	34%	16%
Child Welfare	40%	13%
Mental Health Agencies	8%	39%
Other	1%	14%
Private Practitioner	N/A	1.5%
Parent	4%	.5%

Participant Statistics

One of the new elements to this year's statistics is that of our PR or Participant Record database. The PR tracks information about individuals receiving direct service and/or training, which is in addition to the Community Development statistics that track those that received or participated in workshops and/or events. The total number of participants for this year is 291, the bulk of which come from our 3 RISE programs. Our Studio 2, journalism and ADAPT newcomer program also constitute a significant number of those involved in the PR.

Violence Intervention Project Participants (to Jan. 31, 2009)

Program April 1 – Jan. 31, 2009	April 1, 2008 – January 31, 2009	Apr 1, 2007 - January 31, 2008
VIP Volunteer Program	6	*
Level 3 Drop-In	2	**
Cooking Program	14	**
Debate Group	0	**
Expressive Arts Program	2	**
Studio 2 Multimedia Program	35	**
Say Word Journalism Program	24	**
ADAPT Newcomer Program	24	**
HRSDC Pre-Employment Program	12	**
School-based Diversion Program – Boys' Group	12	*
School-based Diversion Program – Girls' Group	6	*
School-based Diversion Program – Facilitators	8	**
RISE – Cedarbrae CI	95	*
RISE – Birchmount CI	34	**
RISE – Archbishop Romero	37	**
TOTALS	311	

* Participants were tracked differently last year – e.g. through Volunteer stats

** Program did not exist last year.

*** Next Year the VIP Service Plan Draft numbers will be reflected until December 31st.

VIP Breakdown by Gender

By Percentage	Agency Wide
Year	2008/2009
Males	40%
Females	56%
Unknown	4%

Not surprisingly, given that there are fewer limitations on age in the VIP program, participants serve tend to be older than in the counseling programs. The following table illustrates this focus.

Age of VIP Participants

Age	2008/2009
12 Years and under	1%
13 Years	1%
14 Years	14%
15 Years	21%
16 Years	19%
17 Years	27%
18 Years and over	17%
Unknown	N/A

Community Development Statistics

The following categories are used to define the Community Development statistics:

Training / Consultation (for professionals)

- Focus is on training and/or consultation for other professionals (e.g. school staff, mental health care providers, youth workers)
- Workshops for service providers

Direct Service (youth & parents)

- Outreach contacts
- Counselling or skills groups
- Workshops / training for youth
 - Generally smaller scale presentations
 - Very interactive (e.g. role plays)
 - May be more than 1 session with same youth
 - There is a capacity to determine if individual youth are applying skills
 - Evaluation is conducted

Public Education (Youth, parents, professionals, community-at-large)

- Large scale presentations (e.g. conferences)
- Presentations on program to public (non-professionals, service clubs, etc.)
- Media events
- Focus is raising awareness
- No capacity to do follow-up
- Evaluation cannot focus on how skills are being applied
- Generally not as interactive

With regards to numbers reached in the statistics, there were some dramatic increases this year, in part from the development of new programs as well as some minor decreases. Overall, there was a

72% increase in numbers reached, which rose from 8,603 to 14,814. Our Studio 2 program witnessed significant growth, with numbers rising from 83 to 621. This is partly due to the fact that it took time to lay the groundwork for the program and make connections with service providers and youth in the community. Our RISE program at Cedabrae Collegiate has tripled its numbers from the previous year, largely attributable to the making and screening of the Voices over Violence documentary, funded by the Provincial Advocate's Office. Our school-based diversion program also witnessed major increases, rising from 190 to 470.

Some decreases occurred within the VIP Community Program, which is attributable to various factors. Firstly, the coordinator of the Community Program accepted a supervisory position this past year and her position was not filled until November 2008. Also, there was a focus on developing Level 3 as a service program, so the number of workshops declined during this period. In addition, the VIP volunteers who had been involved for many years all graduated the program at approximately the same time and at the same time. Further, the ESP program provided many youth to run workshops, particularly during the day, and with the closing of this program, the numbers decreased accordingly.

While statistics for the Youth Outreach Worker Program appear to have declined, the numbers presented do not account for repeat contacts (i.e. the 2300 youth who were already open files) and are thus considerably higher than it appears. This is a challenge that the VIP and access teams are hoping to address by closing all open files as of March 31st and then reopening them as the new fiscal year begins. Further information regarding the YOW program will also be illustrated in the next section.

While some programs were discontinued (e.g. the HIV/AIDS prevention program), the VIP developed many new programs this year, which largely accounts for the dramatic increase in numbers. For example, our new "Say Word" journalism program has reached 1070 participants, our RISE program at Birchmount has reached 2339 and our RISE program at Archbishop Romero has reached 2934. Our RISE program also developed a strong fee-for-service component, conducting various trainings and workshops to 999 participants this year.

Community Development Events (to Jan. 31, 2009)

Program April 1, 2008– Jan. 31, 2009	Training/ Consultation	Direct Service (includes Groups + Outreach)	Public Education Presentations (# participants)	Totals	Apr 1, 2007- Jan. 31, 2008
VIP Community Program		872	12	884	3352
Studio 2 Multimedia		581	40	621	83
VIP Journalism Program		1058	12	1070	*
Youth Outreach Worker Program		1704		1704	2369
HRSDC Service Canada Employment Program					*
ADAPT Newcomer Program		32	22	54	*

School-based Diversion Program	260	210		470	190
RISE – David & Mary Thomson CI				**	1141
RISE 2 – Cedarbrae CI			3739	3739	1228
RISE- Birchmount CI		16	2323	2339	*
RISE- Archbishop Romero			2934	2934	*
HIV/AIDS Prevention Project				**	240
Other-RISE Michelle Moran		426	573	999	*
TOTALS	260	4899	9655	14,814	8603

*Programs did not exist last year

**Program Discontinued

YOW Program Statistics

The YOW program statistics show some dramatic decreases, yet these statistics only account for new cases/ contacts and do not account for all the cases/ contacts carrier over from last year.

	2007-2008	2008-2009
Youth contacts	1795	961
Family contacts	222	30
Referrals	2046	681

Gender Demographics

Gender	2008	
M	511	M
F	444	F
U	6	U
Total	961	Total

of New Youth Contacts*

As noted in the Community Development statistics, these numbers only account for new cases since the beginning of the fiscal year and not the 2,300 contacts that have carried over from the previous year.

Age	2008	
12-15 Years	267	12-15 Years
16-18 Years	467	16-18 Years
19-21 Years	160	19-21 Years
22 Years and Over	67	22 Years and Over

Total	961	Total
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The mandate of the program is to reach youth between the ages of 12 and 21. On occasion the YOWs may interact with youth under 12, or over 22, but the majority of youth are between 16-18.

of Referrals***

In terms of referrals by neighbourhood, the following table outlines that far more youth are referred from Eglinton East/Kennedy Park and Scarborough Village. Numbers are higher for Eglinton East/Kennedy Park as this where Second Base Youth Shelter is located, a source of many referrals.

Neighbourhoods	# of youth referred	# of Referrals	# of Rejections	# of Successful Referrals
Crescent Town	37	56	0	56
Dorset Park	59	115	2	113
Eglinton East/Kennedy Park	181	246	1	245
Galloway/Kingston Road	26	26	0	26
Malvern	51	60	0	60
Scarborough Village	136	190	0	190
Steeles/L'Amoreaux	5	10	1	9
*Not Specified	16	32	1	31
Total	511	735	5	728

*Rejections***** are captured to help identify service gaps in the neighbourhoods.

Of Referrals to Services by Service Sector

In terms of referrals by sector, the following chart illustrates that the majority of referrals come from the employment and employment preparation sector.

Neighbourhoods	Sector													Total
	1	2	3	4	5	6	7	8	9	10	11	12	13	
Crescent Town	4	3	20	2	2	0	1	19	0	0	3	2	0	56
Dorset Park	1	10	34	20	3	2	3	23	13	1	5	0	0	115
Eglinton East/Kennedy Park	43	42	44	20	15	4	37	13	8	0	8	1	11	246
Galloway/Kingston Road	1	5	12	1	0	0	0	4		1	3	0	0	27
Malvern	3	3	20	1	1	2	2	26	0	0	1	1	0	60
Scarborough Village	8	35	62	4	3	1	1	24	1	1	49	0	1	190
Steeles/L'Amoreaux	2	0	2	1	1	0	1	3	0	0	0	0	0	10
Not Specified	9	4	9	2	1	0	3	0	0	2	1	1	0	32
Total	71	102	203	51	26	9	48	112	22	5	70	5	12	736

LEGEND (Sectors):

- | | |
|--------------------------------|-------------------------------|
| 1: Arts/Culture | 8: Other |
| 2: Education/Skill Development | 9: Parenting/Prenatal Support |

- | | |
|----------------------------------------------|----------------------------------|
| 3: Employment/ Employment Preparation | 10: Primary Health Care Services |
| 4: Housing/ Temporary Accommodation/ Shelter | 11: Recreation/ Sports |
| 5: Income Support/ Social Assistance | 12: Relationship Violence |
| 6: Legal Services | 13: Settlement Support |
| 7: Mental Health/ Addictions | |

Referrals to Employment/Pre-Employment services accounted for 28 % of total referrals made in this period. This is logical as the major focus for the YOWs in the April-June period was encouraging youth to take advantage of summer employment initiatives such as Summer Jobs for Youth and the Youth in Policing programming. It also speaks to the primary indicator of the underserved neighbourhoods which were identified in United Way’s “Poverty by Postal Code” report. The next leading referral destination is for Education and Skill Development. The “Other” sector refers to a variety of referral destinations which have not at this point been identified as reporting requirements. While the referral reason may be clear it sometimes happens that the group or organisation to which the referral is made may be challenging to categorize. These include non service-related businesses and volunteer/ internship opportunities. There is also an element of duplication in the reported figures, as some or all of the sectors may be using the same service but report on it separately.

QUALITY ASSURANCE

Our quality assurance and continuous quality improvement activities have been enhanced this year to meet our goal in our strategic implementation plan as to measuring outcomes per program and, to begin our preparations for accreditation set for March 2010. With regards to the former, while we have continued collecting CAFAS and BCFPI data for all clients, we have begun collecting additional data to examine and analyze program specific outcomes. Thus, for example, credit recovery was examined within the Day Treatment Programs, providing an additional layer of understanding to highlight previously unnoted successes and gains made by EMYS clients.

With regards to accreditation, our Quality Assurance/Continuous Quality Improvement Committee has begun our self-study process and a detailed plan is provided later in this section. Further, as part of our continuous quality improvement efforts, our quality assurance tools, namely our Referral Source Consumer/Client Satisfaction and Staff Engagement surveys have been fine tuned to best reflect current practice and programming within EMYS and the sector more broadly. One change to note in this area is the name change of our Staff Satisfaction Survey to that of Staff Engagement to move away from a top-down or dichotomous approach to that of working collaboratively to foster improvement.

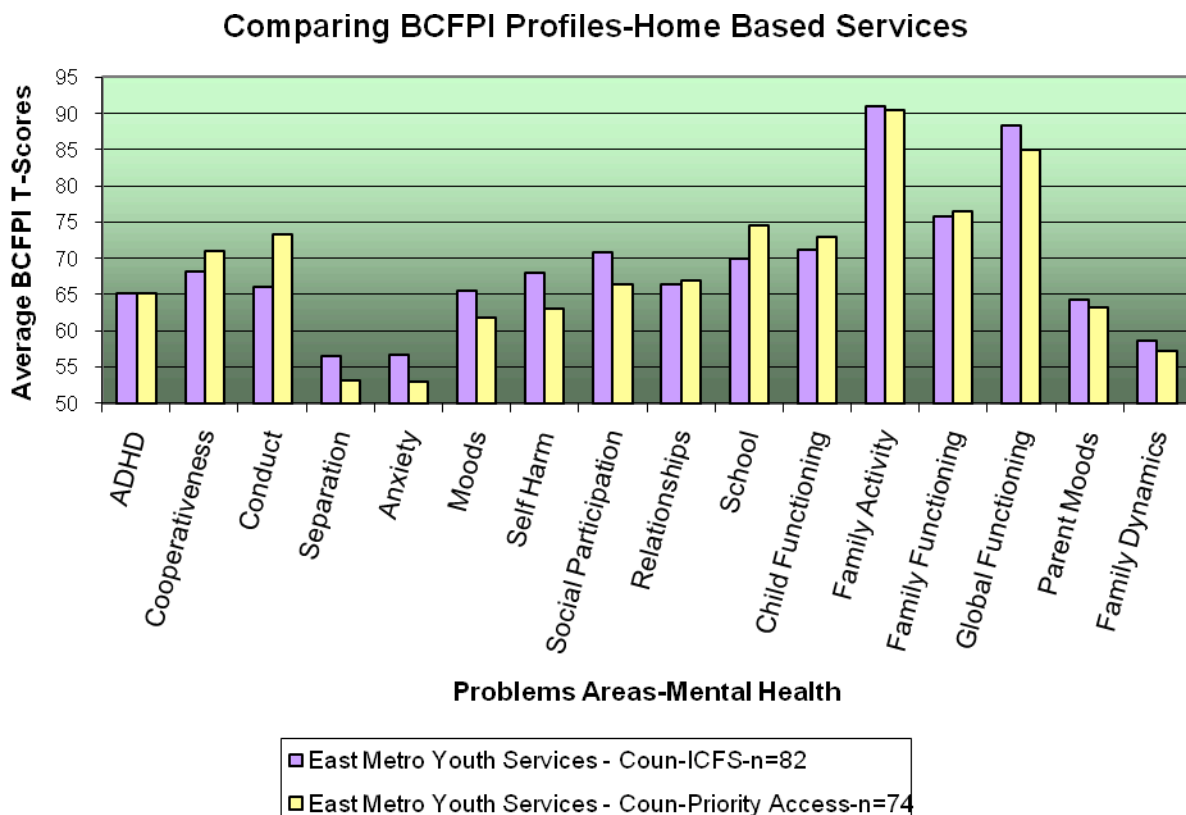
While there are some minor fluctuations from previous years’ quality assurance reports, the overall trends remain that a) we continue to serve some of the most complex-needs clients and b) that our referral sources, clients and staff view EMYS as providing quality programming that supports youth and their families. In the following sections, these trends will be outlined and where applicable, comparisons will be drawn from this year’s findings to those of previous years.

BRIEF CHILD AND FAMILY PHONE INTERVIEW (BCFPI)

The Brief Child and Family Phone Interview (BCFPI) is a screening tool mandated by the Ministry of Children and Youth Services across the Province. The main use of the BCFPI is used to help determine the scope and severity of challenges (potential) clients are facing. This information is of critical importance because it enables accurate placement, treatment modality and particular individual needs. BCFPI also makes it possible to systematically identify and prioritize service for those youth and families considered most high risk.

Overall, our BCFPI data shows that clients coming to EMYS are facing multiple and complex problems. 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 and frequency. Scores above 65 are considered to indicate more severe functional impairment and 98% of the population scores below 70.

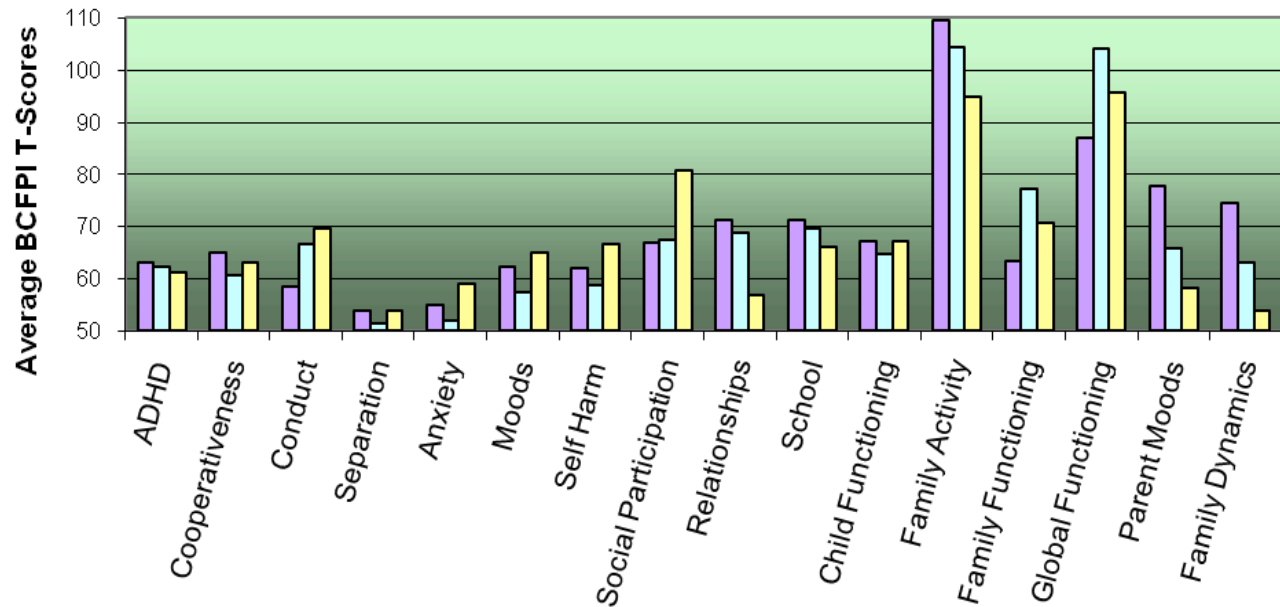
As the following graph shows, EMYS home-based services clients score above 50 in all areas, and above 60 in 14 of 16 areas. Areas such as cooperativeness, conduct, school, child and family functioning show rather severe challenges, particularly for Priority Access clients with all scores in these areas well above 65. Family activity and global functioning present severe impairments with scores in the 85 to 90 range.



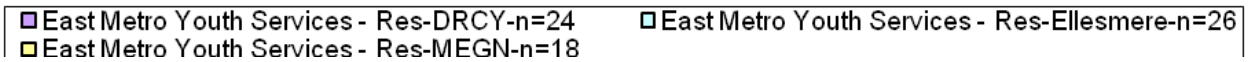
Our residential clients also exhibit rather severe impairments, as evidence in the graph below. Most scores are well above 50, with D'Arcy having 13 of 16 areas over 60, Ellesmere having 12 and Megan

having 11. Overall levels of family activity and global functioning indicate very serious impairments, with t-scores in those domains reaching between 88 and 110.

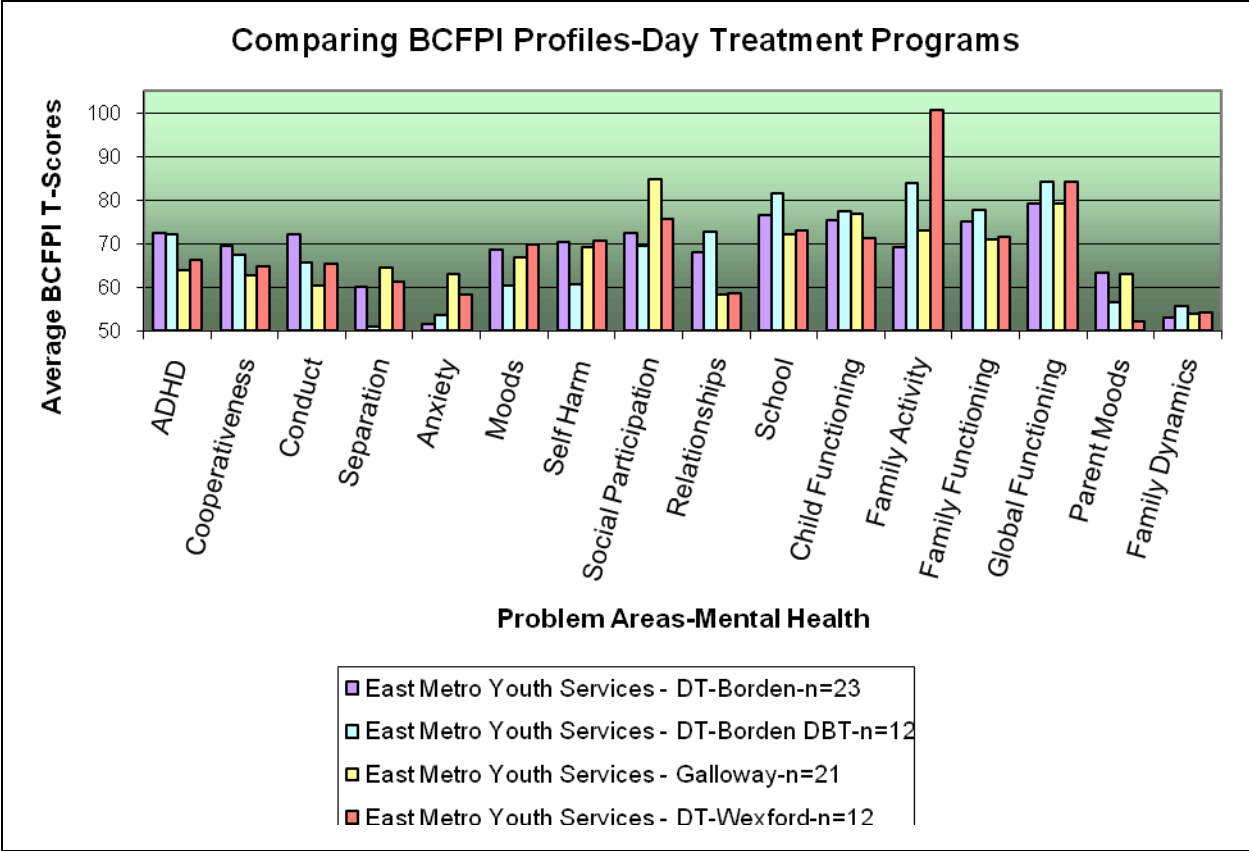
Comparing BCFPI Profiles-Residential Services



Problem Areas-Mental Health



Our Day Treatment clients also exhibit rather severe challenges in a variety of areas, as evidenced in the graph below. Both Borden and Wexford students show t-scores above 60 in 12 of 16 areas, and t-scores above 70 in 7 areas, suggesting severe levels of impairment. The Galloway students exhibit t-scores above 60 in 13 of 16 areas, with significant challenges in social participation and the Borden students receiving Dialectical Behavioural Therapy (DBT) an evidence-based treatment modality being implemented also show t-scores above 80 in school, family activity and global functioning.



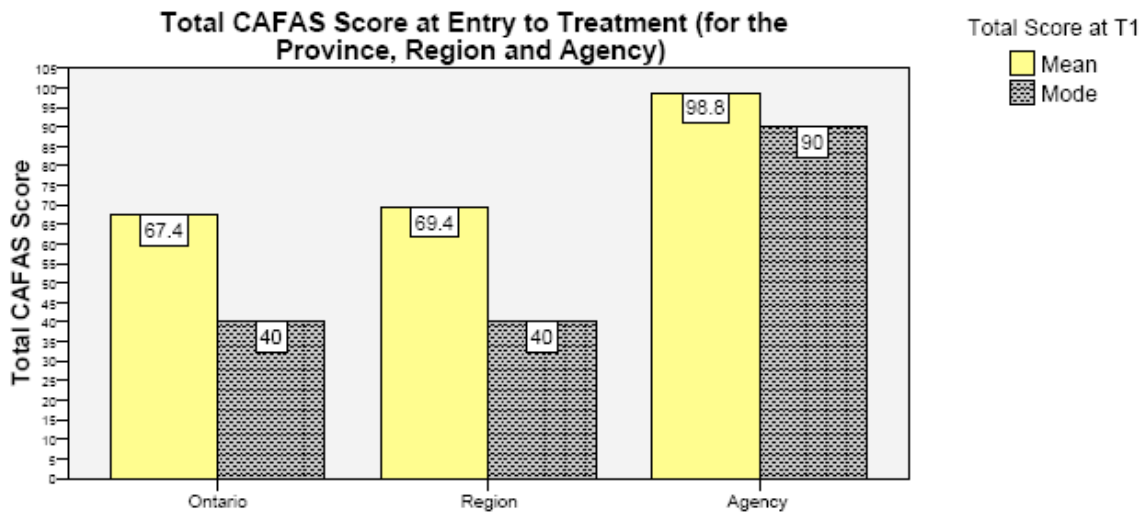
CHILD, ADOLESCENT AND FAMILY ASSESSMENT SUMMARY (CAFAS)

The Child and Adolescent Functional Assessment Scale [CAFAS] is a standardized and widely utilized measurement tool that assesses levels of functioning across various domains. As such, CAFAS helps clinicians at EMYS to identify client needs, identify the nature of functional impairment, mark progress during treatment and evaluate the effectiveness of the treatment plan.

In Ontario, CAFAS is used to examine treatment outcomes for children and youth, aged 6 to 18 years, who receive mental health services in a participating community based children’s mental health centre or hospital based children’s mental health clinic. Data is compiled from all these organizations by CAFAS in Ontario at Hospital for Sick Children. Report scores are sent without identifying information ensuring confidentiality, but allowing for the comparison of the profiles of EMYS clients with those of others in the region as well as the province.

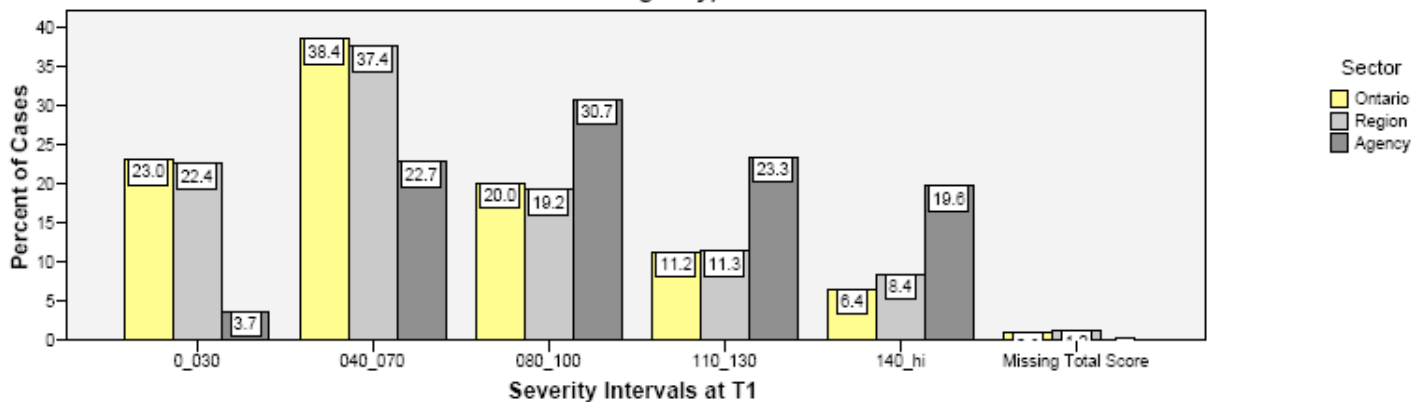
Given the BCFPI scores shown in the above section, it is not surprising to note that EMYS’ clients show rather severe impairments in various domains. When CAFAS entry scores are examined in relation to our regional and provincial counterparts, it is evident that EMYS’ clients show considerably greater degrees of impairment. As illustrated below, mean scores are 27.4 points higher than those in the region and 31.4 points higher than those in the province. These high scores indeed corroborate the need to provide EMYS clients with more intensive services.

CAFAS PROFILE AT START OF THE TREATMENT



In the table below, scores are grouped within categories to delineate severity of impairment. As evident in the table, there is a clear pattern in which EMYS' clients are represented more often than those in the region and province as the severity of the score increases.

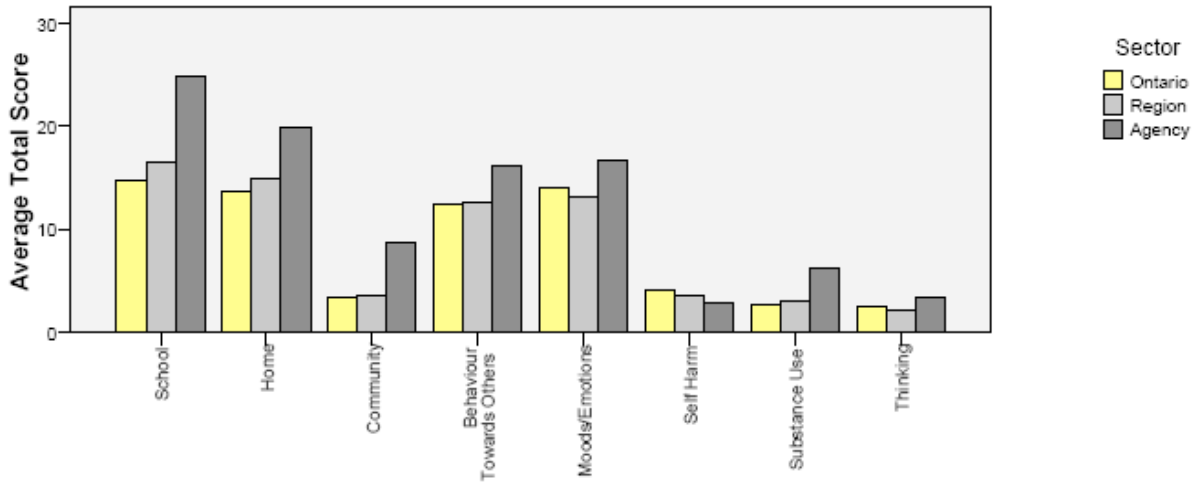
Total CAFAS Score at Entry to Treatment (T1) by Categories of Functioning (for the Province, Region and Your Agency)*



* The Total Possible Score Range Is 0-240

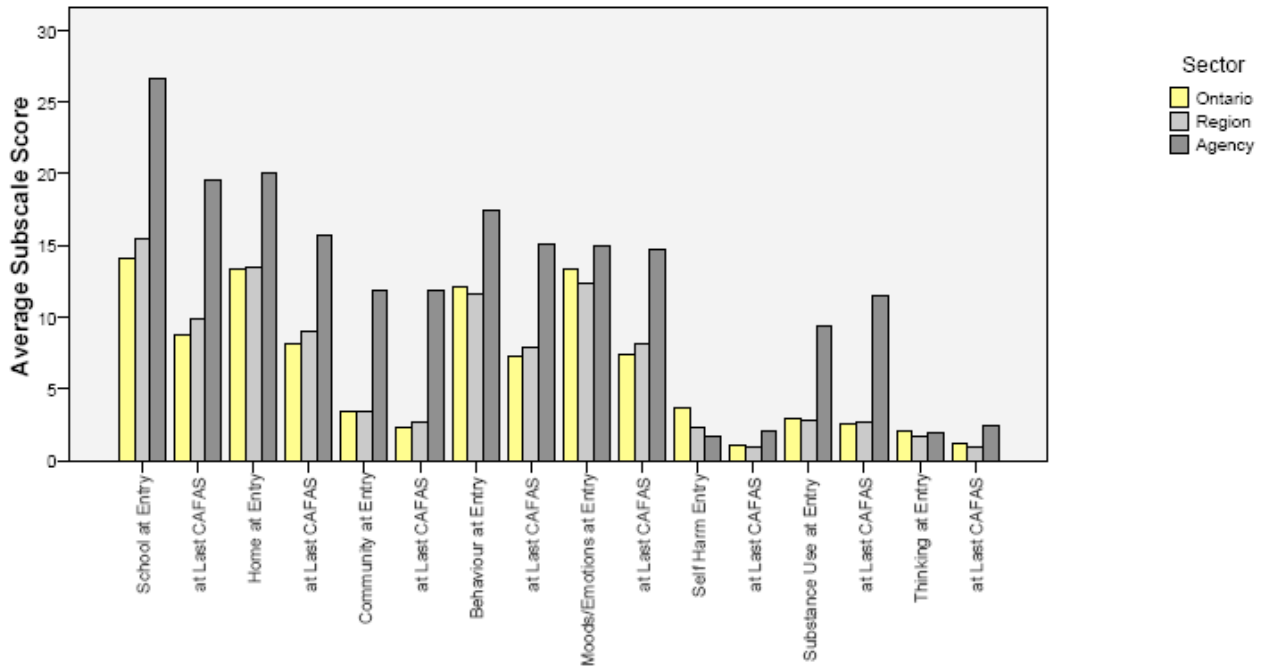
In the following table, CAFAS scores are examined according to the 8 different domains. Not surprisingly, given what the above tables show, EMYS clients show more severe impairment than those in the region or province. In fact, in 7 of 8 domains, there is a considerable gap in scores, with school showing the most marked difference.

Average CAFAS Subscale Score at Entry to Treatment (T1) for the Province, Region and Your Agency



In terms of treatment outcomes, CAFAS scores at Time 2 or exit show significant reductions in scores. The most noted improvements are in the school and home domains, which is not surprising given that these are the areas in which EMYS' clients exhibit the most impairment. It is also important to note that the trend for substance use to increase is consistent with those in previous years as clinicians have found clients are more willing to disclose such behaviours once trust and rapport is built.

Treatment Outcomes: Change in Average CAFAS Subscale Scores from Entry to Treatment (T1) to Last CAFAS (for the Province, Region and Your Agency)



The Consumer Satisfaction Survey (CSS) is an important tool for attaining feedback from a youth and/or parent perspective as to how EMYS fares in various capacities. The CSS survey was conducted from February 2008 to February 2009 with clients whose services ended between January and December 2008. Clients were invited to provide their opinions about EMYS services via telephone or using an online version of the survey, and asked for permission to anonymously share their comments in a report.

The findings of this year's report offer a very broad perspective as participation rates were extremely high this year due to a change implemented for quality assurance purposes: conducting the CSS at the time a program has ended for a client. While many clients continue to utilize other EMYS programs and services, efforts were directed towards measuring satisfaction once the program has come to completion. These efforts were actualized in this regard as the sample size was 214 whereas last year, it was only 68, which represents a major jump. Overall, the findings presented indicate that EMYS clients and /or parents have a very positive view of the agency overall and our programs.

When examined in light of last year's findings, there are considerable similarities with last year's findings along with some noted improvements in the findings. One question for which the responses were very similar was in relation to whether or not the youth and/or parent would recommend EMYS to a friend. Last year 80.6% of respondents indicated that they would recommend EMYS to a friend, and 11.9% of participants indicated that they had already done so, with a cumulative total of 92.5%. This year 82.52% of participants indicated that they would recommend EMYS to a friend, and 6.80% of participants indicated that they had already done so, with a cumulative total of 89.32%.

Similarly, last year 89.5% of respondents either strongly agreed or agreed with the statement that they knew who was responsible for coordinating services provided for them or their teen from their first contact with EMYS. This year, 89.95% also expressed agreement and strong agreement with this statement. Further, last year 89.5% of respondents either strongly agreed or agreed with the statement that if they or the teen needed help again, they would return to EMYS, and this year, the number remained strong with 89.74% expressing strong/ agreement. Another question in which the findings were similar was in regards to whether or not respondents were satisfied with the services they or their teen received from EMYS. Last year, 92% expressed agreement or strong agreement and this year, the 89.76% expressed agreement or strong agreement.

There were also several questions that pointed to improvements over last year's findings. For example, last year 88.4% of respondents either strongly agreed or agreed with the statement that the teen was involved in decision-making and goal setting with regards to treatment, and this year, the percentage in strong/ agreement increased to 93.71%. Another area where slight improvements were made was with regards to youth and/or their parents feeling that throughout their involvement with EMYS, their rights to privacy and confidentiality were respected. Last year, 91.86% of participants expressed strong/ agreement with this question, and this year, 95.36% expressed strong/ agreement.

Another noted improvement was in regards to the follow-up treatment, an area where considerable resources have been directed in recent years. Last year, 84.9% of respondents either agreed or strongly agreed with the statement that overall, they were satisfied with the support they or their teen received during follow-up from treatment. This year, 91.67% either strongly agreed or agreed with this statement. Similarly, with regards to participants feeling someone from EMYS helped them resolve any concerns they may have had, slight improvements were noted. Last year, 86.1% reported that someone from EMYS helped them to resolve their concerns and this year, the number rose to 89.95%.

Perhaps the most noted improvement from last year related to clinical reports being shared in a clear and easy to understand manner. Last year, 80.2% of respondents either strongly agreed or agreed with this statement and this year, 96.47% expressed strong agreement or agreement, indicating a

considerable increase. However, it is also important to note that the response rate was lower for this question as a large pool (115 of 214) indicated they did not have any reports shared with them.

There was only one question for which the findings were not quite as encouraging, though still extremely positive. When asked to state their level of agreement with the statement that the staff at EMYS made the best effort to incorporate his/her cultural and/or religious beliefs into the teen's services, there was not one respondent that disagreed with this statement. This year, 94.81% expressed agreement or strong agreement, which still indicates EMYS fares tremendously well in this regard.

With regards to levels of satisfaction per program, there are also many similarities with last year's findings with some improvements noted. With regards to the counselling programs, last year 92% of respondents expressed satisfaction and this number improved slightly this year to 94.03%. Similarly, last year school-based programs were categorized together and were representative of Day Treatment and the Expelled Students Program and satisfaction levels were at 80%. This year, only the Day Treatment Programs were measured given that ESP was closed and satisfaction levels also rose marginally to 82.54%. Satisfaction levels rose more considerably for the Residential and Developmental Services programs. For the former, 50% of respondents who were associated with the Residential Programs expressed satisfaction last year and this year, the percentage satisfied rose to 66%. Developmental services also increased from 62.5% satisfaction to 87.5% satisfaction, a noteworthy increase.

Additional programs included this year that were not captured last year, namely parent groups and respite programs showed very high levels of satisfaction. For parent groups 91.67% of respondents expressed satisfaction and for all respite programs, 93.75% reported feeling satisfied.

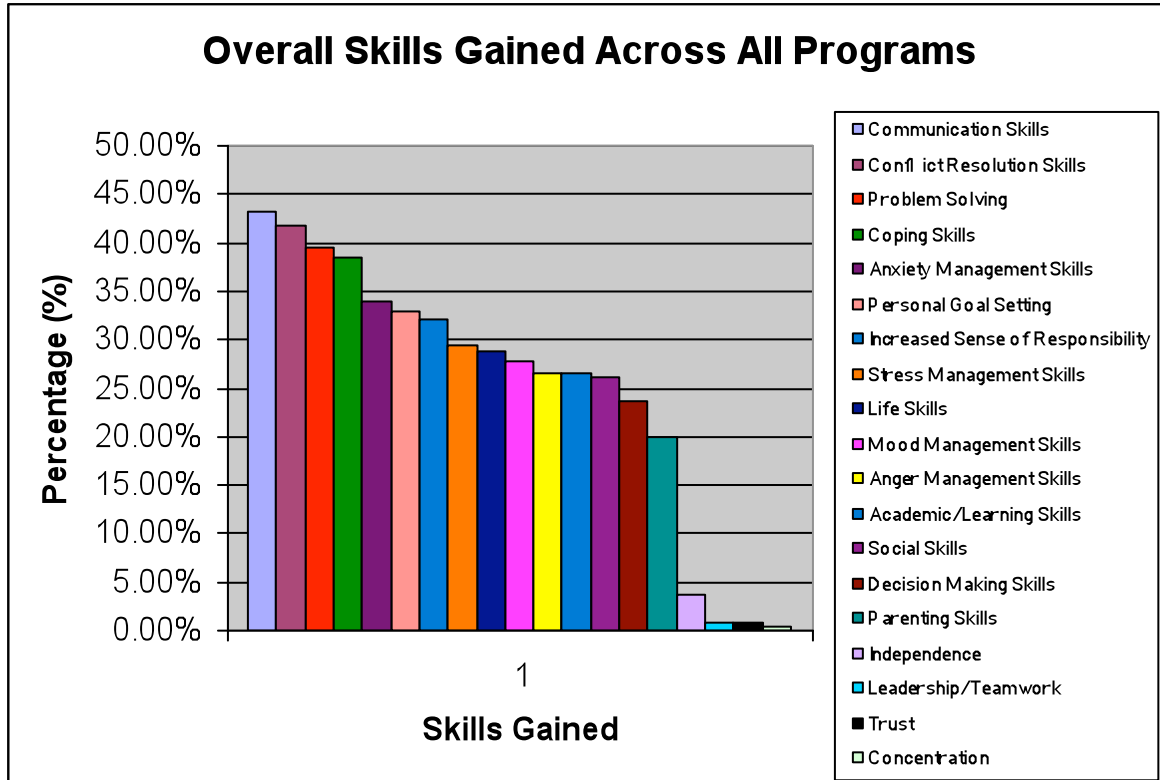
With regards to the types of issues or concerns that brought individuals to EMYS, some differences arose between last year and this year. Last year, the most common reason cited for coming to EMYS was emotional difficulties, most notably mood and/or anxiety at 73.5%. This year, this reason was offered in 57.01% of cases. School concerns were the most frequently noted response this year at 68.69%, remaining relatively consistent with last year's 69.1% response. Family conflicts was the third most commonly offered reason both this year and last year, with a decrease this year from 54.4% to 44.39%. Poor self esteem as a response was cited less often this year (44.1% versus 21.5%) as well as for violent or aggressive behaviour (44.1% versus 28.5%).

The 2 major areas that were cited this year that were rarely cited or not cited at all last year were peer relationships (28.97%) and mental illness (24.77%). Remaining concerns noted last year were drug/alcohol use or misuse, involvement in criminal activities, experience of rape or molestation, negative attitude, and poor physical health. The remaining concerns from this year's findings, in order of frequency, included drug/alcohol use or misuse, self-harm (in the form of cutting, attempted suicide, or suicidal ideation), developmental delay/disability (e.g., speech impairment), Asperger's, Autism, verbal threats/abuse or bullying, experience of rape or molestation, Learning Disability, ADHD, negative attitude, death of a parent, and Down Syndrome. You will notice that youth did not specify that they had issues such as Asperger's or Autism and indicated that they came in for other reasons such as school problems; whereas their parents were the ones to note these concerns.

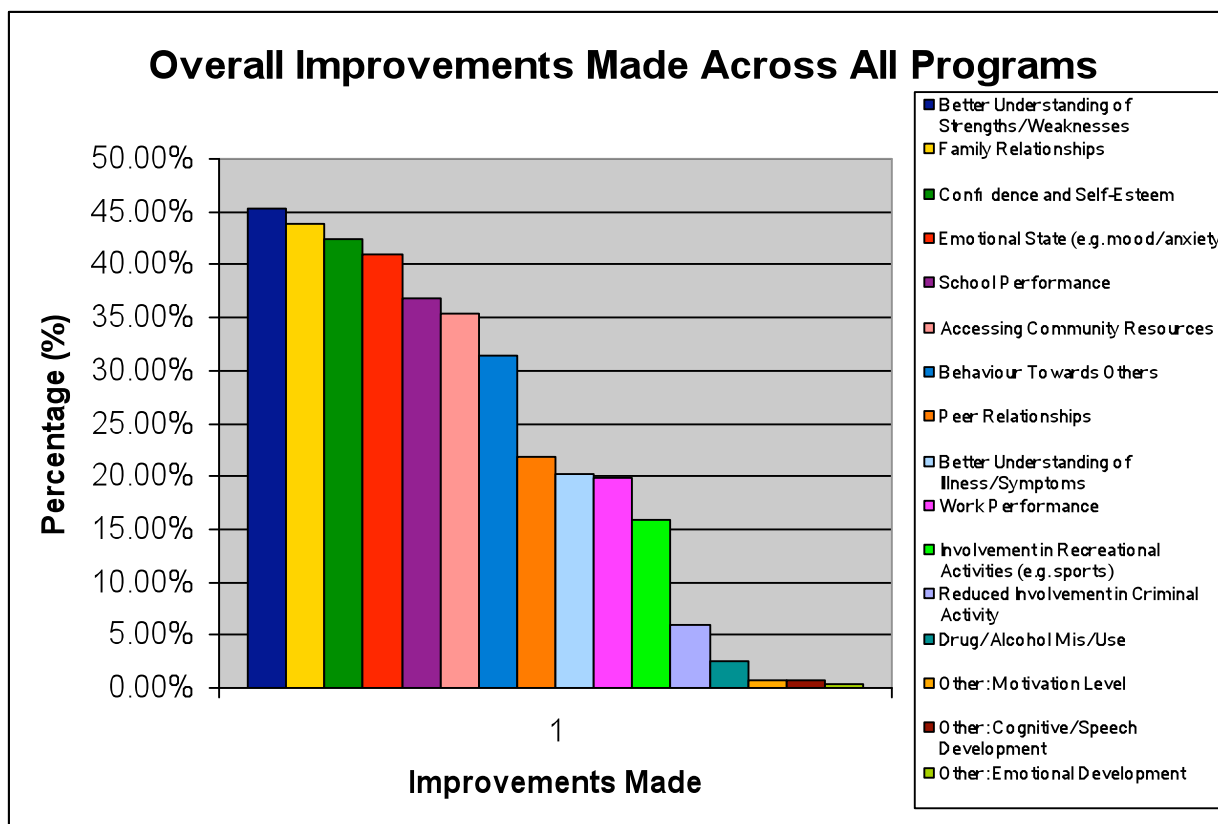
An additional question asked respondents to indicate if there were any new skills that they or their teen gained since coming to EMYS. Participants were offered a list of 15 skills, and allowed for any "other" skills to be added by the participant that were not already on the list.

Although to a lesser extent (i.e., lower percentages across significantly increased number of programs), the overall results follow the trend reported in CSS 2007 results. The top four most frequently reported skills gained since coming to EMYS were: **Communication Skills** (reported by

43.17% of respondents who had an opportunity to respond to this item per program they engaged in), **Conflict Resolution Skills** (41.70%), **Problem Solving** (39.48%), and **Coping Skills** (38.38%). Table 30 presents frequencies and percentages for the skills gained across all programs per type of respondent and Graph 10 provides a visual representation of the skills gained across all EMYS programs.



Respondents were also asked to report on the overall skills gained since coming to EMYS. In terms of the most prevalent responses, the findings are similar to that of last year’s CSS report. The top four most frequently reported skills gained since coming to EMYS were: gaining **Better Understanding of Strengths/Weaknesses** (reported by 45.39% of respondents who had an opportunity to respond to this item per program they engaged in), improvements in **Family Relationships** (reported by 43.91%), **Confidence/Self-esteem** (reported by 42.22% of respondents), and **Emotional State** with mood or anxiety (40.96%). Table 37 presents frequencies and percentages for the improvements made across all programs per type of respondent and the following graph provides a visual representation of the improvements made across all EMYS programs.



Clients were also invited to share recommendations for improving the quality of service at EMYS. The most commonly noted response was **Nothing** (e.g., “EMYS is doing everything they can”) reported by 62.73% of participants (n = 170). The most frequent recommendation that was suggested by 9.96% of participants (n = 27) was for EMYS to receive **More Funding** in order to offer their programs to a wider area outside of Scarborough, as well as to youth who are younger than 12 years and older than 18 years; this category also consists of comments to re-open the Expelled Students Program. The second most frequently identified recommendation by 4.43% of participants (n = 12) was for EMYS to have **More Advertisements** in order to increase awareness of the services available, and thereby, normalize problems that teens and their guardians have; respondents who offered this recommendations suggested that schools and hospitals should pass out flyers and put up postings. The other general recommendations included **More Staff** per EMYS programs (4.06%, n = 11) and to **Provide Transportation** to clients (3.69%, n = 10). The final category is based on the complaint that the site of the program is too far and transportation should be provided. The following table illustrates all responses offered:

Recommendations for Improvement	Respondent					Total ^f
	Youth ^a	Parent ^b	Grandmother ^c	Uncle/ Aunt ^d	Sister ^e	
Nothing	74 (78.72%)	92 (53.49%)	2 (100.00%)	1 (50.00%)	1 (100.00%)	170 (62.73%)
More Funding/More Services in a	5 (5.32%)	22 (12.79%)	-	-	-	27 (9.96%)

wider area for more people									
More Advertisement	1 (1.06%)	11 (6.40%)	-	-	-	-	-	-	12 (4.43%)
Need more staff	4 (4.26%)	7 (4.07%)	-	-	-	-	-	-	11 (4.06%)
Provide transportation (too far)*	-	10 (5.81%)	-	-	-	-	-	-	10 (3.69%)
Longer group sessions	-	7 (4.07%)	-	-	-	-	-	-	7 (2.58%)
Add more activities	-	6 (3.49%)	-	-	-	-	-	-	6 (2.21%)
More homogenous population	-	6 (3.49%)	-	-	-	-	-	-	6 (2.21%)
Shorter waitlist; update one's status/ provide support while waiting	-	6 (3.49%)	-	-	-	-	-	-	6 (2.21%)
Need for maintenance after treatment/ check in post FU	-	5 (2.91%)	-	-	-	-	-	-	5 (1.85%)
More resources	3 (3.19%)	2 (1.16%)	-	-	-	-	-	-	5 (1.85%)
Regular therapy should be mandatory	-	4 (2.33%)	-	-	-	-	-	-	4 (1.48%)
Smoother transition	1 (1.06%)	3 (1.74%)	-	-	-	-	-	-	4 (1.48%)
Allow youth more input/ more independence	4 (4.26%)	-	-	-	-	-	-	-	4 (1.48%)
Smaller groups	-	3 (1.74%)	-	-	-	-	-	-	3 (1.11%)
Longer program	-	3 (1.74%)	-	-	-	-	-	-	3 (1.11%)
Improve Residence Program	2 (2.13%)	-	-	-	1 (50.00%)	-	-	-	3 (1.11%)
Change Schedule - Respite	-	3 (1.74%)	-	-	-	-	-	-	3 (1.11%)
Add more camps - Respite	-	3 (1.74%)	-	-	-	-	-	-	3 (1.11%)
Youth should not be forced to participate	2 (2.13%)	-	-	-	-	-	-	-	2 (0.74%)
Have outings/ gatherings for parents	-	2 (1.16%)	-	-	-	-	-	-	2 (0.74%)
Tips for Program - Respite	-	2 (1.16%)	-	-	-	-	-	-	2 (0.74%)
More info in writing, so remember more - Groups	-	1 (0.58%)	-	-	-	-	-	-	1 (0.37%)
Staff needs to be more thorough/ double check paperwork	-	1 (0.58%)	-	-	-	-	-	-	1 (0.37%)
Improve complaint procedure	-	1 (0.58%)	-	-	-	-	-	-	1 (0.37%)
Provide de-stress techniques for staff	-	1 (0.58%)	-	-	-	-	-	-	1 (0.37%)
Implement only Family Meetings/ Eliminate Individual sessions	-	1 (0.58%)	-	-	-	-	-	-	1 (0.37%)
Follow up on the recommendations provided	-	1 (0.58%)	-	-	-	-	-	-	1 (0.37%)

- a. Percentage is based on a total of 94 possible responses from youth.
- b. Percentage is based on a total of 172 possible responses from parents.
- c. Percentage is based on a total of 2 possible responses from grandmothers.
- d. Percentage is based on a total of 2 possible responses from uncles/ aunts.
- e. Percentage is based on 1 possible response from a sister.
- f. Total percentages are based on the total number of 271 possible responses.

* Note. This category was included because many of the respondents who complained that the program/centre was too far recommended that transportation should be provided. Please also see the breakdown of this category under the Least Helpful Aspects section above.

Clearly, the clients/ families at EMYS provide important insights into the improvements and skills they have gained across a variety of areas. While this is a tool that has historically been only given to our clients/ families, plans are underway to adapt this tool so that we are able measure these kinds of outcomes in our participant programs, particularly VIP and Developmental Services.

REFERRAL SOURCE SURVEY 2008 OVERVIEW

Findings from the Referral Source survey highlight major success in a variety of areas. The report clearly demonstrates that our service partners view EMYS as providing collaborative, evidence-based and responsive programming that helps clients receive the services they are seeking. However, the findings noted must be interpreted with caution as there were considerable challenges in contacting our referral sources. Overall, 26 referral sources were contacted, and of those 26, 15 successfully completed the survey (1 was incomplete), representing a response rate of 62%.

Attaining current contact information for referral sources has been a consistent challenge given that many service partners move, change places of employment and are no longer working directly with EMYS and this is an area where efforts will continue to be directed. However, while 16 respondents overall appears to a low sample size, the findings contained herein represent far more cases than appears evident. As noted in Table 5, frequency of referrals is grouped into 3 categories: between 1-5 referrals, between 6-10 referrals, and over 10 and under 20 referrals. Thus, the lowest possible number of cases represented is actually 55 and the highest is 125. Thus, the findings presented encompass a more broad perspective than what may appear to the case from the sample size.

Of those that did take part in the survey, they provided valuable and highly positive feedback with regards to various aspects of EMYS. The findings from this year's survey also point to significant improvements from last year in many respects. For example, last year, 92% of respondents stated they satisfied or very satisfied with the range of services offered by EMYS, and this year, 100% were very/satisfied. While both this year and last year, there was no disagreement or strong disagreement expressed in regards to the statements about the quality of EMYS' programs and services, a notable achievement, there were far more referral sources that checked "don't know" in response to the statements last year. Clearly, the decrease in this area in this year's report points to our efforts in ensuring our referral sources are aware of the nature of the work we do at EMYS.

For example, last year an overwhelming 43% of our referral sources checked "don't know" when asked to comment on whether or not the services your client(s) received were premised on evidence based or best practices in treatment. This year, this number jumped to 86.67%, which suggests EMYS staff are faring very well in ensuring the kinds of treatment approaches utilized are both premised upon these practices and that this is communicated to our referral sources. Similarly, last year, 17% of respondents stated they "didn't know" whether or not their client(s) received an individualized treatment program that was created in collaboration with them, and this year, 100% of respondents either agreed or strongly agreed.

There was also 100% agreement or strong agreement with some additional statements. In fact, in 3 out of 5 statements, agreement or strong agreement was expressed. The additional statements in which this occurred were: Overall, your client/s received the service/s they were seeking; and EMYS demonstrated a commitment to service coordination with other agencies. For the other 2 statements, there was no disagreement expressed, only 1 or 2 participants who responded with "don't know." Thus, for the statement "The services your client(s) received were premised on evidence based or best practices in treatment" and EMYS' services reflect the multicultural and diverse nature of the community. The following table highlights the responses:

Survey Question	RESPONSE	RATE
Your client(s) received an individualized treatment program that was created in collaboration with them	Strongly Agree or Agree	100%
Overall, how satisfied were you with the range of services offered by EMYS?	Strongly Agree or Agree	100%
Overall, your client(s) received the service(s) they were seeking	Strongly Agree or Agree	100%
	Very Satisfied or Somewhat Satisfied	13.33%
	Don't Know	13.33%

EMYS demonstrated a commitment to service coordination with other agencies	Strongly Agree or Agree	100%
EMYS' services reflect the multicultural and diverse nature of the community	Strongly Agree or Agree; Don't Know	93.33% 6.67%

There were additional questions that inquired about areas such as type of referral source, what program/s client/s used, how referral sources heard about our services, whether or not there was a waitlist and if so, how long it took for communication to ensue as well as whether or not barriers existed for clients. The report indicated that the majority of service partners referred between one and five of their clients to EMYS in the past 12 months, and heard back from EMYS in response to their referral within 24 or 48 hours. Although 42.86% of service partners indicated that a waitlist did exist for the service they were referring to, the majority (76.92%) indicated that there was ongoing communication and feedback as to the client's status while waiting for the service.

There were also some additional questions as to why the referral source chose EMYS, if and why they would continue referring and recommendations for improving EMYS' quality of service. As evidenced from the tabled responses below, many positive comments were offered. For example, when asked to comment about providing future referrals to EMYS, 50% of respondents stated that EMYS services made changes in the lives of their clients. The breakdown of responses to this question is shown in the following table:

Comments regarding future referrals to EMYS	RATE*
EMYS services made changes in clients' lives	50.00%
EMYS strength based programs target clients' specific needs	16.67%
Committed / Empowering EMYS staff	16.67%
Shorter waitlist	16.67%
Location/ Accessibility of EMYS services in Scarborough	16.67%
"Absolutely"	16.67%

When asked why referral sources chose EMYS, several responses were offered. The most common response was the unique and/or multi-faceted approach offered that is tailored to clients needs. The responses to this question are shown below:

Why service partners chose to refer their clients to EMYS	RATE*
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)	50.00%
Location/ few such services in Scarborough	21.43%
Committed / Dedicated staff/ therapists	14.29%
Ongoing partnership	14.29%
Service process: transition, follow-up, referrals	7.14%
"Past Experience"	7.14%

Respondents were also asked to provide recommendations for improving the quality of EMYS' service. Not surprisingly, the most common response was shorter waitlists at 40%. Similarly, some

suggested more staff/therapists. Some additional areas, such as better ways of engaging youth, professional accountability and programs for younger children were cited. The findings are shown in the following:

Recommendations for improving quality of EMYS' service	RATE*
Shorter waitlists	40.00%
More staff/therapists	20.00%
Better ways of engaging with youth	20.00%
Professional accountability and responsibility	20.00%
Programs for younger children	20.00%
"You guys do a great job"	20.00%

Clearly, the findings from this year's survey were overwhelmingly positive. There were far fewer respondents that chose the "don't know" category than in previous years, and there was not one statement of disagreement or strong disagreement, suggesting our referral sources view EMYS extremely favorably. As mentioned earlier, the response rate was not what we had hoped for this year and efforts will most certainly be directed towards maintaining current contact information for referral sources, in spite of the transient nature of some positions (e.g. school staff board tend to change positions often).

We also hope to increase feedback we receive from our Referral sources through the development of a Referral Source survey for our participant programs. Like our plans to extend and modify the CSS to these programs, efforts are also being directed towards measuring how we fare with our Referral sources in our participant programs. This will help to determine the areas in which we fare most well in providing service to youth in our violence prevention and developmental services programs to ensure continuous quality improvement in all EMYS programs.

To highlight and some up some of the feedback we have received this past year, the following are a sample of what our Referral sources had to say:

"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)

"Thanks to EMYS' involvement, the family I'm working with made a big difference in all the areas." (Catholic Children's Aid Society)

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

STAFF ENGAGEMENT SURVEY 2008 OVERVIEW

The Staff Engagement Survey was conducted in early December 2008 and available to be completed on-line or via regular mail. Overall, 51 surveys were completed. Based on all of the potential respondents working at EMYS, this reflects a success at getting feedback from 51/82 staff members or a response rate of 62.2%. Prior to the dissemination, a few minor changes were made. The first was to change the name from Staff Satisfaction Survey to Staff Engagement to offer a more collaborative approach to participation. There were also additional qualitative questions, tapping into areas such

as what staff would like to change about EMYS/ their department, to what extent staff feel work/ life balance and what staff would like to learn this year and how.

As the report indicates, the findings from this year’s survey are our most positive to date. In fact, this is the first year in which all responses showed at least an 80% agreement or strong agreement to the quantitative questions. This also represents some dramatic improvements from previous year’s surveys. For example, one of our most noted improvements over last year is with respect to having opportunities to take on new projects, move laterally or advance within EMYS. Last year, only 70% of staff agreed or strongly agreed with this statement whereas this year, an overwhelming 90.84% of staff believed this to be true for EMYS. Clearly, a jump of over 20% indicates a significant improvement in this area.

Another item which had been problematic in all previous surveys is that of feeling well informed about changes and/ or developments within the agency. Last year, only 65% of staff were in strong/ agreement with this statement compared with 80.39% this year. In a similar vein, last year, 74% of staff strongly/ agreed that they felt well informed to changes in EMYS policies and procedures, and this year, this number jumped to 100%.

The following table represents the responses from all quantitative questions:

Category 3: Reputation of Management		
Survey Question	RESPONSE	RATE
Item 14. My immediate supervisor is sensitive to the demands of my job	Strongly Agree; Agree	91.67%
Category 1: Appropriate Work Conditions and Resources		
Item 15. My immediate supervisor deals with me in an equitable and respectful manner	Strongly Agree; Agree	97.92%
Item 16. My immediate supervisor inspires me by example	Strongly Agree; Agree	98.84%
Item 2. I am provided with the tools and resources I need to do my job well	Strongly Agree; Agree	98.84%
Item 17. EMYS' Directors Team demonstrates effective leadership and decision making abilities	Strongly Agree; Agree	84.08%
Item 7. My work space is appropriate for the work that I do	Strongly Agree; Agree	98.80%
Item 12. I am provided with sufficient opportunities to keep my work skills up-to-date	Strongly Agree; Agree	96.08%
Category 4: Satisfaction with EMYS values and standards of practice		
Item 20. I am satisfied with the caliber of professionalism at EMYS	Strongly Agree; Agree	94.84%
Item 19. I have opportunities to take on new projects, move laterally or advance within EMYS	Strongly Agree; Agree	98.04%
Item 21. I am treated with dignity, respect and acceptance in my work	Strongly Agree; Agree	98.04%
Category 2: Communication and Transparency in Administration		
Item 22. EMYS demonstrates a commitment to upholding the principles of anti-discrimination	Strongly Agree; Agree	88.36%
Category 5: Overall Satisfaction and Fulfillment		
Item 5. I feel well informed of changes to EMYS' policies and procedures	Strongly Agree; Agree	100.00%
Item 8. I believe my work contributes to the success of EMYS	Strongly Agree; Agree	100.00%
Item 6. I am invited to share my knowledge with my team and other agency staff	Strongly Agree; Agree	100.00%
Item 9. My work gives me a feeling of accomplishment	Strongly Agree; Agree	98.96%
Item 11. I have a clear understanding of how my performance is evaluated	Strongly Agree; Agree	98.96%

Item 10. I find pleasure and satisfaction in my work	Strongly Agree; Agree	98.04%
Item 19. My work is appreciated and acknowledged	Strongly Agree; Agree	86.27%

Staff were also asked to provide additional comments as to their work at EMYS. The most frequently noted response was their positive experiences at EMYS, working a supportive / progressive and welcoming environment. Some suggestions were also offered, many of which were reflected in some sections above, such as improved integration and information sharing, valuing staff / programs more.

Additional Comments	RATE
Great opportunity / experiences at EMYS; supportive / progressive / welcoming agency / staff	40.00%
Improvement in communication / info sharing / integration	13.33%
Some staff / programs undervalued (e.g., residential program, front line staff, programs that have been around the longest)	20.00%
Development of "middle management" not helpful (i.e., more bureaucratic)	6.67%
Decline in family like environment (i.e., more work like), which can be a good thing (i.e., more service provision)	6.67%
Suggestion to develop more inclusive programs	6.67%
Hope to leave negativity behind	6.67%

The qualitative comments, encapsulated in the report affirmed the positive findings from throughout. However, it is important to note that when viewing the qualitative comments and sections, caution is necessary as it may appear that some themes or threads are more prevalent than they actually are. For example, some responses may only have been made by one or two staff members (e.g. in the tables, 5.13% may only be 2 staff of a 62.2% response rate) and although somewhat significant, are not necessarily prevalent or representative of overall staff perspectives.

RESOURCE DEVELOPMENT

It has been a significant year with regards to resource development efforts at EMYS. We have continued in the vein of the previous year, bringing in funding from a variety of new sources and attaining funding from previous sources. This has helped to diversify and solidify our funding base to ensure continued growth and consolidation.

The new fiscal year began with the funding of many new projects. In April, we were approved for funding from the Ontario Trillium Foundation to expand our RISE program into the Toronto Catholic Board. This is for a 2 year project to create capacity within the TCDSB. We also learned of our success from the Ministry of Children and Youth Services' Innovation Fund to develop an e-counseling program in collaboration with Rosalie Hall, including training staff, and conducting an evaluation in partnership with the Factor-Inwentash Faculty of Social Work at the University of Toronto.

A significant new source of funding secured at the beginning of the year is Citizenship and Immigration Canada (CIC). Funding was received through two CIC streams: HOST, which focuses on matching volunteers with newcomers and ISAP which helps build skills for acculturation. A total of \$220,232 was received for both programs. Given that we are a new agency for CIC, there have been considerable efforts directed towards monitoring and reporting, particularly with the view of establishing EMYS as an organization that provides quality programming for newcomer youth.

Around the mid-year point, we also learned of our success to start another HRSDC pre-employment program in VIP. Funds were received for a 6 month program, beginning in September 2008. Efforts had been directed in this area for quite some time and we were pleased to learn of our success with this funder again. We also secured funding from the Argos Foundation once again, directed towards supporting our RISE program at Birchmount Collegiate. This funding was critical as we have invested some of our own research and development funds to support this project as it is the randomly selected "treatment" school in which our RISE research team is doing an outcome evaluation.

Our RISE program also continues to generate considerable funding, particularly with regards to the fee-for-service capacity. Since April 2008, RISE has been re-purchased by CTYS and John McCrae, and a site license was purchased from Edgewood Public School. A full RISE program was also sold to the Ottawa Carlton School Board, generating a new source of income. As well, RISE staff have continued with Safeguards training and have established a partnership with the New Mentality at CMHO to deliver youth engagement training. The first effort in this area was met with great success and additional trainings are planned for the upcoming year. This year, the revenue generated from RISE is \$23 739.

There were also a variety of funding applications that were submitted in the last quarter of the year. We will likely learn of their outcome as the new fiscal year begins. These include an expansion of our United Way Toronto base allocation to fund RISE, receive funding to cover rent and for a Priority Access Family Support worker position for VIP. It is unlikely all of these programs/ areas will be funded but we are hopeful that some success will ensue. We have also applied to expand our core funding from the City of Toronto. Last year, and for the first time, the City approved \$25,000 in funding to support VIP. Since the maximum amount to be eligible for under this stream is \$75,000, we requested the additional \$50,000 and asked for \$3,000 in rent costs.

Our “funraising” committee also conducted various activities to support related efforts, particularly with regards to our United Way Toronto fundraising drive. We have continued with various annual events to raise these funds, including our Car Rally, Pub and Games night, a fundraising lunch and payroll deductions. We also conducted a one-time shopping fair to raise some additional funds.

We have also applied for continued funding with both CIC and HRSDC. We have received verbal approval from CIC for our HOST program and are currently negotiating our ISAP program. We also received verbal approval from HRSDC and have begun the negotiation stage. In addition, we have been in discussions with the Jays Care Foundation for \$50,000 to recover some of the research and development funds used for RISE and Birchmount Collegiate. We have also applied to a new funding stream through the Ministry of Children and Youth Services called “Eliminating Barriers and Building on Successes” to support an evaluation that examines best practices for our residential youth who have or are transitioning out of care.

REPORT ON RISK MANAGEMENT

Throughout the past fiscal year, EMYS has undertaken many activities to address Risk Management issues within the Centre. These include the following:

CLIENT

- Conducted First Aid and CPR training for all Day Treatment, Residential, Developmental Services and VIP staff;
- CPI training completed for all Day Treatment staff, Access and Counseling, Developmental Services, Residential relief and VIP staff;
- Modified CPI training given to admin staff
- Risk and protective factors training conducted for all VIP staff;

- Youth Program Lead staff underwent Toronto Public Health Food Handler Certification Program;
- Health and Safety Committee member completed Basic Workplace Certificate Training;
- Site inspections are now completed on a monthly basis, up from quarterly, with copies kept in a designated binder in to ensure documentation in the event of a Ministry of Labour inspection. The reports are also posted on the Health and Safety Board at every location;
- Listeria warnings are tracked regularly;
- Checklist criteria for Residential vans underway;

PERSONNEL

- Quarterly “Healthy Living” EAP newsletter distributed to all staff;
- Updated the orientation checklist and Performance Evaluation Guidelines to reflect the need to improve on the way we orient new employees to the Agency;
- Changes to the Performance Evaluation template to include Core Competencies;
- Trauma support offered to staff re: issues related to experiences of loss and grief due to losses of youth involved in agency;
- Memo sent to all staff re: use of Scheduler to ensure awareness of staff whereabouts should it become necessary to contact them;
- Developed a Crisis Management policy and procedures to prevent and/or respond to agency-wide crises;
- Developed a Workplace Violence Prevention policy to ensure safe working conditions for staff;
- Developed Communications Policy to ensure streamlined communications and ensure confidentiality;
- Health and Safety Committee developed a Pandemic Plan to ensure a coordinated response should such a situation arise;
- Health and Safety Committee increased membership to 7 members and included a representative from the Level 3 space;
- Memo sent to all staff promoting a scent-free work environment due to allergies related to scents or smells;
- Memo sent to all staff outlining procedures to request Security staff to escort staff to their cars, and give Security staff contact information;
- Emailed all staff re. importance of using personal days judiciously;
- Email sent to all staff re: keeping voicemail messages updated;

- All staff have signed new Confidentiality Form which includes PDDs, and a staff sign out form to be completed by all staff who use agency PDDs, including laptops;
- Maintaining the Staff Development records;
- Ensured that all staff who drive Agency vans have provided Human Resources Administrator with a Drivers Abstract & Experience Letter so they can be added to the Agency insurance policy;
- Monitoring compliance with the Employment Standards Act around maximum number of hours worked per week, (not to exceed 44 hours);
- An occupational therapist was brought in to Galloway house to assess any changes that would need to be made to accommodate someone with physical disability;
- Memo sent to all staff with instructions on registering cell phones on National Do Not Call List;
- An ergonomic assessment was completed for the entire Agency and all recommendations for new chairs, keyboard trays etc. have been completed.

BOARD OF DIRECTORS

- Created job descriptions and contracts for all EMYS Board of Directors
- Reviewed EMYS Board of Directors Code of Conduct
- Added an additional Board of Directors meeting throughout the year
- Created a policy on the hiatus period from which a Board member can become an EMYS staff

PHYSICAL PLANT / PROPERTY

- Megan Residence:
 - Replaced windows and screens
 - Added motion sensor light in the front of the house
 - Holes patched throughout the house and painted
 - New futon
 - Painted basement, all bedrooms, kitchen and hallways
 - Fixed electrical in basement and outside
 - Drywall repairs for basement ceiling, basement wall and bedroom
 - New stove, refrigerator, washer and dryer
 - New bed frame
 - New shelving units
 - New blinds for kitchen
 - New chairs for bedrooms
 - New area rugs
 - New lighting in storage room
 - Chimney cleaned
 - Continued monitoring of pest control through Orkin
 - Serviced fire extinguishers
 - Passed City inspection
 - Passed Fire Department Inspection

- Passed Licensing Inspection
- D'Arcy Residence:
 - Replaced tile in girls' washroom
 - New boxspring and mattress
 - Holes patched throughout the house and painted
 - Painted kitchen
 - Painted girls' washroom
 - New stove and dryer
 - New coffee table
 - New futon
 - Replaced office door
 - Changed all locks in the house
 - Purchased one new dresser
 - New hood range fan
 - Two new bed frames
 - New T.V. and DVD player
 - Upgraded sprinkler and smoke detector system
 - Air ducts cleaned
 - Painted hallway and living room, and door frames and trim on first floor
 - Sealed eaves trough
 - Pruned and removed trees from backyard
 - Gutters cleaned
 - Kitchen floor patched
 - Vents screened on roof for pest control
 - Continued monitoring of pest control through Orkin
 - Serviced fire extinguishers
 - Passed City inspection
 - Passed Fire Department Inspection
 - Passed Licensing Inspection
- Ellesmere Residence:
 - Holes patched throughout the house and painted
 - Painted three bedrooms
 - Two new mattresses/ box springs
 - Office and front doors reinforced (metal plate by door knob in office/ safety bolt locks on front door)
 - New futon purchased
 - Fixed cupboard in boys' washroom
 - Two new dressers purchased
 - New coffee table and area carpets purchased
 - New hood range fan
 - Chimney cleaned
 - Garage door fixed
 - Kitchen tiles fixed
 - Five light fixtures changed
 - Fixed broken tiles and re-grouted girls' washroom
 - Painted bedrooms and two bathrooms
 - Continued monitoring of pest control through Orkin
 - Serviced fire extinguishers

- Passed City inspection
- Passed Fire Department Inspection
- Passed Licensing Inspection
- Galloway house:
 - A number of windows on the lower floor were replaced;
 - Completed a cleaning of the entire house, including walls, windows and all furniture;
 - All fire extinguishers were maintained by an external company;
 - A dehumidifier was purchased for the basement to aid in the flow of air, and reduce damage from humidity;
 - New dinner table chairs were purchased to replace the old ones;
 - The handle on the front door was replaced;
 - The large willow tree in the backyard was cut back with a number of branches removed to improve safety;
 - The deck at the back of the house was repaired;
 - Request for repair to the front stairs has been forwarded to our management company. At this time the work has not been completed but the repair process has been started;
 - The fire alarm in the stairwell leading to the basement was reattached to the ceiling;
 - Mould in the basement was removed and all of the areas were cleaned;
 - Completed two full cleanings of the entire house, including walls, windows and all furniture;
 - Front stairs have been repaired and the wooden design around the top of the door has been replaced and repaired; still remaining is the railings for the front stairs;
 - Additional recycling bins have been ordered for the house and an additional garbage bin has also been ordered;
 - Quotes for the completion of an asphalt driveway have been requested but work has not yet begun;
 - Full inspection from PROFAC our property management company to ensure that all electrical standards are being met;
 - Plumbing contractor marked all items in the furnace room clearly to ensure that all staff working within the facility would know the 'main water shut off', and the 'boiler shut off';
 - Pinchin Environmental removed all mould from the basement; removing the drywall in the larger meeting room and washing the exterior walls that required cleaning. In addition, they completed an air test to ensure that all contaminants were removed and were no longer present in the air;
- Suite 300/313
 - Added Suite 300 and Suite 313 to entry code alarm system, installed motion sensors in both areas, and put automatic door lock on Suite 300;
 - Negotiated with building security to be point of contact for alarm company when alarm is triggered;
 - Storage cabinet built for Suite 313 to address a number of both storage and safety needs, including the housing of both supplies and food;
- Set up inter-floor alarm system for responding to emergencies on 2nd and 3rd floor;

INFORMATION / TECHNOLOGY

- Deployment of new storage server, to increase performance and capacity;

- Deployment and setup of Remote Access for staff use (currently available to 11 staff) that provides secure remote access to EMYS resources;
- Moving Day Treatment Program to newer Remote Access technology from older VPN system, which provides more security, and accessibility to EMYS resources;
- Provided Day Treatment Program with encryption USB, to protect client information in case of a lost or stolen device;
- Major upgrade on all servers with newer updates and latest patches that enhance protection and performance;
- Major upgrade on all desktops/laptops with newer updates, latest patches, and Service Pack release that enhances protection and performance on 6 servers and 106 computers and laptops;
- Deployment of new Endpoint Protection System (replaced previous Antivirus System); EPS provides advanced threat protection that protects our endpoints (laptops, desktops, and servers) from both known threats and those threats that have not been seen before. Endpoint Protection protects against malware such as viruses, worms, Trojan horses, spyware, and adware. It also provides protection against network threats that are common from social networking internet sites such as Facebook, YouTube, MySpace, etc.;
- Preparation and network planning for deployment of new internal hosting email system in future;
- Network infrastructure update to increase and enhance protection and performance;
- Email sent to all staff re: safe disposal of old cell phones;
- Established a 'GASP Staff only' computer in the second office at Galloway, to ensure that it is only staff that have access to the system on an as needed basis;
- Deployment of new release (MR4) of Endpoint Protection System (upgrade to previous release MR2); EPS provides advanced threat protection that protects our endpoints (laptops, desktops, and servers) from both known threats and those threats that have not been seen before. This release enhanced network protection system prevents intrusion attacks and malicious content from reaching the computers. It also provides protection against network threats that are common from social networking internet sites such as Facebook, YouTube, MySpace, etc.;
- Coordinating of upgrade of previous email SPAM/ VIRUS protection to better spam filtering protection, and increase spam filtering to include all EMYS emails;
- Putting in place Safe to protect digital contents (tape backup/ digital data CD/DVDs).

OPERATIONAL / FISCAL

- Reviewed, revised and updated all EMYS policies and procedures on scheduled basis;
- Reviewed and revised existing financial policies and created several new financial policies with respect to the MCYS Best Practice and the Auditor General's reports. The following are the policies affected:
 - Credit cards (new)
 - Consultants (revised)

- Fixed Assets (revised)
- Hospitality (new)
- Meals (revised)
- Ministry and Special Contracts (revised)
- Transfer of Funds to Third Party (new)
- Van (revised)
- Purchasing Policy (revised)
- Local Travel (revised)

ANALYSIS

While many of the above activities emanate from annual licensing, legislative and operational requirements (e.g. repairs to residences; training in First Aid, CPR and CPI; Health and Safety reporting; review of financial and insurance policies; Clinical File Audit; PIPEDA privacy policy, etc.), many more of the Risk Management activities have been initiated in response to identified areas of risk. For example, hardware and software IT upgrades in many cases were necessary to protect the integrity of confidential information and ensure access to the server for staff. In addition, renovations to Head Office required additional emphasis on clients and staff safety during the renovations.

All risks identified throughout the year were successfully addressed.

HUMAN RESOURCES

There have been a wide variety of Human Resources efforts this past year to ensure all relevant information is up-to-date and complete. One of the main efforts was with regards to the Policy and Procedures manual, revamping particular sections and developing various new policies. As a way to make sure all staff are up to date on these changed and/or newly created policies, USB keys were provided to all staff and are now given to all new staff along with the new and improved batch of mandatory readings once they are hired. Going forward staff will be reminded semi-annually to update their USB key with the latest version of the P&P Manual.

P&P sections that warranted a revamping were **Section 5 and Section 2 – B**, which was needed to ensure that our new and enhanced policies around **PDDs and Remote Access** were in a section which was easily accessible and where it made more sense to be. The creation of a new policy around **Violence in the Workplace** was approved by the Board in February 2009 after considerable work was done by the sub-committee. The creation of a **Pandemic Plan** was worked on by members of the Health & Safety Committee, and was also final. This new plan will be included is the new **Crisis Management Policy** which also includes **Emergency/Disaster Plan, Reporting Serious Occurrences and Reporting a Critical Incident-Youth Outreach Worker (YOW)**.

As we work towards a more mobile work environment, giving staff the opportunity to work from home or from other locations the need for security and privacy policies have become even more necessary. The **Confidentiality Form** has been enhanced and an **Equipment Sign-out form** has been created to aid with these changes. Other changes to the P&P Manual include the new **Evaluation process** and the changes to the policy on **Personal Days**.

As we have witnessed significant growth in our staff pool this year to over 80 staff, particularly in the VIP Program and the increase in staff and participants on Level 3, especially the Employment Program, many processes have been put in place and/or enhanced. Firstly, changes were made to all

the **Job Descriptions** to comply with our new efforts to standardize them all and make it easier to have all the agency positions on the correct salary band. More staff has also meant increased efforts on the administrative staff to make sure all staff complete all forms in a timely manner. For example, considerable efforts have been required to have staff keep track of **Staff Development** as well as continuous notification to staff to remind them of the importance of using the **Scheduler** in order to keep the Agency informed of staff whereabouts. As a way to solve this problem, our IT Consultant had put measures in place to put a “prompt” on everyone’s computers as a daily reminder. Submitting **Expense Reports** and **monthly timesheet** also needs some coaxing, but hopefully the new policies around timings that have just been completed might just help with this problem. Keeping the HR files in order also continues to be a challenge, so efforts will continue to be directed towards keeping on top of things and ensure that all the HR information is current.

Some of the tools currently used in such efforts to keep HR files current are as follows:

- Semi-monthly reminders to all staff to submit their **monthly timesheets**
- Semi-monthly reminders to Residential & Milieu Services staff to submit **payroll timesheets**
- Regular reminders to all staff to complete the **Scheduler, keep voicemail current & “out of office” emails** current
- Share the **Evaluation List** with the joint team on a monthly basis
- Share the **HR File spreadsheet, Staff Contact List, Credential List, Staff Development List, Student File List and Participants File List** with the joint team on a regular basis
- Send out memos to hourly staff who exceed the maximum allowable hours worked and memos, (based on instruction from program supervisors) to inactivate or terminate hourly relief staff, or to notify them of missing or expired documents in their HR file.

Staff turnover rates have continued to be examined to discern any emerging patterns. In past years, the staff turnover has fluctuated greatly since 2002-03 going from 16% down to 3%, up to 16% and then up even higher last year to over 35%. This past year, our turnover rate is at 13.5%, which appears on the higher end of the spectrum. In order to better understand some of this turnover, stay interviews have been implemented with some success, and this is a process that seems to be welcomed by our new staff.

Our EAP program with Shepell-fgi seems to have been well received and our first year utilization ran at about 32%. The most commonly accessed counseling service was for “Personal/Emotional Issues and Relationship Issues.” The WorkLife programs for Childcare services, Legal services, Nurseline & Nutritional services will be reported on towards the end of the year after meeting with the Shepell-fgi representative.

Our Group benefits usage was down quite significantly this year resulting in a small decrease in the premiums; this was mainly due to lower health claims. (The dental claims actually increased a bit, but Equitable reduced the premiums).

Sun Life Financial presented an educational workshop for all staff who wish to attend on Thursday, March 5th. The goal of this workshop is to help staff determine that they are in the correct risk category for their age and financial situation. These workshops will be held annually in order to comply with the CAP Guidelines (Capital Accumulation Plans) required by law.

Information was also gathered on the demographics of the Agency as provided by Equitable. The information is as follows:

	<u>2008</u>	<u>2009</u>
Male	16	21

Female	37	42
Male Age 19-34	7	11
Male Age 35-44	2	3
Male Age 45-54	4	4
Male Age 55-64	3	3
Female Age 19-34	11	14
Female Age 35-44	14	16
Female Age 45-54	6	3
Female Age 55-64	6	9

Although these numbers do not represent major changes from the previous year, the numbers do corroborate the need for enhanced efforts towards succession planning. As we presumably move further into the predicted recession, efforts also need to be put in place to ensure that we have a strong marketing plan to combat the possibility of unwanted high staff turnover, although a recession can also mean that people are likely to stay in their current jobs at least until an end of the recession is predicted.

Statistics regarding EMYS staff were also tracked this year, both including and excluding contract staff. With regards to the former, the following chart illustrates this information.

Retention/Turnover	13.5%
Years of Service	average 6.5
Male/Female ratio	female 70.4%
Age	average 38 years
Staff over the age of 50	22.5%
Education	Supervisors: 40% Masters degree, 20% Bachelors degree, 30% CYW diploma, 10% no degree Counseling staff: 63.5% Masters degree, 15.7% Bachelors degree, 10.4% CYW diploma, 10.4% no degree Youth Workers: 56% CYW diploma, 28% Bachelors degree, 16% other

When examined without contract staff, the statistics are as follows:

Retention/Turnover	9.09%
Years of Service	average 7.88
Male/Female ratio	female 66%
Age	average 39.6 years
Staff over the age of 50	25.8%

Moving forward, this information will continue to be captured and efforts will also be put in place to track the number of languages spoken, self identified racialized groups as well as staff who identify with the LGBTT2IQQ community. In order to ensure these issues are handled from an equity perspective, the diversity committee will work with Human Resources in these endeavors.

COMMUNICATIONS

Communications have remained a focal point this year particularly as our youth journalism and multi-media media programs began to flourish and as we prepare for accreditation with a view to sharing information with clients, volunteers, service partners, stakeholders and the community. There has also been considerable media coverage of EMYS programs this year, stemming in part from increasing attention on youth violence following the release of much anticipated reports (e.g. the Falconer Report, the Roots of Violence).

Our “Say Word” journalism program began in April 2008 and has paved the way for many opportunities for media coverage as well as producing our own media. For example, the VIP Voice, a quarterly newsletter previously done within the VIP was re-launched with great success. To date, there have been 3 issues created, which have been sent out to community partners and funders. “Say Word” also received coverage in the on-line version Ryerson’s Verse City Journalism Program: <http://www.journalism.ryerson.ca/versecity/stories.html>. In addition, the program also received very positive recognition in the Toronto Star in an article on Nov. 13, 2008: <http://www.thestar.com/article/535828>

As our RISE program has grown this year to include 2 additional programs, so too have our opportunities for media attention and communications. To introduce this growth, a press release was organized by the Ontario Trillium Foundation in which the Honorable Margaret Best, Minister of Health Promotion formally announced our success in this funding. The release of the Falconer Report which was commissioned following incidents of school-based violence also provided many opportunities for media recognition. One of the RISE staff and RISE youth were featured on 2 occasions on Spider Jones' radio show, the latter of which was alongside Julian Falconer. The RISE Reps also created a documentary called "Voices over Violence" this past summer, funded through the Provincial Advocacy Office for Children and Youth. The documentary was screened at Scarborough Town Centre theatres and garnered media attention from Global TV news and the Scarborough Mirror. The RISE Reps also performed at Chris Bosh's Christmas party and were featured on the NBA all star TV show. In addition one RISE staff and one of the Reps were interviewed by the Louise Russo Foundation for youth violence prevention to be featured in a video.

The RISE Program also received accolades, both within the Ministry of Education and in terms of publications. After an invitation for the RISE Reps and EMYS staff to consult with the Safe Schools Action Team, a report was released in December entitled "Shaping a Culture of Respect in Our Schools: Promoting Safe and Healthy Relationships. In this report, RISE was listed as an example of youth-led programming to address such issues in schools. The RISE program was highlighted in an article entitled "Aggression in Adolescent Dating Relationships" article in the journal Prevention Researcher. Additionally, the RISE Program is also the focus of a chapter for PREVNet by our RISE research team and our Quality Assurance Specialist entitled "Preventing Adolescent Dating Aggression: Why it's an Issue and What to do about it" which is currently in press.

Changes to EMYS communications have also ensued this year, with additional changes underway. One of these changes is a communications policy, which was drafted and approved by the Board in February 2009. This policy allows for consistent, timely and streamlined communications while meeting the requirements of our various funders. Issues related to social networking sites (e.g. staff and client interactions) were also addressed in the policy to prevent possible conflicts with regards to staff professional obligations, such as ensuring client confidentiality.

Changes to our web-site and info-paks are also in the works, following the resurrection of our EMYS annual report, which we will be continuing with as a way to ensure transparency and accountability to our service partners and stakeholders. Plans are underway to revamp our web-site given that we had previous challenges in ensuring our web-site remains up-to-date and to create a more interactive and dynamic site. Our info-paks are also being revamped for consistent branding and to reduce the amount of information provided while ensuring we maintain accreditation standards of information sharing. The expected completion date is late spring 2009.

There were also some major accomplishments with regards to internal communications this past year. As noted in the Staff Engagement Survey findings in the quality assurance section, our internal communications have improved a great deal this year. While in previous years, staff have reported not feeling well informed about changes and developments within the agency, this year, over 80% of staff agreed or strongly agreed with the statement "I feel well informed about changes and/or developments within the agency." Similarly, last year, 74% of staff strongly/agreed that they felt well informed to changes in EMYS policies and procedures, and this year, this number jumped to 100%. Part of this success may be attributable to EMYS Intra-Net, an internal web page for EMYS staff with the Policy & Procedures manual, agency events, staff hires, and internal committee members and minutes.

ACCESS AND COUNSELLING PROGRAM

During this past year, the Access and Counseling program has witnessed significant change, with some restructuring, bridging more closely with other EMYS clinical programs and furthering our quest to adopt and implement the most suitable evidence-based treatments for our clients. As the following reviews demonstrate, the vast majority of clients receiving service are experiencing relatively severe levels of impairment. The enclosed also demonstrate that these clients are leaving treatment with improved well being across a range of outcome areas.

With regards to restructuring and increased collaboration with other programs, counseling staff have been co-assigned to the Milieu Services in the Day treatment and Residential programs. This amalgamation is seen at all levels, with the Directors, Supervisors and front line staff. Program reviews for the three major clinical programs were authored by the Clinical Supervisors in collaboration with their Milieu Supervisor partners.

Efforts directed towards implementation of evidence based practices have also been a central thread this past year. To this end, all staff have received a 2 day introductory training on Dialectical Behavioural Therapy (DBT), an evidence-based practice, and some staff have received intensive DBT training. This training has paved the way for the implementation of DBT in one of our Day Treatment and one of our Residential programs and we have been receiving ongoing support on a monthly basis with an external DBT consultant to ensure treatment fidelity. We also continue exploring other options as how to best implement the core elements of other evidence-based practices that have been identified by the Hawaii Department of Adolescent Mental Health. As a complement to our efforts directed towards evidence based treatment, all staff have been receiving more consistent supervision from the expanded Access and Counselling Supervisory team to ensure more comprehensive support and guidance, particularly for more complex cases.

The program reviews that follow show that many of the clients we serve come to EMYS because they are experiencing significant mental health problems, many more serious than their regional or provincial counterparts. For example, as seen in the TSS program review the results from the 70 completed Adolescent and Parent BCFPIs indicate that these TSS clients are demonstrating more severe symptoms than 84% of the children in the general population in a significant number of the domains of the BCFPI, (self-harm, social participation, school and overall child functioning, family activity and functioning and global functioning). These results elucidate that the mental health issues

experienced by these referred youth are having a significant impact on their ability to function and also on their family's overall functioning level. Moving forward, it will be important for East Metro to take an active role in the Central East LIHN and our TSS worker will be taking on a lead role to this effect.

As noted in the WIT program review, there has been a significant decrease in the number of clients served this year as compared to previous years. It must be noted that now we are finally approaching a more realistic representation of the true number of very complex clinical situations and high need and high risk clients in the system that this program was initially conceived to serve. This has also meant that much more time is needed per case. Our experience in and learnings from the WIT program have been shared with seconded staff from Geneva Centre and Aisling Discoveries Child and Family Centre. Through the allocations of resources from the community priorities fund we were able to contribute to knowledge transfer and capacity building with the training of seconded workers for our WIT program.

In our Home Based Services, the two intensive teams - one allocated exclusively to child welfare referrals city wide and the other more generic referrals have noted many similarities. Significant mental health issues, both for the youth as well as the parents continue to present on a regular basis and with increasing complexity. It was observed that clients are more frequently being referred that have a mood disorders as well Asperger's disorder and intellectual deficits; however, this did not always mean that the clients and their parents came with a clear diagnosis and obtaining one became a focus of the work. Despite the complex and intensive nature of such work, the Home Based Services review shows some significant changes, particularly for our Intensive Child and Family Service program.

With support from Diversity In Action Scarborough (DIAS), our efforts directed towards serving ethno-specific communities have been enhanced. This year, we have had two ethno-specific outreach workers: one from the Afghan community and the other from the Mandarin speaking Chinese community. The Afghan Outreach Work is entering into its second year with the help of funds secured by the Psychology Foundation of Canada from the Ontario Trillium Foundation. The outreach worker presented the work accomplished to date at a mental health conference "Expanding our Horizons" in March. Our Mandarin Outreach Work has included workshops to a variety of service provider agencies in the East Quadrant outlining the needs and barriers faced by the Mandarin community. She has also acted as a referral source for families within the community, linking them to appropriate services. The outreach worker has also created a psycho educational internet blog on one of the most popular internet sites for the Mandarin community. Finally she has planned a youth leadership conference in collaboration with the Citizenship and Immigration Canada worker in March.

This past year has also been active in terms of group activities, including those that also reach ethno-specific communities. A number of groups have been and continue to be implemented under the joint umbrella of the Access and Counselling Program and either the Residential or Day Treatment Program. These include two DBT skills groups which are running in the day treatment and residential program for Borden and D'Arcy clients. Cognitive Behavioural Therpay (CBT) Youth groups were also run in our Day Treatment programs as well as in Megan and Ellesmere Residence. A new group "Time For Me" also began, focusing on youth who are coping with a family member's mental illness. As well, we have been running newcomer parent and youth groups for the Urdu, Tamil, Afghan, Mandarin, and South Asian communities.

Given that this has been a year of growth, change and implementation of new modalities, our goals for the upcoming year focus on consolidation and preparing for accreditation. Given that accreditation has a strong emphasis on clinical programs, file reviews and more recently, evidence-based treatment approaches, efforts will be directed accordingly, which will indeed help in our

insistence to continue supporting the many young people to leave us better prepared to function at home, at school and in the community through improved mental health, relationships and better skills.

DAY TREATMENT PROGRAM

The Day Treatment Program has added additional layers of support to pave the way for many program successes this past year. One of these changes was the adding of an additional supervisor to the program so there is now one supervisor for the classroom Child and Youth Workers (CYW) and the other for the Individual and Family Therapists (IFT). Similarly, the management structure has changed so that support is provided to the program by a Director of Milieu Services as well as a Director of Clinical Services. Both of these changes allow for greater supervision and support with staff, and ultimately with clients as well as in the implementation of evidence-based practices such as Dialectical Behaviour Therapy (DBT), and Cognitive Behaviour Therapy (CBT). Such practices have been incorporated into treatment and academic plans, and are supported by the multidisciplinary team that includes a teacher, Child and Youth Worker and Individual and Family Therapist. Further, to add additional client support, particularly in terms of mental health issues, this team has enlisted

the consultation of the agency psychologist and one of our consulting psychiatrists in bi-weekly meetings.

As noted in the Day Treatment Program review, this year, the community schools appeared much more receptive to admit our clients back into their programs upon discharge due to the fact that individual and family support was still being provided following discharge from our day treatment program. This highlights the importance of the follow up program in assisting clients to enter and maintain their placement in the mainstream or alternative programs.

Another success that the program has witnessed relates to credit recovery through more alternative means. First, our section 23 students have begun working in the multi-media and journalism program on Level 3 once a week. The students have been working with the Level 3 multi-media staff and the TDSB teacher towards attaining an academic credit. This has allowed for some very positive cross-pollination between our EMYS programs while being able to support the Day Treatment clients in actualizing their goals of credit recovery. Similarly, 2 of our programs now attend the YMCA once a week in order to obtain their Phys-Ed/ Health and Nutrition credit. These programs were started as a result of our continued attempts to have our students participate in community activities outside of the classroom as we have become increasingly aware that our students find it difficult to spend an entire day in the classroom. This is also a positive example of credit recovery, a step towards realizing the goals of the clients in the program.

The actualizing of many goals for these clients is perhaps best captured in the enclosed CAFAS scores. There was significant improvement noted in the clients of all four day treatment programs as measured by CAFAS; some even dropped by more than 50 which suggests very considerable change. Goal attainment, a new area that was captured in this year's reviews, also suggests many of our clients were also successful in terms of re-integration into school or work. This was particularly the case for our DBT clients, providing further support of the efficacy of DBT as a treatment modality to support some of the most complex-needs young people.

At the same time, and in spite of these myriad of successes, we know that many of the young people that come to this program are experiencing distress and impairment across a variety of areas. There are still many clients that come to our program with a very limited number of credits, many of whom are older, which is likely due to the raising of the age of compulsory school attendance to 18. These are clients that likely require more alternative types of education, such as treatment oriented work co-op. While we have been successful in finding more alternate ways for credit recovery to ensue, we have not been successful with the TDSB in taking on this role as an agency.

One major change this past year was the closure of our Timothy Eaton section program and the opening of the second program at Sir Robert L. Borden. This program has become the pilot site for the implementation of Dialectical Behaviour Therapy (DBT). The other 3 programs began implementing a DBT skills group once a week at the start of the second semester.

As mentioned in last year's Service plan, within our Day Treatment Program, our partnership with the Toronto District School Board posed some major challenges. This school year has seen many improvements. With the advent of a dedicated Day Treatment Supervisor, we have begun to cultivate and improve our ongoing partnership with the TDSB. With a view to the upcoming year, like the rest of the agency, efforts will be dedicated towards ensuring our success for Accreditation 2010. At the same time, we will continue to support the clients in our programs to achieve their goals while continuing to advocate for additional ways to best enhance these goals.

RESIDENTIAL TREATMENT PROGRAM

This past year has been one of considerable restructuring for the Residential Treatment Program. More resources have been directed towards supporting front-line staff, with the programs being supervised by 2 staff: one for the Child and Youth Workers (CYW) and the other for the Individual and Family Therapists (IFT). The management structure of the program has also changed to provide a more clinical and comprehensive model as both the Director of Milieu Services as well as a Director of Clinical Services are involved in directing the program. This model also allows for greater supervision and support as we move towards the implementation of evidence-based practices such as Dialectical Behaviour Therapy (DBT), and Cognitive Behaviour Therapy (CBT). Further, this model also allows for greater knowledge transfer among all programs that have clinical components.

While the clients served in our Residential Programs continue to exhibit rather severe impairments in a variety of areas, the client profiles have changed somewhat this year. For example, we are experiencing a higher number of referrals for youth with sexualized behaviors, learning disabilities, autism, and assaultive and/or aggressive behaviors. Many of the youth admitted are also experiencing considerable struggles regarding family breakdown, which has changed some of the discharge goals from returning to family home, to semi or independent living. At the same time, we continue to admit youth who are struggling within the school system as well as those who have undiagnosed mental health problems.

There were also some modifications that have led to successes within the program. For example, we have successfully increased family involvement in treatment with youth whose treatment goals have included returning to the family home after successful discharge. We have also put efforts in place to ensure clients remain involved in treatment. For example, when a youth experiences conflict to a degree that would likely lead to discharge, we will transfer clients between residential programs so they can remain in treatment, versus discharging clients.

Given that these youth are mandated to leave Residential programming once they reach a certain age, staff have also enhanced efforts related to client independence by teaching life skills such as budgeting, self care, hygiene, time management, medication management, job employment, and supporting post secondary education. This focus, particularly in terms of supporting post-secondary

education has been successful as this year we have also experienced an increase of youth graduating high school and moving towards college at point of discharge from the residential programs.

While the CAFAS scores shown in the enclosed review indicate elevated scores from Time 1 to Time 2, there are two important patterns to note. Firstly, the second CAFAS scores were not conducted at the program closure point, but during treatment. Thus, clients are still involved in the program. Second, clients tend to score themselves lower at time of initial CAFAS scoring, as research shows that clients tend to minimize behaviors and events at time of admission and this elevation is indicative of disclosures and observations from staff.

It is also of importance to note that the youth in our Residential programs exhibit some of the most severe impairments with mean CAFAS scores of 104.55 at entry. These scores suggest many barriers are in place to successful treatment which may be exacerbated by being mandated to be in the program. In spite of these noted challenges, there were also some successes to note, such as the continued engagement of discharged clients and continuing to keep our beds full when many other agencies in the city struggle with this issue.

Moving forward, we are hopeful that the implementation of DBT and CBT in the residential homes will be reflected in these data for next year. We also recognize that implementing evidence based practices is a long term goal and that we anticipate more growing pains, changes and successes along the way. Efforts directed towards Accreditation will be a major focus for the Residential Treatment Program as will diversifying our referral base for the Residential Treatment program, particularly with Native Child and Family Services to provide culturally competent residential treatment services to the Aboriginal community.



DEVELOPMENTAL SERVICES PROGRAM

Our Developmental Services (DS) programs have grown considerably throughout the past year, particularly with the development of our Asperger's Youth for Community, Engagement & Socialization (AYCES) program. Opening our doors to this type of clientele has also allowed us to service these youth throughout the agency and transfer knowledge amongst our staff teams. This has resulted in a marked increase in referrals from families with youth having Autism Spectrum Disorders (ASD), particularly in our Galloway After School Program (G.A.S.P.).

While the growth within all DS programs is indeed one measure of success, the enclosed reviews also point to many accomplishments. Perhaps most notable is the integration of the DS clients into Level 3 at EMYS. Given that these clients face rather severe impairments, particularly in terms of social participation, as evidenced by the enclosed BCFPI charts, integrating these youth into other EMYS programs and activities has served them very well.

Given our desire to continuously strive for standards of excellence in all we do, such is the case with our DS programs. As we look forward to the next year, we will continue to direct efforts towards further quantifying client data, particularly in a more systematic manner. This will be realized through continued use of the ABAS, a tool that has been used to get baseline information on many of these clients. Fortunately, the post-data has not been completed as many of these young people stay with us for considerable periods of time. We look forward to having some more concrete measures of the gains made by these clients for improved well-being across a range of outcome areas. At the same time, amidst a sector-wide focus on the implementation of evidence-based practices, a modality that is showing positive outcomes, particularly in our Day Treatment clients, we will continue exploring the pool of EBPs for our DS clients.

As with other EMYS programs, a challenge for the DS programs, particularly amidst the growth we have experienced in these programs, is how to meet the current service demands with our existent resources. Achieving this balance will continue to be a goal while also directing energies towards a successful accreditation in 2010.

VIOLENCE INTERVENTION PROJECT

The 2008-2009 year has been one of tremendous growth and change for the Violence Intervention Project. In total, 16 new staff, including 4 youth hires, started in the program during this period, and the resultant growth necessitated the addition of two new supervisors. New programs which were launched include the Say Word Journalism program (in partnership with Ryerson University), the ADAPT newcomer program, a Service Canada employment program, and two new RISE programs at

Birchmount CI and Archbishop Romero. It was during this year as well that the Studio 2 Multimedia program began operation.

Significantly, for the first time ever, VIP had a dedicated program space, named Level 3, which paved the way for a complete revamping of how, when and where VIP programs are delivered. It also required the rethinking of how the various VIP initiatives relate to each other, how to staff the space within existing staffing resources, and what is required to truly create a 'safe space' for youth.

Major themes over the year included communication, evaluation, data collection, training, and bringing a very diverse team together to pursue common goals. There have been many achievements; to highlight just a few:

- Renovations completed, and Level 3 program space opened
- Launch of Studio 2 Multimedia lab
- Leadership/coordination of a major community Hub development process with many community partners in Dorset Park, funded by United Way
- Program data is now captured in the Client Record (a major undertaking)
- Participation in the United Way's CIMM common outcomes initiative to evaluate program outcomes
- Return of the RISE program to VIP, and expansion of RISE into the Toronto Catholic District School Board and two new schools
- Completion of the program evaluation of the Youth Outreach Worker program, and presentation of the findings to senior Ministry staff
- Growing relationship with Youth Justice side of the Ministry, including participation in developing a provincial gang prevention/intervention policy framework, helping organize the first national conference on Youth Gangs, the opportunity to profile VIP at the conference, and an invitation to participate in the development of a city-wide youth diversion strategy
- RISE cited as an exemplary program in "Shaping a Culture of Respect in Our Schools: Promoting Safe and Healthy Relationships" - a report compiled by the Safe Schools Action Team for the Ministry of Education
- Premiering the Voices Over Violence documentary developed by the Cedarbrae RISE program
- Funding received for the first time from Citizenship and Immigration Canada (CIC) and Youth Challenge Fund

Due to the new programs, the number of youth served increased dramatically over the past year. We are also now able to differentiate between youth who are active participants in the programs, and youth who receive workshops, with the former data being captured in the Client Record as participants, and the latter in the Community Development database.

New partnerships were formed with the Ryerson University School of Journalism, and St. Michael's Hospital, as well as a number of youth programs where we are offering programming.

One of the major challenges this past year was one of trauma and loss. Several young people known to East Metro, the Expelled Students Program and VIP lost their lives to violence. This had a major impact on the whole team, with the resultant need to try and address the loss that was experienced. The summer period proved very difficult in particular, and some staff turnover resulted. The staff team have pulled together, and despite some developmental challenges around the creation and staffing of the new 'safe space', have been able to provide some highly creative and engaging programming for youth. As with any new program, the first year is always the most difficult, and it was no different with the opening of Level 3. It became readily apparent that it was not just a space to provide programming, but was itself a program. Developmental hurdles have continued to be addressed, and the space is in a very different phase of development at this point.

Project funding continues to provide challenges as well, often leading to staff turnover. VIP will experience some program closures in the next few weeks, as the funding for the HRSDC employment program and the ADAPT newcomer program comes to an end. Negotiations are underway with both funders to renew these contracts, and we are optimistic that we will be able to renew these programs.

Program highlights in Strategic Implementation Plan

Funding was received from a number of new sources, allowing the development of several new initiatives. Along with the new funding also came the challenges of working with many different funders, and their expectations. The growth of RISE has been an exciting development, thanks in large part to the success of the business plan, the increased program profile and the expansion into the Catholic school board.

EMYS has been strategically positioned with United Way as well in terms of leadership of the hub development in Dorset Park. Next steps in the process are currently being considered by United Way.

Incorporation of the HOST program for newcomers has been also successful, as it connected VIP and EMYS more closely with settlement organizations, and raised the profile of cultural competency needs within the program.

In addition, as noted above, EMYS is now positioned to work closely with Youth Justice as new initiatives are developed.

Major Goals for Coming Year

- To examine how we can offer some daytime hours pre-charge diversion services within our existing resources, as well as look for opportunities with Youth Justice to expand this service.

